

CIRCLE BATH HOSPITAL

Quality Account 2017/18



Contents

About the Quality Account

What are the required elements of the Quality Account?

The Health Act 2009 requires all healthcare providers to produce a Quality Account, and the National Health Service (Quality Accounts) Regulations 2010 specifies the requirements for the reports produced. We have used the requirements as a template around which our account has been written.

How did we produce our Quality Account?

We have used the Department of Health's Quality Accounts Toolkit as a guide for our Quality Account. To supplement all the mandatory elements of the account, we have also worked closely with our patients, consultants and other partners to ensure that this account truly reflects the quality measures in place and provides readers with an accurate and comprehensive insight into the organisation.

Chapter one

Statement on quality from the leadership team

Chapter two

The Circle ethos

Chapter three

Reviewing our quality improvement objectives from 2017/18

Where people matter most: 2-Point Plan (2 year plan)

Chapter four

Setting out new quality improvement objectives for 2018/19

Where people matter most: 2-Point Plan (2 year plan)

Chapter five

Clinical Outcomes—Patient Reported Outcome Measures (PROMs)

Incident and Near Misses reporting

Infection Prevention and Control

Hospital Acquired Thrombosis rates and assessment

Patient Experience—Friends and Family Test

Patient Engagement—Compassionate Care Audit & Patient Led Assessment of the Care Environment (PLACE)

Staff Engagement

Mortality

Re-admissions and admissions to other providers

Chapter One

Statement on Quality from the Leadership Team

It is with great pleasure that we welcome you to the 2017/18 Quality Account produced by Circle Bath Hospital. We are pleased to report on the quality of our services, patient experience and assurance procedures. We hope you find our reflections on 2017/18 of interest, and are clear on our plans for the coming year.

During 2017/18 Circle Bath has taken every step to ensure the quality of the patient experience is at its very best. This encompasses the medical treatment received, the quality of accommodation and facilities, food and hospitality, which are all centered around the individuals' personal needs. We pay meticulous attention to the whole patient pathway, from making an enquiry, booking an appointment, the treatment, and aftercare.

We have developed a number of methods of measuring and benchmarking the quality of our services and pride ourselves on our focus to continuously improve; following the company credo that "good enough, never is". Our Quality Account explains our approach to continuous quality improvement.

We have a robust quality and assurance framework in place that ensures safety and accountability are at the heart of everything we do. Our governance team are embedded in the processes and running of every department so we can evidence our safe practice to our patients and stakeholders.

Circle Bath is committed to providing the very highest quality services for patients and working environment for our clinicians and partners. We strive to provide choice and innovative, safe and personalised care for our patients and feedback is always welcomed. All our staff are partners in Circle Bath, everyone has a voice on how to ensure and improve the quality of our services and we promote a culture that advocates 'we are the agents of our patients' in line with our credo. We are proud of all our achievements to date.

The Quality Account for 2017/18 details our successes and the areas that have been our focus over the last twelve months. We remain committed to working with our patients, commissioners, GPs, staff and other stakeholders and to continuing our quality improvement journey. The Quality Account explains our main priorities for the coming year.



David Sweetnam

David Sweetnam
Hospital Director



Andrew Chamblor

Andrew Chamblor
Clinical Chairman



Emily O'Hara

Emily O'Hara
Head of Nursing and AHPs

Our credo

Our purpose To build a great company dedicated to our patients. **Our parameters** We focus our efforts exclusively on what we are passionate about. What we can become best at. What drives our economic sustainability. **Our principles** We are, above all, the agents of our patients. We aim to exceed their expectations every time so that we earn their trust and loyalty. We strive to continuously improve the quality and the value of the care we give our patients. We empower our people to do their best. Our people are our greatest asset. We should select them attentively and invest in them passionately. As everyone matters, everyone who contributes should be a partner in all that we do. In return, we expect them to give their patients all that they can. We are unrelenting in the pursuit of excellence. We embrace innovation and learn from our mistakes. We measure everything we do and we share the data with all to judge. Pursuing our ambition to be the best healthcare provider is a never-ending process. 'Good enough' never is.

Our values

Passion

We are driven by the needs of our patients.
We believe in our credo and the importance of our mission.
Each of us has a significant contribution to make.

Disruption

We are not afraid to challenge the norm or the vested interest.
We encourage creativity when balanced with discipline and methodology.
We have the courage to call it as it is.

Humanity

We value care, compassion and empathy.
We engage our partners to be their best.
We are straightforward, listen to and respect each other.

Resilience

We learn from setbacks and come back stronger.
We are tenacious and see obstacles as challenges.
Our belief in ourselves underpins our resolve.

Agility

We are always open to new ideas and ways of doing things.
We believe that 'good enough' never is.
We keep it simple and make things happen fast.

Partnership

We have a sense of ownership for what we do.
We feel valued and able to make a difference.
We hold each other to account for what we believe in.

Chapter Two

Circle Bath Hospital

Circle was founded on the belief that hospitals should be dedicated to patients. Circle Bath Hospital has been designed to offer 21st century medical technology with an unequivocal focus on quality of care and customer service.

Circle Bath is wholly committed to delivering clinical excellence and the highest level of customer service, every step of the way. We embrace innovation and look for ways to improve what we do every single day. We believe that makes us different to other hospitals.

Our Facilities

Circle Bath Hospital facilities are modern and include:

- 4 Operating theatres
- One endoscopy suite
- 22 Daycase pods and 5 Ambulatory care chairs
- 30 Inpatient beds
- 9 Consultation rooms
- 4 Treatment rooms
- Physiotherapy suite including hydrotherapy off site
- Full diagnostic service including MRI, X-ray, Ultrasound, CT, pathology and cardiac testing

Aims and Objectives

- The hospital is open 7 days a week on a 24 hour basis.
- We aim to deliver a patient experience characterised by comfort and respect for the patient's individual needs and views.
- We aim to provide speedy access to out-patient, in-patient and day case surgery treatments in a first-class facility.
- We aim to deliver high quality, safe, evidence based clinical care that provides patients with the best outcomes.

Principles

We will therefore exclusively focus our efforts on services where we:

- Can be the best provider for our patients in their community;
- Have a passion for service delivery; and
- Realise a sustainable economic driver that allows our services to persist.

Circle Operating System (COS)

At Circle Bath we utilise our corporate safety and quality tools known collectively as the 'Circle Operating System (COS)'. This selection of tools are designed to facilitate safety and empower partners in the form of 'Stop The Line' and 'SWARM', and to encourage patient service quality and staff learning through the 'patient hour' and 'partnership sessions'. These tools are individually explained below. Alongside this we follow the Circle Health credo that lists our purpose, parameters and principles.



Our purpose

To build a great company dedicated to our patients.

Our parameters

We focus our efforts exclusively on:

- What we are passionate about
- What we can become best at
- What drives our economic sustainability

Our principles

- We, above all, the agents of our patient
- We empower our people to do their best
- We are unrelenting in the pursuit of excellence

Stop the Line

'Stop the Line' is a process where work is stopped and brought to a standstill when a problem is identified, and can be done by any staff partner. Everybody is empowered to do in the interests of safety, and the senior management team would then take immediate action to remedy the problem and explore its causes.

