

# Clifton Park Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## Clifton Park Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

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

### **Statement from Dr. Andrew Jones**

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

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

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

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

*Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep*

*it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.*

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

Dr. Andrew Jones  
Chief Executive Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

This Quality Account is Clifton Park 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

Ceri Morgan, General Manager

### Clifton Park Hospital

I am delighted to introduce our Quality Account for 2017/18 which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and describes our priorities for 2018/19.

2017/18 has seen a reduction in activity but we continue to see high patient satisfaction and low rates of clinical incidents and complaints. We have maintained our focus on quality, continuous improvement and patient experience to ensure we deliver our mission of being expert in delivering elective orthopaedic services to patients.

Our team is pivotal to delivering a quality service and we are committed to training and developing our workforce and ensuring attitudes and behaviour are aligned to our values.

Key achievements during 2017/18 include:

- High participation rate in PROMS and NJR programme
- Reduction in fasting times and wait times for surgery
- Low incident rate
- Development of NatSIPPS
- Further participation in orthopaedic research studies

Our priorities for 2018/19 are focused upon ensuring continuous improvement, creating services centred around the patient, with the right people, getting it right first time and putting patient safety at the heart of everything we do.

We will continue to deliver to our strategy and stick to our plan.

Ceri Morgan

General Manager

Clifton Park 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.

**Ceri Morgan, General Manager**

**Clifton Park Hospital**

**Ramsay Health Care UK**

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

**MAC Chair, Mr Ian Whittaker**

**Commissioner/PCT and other external bodies**

# Welcome to Clifton Park Hospital

Clifton Park Hospital was purpose built and opened in January 2006 to deliver elective NHS activity. In October 2010 the hospital secured a three year standard acute contract (SAC) to deliver orthopaedic services. In April 2013 this contract was extended until April 2015 and the hospital has now secured the contract to continue with the delivery of services for the next five years, commissioned by Vale of York Clinical Commissioning Group acting as co-ordinating commissioner, and Scarborough and Ryedale, East Riding of Yorkshire, and Leeds North Clinical Commissioning Groups as associates.

In addition to this SAC activity, additional orthopaedic and maxilla facial activity from York Trust is undertaken. The hospital is also recognised by most major insurance companies and undertakes self - pay work including plastic surgery and insured work.

Clifton Park Hospital is a 24 bedded inpatient unit providing a wide range of elective orthopaedic surgical procedures, including treatments for problems with hips, knees, shoulders, hand, wrist and elbow and foot and ankle. The hospital has an outpatients department, on-site x-ray and physiotherapy (including a small gym), mobile MRI, a day care unit, two laminar flow theatres and a restaurant which is open to staff, patients and visitors.

The hospital provides a full range of high quality orthopaedic services, which include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care for all patients of 18 years and above

From 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 the hospital has admitted 1992 patients, 94% of which were treated under the care of the NHS.

The hospital has a unique structured secondment agreement with York Teaching Hospitals NHS Foundation Trust who provides 49 specialist consultant orthopaedic surgeons and anaesthetists to work from the facility. The hospital also has a training agreement with York Trust, enabling registrars and extended scope practitioners to work alongside consultants at the hospital. Our seconded clinicians are supported by a team of 20 Nursing staff, 10 Health Care Assistants, 12 Allied Health Professionals and 30 support staff which includes porters, hotel services and administration staff. The hospital's Resident Medical Officer is on site 24 hours a day, working alongside these teams. Our staff-to-patient ratios are managed on a daily basis to meet the individual clinical requirements of our patients.



As well as our secondment agreement with York Teaching Hospitals NHS Foundation Trust, we have in place, several service level agreements with them to facilitate our service delivery and ensure continuity of care, to include Blood Transfusion services and Consultant Microbiologist support

In addition to the above, we are continually exploring the Introduction of outreach services to support patients who are less able to attend the hospital. We also work closely with the local GPs, by providing Consultant updates/teaching sessions.

# Part 2

## 2.1 Quality priorities for 2018/2019

### Plan for 2018/19

On an annual cycle, Clifton Park 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)

#### **Hand Hygiene**

Clifton Park Hospital continually audits Hand hygiene practice throughout the hospital, involving everyone from housekeeping to Consultants. Training and education is provided for all staff, both onsite and through E learning, and National Hand Hygiene days are supported by the hospital. Hand gel and washing facilities are situated throughout the building and all patients receive Hand hygiene information leaflets upon admission to support this key focus.

