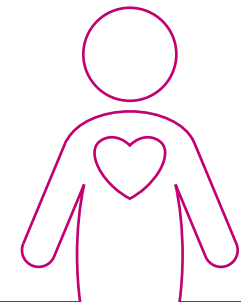


Quality Account 2013-2014

Best quality, best practice
and best outcomes

Commitment to quality
in the patient experience





Foreward by Jim Easton

We provide a uniquely diverse range of healthcare services for our NHS partners. Throughout our business, you will find colleagues who are passionate about providing high quality services to our patients.



We are committed to improving quality across all of our services – for patients accessing their GP services, those needing urgent help through our NHS 111, out-of-hours or urgent care services, those receiving diagnostic or outpatient

care through our CATS services or surgery at our treatment centres, and offenders receiving care from our teams in over 20 prisons nationwide. With such diversity, there's great opportunity to share and learn from each other as well as from outside Care UK.

Over the past year, we've built on our strong commitment to quality. We're engaging our people and have empowered our front line teams in driving patient experience, outcomes and safety. We're developing our leadership community into a multi-skilled team who are driving forward key priorities including GP and patient engagement. We have also invested in quality improvement expertise to support colleagues in our service lines.

We're now more determined than ever to be transparent in how we measure and improve the quality of care we provide for our patients, and we're continually improving how we report on quality.

I'm proud of our achievements this year – we've achieved national benchmarks for our out-of-hours care and continued excellence in elective care, where we are seeing the strength in bringing UKSH and Care UK together. Last year we were also named in the prestigious Laing's Healthcare 20 as one of the top independent healthcare providers.

We're not complacent though. Our aim is to be in the top 10% of all healthcare providers. Achieving this target, and stretching ourselves even more, isn't about doing the same things faster or better. It's about fundamentally questioning how we do things, and enabling patients to help shape our services.

This Quality Account sets out our performance on a range of key measures for our patients, the wider public, commissioners and partners.

We look forward to fully engaging with our stakeholder groups and increasing their involvement in our service delivery as we continue on our path to excellence.

Our priorities for next year 2014-2015 are:

- To develop a consistent approach to how we engage with our patients and patient groups
- To drive our quality improvement approach further into our business so that it touches all of our people, in everything that they do
- To strengthen our leadership community through ongoing development

I am confident that, as we continue to focus on, and invest in quality, we'll see more great care from our people in years to come.

To the best of my knowledge, the information in this report is accurate.

Jim Easton
Managing Director, Health Care

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Our services



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



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 treatment centres provide inpatient and day patient surgery for a range of planned surgical procedures, 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 eleven treatment centres and five CATS during 2013-2014 as we gained five ISTCs in February 2013 when we acquired UK Specialist Hospitals (UKSH). The priorities for both Care UK and UKSH services for 2013-14 were included in the 2012-2013 Care UK Quality Account and in the UKSH Quality Account. Progress in relation to these priorities is reported in this account.

In the year April 2013 to March 2014, Care UK's ISTCs and CATS undertook

- 76,873 day case procedures
- 7,293 inpatient procedures
- 401,457 outpatient consultations, including telephone consultations

Services	Facilities	Specialties
Barlborough NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Minor and major orthopaedic procedures
Cirencester NHS Treatment Centre (AGW)	Day patients, Diagnostics,	Dental, ENT, general surgery, gynaecology, minor orthopaedic procedures and urology
Devizes NHS Treatment Centre (AGW)	Day patients, Diagnostics,	Dental, ENT, endoscopy, general surgery, gynaecology, minor orthopaedic procedures, ophthalmology and urology
Emersons Green NHS Treatment Centre (AGW)	Inpatients, Day patients, Diagnostics	Dental, ENT, endoscopy, general surgery, gynaecology, minor and major orthopaedic procedures, ophthalmology and urology
Eccleshill NHS Treatment Centre	Day patients, Diagnostics,	General surgery, urology, gastroenterology, minor orthopaedic procedures, endoscopy and gynaecology
North East London NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, minor and major orthopaedic procedures, dental surgery, ophthalmic surgery including oculoplastics and endoscopy
Peninsula NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Minor and major orthopaedic procedures, ophthalmology and general surgery
Shepton Mallet NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Dental, ENT, endoscopy, general surgery, gynaecology, minor and major orthopaedic procedures, fracture management, ophthalmology and urology
Southampton NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, gynaecology, minor and major orthopaedic procedures, oral surgery, chronic pain service, endoscopy, ENT, ophthalmology and urology
St Mary's NHS Treatment Centre	Day patients, Diagnostics	General surgery, ophthalmic surgery, minor orthopaedic procedures and endoscopy
Will Adams NHS Treatment Centre	Day patients, Diagnostics	General surgery, urology, ophthalmic surgery, minor orthopaedic procedures and endoscopy
Buckinghamshire Musculoskeletal Integrated Care Service	Outpatients, Diagnostics	Musculoskeletal services
Lincolnshire Intermediate Musculoskeletal Service	Outpatients, Diagnostics	Musculoskeletal services
Greater Manchester NHS Clinical Assessment and Treatment Service	Outpatients, Diagnostics	General surgery, endoscopy, gynaecology, urology, minor orthopaedic procedures and ENT
Rochdale Ophthalmology Clinical Assessment and Treatment Service	Outpatients	Ophthalmology

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 and Ashleigh House 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 424 service users across our homes, hospitals and specialist services. Of these, 102 people were supported by our eating disorders services and 28 by our self harm services.

Services	Facilities	Specialties
Althea Park Education Unit - Stroud	Education unit for up to 12 male and female students, aged 13 -18 years, who have experienced difficulty and trauma in their lives and for whom mainstream education is not a suitable option	Tailored curriculum based on the needs of the young person. Personalised timetables and where possible, one-to-one tuition
Althea Park House - Stroud	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders
Ashleigh House - Stroud	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Treatment and therapeutic services for eating disorders and associated co-morbidities and personality issues
Avesbury House - London	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement

Services	Facilities	Specialties
Bisley Lodge – Stroud	Therapeutic, residential care and education for women aged 13-21 who typically self-harm, have attachment difficulties associated with multiple risk taking behaviours and complex presentations	Medium to long term stabilising solutions. Emergency and respite placements. Tailored psychosocial programmes
Brierley Court – Manchester	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Cragston Court – Newcastle	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community
78 Crawley Road – Horsham	New service opened in June 2014	
Evergreen Lodge – South Croydon	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community
Kingfisher Rise – Sutton-on-Hull	Tenancy style living and support for those recently discharged from hospital	Therapeutic recovery and support leading to own full tenancies
255 Lichfield Road – Walsall	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Nelson House – Gosport	Purpose-built mental health high dependency recovery and rehabilitation hospital for people with severe and enduring mental health problems	Working with service users with histories of offending. A step up from community services or a step down from more secure services
Newcombe Lodge – Stroud	Medium to long term therapeutic residential care and education for women aged 13-21 who self-harm, have attachment difficulties associated with multiple risk taking behaviours and complex presentations	Quick and responsive taking emergency or respite admissions. An alternative to or step down from psychiatric intensive care units or secure care placements
Park Villa – Macclesfield	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Penfold Lodge – Clacton on Sea	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community
Rhodes Farm – London	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
Riverbank – Hull	Tenancy style living and support for those recently discharged from hospital	Therapeutic recovery and support leading to own full tenancies
Rosebank House – Reading	Inpatient recovery services including those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Yew Tree Lodge – Reading	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community

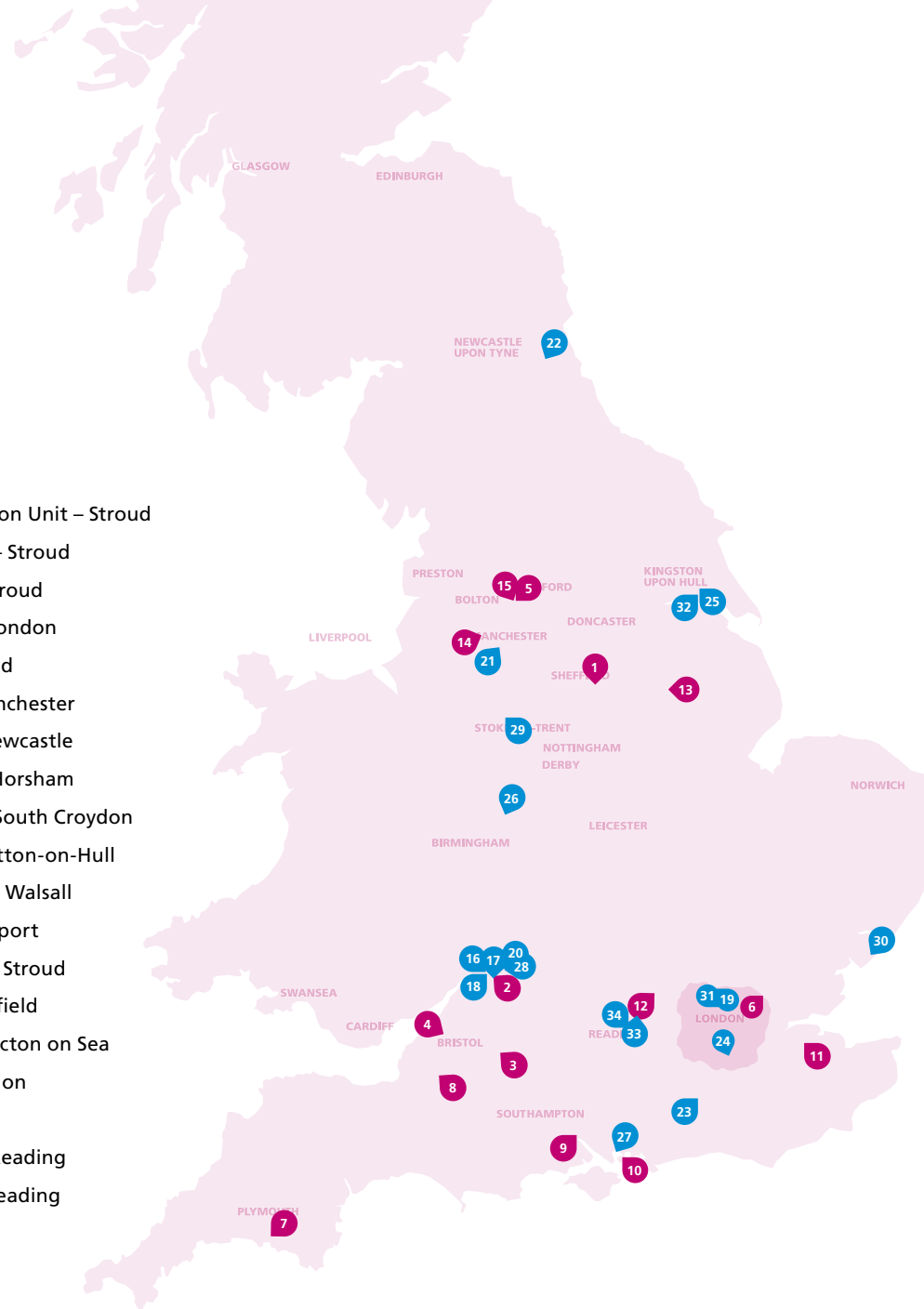
Our locations

Healthcare

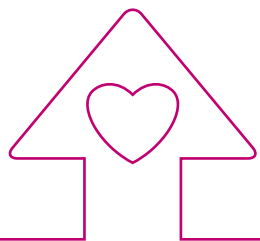
1. Barlborough NHS Treatment Centre – Chesterfield
2. Cirencester NHS Treatment Centre (AGW) – Cirencester
3. Devizes NHS Treatment Centre (AGW) – Devizes
4. Emersons Green NHS Treatment Centre (AGW) – Bristol
5. Eccleshill NHS Treatment Centre - Bradford
6. North East London NHS Treatment Centre – Ilford
7. Peninsula NHS Treatment Centre – Plymouth
8. Shepton Mallet NHS Treatment Centre – Shepton Mallet
9. Southampton NHS Treatment Centre – Southampton
10. St Mary’s NHS Treatment Centre – Portsmouth
11. Will Adams NHS Treatment Centre – Gillingham
12. Buckinghamshire Musculoskeletal Integrated Care Service – High Wycombe
13. Lincolnshire Intermediate Musculoskeletal Service – North Hykeham
14. Greater Manchester Clinical Assessment and Treatment Service – Manchester
15. Rochdale Ophthalmology Clinical Assessment and Treatment Service – Rochdale

Mental Health

16. Althea Park Education Unit – Stroud
17. Althea Park House – Stroud
18. Ashleigh House – Stroud
19. Avesbury House – London
20. Bisley Lodge – Stroud
21. Brierley Court – Manchester
22. Cragston Court – Newcastle
23. 78 Crawley Road – Horsham
24. Evergreen Lodge – South Croydon
25. Kingfisher Rise – Sutton-on-Hull
26. 255 Lichfield Road – Walsall
27. Nelson House – Gosport
28. Newcombe Lodge – Stroud
29. Park Villa – Macclesfield
30. Penfold Lodge – Clacton on Sea
31. Rhodes Farm – London
32. Riverbank – Hull
33. Rosebank House – Reading
34. Yew Tree Lodge – Reading



Health Care Quality priorities for 2014-2015



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 monitored through our reporting programme and as part of next year's Quality Account.

All our patients deserve the best possible care and we continually strive to improve our services to ensure they receive it.

This year we have identified nine new quality improvement objectives and we will also be continuing to deliver some of last year's objectives. These objectives reflect clinical practice in our treatment centres and CATS services and are also informed by national priorities.

The identification and development of these objectives involved numerous individuals and teams from within Care UK as well as external stakeholders and patient groups. The process began with considering patient feedback including observations gathered from surveys, discussions with our patient forums, analysis of complaints and a review of new national guidance. Possible improvement areas were discussed with nursing directors, governance managers, clinical leads and medical directors.

Our Health Care governance committee prioritised the objectives and presented these to the board of Care UK, where they were discussed and agreed. The objectives were then shared with patient forums and other stakeholders including commissioners.

	Quality objective	Improvement target
Patient experience	To reduce clinical cancellations	To reduce the number of cancellations for clinical reasons on the day of surgery. No more than 1.5% in any treatment centre
	To improve our response to patient complaints	To have fewer stage two complaints through improvement in the responses to any complaint at stage one. Currently 1 in every 20 complaints proceeds to stage 2
	To monitor the Friends and Family question at department level	A Friends and Family score greater than 85 for each part of the patient’s Care UK pathway for all of our treatment centres and clinical assessment and treatment services
Patient safety	Recognition of the deteriorating patient including the introduction of the National Early Warning Scoring system (NEWS)	Care UK-wide change from using MEWS (Modified Early Warning Score) to using the NEWS score without affecting our performance in recognising the deteriorating patient
	To establish multidisciplinary ward rounds in all treatment centres with inpatient beds	Evidence that multidisciplinary ward rounds have been established in all Care UK treatment centres with inpatient beds. We anticipate a positive effect on patient experience and a reduction in unexpected transfers out to other facilities
	To improve the reporting of medication incidents	To be able to report the number and type of medication incident in relation to patient safety
	Reduce the incidence of peri-operative hypothermia	100% of patients will have a temperature >36 degrees centigrade when they enter the recovery room * This objective to be carried over from 2013-2014
Clinical effectiveness	Orthopaedics – to publish outcome information as part of our work to achieve excellence in hip and knee joint replacement	To publish information showing length of stay and infection rates for both hip and knee joint replacement surgery
	Endoscopy - to reduce variation in the comfort scores achieved by individual clinicians	By March 2015 no unit will have more than 4% reports of moderate or severe discomfort and no individual clinician will have more than 5% reports of moderate to severe discomfort
	Ophthalmology - to publish outcome information as part of our work to achieve excellence in cataract surgery	Care UK will aim to report PCR rates of less than 1.92%. More than 91% of patients will achieve driving standard vision



Patient experience

Priority 1:

Quality objective: to reduce clinical cancellations

Why have we chosen this priority?

We know from patient feedback and focus groups that cancellations on the day of surgery are inconvenient and can cause distress to patients. They are also inefficient for the organisation. While some reasons for cancellations are inevitably outside our control, such as patient illness or disruptions to travel, we will focus on reducing cancellations caused by avoidable clinical factors.

What are we trying to improve?

Currently the rates of clinical cancellations on the day vary across the treatment centres from less than 1% at the best performing centre to over 2.5% in some other centres. This relates to variable practice in managing the patient pathway following the patient's attendance at their pre-operative outpatient visit. We are therefore trying to implement best practice across all our treatment centres to ensure our patients are supported appropriately during their pathway and that they are fully prepared for surgery. With this goal, those treatment centres with higher than usual rates of clinical cancellations are using the tools employed by Care UK's Quality Improvement initiative to understand the reasons for cancellation and to identify ways to reduce these cancellations.

What will success look like?

To deliver this quality improvement we will:

- Review and refine the pre-operative call to patients so that it is fit for purpose and helps to identify patients who may not be fit on the day of surgery
- Carefully design an effective telephone script for each discipline to ensure that patients are aware of all the necessary preparations and arrangements. This will include checking whether there have been any medical developments since the outpatient visit and that any medication is being managed appropriately
- Review the management of the patient pathway from the pre-operative assessment to admission, ensuring that results are checked and action taken at every stage
- Ensure that guidance for pre-operative testing is in line with NICE best practice
- Share this guidance through our clinical governance forum, specialty meetings and heads of department meetings

The output from this priority should result in a standardised process across the secondary care service to reduce unnecessary clinical cancellations on the day of surgery. More importantly, it should improve patient experience and avoid unnecessary delays for patients. The aim is to achieve a target of less than 1.5% for all treatment centres.

How will we monitor progress?

The rate of on-the-day clinical cancellations is a standing item on the monthly clinical governance report so Care UK will continually monitor performance in this area against the objective of no more than 1.5% clinical cancellations. This is reviewed at the strategic governance meeting for the secondary care service. The process of reviewing this on a monthly basis will help treatment centres to assess improvement. Each clinical cancellation will be reviewed to understand if it was avoidable or unavoidable and thereby address the measures that are needed to avoid it reoccurring.





Priority 2:

Quality objective: to improve our response to patient complaints

Why have we chosen this priority?

'The patient is at the heart of everything that we do' – to be true to this, one of Care UK's values, we have decided once again to improve our management of complaints by ensuring that the majority are resolved at stage 1.

What are we trying to improve?

Care UK operates a two-stage complaints process whereby a separate investigation by a central team occurs if the complaint cannot be resolved locally. The process can be very stressful for complainants as it prolongs the length of time it takes to achieve resolution, or even simply to receive answers to their questions. The process also involves a different team not previously known to the patient.

We believe that complaints management is about more than an investigation and a written response. It is about spending time with a complainant trying to fully understand their concerns and then being able to apologise for any failings in the care of the patient.

During 2014-2015 we will be providing training to all of our hospital directors, clinical service managers and medical directors, including:

- How to meet with a complainant and understand their concerns
- Being open, honest and saying sorry (known as the 'duty of candour')
- Sharing investigation reports
- Proving that we have learnt from our mistakes and are improving the experience for other patients

What will success look like?

We will judge ourselves to be successful in this priority if the majority of complaints (95%) are resolved at stage 1.

How will we monitor progress?

Progress will be monitored on a monthly basis by analysing the conversion rate of all complaints from stage 1 to stage 2. We will review this at quarterly strategic governance meetings and will in particular analyse the reasons for the failure to resolve the complaint at stage 1.

Priority 3

Quality objective: to monitor the Friends and Family question at department level

Why have we chosen this priority?

From April 2013 NHS England launched the use of the Friends and Family test across all NHS trusts and independent providers of NHS care. The test consisted of one question, "Would you recommend this service to your friends or family?" The test was mandated for inpatient wards and A&E services with maternity services following in September 2013.

What are we trying to improve?

Although Care UK inpatient facilities collected and submitted this data to the Department of Health as nationally required from April 2013, we felt that all patients who have any contact with us in our elective surgery centres should be asked the question, rather than just those who stay overnight with us in our facilities.

We believe that launching this important question across all departments will provide us with valuable data that we can use to make improvements to our services. The data will enable us to see which departments are not providing such a good service and will help us to address the reasons for this. We believe that having the data will reassure us that all of our services are of an excellent standard and that our patients are keen to recommend us to their families and friends.

What will success look like?

During the year 2013-2014 we concentrated on scoring in the top 10% for all healthcare providers for our inpatient wards as per the Department of Health requirement.

We now aim to achieve a score above 85 collectively in all our departments, including:

- Outpatients/pre-assessment
- Day case surgery
- Dental
- Diagnostics

How will we monitor progress?

By asking all patients the question, “Would you recommend this service to your friends and family?”