Swarm

'Swarm' is Circle's unique approach to problem-solving. Following a 'stop the line' or identification of an issue, it is a timely means of getting the right people in the room to discuss an issue and find a solution. The cycle of a swarm is detailed above. It helps us to take time out, understand an issue fully, and resolve it.

Patient Hour

Patient Hour is a dedicated time for teams to come together to review progress, discuss and plan improvement initiatives, centred around patient care. Patient hours can be a series of huddles, or be part of weekly or monthly team meetings. Their aim is to look at what we did well for our patients and what we can do better.

Partnership Session

A Partnership Session is a wider departmental meeting that has a very unique flavour and approach, and is recommended to be two to three hours in length. These are opportunities for training and general service development.

Quality Quartet

The Quality Quartet is our performance dashboard. Each hospital's business plans are all built around this and used to account to the Circle Group Executive Board. They include patient experience, clinical outcome, staff engagement and optimal value.



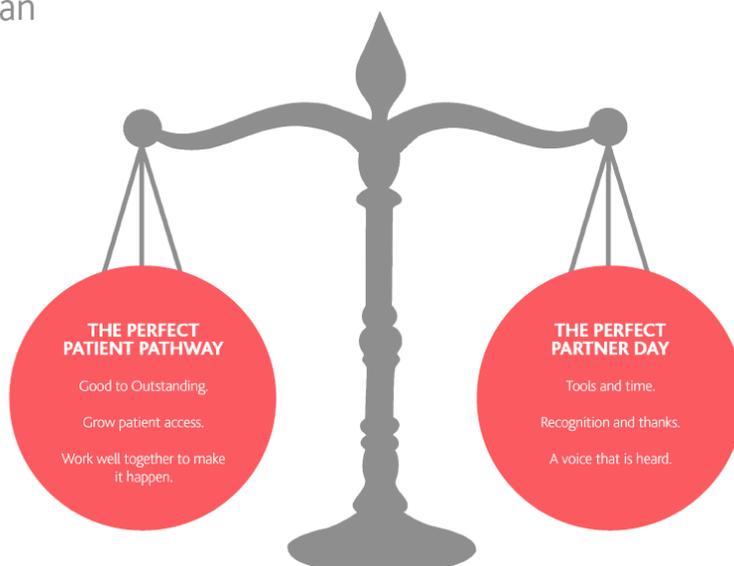
Chapter Three

Reviewing Quality Improvement Objectives from 2017/18

Where people matter most: the 2-point plan

WHERE PEOPLE MATTER MOST

2 point plan



Our 2 point plan, “where people matter most” was the product of a comprehensive staff team consultation process where teams were asked to focus on what they wanted to achieve for their teams and for patient care. We placed equal weighting on the care we wanted to deliver for our patients as to the experience we wanted our colleagues to experience in a working day. The result was the 2 point plan and teams have worked through the year to deliver outcomes in keeping with the plan.

To reflect on our successes of working towards our 2-point plan in 2017/18 we asked our teams to celebrate their successes. Below you will see a selection of examples of good work that has gone on in our teams throughout the year.

The perfect patient pathway

Good to outstanding

Sarah Blake our resuscitation Officer and Operating Department Practitioner introduced the SEPSIS Trolley to ensure that our recognition & treatment of a patient with suspected sepsis is identified & treated in a timely manner. The sepsis trolley includes all items required to implement the SEPSIS 6 at the patient’s bedside and we have also created an information file for partners to utilise.



Sandy Nott, our Recovery Nurse Lead was proud to report that we had a 100% patient safety record in 2017/18 in the Recovery Department .

Mary Hastie (Theatre Lead) reported how regular reviews of our current booked workload have ensured that we are paying attention to the needs of our patients in order to smooth a pathway for them from referral to appointment and beyond. The majority of this takes place in the background with partners from clinical services and administration meeting and working together on a weekly basis to ensure that our patient journey is seamless. We aim for every patient to have a perfect pathway.

Grow patient access

Victoria Adams, our Referrer Relationship Lead has ensured that GP practices, referral support services and MSK centres are all aware of current waiting times, new consultants and services. We hold educational events to help them treat patients in primary care and to develop and maintain strong relationships.

Michelle Rowland (Endoscopy Lead Nurse) has worked with her team to consolidate our endoscopy sessions to improve unit utilisation

Work well together to make it happen

Michele Phillips (Cosmetic Surgery Nurse) reported how since the Cosmetic Surgery service was re-established in May 2017, the Cosmetic Surgery Specialist Nurse and the Consultant surgeons have worked collaboratively to provide patients with a pathway that enables them to receive continuity of care from initial consultation through to surgery, post-operative care and beyond. To provide patients with increased provision of procedures, a new Cosmetic Surgeon commenced practising at Circle Bath Hospital in March 2018. We have hosted 2 Cosmetic Surgery Information Evenings which were very well attended.

Sarah Jones (Hospital Services Lead) has continued to encourage shared learning and cohesion within the teams, particularly support between Hospital Services Lead and Head Chef

The perfect partner day

Tools and time

Sarah Jones (Hospital Services Lead) implemented a daily Huddle attended by Kitchen, Porters, Housekeeping, Day Case, Inpatients, switchboard operator ensuring that all teams under the hospitality umbrella are well equipped with staffing, key messages and information and learning for the day ahead.

Sandy Nott (Recovery Lead Nurse) identified that working in an environment with no natural light may affect wellbeing, so we encouraged our team members to take 5 minutes to go take a walk outside whenever possible

In response to an incident and to ensure patient safety Sarah Blake (Senior ODP & Resuscitation Officer) introduced the Scoop Orthopaedic Stretcher which can be used to aid movement of the patient from the floor to a bed with minimal movement of the patient. This item of equipment will also aid manual handling of patients & could be utilised, if required, for evacuation purposes.

Recognition and thanks

Sarah Jones (Hospital Services Lead) felt that as a team, we make sure that our team are aware of how much we appreciate their support and understanding during challenging times.

A voice that is heard

James Scott (Pharmacy and Quality Lead) reflected on the success that in order to ensure voices were heard from across the staff body it was agreed by our executive board that we would elect a non-management partner to represent the staff voice at executive level. We had a successful election process which led to a great member of our portering team taking up the role of staff representative. He played a strong role in being the link between staff partners and members of executive board in improving communication.

