Blakelands Hospital

Quality Account
2017/18

People caring for people

RAMSAY HEALTH CARE

Contents

Welcome to Ramsay Health Care UK

Blakelands 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 31 acute hospitals

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, Clinical Commissioning groups

CEO and Director of Clinical Services Statements

Introduction

Statement from Dr Andrew Jones

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 Blakelands Hospital 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.

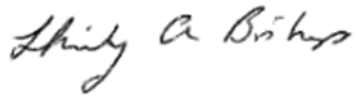
Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about 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

Shirley Bishop General Manager

Blakelands Hospital



I am very pleased to be the General Manager of Blakelands Hospital where there is a committed team of individuals who consistently strive and deliver excellent standards of safe care to our patients and customers.

The Quality Account has been produced to provide accurate information about how we monitor, evaluate and deliver the quality of the services. In addition to these elements there is encouragement to learn from issues in a blameless culture. We hope to be able to share with the reader our progressive achievements that have taken place over the past year.

There is a robust Clinical Governance framework that ensures a clear strategy in delivering, monitoring and evaluating care, professional standards, regulatory and legislative requirements. The Clinical Governance Committee and Medical Advisory Committee meet on a quarterly basis to review the clinical and safety performance of the Hospital. These committees have reviewed and commented on the details within this Quality Account.

Over the past year the hospital has continued to be full of activity! We continue to meet with our CQC Relationship person every three months and are now aiming for 'Outstanding'' in the next inspection. The Laparoscopic, Urology and Phlebotomy services continue to grow with Blakelands providing full facility needs. The Clinical staff continue to meet demand, and receive specialist training according to individual needs and services.

The Ramsay Way culture recognises people, both staff and doctors are the hospitals most important assets and this has been key to the hospital's ongoing

success. Our culture is based on our people and recognising the value of every individual in our hospital. We believe that we can do things the right way and still achieve industry best practice. This is The Ramsay Way – people caring for people – a culture that has made a huge difference in the way we perform and what makes us so successful.

In keeping with the Ramsay Way, our Quality Account has been developed with the involvement of our staff who have been engaged with developing a systems approach to risk management which focuses on making every effort to reduce the likelihood and consequence of an adverse event or outcome associated with treatment of a patient.

If you would like to comment or provide me with feedback then please do contact me on Shirley.Bishop@ramsayhealth.co.uk.

The Ramsay Way

We are caring, progressive, enjoy our work and use a positive spirit to succeed
We take pride in our achievements and actively seek new ways of doing things better
We value integrity, credibility and respect for the individual
We build constructive relationships to achieve positive outcomes for all
We believe that success comes through recognising and encouraging the value of people and teams
We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

Figure 1 The Ramsay Way

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.

Shirley Bishop

General Manager/Matron

Blakelands Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr. Cyril. Marek MAC Chair

Milton Keynes Clinical Commissioning Group

Healthwatch UK

James Beech Regional Director

Welcome to Blakelands Hospital

Blakelands Hospital is a purpose built day case unit which was opened in 2006. It was designed to combine an exceptional standard of patient day case facilities with the technical equipment that modern medicine demands.

Figure 2 Blakelands Hospital

The Centre provides NHS and private day care facilities for:

- General Surgery
- Laparoscopy Surgery for Inguinal Hernia Repair
- Ophthalmic Surgery including YAG Laser
- Orthopaedic Surgery
- Upper and lower diagnostic Endoscopy procedures, including direct referrals
- Podiatric Surgery
- Physiotherapy
- Urology
- Phlebotomy

We provide safe, convenient, effective and high quality treatment for adult patients (excluding children below the age of 18 years), whether privately insured, self-pay, or from the NHS. A high percentage of our patients are referred from the NHS sector, patients choosing to use our facility through 'Choose and Book'. Our services help to ease the pressure on Milton Keynes Hospital and NHS facilities and we have worked closely with the Hospital Management Team and

the CCG to ensure improved access for patients requiring day case surgery, diagnostics and physiotherapy.

We have close links with GP surgeries, providing information, training and liaison in order to monitor their needs and the requirement of the local population. We have carried out over 5146 procedures in the past 12 months of which 98% represent NHS Patients.

We currently employ the following staff at the Blakelands Hospital;-

- Consultant Orthopaedic Surgeon and a Consultant Endoscopist.
- We also have consultants who work on a regular basis in Orthopaedics, Ophthalmology, General Surgery (including Laparoscopic), Radiology, Podiatry, and Urology.
- 1 Matron/General Manager, 1 Outpatient Lead, 1 Theatre Manager(2 Surgical First Assistant), 7 Registered Nurses, 1 Endoscopy lead, 2 Endoscopy Nurses,1 Endoscopy HCA, 1 Theatres Practitioner, 3 Operating Department Practitioners, 1 Assistant Theatre Practitioner and 3 Health Care Assistants
- 1 Radiologist and 2 Physiotherapist
- 7 Administrators, 1 medical Sectretary,1 PA, 3 Receptionists
- Shared with Horton – 1 Operations Manager, 1 Quality Lead and 1 Risk and H&S Facilitator, 1 Finance Manager
- 1 Maintenance and Procurement person
- Sales and Marketing Executive(Shared with Horton Treatment Centre)
- GP Liaison Co-ordinator(Shared with Horton Treatment Centre)
- 5 Sterile Services Technicians
- 2 House Keeping Staff
- A Bank Team of x1 Operating department technicians, 2 RGNs, X3 Healthcare support workers and X3 administrators/receptionists.

Referrer Relationships

There are 28 General Practice surgeries commissioned by Milton Keynes CCG and each practice is visited on a regular basis. The hospital employs a dedicated GP Liaison Officer (GPL) who establishes and maintains relationships with GPs and their practice staff. Scheduled visits are arranged and GPs are sent newsletters monthly. The newsletters give information on waiting times for treatment, new services and new consultants demonstrating the hospitals capabilities, the referral process and the hospital available capacity. These

relationships also seek feedback from GPs regarding their experiences as well as the views of their patients.

To further support the GP community, educational visits are also arranged during practice learning times whereby Consultant led presentations on clinical specialist topics. The educational support also incorporates the administrative and clinical teams. An example of educational visit has provided Infection Prevention and Control and Basic Life Support training with practical skills. Evening events are arranged at the hospital and GPs, Practice Managers and Medical Secretaries are invited to attend regular sessions on Choose and Book (e-RS) workshops. Another example of a GP event was on March 20th 2018 where the opportunity to 'Meet the Consultant Team' was attended by 8 local GPs.

Ongoing Investment

In the last 12 months, the hospital has undergone significant improvements. The hospital continues to invest in maintaining and updating its equipment. The improvements are:

1. Physiotherapy

The physiotherapy department has moved to a larger working area which comprises of a consulting room to see and treat patients. There is a gym area where new equipment such as parallel bars, specialist gym bike and steps are in place.

2. Out Patient Department

Ophthalmology services have grown in the last 12 months. The latest equipment to be purchased is an A-B ultra sound scanner for patient with particularly opaque cataracts.

