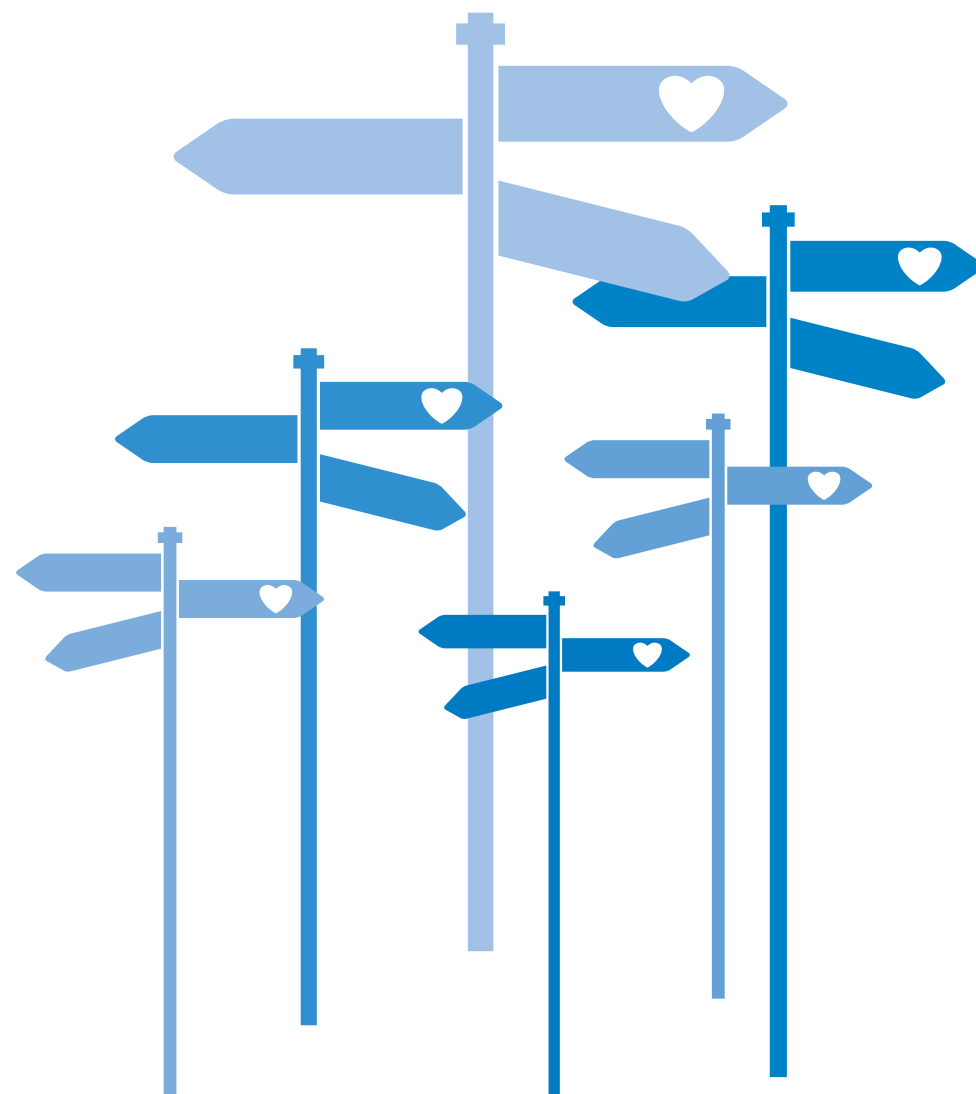


Best quality, best practice and **best outcomes**



Commitment to quality in the patient experience



Foreword by Jim Easton



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

There is great diversity in the NHS services we provide: from GP services in and out of hours, to walk-in centres and urgent care centres providing the first point of contact with care, often when people feel anxious

and unwell. We also provide diagnostic services offering fast, active answers to patients about the nature of their condition. Then there are our elective surgical services providing planned procedures to improve people’s lives, as well as our offender health services, which provide care to some of the most vulnerable people in the country.

Quality of care is a common thread that runs through all of these services. This is true in areas where we can already demonstrate excellence in service provision, with our zero infection rates in surgery, the Friends and Family recommendation scores of 75% and above for all our inpatient treatment centres, or the recognition of external quality organisations like Dr Foster, who named us as the best provider of hip replacements in the country.

We are also committed to continuous quality improvement across all our services, and in working to achieve the national leading quality benchmarks across all our NHS services. We believe in transparency in the measurement of quality,

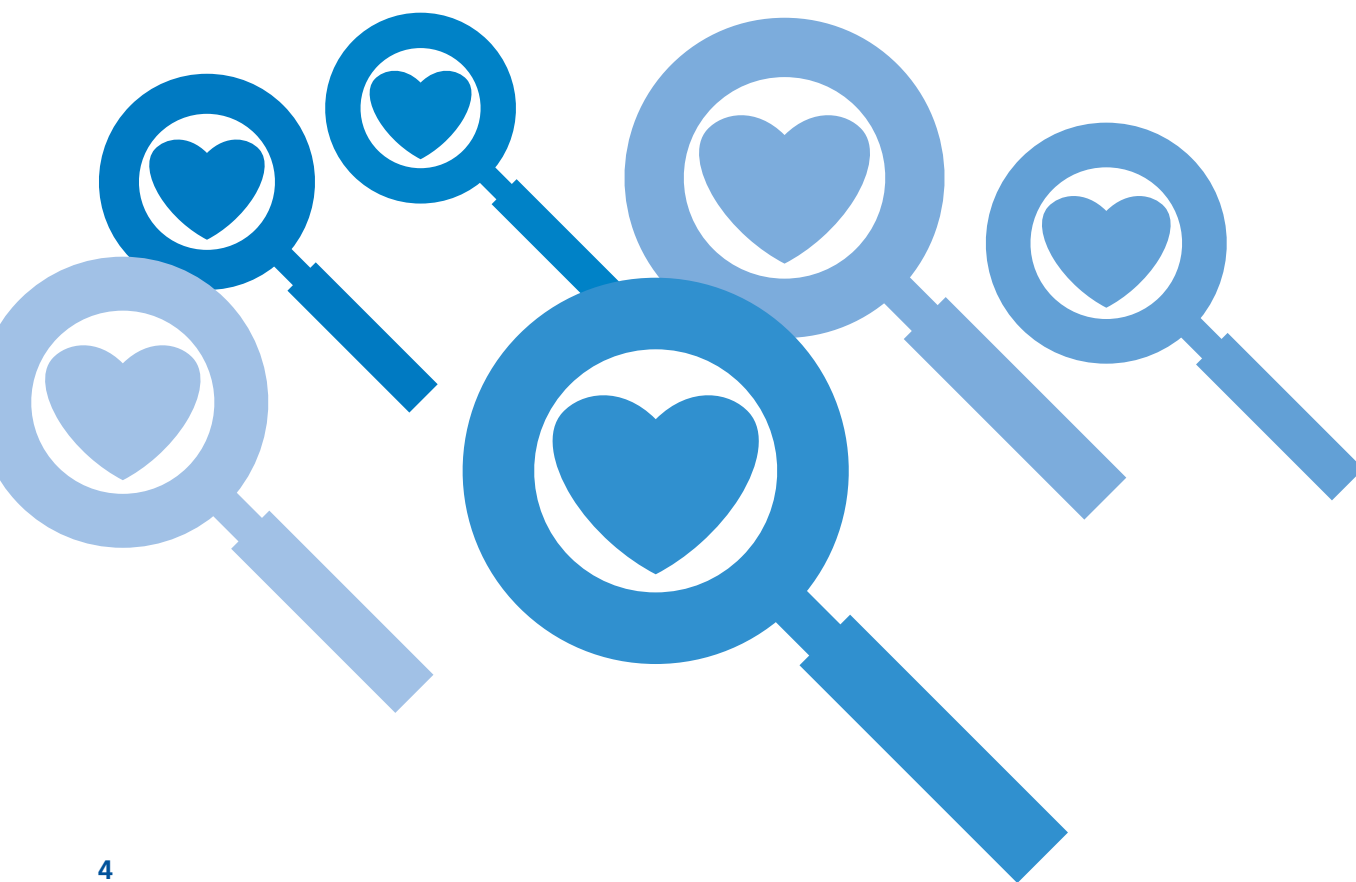
in equipping our staff with the skills to deliver and improve quality, and encouraging them to report problems and concerns. We also believe in the importance of listening with respect to our patients and acting on their views. These things are at the heart of the values of the NHS and need to be at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

It is a pleasure to be able to introduce our Quality Account for Care UK’s Health Care division which provides a more detailed description of how we perform in the quality of care and the work we do to improve that position.

A handwritten signature in black ink, appearing to read 'J. Easton'.

Jim Easton, Managing Director, Health Care

Contents



Our services

Quality priorities for 2013–2014

Review of our services 2012–2013

2012–2013 Quality priorities update

External review

Appendix

Our services



Care UK is a leading independent provider of health and social care services. We provide a wide range of healthcare services, including elective surgical care, primary care, urgent care, specialist mental health services and offender health services.

In line with the Department of Health guidance 2010/2011, Quality Accounts Toolkit, this document relates 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. Our facilities are modern purpose-built centres close to public transport links or in redesigned buildings close to – or within – NHS hospitals. Our CATS provide consultations, diagnostic services and minor treatments in convenient locations close to patients' homes.

Care UK operated six ISTCs and five CATS during 2012–2013 and we gained another five ISTCs in February 2013 when we acquired UK Specialist Hospitals (UKSH). The priorities for both Care UK and UKSH services for 2013–2014 are included in this Quality Account and in the Quality Account for UKSH.

In the year April 2012 to March 2013, Care UK's ISTCs and CATS undertook 182,336 outpatient consultations, 42,188 day/inpatient procedures and 4,977 telephone consultations.

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



Our ISTC and CATS services

Services	Facilities	Specialties
Barlborough NHS Treatment Centre	Inpatients Day patients Out patients Diagnostics	Orthopaedic procedures
Eccleshill NHS Treatment Centre	Day patients Out patients Diagnostics	General surgery, urology, gastroenterology, orthopaedics, endoscopy and gynaecology
North East London NHS Treatment Centre	Inpatients Day patients Diagnostics	General surgery, orthopaedics, dental surgery, ophthalmic surgery including oculoplastics and endoscopy
Southampton NHS Treatment Centre	Inpatients Day patients Diagnostics	General surgery, gynaecology, orthopaedics, oral surgery, chronic pain service, endoscopy, ear nose and throat surgery, ophthalmology and urology
St. Mary's NHS Treatment Centre	Day patients Diagnostics	General surgery, ophthalmic surgery, orthopaedics and endoscopy
Will Adams NHS Treatment Centre	Day patients Out patients	General surgery, urology, ophthalmic surgery, orthopaedics and endoscopy
Manchester Clinical Assessment and Treatment Services	Outpatients Diagnostics	General surgery, endoscopy, gynaecology, urology, orthopaedics and ear nose and throat procedures
Lincolnshire Intermediate Musculoskeletal Services	Outpatients Diagnostics	Musculoskeletal services
Rochdale Ophthalmology Clinical Assessment and Treatment Services	Outpatients	Ophthalmology
Broad Street Clinical Assessment and Treatment Services	Outpatients	Dermatology, ear nose and throat procedures, headache treatment, urology and minor surgery
Buckinghamshire Musculoskeletal Integrated Services	Outpatients Diagnostics	Musculoskeletal services



Mental Health division services

Our Mental Health division provides rehabilitation and recovery care as well as support for those with complex mental health needs and people who have been detained under the Mental Health Act. We focus on maximising an individual's ability to improve the quality of their life, moving beyond their illness to a greater level of independence. Our services are provided for local clinical commissioning groups (CCGs).

We also support people with complex mental health needs who are living in accommodation provided in partnership with local registered social landlords. We work in tandem with local community support services to help reintegrate individuals into the community following a stay in 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 our independent hospital that offers acute treatment for children and adolescents between the ages of six and nineteen.

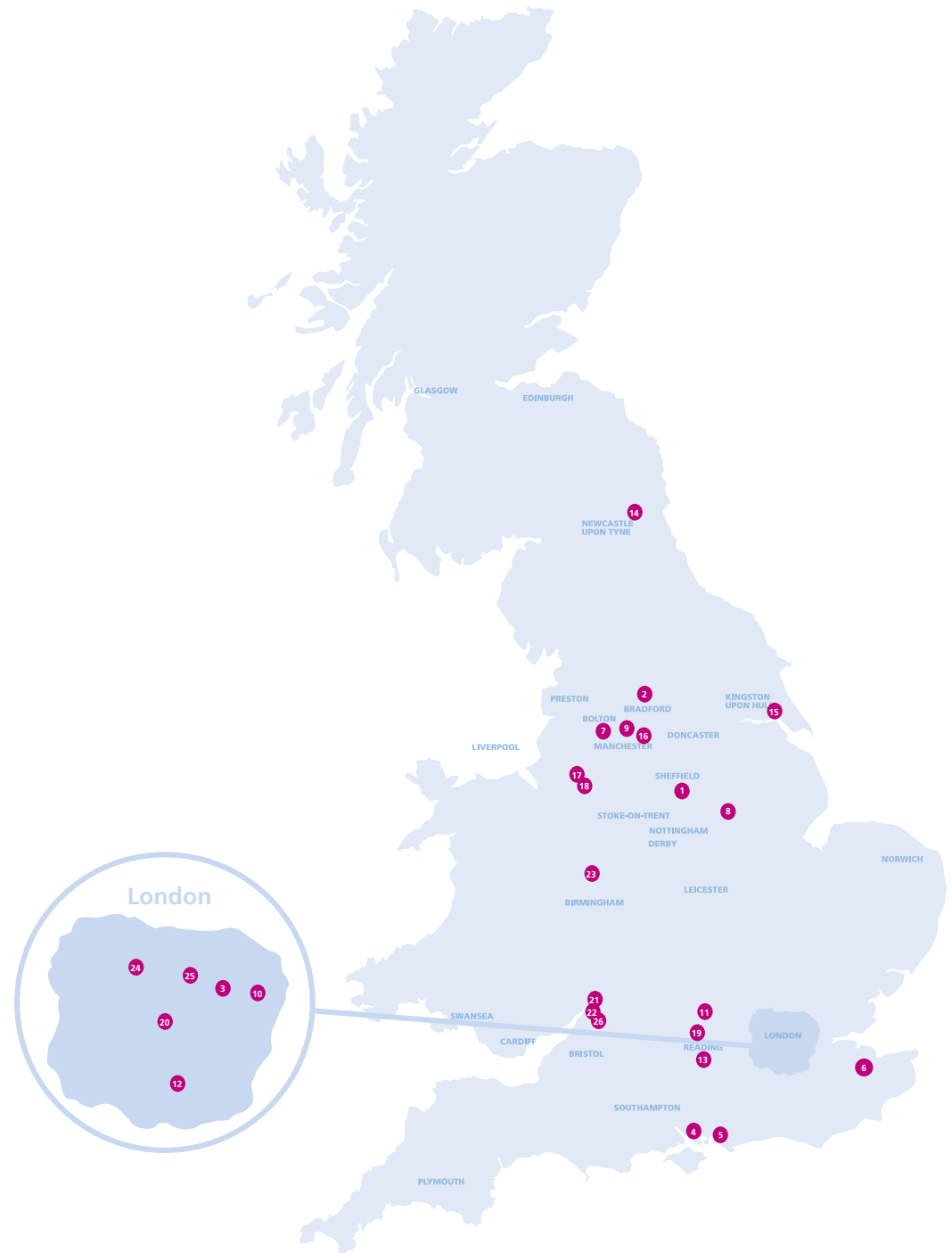
Althea Park House, Ashleigh House and Newcombe Lodge provide residential care for those over fifteen years of age with complex or severe and enduring eating disorders. All three services have been awarded national accreditation from Beat, a leading national eating disorders charity.

During the reporting period, our mental health services provided care and support to around 291 service users across our homes, hospitals and specialist services. Of these, 65 people were supported by our eating disorders services and eight by our self harm services. On average, 77% of our 260 beds were occupied over the year.

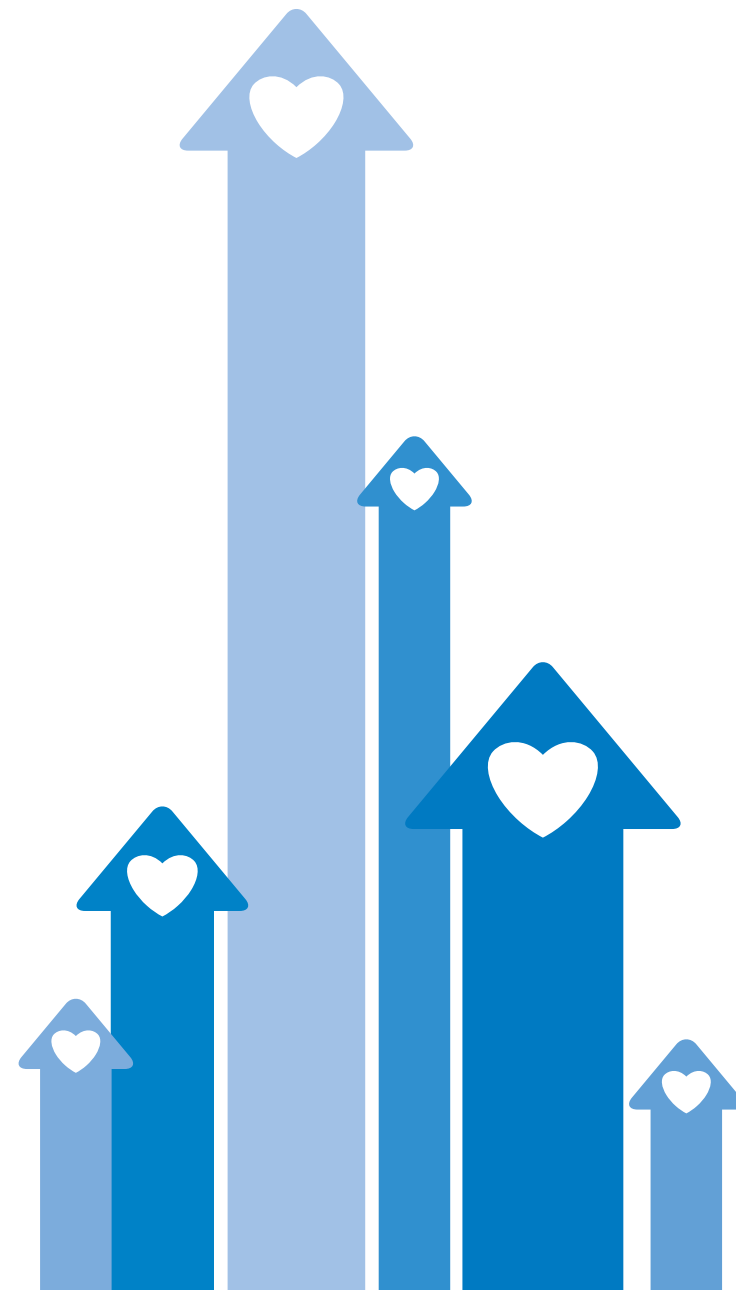
Services	Facilities	Specialties
Evergreen Lodge – London	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community
Yew Tree Lodge – Reading		
Cragston Court – Newcastle upon Tyne Penfold Lodge – Clacton		
Kingfisher Rise – Hull Riverbank – 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 Riverbank – Hull		
Aylesbury House – London		
Tariro House – London		
Lichfield Road – Walsall		
Rosebank House – Reading		
Althea House – Stroud	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
Ashleigh House – Stroud		
Rhodes Farm – London		

Locations of our ISTC, CATS and Mental Health services

- 1 Barlborough NHS Treatment Centre
- 2 Eccleshill NHS Treatment Centre
- 3 North-East London NHS Treatment Centre
- 4 Southampton NHS Treatment Centre
- 5 St Marys NHS Treatment Centre
- 6 Will Adams NHS Treatment Centre
- 7 Manchester Clinical Assessment and Treatment Services
- 8 Lincolnshire Intermediate Musculoskeletal Services
- 9 Rochdale Ophthalmology Clinical Assessment and Treatment Services
- 10 Broad Street Clinical Assessment and Treatment Services
- 11 Buckinghamshire Musculoskeletal Integrated Services
- 12 Evergreen Lodge Mental Health services
- 13 Yew Tree Lodge Mental Health services
- 14 Cragstone Court Mental Health services
- 15 Kingfisher Rise Mental Health services
- 16 Brierley Court Mental Health services
- 17 Park Lodge Mental Health services
- 18 Park Villa Mental Health services
- 19 Rosebank House Mental Health services
- 20 Tariro House Mental Health services
- 21 Althea Park House Eating Disorder services
- 22 Ashleigh House Eating Disorder services
- 23 Lichfield Road Mental Health services
- 24 Rhodes Farm Eating Disorder services
- 25 Avesbury House Mental Health services
- 26 Newcombe Lodge Mental Health services



Quality priorities for 2013–2014



Care UK’s Health Care division has identified a number of quality objectives to focus on in order to improve its high standards of patient experience and safety, as well as clinical effectiveness. These priorities will be reported on through our reporting programme and as part of next year’s Quality Account.

