

Ashtead Hospital

Quality Account 2017/18



People caring for people



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Welcome to Ramsay Health Care UK

Ashtead Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of over 30 acute hospitals as well as 3 neurological units.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs and Clinical Commissioning Groups.

Statement from Dr Andrew Jones, Chief Executive Officer, Ramsay Health Care UK

“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.

Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.

Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.

I am very proud of Ramsay Health Care’s reputation in the delivery of safe and quality care. It gives us pleasure to share our results with you.”

Dr Andrew Jones, Chief Executive Officer Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Ashtead Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on Quality from the General Manager

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do. As the General Manager, I am passionate about ensuring that high quality patient care is our main focus and delivered to a high standard. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes.

Ashtead Hospital has a tradition of working closely with Consultants, Patients, external stakeholders such as the local Clinical Commissioning Group (CCG) our region's leading commissioners and General Practitioner (GP) surgeries to ensure the best quality healthcare is consistently being delivered.

Our hospital staff are fully trained in the latest procedures and thus maintain the highest standards in all areas. Working within the Department of Health (DH) guidelines we focus on patient safety and cleanliness to minimise infection. As General Manager of Ashtead Hospital, I take great pride in the service we offer to our patients and relatives; this is only achieved through a cohesive team effort and approach.

Our Quality Account contains information for our patients and commissioners to provide assurance that we are committed to sharing our progressive achievements from one year to the next. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results. Our vision is to ensure patients receive safe and effective care, feel valued and respected in decisions about their care.

We ensure they are fully informed about their treatment at each step of their pathway from admission through to discharge. We especially value patient's feedback about their stay, treatment and clinical outcome.

Patient safety is our highest priority and we provide trained staff to deliver the service in a safe environment. We ensure that our staff are competent through training programmes and a robust recruitment process. We believe it is essential to have the right person in the right role at the right time to deliver safe and effective treatment and care. Staff undergo competency based assessments in practice and are trained on all the equipment they are required to use.

This Quality Account highlights areas where Ashtead Hospital has improved the safety and quality of its services, particularly in the areas of infection prevention and control. It also highlights some areas where we need to continue to focus and improve upon. The development of this Quality Account was determined by the Executive Management Team within Ramsay Health Care UK. All professional and management teams at local level have been represented in producing this account.

Douglas Watson, General Manager Ashtead Hospital

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

This report has been reviewed and approved by:

Mr Douglas Watson, General Manager, Ashtead Hospital, Ramsay Health Care UK



Mr Dominic Nielsen, Orthopaedic Consultant and Chair of Medical Advisory Committee



Welcome to Ashtead Hospital

Ashtead Hospital is one of Surrey's leading independent hospitals. The Hospital has 29 en-suite patient rooms, a two bedded closer observation unit and 13 ambulatory care pods.

On site there are three fully equipped ultra clean air Theatres, with a five bedded recovery area.

Ashtead Hospital has an in-house Theatre Sterile Services Unit (TSSU) alongside the theatre suite, used to clean and sterilise all the hospital's surgical instruments.

There is a dedicated Joint Advisory Group (JAG) accredited Endoscopy Unit with its own recovery area.

We have thirteen consulting rooms within the Outpatient Unit and six designated treatment rooms within the Physiotherapy Department.

The Diagnostic Imaging Department includes X-ray, MRI, CT, Ultrasound and DEXA scanning.

The hospital has an onsite Pharmacy department which is open Monday – Saturday issuing medications for both out-patients and in-patients.

The Hospital offers a wide range of treatments and services. The specialties for which services are provided at Ashtead Hospital include: Audiology, Cardiology, Dermatology, ENT, Gastroenterology, General Medicine, General Surgery, Gynaecology, Haematology, Nephrology, Neurology, Neurosurgery, Ophthalmology, Oral and Maxillo-facial, Orthopaedics, Pain Management, Physiotherapy, Plastic Surgery, Psychiatry, Radiology (including MRI and CT), Rheumatology and Urology.

Our service provides fast, convenient, effective and high quality treatment for patients who are medically insured, self-pay or from the NHS.

The total number of patient admissions from 1st April 2017 – 31st March 2018 were 6023 of which 53% (3170) were NHS patients.

We work with the NHS Clinical Commissioning Group (CCG) to provide a wide range of services to meet the needs of the local healthcare community. We are keen to ensure that patients can have treatment at their local hospital where appropriate.

Ashtead Hospital staff take great pride in their ability to innovate and develop new ways of working, ensuring that all care is delivered in the best and most effective way, whilst also ensuring we deliver consistently good outcomes.

We ensure we work to guidance issued by the National Institute of Clinical Excellence (NICE). NICE provides quality standards and indicators for best available evidence to improve health and social care.

We have a total of 140 Consultants, 67 Anaesthetists, 17 Non-Consultants to include Psychologists and Podiatrists and 2 private GP's who practice at Ashtead. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular reviews through our clinical governance processes to ensure the highest possible clinical care.

Ashtead Hospital's Marketing Team values contact with the local medical and residential community and strive to ensure they actively work in partnership to enhance patient care. The team organises a variety of educational events for the local community and local GP's. The Hospital GP Liaison Officer invites consultants and other staff for 'Lunch & Learn' training. The hospital sponsors a number of local sports clubs and local initiatives.

Part 2

2.1 Quality Priorities for 2017/2018

Plan for 2017/18

On an annual cycle, Ashtead Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

2.1.1 A Review of Clinical Priorities 2017/18 (Looking Back)

Patient Safety

Discharge Documentation

Ashtead Hospital continues to work on improving patient experience in this field. We understand that patients absorb discharge information in different ways and require varying levels of support.

In 2017 Ramsay Healthcare introduced an Electronic Patient Record (EPR) system. This EPR has a patient information service incorporated into the system for quick and easy access to printable patient information. This includes procedure specific information and is available in various languages. This information is available for staff and consultants to download for patients.

