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

Care UK welcomes comments and feedback on this Quality Account. Please send your comments to Susan Marshall, Integrated Governance Director:

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fulfilling lives

Care UK Quality Account 2010-2011

www.careuk.com

Foreword by Mike Parish

Care UK is the largest provider of independent healthcare to the NHS. Fulfilling Lives is our mission; for our patients, our service users and equally for the people who make this possible - our staff. We recognise that to fulfil lives for others, we need to focus on how we work together within Care UK and to do this we have an established set of values and behaviours that we believe will set us apart from other providers.

As a values based organisation we constantly challenge ourselves to ensure that we are consistent in our behaviours to support our values. One of our three values is "we see the world from the point of view of our service users and customers". To achieve this we aim to understand their needs, invest time to build trust with them, are honest about what we can and can't do, do what we say we will do and always strive to go the extra mile. In practice, we talk to patients and services users and ask them through surveys or user groups how they perceive our services; feedback is essential to us for improvement. In this report you will read further about Health Care's patient experience success measured through the use of the Net Promoter Score and our plans for this for next year and also Mental Health's new strategy to improve service user involvement.

However, we know that being patient centred is not enough. Technically we must ensure the best clinical outcomes for all users of our services. One of the targets we set ourselves last year was to achieve Endoscopy Joint Advisory Group Accreditation for all our endoscopy services. This accreditation is only given to providers of endoscopy that attain the gold standard for patient experience and clinical outcomes. I am delighted to report that all the services that were inspected by the Joint Advisory Group this year achieved "A" rated compliance at their first inspection, which is a fantastic achievement.

We also use a number of performance indicators to check how well we are doing, one Treatment Centre or Mental Health hospital against another and whenever possible we use comparative data from other providers to benchmark our services. We monitor our performance on an ongoing basis and take action quickly to rectify shortcomings if they are identified. Our Board regularly reviews reports on the quality of our services.

Our quality is underpinned by our systems but it is delivered by our staff. Ensuring that staff are engaged and committed to our values is essential. We invest in staff induction, training and development to enable our people to do the best for our patients. We monitor their satisfaction with their work on an annual basis and management is tasked with improving aspects of staffs' perceptions of their work or working environment if it is identified as being poor or in need of improvement.

In summary, the Board is pleased to endorse this report as an accurate reflection of the quality of services delivered and looks forward to supporting management and staff in their efforts to further improve quality for patients and services users in the coming year.

Mike Parish, CEO Care UK

Contents

1. Our services

Care UK provides a wide range of health and social care services however, in accordance with the Department of Health guidance for the year 2010-2011, this quality account relates only to the following areas of the business providing services to NHS patients:

- Independent Sector Treatment Centres (ISTCs)
- Clinical Assessment and Treatment Services (CATS)
- Mental Health Hospitals

Our eight ISTCs which provide planned surgical procedures offer a range of inpatient and day patient surgery, endoscopy procedures, diagnostic tests and post-operative rehabilitation. The facilities are either modern purpose-built centres located close to public transport services or in redesigned facilities adjacent to or within NHS hospitals. The Clinical Assessment and Treatment Services provide consultations and minor treatments in convenient locations close to patients' homes.

The table below sets out the services provided at each centre is set out below.

SERVICES	FACILITIES	SPECIALTIES
Barlborough NHS Treatment Centre	Inpatients and day patients	Orthopaedic surgery
Sussex Orthopaedic Treatment Centre	Inpatients and day patients	Orthopaedic surgery
Mid Kent NHS Treatment Centre	Day patients	General Surgery, Gynaecology, Orthopaedics, Endoscopy and Chemotherapy
Will Adams NHS Treatment Centre	Day patients	General Surgery, Urology, Ophthalmic surgery, Orthopaedics and Endoscopy
North East London NHS Treatment Centre	Inpatients and day patients	General Surgery, Orthopaedics, Dental surgery and Ophthalmic surgery including oculoplastics
St Mary's NHS Treatment Centre	Day patients	General Surgery, Endoscopy, Ophthalmic surgery and Orthopaedics
Manchester Clinical Assessment & Treatment Service	Outpatients	Assessment, Diagnostic testing, and treatment (if necessary)

HOSPITAL	FACILITIES	SPECIALTIES
Southampton NHS Treatment Centre	Inpatients and day patients	General Surgery, Gynaecology, Orthopaedics, Oral surgery, Chronic Pain Service, Endoscopy, and Ear, Nose and Throat (ENT) surgery, Urology and Ophthalmology
Eccleshill NHS Treatment Centre	Day patients and Out patients	Orthopaedics, General surgery, Endoscopy, Gastroenterology rology, and Gynaecology
Lincolnshire Intermediate Musculo-Skeletal Service (LIMSS)	Outpatients	Musculo-Skeletal Services
Rochdale Ophthalmology Clinical Assessment & Treatment Service	Outpatients	Ophthalmology
Broad Street Clinical Assessment & Treatment Service	Outpatients	Dermatology, ENT, Gynaecology, Headache, Urology, and Minor Surgery

In the year April 2010 to March 2011, Care UK's ISTCs and CATS undertook 173,869 outpatient consultations and 48,922 day / inpatient procedures.

Our eight Mental Health Hospitals provide recovery support for those with a mental health need who may be detained under the Mental Health Act. The services provide contracted or spot purchase provision to local PCTs and work in partnership with community support services to reintegrate individuals back into the community following admission to hospital.

Our two Eating Disorder services provide specialist nurse and residential support for young women with chronic and enduring eating disorders. These services have recently been awarded national accreditation from Beat, a leading national eating disorders charity. Rhodes Farm is an independent hospital offering acute treatment for children and adolescents between the ages of 8 and 18 with eating disorders.

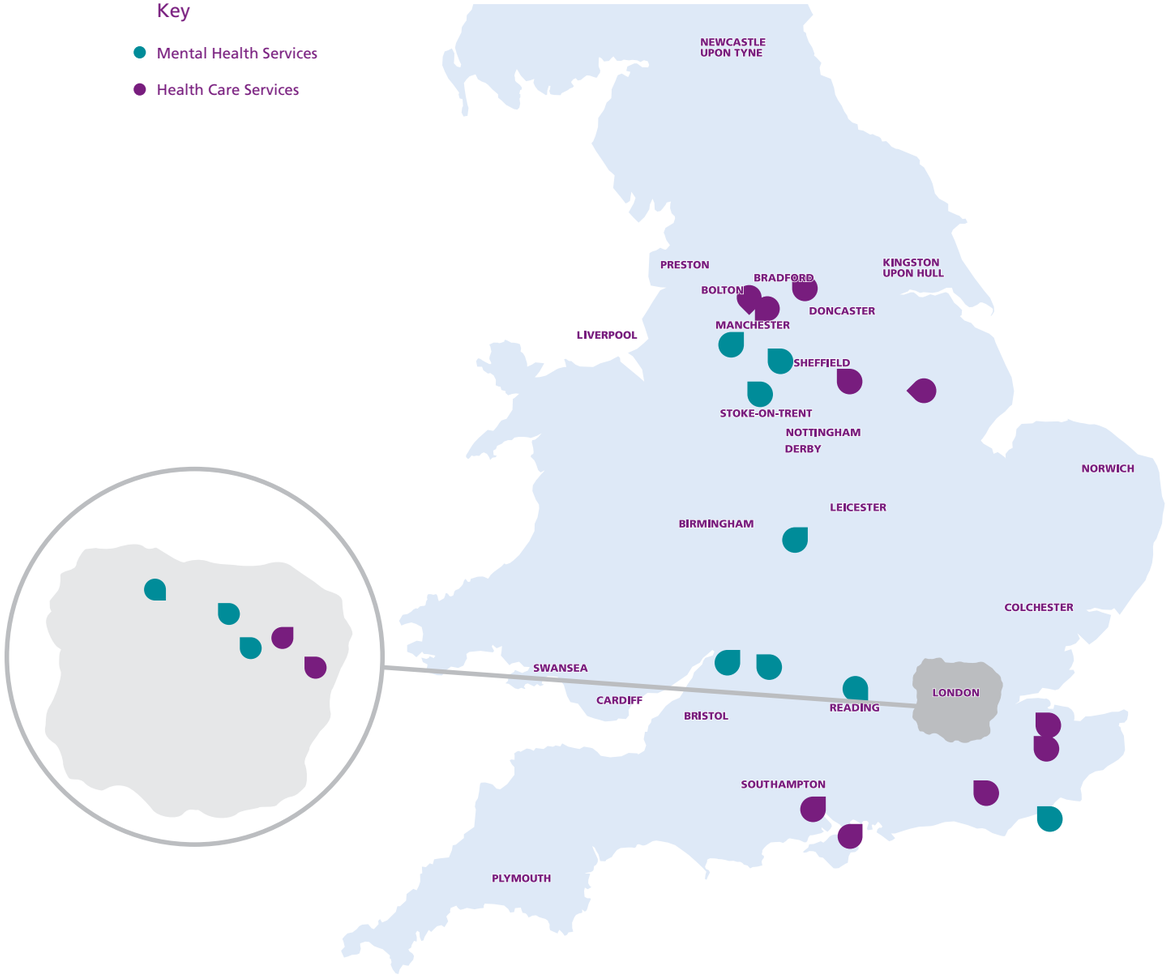
HOSPITAL	FACILITIES	SPECIALTIES
Hillside Brierley Court Park Lodge Park Villa Ayesbury House Tariro House Maplewood Rosebank House	Inpatient rehabilitation for those detained under the Mental Health Act	Therapeutic rehabilitation in preparation for community placement
Althea House Ashleigh House Rhodes Farm	Inpatient support and therapy for women with chronic and enduring eating disorders	Therapeutic services in relation to eating disorders and associated co-morbidities and personality issues

During this period, the Mental Health division provided care and support to around 500 service users across our homes, hospitals and specialist services. Of these, 33 people were supported by our eating disorders services and 13 by our self harm services. Overall, our 320 beds were occupied 83% of the time in the period April 2010 - March 2011.

Service Locations

Key

- Mental Health Services
- Health Care Services



2. Quality Priorities for 2011 -2012

Care UK has identified a number of quality priorities to build on and improve its high standards of patient experience, patient safety, and clinical effectiveness.

Priority 1: Continuous improvement of the patient experience

Last year we introduced the Net Promoter Score (NPS) as a means of managing our performance and measuring customer satisfaction. It is a research-based industry-wide tool that measures how likely a service user would be to recommend the service to a friend or family member, giving us an indication of how patient focused our services are. We aim to survey a minimum of 5% of patients at each site per month via a simple form and frequently exceed this target. A NPS of 75% is considered high, and the average NPS across all our services is 80%.