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

Healthcare priorities

Patient experience

Priority 1: NHS Friends and Family Test

Quality objective:

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

At Care UK our approach has always been to put patients at the centre of all our processes, with the aim of achieving the best possible clinical outcomes and patient experience. Learning how patients feel about our services is vital to us and has already enabled us to improve our services. As part of our patient experience range of questions we ask the simple question: 'Would you recommend the service to a friend or family if they needed similar care?'

This Department of Health mandated question provides patients with an important opportunity to provide feedback on their care and treatment. The national Friends and Family Test provides an opportunity for us to rate our services against those provided by other NHS healthcare providers. We will build on our achievements of implementing the NHS Friends and Family Test across all Care UK ISTCs within the targeted timeframe, aiming to receive feedback from every patient accessing Care UK ISTCs and CATS.

This year we plan to build on our high levels of positive patient feedback (as demonstrated on pages 35 and 36), aiming to achieve the highest result of excellent while being benchmarked in the top 10% of all healthcare providers in England.

Priority 2: Improving the experience of patients undergoing hand surgery

Quality objective:

To use technology to support patient recovery and minimise the risk of developing post-operative complications by launching the evidence-based hand physiotherapy electronic application.

Integrating the five UKSH and six Care UK ISTCs is a superb opportunity to bring together the best practice and innovative approach of both companies in the pursuit of excellence. In 2012–13 UKSH developed a new version of the Pocket Physio digital application to include the demonstration of exercises for hand surgery patients.

Various complications can follow hand surgery, including the development of contractures, persistent stiffness and a reduction in hand flexibility. The exercises demonstrated on the app are designed to minimise the risk of these developing. Patients can watch and learn how to do their exercises. What's more, the app clearly indicates when patients should seek help if they're experiencing pain or other post-operative issues. The technology will be launched across all Care UK ISTCs this year.

The app will be accessible to all appropriate patients via iPads in our ISTCs and be free to download from iTunes, so patients can access it when they are discharged, and even if they have been treated by other healthcare providers. The app will run on Apple and Android technology.

The app will be promoted throughout the clinical care pathway, including when a patient is discharged, so that all appropriate patients will know about this service and how to use it.





Priority 3: Monitoring of patient complaints, compliments and concerns

Quality objective:

To implement Datix complaints management software to monitor and process patient complaints, comments, compliments and concerns.

We aim to ensure that all patients have an excellent experience when they use our services. However, we recognise that sometimes things go wrong, leading to us receiving adverse comments, concerns or letters of complaint. We follow the Department of Health guidance in responding to complaints by being open and honest. We also use what we learn from complaints to improve our service.

All Care UK services use the Datix system to manage risks, incidents and accidents. We have now added another module to manage complaints, which will be rolled out this year. This integrated system will enhance the information we receive, and will be vital for Service Directors and quality improvement staff for monitoring trend data by location. Being able to target service improvements will help us to improve patient satisfaction and safety even further. This year we will determine the parameters so that we can benchmark our services with other national providers over the next year.

Patient safety

Priority 1: Sufficient numbers of qualified staff

Quality objective:

To ensure there are the correct numbers of clinical staff on duty to support the needs of all of patients in the facilities.

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

Creating duty rotas tends to be the responsibility of the senior clinical manager for each department. It's a time consuming task that can take senior clinical staff away from the vital role of delivering patient care. To solve the issue, two Care UK ISTC services have trialed an electronic rostering system, and this has been successfully deployed in other Care UK divisions over the last year.

An electronic solution enables us to create duty rotas and manage working hours and leave requests while ensuring that there are enough staff with the right skills to meet the needs of the patients.

This was a priority presented in last year's Quality Account and will be rolled out to all our remaining ISTCs and CATS by March 2014.

Priority 2: World Health Organisation Surgical Safety Checklist

Quality objective:

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

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

The document, and the five stages of the Safer Surgery process, guides clinical staff through vital safety checks. These ensure that the right patient is having the right surgery to the right area, and that the team has the correct equipment to safely carry out that planned surgery. Standardising practices reduces the risk of Never Events (see the Never Events list 2012/13, Department of Health 2012).

By using the checklist, any member of the surgical team can stop the surgery if they are concerned that any aspect of the preparation has not been completed properly. The process begins with a team briefing, there are patient checks before anaesthesia is administered, before surgery is started and before the patient leaves the operating theatre. Finally, the team holds a de-briefing at the end of the operating list. The Board reviews compliance to the process by reviewing the audit results at their monthly meetings.

This objective has previously been prioritised within both the UKSH and Care UK Quality Accounts. The Managing Director and the clinical staff consider this to be such an important aspect of preventing serious incidents, that we aim to build on our success and challenge ourselves to achieve 100% compliance with this objective over the coming year.

Clinical documentation audits will monitor compliance with this objective. The first audit is a retrospective audit on the clinical documentation and this will be followed up with concurrent audits, including a direct observational audit carried out by an observer in the operating theatre.

Priority 3: Continuous prevention and reduction of patient falls

Quality objective:

To continue to reduce and prevent patient falls within the ISTC environment.

The Chief Nursing Officer for England continues to challenge nursing staff to review and reduce patient falls under the High Impact Interventions programme. At Care UK we have championed this issue by creating a risk assessment process for all patients undergoing surgical procedures. We put care plans in place to minimise the risk of post-surgical falls and we have formed multidisciplinary groups of nurses, doctors, pharmacists and physiotherapists to review each patient fall and understand why it happened. These groups continue to lead practice and improvement strategies in our facilities.

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

Priority 4: Ensuring full compliance with the essential standards of quality and safety

Quality objective:

All Care UK ISTCs and CATS to be compliant with the Care Quality Commission's (CQC) essential standards of quality and safety.

It is vital that all services continue to provide an excellent, evidence-based, safe standard of care to all patients. The measure provided by the regulatory body for England, the CQC, is: "compliance to the essential standards of quality and safety and the completion of the provider compliance assessment tool".

We have set the target of 100% compliance to these standards. Anything less is unacceptable. We will aim to achieve this standard on internal audits performed by our own compliance team as well as external audits by the Care Quality Commission, our external auditor and regulator.

Clinical effectiveness

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

Quality objective:

To promote the prevention of post-surgical venous thromboembolism (VTE).

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

Within the National Institute for Health and Care Excellence (NICE) guidance, Venous Thromboembolism – Reducing the Risk, clinical guideline 92 (CG92)2010 it is stated that all patients undergoing specified surgical procedures are assessed appropriately, the risks are identified and therapeutic prevention (mechanical or pharmaceutical) is implemented to minimise the risk of VTE. As a result, we aim to keep this key objective within our Quality Account priorities for the coming year.





We aim for all our services to be 100% compliant with this objective and will continue to monitor every month. During the year we also intend to standardise the medication (known as prophylaxis) protocols across all our ISTCs.

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

Quality objective:

To promote the safe and timely recovery from hip and knee replacement surgery, ensuring that patients regain confidence and mobility.

Bed rest after any major surgery has been shown to cause muscle loss, reduce muscle strength, lung function and tissue oxygenation – factors that can lead to poor healing and infection. Immobile patients are also known to be exposed to an increased risk of venous thromboembolism (VTE). Helping patients to start moving early on after surgery has been shown to reduce these risks. Mobility is therefore a priority within the care plan of any patient who has a hip or knee replacement in one of our facilities.

As a general principle all patients mobilise the day after surgery. Yet new evidence shows that risks can be reduced even further if patients stand upright for just a short time on the day of surgery (day 0), if their condition is stable.

We have developed an enhanced recovery programme, using new (multi-modal) anaesthetic techniques to manage post-operative pain. This enables patients to be mobilised to an increasing level on the day of their procedure.

This innovative care pathway, together with the shared learning experience, will be introduced into all of our ISTCs performing joint replacement procedures this coming year. This year our target is for 50% of appropriate patients undergoing hip and knee replacement surgery to be mobilised on the same day as their surgery. We will measure this via the clinical audit programme and report every month on the audit findings.



Priority 3: Preventing inadvertent peri-operative hypothermia

Quality objective:

To prevent peri-operative hypothermia.

Peri-operative hypothermia is when the temperature of the body drops below normal levels either directly before or during surgery. For some surgery this is necessary but for the procedures performed within our ISTCs this should not occur.

NICE issued a guideline in 2008 (NICE CG 65) which advocates that clinicians should ensure that a patient's temperature does not drop below 36° either before, during or after surgery. Patients who are inadvertently subjected to a drop in their temperature below this can experience more complications and a delay in their recovery.

This coming year we will perform clinical audits to record each patient's temperature before surgery, during anaesthesia, during surgery at 30 minute intervals and after surgery. The audit will review 20% of patients undergoing surgery each quarter and the target will be for 100% of patients arriving in recovery to have a body temperature of 36° or above. The results will be reviewed by the Medical Directors and clinical speciality groups and, wherever necessary, we will put improvement actions into place.

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

Priority 4: Improve fluid balance monitoring

Quality objective:

Improve fluid balance monitoring and ensure the accurate recording of fluid intake and output.

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

We plan to provide clinical education sessions to all nursing staff about the importance of fluid balance and blood chemistry, and how disturbances lead to post-operative complications and delayed recovery after surgery. Nurses will be given clear guidance about daily fluid balance monitoring and recording, and its importance as part of the daily handover at the end of a shift. Colleagues from our champion sites are the best people to deliver these sessions as they have already achieved significant improvements in fluid balance monitoring and accurate recording in their own services.

The audit tool has already been developed and will be used to monitor compliance. The target compliance to all elements of the audit will be 95% by the end of the year by all Care UK ISTCs. We will expect our champion sites to maintain a target of 95% or above throughout the year.

Additional quality opportunities

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

The improvements that these groups make will feature as part of our Quality Account for next year.



Mental health priorities

Patient experience

Priority 1: Positive engagement with friends and family

Our recent service user survey showed us that service users' contact with family and friends was not as strong as it could be. The results can be seen in the graph on the next page.

It's crucial that our service users feel able to have an open discussion with our people and that they feel listened to. So we're planning to tackle the friends and family issue in a range of ways:

- We will develop local initiatives for service users and their friends and family through the process of recovery planning and regular reviews.
- We'll arrange more family and friend events.
- Most importantly, service users will be encouraged to join in their local communities so that they can start to create their own social networks.
- Enhanced training methods should also mean that our scores in this area improve significantly over the coming months.

Priority 2: Service user engagement

Our role is vital in encouraging our service users to create realistic goals and work towards them. We're also ideally placed to support them to achieve these goals. And through the personal recovery journeys we provide, we help service users to become independent and lead more fulfilling lives.

Our focus on service user involvement, opinion and experience is in line with the NHS National Quality Board Report 2013 that states: "Robust systems and processes to monitor, manage performance and regulate the quality of care provided to patients are essential... [this is dependent upon] the values and behaviours of staff and organisations".

Our emphasis on peer support and co-production is clear from a number of initiatives we've recently developed.





Service User Forum

We have a group of eight service users who represent the Care UK Mental Health division as part of the Service User Forum. We pay them for the work they do, and their involvement helps them to gain confidence, learn new skills, support others and share their experiences.

Forming our philosophy

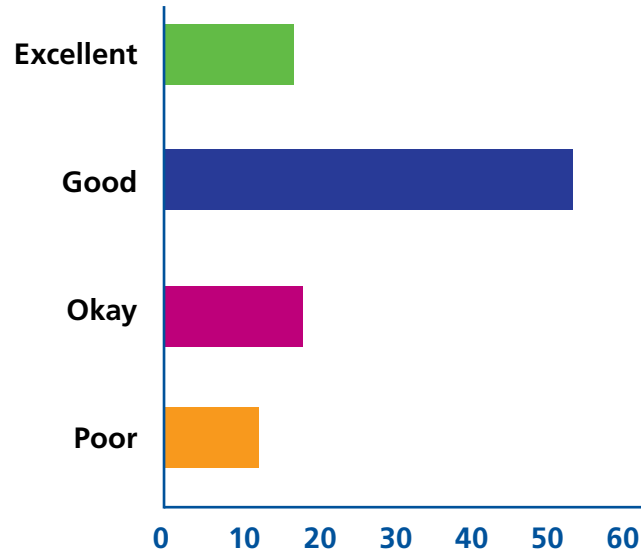
Our service users have got together in much larger numbers at various times over the past 18 months to look at specific areas of our work, including our philosophy and outcomes. As a result, we spoke to service users who were interested in working with us to develop their skills and knowledge while sharing their valuable opinions.

We're now planning to involve service users in a range of tasks and areas of our work, including:

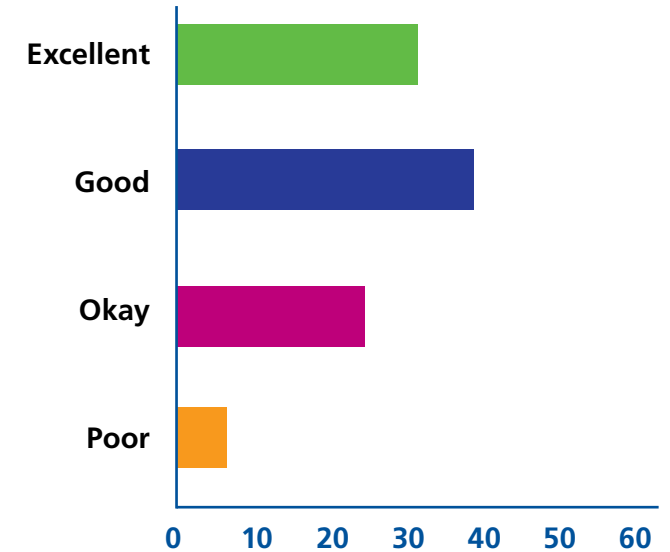
- Auditing: predominantly gathering service users' opinions
- Inputting into divisional policies
- Patient-led Assessments of the Care environment (PLACE)
- Training for staff and service users
- Writing training programmes
- Facilitating services to use their local service user networks
- Writing service user information and marketing material

Over the coming 12 months we plan to encourage service users to engage with their local communities, and our Service User Forum will begin to get more involved with the national service user networks.

How effective is the service in supporting your aspirations for your future?



How good is the service in supporting your recovery?



Patient safety

Priority 3: Maintaining a skilled workforce

We pride ourselves on our induction training for new staff which covers a wide range of topics over a four week period.

Staff training drives everything we do and is linked to the CQC's essential standards as well as to the expected behaviours of our staff.

We understand that the training impacts the lives of our service users in various ways. We are working towards having a training and career development pathway for all staff, with clear competencies and training requirements for each role.



Everything we do promotes recovery

		Core Skills																																	
Beliefs	Everyone is unique Everyone's journey is different Everyone can achieve	Equality, Diversity & Inclusion	Dignity in Services	MHP Philosophy and Values	Human Rights	Mental Capacity Act	Deprivation of Liberty	Mental Health Act	POCA/SOVA	Psychological and Physical Intervention	Understanding and Managing Challenging Behaviour	Risk Assessments	Understanding & Creating Recovery Support Plans	Documentation & Recording Skills	Mental Health Awareness	Nutrition and Mental/physical wellbeing	Health and Safety	Infection Control inc COP for Infection Control	Fire Awareness	Emergency First Aid	First Aid at Work	Food Safety	Medication Awareness	Medication Administration	Moving Handling	Sfc Common Induction Standards	Management Induction Standards	Importance of supervision	Information Security	COSHH	Integrated Management Systems	Environmental Awareness	QCF/MVQ	Everyone is unique Everyone's journey is different Everyone can achieve	Beliefs
		Behaviours	We approach things with an open mind	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	✓			✓	✓					
We enable everyone to be heard	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓		✓	✓	✓	✓			✓	My opinion is heard	
We respect differences	✓		✓	✓	✓						✓	✓	✓	✓	✓	✓	✓									✓	✓	✓					✓	I can be myself	
We encourage and support choice	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓		✓	✓	✓			✓	No decision about me are made without me		
We take time				✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓		✓	✓	✓			✓	People always have time for me		
We see the whole person	✓			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓		✓	✓	✓			✓	People see beyond my symptoms		
We inspire people to have hope for the future			✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓							✓	✓		✓	✓	✓				✓	I feel inspired to achieve more	
We recognise that individuals will achieve at their own pace			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	✓		✓	✓	✓				✓	I am able to achieve at my own pace	
Outcomes	Be healthy		✓	✓											✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Be healthy		
	Stay safe		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Stay safe		
	Enjoy and achieve	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	✓	✓				✓	✓			✓	✓	✓				✓	Enjoy and achieve			
	Make a positive contribution	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										✓	✓	✓				✓	Make a positive contribution		
	Achieve economic wellbeing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	✓		✓	✓	✓				✓	Achieve economic wellbeing	



Behind each of the headings above sits a detailed audit which will be carried out on a rolling yearly rota. Alongside this, we will also continue to perform other assessments, including:

- A monthly audit by the Senior Management Team (SMT)
- Completing the short Warwickshire and Edinburgh Mental Health Wellbeing Scale every quarter
- Completing the Friends and Family Test twice a year

This year we also aim to have a service user survey completed by an independent company which we can then use for benchmarking.

We are beginning to pilot a web-based data collection tool that provides KPI information, giving us a more robust recording and displaying tool. This will be accessed at varying levels by staff within the division and at group level.