Urology services continue to be popular and the department has a new bladder scanner and urodynamic flow machine.

Phlebotomy services are supporting pre-assessment for patients having procedures under general anaesthetics and any other patient comorbidities that require investigation.

Pre- assessment Service has been streamlined in line with the new Electronic Patient Record (EPR) that was introduced on the 14th August 2018. The team has been trained in the use of a new ECG machine with competencies.

3. Theatres Services

Point of care testing (POCT) is a vital part of patient preparation for surgery on arrival at the hospital. All staff are trained on POCT machines such blood glucose monitoring, coagulation measurement, haemoglobin, pregnancy test and urinalysis. The department acquired new haemoglobin and coagulation measuring machines.

The progress the patient experience, the admission/discharge area has been divided into patient flows routes from admission to discharge – MK1 for general surgical patients and MK2 for Endoscopy patients. This improvement ensures a safer approach to the treatment of patients following a prescribed care pathway.

4. Decontamination Services

To demonstrate these improvements, the hospital has recently purchased the most up to date AER Endoscopy washer. This equipment contributes to a tight cleaning trackable process which provides quality assurance and safety. Staff have been fully trained with competency certification.

Blakelands Hospital is a pleasant facility and is supported by dedicated and trained staff who are intent on ensuring the patient experience is the best it can possibly be.

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/2018

On an annual cycle, Blakelands 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.

Priorities for improvement

2.1.1 A review of clinical priorities 2017/18 (looking back)

The clinical priorities have been broken down within each CQC domain to demonstrate how the clinical priorities were achieved.

Domain: Are we Safe?

One of the dimensions of quality is that patients come to no harm, meaning that the environment is safe, clean and ‘avoidable harm’ is reduced. Treating and caring for people in a safe environment and protecting them from avoidable harm is taken very seriously by the clinical team. This was achieved by:

NICE Guidelines

There is a systematic approach to the review of NICE guidance and these actioned as appropriate for each discipline. These recommendations are discussed at Clinical Governance and Medical Advisory Council (MAC). This year the following guidance was reviewed:

- NG81 Glaucoma: diagnosis and management
- NG77 Cataracts in adults: management
- NG82 Age-related macular degeneration
- NG83 Oesophago-gastric cancer: assessment and management in adults
- NG89 Venous thromboembolism in over 16s: reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism

Safeguarding

Safeguarding adults is everybody's business. All staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected, they should act professionally, discreetly and with the maximum possible confidentiality. The hospital operates within The Department of Health document *Caring for our future: reforming care and support*. The hospital has two Safeguarding leads Matron and the Out Patient Team Leader for adults and children. The standard expected by the CCG for staff to achieve is 90%. Staff Compliance in training achieved well over the expected standard.

Adults – 98.53%

Children – 99%

Sign Up to Safety Campaign

Sign up to Safety is a national initiative to help NHS organisations and their staff achieves their patient safety aspirations and care for their patients in the safest way possible. This campaign was not joined as Ramsay as a company were to embark on a scheme in 2018/2019.

Hand Hygiene

Infection and prevention control is a priority and work continues towards no incidents of unavoidable infection. The hand hygiene audits performed monthly staff achieved 100%. It was identified from an audit patients should have access to washing their hands so they are offered to wash hand in the bathroom or the alternative of using hand wipes. Staff continue to use the World Health Organisation (WHO) 5 Moments as seen in figure 3.

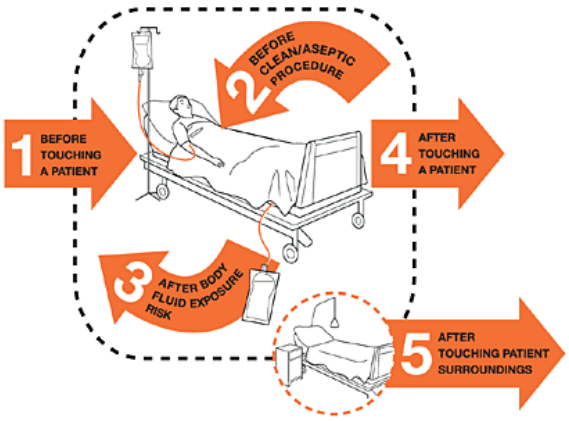


Figure 3 WHO 5 Moments of Hand Hygiene Standard

Venous thromboembolism (VTE)

Deep vein thrombosis (DVT) is a blood clot that develops within a deep vein in the body, usually in the leg. DVT usually occurs in a deep leg vein, a larger vein that runs through the muscles of the calf and the thigh.

It can cause pain and swelling in the leg and may lead to complications such as pulmonary embolism. This is a serious condition that occurs when a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs. DVT and pulmonary embolism together are known as venous thromboembolism (VTE).

NICE guidelines are implemented to ensure patients are assessed and given the appropriate prophylaxis to avoid VTE. Using a thorough robust audit and reporting system that ensures 100% compliance is achieved. The assessment proves is both electronic and paper. Overall compliance for patients being assess is 95%.

An internal VTE audit revealed that consultants should ensure the patient's VTE assessment is reviewed immediately post –operatively, the correct medication is prescribed on discharge home and that the NICE guidance is followed. The following actions were taken:

- ✓ NICE VTE guidance was reissued to all consultants.
- ✓ Clinical staff ensures VTE assessment form is completed
- ✓ Clinical staff ensures prophylactic medication is prescribed by consultant prior to discharging a patient home.
- ✓ Clinical staff ensure all patients are marked on the electronic patient record as assessed.

Surgical Safety Checklist

Safer surgery is ensured by using a surgical safety checklist based on the tool devised by the World Health Organisation (WHO). This ensures every patient undergoing a surgical/radiological intervention (including local anaesthesia/ Entonox) undergoes a series of safety checks before any treatment. Through a robust clinical governance audit program, training, documented evidence and monitoring quality assurance can be attained. The introduction of the List Safety Officer Model has been successfully embedded and Internal Peer Audits have assured the process and check list is followed for every procedure.

Clinical supervision was introduced to the theatre team to ensure that all staff understood the documentation surrounding safer surgery. This approach was received by the clinical staff as a positive way of teaching.

Antimicrobial Stewardship

This was achieved following the Ramsay Antimicrobial Stewardship and Prescribing Policy through the Medical Advisory Committee (MAC) and the Infection Prevention and Control Committee. This was supported by the recruitment of a Microbiology/Infectious Diseases Consultant to the Infection Prevention and Control Team.

The hospital completed an Antibiotic awareness Campaign as part of the World Antibiotic Awareness Week (WAAW) (13-19 November 2017) and European Antibiotic Awareness Day (EAAD) (18 November 2017). The Matron is an Antibiotic Guardian and information is displayed for staff and patients to view. Blakelands has partaken in the Annual Ramsay Antibiotic Audit in December 2017

Flu Vaccine

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. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.

The Green Book recommends that healthcare workers directly involved in patient

care are vaccinated annually. It is also encouraged by the General Medical Council and by the British Medical Association. Therefore, Blakelands Hospital will actively work with its employees to coordinate the uptake of the flu vaccination.

