

**Quality Account**  
2009–2010

**Shepton Mallet**  
NHS Treatment Centre





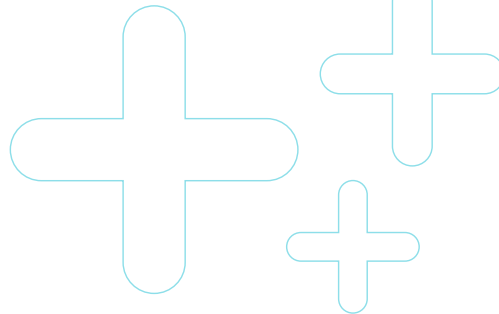
➤ UKSH takes pride in providing the best possible service to patients throughout their care, from first appointment to our follow-up contact with them after treatment.



## Explanation of terms used in this report

|              |  |
|--------------|--|
| <b>CQC</b>   | Care Quality Commission                  |
| <b>CQUIN</b> | Commissioning for Quality and Innovation |
| <b>DH</b>    | Department of Health                     |
| <b>DVT</b>   | Deep-vein thrombosis                     |
| <b>MEWS</b>  | Modified Early Warning Score             |
| <b>IRMA</b>  | Image Retrieval in Medical Applications  |
| <b>PCT</b>   | Primary Care Trust                       |
| <b>PE</b>    | Pulmonary embolism                       |
| <b>PROMs</b> | Patient-Reported Outcome Measures        |
| <b>SMTC</b>  | Shepton Mallet NHS Treatment Centre      |
| <b>UKSH</b>  | UK Specialist Hospitals                  |
| <b>VTE</b>   | Venous thromboembolism                   |





## Executive summary

Shepton Mallet NHS Treatment Centre has exceptionally high standards in patient experience and clinical outcomes. These give us a strong foundation to build on when determining objectives for future improvement. We are therefore able to set ourselves ambitious targets for the coming year.

Our key priority for improvement is to minimise risk to patients. This ensures the highest standards in patient safety and thereby paves the way for the best clinical outcomes.

Our specific targets for 2010–11 are:

Reduce the rate of cancellations on the day of surgery to no more than 3%

Carry out risk assessments for VTE (blood clots) for at least 95% of patients

Ensure that 100% of patients identified as being at risk of VTE receive the appropriate preventative measures

Carry out documented MEWS measurements for at least 95% of patients

Ensure that 100% of patients receive appropriate antibiotic surgical prophylaxis according to protocol

During 2009–10 we have continued to uphold the high standards of care and patient experience which are at the core of our service.

We have increased the volume of patient information we distribute to local GP practices, including detailed information on the performance of individual surgeons.

We have improved facilities for patients and achieved short waiting times.

**Our satisfaction surveys showed that 99.9% of our patients would recommend our treatment centre to a friend, and in the nationwide Patient Experience Survey our results were exceptional across the board.**

**We have maintained our excellent record on infection prevention, with no cases of hospital-acquired MRSA bacteraemia or C. difficile in 2009–10.**

Our commitment to clinical best practice, careful recruitment and ongoing training has resulted in outstanding clinical outcomes with very low rates of surgical complications.



## About Shepton Mallet NHS Treatment Centre

Shepton Mallet NHS Treatment Centre (SMTC) is the flagship facility of UK Specialist Hospitals (UKSH), a leading independent provider of healthcare in the South West.

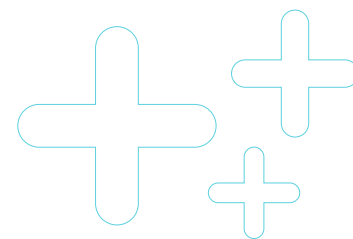
SMTC has been in operation since July 2005 and has treated approximately 40,000 NHS patients to date.

In November 2009, UKSH opened three further treatment centres, in Bristol (Emersons Green), Wiltshire (Devizes) and Gloucestershire (Cirencester). UKSH employs over 300 skilled clinicians and support staff at its centres across the South West.

Shepton Mallet NHS Treatment Centre offers a range of planned procedures to NHS patients. Procedures available include joint replacement, minor orthopaedics surgery, ophthalmology including cataracts, pain management, general surgery including endoscopy, and diagnostic imaging including x-ray and MRI scans.



➔ SMTC has been in operation since July 2005 and has treated approximately 40,000 NHS patients to date.



## About this report

UKSH is pleased to participate in the Department of Health's new Quality Accounts reporting system.

UKSH has previously produced regular reports on performance data such as numbers of operations and the success of the outcomes. These are published on our website ([www.uk-sh.co.uk](http://www.uk-sh.co.uk)).

Quality Accounts complement this information by placing particular focus on the quality of patient experience. 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 structure of our report follows the guidelines from the Department of Health and is arranged as follows:

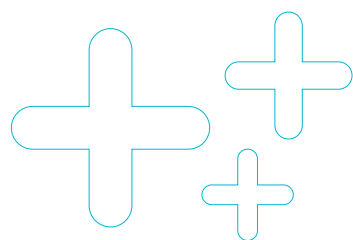
**Part 1** Statement by the chief executive

**Part 2.1** 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 2009–10 on the quality of care provided at Shepton Mallet NHS Treatment Centre

This Quality Account relates to our facility in Shepton Mallet, Somerset. A separate Quality Account is available for our sister sites at Emersons Green, Devizes and Cirencester.



## Part 1

# Statement by the chief executive

UK Specialist Hospitals (UKSH) welcomes the introduction of Quality Accounts into the NHS. Meaningful data provision is a cornerstone of our model of care and UKSH has always given patients and commissioners detailed information about clinical outcomes and patient experience. We believe this is crucial to enable patients to exercise proper choice and to hold NHS service providers to account.

The focus on quality of care which is at the heart of this new reporting system is important to us. UKSH takes pride in providing the best possible service to patients throughout their care, from first appointment to our follow-up contact with them after treatment.

As a result, patient satisfaction is already high: since the centre opened in 2005, we have had a consistent result of over 99% of our patients saying they would recommend our treatment centre to a friend.

The model of focused care which underpins the service we provide across our centres has enabled us to deliver excellence in clinical outcomes. The six principles governing our approach are: insistence on clinical best practice; extremely careful recruitment; ongoing staff training; intensive monitoring of performance; extensive reporting on patient satisfaction and clinical data; and full implementation of patient safety guidelines. These are implemented so that care is responsive to individual needs with flexible patient-focused pathways.

This approach has led to some outstanding clinical results. For example, we have a zero rate of hospital-acquired MRSA bacteraemia and low rates of re-admission and clinical complications.

The baseline from which we start in 2010–11 is therefore very high. This Quality Account now sets us the challenge to further improve our performance, and in response we have identified areas where we can take specific measures to attain the very highest standards in patient experience, patient safety and clinical effectiveness.

Our priorities for improvement in the coming year arise from patient feedback, our own insight into where we can further refine clinical success, and from wider national healthcare objectives to which we contribute. We will be seeking to exceed local, regional and national NHS targets and to respond directly to what patients tell us is important to them.