The Mental Health division continues to monitor all quantitative data closely. While we learn from all incidents, accidents and complaints, emphasis is given to the frequency and quality of staff supervision. This is one of the main ways that quality can be ensured. It also helps us to see the effect that our philosophy is having on staff and service delivery.

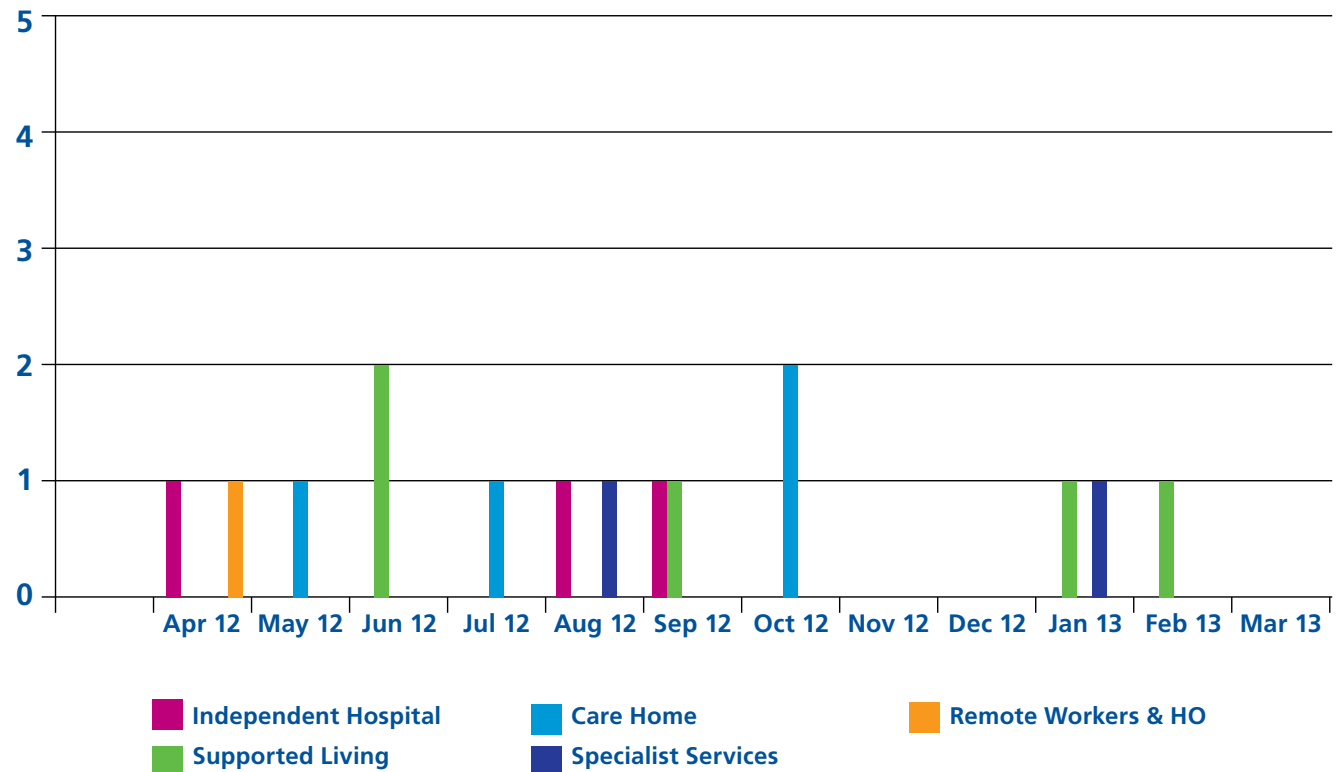
Priority 4: Compliance – monitoring and audit

The Mental Health division is 100% compliant in all CQC essential standards inspected at all services and we will continue to monitor each service every month in order to maintain these standards. We've recently reviewed the monitoring tool so it now includes:

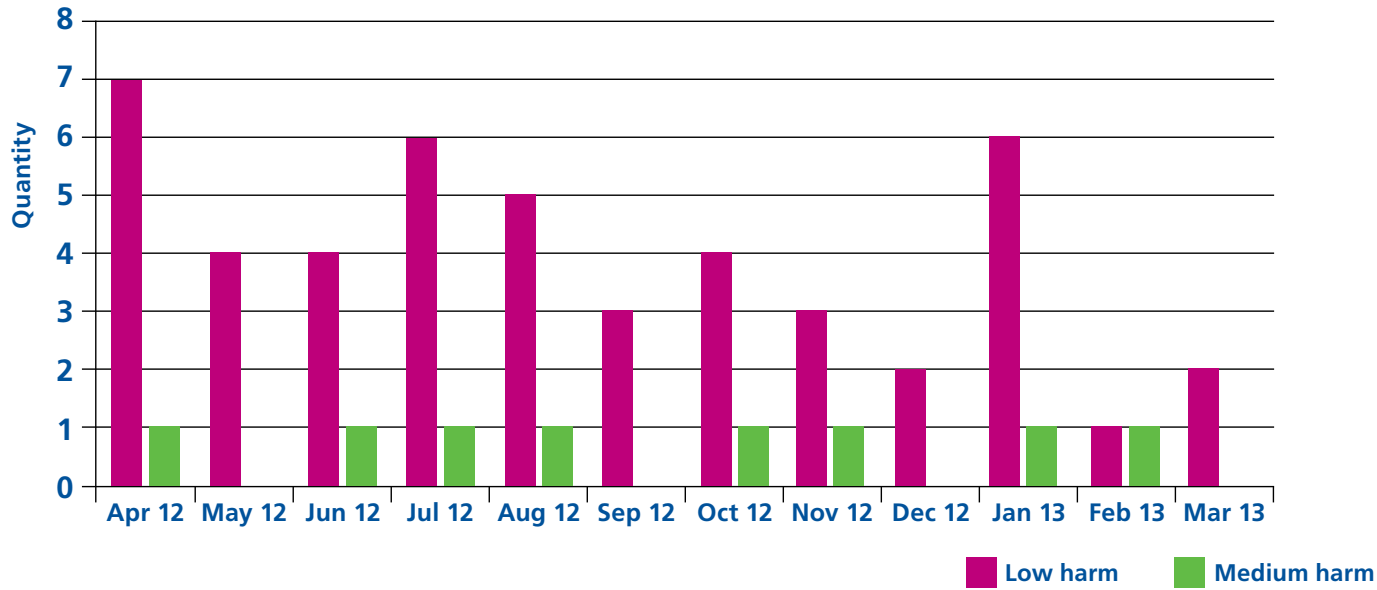
A	Safeguarding
B	Health and Safety
C	Recovery Star
D	Mental Health Act
E	Medicines
F	Information Security and Governance
G	Training
H	Caresys
I	Supervision (Staff)
J	Staff and Service User Meetings
K	Purposeful Activity
L	Basic Cleanliness
M	Physical Health

As well as helping us to monitor compliance with the regulator, this enables us to collect data relating to our five outcomes for service users. This information will be used alongside the qualitative data collected by our Service User Forum when they visit other services in the division.

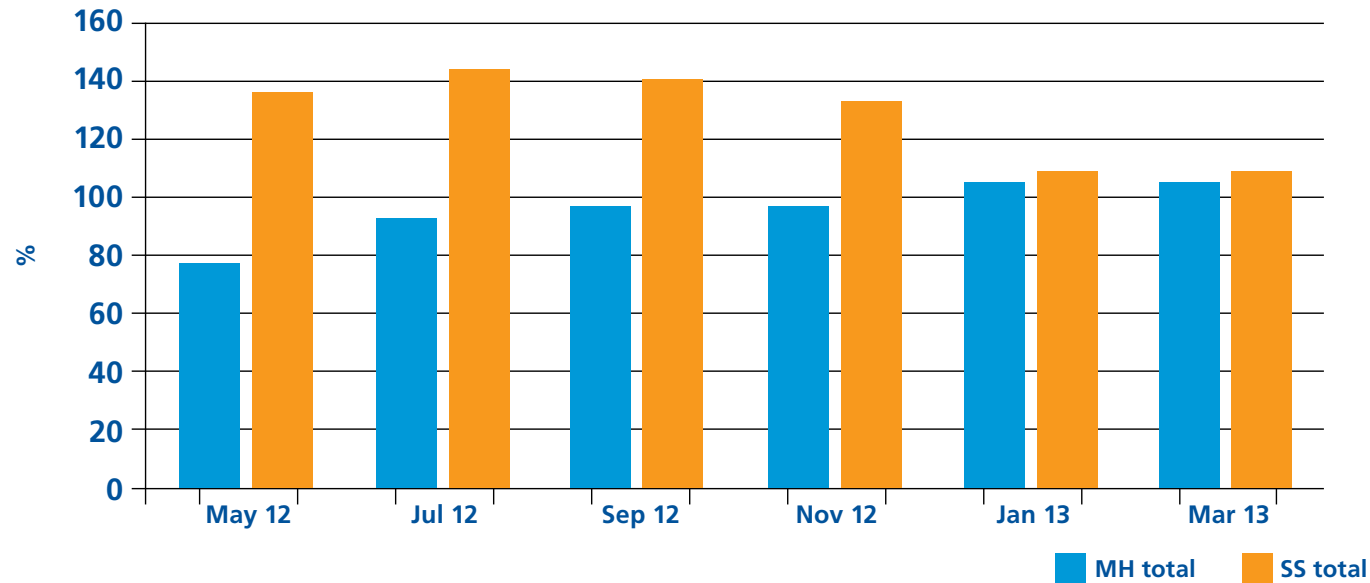
MH serious incidents April 2012–March 2013



Number of accidents April 2012–March 2013



MH supervision April 2012–March 2013 (expected baseline 100% bi-monthly)





Clinical effectiveness

Priority 5: The Care UK Mental Health Service Philosophy

Our Mental Health Service Philosophy was developed through consultations with all levels of staff as well as service users, and launched in April 2013. For us this is more than a document. It will become the way in which we deliver modern mental health care. Each service is developing its own action plan to support the philosophy and behaviours and this will help to reshape our job descriptions and our recruitment and training processes.

During 2013–4 we will be encouraging staff and service users to share their experiences of embedding the philosophy into everyday life within the division. This will be supported by all managers and directors.

The philosophy concentrates on the expected behaviours of all our staff and on the resulting experiences had by our service users. These lead to the five agreed outcomes for service users, which are:

Be healthy
Stay safe
Enjoy and achieve

Make a positive contribution
Achieve economic wellbeing

The philosophy will shape the way ahead for mental health within Care UK. We're very excited to have this as our main focus for the coming year.

Care UK Mental Health service philosophy



Quality framed by our service users...



These excerpts are taken from our ongoing work with a cross-section (10%) of service users. They were the responses to questions about quality service – what it means to them and how they would describe it. These messages provide a framework for our measurement tools and can be used to define a service user's experience of our behaviours.

Shortened Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBs)

We are currently working on data collection tools that will help us understand the impact of our new philosophy. In line with Department of Health proposals we will continue

to use the Friends and Family Test along with the Shortened Edinburgh and Warwick Mental Health Wellbeing Scale.

We continue to use such tools as Recovery Stars, HONOS, HONOSCA, surveys, and recovery and care and discharge planning quality audits to gather and report qualitative data. We remain the only independent sector provider to be part of the Department of Health's Quality and Outcomes Group and Implementing Recovery through Organisational Change (ImRoC) learning sets. The learning from these groups may influence some of our data collection methods.

Priority 6: Service user activity and employment

Currently 47% of our service users either attend an education project or are in voluntary or paid work. Some only work or attend for a few hours and some may only attend in total for a short period of time. Over the next 12 months we will aim to improve on this figure and help our service users to really engage with their local communities and the opportunities available. We hope too that some of our service users will work with others as peer supporters to share their experiences of the world of work.

We have set up the Independence Programme in order to help service users to gain the skills needed for work and independent living. This is made up of practical modules accredited by Open College (London). The results will be available in September and will determine how we move forward, but we will also listen to what our service users tell us they want and need from an open learning programme.

We are looking too at the possibility of service users being able to access e-learning modules to develop their skills, and even to attend relevant staff training (e.g. food hygiene courses).





- Managing Mental Health - 4
- Physical Health and Self Care - 6
- Living Skills - 10
- Social Networks - 4
- Work - 9
- Relationships - 2
- Addictive Behaviour - 2
- Responsibilities - 8
- Identity and Self Esteem - 4
- Trust and Hope - 1

Module 5 (skills for work)

- 5.1 Identify skills for at least 3 structured activities
- 5.2 Identify how my skills are relevant for activities
- 5.3 List the information on a CV/application form
- 5.4 Explain how to apply for a job
- 5.5 Understand how the way I act affects how people see me
- 5.6 Describe ways to improve my basic skills
- 5.7 Explain my rights and role in the workplace
- 5.8 Explain where to find local education providers
- 5.9 Explain my future career options



Richard's story*

"I have been living at Evergreen Lodge for nearly a year. I was in hospital before I came here. When I arrived I was keen to become involved and an opportunity came up when someone moved out, in to his own place. I applied for the cleaning job that he had left. I was interviewed and I got the job! I work with Millie and help her to keep Evergreen Lodge looking good.

It's better for me when I am busy. I enjoy cleaning. The job takes two or three hours every day. I like to be busy and doing this job makes me feel part of the team. I feel it is my responsibility and I am not shy in the planning meetings here with other service users. I remind them we all have to live together and all need to keep the place clean and tidy.

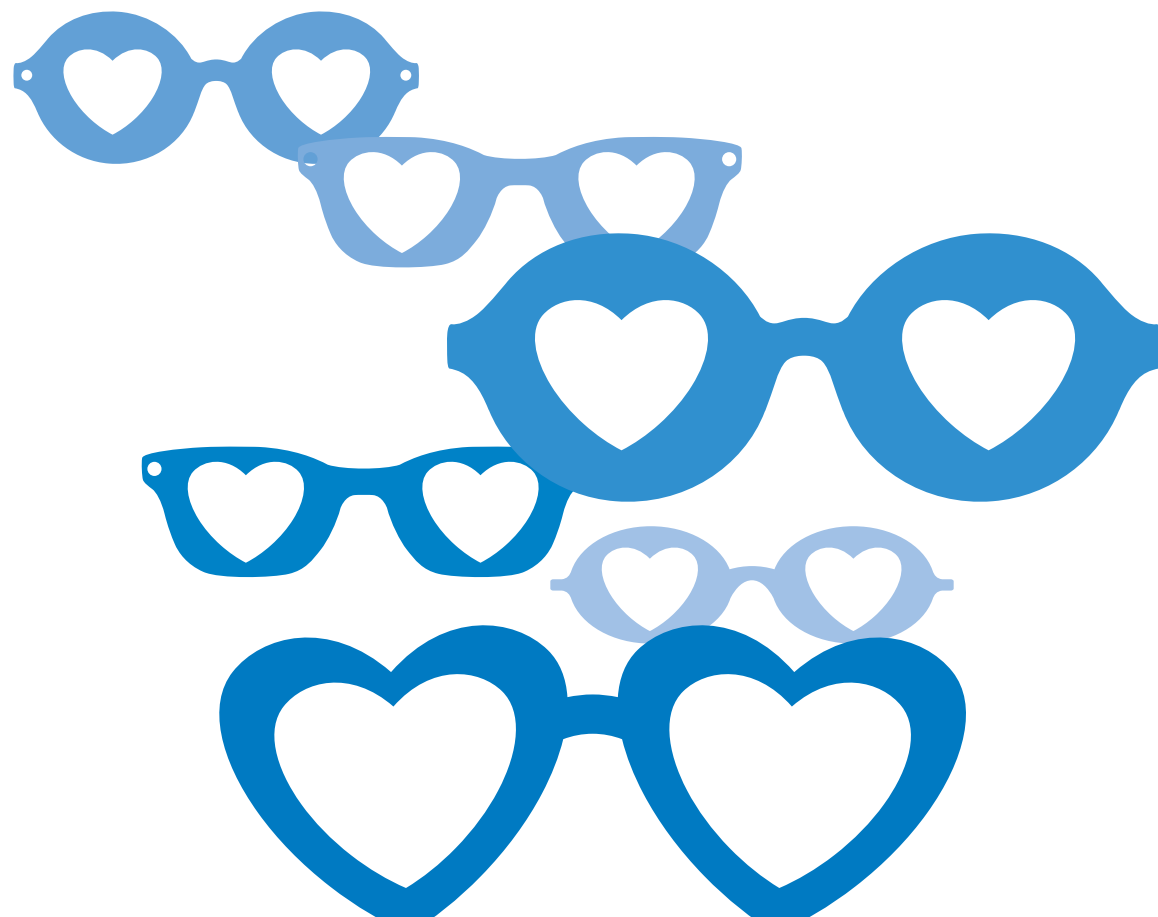
Doing this has helped me find out more about me as a person. I would like to move on from Evergreen Lodge and have my own flat in the future. The job helps me to focus on that. I like the Recovery Star and I like to see my score move up the scale. It has helped me to understand more about me and what I need to do to move up the scale. I manage my own medication and have been learning about my medication and to become responsible for taking it correctly thanks to the help of my support worker. I sign for my medication; it's me who takes them! This makes me feel in control.

When I first came to Evergreen Lodge I did go off track for a while. I felt I was near relapse. I had lost weight and was using illegal substances. I knew I had to pick myself up again, and the support was there for me. I went to a group session and knew I had to stay away from the drugs.

I am a great cook and I wanted to cook for the lads at Evergreen Lodge. Evergreen set me up with an online learning certificate in food safety. It was hard but I did it and now I cook for everyone on Saturdays. The other guys here say I do 'great grub'! I also do the shopping. Staying focused is important. It's been a challenge but I know I have to work through things with staff. We don't agree all the time but it's getting better."

*not his real name

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 2012 to March 2013, Care UK provided or sub-contracted all the services provided at the locations listed in section 1.

We have 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.

Safeguarding statement

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

We have clear safeguarding policies in place. All staff working in our ISTCs and CATS undertake mandatory e-learning level 1 safeguarding training courses. Completing these is a mandatory requirement every year. All clinical staff within our services complete safeguarding training level 2 both for children and adults.

In line with the Department of Health’s guidance on Quality Accounts, the statement below summarises our approach to safeguarding within our ISTCs and CATS:

- Care UK meets the statutory requirement with regard to the carrying out of CRB checks on all staff
- Safeguarding policies for children, vulnerable adults and allegations against staff are up to date, robust and reviewed within the last year
- Safeguarding is included in induction and mandatory training
- Named professionals are clear about their roles and have sufficient time and support to undertake them
- There is a named lead for safeguarding who has access to the Board as required

Clinical audit and confidential enquiries

During the period April 2012 to March 2013, two national clinical audits and no national confidential enquiries covered the NHS services that Care UK provides.

During this period, we participated in 100% of the national clinical audits we were eligible to participate in. There were no national confidential enquiries we were eligible to participate in.



In addition to this, all our inpatient ISTCs undertook the national surveillance of surgical site infection of joint replacement surgery in line with national requirements.

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

Specialty area	Audit	Care UK participation
Elective procedures	Hip, knee and ankle replacements National Joint Registry	Yes, 100% inclusion
	Elective Surgery National PROMS 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 2012–March 2013 can be found at Appendix 1 together with the reasons why we did not participate in all of the national clinical audits.

