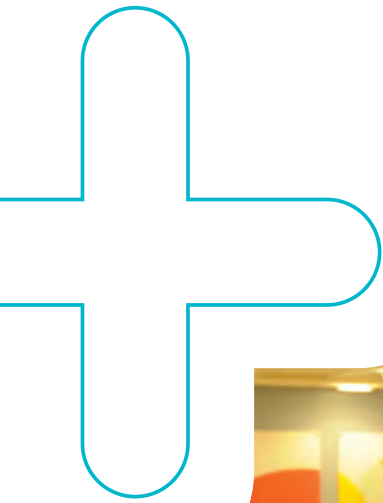
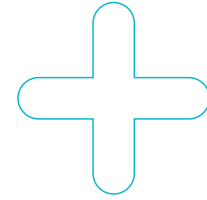
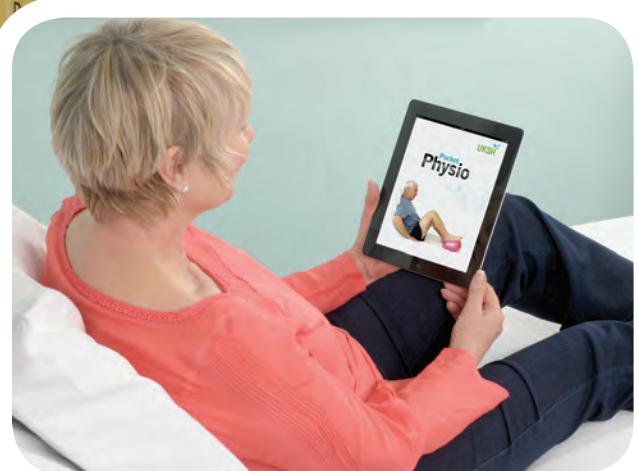


Quality Account

2011–2012



Peninsula NHS Treatment Centre



++
Award Winner:
Laing & Buisson Independent Healthcare Awards

++
Highly Ranked:
The Dr Foster 2011 report of orthopaedic outcomes

99% of patients say
they would recommend
our treatment centre to
their friends and family



Contents

Executive summary	4
About Peninsula NHS Treatment Centre	6
About this report	7
Part 1	
Statement by the Chief Executive	10
Part 2.1	
Objectives for quality improvement	13
Achievement of 2011–12 objectives	13
Objectives for 2012–13	19
Objective: Evaluate patient information	
Objective: A new version of our physiotherapy app	
Objective: Minimise patient falls	
Objective: Improve compliance with the World Health Organisation surgical safety checklist	
Objective: Improve fluid balance monitoring	
Part 2.2	
Mandatory statements	27
Part 3	
Review of quality performance in 2011–12	36

Executive summary

In 2011–12 UKSH has once again achieved outstanding results for patients by putting their needs at the centre of everything we do.

We have worked hard to fulfil the objectives we set ourselves in last year's Quality Account, and we have met or exceeded every one of them. This has led to real improvements in patient care, for example:

- We are now able to offer patients a one-stop pre-assessment appointment that is even more convenient than before, taking only 3 hours or less from first consultation to booking the date for surgery.
- We reduced patient falls and we identified ways we can make sure we keep the number of falls to an absolute minimum.
- We reduced the rate of blood transfusion for primary hip replacement.
- Return rates for Patient-Reported Outcome Measures (PROMs) increased to 100% from the first quarter and were sustained throughout the year.

We have achieved these things through the dedication and commitment of our staff, from our surgeons to our cleaners, who share a common goal of always looking for ways to improve care based on evidence and best practice.

Relentlessly pursuing improvement also includes asking difficult questions about past performance. Our quality objectives were chosen because we identified scope to improve our service. Inevitably this reveals that we have not always got everything right, but we are realistic and honest in our assessment of how we can improve. This open approach is an essential part of our culture.

The commitment of staff and our focus on improving care have also been the driving force behind some remarkable innovations we have been able to introduce this year, again to improve outcomes and experience for our patients.

In January, we introduced Pocket Physio, the first physiotherapy app designed by an orthopaedic provider for patients undergoing major hip and knee surgery. We provide the app to patients on iPads and it allows them to watch videos teaching them the exercises that will help with their recovery.

This year we implemented new anaesthetic protocols for joint replacement patients. Our innovative multi-modal analgesia approach provides very effective pain management with extremely rapid recovery and early mobilisation.

These innovations and improvements build on a platform of consistently excellent standards in patient experience, patient safety and clinical outcomes. Part 3 of this Quality Account gives detailed information on our performance in all these areas in 2011–12. Examples of the standards we have achieved include:

- Zero rate of hospital-acquired MRSA bacteraemia
- Low complication rates including very few unplanned returns to theatre
- A high day case rate. This means that when we plan procedures as day surgery, in the vast majority of cases (87%) this is what we deliver
- Average lengths of stay well below the national average (3.7 days for joint replacements)

For 2012–13, we will:

- Evaluate the information we provide to patients and their carers to find out how to improve it
- Introduce new functionality for our pioneering physiotherapy app, Pocket Physio, to include exercises for more types of surgery
- Keep patient falls to a minimum, building on the lessons we learned about reducing falls last year
- Ensure 100% compliance with the World Health Organisation surgical safety checklist
- Improve fluid balance monitoring ensuring perioperative fluid management is appropriate

We are proud of our achievements for patients in 2011–12, and pleased that these have been recognised by patients and external bodies alike. Our performance success last year has been highlighted in feedback, awards and accolades we have received:

- 99% of patients said they would recommend our treatment centres to a friend.¹
- UKSH received the 2011–12 Laing & Buisson award for Excellence in Risk Management.
- Dr Foster's 2011 Good Hospital Guide ranked UKSH's knee replacement surgery outcomes the best in the country and its hip operations the third best.



¹ Based on all respondents to an independently conducted survey of UKSH patients – see part 3, page 40, for more information.

About Peninsula NHS Treatment Centre

The Peninsula NHS Treatment Centre is a surgical facility in Plymouth serving the populations of Devon and Cornwall. It provides joint replacement and orthopaedic procedures for NHS patients on behalf of the NHS.

Since August 2010 the hospital has been operated by UKSH, a leading independent provider of healthcare in the South West. Peninsula has adopted UKSH's patient-centred model of focused care delivering excellent clinical outcomes.

88 clinicians and support staff work at the Peninsula NHS Treatment Centre and have carried out 4,300 procedures since August 2010. In 2011–12 we saw over 2,600 patients at the centre.

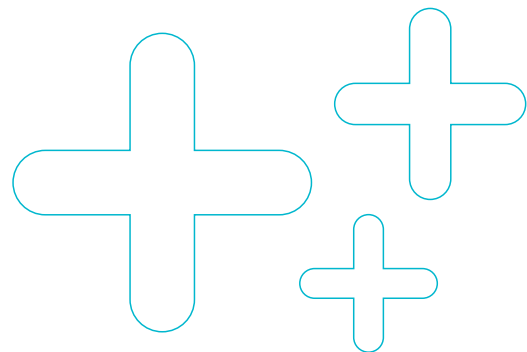
We work closely with local commissioners and other key stakeholders including our patient forum and the Plymouth Local Involvement Network (LINK) to ensure that we respond to patients' needs and play our role in the local health community.

UKSH also operates Shepton Mallet NHS Treatment Centre, which it opened in 2005. In November 2009, UKSH opened three further treatment centres, in Bristol (Emersons Green), Wiltshire (Devizes) and Gloucestershire (Cirencester). In total, UKSH employs over 450 skilled clinicians and support staff and to date we have carried out nearly 95,000 procedures across all sites.



More information about UKSH and the services we provide can be found on our website, www.uk-sh.co.uk. We also provide patient information leaflets in multi-lingual, large print and audio formats.

More information about UKSH and our treatment centres in the South West is available on our website: www.uk-sh.co.uk



About this report

UKSH is pleased to participate for the third year in the Department of Health's Quality Account reporting system.

We welcome the emphasis placed by Quality Accounts on the quality of care. They allow for comparability across providers and also give us the opportunity to identify areas for future improvement and to monitor our success in delivering on these.

The Department of Health recently indicated that it wants to see more information published that supports quality-based comparisons between different providers. To this end, the Department will introduce a set of core indicators next year for NHS Foundation Trusts, and it has also indicated that it is currently exploring the feasibility of extending that approach to independent-sector providers of NHS-funded care from 2014–15. We welcome this initiative and are pleased to publish our performance for all the relevant core indicators this year – at least two years ahead of schedule.

The quality objectives we identified in last year's Quality Account have led to real improvements in patient care and this year we report on our performance against the targets we set ourselves, as well as highlighting new areas for improvement.

UKSH was pleased to receive positive feedback on the Quality Account we published last year. We have increased our ongoing engagement with our patient forums in relation to the Quality Accounts because we are keen to ensure that the information and our priorities are accessible and relevant to the public.

This Quality Account is arranged in three parts, as follows:

Part 1
Statement on quality by our Chief Executive

Part 2.1
Report on achievement of last year's targets

Priorities for future improvements and details on how we plan to achieve them.

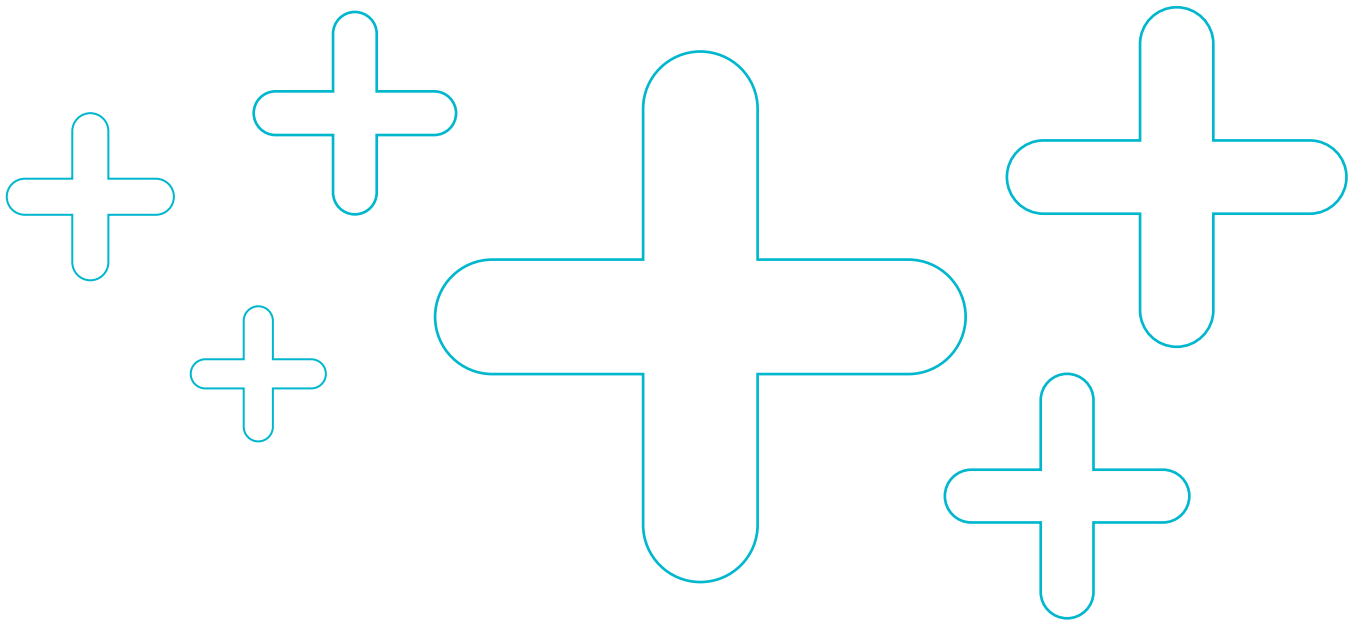
Part 2.2
Information on areas common to all providers, following detailed guidelines set by the Department of Health

Part 3
Performance report for 2010–11 on the quality of care provided at UKSH Peninsula NHS Treatment Centres

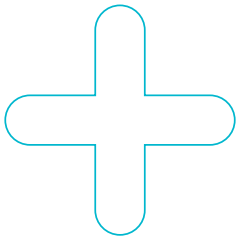
This Quality Account relates to the Peninsula NHS Treatment Centre in Plymouth. Separate Quality Accounts are available for our sister sites at Emersons Green, Cirencester and Devizes (UKSH South West) and Shepton Mallet NHS Treatment Centre.

More information about our performance can be found on our website: www.uk-sh.co.uk

Zero cases of hospital
acquired MRSA



PART 1



Statement by the Chief Executive



2011–12 was a year of achievement at UK Specialist Hospitals. We delivered nearly 27,000 procedures with outstanding clinical outcomes across all UKSH centres last year. Everything we do is aimed at achieving the best possible quality of care and patient experience.

We constantly review our procedures in the context of international best practice to identify ways to make further improvements. We scrutinise patient feedback, collected from individual patients and through our patient forum, to ensure we are achieving a seamless experience of care and we systematically review clinical performance at every level to spot any trends that require action.

