

# Boston West Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## Boston West 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 32 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 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 Boston West 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

*Carl Cottam, General Manager*

*Boston West Hospital*

As the General Manager of the Boston West Hospital I am passionate about ensuring that we deliver consistently high standards of care to all our patients.

Our Vision is that

*“As a committed team of professional individuals we aim to consistently deliver quality holistic care for all our patients across a full range of care services. We believe we are able to achieve this by continually updating our key skills and knowledge enabling us to deliver evidence based clinical practice throughout the Hospital.”*

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders and patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer our patients.

We have enhanced our training and education plan throughout the year involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards.

Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver.

We hope to share our progressive improvements over the past year. The Boston West Hospital has a very strong track record as a safe and responsible provider of health care services and we are proud to share our results.

Our Quality Account has been developed with the involvement of our staff who have been instrumental in developing a systems approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events.

To ensure we have a coordinated approach to the delivery of the care we provide we have our Clinical Governance Committee and Medical Advisory Committee who monitor the adherence to professional standards and legislative requirements. The committee’s review the hospitals clinical performance and activity on a quarterly basis.

The committees have reviewed and agree with the content and actions detailed within the Quality Account.

As General Manager, I am aware of all aspects of clinical quality and NHS services provided at the Boston West Hospital and can confirm the accuracy of this document.

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me at [carl.cottam@ramsayhealth.co.uk](mailto:carl.cottam@ramsayhealth.co.uk) or telephone 01733 842308.

A handwritten signature in black ink, appearing to read 'Carl Cottam', is written on a light-colored background.

**Mr Carl Cottam. General Manager, Boston West 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.

**Carl Cottam**

**General Manager**

**Boston West Hospital, Ramsay Health Care UK**

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to be 'C Cottam'.

**This report has been reviewed and approved by:**

- Medical Advisory Committee Chair, Mr Nazeer Dahar – Urologist
- Clinical Governance Committee Chair, Dr Marian Necas

The report has also been shared with the following groups for their review and comment prior to submission

- South Lincolnshire Clinical Commissioning Group
- Health Watch Lincolnshire and Lincolnshire Health Scrutiny Committee
- Boston West Hospital Patient Participation Group

# Welcome to the Boston West Hospital

The Boston West Hospital has been part of the local community for 13 years. We have a dedicated workforce that is committed to making each and every patient feel secure and safe. Whether our patients are coming in for a consultation or day surgery we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care to our patients.

The Boston West Hospital is a purpose built facility which provides services for assessment, diagnosis and treatment of common medical conditions, and has a suite of outpatient and treatment rooms. A well-equipped modern theatre undertakes a range of surgical procedures and endoscopic (diagnostic) investigations. Support services include a three stage Sterile Services Unit, which meets the stringent standards set by the Department of Health.



The Hospital provides a wide range of services covering NHS and private day case procedures for the specialties listed in Appendix 1.

We provide safe, convenient, effective and high quality treatment for adult patients (excluding children below the age of 18 years), whether privately insured, self-funding, or funded via the NHS. A high percentage of patients have come from the NHS sector, patients choosing to use the facility through the 'Choose and Book' service. Boston West Hospital services help to ease the pressure on The Pilgrim NHS Hospital, Lincoln County Hospital and other local NHS facilities. We have worked closely with our NHS Clinical Commissioners to facilitate improved access and capacity for patients requiring day case surgery.

Over the past 13 years our establishment has grown from strength to strength. From friendly reception staff to highly skilled surgeons, delivering quality patient care is at the centre of what we do. Not only do we continue to receive positive feedback but we utilise that feedback to review and improve care pathways to engender a



culture of continuous development and improvement. This process is vital in ensuring that we offer the best possible experience for our patients.

At the Boston West Hospital, medical and surgical services are provided for privately insured, self-paying and NHS patients. We strive to offer the same level of outstanding care to all patients. Last year we admitted a total of 2,979 patients, 96.07% of which were NHS. In addition, an average of 275 patients were seen per week in the outpatient department by one of 40 Consultants. We pride ourselves on providing consultant led care, meaning that all patients are under the direct care of a Consultant at each step of their patient care pathway.

There is a process for regular engagement with local general practitioners on the services offered and the most current pathways for patient care. This has resulted in the ability to tailor care to meet the needs of patients in the geographical area. We have the support of a Quality Improvement Team to invest and support in our commitment to quality to provide patients with the best clinical care and patient experience. We also continue to foster good relationships with other local healthcare providers. This affiliation promotes a robust governance process which in turn enhances patient safety.

During the past year we have worked closely with the teenage cancer society to raise funds towards research. This has been through the sale of sweets to staff and patients for a small donation. We have also worked closely over the last year with Marie Curie Cancer Care where we have raised £200 from holding raffles within the hospital and receiving donations in our Marie Curie Collection boxes.

Supporting local charities is important to us and this year we will be placing our support with the Mental Health Charity in our Locality. This charity is close to the heart of our members of staff as mental illness has had an impact on loved ones around the hospital.

Patient engagement and involvement continues to be a high priority as the hospital strives to keep patients at the heart of everything they do.

The Boston West Hospital Patient Group plays the valuable role of 'critical friend' to the hospital and supports in a number of ways including undertaking regular reviews of patient communication and conducting the annual Patient Led Assessment of the Care Environment (PLACE) audit. The PLACE audit was conducted on 17 March 2017 with improvement shown in all areas. Boston West Hospital continues to concentrate on making the internal and external areas as Dementia friendly as possible. An initiative has been put in place by the new PLACE Lead to encourage patients to join and be part of the Patient led group. This initiative has worked well with patients coming forward to be part of the group. An initial meeting was held to review the Statement of Purpose and to put plans in place for this year's PLACE assessment; this will be carried out on 31<sup>st</sup> May 2018.

In addition to patient involvement our GP Liaison Officer works closely with GP Practices, Opticians and providers of care in the community across the county to ensure that both referrers and patients are aware of the services that we provide and how these services meet the needs of local people.

We also provide a programme of free clinical education and training to support health professionals in their continued professional development (CPD). This is well received by GPs and Optometrists and also helps to strengthen relationships and improve communication between the Consultants and local clinicians. These

educational sessions have been delivered by the hospital Consultants and Clinical Leads at GP Practices throughout Lincolnshire and at Boston West Hospital.

We are approved by the General Optical Council as a provider of Continued Education and Training (CET), which enables them to deliver accredited training to Optometrists, dispensing Opticians and support staff.

Investing in the wellbeing of staff is key to recognising their dedication and hard work which includes arranging various activities for staff and their families. During the reporting period two family fun days have been well received with an excellent attendance from staff.

2018 marks 13 years since Boston West Hospital first began providing healthcare to the people of Lincolnshire; two members of the team have been working at the Hospital since it opened. Ramsay Health Care recognises and rewards long service and is keen to retain and develop its work force investing widely in training and offering development opportunities.

General Practitioners have access to an Electronic Referral System (ERS) for NHS patients which facilitates direct referrals into Boston West Hospital for all 10 of our specialties; this gives patients greater control, choice and flexibility throughout the referral process. Boston West Hospital also participates in the Advice & Guidance scheme, which provides GP's with access to consultant advice prior to referring patients in to secondary care as part of the non-urgent referral process. Advice & Guidance services are offered for General Practitioners for all 10 of our specialties.

# Part 2

## 2.1 Quality Priorities for 2017/2018

On an annual cycle, the Boston West 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.

### Priorities for Improvement

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

##### **Chaperoning Services**

During 2016/17 patients fed back to the hospital that on many occasions there was no verbal offer of a chaperone and the signage to inform them that one can be provided upon request was not visible enough. Any visit to the hospital can be a worrying and anxious time for patients; it is extremely important that patients feel at ease where possible and in some instances, patients feel that the presence of an unbiased chaperone is helpful. During the period we have actively improved the awareness of our Chaperone scheme and this has made a significant and noticeable improvement to the patient experience. Signs are now clearly displayed around the hospital informing patients of the option for a chaperone, Chaperone stickers are used and Consultant awareness heightened following discussions at the Medical Advisory Committee. This has improved the patient experiencing increasing their confidence when visiting the hospital and helping them to feel at ease during their appointments.