Hospital	No. of procedures 2011	No. of Consultants 2011	NJR Consent rate	Average patient age at Operation 2011
Barlborough NHS Treatment Centre	1,268	8	100%	70.2
North East London NHS Treatment Centre	647	8	100%	70.7
Southampton NHS Treatment Centre	449	14	95%	70.2

National Joint Registry for England and Wales: 9th Annual report 2012.

National Joint Registry (NJR)

All of our ISTCs that undertake hip and knee replacement surgery submitted data to the National Joint Registry and have done so since they were set up seven years ago. The registry allows national comparisons by collecting data from hip and knee replacement surgery from April 2003. Nationally, a total of more than 1.2 million procedures are now reported to the NJR (9th Annual NJR report December 2012).

Care UK's present selection of implants for hip and knee replacement represents the most commonly used range in England and Wales. We have chosen these implants for their low revision rates.

Our protocol for choosing implants takes into account the age of the patient because outcomes of individual types of implants, cemented and un-cemented, can be age dependent. This protocol is periodically reviewed in the light of the latest evidence and is based on available outcome data.

The NJR has also produced evidence that strongly supports our lower limb implant guidelines, which help surgeons to select the type of implant, fixation mode and bearing surface for each patient. The latest NJR report demonstrates that our selection and guidelines are supported by the best available evidence in this field. As a result, we currently don't propose to alter any of our selected implants or guidelines.

We aim to maintain these excellent results over the coming year.

PROMS

Patient Reported Outcome Measures (PROMS) assess the health gain for patients who undergo varicose vein surgery, groin hernia surgery, and hip and knee replacement surgery as judged by the patient him/herself. This information is collected from patients through PROMS questionnaires before and after a procedure and gives an indication of the outcomes or quality of care delivered to NHS patients. The table below shows the participation of Care UK's ISTCs in PROM.

ISTC	Groin hernia surgery	Hip replacement	Knee replacement
Will Adams TC	✓	NA	NA
St. Mary's TC	✓	NA	NA
Eccleshill TC	✓	NA	NA
Southampton TC	✓	✓	✓
Barlborough TC	NA	✓	✓
North East London TC	✓	✓	✓

More than 70,000 hip replacements and 70,000 knee replacements are carried out in the NHS in England every year. They are two of the most commonly performed orthopaedic procedures and can significantly improve a patient's quality of life.

The independent sector now carries out almost a fifth (19%) of all elective hip and knee replacement surgery done in the NHS in England.

PROMS data published by the NHS Confederation in March 2013 relating to data for the period 2011–2012 shows that our Barlborough Treatment Centre is one of the top 25 providers for hip replacement surgery in England, ranking number 16.

PROMS data published for the period April–December 2012 shows that all patients who had knee and hip replacement surgery in our ISTCs reported an average health gain increase.



John's story

John used to lead an active lifestyle, but after a troublesome knee started to slow him down he chose to come to Southampton NHS Treatment Centre to receive the care he needed.



"My knee had become so painful, it was really starting to bring me down, so the surgeon suggested that I had an arthroscopy as a less extreme alternative to a complete knee replacement." Unfortunately, this procedure didn't stop the problem, so John came back to the treatment centre to have a total knee replacement.

"When the consultant told me I needed a full knee replacement, one of the things I was so impressed with was the fact I could choose when I had my operation. This was really helpful as I didn't want to take any time off work and I was able to choose a time which meant I could rest in the summer.

"On the day of my operation, I was able to bring my partner along. When I came round from my operation, I was greeted by the sound of my consultant who was making sure I was ok. While I was in the treatment centre everyone was so nice to me, the doctors and nurses – nothing was too much trouble."

Soon after his operation, John was able to go home. "I'm so pleased I decided to have the treatment. It's a relief to know that if I need treatment again, I can go somewhere I have full confidence in."

Local audits

Completing local audits has remained a significant focus for us during the past twelve months, with the aim of improving compliance with key patient safety measures and processes. The table below indicates the local audit schedule that our ISTCs and CATS participate in annually. This has been developed using a combination of the current national best practice guidelines from professional bodies and institutes, including NICE. The Board sees all local clinical audits as part of the monthly exception and compliance governance reports submitted by the Quality Improvement and Governance Director.

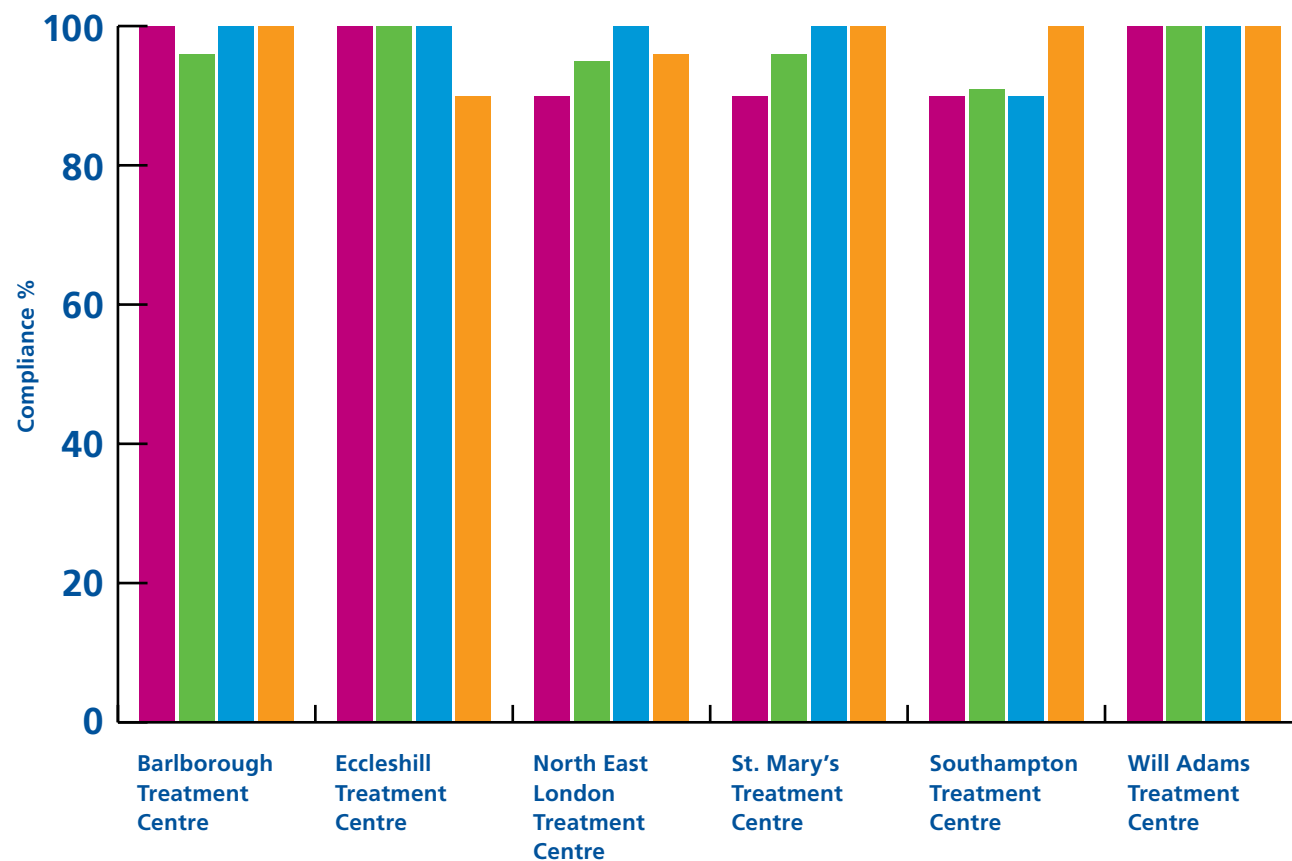
TOPIC	ISTC	CATS
Patient documentation	✓	✓
Patient falls	✓	NA
Prevention of VTE	✓	NA
Peri-operative temperature audit	✓	NA
Emergency simulation	✓	✓
Complaints audits	✓	✓
Medicines management	✓	✓
Outpatient DNA	✓	✓
CQC outcomes	✓	✓
Endoscopy environmental audit	✓	✓
Safeguarding children	✓	✓
Safeguarding adults	✓	✓
CAS alert audits	✓	✓
Nausea and pain audit	✓	NA
Information governance	✓	✓
Prescribing patterns	✓	✓
Appropriate prescribing	✓	✓
Traceability audit – endoscopy	✓	✓

During 2012–2013, the VTE audit tool was reviewed and revised to encompass the current NICE guidance. Continuing professional development (CPD) certified training and education was developed to support the audit programme rollout. This has been implemented across all our ISTCs, leading to a clear improvement in VTE audit compliance.

All ISTCs achieved 90% and above compliance for this period.

An example of our local audit results for this year for VTE is provided below. This indicates consistently high levels of compliance with the programme, with all our ISTCs consistently achieving 90% and above.

ISTCs: VTE audit results 2012–2013



Mar 12 Sep 12 Dec 12 Mar 13



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. Now that the private sector can be involved we will consider any opportunities that arise on a project by project basis.

Possible research areas to be explored in 2013–14 include:

- projects associated with Care UK's Enhanced Recovery Plan
- involvement in a phase 4 clinical study of venous thromboembolism (VTE) chemoprophylaxis.

We will also be identifying where Care UK clinicians or patients in their care are involved in a research project. We're aware that even though we might not be engaging directly with patients in active research projects, they may be engaged through other service providers. During this reporting period no Care UK ISTC or CATS actively participated in clinical research.

Participation in Commission for Quality and Innovation (CQUIN)

In April 2009, the Department of Health launched the CQUIN framework to encourage healthcare providers to share and continually improve how care is provided, while achieving transparency and overall improvement in healthcare. The framework supports the vision set out in 'High Quality for All' (Darzi, 2008) where quality is an organisational principle and rewards excellence by linking a proportion of a provider's income to the achievement of local quality improvement goals.

A proportion of our income in 2012–2013 was conditional on us achieving pre-agreed quality improvement and innovation goals as set out in the CQUIN payment framework. The use of this framework indicates our active engagement in quality improvement with our commissioners.



Patient experience CQUIN goals

We're pleased to consistently achieve the local quality improvement CQUIN goals, including:

- Measuring and reporting on the number of patients that have a venous thromboembolic assessment on admission. Our results for all ISTCs are shown on page 29.
- Measuring the responsiveness of our ISTCs to patients' personal needs, captured through five questions that measure patient experience. (See the results in the table opposite.)
- The use of the NHS Safety Thermometer, including data collection on pressure care, catheter-associated urinary tract infections and VTE prophylaxis
- Implementing high impact interventions to ensure best practice process and actions to ensure quality patient care
- Improving the quality of communication to patients and GPs through the use of electronic discharge records
- Implementing patient reported outcome measures (PROMs) using the Oxford Shoulder Score
- Improving general patient health by ensuring that all patients who smoke or require weight management are offered advice and referrals as appropriate
- Improving the awareness and diagnosis of patients with dementia, using a pre-screen questionnaire for all eligible patients at one of our ISTCs

More details of the agreed CQUIN goals for each of our services for April 2012–March 2013 and the following 12 month period are available from the Hospital Directors at the relevant ISTC or the Director of CATS.



CQUIN: Patient experience results April 2012–March 2013	Treatment Centre	Score
Were you involved as much as you wanted to be in decisions about your care and treatment?	Barlborough NHS Treatment Centre	99%
	Eccleshill NHS Treatment Centre	98%
	North East London NHS Treatment Centre	96%
	Southampton NHS Treatment Centre	97%
	St Mary's NHS Treatment Centre	98%
	Will Adams NHS Treatment Centre	99%
Did you find someone on the treatment centre staff to talk to about your worries and fears?	Barlborough NHS Treatment Centre	96%
	Eccleshill NHS Treatment Centre	99%
	North East London NHS Treatment Centre	96%
	Southampton NHS Treatment Centre	96%
	Will Adams NHS Treatment Centre	99%
	Were you given enough privacy when discussing your condition or treatment?	Barlborough NHS Treatment Centre
Eccleshill NHS Treatment Centre		98%
North East London NHS Treatment Centre		94%
Southampton NHS Treatment Centre		97%
St Mary's NHS Treatment Centre		97%
Will Adams NHS Treatment Centre		99%
Did a member of staff tell you about medication side effects to watch for when you went home?	Barlborough NHS Treatment Centre	93%
	Eccleshill NHS Treatment Centre	96%
	North East London NHS Treatment Centre	92%
	Southampton NHS Treatment Centre	91%
	Will Adams NHS Treatment Centre	97%
	Did staff tell you who to contact if you were worried about your condition or treatment after you left the treatment centre?	Barlborough NHS Treatment Centre
Eccleshill NHS Treatment Centre		96%
North East London NHS Treatment Centre		92%
Southampton NHS Treatment Centre		93%
St Mary's NHS Treatment Centre		90%
Will Adams NHS Treatment Centre		97%



What patients told the CQC during inspections:

"It was a stress free process and they were fully informed about their procedure."
Ecclehill NHS Treatment Centre
 1st February 2013

"I have come in for my treatment in less than a week since my initial consultation, and the treatment I have received has been excellent from everyone."
Will Adams NHS Treatment Centre
 29th October 2012

"It was a stress-free process and I was fully informed about the procedure."
Bucks Musculoskeletal Services
 12th February 2013

"I couldn't fault the care I received, and the staff were wonderful."
Southampton NHS Treatment Centre
 5th July 2012

"The place is spot on, perfect. There was no waiting, plenty of information. I am satisfied with my care."
Balborough NHS Treatment Centre
 4th March 2013

"Staff were all very polite, very welcoming. I'm registered blind and they're always very attentive."
Lincolnshire Intermediate Musculoskeletal Service
 30th November 2012

"I can't complain. They are top staff. I saw a surgeon who was really nice and the nurses are good to me too."
North East London NHS Treatment Centre
 3rd December 2012

Care UK and the Care Quality Commission (CQC)

Care UK is required to register with the CQC and must 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).

Our services are registered with the CQC and are compliant with the essential standards of quality and safety.

We have 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 us between April 2012 and March 2013.

We have not participated in any special reviews or investigations by the CQC during the reporting period.

Information governance

We take our responsibilities very seriously to protect and maintain the confidentiality of patient information. The Caldicott Guardian, who is responsible for the security of patient information, leads this work and is committed to the highest standards.

We have a range of policies to guide employees and we train all staff in managing information and confidentiality – at their induction and then on an annual basis.

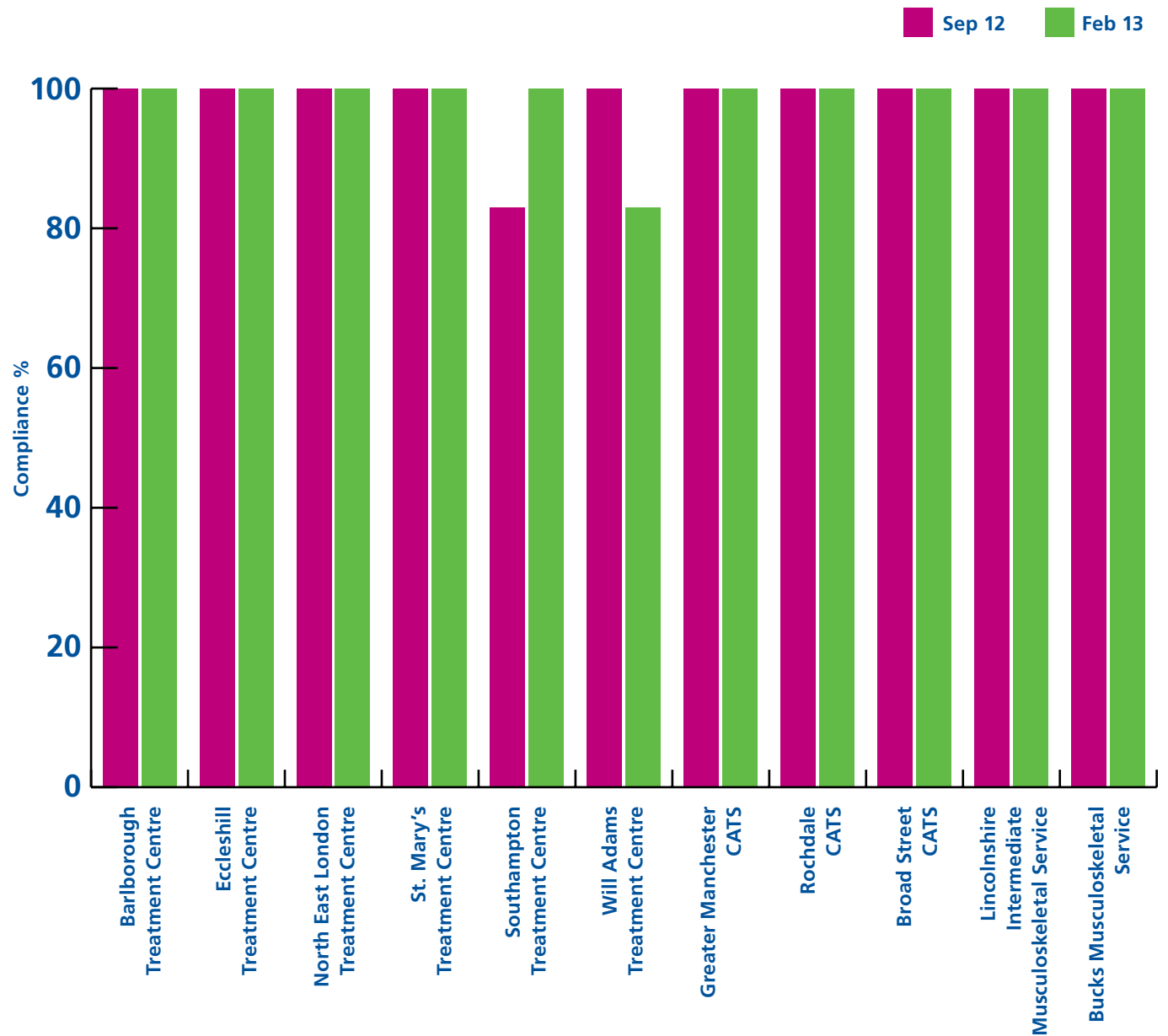
We have achieved the quality standard ISO 27001- Information Security Management. This is an externally assessed demonstration of our commitment to high standards in the management of information and security.

Any breaches of data security are reported to management and fully investigated to establish the cause. Changes are made to prevent any reoccurrence and staff are given appropriate training. Any serious breaches are reported to the Board, Commissioners and Information Commissioner.

Information governance is included in our audit schedules and all ISTCs and CATS conduct an internal audit bi-annually. The results of the compliance internal audits are shown below.



Information Governance audit results 2012–2013



Data quality

Monitoring and managing data quality is key to providing a quality service. Our strategy is reviewed and refreshed each year to take into account new clinical and quality performance initiatives.

In the past year we have commissioned a number of external reviews of our clinical datasets to spot areas for improvement. Our findings have been incorporated into the existing tracking and monitoring report suite used by the ISTCs to maintain data quality.

We continue to use the Data Quality Dashboard published by the Health and Social Care Information Centre. This enables us to monitor the ongoing data quality of the full range of commissioning dataset items for admitted patients and outpatients. Our Board receives a quarterly data quality statement detailing any issues and the actions taken to correct them.