Our innovations include world-leading anaesthetic techniques that allow physiotherapy to begin earlier while supporting a shorter length of stay and very effective pain management; a physiotherapy app on the iPhone and iPad which has been widely adopted both by UKSH patients and those treated elsewhere; and the country's most advanced patient record system which provides exceptionally accurate record keeping to support ongoing care, as well as helping ensure all key safety measures are carried out for each and every patient.

The independent provider of comparative information on health and social care services, Dr Foster, ranked UKSH at the top of its list of providers for orthopaedic procedures. For the first time in 2011, its Hospital Guide considered case-mix adjusted performance of independent-sector providers alongside NHS Trusts.

It ranked our outcomes for knee operations as the best in the country and our outcomes for hip operations as the third best.

During 2011–12, the Care Quality Commission (CQC) inspected all of UKSH's sites except for the Peninsula NHS Treatment Centre. On each occasion it found those sites were 'meeting all the essential standards of quality and safety'. The overwhelmingly positive comments made by patients to CQC inspectors were humbling and encouraging in equal measure. We anticipate that the CQC will visit our centre in Plymouth during 2012–13.

Laing & Buisson, the highly regarded provider of information and market intelligence on the independent healthcare sector, recognised the valuable work led by our governance team through its Excellence in Risk Management award. The award was for work on clinical governance and for introducing a suite of leading-edge practices which go beyond national standards to ensure UKSH is a global leader in continuously improving the quality of service delivery and patient safety.

This Quality Account explains the measures we carry out for every patient, which in turn have led to these accolades.

Our relentless focus on improving care and patient experience is embedded in every one of the 95,000 procedures we have so far carried out. Last year we met or exceeded all our improvement targets. We also continued to make progress on our improvement objectives for the previous year, 2010–11, across all UKSH treatment centres. On VTE risk assessment (blood clots) we exceeded our external target; 100% of patients received early warning assessments (MEWS); cancellations on the day of surgery remain well below 2%.

On other key indicators we have also delivered excellent care, including maintaining our record of zero cases of hospital-acquired MRSA bacteraemia across all our sites.

In 2012-13, our targets have been informed by patient feedback, scrutinised by medical and nursing directors and clinical teams, signed off at board level and shared with our patient forums and other stakeholders. We will evaluate the information available to patients, introduce new functionality for our pioneering physiotherapy app, retain our target to minimise patient falls, ensure 100% compliance with the World Health Organisation surgical safety checklist and set a new target to ensure appropriate fluid balance monitoring.

These objectives support our overall approach: to achieve consistently excellent clinical outcomes and the best possible patient experience.

As ever, the dedication and professionalism of our staff will form the basis for achieving these demanding objectives. We continue to support them by making world-leading expertise available through our independent Clinical Advisory Board and the UKSH board.

We are confident that we will achieve these objectives and continue to provide ever-higher quality of care for all our patients.

As Chief Executive I frequently receive letters from patients praising the care and commitment they have experienced at UKSH. Along with those patients, I want to put my thanks on record to our dedicated staff with whom I am proud to work.

I confirm that to the best of my knowledge the information presented in this document is accurate.

Fiona Calnan

Fiona Calnan | Chief Executive

PART 2

Patient story

Carolyn

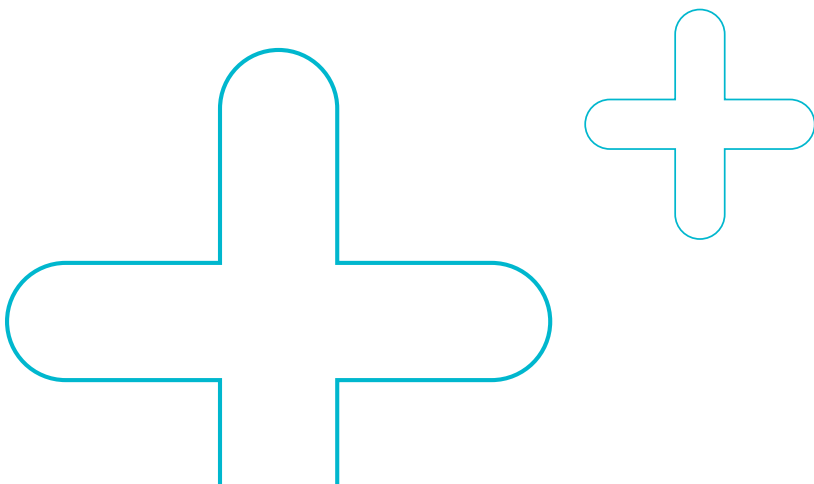
Hip replacement patient at Peninsula



“Throughout my stay the nurses were extremely attentive. The care was five star, nothing was too much trouble and everyone was helpful, caring and kind. The cleaners genuinely seemed to take pride in their work and worked as quietly as possible so as not to disturb the patients. I was also pleasantly surprised by the variety of meals on offer as I am allergic to certain food.

“The hospital had a much more personal feel to it than I was expecting. The anaesthetist was very reassuring, she explained everything to me and told me what to expect after the operation. The surgical team were very gentle and treated me with dignity and respect.

“The care and consideration of the staff was exceptional and went above and beyond my expectations. I am looking forward to making a full recovery and resuming my active lifestyle.”



Part 2.1

Objectives for quality improvement

At UKSH, the pursuit of continuous improvement is at the centre of everything we do. This ethos has led to exceptional results, achieved through innovation, multi-disciplinary cooperation and systematic implementation.

We identify and deliver improvements in response to developments in global best practice in healthcare, patient and staff feedback, and our own rigorous monitoring systems.

Every improvement we make is incorporated into our integrated care pathways through our electronic patient record MAXIMS, ensuring the most effective, evidence-based protocols are applied consistently to give the highest quality outcomes for all our patients.

Achievement of 2011–12 objectives

Last year Peninsula NHS Treatment Centre (PTC) set itself five quality objectives for 2011–12, and we have met or exceeded all the targets. This has meant sustained real improvement on our already high standards in patient experience, patient safety and clinical outcomes.

We ensured that all patients were treated in single-sex areas; we exceeded our target to deliver our comprehensive pre-operative service within 3 hours; we reduced the number of patient falls as a proportion of bed days; we reduced the blood transfusion rate for total hip replacements to 2.9%; and we increased our PROMs response rates to 100% across all relevant procedures.



Whenever we have introduced a quality improvement objective as part of our Quality Account, we have embedded the resulting improvements into our everyday procedures and ongoing performance expectations. As a result, in addition to last year's specific new improvements, we are continuing to perform well against the standards set by our previous quality objectives.

Throughout the year we have worked with local stakeholders including commissioners, Plymouth LINK and a patient forum to ensure that they are aware of our ongoing performance against these objectives.

Summary of performance against 2011–12 objectives

Quality domain	Quality objective	Target	Overall performance at PTC in 2011–12	Status
Patient experience	Treat all patients in single-sex areas	No breaches	No breaches	Target achieved
	Deliver comprehensive pre-operative service within 3 hours	70% of one-stop pre-operative appointments completed within 3 hours	89% completed within 3 hours	Target exceeded
Patient safety	Minimise patient falls	10% reduction in patient falls	Rate of falls reduced by 33%	Target exceeded
Clinical effectiveness	Reduce rate of blood transfusion for primary hip replacement	Reduce rate of blood transfusion to below 3%	2.9%	Target exceeded
	Improve response rates for Patient Reported Outcome Measures (PROMs)	85% return rate for PROMs questionnaires	100%	Target exceeded

Patient experience

Objective: Treat all patients in single-sex areas

Last year we set ourselves the target of ensuring that all patients are always treated in single-sex areas. We have always provided 100% single-sex accommodation for inpatients and this is one of the reasons why we score so highly on patient privacy in our patient surveys (for details see part 3, page 40, below).

The Government brought in additional requirements last year for single-sex treatment areas. We have addressed the new requirements building on our previous unbroken record of accommodating all patients in single-sex rooms.

Treating patients entirely in single-sex areas goes beyond accommodating all patients in single-sex rooms.

This relates to a national initiative to provide single-sex areas for pre-operative waiting, the post-anaesthesia care unit (PACU) and recovery units.

We have been 100% compliant throughout the year in treating patients in single-sex areas.

We achieved this through staff engagement and careful planning of the way the treatment centre is used, including the following measures:

- Assigned patients to single-sex areas within the PACU and recovery units
- Assigned dedicated bathroom and toilet facilities to each area

- Planned patient flow in such a way as to avoid any need for male and female patients to cross paths en route between admission, treatment areas, recovery areas and toilet facilities
- Adapted the processes for managing patients through their care pathway when undergoing treatment – for example, creation of separate areas for day surgery patients
- Briefed all staff on the new protocols and emphasised once again the importance of patient dignity at all times
- Introduced reporting procedures to capture any breaches of the single-sex treatment standard
- Informed patients about the new single-sex treatment areas so they understand the approach we take

Objective: Deliver comprehensive pre-operative service within 3 hours

At Peninsula NHS Treatment Centre we offer a one-stop pre-operative service combining all the different elements of the pre-operative assessment in a single visit. This includes multidisciplinary team consultations, scans, tests and patient education, and it means that at the end of the appointment, patients will be able to book their date for surgery. This is an important part of our patient-focussed service, because we know it delivers greater convenience and certainty for patients.

While a proportion of patients do need to come in for a second appointment due to the complexity of their pathway, for the majority the single appointment works very well. Patient feedback tells us that this approach is extremely popular; it also tells us that the more we can reduce the overall time spent at the pre-operative appointment, the better it is for the patient.

We therefore set ourselves the objective of reducing the time patients spend at the outpatients appointments, with a target of 70% of one-stop pre-operative appointments completed within three hours.

Our performance exceeded this target: 89% of patients with a single outpatient assessment completed their appointment within 3 hours.

We achieved this improvement with the help of our electronic patient record (EPR), which guides each patient's journey efficiently along the appropriate integrated care pathway. This enables us to monitor patients' progress electronically, and we introduced a traffic light system to alert staff to urgent actions. Because the EPR always shows which stage the patient has reached, staff can take immediate action to correct any emerging 'bottle necks' if necessary.

In addition, we paid particular attention to the role of the clinic coordinator. This is a member of staff dedicated to maximising efficiency and ensuring the smooth running of the clinic. The clinic coordinator observes where patients may be waiting and re-arranges the different elements of the appointment if necessary to ensure everything progresses as quickly as possible. Another important aspect of the role is to talk to patients regularly throughout their appointment to keep them informed about progress.

As well as the clinic coordinator who looks after the entire floor, we assign a dedicated nurse to each clinic – a named individual who coordinates the running of a given clinic on a particular day.

Patient safety

Objective: Minimise patient falls

Our third objective was to minimise patient falls, setting ourselves a target of a 10% reduction on our previous year's falls, which were already well below the national benchmark.

During the year there were a total of 15 patient falls at Peninsula NHS Treatment Centre. All of these occurred in the inpatient ward. Of these falls, two resulted in lower limb fractures and two led to dislocations. In total, there were three fewer falls in 2011–12 compared to the previous year, even though there were 65% more procedures this year.

The NHS reports the falls statistic as a rate of falls per 1,000 bed days. For PTC last year, the rate was 3.9 falls per 1,000 bed days, compared to 5.8 falls per 1,000 bed days the previous year – a 33% improvement.

We are encouraged by this improvement, especially in the context of the national benchmark of 6.5 falls per 1,000 bed days set by the NHS National Patient Safety Agency.

The key change we made last year was to ensure the risk assessment tool, MORSE, which is part of our electronic integrated care pathway, was completed for all patients. The electronic patient record automatically prompts staff to enter the outcome of the risk assessment, first at the pre-assessment stage and then daily for each patient on site. It is updated whenever there is a change in the patient's condition. All staff are therefore fully aware of risks associated with each patient. The electronic patient record also prompts appropriate actions in response to individual risk.

While we are pleased to have exceeded our target, every fall matters to us. We record every fall on a specific falls incident reporting form and these details are analysed very closely to identify any actions that may be needed to reduce the risk of further falls.



As with all other critical performance information, we scrutinise this at every level throughout the organisation, including at individual ward level through to the PTC and UKSH boards.

We will therefore continue to implement and monitor the procedures we have put in place to achieve this reduction, and we will take this improvement objective forward for next year. We have formed a falls working group to develop the actions recommended within the National Patient Safety Agency (NPSA) Patient Safety First guidance, 'How to reduce inpatient falls'.

We are confident we will achieve this target because we have identified a range of new and enhanced measures that we will implement during 2012–13. More details are given in the section below on next year's improvement objectives.

Clinical effectiveness

Objective: Reduce rate of blood transfusion for primary hip replacement

This objective responds to recent research which has shown considerable variation in the use of blood transfusion after primary hip replacements. The research showed that the national average was 25% of primary hip replacement patients receiving blood transfusions, but the results for individual institutions varied between 3% and 59%.

It is important that patients only receive transfusions if necessary, because of the associated risks. A further important consideration is the availability of blood, with orthopaedic surgery currently using 14% of all blood donated.