We will take initiatives to reduce the number of cancelled operations, minimise the risk of blood clots and improve recognition of early warning signs during treatment so that action can be taken to ensure patient safety and excellent clinical outcomes.

I am confident that through the commitment of our staff and the support and advice from our independent Clinical Advisory Board and UKSH Board we will deliver on these objectives and continue to provide high-quality patient care.

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

*Fiona Calnan*

**Fiona Calnan** Chief Executive

➔ The model of focused care which underpins the service we provide across our centres has enabled us to deliver excellence in clinical outcomes.





## Part 2

# Quality objectives

In 2010–11 Shepton Mallet NHS Treatment Centre aims to improve quality of care in five areas:

Cancellations on the day of surgery

Risk assessments for VTE (blood clots)

Measures to prevent VTE for at-risk patients

Documentation for MEWS – the early warning system for detecting changes in a patient’s condition

Correct use of antibiotics

These priorities for improvement will further raise our standards across all the key factors that make up successful healthcare: patient experience, patient safety and clinical effectiveness.

Our specific targets for 2010–11 are:

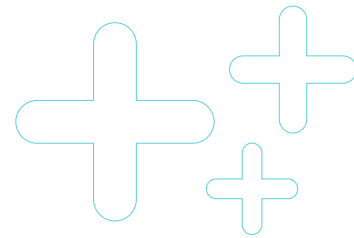
Reduce the rate of cancellations on the day of surgery to no more than 3%

Carry out risk assessments for VTE (blood clots) for at least 95% of patients

Ensure that 100% of patients identified as being at risk of VTE receive the appropriate preventative measures

Carry out documented MEWS measurements for at least 95% of patients

Ensure that 100% of patients are prescribed and receive appropriate antibiotic surgical prophylaxis according to protocol



As part of our ongoing commitment to providing the best possible service to our patients, we will prioritise five objectives for improving the quality of care at Shepton Mallet NHS Treatment Centre over the next twelve months.

In selecting these objectives we have considered each of the key aspects of healthcare as determined by the Department of Health: patient experience, patient safety and clinical effectiveness. Some of our commitments will address more than one of these areas: for example, our priorities for improving patient safety during operations will also improve the clinical outcomes of those procedures.

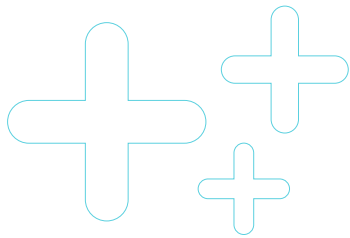
Shepton Mallet NHS Treatment Centre has an exceptionally strong record on clinical outcomes. This is in part due to

our insistence on minimising unnecessary risk to patients. For example, we have had no episodes of hospital-acquired MRSA bacteraemia or *C. difficile* in 2009–10, and we have low infection rates and low PE and DVT rates (Details on these indicators are given in Appendix A of this report). Building on this strong foundation we are able to focus on areas where we believe we can continue to improve our clinical effectiveness.

Progress on achieving these goals will be monitored on a monthly basis by the Board of UK Specialist Hospitals and we will report back to you on this in next year's Quality Account.

Our objectives and the initiatives we will take to achieve them can be summarised as follows:

| Objective   | Target  | Key healthcare area                     | Initiatives planned for 2010-11   |
|---|---|---|---|
| Reduce rate of cancellations on the day   | Reduce on the day cancellation to no more than 3%           | Patient experience                      | <ul style="list-style-type: none"> <li>• Check patients' understanding of pre-operation guidance</li> <li>• New staff guidelines on pre-operative tests</li> <li>• Better training for booking staff</li> </ul> |
| Increase risk assessments for VTE (blood clots)                                       | At least 95% of patients receive risk assessment            | Patient safety & Clinical effectiveness | <ul style="list-style-type: none"> <li>• Staff training in new VTE e-learning tool</li> <li>• All patients to receive literature on VTE prevention</li> </ul>   |
| Improve VTE prophylaxis (measures to prevent at-risk patients developing blood clots) | 100% of patients receive appropriate preventative measures  | Patient safety & Clinical effectiveness | <ul style="list-style-type: none"> <li>• VTE prevention part of mandatory, ongoing staff training</li> <li>• Involve more staff in review of VTE audits</li> </ul>  |
| Improve MEWS documentation  | MEWS documentation for at least 95% of patients             | Patient safety & Clinical effectiveness | <ul style="list-style-type: none"> <li>• Quarterly audits to ensure increased staff training is effective</li> </ul>  |
| Safe use of antibiotics   | 100% of patients receive appropriate antibiotic prophylaxis | Patient safety                          | <ul style="list-style-type: none"> <li>• Quarterly audits</li> <li>• New training if necessary</li> </ul>   |



## Reducing cancellations on the day – for a better patient experience

At Shepton Mallet NHS Treatment Centre we take pride in our ability to offer dates for surgery where all parties have confidence that the procedure will go ahead on the planned date. Over 95% of procedures take place as anticipated on the day of surgery.

While this is a strong record, we want to address that remaining 5% of cases, because we know that cancellation on the day of a planned operation is not only inefficient, but also causes distress and inconvenience to the individuals affected. Patient feedback has alerted us to this concern, and we have explored the issue in focus groups.

We can identify both clinical and non-clinical ways to address cancellations on the day:

### Clinical:

Ensure pre-operative guidance for patients is followed

Take appropriate actions following test results

### Non-clinical:

Ensure specific equipment needed is available

Communicate fully with patients to reduce cases of DNA ('does not attend')

UKSH has a series of systems and processes already in place to reduce these occurrences, including a dedicated team of clinical staff who contact all patients prior to surgery.

Although some cancellations are not preventable, for example when this is due to patient illness or adverse weather conditions making travel difficult, we believe we can be even more successful in minimising the remaining number.

### Target:

*Reduce cancellations on the day of surgery to no more than 3%, so that at least 97% of operations go ahead on the planned date*

This will be measured as the average on-the-day cancellation rate for the last 6 months of next year, allowing the first 6 months as a period to implement the improved protocols. The measurement will include all cancellations, even those caused by events which are beyond our control.

We plan to achieve this target through the following initiatives:

Staff in the Outpatient department to check each patient's understanding of the pre-operative guidance before they leave the treatment centre

Written guideline on management of pre-operative tests for Resident Medical Officers, to ensure timely and appropriate action to prevent cancellation

Train booking staff in the completion of booking forms which highlight specific equipment requirements to ensure equipment availability

# Increasing VTE risk assessments – to improve patient safety and clinical effectiveness



Our second objective relates to the nationwide drive to reduce the risk to patients from blood clots (VTE) – one of the NHS’s Commissioning for Quality and Innovations (CQUIN) goals for 2010–11. This national initiative is supported by new guidelines published by the National Institute for Clinical Excellence (NICE) in January 2010: ‘CG92 Venous Thromboembolism – Reducing the Risk’.

