

Cobalt Hospital

Quality Account
2017/18



People caring for people



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Welcome to Ramsay Health Care UK

Cobalt 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, and Clinical Commissioning Groups.

Introduction

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 Cobalt 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 from the General Manager

I am delighted to introduce our Quality Account for 2017/18 which demonstrates our continued 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 been another successful year with GPs referring to our services, 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 day case 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:

- 100% compliance with the WHO Safer Surgery Checklist
- All patient feedback mechanisms show consistently high satisfaction rates of over 90% for satisfaction and recommendation
- Low incident rate
- Maintaining ISO 27001 accreditation
- Maintaining Joint Advisory Group (JAG) accreditation for endoscopy services
- 96% of our staff completed dementia awareness training.

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

Ramsay Health Care UK is launching its new Clinical Strategy in July 2018, from which local strategies will be developed. During 2018/19, there will also be an increase in focused audits aimed to continuously improve the quality of services we offer. We have identified through our governance structure that our ability to measure effective patient outcomes requires some focus as well as increasing the volume of responses to other patient satisfaction measures. Whilst our review of key performance indicators indicates good outcomes we will look at other ways to measure health improvement gains with the support of our medical advisory committee. Ramsay Health Care UK will also be introducing the “Speak up for

Safety” Initiative across all of its hospitals from July 2018. The programme, run by the Cognitive Institute, is an evidence based programme proven to address any staff behaviours and improve safety culture.

Donna Thornton
General Manager
Cobalt 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.

Donna Thornton
General Manager
Cobalt Hospital
Ramsay Health Care UK

This report has also been circulated to the below people for review;

Peter Hodgkinson – MAC Chair

Eva Vincze – Clinical governance committee chair

Helen White – Regional Director

Welcome to Cobalt Hospital



Cobalt Hospital was built in 2005 and is a modern, purpose-built unit designed for the diagnosis, assessment and treatment of conditions on a day case basis. We provide fast, convenient, effective and high quality treatment for patients over the age of 18, whether medically insured, self-pay, or from the NHS.

The hospital is a single level building comprising of a modern and airy reception area, an outpatient unit with a suite of consulting rooms and a surgical unit housing two theatres and dedicated recovery areas. Located within the Cobalt Business Park there is ample free car parking, good public transport links and easy access to main road networks.

Cobalt Hospital currently provides NHS services for the following specialties: gastro-intestinal endoscopy, general surgery, orthopaedics and plastic surgery. These specialties are also available to patients with private medical insurance and those who choose to pay for their treatment.

North Tyneside Clinical Commissioning Group were our lead commissioner of NHS Services for 2017/18, on behalf of neighbouring clinical commissioning groups, with regular service review meetings held to discuss performance. Patients were referred and travelled from Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside and Gateshead.

Referral to the hospital for NHS services is direct from GP via the electronic referral system (e-RS) and we have dedicated e-RS Co-ordinators and a GP Liaison team to facilitate the referral process.

This year saw 3957 day patient procedures at Cobalt Hospital; a change in referral pattern has been seen with waiting list activity for plastic surgery procedures from a local Trust now part of the total patient admissions. In terms of workforce there are 35 members of staff employed at Cobalt Hospital comprising of 60% clinical posts and 40% support staff with a mix of full time and part time positions. As part of our team we directly employ 3 consultants and have a further 20 visiting consultants with practising privileges.

Part 2

2.1 Quality priorities for 2018/19

Plan for 2018/19

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

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

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

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

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

Patient Safety

WHO Safer Surgery Checklist – Following an SUI in December 2016, completion of the WHO safer surgery checklist remained a clinical priority. During the 2017/18 period, regular audits were carried out to ensure compliance with the checklist, audits show compliance is at 100% and the checklist is firmly embedded in clinical practice at Cobalt Hospital. A recent review and audit of theatre services, undertaken by a corporate team from Ramsay Health Care UK, commented on how well the checklist is carried out in theatre and commended staff for ensuring its completion. This will continue to be monitored as part of the clinical governance audit programme.