Our patients are invited to complete an online patient satisfaction survey that asks about their experience of the discharge process. In March 2017; 90.7% of our patients that completed the survey were satisfied with the discharge process. This satisfaction rose to 100% in March 2018. Patients also provided feedback that >85% were satisfied that they received written information about what they should and should not do after leaving hospital.

The 'One Together' Framework

'One Together' is a framework that aims to educate, engage and empower the healthcare community to reduce preventable healthcare associated infections (HCAIs), with an initial focus on improving outcomes in perioperative practice and developing a national toolkit.

In 2017 Ashtead Hospital set an objective to achieve 100% compliance in the clinical practice detailed in this document.

During this period the hospital successfully achieved the 100% compliance target. Changes in practice to achieve this included; providing patients with information about the importance of staying warm before surgery to lower the risk of post-operative complications and warming intravenous fluids of more than 500mls during operative procedures.

Mandatory Training

Ramsay Healthcare's target is that staff achieve over 90% compliance in all areas of mandatory training. This training ranges from basic life support to infection prevention and control. Ashtead Hospital successfully demonstrated compliance

of over 90% to the Care Quality Commission (CQC) in November 2018. The hospital has high emphasis on this requirement to ensure staff are trained to maintain patient safety at all times.

Patient Experience

Patient Related Outcome Measures (PROMS) - Motivational Interviewing

Ashtead Hospital is continually working towards achieving better clinical outcomes for patients. We provide patients with pre and post-surgery surveys to assess whether surgery has provided benefits to a patient's quality of life and improved their ability to perform activities of daily living.

In 2017 Ashtead Hospital's aim was to train 10 members of the Multi-disciplinary team in the skill of Motivational Interviewing (MI). MI is a goal-oriented, patient-centred counselling style of care planning that supports behaviour change by helping patients to explore and resolve ambivalence (the state of having mixed feelings or contradictory ideas about something). The objective is to improve patient outcomes by use of this method of care planning.

This training was very successful and resulted in the development of MI care planning to aid improved patient outcomes for surgical patients.

Ashtead Hospital undertook an MI care planning study, which followed patients undergoing a hip or knee replacement from pre assessment to their 4-6 week physio follow up. Results from this study were very positive in demonstrating a good lifestyle improvement, as little as 4 weeks post surgery.

The Care Practitioner Role

In 2016 Ashtead Hospital introduced the ward based role of Care Practitioner. This has been very successful in the personal development of staff and the increase in clinical skills in the department.

In 2017 it was the hospital's aim to further develop these staff thus enhancing the service provision and level of expertise for delivery of patient care.

In 2017 the Care Practitioners have consolidated their roles and responsibilities and have undertaken further training to include Immediate Life Support (ILS).

2.1.2 Clinical Priorities for 2018/19 (Looking Forward)

Patient Experience

Nutritional Education of Patients

Good nutrition plays a significant role in disease prevention, recovery from illness and ongoing good health.

Nutritional care is a multidisciplinary undertaking in hospital and it is our aim for staff to understand the importance of good nutrition and be able to explain the facts about healthy food choices to our patients.

In 2018 / 2019 Ashtead Hospital will undertake work to train the Multidisciplinary Team (MDT) in the nutritional education of patients by use of the MI approach.

It is the aim of the hospital to ensure patients are provided with information and advice as required to maintain a healthy Body Mass Index (BMI).

In 2018 Ashtead Hospital has started holding a weekly weight loss group for patients, staff and the general public to access.

Patient Safety

Speaking Up for Safety

Ashtead Hospital's objective in 2018 will be for staff to be trained in the Speaking Up for Safety Programme, which is delivered in partnership with the *Cognitive Institute KnowHow*.

The Speaking Up for Safety Programme enables all staff members, clinical or non-clinical to raise concerns related to patient safety in a constructive and supportive way; therefore giving a voice to all. It also supports the Ashtead belief that we put patients at the centre of all we do. This programme has been trialed in Australia with great success, strengthening best practice and team coherence.

Ramsay Healthcare's aim is to build a culture of safety and quality by empowering staff to support each other and raise concerns.

Our Standing Up for Patient Safety champion has undergone extensive training with the Cognitive Institute to be trained to deliver Speaking Up for Safety training to staff and to raise awareness.

Infection Control

Increasing Awareness of the National Prevalence of E-coli in Urine

Ashtead Hospital has a very low incidence of positive e-coli in urine results; however it is our aim to increase awareness amongst our staff of e-coli and the contributing factors that lead to increased incidence. Any data we gain from this project will be shared with the CCG, with a hope to reduce e-coli in the wider community.

In 2018 we will hold training for our staff, which will include refresher training on high standards of infection prevention and control in caring for patients with urinary catheters in situ.

Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff

Every year the influenza vaccination is offered to staff as a way to reduce the risk of staff contracting the flu virus and transmitting it to patients or their family members.

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected.

In 2017 / 2018, 80% of Ashtead Hospital's front line staff received the flu vaccination.

In 2018 / 2019 it is the aim of the hospital to increase the uptake of the flu vaccination by a further 5%. This will be achieved by providing additional training for staff to increase awareness of the importance of having the vaccination to keep our patients safe.

Introduction of the National Early Warning Score (NEWS) 2

In 2018 Ramsay Healthcare will launch the NEWS 2 observation chart.

The NEWS chart is based on a simple aggregate scoring system in which a score is allocated to physiological measurements. Six simple physiological parameters form the basis of the scoring system. These consist of respiration rate, oxygen

saturation, systolic blood pressure, pulse rate, level of consciousness or new confusion and temperature.

The NEWS 2 is a method of standardising the assessment of acute illness severity in hospital.

