

Best quality, best practice and **best outcomes**



Commitment to quality **in the patient experience**



Foreword by Mike Parish



Our commitment as a provider of health and social care has always been to best quality, best practice and best outcomes in everything we do. Most importantly our aim is always to reflect this commitment to quality in the experience of the patient.

As the largest provider of independent healthcare to the NHS, we have long been at the forefront of the

drive to improve clinical and non clinical service standards across the sector. We have championed the need for more transparent, accessible reporting and we welcome the opportunity to demonstrate our commitment to high quality patient care and continuous improvement.

Care UK is committed to providing consistent, high quality service to local communities, we regularly engage with our patients to ask for their feedback and have robust action plans in place to ensure we have a programme of continuous improvement. We encourage openness and the honest reporting of any issues. In the event of any performance or service shortcoming we ensure a full and open review is carried out and shared widely.

In this report you will be able to read more about our use of the Net Promoter Score system and we are proud to report that 76% of our patients would recommend us.

This year we were named in the Dr Foster Hospital Guide as the best provider of hip replacements in the country. Dr Foster Hospital Guide experts analysed the outcomes of thousands of patients who had undergone hip replacement operations in a range of hospitals across the country. They looked at the length of time patients had to stay in hospital, how likely they were to need a second operation and how many people required readmission to hospital and concluded that the four hospitals run by Care UK performed better than any other NHS or independent sector provider.

Care UK also featured in the best performing hospitals for knee replacement operations. We believe this is testament

to our commitment to delivering quality care and also to the engagement and commitment of our people across the business.

Our patients expect the highest quality, safe and effective service; key to that is the recruitment, training and monitoring of our people. All our employees go through rigorous assessment programmes to ensure they have up to date skills and their performance is regularly reviewed. More detail of our how we evaluate our people will be covered in this account.

Care UK's mission is 'fulfilling lives', for our patients, our customers and our people who of course make this possible.

The board is pleased to present this account to you and endorse this report as an accurate reflection of our work over the past twelve months. Standards of quality and best practice evolve continuously and we remain committed to achieving and exceeding those standards in both healthcare and management practice.

A handwritten signature in black ink that reads "Mike Parish". The signature is written in a cursive, slightly slanted style.

Mike Parish CEO, Care UK

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1 Our services





Care UK is a leading independent provider of health and social care services. We provide care and support for older people and those with learning disabilities as well as a range of healthcare services and specialist mental health care including treatment for young people who self harm or have eating disorders.

In accordance with the Department of Health guidance for the year 2011/2012 this quality account relates only to the following areas:

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



- Mental Health Hospitals providing services to NHS patients

Our ISTCs provide planned surgical procedures over 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 buildings adjacent to or within NHS hospitals.

Care UK's CATS provide consultations, diagnostics and minor treatments in convenient locations close to patients' homes.

In the year April 2011 to March 2012, Care UK's ISTCs and CATS undertook 244,196 outpatient consultations and 51,686 day / inpatient procedures.

The table on the next page describes the specialties provided by each service.

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	Out patients	General Surgery, Endoscopy, Gynaecology, Urology, Ear, Nose and Throat (ENT) surgery and Orthopaedics
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
Eccleshill NHS Treatment Centre	Out patients	Orthopaedics, General surgery, Endoscopy, Gastroenterology, Urology, and Gynaecology
Lincolnshire Intermediate Musculo-Skeletal Service (LIMSS)	Inpatients and day patients	Musculo-Skeletal Services
Rochdale Ophthalmology Clinical Assessment & Treatment Service	Out patients	Ophthalmology
Broad Street Clinical Assessment & Treatment Service	Out patients	Dermatology, ENT, Gynaecology, Headache, Urology, and Minor Surgery
Buckinghamshire Musculoskeletal Integrated Care Service (MuSIC)	Out patients	Musculo-Skeletal Services

*Care UK ceased to operate Sussex Orthopaedic NHS Treatment Centre as of 31.03.2012

** Care UK ceased to operate Mid Kent NHS Treatment Centre as of 04.11.2011

Care UK's Mental Health services provide rehabilitation and recovery care, and support for those with an often complex mental health need, to include those who may be detained under the Mental Health Act.

We focus on maximising each individual's ability to work to improve the quality of their lives and move beyond their illness to a greater level of independence. Our services are provided for local PCTs. We also provide support to people suffering from complex mental health needs within tenanted accommodation provided in partnership with local Registered

Social Landlords and work closely with local community support services to effectively reintegrate individuals into the community following admission to hospital.

Our three eating disorder services offer specialist treatment and care for adults and children with acute, and severe and enduring eating disorders. Rhodes Farm is an independent hospital offering acute treatment for children and adolescents between the ages of six and nineteen. Althea Park House and Ashleigh House provide nurse-led residential care for those over fifteen years old with complex or severe

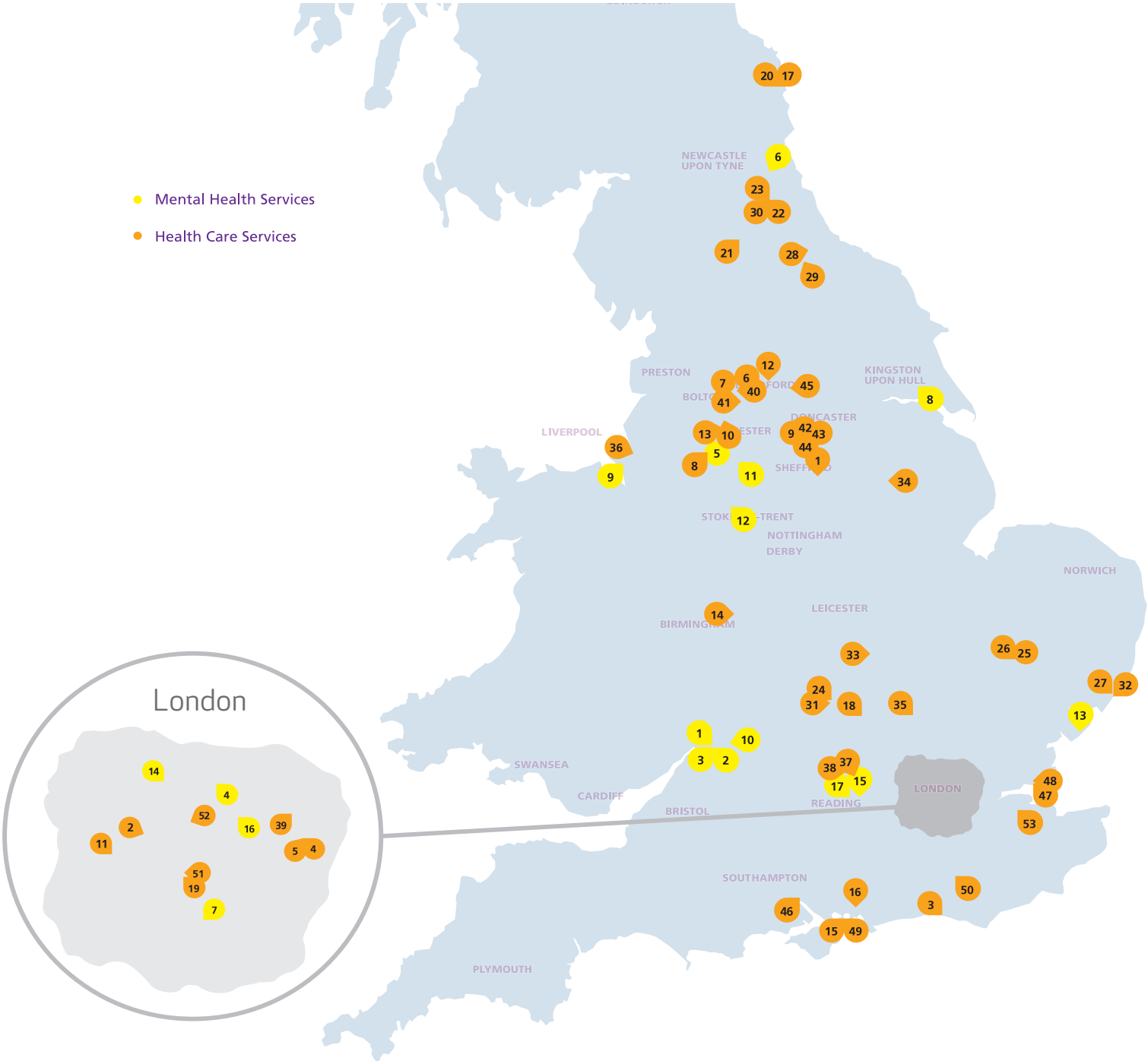
and enduring eating disorders. These services have been awarded national accreditation from Beat, a leading national eating disorders charity.

During this period, our Mental Health services provided care and support to around 420 service users across our homes, hospitals and specialist services. Of these, 51 people were supported by our eating disorders services and 8 by our self harm services. 82% of our 276 beds were occupied on average over the year.

Services	Facilities	Specialties
Evergreen Lodge - London	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community
Yew Tree Lodge - Reading		
Cragston Court - Newcastle upon Tyne		
Kingfisher - Hull	Tenancy style living and support for those recently discharged from hospital	Therapeutic recovery and support leading to own full tenancies
Brierley Court - Manchester	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Park Lodge - Cheshire		
Park Villa - Cheshire		
Ayesbury House - London		
Tariro House - London		
Maplewood - Coventry		
Rosebank House - Reading	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Treatment and therapeutic services in relation to eating disorders and associated co-morbidities and personality issues
Althea House - Stroud		
Ashleigh House - Stroud		
Rhodes Farm - London		

Our locations

- Mental Health Services
- Health Care Services



2 Quality priorities for 2012 - 2013



Health Care Priorities

Care UK Health Care 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

Essence of Care Toolkit

Being able to assure ourselves that the care we provide is the best and meets the needs of our patients is central to our goal to offer a high quality service. Essence of Care is a valuable resource presenting an opportunity to improve the quality of our front line care for all patients.

In line with Department of Health guidance "Energise for Excellence", all Care UK services will be audited against the Essence of Care topics using an adaption of the NHS toolkit that meets the requirements of our services. The results of these audits will give clinicians clear insight into where the service may benefit from improvement. The audits assess the ability to provide care through activities such as those shown in the diagram to the right.





The benchmarking process creates a structured approach to sharing and comparing practice. Audit results will be discussed at senior clinical meetings so that any excellent practice is highlighted and shared across our services. Improvement action plans will be created for areas where we may not be achieving the desired results and to remedy any poor practice.

Changes and improvements focus on the goals or indicators identified by patients, carers and staff as being important to achieving best practice and a high standard of care. Assessing our provision of care using the Essence of Care tools will result in person-focused outcomes and improve the experience of our patients.

Improving quality through collecting data relating to complaints

Whilst our aim is that all patients have an excellent experience when they use our services, we recognise that sometimes things go wrong and as a consequence we may receive a complaint. We follow the Department of Health guidance when we respond to complainants. We also make changes to the way we deliver services in response to feedback from patients.

This year we will introduce the complaints management module of the software Datix that we already use to monitor accidents and incidents. This will give us access to better information about trends in the types of complaints, locations that complaints arise and other contributory factors. This will help us take focused improvement actions across all our services to eliminate potential areas of dissatisfaction to patients.

Priority 2: Ensuring Patient Safety

Electronic Nursing Rotas

Care UK is currently trialing the use of electronic systems to produce our nursing rotas. The reason for this innovation is to reduce the amount of time nurses spend on administration duties. This will enable nurses to spend more time delivering bedside care to our patients.

Another advantage of the electronic system and motivation for this change is that it will allow duty rotas to be completed

eight weeks in advance; allowing nurses who are known to Care UK and work part time to be incorporated into the rota. It is envisaged that this will reduce the dependency on agency sourced nurses. Being able to operate our service with a consistent and knowledgeable staff contributes to ensuring patient safety. If the pilot proves successful, it is anticipated that this system will be implemented in all Care UK treatment centres by 2013.

Improving our approach to risk management

Each service maintains a risk register that identifies those risks, clinical and non-clinical within the service. This year we will transfer our risk registers to the Datix software, mentioned previously. Following implementation we will have information relating to risks, accidents and incidents and complaints all held within one database. This will enable better management of risk and better data about aspects of services that can be improved to make them safer for patients.

Priority 3: Clinical Effectiveness

Advanced Nursing Skills

The Scope of Professional Practice (UKCC, 1992) sets out conditions for post-registration expansion of nurses' skills. Its purpose is to encourage nurses to take on more specialised roles than they had previously to improve patient care. We have an opportunity to improve the effectiveness of some of our services by supporting and encouraging our nurses to develop and advance their abilities and expertise.

To this end Care UK has invested in an individual nurse to train as a Nurse Endoscopist under the guidance and supervision of the lead Consultant Gastroenterologist. It is anticipated that the Nurse Endoscopist will enhance the existing quality of endoscopy care by offering:

- A holistic package of care to patients attending for endoscopy procedures, encompassing the psychological, physiological and sociological needs of the patient
- Freedom for the Consultant Gastroenterologist to concentrate on high-risk procedures with more time to support trainees
- Cover for medical staff holiday and study leave which will reduce patient waiting times

This nurse is scheduled to qualify in early 2013 and if this role proves successful Care UK will look to develop other specialist nursing roles which will make our services more effective and patient focused

Orthopaedic Excellence

Care UK was pleased to be recognised in this year's Dr Foster Hospital Guide as the best performing provider for hip replacements and within the top best performers for knee replacements.