Venous thromboembolism (VTE) is the formation of a blood clot in the veins. It most commonly occurs in the deep veins of the leg or pelvis, when it is known as deep-vein thrombosis (DVT). An embolism occurs if all or part of the clot breaks off from the site where it forms and travels through the venous system. If it lodges in the lungs, this is called pulmonary embolism (PE). Deep-vein thrombosis (DVT) and pulmonary embolism (PE) are the most common manifestations of VTE and are a significant complication of surgery, with an associated incidence of mortality.

With approximately 25,000 people dying of preventable VTE every year in the UK, it is clear that this is a crucial area for improvement nationally. At Shepton Mallet NHS Treatment Centre we have an excellent record on the prevention of VTE, with no VTE-related mortality, and we will continue to play our part in raising the standards across the country.

Shepton Mallet NHS Treatment Centre has low rates of DVT and PE:

|            | 2007–8 | 2008–9 | 2009–10 |
|------------|--------|--------|---------|
| <b>DVT</b> | 0.09%  | 0.14%  | 0.12%   |
| <b>PE</b>  | 0.03%  | 0.05%  | 0.01%   |

At SMTC we have already implemented much of what is set out in the new NICE guidelines: we have incorporated a VTE risk-assessment tool into the clinical care pathway for our patients, and regular internal audits are undertaken to monitor compliance with this tool. In 2010–11 we will adopt the revised VTE risk-assessment tool which has been produced by the Department of Health, and we will comply with the new reporting framework.

We currently carry out risk assessments for all our patients except those undergoing ophthalmic treatments and endoscopy, where the risk of VTE is low because the procedures are relatively non-invasive. However, in line with the new guidelines, going forward we will include all patients in the risk assessments.

In order to make a real contribution to this national initiative, our own target for increasing VTE risk assessments will be higher than the target set nationally, to reflect the high baseline we have already achieved at Shepton Mallet NHS Treatment Centre.



**Target:**

*At least 95% (national target 90%) of patients admitted to Shepton Mallet NHS Treatment Centre are assessed for risk of VTE*

New initiatives in 2010–11 will include:

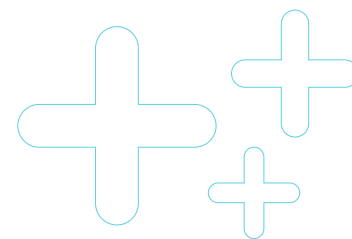
Training in use of the new VTE e-learning tool from the Department of Health for all staff at Shepton Mallet. This will be incorporated as part of the induction and mandatory training programme for staff.

.....  
Provision of patient literature on VTE prevention for all patients, irrespective of their need for preventative measures (prophylaxis). Currently UKSH provides patient literature to all patients receiving prophylaxis.

The implementation of these initiatives will be led through our Clinical Governance committee and will be monitored on a monthly basis.

# Improving VTE prophylaxis

– to maximise patient safety and clinical effectiveness



In addition to implementing the new NICE guidance on risk assessments for VTE, UKSH will ensure that every patient identified as being at increased risk of VTE receives appropriate preventative measures (prophylaxis).

The 2010 national guideline on VTE published by NICE includes specific recommendations for VTE prophylaxis for different kinds of operation. We have already incorporated these recommendations into our VTE policy. The recommended preventative measures include giving patients compression stockings, special pressure boots during and after the procedure and prescribing antithromboembolytic medication (to thin the blood temporarily).

**Target:**

*100% of patients identified as being at increased risk of VTE receive the recommended mechanical and pharmacological prophylaxis at the right time and for the appropriate duration*

New initiatives in 2010–11

VTE assessment/prevention updates as part of standard mandatory training to ensure all staff are aware of the significance of this initiative on an ongoing basis

.....  
Review of VTE audits at specialty-based clinical meetings in addition to the standard review at clinical governance meetings to ensure that clinicians and all members of the multidisciplinary team understand their responsibility for delivering the initiative

We will carry out internal audits on a quarterly basis to ensure that all patients at risk of developing VTE are receiving the appropriate prophylactic measures.

➤ 99.9% of our patients would recommend our treatment centre to a friend.



# Improving MEWS documentation

## – to maximise patient safety and clinical effectiveness



The Modified Early Warning Score (MEWS) is a method of monitoring patients that allows changes in their condition to be recognised in time for action to be taken. This can be crucial in ensuring successful clinical outcomes.

The MEWS system is based on routine observations and is sensitive enough to detect subtle changes in a patient's physiology. All patients have their vital signs measured and these are converted into a score. If the scores reach above a certain threshold, a doctor must be called to assess the patient. This process will identify patients who may need transfer to an acute hospital for timely and appropriate interventions.

For the MEWS system to work it is vital that the measurements are taken routinely and properly documented. This ensures that a baseline status for each patient is established and any deterioration is quickly recognised.

UKSH will therefore focus on ensuring that its staff carry out and document MEWS checks. UKSH has already increased training of staff in the use of MEWS following our own monthly audits at Shepton Mallet NHS Treatment Centre which identified compliance rates of around 75% during 2009–10.\*

### **Target:**

*Carry out documented MEWS measurements for at least 95% of patients*

Bi-monthly audits will be undertaken to assess compliance and will continue to be monitored at our Clinical Governance meetings.

\* Audits were carried out in the last six months of the year. The figures showed an improvement towards the end of the period.



## Antibiotic surgical prophylaxis – to improve patient safety

Our final objective is to ensure the safe use of antibiotics at our treatment centres, in order to fight infections effectively. While rates of both hospital acquired MRSA bacteraemia and *C. difficile* were nil in 2009–10, we are keen to participate in nationwide initiatives to reduce all healthcare-associated infections in healthcare settings.

Antibiotics are an important tool in treating patients and preventing infections. At the same time, the inappropriate use of antibiotics can in some cases leave patients more exposed to other infections.

Nationally, while significant reductions have been achieved in recent years in the occurrence of MRSA bacteraemia and *C. difficile* infections, new guidelines now show that better-targeted antibiotics can prevent a wider range of infections.

Current evidence demonstrates that the use of broad-spectrum antibiotics makes patients more susceptible to harmful antibiotic-resistant bacteria such as Extended-Spectrum Beta-Lactamase (ESBL) gram negative bacteria. Broad-spectrum antibiotics should therefore be avoided unless there are clear indications for their use. We have updated our Antimicrobial Surgical Prophylaxis protocol in 2009 in line with this national guidance.

Monitoring the use of antibiotics within the healthcare setting is a key initiative in the NHS Saving Lives campaign.

To ensure that all patients are receiving appropriate prophylaxis but not receiving unnecessary antibiotic treatment, UKSH will audit quarterly the prescribing and administration of antibiotic use against the agreed protocols.