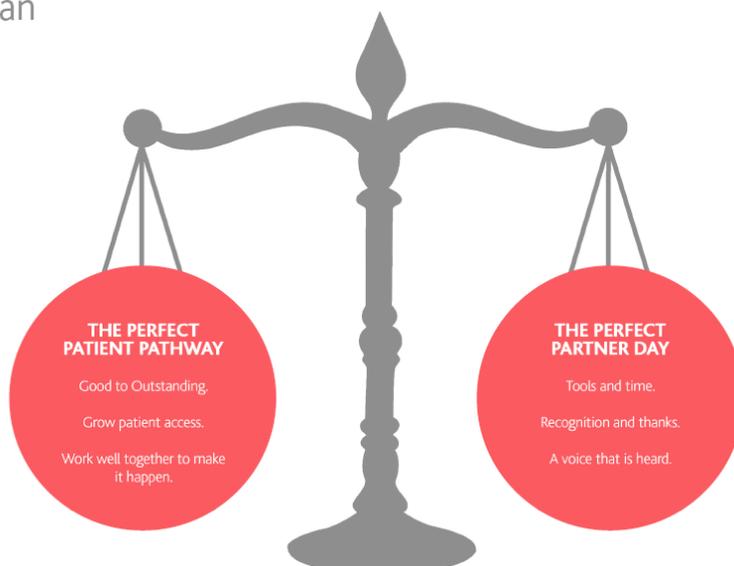
Chapter Four

Setting out new Quality Improvement Objectives for 2018/19

Where people matter most: the 2-Point Plan

WHERE PEOPLE MATTER MOST

2 point plan



The perfect patient pathway

Emily O'Hara (Head of Nursing and Allied Healthcare Professionals) aims to improve and increase the amount of information available to our patients before they decide we are the right hospital to deliver their care. We are doing this by adding more personalised content to our website about our clinical teams, the people that run them, and their values and expectations for their services. Patients in 2018 want to know more than just who their consultant is when making decisions, and we want to offer that.

Emily O'Hara (Head of Nursing and Allied Healthcare Professionals) would like our Clinical Leads want to offer more interaction and sessions to educate our patients whilst they are with us. One example is a planned session to teach basic life support to patients and relatives that may be waiting in our atrium area, led by our resuscitation team. We are also supporting the 'End PJ Paralysis' campaign and looking to engage with other local and national campaigns.

Michelle Rowland (Endoscopy Lead Nurse) plans to maintain yearly Joint Advisory Group on GI endoscopy accreditation status, meeting all domains

The perfect partner day

Sandy Nott (Recovery Nurse Lead) will work with our new Staff Health and Wellbeing Lead to ensure our team feel supported and manage their own health as well as that of others

Sarah Blake (Senior ODP & Resuscitation Officer) will be working towards increasing the numbers of partners attending our Recognition & Treatment of the Deteriorating Adult training sessions. This session focuses on the A-E assessment & recognition & implementation of treatment for the deteriorating patient.

She will also be planning to hold equipment familiarisation & update sessions to help partners to identify equipment that could assist them with their day to day patient care, in addition to any items of emergency equipment that they may require in the event of an emergency.

Chapter Five

Clinical Outcomes

Patient Reported Outcome Measures (PROMS)

Patients undergoing elective inpatient surgery for two common elective procedures (hip and knee replacement surgery) funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. The data is then processed and published by NHS Digital <http://content.digital.nhs.uk/catalogue>.

On the 8th of February 2018 NHS Digital (previously known as HSCIC), published **finalised** PROMS adjusted scores for all providers in UK. This is the most recent and publically available PROMS data to date. The publication covers the period from **April 2016 to March 2017**. The tables below compares Circle Bath PROMS scores with the UK Average (all providers) PROMS score.

Oxford Hip PROMS – Circle Bath Hospital

211 patients	Oxford Hip Score	EQ5D Score	EQ5D-VAS
Average UK Score	21.799	0.445	13.434
Circle Bath Score	23.308	0.471	16.551

Oxford Knee PROMS – Circle Bath Hospital

190 patients	Oxford Knee Score	EQ5D Score	EQ5D-VAS
Average UK Score	16.547	0.324	6.977
Circle Bath Score	18.588	0.370	9.071

Oxford hip and knee scores are joint-specific outcome measure tools designated to assess symptoms and function in patients undergoing joint replacement surgery. The scores comprise of twelve multiple choice questions relating to:

Patient's experience of pain, Ease of joint movement, Ease of undertaking normal domestic activities i.e. walking or climbing stairs.

Each of the 12 questions is scored in the same way with the score decreasing as the reported symptoms increase i.e. become worse. The individual scores are then added together to provide a single score with 0 indicating worst possible and 48 indicating the highest possible score.

EQ5D questionnaire consists of two distinct sections, the EQ-5D descriptive system and the EQ-5D visual analogue scale EQ-VAS. The EQ-5D descriptive system comprises the following five dimensions:

Mobility, Self-care, Usual activities, Pain/discomfort, Anxiety/depression

Each dimension has three levels: no problems, some problems, severe problems. The answers (boxes ticked by a patient) are converted into a single summary index by applying a formula that essentially attaches values (also called 'social preference weights') to each of the levels in each dimension.

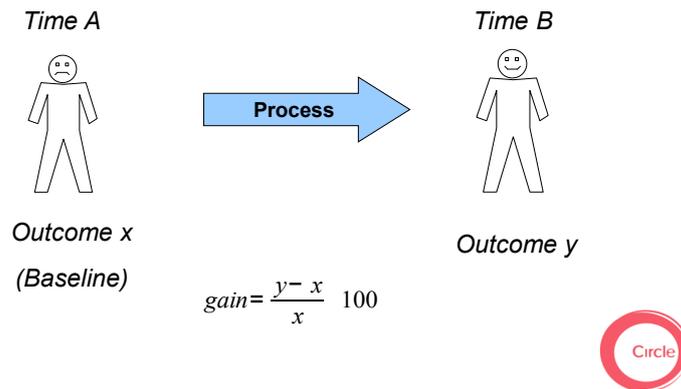
The results (answers) are combined to give an index score of health-related quality of life ranging from -0.594 to 1 (where 1 is the best possible state of health).

EQ-VAS - Visual Analogue Scale

EQ-VAS consist of simple scale, from 0 to 100, presented in simple linear format (rather like a thermometer)

Patients are asked to rate their health on a scale of 1 to 100

Measuring outcomes



A health gain is calculated by subtracting the post-operative score from the pre-operative score (Outcome Y – Outcome X) then dividing this by the original pain score (outcome X) to create a percentage of improvement

Local Providers' PROMs scores

The tables below compare Circle Bath PROMS scores with the Local Providers' PROMs Scores.

HIP	Number of Patients	UK Ranking (241 Hospitals)	Average Health Gain per patient
UK Average	40380		21.7
Circle Bath	211	29th	23.3
Local NHS Hospital	184	65th	22.8
Local Private Hospital	52	75th	22.3

KNEE	Number of Patients	UK Ranking (248 Hospitals)	Average Health Gain per patient
UK Average	44065		16.5
Circle Bath	190	13th	18.5
Local NHS Hospital	183	102nd	16.7
Local Private Hospital	50	207th	15.6

UK/Circle Bath Score = Average Adjusted Health gain per patient

*Exclusions: Case mix-adjusted figures are not calculated for organisations with fewer than 30 modeled records, as the underlying statistical models break down when counts are low and aggregate calculations based on small numbers may return unrepresentative result.

Note

NHS England undertook a consultation on the national PROMs programme in 2016. As a result of the findings of that consultation, NHS England has now taken the decision **to discontinue the mandatory varicose vein and groin hernia procedure national PROM collections.**

Incidents and Near-misses reporting

We report all patient safety incidents that could have or did harm a patient the purpose of which is to have a record of incidents. We then identify causes and trends, manage risks to reduce chance of reoccurrence, and then share learning with staff partners.