However Patient survey results indicate that the patient's perception of hand washing within the hospital is not as good as it should be. Having improved focus upon this area throughout 2017/18 has enabled the hospital to improve patient satisfaction scores. Hand Hygiene is discussed at the quarterly hospital infection prevention committee and monthly audits has shown 100% compliance to hand hygiene.

#### **Duty of Candour**

At Clifton Park Hospital, we pride ourselves in being, open, honest and transparent. "Saying Sorry" and telling people when things have gone wrong (from giving someone the wrong meal to cancelling an operation) is very important, therefore we will respond to issues quickly and address concerns as they arise wherever possible, and ensure that formal complaints continue to be addressed in a timely manner according to our policy. Throughout the period of 2017/18 we have responded to all complaints within the timeframe and ensured all responses have been honest, open and transparent.

#### **Clinical Strategy**

We have developed a clinical strategy for Clifton Park Hospital, encompassing the "domains of the CQC", the 6 "C"s and "The Ramsay Way" to ensure the patient is at the centre of our focus to deliver high quality clinical care and positive surgical outcomes. Our Vision is to provide care with compassion that is person centered and ensure our patients have the best clinical outcomes, delivered in a safe clean environment by knowledgeable skilled clinical teams.

## **The development of the NatSSIPs**

### **Surgical Never Events and patient safety**

Clifton Park Hospital is committed to safe patient care and therefore the introduction and audit of NatSSIPs will continue. In theatres we have introduced the Lead Safety Officer role which further enhances the checking processes prior to surgery. This process has been audited throughout 2017/18 with 100% compliance. Also in 2017/18 we have delivered training to both the outpatient and radiology team to further increase their knowledge and ensure all invasive procedures carried out in these departments follow a standard safety checklist. Moving forward into 2018/19 it will continue to be a CQUIN measure.

Progress on all of these priorities were reported to the CCG and the Clinical Governance committee every quarter throughout the period April 2016 to April 2017

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

#### **Further development of NatSIPPs**

The concept of 'Never Events' was introduced into the UK in 2009, with a list of eight adverse patient safety events and a definition of "serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented". Amongst the original eight Never Events were two of the three core surgical Never Events: wrong site surgery and retained instrument post-operation. The 2010 Never Events Framework extended the scope of the latter Never Event to include retained swabs and throat packs. A 2012 document entitled "The Never Events policy framework" added a third core surgical Never Event (wrong implant/prosthesis) and redefined the retained instrument event as "retained foreign object post-operation".

It was anticipated that the mandatory introduction of the WHO Surgical Safety Checklist in 2010 and the refinement of the three surgical Never Events would lead to a significant reduction in their incidence in the NHS in England. However, a marked decrease in these three Never Events was not seen and, in 2013, NHS England's Surgical Services Patient Safety Expert Group commissioned a Surgical Never Events Taskforce to examine the reasons for the persistence of these patient safety incidents, and to produce a report making recommendations on how their occurrence could be minimised.

The report, published in 2014, advised the development of high-level national standards of operating department practice that would support all providers of

NHS-funded care to develop and maintain their own, more detailed, standardised local procedures. The group tasked with creating these standards have named these National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Procedures (LocSSIPs).

Key improvements for 2018/19 include:

- Submission of quarterly audits to demonstrate compliance to LocSSIPs in theatre, radiology and outpatients
- Delivery of Human Factors training to all clinical staff
- Reduce the number of never events from previous years
- Include a quarterly lessons learnt report for all serious incidents reported to the CCG.

### **Radiology referrals**

Clifton Park Hospital aims to improve the quality of radiology referrals and provide better patient experience.

In 2018/19 all radiology referrals will be audited and reported quarterly to the CCG any non-compliance and trends, ensuring all actions to improve compliance are completed. Full training will be given to RMO's and consultants to ensure that they are aware of what is expected of them.

### **Speaking Up for safety**

In 2018/19 Ramsay UK is implementing the '**Speaking Up For Safety**' (SUFS) programme across all facilities. The Speaking Up For Safety programme will help us achieve culture change by increasing the ease and motivation for all staff to feel safe to 'speak up for safety' and develop insights and skills to respectfully raise issues with colleagues when concerned about a patient's safety.