The Dr Foster review looked across three key indicators of quality for both elective hip and knee replacement operations. These are:

- The number of patients with a long length of stay
- Emergency readmissions to hospital within 28 days of the initial operation
- The rate of patients having to have the operation re-done within one year of the initial procedure

In the coming year Care UK will work to maintain or better this achievement. To do this we will further improve length of stay data for primary joint replacement in our treatment centres. The average length of stay following hip and knee replacement is a good marker of the effectiveness of patient



preparation, preoperative, intraoperative and postoperative care. For Care UK the current averages are 4.3 days for hip replacements and 4.2 days for knee replacements. These compare very favorably with national data.

We have identified Southampton treatment centre as our best performing service. Southampton treatment centre has an average length of stay for hip replacements of 3.6 days and of 3.4 days for knee replacements. We will seek to discover any differences on the preoperative, inter-operative and postoperative management or clinical care of these patients that supports this reduced length of stay. The findings will then be shared across all our centres to ensure the same level of achievement.

Improving Day case and Direct access surgery

Day case surgery is a cost effective use of NHS resources and is popular with patients because it minimises disruption to their lives. Care UK is able to provide various procedures as day case surgeries. An unnecessary overnight stay is avoided through the use of Care UK's Enhanced Recovery Programme and careful patient scheduling.

Care UK achieves consistently good day case rates for laparoscopic cholecystectomy at the North East London and Will Adams treatment centres. The graph below compares

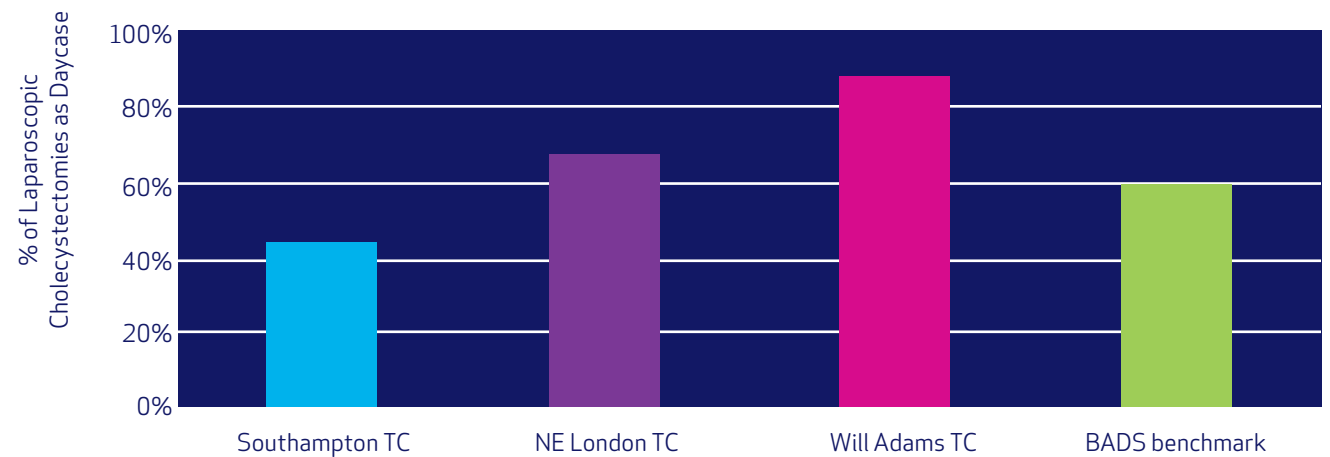
our treatment centres laparoscopic cholecystectomy day case rates to the British Association of Day Surgery (BADs) standards.

Over the next year we plan to review laparoscopic cholecystectomy day case practice at Will Adams treatment centre; our strongest performer. We will determine best practice and employ these methods at our other centres to increase the laparoscopic cholecystectomy day case rate and improve the experience of our patients.

In addition to improving laparoscopic cholecystectomy day case practice, Care UK also aims to increase the number of patients taking advantage of Direct Access surgery which allows direct booking by a GP into a combined visit for assessment and surgical treatment. Direct Access surgery is available for hernia and a small number of other surgical procedures. Will Adams treatment centre was an early adopter of direct access hernia repairs.

We believe this is a great service to offer to our patients and hope to increase the relatively low number of patients currently utilising the direct access hernia pathway. We will achieve this by advertising the service to GPs and seeking closer engagement through GP educational evenings.

Best Practice Laparoscopic Cholecystectomies (0 day LOS)



Mental Health Priorities

Priority 1: Service User Experience

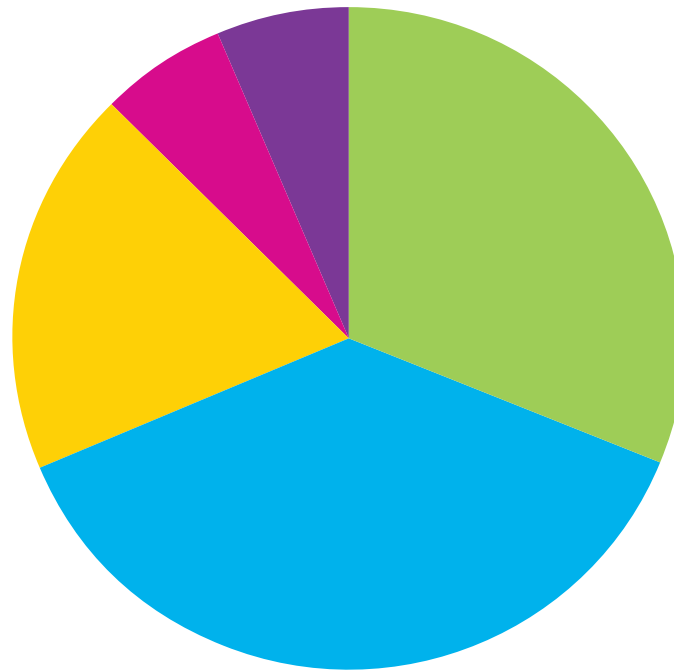
The Service User Strategy is a three year initiative, this will be our second year and it remains a very high priority.

Service User Networks

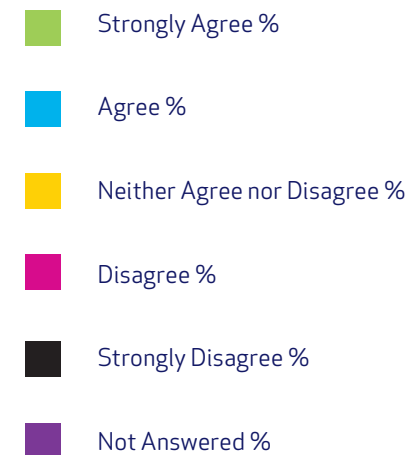
The results of our patient satisfaction surveys indicate that 76% of our service users agree or strongly agree that Care UK listens to the views of its service users. We would like to further improve this engagement with service users, so over the next year we are continuing our exciting work with the mental health charity, Together. With their expert help we are setting up Service User Networks (SUNs) within each service, which will initially be supported by Service User champions until such time as the network members are able to facilitate the group themselves. It is estimated that, for each service, around 20% of services users will be part of the SUNs. To ensure their views and feedback are heard within the organisation, the SUNs will be consulted about any decisions to be made or changes proposed which will affect service users.

The networks will write their own newsletters to be distributed to all the other services within the mental health division creating a forum for service users to exchange views and ideas about the services they live in and the support they

receive. We also aim to establish a service user involvement web page which will be facilitated by service users for service users.



Patient satisfaction survey - I feel that Care UK listens to Service Users views





Experts by Experience panel

We will also form an Experts by Experience panel which will constitute a group of five service users whose personal experiences can inform future service delivery. The Experts by Experience Panel will provide the link between those receiving our services and the senior management team. We will involve the panel in the development of policies, quality audit checks and recruitment. Members of the Experts by Experience Panel will be invited to attend business meetings with the help of an external experienced advisor.

With the Service User Networks and the Experts by Experience Panel working together a life book will be produced in which service users will be able to record and

share information about themselves as individuals, enabling staff to get to know the person 'outside of their illness'.

Service User Involvement and Leadership programme

We will plan and run another Service User Involvement and Leadership programme for up to 16 service users, this time co-facilitated by service users who have developed their own leadership skills from the first programme.

We have also appointed a Non-executive Director to the Mental Health senior management team who is an active national service user representative. She will support the team to ensure that we keep those we provide support to at the heart of our everyday business and future direction.



Priority 2: Complex Care Recovery Development

Care UK will be rolling out new developments in at least three areas of England offering a new way of delivering complex care and recovery for adults with severe and enduring mental health needs. The new care environments will include some of the principles of extra care facilities, such as self-contained living environments and a core care hub, combined with best practice for achieving optimal independence.

It is proposed that the two distinct care environments and the complex care supported living service described in the above service model will interact with each other to create a dynamic care pathway enabling services users to make the transition from intensively controlled environments such as medium and low secure placements to living on their own, managing their own tenancy, in community placements. The service model has been designed to provide for service users who will fall into two distinct groupings: fast stream recovery and slower stream recovery.

Some of the services will be provided in partnership and in all cases, the exact scope of the service is determined following engagement with local stakeholders. Typically, each new service will include the features below, dependent on local needs.

Each service user will live in self-contained accommodation with their own front door

Accommodation will be clustered around a core care unit containing a bistro dining area, communal lounge and therapy space, and will be registered as a Residential Care Home

Some will be registered as Independent Hospitals to allow service users to be admitted directly from secure environments under sections of the Mental Health Act and serve as an intensive rehabilitation environment

A complex care supported living service can be delivered in close proximity to the core care unit, providing an additional step along the care pathway compared with traditional recovery services

The services are to be situated in an area with ease of access to local shops, public transport routes and opportunities for increased citizenship and economic participation

Priority 3: Establishing a Recovery Focused Pathway

Recovery Star

Last year we developed a consistent rehabilitation and recovery model across all our residential services called Recovery Star rehabilitation and recovery tool. As well as providing consistency the Recovery Star process supports 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:



This approach helps identify any difficulties our service users are experiencing in each of these areas and how they are progressing towards recovery and their personal goals.

Now that the Recovery Star process is embedded, we intend to focus on further development and building links into the complex care models described in priority two. We plan to develop and train a team of staff and service users



who will be at the heart of delivering recovery awareness, Recovery Star updates and refresher courses to staff and service users.

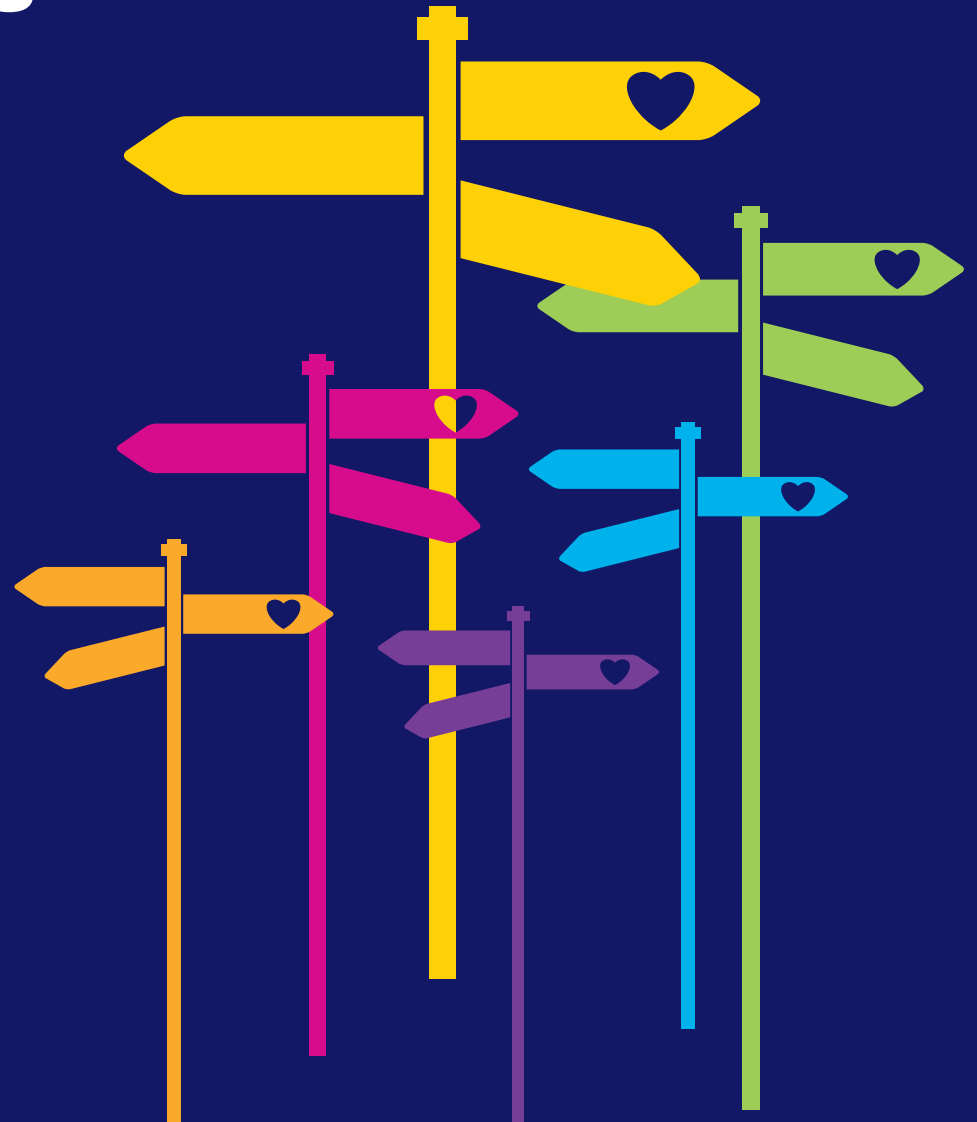
Many of our service users are keen to re-engage with education and training; we are therefore going to explore the introduction of recovery style colleges. This will enable service users to gain the necessary life skills needed for greater independence. Courses will be delivered on a modular basis and will also be nationally accredited. The modules will include:



We will also establish a peer support network that will revolve around the 'hub' of the new Complex Care Services, where service users both past and present can meet.