Peninsula NHS Treatment Centre was already performing well compared to the national average, with 5% of our hip replacement patients receiving blood transfusions. However, we wanted to reduce this in line with current guidelines so that we are at the forefront of best practice nationally. We therefore set ourselves the target of reducing our rate of blood transfusions for primary hip replacements to below 3%.

PTC has been successful in achieving this with an average rate for the year of 2.9% without use of blood salvage or reinfusion techniques.

The measures we took to deliver this objective included:

- Ensure patients undergoing primary hip replacement have an adequate haemoglobin (Hb) prior to surgery; if not then investigate and/or use iron supplementation
- Follow intra-operative surgical and anaesthetic practices to minimise blood loss
- Closely follow a post-operative protocol with transfusion threshold

Objective: Improve PROMs reporting

We believe that Patient-Reported Outcome Measures (PROMs), which show how patients perceive their health has changed following treatment, are an important measure of clinical outcomes.

In 2010–11 our rates of pre-operative PROMs returns at PTC were already high: 81.9% for knee and 83.1% for hip replacements. However, because of the importance we attach to this measure, and in line with UKSH objectives across all its centres, we set ourselves a target of increasing our reporting standards to 85% for both applicable procedures by the fourth quarter of 2011–12.

We exceeded this target, achieving 100% return rates from the first quarter and throughout the year.

The percentages we report relate only to the PROMs forms for patients undergoing procedures in each given reporting period (i.e. each quarter). We do not include forms submitted for procedures that took place outside the given reporting period. We chose this metric because it represents the most straightforward and relevant way to measure whether every patient is given the opportunity to complete a PROMs form.

This measure is not directly comparable with the nationally published figure. The nationally collected metric considers the overall PROMs returns by a provider, rather than looking at them at the level of individual patients undergoing treatment in the given reporting period. Returns are sometimes processed at a different time to when the procedure takes place, and this together with other factors means that some providers appear to submit a figure greater than 100%. Consequently, caution should be exercised when comparing the nationally available figure of 72.5% for the first half of 2011–12 with our performance quoted here.

The key change we made was to integrate the PROMs questionnaires more effectively into the patient pathway. All patients are asked to complete their PROMs form during their outpatients assessment, or (if they so choose) to opt out of the process. We make telephone calls to all patients two days before their planned operation. At that point, each patient’s PROMs form is entered into the relevant month’s return.

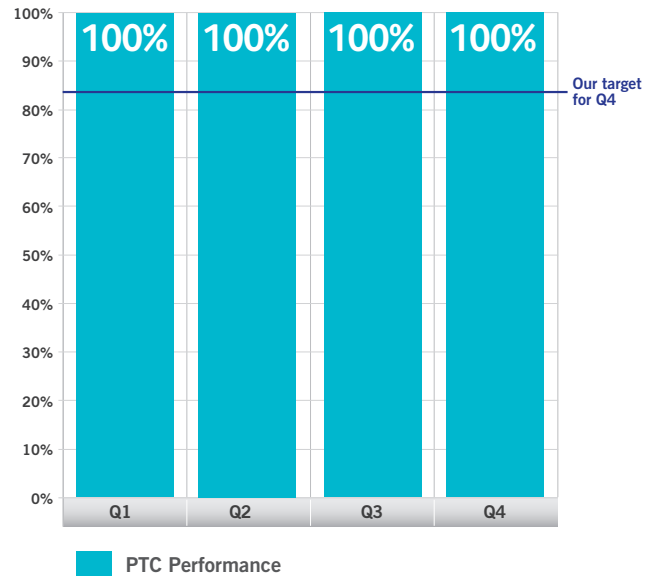
We also ensure that any cancellations trigger the removal of the relevant form before it is submitted. This ensures that every patient who proceeds to surgery has either completed a form or actively chosen to opt out. In addition to delivering a much higher return rate, this has the added benefit of ensuring that only those patients who go on to have surgery complete the initial questionnaire, so that the maximum return rate is 100% and the PROMs results therefore always relate to real patient outcomes.

We took the following measures to support this change:

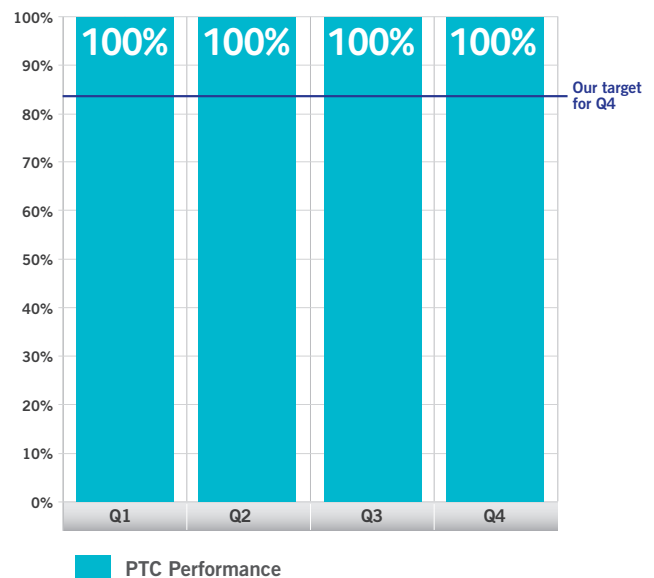
- Staff training to ensure all patients are proactively encouraged to complete pre- and post-operative questionnaires
- Staff training to ensure patients are made aware of the process and benefits of completing the questionnaires
- New administration processes to ensure all questionnaires are collected, collated and submitted
- Ongoing monitoring of PROMs rates across all UKSH facilities so that staff have continuous visibility of current performance across each centre, with results reported monthly
- Consideration given to patients who actively decide not to submit PROMs so that their decisions can be respected and to ensure their choice is reflected appropriately in the metrics

The graphs below shows our performance over the course of the year for each procedure we report against.

PROMS return rates – hip



PROMS return rates – knee



Part 3 contains information about how the results of the Patient Reported Outcome Measures at PTC compare with national averages.

Objectives for 2012–2013

Patients appreciate every improvement we make and this only spurs us on to continually improve our service, because each patient deserves the best possible care.

This year we have identified five quality improvement objectives. These reflect local clinical practice at Peninsula Treatment Centre and are also informed by national priorities.

The identification and development of these objectives involved numerous individuals and teams from within UKSH as well as external stakeholders and patient groups. The process began with considering patient feedback including observations gathered from surveys, discussions with our patient forums, analysis of complaints and a review of new national guidance. Possible improvement areas were discussed with heads of nursing and clinical services, with clinical heads of department and with clinical effectiveness and governance managers and medical directors. Our internal clinical strategy forum prioritised the objectives and presented these to the boards of individual centres as well as the UKSH board, where they were discussed and agreed. Emerging objectives were then shared with patient forums and other stakeholders including commissioners and Plymouth LINKs.

Summary of 2012–13 objectives

Domain	Quality objective	Improvement target
Patient experience	Evaluate patient information	<ul style="list-style-type: none"> Establish a baseline satisfaction level for patient information during Q1 and Q2 Improve our satisfaction level for patient information during Q3 and Q4
	A new version of our physiotherapy app	Develop functionality for additional procedures
Patient safety	Minimise patient falls	Reduce patient falls by 10% compared with 2010–11
	Improve compliance with the World Health Organisation surgical safety checklist	100% implementation of the WHO checklist
Clinical effectiveness	Improve fluid balance monitoring	Fluid balance monitoring compliance to exceed 95% by the end of the year

Patient experience

UKSH's approach has always been based on putting patients at the centre of all our processes with the aim of achieving the best possible clinical outcomes and patient experience.

We are proud of our consistent record of 99% patient satisfaction, as measured by the number of patients who would recommend our services to friends or family,² and even though this is a very high bar, our philosophy of care is based on a belief that we can always make further improvements.

We welcome the Department of Health's focus on improving patient experience. During February 2012, the Department of Health published the NHS Patient Experience Framework which outlined elements of care that are critical to patients' experience of NHS services. We have used this Framework and the recently published National Institute for Health and Clinical Excellence (NICE) quality standard to challenge ourselves on how we achieve an excellent experience for all patients. We already carry out many of the recommendations in the Framework and quality standard, but we have identified two areas where we believe we can make further improvements.

Objective: Evaluate patient information

There are many reasons why patients and their carers deserve high-quality information. We know that easily understood accurate information is an essential part of helping patients to take control of their care. As well as improving confidence, good-quality information improves outcomes as patients are more able to make healthy choices. This is particularly important in the run-up to and following major surgery.

UKSH provides a free 24-hour helpline for all patients following their treatment. The significant majority of callers use the helpline to ask for advice and reassurance.

We welcome those calls and will always be available to reassure patients. We also believe that we may be able to enhance the information that we give to patients to increase their confidence.

The NHS Patient Experience Framework identifies the importance of 'information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion'.

This Framework also identifies the importance of involving 'family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers'.

In 2012–13 we will carry out a detailed audit of the calls made to our helpline to identify any areas where better patient information could reassure patients. We anticipate that this may lead to the development of new ways to communicate information. We will also assess how useful patients find information that is currently provided to them and we will use any measures derived from this process to establish a baseline for future improvement. Because friends, family and care givers often play an important role helping patients in their recovery, especially in the days following discharge, we will also look at how we involve this important group and give them the information they need to play their role.

In our 2012–13 Quality Accounts we will report on:

- The number of monthly calls to the patient helpline
- The type of queries addressed during those calls
- Key findings from the audit of calls including specific recommendations and changes to our processes

² Based on all respondents to an independently conducted survey of UKSH patients – see part 3, page 40, for more information.

- How we have improved communication with patients
- Measures of patient satisfaction in relation to patient with information

As is our normal practice, we will give feedback from this process to key local stakeholders such as Plymouth LINks and local commissioners.

Our improvement targets for 2012–13 will be to:

- Establish a baseline satisfaction level for patient information during Q1 and Q2
- Improve our satisfaction level for patient information during Q3 and Q4

Objective: Introduce a new version of our physiotherapy app

In 2011 we introduced Pocket Physio, a physiotherapy app for patients undergoing major hip and knee surgery – the first to be designed by an orthopaedic provider. This app greatly enhances patient education.

We designed this app to give patients more control over their recovery and to help them understand how to perform their physiotherapy exercises more effectively. During the development phase, we shared our initial plans with Plymouth LINK. The ability to embed videos in the app is particularly helpful for patients to ensure that they are carrying out their exercises effectively. This app has proved to be very popular with patients and both our physiotherapy team and nursing staff have recognised the benefits it brings for patients. Part 3 of this Quality Account gives more information about Pocket Physio.

At present, Pocket Physio covers major hip and knee surgery. We know that patients undergoing other procedures sometimes have difficulty understanding how to carry out their physiotherapy exercises.



In 2012–13 we will therefore develop a new version of Pocket Physio that includes exercises for other procedures. Drawing on the success of our app for hip and knee surgery, we will design this so that patients can see exactly how to carry out their physiotherapy exercises and we will ensure that the app gives clear signposts to patients highlighting when and how to seek help.

We will make this app available to all appropriate patients by providing the app on iPads for use while they are at UKSH centres. As with the Pocket Physio we released last year for hip and knee surgery, we will continue to make the app freely available to download from iTunes.

This means patients treated by other providers will also be able to benefit at no charge. Also, because not all patients have access to iPhones or iPads, we will introduce a new version of the app to run on Android smartphones and tablets.

Patient safety

Objective: Minimise patient falls

Last year, we set ourselves a target to reduce patient falls by 10%. We exceeded that target across all of our centres. At Peninsula NHS Treatment Centre we reduced the rate of falls by 33% (see page 16 for more information).

While we are pleased with our improved performance, we recognise that even a single fall is one too many.

In addition, as part of the drive to reduce patient falls we learned several lessons so we believe we can reduce falls even further.

Isolated interventions improvements are not enough; we need to consider how to address patient falls at every stage of the patient journey.

In 2012–13 we will continue to carry out and update fall risk assessments regularly, and enter the results into the electronic patient record to ensure all staff involved are aware of the necessary fall prevention measures for each patient. We will continue to use the Morse Fall Scale to evaluate the risk.

We have learnt that as well as carrying out risk assessments we need to take more measures to ensure that all relevant staff members are aware of individuals who are at particularly high risk. We believe we can do more to take account of those patients with dementia and to help people who are confused. To support this, we have created a falls working group. This is a multidisciplinary group with members from all UKSH treatment centres. Participants include clinical effectiveness and governance managers, ward managers and physiotherapists. It draws information from a variety of sources including the Health and Safety Executive and the National Patient Safety Agency. One of the group's aims is to identify actions from the Department of Health audit carried out in November which related to patients with dementia in hospitals.

These actions will focus on providing a safer environment for patients with post-operative confusion and delirium.

We have also learned that patients need help to understand that there is a greater risk of falling immediately following surgery. Perhaps of most importance is the insight that the patients most at risk of falling need additional and consistent support throughout their stay. We have now enhanced our Standard Operating Procedure for falls to give detailed guidance on appropriate support measures depending on the risk level of each patient.