We have a close working relationship with the Health and Social Care Information Centre and recently featured as a case study in a publication that highlighted successful joint working. We also represent the independent sector on a number of prominent NHS-sponsored groups, including the Secondary Uses Service User Group (SUS) and the National Demographics User Group. Each is dedicated to the development and promotion of data quality.

We have maintained our Data Quality Dashboard score of 100% for admitted patient care, and we've seen a small improvement in the score for non-admitted patient care, which now stands at 98.6%.

- Southampton Treatment Centre
- Barlborough Treatment Centre
- North East London Treatment Centre

Clinical coding

During 2012–13 we submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics. These are included in the latest published data. The percentage of records in the published data included:

- the patient's valid NHS number was 100% for admitted patient care and 100% for outpatient care
- the patient's valid General Medical Practice Code was 100% for admitted patient care and 100% for outpatient care

We were not subject to a payment-by-results clinical coding audit by the Audit Commission during this reporting period.

Information governance toolkit attainment

The Care UK Information Governance Assessment Report overall score for 2012–2013 version 10 was 100% and was graded green (satisfactory).

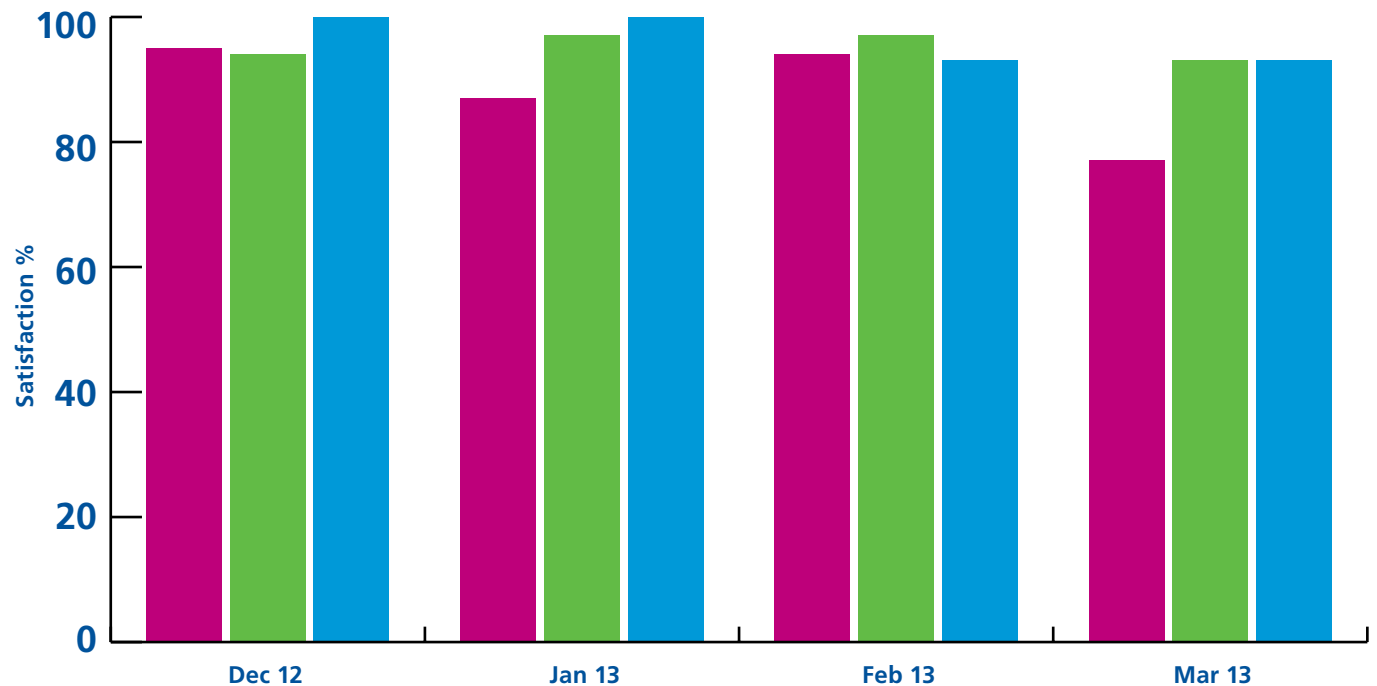
Below are some examples of quality improvement initiatives for the period of March 2012–April 2013.

Patient experience:

In 2012/13 our ISTCs and CATS used the Net Promoter Score (NPS) to manage our performance and measure patient experience. This research-based tool measures how likely a patient would be to recommend the service. The NPS is similar to the Friends and Family Test that was introduced into the NHS from April 2013.

Last year we aimed to survey 5% of patients who attended our services. In October 2012 Care UK increased the minimum required survey rate for ISTCs to 15%. All services aimed to achieve an NPS of 75%, considered a very good score in health services and other industries. See overleaf for graphs. Focused input into Broad Street CATS has resulted in increased satisfaction levels as demonstrated on the graph.

Friends and Family Test – inpatient centres





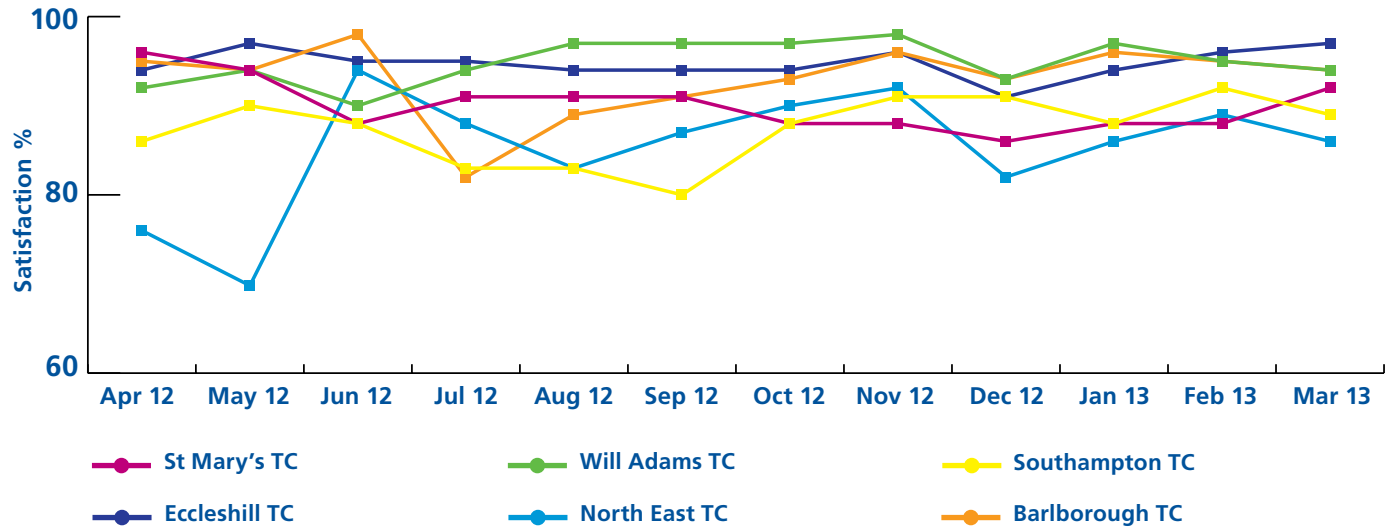
We are also measuring the Net Promoter Score for each part of the patient journey in our ISTCs and CATS. This allows us to measure patient experience during the outpatient visit (at pre and post-operative assessment), on the day ward, as an inpatient on our wards, following diagnostics and at endoscopy suites. The results of these focused questionnaires highlights any area of a patient's experience that needs improving or is not meeting patient expectations. We use these reports to identify where quality improvement projects should be focused so that we can improve our patient service.

This year our questionnaires have also included the required CQUIN and NHS Outcomes Framework questions. We also included two new questions, asking patients to rate their overall experience of the service as well as reporting on the confidence and trust that they had in the healthcare professional who provided their treatment.

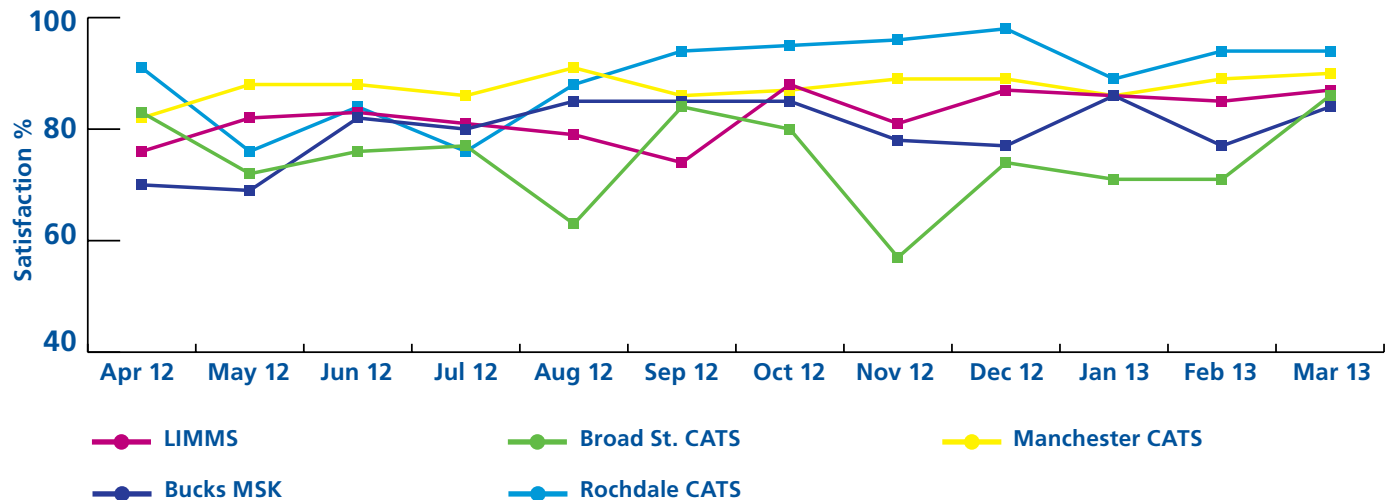
In October 2012 the Department of Health issued guidance on the implementation of the Family and Friend Test for patients receiving NHS-funded care. This test requires that all adult inpatients who have stayed at least one night in hospital are asked within 48 hours of discharge if they would recommend the service to a friend or family member. The results are reported to the Department of Health who will publish the data this year to provide transparency to patients on how they rate the NHS services they use.

We implemented the Friends and Family Test across all our inpatient units in December, using electronic handheld devices. We reported the first results to the Department of Health in January 2013. The table on the previous page demonstrates the results for the period December 2012–March 2013. Our priorities for this year include introducing the Friends and Family Test in all areas of the patient journey across all of our ISTCs and CATS.

NPS scores April 2012–March 2013 – ISTCs



NPS scores April 2012–March 2013 – CATS



What our patients say about us



Online pain management projects: Bucks Musculoskeletal Integrated Care (Bucks MuSIC)

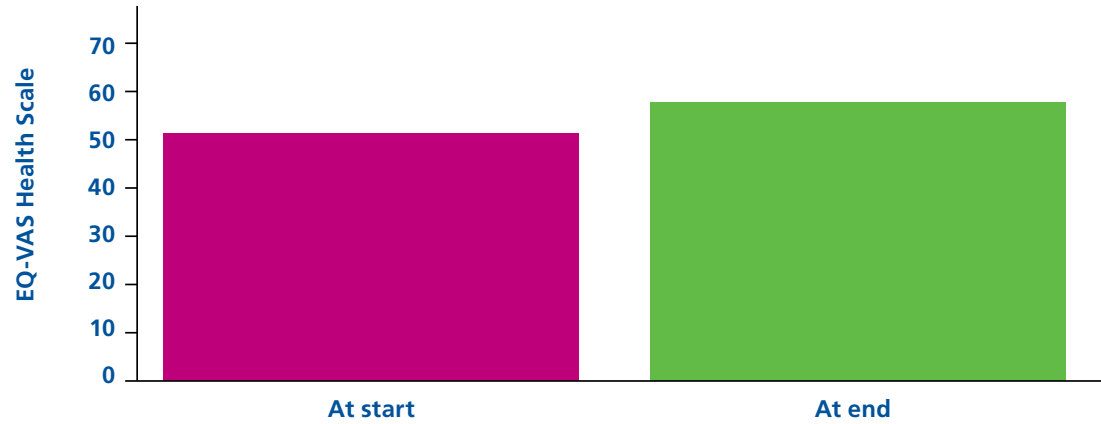
Bucks MuSIC treated a number of patients experiencing chronic pain. To support these patients more effectively the service piloted an online pain management programme in collaboration with Buckinghamshire Healthcare NHS Trust. This is a free web-based course for anyone experiencing chronic pain, helping to reduce the impact of the pain, enhancing self-care and improving health and wellbeing.

Preliminary outcome data shows positive reported improvements in health and a reduction in reported depression (please see the graphs opposite). These are good results and we plan to share the learning across Care UK to help improve the lives of patients being treated by our other services.

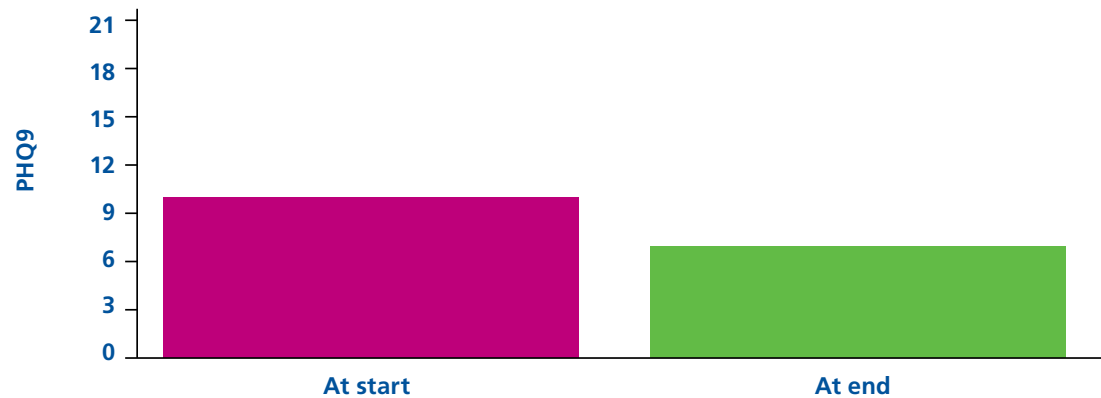


Overall outcome improvements for MusiC referrals

Average health improvement: 16%



Average depression reduction: 27%



*EQ-VAS Health Scale is a visual analogue scale asking patients to indicate their own health

*PHQ9: Depression assessment tool



We will continue to strive to provide a greater variety of sedation/analgesia for patients to keep them as comfortable as possible. We have the facility to offer anything from Entonox (>50% of patients in some centres) to deep sedation with Propofol and anaesthetist support. Data on comfort, collected in-house and from patient satisfaction surveys, are above national JAG standards. This is a very positive achievement and one we plan to continue to build upon this coming year.

Greater Manchester CATS implemented a computer-based decision support tool for their endoscopy services in August 2012. This was developed by a local surgical consultant and consists of a questionnaire that assesses the risk of pathology and implements national guidelines to ensure the decision is evidence-based. The patients are categorised according to potential risk of significant pathology (low, medium or high). This help with decision making, along with a comprehensive clinical assessment, determines the endoscopic investigation/s ordered and the timescale in which this should be arranged. The service can therefore prioritise and expedite the investigation of any patient identified in the higher risk category.

We have now trained our first nurse endoscopist in Care UK which was one of our priorities last year. The nurse is now fully qualified to independently perform certain types of endoscopies. She began her new role in May 2013.

We also implemented the electronic transfer of reports to GP surgeries in real time, so there are no delays in communicating to the referring GP. This is an important part of our plan to improve patient safety. Being able to share information more easily enables us to collaborate better with other healthcare providers and ensure that the information being used is entirely current.

Mixed sex accommodation

In line with Department of Health guidance, it is standard practice in Care UK facilities to provide separate accommodation for men and women throughout the process of admission, treatment and discharge. Treating men and women separately enables us to maintain the appropriate standards of privacy and dignity.

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 Health and Social Care Information Centre every month. We are proud of this achievement and intend to maintain this standard in the future.

Endoscopy services and JAG accreditation

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 practised in the UK. All endoscopy services within Care UK have achieved JAG accreditation – an achievement we're justifiably proud of.



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 VTE for all patients undergoing planned surgery. The treatment was particularly recommended for patients having hip and knee replacement surgery. We adopted the guidance and assess all patients to establish the likelihood of them developing a clot. We routinely provide preventative medication for all hip and knee replacement patients and those at high risk.

Last year we continued to assess our compliance with this important aspect of care. All our services are audited on a quarterly basis, and action plans developed for any areas where performance is an issue.

The table on the right shows the VTE assessment rates in our ISTCs.



There have been five cases of venous thromboembolism reported by our ISTCs for the period April 2012–March 2013 and we have treated 42,188 patients in this time. We therefore have an overall VTE rate of 0.011% – 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)

VTE assessments: April 2012–March 2013

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regards to the percentage of

patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period

	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Southampton TC	90%	96%	96%	96%	95%	94%	94%	95%	93%	95%	99%	99%
St. Mary's TC	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Will Adams TC	99%	99%	98%	99%	99%	98%	91%	97%	98%	91%	100%	98%
North East London TC	96%	94%	98%	98%	97%	97%	97%	96%	98%	92%	97%	96%
Barlborough TC	99%	96%	97%	99%	96%	97%	94%	98%	100%	95%	97%	97%
Eccleshill TC	96%	93%	99%	99%	100%	99%	98%	99%	100%	98%	100%	98%

Harm-free care: preventing falls in hospital

All Care UK employees work to create a culture of continuous excellence, innovation and quality. An example of this is our introduction in 2010 of our Falls Prevention Programme. This was introduced at Barlborough Treatment Centre and has now been rolled out to all our inpatient ISTCs. It remains a major focus area for everyone in the organisation.

The programme involves a risk assessment tool being completed with the patient at their pre-assessment appointment. This grades the likelihood of the patient having a fall while in hospital. If the patient is assessed as high risk a red sticker is put on the 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 each patient’s environment. The tool looks at the ward lighting, furniture, call bell system and any other hazards within the environment. The audits are conducted during the day and at night. All ISTCs 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 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. Any learnings are shared.

Our evidence shows that since the Falls Prevention Programme began, the number of falls within our centres has reduced.