A total of 67% of Frontline healthcare workers and administrative staff were vaccinated. This was an increase of 3 % on 2016-2017.

Readmissions

With increased activity there is an increased risk that patients may be admitted back into hospital. The hospital will continue to have clear communications with our stakeholders to ensure reporting is accurate and timely. There was one readmission for this period. The patient was successfully treated and discharged home. This will be discussed further in section

Domain: Are we Effective?

Another domain is that patient care, treatment and support achieves good outcomes that ensure a patient maintains quality of life and is based on the best available evidence. This was achieved by:

Informed Consent Process

By gathering information through patient surveys a process for healthcare intervention will ensure the patient has been given all information in terms of what the treatment involves, including benefits and risks. Staff were retrained in the consent principles and processes. Overall compliance for Informed Consent training for Consultants is 56%. Consent training will continue into 2018/2019.

MRSA Zero tolerance methicillin-resistant Staphylococcus aureus

The hospital has never had an MRSA outbreak and there was no outbreak in 2017/2018. This will be achieved by following the DOH 2010 High Intervention Impact Care Bundles e.g. the surgical site infection and the peripheral cannula insertion and ongoing care.

Internal Audits

The organisations prescribed clinical and non-clinical audit programme on a monthly/quarterly basis have been completed. The programmes can be seen in Appendix 2. To ensure quality these assessments have been peer reviewed and appropriate actions plans produced and implemented. This is discussed in

section 2.2. There was a focus on ensuring VTE management, patient discharge and pain management locally.

Third Party Audits

- ISO270001: As part of the accreditation already achieved, the hospital is required to complete an annual self-assessment – Completed on the 19th March 2018.

- PLACE: The annual PLACE audit was maintained – overall compliance was 96%

Equipment Maintenance

The asset register continues to be maintained as well as the equipment and servicing records to ensure safe and effective care.

Domain: Are we Caring?

The hospital ensures the highest standards of care, ensuring the dignity and respect for all patients and maintaining professionalism at all times. Staff are encouraged to be empathetic. This is achieved by:

Duty of Candour

The organisation has developed a Duty of Candour policy. This policy ensures that the hospital is open and transparent with patient and other clients when necessary. Blakelands Hospital ensures all events are reported in line with the regulations as stated in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Care Quality Commission (Registration) Regulations 2009. There were 4 Duty of Candour declarations which were all resolved. Lessons learnt from the incidents have been shared with the local Milton Keynes serious Incident Group and throughout Ramsay.

Electronic Patient Records (EPR)

The hospital became a pilot site for this project starting on the August 14th 2017. Blakelands was chosen as it is day case surgical treatment centre. The aim of the EPR project is to ensure all patients have one medical record covering the entire patient's journey and meet regulatory requirements but the Care Quality Commission.

The EPR continues to be challenging but has improved clinical detail and the patient record in the Outpatient Department. One of the issues was to educate the team to follow the EPR processes rather than try to fit the old processes into

the new EPR process. This inevitably did not work so staff had to revisit the new processes and after some further education the clinical team continued to manage to understand and follow the new EPR processes e.g. the different work lists.

Review Pre-Admission Clinics (PAC)

Patient pathways have been reviewed by speciality and these revisions will be used as the basis to tailor the individuals experience whilst treated at Blakelands. This is in line with the EPR project.

Not all patients require pre-assessment so it was imperative that every patient booked for a procedure completed a medical health questionnaire. On receipt of this the clinical teams could triage the patients and risk assess if they required further pre-assessment such as a telephone call, face to face or need to see the Anaesthetic team. This is a good example of improving patient safety using risk assessment.

Domain: Are we Responsive to people's needs?

This domain ensures that services are organised so they meet patient needs.
These were achieved by:

Patient Focus Group

The hospital also canvasses the opinion of its Patient Focus Group (PFG) and regular meetings are organised with group members to discuss the hospitals services and investigating opportunities to continually improve. The group consists of 5 members of the public and 4 Ramsay staff members. The meetings operate on a minimum quorum of 4 delegates. The Terms of reference cover the following:

- Improve communication between the Hospital and its Patients.
- Give Patients a stronger voice in the way services and planned and run.
- Provide constructive feedback on Patients needs concerns and interests.
- Communicate information about the community which may affect healthcare.
- Support the Hospital in activities promoting good health and preventative medicine.
- Help the Hospital monitor and evaluate the services it delivers by gathering patient opinion and experiences.
- Work together to share ideas & expertise, to develop best practice and ensure services meet the needs of Patients

The group undertake the PLACE audit every year. Result for last year can be seen in section 3.3.2.

Friends and Family Test (FFT)

All patients are invited to complete the NHS Friends and Family Test (FFT) survey. This allows the hospital to understand whether our patients are happy with the service or where improvements are needed. It is a quick and anonymous way to communicate views after receiving care or treatment at our hospital. Our Friends and Family questionnaires and external audits give us the feedback required to improve services. The focus for this 2017/2018 was to improve response rates and share the finding with the PFG and hospital staff. The overall response rate was 32%. The overall satisfaction rate that patients would recommend Blakelands to a friend or relative is 97%. There will be focus on improving the overall response rate.

'You said We did'

'You said We did' was introduced by the local Care Commissioning Group giving another dimension for patients to contribute to improving the quality of treatment and care at Blakelands. The feedback is received as a 'Hot Alert' containing feedback on certain questions. These are reviewed and a feedback poster is produced for the public and staff to view as seen in figure 4.

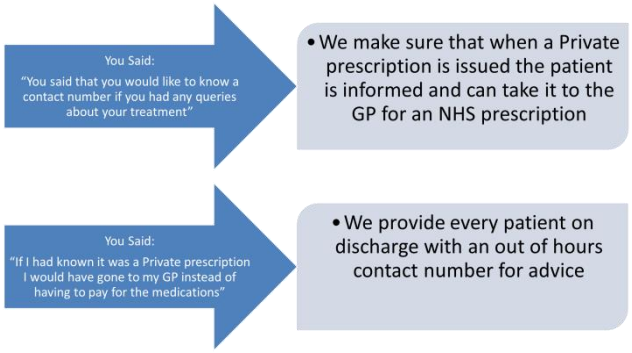


Figure 4 'You said We did'

NHS Choices

Patients may leave reviews on the NHS Choices web site for Blakelands. The reviews are looked at and replied too as required. The rating is at 5 stars for Blakelands. This can be seen in figure 5.