In 2012–13 we will retain our objective to minimise patient falls. We made significant progress this year, so the target will be to maintain and consolidate that improvement, with fall numbers at least 10% lower compared with 2010–11 levels. Our experience and independent evidence show that as awareness of fall prevention increases, reporting also rises. This makes it harder to reduce numbers, but we welcome that challenge because it will make patients safer.

Our aspiration is to go beyond the simple metric of reducing the number of falls and also to ensure we reduce any serious harm, such as a fracture, that may result from falls.

Objective: Improve compliance with the World Health Organisation (WHO) surgical safety checklist

UKSH has an excellent safety record. Our complication rates and adverse outcomes are very low compared with other providers.

Since 2009, we have used the WHO surgical safety checklist as the template for a UKSH tool to improve the safety of patients undergoing operations.

		SURGICAL SAFETY CHECKLIST (Please circle the appropriate response)			
PATIENT DETAILS (Addressograph)		PLANNED PROCEDURE:		ACTUAL PROCEDURE:	
SIGN IN: Before induction of anaesthesia		TIME OUT: Before skin incision/invasive procedure		SIGN OUT: Before any member of the team leaves the operating room	
Patient confirmed identity/procedure/consent/wristband	Y	Verbal confirmation of patients' name, wristband, procedure, site	Y	Verbal confirmation of procedure performed	Y
Is surgical site marked	Y/NA			Operating register and documentation completed	Y
				Instruments/needles/swabs/sponges correct	Y/NA
Is anaesthetic equipment and medication available and ready	Y/NA	X rays available/displayed and correct	Y/NA	Specimens received, placed in appropriate container and labelled correctly	Y/NA
Pulse oximetry in place	Y	All equipment, instrumentation, implants present and correct	Y		
Does the patient have a known allergy? If Yes, insert allergies:-	Y/N	Any other unexpected information from anaesthetic/surgeon/scrub team? Critical steps anticipated? Insert	Y/N	Any problems identified that need to be addressed?	Y/N
Pregnancy Test Undertaken	Y/N				
Type of planned anaesthetic GA RA LA SED	Circle	Antibiotic prophylaxis given within last 60 minutes?	Y/NA	Blood loss > 500mls	Y/N
Any potential airway problems?	Y/N	Patient warming devices used?	Y/NA		
Any specific patient concerns? Insert	Y/N				
Glycaemic Control Enter Blood Glucose Value =	Y/NA				
Patient Hb level available? =	Y/NA	VTE prophylaxis undertaken: Flowtron(s) applied	Y/NA	Post op recovery instructions documented	Y/N
Group & Save completed?	Y/NA	TED(s) applied	Y/NA	Checklist on Maxims completed	Y/N
Enter VIP score =	Y/NA	Drug Thromboprophylaxis?	Y/NA		
Name:.....	Date:	Name:.....	Date:	Name:.....	Date:
Signature:.....		Signature:.....		Signature:.....	

Note: Y = Yes, N = No, NA = Not Applicable, GA=General, RA=Regional, LA=Local, Sed=Sedation, VIP= Visual Infusion Phlebitis, VTE= Venous Thromboembolism

This checklist outlines the process that when followed minimises the risk of errors. While it cannot prevent all untoward events it does significantly improve patient safety. The checklist is completed by the theatre staff before the start of each operation. Research shows that the application of the checklist has led to a marked decrease in untoward theatre incidents.

At UKSH we routinely audit a sample of medical records on a monthly basis to assess the compliance with this tool. These retrospective audits have demonstrated 100% compliance.

During 2011 we had a single wrong site event in surgery. This related to the administration of anaesthesia at the wrong site. It could have been avoided by more effective implementation of the WHO surgical safety checklist at the most appropriate time.

Although this represented just 0.04% of the cases treated at Peninsula NHS Treatment Centre we consider it to be unacceptable.

Our investigation demonstrated the importance of undertaking real-time observational audits. These ensure that implementation of the checklist never becomes a 'tick box exercise' but instead is embedded effectively into everyday practice.

In response to this incident we have acted swiftly to ensure compliance in all theatres. The theatre managers have actively observed and mentored staff to ensure the checklist is undertaken accurately and at the appropriate time in the pathway.

Wrong site surgery is often referred to as one of several types of 'never event' because measures should be taken to ensure that it never occurs.

This is why 100% implementation of the WHO checklist at the right time is our key priority for patient safety for the forthcoming year. This will support our aim of zero wrong site events during surgery or anaesthesia.

To achieve this we have already undertaken a number of initiatives:

- Reinforced training of ‘how to do’ by signposting staff to the National Patient Safety Agency (NPSA) video, ‘How to do the WHO Surgical Safety Checklist’
- Posters and meetings reinforcing the mandatory process
- Identified champions from clinical staff
- Empowered operating room lead of the day to halt surgery if staff are not undertaking the checks
- Staff aware of zero tolerance for non-compliance

We aim to achieve 100% compliance with the observational audit which both assesses whether the checks are undertaken and also ascertains that all the appropriate staff are present at the time of the check. This audit will be undertaken on five cases per week.

We will continue with the monthly retrospective audit and we will report compliance rates on a monthly basis to the clinical governance meeting and to the Peninsula NHS Treatment Centre board.

Clinical effectiveness

Objective: Improve monitoring of fluid balance

Ensuring optimum fluid balance is always important for good health. This is particularly important following surgery especially because patients’ ability to manage their own hydration may be temporarily compromised.

The Royal College of Nursing and other institutions have drawn attention to the importance of maintaining an appropriate fluid balance. We have chosen this quality target as some patients have experienced electrolyte imbalance in the post-operative period.

The aim of this objective will be to minimise the number of patients whose electrolyte levels deviate from normal levels such that they require interventions following their operations. We know that such imbalance impedes recovery and delays mobilisation and discharge. We will achieve this objective through a systematic programme to raise awareness of accurate fluid management across all our clinical teams.

Meeting the ‘fluid balance challenge’

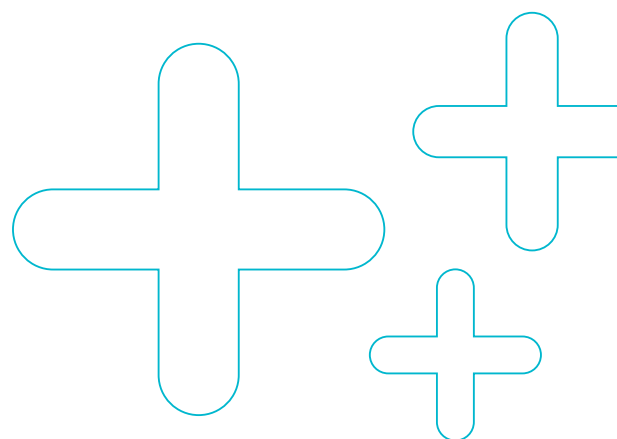
This programme involves setting clear expectations and ward-by-ward targets, systematic training for all relevant staff, new information and materials to support more accurate monitoring, and an audit process:

- Setting clear expectations and ward-by-ward targets:
 - Ward manager led strategies to improve the accuracy of recording amongst the teams
 - Each ward team has a specific target to meet the ‘fluid balance challenge’
 - Clear standards and requirements set out for individual nursing staff, e.g. assessing fluid intake at regular intervals throughout the duration of each patient’s stay
- Systematic training:
 - Focused face-to-face training for all ward nursing staff followed by individual assessments
 - Participation in RCN webinars on fluid management

- New information and materials to support more accurate monitoring:
 - Highly visible information boards on fluid management in relevant clinical settings
 - Redesigning the fluid prescribing and monitoring charts so that monitoring expectations are clear to all relevant staff
 - Covering fluid balance as part of the well-established daily multidisciplinary ward round, to ensure that fluid balance is considered by all clinical staff, including the anaesthetist, resident medical officer and nursing staff, resulting in the appropriate management of fluid overload/deficit as necessary
- Audit and review:
 - New audit tool to monitor fluid recording, which will allow us to assess the effectiveness of our strategy
 - Audit undertaken weekly and scores shared with staff
 - Target to see an upward trend throughout 2012–13 that exceeds 95% by the end of the year
 - Results to be discussed at specialty group meetings which will provide opportunities to address any emerging concerns, suggest ways to make further improvements and to engage the entire clinical staff



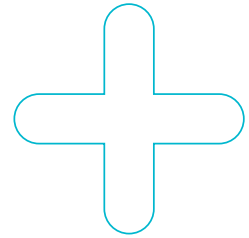
A recent paper published in the British Medical Journal highlighted the importance of perioperative fluid therapy and pointed to ‘forthcoming guidelines from NICE [that] will encourage a standardised approach to fluid prescription and management.’ UKSH strongly agrees with the article’s authors that ‘such initiatives are welcome and should be widely implemented to ensure the highest standards of patient care’.



Staff story

Mary Gooch

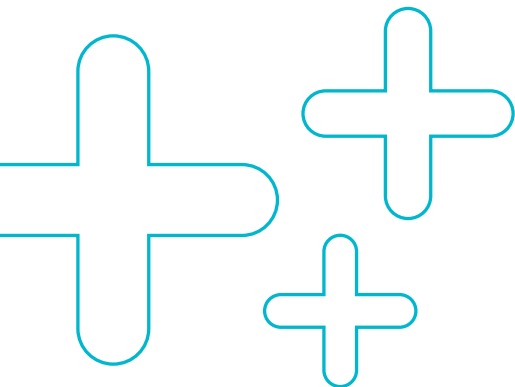
Theatre Manager, Peninsula



“Since I began working at Peninsula NHS Treatment Centre in 2011, I have been impressed by the way UKSH listens to patients and looks for ways to improve their experience here. In response to patient feedback, last year we introduced staggered admission times for day case and inpatient surgery, which reduces the amount of time patients have to wait to go to theatre following admission. We have had many positive comments from our patients following the introduction of this process.

“As theatre manager, I’ve overseen the implementation of our new Enhanced Recovery Protocol. This has really improved patients’ post-operative pain relief and allows patients to mobilise earlier, which is better for their recovery and allows them to go home sooner. This has been good for our performance figures – shorter lengths of stay – but what has also been encouraging is the positive feedback we’ve had from patients about the positive effect it’s had on their experience of treatment at our centre.

“I enjoy working for UKSH because of this culture of making sure the patient is always our priority. As a manager I also feel I am listened to and supported by the Senior Management Team.”



Part 2.2

Mandatory statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

Review of services

During 2010–11, UKSH provided one NHS service at Peninsula NHS Treatment Centre.

The service we provided was:

- Orthopaedic surgery (joint replacements and minor)

UKSH has reviewed all the data available to them on the quality of care in one (100%) of these NHS services.

The income generated by the NHS services reviewed in 2011–12 represents 100% of the total income generated from the provision of NHS services by UKSH at Peninsula NHS Treatment Centre for 2011–12.

Participation in clinical audits

UKSH participates 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 51 different audits. These cover a diverse range of care provision including children's care, end of life provision as well as orthopaedic procedures. Of those 51 national audits, three are relevant to Peninsula NHS Treatment Centre.

During 2011–12, three national clinical audits and zero national confidential enquiries covered NHS services that UKSH provides at Peninsula NHS Treatment Centre.

During that period Peninsula NHS Treatment Centre participated in 67% national clinical audits and 100% (zero – because none were relevant) national confidential enquiries of the national clinical audits and national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Peninsula NHS Treatment Centre was eligible to participate in during 2011–12 are as follows:

- Hip and knee replacements (National Joint Registry)
- Elective surgery (National PROMs Programme)
- Bedside transfusion (National Comparative Audit of Blood Transfusion)

The national clinical audits that Peninsula NHS Treatment Centre participated in and for which data collection was completed during 2011–12, are listed below 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.

National audits & national confidential enquiries	Participation Yes/No	% of cases submitted
Bedside transfusion (National Comparative Audit of Blood Transfusion)	No*	0
Hip and knee replacements (National Joint Registry): Hip	Yes	100%
Hip and knee replacements (National Joint Registry): Knee	Yes	98%
Elective surgery (National PROMs Programme): Hip	Yes	100%
Elective surgery (National PROMs Programme): Knee	Yes	100%

*The Bedside Transfusion (National Comparative Audit of Blood Transfusion) is a programme of high-profile clinical audits that aims to look at the quality of the administration of blood to patients, and also at the practice of prescribing blood and blood components. Peninsula NHS Treatment Centre took part in this audit indirectly rather than by submitting results directly. This is because Peninsula NHS Treatment Centre's results were submitted via Derriford Hospital (part of Plymouth NHS Hospitals Trust) with which we have a Service Level Agreement. Information from Peninsula NHS Treatment Centre forms part of that audit.

The reports of three national clinical audits were reviewed in 2011–12 and Peninsula NHS Treatment Centre intends to take the following actions to improve the quality of healthcare provided.

The National Joint Registry (NJR) is a monitoring database which tracks joint replacement procedures carried out throughout England and Wales. During 2011–12, Peninsula NHS Treatment Centre submitted 99% of its hip and knee procedures to the NJR. The board of Peninsula NHS Treatment Centre has reviewed the results from the NJR audit for one-year revision rates for hip and knee replacements. The average revision rates were found to be low – comfortably below 1%.

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 PROMs information.