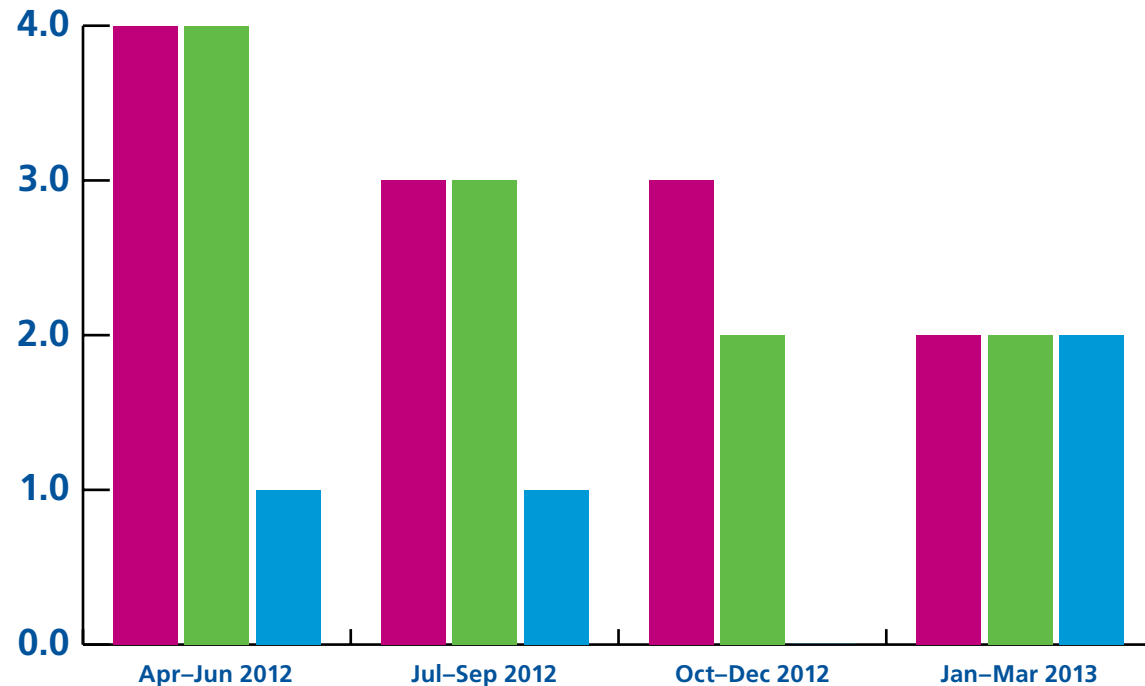
The average number of patient falls in acute settings is 6.5 falls per 1,000 bed days (Slips, Trips and Falls data update, NPSA 2010).

Between April 2012 and March 2013 our ISTCs performed very well, reporting just 2.4 patient falls per 1,000 bed days – significantly below the national average.

The robust framework in place for preventing falls within our ISTCs include:

- ✓ Accurate assessment
- ✓ Assessing and identifying causes/contributing factors
- ✓ Reviewing common trends
- ✓ Ensuring attention to the environment
- ✓ Measuring and monitoring
- ✓ Finding solutions

Number of inpatient falls April 2012–March 2013



Southampton Treatment Centre Barlborough Treatment Centre North East London Treatment Centre

Unplanned re-admissions within 28 days of discharge

Unplanned hospital re-admissions within 28 days of discharge are an important indicator that the Department of Health uses to measure patient health outcomes and the quality of care being delivered. The table below shows our secondary care emergency readmission rates for last year.

We're proud to report that our secondary care emergency readmission rates are below the national average of 0.96%.

We continue to strive to prevent emergency readmissions for patients who access our planned care services, and our priorities for 2013–2014 form part of our strategy to continue to improve on this objective year on year.

Treatment centre	Emergency readmission within 28 days of discharge
Barlborough NHS Treatment Centre	0.9%
Eccleshill NHS Treatment Centre	0%
North East London NHS Treatment Centre	0.4%
Southampton NHS Treatment Centre	0.4%
St. Mary's NHS Treatment Centre	0.01%
Will Adams NHS Treatment Centre	0%
National average for elective surgery re-admission is 0.96% (NHS, Right Care)	

Near-miss and incident reporting

Care UK is committed to achieving high standards of safety for patients, visitors, staff and the organisation. It is a mandatory requirement that all providers of healthcare services have a procedure for reporting incidents.

We aim to maintain a culture, underpinned by systems and processes that creates and maintains a safe environment at all times for patients, visitors, contractors, staff, the community and the organisation. Incident reporting and management helps us to reduce risk and deliver safe services.

We promote the open reporting of all incidents and accidents, including no harm/prevented harm and near miss incidents. Our policies, procedures, tools and reports are based on the NPSA's published work and our policies are revised to reflect best practice guidance. If incidents do occur, we take immediate steps to minimise risk factors and prevent recurrence.

Incidents identified as near misses are also:

- Recorded on our DATIX software system, which electronically links processes to provide clear management control throughout the documenting, grading, reviewing and managing of an incident
- Analysed and investigated using both DATIX and NPSA root cause analysis (RCA)

- Underpinned by robust action plans that are formulated as necessary to guide management and reviews. These often formulate the basis of service improvement plans and reporting
- Reported according to national and local requirements e.g. RIDDOR, CQC and HSE

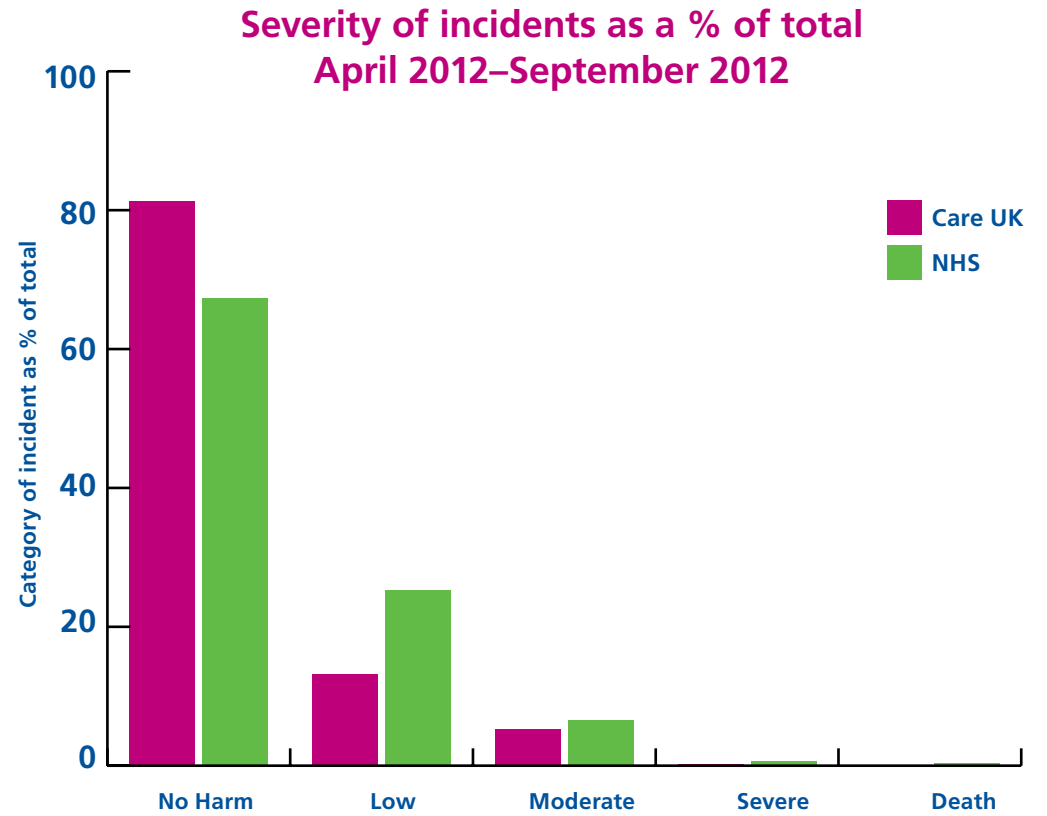
Once an incident has been investigated, we identify root causes, make recommendations and communicate to the whole organisation the changes that need to be made to our practices. We monitor the implementation of changes made to practices, pathways and management across all sites. Where indicated we review policies and procedures in line with any changes.

The graph on the following page indicates the incidents by severity for the period April 2012–March 2013.

We're pleased to report that for over 81% of the incidents recorded by our ISTCs and CATS for this period no harm came to patients or staff. No incidents for this period resulted in any patient deaths.



	% of patient safety incidents as a percentage of patient attendances		
	Incidents including near misses	Severe harm incidents	Death
Barlborough NHS Treatment Centre	2.3%	0%	0%
Eccleshill NHS Treatment Centre	0.5%	0%	0%
North East London NHS Treatment Centre	0.7%	0%	0%
Southampton NHS Treatment Centre	2.4%	0.01%	0%
St. Mary's NHS Treatment Centre	1.0%	0%	0%
Will Adams NHS Treatment Centre	2.1%	0.01%	0%
Manchester Clinical Assessment and Treatment Services	0.09%	0%	0%
Lincolnshire Intermediate Musculoskeletal Services	0.07%	0%	0%
Rochdale Ophthalmology Clinical Assessment and Treatment Services	0.3%	0.01%	0%
Broad Street Clinical Assessment and Treatment Services	0%	0%	0%
Buckinghamshire Musculoskeletal Integrated Services	0%	0%	0%





Infection prevention and control

Since October 2010 all independent secondary 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 uses evidence of compliance with this code as a way to monitor the performance of registered providers. Individual Care UK sites are audited externally to ensure they effectively manage the risks of healthcare-associated infections and that they meet the guidance of the code.

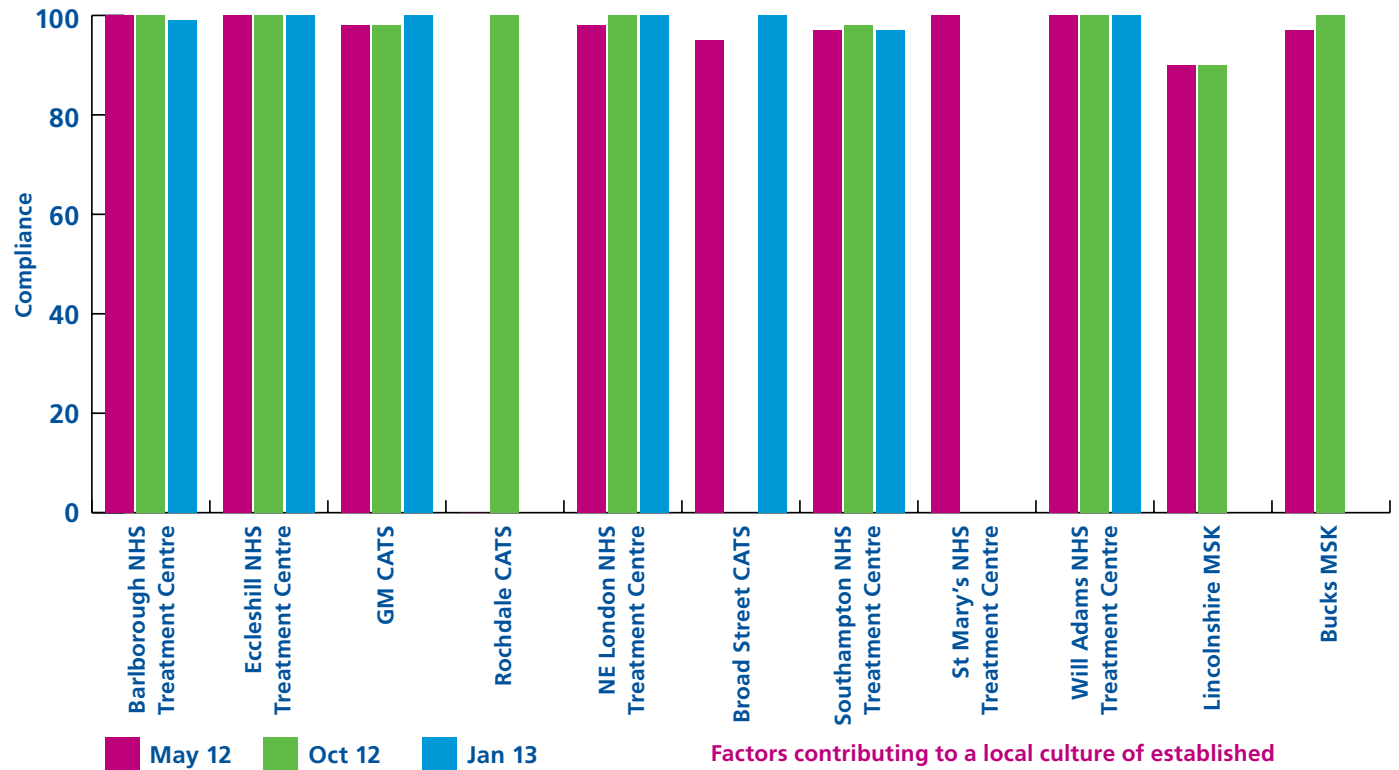
As part of the Infection Prevention Governance Framework, all Care UK sites are expected to improve on their current record of excellence in environmental cleanliness and clinical practice. This must be demonstrated by monthly audit reporting to local managers and monitored by the divisional Infection Prevention and Control Manager.

Our infection prevention and control strategy requires strong leadership at both corporate and local levels and all staff must be engaged with it. We have found that ownership of the audit cycle enables local management teams to achieve high quality environments and ever-improving standards.

Hand hygiene audit results for our ISTC and CAT services demonstrate that staff in all our ISTCs consistently achieve above 90% performance.

This is an excellent result and is shown in the graph above.

Hand hygiene audits



Factors contributing to a local culture of established infection prevention and control



Our priorities for infection prevention and control for 2012–2013 were:

- to seek to standardise best practice process across the secondary care stream supported by policy development reflecting national priorities
- to contribute to the evidence base supporting national standards in infection prevention and control
- to develop the lead practitioner workforce to ensure robustness of leadership and strategy at local level
- to establish higher level influence on strategy and performance to ensure awareness of the quality and innovation agenda of our Infection Prevention and Control teams; this would help to achieve measurable standards beyond those within the Health and Social Care Act 2008



Preventing healthcare associated infections (HCAs)

In line with Department of Health requirements, Care UK monitors healthcare-associated infections in our patients. The three priority areas for bloodstream infections are those caused by MRSA (meticillin resistant staphylococcus aureus), MSSA (meticillin sensitive staphylococcus aureus) and E.coli bacteria.

We're extremely proud that for the second year running we have had no cases of healthcare associated MRSA, MSSA or E.coli bacteraemias during 2012–2013.

Year April 2012–February 2013	Care UK Healthcare facilities
MRSA bacteraemias	0
MSSA bacteraemias	0
E.coli bacteraemias	0
C.difficile infections	0

Our focus on patient safety and improving the patient experience means that preventing infection is one of our highest priorities.

The following formal systems of assurance support best practice within each of our ISTCs:

- A programme of scheduled hand hygiene monitoring and quarterly training in hand hygiene for clinical staff
- Routine screening of defined patient groups for MRSA before admission
- The active management of colonised MRSA patients to ensure the risk of infection is minimised before admission
- Documented cleaning schedules for all facilities which are audited internally and externally
- Developing an excellent network of infection control lead practitioners with clear and defined responsibilities within all ISTCs and CATS
- Ensuring all staff comply with mandatory annual update training in infection prevention and control as well as specialist education twice a year for lead practitioners
- Active surveillance of infections including reviewing some surgical patients post-operatively

Clostridium difficile

Clostridium difficile (C.difficile) infection is associated with antibiotic use and is therefore closely linked to healthcare. C.difficile is present in the gut of up to 3% of healthy adults and 66% of infants. However it rarely causes problems in children or healthy adults as it is kept in check by the normal bacteria in the intestine.

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

We recognise the impact this infection can have on patients, and work to minimise the risk of exposure and spread. We monitor standards of environmental cleanliness and hand hygiene within our facilities and strive for the highest levels of compliance with policies designed to protect our patients. Antibiotic prescribing is monitored at local level and local priorities are reflected in prescribing guidelines to reduce the individual risk of C.difficile infection. This year we have had no cases of C.difficile associated with our care.

Surgical site infections 2012–2013

A surgical site infection occurs when micro-organisms get into an operation site and multiply in the tissue, causing signs of infection. Most infections are avoidable through safe, clean care and robust infection prevention practices. All our staff actively fulfil the Care UK infection prevention and control vision, that no person under our care is harmed by a preventable infection.

The mission of the national Care UK network of Infection Prevention Link Lead Practitioners is to “inform, promote and sustain expert infection prevention policy and practice in the pursuit of service user and staff safety wherever care is delivered”. Within each of our elective surgery centres, information on infections that follow hip and knee joint surgery is collected by the Infection Prevention and Control Lead Practitioner who submits it to the National Surgical Site Infection Surveillance Programme, managed by the Health Protection Agency (HPA).

We are committed to the national agenda of reducing surgical site infections. We go beyond the expected standard surveillance period of once annually. We consistently contribute infection data for every period of surveillance to inform both our internal processes and the national surveillance schemes.

We’re very proud of our low rates of infection following joint surgery. Overall our performance demonstrates a measurable improvement year on year with hip replacement infection rates reduced from 0.55% in 2011 to 0.16% in 2012; and knee replacement infection rates reduced from 0.74% in 2011 to 0.58% in 2012¹.

	Hip prosthesis		Knee prosthesis	
	2010–2011	2011–2012	2010–2011	2011–2012
National incidence of SSI (2008–2013)	0.7%	0.7%	0.6%	0.6%
Care UK aggregate incidence	0.55%	0.16%	0.74%	0.58%

Ref: ¹Health Protection Agency 2012 Surveillance of Surgical Site Infections in NHS hospitals in England 2011/2012. Accessed at: www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317137159668

Each of our ISTCs is encouraged to report every infection to the divisional Infection Prevention and Control Manager. This allows us to track patient outcomes quickly, so that, if an increase is observed, the Infection Prevention team can immediately review the surgical pathway. We encourage a zero tolerance approach to reporting so that trends can be quickly spotted and investigations made to help us to understand the many elements that may result in a wound infection. We analyse the root cause and if there are lessons to be learned, these are shared across Care UK and used to improve the quality of our service.

During 2012 we have actively sought greater transparency of patient outcomes, particularly in relation to surgical site infections.

At North East London NHS Treatment Centre, orthopaedic patients who have undergone major joint surgery are now routinely reviewed in the hospital post-operative clinic.

This enables a surgeon to assess the patient’s progress including a review of their wound. Although the increased visibility of wounds may lead to an increase in the rate of reported infections in the short term, the process will make hospital outcomes more transparent, patient-reported problems will be given greater validity, and post-operative problems will be picked up and prevented quickly.

A further quality indicator is the rate of return of the post-operative surveillance questionnaires. We have seen a sizeable increase in the returns of patient outcome surveillance postcards, from 63% in Q1 2012 to 92% in Q3 2012. This enables the North East London NHS Treatment Centre to demonstrate outcome data on 92% of patients who have undergone hip prosthetic procedures in this quarter, and 85% of patients who have undergone knee replacements. This is a superb example of improved patient engagement.



Patient Environmental Action Team (PEAT) and the Patient Led Assessment of the Care Environments (PLACE)

The National Patient Safety Agency recommends a patient-led annual assessment of hospitals to assess their compliance with aspects of care that really matter to patients. The findings are independently validated and the results published on the Health and Social Care Information Centre website.

Our target for 2011–2012 was to achieve an environmental cleanliness score of 'excellent' in more than 50% of our sites. We are delighted that 100% of our ISTCs were assessed as providing an environment described as 'excellent' in 2012. Each of our ISTCs took part, and where there was room for improvement, this was achieved across the board.

We believe that the environmental standards achieved within our hospitals in 2012 demonstrate our continuing commitment to ensuring our facilities exceed anticipated standards of welcome, service and cleanliness.