Results will be compiled and published on a quarterly basis and distributed to the hospital directors for sharing with their teams. In addition we will share data at patient forums where we will ask for members’ opinions and help in addressing areas of concern.



Patient safety

Priority 1:

Quality objective: to roll out the National Early Warning Scoring system (NEWS) across Care UK's Health Care division

Why have we chosen this priority?

The safety of our patients is of paramount importance across all areas of our work.

Knowledge of a patient's health status and being able to recognise early, and to treat, any adverse changes in their condition, are key to maintaining a patient's safety at any point within their pathway of care. We know that being able to detect a change in a person's health early on results in appropriate intervention and improved clinical outcomes.

In 2012, a working party named NEWSDIG (National Early Warning Score Development and Implementation Group), made up from representatives of all relevant professional and regulating bodies, created a standardised early warning system. The rationale behind this was to set the standards for patients' general observation and monitoring in line with national guidance across the NHS, including primary, secondary and urgent care units.

The National Early Warning Scoring system (NEWS) was linked to defined principles around the urgency of response and used the same scoring tools and physiological parameters. It therefore provided a consistency of approach that would be understood by all healthcare professionals in whichever service they worked.

Care UK will maintain its current early warning system while implementing the National Early Warning system (NEWS) across all of its services. NEWS will be used for all initial assessments of patients with acute illness, and then for the continuous observation and monitoring of the patient throughout their stay in a Care UK facility.

What are we trying to improve?

- Timely response to changes in the patient's condition which indicates a deterioration, thus providing the trigger for an increase in the intensity of clinical care

- The documentation of a clear monitoring plan for every patient. This will specify the observations to be recorded and the required frequency. It will take into account the patient's diagnosis and proposed treatment, continuing care and discharge

What will success look like?

- Implementation of national guidance and associated documentation by March 2015
- NEWS audit score > 90% in compliance with the use of this tool in secondary care

Priority 2:

Quality objective: to establish multidisciplinary ward rounds in all treatment centres with inpatient beds

Why have we chosen this priority?

In modern healthcare, treatment is delivered in multi-professional teams. This makes effective communication vital so that key information is shared and passed on. Miscommunication is a major contributory factor in many incidents.

The multidisciplinary ward round has been developed within Care UK to include the relevant healthcare professionals to ensure that all pertinent information is covered and discussed during the daily ward round. The team includes the junior doctor, the consultant anaesthetist, the consultant surgeon, the physiotherapist, the pharmacist and the lead ward nurse as well as the nurse assigned to the patient.

The review is holistic and does not concentrate on surgical recovery only. We found that when this approach was introduced at two of our treatment centres, there was a significant reduction in avoidable transfers due to medical conditions.

What are we trying to improve?

Our treatment centres provide elective surgical care. However, as with any form of surgery, patients will have other medical conditions which need to be monitored and managed after surgery. They will also occasionally present with a previously undiagnosed condition as a result of the demands of surgical recovery e.g. diabetes, angina.

We have found that early recognition and management of these problems enables us to manage them locally and reduces avoidable transfers to another unit. Equally, where more specialist intervention is required, appropriate early transfer has occurred. With a multidisciplinary approach to the ward round, the focus has been on the surgical recovery and on a more holistic approach to the patient's overall wellbeing.

We want to share the best practice from these treatment centres across all our six inpatient facilities. As part of this improvement we will implement a ward round checklist to support staff in ensuring that all relevant aspects of care are reviewed and documented.



What will success look like?

The standardisation of ward rounds will become the norm across Care UK. A dedicated time will be allocated each day to allow the team to conduct the ward round. Each treatment centre will review their monthly unexpected transfers and identify those that were both avoidable and unavoidable to decide if appropriate care was given. These reviews will be used to improve the use and development of the ward round checklist and aid the multidisciplinary team ward round.

With the implementation of the multidisciplinary ward round, we would expect to see a reduction in serious incidents requiring investigation (SIRIs) involving the deteriorating patient, as we would anticipate early escalation in the level of care required.

How will we monitor progress?

While the rate of unexpected transfers is low across Care UK, at 0.16%, some treatment centres have higher rates. We will monitor the quarterly transfer rates to ascertain the impact of the multidisciplinary ward round both for avoidable and unavoidable reasons.

With the roll out of the ward round checklist, we will undertake sample audits of its use across the six inpatient treatment centres and review and implement changes as necessary and share learning. The ward manager for the inpatient wards on each site will keep a record of the daily rounds and escalate if there are any barriers to regularly undertaking rounds so that adequate support is given to local teams.

Priority 3

Quality objective: to improve the reporting of medication incidents

Why have we chosen this priority?

We want to reduce the number of medication incidents but to help us to do that we need accurate information about the number and types of medication incidents that occur.

What are we trying to improve?

Over the last year we have developed a standard approach to the reporting of medication incidents with staff on all sites having access to the Datix incident recording system.

However, when we compare our reporting rates against those in National Patient Safety Agency (NPSA) medication error reports our rates are lower than others. Until recently the number of incidents reported has been less than 15 per month. We want to actively encourage increased reporting as this will give us better information to enable us to make improvements to reduce medication incidents. We want staff to report errors and near misses every time they occur so that we get accurate information.

What will success look like?

When we receive reports of medication incidents or errors we put them into categories to help us to understand where most problems are occurring. We use the categories described by the NPSA which are categories of errors related to prescribing, administration and supply, dispensing and monitoring of medication as well as noting if any harm occurred as a result of the incident. We also want to know which class of drugs is giving rise to the biggest number of incidents, for example, antibiotics or anti-coagulants.

We will know that we have been successful when we see medication incident reporting and reviews being used to identify areas for improvement.

How will we monitor progress?

We will monitor progress by continuing to track the numbers and types of incident reported to provide assurance that the levels of incident reporting reflect what is happening in practice. We expect to see a peak in incident reporting initially but as we make improvements we will then see the numbers fall over time.

Clinical effectiveness

Priority 1:

Quality objective: to further improve outcomes for both hip and knee joint replacement

Why have we chosen this priority?

Care UK performs approximately 5,000 joint replacement surgeries per year, and this number is set to grow. We are one of the largest providers of lower limb arthroplasty and orthopaedic surgery in Europe. We believe it is important to give accurate and easy to understand information to patients, public and commissioners on clinical outcomes and to allow the information to be benchmarked across national standards and providers.

What are we trying to improve?

We are constantly trying to improve the quality of the service we provide to patients, so we therefore regularly review surgical outcomes. We do this through our orthopaedic specialty meetings, led by our clinical director. In these meetings we review complications that occur after surgery so that we can learn and implement any changes if necessary. We review post-operative X-rays at regular meetings to ensure that the new joint is in the correct position. All our patients are reviewed one year

after their surgery to ensure that they have a good outcome. If this is not the case, we address any ongoing issues.

We have identified two measures that are universally used as a basis for assessing the quality of an orthopaedic service.

1. We aim to reduce infection rates wherever possible
2. We aim to improve early mobilisation to reduce the length of time our patients have to stay in hospital

What will success look like?

Both the National Joint Registry and PROMS have indicated that Care UK treatment centres are some of the best providers of hip and knee replacements in England. In addition Dr Foster awarded some of the Care UK centres top accolades after an analysis of revision rates and outcomes.

Length of stay: We want to share our average length of stay (LOS) data following hip replacement and knee replacement surgery. We know that early mobilisation following surgery is beneficial to patients in reducing complications, and that it helps patients to return as quickly as possible to their normal activity.

Our current average length of stay for knee replacement surgery **3.1 days**

Our current average length of stay for hip replacement surgery **3.1 days**

Infection rates: Deep infection, which is an infection involving the joint cavity, is the most devastating complication following a joint replacement as it results in removal of the implant and additional surgery for the patient as well as a lengthy recovery period. As well as being costly to the patient and their family, they are also costly to the health economy. Therefore preventing all surgical infections is the single most important effort an organisation can make to improve outcomes.

Care UK reports infections of all types to Public Health England in line with best practice guidance. Our current rate of infection is low compared to the published national levels. Some of our treatment centres have very low levels.

Our current rate of infection following knee replacement surgery is **0.93%**
 – national average is 1.7%

Our current rate of infection following hip replacement surgery is **0.59%**
 – national average is 1.2%

How will we monitor progress?

We will report LOS data for each of our treatment centres that provide hip and knee replacement surgery and demonstrate how this compares to the national average rates. We aim to foster a culture of zero tolerance towards infections. We will report on infection rates following hip and knee surgery for each of our treatment centres and compare this to the national average rates.

Priority 2:

Quality objective: to improve and maintain high comfort levels in endoscopy

Why have we chosen this priority?

Having an endoscopy can be an uncomfortable procedure. Most patients recognise that endoscopy can cause discomfort and are prepared for this. However, whenever the expectation of discomfort does not match the actual experience, the patient is left with a negative memory of their visit to the endoscopy unit and with a degree of dissatisfaction in the service. It is therefore crucially important to make sure that the patient's experience is as comfortable as possible.

The JAG (UK Joint Advisory Group on endoscopy) requires that each individual endoscopist has no more than 5% of all patients experiencing moderate or severe discomfort. The JAG requires that the patient's discomfort is rated by the nurse looking after the patient and not by the endoscopist. The patient should also be asked to rate their degree of discomfort after the procedure.

All endoscopy units in Care UK are fully compliant with the JAG standards on comfort in endoscopy. However, the data on discomfort for individual endoscopists ranges between 3% and 10% of patients reporting moderate or severe discomfort; there is therefore room for improvement.

What are we trying to improve?

We aim to obtain overall discomfort scores of less than 4% in all Care UK units within the next year. This will mean bringing each individual endoscopist to less than 5%.

We want to bridge the gap between the patient's expectation of discomfort and their actual experience. This will be achieved by giving patients a detailed explanation of the procedure and what it entails, by recognising and managing anxiety before the procedure and by managing all the technical factors associated with discomfort. Finally, we aim to identify and eliminate all environmental factors contributing to discomfort, from temperature of the room to noise from surrounding areas.

What will success look like?

By March 2015 all units will show discomfort scores of no more than 4%, and all endoscopists will have discomfort scores of no more than 5%.

There will be a measurable improvement in patient satisfaction and Friends and Family scores on endoscopy-specific patient satisfaction surveys.

How will we monitor progress?

Nurse-rated comfort levels are recorded after each procedure on Unisoft, Care UK's endoscopy reporting system. Comfort data for each endoscopist and for the unit as a whole will be audited by the clinical director for endoscopy. Whenever the discomfort scores fall below the target, the underlying cause will be identified and addressed by the clinical director, if necessary with the support of the treatment centre's medical director and endoscopy lead nurse. Special measures such as additional training, closer monitoring and direct observation of procedures will be put in place as appropriate.

Priority 3:

Quality objective: to publish outcome information as part of our work to achieve excellence in cataract surgery

Why have we chosen this priority?

Cataracts are an age-related clouding of the eye's lens. This clouding blocks the amount of light entering the eye and results in reduced vision in a large proportion of the older population. Cataract surgery reverses this sight loss successfully, with 300,000 such procedures performed annually in the United Kingdom alone.

During cataract surgery the cloudy lens is removed while retaining its capsule. The capsule then serves as a receptacle for a replacement artificial intraocular lens. During this process the capsule can be damaged – the rate of this is currently 1.92% in the United Kingdom. This is known as the Posterior Capsule Rupture Rate (PCR) and it is recognised that this can result in a person's reduced ability to achieve driving standard vision after surgery.

What are we trying to improve?

Care UK would like to share with patients, the public and commissioners that we are meeting Published National Benchmarks for both PCR rates and visual acuity outcomes and that this translates to high patient satisfaction rates.

The UK National Cataract Dataset 2009 looked at Electronic Patient Record Data (Medisoft) from 55,567 cataract operations from 406 individual surgeons across 12 NHS trusts. It established that the PCR rate was 1.92% and 91% of patients achieved UK driving standard vision.

What will success look like?

Care UK will aim to report PCR rates of less than **1.92%**

More than **91%** of patients will achieve driving standard vision

How will we monitor progress?

We will have bi-annual audits based on our Medisoft Electronic Patient Records, which mirrors the UK Cataract National Dataset.

The audits will be presented at our quarterly clinical governance meetings and group-wide ophthalmic specialty meetings. We will also aim to publish these results in a peer-reviewed journal and at a national level ophthalmic conference.

Review of our services 2014-2015

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 2013-March 2014, Care UK provided or sub-contracted all the services provided at the locations listed on pages 8, 9 and 10.

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”.

All staff working in our treatment centres (ISTCs) and CATS undertake mandatory e-learning level 1 safeguarding training courses. Completing these is a mandatory requirement every year. All patient-facing staff within our services complete safeguarding training level 2 for children and adults; all clinical staff receive training at level 3 for safeguarding children.

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

- Care UK meets the statutory requirement with regard to the carrying out of DBS 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 including training on the Mental Capacity Act, 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 all our vulnerable people including children, who has access to the Board as required

“ All staff working in our treatment centres and CATS undertake mandatory e-learning level 1 safeguarding training courses.”

Participation in clinical audits and national confidential enquiries

During the period April 2013 to March 2014, 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.

Details of the national clinical audits and national confidential enquiries that Care UK did not participate in during April 2013 - March 2014 can be found in Appendix 1 together with the reasons why we did not participate in all of the national clinical audits.

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

National Joint Registry (NJR)

All of our treatment centres 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 (10th Annual NJR report December 2013).

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 uncemented – 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.

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

A summary of these results can be seen on the next page.

Hospital	No. of procedures 2012	No. of consultants 2012	NJR consent rate	Average patient age at operation 2012	Outliers – mortality rate	Outliers – hip revision rate	Outliers – knee revision rate
Barlborough NHS Treatment Centre	1,078	6	100%	68.9			
Emersons Green NHS Treatment Centre	1,157	8	93%	69.5			
North East London NHS Treatment Centre	478	6	100%	69.4			
Peninsula NHS Treatment Centre	868	7	100%	70.1			
Shepton Mallet NHS Treatment Centre	612	3	100%	71.3			1
Southampton NHS Treatment Centre	473	11	95%	68.5			

Please note:

Compliance, consent and linkability are:

- Red if lower than 80%
- Amber if equal to or greater than 80% and lower than 95%
- Green if 95% or more

- Compliance figures may be low due to delayed data entry
- Linkability for some hospitals will be lower than expected if they have private patients from outside England and Wales
- Part Four data covers procedures carried out between 1 January 2012 and 31 December 2012

Outlier analyses are:

- 1 Light red if units are outside 99.8% control limits (approx 3 standard deviations (SDs))
- 2 Dark red if units are outside 99.99% control limits

Patient Reported Outcome Measures

PROMS (Patient Reported Outcome Measures) measure how patients perceive their health has improved following treatment. PROMS collection began in April 2009 when all providers of NHS funded care were required to collect information. Care UK collects PROMS for patients undergoing hip and knee replacements, hernia and varicose vein surgery. We encourage patients to complete PROMS forms by informing them of the purpose and the benefit of this information to the public. Our charts on participation rates demonstrate that we are improving each year but not always achieving the national benchmark. We are sharing the learning from those sites that consistently achieve high rates of participation across the organisation to embed similar processes.

Hips – National rate (2013-2014) 87.6%		PROMS Provisional participation rate		
Site	Apr '12 – Mar'13	Apr '13 – Mar '14	Above or below National rate	
Barlborough TC	91.5%	100%*	↑	
Emersons Green TC	97.8%	100%*	↑	
North East London TC	46.1%	84.2%	↓	
Peninsula TC	77.1%	80.4%	↓	
Shepton Mallet TC	78%	100%*	↑	
Southampton TC	-	84.8%	↓	

Knees – National rate (2013-2014) 95.0%		PROMS Provisional participation rate		
Site	Apr '12 – Mar'13	Apr '13 – Mar '14	Above or below National rate	
Barlborough TC	93.0%	97.9%	↑	
Emersons Green TC	100%*	100%*	↑	
North East London TC	63.0%	100%*	↑	
Peninsula TC	76.5%	71.5%	↓	
Shepton Mallet TC	77.7%	100%*	↑	
Southampton TC	83.9%	86%	↓	

* 100% = rate adjusted down to 100% as volume of Q1s received exceeded number of episodes submitted to SUS

Groin Hernia – National rate (2013-2014) 66.6%		PROMS Provisional participation rate		
Site	Apr '12 – Mar'13	Apr '13 – Mar '14	Above or below National rate	
Cirencester TC	83.8%	100%*	↑	
Devizes TC	79.5%	100%*	↑	
Eccleshill TC	93.3%	100%*	↑	
Emersons Green TC	100%*	100%*	↑	
North East London TC	60.1%	76.4%	↑	
Shepton Mallet TC	61.8%	96%	↑	
Southampton TC	42.3%	64.3%	↓	
St Mary's TC	89.4%	77.1%	↑	
Will Adams TC	69.7%	71.9%	↑	

Varicose Vein – National rate (2013-2014) 41.6%		PROMS Provisional participation rate		
Site	Apr '12 – Mar'13	Apr '13 – Mar '14	Above or below National rate	
Cirencester TC	78%	78%	↑	
Devizes TC	80.6%	80.6%	↑	
Emersons Green TC	88.4%	88.4%	↑	
North East London TC	0.0%	0.0%	↓	
Southampton TC	-	-	↓	
Will Adams TC	55.6%	55.6%	↑	

In terms of the outcomes reported through PROMS, some of our treatment centres are in the top 5% of hospitals for achieving the best outcomes for patients for hip and knee replacement surgery. Emersons Green and Barlborough are in the top 5% for knee and hip replacements and Shepton Mallet and Peninsula are in the top 5% for hip replacements. Although all of the treatment centres show an improvement in health following surgery, for some this is less than achieved nationally. The data is reviewed regularly by the Board. We use this important outcome data to improve our services by sharing with our clinical staff at specialty meetings.

Adjusted average health gain		
Site	Oxford Hip Score	Above or below National rate (21.30303)
Barlborough TC	22.77942686	↑
Emersons Green TC	23.52501913	↑
North East London TC	19.91168872	↓
Peninsula TC	22.79459694	↑
Shepton Mallet TC	23.51945186	↑
Southampton TC	22.15186225	↑

Adjusted average health gain		
Site	Oxford Knee Score	Above or below National rate (15.998)
Barlborough TC	17.56517986	↑
Emersons Green TC	17.22186	↑
North East London TC	16.12876375	↑
Peninsula TC	16.81165584	↑
Shepton Mallet TC	16.87139587	↑
Southampton TC	15.70542222	↓

Adjusted average health gain		
Site	Hernia EQ-ED Index	Above or below National rate (0.085)
Cirencester TC	0.095437469	↑
Devizes TC	0.09627355	↑
Eccleshill TC	*	
Emersons Green TC	0.095048473	↑
North East London TC	0.081885912	↓
Shepton Mallet TC	0.100683945	↑
Southampton TC	0.077462259	↓
St Mary's TC	0.094090921	↑
Will Adams TC	0.071284348	↓

Patricia's story



Hearing her doctor say she needed a complete hip replacement came as a shock to Patricia Mappin from Sheffield. She lived an active life and was in good health. Patricia had been experiencing problems with her hips for some time but, like so many carers, she had pushed them aside as she looked after her husband Robert throughout his long illness. Sadly Robert passed away, and over the following year Patricia began to notice her hip worsening.

She said: "The pain got worse and things started getting harder. I am a fit woman. I live on a hill and years of walking up and down that with children had kept my fitness levels up, but my hip started to ache more and more. Then, one Sunday, I went to my daughter's house for lunch, I got up from the table and I couldn't move. It was truly terrifying."

Patricia's doctor sent her for an X-ray that revealed bone growing into the hip socket. The doctor advised a hip replacement, but when Patricia said she was unsure that she wanted to undergo such a major operation, she referred her to a physiotherapist. However, the pain only increased and both Patricia and the physiotherapist agreed it was time for the operation.

Patricia was telephoned by the NHS appointment line and was told about Barlborough NHS Treatment Centre in Chesterfield. She said: "I liked the sound of it straight away. It had never had a case of MRSA and the lady said it was clean and modern. I was a bit worried that it was 15 miles away and I knew my daughters would want to visit, but the parking is free and my daughters encouraged me to go."

Patricia attended her first appointment within the week and was operated on 10 days later. From the first time she arrived at the centre she was very impressed. She said: "It was spotless and everyone I met throughout my time there was so friendly and helpful. My daughters even commented on what a lovely atmosphere the centre has, not like a hospital at all."

Facing the operation was a concern, but Patricia said everyone made her feel at ease and the team carrying out the operation visited her to talk to her about what would happen.