### **Target:**

*100% of patients are prescribed and receive the appropriate antibiotic surgical prophylaxis according to protocol*

### **This means:**

*100% of patients receive one dose of antibiotic(s) pre-operatively on induction of anaesthesia or within 60 minutes prior to incision*

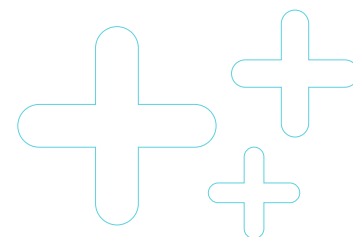
*The clinical indication of additional use of antibiotic is recorded in 100% of cases*

New initiatives in 2010–11:

Sharing of this audit at all specialty-based meetings as well as Infection Control meetings

.....  
If we find non-compliance we will introduce update training for staff to rectify this.

➔ We are keen to participate in nationwide initiatives to reduce all healthcare-associated infections in healthcare settings.



## 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 2009–10 the Shepton Mallet NHS Treatment Centre provided six NHS services:

- **Orthopaedics surgery**  
(Joint replacements and minor)
- **General Surgery**  
(including colonoscopy)
- **Ophthalmic Surgery**  
(including cataracts and minor eyelid procedures)
- **Endoscopy Diagnostics**  
(Gastroscopy and colonoscopy)
- **Pain Management**
- **Imaging** (X-ray and ultrasound)

The Shepton Mallet NHS Treatment Centre has reviewed all the data available to them on the quality of care in these NHS services.

The income generated by the NHS services reviewed in 2009–10 represents 100% of the total income generated from the provision of NHS services by the Shepton Mallet NHS Treatment Centre for 2009–10.

### Audit

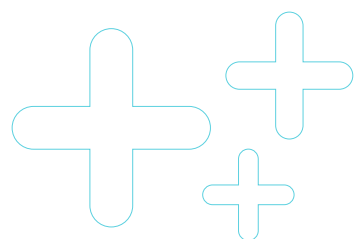
During 2009–10, two national clinical audits and no national confidential enquiries covered NHS services that Shepton Mallet NHS Treatment Centre provides.

During that period Shepton Mallet NHS Treatment Centre participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Shepton Mallet NHS Treatment Centre was eligible to participate in during 2009–10 are as follows:

- **PROMs** (3 specialties)
- **NJR Hip and knee replacements**

The national clinical audits and national confidential enquiries that Shepton Mallet NHS Treatment Centre participated in, and for which data collection was completed during 2009–10, 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 clinical audit | Specialty         | Cases submitted as percentage of cases required |
|-------------------------|-------------------|---|
| PROMs                   | Hip replacements  | 95%   |
| PROMs                   | Knee replacements | 97%   |
| PROMs                   | Hernias           | 65%   |
| NJR                     | Hip replacements  | 96%   |
| NJR                     | Knee replacements | 96%   |

The lower percentage compliance for hernias relates to some early issues with data collection as the hernia PROMs programme was introduced after the hip and knee programmes.

The reports of 2 national clinical audits were reviewed by the provider in 2009–10 and Shepton Mallet NHS Treatment Centre intends to take the following actions to improve the quality of healthcare provided.

PROMs (Patient Reported Outcome Measures) measure how patients perceive their health has improved following treatment. From 1 April 2009, all providers of NHS-funded care have collected PROMs information. So far, the NHS Information Centre has published only pre-operative data. Post-operative information will be published during the summer of 2010 and this will allow the effect of treatment to be assessed.

Because we are waiting for the results of this ongoing audit, no action has yet been taken, except for discussions at board level about the completeness of PROMs data.

The National Joint Registry (NJR) is a monitoring database which tracks joint replacement procedures carried out throughout England and Wales. The Board of Shepton Mallet NHS Treatment Centre reviewed the results from the NJR audit for one-, two- and three-year revision rates for hip replacements carried out at SMTC since 2005. The average revision rates were found to be low, in most years under 1%.

The reports of 12 local clinical audits were reviewed by the provider in 2009–10 and Shepton Mallet NHS Treatment Centre took all appropriate actions to improve the quality of healthcare provided.



The local clinical audits carried out were:

| Audit   | Action  | Monitoring results  |
|---|---|---|
| World Health Organisation (WHO) surgery checklist   | Comply with WHO guidelines  | Monthly audit   |
| Pain management   | Ensure effectiveness of current pain protocols                                  | Bi-monthly audit  |
| MEWS  | Comply with Early Warning System identifying deterioration in patient condition | Bi-monthly audit  |
| Ward<br>1. Fluid balance chart<br>2. Blood fridge<br>3. Falls risk assessment<br>4. Condition of mattresses<br>5. VTE | Ensure best practice in patient care  | Annual audit programme in place with monthly reporting to Clinical Governance Committee |
| Radiology   | Comply with IRMER requirements  | Annual IRMER programme in place, monthly local audits to support                        |
| Resuscitation   | Ensure best practice in resuscitation technique                                 | Bi-monthly audit  |
| Pharmacy including Controlled Drugs audits and Prescription chart audit   | Comply with National Policy & Legislation                                       | Monthly   |
| Consent   | Comply with Consent Policy  | Quarterly   |
| Patient records   | Ensure best practice in Patient Medical Record                                  | Quarterly   |
| Venous thromboembolism (VTE) prophylaxis  | Comply with updated NICE Guideline (Jan 10)                                     | Bi-monthly  |
| Hand hygiene  | Comply with HPA requirements  | Quarterly   |
| Infection prevention & control  | Comply with HPA requirements  | All positive results audited, identifies any organism trends                            |
| Waste<br>Clinical & non-clinical  | Comply with: HPA Health & Safety requirements                                   | Quarterly   |
| Sterile Services  | Ensure ongoing compliance with QMS 13485  | Monthly tray list   |
| Information Governance  | Ensure ongoing compliance with: ISO 27001 IGSO                                  | Six-monthly external audits. Rotational internal audit plan in place                    |

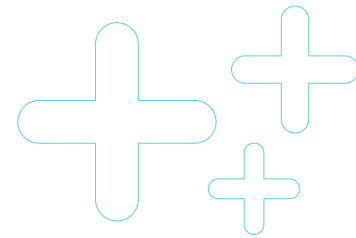


## Research

The number of patients receiving NHS services provided by Shepton Mallet NHS Treatment Centre in 2009–10 that were recruited during that period to participate in research approved by a research ethics committee was nil.

## CQUIN (Commissioning for Quality and Innovation) Framework

Shepton Mallet NHS Treatment Centre income in 2009–10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this is not included in the contractual arrangements currently in place.



## Statements from the Care Quality Commission (CQC)

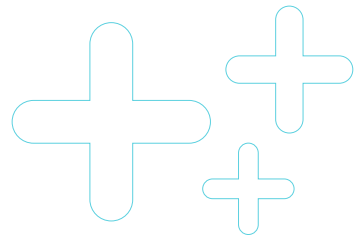
Shepton Mallet NHS Treatment Centre is required to register with the Care Quality Commission and its current registration status dates from 22 April 2009. Shepton Mallet NHS Treatment Centre has the following conditions on registration:

| Condition of Registration  | Status |
|--|--------|
| The establishment may provide overnight beds for a maximum of thirty-four patients at any one time.  | Met    |
| The prior written approval of the Healthcare Commission (now CQC) must be obtained at least one month prior to providing any treatment or service not detailed in your Statement of Purpose. | Met    |
| Treatment is for patients aged 18 (eighteen) years and above   | Met    |

The Care Quality Commission has not taken enforcement action against Shepton Mallet NHS Treatment Centre during 2009–10.