##### **Patient Treatment Plans**

During the period, we as a hospital, have given a lot of focus to the patient treatment plan and overall patient journey. Our patients are at the heart of everything we do and we are always looking for ways to give our patients an outstanding experience when they visit us. During the year Hospital Management and our Quality

Improvement team have been actively discussing all patient feedback with Consultants and relevant members of staff including heads of department to encourage reflection and open discussions for future improvement. From these discussions actions have been taken to improve the overall patient experience and this has seen an improvement to our QA research with "Consultant information" now rating between 90-100% and patient complaints regarding "Lack of Information" has decreased.

## **Endoscopy**

As part of the patient experience questionnaire, patients are asked about their experience in the Endoscopy department, if applicable. During the last period we saw a slight decrease in the response rate which resulted in fewer comments and feedback available to be used to identify areas for improvement. From this we have modified our process ensuring all patients who have had an endoscopy procedure have protected time on the day to complete a new paper version of the questionnaire. This has noticeably increased the patient response rate enabling us to collate more patient feedback and make improvements on any areas of concern.

## **Complaints Process – Continued Learning**

During both 2016/17 and 2017/18, we continued to focus on learning from incidents, complaints and feedback from patients; last year we made pledges against specific objectives to achieve this continued learning and our areas of focus alongside our progress updates can be seen below.

### Departmental Learning

In 2017/18 we supported departments to continue to learn lessons from complaints, to make improvements to the service we provide to our patients and their relatives. All complaints received were shared both with individual staff members and anonymously with departments via shared learning workshops, so that staff may reflect on patient experience and to encourage the sharing of best practice for future care and service delivery.

### Continue the Education Program

During 2017/18 we have focussed on continued staff education of the complaints and investigation processes, particularly with emphasis on the development of individual statement writing skills. The education project has enhanced staff knowledge of how and why we complete investigations which, coupled with an increase in the quality of statements that are submitted, has been vital in the continued improvement of root cause analysis investigations and patient complaint investigations. In turn this has helped our Senior Management Team and Quality Improvement team to collect robust information and to complete quality responses more quickly, to provide patients and external stakeholders with assurance that concerns are being listened to, that we have advanced the learning that is extracted from investigation processes and that we are being responsive to incidents that occur.

Promoting advancements in the Hospital's patient safety and clinical care excellence, staff education and engagement has been and will continue to be at the centre of our Quality Improvement initiatives.

Quality Improvement Team to monitor how well the hospital handles complaints and concerns to encourage improvement

During 2017/18 we have introduced a new formal process for the handling of patient concerns and informal patient complaints. The process outlines and clarifies a structured process for staff for the directing concerns and complaints to the most appropriate Head of Department, requesting they contact the patient at the earliest opportunity to discuss their concerns and find an timely resolution, where possible. This new strategy puts an emphasis on resolving concerns raised at an informal level before escalation to a formal complaint, causing potential investigation delays for the patient unnecessarily. This has helped shape the lines of enquiry, ensuring the correct details have been taken and all aspects of the patients concerns are addressed at the earliest opportunity. The new process has proved successful with the majority of patient concerns being addressed efficiently in a timely manner, preventing delays and increasing patient satisfaction.

Testing the effectiveness of actions taken

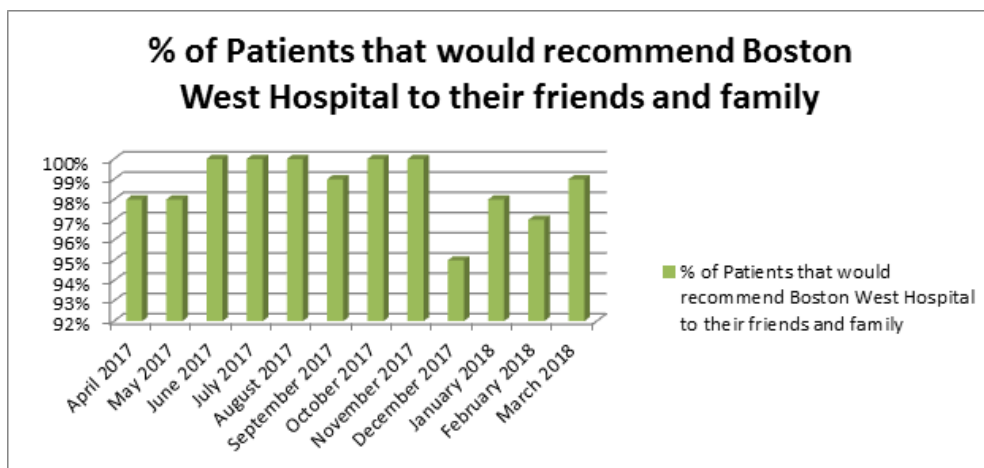
Ongoing reviews of the effectiveness of the actions has been undertaken, to ensure the correct changes have been implemented, as a result of learning from complaints.

ISCAS – National Private Complaints Training

During 2017/18, the Quality Improvement Lead attended the Independent Sector Complaints Advisory Services (ISCAS) Complaints Handling training event. The day focussed on educating candidates on the handling of patient concerns and complaints in the private sector and learning from this session was instrumental in the development of our local complaints and concerns handling process.

**Friends & Family Feedback**

The NHS domain for the Friends and Family tests aims to seek the opinion of service users; ensuring patients have a positive experience of care.



The Boston West Hospital considers the data to be as described. Further analysis shows that the average patient satisfaction score for the duration of 2017/18 was 99.0%. This is supported by the overall scores as Boston West Hospital are performing above the national benchmark for patient satisfaction.

The Boston West Hospital consider this data to be a true reflection of activity. The scores are positive and reported above the national average, showing patients have a positive experience. The hospital has a strong emphasis on customer excellence training, staff to patient ratios and taking action on feedback from patients when they have not had a positive experience.

We will continue to listen and act upon feedback to improve responsiveness score despite exceeding the national average, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients. We continually review of feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Boston West Hospital.

The Boston West Hospital aim is to continue its commitment in ensuring patients have a positive experience when they visit hospital and aim to build on the positive results experienced in 2017/18 during 2018/19.

## **Clinical Effectiveness**

### **EPR**

A new Electronic Patient Record system (EPR) was due to be implemented by Ramsay Health Care during 2017/18. However, unfortunately the launch was not achieved during this period and is still ongoing. We would hope that this will be implemented in the 2018/19 period and we are continuing to prepare for this. Boston West Hospital has identified both internal staff and consultant champions. These nominated individuals have been involved in the development process and will play a significant role in ensuring that adequate staff training and support is offered as part of implementation to ensure that there is minimum disruption to patient pathways. Regular conference calls and external training has been and will continue to be attended throughout the year to ensure that we are adequately equipped and the implementation of the patient system is effectively managed.

### **Audit**

Boston West Hospital continues to work with all stake holders to ensure that there are significant improvements made via both internal and external audits. The results from these audits have, and continue to be, analysed to identify and monitor SMART objectives. The results have been shared to the relevant parties through our Clinical Governance Committee (CQC) meetings and Medical Advisory Committee (MAC) meetings. These results were then used for reflective learning and discussions to identify areas for improvement. As a Hospital we created an action plan to run alongside these audits highlighting any areas of concern and creating actions to improve these within set time frames. These were then given to all relevant Heads of Departments for action and have been updated throughout the year with items that have been completed and also adding on further items that arise. This has ensured improved compliance and encouraged consultants, heads of departments and staff to actively monitor and improve their performance and the hospital as a whole whilst also encouraging cross-departmental team work. This action plan and audit programme will continue throughout 2018/19.

## **Patient Safety**

Following the National implementation of NatSSIPs (National Safety Standards for Invasive Procedures), Boston West Hospital followed a thorough and robust review process to look at compliance at the facility against national guidelines. This is to ensure that the national safety standard is being adhered to in order to ensure patients are receiving the best and safest possible care. Following review, an action plan to apply changes to pathways was implemented. All actions have now been completed and a review process is used to regularly monitor ongoing compliance. Consultants have been directly involved in this initiative to ensure that both National and Ramsay policies are taken into account.