Whilst our results are excellent when compared to other services and industries, we want to challenge ourselves to do even better. Our plan in 2011 – 2012 is to take the use of this indicator to a new level of specificity by asking patients to not only rate the whole of their episode of care but also to rate particular parts of their experience in our ISTCs or CATS. This might be the out-patient visit, or the admission or discharge procedures depending on where other indicators suggest that care could be improved. For example, if we received complaints about attending pre-assessment appointments we would use the NPS to examine this in detail and make improvements as appropriate.

Every time the NPS is used in this way it will form part of a focused project to improve the selected element of care. We will measure the patient experience through NPS prior to the start of any improvement project and use it throughout the project as a measure of the success of any improvements introduced.

Priority 2: Ensuring Patient Safety

Care UK's approach in action

In 2010 the Department of Health's Chief Nursing Officer challenged nurses to review and reduce the number of patient falls in hospitals. Barlborough ISTC, a specialist orthopaedic surgery centre, decided to take up this challenge as part of its quality improvement programme.

The team set up a working group to achieve this objective which included nurses, doctors, a physiotherapist, a pharmacist, health care assistants, a health and safety representative and a patient representative. The group reviewed the national guidance on reducing harm from falls and became familiar with the most common reasons that patients fall. It also reviewed 12 months of data relating to patient falls at the Treatment Centre, broken down by time of day, gender and the type of surgical procedure the patient had undergone. There were 41 reports of falls during the period but no similarities were identified for their underlying causes.

The team developed a risk assessment tool to be completed with the patient at their pre assessment appointment. This tool grades the likelihood of the patient having a fall whilst they are in hospital. If the patient is assessed as high risk a red sticker is put on the inside cover of the notes to alert all staff to be extra vigilant. This information is also handed over from nurse to nurse at shift changes. The group also developed a patient falls assessment document (to be used if a patient has fallen). This document is reviewed regularly and includes the latest version of the National Patient Safety Agency (NPSA) requirements for neurological observations.

The pharmacist has been involved in creating a list of medications which may affect mobility and level of consciousness when taken by patients. This list is displayed in clinical areas for staffs' information. Prescribing of this type of medication is avoided wherever possible but where this cannot be achieved then the risk is highlighted to the patient who is advised to seek support whilst mobilising.

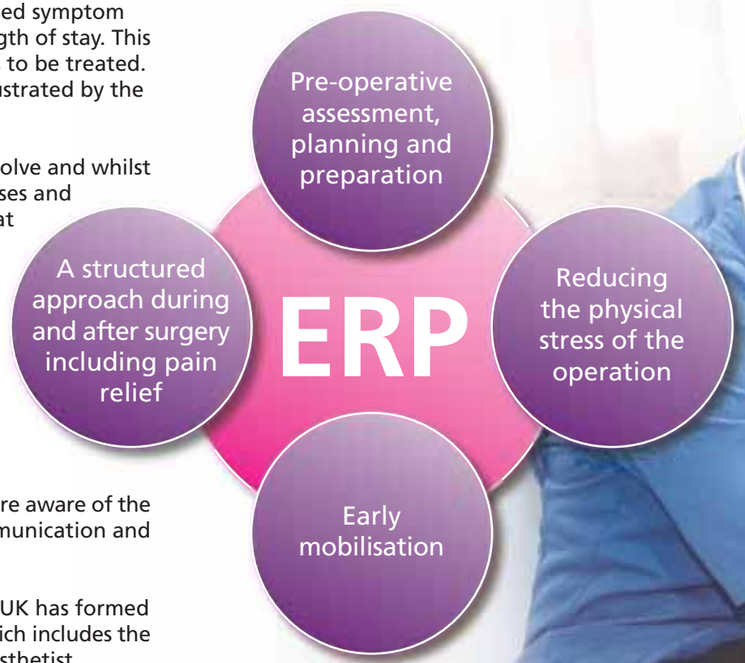
The Patient Safety First campaign also recommended the development of an Environmental Audit tool to look at the safety of the patient's environment. Care UK's tool looks at the ward lighting, furniture, call bell system and any other hazards within the environment. The environment is audited twice a week, once in the daytime and once at night.

There has been a significant reduction to 14 falls in the 10 months following the implementation of these changes. This is a good improvement and will continue to be monitored. We anticipate that the improvement will be sustained.

This methodology will be rolled out across all Care UK ISTCs this year and we anticipate similar improvements. The number of falls in each ISTC will be monitored on a monthly basis and any incidents will be investigated for compliance with the protocol and other learning.

Priority 3: Clinical Effectiveness

An Enhanced Recovery Programme (ERP) contributes to an improved patient experience including increased symptom control and reduction in length of stay. This in turn allows more patients to be treated. ERP has four elements as illustrated by the diagram.



Best practice continues to evolve and whilst ERP is integral to our processes and procedures we recognise that we should do more.

We must ensure that:

- patients are aware of this part of the care plan or pathway
- the potential for improving our current ERP is reviewed

We will ensure our patients are aware of the ERP through improved communication and patient information.

To conduct this review Care UK has formed a multidisciplinary group which includes the Head of Nursing, Lead Anaesthetist, Treatment Centre Medical Director and the Head of Pharmacy. The group will re-examine all of our activities in light of recent advances in care and best evidence, one example being use of pre-emptive analgesia. Once the review has been completed and an action plan is in place to improve our ERP we will identify indicators to monitor our progress.

Mental Health

Care UK Mental Health has identified the following quality improvement priorities for the forthcoming year.

Priority 1: Service User Experience

In 2011, the Mental Health Division will launch its strategy for Service User Involvement.

Care UK recognises that every Service User has a right to be involved in decisions that affect them regardless of the complexity of their illness. Due to their unique experiences and abilities they can provide us with valuable insight into how we can best achieve quality services which meet their needs.

We are committed to ensuring that people are able to contribute in a range of ways which are meaningful to them and which enable participation in every aspect of planning, prioritising, monitoring, and developing the service offered.

Our strategy is underpinned by the Care UK Fulfilling Lives values and demonstrates our commitment to involving those that use services in decisions relating to their care, their environment and more widely across the mental health business in such areas as clinical governance.

Why have a strategy?
Gaining the perspective of service users is essential in achieving a service which is truly person centred and research indicates that service user involvement promotes and supports recovery and well-being.

We want to deliver mental health services in a holistic and inclusive way, ensuring that they are accountable to the people using them. We will ensure that all service users are able to voice their opinions and can shape the service that they want.

We are working with "Together for Mental Wellbeing"; a charitable organisation with a proven track record in supporting organisations to develop service user involvement initiatives. Their expertise will help to ensure that our strategy becomes a living part of what we do, embodied in the way we deliver care and a part of our ethos. We have introduced a new post of Service User Lead to work closely with Together and will also provide expertise from within our own staff and service users.

Priority 2: Integrated Care Record System

Between May and September 2010 Care UK implemented a new and complete set of care documentation across the Mental Health division to ensure that service users consistently receive high quality assessments and care plans.

This new documentation will be the fore-runner of an electronic system of care records being implemented across the division throughout 2011.

The Mental Health Division has an agreement in principle to deploy an Integrated Care Record (ICR) system. Until now the division has been heavily reliant on paper and spreadsheets to record the delivery of care. This has made all reporting particularly challenging in terms of time and manpower.

The introduction of an ICR will enable the division to collate information in a structured and timely fashion. Data collection will start at enquiry stage and will cover service user registration, funding and invoice management, care planning, daily records, Mental Health Act events, incidents and accidents and more. This will enable us to monitor patient care on an ongoing basis and will enable patients to move seamlessly between our services.

Our aim will be to implement the requirements of the Mental Health Minimum Dataset and the aspects of reporting on the areas mentioned above that are currently hand written or typed into the clinical documentation templates that came into use in 2010.

Priority 3: Recovery Star

Over the past year the Mental Health division has been working to develop a consistent rehabilitation and recovery model across all of its residential services. Following an evaluation of a range of potential tools the division is introducing the Recovery Star rehabilitation and recovery tool. As well as providing consistency the Recovery Star process will result in greater clarity in measuring our service users' progress towards recovery.

It is an effective tool for both staff and service users. It will support service users in understanding where they are in terms of recovery and the progress they are making, providing both the service user and their key worker a shared language for discussing mental health and wellbeing. The Recovery Star identifies and measures ten main areas of life:

Managing mental health	Relationships
Self-care	Addictive behaviour
Living skills	Responsibilities
Social networks	Identity and self-esteem
Work	Trust and hope

This approach will help to identify any difficulties our service users are experiencing in each of these areas and how they are progressing towards recovery and their personal goals. All staff working in recovery services will be trained in the application of the tool to measure and support the service user on their journey.

The real sense of achievement comes from seeing progress on the ten main areas of life, recognising their key issues and gaining insight into what they need to do to move forward. This enables service users to start to accept help, develop self belief and, often for the first time, experience a sense of hope that their life can improve.

3. Review of our services

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

From April 2010 to March 2011, Care UK provided or sub-contracted all the services provided at the locations listed in section 1.

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

Clinical Audit and Confidential Enquiries

Speciality Area	Audit	Care UK Participation
Psychological Conditions	Depression & Anxiety National Audit of Psychological Health	Care UK contributed via Trent Cognitive Behaviour Therapy to the Depression & Anxiety National Audit of Psychological Health. The audit closed in January 2011 - Results awaited
Elective Procedures	Hip, knee and ankle replacements National Joint Registry Elective Surgery National PROMís Programme	Yes 100% inclusion Yes 100% of patients asked to participate

During the period April 2010 to March 2011, eight national clinical audits and no national confidential enquiries covered NHS services provided by Care UK.

During that period Care UK participated in 75% of national clinical audits it was eligible to participate in and there were no national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Care UK participated in, and for which data collection was completed during 2010 / 2011, are listed within the table alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Details of the national clinical audits and national confidential enquiries that Care UK did not participate in during April 2010 to March 2011 can be found at appendix 1 together with the reasons why.

The reports of two national clinical audits and one national confidential enquiry were reviewed in 2010/11 and Care UK took the following actions to improve the quality of healthcare provided in response to the audits.