Shepton Mallet NHS Treatment Centre is subject to periodic reviews by the Care Quality Commission and the last review was on 22 April 2009. This review found that Shepton Mallet NHS Treatment Centre had 'good risk management systems in place' and that 'staff recruitment arrangements were of a high standard'. The review also recommended some improvements which we have implemented as follows:

| Action   | Progress            |
|--|---------------------|
| Fire training provision for fire wardens and out-of-hours staff  | Complete April 2009 |
| Fire training provision for senior management  | Complete May 2009   |
| Carry out patient evacuation fire drill  | Complete May 2009   |
| Amended cleaning schedule documentation to be completed and distributed throughout Shepton Mallet NHS Treatment Centre                   | Complete May 2009   |
| Improve monitoring of compliance with mandatory training requirements by including compliance in quarterly Clinical Governance reporting | Complete June 2009  |



All CQC assessments and reports of inspections of Shepton Mallet NHS Treatment Centre can be viewed on their website, [www.cqc.org.uk](http://www.cqc.org.uk)

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

### Data Quality

Shepton Mallet NHS Treatment Centre submitted records during 2009–10 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 out patient care.**

-which included the patient's valid General Medical Practice Code was:

**100% for admitted patient care;  
and 100% for out patient care.**

Shepton Mallet NHS Treatment Centre's score for 2009–10 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 68%.

As a result of a continuing improvement programme on Information Governance, UKSH has identified that for the forthcoming year 2010–11 this assessment is likely to be 80+%.

Shepton Mallet NHS Treatment Centre was not subject to the Payment by Results clinical coding audit during 2009–10 by the Audit Commission.





## Part 3

# Review of quality performance in 2009–2010

During the last year we have continued to uphold the high standards of care and patient experience which are at the core of our service.

We have increased the volume of patient information we distribute to local GP practices and have continued to provide detailed information on the performance of individual surgeons.

We have improved facilities to patients and achieved short waiting times. In our Patient Satisfaction Surveys results were exceptional across the board, with 99.9% of patients agreeing that they would recommend our treatment centre to a friend.

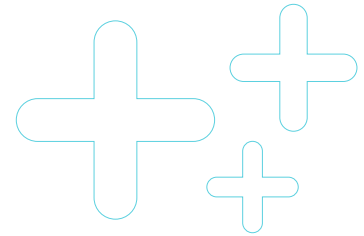
We have an excellent record on infection prevention, with no cases of hospital-acquired MRSA bacteraemia or *C. difficile* in 2009–10.

Our commitment to clinical best practice, careful recruitment and ongoing training has translated into outstanding clinical effectiveness with very low rates of re-admission and returns to theatre.

### Patient information

Following discussion with key stakeholders in the local economy, notably the commissioning PCT and representatives of local GP groups, it was apparent that GPs required more information to support patients in exercising choice. As a result, significant volumes of patient leaflets have been circulated to all Somerset-based practices within a forty-mile radius of Shepton Mallet NHS Treatment Centre. The patient information leaflets contain details of services available at SMTC, an outline of what will happen to patients during their treatment and a summary of the support services available to patients if they are staying overnight. This is augmented by a series of open days for practice managers and their teams to familiarise themselves with SMTC and to provide further support to patients in exercising choice.

GPs considering referring patients to SMTC are provided with detailed clinical outcomes relating to each surgeon. For example, for each of the surgeons specialising in hip and knee replacements referrers are given data on revision rates, returns to theatre, infection rates, DVT/PE rates, etc.



## Patient experience and feedback

Since opening in 2005, Shepton Mallet NHS Treatment Centre has taken pride in the quality of patient experience it delivers and is committed to seeking feedback and opinions from patients.

We take great care to provide a service which is tailored towards patient needs, for example:

Good travel directions with free and ample car parking

One-stop outpatient visits (ie all diagnostics taken on the same day)

Timed visits so patients do not wait for outpatient visits, diagnostics or surgery once they enter the facility

On-site kitchen preparing healthy cuisine with fresh ingredients

Single-sex accommodation achieved through judicious allocation of double- and triple-occupancy rooms

Ensuite facilities to patient rooms

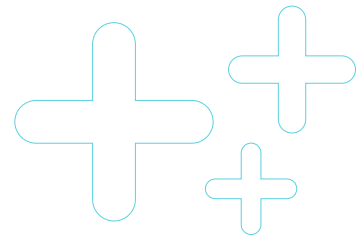
In 2009–10 we have gone further and introduced refined menus, DVD players in patient rooms and free wi-fi access for patients.

A key factor in patient satisfaction is the overall waiting time for patients from referral to receiving surgery. UKSH strives to provide the shortest possible waiting times for patients with options to attend on a variety of dates and times.

Total waiting times for surgery over the last 3 years are:

|                      | 2007–8  | 2008–9    | 2009–10   |
|----------------------|---------|-----------|-----------|
| Average waiting time | 6 weeks | 3.4 weeks | 4.5 weeks |

We have placed further emphasis on the role of patient feedback by incorporating patient satisfaction questionnaires into the review of medical staff during their probationary period.



UKSH undertake a monthly patient satisfaction survey in which all patients attending for surgery are asked their views on their experience at Shepton Mallet NHS Treatment Centre. The response rate of 47% is high for such a survey.

**In 2009–10 we achieved a high satisfaction rate across all aspects of our service, with 99.9% of patients saying they would recommend our treatment centre to a friend.**

Patients reply to 10 questions on a scale of 1 (bad) to 5 (excellent). SMTC measures satisfaction as including all responses graded 4 and 5. Responses between April 2009 and March 2010 (3282) indicate the following:

| <b>Question</b>  | <b>% Satisfied</b> |
|--|--------------------|
| Q1 How long did you wait after you had chosen to come to the treatment centre? | 89.9%              |
| Q2 Were our booking staff helpful and efficient?                               | 98.3%              |
| Q3 Was it easy for you to get to and park at the treatment centre?             | 86.5%              |
| Q4 How long did you have to wait before you were seen at Out Patients?         | 87.0%              |
| Q5 Did the Out Patient staff meet your expectations?                           | 96.2%              |
| Q6 How long did you wait on the day of surgery?                                | 85.8%              |
| Q7 Did the surgical staff meet all your expectations?                          | 97.9%              |
| Q8 Did you experience any problem post discharge?                              | 99.0%              |
| Q9 Did the ward staff (nurses, physios) meet your expectations?                | 94.6%              |
| Q10 Did the catering meet your expectations?                                   | 90.9%              |
| Q11 Was the treatment centre welcoming and clean?                              | 99.3%              |
| <b>Would you recommend the treatment centre to a friend? (yes)</b>             | <b>99.9%</b>       |

Any negative comments received either in surveys or by letter are followed up by a dedicated team. The patients are contacted, where a contact address is supplied, and their concerns are addressed through the Clinical Governance process chaired by the Medical Director of UKSH.