Developing such a pathway will mean people can be supported from an intensive hospital situation right through to their own tenancy, education and training and living as independently as possible within their community.

3 Review of our services 2012 - 2013



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 2011 to March 2012, 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

During the period April 2011 to March 2012, two national clinical audits and no national confidential enquiries covered NHS services that Care UK provides.

During that period Care UK participated in 100% of national clinical audits it was eligible to participate in and there were no national confidential enquiries 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 2011 - 2012, 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.

Speciality Area	Audit	Care UK participation
Elective Procedures	Hip, knee and ankle replacements National Joint Registry	Yes 100% inclusion
	Elective Surgery National PROM's Programme	Yes 100% of patients asked to participate

Details of the national clinical audits and national confidential enquiries that Care UK did not participate in during April 2011 to March 2012 can be found at appendix 1 together with the reasons why.

NCEPOD Peri-operative Care Knowing the Risk 2011

The report of this national clinical audit was reviewed in 2011 - 12. Whilst parts of the report were of relevance to emergency surgery, and surgery in very high risk groups, some key messages from the report which are applicable to Care UK services were noted and discussed at our governance meeting. These include

- A need for a UK-wide system to identify patients at high risk of post-operative death or debility
- All elective high risk patients to be seen and fully investigated in pre-assessment clinics. A risk assessment is performed in Care UK clinics to identify and provide a grading (ASA grading) for those patients for whom the provision of higher levels of intensive care is required
- The risk of dying during or as a result of surgical intervention to be made explicit to the patient and recorded clearly on consent form and in medical record
- For patients identified as being high risk there must be sufficient critical care beds or pathways of care to provide support



- Nationally there is a need to analyse volume of work considered to be high risk and quantify requirements for more intensive support facilities

We have identified the importance of being able to explain risk to patients. Discussions have highlighted that numerical risk in the context of surgery is a difficult concept to get across to all patients and that there is a need for improved guidance regarding communication of risk.

Care UK will take the following actions to improve the quality of healthcare provided in response to the audit and our discussions of its findings:

- Provide guidance to consultants regarding communication of surgical risk
- Review consent forms in the context of a record of risk advice and agree improvements as appropriate

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 six 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 1,000,000.

Care UK's present selection of implants for hip and knee replacement represents the most commonly used range of implants in England and Wales. We have chosen these implants because of nationally published data suggesting low revision rates due to failure of joint replacement.

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 is periodically reviewed in the light of best evidence and remains based on available outcome data.

NJR has also generated evidence which strongly supports Care UK's Lower Limb Implant Guidelines, which help surgeons to select the type of implant, fixation mode and bearing surface for the each patient. The latest NJR report demonstrates that our selection and guidelines are well supported by the best available evidence in this field. For this

reason Care UK does not propose to alter any of its selected implants or guidelines.

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.

Metal on metal concerns - data about implants

There has been a significant amount of debate about concerns associated with metal on metal implants. This understandably has caused patient anxiety and Care UK has provided reassurance to those patients who have contacted us. Care UK's Orthopaedic service is following current and future Medicines and Health care products Regulatory Agency (MHRA) guidance relating to patient recall, monitoring and further investigation and long term follow up.

It should be noted that Care UK did not use the now recalled ASR hip which was at the centre of much of the controversy.

Local audits

A new audit schedule was developed for 2011- 2012 identifying new focus for the treatment centres. The schedule included safeguarding audits for both adults and children. Whilst the services do not actively provide children's services the audits were developed to ensure staff were fully aware of the responsibilities of all services to provide safe environments for their patients and families. The units have successfully undertaken these audits and developed robust action plans where there were deficits. As a result of the audits the centres now have named leads for their services who have received extra training to support their roles.

During 2011 the peri-operative nausea and vomiting audit was reviewed and the audit tool redeveloped to encompass the NICE guidance. This has been rolled out across all the treatment centres with excellent compliance being demonstrated.

Clinical audit training was increased throughout 2011-2012 with staff actively involved in undertaking audit attending the training to deliver a higher quality of audit and audit awareness.

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.

Possible research areas in 2012 - 13 include; projects associated with Care UK's Enhanced Recovery Plan and a phase 4 clinical trial of venous thromboembolism (VTE) chemoprophylaxis.

We will also undertake a mapping exercise to identify where Care UK clinicians or patients under their care are involved in research projects.

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 small proportion of Care UK's income in the reporting period April 2011 to March 2012 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.

Care UK is 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 treatment centres are shown on page 31
- To achieve measurable improvements on a range of patient experience metrics – already a key focus for the organisation
- The introduction of brief interventions for smoking cessation, alcohol consumption and weight management – this is a standard element of our pre-admission process



Further details of the agreed goals for each of our services for the period April 2011 – March 2012 and for the following 12 month period are available by contacting the General Manager at the ISTC or CATS.

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).

Care UK services are registered with the CQC and are compliant with the Essential Standards of Quality and Safety.

Care UK has developed internal CQC audit tools to ensure that all services maintain these standards of quality. The results of CQC visits and reports are discussed at local Clinical Governance meetings.

The Care Quality Commission has not taken enforcement action against Care UK between April 2011 and March 2012.

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 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 to guide employees' actions and 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. Following the investigation changes are made to

prevent any reoccurrence and training is provided to staff. Any serious breaches would be reported to the Board, Commissioning PCT and Information Commissioner.

Data Quality

The monitoring and management of data quality continues to be central to Care UK's provision of a quality health care service. The Board approved Data Quality Strategy remains a key driver for all clinical and operational staff involved in the collection and ongoing upkeep of patient related data and information.

In the past year Care UK has commissioned a number of external reviews of its clinical datasets to identify opportunities for improvement and the findings from these have been incorporated into the existing tracking and monitoring report suite used by the treatment centres to maintain data quality.

In addition to its own internal measures, Care UK utilises the NHS Information Centre for Health and Social Care 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 Board detailing data quality issues and corrective actions taken.

Care UK continues to enjoy a close working relationship with The NHS Information Centre for Health and Social Care and is to be featured as a case study in successful joint working in a forthcoming Information Centre publication. Care UK is also in the fortunate position of representing the Independent Sector on a number of prominent NHS sponsored groups including the Secondary Uses Service (SUS) user Group and more recently the National Demographics User Group. Each of these groups has the development and promotion of data quality at the core of their terms of reference.

As a result of the above Care UK has, over the past four years seen its overall data quality dashboard score increase from 90.7% and 93.5% in 2008 - 09 to 100% and 98.3% in 2011 - 12 respectively for admitted patient care and out patients. The above scores include coverage of the new quality checks such as ethnicity and patient pathway data introduced into the dashboard during the reporting period.

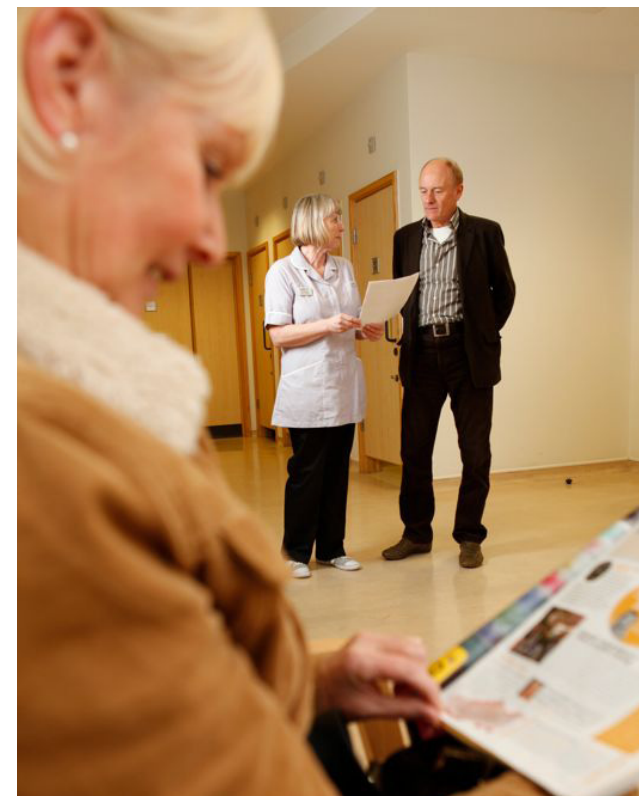
Clinical Coding

Care UK submitted records during 2011 - 12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

- the patient's valid NHS number was 100% for admitted patient care and 100% for out patient care
- the patient's valid General Medical Practice Code was 100% for admitted patient care and 100% for out patient care
- Care UK was not subject to a Payment by Results clinical coding audit by the Audit Commission during the reporting period

Information governance toolkit attainment

The Care UK Information Governance Assessment Report overall score for 2011 - 2012 version 9 was 100% and was graded Green or satisfactory.



4 2011 - 2012 Quality Priorities Update



In our 2010-2011 Quality Account we set out our priorities for improving the quality of our services. We have provided updates and a review of our progress for each priority below.

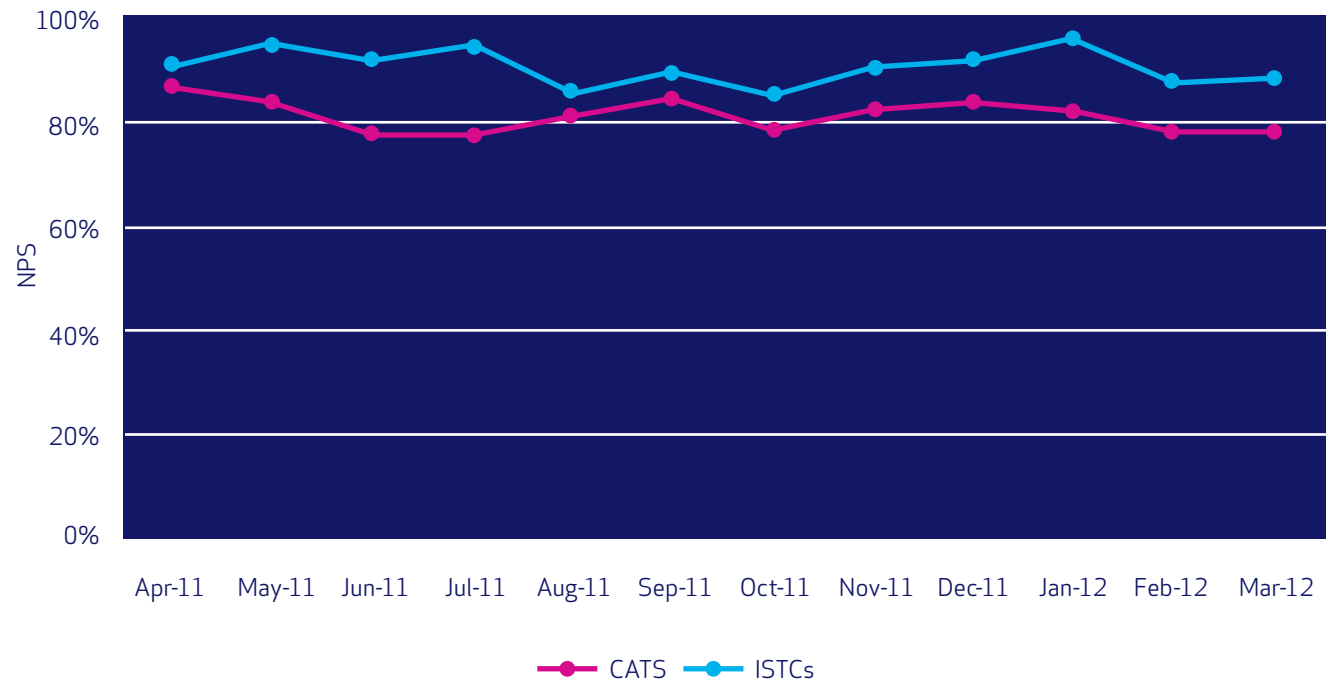
Health Care

Priority 1: Continuous improvement of the patient experience

We use the Net Promoter Score (NPS) as a means of managing our performance and measuring patient satisfaction. It is a research-based tool that measures how likely a patient 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 service per month and achieve a NPS of 75%, which is considered a very good score in not only health services but other industries; and we frequently exceed this target. We also include two 'care questions' in our surveys and ask patients