In 2011–12 we set an improvement objective to increase the rate of PROMs forms that we return for analysis.

Our success in achieving this objective is discussed in detail in part 2.1. The results of UKSH's PROMs outcomes are published on the HES (Hospital Episode Statistics) website, www.hesonline.nhs.uk, and are discussed in depth in the outcomes section in part 3. Results on all procedures are routinely monitored through our internal clinical governance processes. These show excellent clinical outcomes.



Other clinical audits

The reports of 20 other clinical audits were reviewed by the provider in 2011–12 and UKSH intends to take the following actions to improve the quality of healthcare provided:

Audit	Action	Monitoring results
Blood usage audit	Comply with National Transfusion guidance	Monthly
Consent	Comply with Consent Policy	Quarterly
Emergency trolley audit	Comply with Resuscitation Guidelines	Monthly
Hand hygiene	Comply with the Infection Prevention Society (IPS) and The 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
Infection prevention & control	Comply with the Infection Prevention Society (IPS) and The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance	All positive results audited to identify any organism trends – uploaded quarterly
HPA Surgical Site Infection Surveillance	Comply with the Health and Social Care Act 2008. Health Protection Agency (HPA) mandatory Surgical Site Infection Surveillance Service (SSISS) for Orthopaedics	All joint replacements and infections captured on an ongoing basis. HPA reports generated quarterly
Information governance	Ensure ongoing compliance with: ISO 27002, IGSOE	Six-monthly external audits Rotational internal audit plan in place
MEWS	Comply with Early Warning System identifying deterioration in patient condition	Monthly
Pain management	Ensure effectiveness of current pain protocols	Quarterly
Patient Environment Action Team (PEAT) survey	Comply with national guidance – ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity	Annual
Patient records	Ensure best practice in Patient Medical Record	Quarterly
Pharmacy including controlled drugs audits and prescription chart audit	Comply with national policy and legislation	Monthly
Radiology	Comply with Ionising Radiation (Medical Exposure) Regulations (IRMER) requirements	Annual IRMER programme in place. Monthly local audits to support
Resuscitation	Ensure best practice in resuscitation technique	Monthly
The Visual Infusion Phlebitis score (VIP)	Simple assessment of the cannula site through observation and questions to the patient	The unit adopted the VIP scoring tool for completion on a daily basis
Theatre Quality Assessment Document (QuAD) audit	Monitoring best practice guidance during the perioperative period	Annual

Audit	Action	Monitoring results
Venous thromboembolism (VTE) prophylaxis	Comply with updated NICE Guideline (Jan 10)	Quarterly
Ward <ul style="list-style-type: none"> • Fluid balance chart • Blood fridge • Falls risk assessment • Condition of mattresses • VTE • MUST • MORSE 	Ensure best practice in patient care	Annual audit programme in place with monthly reporting to clinical governance committee
Waste Clinical & non-clinical	Comply with HPA Health & Safety requirements	Quarterly
World Health Organisation (WHO) Surgical Safety Checklist	Comply with WHO guidelines	Monthly

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by UKSH at Peninsula NHS Treatment Centre in 2011–12 that were recruited during that period to participate in research approved by a research ethics committee was nil.

Although Peninsula NHS Treatment Centre participates in national audits and confidential enquiries, it does not, at present, take part in clinical research due to contracts excluding UKSH from participating in any clinical research. Peninsula NHS Treatment Centre would welcome the ability to participate in clinical research with the local NHS trust in the future.

Training

UKSH has always placed a strong emphasis on staff training and development. Because of the way independent sector treatment centres (ISTCs) were originally designed, there have been some historical restrictions on the range of training that we have been able to provide.

Since those initial restrictions have now been relaxed, we have begun to offer more training opportunities. We have an agreement with the Peninsula Medical School to take a number of medical students each year to support their Special Study Units (SSUs).

These SSUs cover both clinical and management themes. The clinical SSUs are led by an orthopaedic consultant. The registered manager and clinical services manager lead the management SSUs. Clinical topics for year one and two students focus on surgery in the independent sector while year three and four students study joint replacement surgery and the planned care model.

Management study units are given a management issue or topic and, working alongside unit managers and heads of department, carry out a research project which is presented to the Peninsula management team. The theme of 2012's management project was the introduction of nurse-led pre-assessment in an elective orthopaedic ISTC (independent-sector treatment centre).

We have received positive feedback from the Peninsula Medical School and from the medical students themselves via their feedback forms. The provision of training at the Peninsula NHS Treatment Centre has helped foster good relations between the independent sector and local acute trusts as well as enhancing the quality of training in a safe and appropriate environment.

Use of the CQUIN payment framework

A proportion of Peninsula NHS Treatment Centre's income in 2011–12 was conditional on achieving quality improvement and innovation goals agreed between Peninsula NHS Treatment Centre and NHS Plymouth through the Commissioning for Quality and Innovation (CQUIN) payment framework.

CQUIN local targets

Peninsula NHS Treatment Centre is pleased to report that all CQUIN targets were achieved in the period. The CQUIN targets we agreed locally were as follows (based on 2,693 total procedures):

CQUIN targets	Target/threshold	Achievement
National targets		
MRSA <ul style="list-style-type: none"> Locally determined targets take us beyond the national target 	No more than 1 case per year	0 cases
C. Difficile <ul style="list-style-type: none"> Reduction of 30% by 2011 	No more than 1 case per year	0 cases
Waiting times for treatment <ul style="list-style-type: none"> No patients waiting more than 18 weeks from referral to start of treatment 	90-100%	No breaches (achieving 100% score)
Public confidence in local NHS <ul style="list-style-type: none"> Maintain patient satisfaction at Peninsula NHS Treatment Centre 	95%	98.4%
Local targets		
Reduce avoidable deaths, disability and chronic ill-health from Venous Thromboembolism (VTE) <ul style="list-style-type: none"> Percentage of all adult in-patients who receive VTE risk assessment Appropriate VTE prophylaxis is received 	95%	100%
Responsiveness to patient needs. Measured by the NHS in-patient survey of patient experience: <ul style="list-style-type: none"> Patient involvement in decision-making Availability of staff to talk about patient concerns Privacy Information about medication side-effects Informed who to contact if worried about condition after leaving hospital 	Sliding scale of points	Target achieved*
Reducing avoidable waits <ul style="list-style-type: none"> Number of patients waiting no more than 30 minutes beyond their appointment time 	95%	95.3%
Staff satisfaction <ul style="list-style-type: none"> Number of staff expressing satisfaction in their role 	Baseline from Survey begins 30th June 11	Undertaken

*For full details of the patient survey results see part 3, page 40.

Further details of the agreed goals for 2011–12 and for the following 12-month period are available electronically at: www.uk-sh.co.uk/about-us/cquins

The Peninsula NHS Treatment centre is subject to quarterly review of the quality of care provided to the patients at formal Joint Service Review (JSR) meetings with the commissioning PCT. The JSR provides the opportunity to review clinical performance per quarter by reference to key performance indicators (KPIs).

Statements from the Care Quality Commission

Peninsula NHS Treatment Centre is required to register with the Care Quality Commission (CQC) and its current registration status is: active.

Peninsula NHS Treatment Centre has the following conditions on registration:

Condition of Registration	Status
This establishment is registered to provide treatment and care under the following service 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

The CQC has not taken enforcement action against Peninsula NHS Treatment Centre during 2011–12.

The Peninsula NHS Treatment Centre is subject to periodic reviews by the CQC and the last review was on 5 May 2010. The review found compliance with all of the standards inspected.

All CQC assessments and reports of inspections of Peninsula NHS Treatment Centre can be viewed on their website: www.cqc.org.uk

Peninsula NHS Treatment Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

Peninsula NHS Treatment Centre will be taking the following actions to improve data quality:

We will continue to treat data quality as an integral part of the governance programme, subject to continual monitoring and improvement. We employ a dedicated team of informatics personnel whose role is to collate and ensure the accuracy of data and this is reflected in the existing high quality of data submissions, for example 100% score in the Information Governance Toolkit assessment report.

As part of our ongoing improvement to our information technology programme, UKSH has implemented an electronic patient record system across all sites. The system requires the user to input all required information, clinical and non-clinical, and will not allow the user to proceed without doing so. The critical difference compared with other systems is that this includes clinical data and outcomes. Audit reports are also run by the informatics team and this ensures compliance with the same system.

We believe that no other healthcare provider has yet successfully implemented a comparable level of support from its electronic patient record.

Clinical data is also reviewed and audited as part of the governance framework on an episode basis, ensuring that a patient's care record is complete from referral to discharge.

Continuing management actions that we implement under the ISO27001 framework certification also add to the quality of data as it is tracked and managed efficiently.

Last year we identified PROMs completion as an improvement objective. We are pleased to report that we fully met this improvement objective during 2011–12. Please see part 2.1, page 17, for more information. See also part 3, page 49, for information about the results.

NHS Number and General Medical Practice Code Validity

UKSH submitted records during 2011–12 to the secondary uses service for inclusion in the hospital episode statistics which 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; and
 - 100% for outpatient care.
- which included the GP's valid General Medical Practice Code was:
 - 100% for admitted patient care; and
 - 100% for outpatient care.

Information Governance Toolkit attainment levels

UKSH's Information Governance Assessment Report overall score for 2011–12 was 100% and was graded green.

UKSH places great importance on information governance and the security of patient details. Last year UKSH already scored highly in this area (100% and green). Through our focused efforts we are pleased to report that we have maintained 100% in the Information Governance Toolkit.

Clinical coding error rate

UKSH was not subject to the Payment by Results clinical coding audit during 2011–12 by the Audit Commission.

Safeguarding statement

- UKSH meets the statutory requirement with regard to the carrying out of Criminal Records Bureau checks on all staff.
- Safeguarding policies and systems for children and vulnerable adults are up to date and robust. All eligible staff have undertaken and are up to date with safeguarding training at Level 1. This is included in induction and mandatory training.
- A review of other training arrangements is ongoing, taking account of emerging messages from the national review of safeguarding training.
- Named professionals are clear about their roles and have sufficient time and support to undertake them.
- There is a board-level executive director lead for safeguarding.
- The board reviews safeguarding across the organisation at least once a year.

PART 3

Patient story

Janet

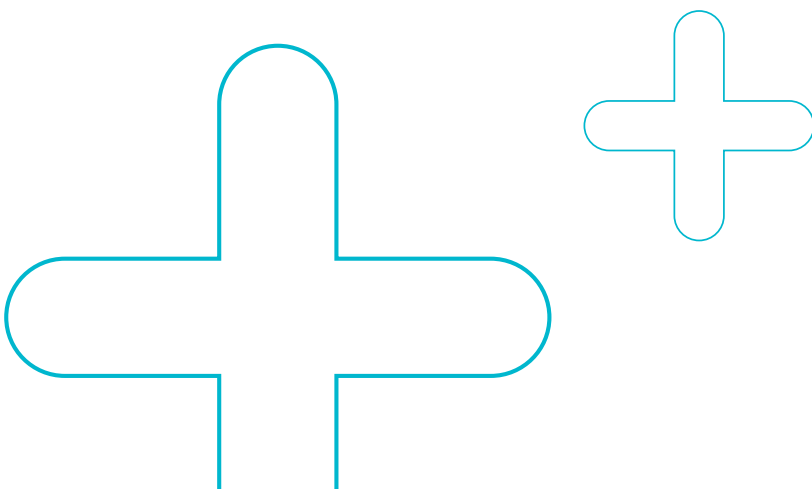
Knee replacement patient at Peninsula:



“I decided to have my treatment at Peninsula because it had low infection rates and the wards weren’t too big. Everyone I had spoken to about it said it was wonderful, and I didn’t have to wait long for an appointment. When I went for my pre-assessment appointment I couldn’t believe how easy the process was.

“I was extremely nervous on the day of my procedure, but the staff were wonderful and took time to explain everything to me. Before I was discharged, the staff made sure that I was well prepared for my recovery at home and that I had all the necessary physiotherapy aids to help me.

“I have already been recommending Peninsula to my friends because I think it is an example of how a hospital should be. Thanks to Peninsula, I am now enjoying taking long walks again.”



Part 3

Review of quality performance in 2011–12

UKSH approach to quality

Throughout 2011–12, local NHS commissioners and the Department of Health have continued to emphasise the importance of patient experience, safety and clinical effectiveness. We welcome that approach and place equal importance on each of these areas. We believe they reinforce each other and all three are paramount to delivering the high quality of care our patients deserve.

The rest of this Quality Account covers our performance in each of these areas, and explains how we continually monitor and improve our performance. In 2011–12 we delivered outstanding results and we are determined to continue improving.

Reporting quality indicators

Since we began operations in 2005, UKSH has been a pioneer in the publication of quality-related information.

Before Quality Accounts were introduced we published an extensive set of information on our website about clinical outcomes and patient experience. We welcomed the introduction of Quality Accounts by the Department of Health in 2009 and we have used our reports to convey a wide range of information explaining our ethos of care as well as qualitative outcome and patient satisfaction information.

The Department of Health recently indicated that it wants to see more information published that supports quality-based comparisons between different providers.