Incidents are reported electronically using the DATIX incident reporting system. Training is provided for all staff and it is mandatory training for all new staff members. Full details of the near misses, incidents or accidents are recorded with departmental leads being assigned with the role of 'investigator'. All details of the review are then recorded on the electronic record, with clear lessons learnt and actions taken logged. The Governance & Assurance Lead and the Head of Nursing and Allied Healthcare Professionals are able to review all records, as can the Corporate Head of Risk & Assurance and Hospital Director. Additional resources or procedures stated in the action plans can also be uploaded into the electronic record as evidence. On a monthly basis, a full audit is undertaken using the incident reports and actions plans, to ensure that all incidents, near misses and accidents have been captured and acted upon.

All reported incidents and near misses are shared and lessons learned discussed during morning huddles. Morning huddle is a daily safety meeting led by the Head of Nursing and Allied Health care professionals and attended by all clinical leads, who are then responsible for disseminating any actions in order to reduce risks throughout the hospital. Furthermore, all our forums such as Health and Safety committee, Infection Control and Unit Leads review their relevant incidents and near misses. The incident records and any actions logged as a result of an actual incident, near miss or accident are presented to the Clinical Governance and Risk Management Committee (CG&RM) and the Integrated Governance Committee (IGC) corporately. Accidents are reported to RIDDOR when appropriate. An incident form is also logged for each accident. There was one reportable RIDDOR incidents in 2017/18. During this incident examples of effective working and support of the employee were demonstrated in working with occupational health and Employee Assist.

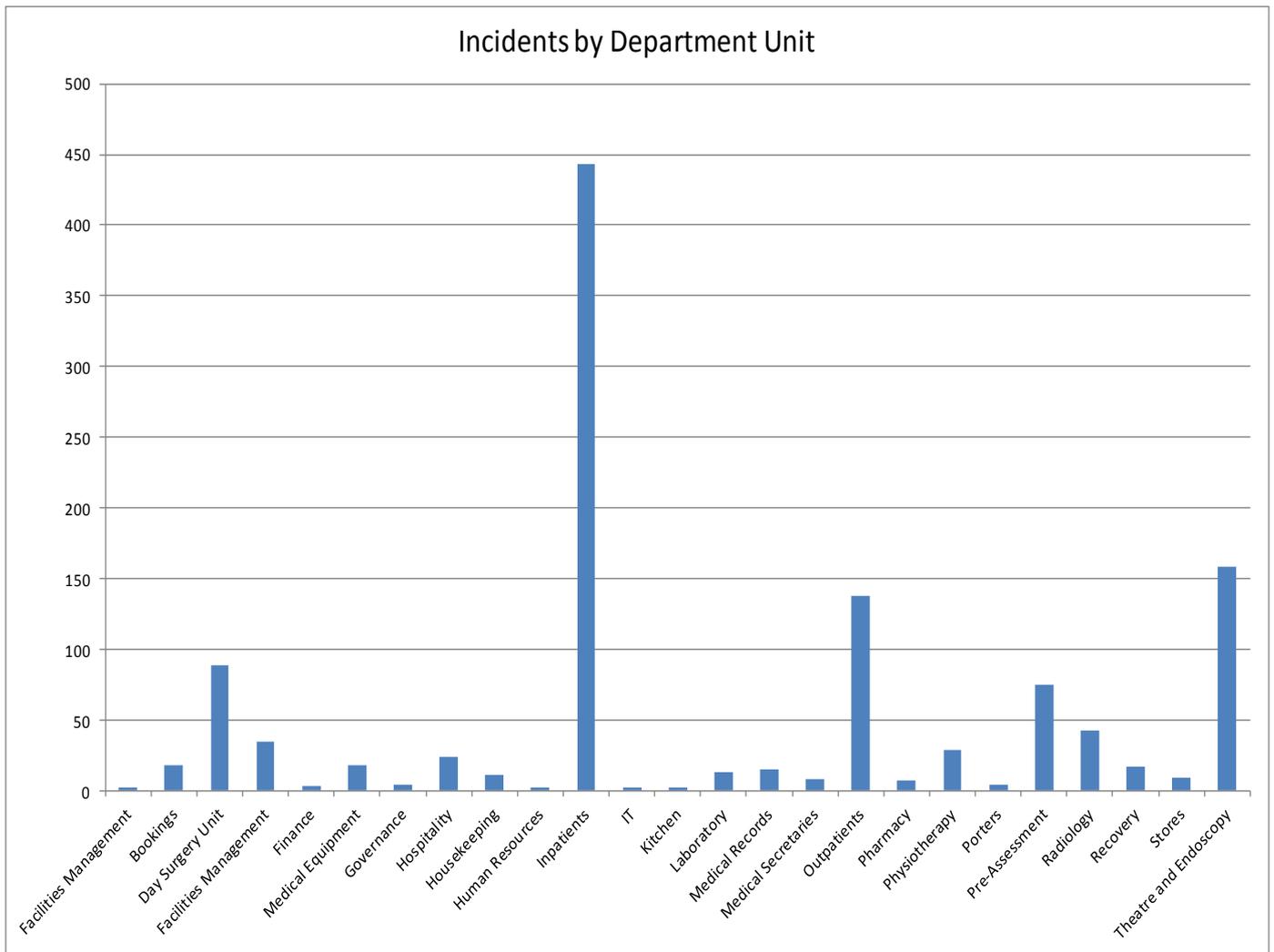
From 1st of April 2017 to 31st of March 2018, there were 902 incidents and near misses reported. Of these, 21 incidents were rejected. This is very similar to previous year, where 1004 incidents and near misses were reported. This is in line with our expectations and our 'no blame' reporting culture

Serious Incidents

- ⇒ During this period there were no Serious Incidents requiring investigations reported. In addition there no reported Never Events during this time period.
- ⇒ There were zero incidents that resulted in severe or any harm to our patients.

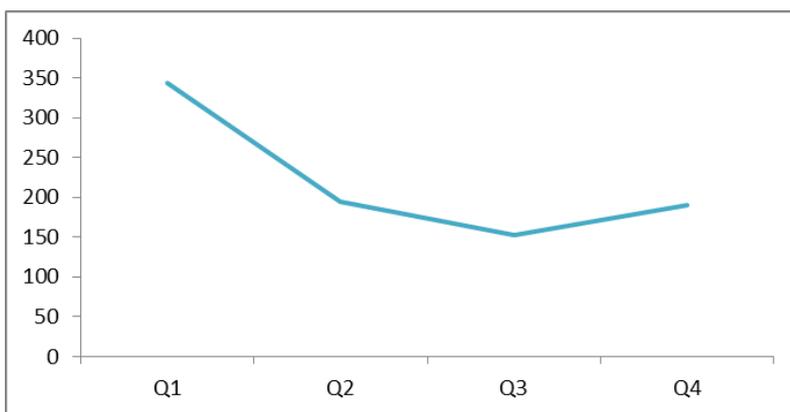
Reported Incidents and Near Misses by Department 2017/2018

Department	Number	Department	Number
EBME	2	Laboratory	6
Bookings	30	Medical Records	10
Cardiology	2	Medical Secretaries	4
Day Surgery Unit	120	Outpatients	71
Facilities Management	13	Pharmacy	3
Finance	2	Physiotherapy	6
General Administration	53	Porters	1
Governance	2	Pre-Assessment	52
Hospitality	14	Radiology	26
Housekeeping	1	Recovery	16
Human Resources	2	Senior Management Team	1
Inpatients	296	Specialist Nursing	2
IT	2	Stores	27
Kitchen	3	Theatre and Endoscopy	135



Please note: The Inpatient ward is our busiest area and open 7 days a week unlike all other areas. This should therefore be put into context when looking at incident rates above.