By that afternoon, she was able to get out of bed and sit in her chair. She said: "I felt well and I was able to enjoy the wonderful food, it was so fresh and tasty." Patricia was also impressed with the attentiveness of the team. She said: "Nothing was too much trouble. The surgeon came around regularly and was very friendly and reassuring. I was amazed at the incredibly high standards of care and I have recommended Barlborough to a number of people already."

"The treatment centre was spotless and everyone I met throughout my time there was so friendly and helpful."

Local clinical audit



Over the last twelve months both the treatment centres and CATS services have prioritised the completion of a set of service specific core audits.

The audits listed here provide an opportunity to benchmark our clinical services against recognised best practice guidelines and published standards, and to benchmark us against other services within our own organisation. They enable us to review and evaluate the quality and safety of all our clinical services and to provide a high level of assurance to our registered managers, Board and commissioners.

These clinical audits form part of an annual schedule which has been developed using a combination of the current national best practice guidelines and resources from professional bodies including National Institute for Health and Care Excellence (NICE) and Healthcare Improvement Partnership (HQIP).

Audit outcomes are monitored through the monthly exception quality governance report. This allows the Board to see all audit practice within operational services and to use the outcomes to identify areas where quality improvements are required, but also to highlight evidence of clinical excellence.

Audit title	Purpose of audit	Frequency	ISTC	CATS
Documentation	Supports best practice in patient documentation and guidance from professional bodies	6 monthly	✓	✓
Patient falls	Patient safety and compliance to assessment tool	6 monthly	✓	
Prevention of VTE (venous thromboembolism)	Assess compliance to NICE guidance and best practice clinical protocols for assessment and the provision of prophylaxis	Monthly	✓	
Peri-operative hypothermia audit	Assess compliance to NICE guidelines CG65	Monthly	✓	
Pain and nausea audit	Assess effectiveness of pain management protocols	6 monthly	✓	
WHO surgical site safety checklist and observation audits	Assess compliance to WHO surgical site safety checklist	Monthly	✓	
MEWS (Modified Early Warning Score)	Usage of MEWS audit to identify early signs of the deterioration of a patient's condition	Monthly	✓	
Fluid balance	To assess fluid management in patients	Monthly	✓	
Blood transfusion	Compliance with blood safety and national transfusion guidance	6 monthly	✓	
Traceability audit - endoscopy	Compliance to JAG standards and re-accreditation	Monthly	✓	✓
Endoscopy environmental audit	Compliance to JAG standards and re-accreditation	Monthly	✓	✓
Medicines management – controlled drugs, responsibilities and prescribing patterns, stock control and administration	To monitor all aspects of medicines management across our clinical services	6 monthly	✓	✓
CQC (Care Quality Commission) outcomes	To assess services against the CQC's Essential Standards	Quarterly	✓	✓
Safeguarding children	To ensure safeguarding procedures and appointed leads are effective in all services	Quarterly	✓	✓
Safeguarding adults	To ensure safeguarding procedures and appointed leads are effective in all services	6 monthly	✓	✓
CAS alert audits	To ensure that all alerts (CAS & MHRA) are reviewed, documented and circulated accordingly	6 monthly	✓	✓
Agency clinician	To ensure that appropriate checks and local inductions are undertaken for all agency clinicians	Quarterly	✓	✓
Information governance	To monitor compliance against IG Toolkit requirements and ISO27001 accreditation	Quarterly	✓	✓
Emergency scenario	To ensure that all staff are aware of their responsibilities in the case of an emergency using a practice emergency scenario	6 monthly	✓	✓
Complaints audit	To assess whether complaints are being dealt with in accordance with Care UK's Complaints policy	Annually	✓	✓



Participation in clinical research

The number of patients receiving NHS services provided or subcontracted by Care UK at any of our treatment centres from April 2013 to March 2014 who were recruited to participate in research approved by a research ethics committee was nil.

Our treatment centres participated in all national audits and confidential enquiries appropriate to the services we deliver.

Care Quality Commission (CQC) registration

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 2013 and March 2014.

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

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 Care 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 2013-2014 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.

We're pleased to consistently achieve the local quality improvement CQUIN goals, including some of the following examples. CQUIN targets vary between treatment centres:

- Measuring and reporting on the number of patients who have a venous thromboembolic assessment on admission
- Increasing the use of the MUST risk assessment scoring tool to identify patients at risk of malnutrition
- Measuring the responsiveness of our ISTCs to patients' personal needs, captured through five questions that measure patient experience. The use of the NHS Safety Thermometer, including data collection on pressure care, catheter-associated urinary tract infections and VTE prophylaxis
- 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
- Improving communication with GPs, ensuring they have real time and constructive feedback on each referral that is rejected by the treatment centre
- Improving and re-launching our websites, so that they provide access to information which is easy to find on treatment centre services (and exclusions to those services), self-directed care and feedback

More details of the agreed CQUIN goals for each of our services for April 2013-March 2014 and the following 12 month period are available from the hospital directors at the relevant treatment centre or the director of CATS.

What patients told the CQC during inspections:

St Mary's NHS Treatment Centre
"I am very pleased with the service and would recommend the centre to my friends and family."

Emersons Green NHS Treatment Centre
"The staff work extremely hard to ensure that patients are looked after appropriately and they deserve so much credit."

Greater Manchester NHS Clinical Assessment and Treatment Service
"This is an excellent service. There's no need to improve it."

Eccleshill NHS Treatment Centre
"I always choose Eccleshill Treatment Centre for my surgery. The staff are friendly and professional. The service was brilliant - it couldn't be faulted."

Cirencester NHS Treatment Centre
"The information I was given was clear and honest. I knew there were no guarantees about the success of the procedure. I was also told that I might experience some pain and that I may not be able to drive for a short while after my treatment."

Will Adams NHS Treatment Centre
"It has been a lovely experience every time I have come here. It is always very clean, and it is calm and peaceful."

Southampton NHS Treatment Centre
"I can't believe how quickly I got an appointment. I could choose the date to come in and it was available. I thought I would have to wait four or five weeks, but it was only two."

North East London NHS Treatment Centre
"I felt at ease with the surgeon and also with the anaesthetist who was very thorough. All of the staff were very approachable. It's spotlessly clean and efficient."

Rochdale Clinical Assessment and Treatment Service
"Before my first appointment I received information about what would happen during my visit. I was given a choice of appointment times which was very helpful as I don't live near the clinic."

Lincolnshire Intermediate Musculoskeletal Service
"I understood the consultant. He explained everything properly and fully."

Peninsula NHS Treatment Centre
"Staff asked me what name I preferred to be called by. Patients call the staff by their first name, which was very nice."

Devizes NHS Treatment Centre
"Staff keep me fully informed about the procedure. If there is a delay, they don't leave you sitting here. They explain everything. It's comforting and I feel safe."

Shepton Mallet NHS Treatment Centre
"I've been here before and was really impressed so that's why I chose to come back again for this surgery. I couldn't ask for anything better."

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 at their induction and then on an annual basis in managing information and confidentiality.

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 treatment centres and CATS conduct an internal audit bi-annually.



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.

One such quality initiative introduced during 2013 has been the recruitment of a dedicated clinical coding manager to develop and implement an audit and training regime across Care UK's 11 treatment centres in line with Requirement 505 of the Information Governance Toolkit version 11. A rolling plan of audits has been established across all sites and the findings will be used to improve the data quality associated with clinical coding, quality, coding processes and procedures and define the training needs of the individual clinical coders. The overall objectives of the audits will be to ensure that Care UK meets and where applicable exceeds the expected assessment level for Requirement 505 of the Information Governance Toolkit version 11.

As in previous years we use the Data Quality Dashboards published on a monthly basis by the Health and Social Care Information Centre (HSCIC) 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.

Through these efforts we have achieved overall Data Quality Dashboard scores of 98.4% for admitted patient care, and we've seen a small improvement in the score for non-admitted patient care, which now stands at 99.2%.

Clinical coding

During 2013-14 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 99.5% for admitted patient care and 99.7 % for outpatient care

Information governance toolkit attainment

The Care UK Information Governance Assessment Report overall score for 2013 – 2014 version 10 was 100% and was graded green (satisfactory).

Same 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.

“Treating men and women separately enables us to maintain the appropriate standards of privacy and dignity.”

Diagnostic services

Care UK provides a range of diagnostic imaging services in treatment centres and clinical assessment and treatment services (CATS), including plain film X-ray, MRI, CT, non-obstetric ultrasound (NOUS) and dual-energy X-ray absorptiometry (DXA). These services are delivered using state of the art imaging systems at both fixed and mobile site locations. This gives patients greater accessibility and convenience. The services are also open in the evenings and at weekends as well as during standard working hours.

Our team of dedicated imaging staff – including consultant radiologists, radiographers and sonographers – are all highly experienced professionals who have a real desire to deliver high quality care and make a real difference to all of our patients. Referrals into our imaging services come from a range of healthcare professionals, and most importantly, results are available within 24 hours of the patient's examination.

A key part of Care UK's quality governance framework is a highly innovative and unique Quality Assurance (QA) programme. This is devised to review three key components of the clinical pathway for all imaging examinations: referral, imaging and report. This enhanced quality improvement tool allows us to review the quality and outcomes of each area and to provide valuable feedback to the referrer, the clinician who undertook the examination and the reporting clinician.

We score each part of the quality assurance case review on a scale from 1 to 5 (1 being lowest and 5 highest) and we review a minimum of 10% of completed imaging cases as part of our quality assurance programme. This programme is unique to Care UK, as quality assurance of imaging services is not routinely undertaken within NHS imaging departments.

It helps us to:

- ensure quality is continuously assessed
- identify whether the correct management of the patient is achieved following their diagnostic examination, and spot any areas that might require improvements
- offer assurances to our commissioners, patients and our own organisation about the quality of the imaging services that we provide

During the period April 2013-March 2014, our QA programme has helped us to improve the quality of imaging produced by our staff. It has given referrers important feedback on appropriate imaging referrals for a range of examinations. It has also enabled any reporting discrepancies or errors to be identified in a timely manner, ensuring that the clinical outcomes for patients are always the primary focus.

Outcomes from review have been excellent:

- 99.7% of referrals reviewed and accepted by Care UK were scored as appropriate against national imaging referral guidelines with only minor comments on the quality of information provided by our referrers
- 99.5% of cases reviewed in this period show the quality of images produced by our radiographers and sonographers to be excellent
- 99.4% of reports reviewed were also deemed to be clear, precise, and offering an excellent response to the referrer's clinical question and the reason for referring their patient





Unplanned re-admissions within 30 days of discharge

Unplanned hospital re-admissions within 30 days of discharge are an important indicator used to measure patient health outcomes and the quality of care being delivered. The table shows our secondary care emergency readmission rates for last year.

Treatment centre	Emergency readmission within 30 days of discharge
Barlborough NHS Treatment Centre	0.71%
Eccleshill NHS Treatment Centre	0.00%
North East London NHS Treatment Centre	0.41%
Southampton NHS Treatment Centre	0.30%
St Mary's NHS Treatment Centre	0.00%
Will Adams NHS Treatment Centre	0.00%
Emersons Green NHS Treatment Centre	0.64%
Devizes NHS Treatment Centre	0.02%
Cirencester NHS Treatment Centre	0.13%
Shepton Mallet NHS Treatment Centre	0.34%
Peninsula NHS Treatment Centre	0.74%

* Day case facilities aren't always made aware of re-admissions

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 National Patient Safety Agency'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.

Two incidents occurred where incorrect strength intraocular lenses were implanted in patients following cataract removal. On investigation it was discovered that in a small number of cases there was a risk of incorrect electronic data transfer between patient administration systems and the electronic ophthalmology record if both of the systems did not use the patient's NHS number as a primary patient identifier.

We worked closely with the provider of our ophthalmology care record to review the interface between these systems to ensure that no other centres were affected by the issue. The incident and investigation outcomes were shared with the local CCG and NHS England to ensure that lessons learned relating to potential implications of software integration problems are shared within the wider health community. As part of the shared learning, the provider of the ophthalmology care record reviewed the integration of the ophthalmology systems used in all other NHS trusts and whether the shared learning at Care UK could prevent avoidable harm elsewhere in the NHS.

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

	% of patient safety incidents as a percentage of patient attendances		
	All incidents including near misses	Severe Harm	Death
AGW Contract	0.704	0.000	0.000
Barlborough NHS Treatment Centre	2.087	0.000	0.028
Buckinghamshire Musculoskeletal Integrated Care Service	0.021	0.000	0.000
Eccleshill NHS Treatment Centre	0.775	0.000	0.000
Greater Manchester NHS CATS	0.098	0.000	0.000
Lincolnshire Intermediate Musculoskeletal Service	0.144	0.000	0.000
North East London NHS Treatment Centre	0.250	0.000	0.003
Peninsula NHS Treatment Centre	1.283	0.000	0.000
Shepton Mallet NHS Treatment Centre	0.663	0.000	0.004
Southampton NHS Treatment Centre	0.761	0.002	0.000
St Mary's NHS Treatment Centre	1.619	0.000	0.000
Will Adams NHS Treatment Centre	0.740	0.000	0.000

Actual counts

	Severe Harm	Death	No Harm	Total
AGW Contract	0	0	271	339
Barlborough NHS Treatment Centre	0	4	215	294
Buckinghamshire Musculoskeletal Integrated Care Service	0	0	9	14
Eccleshill NHS Treatment Centre	0	0	102	120
Greater Manchester NHS CATS	0	0	133	168
Lincolnshire Intermediate Musculoskeletal Service (LIMSS)	0	0	17	23
North East London NHS Treatment Centre	0	1	42	72
Peninsula NHS Treatment Centre	0	0	87	136
Shepton Mallet NHS Treatment Centre	0	2	126	152
Southampton NHS Treatment Centre	0	0	340	457
St Mary's NHS Treatment Centre	0	0	159	214
Will Adams NHS Treatment Centre	0	0	58	84
Total	0	7	1559	2073

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.

Risks identified through the reporting and investigation of incidents are also recorded in Datix along with any action plans, and are reviewed frequently to ensure a proactive approach to reducing the likelihood of future incidents occurring.

We're pleased to report that for 75% of the incidents recorded by our treatment centres and CATS for this period no harm came to patients or staff. Seven patient deaths within 30 days of discharge were reported over this period although none were the result of treatment or incidents occurring while patients were being cared for by our services.

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 treatment centres and CAT services demonstrate that staff consistently achieve above 90% performance.

Our priorities for infection prevention and control for 2014-2015 remain:

- To seek to standardise best practice process across secondary care 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 will help to achieve measurable standards beyond those within the Health and Social Care Act 2008

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

Preventing healthcare associated infections (HCAIs)

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 are extremely proud that for the third year running we have had no cases of healthcare associated MRSA, MSSA or E.coli bacteraemias during 2013-2014.

Our focus on patient safety and improving the patient experience means that preventing infection and controlling risks of infection are high priorities. The following formal systems of assurance support best practice within each of our treatment centres:

- 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 treatment centres and CATS
- Ensuring all staff comply with mandatory annual update training in infection prevention and control as well as quarterly specialist education for lead practitioners
- Active surveillance of infections including reviewing some surgical patients post-operatively

Year April 2013-March 2014	Care UK healthcare facilities
MRSA bacteraemias	0
MSSA bacteraemias	0
E.coli bacteraemias	0
C.difficile infections	0

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 again had no cases of C.difficile associated with our care.

Surgical site infections 2013-2014

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 promote 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 Public Health England, previously 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 are very proud of our low rates of infection following joint surgery. For the four quarters of October 2012-September 2013, the infection rates for knee replacement surgery across all treatment centres was below the national average.

Each of our treatment centres 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 2013-2014 we continued to enhance local surveillance to give us greater transparency of patient outcomes, particularly in relation to surgical site infections.

Ref: ¹Health Protection Agency 2013 Surveillance of Surgical Site Infections in NHS hospitals in England 2012-2013.
Accessed at: <http://www.hpa.org.uk>



Patient Led Assessment of the Care Environment (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.

We continued to raise the bar throughout our services in 2013-2014 and extended the inclusion of the Care UK mental health hospitals in these optional assessments for the first time.

Our target was to build on last year's results of an environmental cleanliness score of 'excellent' in 100% of our treatment centres. Each of our treatment centres took part again this year, although the process and criteria had been slightly altered. The process is now called the Patient Led Assessment of the Care Environment and is characterised by the majority of assessors being patients and their representatives.

We believe that the environmental standards achieved within our hospitals in 2013 demonstrate our continuing commitment to ensuring our facilities exceed anticipated standards of welcome, service and cleanliness. This year was no exception as we achieved an overall score of 98.5% for cleanliness of our treatment centres. This is a superb result and one we are especially proud of because our customers themselves provide the information about the quality of their care environment.

All Care UK treatment centres and inpatient mental health hospitals will this year be taking part and results will be published by the Health and Social Care Information Centre on its website in September 2014.

Employee engagement

Every year we carry out an employee engagement survey. Called Over to You!, the survey helps us to review to what extent Care UK motivates and empowers our people to do the best in their roles and the extent to which they want to stay working for the company.

For secondary care treatment centres, our engagement index was 65%, with 75% of colleagues responding. Some 86% of respondents in our secondary care service line would recommend Care UK services to someone needing care.

For primary care which includes CATS services, our engagement index was 57%, with 67% of colleagues responding. Some 65% of respondents in our primary care service line would recommend Care UK services to someone needing care.

In particular,

- In our Rochdale CATS service, our engagement index was 71% with 94% of colleagues recommending Care UK services to someone needing care.
- In our Greater Manchester NHS CATS service, our engagement index was 63%, with 80% of colleagues recommending Care UK services to someone needing care.

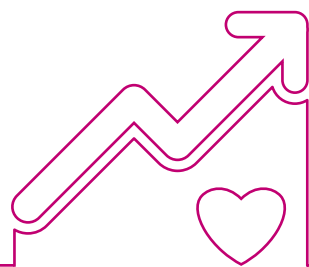
Leadership

In 2013 we began our leadership development programme to strengthen our senior management team. Our senior management team comprises Hospital Directors in Secondary Care, Regional Directors in Primary Care and Urgent Care and Heads of Support Services.

The programme started with a Leadership Development Centre for over 50 managers, with activities to identify strengths and development areas when compared with Care UK leadership and management competencies. Coaching and personal feedback followed the centres, with development needs incorporated into personal development plans.

Senior managers are now working in strategic project groups, called 'action learning sets', with a joint purpose of supporting our quality agenda and their development plans. Projects include GP engagement, patient engagement, finance and business development.

Examples of quality improvement achievements for the period of March 2013-April 2014



Health Care Awards

Every year, we have a Health Care Awards event to recognise our colleagues' hard work, dedication and commitment to patient care.

Last year we reviewed the categories to recognise our larger business with the integration with UK Specialist Hospitals, Harmoni and Harmoni forHealth.

Our categories are:

- Great care
- Improved patient experience
- Quality improvement and innovation
- Inspiring leader
- Clinical excellence
- Contribution to the community
- Special recognition awards for our primary care, secondary care, urgent care and support services
- Managing Director award for high impact
- Unsung hero award

We had finalists from every area of our business, with winners from Greater Manchester NHS CATS, Will Adams NHS Treatment Centre and Emersons Green NHS Treatment Centre.



Winner's story – Emersons Green

This ward nurse (referred to as CH) has the additional responsibility of leading and overseeing blood transfusion for Emersons Green and point of care testing (POCT) for Emersons Green, Devizes and Cirencester NHS Treatment Centres. Her passion and enthusiasm for these roles is infectious.

In relation to point of care testing, CH devised an aide-memoire, which is used at the three sites as a step-by-step guide in how to use and maintain all the POCT equipment.

CH delivers training for consultants, RMOs and nurses and has developed various training materials for both the ward and theatres that act as a quick reference for staff. The guides enable them to know how to deal with blood components and therefore how to ensure patient safety and eliminate incidents. She has also devised the labels to stick on the cool packs in which blood is packed. We previously had no way of knowing how long these bloods had been stored for, which could have compromised blood component safety.

CH has created guidelines for obtaining consent for blood transfusions to ensure that this process is adhered to fully and in preparation for the forthcoming national comparative audit. She has even used the evidence collected in the monthly blood transfusion audits to drive a reduction in the numbers of transfusions. In 2011, over an eight month period, the average number of transfusions per month was 6.5. In 2013, the number of blood transfusions administered over the same length of time was down to an average of 1.3 per month.

One-stop cataract surgery

In 2013 we achieved a milestone by successfully completing our first one-stop cataract surgery at Emersons Green NHS Treatment Centre. The success was thanks to the lead ophthalmologist and all the team at the centre who ensured that patients were appropriately and safely pre-assessed and consented. Theatre teams ensured that all went smoothly in theatres and the administration teams ensured the patients received all the appropriate and relevant information and documentation.