Patient Experience

Dementia awareness – 96% of staff have completed training on dementia awareness (remaining 4% are on maternity or sick leave and will complete on their return to work), and as facilities are updated we are introducing more dementia friendly items, such as signage and toilet facilities. We continue to care for patients with dementia and assess each case separately to ensure that we provide the best possible experience for the patient and their carer.

Clinical Effectiveness

Focus on patient hand hygiene – We continue to have a strong focus on hand hygiene. The importance of hand hygiene is discussed with all surgical patients prior to their discharge. Patients are given an information leaflet to reinforce the reasons to ensure good hand hygiene once discharged, and this is reinforced at each subsequent outpatient appointment. Very low infection rates would testify that this campaign is successful.

Promote staff flu campaign – The 2017/18 flu campaign was championed by the Matron and began in October 2017 with an information campaign aimed at all staff. Mythbuster information was distributed with all payslips, and displayed in staff areas in the hospital. Both appointed clinics and drop in sessions were made available for staff to attend, this resulted in all staff being approached and 73% of staff receiving the flu vaccination in 2017. Cobalt Hospital exceeded both the CQUIN and national target of 70% for staff vaccination rate.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Patient Experience

Satisfaction and recommendation rates - Patient experience continues to be a key indicator to ensure that we deliver the highest levels of patient care at Cobalt Hospital. We receive feedback through the Friends and family questionnaire and our in house Qa research questionnaire, used in all Ramsay Hospitals to assess patient experience post discharge. Whilst we currently receive very positive feedback, between 98 and 100% recommendation rates from the Friends and family survey, it is recognised that numbers of patients giving feedback is low. We therefore aim to increase our friends and family feedback from a monthly return of around 10% to a monthly return of feedback from 25% of our patients. This will be monitored on a monthly basis by matron, who receives the report and shares this with the staff at Cobalt Hospital. A 'feedback champion' will be identified on each shift, to ensure as many people as possible are completing

questionnaires. Increased feedback will allow staff at Cobalt Hospital to deliver high quality, safe and effective care.

Patient Safety

Speak up for Safety Initiative - Ramsay Health Care UK will be introducing the “Speak up for Safety” Initiative across all of its hospitals from July 2018. The programme, run by the Cognitive Institute, is an evidence based programme proven to address unprofessional behaviour and improve safety culture. “Speak up for safety” was developed at the Vanderbilt University Hospital in America and has been shown to encourage self-regulation, consistently improve hand hygiene and reduce the amount of complaints from patients. It is hoped that by adopting this initiative Cobalt Hospital will be able to demonstrate a reduced level of complaints from patients and an increased level of staff satisfaction. We intend to monitor staff satisfaction by completing a Cobalt specific staff satisfaction survey in the spring of 2019, to compare with results gained in the staff survey which is currently being undertaken and would anticipate an improvement in scores.

Clinical Effectiveness

Advice and Guidance for NHS referrers - In 2018/19 we aim to increase our engagement with local NHS partners to optimise the use of our services. In 2017/18 we successfully introduced an advice and guidance service open to GP’s requesting specialist gastroenterology advice. This ensured that anyone requesting advice or guidance was provided with a response from a gastroenterology consultant within 2 days. Quarter 1 saw 2 advice and guidance requests, Quarter 2 had 9 requests, Quarter 3 had 5 requests and Quarter 4 saw 11 requests. All requests were reviewed by a Consultant Gastroenterologist and responded to within 48 hours, as per the guidelines laid out in CQUIN.

In 2018/19 we will widen this to include general surgery. Quarter 1 and 2 of the year will be spent building and advertising the service to local GP’s with quarter 3 and 4 ensuring that the service is embedded into practice. The GP liaison officer will be heavily involved in communicating and promoting this service. It is hoped that by providing advice and guidance prior to a referral, GP’s will be able to make more appropriate and targeted referrals where required to ensure an effective and swift patient experience, with the most effective clinical outcome. This will be reported back on a quarterly basis as part of the CQUIN programme.

Maintaining JAG Accreditation – An inspection of our services by JAG is expected in November 2018, we are a progressive unit and score well on our annual scorecards. We will ensure that we continue to make our endoscopy services a priority and invest in new technology as it becomes available. Frequent professional updates attended by our gastroenterologists ensure that we provide good quality, evidence based services and we aim to demonstrate this by continuing to hold JAG accreditation following our inspection.