- Ensure staff understand this is not a stand-alone or short term initiative – as a programme driving culture change it is a long term commitment
- Encourage all staff to speak up in the moment, however when they are unable or it was not effective to report this to a manager and the organisation will speak up on their behalf
- Ensure staff can see how the programme is part of the Ramsay Way and aligns with core values
- Work with the team so the 'Speaking Up' message is alive every day.

## **Clinical Strategy**

Ensure that the patient is at the centre of our focus to deliver high quality clinical care and positive surgical outcomes encompassing the five domains of the CQC, the 6 C's and the Ramsay Way.



## 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 Clifton Park Hospital provided elective Orthopaedic surgery, Outpatients, Physiotherapy and diagnostics, in a Standard Contract, commissioned by the Clinical Commissioners for Vale of York, East Riding, Scarborough and Ryedale, Leeds, Hambleton, Richmondshire and Whitby

Clifton Park Hospital has reviewed all the data available to them on the quality of care of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 93.9% of the total income generated from the provision of NHS 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**

Staff Cost % Net Revenue is 30.44%

HCA Hours as % of Total Nursing is 25%

Agency Cost as % of Total Staff Cost is 0.92%

Ward Hours PPD of 7.33

22.3% Staff Turnover

2.84% Sickness

18.6% Lost Time

Appraisal = 88%

Mandatory Training = 96.2%

Staff Satisfaction Score – Annual survey completed and results due July 2018

Number of Significant Staff Injuries = 0

### **Patient**

Formal Complaints per 1000 HPD's = 0.34%

Patient Satisfaction Score = 100%

Significant Clinical Events per 1000 Admissions

Readmission per 1000 Admissions

### **Quality**

Workplace Health & Safety Score = 100%

Infection Control Audit Score = 92%

## 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018, Clifton Park Hospital participated in two national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Clifton Park 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
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	100%

The reports of the two national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee

### Local Audits

The reports of local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and CCG and actions where relevant were discussed. The clinical audit schedule can be found in Appendix 2.

## 2.2.3 Participation in Research

The Ethics Committee Approved study of “Prospective, Single Arm Multi-configuration Investigation to Assess the Functional Performance of Attune Primary Total Knee Arthroplasty System” commenced in October 2012. The aims of this study are to assess the short, medium and long term survivorship of all four configurations of the Attune™ implant system.

This study will also aim to evaluate the clinical, functional, radiographic and safety performance of a new knee system using patient outcomes scores.

Corporate and local Clinical Governance also granted permission for Clifton Park Hospital to participate in an Ethics Committee approved research trial of dCell ACL implant, research Trial commenced in January 2016 (all subjects have been recruited and surgery undertaken). The primary objectives of this study are to assess the performance of dCELL® ACL Scaffold in its intended use in patients with a ruptured ACL, and the safety of the device by evaluating the nature and incidence of adverse events and the need for surgical re-intervention to the treated knee.

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

A proportion of Clifton Park Hospital's income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals agreed Clifton Park hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Two out of three CQUINs were 100% achieved. The CQUIN measure of improving the uptake of Flu vaccinations in frontline clinical staff was 50% met with an overall compliance of 61% of clinical frontline staff receiving the flu vaccination in 2017/18.

The measures for 2017/18 were:

- Improving uptake of Flu vaccinations in frontline clinical staff
- Implementation and rollout of NATSIPPS for Invasive procedures
- Improved quality of Radiology referrals

The measures for 2018/19 are as above.

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

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

Clifton Park Hospital has not participated in any special reviews or investigations by the CQC during the reporting period. Every quarter Clifton Park has a CQC engagement meeting with the local CQC inspector.

## 2.2.6 Data Quality

Clifton Park Hospital will be taking the following actions to improve data quality.

- Qualified clinical coder to improve accuracy of capturing and recording data
- Ensure staff have the appropriate training to understand the importance of correct and consistent data input and have the technical competence to facilitate this.

## NHS Number and General Medical Practice Code Validity

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

The patient's valid NHS number:




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

The General Medical Practice Code:

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

## Information Governance Toolkit attainment levels

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

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

## Clinical coding error rate

Clifton Park hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

## 2.2.7 Stakeholders views on 2017/18 Quality Account

### **CLIFTON PARK HOSPITAL - QUALITY ACCOUNT STATEMENT 2017/18**

NHS Vale of York Clinical Commissioning Group is the lead Commissioner for Clifton Park Hospital and we are pleased to be able to review and comment on their Quality Account for 2017/18 in conjunction with our associate commissioners, Scarborough & Ryedale, East Riding of Yorkshire and Leeds North CCGs.