UKSH also takes part in the Patient Experience Survey, an independently run survey covering all NHS and independent providers giving comparability across the sector. SMTC's results in these surveys are exceptionally high, with an overall satisfaction rate of 9.5 out of 10 in the most recent survey.



## Infection prevention

During 2009–10 there have been no cases of hospital-acquired *C. difficile* or MRSA bacteraemia at Shepton Mallet NHS Treatment Centre. This is a reflection of our multi-disciplinary approach to infection prevention and our commitment to putting cleanliness and good clinical practice at the centre of everything we do. We have implemented the following training initiatives during 2009–10:

The training programme ‘Five Steps to Hand Hygiene’ has been rolled out to all clinical staff across the unit.

Our Infection Control Lead has developed an education session ‘Infection Prevention for Housekeepers’ that is tailored to the needs of this particular group.

Any infection concerns lead to a vigorous root-cause analysis, and lessons learned are presented at our Clinical Governance meetings.

## Clinical outcomes

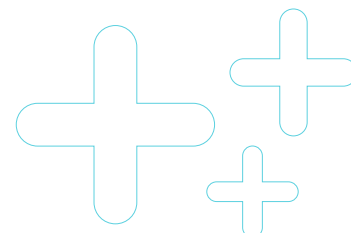
Achieving clinical quality and high patient satisfaction are not add-on programmes at UKSH but are fundamental to our approach to care. This is based on a model of focused care, where a high volume of specialty care is carried out in small, focused facilities. The teams that perform these high-volume specialties have undergone intensive training to arrive at extremely high levels of clinical quality and productivity. The whole administrative structure, support staff and facility are designed around this model, with a focus on delivering the best patient experience throughout the patient pathway: from one-stop assessment and diagnostics to early, intensive physiotherapy as required, early, healthy discharge home, and follow-up care.

|                               | 2007–8 | 2008–9 | 2009–10 |
|-------------------------------|--------|--------|---------|
| MRSA bacteraemia              | 0.00%  | 0.00%  | 0.00%   |
| <i>C. difficile</i>           | 0.00%  | 0.02%  | 0.00%   |
| Surgical Site Infection: hip  | 0.29%  | 0.95%  | 0.97%   |
| Surgical Site Infection: knee | 0.13%  | 0.43%  | 0.75%   |



Supporting and building on the focused care model are the following six principal elements of UKSH's approach:

- A. Clinical best practice:** Extensive identification and use of international best practice clinical guidelines embedded in clinical pathways and protocols. UKSH believes it has the most detailed and comprehensive pathways and protocols in place for the procedures it offers of any provider in the UK and insists on uniform application of proven approaches.
- B. Recruitment:** Extremely careful recruiting and credentialing of doctors who have long-term experience in the specialties UKSH performs. UKSH has excellent consultant staff from the UK, Scandinavia, the United States and other countries.
- C. Ongoing training:** A commitment to in-service clinical staff training. UKSH expects and pays for all clinical staff to engage in ten days of training every year.
- D. Performance monitoring:** Intensive monitoring of performance to spot and deal with anomalies with very responsive turnaround times.
- E. Transparency:** UKSH has published on its website one of the most extensive array of clinical and patient satisfaction data of any clinical provider in England.
- F. Safety:** Full implementation of patient safety guidelines, including 'time outs' for the surgical team just before operations.



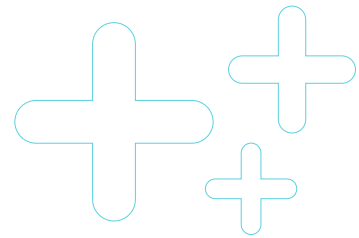
The clinical record at Shepton Mallet during 2009–10 had these outstanding results:

A high daycase rate – where we complete a procedure within one day so that patients do not have to stay overnight

Very low rates of deep-vein thrombosis (DVT), pulmonary embolism (PE) and wound infection

Low rates of unplanned returns to theatre and re-admissions

| Clinical Effectiveness                                   | 2007–8        | 2008–9        | 2009–10       |
|--|---------------|---------------|---------------|
| <b>Mortality</b>   | <b>0.01%</b>  | <b>0.00%</b>  | <b>0.03%</b>  |
| <b>Length of stay (Joint)</b>                            | <b>4 days</b> | <b>4 days</b> | <b>4 days</b> |
| <b>Daycase rate</b><br>(excl. Joint replacement surgery) | <b>95.24%</b> | <b>95.41%</b> | <b>96.33%</b> |
| <b>DVT</b>   | <b>0.09%</b>  | <b>0.14%</b>  | <b>0.12%</b>  |
| <b>PE</b>  | <b>0.03%</b>  | <b>0.05%</b>  | <b>0.01%</b>  |
| <b>Unplanned returns to theatre</b>                      | <b>0.09%</b>  | <b>0.13%</b>  | <b>0.12%</b>  |
| <b>Emergency re-admissions</b>                           | <b>0.49%</b>  | <b>0.56%</b>  | <b>0.61%</b>  |
| <b>Regional/local anaesthetic rate</b>                   | <b>67.84%</b> | <b>72.39%</b> | <b>68.35%</b> |



## Statement from NHS Somerset

I am writing in response to request to Mary Monnington, Director of Nursing and Patient Safety dated, 14 May 2010. Thank you for giving us the opportunity to comment on the Quality Account 2009–10 for Shepton Mallet NHS Treatment Centre.

During 2009–10 NHS Somerset has held quarterly contract monitoring meetings which include monitoring the quality and patient experience of the health services that we commission from Shepton Mallet NHS Treatment Centre. We have reviewed the quality account for 2009–10 and note the broad range of quality improvement and assurance activities undertaken by Shepton Mallet NHS Treatment Centre.

### **Quality Improvement Priorities for 2010–11**

NHS Somerset welcomes the identified quality improvement priorities for 2010–11, and the focus on priorities that contribute to high quality of care through improving patient experience, patient safety and clinical effectiveness.

These improvement priorities are:

- Reducing cancellations on the day
- Improving MEWs documentation
- Improving VTE risk assessments
- Antibiotic surgical prophylaxis
- Improving VTE prophylaxis

It is good to see that the treatment centre is responding to patient feedback and setting a priority to reduce cancellations of surgery on the day. We note the low rate of VTE at the treatment centre and welcome the stretching target for 95 % of all patients to be assessed for VTE with the consequent appropriate provision of VTE prophylaxis. VTE assessment is both a national quality target and a key area for improved patient safety and improved clinical outcomes. The treatment centre has been fully engaged in the county-wide committee for reducing the risk of VTE led by NHS Somerset.

Modified early warning scores and the associated training are vital to ensure staff correctly identify deteriorating patients and escalate concerns.