We will continue to raise the bar throughout our services and 2013 will see us include our mental health hospitals in these assessments for the first time. Results for the following year will be published by the Health and Social Care Information Centre in September 2013.



Care UK PEAT scores 2012

Site Name	2011			2012		
	Environment	Food	Privacy and Dignity	Environment	Food	Privacy and Dignity
Barlborough NHS Treatment Centre	Good	Good	Excellent	Excellent	Excellent	Excellent
Eccleshill NHS Treatment Centre	Excellent	Self Catering	Excellent	Excellent	Self Catering	Excellent
North East London NHS Treatment Centre	Good	Good	Excellent	Excellent	Excellent	Good
Southampton NHS Treatment Centre	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Will Adams NHS Treatment Centre	Good	Self Catering	Good	Excellent	Self Catering	Good
Sussex NHS Treatment Centre	Good	Good	Good	Excellent	Excellent	Excellent
St. Mary's NHS Treatment Centre	Good	Good	Excellent	Excellent	Excellent	Excellent

2012–2013 Quality priorities update



In our 2012–2013 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.

Priorities 2012–2013	Domain
Essence of care	Patient experience
Improving quality by collecting complaints data	Patient experience
Electronic nursing rotas	Patient safety
Improving our approach to risk management	Patient safety
Advanced nursing skills	Clinical effectiveness
Orthopaedic excellence	Clinical effectiveness
Improving day case and direct access surgery	Clinical effectiveness
Mental health priorities	
Service user networks	Service user experience
Experts by experience panel	Patient user experience
Service user leadership and involvement programme	Patient experience
Complex care recovery development	Patient safety/clinical effectiveness
Establishing a recovery focused pathway	Clinical effectiveness



Health Care division priorities

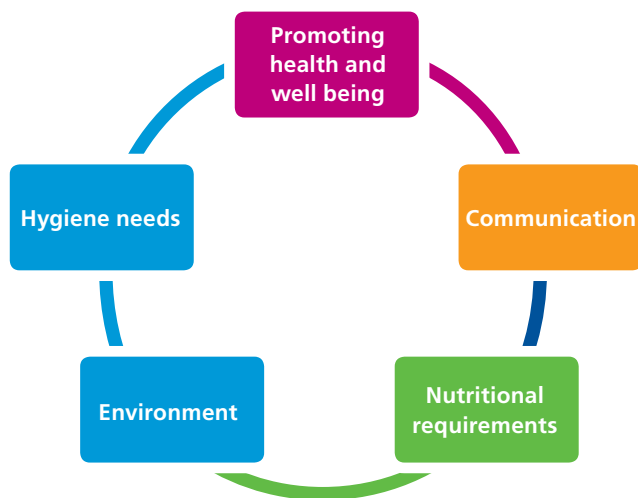
Priority 1: Continuous improvement of the patient experience

Essence of Care toolkit

In last year's Quality Account, Essence of Care was identified as a key priority, and the audit toolkit was implemented to promote and safeguard this. The toolkit enabled us to identify person-focused outcomes across our services. These are summarised below. The Department of Health identified 12 sets of benchmarks within the Essence of Care toolkit, which act as a national benchmarking system. We have adapted this toolkit to meet the needs of our services and patients and all our ISTCs and CATS have been audited over the past year against at least five of its topics.

Being able to show that the care we provide focuses on goals identified by patients, carers and staff is important to us achieving best practice and delivering the highest standard of care.

Essence of care priorities



The Essence of Care audits showed evidence of good practice in the following services:

- St. Mary's ISTC reported in their Environment audit that they now have same sex days for procedures, so that the day surgery ward areas are either exclusively male or female.
- Greater Manchester CATS reported in their Respect and Dignity audit that all nursing staff had completed 'chaperone training' and staff who are dignity and privacy champions for the service have been identified.
- Eccleshill ISTC reported in their safety audit that they have a dedicated member of staff who acts as the community liaison person. They spearhead outreach activities, working with the wider community to inform and educate about our services. They also report that they intend to establish a patient/community forum for this service.

- North East London ISTC reported in their Record Keeping audit that: 'Notes are always transported via a locked trolley and all patient documentation that isn't needed is shredded daily using a secure, locked shredder on the premises. Shredded material is collected fortnightly for safe disposal.'
- Southampton ISTC reported in their Personal Hygiene audit that the following adaptations have been made to promote the privacy and dignity of patients and visitors: 'Curtains closed, side rooms with closed doors, shower rooms signed male/female'
- Rochdale CATS reported in their Safety audit that: 'Patients can request to see the same nurse or clinician on their next appointment.' This continuity of care helps to reduce any patient anxiety.

Led by our Director of Nursing we will strive to embed the principles of Essence of Care across Care UK and expand and standardise the number of audits linked to the 'six Cs' outlined by the Chief Nursing Officer for England.

Improving quality by collecting complaints data

We aim for all patients to have an excellent experience when they use our services. However, we recognise that sometimes things go wrong and we may receive a complaint. We follow the Department of Health guidance when we respond to complaints. We have changed how we deliver services in response to feedback from patients, and we'll continue to monitor trends through the Datix system.

This year we restructured and upgraded the Datix system to accommodate the integration of UKSH ISTCs. By reconfiguring the latest application we have met the needs of the combined business and migrated the historical data from both Care UK and UKSH.

We have evolved our training to combine governance and technical training in Datix complaint management. This is being rolled out from June 2013 and will be fully operational shortly afterwards. We are currently training superusers in Datix management to ensure we retain competence and expertise in our workforce and are consistent in our approach to reporting, managing, reviewing and learning from complaints

We intend to continue with the development of Datix and the reporting capabilities of the system to include training requirements identified.

Priority 2: Patient safety

Electronic nursing rotas

In 2012 Care UK trialed the use of electronic systems to produce our nursing rotas. The aim was to cut the time nurses spent on administration duties so they could spend more time caring for patients. The electronic system allows duty rotas to be completed eight weeks in advance; allowing nurses and care staff who work part time to be incorporated into the rota.

The Careblox system has now been implemented in two ISTCs – North East London and St. Mary’s – enabling each centre to monitor time and attendance against a set, rolling or flexible shift pattern. They can also schedule extra hours and shifts and add bank and agency staff to the roster as patient needs change. This supports clinical decision making to maintain optimum patient safety.

The system records planned absence such as leave, study leave and mandatory training, highlighting the need to arrange cover and reducing a dependence on temporary staff. The e-rostering system also supports:

- the Department of Health E4E (Energise for Excellence) agenda
- the Care UK group IT (information technology) strategy to reduce the number of new IT applications by developing existing technology, such as I-Trent (HR software application)

The system has created savings by reducing the time spent on manually rostering staff and improving the accuracy of our payroll system.

This year we plan to implement the system in all our ISTCs.

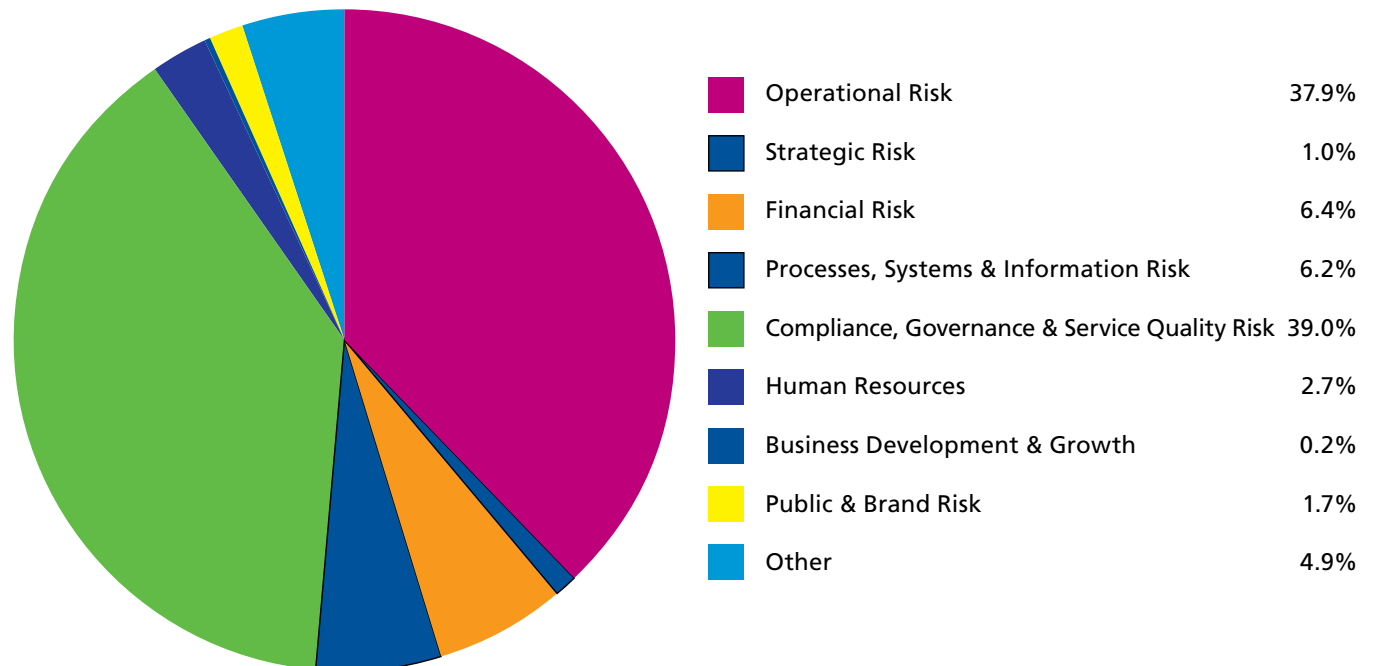
Improving our approach to risk management

This year we implemented the Datix risk register in all our units to ensure a best practice approach to risk management in our ISTCs and CATS. The system enables risks to be captured throughout the organisation including in clinical environments and at Board level, creating a system that’s meaningful both for staff and patients.

All units are now successfully using the Datix risk management module. Risks are discussed on a monthly basis within each ISTC and CATS and fed through to the Director of Quality Improvement and Governance to Board level. As part of this year’s transition plan, UKSH sites will be incorporated into the application. A full review of the criteria required to manage risk within Care UK is currently underway.



Datix Risk Register: Types of risk reported 2012/13



Priority 3: Clinical effectiveness

Advanced nursing skills

We promote our clinical teams' development and specialisation so that we are able to enhance the service and experience we offer patients. Last year we trained our first nurse endoscopist, who is now fully qualified, accredited and competent to perform some endoscopy procedures as an independent practitioner. This year we plan to expand the number of nurses from other ISTCs who specialise in endoscopy practice by supporting them in their training and development.

We have also supported and trained nurses to perform anaesthetic pre-assessments of patients undergoing planned surgery. This significantly reduced the waiting times in our outpatient departments. These nurses also completed specialist training to enable them to independently request clinical images to enhance their patients' treatment and experience. Initial feedback shows that many patients like this approach and feel better informed and reassured. We'll continue with this initiative and aim to expand on these developments to support the continuous professional development of our nurses.

Orthopaedic excellence

We were pleased to be recognised in the 2010 – 2011 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

We worked to maintain this achievement, but this year Dr Foster did not include data on the independent sector in the 2012 Good Hospital Guide. In recognition of the need for accurate data and benchmarking, the NHS Partners Network have compiled comparative data on elective hip and knee replacements in the independent sector to allow year-on-

year comparisons between the NHS and the independent sector. This data showed that the treatment delivered by the independent sector is of a very high standard: independent sector facilities achieved some of the best outcomes for elective hip and knee replacement surgery.

Barlborough Treatment Centre is in the top quartile for patient reported outcome measures for hip replacement surgery in England.

This year we also introduced the Enhanced Recovery Programme for all joint replacements taking place in our facilities. This includes pre-operative nutrition and optimisation plus the early mobilisation of patients on the same day as their surgery.

Improving day case and direct access surgery

Day case surgery is a cost effective use of NHS resources and popular with patients for the minimal disruption it causes. We provide various procedures as day case surgeries and use our Enhanced Recovery Programme plus careful patient scheduling to reduce unnecessary overnight stays.

Our day case rates for laparoscopic cholecystectomy at the North East London ISTC are consistently good and we now use the same best practice methods across our ISTCs. This has increased our laparoscopic cholecystectomy day case rate and improved patient experience.

We've also increased the number of patients taking advantage of direct access surgery for hernia and a small number of other surgical procedures. Direct access allows their GP to book them into a combined visit for assessment and surgical treatment.

We have now produced an internal best practice guideline with clinical specification that details the key elements of the patient's care. The clinical pathway focuses on the quality of patient care, the deliverable model of care and best evidence-based practice. We plan to expand this programme across our ISTCs over the coming year.

Francis's story

Francis, a retired priest and now Senior Chaplain with the Ambulance Service, had been experiencing increasing pain over a short period of time. He was referred to the North East London NHS Treatment Centre where he was diagnosed with an inguinal hernia.



Francis was given all the information he needed at his initial consultation. "My first appointment was superb. I hardly had to wait any time at all and everyone was very pleasant. I was given a choice of times for my treatment and I was booked in for a time that was convenient for me.

"On the day of my operation, I didn't feel too nervous as everyone had explained my procedure to me very clearly. The anaesthetist was excellent and took me through every step, even when I woke up from the operation I didn't experience any unpleasantness which was a huge relief."

Due to the nature of his operation, Francis stayed overnight on the inpatient ward to be monitored. "Fortunately, all the people on the ward, including the patients were really friendly. I felt as if I were being treated in a private hospital."

The next day, Francis was given some pain relief medication and was discharged. "I followed all the instructions I was given to enhance my recovery and I'm now feeling so much better. I'm so pleased I can begin to get back to normal. Even though the treatment centre is a distance from where I live, I wouldn't hesitate to recommend it to my family and friends - a first class service!"

Mental health

Patient experience

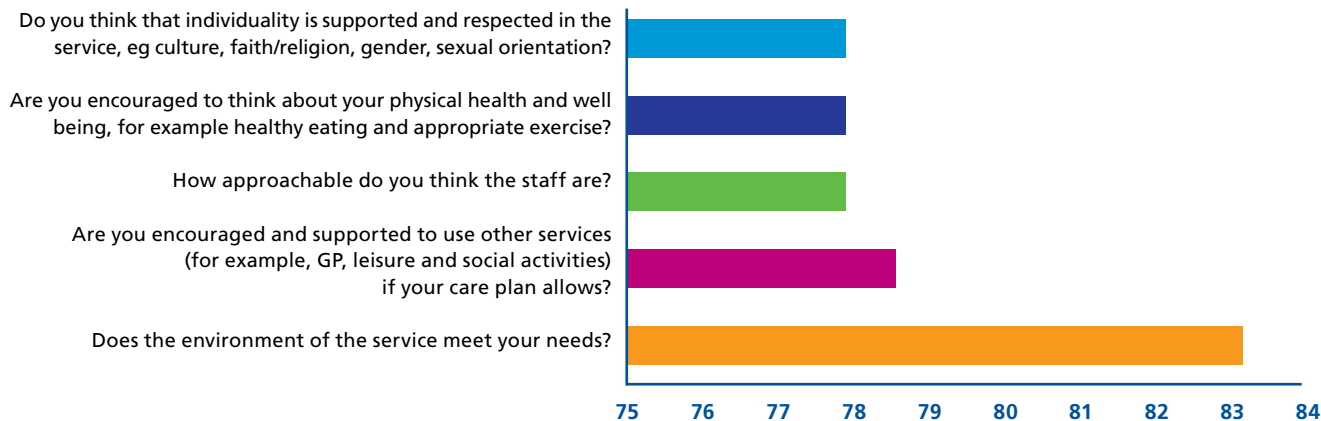
Priority 1 from last year: Service user experience

This is the second year we have focused on service user experience, and we have dedicated our efforts to working with service users to develop new ways to engage with them and enhance our services. This joint working enabled us to create our Recovery Philosophy along with meaningful outcomes that will help us to track progress along the individual person's recovery pathway.

Our work last year with the mental health charity, Together, gave us a solid foundation to build upon to ensure that service users are central to everything we do. In fact, we continue to work with Together and are part of their Peer2Peer forum.

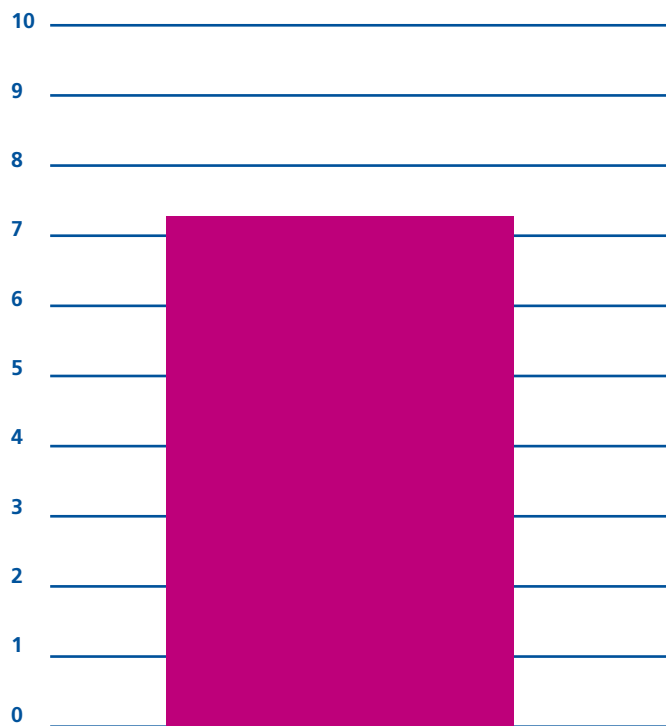
Our service users co-produced their feedback survey for 2013 to focus on quality of experience. The results were encouraging and included a friends and family recommendation signpost. We are aiming to commission an independent service user survey later this year.

Top 5 survey results by % (combining Excellent/Good results)



We have a small cohort of service users who co-facilitate staff training and share their experiences of mental health services and how they have been enabled to progress their own recovery journey. During the coming year we're planning to involve service users more widely within the division.

How likely are you to recommend us to a friend or family member? (On a scale from 1 to 10)



In 2012/13 we described how we would recruit a panel of service user experts to support the delivery of our mental health services in the future. This would provide an organisational link between service users and the senior management team. We're pleased to say that this group has been established and will meet for the first time in mid-2013.

Simon's story*

Simon had been unwell and in a secure hospital environment for several years prior to moving into Park Lodge.

"I came to Park Lodge nearly two years ago. Since then I have been to college for lots of different courses, such as cooking, maths, bricklaying, guitar lessons and creative writing. I have also been involved with the service user work within the company and have attended two courses, including one in London which was great!

I have a bike and use it a lot when the weather is good. The area around Park Lodge is nice for cycling. There is a local gym that I also use. I like walking too. Two years ago on a patient holiday I walked up Snowdon with some of the staff. It was a great experience and gave me a great sense of achievement. In the same year I also raised money for Marie Curie Cancer Care by completing a 10K walk in Tatton Park.

This year I have raised money for a local bird hospital where I work as a volunteer by completing a 10 mile walk and a 20 mile bike ride. Together with the occupational therapy technician, we raised £3200 in total including £1000 that Care UK gave us to help the charity.