Net Promoter Score



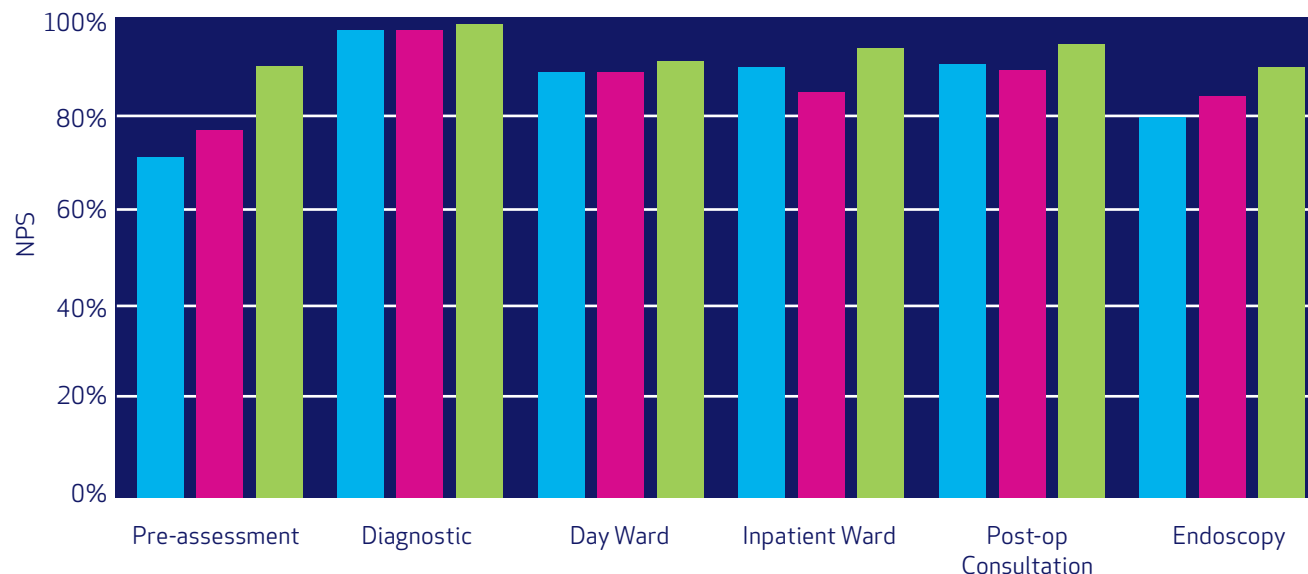
to rate their overall experience of the service as well as the confidence and trust that they had in the healthcare professional that provided their treatment.

Continuous improvement of the patient experience

This year, in order to further improve patient experience, we have redesigned the patient experience questionnaire. The new patient questionnaires include questions from the Commissioning for Quality and Innovation and NHS Outcomes Framework.

We have also begun to use the NPS for each area of the patient journey. This allows us to measure their experience during the out patient visit (pre and post-operative assessment), day ward, inpatient ward, diagnostics and endoscopy. The results of these focused questionnaires highlight any part of the patients' experience which is negative or not meeting expectations. We can use the reports to identify where quality improvement projects may be beneficial.

Focused NPS



- How likely would you be to recommend this service to a friend or family member?
- How would you rate your overall experience of the service you received today?
- How much confidence and trust do you have in the healthcare professional that treated you today?

All the treatment centres are also using electronic patient feedback devices that provide real-time feedback. March 2012 saw the introduction of these new patient satisfaction surveys to our treatment centres. The results can be seen in the below graph.

Patient and Public Involvement

Care UK aims to put the patient and the local community at the centre of the care we provide. We are committed to involving patients in discussions and decisions about their care and to involve the public in helping develop services to meet the needs of their community. We strive to ensure that all those who access our services have an experience that 'exceeds their expectations' and work with local people to develop and improve all aspects of care. We listen, understand and respond to patient and public needs, perceptions and expectations to ensure patients' experiences and preferences inform continuing improvement. This not only helps us to improve the quality of care we provide but

also helps us to plan for the future by taking into account the needs of patients and the wider public.

Patient Forums are valuable resources and we work with our people to offer a patient perspective on how services are delivered and to help improve service delivery. For example the patient forum at Southampton treatment centre helped to develop a DVD that patients can watch before attending the treatment centre which contains all the information they need to know including details about where to park, what to bring, the duration of the appointment, etc. The forum has also pledged their time to helping anxious patients by attending pre-operative coffee mornings. Patients can look around the centre and speak with forum members who have already received treatment at the centre about their experience.

As part of our Public and Patient Involvement Strategy this year we focused on community engagement and have appointed several community liaison officers across the country. They ensure that we meet the needs of the local communities, including Black and Minority Ethnic groups. They also participate in local awareness events, such as elderly care events, health and wellbeing events, local festivals and work with local community radio stations. They have given talks and presentations at temples and youth centres for different ethnic groups which have been very well received.

We also hold a series of open days in our treatment centres where surgical and nursing staff are on hand to explain what patients can expect before, during and after surgery. A highlight for many visitors are the theatre tours, which provide an informative and reassuring guide to what happens during surgery.

Patient experience improvement projects

During 2011-12 we have focused on identifying particular issues within individual services and working to make changes which benefit our patients and improve patient experience.

Patient satisfaction with out patient waiting times at Southampton treatment centre

During the summer of 2011, Southampton treatment centre identified that their patient satisfaction levels were



decreasing in the out patient department. In addition, it was noted that complaints were showing an increasing dissatisfaction with waiting times in the department, particularly with pre-assessment.

We determined that the out patient team could not cope with the number of patients now attending the department. We took time to review the patient journey identifying specifically which areas were causing delays to patients. We also reviewed the complexity of the patients attending and the number of staff with the right skill levels required to undertake the pre-assessment. The review resulted in the following actions:

- Two additional consulting rooms were created for pre-assessment
- Nurses have undertaken additional training to allow them

to assess more complex patients in consultation with the anaesthetist

- The patient pathway has been revised
- A new pathway has been developed for patients undergoing major joint replacement

The graph below illustrates that as a result of the project more patients are reporting that their waiting times are shorter than or as expected whilst those reporting them longer than expected or too long are decreasing. The full effect of these changes will be seen during the coming months.

Due to a change in data collection methods in March 2012 we are unable to include results from this month in the below graph.

Southampton TC Patient survey - Waiting times



Cancellation of Procedures at North East London treatment centre (NELTC)

We monitor both clinical and non clinical related cancellations on a monthly basis, as part of our internal quality performance monitoring. From August to November 2011 there were an increasing number of patients having their operations cancelled for clinical reasons at North East London treatment centre. Further to this, November 2011 to January 2012 saw a rise in non clinical cancellations.

When this was identified an investigation commenced to establish the reasons for the rise in both the clinical and non clinical cancellations and measure the impact on patient experience at the centre. Our review of the patient pathway identified the main causes of both clinical and non clinical cancellations at the centre.

Clinical - Pre-operative anaesthetic assessments

All patients attend a Pre-operative consultation prior to their surgery. At the consultation patients are assessed by an anaesthetist to ensure they are physically well enough to have an anaesthetic. The anaesthetic team at NELTC uses the highly regarded American Society of Anaesthesiologists (ASA) assessment tool which grades a patient's fitness and appropriateness to undergo an anaesthetic. The ASA assessment is then repeated on the day of surgery to ensure there have been no changes. The investigation highlighted that although all the anaesthetic team were using the ASA assessment tool, it was not always the same anaesthetist who saw the patient on the day of the procedure who had seen the patient at the Pre-operative assessment, hence this led to difference in clinical opinion and more cancellations of what were viewed as 'high risk' patients on the day of surgery.

The Anaesthetic team was tasked with reviewing the clinical cancellations to establish the trends and to draw up guidance as to what would be acceptable to the whole team. An inclusion/exclusion criterion and a Referral/patient management Anaesthetic Assessment Pathway were devised. Since the introduction of these new measures clinical cancellations have reduced from 3.6% in November 2011 to 1.8% in March 2012.

Clinical - Fit for surgery on admission

The other reason for clinical cancellation of patients'

operations was due to patients not being fit for surgery on the day of admission. When patients were assessed on the day of their surgery it was found that a number of patients were not able to undergo the planned procedure in line with the exclusion criterion i.e. some form of an infection or no social support for after care at home. As a result of these findings the following actions were taken:

- The pre admission information and questionnaire was revised to include questions which would identify patients in need of additional social arrangements and to ensure patients are informed that they need to be infection free before attending on the day of their procedure
- All patients now receive a pre-operative phone call prior to admission, to ensure they are fit and well



Non clinical – Referrals to the patient pathway

We identified a trend of non clinical cancellations due to patients being asymptomatic on the day of surgery; so the surgeons did not feel patients would benefit from the procedure. Further investigation found this related to a small number of patients pre-assessed at the local trust and transferred to the treatment centre on the day of their operation. As a result the Care UK surgeon did not assess the patient until the day of surgery. Consequently, we changed the treatment centre pathway to ensure all patients who were due to undergo surgery were assessed by a Care UK anaesthetist and surgeon jointly at a pre-operative consultation at the centre.

This measure was implemented in February 2012 and has already had a positive effect the number of patients being cancelled for non clinical reasons has reduced from 4.5% in January 2012 to 1.3% in March 2012.

Customer Care Training

In 2011 we developed a customer service training course designed specifically for our people. We engaged an external partner - Insights Learning & Development – who analysed



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

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

Build trust

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

Support and challenge in equal measure

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

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

Involve every mind

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

our perceptions of customer service through a series of interviews with a broad selection of staff.

This was followed by a pilot of the programme run in late January 2012, involving eleven managers from across Care UK services. The pilot was hugely successful with high evaluation scores. The course was amended as a result of feedback and plans are now under way for the first full training course, set for mid May in both the north and south of England. This will be followed by a formal launch of Health Care's Customer Service Standards.

The programme has been developed so that after nominated 'facilitators' are trained, they will be able to take the learning and tools back to their services, and in turn train their teams. This will ensure consistency in approach and ownership of responsibility, as well as minimising costs and embedding the learning.

All General Managers are expected to have experienced the

course in the coming year, and to have nominated facilitators from their team who will help them develop action plans and roll out the training.

The success of the programme will be evaluated annually through the review of patient satisfaction scores and complaints monitoring.

Patient Environmental Action Team (PEAT)

The National Patient Safety Agency advocates a patient-led annual assessment of hospitals to assess their compliance with a limited number of factors that contribute to the quality of the patient's experience. The findings are independently validated and the results of these assessments are published on the NHS Information Centre website.

The standards achieved within Care UK reflect our commitment to infection prevention and control ensuring that our care environments are clean and welcoming to patients.

Care UK PEAT Scores 2011

Site Name	Environment	Food	Privacy & Dignity
Barlborough NHS Treatment Centre	Good	Good	Excellent
Eccleshill NHS Treatment Centre	Excellent	Self catering	Excellent
Mid Kent NHS Treatment Centre	Good	Good	Good
North East London NHS Treatment Centre	Good	Good	Excellent
Southampton NHS Treatment Centre	Excellent	Excellent	Excellent
St. Mary's NHS Treatment Centre	Good	Good	Excellent
Sussex Orthopaedic Treatment Centre	Good	Good	Good
Will Adams NHS Treatment Centre	Good	Self catering	Good

The target for 2012 is to achieve an environmental cleanliness score of excellent in more than 50% of our sites. All Care UK treatment centres have been assessed and the feedback has been very positive. The complete results of 2012 PEAT surveys will be published in the summer of 2012.

Mixed Sex Accommodation

Care UK can confirm that there have been no breaches of the Department of Health Mixed Sex Accommodation guidance during the past year and this has been successfully reported to the NHS Information Centre on a monthly basis.

It is standard practice within Care UK facilities that the two sexes are provided very separate accommodation for admission, treatment, and discharge. Males and females are nursed independently of each other to maintain excellent standards of privacy and dignity.



Patient Dignity day

On 1st February 2012, Care UK took part in National Dignity Action Day – an initiative to promote the importance of treating people in care as individuals, with choice and control over their own lives.

At Care UK, we work hard all year round, to ensure our patients feel that they really matter and that they experience a service which upholds their dignity and respect at every stage of their care. Dignity Action Day is a great chance to raise awareness and gives us the opportunity to provide a truly memorable day for people receiving care. The day was a great success with very positive patient and visitor feedback. Some examples of different activities can be seen to the right:

Making a difference on Dignity Action Day



Rochdale Ophthalmology CATS went over and above the care that it usually provides by pampering patients with free head and hand massages and tea and coffee.

Audrey Kay, a patient at the CATS service said: "The staff at the centre are very friendly and extremely professional. They explained everything very clearly and treated me with dignity. They've helped to make my experience even better. The atmosphere within the service was very relaxed, professional and an enjoyable experience."