### **Part 2: Mandatory Statements**

We can confirm that there have been no incidences of MRSA bacteraemia or of C.difficile infection during 2009–10 at Shepton Mallet NHS Treatment Centre.

We commend Shepton Mallet for the achievement of compliance with the standards for single sex accommodation and the absence of any breaches of these standards. Compliance with these standards is an important contribution to the experience of those using the services, keeping them safe, protecting their privacy and maintaining their dignity when they are at their most vulnerable.



We note the participation of the treatment centre in national and local audits providing evidence of the effectiveness of the procedures undertaken at the treatment centre and submission of data for patient reported outcome measures.

We note the review by the Care Quality Commission in April 2009 found good systems for risk management in place. The focus on improving uptake of mandatory training is welcomed. We can confirm the high quality of the data submitted by UKSH for the Secondary Uses service.

### **Part 3 - Quality Improvement Priorities 2009 -10**

The focus on improving patient experience during 2009–10 with an increase in the provision of patient information is welcomed, and we commend the treatment centre for the exceptional outcomes of the patient surveys with 99.9% of patients agreeing that they would recommend the treatment centre to a friend. We can confirm the low rates of readmission and of return to theatre through our attendance at quarterly contract monitoring meetings with the centre. The reductions year on year for waiting times provide timely access to services and improve the patient experience of health care at the treatment centre. We welcome the provision of the level of detail of the clinical outcomes provided in Appendix A of the quality account, and the care pathways. This data is in line with our knowledge of the data presented by the treatment centre at Contract Monitoring meetings and provides evidence of the high quality and safety of the services provided for patients and clinicians.

The information and data presented in this quality account provides assurance of the high standard and quality of care provided to all patients who receive health care provided by Shepton Mallet Treatment Centre. The treatment centre have actively engaged in working with the health community to develop a county wide strategy on pain management.

We look forward to continuing to work with Shepton Mallet NHS Treatment Centre to improve the safety, clinical effectiveness and patient experience of the services it provides, and in development of the Quality Account for 2010-11. Our work with you in monitoring reviewing the quality, patient safety and patient experience of services throughout the year will support this. We will also consider the Chief Nursing Officer nurse sensitive metrics that have recently been published so that these can be reported where appropriate within the Quality Account for 2010-11.

I hope that you find these comments helpful. Please contact me at the above address if you wish to discuss these further.

Yours sincerely

**Lucy Watson**

Acting Director of Nursing and Patient Safety



## Appendix A

### Overall clinical outcomes for 2009–10

Shepton Mallet NHS Treatment Centre aims to provide a high-quality clinical service. To achieve this it relies on high-quality staff implementing evidence-based protocols, using the latest equipment and techniques. SMTC underpins this with a robust clinical governance process and has recently appointed a Clinical Governance Board of outstanding UK and US clinical leaders to oversee quality and outcome measures. This ensures there is systematic collection of clinical data as well as regular reviews of processes and adverse events with the aim of reducing clinical risk.

Patients, SMTC staff, GPs and local acute hospitals have been encouraged to inform SMTC and refer patients back to SMTC where any problem has arisen. SMTC's policy is to deal with all complications when it is able to do so safely. All patients are given the SMTC 24-hour helpline telephone number and encouraged to ring if they have any queries or problems. All patients are given a survey when they are discharged, providing an opportunity to capture data on any subsequent complications.

The overall complication results for all procedures (approximately 6,800) carried out at SMTC between 1 April 2009 and 31 March 2010 are set out below.

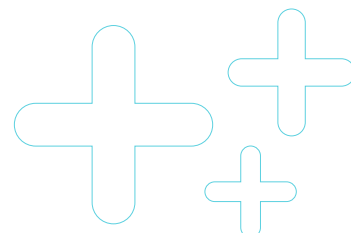
| Measure   | Number | %     |
|---|--------|-------|
| Unplanned return to theatre                         | 7      | 0.10% |
| Transfer of patient to another provider for IP care | 25     | 0.37% |
| Deep Vein Thromboses                                | 8      | 0.12% |
| Pulmonary Embolism (PE)                             | 1      | 0.01% |
| Hospital Acquired Infection (MRSA)                  | 0      | 0.00% |
| Hospital Acquired Infection (C-Diff)                | 0      | 0.00% |
| Post Discharge Wound Infection Needing Treatment    | 3      | 0.04% |
| Mortality   | 2      | 0.03% |

SMTC has achieved a 0.0% MRSA bacteraemia and 0.005% C. difficile rate for patients admitted to the treatment centre since it opened in 2005 to 31st March 2010.

These high-level measures provide an indication of the service overall. However, such clinical measures are more useful when looked at in terms of the specialties and the procedures being provided. Attached is therefore a section each on (a) total joint replacements (b) general orthopaedics (c) general surgery and endoscopy and (d) ophthalmology.

SMTC and district general hospitals (DGHS) mostly see the same type of patients, ie. those with ASA scores of 1-3 (stable), but DGHS also see a small number of patients with more severe co-morbidities. This and the variability in data collection from organisation to organisation make direct comparisons difficult. With that caveat in mind, SMTC's results (both above and in subsequent pages) nevertheless indicate an excellent, safe clinical service that is exceeding expected pathway clinical norms.

# Total joint replacements



## Surgeons

The Orthopaedic Team is led by **Mr Per Sandquist**, one of the leading joint replacement surgeons in Sweden. The team also included **Mr Hakan Sporong**, **Mr Laszlo Solyom** and **Dr Adam Rozycki**.

The anaesthetic team included **Dr Jerzy Minecki**, **Dr Gabor Vereczky**, **Dr Marek Kaminski**, **Dr Jitka Slesingrova** and **Dr Ljudmilla Margaritova**.

## Approach

All patients are seen pre-operatively by the operating surgeon, a nurse and a physiotherapist, and are encouraged to attend an extra group education session. Patients are admitted on the day of surgery. The main prostheses used are Depuy's PFC knee, the Oxford uni-knee, Zimmer cemented hips and Depuy's Corail stem and Pinnacle cup (uncemented). During the period Average Length of Stay was 4.07 days for Primary Hip Replacement surgery and 4.63 days for Primary Knee Replacement procedures. All patients are reviewed at 6 weeks, 3 months and one year.