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 Cobalt Hospital provided and/or subcontracted services across four NHS services.

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

The income generated by the NHS services reviewed in 1st April 2017 to 31st March 2018 represents 100% per cent of the total income generated from the provision of NHS services by the Cobalt Hospital for 1st April 2017 to 31st March 2018.

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 Resource	
Staff Cost % Net Revenue	11.9%
HCA Hours as % of Total Nursing	28%
Agency Cost as % of Total Staff Cost	<1%
Admitted Care Hours Worked PPD	8.13
Staff Turnover	12.9%
Sickness	8.6%
Lost Time	20%
Appraisal %	92%
Mandatory Training %	88%
Staff Satisfaction Score - This was undertaken on a company wide basis in May 2018, we await the result in July 2018, from which an action plan will be developed with the Staff Engagement Group.	Currently being undertaken.
Number of Significant Staff Injuries	1 significant staff injury reported
Patient	
Formal Complaints in year	7
Patient Satisfaction Score	100% Day case, 98% Outpatients
Significant Clinical Events	0
Readmission per 1000 Admissions	0
Quality	
Workplace Health & Safety Score	98%
Infection Control Audit Score	100%

Staff turnover and absence rates are raised, but represent a small number of staff who were on long term sick leave, two of whom have now left the business on ill health grounds and another who is being managed through the process at this time.

2.2.2 Participation in Clinical Audit

The national clinical audits and national confidential enquiries that Cobalt Hospital participated in, and for which data collection was completed during 1 April 2017 to

31st March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective surgery (National PROMs Programme)	Small surgical volumes

The reports of the national clinical audit from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Cobalt Hospital has significantly improved participation rates for preoperative surveys for inguinal hernia repair by consultant engagement with patients preoperatively. However, it has been identified that completion rates for post-operative surveys are low so meaningful data on health improvement outcomes is not available for inguinal hernia repair or varicose vein surgery.

Local Audits

The reports of all local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and we have identified that action plans have improved from previous year, with clear time frames for improvement and responsibilities assigned. The senior clinical team will continue to ensure audit action plans are followed up to ensure effectiveness.

Our focus for 2018/19 is to maintain improvements in record keeping in relation to clinical staff and consultant VTE compliance. We will also focus strongly on compliance with the introduction of the updated NEWS2 documentation, and compliance with ensuring operational governance standards are maintained.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

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

A proportion of Cobalt Hospital's income from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed by Cobalt 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. During 2017/18 Cobalt Hospital achieved all CQUIN targets. We are confident that targets set for 2018/19 will also be met as agreed.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

2.2.6 Data Quality

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2017/18 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

Cobalt 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

Statement from North Tyneside Clinical Commissioning Group regarding the Quality Accounts 2017/18 for Cobalt Hospital, Ramsay Health Care UK

The North Tyneside Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Ramsay Health Care UK Quality Account 2017/18 for Cobalt Hospital and would like to provide the following commentary.

As commissioners, North Tyneside CCG are committed to commissioning high quality services from Cobalt Hospital and take seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Throughout 2017/18, North Tyneside CCG has held regular service review meetings with Cobalt Hospital. These meetings were well attended and provided positive engagement for the monitoring, review and discussion of any quality issues arising throughout the year.

The CCG is pleased to note that the Cobalt Senior Management Team has based the quality priorities for 2018/19 on patient feedback, audit results, national guidance and recommendations from hospital committees. The four quality priorities identified focus on improving the quantity and quality of patient feedback, developing the safety culture at Cobalt, increasing the effectiveness of referral processes in collaboration with referrers and ensuring the accreditation of Joint Advisory Group (JAG) services, should contribute greatly toward overall improvements in patient safety, patient experience and clinical effectiveness.

Reviewing the quality priorities that have been in place for 2017/18, it is pleasing to note the actions taken by Cobalt Hospital following the reporting of a serious incident in December 2016, which identified the completion of the WHO Safer Surgery Checklist as a clinical priority. The CCG is encouraged that the regular audits that were carried out to ensure compliance with the checklist show 100% compliance and the Cobalt team should be congratulated on the commendations given by the Ramsey Health Care UK corporate team on the success of the checklist implementation.