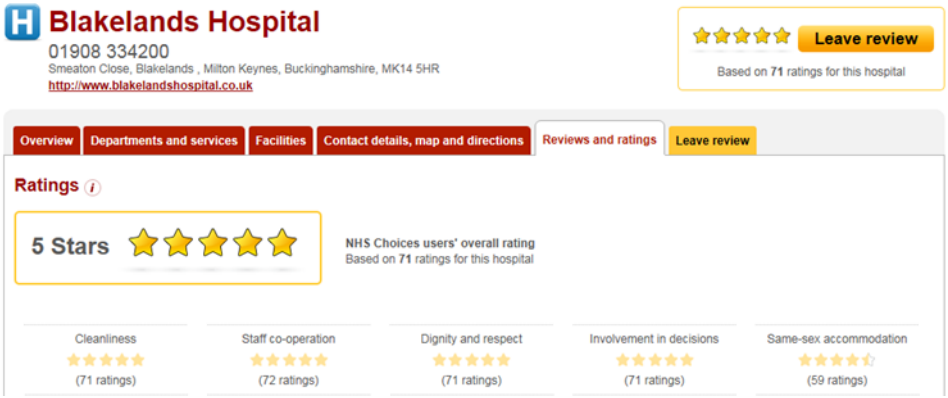


Figure 5 NHS Choices

Compliments

Compliments received verbally or written are recorded on the hospital reporting system. Staff are fed back the information individually or as a group. For 2017/2018 there were 39 recorded.

Staff Engagement Survey

The Staff Engagement Survey is held bi-annually and gives a good cross sectional view of the effectiveness of services within the hospital. The survey was last conducted in 2016 and is next due in April 2018.

Complaints

All complaints continue to be managed in line with the organisations policy. The lessons learnt from these events are communicated and shared with all colleagues to improve our services. There were strong themes identified for 2017/2018 complaints but the following changes of practice were implemented:

- Patients are given how to manage pain medication, procedure and Out of Hours contact number on discharge.
- Consultants were written to ensure they were empathetic to the patients' needs and they were given a choice of having sedation or not.
- Procedure leaflets and hand hygiene leaflets are sent out to all patients attending hospital for a consultation.
- E-discharge letters are given to the GP on discharge and a copy to the patient.

Public Health

Risky behaviours for Alcohol and Tobacco

The CQUIN for 2017/2018 is based around risky behaviours and was fully achieved. Patients are screened for smoking and tobacco consumption and are offered basic advice or referral to a specialist for further help.

Domain: Are we Well-Led?

This domain ensures the leadership; management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

The Senior Management Team (SMT) focused on providing clear guidance and leadership with an open door policy. Staff continue to be encouraged to share ideas and concerns. The Senior Management team are visible around the hospital and a Senior Leadership Team rota was implemented ensuring 24 hour cover and access.

A Daily safety huddle was implemented where staff attend to see who is on the Cardiac arrest team, who are the List Safety Officers for the day and any patient safety can be raised by any member of the team. It is also a forum for discussing safeguarding issues for the day, medical/general alerts and notices both external and internal.

Risk assessment and Incident reporting

The Senior Management Team focus on improving the hospital and departmental risk registers with training of staff in the system. A non-blame culture is encouraged. Staff have been empowered to report any incidents and receive feedback on the outcome. Risk registers are discussed at each forum.

There are very tight controls on ensuring an incident is investigated correctly, analysed and a separate report produce. This is shared with the local CCG and lesson learnt implemented with staff and in practice. All evidence is uploaded on to the Riskman for reference.

Incidents are reviewed for trends analysed following the following model: Actions (A), change of practice (C), ongoing monitoring (M), Quality assurance (Q) and Lesson learnt recorded below

Below are two examples of themes which were identified:

1. Post-operative complications such as hematomas post inguinal surgery; inflamed wounds post foot surgery, drooping eye lid post-surgery, infected eye, sigmoid perforation and poor pain control.

A	**Review reasons for complications and communicate with consultants as soon as possible to minimise any further problems.** **Commence Lessons learnt 'Lunch & Learn' meetings monthly for staff to attend.**
C	Clear follow up by nursing staff with patients and relatives and good documentation in medical EPR and Riskman. Review any significant complications at MAC and CG Forums→ Lesson Learnt Report to regulatory bodies as required following time scales. Close liaison with local CCG team for advice Patient receives clear information regarding procedure via PAC, with booking letter or via telephone.
M	Riskman, patient feedback and Consultant/GP feedback
Q	Reduction in number of complications
LL	Clear Communication essential and good documentation.

2. VTE management

A	**The VTE management process will be reiterated to all staff along the patient's journey.** **Doctors will be reshown where to assess patient for VTE prophylaxis.** **Nurses will be re-educated in the use of TED's stockings.** **All relevant patients will be screened for VTE prophylaxis.**
C	All patients who are triaged the VTE risk assessments are completed on EPR. All patients who attend for pre-assessment face to face have a paper risk assessment completed.
M	Quarterly VTE Compliance report produced from EPR. Record incidents on Riskman
Q	Reduction in number of incidents relating to VTE management
LL	Consistent training of staff provides a good consistency of quality care.

Audit and Lessons Learnt

The Senior Management Team emphasise the 'closing of the loop' from actions identified to improve patient safety and lessons learnt are discussed and shared with staff. The information is produced in a Staff Newsletter quarterly and given out to staff with pay slips.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Patient safety, Clinical effectiveness and Patient experience will be the focus for 2018/2019. Each domain will have aspects around Safety, Behaviours, Outstanding patient care and Customer care.

Patient Safety

We aim to continue to introduce new strategies to improve patient safety. Blakelands will be part of the Speak up for Safety Campaign. A multi-disciplinary approach will be initiated to allow greater inter-departmental awareness around

incidents, best practice and to promote governance based discussion and idea generation.

The Speak up for Safety Trainers are accredited to the Cognitive Institute of Australia. All staff will be trained by the end of July 2018. An HCA has been appointed as the Speak for Safety Ambassador for the hospital. The Ambassador will advocate for the purpose of the scheme and encourage staff to be better advocates for patients.

In order to achieve patient safety improvement we will continue to follow NICE guidance and ensure staff are following the Ramsay Policies. This will allow present and new processes to be tightened up and ensure that the healthcare worker and patients have a more trusting advocacy relationship.

Quality Governance

Good Governance is key to patient quality and safety. As part of our continuous drive to improve our services we are reviewing our Governance processes to ensure the necessary values, behaviours, structures and processes are embedded at all levels to enable the Blakelands Hospital to ensure quality, safe patient care for all its service users.

Areas of focus include:

- Developing a culture of safety
- Develop staff to follow the Ramsay values and adopt a better team approach
- Ensuring required standards are achieved
- Investigating and taking action on sub-standard performance
- Planning and deriving continuous improvements
- Identifying, sharing and ensuring delivery of best practice

Venous Thromboembolism

2018 has seen the introduction of new National Institute for Health and Clinical Excellence (NICE) guidelines on Venous Thromboembolism (VTE).

We are committed to reviewing our current practices, engaging with our Clinicians, and undertaking training and developing our practice to achieve 0% avoidable post-operative VTE incidents.

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 the Blakelands provided and/or subcontracted 6 NHS services.