Staff will receive training in the use of this new document and audits will take place to ensure the document is used correctly.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2017/18 Ashted Hospital provided and/or subcontracted 29 NHS services across 11 specialities.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospital's senior managers together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2017/18, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue	27.4%
HCA Hours as % of Total Nursing	57.22%
Agency Cost as % of Total Staff Cost	2%
Ward Hours PPD	4.06%
% Staff Turnover	10.2%
% Sickness	3.07%
% Lost Time	28.05%
Appraisal %	67%
Mandatory Training %	In November 2017 compliance in mandatory training ranged from 92 – 100% in all topic areas.
Staff Satisfaction (2016 survey) (Ramsay Healthcare will be undertaking a staff survey in 2018; of which results will be reviewed in the 2018/2019 Quality Account)	My Work = 77%, Engagement = 70%, Patient and Customer Focus = 88%, Working Environment = 77%, Health and Well-being = 75%, Career Development = 72%, Communication and Collaboration = 78%, My Line Manager = 77%

Workforce Race Equality Standard (WRES)	In November 2016 Ashtead Hospital employed 186 staff. 100% of staff self-reported their ethnicity. 10.2% of the workforce at this time were of black and minority ethnic (BME) background.
Number of Significant Staff Injuries	0

Patient

Formal Complaints per 1000 HPD's	0.18%
Patient Satisfaction Score	98% of patients would recommend us to their friends and family
Significant Clinical Events per 1000 Admissions	0.03%
Readmission per 1000 Admissions	0%

Quality

Workplace Health & Safety Score	A Health, Safety & Facilities Audit is completed annually. A score of 92% was achieved in 2017.
Infection Control Audit Score	Sept 2017 – Mar 2018 Hand Hygiene Action audit scored between 90 – 100% Sept 2017 – Mar 2018 Cleaning Schedule compliance scored >94%

2.2.2 Participation in Clinical Audit

During 1 April 2017 to 31st March 2018 Ashtead Hospital participated in 2 national clinical audits.

The national clinical audits and national confidential enquiries that Ashtead Hospital participated in and for which data collection was completed during 1 April 2017 to 31st March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Surgical Site Infection Surveillance Service; Public Health England	100%
National Joint Registry (NJR)	100%

Local Audits

The reports of 137 local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Ashted Hospital has taken the following actions to improve the quality of healthcare provided:

(The clinical audit schedule can be found in Appendix 2.)

NEWS Audit.

In November 2017 Ashted Hospital was 100% compliant with training of staff in Acute Illness Management (AIM), which includes training on the NEWS track and trigger observation chart. This formal training program, along with local training and increased awareness in staff in the correct use of the NEWS has resulted in an increase in compliance from 63% in January 2018 to 93% in March 2018.

Outpatient Medical Record Audit.

In August 2017 Ashted Hospital became a pilot site for the introduction of an Electronic Patient Record (EPR) system. Audits were undertaken to ensure governance processes were maintained. In October 2017 a medical record audit scored 73%. An action plan was developed which included further human resource being added to the document scanning team. The actions taken resulted in improved audit compliance and in January 2018 the same audit scored 96%.

2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

A proportion of Ashtead Hospital's income from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed between Ashtead Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

In 2017/2018 Ashtead Hospital was successful in achieving all actions required for the following CQUINs:

- 1) Improving the uptake of flu vaccinations for front line clinical staff. Achieving an uptake of flu vaccinations by frontline clinical staff of 75%.
- 2) Increased training of staff in core skills of motivational interviewing for improved care planning.
- 3) One Together 'The Power of Small Actions' This document evaluates the compliance of quality standards associated with a patient elective surgical journey.

In 2018/2019 Ashtead Hospital will undertake the following CQUINs:

- 1) Improving the uptake of flu vaccinations for frontline clinical staff
- 2) Nutritional education of patients
- 3) E-Coli urine samples data collection study

2.2.5 Statements from the Care Quality Commission (CQC)

Ashtead Hospital was inspected by the CQC in December 2016. A report was published in 2017 and the hospital was rated overall as GOOD.

The hospital was advised to take the following actions to meet the regulations:

- Ensure all staff have undertaken mandatory training.
- Ensure governance strategies and processes are embedded throughout the hospital.
- Ensure patient records in outpatients and the children and young people's services are complete and comply with Ramsay policy.

Since the inspection Ashtead Hospital has ceased the provision of services for children.

Ashtead Hospital has made the following progress in taking the following actions to address requirements identified in the hospital CQC report:

- Ashtead Hospital has ensured there are robust governance processes in place to achieve a mandatory training compliance target of >90%
- Ashtead Hospital has developed a defined risk management programme in line with sharps injury.
- Ashtead Hospital has a robust governance process in place to maintain comprehensive outpatient records with the introduction of a Electronic Patient Record (EPR) system.

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

In November 2017, a follow up report was published by the CQC, stating that Ashtead had achieved all its recommendations and had in fact in many cases surpassed them.

2.2.6 Data Quality

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2015/16 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Statement on Relevance of Data Quality and Actions to Improve Data Quality

As can be seen from the results in this Quality Account; Ashtead Hospital’s data quality is generally very good. However we do recognise that there is some room for improvement. We realise that a clear focus on data quality will assist with the overall safety, effectiveness and efficiency of the service we provide. In order to continue to monitor and improve our processes, we will continue to audit our records. This includes manual audits of our medical records, as well as automated data quality audits of our electronic records. These audits allow us to identify where issues have occurred and provide opportunities to address any specific training issues.

Information Governance Toolkit Attainment Levels

Ramsay Group Information Governance Assessment Report score overall score for 2017/18 was 83% and was graded ‘green’ (satisfactory).

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

Clinical Coding Error Rate

Ashtead Hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

2.2.7 Stakeholders Views on 2017/18 Quality Account

Surrey Downs Clinical Commissioning Group has reviewed the Ramsay Hospital Quality Account and would like to respond to its content.