To this end, the Department will introduce a set of core indicators next year for NHS Foundation Trusts and it has also indicated that it is currently exploring the feasibility of extending that approach to independent sector providers of NHS-funded care from 2014–15.

We welcome this initiative and are pleased to publish our performance for all the relevant core indicators this year – at least two years ahead of schedule.

Core Quality Indicators

The core set of quality indicators that are likely to form the new mandatory reporting requirements relate to the NHS Outcomes Framework. These include:

- Preventing people from dying prematurely
 - Mortality within seven and thirty days
- Helping people to recover from episodes of ill-health or following injury
 - Patient Reported Outcome Measures (PROMs)
 - Emergency readmissions to hospital within 28 days of discharge
- Ensuring that people have a positive experience of care
 - Responsiveness to inpatients' needs
 - Percentage of staff who would recommend the provider to a friend or family
- Treating and caring for people in a safe environment and protecting them from avoidable harm
 - VTE Risk Assessment
 - C. difficile
 - Rate of safety incidents resulting in severe harm or death

Our performance for all these indicators is outlined within the blue boxes in the relevant sections overleaf.

Patient experience

UKSH's overall approach is to put patients at the centre of everything we do. We believe that this philosophy is the most effective way to ensure we continue to improve care. It is also why we believe the Prime Minister was right to emphasise the importance of the 'friends and family question'. Last year 99% of our patients told us they would recommend us to their friends or family.³

During spring 2012 there have been two major policy-led announcements that are designed to encourage a greater focus on patients: guidelines from the National Institute for Clinical Excellence (NICE) and the Department of Health's Patient Experience Framework. We already use many of the approaches outlined in these initiatives and we are reviewing our processes to ensure we adopt appropriate best practice so that we can continue to improve patient experience. As part of that, we have identified improving patient information as one of our objectives for 2012–13 (see part 2.1, page 20).

Our model of patient-centred care means we design everything from the patient perspective, so that services are convenient, of the highest clinical quality and sensitive to individual needs. Two factors are crucial in succeeding in this aim: giving patients the information they need to exercise choice, and consulting regularly with patients to make sure the priorities we set are in line with their needs and views. We have a dedicated patient experience coordinator to oversee the implementation of our patient experience objectives. Our high levels of patient satisfaction are testament to this approach.

Our service to patients

UKSH is particularly aware of the importance of relevant and convenient services to the overall patient experience.

Our accommodation services have been recognised by industry awards, and in 2011–12 we continued to provide patients with exceptional levels of convenience and comfort, including:

- One-stop patient visits with diagnostics taken in a single day
- Free car parking
- Single-sex accommodation in 100% of cases
- Ensuite facilities in patient rooms
- Free TV and WiFi access

Patient information

UKSH recognises the importance of good information in promoting patient choice, enhancing patient experience and optimising outcomes.

UKSH has created and developed patient information leaflets containing details of services available at Peninsula NHS Treatment Centre, an outline of what the different treatments involve and a summary of the support services available to patients. Information is available in accessible formats and various languages.

We have a dedicated advice line for GPs which gives them direct access to our patient experience team.

Our patient experience team makes telephone calls to all patients seven and two days before treatment. These calls are an effective way to make sure patients have understood vital information in preparation for their operation, such as ensuring certain kinds of medication are ceased in time. Patients are also encouraged to discuss any issues of concern at this time so any perceived problems can be resolved. Staff are trained to communicate with the patient in a respectful way and the calls have been very well received. The team are experienced practitioners who are aware of services which patients may require to aid their recovery.

³ Based on all respondents to an independently conducted survey of UKSH patients – see part 3, page 40, for more information.

As part of the informed consent process, patients are provided with procedure-specific information leaflets directly related to their surgery and the type of anaesthetic they will receive. In addition, we provide a suite of procedure-specific consent forms which clearly explain the benefits and risks of each procedure and thus ensure standardisation of information for patients.

The multidisciplinary team members explain this information during their individual patient assessments throughout the patient's pathway. All patient information leaflets are also available in multi-lingual, large print and audio formats.

Pocket Physio

In 2011 we introduced Pocket Physio, a physiotherapy app for patients undergoing major hip and knee surgery – the first to be designed by an orthopaedic provider. This app greatly enhances patient education.

The rationale for this development is to give patients more control. Our experience and academic research clearly show that patient engagement, involvement and understanding are essential to achieving excellent outcomes.

Pocket Physio improves the way that information can be accessed and understood.

We provide the app to patients on iPads, which are very user-friendly. It is important for us to ensure that the app is intuitive and visually clear. Patients can navigate through the exercises to quickly find what they need, when they need it. Because they can watch the exercises in action, they learn exactly how to improve their recovery.

Our clinicians created videos of highly effective pre-and post-operative exercises. These perfectly complement UKSH's model of evidence-based care pathways.

This innovation improves the speed and quality of patients' recovery, and ultimately their quality of life.



A striking finding has been that patients – usually of an older demographic - find it easier to use the app than traditional handbooks, even when they have little experience of computers.

Patients also report that it helped their recovery because they began exercising their joints as soon as appropriate after the operation. One patient said, 'I've only just started texting, so I'm in no way computer literate. However, I found the app easy to use.' Another said: 'There are pictures and videos, which are really helpful when I want to know if I am doing the exercises right... it definitely helped me to start mobilising the new joint, which ultimately led to my successful recovery.'

We have made the app free for anyone to download from iTunes. With over 5,000 downloads in the five months since public launch in January 2012, Pocket Physio is also bringing benefits to the wider health community. As well as positive feedback from our patients, we have received letters of thanks from patients treated by other providers.

The success of this app in helping patients recover more effectively is the principal reason why we have decided to develop a new version of this app covering new therapy areas as part of our improvement objectives (see part 2.1, page 21).

Patient feedback

Peninsula NHS Treatment Centre consults regularly with patients through our patient forum, regular patient surveys and by providing an effective and accessible complaints procedure. All patient experience results are reported through the Integrated Governance Framework, the Peninsula NHS Treatment Centre board and the main UKSH board. The reports include summaries of outcomes and issues, actions taken and trends to inform progress. The patient forums are an important means of two-way communication with patients and we have used them to consult with patients on our priorities for improvement.

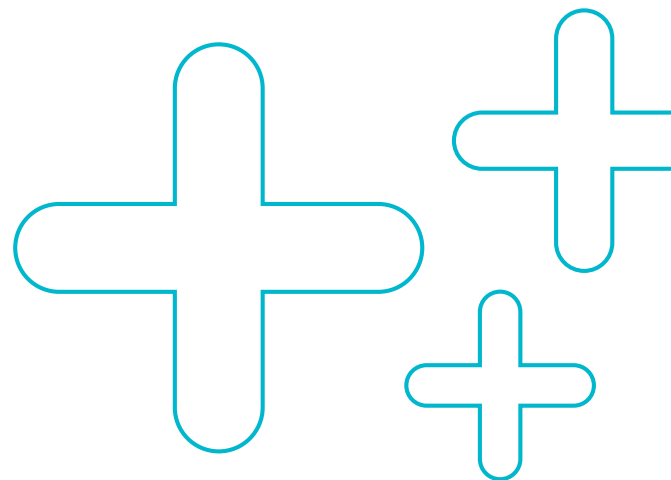
The forum was actively engaged in the development of this year's Quality Account. We have met the forum to share our progress last year and our rationale for the 2012–13 improvement targets. The members of the patient forum support the proposed direction of this year's objectives.

National NHS patient experience survey

Each year, the Department of Health commissions a national survey of NHS patient experience which is carried out by the Care Quality Commission. It is comparable across NHS facilities and is independently monitored.

We commissioned an independent organisation, Patient Perception, to run the same survey as the one carried out by the Care Quality Commission. During March 2012, the most recent 850 people to be treated at Peninsula NHS Treatment Centre received this survey asking them about their care. 507 patients have returned their questionnaires (63%) and the data below is taken from those results.

We ran the survey so that our patients' views can be analysed and compared with those of other providers surveyed by the Care Quality Commission.



Core quality indicator

Responsiveness to inpatients' needs

The NHS Outcomes Framework includes a score assessing patient experience based on five key questions taken from the Care Quality Commission national inpatient survey:

Question	PTC		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: 52%	YES, to some extent: 37%
Did you find someone on the hospital staff to talk to about your worries and fears?	YES, definitely: 78%	YES, to some extent: 18%	YES, definitely: 40%	YES, to some extent: 37%
Were you given enough privacy when discussing your condition or treatment?	YES, always: 94%	YES, sometimes: 5%	YES, always: 72%	YES, sometimes: 21%
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: 38%	YES, to some extent: 19%
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: 77%	NO: 24%

The national survey contains 85 questions of which 77 relate to care received and the remainder are about the individual patients to allow demographic analysis etc. The national NHS patient experience survey was carried out between October 2011 and January 2012 for NHS organisations with 850 recent inpatients at each Trust receiving questionnaires.

One additional question was asked by Patient Perception at the end of the survey that was not reported by the national NHS patient experience survey. It asked whether patients would recommend our services to a friend or family member.

Overall, 99.8% of patients would recommend Peninsula NHS Treatment Centre to a friend or family member.⁴

In previous Quality Accounts UKSH has reported on the answers to a range of questions that go beyond the core quality indicators outlined above. Results for this year include:

Question	PTC		National average	
In your opinion, how clean was the hospital room or ward that you were in?	Very clean: 98%	Fairly clean: 2%	Very clean: 67%	Fairly clean: 30%
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: 79%	YES, sometimes: 18%
Overall, how would you rate the care you received?	Excellent: 83%	Very Good: 16%	Excellent: 43%	Very Good: 35%

⁴ 96.0% responded 'yes definitely', 3.8% said 'yes, probably' and 0.2% said 'no'. 503 patients answered this question out of a total of 507 who completed the questionnaire. The questionnaire was sent to the most recent 850 patients treated at PTC during March 2012.

UKSH patient survey

In addition to participating in the national NHS survey, we also undertake an ongoing patient satisfaction survey in which patients attending for surgery are asked their views on their experience at the Peninsula NHS Treatment Centre.

Our satisfaction rates at Peninsula NHS Treatment Centre have reached the high levels that UKSH has achieved consistently since we opened our first facility. While we are proud of our performance on patient satisfaction we continue to scrutinise the results, paying close attention to opportunities to improve our performance.

Patients are asked about different aspects of their experience at the treatment centre and are invited to score each aspect on a scale of 1 (bad) to 5 (excellent). UKSH measures satisfaction as including all responses graded 4 and 5 – good or excellent. The implementation of this survey began during September 2011. During September to March there were 989 responses. This equates to 62% of admitted patients and 49% of outpatients. Responses collected up to the end of March 2012 indicate the following:

Area of patient experience	% satisfaction (respondents choosing 'good' or 'excellent')
Were our staff helpful and efficient?	97%
Did the outpatients staff meet your expectations?	98%
Did the surgical staff meet all your expectations?	99%
Did the ward staff (nurses, physiotherapists) meet your expectations?	97%
Did the catering meet your expectations?	98%
Were there any problems once you have been discharged?	97% (said no problems)
Was the Treatment Centre welcoming and clean?	96%

Learning from complaints

We welcome all feedback from patients and while the majority is overwhelmingly positive, we often learn most from complaints.

We adopt an open and welcoming approach to complaints. We also take an inclusive approach to what constitutes a complaint, so we aim to capture 'off-the-cuff' comments made to staff members as well as more formal verbal and written complaints.

Complaints provide a key source of information which tells us about how patients and those that care for them view their experience.

Registered Managers remain responsible for managing complaints but sharing anonymised information within UKSH has led to the complaints being managed in a more consistent and effective way.

The total number of formal complaints received by Peninsula NHS Treatment Centre was 6, an average of 0.5 per month. This is equivalent to 2.2 complaints per 1,000 patient episodes. In 2010–11 the total number of complaints was 5.

On receiving complaints we aim to respond immediately to make sure the individual involved knows his or her complaint has been heard and understood. In many instances we are able to deal with the substance of the complaint immediately.

All complaints – even those resolved immediately – are logged and then discussed with staff directly involved, at monthly staff or specialty meetings as appropriate. An overview is considered by the treatment centre board, by the main UKSH board and by the Clinical Advisory Board. As well as aiming to address the specific issues relating to any given complaint, we aim to identify any root causes and learn appropriate lessons.

During 2011–12, Peninsula NHS Treatment Centre responded to 100% of complaints within our standard targets. These are to acknowledge all complaints within two working days and to respond in full within 20 working days.

For more complicated complaints that cover more than one organisation or are for some other reason unusually complex, we will agree a longer period for a response with those individuals concerned.

The key learning for UKSH during 2011–12 has led to improved communications with patients before they begin treatment and a more effective review process for patients who experience concerns following discharge.

A patient wrote to UKSH Chief Executive following an error that occurred in March 2012 saying:

Following my treatment last week ‘an error occurred, however this is not a letter of complaint!... I wish to make you aware of the most professional, honest and immediate actions [that were taken] to rectify the situation.’

Your member of staff responded ‘with true integrity and immediately made all the necessary arrangements for the situation to be corrected with immediate effect. She is quite clearly a credit to your organisation.’