Will Adams NHS Treatment Centre erected a 'Dignity Tree'. Patients, relatives and staff were invited to write on a 'leaf' of paper what 'dignity' meant to them. By the end of the day the tree was covered in leaves displaying meaningful responses. These will be incorporated into the essence of care at the Centre.

They also conducted a questionnaire asking for patient views on male/female segregation to better understand their needs.



Eccleshill NHS Treatment Centre provided refreshments and arranged for a local florist to provide Spring flowers and plants. There was a display of pictures and words expressed by both staff and patients on their perception of dignity, and patients were invited to fill in a card, to share their hopes and expectations in relation to their care.



Barlborough NHS Treatment Centre invited members of the Pakistan Muslim Centre in Sheffield to meet staff and patients and talk about their religious and spiritual needs whilst in hospital. The catering team also put on a taste-testing session at lunchtime with a selection of halal and vegetarian dishes for staff and visitors to try. The day was rounded off with mini pamper sessions for patients on the ward.



Keeping the family fit

Janice Marcroft was referred to the Manchester CATS mobile units in Rochdale for acute pains in her feet, which felt like uncomfortable electric shocks. As Janice is diabetic, it was important for the symptoms to be treated very quickly.

Following a visit to her GP, Janice visited the CATS units for a scan on her feet, and to discuss the results and treatment with a consultant. She was impressed with the speed of getting the appointments arranged and the friendly, courteous staff.

"At first you are a little taken aback by arriving at a set of trailers for your appointment, however the service and staff are extremely professional," Janice explained.

Janice had three sessions of physiotherapy and ultrasound, also delivered by CATS, and has been pain free for eighteen months. She has been so happy with the service that both her daughter and husband have also chosen to be treated by the CATS service.

Priority 2 from last year: Ensuring Patient Safety

Care UK's approach in action

Following the successful introduction in 2010 of a falls programme at Barlborough treatment centre, Care UK developed a falls protocol which was rolled out to all treatment centres with inpatient beds in early 2011. Each service was tasked with developing a falls working group, which are headed up by the physiotherapy leads, to manage the reduction in falls at each centre. The falls groups have a standardised approach using the prescribed falls protocol.

A risk assessment tool is 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 centres also undertake a twice weekly audit to assess the safety of the patients' environment. The tool looks at the ward lighting, furniture, call bell system and any other hazards

within the environment. The audits are conducted both during the day and at night. All centres also undertake a bi-annual audit in which they are benchmarked against each other.

A patient falls assessment document is used in the event of a fall. This document is reviewed regularly and includes the latest version of the National Patient Safety Agency (NPSA) requirements for neurological observations. The number of falls in each centre is monitored on a monthly basis and any incidents are investigated for compliance with the protocol and learning is shared.

Our evidence shows that since the falls programme began the number of falls within our centres have reduced. The average number of patient falls in acute settings is 5.6 falls per 1,000 bed days (Slips, Trips and Falls data update, NPSA 2010). Between April 2011 and March 2012 Care UK's centres performed very well reporting 1.3 patient falls per 1,000 bed days.

We now have two years of patient fall data for Barlborough treatment centre where the programme began. This indicates a 25% decrease in the occurrence of patient falls for 2011

- 2012 when compared to the previous year. There is still further work to be done and we are optimistic that further improvements will be seen in the coming year now that the falls groups and protocol are embedded in all centres.

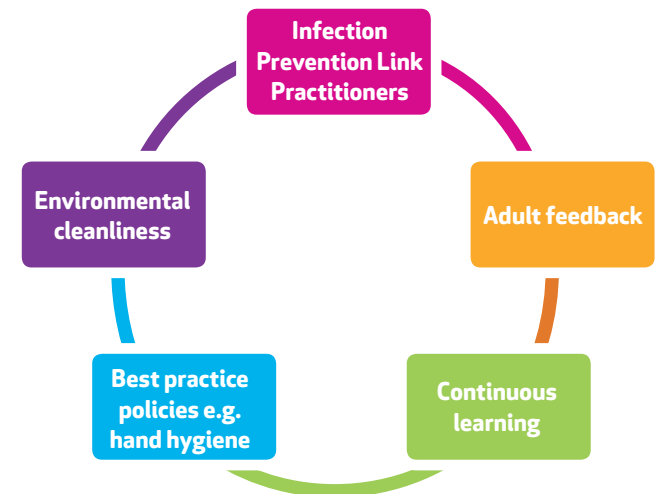
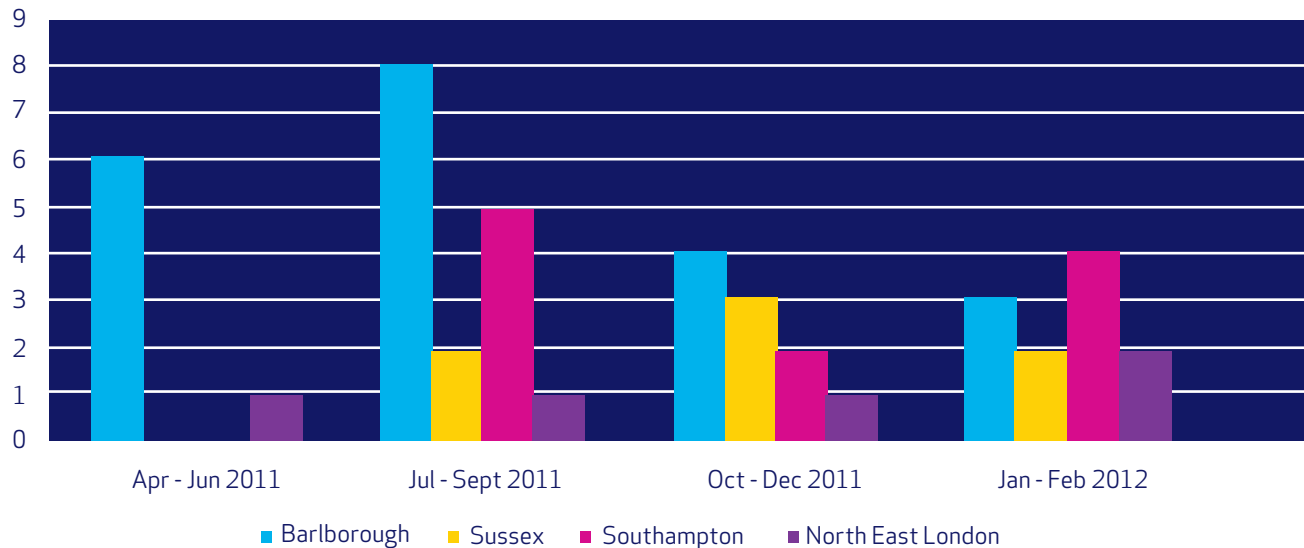
Infection prevention and control

Since October 2010 all independent care providers have been required to comply with the criteria set out under the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

The Care Quality Commission use compliance with the Code as a way of monitoring the performance of healthcare providers. Care UK services are audited internally and externally to ensure they effectively manage the risks of healthcare associated infections and that they meet the guidance of the Code. All Care UK services continuously strive to improve on their current record of excellent practice.

Care UK's Infection Prevention and Control Strategy requires strong leadership and the engagement of all staff. Ownership of the audit cycle supports staff to improve local standards, adhere to best practice policies and contribute to the Care UK philosophy of continuous service improvement.

Number of patient falls April 2011 - March 2012



Surgical site infections

A surgical site infection occurs when micro-organisms get into an operation site and multiply in the tissues, causing signs of infection.

The Health Protection Agency (HPA) collects information on categories of surgical site infections from all NHS and independent hospitals to monitor and compare the rate of infections occurring after surgery. This is important data as it provides the government, commissioners and the public with comparative information on the rate of infections nationally.

Within each of Care UK's treatment centres, information on infections following major joint surgery – hips and knees - is collected by an infection prevention and control nurse who submits it to the national surgical site infection surveillance programme.

Care UK's infection rates following joint surgery remain lower than national rates for the same procedures.

Between 2010 - 2011 in the latest published available data, the HPA reported an overall national rate of surgical site infection for hip prosthesis of 0.8% and knee prosthesis surgery was 0.5% (Health Protection Agency 2011 Surveillance of Surgical Site Infections in NHS hospitals in England 2010/2011). In the same year the Care UK achieved infection rates of 0.4% for hip prosthesis and 0.4% for knee prosthesis surgery (NHS Information Centre Surgical Site Infections – Orthopaedic HC21). These statistics reflect the many preventative processes and procedures Care UK employs to minimise the risk of avoidable infection in our hospitals.

In addition to the mandatory orthopaedic surveillance, each Care UK treatment centre is encouraged to report every infection to the divisional infection prevention and control manager. Analysis of the root cause is undertaken and if there are lessons to be learned, these are shared across the organisation. This information is important as infections can lead to longer stays in hospital, the need for antibiotics and poorer outcomes following surgery.

Preventing healthcare associated infections (HCAIs)

In accordance with Department of Health requirements, Care UK monitors infections in patients that are associated

with and may be as a result of health care. The three priority areas for blood stream infections are those caused by MRSA (Meticillin Resistant Staphylococcus Aureus), MSSA (Meticillin Sensitive Staphylococcus Aureus), E.coli bacteraemias and C.difficile. Care UK continues to contribute to the national plan of reducing Health Care Associated Infections (HCAI) and has had none reported.



Our focus on patient safety and improving the patient experience means that prevention of infection is a priority outcome for all our patients. We maintain this focus through the following formal systems of assurance:

- A programme of scheduled hand hygiene monitoring and training for clinicians
- Routine screening of defined patient groups for MRSA before admission
- The active management of colonized MRSA patients to ensure the risk of infection is minimised prior to admission
- Documented cleaning schedules for all facilities which are audited internally and externally
- Developing a network of infection control link practitioners with clear and defined responsibilities within all assessment and treatment centres
- Mandatory annual update training in infection prevention and control in addition to specialist education twice a year for the link practitioners
- Active surveillance of infections including monitoring of the outcomes of Care UK surgical patients
- Immediate investigation of a patient with symptoms of diarrhoea to identify the cause

E.coli

The government introduced the mandatory surveillance and reporting of E.coli bacteraemias in response to the increased number of significant infections caused by a group of organisms defined by the characteristic in the laboratory of being gram stained negative.

This group of organisms usually lives in harmony with humans, in their gastrointestinal tracts and in the environment, but they are opportunistic. This means they can take advantage of patients/service users who may be less able to fight invading bacteria which give rise to symptoms we recognise as infection.

The risk factors for E.coli bacteraemias are complex and not fully understood but research suggests that of those infections identified in hospital, a high proportion of cases originate in patients cared for in the community, in patients with long term urinary catheters in place for example.

Care UK has reported zero cases of E.coli bacteraemia since the surveillance was commenced in June 2011.





Adopting National Institute for Clinical Effectiveness (NICE) guidance to prevent venous thromboembolism (VTE) in post-operative patients

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 the guidance and assesses all patients to establish how likely it is that they will develop a clot and

routinely provides preventative medication 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 continued 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:

Audit results have remained high with minimal requirements for change. Southampton treatment centre has maintained good results following the targeted audit undertaken in March 2011 to address poor results from the previous year. There have been four cases of venous thromboembolism reported from our centres during this period and we have treated 52,177 patients - an overall rate of 0.007%, which is well below the national average of 0.2% to 0.9% (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).

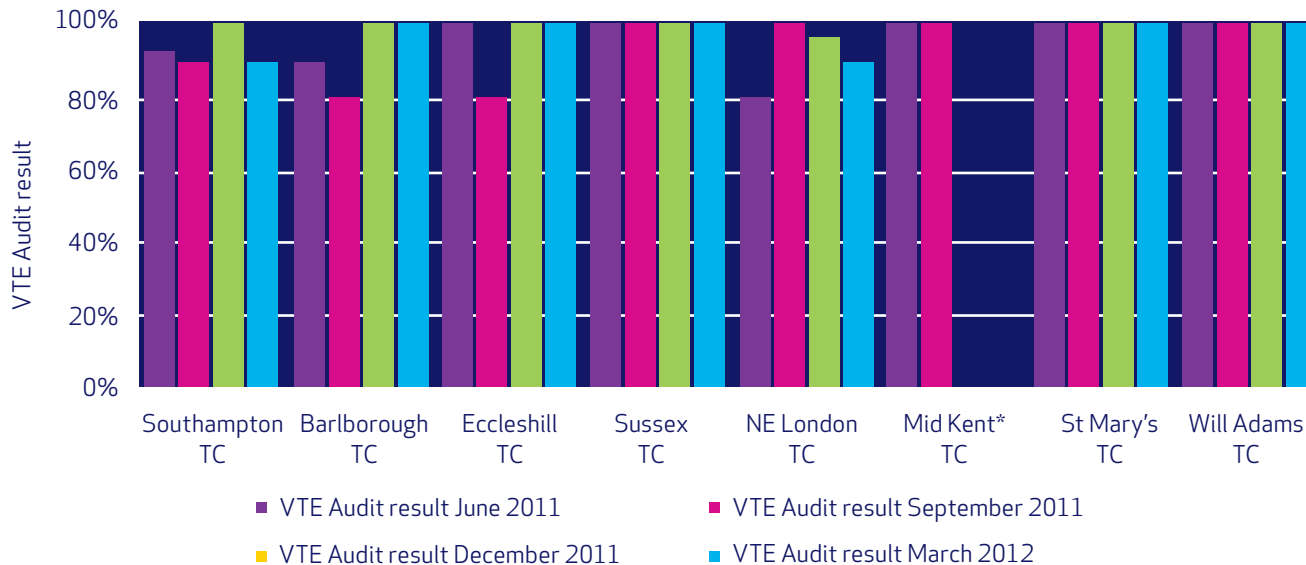
Focus on 'Never Events' - highlighting the Surgical Consent processes

In 2010 - 2011 as part of Care UK's focus on 'Never Events', we introduced the WHO surgical checklist launched by the National Patient Safety Agency (NPSA). The surgical checklist is a minimum set of safety checks for use in any operating theatre with the aim of reducing deaths and complications.