## 2.1.2 Clinical Priorities for 2018/19 (looking forward)

### Patient Experience

#### Patient Information Journal Development

In response to patient feedback, patient complaints and incident investigations undertaken in 2017, during 2018/19 we would like to undertake a review of our patient communication methods and care pathways for NHS orthopaedic patients, with an objective of producing a patient journal, to improve communication and the overall patient experience.

A Patient Information Journal will be developed to "travel" with the patient throughout their care pathway; this will ensure all important information is accessible to the patient in one place. This will also allow staff members to monitor information already given to patients at any point in their pathway. Subsequently this is likely to support increased patient satisfaction and reduce the likelihood of patients requiring additional community support via GP services or attendance to other NHS providers following discharge.

The journal will include information such as:

- Contact details for the hospital with supporting signposting information, such as telephone numbers for the Admissions Bookings team, Reception team, Pre-Assessment team and the Ward Nursing team
- Details on how to raise concerns or make a formal complaint
- Procedure specific literature, such as consent leaflets
- Summary of the risks and benefits of the procedure
- A place to keep important documents, such as the patient copy of the consent form
- Information about Daycase or inpatient stay
- Guidance on wound care
- Details of other post-operative care, such as physiotherapy exercises



## Outpatients Outcomes:

Work has begun on ensuring that consultants and staff are compliant with the NICE, GMC, NMC and company policies in relation to Full NatSSIPs implementation, appropriate consenting and the need for contemporaneous record keeping. The initial phase of a patient's pathway is crucial to their management and treatment plan throughout their patient journey. We as a team will work with and support all Consultants to ensure that clinical notes are completed following every patient appointment within the same day. Although dictation is useful, knowing what has been discussed is crucial. One action we have taken is to incorporate Consultant Consent training as an E-learning topic. We have also introduced audits of patient notes on a regular basis which will then be cascaded out to all Consultants via league tables. Patient safety is our priority and therefore it is paramount that patients fully understand any procedure before consenting therefore we hope that introducing these will strive for excellence with our patient experience at the hospital.

The Boston West Hospital  
Consent Form 1  
Consultant Involvement in Stage 2 Consenting

The Boston West Hospital's implementation of Good and Safe Patient Consent

In the Boston West Hospital we have implemented a change in the way we consent patients for their care and procedures. The Consultant providing treatment or completing Stage 2 Consent prior to the procedure, to ensure the patient is fully informed and to ensure the consent form needs to be signed out.

The initial phase of the implementation of this change is to ensure that the patient has given valid consent before treatment begins (NICE, GMC, NMC, 1.2.2).

Approved Changes in relation to consenting

All consultants are to complete Stage 2 Consent prior to patient procedure.

Issues / Comments / Comments

- Consultants felt that the timing was as the patient allocated were primarily in regards to the consent form.
- Success for the implementation was required for the consultants to be able to consent.
- Issues were raised with the consent form and the change in the way we consent patients.
- The decision that all consultants could participate in the change was communicated in a formal, written letter and email. Consultant signing signs were also sent and we are now fully compliant for all consultants participating in the change.
- We will set up a time for the process to take place.
- The change was implemented with some resistance from all with an explanation from the patient given on a one-to-one basis and the timing was set through the consent form with the patient's consent to the change.

How has this changed the way of working?

The change has resulted in a number of changes during the admission process. Patients are being more informed regarding their consent process and we have had a positive impact on the consent process.

Confirmation of Consent

Have you read the information regarding the changes to the consent form and are you happy to consent to the changes? All consultants are required to complete Stage 2 Consent in relation to GMC guidelines, NICE and Local Policies.

Signed: \_\_\_\_\_ The Secretary (Trust) (Hospital) Date: \_\_\_\_ / \_\_\_\_ / 2018

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## Patient Safety

### Signup to Safety Pledge

Sign up to Safety is a national patient safety campaign announced by the Secretary of State for Health. It was launched in June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. In 2018/19, Boston West will be joining the Sign up to Safety Campaign and making a pledge for patient safety.

Boston West hospital will be developing a directed strategy to listen to patients, relatives and staff, to learn from what they say when things go wrong and take action to improve patient's safety, helping to ensure patients receive the highest quality care and treatment and ensuring patients have a positive experience. We aim to do this by fostering the ethos of the five Sign up to Safety pledges:

1. **Putting safety first.** Committing to taking a systematic approach to safety by developing specific goals and plans.

2. **Continually learn.** Continue to regularly review incident reporting and investigation processes to make sure that we are adapting to sector changes and are truly learning from when things go wrong. In turn we hope to become more and more resilient to risks. We also pledge to continue to be committed to listening and responding to patient relative and staff feedback, to increase patient and staff satisfaction.
3. **Be honest.** Being open and transparent with people about our progress and ensuring that we support staff to be candid with patients and their families if something goes wrong, sits at the core of our values. We will continue to foster a culture of open and honesty across the hospital to tackle patient safety issues and create an environment of clinical safety.
4. **Collaborate.** Actively collaborating with other organisations and teams; sharing our work, our ideas and our learning to create a truly national approach to safety. Working together with others, joining forces and creating partnerships that ensure a sustained approach to sharing and learning across the system.
5. **Be supportive.** Being kind to our staff, helping them bring joy and pride to their work. Being thoughtful when things go wrong; helping staff cope and creating a positive just culture that asks why things go wrong in order to put them right. We pledge to continue to give staff the time, resources and support to work safely and to work on improvements. Thanking our staff, rewarding and recognising their efforts and celebrating our progress towards safer care.

## Clinical Effectiveness

### Flu Vaccination:

As part of our CQUIN this year, Flu vaccine uptake continues to be low. Working in the health sector, staff should ensure that they are immunised to safeguard not only themselves but patients who are in their care against flu. As a hospital we are aiming to reach an internal target of 80-90% compliance of both clinical and non-clinical staff. In order to achieve this we will be nominating a champion to encourage staff and promote the vaccine. We understand that an outbreak of the flu can lead to a number of staff being absent due to sick which then in turn affects the patients' experience.

### Serious Incidents and Lesson Learnt:

We continue to report to various regulatory bodies with regards to any serious incidents that occur in the hospital including our CCG, CQC, regional and corporate agendas. We continue to use the shared learning tool within our teams to reflect on any incidents and use this as a method for future development and improvement.

## 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 Boston West Hospital provided and/or subcontracted 10 NHS services. Boston West Hospital has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 represents 92.91% of the total income generated from all NHS services Boston West Hospital services.

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**

In 2017/18 the hospital's expectation was to continue to recruit to permanent positions and retain permanent staff in order to continue to reduce the percentage of agency use. This strategy has been fully successful with 0% agency usage being recorded in 2017/18. Long term sickness, maternity leave, new starter induction and training contributed to lost hours.

Levels of sickness saw a slight decrease of 0.39% from 2.90% in 2016/17 to 2.51% in 2017/18. This was in addition to a further decrease from 3.3% in 2015/16. This demonstrates that Boston West Hospital's continued work with our Employee Well Being service to support employees both in the workplace and as part of a structured return to work service has been successful in retaining permanent staff.

During 2017/18, staff turnover at Boston West Hospital decreased by a 5.8%, from 28.1% last year to approximately 22.3%; we feel that this is attributed to the continued dedication by all managerial and frontline staff members to foster a positive culture and create a safe and happy place to work.

The total skill mix calculation for Boston West Hospital was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants. In the previous financial year, we planned to review the skill mix in the Outpatient and Theatre departments based on a workforce review that had been undertaken. Our Outpatient department now has a good balance of registered Nurses and Healthcare Assistants and work continues to improve the balance in the theatre department, with our recruitment drive for theatre Operating Departmental Practitioners (ODP's) and Nursing staff continues.