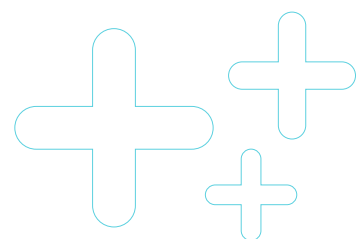
## Procedures

Primary Hip Replacements (un-cemented) / Primary Hip Replacements (cemented)  
Primary Knee Replacements **Total 811**

## Results

| Measure  | Total | %     |
|--|-------|-------|
| Unplanned return to theatre  | 7     | 0.86% |
| Transfer of patient to another provider for IP care (excludes rehab) | 25    | 3.08% |
| Unplanned re-admission within 29 days of discharge (**)              | 27    | 3.33% |
| Unplanned revision surgery within 5 years                            | 17    | 2.10% |
| Mortality  | 1     | 0.12% |
| Acute Myocardial Infarction  | 0     | 0.00% |
| Pulmonary Embolism   | 1     | 0.12% |
| Deep Vein Thrombosis   | 8     | 0.99% |
| Cerebral Vascular Event  | 0     | 0.00% |
| Hospital Acquired Infection (MRSA & C.difficile)                     | 0     | 0.00% |
| Deep Wound Infection needing treatment at SMTC                       | 3     | 0.37% |
| Dislocation % by hips only (n=413)                                   | 3     | 0.73% |

(\*\*)Re-admission reporting includes those to other providers where SMTC advised of re-admission



## General orthopaedics

### Surgeons

The Orthopaedic Team included **Mr Hakan Sporrong, Dr Adam Rozycki, Mr Michael Roesch** and **Mr Matthias Herzig**.

### Approach

All patients are seen pre-operatively by the operating surgeon. Patients are usually seen by a nurse for pre-assessment for surgery. Patients are admitted on the day of surgery, with the expectation that all will be day cases. On discharge, patients are given contact information and encouraged to ring if they have any queries. All patients are telephoned the day after surgery. Most patients are called back for review in Outpatients department at 4 weeks.

### Procedures

Arthroscopies / Foot procedures / Hand procedures / Shoulder procedures  
Other soft tissue / bone **Total 1,664**

### Results

| Measure  | Total | %     |
|--|-------|-------|
| Unplanned return to theatre  | 0     | 0.00% |
| Conversion from daycase to overnight stay                            | 9     | 0.54% |
| Transfer of patient to another provider for IP care (excludes rehab) | 0     | 0.00% |
| Unplanned re-admission within 29 days of discharge (**)              | 7     | 0.42% |
| Unplanned revision surgery within 5 years                            | 5     | 0.30% |
| Mortality  | 0     | 0.00% |
| Acute Myocardial Infarction  | 0     | 0.00% |
| Pulmonary Embolism   | 0     | 0.00% |
| Deep Vein Thrombosis   | 0     | 0.00% |
| Cerebral Vascular Event  | 0     | 0.00% |
| Hospital Acquired Infection (MRSA & C.difficile)                     | 0     | 0.00% |
| Deep Wound Infection needing treatment at SMTC                       | 0     | 0.00% |
| Haematoma needing evacuation   | 0     | 0.00% |

(\*\*)Re-admission reporting includes those to other providers where SMTC advised of re-admission

# General surgery and endoscopy



## Surgeons

The General Surgical Team includes: **Mr Wojciech Czyz**, and **Mr Thomas Hottop**.  
Endoscopist **Dr David Beckly**.

## Approach

Patients are seen at the outpatients department by the operating surgeon and usually by a nurse. Endoscopies and minor skin procedures are booked directly. All procedures are expected to be day cases except cholecystectomies. Hernias are undertaken by mesh repair. Patients return to the Outpatients Department at 4 weeks, depending on clinician request.

## Procedures

Hernia repair / Peri-anal / Cholecystectomies / Minor GS (skin excisions) / Endoscopies  
Pain Management / Other **Total 2,460**

## Results

| Measure  | Total | %     |
|--|-------|-------|
| Unplanned return to theatre  | 0     | 0.00% |
| Conversion from daycase to overnight stay                            | 9     | 0.54% |
| Transfer of patient to another provider for IP care (excludes rehab) | 0     | 0.00% |
| Unplanned re-admission within 29 days of discharge (**)              | 7     | 0.42% |
| Unplanned revision surgery within 5 years                            | 5     | 0.30% |
| Mortality  | 0     | 0.00% |
| Acute Myocardial Infarction  | 0     | 0.00% |
| Pulmonary Embolism   | 0     | 0.00% |
| Deep Vein Thrombosis   | 0     | 0.00% |
| Cerebral Vascular Event  | 0     | 0.00% |
| Hospital Acquired Infection (MRSA & C.difficile)                     | 0     | 0.00% |
| Deep Wound Infection needing treatment at SMTC                       | 0     | 0.00% |
| Haematoma needing evacuation   | 0     | 0.00% |
| <b>Cholecystectomy: Lap or Open (n=105)</b>                          |       |       |
| Duct Injury  | 0     | 0.00% |
| Bile Leak  | 1     | 0.95% |
| Retained Common Bile Duct Stones                                     | 0     | 0.00% |
| Bowel Injury   | 0     | 0.00% |
| <b>Endoscopy: Gastroscopy (n=857), Colonoscopy (n=414)</b>           |       |       |
| Caecal intubation rate   | 381   | 92%   |
| Significant Bleeds from Endoscopy                                    | 0     | 0.00% |
| Perforation  | 0     | 0.00% |

(\*\*)Re-admission reporting includes those to other providers where SMTC advised of re-admission



# Ophthalmology

## Surgeons

The Ophthalmic team is led by **Mr Melki** (Harvard Medical School) and **Mr Moayed**.

## Approach

All cataract patients are seen pre-operatively by the operating surgeon and ophthalmic nurse at a separate pre-operative assessment. Complete eye exams including fundoscopy are performed. Biometry is via optical coherence biometry (IOL Master) or via immersion ultrasonic measurement (in cases where the IOL Master measurements are unreliable). All patients are routinely invited back at 4 weeks for follow up.

## Procedures

Cataracts / Minor Ophthalmic  
**Total 1854**

## Results

| Measure                                 | Total | %     | UK Nat. Audit | AAOPPP |
|---|-------|-------|---------------|--------|
| Choroidal Expulsive Haemorrhage         | 0     | 0.00% | 0.10%         | 0.00%  |
| Corneal Oedema                          | 1     | 0.07% |               | 0.30%  |
| Hyphaema                                | 1     | 0.07% | 0.09%         | 0.40%  |
| Iris Damage from Phaco                  | 0     | 0.00% | 0.70%         | 0.70%  |
| PC Rupture with Vitreous Loss           | 1     | 0.07% | 2.68%         | 1.80%  |
| Cystoid Macular Oedema                  | 2     | 0.13% | 0.60%         | 2.30%  |
| Endophthalmitis                         | 2     | 0.13% | 0.03%         | 0.73%  |
| Raised IOP                              | 0     | 0.00% | 0.28%         | 1.00%  |
| Uveitis                                 | 0     | 0.00% | 5.60%         | 3.10%  |
| Wound Leak / Rupture                    | 0     | 0.00% | 0.25%         | 0.20%  |
| TASS* (Toxic Anterior Segment Syndrome) | 0     | 0.00% |               |        |

AAOPPP : American Academy of Ophthalmology – Preferred Practice Patterns 2001  
 UK Nat. Audit: UK National Audit study 2004

\* Since opening until 2010 there were 18 cases. The cumulative occurrence to the end of March 2010 is 0.17%

➤ Providing the treatment our patients need  
in the surroundings they deserve