Organisation of Services for Falls and Bone Health of Older People
Care UK reviewed the detail of the 2009 National Audit of the Organisation of Services for Falls and Bone Health of Older People in order to review our slips, trips and falls policy. It was also used as research to develop our strategy for ensuring those inpatients that are at high risk of falling are identified prior to admission for elective surgery.

Continence Care
We also reviewed the 2009 National Audit of Continence Care. This information has assisted us to improve the quality of care provided for those patients requiring urinary catheters for poor bladder control post surgery. As a result staff have improved their knowledge of this type of care and have become more empathetic towards patients who have had this very personal life function disrupted. Nursing staff now involve patients directly in the plan to attempt to remove the catheter and gain full control of their bladders once more. This planned approach should improve the speed that patients return to their normal quality of life.

National Confidential Enquiry into Peri-Operative Deaths (NCEPOD) - Peri-operative care study
In March 2010, Care UK participated in this national study looking at the care the anesthetist planned for patients before and after surgery. It included adult patients (16 years old and over) undergoing planned and emergency inpatient surgery. This study excluded day cases, obstetrics, cardiac, transplant and neurosurgical patients, which meant that only five of our ISTCs could participate. The results of this study have not yet been published but we await the results with interest to see whether our care can be improved.

NCEPOD did however publish a report in 2010 into Elective and Emergency surgery in the elderly the contents of which were discussed at joint clinical governance meeting of the Care UK ISTCs and CATS. Steps are being taken to improve the care of the elderly as a consequence.

National Joint Registry (NJR)
All of our ISTCs which undertake hip and knee replacement surgery submitted data to the National Joint Registry and have done so since they commenced service five years ago. The registry allows national comparisons by collecting data from hip and knee replacement surgery from April 2003. The total number of procedures reported to the NJR is now in excess of 900,000.

Care UK's present selection of implants for hip and knee replacement is the most commonly used range of implants in England and Wales. We have chosen these implants because of the latest nationally published data suggesting low revision rates due to failure of joint replacement. National revision rates for primary hip replacements were 1% at one year, 2% at three years and 2.8% at five years with rates also varying according to the brand of prosthesis used. The most frequently used by Care UK is now the C-Stem, which had 3 year revision rate of 1.3% and 5 year revision rate of 1.6 %. This means that the types of prosthesis used by Care UK surgeons have revision rates that are significantly below the average.

Care UK's protocol for the choice of implant takes into account the age of the patient as outcomes of individual types of implants; cemented and un-cemented can be age dependent. This protocol was revised in the light of best evidence in November of last year and we expect to continue to see very good outcome data when short and longer term outcomes are examined for the cohort of patients treated under the current protocol.

Local audits
The reports of eight local clinical audits were reviewed by Care UK in 2010/2011 and we have taken the following actions to improve the quality of healthcare provided:

- Development of a "falls programme" at one of our surgical centres which recognised that it had a high level of patient falls on the surgical ward. This was prior to the national guidance from the Chief Nursing Officer and has reduced patient falls in that unit. The priority for 2011 is to roll this out across all Care UK surgical sites.

- Implemented the Essence of Care Environmental audit 2010 to improve the quality of care provided to patients within our endoscopy settings. Our own internal audit had shown that we did not audit the endoscopy environment looking specifically at patient comfort. A revision of this national tool enables us to do this.

- Improvements to practice when administering anti-cancer drugs by injection into a vein within the chemotherapy unit to reduce infection and vein damage.

- Improvements in the management and timeliness of patients referred into local cancer pathways from our mobile clinical assessment and treatment service, who were referred into the service inadvertently or where cancer was found as an incidental finding.

- Reduction in the use of morphine in the post operative period when a medication (gabapentin) is prescribed or in a different procedure when local anaesthetic nerve block is performed.

- A new treatment protocol has been introduced which seeks to reduce the incidence of post operative nausea and vomiting which is a cause of some delayed discharges after "keyhole" gall bladder surgery.

Clinical Audit Strategy
During 2010 Care UK re-launched its Clinical Audit strategy. The focus this year has been to ensure compliance with best practice. The audits focus on high impact interventions, improving patient experience and compliance to standards. Each month there are at least two audits undertaken. Standardised tools were developed for a consistent approach.

The re-launch of the strategy has engaged staff and improved the focus on audit, standards and best practice.

The Clinical Audit Manager has reviewed the audit data and has identified that sometimes there are common themes which can be better managed by developing a targeted audit programme. This will not replace the annual audit programme but will assist in managing some of the outcomes that can arise within a component of some audits.

A particular focus for targeted re-audit are the documentation standards for the different departments. A full review of all documentation utilised within the ISTCs is currently nearing its completion to standardise the approach across Care UK.

Overall the audits undertaken have identified that the units have good compliance with best practice standards and where poor practice has been identified robust action plans have ensured improvements.

Clinical Research
Care UK welcomes the opportunity to participate in clinical research with co-located NHS Trusts.

Early contracts for the ISTCs excluded the private sector from participating in clinical research. However, when opportunities do arise they will be considered on a project by project basis.

Care UK does participate in all national audits and confidential enquiries appropriate to the services delivered.

Participation in Commissioning for Quality and Innovation (CQUIN)
A very small proportion of Care UK's income in the reporting period April 2010 to March 2011 was conditional on achieving quality improvement and innovation goals agreed between ourselves and our commissioning PCTs through the Commissioning for Quality and Innovation payment framework.

However, in the future most new contracts will have this element and therefore more agreements will be subject to CQUIN.

Further details of the agreed goals for each of our ISTCs for the period April 2010 - March 211 and for the following 12 month period are available by contacting the General Manager at the ISTC or CATS.

Although Care UK's participation in CQUIN is relatively recent we are pleased to support local quality improvement goals. Examples include:

- To measure and report the number of patients that have a venous thromboembolic assessment on admission - our results for all centres are shown on page 45.
- To achieve measurable improvements on a range of patient experience metrics - already of key focus for the organisation.
- The introduction of brief interventions for smoking cessation, alcohol consumption and weight management - this is now a standard element of our pre-admission process regardless of the application of the CQUIN incentive.

Statements from the CQC
Care UK is regulated by the Care Quality Commission (CQC) and is required to comply with the Health and Social Care Act 2008 (regulated activities) Regulations (2010) and the CQC (registration) Regulations 2009 (Essential standards of Quality and Safety 2010). During July to December 2010 all Care UK sites registered with the CQC and are compliant with the Essential Standards of Quality and Safety.

In addition all Care UK registered sites are required to submit self compliance assessments to the CQC and the CQC will undertake unannounced visits to ensure standards are being met. A Care UK CQC audit tool has been developed and is part of the annual clinical audit strategy timetable. This ensures that all sites maintain these standards of quality. The results of the visits and reports are discussed at local Clinical Governance meetings.

The Care Quality Commission did not take enforcement action against Care UK between April 2010 and March 2011.

Care UK has not participated in any special reviews or investigations by the CQC during the reporting period.

Information governance
Care UK takes its responsibilities to protect and maintain the confidentiality of patient information very seriously. The organisation's Caldicott Guardian who is responsible for the security of patient information leads this work and is committed to high standards in this area.

Care UK has a range of policies and an 'Information Security Management System' to guide employees' actions. The company trains all staff in the management of information and confidentiality at induction and annually thereafter.

Care UK has achieved the quality standard ISO 27001 - Information Security Management, which is an externally assessed demonstration of its commitment to high standards in the management of information and security.

Any breaches of data security are reported to management and fully investigated to establish the cause of the system failure. The system is then changed to prevent the breach recurring and training is provided to staff. Any serious breaches would be reported to the Board, Commissioning PCT and Information Commissioner.

Patient data and Information

Data Quality
The monitoring and management of data quality is central to Care UK's provision of a quality heathcare service. A Data Quality Strategy with board level approval is in place and is used to drive the actions and behaviours of all clinical and operational staff involved in the provision of healthcare services.

As part of this strategy Care UK monitors data quality on a daily basis through a series of reports issued to each ISTC. The reports cover a range of data quality indicators including the completeness of patient demographics and the accuracy of patient pathway tracking, Referral To Treatment clock management and Clinical Coding. Responsibility for corrective action against the reports is held at Treatment Centre level with oversight and ongoing data quality support provided corporately.

In addition to its own internal measures, Care UK utilises the NHS Information Centre's Data Quality Dashboard to monitor ongoing data quality of the full range of Commissioning Data Set items for both Admitted Patients and Outpatients. A quarterly Data Quality Statement is issued to the Care UK Health Care Board detailing identified data quality issues and corrective actions taken. It also provides commentary on the latest Information Centre Data Quality Dashboard.

Care UK has also established a close working relationship with The NHS Information Centre both on an individual company basis and as the representative for the Independent Sector Providers on the SUS User Group and SUS PbR User Assurance Group where the promotion of data quality is a key focus area.

As a result of the above Care UK has, over the past three years seen its overall data quality dashboard score increase from 90.7% and 93.5% in 2008/09 to 99.8% and 99.8% in 2010/11 respectively for Admitted Patient Care and Outpatients. This is against an increase in episode volumes of 42% for Admitted Patient Care and 241% for Outpatients.

Clinical Coding
Care UK submitted records during 2010/11to 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
- the patient's valid General Medical Practice Code was 99.8% for admitted patient care and 99.8% for outpatient care

Care UK was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was 23.2%.

Four Care UK ISTCs were subject to a Payment by Results Audit during 2010/11. The sample size for each ISTC was 100 Finished Consultant Episodes apportioned across Trauma & Orthopaedics, General Surgery, Gynaecology and Ophthalmology. The audit sample for each ISTC included a high proportion of procedures selected by the Clinical Coder as likely to contain coding errors and for which recommended corrective action was sought. As a result the error rate is higher than would be expected had the audit sample been selected at random and this has been reflected in the Audit Commission's Report.

Information governance toolkit attainment
The Care UK Information Governance Assessment Report overall score for 2010-2011 version 8 was 100% and was graded Green or satisfactory.

4. 2010-2011 Quality Priorities Update

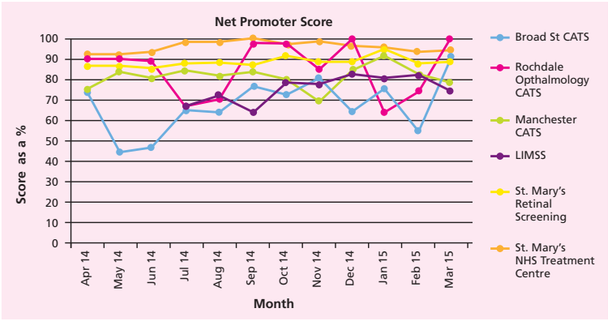
In our 2010-2011 Quality Account we set out our priorities for improving the quality of our services.