- Boston West Hospital have 16 Registered Nurses caring for our patients
- Boston West Hospital have 8 Healthcare Assistants
- Boston West Hospital have 5 Operating Departmental Practitioners caring for our patients

Boston West Hospital has a robust mandatory training program with regular monitoring of training compliance. This allows the hospital to meet the contractual obligations and to ensure that staff are fully compliant to deliver high standards of patient care. We are currently achieving a 98% compliance with only one member of staff who has not completed their mandatory training. This, however, is scheduled in for the near future leading to 100% compliance with all members of staff.

There was 1 RIDDOR event was reported at the Boston West hospital during this period.

### **Staff Satisfaction**

During 2017/18 we participated in the NHS Culture of Care Barometer which is designed to help organisations gauge culture of care they provide and the level of their staff satisfaction. The barometer and associated discussions with staff can detect early signs of cultural issues which could impact on patient care. During quarter 1 of 2017/18, our staff undertook the survey which asked 30 questions relating the following 3 factors:

**Factor 1:** Hospital level values and culture (Values, Ethos & Responsiveness)

**Factor 2:** Team level support and management and Respect between colleagues (Management & Appraisals)

**Factor 3:** Concerns constraints in undertaking the job (Resource & Safety)

From the feedback received, an action plan was created which focused on things like revitalising staff forums with the general manager, providing more regular platforms for staff to have their say, giving staff the resources to utilize their time effectively and order additional equipment and making the process of discussing and actioning staff appraisal and satisfaction a robust part of the management agenda.

In quarter 4 of 2017/18, the Culture of Care Barometer was completed again by our staff and the results showed a significant improvement of at least 10% in each area, with overall satisfaction sitting at approximately 76%.

### **Patient Services**

The hospital reported 28 complaints during the period, which equates to 0.93% of total admissions. The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the complaint and collectively discuss where improvements could be made. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Boston West Hospital on a regular basis.

Boston West Hospital utilises an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received. The data set is released on a quarterly basis, areas which require improvement are reviewed and actions taken accordingly. Feedback from our patients is important to us, based on the feedback during 2017/18, we have maintained or made improvements with an average compliance score of over 95% in the following areas:

- Patients received a friendly welcome on arrival to hospital
- Patients felt they were given enough privacy and dignity when being examined
- Patients felt they were given enough privacy and dignity when discussing their condition and treatment plan
- Patients felt they were provided with answers they could understand from both the nursing staff and our consultants when raising questions about their clinical care.
- Patients said that they found somebody in the hospital staff to talk to about their worries and fears
- Patients felt that they were involved as they wanted to be in the decision making for their care and treatment
- Patients felt that hospital staff did everything they could to control and manage their pain
- Patients felt that the cleanliness of the hospital was of a good standard
- Patients were satisfied with the care provided by the doctors, nurses and other healthcare professionals, such as radiographers and physiotherapists

Ramsay also has two further patient feedback mechanisms the first being, “We Value Your Opinion” which allows patients to comment on their stay at discharge. The patient completes a questionnaire allowing free text for any comments or feedback. This feedback is reviewed by the Senior Management Team and areas identified for improvement are considered. The second mechanism is the “Hot Alert”. This is a web based feedback questionnaire, allowing patients to comment on any aspect of their stay. All “Hot Alerts” are reviewed by the General Manager and Clinical Lead, the patient receives a written response to thank them for their feedback and to, where needed, comment on any actions taken by the hospital to make improvements to the services we offer.

## **Quality**

Following our regional audit it was evident that the internal environment at Boston West required refurbishment in many areas. A plan was put in place to renovate various aspects of the building including an area for staff to relax away from their work stations during their breaks and paintwork carried out on the break area, outpatients, theatre, recovery and front office. We have plans to continue with our refurbishments into the next period incorporating a number of other areas. A focus has also been put in ensuring our clinical areas are functioning at full capacity whilst equipment that is coming close to expiration is replaced.

Boston West has procured two units which will be developed for outpatient treatment and pathways for all specialties. This will replace the small room we are currently using and we look forward to moving once this has been approved for patient use.

## 2.2.2 Participation in Clinical Audit

During 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 Boston West hospital participated in 2 national clinical audits. The national clinical audits that Boston West Hospital participated in, and for which data collection was completed during 1<sup>st</sup> April 2017 to 31<sup>st</sup> 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
<b>ICHOMs Cataract PROMs</b>	2431
<b>Elective surgery (National PROMs Programme) – Groin Hernia</b>	2
<b>Elective surgery (National PROMs Programme) – Endovenous Laser Therapy (EVLT)</b>	11

The reports of 2 national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and Boston West Hospital intends to take the following actions to improve the quality of healthcare provided.

- Continue to improve the process around ICHOMs Cataract PROMs compliance

## Local Audits

The hospital completed 100 local clinical audits from 1 April 2017 to 31 March 2018 were reviewed by the Clinical Governance Committee and Boston West Hospital. The clinical audit schedule can be found in Appendix 2.

The clinical audit program works very differently to previous years; for the majority of clinical areas, an audit is undertaken at the beginning of the year to identify areas for actions and improvement and sets a benchmark for improvement for the rest of the year. The responsibility to implement and complete the associated actions then sits with the hospital via the “local audit” function. The local audit function is supported and complimented by a hospital action plan.

The Boston West Hospital implemented a number of initiatives following learning from audit results. All audit information is disseminated to both the local teams and the consultant body for action and learning.

Areas identified for improvement from audit has resulted in specialist training materials being created for staff, to support their learning and development in specific areas.

Audit is discussed at departmental meetings and feedback is given to staff, each audit that requires any improvement has an action plan attached. It was identified that there was a need to ensure all quality information and actions from audit was cascaded to the wider consultant body, to ensure key areas of focus were being shared. A consultant newsletter was implemented last year and the publication has been well received by the consultant body, this has allowed us to share lessons and good practice to reach the wider consultant body.

### 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

The Ramsay Group did not participate in the all of the National CQUIN Goals for the financial year 2017/18 as many were applicable to NHS Trusts only. Of NHS National CQUINS, Boston West Hospital undertook Flu Vaccination and Advice and Guidance. All other CQUIN initiatives undertaken were local initiatives and can be seen in the table below.

Goal Name	Indicator Name	Indicator Description
Preventing ill health by risky behaviours – tobacco	Tobacco Screening	<ul style="list-style-type: none"> <li>Screening Patients at Pre Assessment Clinics to provide identify those patients at risk of smoking</li> </ul>
	Tobacco Advice	<ul style="list-style-type: none"> <li>NHS patients who have been identified as being at risk through smoking and are offered very brief advice or referral to specialist services</li> </ul>
Preventing ill health by risky behaviours – alcohol	Alcohol Screening	<ul style="list-style-type: none"> <li>Screening Patients at Pre Assessment Clinics to provide identify those patients at risk of alcohol</li> </ul>
	Alcohol Advice	<ul style="list-style-type: none"> <li>NHS patients who have been identified as being at risk through drinking and are offered very brief advice or referral to specialist services</li> </ul>
The Culture of Care Bundle	Care Barometer	<ul style="list-style-type: none"> <li>The Culture of Care Barometer is designed to help organisations gauge culture of care they provide.</li> </ul> <p>This allows staff the opportunity to engage and discuss organisational culture by area/team. The barometer and discussion can detect early signs of cultural issues which could impact on patient care.</p>
Improvement of staff health and wellbeing	Health & Wellbeing Continued	<ul style="list-style-type: none"> <li>The improvement of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.</li> </ul>
	Flu Vaccination	<ul style="list-style-type: none"> <li>Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</li> </ul>
Advice & Guidance	Local Variation of National CQUIN	<ul style="list-style-type: none"> <li>The scheme requires providers to set up and operate Advice &amp; Guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.</li> </ul>