The CCG is pleased to note that 96% of staff at Cobalt has now completed dementia awareness training and that the remaining 4% of staff to be trained are

on statutory leave. The CCG would however like confirmation once this the staff are is trained. It is commendable that the hospital continues to introduce a more dementia friendly environment and continues to assess every patient situation individually to ensure the best possible patient experience.

The success of the patient hand hygiene campaign demonstrated through the very low infection rates is encouraging and the CCG would like to see the hospital continue to promote this with all patients in order to maintain this standard. Similarly, the CCG is pleased to see that the flu campaign promotion implemented following a disappointing flu uptake in 2016/17 has been more successful with 73% of staff receiving the vaccination. The hospital is to be congratulated on achieving this figure which is above both the CQUIN target and national target of 70%.

The Hospital should again be congratulated for the high patient satisfaction scores attained in the Friends and Family Test (FFT) however, whilst the feedback is very positive, it is recognised that the numbers of patients giving feedback is low. The CCG note the aspiration to increase the monthly return from 10% to 25% and the focus on patient experience in the 2018/19 quality priorities. It is positive to note how the hospital plans to address this by using a 'Feedback Champion' on each shift.

Development and improvement of a positive patient safety culture is a challenging but crucial element of delivering a safe service and it is commendable that the hospital will implement the "Speak up for Safety" initiative from July 2018. The CCG looks forward to seeing the results of the staff satisfaction survey in 2019, compared with the current survey taking place, to see whether this approach has increased levels of staff satisfaction and whether it has affected other key safety culture measures such as levels of complaint or incident reporting.

The CCG is pleased that the Cobalt Hospital has successfully introduced an advice and guidance service in 2017/18 to GPs requesting specialist gastroenterology advice and it is encouraging to note that all requests were reviewed by a Consultant Gastroenterologist and responded to within the guidelines of 48 hours. The CCG looks forward to seeing how this service is expanded to include general surgery in 2018/19.

North Tyneside CCG welcomes the specific clinical priorities for 2018/19 which are highlighted within the Quality Accounts and consider that they are appropriate areas to target for continued improvement. The CCG looks forward to continued

partnership work with Cobalt Hospital to assure the quality of services commissioned in 2018/19.

Lesley Young-Murphy
Executive Director of Nursing & Chief Operating Officer
NHS North Tyneside CCG
June 2018

For and on behalf of North Tyneside and Newcastle/Gateshead CCGs

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

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

Introduction

“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 Safety and Clinical Performance,
Ramsay Health Care UK*

Ramsay Clinical Governance Framework 2018

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

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

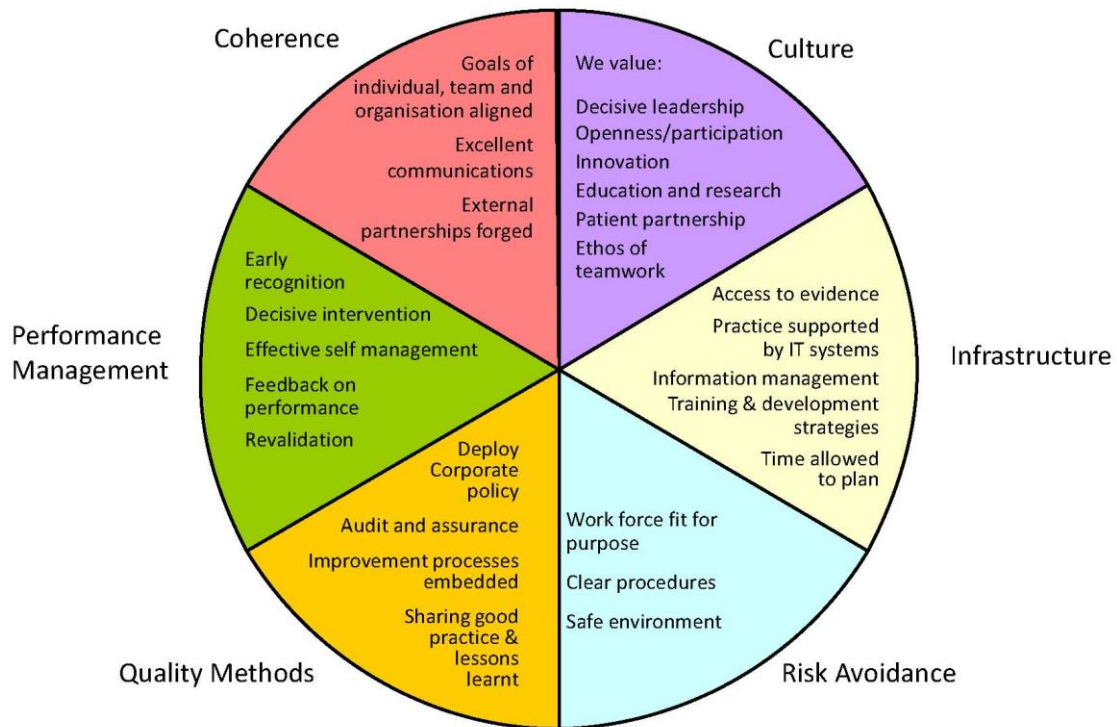
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality:	Period	Best		Worst		Average		Period	Cobalt	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC29	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC29	0