Over the past 12 months we have worked together as commissioners and providers to improve the quality of orthopaedic health care services for the residents of North Yorkshire and the East Riding. Through the contract management process, Clifton Park Hospital has provided evidence to us as Commissioners, by sharing a breadth of data and quality metrics which have assured us of the quality of patient services.

The Quality Account for Clifton Park Hospital provides an accurate and honest account of the quality of patient care provided. We are especially pleased to note the following achievements

- High participation rate in PROMS and NJR programme
- Reduction in fasting times and wait times for surgery
- Low incident rate
- Excellent Infection Prevention and Control measures
- Development of NatSIPPS
- Further participation in orthopaedic research studies

The priorities detailed in the Quality Account for 2017/18 clearly identify your ethos 'people caring for people' and a continued commitment to patient safety, clinical effectiveness and patient experience. These include

- Improvements in compliance with hand hygiene
- Improving the uptake of flu vaccinations for frontline staff.
- Achievement of 2 out of the 3 CQUIN indicators
- Duty of Candour – being open, honest and transparent with their patients regarding all aspects of patient care.

As Lead Commissioner we commend this Quality Account for its accuracy, honesty, and openness. We recognise that Clifton Park is a high performing hospital and we would like to congratulate them on their many quality achievements in 2017/18 and look forward to working collaboratively with the organisation in 2018/19.



Michelle Carrington

**Chief Nurse**

**NHS Vale of York Clinical Commissioning Group**



# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

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

#### Paul Mortimer, Matron

The team at Clifton Park Hospital are committing to make a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We will go that 'extra mile' to provide person centered care and ensure our staff are equipped with knowledge and skill, enabling them to deliver safe, effective care that is responsive, caring and well led.

With a consistent approach to monitoring and auditing our outcomes, and our ongoing commitment to the Continual Professional Development of our staff, our goal is to provide a safe and patient centered journey of care for all of our patients.

#### Introduction

##### **Statement from Vivienne Heckford**

*"This publication marks the ninth 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.

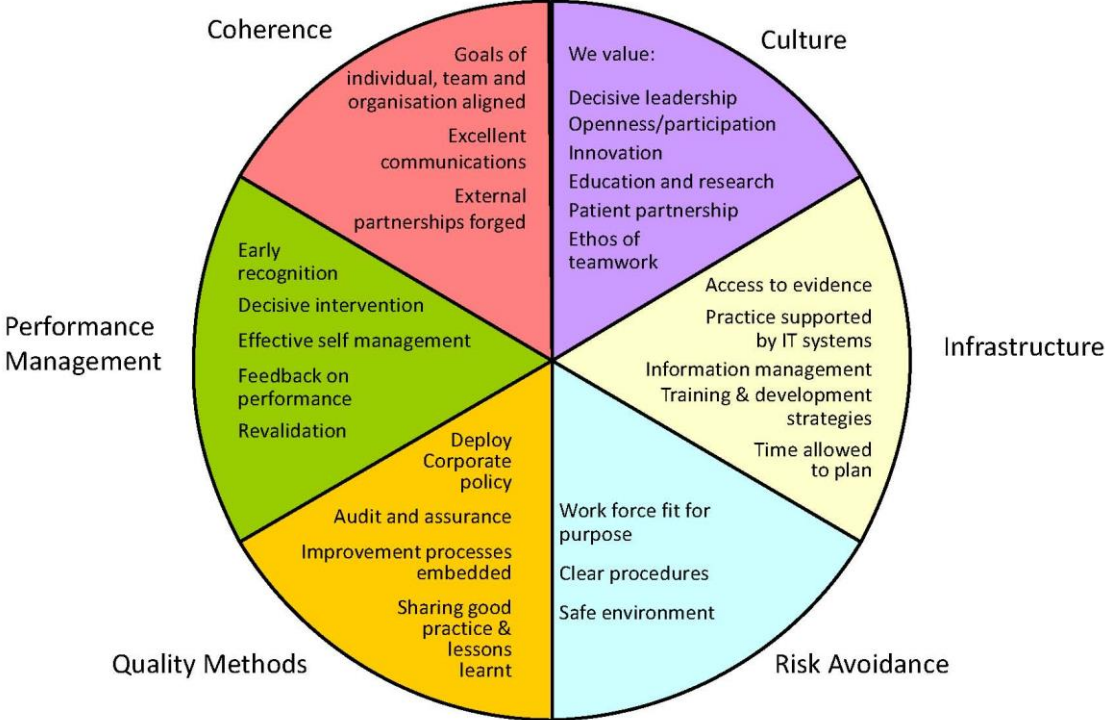
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