## Local 2018/19 CQUIN Goals

Goal Name	Indicator Name	Indicator Description
Communication Pathways	Development of a Patient Communication Journal	<ul style="list-style-type: none"> <li>Review of patient communication methods and care pathways for NHS hip &amp; knee patients, with an objective of producing a patient journal, to improve communication and the overall patient experience.</li> <li>A Patient Journal to "travel" with the patient throughout their pathway; this will ensure all important information is accessible to the patient in one place. This will also allow staff members to monitor information already given to patients at any point in their pathway. Subsequently this is likely to increase patient satisfaction and reduce the likelihood of patients requiring additional community support via GP services or attendance to other NHS providers following discharge.</li> </ul>
Improvement of staff health and wellbeing	Flu Vaccination <i>Local Variation of National CQUIN</i>	<ul style="list-style-type: none"> <li>Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</li> </ul>
Advice & Guidance	Local Variation of National CQUIN	<ul style="list-style-type: none"> <li>The scheme requires providers to set up and operate Advice &amp; Guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.</li> <li>Continue to develop the 2017/18 CQUIN achievements for Advice &amp; Guidance - during 2017/18, the hospital achieved 100% of specialties offering the A&amp;G facility. Engagement with GP's in relation to the use of the Advice &amp; Guidance service also commenced.</li> <li>In 2018/19: <ul style="list-style-type: none"> <li>- 95% of Advice and Guidance requests for 4 specified specialities (Orthopaedics, Gynaecology, General Surgery and Ophthalmology) should be responded to within 2 working days.</li> <li>- 80% of advice and guidance to be available for the other 9 specialities within 5 working days.</li> </ul> </li> </ul>
Service Specification	Development of Service Specifications for specified services	<ul style="list-style-type: none"> <li>To complete detailed service specifications including full pathway information for the following specialties: <ol style="list-style-type: none"> <li>1. General Surgery</li> <li>2. Gynaecology</li> <li>3. Ophthalmology</li> <li>4. Pain</li> </ol> </li> </ul> <p>Review of the 4 pathways to ensure that we are delivery a safe and effective service to our patients with a holistic approach.</p>
Sign up to Safety	Sign up to a National NHS Campaign	<ul style="list-style-type: none"> <li>Develop a "sign up to safety" campaign to reduce avoidable harms.</li> <li>The campaign will run in line with the national "sign up to safety" campaign to achieve two main objectives: Reducing harm in peri-operative care and ensuring patients have a positive experience.</li> </ul>

## 2.2.5 Statements from the Care Quality Commission (CQC)

Boston West Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2018 is registered without conditions.

Boston West Hospital last underwent an inspection by the Care Quality Commission in April 2015 and scored an overall rating of Good in all areas. Inspectors reported in their overall response that: "The overall rating for the hospital was "Good". We found Surgery services were good in all of the five domains we inspected; Safe, Effective, Caring, Responsive and Well-led. Outpatients and Diagnostic Imaging services were good in the four domains we inspected; Safe, Caring, Responsive and Well-led."

The full report can be found at:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE3853.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3853.pdf).

## 2.2.6 Data Quality

### **Statement on relevance of Data Quality and your actions to improve your Data Quality**

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records.

Throughout 2017/18 Boston West Hospital continued to participate in an 18 month trial as a pilot site for The International Consortium for Health Outcomes Measurement (ICHOM) Cataract PROMs. So far this has been very successful with all eligible patients taking part. A robust process has been developed for the collection and reporting of this data and Boston West Hospital currently awaits the first publication of the outcome data.

In 2017/18 a key goal is to improve the process regarding the capturing of patient data locally. Some initiatives that will be introduced to support this process will be:

- To produce a quality dashboard to review Key Performance Indicators and Governance issues via a traffic light system and report by exception.
- To continue focus on ICHOM Cataract PROMs data collection, in addition to other NHS PROMs collection; a review of processes has been undertaken to ensure that all patients eligible to participate are provided with a questionnaire.
- To continue to provide comprehensive reports regarding activity to the Medical Advisory Committee and Clinical Governance Committees which are supported by clinical audit.

## NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2016/17 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).

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

## Clinical coding error rate

There were no external clinical coding audits carried out at Boston West Hospital 2017/18.

## 2.2.7 Stakeholders views on 2017/18 Quality Account

### South Lincolnshire CCG commentary of the Boston West Hospital Quality Account 2017/18.

NHS South Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Ramsay Hospitals Boston West site (the organisation) Annual Quality Account 2017 – 18.

The Quality Account provides comprehensive information on the quality priorities the trust has focussed on during the past year with detailed information on how these were undertaken. However the commissioner believes that a number of the activities including The Management of Complaints and the NHS Friends and Family Test would be expected core processes for any organisation undertaking NHS work.

For the second consecutive year the commissioner has not had the opportunity to participate in the developing of Quality Priorities for 2018 – 19. The commissioner supports the Sign Up to Safety and Patients Journal but is concerned that these activities are also the organisations CQUINs (Commissioning for Quality and Innovation) developed between the commissioner and organisation for the coming year. Engaging with the commissioner and other external stakeholders in developing different priorities would have introduced more stretch into the organisation.

Through regular monitoring of the providers incidents the commissioner became concerned that a higher than expected number of Never Events and Serious Incidents were occurring across both the Fitzwilliam and Boston West Sites with the commissioner managing both sites as the one provider.

The commissioner worked with the provider at a number of formal meetings to understand the root causes, the increase in number (which was unusual) and further external assurance required from the Royal College of Obstetricians and Gynaecologists who undertook an external independent review. The commissioner is assured by the actions taken for the incidents above and will continue to monitor the organisation on patient safety.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the Quality Account submitted is a true reflection of the quality delivered by Ramsay Hospitals Fitzwilliam site based upon the information submitted to the regular Quality Contract Meetings.

The commissioner can confirm that this Quality Account has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the organisation.

Finally the Statements of Quality Delivery from the Matron are informative with the case studies giving a greater level of detail.

NHS Lincolnshire South Clinical Commissioning Group looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.



Elizabeth Ball  
Executive Nurse  
NHS Lincolnshire South Clinical Commissioning Group

## Boston West Hospital Response:

Boston West Hospital (the Hospital) welcomes the feedback from NHS South Lincolnshire Clinical Commissioning Group (the commissioners) on the Annual Quality Account 2017/18.

The Hospital's Quality Priorities for 2017/18 are formed by identifying areas for continuous improvement. The Management of Patient Complaints and improvements to participation rates of the NHS Friends and Family test, although form part of our core processes, were areas of focus in which we have strived to achieve improvements in the quality of care and service that we offer to our patients. Although two of our priorities for the coming year incorporate our CQUIN projects, the Hospital feels that it is important to highlight that these initiatives will be a focus for the Hospital throughout the coming year. It is standard procedure that any hospital facility would include their CQUIN projects as part of their quality priorities for the year ahead.

The Hospital was disappointed to learn that the Commissioners felt that they had not been given the opportunity to participate in the developing of Quality Priorities for 2018/19. The Hospital welcomes the chance to help shape future health care provision in the locality, working with the local health economy and the Commissioners. The Hospital has regular liaison with the Commissioners throughout the year; to the best of our knowledge, the Hospital has not been invited to any discussions or meetings with the Commissioners regarding any changes that may drive our Quality priorities for the coming year. The Boston West Hospital would welcome any input and engagement from the Commissioners. The Hospital assures our stakeholders that all relevant developments that have occurred during 2017/18 and are planned for 2018/2019 have been included within this Quality Account.

In accordance with the Hospital's robust reporting culture, the hospital informed the Commissioners of the two Serious Incidents that occurred at Boston West Hospital during the reporting period. Throughout the internal investigations and external review processes, requested by Boston West Hospital, stakeholders, including Lincolnshire CCG and the Care Quality Commission (CQC) were kept informed and updated of any progress. **The Hospital would like to clarify that no Never Events occurred at Boston West Hospital during the reporting period.**

The Hospital looks forward to working with NHS Lincolnshire South Commissioning Group over the coming year to improve and deliver and achieve the best possible outcomes for patients.

## Healthwatch Lincolnshire commentary on Boston West Hospital Quality Account 2017/18

Healthwatch Lincolnshire would like to thank Boston West Hospital for sharing your Quality Account with us for consideration and comment.