Cataract surgery is usually done as a two stage process in the United Kingdom with an outpatient visit and the theatre scheduled for another day. Performing it in a single visit involved a total pathway review and the implementation of new processes. These included a telephone assessment and a discussion about consent and the risks of the operation.

By delivering cataract surgery in a single visit the patient only has to plan for one visit to hospital. There is a named contact person to discuss concerns with before the day of surgery and the patient experience is considerably improved. Patients have told us that having the surgery was an excellent experience, that they would recommend it to their friends and family, and they would return to have their second eye treated.





Improving standards in oral surgery

The Oral Surgery team at Southampton NHS Treatment Centre truly understand the importance of clinical excellence, service to patients, training and the business aspects of their service, and are a key part of the success of the centre. They have worked hard to establish a popular, high quality service with short wait times, and deliver some 350 procedures a month.

When they took over the service they carried out a full review of the referred case mix and the way in which patients were treated. They worked closely with commissioners to develop and implement referral criteria, ensuring patients were placed on the correct referral pathway and accepted for treatment. This gave commissioners the reassurance that cases would be funded appropriately.

As the service developed, conscious sedation was incorporated as an adjunct for the management of anxious patients. This released capacity on the general anaesthetic lists as patients could now be treated in the oral surgery suite with the associated reduction in risk factors. It also required fewer staff to support the lists, thereby increasing both efficiency and revenue for the centre.

The consultants have developed a training programme for the dental surgery trainees and the centre is recognised as an exemplar training site in the Wessex region. Dental nurse apprenticeships and higher training roles have also been established for dental nurses.

For the past two years the oral surgery department has had presentations accepted at national and international conferences, demonstrating the success of the unit.

Meeting local needs

We have continued to evolve the services we provide at our treatment centres in response to the healthcare needs of the local population. Peninsula NHS Treatment Centre only used to provide an orthopaedic service, but then added general and ophthalmology surgery. In March 2014 we successfully carried out the first ear, nose and throat (ENT) operation at the centre.

Our GP liaison officer spoke to the patient shortly after his procedure. He said: “My over-riding impression was of a relaxed, calm, peaceful atmosphere. It was so different from the rat-run I have experienced at other hospitals. The staff were wonderful and if everyone got the same treatment I’ve had, then they would be very lucky.”

The GP liaison officer said that the visiting surgeon was also extremely impressed with the treatment centre. We look forward to continuing to develop our services at this, and our other centres, in response to local needs.

Using technology to reassure patients

Devizes NHS Treatment Centre has become the first hospital in the United Kingdom to launch a Google Business View virtual tour so that prospective patients (and referrers) can explore the building without leaving their homes. The aim of the tour is to help to demystify the experience of being treated in hospital and to help people to be better prepared for their appointments.

The virtual tour showcases the facilities available to NHS patients at the treatment centre which sees around 1,800 people each month. It also provides people with the chance to familiarise themselves with the operating theatres, consulting rooms, recovery wards, waiting areas and reception.

The treatment centre manager says: “We understand that a visit to hospital can sometimes be stressful. Supporting patients to be as relaxed as possible before, during and after their treatment is a fundamental part of our work. By launching this virtual tour we are demonstrating our ongoing commitment to patient satisfaction and I hope that people will find it a useful tool prior to their appointment with us.”

The virtual tour can be accessed on Google maps using postcode SN10 3UF or by visiting careuk.com/devizes-nhs-treatment-centre/take-look-inside or devizestreatmentcentre.nhs.uk/take-look-inside

Bowel screening

Will Adams NHS Treatment Centre in Gillingham is the first independent provider to offer bowel screening and take part in a national pilot scheme.

Bowel cancer can be difficult to spot, but early detection helps save lives. Colon cancer is the third most common cancer in the UK with 16,000 deaths annually. The service at Will Adams provides one four-hour session per week, screening up to 12 patients. This pilot is screening people more than 55 years of age instead of 60 and will measure how effective earlier detection could be in saving lives.

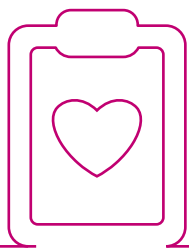
The service manager says: “It has been successful so far – we have seen 106 patients since starting and we expanded to a second session in March. The plan is to run six sessions by the end of 2014.”

Greater Manchester NHS CATS

Staff at our Greater Manchester NHS Clinical Assessment and Treatment Service are looking at ways to develop even better patient pathways for those using the service. This includes developing new direct listing pathways with both independent healthcare providers and NHS hospital trusts. The vision is to have all hospitals providing a direct listing to surgery with no duplication for patients in diagnostics, investigations or pre-operative assessment. This would lead to significant cost savings for the commissioner and a greater patient experience. The aim is a smooth transition of patients from Greater Manchester NHS CATS to secondary care providers. So far patients have given positive feedback about the quality of care.



2013 – 2014 Quality priorities update



In our 2012-2013 Quality Account we set out our priorities for improving the quality of our services during 2013-2014. We have provided updates and a review of our progress for each priority below.

	Improvement target	Achieved
Patient experience	To achieve scores in the top 10% for all healthcare providers using the national Friends and Family Test.	Yes
	100% of patients undergoing hand surgery will be offered access to the evidence based hand physiotherapy application to support recovery and minimize the risk of developing post-operative complications.	Yes
	Datix software to monitor and process patient complaints, comments, compliments and concerns to be implemented and all parameters monitored. Rate of complaints to be within the top ten results for all healthcare providers.	Yes
Patient safety	Implementation of electronic rotas for clinical staff in all Care UK treatment centres by February 2014.	In progress
	100% compliance to the implementation of the five steps within the World Health Organisation checklist.	>99% compliance
	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).	Yes
	100% compliance to all essential Care Quality Commission standards, demonstrated by internal and external audit results.	Yes – no enforcement actions
Clinical effectiveness	50% of all appropriate patients will be helped to mobilise on the same day (day 0) of their joint replacement surgery.	Partially achieved
	100% of patients will have a temperature of more than 36 degrees Celsius when they transfer to the recovery unit after surgery.	Partially achieved
	Audit of accuracy in fluid balance recording and monitoring criteria to exceed 95% by March 2014.	Yes
	100% compliance to the practice of assessing patients for the risk of developing a post surgical venous thromboembolism (VTE) on the day of admission.	>99% compliance

Patient experience

Priority 1:

Quality objective: to achieve scores in the top 10% for all healthcare providers using the national Friends and Family Test

From April 2013 NHS England launched the use of the Friends and Family test across all NHS trusts and independent providers of NHS care. The test consisted of one question “Would you recommend this service to your friends or family?” The test was mandated for inpatient wards and A&E services with maternity service following in September 2013.

What did we do?

At Care UK we recognise that patients have busy lives and completing lots of paperwork at the end of their hospital appointment is not always a priority when they are rushing to get home or back to work. Therefore we wanted a collection methodology which was simple and effective. We also recognised that if a department was not scoring positively we wanted to know about it quickly so that we could investigate and make effective improvements. This excluded a paper based methodology where results could potentially be out of date by the time they were analysed.

We chose to contract with an external company called Customer First Solutions to provide us with electronic data collection that produced results in real time online.

The Patient Experience questionnaires, including the Friends and Family test question, are presented to the patients on either an iPad or an electronic tablet at the end of their patient journey. The device is easy-to-use and gives us the opportunity to ask other important questions as well as the Friend and Family question, such as:

- Was the facility clean?
- Were you treated with respect and dignity?
- Did you have confidence in the healthcare professional treating you today?

If a patient responds negatively to any question, a comments box is available for them to raise concerns and for us to base our improvements upon. We ask the patient whether there is anything we can do to improve the service.

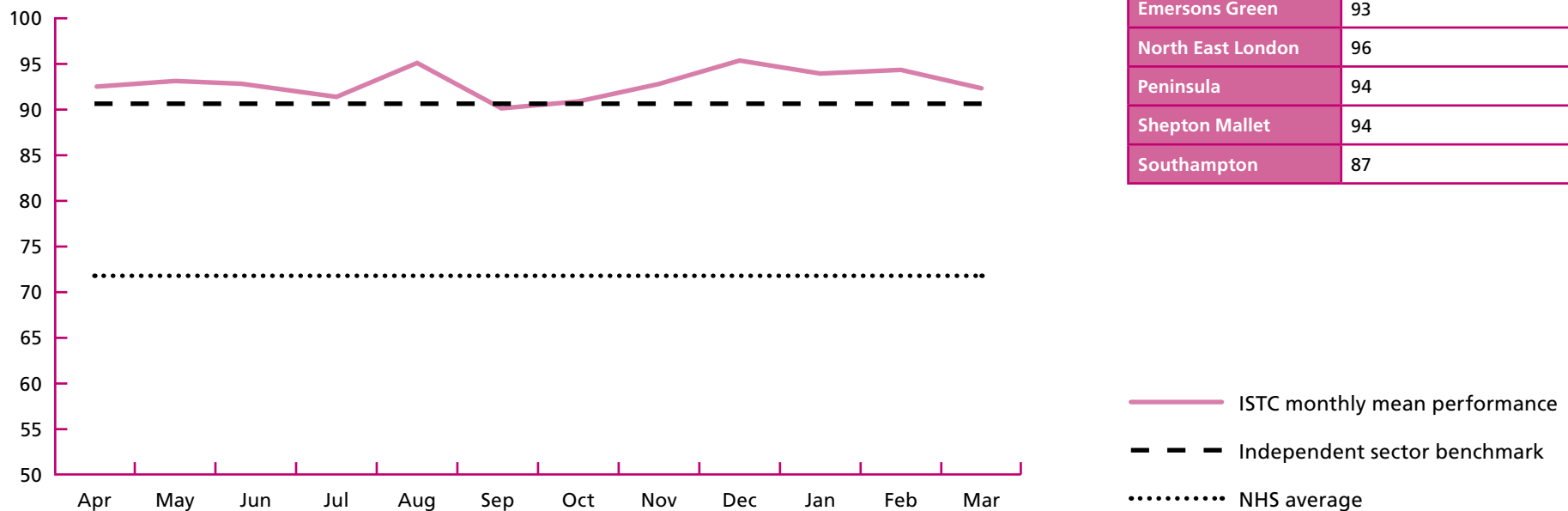
The results are transmitted by either 3G mobile or wireless secure connection into the CFS database and can be instantly viewed by the service’s senior management team. Patient experience is discussed at every service meeting and the results are carefully reviewed. We want to ensure that the patient is the priority in all our services and this data provides valuable information for quality improvement.

The Health Care division also runs a patient experience working group where the patient experience leads from each elective surgery centre share their results and the improvements they have made. This group is also responsible for the development of the set of questions that are embedded in the electronic tablets; these are updated every six months. This group has recently introduced web-based questionnaires for those patients who don’t have the time to complete the questionnaire on the tablet. These are questionnaires which the patient can access from their home computer.

Were we successful?

Yes, the Friends and Family test is used in all of our services, and overall Care UK achieved a score of 93.

Friends and Family Score - all inpatient centres April 2013 – March 2014

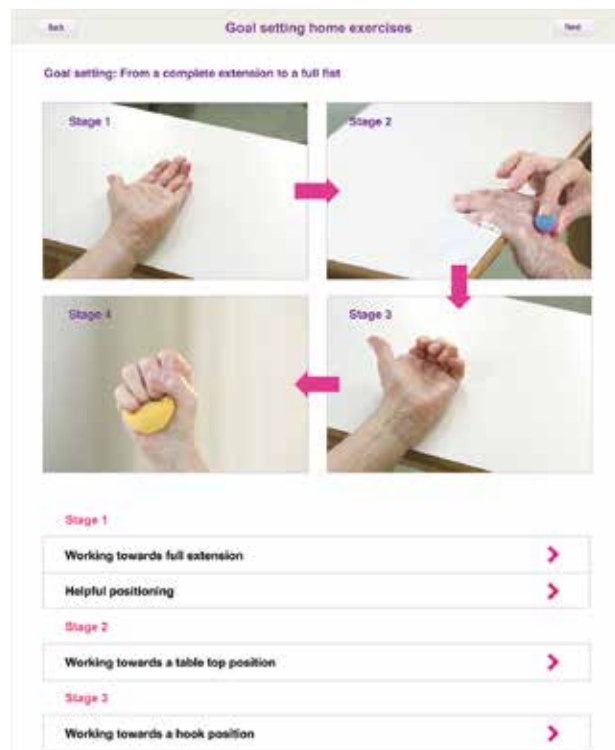


Sites	YTD (April 2013 - March 2014)
Barlborough	93
Emersons Green	93
North East London	96
Peninsula	94
Shepton Mallet	94
Southampton	87

Priority 2:

Quality objective: all patients undergoing hand surgery will be offered access to the new Pocket Physio application

Exercises from the new Pocket Physio app



The Pocket Physio app was originally developed by UK Specialist Hospitals. Since its launch in 2012 the app has been downloaded by more than 70,000 people and has received a 4.5 (out of 5) star rating on iTunes and won the 2012 Laing & Buisson Health Care Award for 'Best use of technology in healthcare'. Until now, it was only available in some of our treatment centres and it was only suitable for patients undergoing hip and knee surgery. Our objective was that 100% of patients undergoing hand surgery would also be offered access to the application.

What did we do?

Following extensive research and updating, additional procedures such as hand and foot surgeries have now been included in Pocket Physio. The app includes descriptions and videos of highly effective pre-and post-operative exercises created by clinicians using evidence-based pathways. Being able to watch the exercises in action, patients learn exactly how to improve their recovery and how to do the exercises in their own time. Using Pocket Physio

helps to reduce post-operative complications including persistent stiffness. The app gives patients instant access to Care UK physiotherapy services as well as allowing patients to manage their post-operative appointments and recovery more effectively. The app also features a calendar that reminds patients when to exercise and also keeps details of their appointments.

Pocket Physio has been launched across all treatment centres. Patients can access the app on their personal smartphones for use at home as well as in the ward. While they're in hospital, they are provided with iPads to make it even easier to use the app.

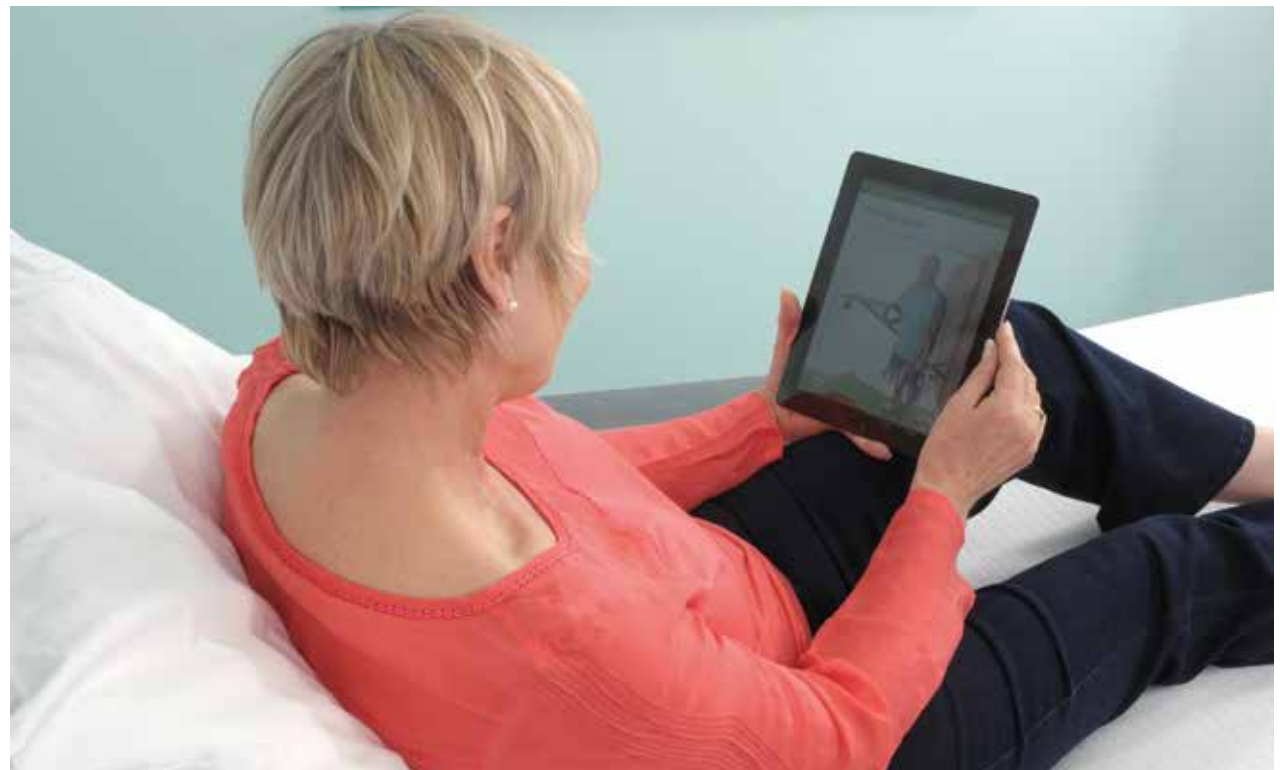
Were we successful?

The app greatly enhances patient education, giving them personal control over their recovery after surgery. This contributes to the excellent clinical outcomes and high levels of satisfaction reported by patients. The app improves the speed and quality of patients' recovery, and ultimately their quality of life.

The success of this technology is being monitored through qualitative patient feedback, with 92% of patients reporting the app as easy to use, and 88% recommending it to friends and family. A striking finding has been that patients - usually of an older demographic - find it easier to use than traditional books, even when they have little computer experience. One patient said: "I'm in no way computer literate. However, I found the app easy to use. There are pictures and videos, which are really helpful when I want to know if I am doing the exercises right... it definitely helped me to start mobilising the new joint, which ultimately led to my successful recovery."

Pocket Physio is free to download and available to all patients, not just those attending Care UK centres. Care UK is continuing to explore the use of digital technology to enhance the patient experience, including adding virtual tours of a facility to its website so that patients can see where they will be treated in advance of their surgery.

Exercises from the new Pocket Physio app



Priority 3:

Quality objective: to implement Datix Risk Management System to capture complaints, concerns and compliments

We set ourselves the target of implementing the Datix software and monitoring all parameters so that we could achieve scores in the top results for all healthcare providers, measured by accurate numerates and dominators as per national data.

What did we do?

The Datix software was successfully launched across the business in 2013 supported by a combined training programme that was provided by the Governance and Business Systems teams. This training was attended by representatives from all of our treatment centres and CATS services.

The service line quality governance managers monitor the use of the system for all sites and provide a month end report which reviews the number of complaints received and the reasons for these complaints. This reporting provides the basis for improvement at site level. One initiative we have implemented as a result of feedback is a redesign of the patient pathway in order to reduce waiting times in the clinic.

Were we successful?

A challenge for us has been to accurately compare our data to other healthcare providers. As our services are mainly outpatient treatments or day surgery services it is difficult to accurately compare our results using the national ‘bed days’ indicator.

Taking this into consideration, we decided to use the national indicator of 1% at the start of 2013 but realised quite quickly that this did not challenge our services, so we reduced this to 0.5%. The end of year data demonstrates that only a small percentage of our patients complain about our services. However, we shall continue to monitor why those who do complain do so, and make service improvements accordingly.

Centre	% of complaints
Barlborough	0.14%
Cirencester	0.01%
Devizes	0.06%
Eccleshill	0.05%
Emersons Green	0.04%
North East London	0.07%
Peninsula	0.07%
St Mary's	0.10%
Shepton Mallet	0.05%
Southampton	0.08%
Will Adams	0.08%
Havant	0.04%
Bucks MSK	0.08%
GM CATS	0.05%
LIMMS	0.05%
Rochdale CATS	0.44%

Patient safety

Priority 1:

Quality objective: to implement electronic rotas for clinical staff in all Care UK treatment centres by February 2014

Our aim across the Health Care division is to ensure that we have the right people, with the right skills, in the right place at the right time. We felt that deploying an electronic rota system would support the clinical leads in ensuring that they have the correct staffing levels linked to the needs of the patients.

What did we do?

We researched electronic rota systems and decided on a supplier. This system, known as CareBlox, was deployed as a pilot into two of the treatment centres. Following the pilot the system has been purchased and will be deployed into the remaining service in 2014-2015. However, further enhancements to the software need to be made prior to this to support the nursing requirement.

Were we successful?

Unfortunately we did not reach our target of deployment across all of the treatment centres but this will happen in 2014 once further software developments have been made. The pilots at two of the sites highlighted improvements needed to be made to link nursing hours to the number of patients as well as to the clinical acuity of the patients. This is a task which is presently being completed manually. We do not believe the system is ready for a full and complete deployment and have used the lessons learned from the pilots to enhance the product. This project will continue to be led by the director of nursing.