As detailed in the account, the hospital has made good progress in a number of areas which has impacted positively on patient experience. For example, the CCG recognises and welcomes the improvement in discharge summaries.

The CCG also acknowledges improvements made by the hospital through its efforts to reduce healthcare associated infections, and the collaborative work with patients.

The hospital delivered against all of its CQUIN objectives and has worked well with the CCG during 2017/18. The CCG looks forward to continuing in this way to further develop and enhance services for the Surrey Downs population.

Looking towards 2018/19, we welcome and agree with the priorities for the year ahead and look forward to seeing how these will improve the quality and safety of services provided by the hospital; in particular the work around nutrition, and the introduction and implementation of NEWS 2 observation charts.

The CCG also recognises and acknowledges the further commitments to patient safety.

The CCG notes that the data provided within the report could be improved to give greater clarity on performance during 2017/18.

In summary, Surrey Downs CCG looks forward to continuing to work with the hospital to meet the quality aspirations of patients, careers, members of the public, stakeholders, partners and staff.

Yours sincerely,



Colin Thompson
Managing Director

Part 3: Review of Quality Performance 2017/2018

Statements of Quality Delivery

Review of Quality Performance 1st April 2017 - 31st March 2018

Introduction

Statement from Vivienne Heckford

“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

Vivienne Heckford, Director of Clinical Services Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

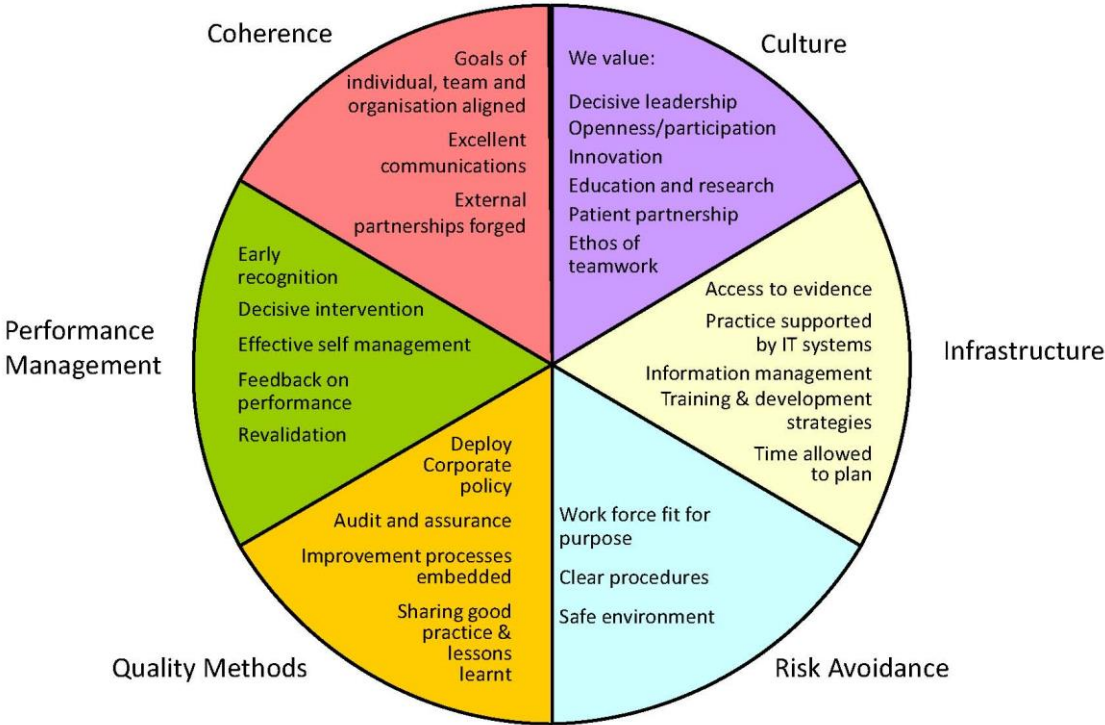
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account Indicators

Mortality	Period		Best		Worst		Average		Period		Ashtead	
	Jul 16 - Jun 17	RK E	0.726 1	RL Q	1.2 3	Average	1	2016/17	NVCO 1	0		
	Oct 15 - Sep 16	RK E	0.727	RL Q	1.2 5	Average	1	2017/18	NVCO 1	0.00015 07		

The services commissioned at Ashtead Hospital are planned surgical procedures and as such remain low risk. Ashtead Hospital has an extensive and effective pre-operative screening process ensuring patient co morbidities can be managed. We have trained more of our nurses this year to ensure that we are able to quickly identify risks which require consideration. Our Recovery staff and Senior ward staff are Advanced Life Support (ALS) providers. In 2017/2018 we successfully trained 100% of our ward nurses and recovery staff in Acute Illness Management Training which teaches staff to detect and monitor a deteriorating patient.

PROMS: Hips	Period		Best		Worst		Average		Period		Ashtead	
	Apr15 - Mar16	RYJ	24.9 73	RB K	16.8 92	Eng	21.6 17	Apr15 - Mar16	NVC 01	22.2 03		
	Apr16 - Mar 17	NTP H1	25.0 68	RA P	16.4 27	Eng	21.7 99	Apr16 - Mar 17	NVC 01	22.7 59		

PROMS: Knees	Period		Best		Worst		Average		Period		Ashtead	
	Apr15 - Mar16	NTP H1	19.9 20	RQ X	11.9 60	Eng	16.3 68	Apr15 - Mar16	NVC 01	15.0 5		
	Apr16 - Mar 17	NTP H1	19.8 49	RA N	12.5 08	Eng	16.5 47	Apr16 - Mar 17	NVC 01	16.6 93		

PROMS: <i>Hernia</i>	Period		Best		Worst		Average		Period		Ashtead	
	Apr15 - Mar16	NT43 8	0.15 7	RV W	0.02 1	Eng	0.08 8	Apr15 - Mar16	NVCO 1	0.11 7		
	Apr16 - Mar 17	RD3	0.13 5	RXL	0.00 6	Eng	0.08 6	Apr16 - Mar 17	NVCO 1	*		

PROMS: <i>Veins</i>	Period		Best		Worst		Average		Period		Ashtead	
	Apr15 - Mar16	RT H	3.06 0	RT E	- 18.02 0	Eng	- 8.59 7	Apr15 - Mar16	NVCO 1	*		
	Apr16 - Mar 17	RB N	2.11 7	RC F	- 18.07 6	Eng	- 8.24 8	Apr16 - Mar 17	NVCO 1	*		

PROMs evaluate health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.