The Blakelands has reviewed all the data available to them on the quality of care in 6 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 18 represents 97% per cent of the total income generated from the provision of NHS services by the Blakelands hospital for 1 April 2017 to 31st March 18

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 hospitals 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:
HCA Hours as % of Total Nursing: 25.58%
Agency Cost as % of Total Staff Cost: 7.58%
Ward Hours PPD: N/A
Turnover: 16% for Clinical Staff
Sickness: 3.09%
Lost Time: 12.69%
Appraisal: 68%
Mandatory Training: 95.6%
Number of Significant Staff Injuries: 0

Patient

Formal Complaints per 1000 HPD's – 0.58
Significant Clinical Events per 1000 Admissions- 0.96
Readmission per 1000 Admissions-0.38

Quality

Infection Prevention and Control Audit
The rolling audit schedule ensures all aspects of Infection Prevention and Control are audited and reviewed for trends and used to identify where improvements can be made.

One area of Infection Prevention and Control that we have focused on this period and continue to work on is that of hand hygiene compliance and bare below the elbows. The requirement for bare below the elbows and hand hygiene addressing all of the WHO Five Moments continues to challenge us, however improvements in compliance have been noted already and staff are engaged in continuing to improve compliance levels.

91% of staff have been retrained in hand hygiene and skin surveillance so promoting hand hygiene is a different way. Staff are shown how to wash hand using a soap that shows area on the hands that are missed under an ultraviolet light. This usually gets everyone's attention and reinforces the importance of hand hygiene

Figure 6 Hand Hygiene using an ultraviolet light.

The Infection Control and Prevention Link Nurses also attending further Infection Prevention and Control training in 2018 to continue to improve their knowledge base.

The provision of audit and route cause analysis training has improved the robustness of the audit process in all domains. The audit results for this period are detailed below:

Hand hygiene Audit – overall 100% - hand wipes for patients are supplied prior to having refreshments.

Cleaning Schedules Audit – overall 99% - high dusting and some repairs to screw holes around hand washing basins have been actioned.

Peripheral Cannula insertion and ongoing care bundle - overall 99% - staff have been instructed to ensure they record the insertion of the cannula in the patient pathway.

Environmental Audit – overall 100% - with emphasis on deep cleaning of theatres twice a year and the general environment deep clean once a year.

Workplace Health & Safety

Health and Safety practice is monitored closely and the score for this period was 93%. The last audit identified some actions such as :

- Risk assessments are kept on a regulated register in all departments for all staff to access.
- Ladders were removed from the roof space.
- Training records are consolidated

Consultant Satisfaction Score

This audit is not measured at Blakelands Hospital.

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Blakelands Hospital participated in 1 national clinical audits in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Blakelands Hospital participated in, and for which data collection was completed during 1 April 2017 to 31st March 2018, were Patient Reported Outcome Measures (PROMs). These are referred to in section 3.1.

Local Audits

Local audits are performed in each department based on their individual challenges and areas of focus following National Audits. The reports of these local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee. The local Audit register was introduced in January 2018 and this can be seen below in figire 7

Year	QTR 1 (jun -aug 17)	QTR 2 (sept - nov 17)	QTR 3 (dec 17 - feb 18)	Actions taken
VTE			79%	Consultants to complete VTE assessment in medical notes: Document Prophylactic medication:Staff to ensure VTE compliance is recorded on patient electronic record.
Dignity and Respect			91%	Patients are offered hand wipes prior to having refreshments.
Wrong side block			100%	No action required
NEWS			82%	Staff ensure that every vital sign is recorded everytime they are measured.
Medical Records			98%	Conusultants date and time all operation notes.

Figure 7 Local Audit Register 2017/2018

2.2.3 Participation in Research

Blakelands Hospital did not participate in any research project for 2017/2018

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

A proportion of hospital income from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed Blakelands 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.

The CQUIN for Blakelands Hospital for this period was Risky behaviours for Tobacco and Alcohol. Patients were screened at pre-assessment to whether they

smoked or drank alcohol. They were offered basic advice or referral to a specialist services in Milton Keynes to stop smoking or drinking alcohol.

The CQUIN was fully achieved.

2.2.5 Statements from the Care Quality Commission (CQC)

Blakelands Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2018 is registered without conditions.

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

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).

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall 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

This information is publicly available on the DH Information Governance Toolkit website at:
https://www.igt.hscic.gov.uk

Clinical Coding Error Rate

Blakelands Hospital was not subject to an audit in in 2017/2018.

Blakelands 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

These are available on request from the General Manager at Blakelands Hospital

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Shirley Bishop

Review of quality performance 1st April 2017 - 31st March 2018

Director of Clinical Services Statement

"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 or 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

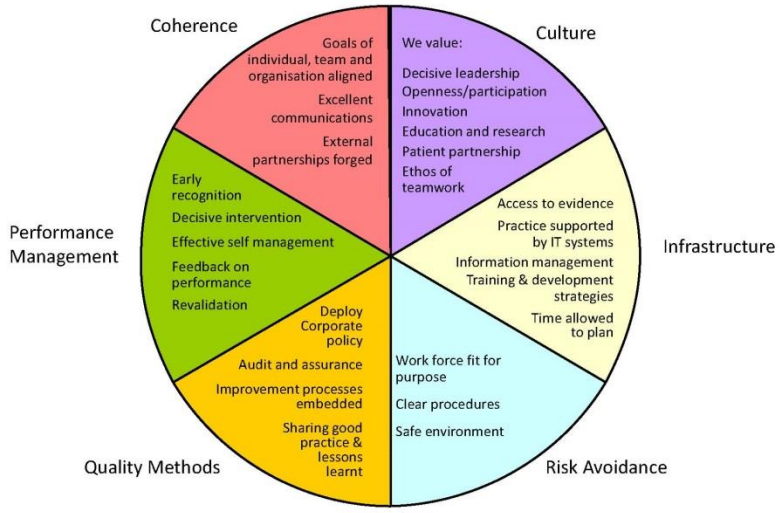


Figure 8 Ramsay Clinical Governance framework

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

Prescribed Information	Related NHS Outcomes Framework Domain
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to— (a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and (b) The percentage of patient deaths with palliative care coded at either diagnosis or	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions

specialty level for the trust for the reporting period. ***The palliative care indicator is a contextual indicator.**	

Mortality:	Period	Best		Worst		Average		Period	Blakelands	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC31	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC31	0

Blakelands Hospital had no mortalities in 2017/2018.

Patient Reported Outcome Measures (PROMS)

Commonly known as PROMs these are questionnaires that ask patient's about their health before and after operation. They help to measure the results or outcomes of the operations for the patient's point of view.

The Ramsay PROMS are presented in a tabulation form and figure 8 shows how to interpret the results.