Patient Experience

Our first priority was our patients' experience of our services. We have made progress in a number of areas including:

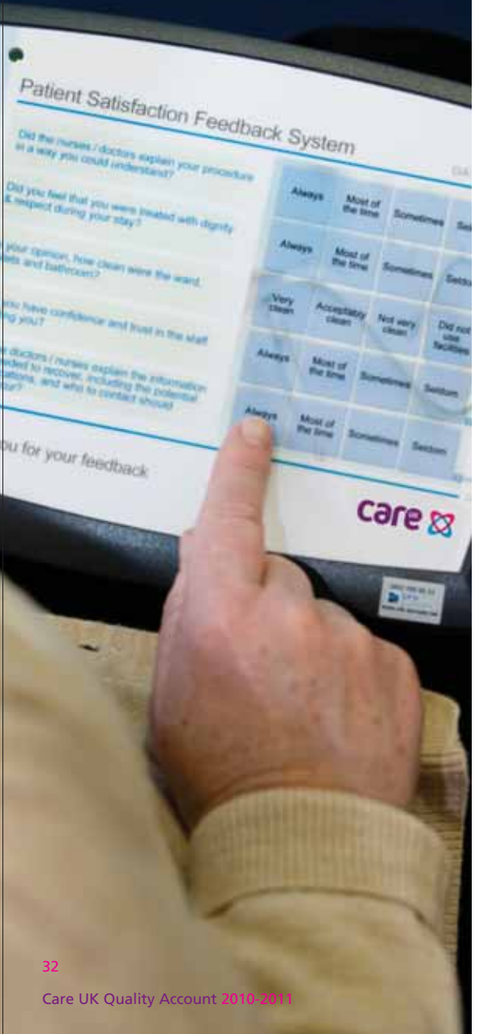
Net Promoter Score (NPS)
Care UK is committed to delivering excellent patient care. We monitor how well we are achieving this goal in a number of ways.

Our preferred indicator is the Net Promoter Score (NPS) developed by Fred Reicheld and widely used in business and increasingly in the NHS. A score of 75% or above is considered an excellent result. The chart below shows the results for all of our NHS commissioned services.



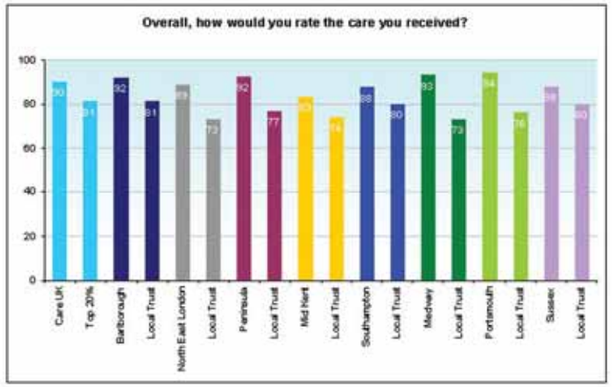
The graph above shows that St. Mary's NHS ISTC and St. Mary's Retinal Screening Service maintained levels above 75% for 12 consecutive months. Manchester CATS achieved 75% and above for eleven months out of twelve. Rochdale Ophthalmology CATS have achieved 75% and above for nine months out of twelve. The remaining units have demonstrated an increasing score over time which resulted in all units achieving 75% and over during March 2011.

To streamline data collection the Net Promoter Score (NPS) was introduced to our new ISTC, Eccleshill, through the use of an electronic tablet that provides real-time feedback, updating our results database immediately. We have used this technology in our ISTCs for some years but not for this purpose. We have proven the use of this technology for the collection of the NPS and plan next year to incorporate this with our other survey methodology at our other ISTCs.



In addition to our in-house patient experience surveys all our ISTCs participate in an annual survey designed by the Department of Health and administered by an approved external company. A survey is sent to 850 patients treated by each ISTC. The results of the survey of patients treated between January and July 2010 shows that all units have achieved scores in excess of 80% and all have achieved scores higher than their local NHS Trust.

The bars to the left of the chart illustrate that Care UK (90%) was rated better than the top 20% NHS hospitals (81%) by 9 percentage points.



Customer Care Training
During 2010-11 we have continued to develop and deliver Customer Care training for staff. Twelve workshops have been delivered across the country to over 100 staff, in a variety of settings from induction to specific Customer Service Excellence training. Additional customer service trainers have also been trained, so that we can deliver even more training next year.

We have developed and introduced Customer Service Excellence standards, which align with our Values. The standards apply to every member of staff and underpin how staff behave.

Customer Service Excellence Standards

Put the Customer First
We will impress our customers by showing empathy and understanding of the customer needs and delivering positive customer experiences and proactive solutions that make a difference

Support and Challenge in Equal Measure
We will impress our customers by dealing with difficulties head on, in a positive and timely manner and in a way that customers can see the level of service consistently improving

Build Trust
We will impress our customers by instilling confidence in our team's ability to consistently deliver a high standard of service

Involve Every Mind
We will impress our customers by delivering services through people who are engaged, motivated and informed

Know the Buck Stops With Me
We will impress our customers by demonstrating accountability for the service we provide, ensuring that what we promise is delivered consistently

Raise the Bar
We will impress our customers by developing and providing services that exceed expectation and fulfill a need that they didn't know existed

Patient Environmental Action Team (PEAT)

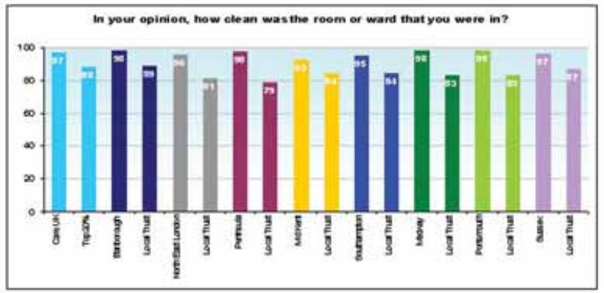
The National Patient Safety Agency undertakes an annual independent assessment of hospitals to assess their compliance with certain environmental standards. The results of these assessments are published on their website. We believe that the standard achieved proves our commitment to infection prevention and control ensuring that our care environments are clean and welcoming to patients.

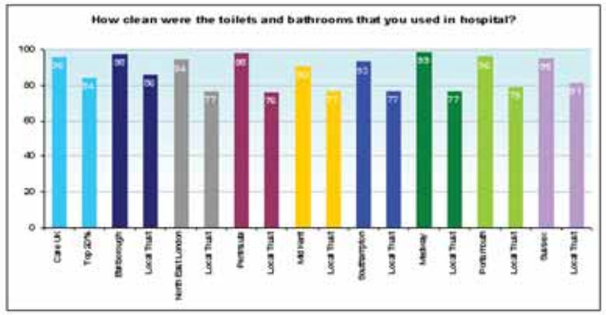
As part of our focus on improving patients' experience in our Treatment Centres, we set a target that all centres would achieve a rating of "excellent" in all aspects of the PEAT survey and that no area would be reported as "acceptable".

All our centres were audited in 2010-11 and the feedback received is that they have all performed very well, improving on past performance. However, the full results will not be published until the summer of 2011.

Although it is not possible to report the PEAT results, the two charts on the right illustrate the results from the Department of Health patient survey. The charts illustrate feedback from patients on issues of cleanliness compared to the local NHS Trust Hospital.

Once again on this indicator Care UK is better than the top 20% NHS hospitals by 9 and 12 percentage points respectively.





Mixed Sex Accommodation

Care UK has reviewed all of its facilities to assess compliance to the November 2010 update of the Department of Health's mixed sex accommodation guidance 2009 and can confirm that all its facilities are compliant.

The new guidance updated the requirement to eliminate mixed sex sleeping accommodation to include day surgery and endoscopy facilities. Two additional clauses were also added; the elimination of mixed sex bathroom accommodation and pass through accommodation - this is where a person of one sex has to pass the accommodation of the other on their way through the ward.

Patient Dignity day
On the 25th February 2011, Care UK Treatment Centres across the country promoted the national Dignity in Care Awareness Day. The Treatment Centre staff approached the day in different ways but all demonstrated how their centre offered care to patients in order to protect their personal dignity, listened to feedback and thought about how to meet different patient needs. The day was a great success with very positive patient and visitor feedback. Some examples of different activities can be seen below:

Barlborough NHS Treatment Centre

- To make patients feel extremely special nurses organised pampering sessions includng hair dressing, massage and nail therapies
- A local specialist food company provided the centre's patients with samples of gourmet dishes

St Mary's NHS Treatment Centre

- Patients were asked to complete a short questionnaire to identify if they felt that their dignity was respected. The results were positive and staff will conduct the survey a number of times throughout the year to ensure this standard of care is maintained
- A leaflet was given to patients when they booked in for their appointment, which gave examples of what dignity is and how they should be expected to be treated within a health care environment

Southampton NHS Treatment Centre

- Local community groups were invited to the centre for tours and to chat with staff and discuss "food, centre menus and ethnic dishes"
- The event was also used as a forum to advertise the health talks which the centre provides to all of the community

Patient Stories

75-year-old John Robinson, from Bradford, sought advice from his doctor for his trigger finger problem, after numerous steroid injections had failed to ease the condition.

He was referred to Eccleshill NHS Treatment Centre to see an Orthopaedic specialist with a view to surgery. Within four days he had an appointment with consultant Orthopaedic surgeon at the treatment centre. After pre-operative tests to assess John's suitability for surgery, he was booked in for the procedure.

John said: "I couldn't believe how fast and efficiently everything had been arranged, the whole experience was quick easy and hassle free, just over five weeks from start to finish.

"From the moment I walked in the service was excellent. Each and every member of staff, from receptionist to surgeon, really made me feel at ease. Nothing was too much trouble and everything was explained to me in detail. The whole place was spotlessly clean and very well organised.

Upon discharge I was given a 24 hour helpline number and the next day a nurse rang to check everything was OK."

Patient Stories

A London cabbie is back in business behind the wheel and hoping to resume an active sporting life thanks to a shoulder operation at the Sussex Orthopaedic NHS Treatment Centre.

Steve, from Sidcup in Kent, who is a West Ham season ticket holder, dislocated his shoulder while skiing. After he failed to recover sufficiently, he underwent an MRI scan that revealed he needed an operation for a rotator cuff tear. Steve feared this would involve a long wait and recovery time that would affect his livelihood as well as his sporting interests.