In the interim, through a manual calculation process, we will publish our staffing levels against set and actual levels on a daily basis, and this will be available for the public and patients to see at a local level and on our website. If levels are not met then we will find appropriate solutions, including the recruitment of more staff. Information on staffing levels will also be shared with the Health Care Board on a six monthly basis who will also challenge any gaps in staffing levels and skill mix. This meets the requirement of the Keogh report 2014.

Priority 2:

Quality objective: to achieve 100% compliance with the five steps of the World Health Organisation's Surgical Safety Checklist

The World Health Organisation (WHO) Surgical Safety Checklist was introduced to UK healthcare providers in 2009 and is now standard practice in all surgical operating theatres. The checklist document and the five stages of the Safer Surgery process guide clinical staff through a series of important checks in the operating theatre. This ensures that the correct patient is having the correct surgery to the correct area, and that the team have the correct equipment to safely carry out that surgery. This methodology of standardising practice further reduces the risk of Never Events (The Never Events list update 2013-2014, Department of Health 2013). By incorporating this checklist, any member of the surgical team present has the authority to halt the surgery if they are concerned that any aspect of the preparation has not been completed properly.

The five phases of the checking processes begin with a team briefing meeting at the start of the list, individual patient checks prior to the beginning of anaesthesia, of the surgical procedure and before the patient leaves the theatre. Finally, the team holds a de-brief meeting at the end of the operating list to review the manner in which the list was undertaken.



What did we do?

Our objective was to achieve 100% compliance with the WHO Surgical Safety Checklist in all our facilities because it is recognised as such an important aspect of care in preventing serious incidents.

To achieve this objective we undertook a number of initiatives:

- During 2013-2014 Care UK updated and reviewed the Surgical Safety Checklist policy following the integration of UK Specialist Hospitals. In addition a number of procedure-specific checklists were produced to improve the process for specific procedures such as cataract surgery, endoscopy procedures, outpatient operative procedures etc. Care UK is currently developing a specific Dental Safety checklist.
- Reinforced training of 'how to do' by signposting staff to the National Patient Safety Agency (NPSA) video, 'How to do the WHO Surgical Safety Checklist'.

- Produced a training presentation with the launch of the Care UK policy
- Reinforced the importance of this patient safety checklist through local and strategic governance meetings
- Shared the learning from any Never Events either locally or nationally throughout the organisation
- Empowered the operating room lead of the day to halt surgery if the staff were not undertaking the checks
- Ensured staff were aware of zero tolerance of non-compliance

Monitoring of compliance to this standard practice is completed by monthly audits. The first audit is a retrospective audit on the clinical documentation. This ensures that each checklist has been completed correctly. This type of audit is standard practice within Care UK facilities. We have also introduced a second audit tool as part of our aim to achieve maximum compliance with this important safety initiative.

The second audit is a direct observational audit carried out by an observer in the operating theatre who is an additional member of the operating team. This person observes and reports on whether the process is followed correctly and to the optimum standard.

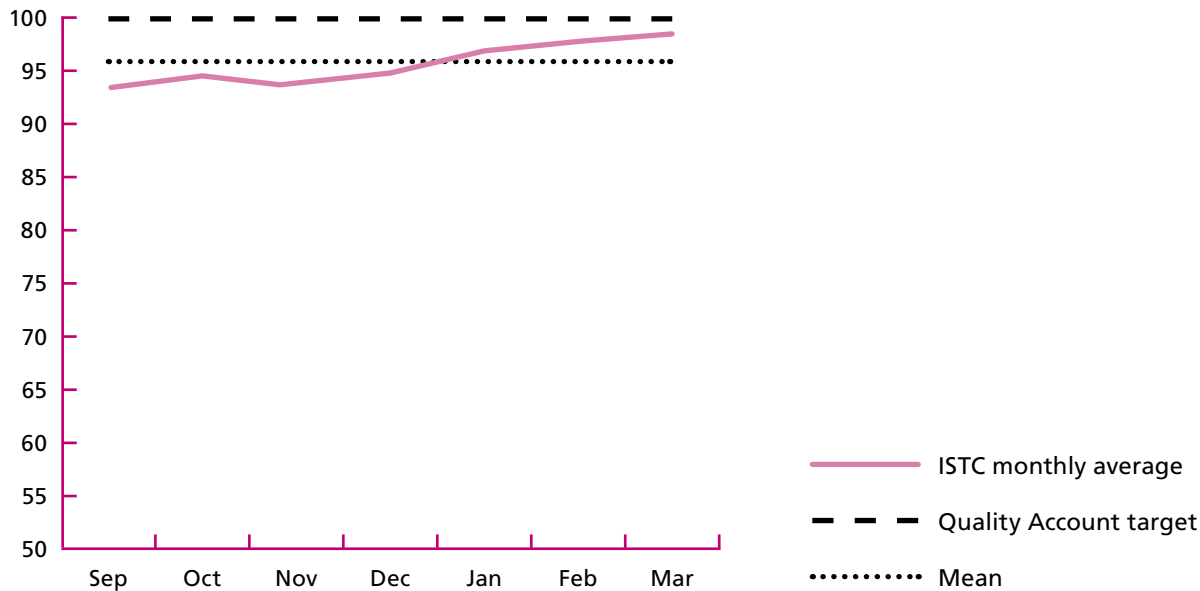


The audit data was reported at local and corporate clinical governance meetings and has been reviewed by the Health Care division's executive. Reasons for non-compliance were addressed and teams were supported to continuously improve.

Were we successful?

The chart below demonstrates an upward trend over the past six months, therefore 100% is not yet achieved. Observational audits reveal that this is mainly due to the absence of staff present at the sign out process on some occasions. This has been addressed at local site level.

Care UK summary – WHO surgical safety checklist audit Sep 2013 – Mar 2014



Sites	WHO Surgical Safety Checklist Audit YTD (September 2013 - March 2014)
Barlborough	96%
Cirencester	93%
Devizes	99%
Eccleshill	99%
Emersons Green	96%
North East London	82%
Peninsula	100%
Shepton Mallet	100%
Southampton	96%
St Mary's	99%
Will Adams	92%



Priority 3:

Quality objective: to continue to reduce and prevent patient falls so all sites have fewer than 3.5 patient falls per 1,000 bed days

Our target was for all our treatment centres to have fewer 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).

What did we do?

This year we have analysed the reason for falls and the majority have been found to be a result of unsupervised mobilisation, failure to wear slippers, failure to use walking aids and attempting to mobilise only with compression stockings.

We undertake a risk assessment on all patients using a specific risk assessment tool. Patients at high risk are identified on their folders using blue labels, on the ward board and on bed ends. Patients at high risk are moved to areas of high visibility and communication to the wider multidisciplinary team is through the ward coordinator.

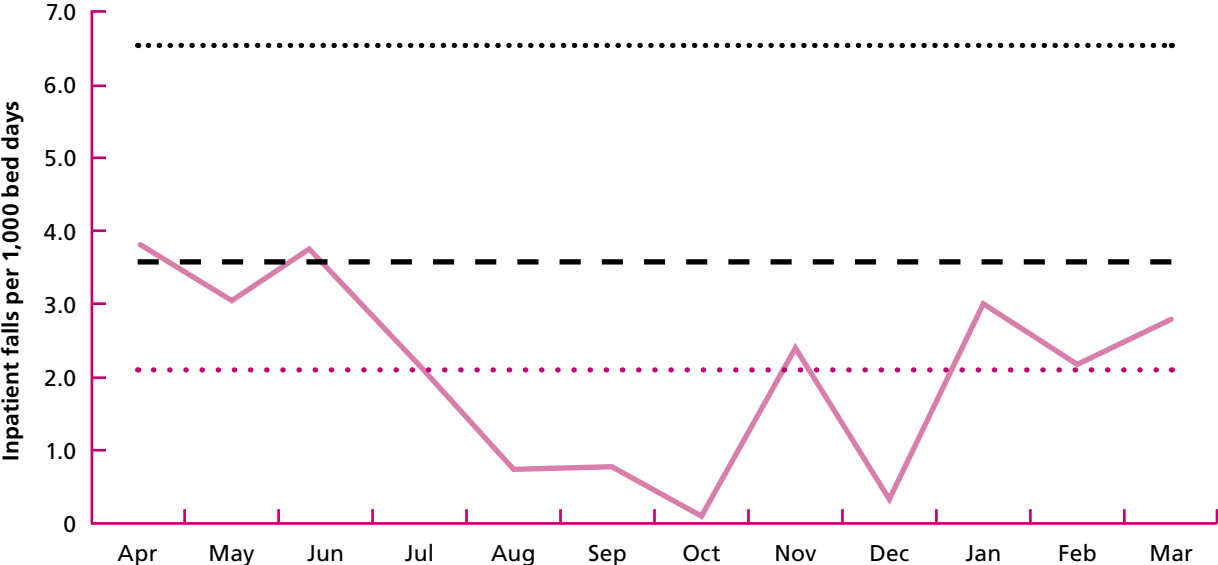
We have created falls prevention posters which are displayed at various locations throughout the wards, outpatient unit and day surgery units. We have improved staff awareness by promoting the use of the Falls Risk Assessment tool. Any patient who has had a major joint procedure is given a leaflet with comprehensive information highlighting the need to wear appropriate footwear, to use walking aids and to use the call bell for assistance whenever they want to move around.

A falls action group regularly reviews all falls incidents following the introduction of a specific falls incident form and this results in further shared learning. In addition the Physiotherapy team holds quarterly meetings to discuss falls. There are regular patient forum meetings and yearly PLACE inspections (formerly PEAT) which all look at patient safety.

Were we successful?

The average fall rate is well below our target of 3.5, at 2.1 falls per 1,000 bed days. This is an improvement on last year which showed an average of 2.4 falls per 1,000 bed days.

Inpatient falls per 1,000 bed days Apr 2013 – Mar 2014



Sites	YTD (April 2013 - March 2014)
Barlborough	2.6
Emersons Green	2.5
North East London	2.4
Peninsula	0.7
Shepton Mallet	1.8
Southampton	2.5

- ISTC monthly average
- - - Care UK threshold
- NHS
- Mean

Priority 4:

Quality objective: all Care UK ISTCs and CATS to be 100% compliant to the Care Quality Commission (CQC) Essential Standards of Quality and Safety

Over the past twelve months all of the services have been reviewed by the CQC and there have been no enforcement actions. Two of 11 treatment centres, and one of three CATS services that were inspected between 1st April 2013 and 31st March 2014, were found by CQC to have an area of non-compliance to the Essential Standards of Quality and Safety.

Cirencester NHS Treatment Centre was inspected on 13th November 2013. CQC found that there was non-compliance to outcome 12 (supporting workers) as people were not adequately supported to deliver care and treatment safely to an appropriate standard. CQC judged this to have a minor impact on people using services. This related to one staff member who had not completed one element of his mandatory training and the fact that recent staff meetings had not taken place. The staff member has undertaken his training and staff meetings are now held once a month without fail. We have notified the CQC that we believe that we are now compliant to this outcome standard and have requested a re-inspection.

Care UK Clinical Services – LIMSS (Lincolnshire Intermediate Musculoskeletal Service) was inspected on 10th February 2014. CQC found there was non-compliance to outcome 8 (cleanliness and infection control). CQC found that appropriate guidance had not been followed, and judged this to have a minor impact on people using the service. It was found that staff did not always comply with the guidance in relation to the decontamination of equipment and that the disposable curtains were not changed in accordance with local protocols. The CQC also found some out-of date policies that were not removed as per procedure and felt that this may mean staff might be reviewing guidance that was not up to date.

Infection control audits of all sites were conducted within a month of the CQC inspection and all areas of non-compliance were addressed and rectified.

St Mary's NHS Treatment Centre was inspected on 17th and 18th February 2014. CQC found that there was non-compliance to outcome 8 (cleanliness and infection control). The non-compliance was in relation to a generic cleaning product which was being inaccurately used with a micro-fibre cleaning system. The CQC felt that this error had not been noticed by the supervisory team and wished to be assured that systems and checks were put in place to prevent this happening in the future. CQC judged this to have a moderate impact on people using the service. The product was immediately removed, the housekeeping staff have received further training and there are now supervisory checks in place to prevent this happening again.

Action plans are always developed to support the correction of these areas of non-compliance.

Care UK has an excellent relationship with the CQC and we have offered our sites for the pilot of their new standards in 2015.

Clinical effectiveness

Priority 1:

Quality objective: to promote a safe and timely recovery from hip and knee replacement surgery ensuring that 50% of all appropriate patients will be mobilised on the same day of their joint replacement surgery

Bed rest following any major surgery is proven to cause muscle loss but also decreases muscle strength, lung function and tissue oxygenation. These factors may lead to poor healing and infection. Immobile patients are also known to be exposed to an increased risk of venous thromboembolism (VTE). Early mobilisation is proven to reduce these risks so is an important priority within each individual care plan for patients undergoing hip or knee replacements in our facilities. As a standard, all patients mobilise the day after their surgery. However new evidence supports that risks are even further reduced if patients stand upright for a short period of time on the day of surgery, if their condition is stable.

What did we do?

The enhanced recovery programme, the use of multi-modal anaesthetic techniques and the consequent management of post-operative pain, enables patients to be mobilised to an increasing level on the day of their procedure (day 0). Through our anaesthetic and

orthopaedic specialty groups, this enhanced recovery pathway was rolled out across Care UK. Nursing and physiotherapy staff were trained to support patients to mobilise. The benefits of early mobilisation were reinforced through local clinical governance and specialty meetings.

Were we successful?

As this is a new approach to post-operative patient management, the uptake of early mobilisation has been slower than anticipated across our treatment centres. This is reflected in the data provided in the chart. Those centres who initiated this pathway achieved over 50% mobilisation on the day of surgery. All units offering hip and knee surgery introduced the pathway by March 2014 but ongoing work is needed to educate all nursing and physiotherapy staff.

As a result we will continue to monitor this target for the forthcoming year through our clinical audit programme.

Sites	Day 0 mobilisation HIPS and KNEES YTD (April 2013 – March 2014)
Barlborough	42.4%
Emersons Green	52.3%
North East London	33.0%
Peninsula	63.0%
Shepton Mallet	76.8%
Southampton	66.5%

Priority 2:

Quality objective: to meet the NICE clinical guideline 65 to prevent all patients from experiencing peri-operative hypothermia

It is a known fact that patients who are subjected to hypothermia during surgery experience a higher level of complications. Our target was therefore for 100% of patients to have a temperature of 36°C or above on admission to the recovery unit after their surgery.

What did we do?

In order to achieve this important clinical safety priority we created and launched an audit tool to audit 20% of our surgical patients. This tool monitors whether a patient's temperature was taken prior to surgery, during anaesthesia, during surgery at 30 minute intervals and following surgery. The tool was challenging to create as pilot versions did not produce the correct information that we required for monitoring and the audit launch was delayed until October 2013.

Were we successful?

Unfortunately we did not reach our target of 100% and this will now continue to be a focus of further improvement for 2014-2015. Over the last six months we achieved an average score of 95.5%.

We have taken an in-depth look at why we were not reaching the 100% compliance rate, and we have made some significant changes. We have made the results a key focus at local clinical governance meetings to stimulate an improvement culture. This has encouraged senior clinicians to understand why they were not achieving 100% compliance and to make appropriate changes. One service found that the theatre temperature panel was reading incorrectly and the operating room was colder than they thought. This has now been rectified. On some occasions the failure to achieve 100% was a failure to check the temperature on admission to the unit. This has been addressed at a local level.

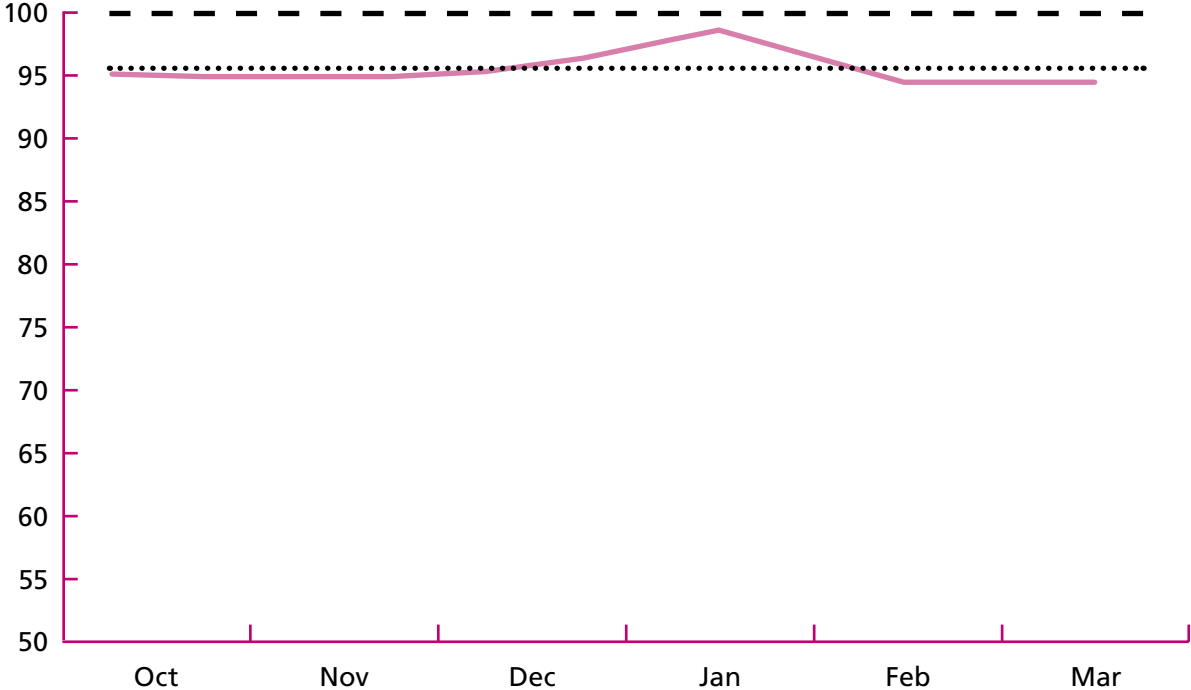
We have also implemented a review of patient warming devices and thermometers to ensure that there are enough per department and staff know how to use them.

To reiterate the importance of this priority, staff have been given more education around the NICE guideline and how hypothermia affects surgical recovery.

Our aim now is to achieve 100% compliance in year 2014-2015.



Peri-operative hypothermia audit results Oct 2013 – Mar 2014



Sites	YTD (Oct 2013 - Mar 2014)
Barlborough	99.3%
Cirencester	100%
Devizes	100%
Eccleshill	100%
Emersons Green	88.5%
North East London	88.3%
Peninsula	87.8%
Shepton Mallet	100%
Southampton	100%
St Mary's	99.8%
Will Adams	88.7%

— ISTC monthly average
 - - - Care UK threshold
 Mean

Priority 3:

Quality objective: to improve the accuracy of fluid balance recording and monitoring so audit results exceed 95% by March 2014

What did we do?

Any inaccuracies in the monitoring and recording of a patient's fluid balance can lead to a deterioration in their overall condition and a delayed recovery from surgery. In order to achieve this important clinical safety priority, we created and launched an audit tool which reviewed the accuracy of fluid balance recording and monitoring through every part of the patient's journey, from arrival in the operating theatre to discharge from hospital. The audit tool looked at whether intravenous fluid was prescribed accurately as well as whether a patient's intake and output was recorded correctly.

Were we successful?

We are pleased to say that we achieved our target by the end of the year, although some additional work was needed along the way. Although our initial audit results were good, it soon became apparent that there were failings in some areas.

In June 2013 the audit highlighted three key areas which we addressed:

Issue: All sites were not using the same fluid balance chart.

Resolution: A Care UK standardised chart and accompanying online training pack was launched for all clinical staff.

Issue: Maths skills on the wards were seen to be poor, leading to inaccuracies in basic addition.