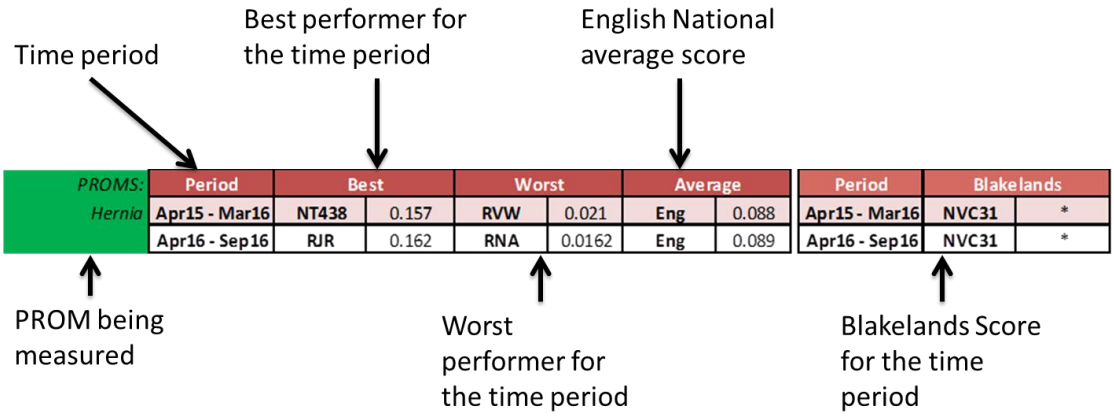


Figure 9 Annotated example of what a PROMS table

PROMS: Hernia	Period	Best		Worst		Average		Period	Blakelands	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC31	*
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC31	*

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery,	3: Helping people to recover from episodes of ill health or following injury

during the reporting period.	

Blakelands Hospital only partakes in the groin hernia PROM. The numbers are too few to produce a report.

Readmissions

Readmissions:	Period	Best		Worst		Average		Period	Blakelands	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC31	0.0013877
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC31	0.0011458

Blakelands Hospital continues to work hard to learn from readmissions to reduce the prevalence and ensure that discharges are based on holistic assessment. Patients are not necessarily readmitted to Blakelands Hospital but to a local NHS facility if they have been advised to go to Accident and Emergency when Blakelands is closed. When notified, these re-admissions are recorded on our internal incident system to understand trends and themes. There has been an increase in re-admissions; however, the activity at the facility has doubled in comparison to the prior years. This is an area the hospital continues to understand to link the care of patients treated at Blakelands and any ongoing care they may receive elsewhere within the system. Understanding this in greater detail will allow Blakelands Hospital and its team greater insight into its patient outcomes.

Responsive to personal needs

This data is no longer being collected.

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care

Responsiveness:	Period	Best		Worst		Average		Period	Blakelands	
to personal	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC31	0.0
needs	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC31	0.0

Venous Thrombosis Embolism (VTE)

All patients are assessed for the risk of developing a VTE. The hospital collects the data using the new EPR system.

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm

VTE Assessment:	Period	Best		Worst		Average		Period	Blakelands	
	16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC31	96.6%
	16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC31	87.8%

The Blakelands hospital considers that this data is as described for the following reasons: data is collected using a new electronic patient record

The scores are higher than the national average in compliance with VTE assessment in Q3 2016/2017. This has been achieved by ensuring nurses participate in VTE assessment with a Nurse VTE champion being identified. NICE Guidelines have been reviewed and staff retrained in fitting of anti-embolic stocking and recording of stocking sizes on care pathway. All our patients are given a leaflet on the management of anti-embolic stockings on discharge and furthermore clinicians are encouraged to complete a VTE assessment and update this on the post-operative notes

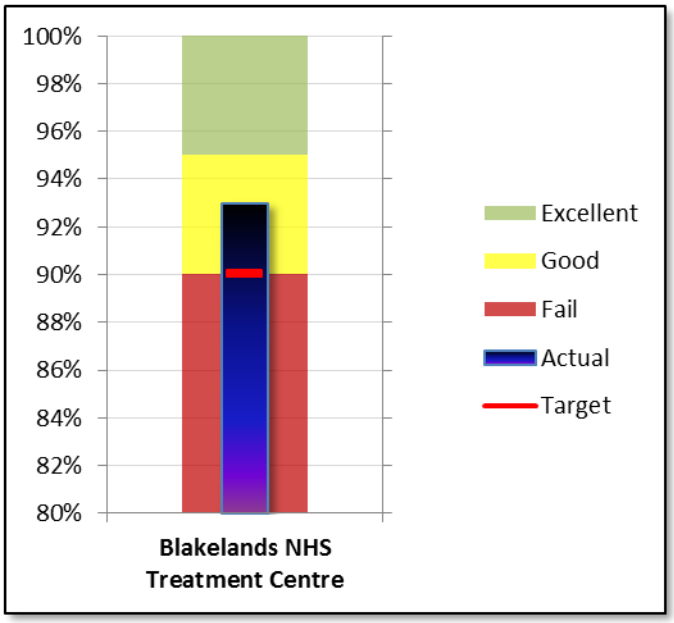


Figure 10 VTE percentages for 2017/2018

Clostridium difficile

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm

C. Diff rate:	Period	Best		Worst		Average		Period	Blakelands	
per 100,000	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC31	0.0
bed days	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC31	0.0

There were no cases of *C.diff* recorded at Blakelands Hospital.

Serious Incidents

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death	5: Treating and caring for people in a safe environment and protecting them from avoidable harm

SUIs:	Period	Best		Worst		Average		Period	Blakelands	
(Severity 1 only)	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC31	0.00
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85	2017/18	NVC31	0.00

There was no serious incidents grade 1 at Belakends Hospital during this period.

Friends and Family Test

Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey.	4: Ensuring that people have a positive experience of care

F&F Test:	Oct	Best		Worst		Average		Period	Blakelands	
	Feb-18	Several	100%	RJ731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC31	100.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC31	99.0%

We have maintained our high levels of patient recommendation and are very proud of how our patients feel about our service.

3.2 Patient safety

We are progressive 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.

3.2.1 Infection prevention and control

Blakelands 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.

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:

Infection Control Rates

There has been a slight increase in the infection rate form last year but the patient activity has increased year on. This can be seen below in figure 7.

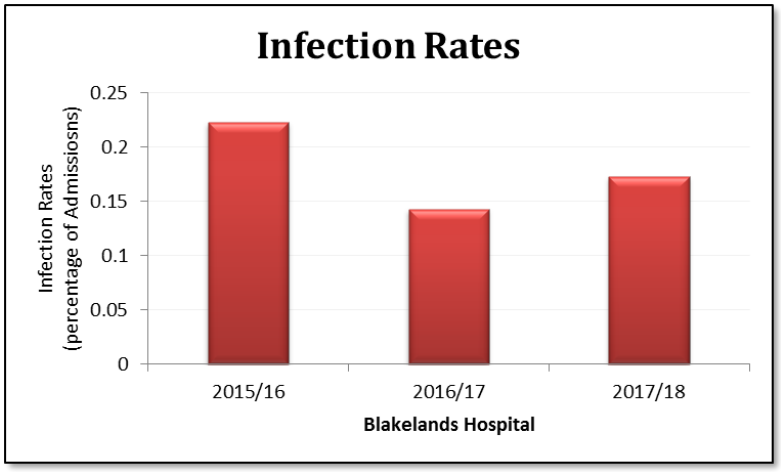


Figure 11 Blakelands Infection Rates

Steps have been taken to improve infection control by ensuring:

- Staff have annual infection prevention and control updates.
- Hand hygiene training.
- ANTT training (sterile dressing technique)

It was identified in the last CQC inspection in 14th October 2016 that Root Cause Analysis was to be used to as a tool to identify causes for infection where possible and from the analysis the areas for improvement of practice.