The use of the checklist is audited four times a year as part of the documentation audit. During 2011 the audit results showed that the checklist was being completed properly. However, monitoring of our clinical incidents reports identified concerns with the patient consent process.

On the basis of these incidents warning posters were developed for display in the pre-operative ward area and operating theatre admission departments. This supports the WHO surgical checklist but attempts to create a culture of checking prior to the patient being admitted to the operating theatre environment. We will be monitoring the percentage of surgical consent procedure incidents during 2012 - 2013 to ensure that the campaign has been effective.

VTE Audit Results 2011 - 2012



*AS Mid Kent Treatment Centre Closed in November 2011 no further audits were submitted

care^{UK} NHS

STOP

Before the patient goes to theatre:

REMEMBER

The patient must have given consent for the procedure to be performed

Informed consent is a legal procedure to ensure that a patient knows all of the risks and benefits involved in a treatment. The elements of informed consent include informing the patient of the nature of the treatment, possible alternative treatments, and the potential risks and benefits of the treatment.

FAILURE TO TAKE THESE STEPS CAN LEAD TO A SERIOUS INCIDENT

Priority 3 from last year: Clinical Effectiveness

Enhanced Recovery Programme

Last year Care UK formed a multidisciplinary group to re-examine all our activities in light of recent advances in care and best evidence. Once the review had been completed an action plan was developed to improve our Enhanced Recovery Programme (ERP).

An ERP contributes to an improved patient experience including better 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.



The review prompted the below key changes to practice:

- Use of Patient Controlled Pain Relief with quicker onset of effect reducing the nausea and sedation encountered by using traditional morphine pain control regime
- More use of local anaesthetic to provide effective pain relief within the joint area rather than anesthetic block of whole nerves allowing patients to regain mobility more quickly
- Nutritional carbohydrate boost prior to surgery to mitigate the carbohydrate loss associated with major surgery

- Use of additional non-opiate pain modifying agents to reduce requirements for opiate pain relief, reducing sedation and nausea
- Anticipatory use of an anti-nauseant drug regime delivered through a variety of administration routes, reducing post-operative nausea and vomiting scores

Moving forward we plan to monitor patients' outcomes to observe the expected improvement in terms of symptom scores and lengths of stay.

We will also devise a strategy to raise patient awareness and understanding of the ERP.



Patient rates a speedy recovery at North East London treatment centre

Nenita Johnson, a senior nurse from Woodford Green, discovered she needed an operation to remove gallstones after a routine blood test with her GP. She chose to receive her treatment at the North East London NHS Treatment Centre being able to choose the date of her operation made it more convenient.

The surgery was performed using a keyhole technique, which is less invasive and has a very short recovery time. This means Nenita was able to have the procedure as a day case patient rather than having to stay overnight. Mr Hamid, consultant surgeon, carried out all of the treatment, from the outpatient appointment to the surgery and the aftercare.

Nenita said of her experience, "It was so reassuring to have the same consultant for the whole treatment and all the staff were brilliant. When I came round following my surgery, they were very attentive and I was given a drink and something to eat without having to ask."

"The centre felt more like a private facility and I recommend it to everyone I know. When my husband needed a minor operation shortly after, he chose to use the service as a result of my positive experience."



JAG accreditation for Endoscopy services

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

Last year we reported that four out of our six endoscopy services has achieved JAG accreditation, with our aim being to have all services accredited by the end of 2011. This target was met; Eccleshill and North East London treatment centres both achieved 'A status' accreditation.

We monitor our performance in all centres and provide JAG with quantitative data such as the number of procedures, and waiting times and results of qualitative measures like colonoscopy completion rates and discomfort scores. 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. Another important indicator is the level of discomfort felt by the patient during the procedure. Patients should experience no to mild discomfort. All Care UK Centres achieve completion rates and discomfort scores above the JAG standard as seen in the graphs opposite.

Care UK has designed a best practice endoscopy pathway to guide all our services to provide high quality and cost efficient care. The model advocates standardisation across services where it is advantageous but also recognises that each service must be flexible and adapt to the local environment.

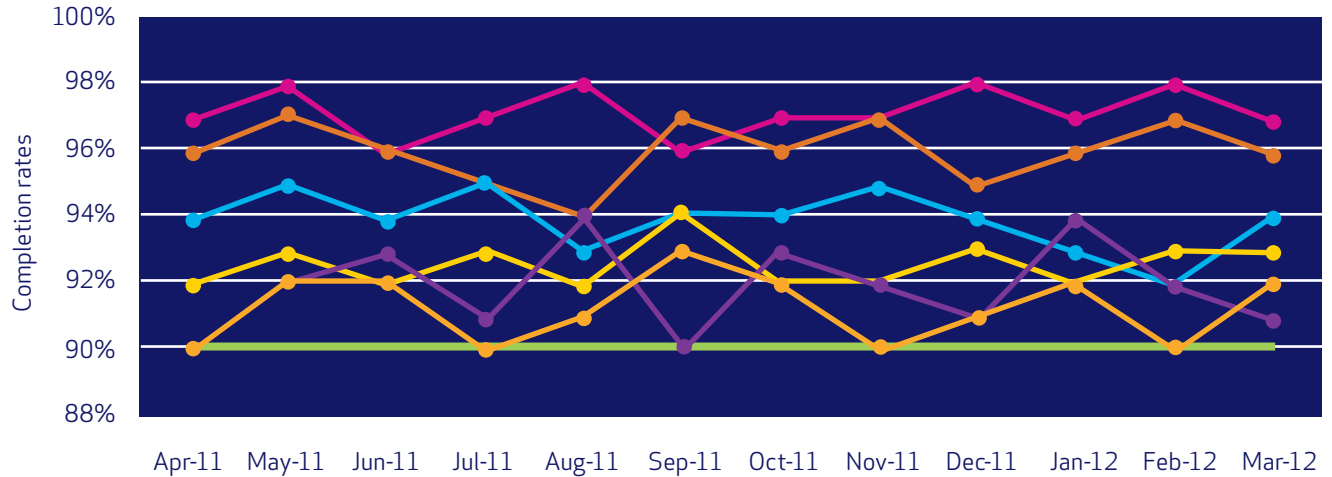
Medical Staff relicensing & recertification

Revalidation of UK doctors is a statutory process to ensure that doctors maintain higher standards of good clinical care and good medical practice.

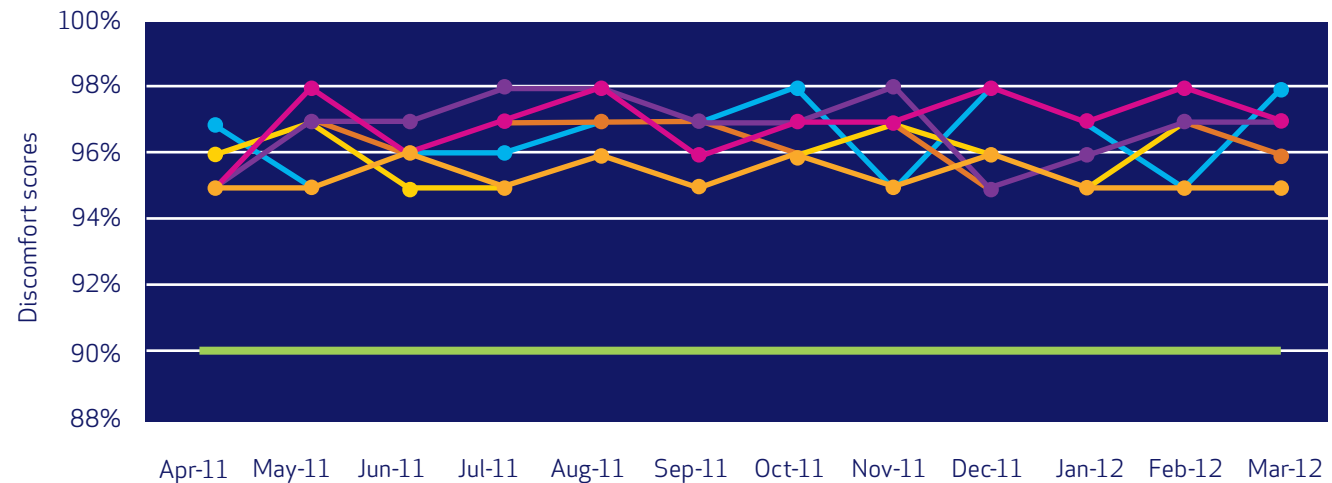
Care UK have an appointed Responsible Officer in line with legislation who is the Medical Director for Health Care.

Care UK has continued to prepare for 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. The

Colonoscopy completion rates



Discomfort scores
Percentage of no discomfort or mild discomfort (grade 0-3)



- St Mary's TC
- Will Adams TC
- Southampton TC
- Eccleshill TC
- North East TC
- Manchester CATS
- National Target



following processes and checks are now in place:

- 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 services are asked to ensure that each of their GPs have demonstrated that they have undergone a satisfactory appraisal each year through the PCT (the GP's "designated body") on whose Performer's list they sit
- An audit will be undertaken after the end of the 2011-2012 appraisal year to confirm compliance
- The appraisal policy has been revised
- 360 Degree feedback has been introduced for all appraisals
- A database containing details of the Responsible Officer and designated body for all doctors engaged by Care UK including self employed or agency locum has been created

For the year ending March 2012 Care UK submitted data to the GMC Revalidation Support Team detailing:

- the number and status of doctors for whom Care UK is Designated Body
- the number of these doctors who have an in date and valid appraisal
- the number of trained appraisers within the organization

In the coming year we will continue to strengthen our appraisal process through implementation of these improvements:

- Appraisal training for new appraisers and update training for existing appraisers will be provided to double the number of appraisers
- An appraisal / revalidation software package will be implemented to help manage the appraisal process, including portfolios of supporting evidence for individual doctors. It will also support attestations to the Responsible Officer and his recommendations to the GMC for revalidation of doctors

We will be making revalidation recommendations for the first cohort of doctors for whom we are responsible in the last quarter of 2012, seeking to bring a significant minority into this first year of the process, working towards broadly similar numbers being recommended for revalidation in any given year in the revalidation cycle.

Mental Health

Priority 1 from last year: Service User Experience

There were many aims set when the Service User Involvement Strategy was introduced which have been accomplished with time, dedication and hard work by all involved.

Through regular consultation we ensured the strategy was delivered in a welcoming format, in plain English. A copy was provided to every staff member and service user.

We made provisions for a new post to help with the implementation of the strategy. The Service User Involvement Lead brings their valuable experience of working as a Team Leader in one of our services and personal knowledge of being a service user.

We have identified staff members who act as the lead for service user involvement within their service and who will work closely with service users to develop self-advocacy. These individuals will be known as service user champions.

We have been able to ensure that service users are more actively involved in all stages of their own care planning

and that these care plans better reflect personal goals and aspirations through the implementation of new care documentation which encourages service user involvement. We review this care documentation, with the individual, at least monthly to make sure it reflects a person centred approach and we also carry out monthly and annual audits to ensure we continue to maintain the standards we have set ourselves.

Of those that took part in the Voices together training:



We are working with Together, a leading mental health charity recognised nationally for their service user involvement expertise, meeting our aim of working with independent agencies to improve our knowledge of service user involvement. Care UK and Together facilitated a twelve



week service user involvement and leadership programme for a group of Care UK service users. Twenty service users started the programme and nine successfully completed all twelve weeks, this is a lower dropout rate than previous programmes. The attendees learn how mental health and involvement can work hand in hand and lead to improved confidence and self-esteem. The programme was a great success; those who took part are able to become more involved with service development and also help provide peer support to others within their services.

Voices Together Programme by BW

I am taking part in the Voices Together course where I get to travel to London. There are a lot of people who also go to the course who are living in the same position that I am. We are all enjoying being out a lot more in the community.

Some of us are not ready to be living independently but I'd say that this place is good for all. During the course we get to talk over all sorts of things we don't like that's going on in other parts of the world, not just to do with our lives. I have mentioned it would be good for us to get together and have days out in the community, as some of us are not used to having much company.

I have noticed as we talk with each other everyone is feeling more comfortable and relaxed instead of being bored and lonely. I am enjoying talking with everybody. We are having lots of laughs. I have noticed that some people are still finding it hard to feel comfortable but I hope this that this will change for them soon.