<i>Mortality:</i>	Period	Best		Worst		Average	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1

Period	Clifton Park	
2016/17	NVC28	0
2017/18	NVC28	0.00046

<i>PROMS:</i>	Period	Best		Worst		Average	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799

Period	Clifton Park	
Apr15 - Mar16	NVC28	
Apr16 - Mar 17	NVC28	21.222

<i>PROMS:</i>	Period	Best		Worst		Average	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547

Period	Clifton Park	
Apr15 - Mar16	NVC28	16.425
Apr16 - Mar 17	NVC28	16.828

<i>Readmissions:</i>	Period	Best		Worst		Average	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45

Data no longer recorded

Period	Clifton Park	
2016/17	NVC28	0.00092
2017/18	NVC28	0.0005784

<i>Responsiveness: to personal needs</i>	Period	Best		Worst		Average	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9

No longer collected. Data as last year.

Period	Clifton Park	
2013/14	NVC28	92.3
2014/15	NVC28	92.0

<i>VTE Assessment:</i>	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	Clifton Park	
Q3 2016/17	NVC28	97.7%
Q4 2016/17	NVC28	100.0%

<i>C. Diff rate: per 100,000 bed days</i>	Period	Best		Worst		Average	
	2015/16	Several	0	RPY	67.2	Eng	14.92
	2016/17	Several	0	RPY	82.7	Eng	13.19

Period	Clifton Park	
2016/17	NVC28	0.0
2017/18	NVC28	0.0

<i>SUIs:</i>  (Severity 1 only)	Period	Best		Worst		Average	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85

Period	Clifton Park	
2016/17	NVC28	0.00
2017/18	NVC28	0.00

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

Period	Clifton Park	
Jan-18	NVC28	100.0%
Feb-18	NVC28	97.0%

### 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

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

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

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

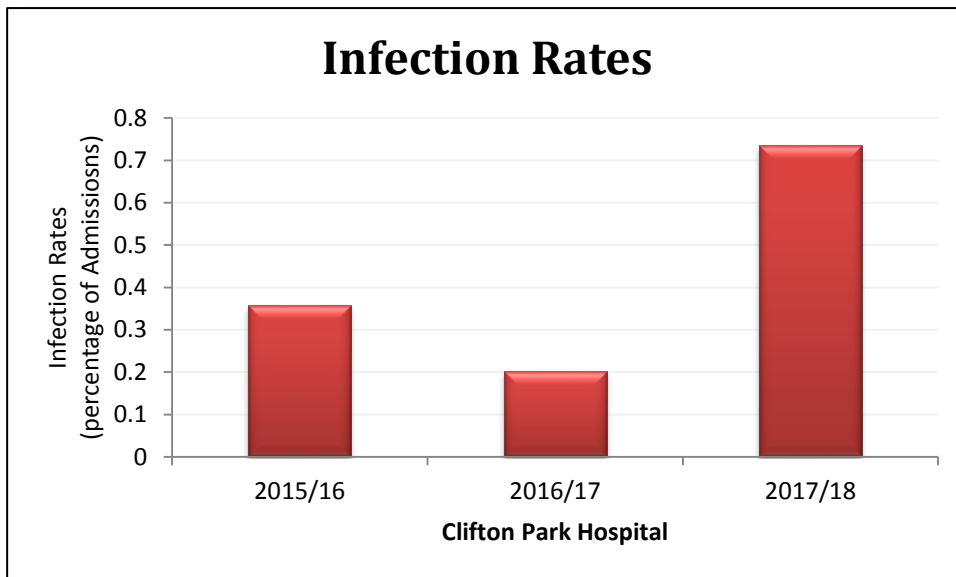
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. At Clifton Park hospital a hospital Infection Prevention committee meeting chaired by the consultant microbiologist is carried out every quarter.

#### **Programmes and activities within our hospital include:**

Local IPC initiatives include:

- Hand hygiene and skin surveillance training for all staff
- Monthly hand hygiene compliance audits
- Regular update training for infection prevention link nurses
- Participation in national awareness days
- Attendance to workshops and conferences both in-house and nationally.