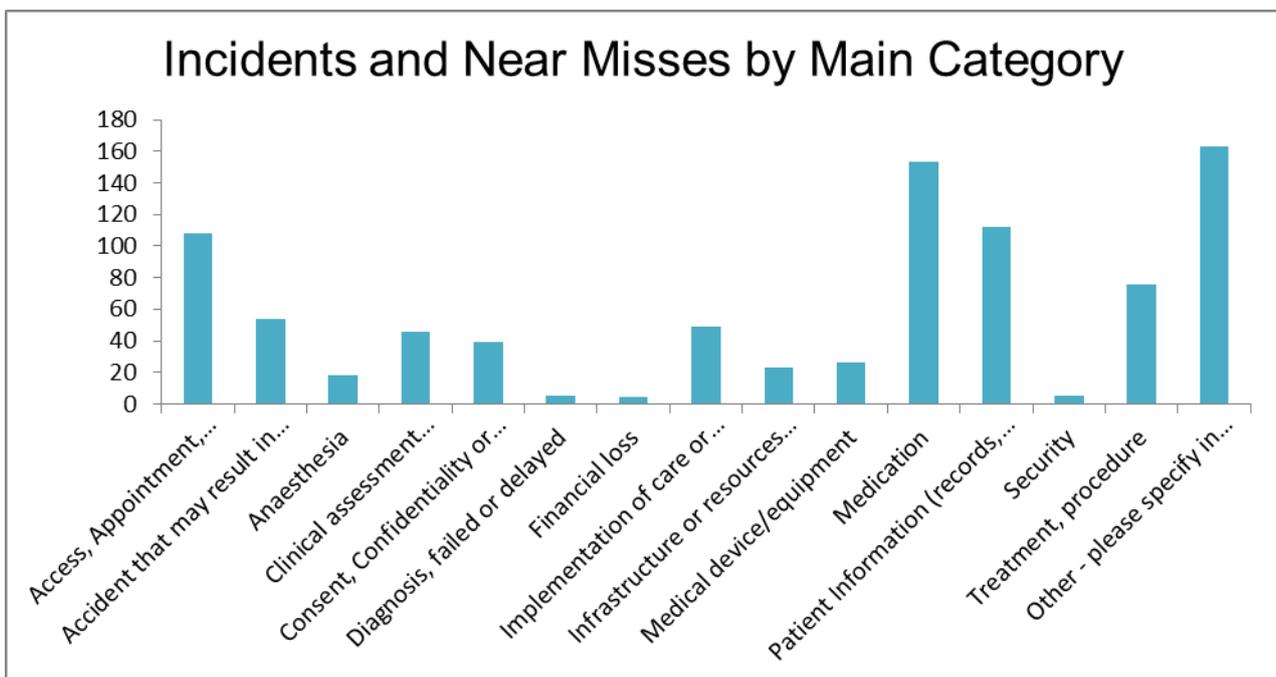
Incidents and Near-misses by Reporting Quarter



Quarter	No of incidents reported
Q1	343
Q2	195
Q3	153
Q4	190
Total	881

Incidents and Near Misses by Main Category 2017/2018

Access, Appointment, Admission, Transfer, Discharge	108
Accident that may result in personal injury	54
Anaesthesia	18
Clinical assessment (investigations, images and lab tests)	46
Consent, Confidentiality or Communication	39
Diagnosis, failed or delayed	5
Financial loss	4
Implementation of care or on-going monitoring/review	49
Infrastructure or resources (staffing, facilities, environment)	23
Medical device/equipment	26
Medication	153
Patient Information (records, documents, test results, scans)	112
Security	5
Treatment, procedure	76
Other - please specify in description	163



Investigation themes and Lessons Learned

Circle Bath believes that it is important that we learn from incidents and near misses and more importantly, take appropriate action to reduce the risk of future harm. Therefore, it is important that we understand the themes that may emerge from an incidents and near misses. Although there is variation in the category of incidents reported, common themes have been identified.

For instance, during Q2 we have noted an increase in number of Administration incidents and near misses being reported. There were 45 Patient Information incidents and near misses reported. During Q3 there was an increased focus on Patient Information handling such as all relevant staff were re-minded again of the correct processes and procedures to be followed and what is expected of them, extra Information governance training sessions were offered to staff and all 'patient information' related incidents were shared and discussed with all the Unit Leads during Clinical Governance and Risk Management Committee meetings. As a result, there was a reduction of almost 50% in the number of Patient Information Incidents reported in Q3.

Infection Prevention and Control (IPC)

CircleBath hospital has a zero tolerance to avoidable infections and as such has a ward to board approach to infection prevention and control and the potential for harm to occur as a result of clinical practice. The Head of Nursing and AHPs provides information and assurance to the Hospital Board on the activities and results of infection prevention and control practice so that they can discharge their duties with regard to this area of patient safety and quality of care, in line with Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) 2014.

Infection Prevention & Control Team Structure

The hospital lead for Infection Prevention and Control is the Head of Nursing and AHPs, who reports to the Hospital Board, Hospital Director and the Director of Infection Prevention and Control on all issues relating to Infection Prevention and Control.

The Head of Nursing and AHPs is supported by a team of trained infection prevention and control link workers who work in each functional department of the hospital. The link workers are responsible for:

- The provision of hand hygiene training within their departments.
- The completion of audits relating to infection prevention and control practice.
- Representing their departments at the hospital infection prevention and control committee, so having a direct responsibility for the implementation and management of IPC practice within the hospital.
- The provision of IPC knowledge to staff within their teams.

The Head of Nursing and AHPs is supported in this role by the Director of Infection Prevention and Control and by a Microbiologists through a local Service Level Agreement.

Hospital Infection Prevention & Control Management

The Hospital Board has overall responsibility for the management of infection prevention and control practice, and has placed a signed statement to this effect on the hospital website. The Board delegates the responsibility for the day to day management of infection prevention and control practice through the Clinical Governance and Risk Management Committee (CG&RM). The CG&RM Committee has established an Infection Prevention and Control Committee which is led by the Head of Nursing and AHPs. This committee meets every month in order to review hospital practice and make recommendations for action and report these to the CG&RM Committee and onward to the Board. Any shared learning from investigations, audit results and external inspections are disseminated from the Infection Prevention and Control Committee via the link workers for discussion and action within departmental meetings. We have a Surgical Site Infection (SSI) Group which meets on a monthly basis to review any potential surgical site infections. We consider potential causes, appropriateness of treatment, patient outcomes, learning and changes in practices. This information feeds into the monthly Infection Prevention and Control Committee Meetings.