Hopefully we will get to go on a day out to Blackpool or to go for a meal or on a shopping trip. I think that this will help us to get to know each other a lot more. I am enjoying making new friends. I think going to this course is helping me realise that it's important to not dwell on the past and that it's important to have activities in my day to enjoy. It helps me stay happy and look forward to independently living each day.

Priority 2 from last year: Integrated Care Record System

Having recognised a need for user-friendly, consistent and service user focused documentation we developed and then implemented new care records during 2011. Robust training has been delivered to all staff in order to ensure they use it to the best advantage of the service user. The documentation is now used across all services providing consistency of approach.

The documentation is designed to incorporate direct service user involvement and service users are encouraged to write in their own files. Service users are also encouraged to be engaged with their care plans and add to and indeed review them along with our staff.

During the latter quarter of the year an electronic system for keeping care records was introduced. Two pilot sites were chosen in November and following positive results the system will be rolled out to every service by spring 2012.

The system will hold and link together all assessments, care plans, reviews, daily entries and any other required data like national minimum dataset information for example.

Priority 3 from last year: Recovery Star

As the Mental Health services became more recovery focused it was essential that a good, researched based and recognised outcome measurement tool was used to aid the recovery of our service users.

The Recovery Star focuses on ten main areas of a service user's life and through engagement and positive conversation actions and plans are agreed to help the service user achieve their own goals.

During the year at least 70% of staff have been trained on how to use the Recovery Star; with sixteen completing train the trainer training with responsibility for ensuring delivery in their services. An ongoing training programme is in place to capture any new starters.

Every service user had a Recovery Star assessment completed by October 2011. Feedback has been positive

A Service user story from Yew Tree Lodge

Before I arrived to live at Yew Tree Lodge the anticipation of getting and staying well used to pull me down, everyone around me seemed cold and menacing, I might have been a bit slow but I know that people didn't take me for who I was. I have always been socially appropriate throughout my illness and Yew Tree Lodge saw that in me and the staff here have been great. They helped by listening to me and respecting me as a person not an illness. I have always fought to be recognised as a person in other places that I have lived.

Since being at Yew Tree Lodge I have learnt to trust again and it has allowed me to build my self confidence; they never gave up on me and I love it here, I feel more like an equal and have been supported to go to college and go on a leadership programme. I'm currently going through Recovery Star and Person centred planning which is helping me to look at moving on and to eventually live independently.

Yew Tree Lodge is a very homely environment and it has always given me my own personal space which allows me to have my own thinking time when I need it. I now feel that I can achieve goals within my life.



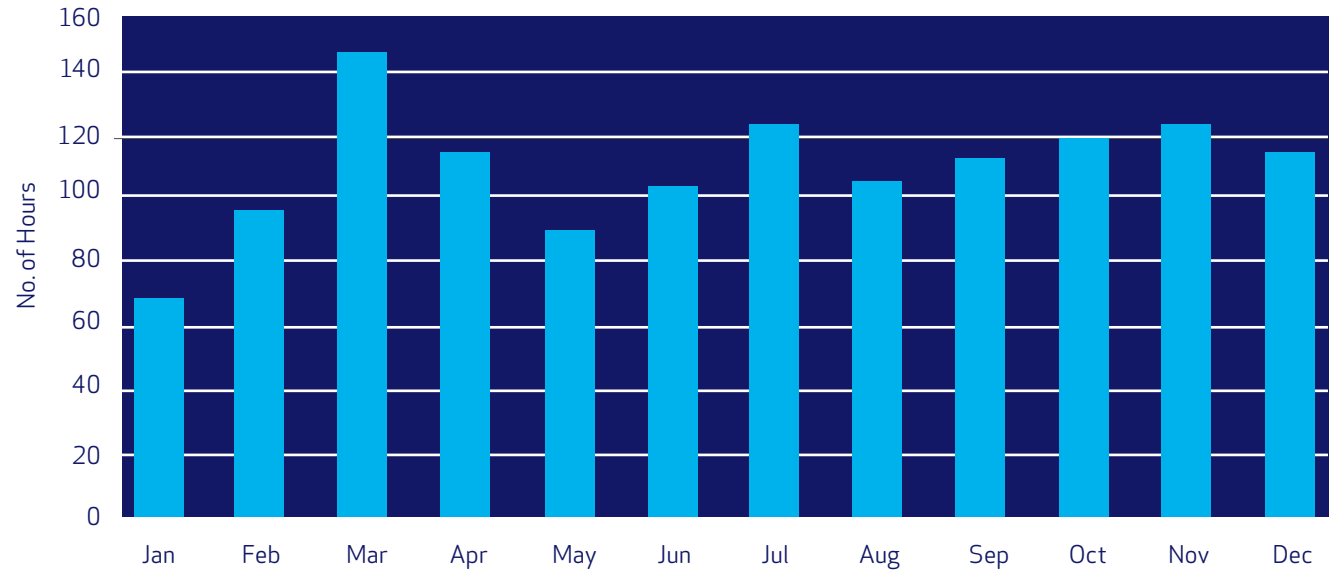
with both staff and service users finding the tool easy to use. Particularly useful is the tool's capacity to illustrate service user progress through diagrams. The emphasis has changed from providing care to service users to providing a supportive, engaging, recovery focused service; this empowers the service user with the ability to make decisions and influence their own recovery journey.

Patient satisfaction results evidence that our service users feel fully involved in their own care planning and feel supported and encouraged to pursue their interests.

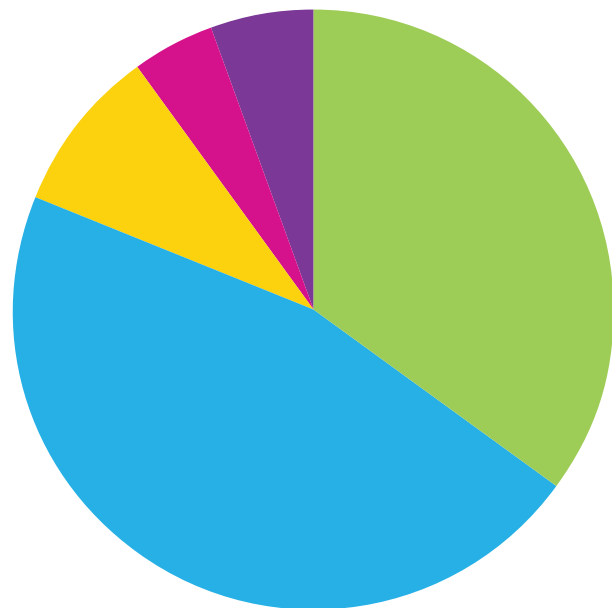
We have also developed the role of Recovery Star Worker, to coordinate and provide ongoing training for staff. We plan to offer training to our service users also, so they will become part of the Recovery Star training team.

The chart opposite shows the hours spent engaged with our service users on recovery based activities.

Hours spent on recovery based activities

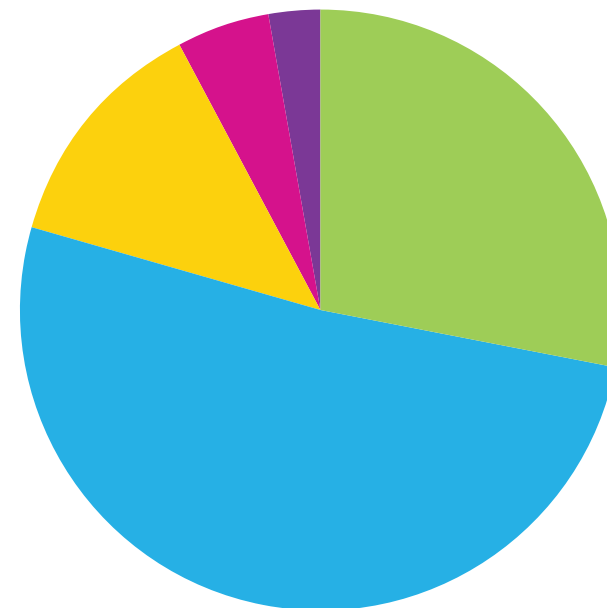


Patient satisfaction survey - I am supported and encouraged to pursue my own interests



- Strongly Agree %
- Agree %
- Neither Agree nor Disagree %
- Disagree %
- Strongly Disagree %
- Not Answered %

Patient satisfaction survey - I feel fully involved in my own care planning



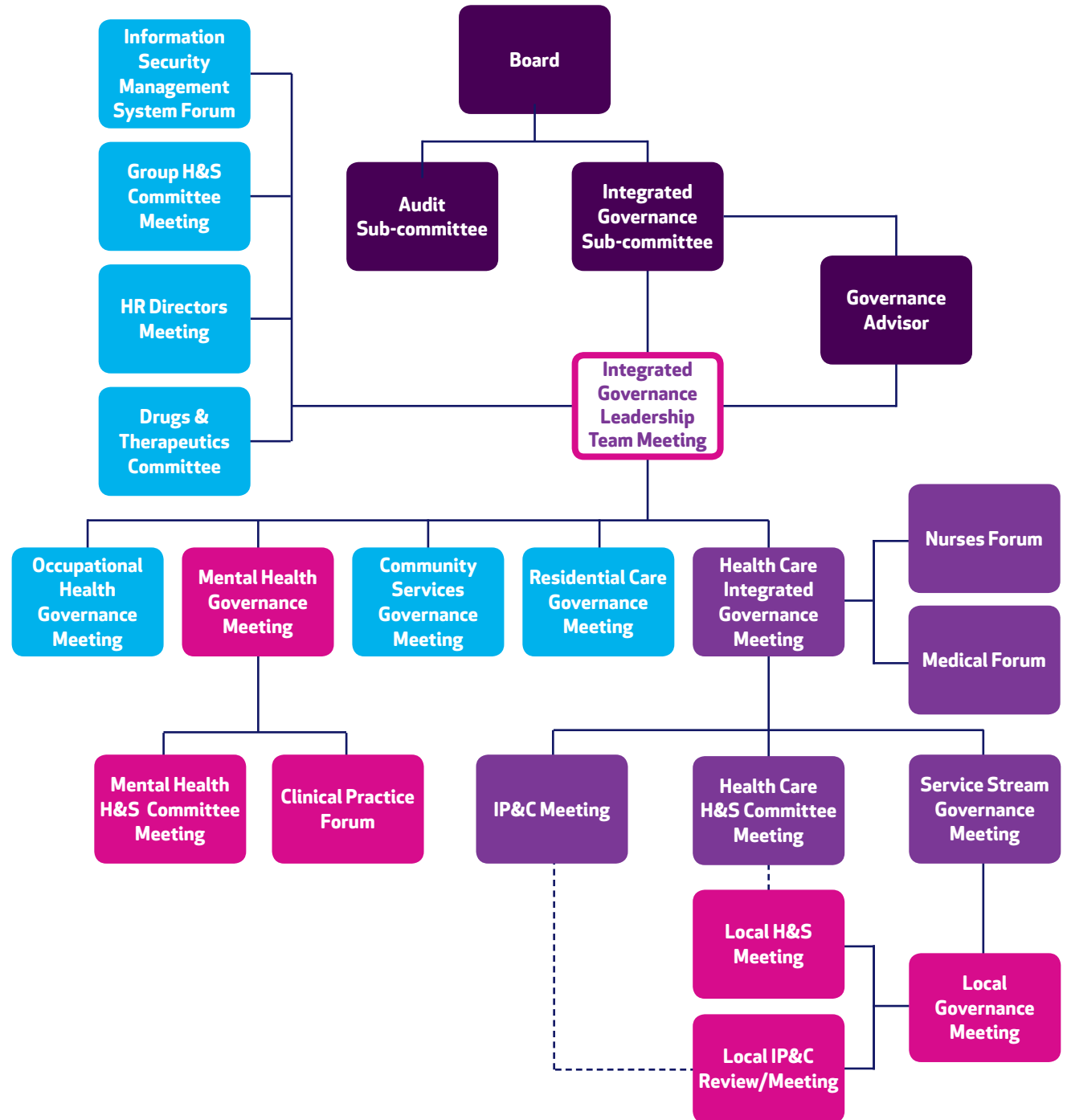
- Strongly Agree %
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- Neither Agree nor Disagree %
- Disagree %
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- Not Answered %