3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **P**atient-**L**ed **A**ssessments of the **C**are **E**nvironment (**PLACE**)

PLACE assessments occur annually at Blakelands 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.
The hospital cleaning standards and schedules will be monitored both internally through the Ramsay Audit Plan and by the Patient Participation group through the PLACE Audit. The PLACE Audit for was compete don the 22/04/2018

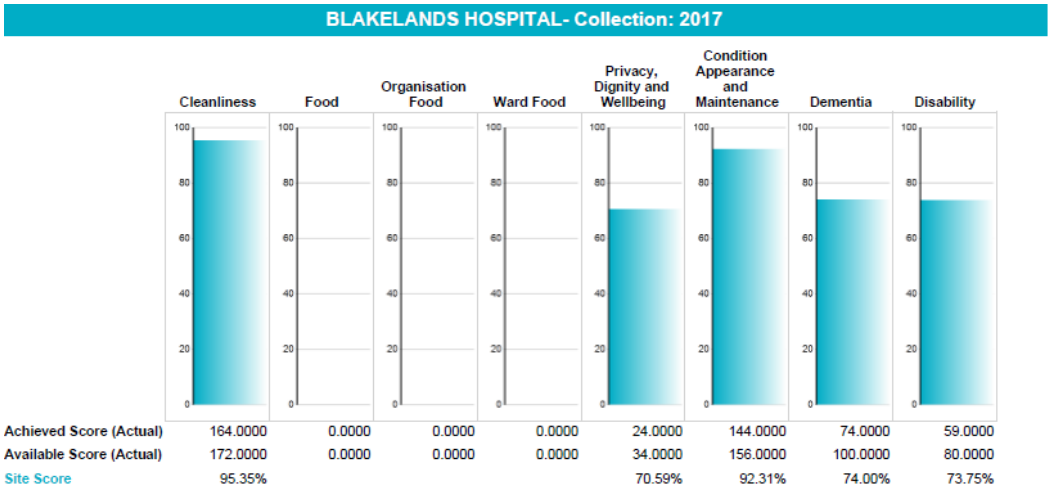


Figure 11 PLACE Audit 2017/2018

Basic actions such as tidying up the grounds of the hospital, painting toilet walls a bright colour so dementia patients can see the white handles to help with daily activities and adding a safety chain to an external ramp.

3.2.3 Safety in the workplace

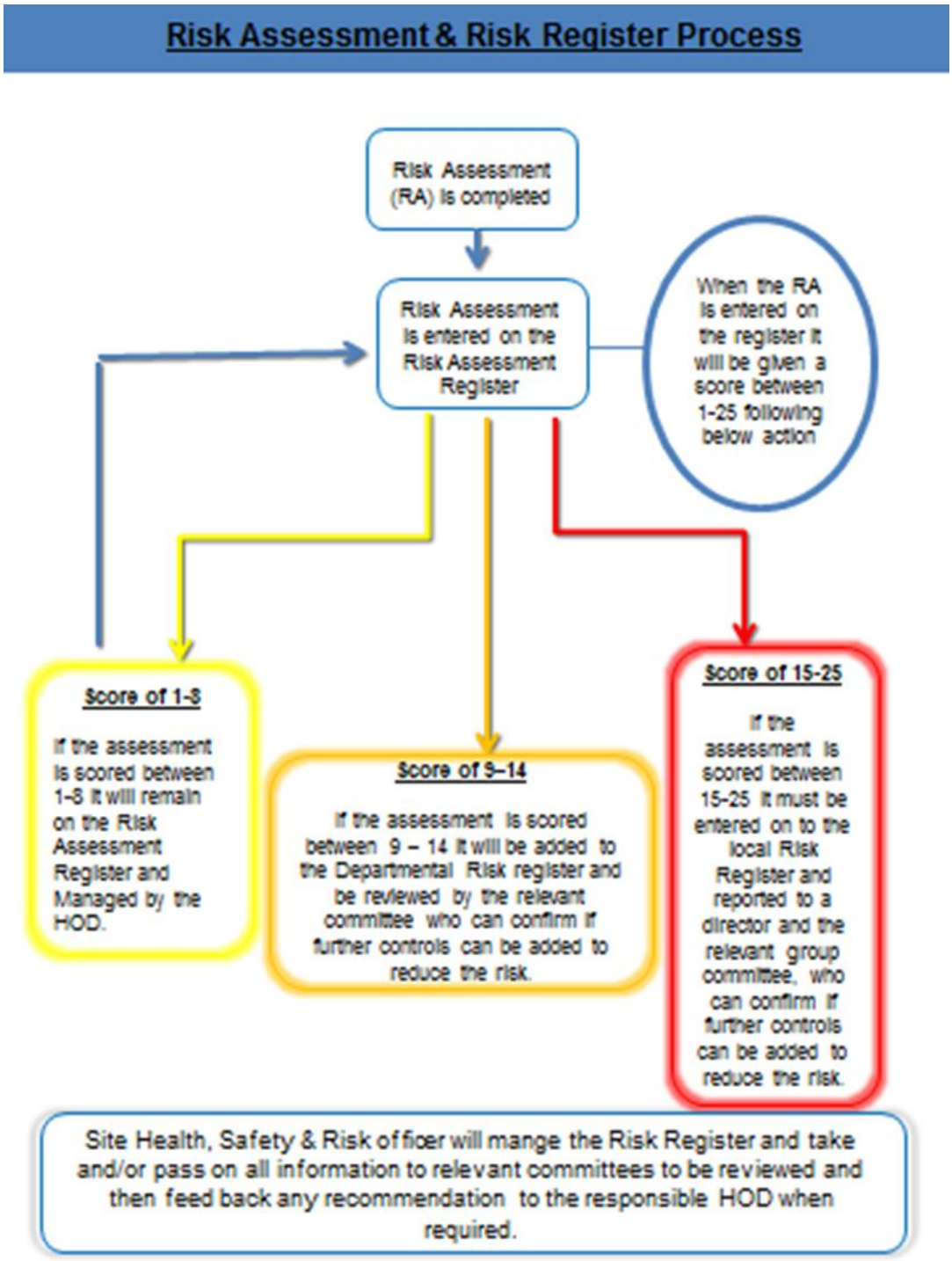
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles.

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. A register of COSHH controlled substances is maintained in addition to CAS alerts.

The risk register for Blakelands has been reviewed with the expertise of our Health, Safety and Risk Officer. The register is segmented based on the level of risk and maintained by each department with the Risk Officer providing advice and review of the register as a whole. The ongoing risk assessments are

reviewed as part of the Health and Safety Committee agenda. This process is shown below.



3.3 Clinical effectiveness

Blakelands 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

Ramsay is treating significantly higher numbers of patients every year as our services grow. 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.