In 2016 / 2017 Ashtead Hospital scored above the national average for the knee replacement PROM which was an improvement from the previous year.

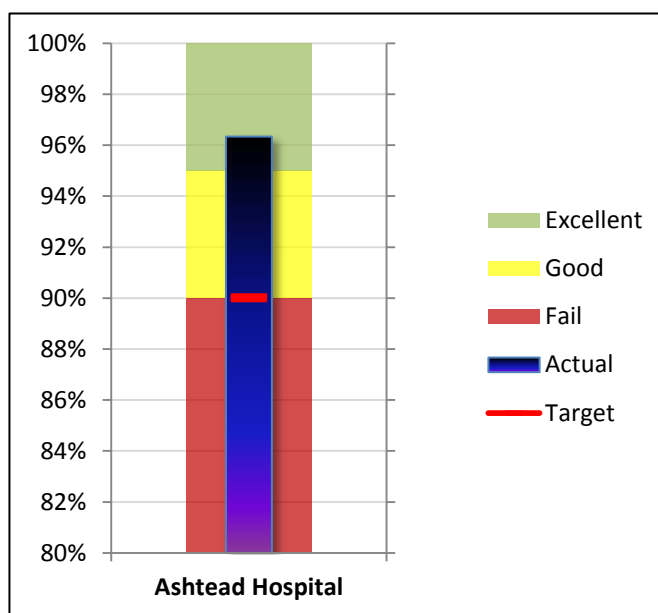
Readmissions:	Period		Best		Worst		Average		Period		Ashtead	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVCO1	0.0003014		
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2017/18	NVCO1	0.0009954		

Ashtead Hospital has a lower score than the national average for readmissions to hospital. Every readmission is monitored and any trends in readmissions are investigated with consultant input. This helps us to identify key trends and recommendations for practice.

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Ashtead	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVCO1	0.0		
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVCO1	0.0		

Ashtead Hospital has low infection rates due to the patient demographic treated at the hospital, the effective infection prevention controls in place, the primarily single patient bedrooms and the comprehensive pre-assessment screening in place. We have an Infection Prevention and Control Lead dedicated to the hospital who will continue to monitor results to ensure that we have robust controls to maintain this level.

VTE Assessment:	Period	Best		Worst		Average		Period	Ashtead	
	16/17 Q3	Sever al	100 %	NT49 0	65.9 %	Eng	95.6%	Q3 2016/17	NVC 01	95.2 %
	16/17 Q4	Sever al	100 %	NT41 4	60.8 %	Eng	95.6%	Q4 2016/17	NVC 01	96.4 %



In 2016 / 2017 Ashtead has scored an average of over 96% compliance and has rated 'Excellent' in completion of VTE assessments.

In 2018 / 2019 the hospital will aim to furtherly improve the results from 2016 / 2017.

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Ashtead	
	Oct 16 - Mar 17	Sever al	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC01	0.00
	April 17 - Sep 17	Sever al	0	RJW	0.64	Eng	14.85	2017/18	NVC01	0.00

Ashtead Hospital has scored lower than the national average on serious incident rates regarding patient safety. This shows the Hospitals commitment to patient safety. Risk assessments are in place for patients (when clinically indicated) to undergo prior to or on admission.

All clinical Heads of Department have undergone Root Cause Analysis Training. Should a serious untoward incident occur this training will enable the department manager to undertake a thorough investigation into the incident using the correct methodology to provide a detailed report with actions and recommendations to avoid re occurrence of an incident.

In the event of a serious incident occurring, Ashtead Hospital adheres to the professional **duty of candour**. All of our staff are open and honest with patients if

something goes wrong with their treatment or care which causes, or has the potential to cause harm or distress.

F&F Test:	Oct	Best		Worst		Average	
	Feb-18	Several	100%	RJ731/RTFDX	63.0%	Eng	96.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%

Period	Ashtead	
Feb-18	NVC01	100.0%
Mar-18	NVC01	100.0%

Ashtead Hospital has worked hard to ensure we are continually improving our patient’s experience. We aim to maintain high satisfaction by continuing to encourage all service users to complete the Friends and Family survey. By improving the feedback process, patients will have a direct influence on enhancements to service delivery.

A Customer Care working party was re-structured in early 2018 one of the objectives given was to increase the volume of surveys completed. Early evaluation of this work has proved very successful with a return increase in March 2018 of 39% in comparison to March 2017.