Surveillance of infections

The hospital has undertaken the surveillance of infections through participation in the Surgical Site Infection Surveillance Scheme for Hip & Knee cases during the whole of the reporting period. Furthermore the hospital participates in the Alert Organism surveillance scheme submitting data monthly to Health Protection England on cases of MRSA, MSSA E.coli blood stream infections and Clostridium difficile infections. During the period 2017-18 there have been no cases of these infections to report.

		Procedures undertaken	Number of infections	% infection rate per quarter
Q1	Hips	115	0	0
	Knees	106	0	0
Q2	Hips	98	0	0
	Knees	116	0	0
Q3	Hips	109	0	0
	Knees	123	2	1.62
Q4	Hips	115	0	0
	Knees	137	0	0

Infection Prevention and Control (IPC) continued

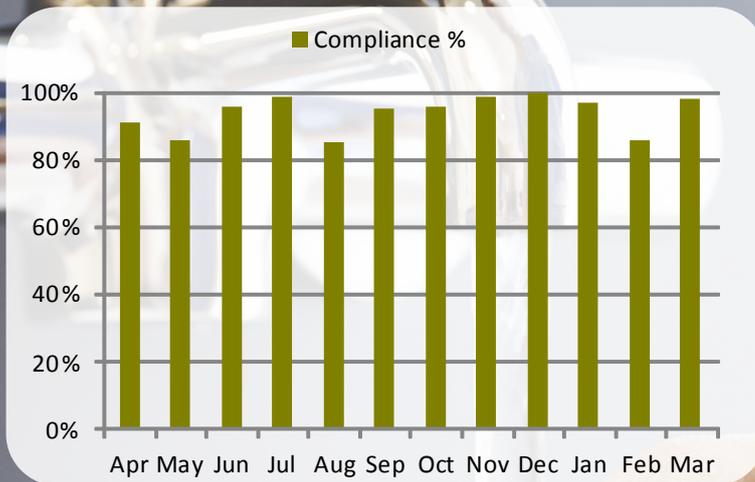
- There have been a total of 2 reports of infections during the year.
- During 2017/18 there was the following activity levels:
 - 1574 patients were cared for on the inpatients unit
 - 5995 procedures were undertaken through the day case unit
 - 40893 patients attended the outpatients department

Annual infection rate - All cases	0.28%
Annual hip infection rate	0%
Annual knee infection rate	0.54%

Infection Prevention and Control Audits

Each department has a dedicated IPC Link Worker who provides information to staff and is on hand to support colleague's should they have any IPC related queries. All Link Workers receive in depth training and have the option to undertake further on-line e-learning NVQ studies. The IPC Committee, chaired by the Head of Nursing and Allied Health Professionals, consisting of all IPC Link Workers and the Director of Infection Prevention and Control, meet on a monthly basis throughout the year and reports into the Clinical Governance and Risk Management Committee which in turn, reports to the Executive Board.

Overall hospital hand hygiene audit data results for 2017/18



Average
94%

Average Hand Hygiene Audit results for 2017/18 by Department

Recovery
93%

Theatres
99%

Daycase
97%

Radiology
99%

Inpatients
96%

Physiotherapy
96%

Outpatients
87%

Hospitality
87%

Infection Prevention and Control continued

There are mandatory audits required to be undertaken by the IPC Link Workers on a monthly basis to ensure that IPC standards are adhered to and maintained at all times (please see below):

- Hand Hygiene - which adopts a 'find and fix' approach of immediate feedback and resolution rather than simply observation
- Environmental Hygiene

The results of all the above audits are inputted into a central audit tool, reviewed and a monthly audit report is generated and shared within the Infection Control Prevention Committee.

The overall compliance rate for Hand Hygiene Audit Data Results (April 2016-17) was 94.60%.

Light Box Audits

Additional audits are also carried out by IPC Link Workers using the hospital light box.

Policies

All policies are accessed via Insight for all staff partners to review.

Compliance

Monitored monthly by the Governance & Assurance Lead and all Departmental Leads are informed of any non-compliances and appropriate action plans are implemented and evidenced.

Outbreaks and incidents

Any diarrhoea and vomiting involving patients and staff are reported to the Quality & Assurance Lead and Head of Nursing & AHPs with immediate effect.

Education

The IPC Link Workers are all trained and are responsible for training their respective departmental partners, and the Departmental Leads monitor mandatory training compliance on a monthly basis.

Alert Organisms

The company has had no alert organism infections (MRSA Bacteraemia or C.diff) to report to the Health Protection Agency. We continue to have zero cases of bloodstream alert organisms to report.

Infection Prevention and Control Plan for 2017/18

Policies - Circle Bath will continue to ensure compliance of reading the Infection Prevention and Control policies on the Insight system.

Audit – monthly audit programme to continue. Improved auditing schedule around antimicrobial use.

Education – Circle Bath will continue mandatory training and induction for all staff.

Collaborative working – Circle Bath now a member of the Healthcare Associated Infection collaborative working group with NHS and independent providers across the health economy.

Hospital Acquired Thrombosis rates and assessment

Hospital-acquired Thrombosis (blood clots) can commonly follow hospitalisation and cause thousands of deaths each year in the UK, making prevention a key patient safety priority for hospitals.

From April 2017 – March 2018:

- There were no avoidable thrombotic events at Circle Bath Hospital. In the event of post-operative thrombosis (both avoidable and non-avoidable), a Root Cause Analysis would be undertaken.
- There were 6 non-avoidable thrombotic events during this period (please see table below)

Complication	Procedure	Date of Procedure	Number of Days post-op	venous thromboembolism risk Score
Pulmonary Embolism	Shoulder	May 2017	11	Low
Pulmonary Embolism	Achilles tendon	May 2017	16	High
Deep Vein Thrombosis	Total Hip Replacement	May 2017	14	High
Deep Vein Thrombosis	Total Knee Replacement	June 2017	11	High
Deep Vein Thrombosis + Pulmonary Embolism	Anterior Cruciate Ligament	June 2017	8	Low
Deep Vein Thrombosis	Total Knee Replacement	August 2017	10	High

All our surgical patients receive a form of preventative venous thromboembolism treatment, which may include; anti-embolism stockings, Flowtron therapy, or dalteparin injections/oral anticoagulation. At Circle Bath Hospital we monitor all our patients post-operatively every 24 hours to ensure their recovery goes as planned.

Venous Thromboembolism Audit

Circle Bath has developed a venous thromboembolism specific audit tool to ensure and to be able to evidence that all eligible patients are screened and that the patients who are identified to be at risk receive treatment. An audit is undertaken monthly on a random sample of patients in our inpatient and Day Case settings. The audit findings are shared through the Clinical Governance and Risk Management Committee with all relevant members of staff. The Clinical Governance and Risk Management Committee is responsible for the monitoring of any actions arising following these audits. For instance, as a result of these audits we have reviewed our venous thromboembolism risk assessment tools and they are, now incorporated as part of our Medication Chart. This has helped us to ensure all of our patients are assessed and monitored daily. In addition, we have improved our links with the Royal United Hospital (RUH) in relation to venous thromboembolism reporting and we have implemented an in-house database in order to capture themes.