Generally we considered this to be a well presented and easy to understand report.

We believe your inclusion of the vision for Boston West demonstrates an organisation that is addressing forward planning needs which gives reassurance to patients with regards to longevity, continuity of service and demonstrable developments and improvements year on year.

### **Priorities for 2018/19**

Healthwatch Lincolnshire support all of your priorities planned for the forthcoming year. We are particularly pleased to see a focus on developing a Patient Information Journal which should support the patient understanding of their own journey and be a reference document to reassure and guide them.

### **Priorities for 2017/18**

This provides a good overview of achievements against your 2017/18 priorities. We are particularly pleased to see the continued plan to carry on and implement the EPR (Electronic Patient Record) system into the organisation. However we note it does not form part of your Priorities for 2018/19 so hope you will report on the outcome and impact within the next report and during the course of the year as appropriate.

Finally Healthwatch Lincolnshire would like to point out that the feedback received from patients regarding the Boston West Hospital have all been positive, and have commended the treatment and care.

We wish Boston West Hospital the best for the forthcoming year.

### **Healthwatch Lincolnshire**

# Part 3: Review of Quality Performance 2017/2018

## Statements of Quality Delivery

Matron, Julie Esprit

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

### Introduction

Statement from Vivienne Heckford, Director of Clinical Services, Ramsay Health Care UK

*“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.

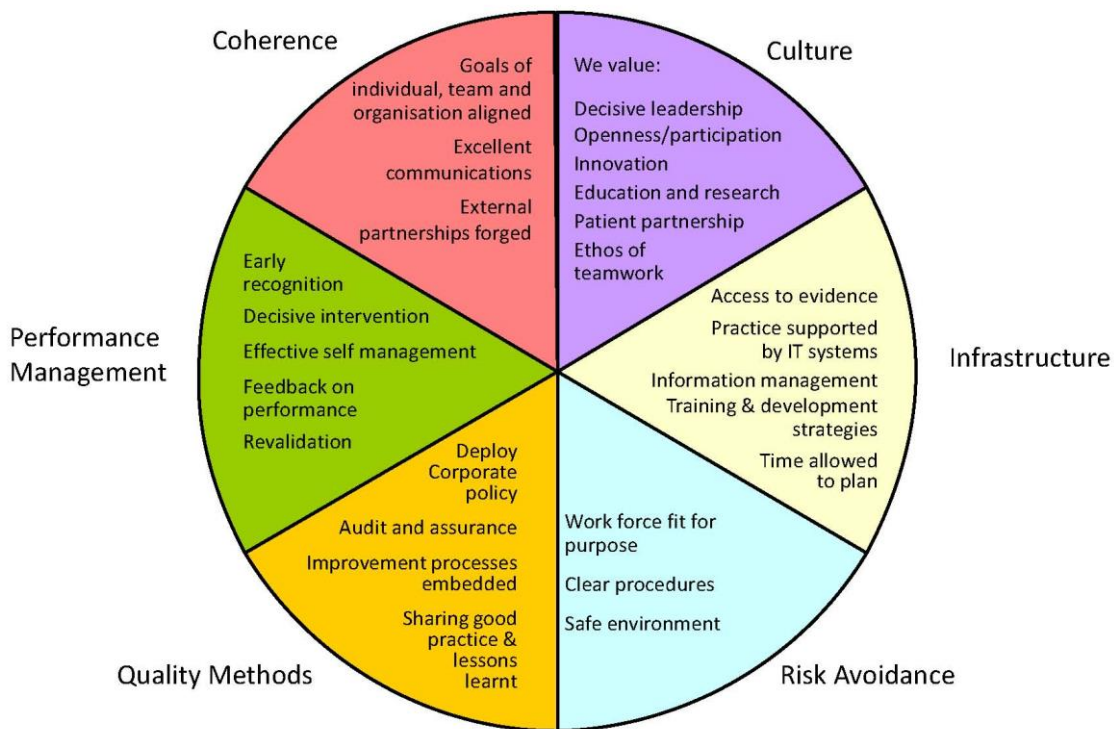
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

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.



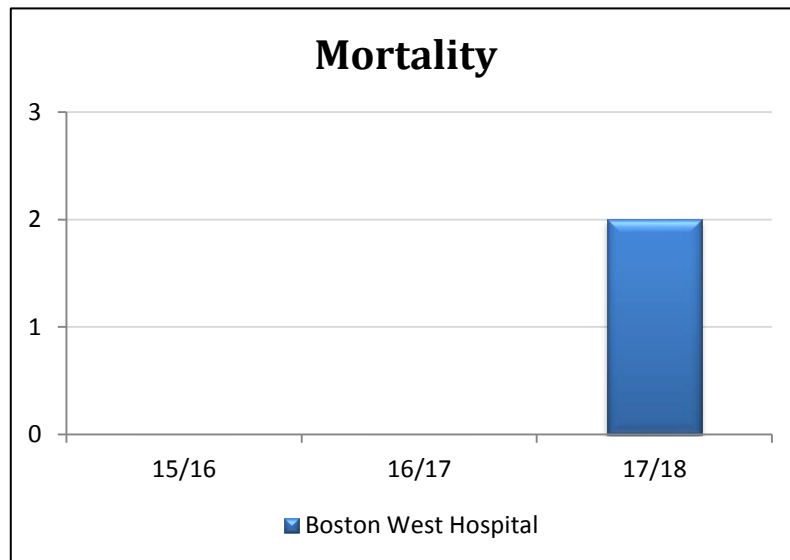
### 3.1 The Core Quality Account Indicators

All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

Data sets are routinely submitted to NHS and Non-NHS bodies via the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) are included for each of those listed in the tables below.

#### Mortality

The table below shows the Mortality data, the latest data release from the Health & Social Care Information Centre (HSCIC) the mortality data is a Summary Hospital-level Mortality Indicator (SHMI). The figured below have been extracted from the most recent data sets available. The data submission is to prevent people from dying prematurely and enhancing quality of life for people with long-term conditions as part of the NHS outcomes framework.

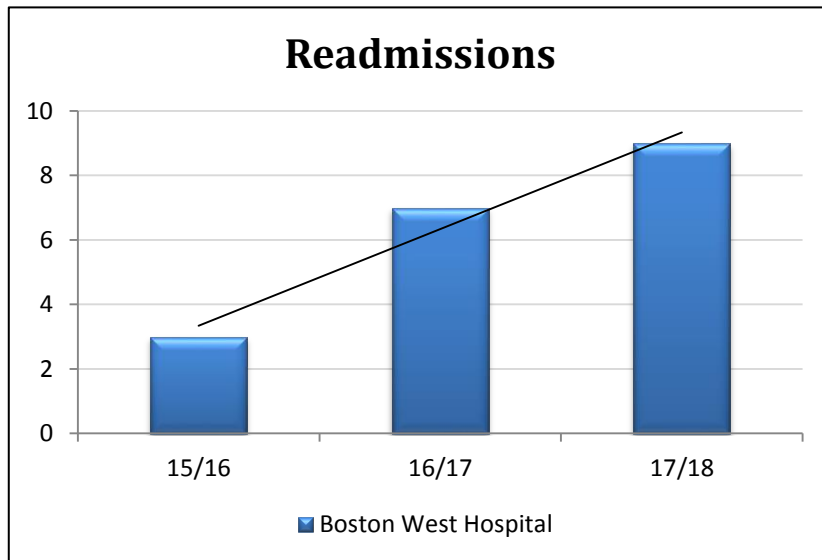


Boston West Hospital considers the data is a true reflection of activity for the following reason.

- Death is rare and as illustrated below the national average. Any death is investigated and reported to the Care Quality Commission and local Clinical Commissioning Groups.
- Two incident reports have been raised in the reporting period where the service user has passed away within 30 days of elective surgery at Boston West Hospital. One incident investigation has been completed which confirmed that the root cause of the patient's death was not connected to the patient's elective surgery at Boston West Hospital. The other investigation is still ongoing.