3.2 Patient Safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection Prevention and Control

Ashtead hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

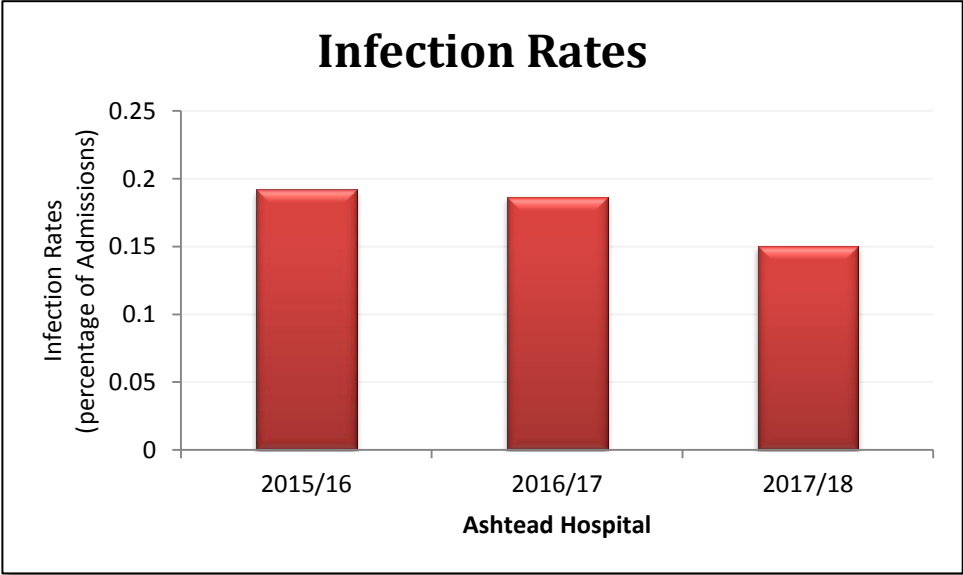
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and Activities within our Hospital Include:

As can be seen in the below graph, Ashtead Hospital infection rate has decreased over the last year.



In 2017 Ashtead Hospital’s Infection Prevention and Control (IPC) Lead developed a comprehensive annual action plan. This included:

- Policy and procedure compliance
- Maintenance of a comprehensive reporting system of IPC related incidents
- Education and training
- Maintenance of a safe and clean environment
- Maintenance of a decontamination service in line with national and hospital policy and regulations
- Healthcare procedures to include hand hygiene
- The ‘One Together’ CQUIN achievement
- Surgical site infection surveillance

The annual plan was reviewed on a regular basis throughout the year to ensure deadlines for actions were met in a timely manner.

The compliance of IPC policy and procedure has been monitored by regular auditing during 2017, with very positive results.

Various IPC training has been held to include; the use of safer sharps and correct skin swabbing technique.

Ashtead Hospital was successful in achieving 100% compliance with the 'One Together Programme' quality standards.

3.2.2 Cleanliness and Hospital Hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at Ashtead Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

In 2017 Ashtead carried out a PLACE assessment. The results were as followed in comparison to national averages:

	Ashtead Score	National Average
Cleanliness	99.46	98.38
Food	92.45	89.68
Organisation Food	93.59	88.80
Ward Food	90.93	90.19
Privacy, Dignity and Wellbeing	71.85	83.68
Condition, Appearance and Maintenance	96.15	94.02
Dementia	84.31	76.71
Disability	86.69	82.56

Ashtead scored above the national average in all areas of the PLACE assessment with the exception of the privacy, dignity and wellbeing section. Patient privacy and dignity is of the up most priority of Ashtead Hospital and we do not feel that this is a true reflection of our practice. The questions in this section of the audit differed from the previous year. The area that marked the overall score below the national average was in relation to the Ambulatory Care Unit (ACU) facilities. The assessment asked whether all rooms had en-suite

facilities? Patient length of stay on ACU is very short. The rooms are all single private occupancy, however not all rooms have en-suites. There are 8 patient bathrooms available for use in this area and toilets are located immediately outside patient rooms. Patients are shown the nearest bathroom on admission. Should a patient express concerns about not having an en-suite, then the room allocation would be reviewed to enable the patient to have their own en-suite. This area has been recently refurbished to a very high standard and patient privacy was of high consideration in its design and layout.

3.2.3 Safety in the Workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

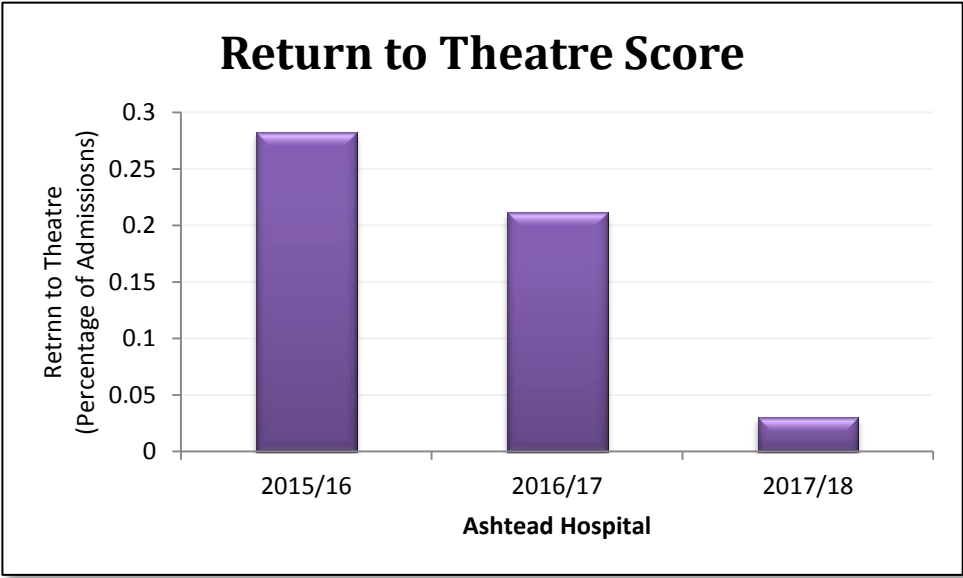
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues.

3.3 Clinical Effectiveness

Ashtead Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

3.3.1 Return to Theatre

The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes. As can be seen in the below graph, our return to theatre rate has consistently decreased over the last 2 years.



3.3.2 Learning from Deaths

From 1st April 2017 – 31st March 2018 Ashtead Hospital reported 0 unexpected deaths.