The results for the year 2017/18 for this audit were as follows:

Criteria	Numerator	Denominator	Percentage
Was the risk of venous thromboembolism assessed within 24 hours of admission?	111	121	92%
Was the patient re-assessed after 24 hours?	86	121	71%
If the patient was assessed to be at risk of developing venous thromboembolism, was correct prophylaxis prescribed?	118	121	98%
If the prophylaxis was prescribed, was it administered on each occasion?	121	121	100%
Does the patient have venous thromboembolism?	N/A	121	N/A
If yes, did they have 'timely' investigations?	N/A	121	N/A
If the patient developed venous thromboembolism, did they have the correct treatment?	N/A	121	N/A

"3 Month knee joint school - Everything from consultation to operation and the after care. Physiotherapy department was brilliant." (Physiotherapy) – **Patient Feedback Card – January 2018**

"Great care. Diligent and thorough checking procedures. Polite and friendly staff. Excellent, prompt and efficient consultancy to resolve my issue. The hospitality and sandwich was a bonus. All were exemplary."
(Day Case Unit) – **Patient Feedback Card – January 2018**



Patient Experience

In order to embed the review process for patient feedback, the Head of Nursing & AHPs, all Departmental Leads and the Quality & Assurance Lead work closely together and disseminate this information throughout all departmental teams. These members of staff are responsible for ensuring the feedback process is streamlined. They are also empowered to make changes and recommendations highlighted by patients, to ensure swift actions are taken and implemented where appropriate.

At Circle Bath, patient feedback is key to our ability to respond to our patients' views and this is something that remains a priority in all of our minds. We encourage feedback from our patients at all stages of their care pathway.

All feedback is shared with our departmental teams through the monthly Clinical Governance and Risk Management Committee. This should then be discussed within our "Patient Hours" which take place within each of our respective departments and forms part of the Circle Operating System (COS). All of our patient feedback is reviewed and actions are decided upon, to make the required changes highlighted by our patients, learning and growing every step of the way.

Our Patient Focus Group will become further embedded within our organisation and enables us to ensure our patients continue to be at the heart of all Patient-Led decisions we make.

Providing Feedback to our Staff Partners & General Practitioners' (GP's)

Patient feedback is shared with our Consultant Partners in several formats. The monthly analysis of feedback is distributed to all staff via email prior to publishing on our website. In addition the Performance Business Review is discussed at the monthly Executive Board meetings and feature the top 3 improvements suggested by patients and the % of recommendations.

Also discussed at this time are any formal complaints that are in progress. Our Consultant Staff Partners engage very positively in this process and are actively involved in the resulting actions.

GP surgeries are informed about our patient feedback in a variety of ways with the main being a hard copy delivered during a visit to the Surgery by our GP Partnership Team. The feedback is taken from the website and is therefore unaltered or edited and includes negative as well as positive comments. A GP Newsletter is produced every two months and this includes the patient feedback from the website, the % of patients that have recommended CircleBath to their 'friends and family' in the previous two months and is usually accompanied by a selection of patient comments.

On the Circle Partnership website there is an area dedicated to GP's and staff at GP Practices and we ensure that the patient feedback is accessible from this area.

Feedback Cards:

All patients are asked to complete a feedback card regarding their experiences at the hospital.

Our patient recommendations percentage for 2017/18 can be seen here:

Patient Recommendation %

A	M	J	J	A	S	O	N	D	J	F	M
100%	100%	99.66%	99.62%	99.60%	98.77%	99.69%	99.50%	99.10%	99.71%	100%	98.85%



■ Would Recommend Circle Bath 99.6%

■ Wouldn't Recommend Circle Bath 0.4%

Friends and Family recommendation

During 2017/18, Circle Bath had 5,881 patient feedback cards completed and returned. Overall, 99.58% of patients would recommend Circle Bath hospital to 'Friends and Family'.

Patient Engagement

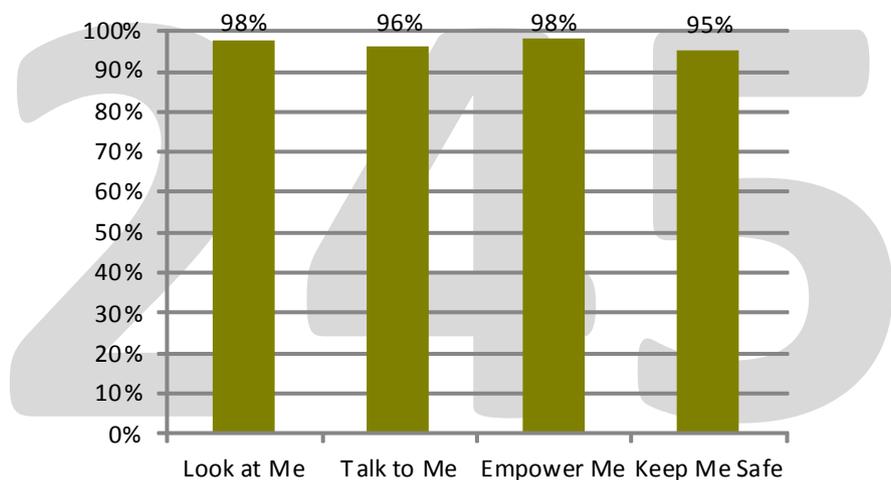
Compassionate Care Audit

Each month our inpatient ward and outpatient department undertake a Compassionate Care Audit with a random sample of patients under their care. The focus of this audit is to look beyond the questions that are generally asked at the end of a healthcare visit and review how we treated and acknowledged them as a person, not just the clinical patient. We are four questions: Did we look at you, did we talk to you, did we empower you, did we make you feel

Outpatients 2017/18

The April 2017 to March 2018 compassionate care audit was conducted for both private and NHS patients.

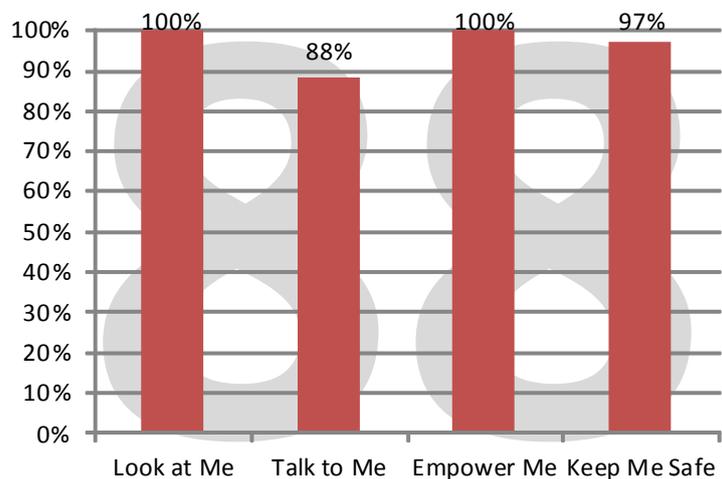
Number of patients surveyed: 245



Inpatients 2016

The April 2017 to March 2018 compassionate care audit for both private and NHS patients asking them why they had chosen Circle Bath as their hospital.