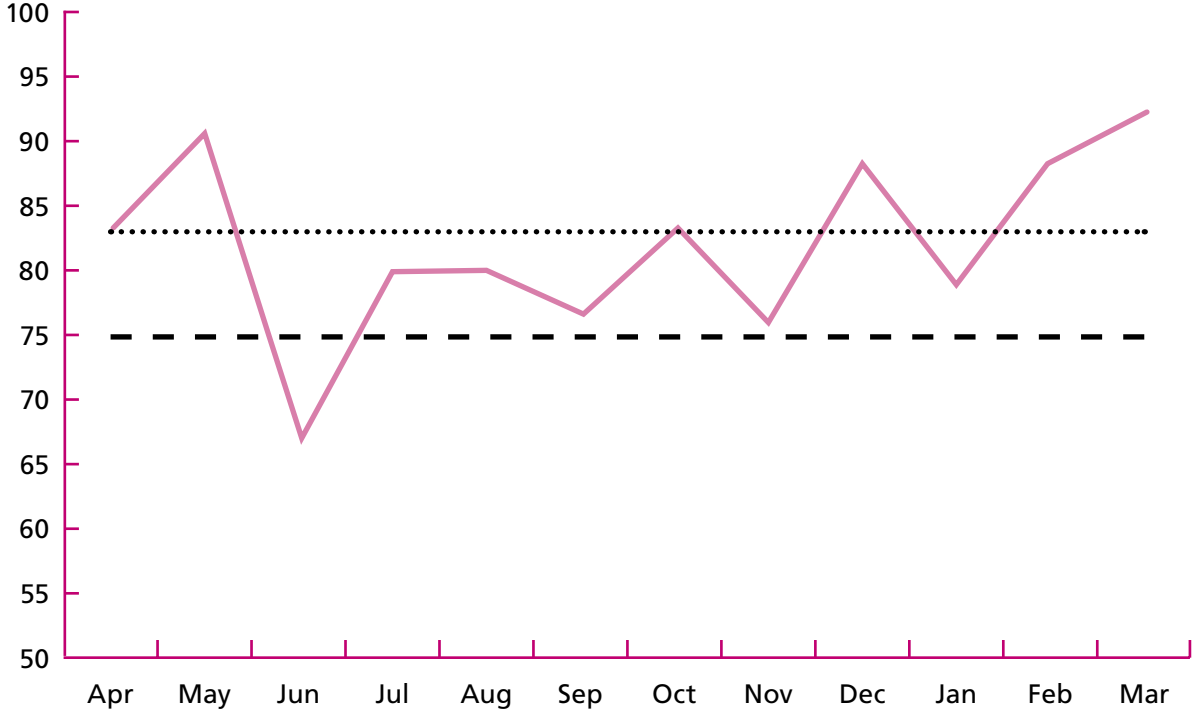
Resolution: The online teaching pack emphasised the importance of basic maths skills and ward staff were provided with pocket calculators. Fluid balance calculation now features as part of clinical handover, so staff double check all calculations.

Issue: Intravenous fluids were not always accurately prescribed and recorded in the operating theatres.

Resolution: All of the theatre managers have promoted the need for improvement in this area and theatre staff participated in the audit of the theatre records.

The end of year results have shown a vast improvement. Given the importance of fluid balance accuracy we will, however, continue to audit in 2014-2015 as part of our routine schedule.

Fluid balance monitoring audit results Apr 2013 – Mar 2014



Sites	YTD (April 2013 – March 2014)
Barlborough	97.0%
Cirencester	96.2%
Devizes	100%
Eccleshill	100%
Emersons Green	95.6%
North East London	96.4%
Peninsula	95.9%
Shepton Mallet	97.1%
Southampton	99.3%
St Mary's	93.1%
Will Adams	96.0%

— ISTC monthly average
 - - - Care UK threshold
 Mean

Priority 4:

Quality objective: to promote the prevention of post-surgical venous thromboembolism (VTE) by achieving 100% compliance to the practice of assessing patients' risk on day of admission

Our quality objective

Venous thromboembolism (VTE) is a common complication of surgical procedures and happens when a blood clot in the veins of the body disrupts the normal blood flow. On occasions it can be life threatening. The risk of VTE occurring in surgical patients is determined by the combination of an individual's predisposing health factors and the type of surgery they have. It's vital that these factors are carefully assessed so that preventative medication may be given to the patient to lower the risk.

What did we do?

The National Institute for Health and Care Excellence (NICE) guidance, Venous Thromboembolism – Reducing the Risk, clinical guideline 92 (CG92) 2010 states that all patients undergoing specified surgical procedures are assessed, the risks are identified and therapeutic prevention (mechanical or pharmaceutical) is implemented to minimise the risk of VTE.

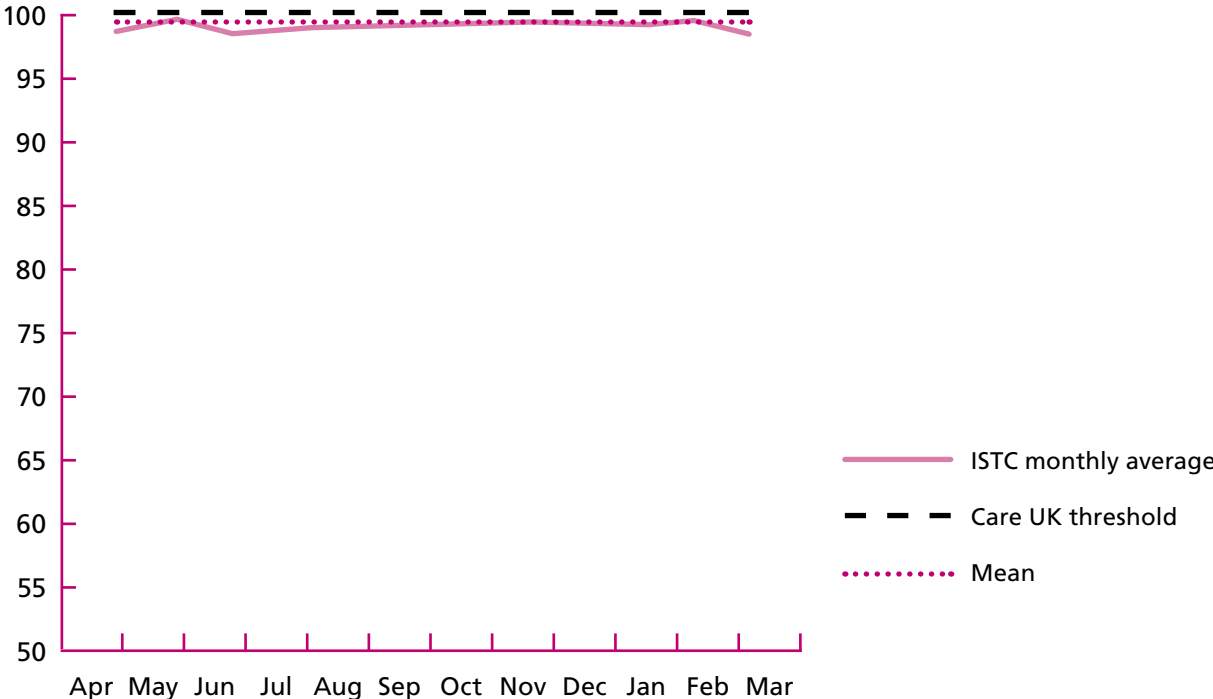
We were aiming for all our services to be 100% compliant to the practice of assessing patients for the risk of developing post-surgical VTE on the day of admission.

During the year we also intended to standardise the protocols across all our treatment centres around the medication (known as prophylaxis) used to minimise the risk. This is currently being rolled out and will be implemented completely by July 2014.

Were we successful?

We achieved an overall average for the year of 98.9%. Nine of our treatment centres achieved over 99% and two treatment centres, although still above the national target of 90%, achieved rates of between 95% and 99%. We want to achieve 100% assessment and therefore will continue to report on this target next year. VTE assessment rates are monitored through monthly audit reports at clinical governance meetings and explanations are required to understand why the assessment was not undertaken on the day of admission. The most common reason is because the VTE assessment has already been checked at the pre assessment visit and staff do not repeat it on admission. The need to recheck has been re-emphasised to all staff.

VTE assessment compliance audit Apr 2013 – Mar 2014



Sites	YTD (April 2013 – March 2014)
Barlborough	96.95%
Cirencester	99.19%
Devizes	99.31%
Eccleshill	99.31%
Emersons Green	99.17%
North East London	95.30%
Peninsula	99.38%
Shepton Mallet	99.11%
Southampton	99.89%
St Mary's	99.99%
Will Adams	99.78%

Doreen's story



“On the day of my procedure I came in with my daughter who was as impressed as I was with the treatment centre.”

Doreen, a retired employee of Winchester City Council and a gardening enthusiast, had been experiencing increasing pain in her wrist. It soon became apparent that she would need a full wrist replacement. This would be the first of its kind in Care UK's history.

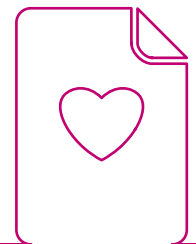
Doreen had noticed some small lumps in her wrist that had slowly increased in size and had given her significant pain in her arm and shoulder. Doreen decided to visit her GP who referred her to the Southampton NHS Treatment Centre to be seen by the orthopaedic department.

Doreen had her initial appointment with orthopaedic consultant Mr Vasileios Kefalas, who explained everything. Commenting on Mr Kefalas, Doreen said: “He was marvellous – I was so glad he was my consultant – he is a very kind man.

“I was soon booked in for my treatment and was given all the information I needed which was very interesting. On the day of my procedure I came in with my daughter who was as impressed as I was with the centre.”

For her treatment, Doreen was required to stay overnight on the inpatient ward. “It was like staying in a hotel,” she said. “Everything was so lovely. The food was excellent, especially seeing as I was staying in a hospital. I was fortunate to have my daughter help with my recovery, which was a big help to me. I am so pleased with how the treatment went, especially how I have recovered. It's nice to be back to normal but I would definitely recommend the Southampton NHS Treatment Centre.”

Appendix 1



National clinical audits

Specialty	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 the treatment centres therefore does not manage long term conditions.

Specialty	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 the treatment centres.
Renal Disease	<ol style="list-style-type: none"> 1. Renal Replacement Therapy - RR 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 	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 PROMs 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 	Yes 100% inclusion Yes 100% of patients asked to participate No No No No No	Care UK does not provide transplant or cardiovascular services

Feedback from commissioners



Feedback from NHS Portsmouth Clinical Commissioning Group

Commissioner Statement

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

Report Structure

The Quality Account provides information on all aspects of Care UK's services as a whole which cover Independent Sector Treatment Centres, Clinical Assessment and Treatment Services and Mental Health Hospitals providing services to NHS patients. This is divided under the headings of quality priorities, review of services and quality priorities update across the three domains: patient safety, patient experience and clinical effectiveness.

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

Quality Improvement Priorities for 2014-2015

Care UK has outlined its priorities for 2014-2015 and commissioners are broadly in agreement with these. Three priorities are set for the overall organisation against each area of quality. Clarity may have been given on how these priorities will relate to the separate divisions.

Patient Safety

Commissioners support the roll out of the National Early Warning Score (NEWS) to recognise early and treat adverse changes in the condition of acute patients. This can be integrated with the audit reporting to inform progress to its implementation against Care UK's target of 90% compliance.

Patient Experience

Commissioners welcome the aim to reduce clinical cancellations by supporting patients during their pathway of care. It is good to see the focus on understanding the reasons for and identify ways to reduce these cancellations via tools employed in Care UK's quality improvement initiative.

The commitment to the Friends and Family Test in all areas of care is also welcomed. It will be good to see how this is affected in the different areas commissioned and how this is linked to overall patient experience to generally improve service delivery.

Clinical Effectiveness*

Commissioners support the intention to improve and maintain high comfort levels in endoscopy, and the intention to publish outcome information as part of Care UK's work to achieve excellence in cataract surgery. It would be useful to know how this will be shared with the public.

Achievements Reported Against 2012-13 Priorities and Overall Quality Performance**

Commissioners note the completion of safeguarding training by staff and the summary on Care UK's approach to safeguarding in Independent Sector Treatment Centres and Clinical Assessment and Treatment Centres. It would have been good to see the Mental Capacity Act mentioned within the safeguarding statement. For example, that clinical staff will have received training on the Mental Capacity Act 2005 and how this relates to consent to treatment and care. In addition, there is a distinct lack of reference to child safeguarding, and no sense that safeguarding is threaded through Care UK's services generally. Clinical staff are expected to be trained at level 3 and referenced as per Intercollegiate Document.

Commissioning for Quality and Innovation (CQUIN)

Consistent achievement of quality improvement CQUIN goals is noted, some of which relate to St Mary's NHS Treatment Centre. These are venous thromboembolism (VTE) assessment, improving communication with GPs and re-launching websites to improve information to patients.

This may have been enhanced by inclusion of achievements and challenges against delivery, although it is noted that further detail may be obtained from the Hospital Director at each site.

* We intend to publish this data on our website

** We have made our safeguarding statement clearer on the basis of this feedback.

Data Quality

Where information permits, commissioners are satisfied with the accuracy of the data contained in the Account. However, whilst the statement that Care UK's services are compliant with Care Quality Commission (CQC) essential standards, commissioners wish to note the breach at St Mary's NHS Treatment Centre at a CQC inspection in February 2014. This related to Outcome 8, cleanliness and infection control, for which a detailed action plan was drawn up and immediately implemented by Care UK at that site.

Clinical Audit and Research

Care UK reports participation in 100% of eligible national clinical audits and commissioners note the list of audits not undertaken and reasons why as set out in Appendix 1 of the Account. Commissioners also note that a number of local audits have been undertaken across the organisation, and that these provide an opportunity to benchmark Care UK's clinical services locally and nationally. This information may have been enhanced by some detail on national and local audits in respect of outcomes and changes made in service provision where applicable.

Commissioner Assessment Summary

This is a long document, covering all aspects of Care UK's Health Care Division. Attention to local service provision is therefore limited to relevant tables. There have, though, been positive developments, including implementation of Datix Risk Management System to capture patient experience and 99% compliance at St Mary's NHS Treatment Centre with the five steps of the World Health Organisation's Surgical Safety Checklist.

The Commissioners welcome continued partnership working and Clinical and Director Leadership and the quarterly Joint Service Review meetings. This ensures continuous monitoring, delivery and assurance against the essential standards for quality and safety and the proposed quality improvement programmes. This is underpinned by robust documentation and record keeping.

Feedback from NHS South Gloucestershire Clinical Commissioning Group



The CCG welcomes the opportunity to comment on the draft Quality Account for Care UK for 2013-2014.

Following the acquisition of UKSH in June 2013, this year's draft QA is a much more generic document for all listed services. A brief forward provided by Jim Easton that provided little strategic direction and vision for Care UK.

Priorities for 2014-15 appear reasonable and are linked with both patient safety and experience domains. Comparable data from other units that included Emersons Green which was useful for benchmarking purposes.

The draft QA has made good use of patient stories to illustrate good practice and patient experience. It also used health awards for staff to reward for innovative ideas which was good.

There was little information about each unit and I feel this was a missed opportunity as QAs are meant for the public to read.

The CCG looks forward to working with Care UK in 2014-15.

Alison Robinson
Nurse Director and Head of Quality and Safeguarding



NHS Somerset Clinical Commissioning Group

As lead commissioner, Somerset Clinical Commissioning Group has monitored the safety, effectiveness and patient experience of health services provided by the Shepton Mallet NHS Treatment Centre (SMTC) during 2013-14. SMTC's engagement in the quality contract monitoring process provides the basis for commissioners to comment on the quality account including performance against quality improvement priorities and the quality of the data included.

We have reviewed the achievements against the National Performance Indicators, as outlined in the account, and can confirm that the reported position is accurate.

We have reviewed the identified Quality Improvement Priorities for inclusion in the Quality Account for 2013-14 and would comment as follows:

Quality

SMTC has maintained, and built upon, its commitment to achieve high quality patient care throughout 2013-14. Underpinning the improvements have been the significant reports published concerning quality and patient safety by Robert Francis, Don Berwick and Bruce Keogh and Anne Clwyd into the management of complaints within the NHS. This has been followed by the 'Hard Truths' report placing a greater emphasis on the requirement for NHS providers to be open about staffing levels.

The CCG can confirm that SMTC regularly reviews the quality and safety of its services using a broad range of quality indicators, and these are reported to the CCG at the quarterly Clinical Operations and Advisory Group meetings. These include the priorities identified for 2013-14 as part of the Commissioning Quality and Innovation (CQUIN) framework agreed with the Trust. The CCG acknowledges the continued achievement of 100% Harm Free Care during 2013-14.

Patient Safety

- To reduce the number of falls

The CCG has noted that, overall, Care UK achieved its target of all sites having less than 3.5 patient falls per 1,000 bed days, in comparison with the national figure of 6.5, and can confirm that SMTC achieved 1.8 falls during 2013-14.

- Improve compliance with the World Health Organisation (WHO) Surgical Safety Checklist

The CCG acknowledges that SMTC achieved a target of 100% compliance for the use of the checklist, an increase in the previous year.

- Improve accuracy in fluid balance recording

The CCG notes SMTC's continued quality objective during 2013-14 was to improve the accuracy in fluid balance recording and that the target of 97.1% was achieved.

Clinical Effectiveness

- Local clinical audit programme

SMTC has participated in a significant number of national audit programmes, which provide assurance of the quality of treatment and care and the outcomes of care for patients.

- Patient Reported Outcome Measures (PROMS)

SMTC participated in national PROMS for Hip and Knee Surgery, and the CCG can also confirm SMTC has used the PROMS methodology to develop local PROMS.

SMTC is to be commended for achieving a 100% participation rate for both hips and knees. It is noted that SMTC is in the top 5% nationally for hip replacements.

Patient Experience

- Friends and Family

The CCG recognises the commitment from SMTC in implementing the Friends and Family Test in all inpatient areas. SMTC has incorporated the Friends and Family question in to their patient survey to achieve their target of being in the top 10% for all healthcare providers using the Friends and Family Test.

Care Quality Commission

The CCG notes that SMTC is compliant with the essential standards of quality and safety.

Data Quality

It is important for SMTC to continue to demonstrate the quality of care provided. With increasing patient choice, the provision of high quality data on the effectiveness and safety of the care provided to patients at SMTC is important for patients who choose to have their treatment there. The CCG appreciates that SMTC is now able to provide quarterly data earlier, bringing their reporting in line with other NHS service providers.

Quality Improvement Priorities for 2014-2015

Somerset CCG supports the quality improvement priorities identified by SMTC for the coming year.

A number of these have been included in the Commissioning Quality and Innovation (CQUIN) framework that we have agreed with SMTC, as set out below:

- Friends and Family Test, further implementation and increased response rates
- Supporting patients as carers of people with Dementia
- E-discharge to General Practice
- Patient Reported Outcome Measures (PROMS) for complex foot procedures and for heavy menstrual bleeding procedures
- Reduction of numbers of day case patients converting to inpatients
- Falls Stability Programme

We can confirm that the Quality Account meets national requirements in respect of content, provides a balanced view of the organisation's achievements and, as such, is an accurate reflection of the quality of services provided.

We look forward to continuing to work with SMTC during 2014-15 to continue and improve the safety, clinical effectiveness and patient experience of the services provided.

Lucy Watson
Director of Quality and Patient Safety



Feedback from Healthwatch Bristol and Healthwatch South Gloucestershire

Healthwatch Bristol and Healthwatch South Gloucestershire welcome the opportunity to comment on Care UK Quality Account and Care UK Mental Health Partnership Quality Account.

The Quality Accounts read well and Healthwatch are pleased to read the planned priorities for 2014-2015 for each area. Healthwatch will be interested to follow up how these priorities have been achieved during the coming year in the next Quality Account.

Case studies gave an interesting perception of service users and their experience.

The review of the 2013-2014 priorities using graphs illustrated the concepts alongside the appropriate text.

Healthwatch is very pleased that both documents are very readable by the lay person and accessible for the public.

Feedback from Patient Forums

The draft Quality Account was shared at patient forum meetings at our treatment centres. Patients supported the choice of quality priorities for the forthcoming year and complimented us on our achievements over the past year.

Mental Health Quality Account 2013-2014





Dr Alison Rose Quirie

I am delighted to introduce the Quality Account for Care UK's Mental Health division.



We are proud that the recovery of those we support is integral to absolutely everything we do and every decision we take. We focus on collaboration with all those in our complex care recovery services and our child and

adolescent eating disorder and challenging behaviour services.

Our philosophy and values are centred around the individual, our multidisciplinary teams encourage service users to take an active involvement in their recovery pathway and to set and achieve clear aspirational personal goals. We also facilitate active peer support and involvement in the running of the services via our Recovery Advisory Panel.

Our new-build complex recovery facilities are also ensuring that the built environment promotes recovery towards ever increasing levels of independence. We work to create local opportunities for education and employment and track our progress using our unique outcome measurement system, Real Outcomes for Real People, which has been designed for, and by, our service users.

In a world of growing complexity, we seek to ensure that all our people have the right values, attitudes and skills to achieve our collective vision. We recognise that we are on a path of continuous learning and improvement but if our values are aligned we can be confident of continuous progress. We strive to create an environment in which everyone's contribution is highly and equally valued and we all feel able and encouraged to report areas of concerns and suggestions for improvement.

I hope you enjoy reading about our services as much as we enjoy providing them.