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

The seven day hospital services ambition is for patients to be able to access hospital services which meet four priority standards every day of the week.

At Ashtead Hospital patients, their families and carers are actively involved in shared decision making with health care professionals to make fully informed choices about investigations, treatment and their on-going care. This happens consistently; seven days a week.

Our patient care is consultant led and patients are reviewed by a consultant on a daily basis.

Patients who are admitted as an emergency are initially clerked by our Resident Medical Officer (RMO) and seen within the same day by their admitting consultant. All of our emergency admissions are assessed to meet the hospital medical admission criteria. This ensures patient safety is maintained at all times.

Handovers are led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation. The handover process includes the review of patient documentation to include the NEWS observation chart to ensure any deterioration in a patient is acted upon timely.

Ashtead Hospital, through their clinical governance processes and in discussion with their commissioners provide a 6 day imaging service for their patients. The hospital has the required service level agreements in place for the safe transfer of a deteriorating patient should emergency imaging be required.

Ashtead Hospital currently has a total of 140 consultants and 17 non-consultants to include Psychologists. Consultants are able to refer to a different specialist within the same admission at any time should the patients treatment and care plan require.

Ashtead Hospital fulfils the standards of the seven day hospital services ambition and will continue to review its services in line with changing guidance on best practice.

3.4 Patient Experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the

relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

Feedback regarding the patient's experience is encouraged in various ways via:

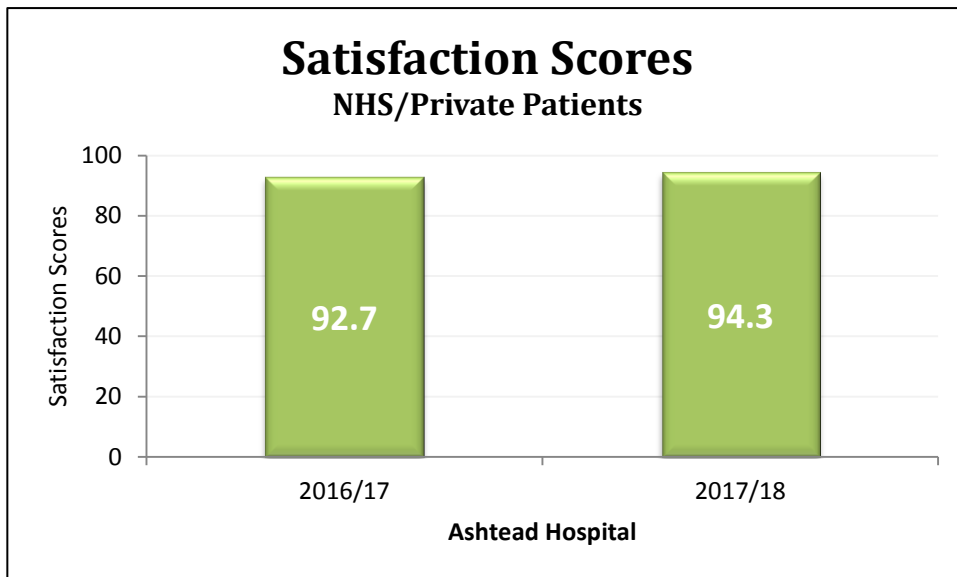
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

Whenever possible feedback is provided to patients regarding the comments they have made in relation to their care experience. This feedback would be in writing or by meeting with the patient to discuss further.

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. Ashtead Hospital shares all feedback with staff. This awareness ensures all staff have insight into their individual contribution to a patient's experience.

Appendix 1

Services Covered by this Quality Account

Ashtead Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the General Manager using the contact details below.

For further information please contact:

01372 221400

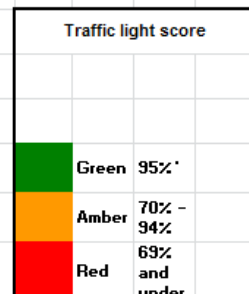
www.ashteadhospital.co.uk

Appendix 2 – Clinical Audit Programme 2017/18. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Audit Programme v10.0 2017/18 Hospital Name: _____ Implemented: July 2017
 Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald For review: June 2018
 Use arrow symbol to locate required audit



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Medical Records - POA, admission, theatre, discharge	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Patient Journey	Patie Journey	→	→	→	→	→	→	→	→	→	→	→
Ward	Ward Operational	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD M Rec	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD Operational	→	→	→	→	→	→	→	→	→	→	→
Controlled Drugs			Control Drugs		Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs
Prescribing / Medicines Management				Medicine Management	Prescribing	Prescribing	Prescribing	Prescribing	Prescribing	Medicine Management	Prescribing	Prescribing
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure
Medicine Medical Records	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs
Medicine Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose
Radiology	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Radiology	Operational	→	→	→	→	→	→	→	→	→	→	→
Radiology - MRI / NRR		MRI Report	NRR		MRI Report			MRI Report	NRR		MRI Report	
Radiology - CT		CT Report			CT Report			CT Report			CT Report	
Physiotherapy	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Physiotherapy	Operational	→	→	→	→	→	→	→	→	→	→	→
TSSU	Operational	→	→	→	→	→	→	→	→	→	→	→
Decontamination	TSSU	→	→	→	→	→	→	→	→	→	→	→
Decontamination	Endoscopy	→	→	→	→	→	→	→	→	→	→	→
Theatre	Operational	→	→	→	→	→	→	→	→	→	→	→
Theatre	Observation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Infect Control	→	→	→	→	→	→	→	→	→	→	→
IPC - CVCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Hand Hygiene	→	→	→	→	→	→	→	→	→	→	→
IPC - Hand Hygiene Action			Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action
IPC - Environmental	Environ	→	→	→	→	→	→	→	→	→	→	→
IPC - Cleaning Schedules	Clean Sched	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Compliance	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Autologus	→	→	→	→	→	→	→	→	→	→	→
Bariatric Services (if applicable)	Bariatric Services	→	→	→	→	→	→	→	→	→	→	→
Childrens Services (if applicable)	Childrens Services	→	→	→	→	→	→	→	→	→	→	→