Core quality indicator

Percentage of staff who would recommend the provider to a friend or family

The rating that staff make of the care that their employer organisation provides can be a meaningful indication of the quality of care. The NHS staff survey includes the following statement: ‘If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.’ It asks staff whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

Possible scores range from 1 to 5, with 1 representing that staff would be unlikely to recommend the trust as a place to work or receive treatment, and 5 representing that staff would be likely to recommend the trust as a place to work or receive treatment. In the South West Strategic Health Authority area, the average for acute trusts was 3.53. This is similar to the average for all NHS Trusts in England. UKSH was not eligible to take part in the national NHS staff survey during 2011 as this was limited to NHS Trusts. However we did commission an independent organisation to run a survey of our staff to ask that question.

At Peninsula NHS Treatment Centre, an outstanding 95% of staff believe that we provide a good service to patients and 88% of staff would recommend UKSH to friends and family.

Across all NHS trusts in 2011, 60% of staff agreed or strongly agreed with the statement that ‘if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.’ In the South West SHA area, 63% of staff agreed.

Patient safety

Risk management and clinical governance – monitoring and improving performance

UKSH has a clear focus on quality and patient safety. This is supported by effective management and monitoring of services.

In 2011 we won Laing and Buisson's excellence in risk management award for the implementation of highly effective monitoring systems to systematically implement evidence-based best practice across all of UKSH's centres.

This reporting structure encompasses all members of UKSH staff who are involved in delivering care or services to patients and allows for communication between the boards, committees and groups through a top-down and bottom-up approach.

UKSH has created a working environment which facilitates learning through experience, based on fair and consistent principles that encourage openness and a willingness to admit mistakes. Employees are encouraged to report any situation where improvements could be made or lessons learned for the benefit of patients. There are robust processes in place to ensure that any issues arising are addressed and actions followed through. This culture of openness and shared commitment to improvement is supported by our Clinical Advisory Board using audit, clinical incident and regular review of outcomes, to ensure that our clinical teams are evaluated and supported in developing their clinical services.

We collect information about the performance of individual surgeons and scrutinise this on a monthly, quarterly and annual basis to identify trends and also to spot areas of concern as early as possible so that appropriate action can be taken. By starting with individual surgeons and building up to a facility-wide view we are able to gain a far more effective sense of performance as it affects patients.

This year we have expanded the range of metrics that we collect. All our metrics are reported through our world-leading electronic patient record system. This allows reports to be generated across different phases of our integrated care pathways so that we can hone in on appropriate detail. The system gives early warning about poor performance so that we can take immediate corrective action. It also allows us to identify exceptionally good performance so that we can learn and apply appropriate lessons across all relevant procedures.

Our monthly clinical governance meetings monitor all aspects of care based on quality reports from each department as well as ongoing patient satisfaction surveys. Any complaints received are reviewed at these meetings and actions for improvement are identified. In addition, our bi-monthly morbidity and mortality meetings review any significant clinical care or 'near miss' incidents to ensure that lessons are learned, and bi-monthly specialty meetings review any complaints or incidents pertaining to each discipline.

We also have quarterly infection control meetings focusing specifically on this important area of patient safety. The results from all these monitoring processes feed into the monthly board meetings at each UKSH site as well as the quarterly strategic governance meetings. The key findings are reported to the UKSH-wide board meetings and to our Clinical Advisory Board. This is made up of external clinical advisors who review all the clinical governance reports each quarter and recommend changes to practice where appropriate.

Findings and actions are then cascaded back through the organisation. The medical director feeds back to individual consultants on quarterly audits and provides support and mentoring where necessary.

Our clinical advisors come on site to discuss outcomes and best practice with consultants. The head of nursing and clinical services works with heads of departments to implement changes in clinical practice as discussed at clinical governance meetings. The clinical effectiveness and governance manager oversees the implementation of new guidance and coordinates audits to ensure that improvement is achieved, as well as supporting heads of departments with mentoring and coaching as needed.

‘Never events’, i.e. those incidents that should never happen and serious incidents requiring investigation (SIRIs) are always reviewed in detail. These are discussed with all relevant parties from the individuals concerned right up through specialty and department level and by the UKSH-wide board and Clinical Advisory Board. Our emphasis is always to identify the root cause of the problem and to implement systematic measures to design out the possibility of similar incidents happening again in the future.

These monitoring processes allow us to constantly review evidence-based best practice and to create a culture of shared commitment to achieving the best possible clinical outcomes and patient experience.



Core quality indicator

Mortality

The Department of Health asks providers to publish their Summary Hospital-level Mortality Indicator (SHMI) value. This is an indicator that measures the number of observed deaths in a hospital divided by the expected number given the characteristics of patients treated by that organisation. Because of the way that these indicators are calculated, SHMI values are not available for independent-sector providers. However, we can report on mortality at UKSH.

There was one mortality within seven days of surgery at Peninsula NHS Treatment Centre in 2011–12. This was unrelated to the procedure. There were no other mortalities within 30 days of discharge.

Core quality indicator

Rate of safety incidents resulting in severe harm or death

An open reporting and learning culture is important to enable health providers to identify trends in incidents and implement preventative action. UKSH actively encourages staff to report adverse events. This reporting forms part of our governance processes to manage risk, which have been recognised by independent awards.

	Number of incidents
Proportion of patient safety incidents reported that resulted in severe harm or death	4 (0.15% of all procedures)*

* All four safety incidents were related to falls. Of these, two resulted in lower limb fractures and two led to dislocations. This is one reason why we have included minimising patient falls in this year's improvement objectives (see part 2.1, page 16).

At present, NHS organisations report data on safety incidents to the National Patient Safety Agency (NPSA) captured through its National Reporting and Learning System (NRLS). National data for 2010–11 is available for NHS organisations at:

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=132789>

As an independent provider, UKSH is not subject to the same NRLS reporting system. We have an open culture that encourages the reporting of incidents.

Infection control

Peninsula NHS Treatment Centre has continued to deliver outstanding results in patient safety, with an unbroken record of zero cases of hospital-acquired MRSA.

This is a reflection of our multi-disciplinary approach to infection prevention and our commitment to the utmost consistency in cleanliness and good clinical practice at the centre of everything we do.

The following measures have contributed to our excellent record on patient safety:

- A dedicated infection control lead working across all UKSH sites
- Targeted training programmes for clinical staff and housekeepers
- Vigorous root cause analysis after any infection concerns, with results presented at our clinical governance meetings

Measures of patient safety	2010–11	2011–12
Healthcare-acquired MRSA bacteraemia	0	0
Healthcare-acquired MSSA bacteraemia	0	0
Healthcare-acquired E Coli bacteraemia	0	0
Hospital-acquired C. difficile	0	0
Surgical site infection*	0.37%	0.04%

* deep wound infections

UKSH recognises that reporting of superficial infections is variable as many are managed locally in primary care and therefore accurate reporting is difficult to achieve.

Core quality indicator

Rate of C. difficile

C. difficile can cause symptoms including mild to severe diarrhoea and sometimes severe inflammation of the bowel, but hospital-associated C. difficile can be preventable.

At Peninsula NHS Treatment Centre we had a total of zero cases during 2011–12.

Direct comparable information for all NHS providers covering the 2011–12 period is not yet available. However, the most recently available figures put the national average as 28.9 cases per 100,000 bed days during 2010–11.

Core quality indicator

VTE Risk Assessment

VTE (deep vein thrombosis and pulmonary embolism) can cause death and long-term morbidity, but many cases of VTE acquired in healthcare settings are preventable through effective risk assessment and prophylaxis.

	PTC	National average
The percentage of admitted patients who were risk-assessed for VTE	Q1: 100.0% Q2: 99.5% Q3: 100.0% Q4: 100.0%	Q1: 84.1% Q2: 88.3% Q3: n/a Q4: n/a

The most recently available national figures are for July–September 2011.

Safeguarding

The Department of Health rightly requires all healthcare providers to safeguard people who use services from abuse. This objective is reflected in one of the Care Quality Commission's outcomes which states that people who use services should be 'protected from abuse, or the risk of abuse, and their human rights are respected and upheld'.

We have clear safeguarding policies in place and we have implemented an e-learning course on safeguarding which all members of staff at Peninsula NHS Treatment Centre have successfully completed during 2011–12.

In line with the Department of Health's guidance for Quality Accounts, we have included a brief report summarising our approach to safeguarding in the mandatory statements above (see part 2.2, page 34).

Clinical effectiveness and outcomes

UKSH strives relentlessly for the best possible clinical outcomes and we are proud of our achievements. A combination of robust clinical governance and highly trained and motivated clinical staff ensure we have an outstanding record on clinical effectiveness.

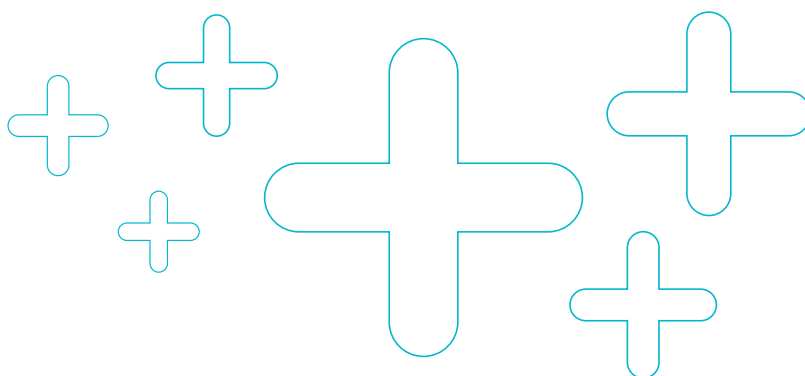
Our outcomes were recognised during 2011 when Dr Foster, the independent provider of comparative information on health and social care services, ranked our outcomes for knee operations as the best in the country and our outcomes for hip operations as the third best.

Our Clinical Advisory Board brings together senior clinicians from the UK and abroad to ensure we adhere to the latest and best clinical practice supported by a clear evidence base. This feeds into our innovative care pathways, which we believe are the most detailed and comprehensive of any provider in the UK. We insist on the consistent application of proven approaches and this ensures we optimise patient safety and clinical quality. At the same time, the pathways are designed to be flexible in determining the most effective treatment plan for each individual patient.

Our staff perform a high volume of specialist procedures in small, focused facilities, so our teams gain substantial relevant experience and expertise supported by intensive training.

In 2011–12, we have continued to deliver an excellent set of outcomes. Complication rates continued to be extremely low, as can be seen from the results for unplanned returns to theatre, emergency re-admissions, DVT, PE and surgical site infections (see tables on pages 46, 47 and 53).

The section below covers core quality indicators relating to Patient Reported Outcome Measures (PROMs), average length of stay and emergency readmissions across all procedures. This is followed by a detailed set of outcome measures by surgical speciality.



Core quality indicator

Patient Reported Outcome Measures (PROMs)

PROMs measure a patient's health status or health-related quality of life from the patient's perspective.

The most recently available validated figures relate to 2009–10. There are no available figures for this period that relate to Peninsula NHS Treatment Centre. This predates the period during which UKSH has had responsibility for running the centre. However, provisional figures for 2010–11 and 2011–12 generally show that patients at Peninsula NHS Treatment Centre reported better outcomes following surgery compared with the national average.

In order to be able to report reliable PROMs measures, patients must complete forms both before and following surgery. One of our objectives for 2011–12 was to increase the number of completed pre-operative PROMs forms. By Q2 2011–12 we were close to achieving 100% compliance at all of our centres (see section 2.1, page 18). While it is still up to individual patients to complete their post-operative forms six months following surgery, we anticipate that the measures we took during 2011–12 will allow us to report PROMs scores for a wider selection of procedures in 2012–13.

PROMs data for all providers is available from the Health Episode Statistics (HES) website (www.hesonline.nhs.uk).

Average length of stay

Our average length of stay for joint replacements (hip and knee) was 3.74 days. While we do not yet have comparative national data for the same reporting period, the outcomes published by HES (Health Episode Statistics) for the previous year show that we are achieving comparatively short stays for patients. The most recently available national average (2010–11) for joint replacements is 5.62 days.

Optimal enhanced recovery – innovating to improve patient care

During 2011–12 UKSH introduced innovative protocols to promote optimised enhanced recovery for joint replacement patients.

UKSH has always had an excellent record in recovery with most patients undergoing joint replacements with spinal anaesthesia. However, with improvements in anaesthetic techniques we have been able to move beyond the traditional femoral block to improve recovery times even further.

Our innovative multi-modal analgesia approach provides very effective pain management with an extremely rapid recovery. This enables earlier mobilisation, which improves overall health outcomes and patient experience. Many patients return to normal activity within hours.

We use a finely tuned balance of drugs and anaesthetic techniques: premedication drugs combined with low-dose spinal anaesthetics and opioids with Propofol sedation. This keeps patients asleep during surgery but not under general anaesthetic. The low motoric block with prolonged analgesia lasting over 24 hours allows patients to be mobilised three hours after surgery.