Number of patients surveyed: 88



Compassionate Care Audit (continued)

Some examples of lessons and changes taken from the compassion care audit throughout 2017/18 were as follows:

- Staff were asked to keep patients more informed on progress if there were delays in care
- Outpatient nurses would now challenge staff partners if they noticed hand hygiene practices had not been followed
- Staff should introduce themselves clearly and explain their role
- Ensure we check who a patient wants involved in discussions about their care

Patient-Led Assessment of the Clinical Environment (PLACE)

A patient-led assessment of the care environment (PLACE) is the system for assessing the quality of the hospital environment, which replaced Patient Environment Action Team (PEAT) inspections. PLACE assessments apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices. PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviours.

On the 31st January 2018 a patient-led assessment took place with 2 patients who form a part of our patient forum. We were marked against the following criteria:

Ward first impression (part 1)

Ward cleanliness

Hand hygiene and equipment cleanliness

Condition and appearance

Ward dementia assessment

Privacy, dignity and wellbeing

Social spaces

Ward lasting impression (part 2)

Both patients gave Circle Bath Hospital an A (Very Confident) on first impressions. Throughout the patient-led assessment Circle Bath Hospital received all passes and did not receive a fail in any of the areas mentioned above.

Notable areas for improvement were highlighted in relation to:

Floors within all areas were poorly maintained and splitting, tapes were on floors and toilet areas stained

Nurses station and front desk look tired and visibly stained

It was noted that some high backed chairs with higher legs for those who are unable to sit low would be a great benefit, it was note that they are available in some seating areas

There are no clocks visible to patient's bedside areas in the day room nor was there any display of the day or date in all patient bedside areas

Following on from the patient-led assessment, Circle Bath Hospital is making appropriate changes and have actions in place. The flooring around the hospital is being reviewed and renewal work being managed by our facilities management team. Feedback regarding the front desk was shared with our hospitality lead who is looking at ways to improve this, and the visibility of clocks is something we have tasked our clinical area leads to review and action.



"Everything. All staff make you feel relaxed and nothing is too much trouble.."

(Inpatients) – **Patient Feedback Card – February 2018**

"Explanation of injury, treatment options and risks. I was provided with a good balance of facts and reassurance.

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(Inpatients) – **Patient Feedback Card – February 2018**

"From the time I walked in I felt I was a person not just a number."

(Day Case) – **Patient Feedback Card – March 2018**

"Feel welcome, friendly staff, refreshments, own room, quick to be seen and gave accurate timeframes." - (Daycase) – **Patient Feedback Card – August 2017**

"From initial consultation, through pre op to surgery, I was treated with the utmost respect and courtesy. I was involved totally at every stage and fully informed as to what would happen next. On the day of surgery I arrived feeling slightly panicky, after all I was having an operation on my spine, the helpfulness and care of the day staff soon put me at ease. I was visited by both the Surgeon and the Anaesthetist both before and after surgery, Thank you Circle Bath, we will never forget you. what a brilliant hospital."

(Daycase) – **Patient Feedback Received via the NHS Choices Website – May 2017**

Staff Engagement

Staff Survey:

CircleBath undertake an annual staff survey, as part of the performance management process. We ask our staff to score the following statements (1= strongly disagree: 5 = strongly agree):

- At work I have clear, well understood objectives.
- During the last week, I have received praise for my work.
- I am consistently free to make ethical decisions.
- I feel that my opinions at work are valued.
- I have adequate materials and equipment to do my work well.
- I have the opportunity at work to do what I do best every day.
- My immediate manager is supportive of me.

Average Scores:

Our results for 2017/18 indicated the following:

72% of staff would recommend Circle Bath as a place to work to their friends and family

92% of staff would recommend Circle Bath as a place to have treatment and care to their friends and family

- At work I have clear, well understood objectives = 84% agreement
- During the last week, I have received praise for my work = 80% agreement
- I am consistently free to make ethical decisions = 80% agreement
- I feel that my opinions at work are valued = 78% agreement
- I have adequate materials and equipment to do my work well = 74% agreement
- I have the opportunity at work to do what I do best every day = 80% agreement
- My immediate manager is supportive of me = 90% agreement

Positive staff comments

- "I have had the privilege of seeing for myself the level of professionalism that Circle staff give to their patients and I would be more than happy to be treated at Circle and I have already had friends and family that have been treated at Circle Bath and I can only praise the work that was done."
- "I feel circle is a great place to work. We are a great team, all focused in giving the best to our patients. It is a learning environment offering a variety of different roles depending on capability and experience."

Comments that allow areas for reflection and improvement

- "Although I feel that things have changed over the last 6 years and staff often seem more stressed and less working as a team, it is a lot better than other hospitals"
- "It's a great place to work and with upcoming pressure in the NHS the difference is more and more noticeable. But there is room for improvement"

Initiatives

Partner Recognition Award

Every month, our partners are able to make nominations for another member of staff, who they believe has gone the 'extra mile'.

Staff Partner Forums

The Hospital Director holds bi-monthly Staff Partner Forums, to allow staff partners to ask questions and hear the latest news and business developments.

Health and wellbeing

Circle Bath employ a Health and Wellbeing Coach who is responsible for offering supportive activities to staff in the form of free exercise classes during the working day, free massage sessions and activities to ensure mental wellbeing of our staff.

Mortality

In the year 2017/18 there were no patient deaths during or after care provided by Circle Bath Hospital attributed to the organisation.

Re-admissions and admissions to other providers

Circle Bath hospital monitors and records all unplanned readmission within 28 days of being discharged. We use this data as a measure of the quality of care we provide to our patients. However, it is important to note that all hospitals will always have some unplanned readmissions, as it is not possible to be sure how a patient's condition will change after they leave hospital.

Between April 2017 and March 2018, 37 patients had to be admitted to another provider, following their Initial procedure at Circle Bath Hospital. Following analysis, 17 readmissions out of 37 were not related in any way to initial procedure performed at Circle Bath Hospital.

Readmissions to Circle Bath or via another provider are all managed and investigated in line with Circle Policy. All re-admissions that are related to initial procedure at Circle Bath are investigated using Root cause analysis (RCA). RCA is a systematic process for identifying "root causes" of problems or events and an approach for responding to them. The findings and lessons learned are shared with all clinical staff and so far, we have not needed to change our practices as a result. Most of the re-admissions during this time period were due to known risks of surgery, such as unmanaged pain following discharge, DVT, bleeding and similar.



Thank you

Thank you for taking the time to read our Quality Account. We hope you found it interesting and useful in understanding our commitment to quality for our patients and partners.

Should you have any further questions, we would be pleased to hear from you.
Please contact our Head of Nursing and Allied Healthcare Professionals, Emily O'Hara via email emily.o'hara@circlebath.co.uk

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