* or above previous audit score if 95% or more, or s

Ashtead Hospital Local Audit Programme April 2017 – June 2017

	Apr-17	MAY	Jun-17
Medical Records	Medical Records 94%	VTE 93%	Nutrition & Hydration 78%
Consent			Consent 97%
Pre admission / Discharge			
Care Pathways and Variance Tracking		CP & V 94%	
Controlled Drugs			Controlled Drugs 97%
Prescribing		Prescribing 95%	
Medicines Management	Medicines Management 88%		
Radiology NMR / Referral Forms	Referral forms Theatres 100%	MRI referrals 92%	Referral forms CT 98%
Radiology NRR / Post Exam / IRMER			Post Exam 100%
Radiology - MRI		MRI Report 100%	
Radiology - CT		CT Report 96%	
Physiotherapy	Physio Treatment 96%	Physio serv & prod 100%	
Surgical Safety for Invasive Procedures	Surgical safety OP 90%	Surgical Safety - TH 96%	Surgical safety - Rad 100%
Theatre	Peri op Care 99%		Clin Effect 94%
Infection Prevention and Control*	UCCB 92%	Hand Hygiene 97%	SSI 87%
IPC - Environmental / Hand Hygiene Action	Monthly hand hygiene 80%	Environment 94%	Monthly hand hygiene 90%
Transfusion		Traceability 100%	NA

Ashtead Hospital Local Audit Programme July 2017 – March 2018

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Medical Records - POA, admission, theatre, discharge	Medical Records 87%	➔	➔	Temperature monitoring 100%			Use of IV warmer 92%		
Patient Journey (Pre Assessment)						Pre assessment 91%			
Patient Journey	Patient Journey 79%	➔	➔	Patient Information 93%			NEWS 63%	NEWS 74%	NEWS 93%
Ward	Operation 97%	➔	➔				Fluid Balance charts 98%	Fluid balance charts 94%	
Outpatients	OPD Med Recs 79%	➔	➔	Local OADR Oct 73%	local OADR audit 90%	OPD MR Allergies 100%	OPD M 96%		
Outpatients	OPD Operations 95%	➔	➔		OPD M Nov(2) 85%		OPD Safer Surgery 99%		
Controlled Drugs			Controlled Drugs 99%			Controlled Drugs 94%			Controlled Drugs 93%
Prescribing / Medicines Management				Medicines Management 100%	Prescribing 92%	Antimicrobial prescribing 81%			72 hr antibiotic review audit
Medicine Safe and Secure	Safe and secure 94%	Safe and secure 95%	Safe and secure 95%	Safe & Secure 95%	Safe and Secure 95%	Safe & Secure 94%	Safe & Secure 95%	Safe & Secure 95%	Safe & Secure 95%
Medicine Reconciliation	Med Rec 100%	Med Rec 100%	Med Rec 100%	Med Rec 99%	Med Rec 100%	Med Rec 99%	Med Rec 99%	Med Rec 94%	Med Rec 97%
Medicine Missed Dose	Missed dose 100% compliant	Missed dose 100% compliant	Missed dose 100% compliant	Missed Dose 98%	Missed Dose 100%	Missed Dose 100%	Missed Dose 98%	Missed Dose 95%	Missed Dose 95%
Radiology	Records 99%	➔	➔						
Radiology	Operat 96%	➔	➔						
Radiology - MRI / NRR		MRI Report 100%	NRR 100%		MRI Report 99%			MRI Report 99%	NRR 100%
Radiology - CT		CT Report 96%			CT Report 100%			CT Report 99%	local audit
Physiotherapy	Med Rec 97%	➔	➔						Spinal Audit 86%
Physiotherapy	Operat 98%	➔	➔						Physio audit 91%
TSSU	Operat 100%	➔	➔						Operat 100%
Decontamination	TSSU 97%	➔	➔						TSSU 100%
Decontamination	Endosc 86%	➔	➔						local audit
Theatre	Operat 96%	➔	➔			Surgic safety 92%	Surgic Safety 94%	Walkab 90%	Walkab 99%
Theatre							Theatre Walkab 94%		Surgical Safety 90%
Theatre							Lens checks 93%		Endosc Huddle 100%
Endoscopy									Endosc Consent 84%
Theatre	Observational 93%	➔	➔			Brief / debrief 77%	Safety Brief Debrief 98%		Theatre Huddle (March 18) 83%
Infection Prevention and Control*	IPC UC 92%	➔	➔						
IPC - CVCCB (if applicable)	CVCCB - N/A	➔	➔						
IPC - Isolation (if applicable)	Isolation 93%	➔	➔						
Infection Prevention and Control*	Hand Hygiene 88%					Hand Hygiene 90%	Hand Hygiene 97%		
IPC - Hand Hygiene Action			Hand Hygiene Action 90%	Hand Hygiene Action 90%	Hand Hygiene Action 100%	Hand Hygiene Action 90%	Hand Hygiene Action 90%	Hand Hygiene Action 90%	Hand Hygiene Action 90%
IPC - Environmental	Environment Average 96%	➔	➔						Environment Average 97%
IPC - Cleaning Schedules			Cleaning Schedules 95%	Cleaning Schedules 96%	Cleaning Sched 97%	Cleaning Schedules 97%	Cleaning Schedules 98%	Cleaning Schedules 94%	Cleaning Sched 95%
Transfusion (if applicable)	compliance 100%	➔	➔				Compliance 96%		local audit
Transfusion (if applicable)	N/A	➔	➔						local audit