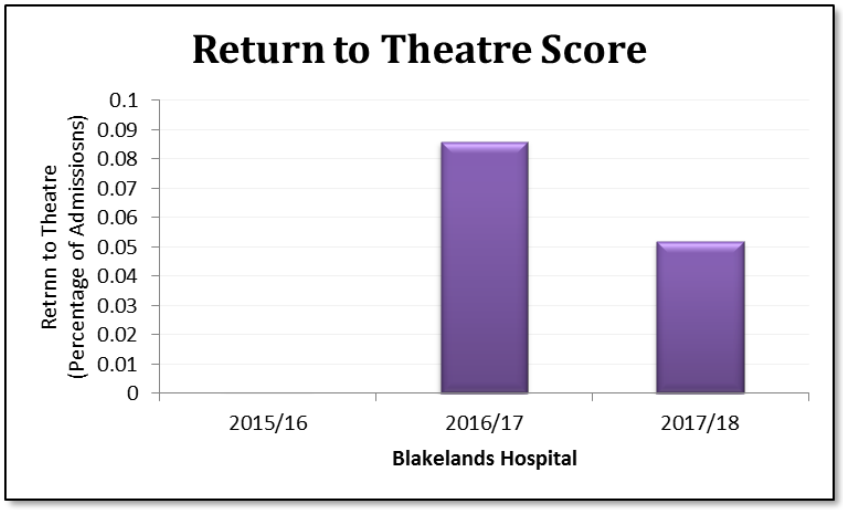


Figure 12 Return to Theatres (RTT) Score

Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes. We have seen a reduction in RTT for 2017/2018.

3.3.2 Learning from Deaths

Serious incidents and never events are investigated by the Quality Improvement Lead and approved by Matron or the General Manager. These are then reviewed as part of the Clinical Effectiveness Committee agenda as well as through Health and Safety Committee meetings and Departmental meetings.

Learning from incidents and especially deaths is also reviewed as part of an open discussion forum monthly which can be attended by any staff both clinical and non-clinical. This forum is designed to generate discussion and the ability to review both the investigation process and the incident from many viewpoints.

The General Manager also reviews serious incidents and never events to ensure full visibility of incidents and the investigation process. The Quality Improvement Lead has attended route cause analysis training to assist with the robustness of these investigations.

For this period Blakelands Hospital has fortunately not had any deaths. However, Horton NH Treatment Centre experienced three patient deaths, one due to choking on food post operatively as an inpatient and two post discharge pulmonary embolisms. The lessons learnt from these three deaths were shared with Blakelands Clinical teams.

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

The requirement to involve patients and their families or carers in their care is an important part of our clinical strategy at Blakelands Hospital.

We aim to ensure that patient care is holistic and individualised by providing choice with appointment times and days, offering evening and weekend appointments for outpatient services as well as weekend operating. There is and Out of Hours Advice help line for patients to call when the hospital is closed.

Waiting times are monitored and minimised by our Administration Manager, short term cancellations are currently being monitored by our Operations Manager as part of a reduction project for our cancellation rates. Patients are brought forward to close gaps in clinics and theatres wherever possible. Currently all Consultant Surgeons have initial consultation wait times of less than 14 days. For a procedure the wait times are less than 28 days.

Consultant cover is provided throughout the patient journey.

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

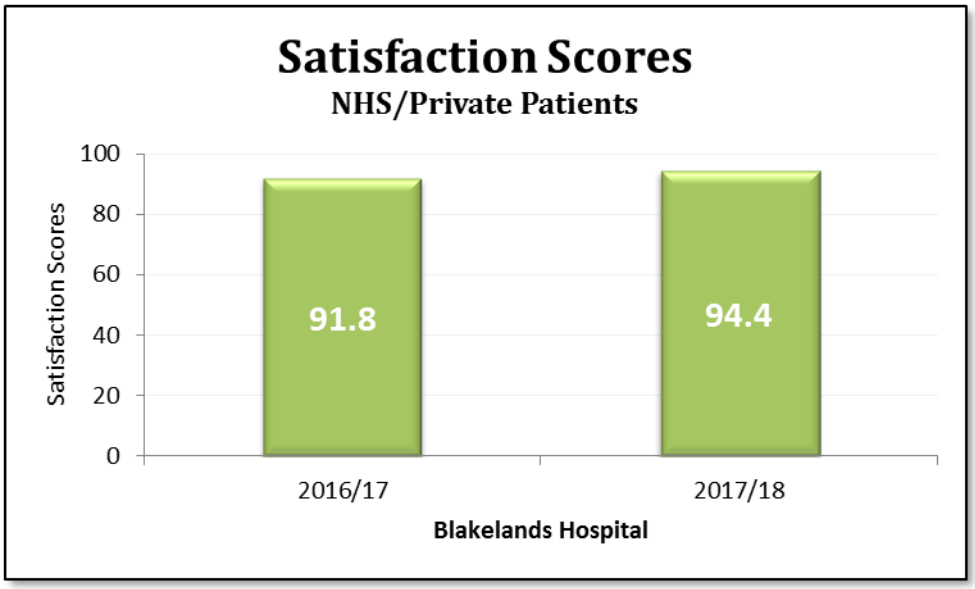
3.4.1 Patient Satisfaction Surveys

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.

Patient Satisfaction Score – this score improved by 2.6% in 2017/2018



Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Dermatology, Gastroenterology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, Outreach Services: Orthopaedic Service at Ravenscroft Healthcare Ltd and Circle Bedfordshire MSK service,	All adults 18 yrs and over
Surgical Procedures	Ambulatory and Day Surgery only Gastroenterology, General surgery including Laparoscopic inguinal hernia repair Ophthalmic Orthopaedics Breast Colorectal Endoscopy Ophthalmology & YAG Laser, Podiatric surgery Urology ENT	. All adults excluding: Exclusion Criteria Patient who have any of the following Blakelands will not be a suitable site for treatment: Zero tolerance to abusive or aggressive patients. No suitable support at home. . Unstable ASA 3 and above. Blood disorders (haemophilia, thalassemia). On Renal dialysis. A history of malignant hyperpyrexia/hyperthermia A psychiatric history or have severe mental health A need for ventilatory support post operatively. Any requirement for planned high dependency care. Limited mobility due to breathlessness. Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months. Patients with a BMI 40 or above will not be considered for a General anaesthetic An MI (heart attack) in the last 6 months. Stents(cardiac) inserted in the last year CVA (stroke) in the last 6 months. Angina classification 3-4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest). However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment All patients must meet social/clinical criteria for day surgery
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 yrs and over

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			Control Drugs			Control Drugs
Prescribing / Medicines Management				Medicine Management	Prescribing					Medicine Management	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	Observational											
Infection Prevention and Control*	Infect Control											
IPC - CVCCB (if applicable)	CVCCB											
IPC - Isolation (if applicable)	Isolation											
Infection Prevention and Control*	Hand Hygiene						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	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	Compliance											
Transfusion (if applicable)	Autologus											
Bariatric Services (if applicable)	Bariatric Services											
Childrens Services (if applicable)	Childrens Services											

Traffic light score

Green	95%*
Amber	70% - 94%
Red	69% and under

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

Blakelands Hospital

Ramsay Health Care UK

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

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