However, after having his operation, Steve is now back at work and hopes to be able to resume skiing and playing golf.

Said Steve: "They were magnificent at the Treatment Centre. They could not help me enough. Everything was very professional and even now since the operation they are phoning me up to check on my progress. I simply cannot thank them enough."

Pamela Mackie, General Manager, said: "I am delighted that Steve is now back at work again. Stories such as his are always very encouraging for the whole team at the Centre.

"We feel we make a real difference to the lives of our patients and Steve is typical of people who are able to resume an active lifestyle as a result of the work we carry out here. It is very much a team effort."

Clinical Effectiveness

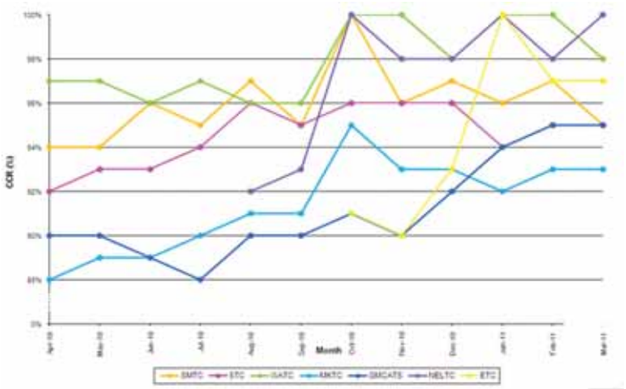
JAG accreditation

Care UK was the first independent provider to achieve accreditation by the Joint Advisory Group (JAG) for GI endoscopy, for its service based at St. Mary's NHS Treatment Centre, Portsmouth. The JAG is an independent national body focused on ensuring the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practised in the UK. The achievement of St Mary's has been followed by the full "A status" accreditation for three other Care UK Centres: Will Adams NHS Treatment Centre in Gillingham, the Southampton NHS Treatment Centre and the Greater Manchester Clinical Assessment & Treatment Service (CATS). This is indeed the first mobile endoscopy service ever to receive JAG accreditation in the UK. All four accredited Care UK services have received special commendation by the JAG for:

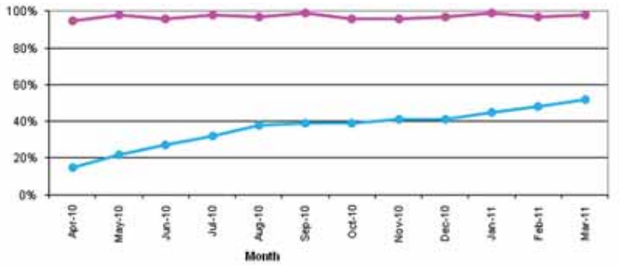
- Providing an excellent patient centered service
- Excellent clinical leadership and exceptional clinical governance
- Outstanding documentation, policies and guidelines
- Committed, dedicated endoscopy workforce
- Friendly, welcoming atmosphere and excellent team spirit
- Exceptional approach to patient feedback

One of the key measures of a good colonoscopy service is the rate of "colonoscopy completion". This means the percentage of examinations where the endoscopist positively identifies the caecum; the last anatomical point of a colonoscopy. All Care UK Centres achieve a completion rate above the JAG standard and it can be seen in the chart on the right that all centres have improved their performance over the year.

Care UK Endoscopy: colonoscopy completion rates 1st of April 2010 to 31st March 2011



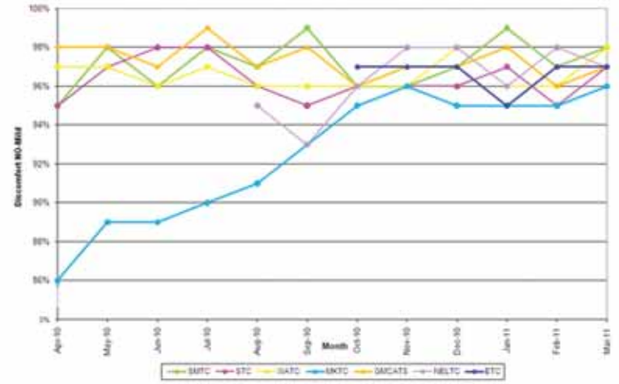
SMTC: Use of Entonox instead of IV sedation for colonoscopy compared to patient discomfort scores



St Mary's Treatment Centre has been monitoring the effectiveness of entonox in place of intravenous sedation for patients undergoing colonoscopy. Entonox has been found to be more acceptable to patients and is also safer as less sedation is needed. The chart above illustrates the increasing uptake of Entonox and the consistently high scores achieved for mild or no discomfort as rated by both patients and nursing staff.

The chart below illustrates the colonoscopy discomfort scores, at each centre, whichever form of sedation/pain relief is given.

Care UK Endoscopy: patient discomfort scores: percentage of discomfort NO-Mild



Care UK is planning to achieve JAG accreditation for all its units by the end of 2011 to ensure that all patients can be assured of the best possible service.

Clinical Documentation Review
A process for reviewing all clinical documentation has been established supported by a multi-clinical professional group which meets every quarter.

Fifteen items of clinical documentation have been reviewed and updated to reflect best practice. These include five patient consent to treatment forms inclusive of the Mental Capacity Act guidance. We envisage that now the group is fully established this will be a continuous dynamic process of research and updating. Each item of clinical documentation will be reviewed every two years or when clinical guidance changes.

Medical Staff relicensing & recertification
As progress continues towards the full introduction of the revalidation process for doctors registered with the GMC, Care UK Health Care is undertaking the necessary steps to ensure that doctors working within the organisation are supported towards their relicensing and recertification. All doctors joining Care UK receive guidance on how to identify who will be their Responsible Officer and detailing the support processes in place.

All primary care sites are asked to ensure that each of their GPs have demonstrated that they have undergone a satisfactory appraisal through the PCT (the GP's 'designated body') on whose Performer's list they sit each year. Compliance with this will be the subject of an audit following the end of the 2010-2011 appraisal year.

For Consultants and Resident Medical Officers, Care UK will be their designated body. A process of appraisal will be led by a Consultant Lead Appraiser and delivered through the Medical Directors of individual services. The Medical Director-Health Care, who is the Responsible Officer for Care UK will be the appraiser for the Consultant Lead Appraiser.

The Medical Director attends the GMC/IHAS (Independent Health Advisory Services) and ISROC (Independent Sector Responsible Officer) meetings quarterly. ISROC will link to the Responsible Officer of London SHA through its Chair who will be the conduit for the attestations for Independent Sector Responsible Officers including the Medical Director.

Patient Safety

Infection prevention and control
All Care UK facilities remain fully compliant to The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

The Code of Practice, which came into force on 1 April 2010 for the NHS and October 2010 for all other registered providers such as Care UK sets out the criteria against which a registered provider will be assessed by the Care Quality Commission. It also provides guidance on how the provider can meet the registration requirement relating to healthcare associated infections set out in the regulations. All Care UK sites continuously strive to improve on their current record of excellence.

Surgical site infections
Each Care UK elective surgery centre has an infection prevention and control nurse who collects information on infections at the site of surgery and submits it to the national surgical site infection surveillance programme. This programme supported by the Health Protection Agency collects data from all NHS and independent hospitals about the numbers and types of infections that occur in patients who have had surgery. This information is important as infections can lead to longer stays in hospital, the need for antibiotics and poorer outcomes following surgery.

Care UK is very proud of its low rates of infection following joint surgery. These rates are significantly lower than national rates for the same procedures.

Health Protection Agency national rate of surgical site infection for hip prosthesis was 1.1%; Care UK achieved a rate of 0.76% for the same surgery. In the same year the Health Protection Agency national rate for knee prosthesis surgery was 1.1%; Care UK achieved a rate of 0.9% for the same surgery. The differences in these rates are significant and reflect the priority Care UK places on infection prevention and control to ensure excellent outcomes for its patients. This means that patients who choose to have their surgery at a Care UK centre can be assured that the possibility of them acquiring an infection following surgery is lower than the national average.

Reducing hospital acquired infections MRSA
Care UK is proud of its continuing achievements in reducing Health Care Acquired Infections (HCAI) and has had no cases of hospital acquired MRSA bacteraemia for the past five years.

This outcome has been achieved through a number of means:

- A hand hygiene education and monitoring programme
- Routine screening of defined patient groups for MRSA before admission
- The management of patients identified at screening with MRSA, via referral for treatment to clear the infection prior to admission
- Cleaning schedules for all facilities which are audited internally and externally
- Strong leadership making infection control a clear priority for staff at all levels
- An excellent network of infection control nurses and representatives with clear and defined responsibilities

Clostridium difficile
Clostridium difficile infection as defined by the Health Protection Agency is the most important cause of hospital-acquired diarrhoea. Clostridium difficile is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. However, clostridium difficile rarely causes problems in children or healthy adults, as it is kept in check by the normal bacterial population of the intestine.

When certain antibiotics disturb the balance of bacteria in the gut, clostridium difficile can multiply rapidly and produce toxins which cause illness. Clostridium difficile infection is usually spread on the hands of healthcare staff and other people who come into contact with infected patients or with environmental surfaces (e.g. floors, bedpans, toilets) contaminated with the bacteria or its spores.

There were two cases of clostridium difficile infection across the Care UK Treatment Centres between 1st April 2010 and 31st March 2011. 54,000 patient bed days of care were delivered to patients in this period therefore the infection rate can be calculated as 0.003%. This is a 50% reduction on the amount of cases seen in the previous year and we believe this is a result of the high standard of hand hygiene and environment cleanliness practiced within our facilities.

Mental Health Infection Control Audit
A new audit process has been implemented and monitored via a network of trained infection control leads by the Infection Control Nurse to shape, develop and audit in line with best practice and to support learning across the mental health division. The Annual Infection Prevention and Control (IP&C) Report 2010 has been produced and is available on request.

A second Infection Prevention and Control Study Day was held in 2010 and was attended by ten IP&C Leads. The programme included:

- Implementation of Annual IPC Audit Plan
- "Cascading" (of knowledge and expertise to colleagues and service users)
- "What happens when IPC goes wrong?"

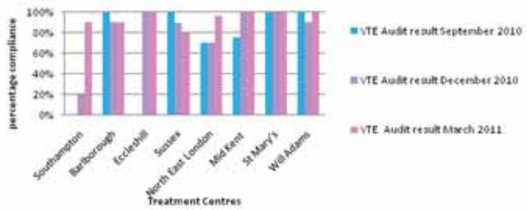
Infection Control Leads will undertake individual monthly audits.