## Readmissions

The table below shows the data set of patients who were readmitted to hospital within 28 days of being discharged, the numbers have been analysed for readmission per 100 discharges. The latest data sets available from SUS have been reported on for this Quality Account.



- Readmissions are below the national average and could be attributed to good standards of clinical care and treatment preventing readmission.
- Patients could also choose to represent at another provider
- Patients are provided with key information at the point of discharge about care services following their procedure.
- Each year the hospital has seen a rise in the readmission rate; this rise has been relative to the increase in patient activity over the reporting period.

Boston West Hospital will continue to provide patients with support with aftercare advice and encourage patients to return where clinically indicated.

## Responsiveness

### Mechanisms of Patient Feedback

This data set looks at the positive experiences of care provided by the Boston West Hospital.

The hospital will continue to listen and act upon patient feedback during 2018/19, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients. We continually review our feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Boston West Hospital.

During the reporting period the hospital received 64 complaints comparing this to the number of patient visits to the hospital for the same period showing a 0.06% complaint rate for the hospital. The complaint numbers received by the hospital are below the national average for complaints when comparing against activity.

All complaints are discussed at weekly compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint, for a holistic and timely completion of the investigation. All complaints are discussed by frontline clinical staff members during their team meetings via a reflective workshop. Complaints themes and actions are displayed on departmental governance boards that are updated monthly. Complaints are discussed at core level management meetings and at Clinical Governance and medical Advisory Committees, as well as being reported to our corporate team.

### VTE Assessment

The VTE assessment domain reviews data to see if patients are being treated and cared for in a safe environment and are being protected from avoidable harm. The data looks at all patients who have had an adequate risk assessment prior to admission in relation to the prevention of post-operative VTE events.

The data shows the Boston West Hospital has exceeded national benchmarking data, with consistent performance. Analysis of 2017/18 shows an overall compliance percentage of 97.35%.

Period	Best		Worst		Average	
16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%
16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%

Period	Boston West	
Q3 2016/17	NVC27	99.7%
Q4 2016/17	NVC27	95.0%

The VTE management of patients post operatively has been reviewed via periodic audits during 2017/18, to ensure the best possible care is being delivered to patients. We monitor our VTE compliance through audit and the National Safety Thermometer which looks at patient avoidable harms in hospital. During 2017/18 the hospital reported a “harm free” status for all aspects of the audit. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are reviewed and monitored with any changes to treatment plans noted and documented any treatment is provided in accordance with the consultant’s post-operative assessment, to mitigate patients from avoidable harm.

### C Difficile Rates

From the data analysed, the Boston West Hospital is amongst the best performing organisations in the country for C-Difficile rates.

The hospital has reported 0 cases of C Difficile which shows consistent practice in pre assessment procedures. Continued commitment has been shown by the clinical staff to support the local antibiotic policy in line with best practise; this can be supported by a 0% rate in C-Difficile cases for 2017/18.

The scores reflect good practice from clinical staff in the ability to isolate patients which required, promoting good infection control processes. Boston West Hospital intends to continue its current practice to remain one of the best performing hospitals for their C-Difficile rates.

## 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

***Boston West hospital has a low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 6 years.***

Boston West Hospital are proud to report a zero rate of both MRSA Bacteraemia and Clostridium Difficile for the past four financial years including 2017/18, making the hospital one of the best performing hospitals against national benchmarking for the prevention of infection.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery. Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by the Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. The 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. Further commitment has been shown by our Corporate Ramsay Clinical Leadership Team with the introduction of a Lead Infection Control Nurse to support Ramsay units and local link nurses, to ensure infection performance within the Ramsay Group remains above the national average and continues to perform well.

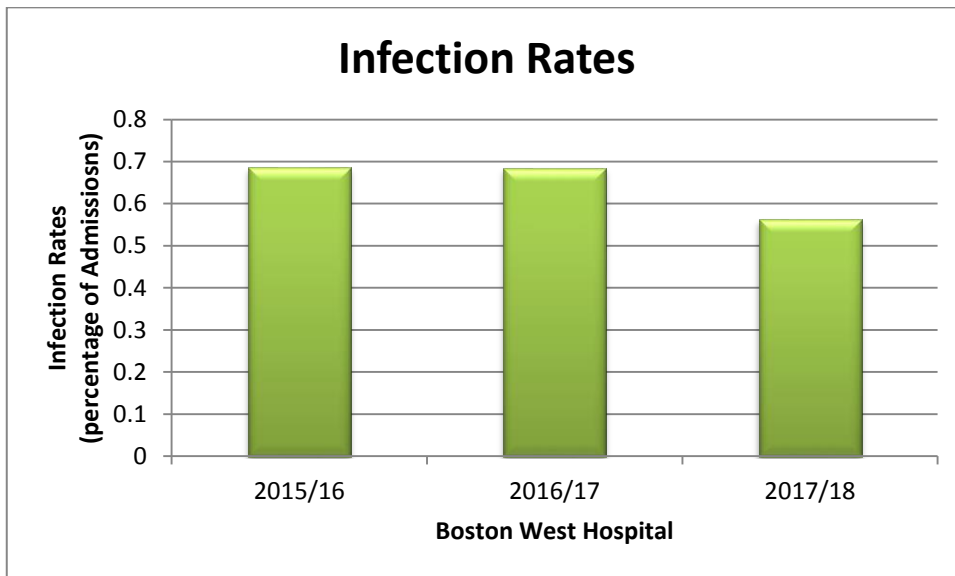
Programmes and activities within our hospital include:

- The infection control agenda forms part of the clinical nursing strategy.
- Discussion of infection activity at the Infection Prevention and Control Committee, key items from the meeting are further disseminated through the medical advisory committee and clinical governance committee.

- A specific training module in respect of infection prevention and control is delivered on our induction programs, mandatory training and via an e-learning package, staff are required to be 100% compliant with their training.
- The dedicated infection control nurse attends the annual infection control and prevention conference to update on current practice and policy in relation to infection.

## Infection Control

The graph below shows the infection rates per 100 discharges of the Boston West Hospital's admissions. The graph demonstrates a 0.12% decrease in infections from the previous year. The analysis shows that 0.56% of total patient admissions at the Boston West Hospital reported an infection.



In comparison to the national average the Boston West Hospital are performing approximately in line with national benchmarks; this is a significant decrease on previous years. There is an active local Infection Prevention and Control committee which is chaired by a Microbiologist with clinical engagement actively working hard to identify trends during 2017/18 to reduce the number of infections. We aim to build on our sound infection control practice during 2018/19 and further analyse our infections to make improvements where required, to mitigate the risk of infection to our patients.

### 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 Boston West 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 table below illustrates the 2017 comparisons for the audit.

PLACE Assessment 2017.							
Communal Areas		Outpatients		Ward Areas		External Areas	
Cleanliness	98.30%	Cleanliness	94.40%	Cleanliness	100%	Cleanliness	N/A
Condition	92.20%	Condition	94.70%	Condition	100%	Condition	83.30%
Privacy	N/A	Privacy	60%	Privacy	85.70%	Privacy	N/A
Dementia	78.60%	Dementia	66.70%	Dementia	77.30%	Dementia	N/A

### 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.

During 2017/18 the hospital continued to implement a number of safety initiatives:

- Risk reporting training program delivered to staff at both mandatory training and induction
- Governance information within each department highlighting incidents, safety alert and policy updates
- Lessons learned sessions with Theatre from adverse events within the Ramsay Group
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues
- Multiple updates to key staff relating to drugs/equipment/policy changes and updates
- Policy updates issued on a monthly basis to ward staff