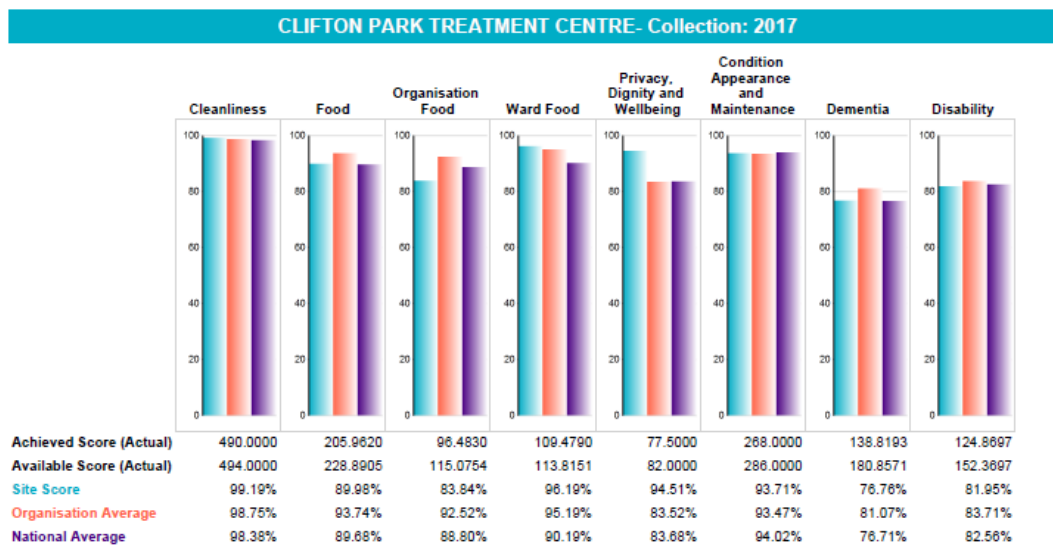
As can be seen in the above graph our infection control rate has increased over the last year. This due to increased vigilance in infection surveillance and improved reporting processes. All infections are investigated for any trends and lessons learnt and these are then discussed at the quarterly infection prevention committee meetings.

### 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 Clifton Park 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.



### 3.2.3 Safety in the workplace

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

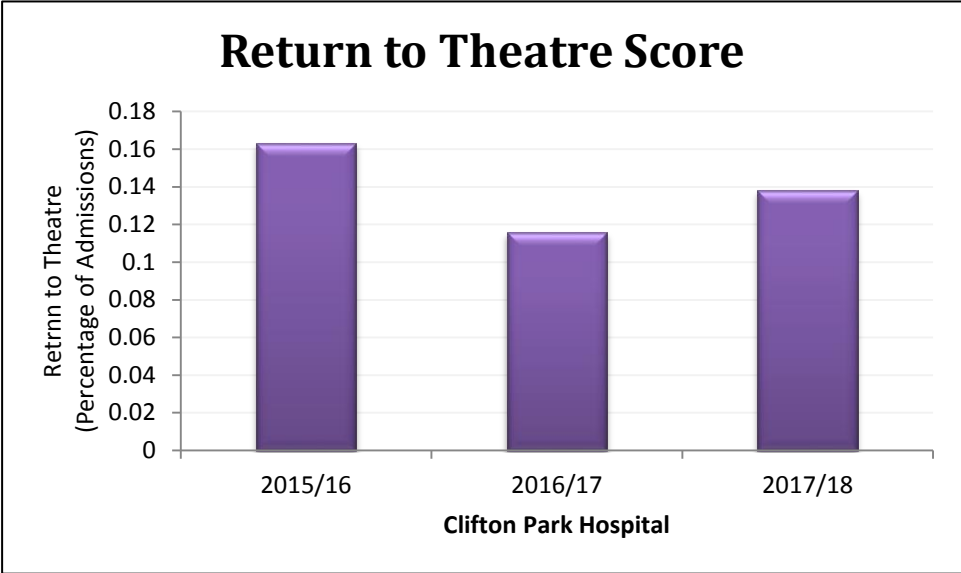
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

### 3.3 Clinical effectiveness

Clifton Park hospital has a Clinical Governance team and committee that meet monthly throughout 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.



### **3.3.2 Learning from Deaths**

In total there was one death recorded in the reporting period 2017/18. This death was not related to any problems in the care provided to the patient. Patient died following transfer out due to complications not related to the initial surgery. Following investigation no lessons learnt identified.