Adopting National Institute for Clinical Effectiveness (NICE) guidance to prevent venous thromboembolism (VTE) in post-operative patients
It has been estimated that some form of clot will develop in the veins of almost 50% of patients who undergo major surgery.

NICE guidance issued in 2007 recommended preventative treatment for all patients undergoing planned surgery and particularly for those patients having hip and knee replacement surgery. Care UK adopted this guidance and assesses all patients to establish how likely it is that they will develop a clot and routinely provides preventative drug treatment to reduce the ability of the blood to clot, for all hip and knee replacement patients and those patients at high risk.

Last year we developed an audit tool to assess our compliance with this important aspect of care. All services are audited quarterly and action plans developed in response to poor performance. The results of these audits are shown in the chart below:

VTE Audit Results



As a result of these audits the VTE patient education leaflet has been updated to provide a better explanation of the assessment and treatment process from admission to discharge and home care - these were not being provided at North East London Treatment Centre and this should improve their result.

Southampton Treatment Centre has implemented an improvement action plan and undergone a targeted re-audit which has improved their compliance to 90% in March 2010.

There have been three cases of venous thromboembolism reported at our eight centres during this period and we have treated over 46,700 patients - an overall rate of 0.0001%, which is well below the national average of 0.2% to 0.9%.* This is also an improvement on the 2009 - 2010 results.

* Venous Thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital - National Clinical Guideline Centre - Acute and Chronic Conditions 2010).

Focus on "Never Events" - introduction of World Health Organisation (WHO) surgical checklist

A recommendation in the Department of Health's guidance "High Quality Care for All" proposed that there should be a way of identifying and monitoring "Never Events" in England. These are events that are serious and largely preventable and that should not occur if suitable preventative measures have been implemented. Never Events can be indicators of how effective an organisation is at implementing safe practices.

Care UK performs approximately 4500 surgical procedures every month and as part of our patient safety and risk management strategy has implemented various processes in the operating department to minimise these risks. As part of Care UK's focus on "Never Events", we introduced the WHO surgical checklist after its launch by the National Patient Safety Agency (NPSA), much earlier than the required deadline given nationally.

The surgical checklist is a minimum set of safety checks for use in any operating theatre. It is a tool for clinical teams to improve the safety of surgery with the aim of reducing deaths and complications.

Our first audit following the introduction of the checklist was completed in June 2009 and showed complete compliance at three centres with partial compliance at the others. Further training and the introduction of a self audit tool at each centre has been introduced to improve compliance.

The audit of the checklist now forms part of the clinical audit strategy and is completed four times a year as part of the documentation audit. This data is disseminated to the various clinical governance groups.

Mental Health

Implementing new support packages in line with the DH guidance related to person centred care

Althea Park House and Ashleigh House offer residential treatment and education to people with long standing eating disorders.

The Althea Park House 'therapy in the living' approach ensures residents can live fulfilling lives alongside receiving treatment. The personalised treatment they receive sets the service apart, with residents commenting on the importance of personalisation, versus the commonly encountered 'one size fits all' approach.

The eating disorders service gained national recognition through achievement of the 'beat assured' quality standard. 'Beat assured' is an innovative new quality standard that uses the knowledge and experience of people who have been affected by eating disorders to audit services from the viewpoint of sufferers and carers. The award recognises our longstanding good practice and high quality services in the areas of access, environment, assessment and care, treatment, family involvement, monitoring, development and transitions, end of care and recovery.

Patient Stories

After a 30 year battle with anorexia, Mary, a former Ashleigh House resident was deemed well enough to be discharged.

Mary was admitted to Ashleigh House, age 44 with a BMI of 11.3. She developed Anorexia Nervosa and Obsessive Compulsive Disorder (OCD) at the age of 15 and used starvation to show the unhappiness she was experiencing at home. Her history showed repeat admissions both informally and under The Mental Health Act. She had repeatedly been helped to a normal weight only to lose it after discharge.

On admission Mary required full nursing care. She would check and count ritualistically all day becoming verbally aggressive if her care plans interfered with her rituals. Initially Mary and the team agreed a 0.5Kg weight gain per month, with a rest period at a BMI of 15, in the hope that if maintenance could be achieved Mary's hormonal and cognitive functioning would enable more meaningful therapy to take place. Mary attended weekly art therapist sessions, the group programme and individual psychotherapy.

Part of Mary's plan was escorted home leave to build on her personal relationships, staff would stay locally but not with the family. The team would visit the family home and help Mary with her meals so progress was not lost. When progress had been established the team would drop Mary off and give daily support (up to 8 times a day) to enable Mary to feel more able when she was back home.

Mary attended the unit holiday where she experienced horse riding, cycling, and abseiling; she also went out every day with staff to establish confidence in social settings.

Over a period of time Mary started to form meaningful relationships with the staff, which encouraged her to see that making changes was attainable.

Mary was discharged from Ashleigh House, after 18 months with a BMI of 16.4 which has been maintained for 10 months. She describes her progress, as 'slow recovery in the making.'

Listening to and responding to our service users
All residents were invited to participate in our annual service user satisfaction survey. The service user satisfaction survey return rate was around 37%.

Question	Total Surveys	Good	Good %	Not Sure	Not Sure %	Bad	Bad %	Not Answered	Not Answered %	Answered	Answered %
What do you think about the support you receive?	97	78	89.7%	6	6.9%	3	3.4%	10	10.3%	87	89.7%
Are you supported to make decisions about the service you receive?	97	67	77.9%	19	22.1%	0	0.0%	11	11.3%	86	88.7%
Does the service meet your needs and wishes?	97	76	88.4%	8	9.3%	2	2.3%	11	11.3%	86	88.7%
Are you able to make choices about how you spend your time?	97	78	89.7%	8	9.2%	1	1.1%	10	10.3%	87	89.7%
Do staff know your healthcare needs and arrange to meet them in a way that suits you best?	97	76	87.4%	11	12.6%	0	0.0%	10	10.3%	87	89.7%
Is your privacy respected?	97	74	85.1%	8	9.2%	5	5.7%	10	10.3%	87	89.7%
Do you know who to complain to if you are unhappy?	97	72	84.7%	12	14.1%	1	1.2%	12	12.4%	85	87.6%
Do we support you to do new things and have new experiences?	97	69	80.2%	16	18.6%	1	1.2%	11	11.3%	86	88.7%
Are staff respectful and support you?	97	79	89.8%	8	9.1%	1	1.1%	9	9.3%	88	90.7%
Do we keep you informed about things you need to know?	97	75	84.3%	13	14.6%	1	1.1%	8	8.2%	89	91.8%
Do we respond quickly to change so we can meet needs?	11	6	66.7%	2	22.2%	1	11.1%	2	18.2%	9	81.8%
Is the company approachable and open to new ideas?	97	56	63.6%	27	30.7%	5	5.7%	9	9.3%	88	90.7%

90% of respondents rated the support they received as good which is an outstanding achievement for the teams delivering front line care in what is often a challenging environment. 90% of respondents reported that staff respect and support them, with 85% of people feeling that their privacy was respected.

Several services also conducted their own, more detailed and service specific surveys. Maplewood Independent Hospital developed an innovative approach to gaining detailed information from service users. They adopted a qualitative, interview based style of survey conducted by an external facilitator enabling service users to be open and frank in their responses. In the coming year, this is an approach we intend to adopt across all our mental health services.

Implementing care pathways

The mental health division has implemented a care pathway to enhance recovery based on set timeframes and to promote recovery back into the community. One of our services at Park Lodge ensures that all care and treatment is individualised through Person Centred Planning facilitating a clear understanding of the lifestyle desired by the service user and how it may be achieved.

Describing someone else's vision of their future requires that we understand the individual and their core values. Understanding an individual is never complete; people continuously change. Our understanding is value-laden, rooted in a profound respect for the individual and an expectation that the individual will be included in her or his community. This requires sufficient time to discover the core values of the individual and to ensure that these values are accounted for in the plan.

The core philosophy of this work has been social inclusion and access to mainstream opportunities in the community, rather than just hospital based activities.

The support plan focuses on what is important in everyday lives: people's routines, rituals, who they spend time with, their pace of life. It also identifies supports and how those supports should be provided to help the person live more of the kind of life that they want. We seek to deliver outcomes for service users that promote independence and give opportunities for personal development.

The key components of the process of recovery

- Finding and maintaining hope believing in oneself; having a sense of personal agency; optimism about the future
- Re-establishment of a positive identity- finding a new identity which incorporates illness, but retains a core, positive sense of self
- Building a meaningful life- making sense of illness; finding a meaning in life and engaging in life despite illness
- Taking responsibility and control; feeling in control of illness and in control of life

Core values of recovery and personal development

- Park Lodge provides care packages that are based on individual holistic needs, identified by both the individual, their carers and family
- Recovery is the main focus of intervention and treatment for the Park Lodge service
- Park Lodge aims to reduce 'social exclusion' and increase social inclusion as a preventative factor in maintaining mental health and overall wellbeing

Education and employment
Vocational courses to learn new skills such as motorcycle maintenance, tiling or plastering are accessed at local colleges. Park Lodge staff have worked very closely with Stockport College and have established very good networks to ensure improved access to education for our service users. CVs are developed as part of our strategy to approach employers successfully. Many of our service users are and have been successfully employed in local cafes, charity shops, a country park and supermarkets etc. This leads to a sense of accomplishment and improved wellbeing. Often this experience has greatly improved social networks for our service users.

Patient Stories

Richard had been transferred to Park Lodge from an acute NHS ward, where he had spent 12 months on Section 3 (a compulsory power that ensures that people receive the care and treatment they need in a hospital setting, when they are unable or unwilling to consent to it). During the time that he was on the acute ward Richard had remained very fixed in his delusional beliefs, refusing to eat or drink anything provided by the ward, relying on his family (who visited daily) for all food and drink. Richard would spend all his time in his bedroom area, and was not using the leave he had been granted.

Richard's program at Park Lodge promoted social inclusion and with the support and encouragement of our team he completed a tiling course at college and later completed a motorbike maintenance course. He also became part of a local rambling group and he took up badminton again in an effort to get fitter.

He commenced self -medication and overnight leaves and has returned home to independent living. He plans to eventually return to his profession of engineering and has accessed the Shaw Trust with the support of staff which will help him realise this important future goal. Richard has also resumed family contact. He now has a mobile phone which he is using to contact his friends, as he had been very isolated in the past.