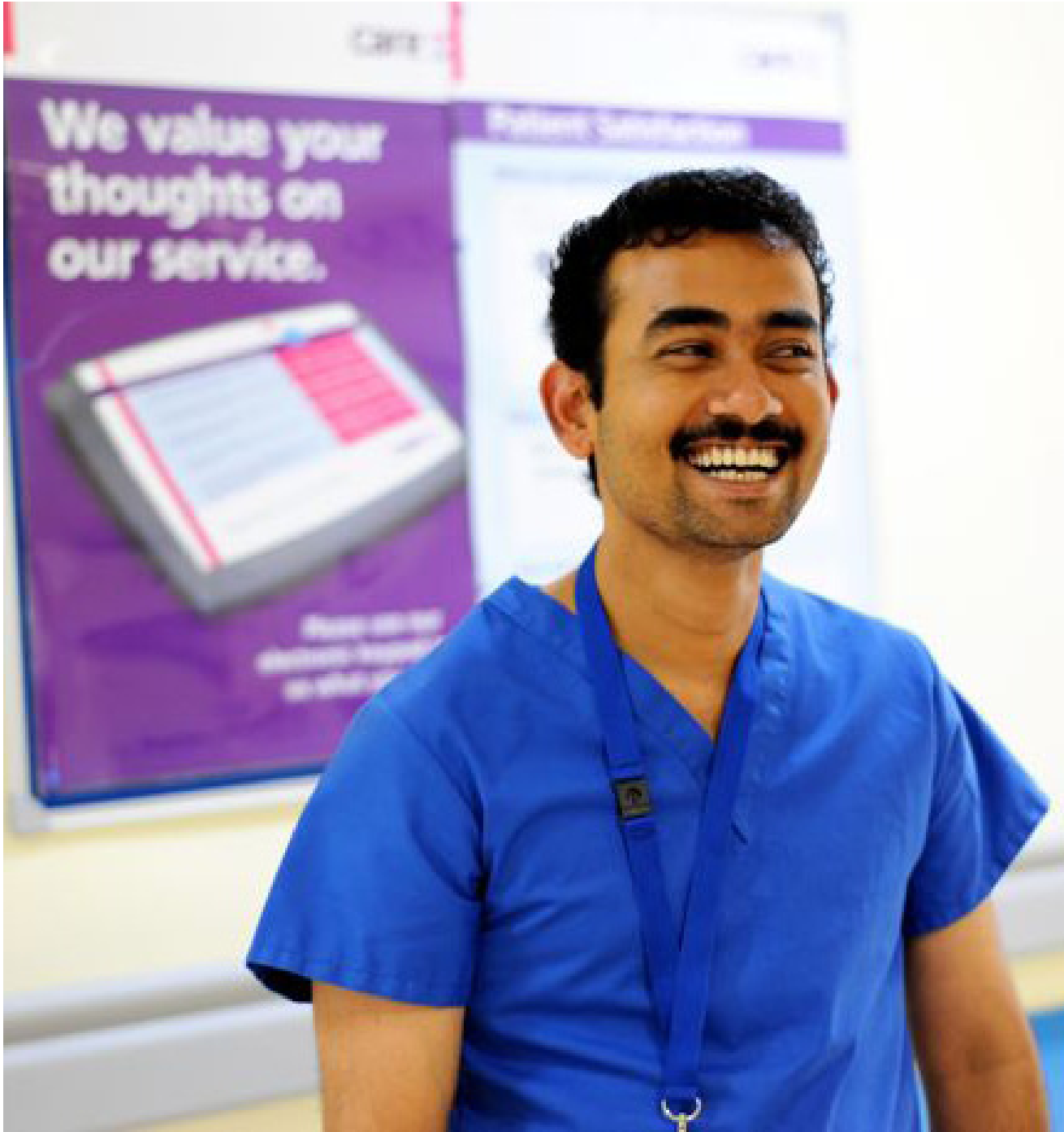
5 Quality Management Systems



Care UK operates an integrated system of governance within its services. Leadership, to ensure good governance is embedded throughout the organisation, from front line clinical leaders to the Board. 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.

Dr Martin Morse joined Care UK this year as Governance Advisor to help the further develop our approach to good governance through a review of our services and by providing challenge to management. Dr Morse, who reports to the Chairman, will attend meetings of the Integrated Governance Leadership Team and be a member of the Integrated Board Governance sub-committee.





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, as evidenced in this report, 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 Mental Health and use this to inform improvement plans.

Each month all treatment centres, CATS and mental health hospitals collect data on the quality of the services that have been provided in the previous month. These indicators enable the organisation to track its performance against the standards set by commissioner or ourselves for these services. 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 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 Health Care and Mental Healthcare and to the Board.

In the reporting period April 2011 to March 2012, Care UK retained its accreditations to ISO 9001:2008, Quality Management System, ISO 14001:2004 Environmental Management System and ISO 27001 Information Security Management System. In addition to these certifications Health Care retains its Level 1 compliance with the National Health Service Litigation Authority's standards.

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 bespoke leadership development programmes for its new and aspiring managers.

We also recognise that successful clinical services need good clinical leadership. To provide this leadership all our centres have a Medical Director and Clinical Services Manager, usually a nurse, who work together with the General Manager to deliver patient focused services. The development of a Clinical Engagement Strategy to ensure that we fully harness the skills and contributions of our clinical staff is an enhancement to our approach to engaging clinical staff for 2012-2013.

All 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 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 within our services.

Training & Development

Care UK continues to commit to a high quality workforce as required by national guidelines and regulations. In 2011 Care UK focused on improving access to training and evidencing all training undertaken. Care UK has continued to foster a good working relationship with Edgehill University to develop the new modules required by national guidance. Care UK also work with other external providers who link with lecturers from the University of Hertfordshire to deliver high quality focused training and study days.

For 2011 a Health Care training calendar was developed which reflected training needs and requirements, identified through staff annual appraisals and by operational or clinical teams across the services. To enhance this, a training catalogue has been distributed which includes the calendar of centrally run events and an option for centres to choose training events specifically required for their centre which can be delivered at a local level.

Care UK actively encourages the development of local Continuous Professional Development (CPD) study days. The content for these days is accredited as CPD learning hours by an external independent training organisation.

Care UK has a comprehensive non-clinical Learning and Development programme for its managers and staff. We target our training programmes to address our highest priorities. Regular reviews ensure the programmes remain up to date and relevant.

We have developed several programmes targeted for different levels of management experience:

<p>Team Leadership Development Programme</p>	<ul style="list-style-type: none"> • Targeted at our newly promoted supervisors and team leaders • Topics include personal management styles, effective delegation, leadership and motivation and coaching skills
<p>Manager Roadmap</p>	<ul style="list-style-type: none"> • A set of stand-alone modules of the core knowledge and skills needed to manage a team at Care UK • The modules include absence management, conduct and capability, recruitment and selection, equality and diversity, and performance development
<p>Leadership Development Programme</p>	<ul style="list-style-type: none"> • For more experienced managers to take them to the next level • Designed to align with talent review work done by the company on its high potential staff

We have also developed a Customer Service Excellence programme that will roll out to all Health Care over the next twelve months, maintaining our focus on high level quality care for our patients.

Care UK is fully committed to co-operating with the multi-disciplinary training of NHS health care professionals and are actively involved in providing clinical placement opportunities for nursing, allied health professional and medical students at Barlborough treatment centre for example. As part of our commitment to develop the future workforce we are also involved in work experience and work placements for fifteen to nineteen year olds.

Care UK Values

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

We believe that every one of us can make a difference

We continually strive for innovation and new ways to improve the service that we offer

We see the world from the point of view of our service users and customers

External review



Feedback from North East Essex LINk:

As Care UK does not provide healthcare services in Colchester the Locality Group declined to comment on the document.

Feedback from Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster (SHIP) and the Clinical Commissioning Groups:

The Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster (SHIP) and the Clinical Commissioning Groups welcomed the opportunity to participate in the governance “sign-off” process of the 2011/2012 Quality Account for Care UK.

Commissioner Statement

The Commissioners have a positive working relationship with St. Mary's NHS Treatment Centre and Havant NHS Diagnostic Centre – Health Care Division (Care UK).

Report Structure

The Quality Account provides information across the three areas of quality as set out by Lord Darzi. These are:

- patient safety
- patient experience
- clinical effectiveness

The account incorporates the mandated elements required. Care UK has used both internal and external assurance mechanisms, for example through audit and benchmarking, to demonstrate the quality of its services.

Quality Improvement Priorities for 2012/2013

Care UK has outlined its priorities for 2012/13 and Commissioners are in agreement with these. Whilst there are not three priorities set for the overall organisation against each

area of quality, the priorities are split to cover general services and mental health services. Clarity may have been given on how these priorities will be effected in the separate divisions, for example how the Nurse Endoscopist will be utilised at St. Mary's NHS Treatment Centre.

Patient Safety

Commissioners support the intention to introduce electronic nursing rotas and improve risk management processes. The latter will be integrated with the priority set under patient experience, regarding the utilisation of software Datix, to inform of trends arising through incidents and complaints.

Patient Experience

Commissioners support the use of Essence of Care as a tool for clinicians to review and benchmark care provision against best practice standards. It is good to see the focus against five key elements and welcome details of the quantifiable evidence to demonstrate practice improvements. Commissioners welcome the innovative approach to improving service user experience as part of the Mental Health Priorities by setting up Service User Networks and Service User Champions. Likewise, the formation

of an Expert by Experience Panel. It will be good to see how this work may influence the general care areas across all divisions and the quantifiable outcomes this will deliver.

Clinical Effectiveness

Commissioners support the intention to improve the holistic package of care to patients attending for endoscopy, the intention to continue to benchmark performance with regards to hip and knee replacements and review the practice of laparoscopic cholecystectomy day case in order that all sites employ the most effective methods.

Likewise Commissioners are pleased to see the intention to improve direct access surgery for hernia surgery and the intended integrated working with primary care.

Achievements reported against 2011/12 priorities and overall Quality Performance

Care UK set the priority to ensure continuous improvement of the patient experience. Commissioners support the approach taken by Care UK in regards to monitoring the patient experience across a pathway of care, for example pre-assessment through to post-operative consultation. Care UK also gives examples of how a variety of data is analysed at service level to identify improvement requirements. For example the Out Patient waiting times at Southampton Treatment Centre included a review of patient feedback and complaints. Also, the work involving more vulnerable members of our community is welcomed. It will be

good to see an increase in the percentage of patients undertaking surveys. Care UK are to be commended for their work in Mental Health settings and the outcomes they have achieved.

The patient experience section may be further enhanced by providing patient reported outcomes for each site. The performance against the Patient Environmental Action Team (PEAT) assessment is, helpfully, shown for each site.

Commissioners welcome the achievements made as a result of the falls programme and the low rate of falls compared to national average. Care UK are commended for their lower than average surgical site infection rate and zero episodes of the three priority areas for blood stream infections.

Commissioners note the improving compliance with Venous Thromboembolism Assessment. This is a national patient safety priority.

Commissioners will be keen to see a continuing improvement in compliance with the consent procedure process.

This patient safety section may have been further enhanced by providing a breakdown of the themes arising from reported patient safety incidents.

It is evident in this account that the review of the Enhanced Recovery Programme has led to service developments.

Commissioners agree with the intention to monitor patient outcomes in future years.

It is noted that Care UK have met all the standards for accreditation for endoscopy services and it will be good to see all sites showing the same level of outcomes scores.

The account references the Commissioning for Quality and Innovation Schemes. This may have been further enhanced by inclusion of achievements and challenges against delivery.

Data Quality

Where information permits the Commissioner is satisfied with the accuracy of the data contained in the Account. It is good to see compliance with Quality Standard ISO 27001 – Information Security Management, the satisfactory rating against the Information Governance Assessment and the internal and external assurance methods in place to ensure continued compliance. Care UK is commended on their achievements against the Secondary Uses Service coding audit, achieving 100%.

Clinical Audit and Research

Care UK report participation of 100% against eligible clinical audits. It is noted that 0 National Confidential Enquiries were applicable to the services but it is good to see that a review against Peri-operative Care Knowing the Risk 2011 has been reviewed and led to identification of improvements. It is good to

see an intention to map opportunities for research participation and also participation in the Blood Transfusion Audit.

Commissioner Assessment Summary

There have been many positive developments in 2011/12. This is underpinned by inclusive governance arrangements and clinical leadership at each centre. The development of the patient involvement strategy has strengthened the patient voice in service improvement and this can only be commended. Of equal importance in quality assurance is staff reported experience and it would have been advantageous to include the outcomes of the staff survey within this account.

The Commissioners welcome continued partnership working with Care UK (namely for St. Mary's NHS Treatment Centre and Havant NHS Diagnostics Centre). Continued engagement in the Clinical Quality Review Meetings will ensure the continuous monitoring, delivery and assurance against the essential standards for quality and safety as well as the proposed quality improvement programmes.



D M Fleming (Mrs) Chief Executive, SHIP PCT Cluster

Appendix



Specialty	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
Children	Paediatric pneumonia - British Thoracic Society Paediatric asthma - British Thoracic Society Paediatric fever - College of Emergency Medicine Childhood epilepsy - RCPH Paediatric Intensive Care - PICANet Paediatric Cardiac Surgery - NICOR Diabetes - RCPH	Care UK does not provide children's services
Acute Care	Emergency use of oxygen - British Thoracic Society 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. Care UK did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.

Specialty	Audits	Reason for no Care UK participation
Long Term Conditions	Diabetes - NADA Heavy Menstrual Bleeding - RCOG Chronic Pain - NPA Ulcerative Colitis & Crohn's Disease - IBD Audit Parkinson's Disease - National Parkinson's Audit COPD - British Thoracic Society Adult Asthma - British Thoracic Society Bronchiectasis - British Thoracic Society	Care UK only provides elective surgery services from the treatment centres therefore does not manage long term conditions.
Cardiovascular Disease	Familial hypercholesterolaemia NCA of mgt of FH 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

Specialty	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 Sever 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 the other audits
Blood Transfusion	O neg Blood Use - National Comparative Audit of Blood Transfusion Platelet Use - National Comparative Audit of Blood Transfusion	Care UK has applied to participate in this audit and are awaiting circulation of the questionnaires.
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



fulfilling lives

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

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