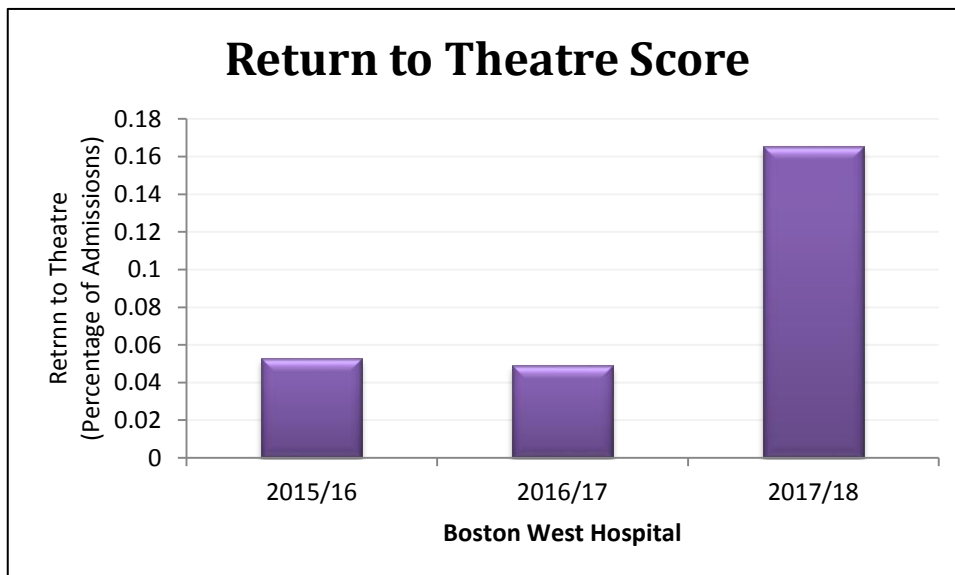
### 3.3 Clinical Effectiveness

Boston West 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.

The graph below shows the Boston West Hospital's return to theatre performance comparing the last 3 financial year's activity. The graph shows the Boston West Hospital currently have a 0.16% return to theatre rate. There is a noted increase in the reoperation rate for 2017/18, although we have seen an increase in patient activity. All cases where patients have been returned to theatre have been reported and investigated via governance processes.



### 3.3.2 Learning from Deaths

*During the reporting period two patient deaths within 30 days of elective surgery occurred. Investigations into both cases have been undertaken. The reviews included:*

- Boston West Hospital medical records
- Consultant interview and formal statement
- Consultant activity and complication levels, inclusive of their practice at other providers
- Review of best practice around procedure undertaken
- Review of compliance to Ramsay policy
- Review of 999 telephone recordings
- Review of East Midlands Ambulance service records
- Review of Medical records from third party facility at which the patient was admitted and passed away.

As the two deaths occurred towards the end of the reporting period investigations are still ongoing. Although investigations are not yet complete our initial findings indicate that the root cause of both patient deaths were not directly due to their elective care at Boston West Hospital.

Once completed the investigation findings will be shared with frontline staff, Senior Management, Heads of Department, Clinical Governance Committee, Medical Advisory Committee for reflection of the patients case and consideration of future care.

### 3.3.3 Priority Clinical Standards for Seven Day Hospital Services

All care provided at the hospital is consultant led care. There is a requirement for the consultant to be available for the first 24 hours following the patient's surgical procedure being undertaken. If this is not possible, cross cover arrangements at Consultant and Speciality level are available to ensure the patient have the appropriate senior review to ensure decisions regarding their ongoing care/treatment is made in a timely manner. There is also a Registered Medical Officer on site 24/7.

The unit does not accept emergency admissions for acute onset conditions, which would require an A&E assessment. Although for post-operative complications the hospital would review the patient and make a decision as to whether further emergency care was required. The unit also does not provide maternity or paediatric services.

The hospital operates the NEWS observational checks and these are completed on admission for elective care.

No "high" risk patients would be admitted for care at the unit for a surgical procedure as per the statement of purpose conditions.

The hospital holds Service Level agreements for to provide a full 7 day service for key services.



### 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.

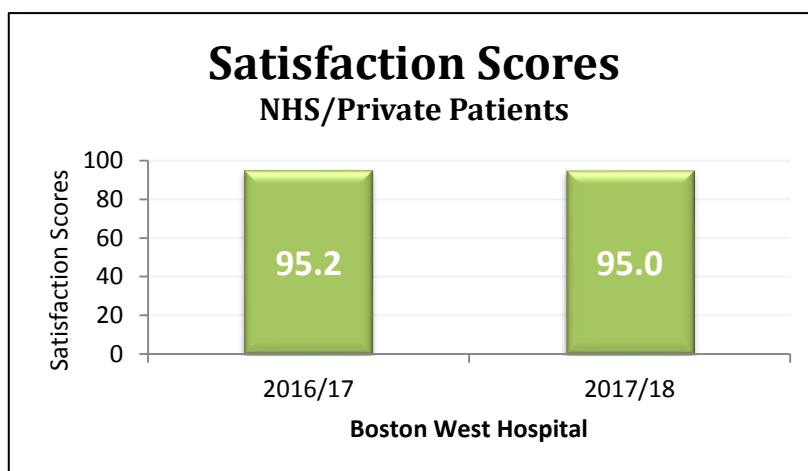
All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

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

The graph below shows the Boston West Hospital overall patient satisfaction scores in 2017/18.



### 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.

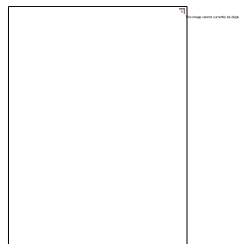
Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as '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.

During 2017/18 we aimed to ensure our feedback remained above 95% satisfaction by continually reviewing the themes and trends identified by our patients, to promote good practice and make any improvements where necessary. Feedback to staff about what our patients say about the services we offer will be an area of focus during the coming year at team meetings, to allow staff the opportunity to reflect on patient's experience and make positive changes.

## 3.5 Boston West Hospital Case Study

### 1. Fundraising for Natural Disasters in the Caribbean Islands:

In September 2017, a number of Caribbean Islands were left devastated by Hurricane Maria, resulting in some fatalities and leaving thousands more stranded, without power, running water or communications. Intact or untouched homes were hard to find amid the chaos as hundreds of homes were severely affected. The staff at Boston West Hospital showed their support by donating clothes and shoes to send to the people affected. The Consultants also rallied together and hosted a fundraising night where they raised an incredible £600 to donate to the people of the Dominica and India.



Barrel used to send clothes and shoes collected

### 2. Continued participation in the Boston Marathon

Boston West Hospital continues to support the Boston Marathon, which is an event that helps to contribute towards the positive Health and Wellbeing of the community and surrounding suburbs. The annual Boston Marathon is planned and coordinated by Orthopaedic Consultant at Boston West Hospital, Mr Harish Kurup. The marathon is aimed at every individual in the community wishing to participate in this activity, regardless of skill or ability. Boston West Hospital contributes towards prizes for the top 3 participants in every category. This year saw an uptake in participation with 4 of our Consultants taking part. It is a fantastic way to promote Boston West Hospital and in turn give back to the community.



## Appendix 1

# Services covered by this Quality Account

- Orthopaedic
- Ophthalmology
- General Surgery
- Pain Management
- Gynaecology
- Gastroenterology
- Urology
- Physiotherapy
- Cosmetic Surgery

## 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 For review: June 2018	
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Cairre / A. McDonald		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	OPCL Operational	→	→	→	→	→	→	→	→	→	→	→	
Controlled Drugs			Control Drugs	→	→	Control 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 - CYCCB (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	→	→	→	→	→	→	→	→	→	→	→	



**Traffic light score**

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

\* or above previous audit score if 95% or more, or 5

IPC - Cleaning Schedules	Clean Sched	→	Clean Sched	→	Clean Sched	→	Clean Sched	→	Clean Sched	→	Clean Sched	→	Clean Sched	→
Transfusion (if applicable)	Compliance	→	→	→	→	→	→	→	→	→	→	→	→	
Transfusion (if applicable)	Autologous	→	→	→	→	→	→	→	→	→	→	→	→	
Bariatric Services (if applicable)	Bariatric Services	→	→	→	→	→	→	→	→	→	→	→	→	
Childrens Services (if applicable)	Childrens Services	→	→	→	→	→	→	→	→	→	→	→	→	

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC27	Code for Boston West Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PEAT	Patient Environmental Action Team
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SAC	Standard Acute Contract
SMT	Senior Management Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

# **Boston West 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.

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