Other aspects of his treatment have included a successful medication compliance programme and subsequent self medication regime. He has worked through his past issues including monitoring his own early signs and has action plans to address these when living independently. He has worked on planning to obtain help at the right time and with the right people.

Richard is now able to budget, shop, clean and cook and completed a food hygiene certificate. He is still working on weight loss and a healthy eating program. He has also overcome anxiety and other symptoms to access the community independently and use public transport. He has been linked with an organisation to help him return to paid employment upon discharge and plans to return to his previous trade of welding and fabrication. Richard's family said that he hadn't been this well or this busy since the start of his illness.

New Therapy Model for Althea Park Specialist Services (APSS)

Althea Park Specialist Services has long been known for the strength of its psycho-social interventions, aimed at enhancing the lives of each service user and ensuring "life change and not just weight change". To underpin this approach we have developed a unique client-centred model of relational therapy that is offered by all Althea staff.

This model provides staff with answers to the key therapeutic questions underlying our work, sets out therapeutic guidelines to support our teams in their everyday and long-term work with our clients and offers a framework for reflection, supervision and training.

The model is designed to equip all staff with a 'common language' and a 'map' to enable each and every interaction with our service users. The attributes of the skilled Althea staff member can be summarised by the acronym:

C A R E
Curious Accepting Reflective Empathic

This model of working makes a positive difference to the lives of both our service users and staff and is the subject of a workshop presentation at the London International Eating Disorder Conference 2011. We offer the model as an example that embodies the Care UK values of "making a difference", "seeing the world through the eyes of our customers" and "striving to innovate".

New Style of Mental Health Rehabilitation and Recovery Care

Over the last year the mental health team has been working to develop a new service model for its residential based services.

This new model brings together the advantages of Extra Care type services that have been developed over a number of years within older peoples' services using the concepts of recovery and rehabilitation from modern mental health services.

The aim of our new model is to help people with complex mental health needs that for a number of years may have been living in "out of county" placements or within low secure services to make the transition from group living to managing their own tenancy living in the community.

It is proposed that Care UK Mental Health services develop at least 10 of these new services.

Planning permission was achieved for the first of these in Hull in November 2010 and a plan has been developed to deliver remainder over the next two years.

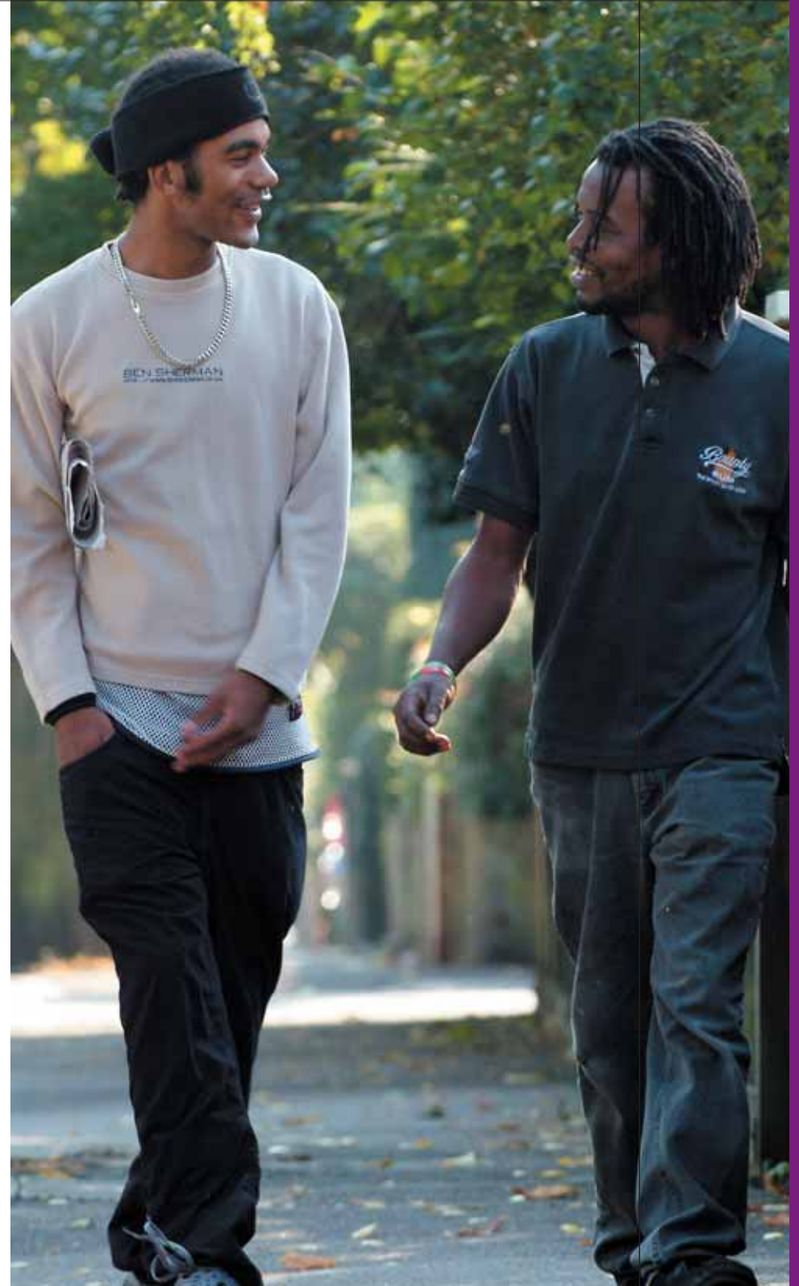
Recovery Model

Avesbury House has taken the decision to be part of the 'Supporting Recovery' project as members of a learning network. The project will use research from the Centre for Mental Health which sets out ten key indicators for organisations to support the recovery of people using mental health services.

This is the result of a partnership between the Centre for Mental Health, the NHS Confederation and the National Mental Health Development Unit.

The Centre for Mental Health was particularly impressed with our commitment to improving employment services, the evidence of good organisational commitment and our ethos of fulfilling lives. The 'Supporting Recovery' project will consist of six themed workshops over two years providing opportunities to share experience, successes and problems, positive practice and lessons learned.

Although many of our service users have been disempowered over the period of time they have spent in long-stay institutions, we have been able to assist them in achieving short and long term goals, and continue to support people in achieving their own optimum degree of autonomy. Examples include supporting residents to learn to drive, attend college courses, gain employment, take holidays and pursue hobbies - engaging in the normal day to day activities that many people take for granted.



Patient Stories

A lady was admitted to one of our Independent Hospitals under section 3 following a lengthy stay on a NHS acute ward. Following a period of assessment, she was treated with anti-psychotic medication (previously she had not been treated with any anti-psychotic medication - due to a mis-diagnosis of OCD). The lady began to engage with staff, her personal hygiene gradually improved, she began to engage in more therapeutic and meaningful activities, including community access and regular family contact. She began to comply with prompts and support to access Primary Care appointments (previously she had refused all of these).

Eventually she started to attend VOX (Voices of Experience), shop and cook for herself on a daily basis, do her own laundry and keep her bedroom to a high standard. She started work voluntarily at a local charity shop, attended a Work Solutions group where she was supported in completing her CV and attended a confidence building group for people wanting to return to work.

She started to show increased independence in all areas, improved confidence and self-esteem, taking greater pride and interest in her personal self-care. She also had periods of leave to a possible future placement which proved very successful. She commenced a college aromatherapy course at a local college (she had not been to college or worked for over 20 years prior to this).

The attendance of Work Solutions led to work experience with a high street clothing shop, which in turn has led to part time paid employment. She has now successfully moved to independent living.

Care Documentation

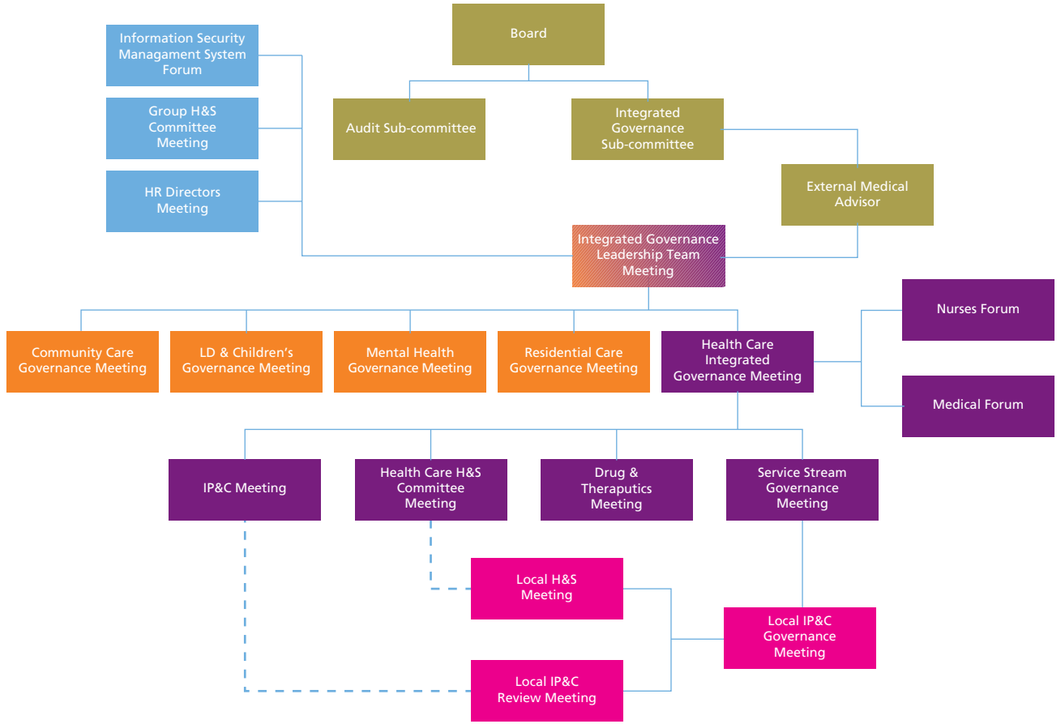
We have revised all care documentation and launched an entirely revised set of documents in summer 2010. The documents previously in place were no longer fit for purpose, as the services have evolved over time and our care records did not reflect current practice. Some services had started working with their own documents and we needed a fresh start with standardised and approved documents that reflected robust documentation and high standards of record keeping.