Dr Alison Rose-Quirie,
Managing Director, Mental Health

About Care UK's Mental Health division



Care UK’s Mental Health division provides the highest quality treatment, care and support to people living with mental health issues. We operate 14 recovery units (10 registered hospitals, 4 residential homes and 5 specialist units) across England. Our success in delivering these services can be seen in the consistently good reviews we receive from the Care Quality Commission.



Our Service Philosophy acts as our compass to guide and measure what we do as individuals, as a team, as a service and as a division of Care UK. It was created with the input of our service users and teams at all levels – the aim being to make it relevant and meaningful to everyone.

The philosophy describes five elements that should flow through every aspect of what we do: our mission, beliefs, behaviours, service user experiences and outcomes. Ultimately it gives us the basis of a common language to describe and inform our work, and to safely challenge any aspects that might be done differently.

A special approach

Everything we do is focused on helping those we work with live as independent and fulfilling a life as possible.

The recovery journey

Treatment, care and active involvement in work and educational opportunities are a crucial part of a mental health service user's pathway to a happy and healthier life. We work with service users to help build their confidence and independence as they live increasingly fulfilling lives. We know that living with a mental health condition can sometimes be a lifelong challenge and we're committed to working with people through every step of the process.

Keeping track of goals and achievements is important for motivation and encouragement. That's why we use tools such as the Mental Health Recovery Star™, Teen Star™ and Older People's Star™ to help map people's progress. The Outcomes Stars™ show each person how well they're doing against a number of different factors and it shows us how far along the path they have moved. It also keeps everyone involved in the process focused on the individual's goals.

Our person-centred approach

Every mental health service package we provide is as unique as the person we create it for, and focuses on their specific needs, aspirations, challenges and goals. This approach is called person-centered planning. It ensures service users are at the heart of their recovery planning so that we can work together toward realistic and meaningful goals. Taking positive and informed risks is fundamental to the recovery process – a collaborative therapeutic relationship between service user and key worker or nurse allows for this progression in a safe and measured manner.

Services rooted in local communities

We believe it is important that our mental health services are rooted in their local communities. Our facilities are discreetly located on residential roads and we work hard to make them feel like home for service users. This helps service users to feel comfortable and secure enough to focus on their recovery, while helping to remove the stigma attached to mental health conditions.

We use educational and employment opportunities at all our services to help service users to develop their potential, enhance their self-esteem and focus on a more satisfying life as they move towards independent or supported living.

Innovation

Many of our facilities have been helping service users for a number of years and our experience enables us to deliver impressive results.

Rhodes Farm, a specialist centre for young people with eating disorders, provides treatment for males and females aged 6 to 19 with a range of diagnoses including anorexia nervosa and bulimia nervosa. Beat, the leading national campaigning eating disorders charity, awarded the service the Beat Assured Quality Mark for the quality of the service it provides to patients, their parents and family members.





What we do and where you can find us

Our expertise and experience spans a broad range of mental health issues, ranging from short-term problems through to severe and long-term illnesses. Ultimately all our services have the same goal: to help each service user live the most independent and fulfilling life.

Residential recovery services

Our residential recovery services provide individually tailored care and support for people with long-term mental health issues. We work with them to develop the motivation, insight and skills they need to move from highly supported settings, such as a hospital or care home, to living as independently as possible.

Complex care recovery services

We have used our experience and understanding of complex mental health conditions to develop the complex care recovery service. This is a new approach to residential recovery that combines different living environments to provide the right level of care and support when it's needed.

Complex needs

We work with adults and young people who have challenging mental health needs and behaviours to help them move on with their lives in a positive way. Our service users have typically come from a traumatic background and

need intensive support and input. This includes support and assistance with everyday tasks and regular input from nurses, psychologists, therapists, occupational therapists and psychiatrists.

Eating disorder treatment and care

We are specialists in the treatment of all kinds of eating disorders in children, teenagers and adults. We help people seeking treatment for the first time and those looking for care and support to overcome a long-term eating disorder. Our warm and welcoming teams work with each service user to develop a personal treatment plan to achieve clear goals. We want each service user to live their life, not their disorder.

Althea Park Education Unit

Our education unit in Stroud offers education for up to 12 male and female students, aged 13-18 years, who have experienced difficulty and trauma in their lives and for whom mainstream education is not a suitable option.

The unit serves the needs of the young people who are receiving treatment at our eating disorder and self-harm services, which are set in and around the town of Stroud in Gloucestershire.

The unit offers a full or part-time formal timetable of academic study as well as an alternative curriculum for students above statutory school age who are keen to further their knowledge in art and craft and life skills. The unit's recent Ofsted report identified that 'students' progress is good because of the good quality teaching and outstanding curriculum. Students' spiritual, moral, social and cultural development is outstanding, as is their behaviour'.

Inspiring service users

Supporting service users to feel that they have something to give is central to them building positive self-esteem.

Our first priority for every service user is to provide the very best level of care. Our teams are professional and well trained and take the time to understand our service users to ensure we provide the treatment and care that is right for them. We can offer the best in clinical care, and can also draw on a wide range of specialists through our partnerships with local psychological clinics and housing associations.

Underpinning all this is the commitment to excellence that governs everything we do. Being part of one of the largest providers of care in the UK, we have the resources, expertise and experience to ensure that each of our services is delivered to the highest possible standards. As well as abiding by the guidelines set by the Care Quality Commission, we have our own high performance measurements and goals.

Creating opportunities

Some service users are employed within their service in areas such as, catering, housekeeping, decorating and maintenance, and administration and reception. They attend and lead staff training sessions – an experience that noticeably enhances their self-confidence. The experience also means they have a reference when they move on from the service, helping them to find other work.

The experience also encourages them to look for community training programmes to help them to become even more employable. Employing service users in the services has a palpable effect on others in the services too, who begin to explore education and work options for themselves.

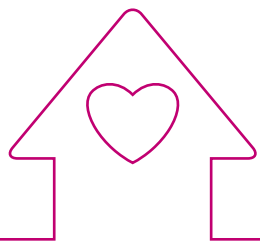
We encourage and support service users to take on meaningful and satisfying work and education in the local community to enable them to make a lasting recovery, leading to an independent and fulfilling life.

Ours is not a 'one size fits all' approach. The opportunities a service user takes advantage of will depend on their needs and the goals identified in their recovery plan. We encourage and help service users to find opportunities where they'll have stimulating tasks to do, where they'll work alongside other people, and have the chance to progress.

Today, a number of the people in our mental health services are at college or have jobs. Some are working within their service, or are in paid or voluntary employment in the local community. We're working hard to engage those service users who aren't currently taking advantage of work or educational opportunities to find enticing and relevant options for them.



Our priorities for 2014-2015



Patient experience

Priority 1:

To improve the process and monitoring of service user complaints and concerns

We aim to ensure that all of our service users have an excellent experience and the best possible care. However, we recognise that sometimes things go wrong.

We follow the Department of Health guidance in responding to complaints by being open and honest. We take complaints very seriously and investigate them fully. If issues are identified, we work with the service user and their family to address them and learn from them for the future. We also use what we learn to improve our service.

The Mental Health division will be implementing the Datix system for capturing incidents and it is intended that purpose-designed software will also be implemented to monitor and process service user complaints and concerns.

Having an integrated system will enhance reporting and allow the division to monitor themes and trends emerging from incidents and complaints. This will enable service managers and directors to monitor quality and target service improvements.

The mental health team will focus on reviewing the complaints process and improving the learning and actions taken. We will do this by:

- Reviewing the complaints policy
- Implementing an integrated system (Datix) to record and monitor the timeliness of responses to complaints and themes and trends
- Producing a quarterly complaints report to include outcomes, actions taken, themes and trends and learning
- Reviewing internal staff training to focus on effective complaints communication, administration and response

Targets and measures

- The number of complaints received
- The number of complaints upheld
- The number of complaints referred to ombudsman and upheld
- Complaints responded to within Care UK policy timescales
- Service user/family satisfaction with the complaints process
- Quarterly themes and trends analysis of complaints, including grading
- Learning from complaints

“The managers are approachable and help you where they can. Sometimes we don’t agree with everything but are always given an answer.”

Patient safety

Priority 2:

To reduce the number of medication incidents

Our medicines management policy provides guidance to staff on the supply, administration and safe disposal of medicines.

Medication incidents are taken very seriously and a recent analysis highlighted that there had been a 20% increase in the number of medication incidents reported in 2013-2014 compared with 2012-2013. Whilst none of the incidents resulted in harm the analysis identified areas that required improvement to maintain patient safety.

The two main areas of concern were staff error and pharmacy error.

Before staff can administer medication they must complete training and undertake a competency assessment.

In order to address the issues identified, a review of the training and assessment provided to staff will be completed and more rigorous testing of competencies will be implemented during the first quarter of 2014-2015.

A quarterly review of medication incidents will be completed to monitor the effectiveness of the new training package.

We work with our main pharmacy provider to ensure that medication is supplied in a safe format and that any problems with medicine supply are resolved as quickly as possible. Where errors are identified with the pharmacy supplier, these are fed back to the supplying pharmacy for investigation and action.

Medicines management is reviewed through our internal audit systems with additional audits being undertaken by each of the services. The audit tool incorporates key components of medicines management policy which reflects current legislation and statutory guidance.

Targets and measures

- Reduction in the number of medication incidents by 10%
- Medication training completed by 100% of eligible staff
- Quarterly analysis of medication themes and trends
- 10% improvement in medication audit results

Priority 3:

To improve the monitoring of the physical health of service users through assessments, monitoring, access to services, screening and education

Mental health and physical health are intrinsically linked. Poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes and poor physical health can increase the risk of people developing mental health problems.

The Government's mental health outcomes strategy No Health Without Mental Health 2011 places considerable emphasis on the connections between mental and physical health.

More recently Closing the gap: priorities for essential change in mental health 2014 identifies 25 areas that are expected to see real changes in the next couple of years. It is therefore essential that staff within mental health inpatient facilities understand the symptoms of mental illness and the physical health needs of people with mental health problems. That way they can work to improve the standards of physical healthcare to support earlier diagnosis and treatment of common illnesses.

Smoking, alcohol and substance misuse rates are higher among people with mental health problems than among the general population, which has an impact on their physical health problems.

To ensure all of our service users have the potential to achieve recovery it is important that they understand any physical conditions they have and are assessed, monitored and have access to the services available within primary and secondary care.

In order to ensure that service users' physical needs are met, all services users will have physical health assessments completed and access to appropriate and timely services.

Targets and measures

- All service users to have a risk assessment completed for physical health
- All service users to have a recorded physical health check which includes screening for smoking, alcohol and substance misuse
- All service users with a long-term medical condition to be offered access to appropriate services
- All service users to have access to medication reviews

Clinical effectiveness

Priority 4:

To measure the mental wellbeing and positive progress being made by service users

Our Mental Health Service Philosophy launched in April 2013 was developed through consultations with service users and all levels of staff. The philosophy is about the way in which we deliver modern mental health care and embed it into everyday life within the division.

As part of the philosophy it is important that we can assess the mental wellbeing and positive progress that service users report by using a tool that reflects what is important to them. Our Recovery Advisory Panel (RAP) is made up of current and previous service users, and has developed a data collection tool called Real Outcomes. This fits within the Service Philosophy and captures those things that our service users feel are important to ensure recovery.

During 2014 this tool will be rolled out across the division and the data collection will be completed by members of the RAP. Data will be collected and analysed each quarter.

This is a new initiative and the first time that service users have been instrumental in writing an outcome measure based on what matters to them. They will collect the data by visiting and speaking to service users across the division and our service users will then work with staff to collate and analyse the data and help to present it to the division's leadership team.

We expect the first set of results to be available in June 2014 and we aim to collect this data three more times during the year and present a case for further academic review.

This is an outcome tool influenced by residential service users, using data that will be collected by residential service users and that will be presented by those service users. That makes this a very exciting initiative.

Targets and measures

- Quarterly collection and analysis of quantitative data
- 5% divisional increase in service user involvement with their own recovery plan
- 3% divisional increase in service user involvement with their own risk (safety) plan
- Quarterly collection of Care UK PROMS



Creating great living environments

The Mental Health division provides a new way of delivering mental health recovery-based care in settings that ensure a positive experience for service users and which can significantly reduce the likelihood of placement breakdown.

What makes us different?

In our residential settings service users have the clinical expertise support network and safeguards that are typically found in a hospital setting, however they're living in a unique environment that enables them to start their recovery journey in their own individual flat behind their own front door. The support we provide is tailored to their individual needs and is based on their recovery plan.

Intensive rehabilitation environment:

These services are made up of intensive rehabilitation flats which are self-contained, and with full en-suite facilities built around a communal lounge, dining area and kitchen. The flats are designed to enable service users to be transferred directly from medium and low secure environments under sections of the Mental Health Act.

Step-down rehabilitation environment:

This type of facility is made up of accommodation clustered around a core care unit, including a bistro-style dining area, communal lounge, offices and meeting rooms. The individual apartments enable service users to experience living independently with varying levels of staff support, depending on their needs. This enables us to predict the level of support each service user requires when they move out of the hospital environment and into supported or independent living. When the level of support provided fits with an individual's needs, they have a far more positive experience of community living, which can significantly reduce the likelihood of a breakdown in a later placement.

New For 2014

In June 2014 78 Crawley Road in Horsham opened its doors. This is an innovative recovery and rehabilitation-based service for people with severe and enduring mental health problems.

This service will be operated by Rehabilitation and Recovery Partnerships Ltd, a ground-breaking new partnership between Care UK and Sussex Partnership NHS Foundation Trust which aims to transform the lives of people with mental health conditions. 78 Crawley Road is the second initiative where our two organisations have come together to combine their expertise to create an innovative mental health recovery service – Nelson House in Gosport was the first.

Service users in the Horsham service will have access to the clinical expertise, support networks and the safeguards of a hospital setting – all while they begin their recovery in the safe environment of a shared or individual flat.

The pathway will give flexibility for care and support which can be stepped down when a person moves through the different living environments. This will give service users who require more intensive support or slower stream rehabilitation a safe and secure living environment.

“We like to have space where we can relax or be alone.”





Ensuring the best service user experience

We believe in providing quality services which are innovative and person-centred.

Our Service Philosophy describes five domains that flow through everything that happens in our day to day work, regardless of our role.

Recovery means something different to each person who uses our services, so it's vital that service users are encouraged to create realistic goals and work towards them by defining their own personal recovery journeys to become independent and lead more fulfilling lives.

Service User Forum

The Mental Health division's service users are represented by the Recovery Advisory Panel (RAP), a group of current and past service users from across our services who represent all our service users. The members are paid for the work they do, and their involvement helps them to gain confidence, build their self-esteem, learn new skills, support others and share their experiences.

Over the last 12 months the members of RAP have been involved in a number of areas 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

Forty-one-year-old Alan sits on the Recovery Advisory Panel. His involvement has brought with it a huge sense of empowerment and satisfaction.

Alan said: "I wanted to become part of the Recovery Advisory Panel to help with understanding recovery from a service user's point of view. It helps me to get motivated in doing something, and travelling to meetings, getting to know new people and being involved in new projects is good for me.

"RAP is so important because it involves service users who can better explain how each service affects them and their wellbeing. The vibes about the panel are very good and positive and I think things can only get better."

What sets Care UK Mental Health division apart?

Care UK's approach to care means that service users are encouraged and supported to play an active part in everyday life. Here we feature some examples of how service users are making their mark with support and encouragement.

Kallum – Riverbank residential home, Hull

Kallum arrived at Riverbank just over a year ago having spent over six years in more secure units. He was placed on the first level of complex care.

During his time at Riverbank he has rediscovered and learnt new life skills enabling him to pass through the three levels of complex care and into the supported living flats. Budgeting, building relationships and cooking are just a few of the skills Kallum has learnt to great success. These were some of the areas he identified that he needed help with by using the Recovery Star.

Kallum has also participated in the service user forums and is one of the founding members of the Recovery Advisory Panel and gets to travel around the country giving talks on how the Care UK Service Philosophy has helped him to progress.

Kallum is also the first person to complete the Independent Programme. This is a set of modules designed to improve skills that a person identifies via the Recovery Star to be areas that they need support to improve.

Kallum now self-medicates and is the proud father of a baby girl. He is in the process of setting up home with his partner and daughter.



Michael – Brierley Court Hospital, Manchester

Brierley Court has proved to be the turning point for Michael who has a history of drug abuse and mental health problems. Seven months after joining us, he's ready to move on and has completely turned his life around.

Michael lived in mental health services for many years and had spent time in prison before coming to Brierley Court. Michael first started taking drugs when he was a teenager. Over the years his ongoing drug use meant that his mental health declined to such a point that he was severely paranoid and was hearing loud and extremely unpleasant voices.

In April 2013 Michael arrived at Brierley Court, initially isolating himself in his room. However, over the next few months the staff team began to see quite a dramatic shift.

Michael became involved in the Lifeline Project RISE in Manchester, which provides alcohol and drug recovery services. He immediately identified with the service as somewhere he could find support and meet people on the same journey as him. He began to realise that life could get better and that he could turn things around.

The team at Brierley Court worked with Michael, providing holistic therapy and relapse prevention/coping strategies. He began to get more involved in Brierley Court life, taking part in cookery sessions and working as our kitchen assistant.

Michael fully embraced his recovery. He now accesses the community on his own, which he didn't do before, takes unescorted leave and is taking responsibility for himself and his life. He's very involved in the community and has become very sociable. He goes running with staff members and is really supportive of other service users. He's a positive influence on new people coming to Brierley Court because he tells them his story and gives them motivation.

Michael has also joined Back on Track, a Manchester charity that helps ex-offenders and disadvantaged adults into work, and has signed up to adult education courses to develop his skills, particularly in budgeting and finance. He says that his voices are now a whisper.

Michael has been referred to supported accommodation in Manchester which will act as a step down from Brierley Court. It's likely that he'll be able to move on from the service soon, but even when he does, he'll continue to receive support from the Lifeline Project, from Back on Track as well as from the team at Brierley Court.

Michael said: "I think the support I have received from all the team has been marvellous. I couldn't have done this without them. I feel extremely optimistic about the future, and I am now ready to make the transition from a step down unit to supported accommodation, and start to live a successful life in the community."



Inspiring young people through education

Althea Park Education Unit is a unique school for service users in the care of the Mental Health division's eating disorders and self harm services in Stroud.

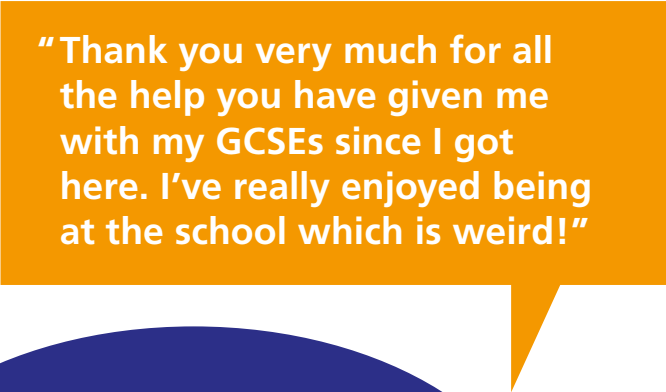
The school offers full and part-time education for students of secondary school age, and although the school is very small (12 students at any one time), it operates in the same way as any main stream secondary school, providing GCSE and A level courses.

Students are taught on a one-to-one basis with their own personalised timetables and education plans. Creative activities, art and craft lessons are available for non-exam students who wish to learn new skills.


In 2013, the students at Althea Park Education Unit achieved 100% passes in all subjects, with students completing exams in:

- AS level physics, biology and chemistry
- GCSE health and social care, art and design, and personal, social education
- Functional english and functional maths level 2 and 3

In the summer of 2014 the unit will have students taking GCSE and A2 level exams. All of them are predicted 100% passes at C grades and above.



“Thank you very much for all the help you have given me with my GCSEs since I got here. I’ve really enjoyed being at the school which is weird!”



“Thank you for everything. Hopefully I’ll get the grades! Don’t know how you will cope without all my mess! It’s been really fun, so again thank you.”



“I will never forget you! All the work we’ve done has been adventurous and hard but you have really helped me work hard and to complete my GCSEs which I thought I would never do. The one thing you have really helped me with is how to make decisions. I’m still not 100% at it but I’m better.”

Our teams



“I have really good relationships with staff. They listen and include me in all decisions about my care.”

Recruitment

Being a part of the wider Care UK team gives people who work in the Mental Health division the opportunity to gain invaluable training and experience – whether they are new to care, already experienced in care work, a qualified nurse or a support team member. The fact that we continue to recruit new team members reflects the scale of growth that we have gone through.

To help support our service users to live the most independent and fulfilling life for themselves, we recruit for behaviours and aptitude and train for skills. Our values and behaviours are reflected in the entire recruitment process, from our recruitment advertising and careers website to the interview process and our induction process. When we recruit the right people for our services we are able to provide quality services which are innovative and person-centred and which lead to genuine, positive outcomes.