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

As a provider of acute services, Clifton Park hospital has fully implemented the priority clinical standards for seven day hospital services where the standard is applicable.

## **3.4 Patient experience**

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

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

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

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

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

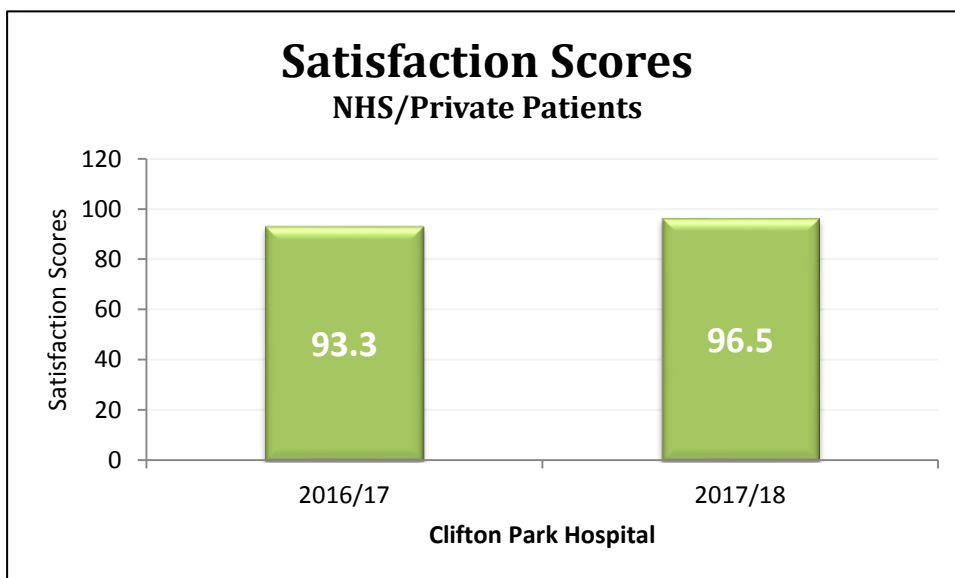
- Continuous patient satisfaction feedback via a web based invitation

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

### 3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year.



## Comments from Friends and Family Survey

- All staff extremely attentive and professional
- All staff very friendly, whole procedure was explained clearly and performed efficiently
- Apprehensive when I came in, was made to feel reassured and comfortable, Receptionists, Nurses and Doctors all very friendly.
- Consultation and operation by one of the top five consultants in the country, plus superb anaesthetist. Short waiting time for consultation and then operation too. Very attentive, personable and high quality knowledgeable nursing and other staff. Plenty of information and guidance.
- Faultless in care and attention staff were wonderful kind and caring food superb and plentiful medical care very reassuring a complete stress free experience.
- Friendly staff, clear explanations, very clean efficient organisation.
- Good communication made by all Clifton Park Staff felt that I was in good hands with confident and friendly staff.
- Overall I felt very good from start to finish - good staff, very friendly, good atmosphere and very professional.
- The treatment I have received has been 100% professional and the staff have made me feel at ease and have explained every step of the procedure along the way.
- All staff were attentive and efficient. Anaesthetic staff especially efficient, surgeon excellent follow up and aftercare. Physio good and always available.
- From the very first visit I have been made to feel welcome and the friendliness of all staff is wonderful, excellent facilities, wonderful food.

## Appendix 1

# Services covered by this quality account

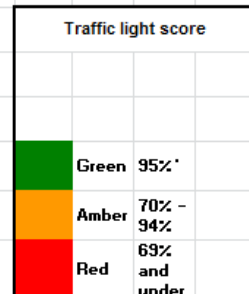
	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	General surgery, Orthopaedic, Physiotherapy Cosmetics Maxillo facial surgery	All adults 18 yrs and over
Surgical Procedures	General surgery, Orthopaedic surgery , Ambulatory, Day and, Inpatient Surgery ,Cosmetics, maxilla facial surgery	<p>All adults Excluding</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment</p>
Diagnostic and screening	Imaging services, MRI, On site plain x-ray, Phlebotomy POCT, Ultrasound Mobile, Urinary Screening and Specimen collection.	All adults 18 yrs and over

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

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



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



\* or above previous audit score if 95% or more, or 94% or more if 70% or more, or 69% or more if 69% or more

# Clifton Park Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

**01904 464550**

**Hospital website**