Whilst identifying a need for robust record keeping, we also wanted to make our care documents more accessible and ensure that the service user perspective was a focus. This full scale review was a fantastic opportunity to do this.

As we were completely replacing previous documentation, it was imperative that staff were familiar with the new ways of working and to this end, four training days took place prior to roll out. Further 'in house' training days for all grades of staff also took place. Use of the new documentation was audited in each site during November 2010 with a further audit scheduled in spring 2011.

5. Quality Management Systems

Care UK operates an integrated system of governance within its services. Leadership, to ensure good governance is embedded throughout the organisation, is provided by Susan Marshall for the Health Care services and Colin Edwards for the Mental Health services. Health Care and Mental Health Care operate integrated systems for their own services and come together in the Integrated Governance Leadership team to ensure best practice and learning is shared throughout the organisation. To enhance our clinical governance arrangements we have recently appointed an external Medical Advisor. This person will provide an external perspective on our governance arrangements, will challenge management and support the Board to fulfil their obligations. The diagram (below) illustrates these governance structures.

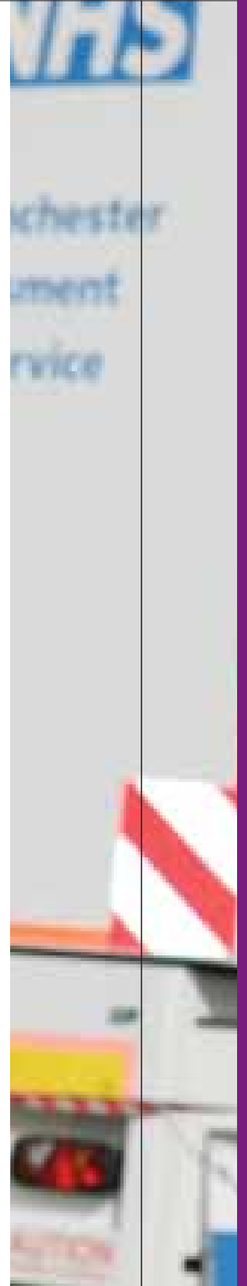


Integral to our governance arrangements is the involvement and feedback we receive from our patients and service users. We have further developed our patient involvement strategy this year to ensure that patients and service users are even more involved in the planning and review of services. We collect ongoing feedback about our patients' experiences in Health Care and periodic feedback in Mental Health and use this to inform improvement plans.

Each month all treatment centres and mental health hospitals collect data on the quality of the services that have been provided in the previous month. These performance indicators enable the organisation to track its performance against the standards that have been set. In addition to performance indicators we also collect information on complaints, incidents/accidents and patient experience to give a balanced view of performance. This information is available to the commissioners of care to enable them to make an assessment of the care that is being given to patients and service users. We submit data to national registries within the areas that we work so that our performance can be benchmarked against other providers. Reports of performance are presented monthly to the directors of the Health and Mental Health divisions and to the Board.

In the reporting period April 2010 to March 2011, Care UK underwent a number of external quality accreditations in addition to our internal monitoring. The first two of these were assessment for certification to ISO 9001:2008, Quality Management System, and ISO 14001:2004 Environmental Management System. Certification for both of these was granted at our first attempt and ongoing monitoring of compliance will be undertaken every six months. In addition to these certifications Health Care was assessed against the National Health Service Litigation Authority's standards and achieved Level 1 compliance, which is valid for two years.

As reflected earlier in the report, we do not believe that we can achieve a quality service without the engagement of our knowledgeable and committed staff. To maintain this standard the induction, competence and training of our staff is developed continually. This work is led by the Human Resources department through our dedicated Training and Development Manager and Clinical Training Manager. We monitor the satisfaction of our staff through an annual staff satisfaction survey and use regular progress reviews and annual appraisals to develop the potential in all staff.



We recognise that to be effective staff need good leaders and the development of leadership skills is a fundamental element of our management development programmes. Care UK has developed three management and leadership development programmes. The General Management Development Programme for people in their first management role, the Advanced Development Programme for aspiring middle managers and the Advanced Development Programme for senior managers.

We also recognise that successful clinical services need good clinical leadership. To provide this leadership all of our centres have a Medical Director and Clinical Services Manager, usually a nurse, who work together with the General Manager to deliver patient focussed services. Our Medical Directors undertook a LEAN training course this year and are using their skills to improve the quality of services in their respective units.

All of our practices are underpinned by evidence where this is available. We implement National Institute for Clinical Effectiveness guidance and act on safety alerts from national agencies e.g. MHRA. All of our services are registered with the Care Quality Commission (CQC). Reports from the CQC are reviewed and lessons learnt from other organisations to improve the quality of our services.

Training & Development

Care UK is committed to developing a high quality workforce to ensure that all patients are treated by appropriately trained and competent staff. Our annual programme of mandatory training meets both induction and update requirements as specified in the seven domains of Standards for Better Health, and are in line with current legislation and guidelines. The programme is continuously updated in line with new requirements and from 2011 includes MEWS (modified early warning scoring system) and VTE (venous thromboembolism) prevention for clinical staff as well as Slips, Trips and Falls training for all staff as per CNST requirement and CQUIN.

All staff have an annual appraisal, during which a personal development plan is discussed to ensure that they are maintaining up-to-date knowledge in line with national and unit developments. A training plan is then developed and support provided as necessary. To further support the training of all staff an annual training calendar has been developed in line with the requirements identified. All training programmes delivered by Care UK are accredited for Continuous Professional Development (CPD) learning hours by an external independent training organisation to ensure a high standard.

Care UK has a relationship with Edgehill University to provide e-learning programmes and opportunities and examples of programmes delivered in 2010/2011 include the assistant practitioner, mentor and anaesthetic courses, as well as the phlebotomy module for the Point of Care testing programme and mandatory e-learning programmes.

Non-registered and non-clinical staff have the opportunity to develop through a range of means, and enrolment and support for the following National Vocational Qualification's are offered:

- Health and Social Care
- Customer Care
- Business Administration
- Customer Care

Administrative staff also given the opportunity to attend other courses e.g. customer care, equality and diversity, medical secretary etc. Care UK is committed to the Skills Pledge and has established links with Skills for Health to be the first independent healthcare provider to pilot the Skills Passport, supported by the Department of Health.

Care UK Vaulues

Care UK's organisational culture is based on our Fulfilling Lives values, ensuring that our patients are at the centre of everything we do. Patient feedback and satisfaction is taken into account when planning CPD and there are several development modules available within Care UK to support our values.

Care UK is fully committed to co-operating with the multi-disciplinary training of NHS health care professionals and is actively involved in providing clinical placement opportunities for nursing, allied health professional and medical students in various units e.g. Barlborough NHS Treatment Centre, Luton Out-of-Hours services and St. Mary's NHS Treatment Centre minor injury unit. As part of our commitment to develop the future workforce we are also involved in work experience and work placements for 15-19 year olds.

Staff Engagement

A staff forum has been set up so that staff from across different sites and disciplines can meet with management and exchange views. This is a meeting where issues that affect staff can be discussed and information provided on the direction of the company.

External Review

Feedback from Colchester Borough Council Overview and Scrutiny Panel:

The Care UK Quality Account was passed to the members of the Council's Strategic Overview and Scrutiny panel. As Care UK does not provide healthcare services in Colchester the panel declined to comment on the document.

Appendix 1

SPECIALITY AREA	AUDITS	REASON FOR NO CARE UK PARTICIPATION
Peri & Neonatal	Perinatal mortality - CEMACH Neonatal intensive and special care - NNAP	Care UK does not provide peri or neonatal services within the elective treatment centres
Children	Paediactric pneumonia - British Thoracic Society Paediatirc asthma - British Thoracic Society Paediactrc fever - College of Emergency Medicine Childhood epilepsy - RCPH Paediactric Intensive Care - PICANet Paediactric Cardiac Surgery - NICOR Diabetes - RCPH Emergency use of oxygen - British Thoracic Society	Care UK does not provide children's services within the elective treatment centres
Acute Care	Adult community acquired pneumonia - British Thoracic Society Non invasive ventilation NIV - adults - British Thoracic Society Pleural procedures - British Thoracic Society Cardiac Arrest - NCAA Vital signs in majors - College of Emergency Medicine Adult Critical Care - Case Mix Programme Potential Donor Audit - NHS Blood and Transplant	Care UK does not provide emergency care within the treatment centres but elective pre-planned surgery only. Care UK did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.

SPECIALITY AREA	AUDITS	REASON FOR NO CARE UK PARTICIPATION
Long Term Conditions	Diabetes - NADA Heavy Menstrual Bleeding - RCOG Chronic Pain - NPA Ulcerative Colitis & Crohnís Disease - IBD Audit Parkinson's Disease - National Parkinson's Audit COPD - British Thoracic Society Adult Asthma - British Thoracic Society Bronchiectasis - British Thoracic Society Familial hypercholesterolaemia NCA of mgt of FH	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Cardiovascular Disease	Acute Myocardial Infarction & other ACS - MINAP Heart Failure - HFA Pulmonary Hypertension - PHA Acute Stroke - SINAP Stroke Care - NSSA	Care UK does not provide treatment of cardiovascular illness from the treatment centres.
Renal Disease	Renal Replacement Therapy - RR Renal Transplant NHSBT - UK Transplant Registry Patient Transport National Kidney Care Audit Renal Colic - College of Emergency Medicine	Care UK does not provide renal services

SPECIALITY AREA	AUDITS	REASON FOR NO CARE UK PARTICIPATION
Cancer	Lung cancer - National Lung Cancer Audit Bowel Cancer - National bowel cancer Audit Programme Head & Neck cancer - DAHNO	Care UK does not provide cancer services
Trauma	Hip fracture - National Hip Fracture Database Severe Trauma - Trauma Audit Falls and Non Hip Fractures -National Falls & Bone Health Audit	Care UK does not provide trauma services
Psychological Conditions	Prescribing in Mental Health Services National Audit of Schizophrenia NAS National Audit of Dementia TBC	Care UK did not contribute to these audits
Blood Transfusion	O neg Blood Use - National Comparative Audit of Blood Transfusion Platelet Use - National Comparative Audit of Blood Transfusion	Care UK chose not to participate in these audits
Elective Procedures	Cardiothoracic Transplantation NHSBT - UK Transplant Registry Liver Transplantation NHSBT - UK Transplant Registry Coronary Angioplasty - NICOR Peripheral Vascular Surgery - VSGBI Carotid Interventions - CIA	Care UK does not provide transplant or cardiovascular services