The staff at Park Lodge are friendly and patient and help me when I need it. I get lots of leave and enjoy trips out to Joderel Bank, Blackpool and Chester Zoo, Blue Planet. I have been on two holidays as well. I get good quality care and have lots of personal space when I need it. I also chair the community [service user] meetings every week.

I am also pleased to have had three jobs since coming to Park Lodge: one in a local charity shop, one as a gardener and the last one at a wild bird hospital."

*not his real name

Clinical effectiveness

Priority 2 from last year: Complex Care Recovery development



Our first new build Complex Care Recovery service opened in Hull in 2012 and the second development in Walsall in May 2013. Each provides a dynamic pathway for people with severe and enduring mental illness where they are able to recover from complex needs and move into supported living, all on the same site.

Each service user is encouraged to engage with their own recovery journey. As their skills, abilities and confidence grow they move into supported living. Service users then move into independent community living to suit their needs and goals.

These services are still very new, but initial feedback has been extremely positive. A number of service users have moved on into self contained flats – this will have been the first time they have been able to do so.

We are delighted to be working on the third Complex Care Recovery service, this time with Sussex NHS Foundation Trust in a pioneering new joint venture that will open later this year.

Each of these new services provides the following features:

Accommodation is clustered around a core care unit containing a 'bistro', a dining area, communal lounge and therapy space.

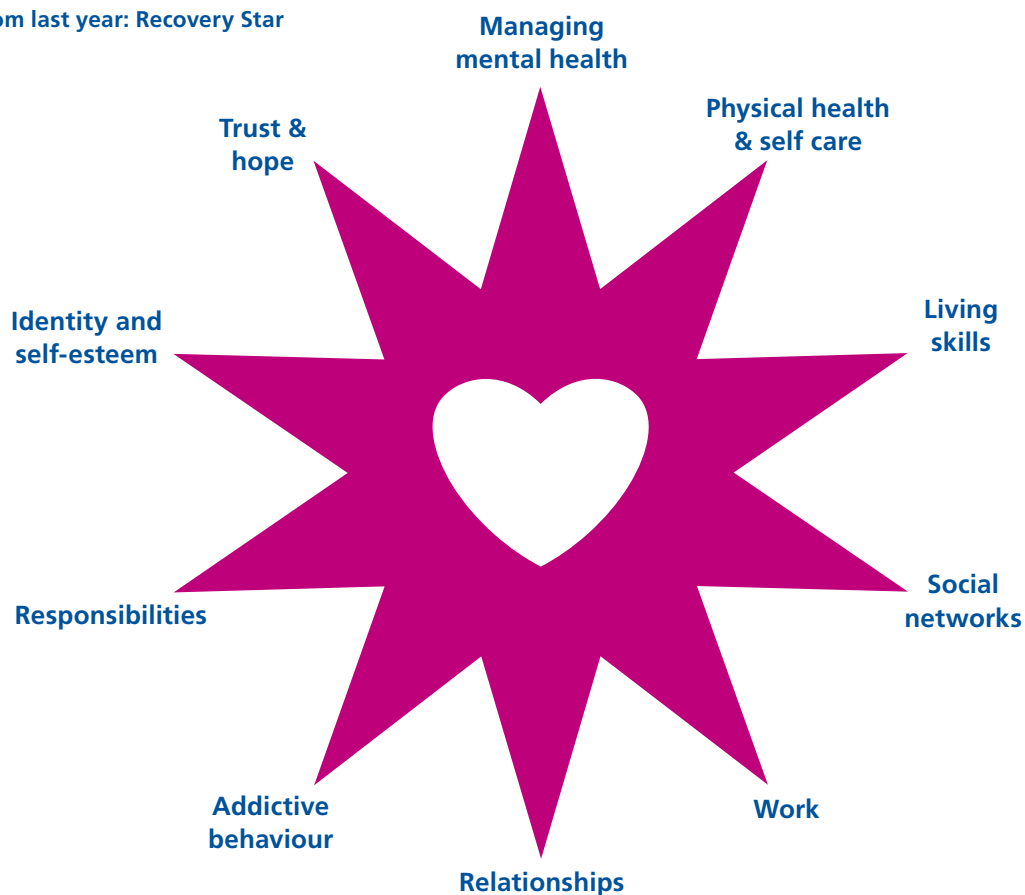
Each of our new services is based on the idea of involvement in the local community. They're close to local shops, public transport and opportunities for service users to develop a social network, to feel part of the community and to potentially find work locally.

The services are dual registered as a home and hospital – representing the recovery journey from detention under the Mental Health Act to rehabilitation to supported living. This is a stepped approach to the recovery pathway.

Each service user lives in self contained accommodation with their own front door.



Priority 3 from last year: Recovery Star



During the year we implemented the Recovery Star tool for all our adult service users. This helps to ensure that everyone involved in a service user's recovery, including the service user themselves, has understood, discussed and planned for their recovery, and that it's been done collaboratively and openly.

It helps to focus on development areas and on the individual's needs and priorities. During the process of implementing the Recovery Star we've identified other tools specific to different groups that may better suit some people in our services. These include Teen Star, for young people, and the Older People Star.

To ensure we deliver a consistent approach to recovery for all of our service users we've created and trained a core team of staff and service users to be Recovery Champions.

They will provide ongoing support to all our services to ensure a seamless approach to recovery. Their success is such that they were recently named Team of the Year in the Care UK annual Mental Health Awards.

In 2012 we embarked on a pilot study to provide practical training to help service users develop real life skills. Aspire, which is being developed in partnership with Coventry University, enables those with more complex needs to explore life and living skills.

The results from both of these will be available for next year's Quality Account. The pilot will be evaluated by our Service User Forum, enabling us to adapt and develop the range of training content.

John's story*

John came from a chaotic background, first coming into contact with social services while still at primary school. His history includes children's homes, substance misuse, prison and secure services.

"I have been at Park Lodge for eight months and think the place is great. The staff are really friendly and very respectful of everyone who lives there. I have been really ill in the past and think that the way Park Lodge runs has helped me and others in their journey.

I have been on several trips to Blackpool and attended the Soccer Aid fundraising event at Manchester United. I have attended the local college, for level one of professional cooking and have just got my certificate for that, which I can carry on when I move. I have had a chance to volunteer as a chef in a local day centre which was great in building my confidence. I also found the drop-in session at the centre a great way of meeting people.

I think my biggest achievement is working as a Recovery Star Trainer for Care UK, which forms part of my permitted work. Giving the training has helped me to put across our point of view as service users, which is really great. I have been to London to deliver training to the senior managers and also to other services."

*Not his real name



External review



Feedback from Bradford City and Bradford Districts Clinical Commissioning Groups (CCGs)

Bradford City CCG and Bradford District CCG welcome the opportunity to review and report on the Care UK Quality Account relating to Eccleshill Treatment Centre only within this report.

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 Quality Account incorporates the mandated elements required and demonstrates the quality of its services through examples of patient experience, audit and benchmarking.

The 2013–2014 Quality Priorities are appropriate and show innovation, for example, using the evidence based hand physiotherapy electronic application to support recovery and minimise the risk of development of post operative complications.

A review of 2012–2013 priorities, which are appropriate to Eccleshill Treatment Centre has been completed and sound examples of good practice have been provided. For example:

- increasing positive patient experience by giving patients nurse led post operative telephone follow ups instead of automatic follow up appointments.

- advanced nursing skills initiative to enhance service delivery and improve patient experience.

It is pleasing to note that this year's Quality Account provides more detail on infection prevention and control and that there is a greater emphasis on the interventions being undertaken to prevent healthcare associated infections. The overall reduction in surgical site infections and the improved response rate in relation to post operative surveillance of surgical site infections at one of the Treatment Centres are to be commended and it would be good to see this replicated at the other centres.

There is also evidence that robust mechanisms are in place to prevent healthcare associated infections and that the organisation takes its responsibility in this area seriously. We would like to see more information on what plans Care UK has for 2013–2014 in relation to infection prevention and control and healthcare associated infections.

It is a positive step that Care UK are introducing and developing the use of supervision for staff within their services and that seeking and using service user experiences is seen as a priority.

The patient safety excerpts which relate to Eccleshill accurately reflect the information known to Bradford City CCG and Bradford Districts CCG, and there have been no serious incidents reported during 2012 or to date in 2013.

Bradford City CCG and Bradford Districts CCG commend the work being undertaken at Eccleshill Treatment Centre and support the continued steps for quality improvement.

Helen Hirst
Chief Officer
NHS Bradford City CCG and NHS Bradford Districts CCG

Feedback from NHS South Commissioning Support Unit

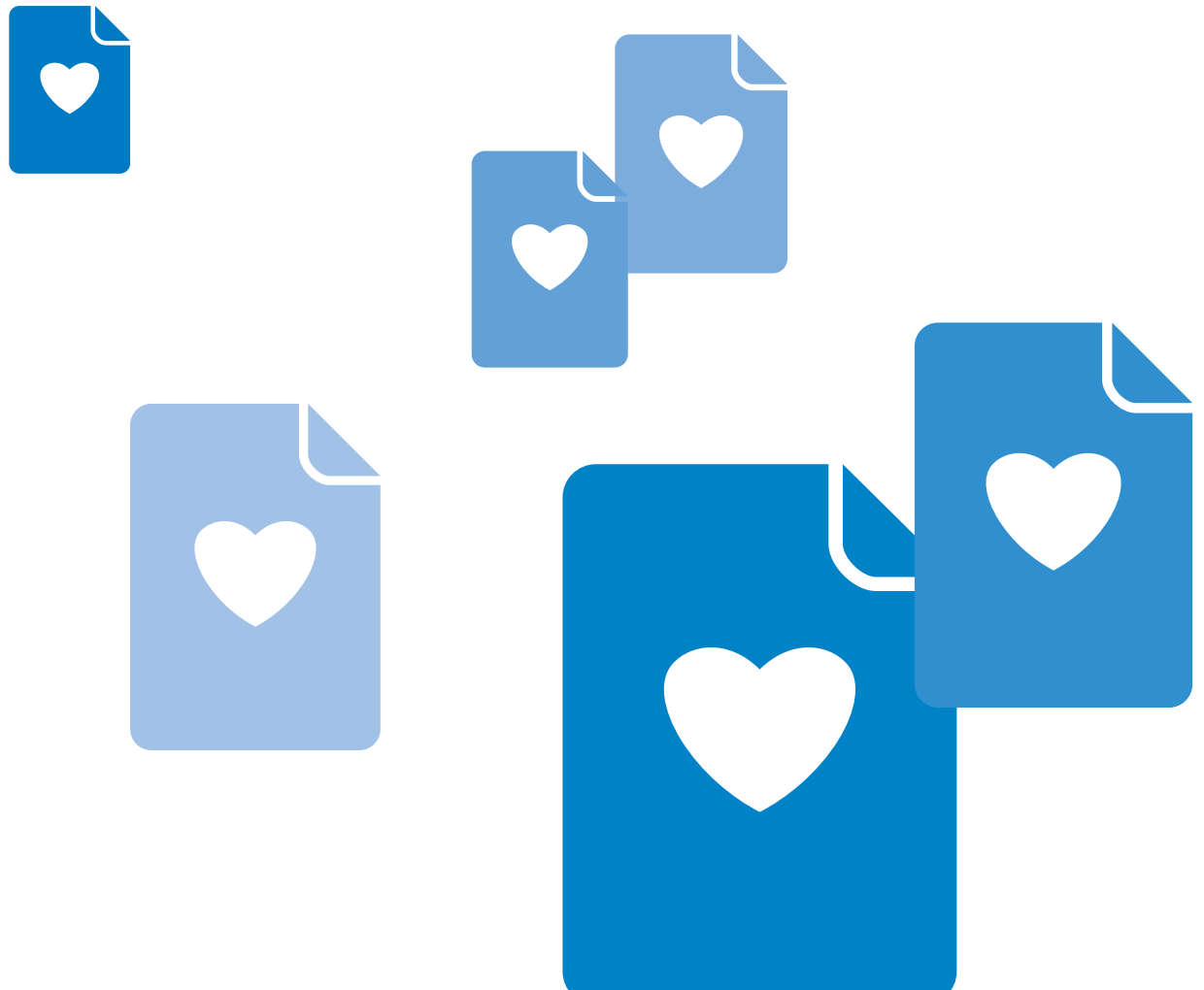
A comprehensive account and the commissioners have no concerns with anything Care UK has classed as their priorities.

Claire Pond, Clinical Quality Officer
NHS South Commissioning Support Unit

Feedback from LINKs to Healthwatch

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

Appendix



National clinical audits

Specialty area	Audits	Care UK participation	Reason
Peri & Neonatal	1. Neonatal intensive and special care NNAP	No	Care UK does not provide peri or neonatal services within our ISTCs
Children	1. Paediatric pneumonia British Thoracic Society 2. Paediatric asthma British Thoracic Society 3. Paediatric fever College of Emergency Medicine 4. Childhood epilepsy RCPH 5. Paediatric Intensive Care PICANet 6. Paediatric Cardiac Surgery NICOR 7. Diabetes RCPH	No	Care UK does not provide children's services our ISTCs
Acute Care	1. Emergency use of oxygen British Thoracic Society 2. Adult community acquired pneumonia British Thoracic Society 3. Non invasive ventilation NIV – adults British Thoracic Society 4. Pleural procedures British Thoracic Society 5. Cardiac Arrest NCAA 6. Adult Critical Care Case Mix Programme 7. Potential Donor Audit NHS Blood and Transplant	No	Care UK does not provide emergency care within our ISTCs. Elective pre-planned surgery only. Care UK did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.
Long Term Conditions	1. Diabetes NADA 2. Heavy Menstrual Bleeding RCOG 3. Chronic Pain NPA 4. Ulcerative Colitis & Crohn's Disease IBD Audit 5. Parkinson's Disease National Parkinson's Audit 6. COPD British Thoracic Society 7. Adult Asthma British Thoracic Society 8. Bronchiectasis British Thoracic Society	No	Care UK only provides elective surgery services from its treatment centres and therefore does not manage long term conditions.

Specialty area	Audits	Care UK participation	Reason
Cardiovascular Disease	<ol style="list-style-type: none"> 1. Familial hypercholesterolaemia NCA of mgt of FH 2. Acute Myocardial Infarction & other ACS MINAP 3. Heart Failure HFA 4. Pulmonary Hypertension PHA 5. Acute Stroke SINAP 6. Vascular surgery VSGBI Vascular Surgery Database 	No	Care UK does not provide treatment of cardiovascular illness from its treatment centres.
Renal Disease	<ol style="list-style-type: none"> 1. Renal Replacement Therapy UKRR 2. Renal Transplant NHSBT UK Transplant Registry 3. Patient Transport National Kidney Care Audit 4. Renal Colic College of Emergency Medicine 	No	Care UK does not provide renal services.
Cancer	<ol style="list-style-type: none"> 1. Lung cancer National Lung Cancer Audit 2. Bowel Cancer National bowel cancer Audit Programme 3. Head & Neck cancer DAHNO 4. Oesophago-gastric cancer NAOGC 	No	Care UK does not provide cancer services
Trauma	<ol style="list-style-type: none"> 1. Hip fracture National Hip Fracture Database 2. Sever Trauma - Trauma Audit 3. Falls and Non Hip Fractures National Falls & Bone Health Audit 	No	Care UK does not provide trauma services
Psychological Conditions	<ol style="list-style-type: none"> 1. National Audit of Schizophrenia NAS 2. National Audit of Dementia TBC 	No	Care UK chose not to participate in these audits
Blood Transfusion	<ol style="list-style-type: none"> 1. O neg Blood Use National Comparative Audit of Blood Transfusion 2. Platelet Use National Comparative Audit of Blood Transfusion 	No	Care UK chose not to participate in these audits
Elective Procedures	<ol style="list-style-type: none"> 1. Hip, knee and ankle replacements National Joint Registry 2. Elective Surgery National PROM's Programme 3. Cardiothoracic Transplantation NHSBT UK Transplant Registry 4. Liver Transplantation NHSBT UK Transplant Registry 5. Coronary Angioplasty NICOR 6. Peripheral Vascular Surgery VSGBI 7. Carotid Interventions CIA 	<p>Yes 100% inclusion Yes 100% of patients asked to participate</p> <p>No No No No No</p>	Care UK does not provide transplant or cardiovascular services

Useful links

Care Quality Commission

www.cqc.org.uk

Department of Health

www.dh.gov.uk

King's Fund

www.kingsfund.org.uk

National Institute for Health and Clinical Excellence (NICE)

www.nice.org.uk

National Patient Safety Agency

www.npsa.nhs.uk

NHS Choices

www.nhs.uk

Mental Health Act & Health and Social Care Act

www.legislation.gov.uk

World Health Organisation

www.who.int/en/

National Joint Registry

www.njrcentre.org.uk

Chief Nursing Officer for England

www.england.nhs.uk/tag/chief-nursing-officer/

Patient Reported Outcome Measures

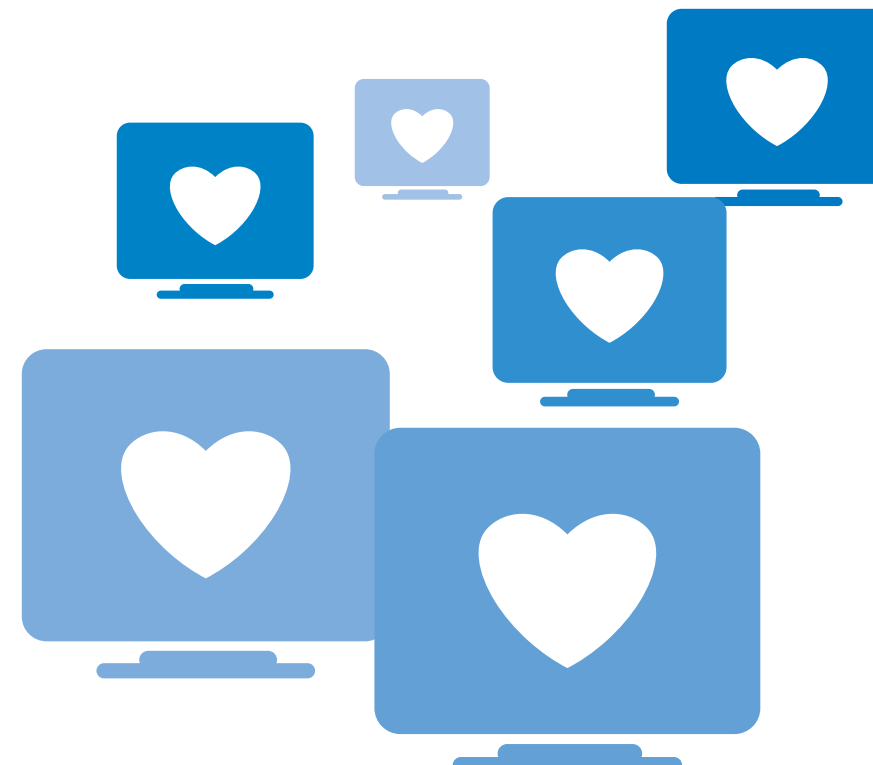
www.hscic.gov.uk/proms

Health and Social Care Information Centre

www.hscic.gov.uk

NHS Right Care

www.rightcare.nhs.uk



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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 enquiries@careuk.com