Training

Staff training and knowledge are important to maintain safe and effective care and services.

All staff undergo substantial core skills training and new starters are expected to have completed all core skills training within 12 weeks of the start of their employment.

To support new starters, an induction portfolio incorporating the skills for Care Common Induction Standards is expected to be completed within the 12 week induction and probationary period.

During all our core skills training we embed the importance of ensuring that all our services are delivered in a personalised and dignified manner and take people 'back to basics' in health and social care delivery by attending face-to-face training sessions which meet national guidelines in:

- dignity in services
- equality, diversity and inclusion
- human rights
- safeguarding

All of the core skills training that we provide relates to, and embeds, our Service Philosophy, that 'everything we do promotes recovery'.

When new services are developed, all staff attend a four week face-to-face training programme covering all mandatory training.

Development

After they complete the core skills training sessions, our people are expected to continue to develop their roles through continuous professional development relevant to their role, to the needs of the service users and to the business.

Review of priorities 2013-2014

Mental health priorities 2013-2014	Domain	Priority met
Priority 1 Positive engagement with friends and family	Service user experience	In progress
Priority 2 Service user engagement	Service user experience	Yes
Priority 3 Maintaining a skilled workforce	Suitability of staffing	In progress
Priority 4 Compliance – monitoring and audit	Patient safety/clinical effectiveness	Yes
Priority 5 Mental Health Service Philosophy	Clinical effectiveness	Yes
Priority 6 Service user activity and employment	Service user experience	Yes



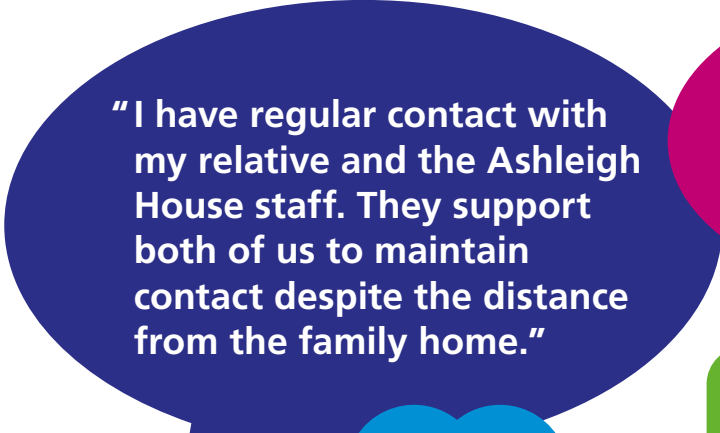
Priority 1: Friends and family engagement

Over the last 12 months progress has been made in engaging family and friends in the service users network. However, this priority has proved quite difficult for some of our service users for a variety of reasons.

We continue to work alongside our service users to help them to develop a sense of worth and self-esteem, and to use the local community and the opportunities that are available to them.

Engagement is a highly personal area for our service users and everyone is different. We will continue to explore ways for service users to become more engaged with the community of their choice and to develop, or in some cases, re-establish contacts with their friends and family.


Comments made about our services to regulators by service users and their families include:




"I have regular contact with my relative and the Ashleigh House staff. They support both of us to maintain contact despite the distance from the family home."




"It's one of the best places I've been in and I feel I am improving."



"I am very happy here and the staff understand me."



"Myself and my son were involved in putting the care plan together."



"I have a programme to work to and this helps me build my self-esteem."

Regular events

Our services hold events throughout the year, which involve friends, family and the local community.

Park Lodge in Stockport organised a family summer barbecue in July 2013, making the most of the weather and giving service users and their families the chance to get together in a relaxed sociable setting, rather than the usual formal care meetings.

Teams have held 'tea and talk' sessions with service users, friends and relatives at Rosebank House, Park Lodge, Tariro House and Lichfield Road.

The team at Yew Tree Lodge, Reading, held a summer games day with support from Rosebank House and Tariro House and staff and service users had a great time.



"Everyone involved in the games was enthusiastic and excited. It was one of the best days of my hospital experience; it was an amazing day."

Priority 2: Service user engagement

Since our last Quality Account we have adopted a different approach to our service user satisfaction survey. The survey, designed and managed by an independent company, includes questions that our based on our Service Philosophy. We believe this gives the survey more transparency and value.

The overall customer satisfaction rate was 77% with questions below all scoring 75% or above.

- I am supported to make my own choices
- I feel safe talking to staff about how I feel
- There is an independent advocate available
- I believe I can achieve things at my own pace
- The unit feels comfortable
- I like the appearance of the premises
- I feel hopeful for my future
- How satisfied or dissatisfied are you with the overall service you receive?

We believe that our Service Philosophy is crucial to the way in which we work with our service users and we have invested in service user involvement and established a service user panel to help shape and influence what we do and strengthen our approach.

The service user panel has been involved in many activities, including:

- Policy development and review
- Data collecting
- Sharing experience with other service users
- PLACE
- Quality audits
- Staff training
- Health and safety committee

Qualitative data is really important to us. Gathering the views of our service users enables us to shape our service, measure against our Service Philosophy and make improvements if necessary.

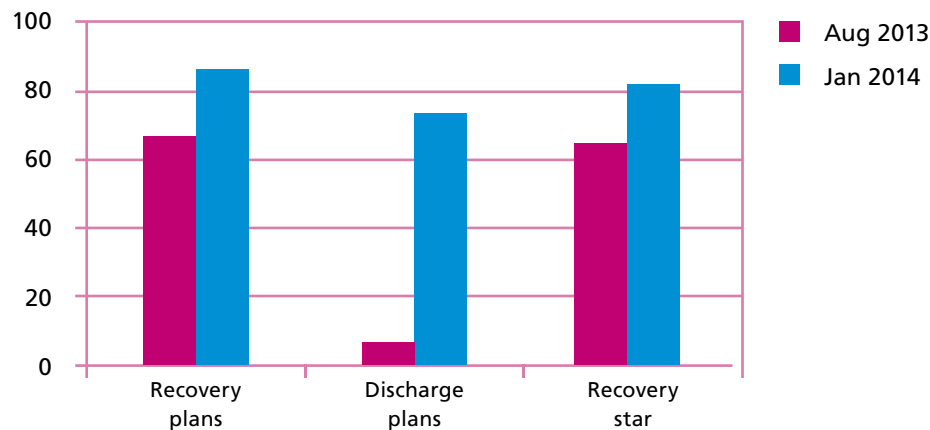
“We would like to have a say in the creation of new services. We’ve spent a lot of time living in services and know what new ones should be like.”

Make a positive contribution

Our service users said this means being involved in their own recovery and in the running of their service.

The number of service user plans which reflect service user involvement increased during 2013-2014, however further progress needs to be made to ensure all service users are involved in planning their own recovery.

Number of plans that show service users involvement

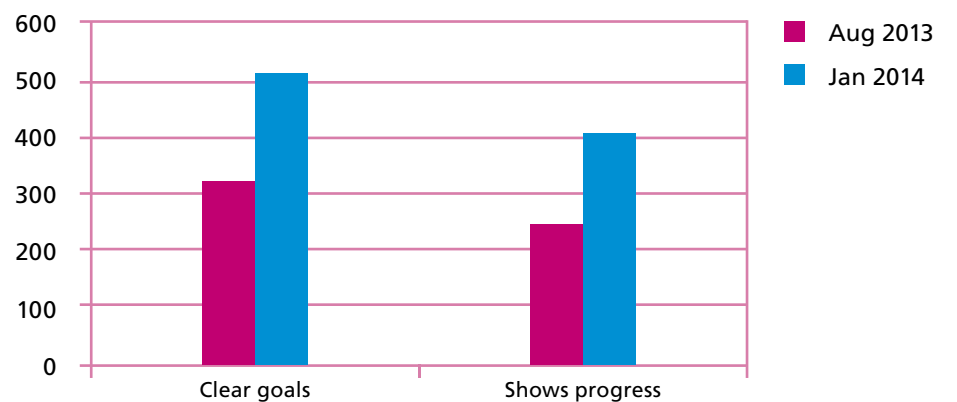


Enjoy and achieve

Our service users told us this meant they are encouraged and supported to be ambitious and they have hopes for the future that can be achieved at their own pace.

The number of service user plans which identify clear goals increased during 2013-2014. Progress against the goals is also more evident with service users being supported to achieve at a pace that is personal to them.

Number of plans that show clear goals for service users and progress against plan



Priority 3:
Maintaining a skilled workforce



We remain very proud of our comprehensive staff and induction training programme. Our service users are now involved in some aspects of induction training and their experience gives a fresh dimension to subjects such as mental health awareness and being detained. Their involvement in the training assessment and planning process means that staff are trained with a clear focus that service users are central to all aspects of the role. It also ensures that our Service Philosophy runs through all our training.

The table outlines the comprehensive training programme that is in place for staff working within the Mental Health division.

	Quality of care standards				
	Everything we do promotes recovery				
	Is it safe	Is it effective	Is it caring	Is it responsive to people's needs	Is it well led
COSHH	•				
Deprivation of Liberty Safeguards	•	•	•	•	
Dignity in services	•	•	•	•	
Documentation and Recording Skills	•	•	•	•	•
Emergency First Aid (1 day)	•				
Environmental Awareness	•			•	
Equality, Diversity and Inclusion	•	•	•	•	
Fire Awareness	•				
First Aid at Work (3 days)	•				
Food Safety	•				
Health and Safety	•				
Human Rights	•	•	•	•	
Importance of Nutrition in relation to Mental and Physical wellbeing	•	•	•		
Importance of supervision in your role	•	•	•	•	
Infection Prevention and Control (inc. COP)	•				
Information Security	•				
Integrated Management Systems	•				•
Medication Administration	•	•	•		
Medication Awareness	•	•	•		
Mental Capacity Act	•	•	•	•	
Mental Health Act	•	•	•	•	•
Mental Health Awareness	•	•	•		
Mental Health Partnerships Values and Philosophy	•	•	•	•	•
Moving and Handling	•				
No Health without Mental Health Awareness	•	•	•	•	
Protection of Children	•	•	•		•
Understanding and Managing Challenging Behaviour inc. psychological and physical intervention	•	•	•	•	
QCF/NVQ L2 or L3	•	•			•
Risk Assessments	•	•	•	•	•

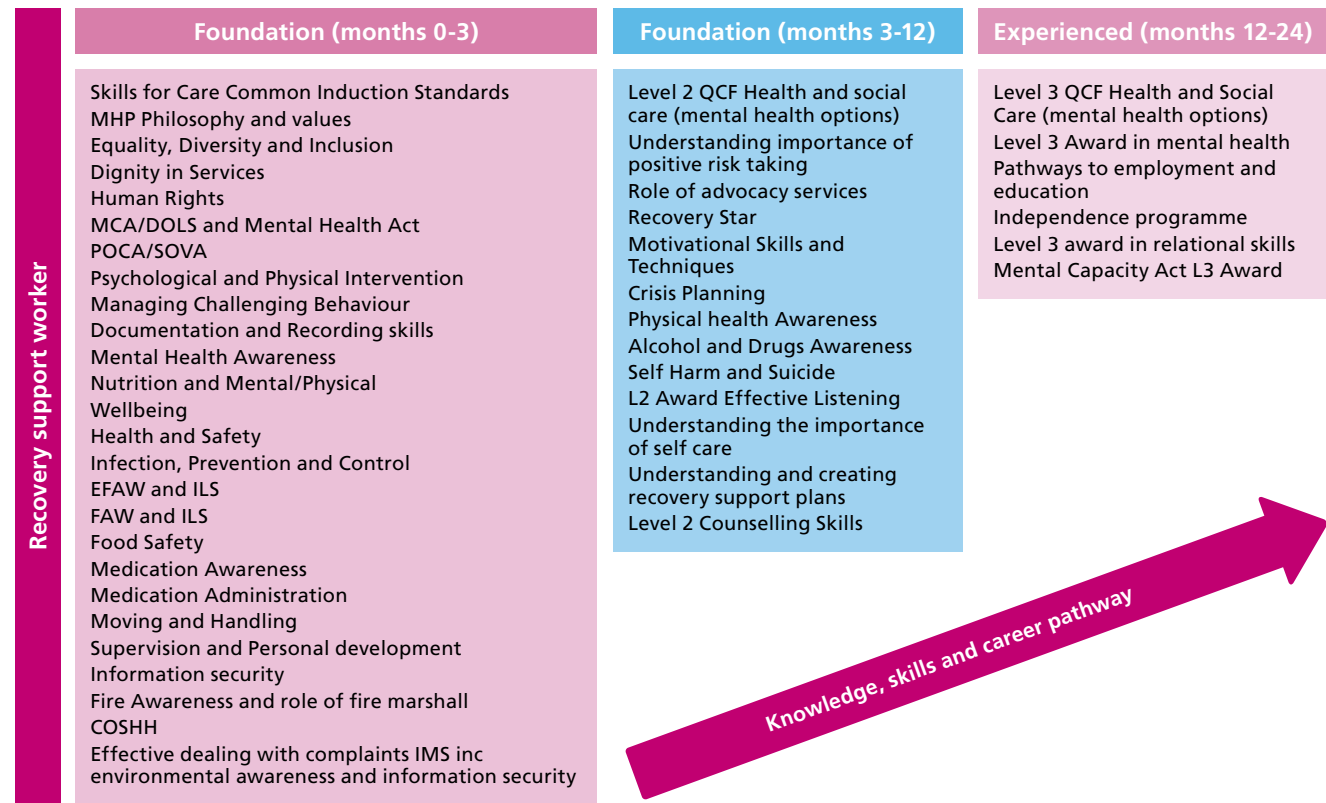


Our Service Philosophy influences our job descriptions and career development pathways. There are clear development pathways for each of our job roles. The chart shows the pathway for a recovery support worker.

“The manager is available at any time and has an open door policy.”

“The training was excellent and I felt prepared to take on my new role.”

“We get regular supervision.”



Priority 4: Compliance – monitoring and audit

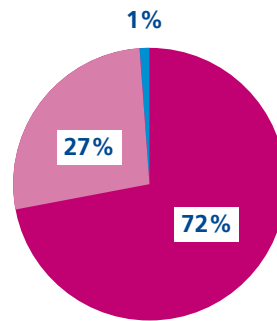
To enable the Mental Health division to have an ongoing overview of its services, the governance team monitors key quality areas on a monthly basis, producing an analysis of themes and trends in key areas and carrying out specific regular audits.

Key audits include:

- PLACE
- Nutrition
- Safeguarding
- Health and safety
- Building security
- Medication
- Information governance

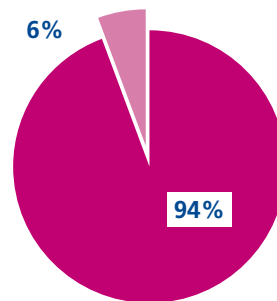
Monthly infection prevention and control audits are also completed.

Adult social care compliance with essential standards (CQC market report)



- Meeting all essential standards
- Not meeting all essential standards - action plan required
- Not meeting all essential standards - urgent action plan demanded

Care UK Mental Health compliance essential standards



- Meeting all essential standards
- Not meeting all essential standards - action plan required
- Not meeting all essential standards - urgent action plan demanded

Althea Park Education Unit is regulated by Ofsted. Following a recent inspection comments made by the regulator included:

“The staff are patient and tolerant, demonstrating that they care for the young people and are absolutely committed to helping them to recover and succeed.”

The chart identifies those areas inspected between April 2013 and March 2014 and the levels of compliance achieved

“In all lessons there are very positive relationships between all adults and students, often with good-hearted repartee. Classes are very small and teaching is mostly one-to-one, so that staff develop a very good appreciation of what makes each student tick.”

Percentage compliance across the Mental Health Services for the Mental Health Standards Inspected April 2013 – March 2014



Priority 5: Mental Health Service Philosophy

The philosophy is the heart of the Mental Health division and it flows into all areas of our work, from the engagement and involvement of our service users to redefining our interview process.

Creating and implementing the philosophy is a huge undertaking that our leadership team has not taken lightly and it is seen as a long-term investment. The philosophy heralds cultural change across all our services. With that come periods of challenge as well as excitement.

Our staff now talk about ‘promoting recovery’ in everyday language and this can be seen when we collect our qualitative data, and by speaking to service users.

We remain fully committed to embedding our philosophy and we will report on progress year by year.

We have begun to gather data against Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBs) and we continue to use the Recovery Star and Health of the Nation Outcome Scales (HoNOS) and Health of the Nation Outcome Scales Child and Adolescent (HoNOSCA). We continue to be the only independent provider to be part of the Department of Health’s Quality and Outcomes Group.

Care UK's Mental Health Service Philosophy



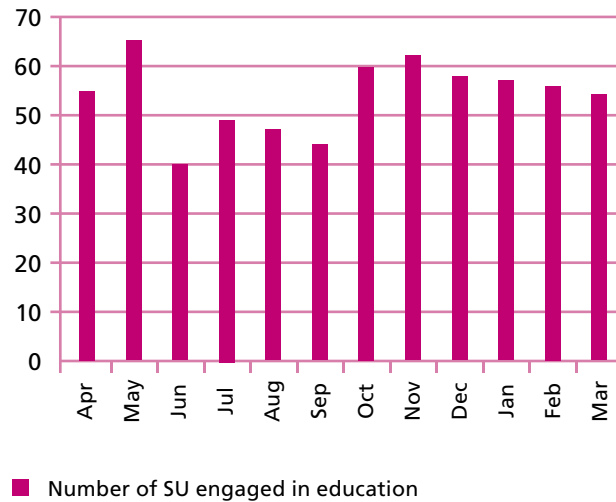
Priority 6: Service user activity and employment

We have encouraged service users, supported by staff, to take advantage of their local community and access the services available to them in order to strengthen independence and to build self-esteem.

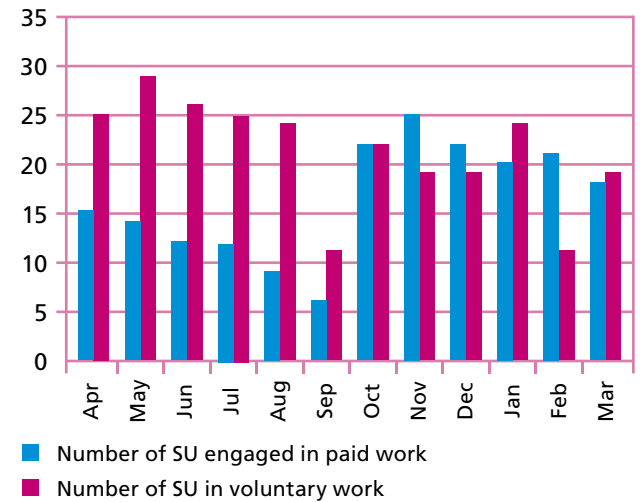
There are many examples of this and we will continue to seek local opportunities for service users to develop their skills further and to help them to lead a more independent life.

For the first time our service users have attended the ImRoC (Implementing Recovery through Organisational Change) learning sets and conference and we shall continue to develop ways for our service users to be involved in national events.

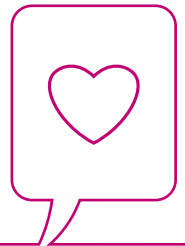
Mental Health service users in employment
April 2013 – March 2014



Mental Health service users in education
April 2013 – March 2014



Feedback from commissioners



Feedback from Care UK's Mental Health Division Service Users

The Mental Health Quality Account has been shared with members of the Recovery Advisory Panel (RAP), the mental health service user forum.

RAP have reviewed the priorities set out in the Quality Account and agree that they are reflective of things that are important to service users.

They are pleased that the priorities outlined will provide them with the opportunity to get involved with service improvement through assisting in the audit of services and therefore ensuring that the targets are delivered.



Feedback from Mental Health NHS Walsall Clinical Commissioning Group

During 2013 a new development by Care UK was opened in Walsall. This was as a direct approach by NHS Walsall Clinical Commissioning Group (CCG) (then Walsall Primary Care Trust) in response to the demand for rehabilitation for adults with mental health needs to be provided in Walsall.

The partnership has continued to develop with Walsall CCG to such a position that Care UK is now an integral member of the Walsall CCG Mental Health Partnership Board which develops and implements local mental health strategy.

Partnership arrangements are further developing with Care UK becoming the preferred local provider of adult hospital rehabilitation by the local NHS Mental Health Trust.

Feedback from other commissioners

The draft Quality Account has been reviewed by Specialised Commissioning, NHS England - East Anglia Area Team and the Joint Commissioning Team Lead Nurse Commissioning Complex (functional) Mental Health NHS Birmingham Crosscity Clinical Commissioning Group.

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