Patients are awake by the end of surgery. They recover fully in the Post-Anaesthesia Care Unit already able to eat and drink. Patients typically comment about how comfortable they feel, often ‘as though surgery has not yet happened’.

Post-operative analgesia is through simple paracetamol and anti-inflammatories, with rescue medications if needed. Systemic opioids, which can cause drowsiness and vomiting, are avoided and not normally required.

Beginning mobilisation three hours after surgery has several positive effects: patients’ confidence improves, risks of DVT are reduced and patients can begin physiotherapy exercises earlier. This means patients are able to return home typically within two or three days.

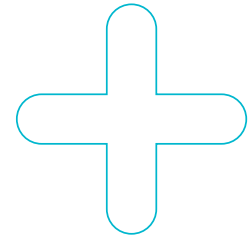
UKSH introduced the new protocols at Emersons Green Treatment Centre in June 2011, at Shepton Mallet in July 2011 and Peninsula in August 2011. Due to the excellent results for our patients we plan to introduce similar protocols for other specialties.

Key benefits include:

- Low pain scores – typically below two on a 1–10 scale (with 10 being the highest pain score)
- Reduced length of stay, with 75% of patients discharged within three days
- Improved patient safety, because the risks associated with general anaesthesia for patients with co-morbidities are avoided

We believe that our optimised enhanced recovery protocols are genuinely world-leading. Our innovative approach is made possible both by the multi-modal approach to analgesia and by the dedication of the entire team whose overriding focus is the wellbeing of patients.

Staff story



Stefano Lupparelli

Consultant orthopaedic surgeon at Peninsula and Shepton Mallet NHS Treatment Centres

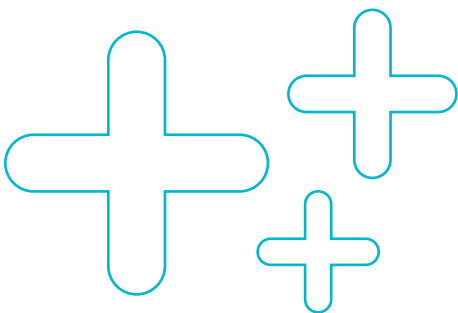


“I was already working at Peninsula NHS Treatment Centre when UKSH took over its management in August 2010. I relish a change because it can offer a stimulus to professional development, and I wasn’t disappointed.

“For me, one of the highlights of the transition to UKSH was the induction into their innovative IT management system, which has made real improvements to the way we record patient care. I also think that it’s great that we are using less paper!

“The way that UKSH implements its policies and protocols so consistently means each member of staff can focus on their specific task in the knowledge that the whole patient journey is being carried out in a coordinated fashion under strict quality and safety controls. This gives me great peace of mind as a surgeon, so I can focus on giving my best to contribute to each patient’s care.

“In July 2011 UKSH asked me if I would consider working across two of their sites, Peninsula and Shepton Mallet NHS Treatment Centre. I was excited by the challenge and it has given me the opportunity to help expand the variety of orthopaedic procedures by offering a shoulder surgery service. By working with UKSH’s anaesthetics director I was able to apply the innovative anaesthetic protocols he had introduced to promote fast-track recovery after joint replacements to arthroscopic shoulder surgery as well. Patients have certainly appreciated this improvement and this gives me great satisfaction in my work.”



Core quality indicator

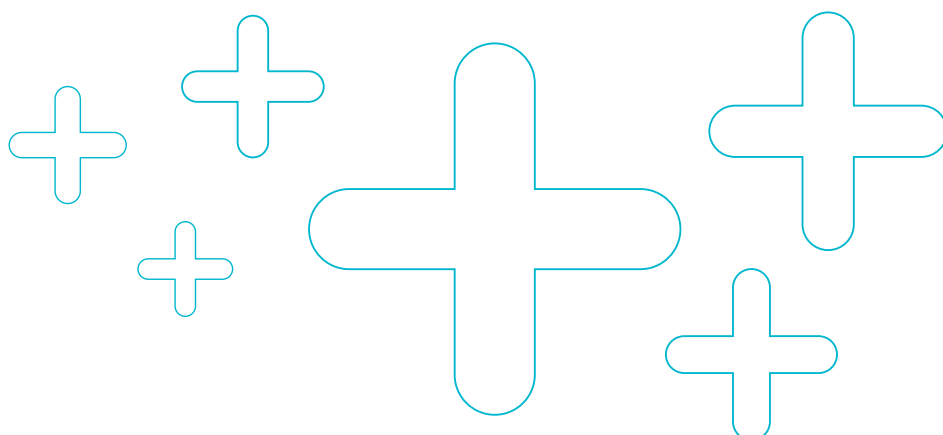
Emergency readmissions to hospital within 28 days of discharge

While some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning and support for self-care.

Peninsula NHS Treatment Centre has a low rate of emergency readmissions. Figures for the past two years are:

	2010–11	2011–12
Emergency re-admissions within 28 days at Peninsula NHS Treatment Centre	2.20%	1.19%

Although a national standardised average rate is published, it is not directly comparable with the figures published above.



Clinical Outcomes Overview

As well as the data published above at the beginning of part three that allow for comparison of performance across providers, UKSH publishes far more detailed outcome data as shown below.

Clinical outcomes	2010–11	2011–12
Total volume of procedures	1,630	2,700
Mortality within 7 days	0.00%	0.04% (1 case)
Average length of stay (joint)	4.2 days	3.7 days
National average length of stay (for benchmarking purposes)	5.6 days	Not yet available
Day case rate (excl. joint replacement surgery) (percentage of day case procedures as percentage of procedures anticipated to be day case procedures)	96.00%	87.40%
Deep-vein thrombosis	0.06%	0.07%
Pulmonary embolism	0.00%	0.07%
Unplanned returns to theatre	0.00%	0.22%
Emergency readmissions within 28 days	2.20%	1.19%
Regional/local anaesthetic rate	73.4%	75.8%

Specialty Data

The following tables include detailed information that we have generated as well as follow-up data provided by other local healthcare providers about UKSH patients following discharge. While we take full responsibility for the accuracy of data collected by UKSH, we are limited in the extent to which we can guarantee the completeness of data provided to us from other organisations.

Specialty data – Joint replacements

- Primary hip replacements (cemented)
- Primary hip replacements (un-cemented)
- Primary knee replacements

Total volume: 850

Measure	2011–12	
	Total	%
Unplanned return to theatre	6	0.71%
Transfer of patient to another provider for IP care (excludes rehab)	20	2.35%
Unplanned readmission within 28 days of discharge*	25	2.94%
Surgical repair within 14 months/revision	4	0.47%
Mortality (within 7 days)	1	0.12%
Acute myocardial infarction	0	0.00%
Pulmonary embolism	1	0.12%
Deep-vein thrombosis	2	0.24%
Cerebral vascular event	0	0.00%
Hospital-acquired infections (MRSA & C.difficile)	0	0.00%
Deep wound infection	1	0.12%
Haematoma - leading to evacuation	0	0.00%
Dislocation % by hips only	2	0.55%
Average length of stay	3.7 days	

*Re-admission reporting includes those to other providers where UKSH advised of re-admission.

Specialty data – General orthopaedic

- Arthroscopies
- Foot procedures
- Hand procedures
- Shoulder procedures
- Other soft tissue procedures

Total volume: 1700

Measure	2011–12	
	Total	%
Unplanned return to theatre	1	0.06%
Conversion from day case to overnight stay	47	2.76%
Transfer of patient to another provider for IP care (excludes rehab)	4	0.24%
Unplanned re-admission within 28 days of discharge*	7	0.41%
Surgical repair within 14 months	2	0.12%
Mortality (within 7 days)	0	0.00%
Acute myocardial infarction	0	0.00%
Pulmonary embolism	1	0.06%
Deep-vein thrombosis	0	0.00%
Cerebral vascular event	0	0.00%
Hospital-acquired infections (MRSA & C. difficile)	0	0.00%
Deep wound infection	0	0.00%
Haematoma requiring evacuation	0	0.00%

*Re-admission reporting includes those to other providers where UKSH advised of re-admission.

In addition to the orthopaedic procedures and joint replacements listed above, Peninsula NHS Treatment Centre also provided 143 minor outpatient procedures.

Comments from stakeholders

Statement from the Western Locality of NHS Plymouth

The Peninsula NHS Treatment Centre has worked extremely hard to ensure that its focus on the continuous improvement of quality of care is at the centre of the services it provides, and as lead commissioner, NHS Plymouth is pleased to work in partnership with the centre to support this approach. The Quality Account for 2011–12 describes the achievements, priorities and planned actions to drive forward quality improvement focusing on national, local and regional priorities as well as those areas which we know are important to patients. NHS Plymouth is happy to support the development of the centre's quality and safety improvement programme through the use of CQUIN, which has provided incentives to clinicians to continuously respond and improve care based on patient experience and best evidence.

The centre has demonstrated achievement of the priorities identified with last year's account with some areas of outstanding performance. The centre has worked closely with partners to lead improvements in communications as patients are transferred between organisations. The centre has demonstrated its commitment to capturing and acting upon patient experience and intends to introduce systems to progress this work further. This will ensure that quality improvement is built upon feedback from patients. Overall in the year 2011–12 we would agree with the progress on quality improvement described within the Quality Account, and we have been witness to the efforts of the Treatment Centre to put quality of care at the heart of everything it does.

The 2011–12 priorities described by the centre are consistent with the priorities agreed with NHS Plymouth in improving the experience of patients in the care they receive, ensuring patient safety and progressing clinical excellence. The description of the achievements made in

2011–12 and the focus on quality during 2012–13 demonstrate in absolute terms the commitment of the Treatment Centre from ward to Board to improving quality of care and we continue to support the approach the Treatment Centre has taken, the principles for quality improvement it has adopted and its priorities for the future.

Gillian Hoskins
Assistant Director Patient Safety and Quality
Western Locality, NHS Plymouth

Plymouth OSC and LINKs

The Department of Health specifies that each Quality Account should be reviewed by the provider's relevant Overview and Scrutiny Committee (OSC) and, if appropriate, Local Involvement Network (LINK).

Peninsula NHS Treatment Centre has engaged Plymouth OSC about this Quality Account. The OSC advised UKSH that the timetable set by the DH for Quality Account development clashes with local government elections and consequently the OSC has decided not to scrutinise the Peninsula NHS Treatment Centre Quality Account.

Peninsula NHS Treatment Centre has been working closely with Plymouth LINK throughout the year and we have shared progress on our targets. Our general manager attends monthly LINK meetings that provide a valuable opportunity to meet with other local care providers including local acute trust, social care providers, organisations responsible for public health and representatives from the Care Quality Commission.

As well as scrutinising our performance, these sessions provide opportunities to receive feedback which the LINK has received directly from patients. The LINK has been fully supportive of our achievements and we look forward to working with it next year.

We also participated in the Healthy Plymouth event organised by Plymouth LINK on the 2011 August bank holiday. We were pleased to be able to work with the LINK to communicate directly to the public about bone health.

UKSH will continue to engage all local stakeholders during 2012–13.

Statement from Plymouth LINK

Plymouth LINK has worked positively with the independent treatment centre over the last year. The centre is represented at our LINK liaison meetings alongside providers and commissioners in the city, sharing local views on health and social care services and resources and good practice. The centre has been committed to improving the patient experience and is currently liaising with the hospital to improve signage to the hospital radiology services to avoid problems currently faced by patients raised through LINK meetings. They have also been actively involved in our annual Healthy Plymouth event showcasing services to local people and providing an opportunity for people to talk directly to services and share their views.

Plymouth LINK has given feedback on the quality accounts and has made some recommendations to the independent treatment centre on approaching patient experience for the future, which we hope will be taken on board. Plymouth LINK would like to work with the centre to more actively monitor achievement of quality account priorities over the next year. We hope to work with the centre over the coming year to continue to share good practice

Patient forum

Peninsula NHS Treatment Centre has established a patient forum which includes patients who have been treated since UKSH took over the operation of the centre in August 2010.

The patient forum has been involved in the development of this Quality Account including providing feedback on early drafts and the proposed quality objectives.

Following a review of this quality account, one member of the patient forum commented:

‘Thank you for sending the Peninsula Treatment Centre Quality Accounts draft. I have read through these accounts and would like to say how impressive I feel they are and an example of excellent patient care that should be shown to those who are responsible for patient care in the NHS. Having been a patient in the Peninsula (as has my wife), it is no surprise to me that this quality of care continues to improve. Dedication brings results.’

The forum has also provided the following formal statement on this Quality Account:

‘The forum meetings have been instrumental in allowing patients to have their say and to be involved in how the centre can improve quality and influence the services it delivers. The forum is pleased to see that patient involvement has led to an improvement in the waiting time in the outpatients department for first appointments and an overachievement of the challenging target that was set. In considering the areas for improvement for the coming year we have asked that the management team review how patient information is provided and at what stage of the patient journey this is delivered. We have also asked that the centre look at how patients are supported following discharge and what additional information we felt was essential. Forum members agree that the Peninsula NHS Treatment Centre is an excellent healthcare facility and definitely somewhere that we would recommend to our families and friends. Well done on the achievement of all the quality targets set.’