Cobalt Hospital considers that this data is as described for the following reasons; there have been no deaths at Cobalt Hospital.

Cobalt Hospital intends to take the following actions to maintain this number, and so the quality of its services, by continuing to monitor all admissions to ensure that they meet the elective diagnostic and surgical admissions stipulated for Cobalt Hospital, ensuring low risk patients receive their procedures on site.

PROMS: Hernia	Period	Best		Worst		Average		Period	Cobalt	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC29	0.085
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC29	0.112

PROMS: Veins	Period	Best		Worst		Average		Period	Cobalt	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC29	*
	Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC29	*

PROMS: Hips	Period	Best		Worst		Average		Period	Cobalt	
	Apr15 - Mar16	RJY	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC29	
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC29	no data

PROMS: Knees	Period	Best		Worst		Average		Period	Cobalt	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC29	
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC29	no data

Cobalt Hospital considers that this data is as described for the following reasons; currently no hip or knee procedures are undertaken at Cobalt hospital, explaining lack of data.

Cobalt hospital intends to take the following actions to improve this score and so the quality of its services, by ensuring all applicable patients receive PROMS paperwork for completion.

Readmissions:	Period	Best		Worst		Average		Period	Cobalt	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC29	0.0004681
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC29	0.0005867

Cobalt Hospital considers that this data is as described for the following reasons; this reflects our readmission rate.

Cobalt Hospital intends to take the following actions to maintain this number and so the quality of its services, by continuing to monitor patients post operatively and ensure that any readmission is recorded and fully investigated to ensure there are no trends or patterns.

VTE Assessment:	Period	Best		Worst		Average		Period	Cobalt	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC29	97.7%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC29	94.2%

Cobalt Hospital has taken the following actions to improve this percentage and so the quality of its services, by ensuring duplicate appointments made via the choose and book system are deleted from the clinical record system. This will ensure that artificially created appointments are not showing as incomplete VTE's and lowering the percentage below 100%, which is the case for these results.

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Cobalt	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC29	0.0
	2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC29	0.0

Cobalt Hospital considers that this data is as described for the following reasons; there have been no recorded cases of Clostridium difficile at the hospital,

Cobalt Hospital has taken the following actions to maintain this rate, and so the quality of its services, by ensuring compliance with infection prevention and control policy and ensuring good hand hygiene amongst both staff and patients.

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Cobalt	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC29	0.00
	April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC29	0.00

Cobalt Hospital considers that this data is as described for the following reasons; no SUI's reported during the 2017-2018 reporting period.

Cobalt Hospital has taken the following actions to maintain this rate, and so the quality of its services, by ensuring policies and procedures are adhered to and any lessons learnt from national incidents are shared with the team to avoid replication at Cobalt Hospital.

F&F Test:	Oct	Best		Worst		Average		Period	Cobalt	
	Feb-18	Severall	100%	RJ731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC29	100.0%
	Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC29	100.0%

Cobalt Hospital considers that this data is as described for the following reasons; results concur with the monthly reporting from NHS Friends and Family feedback data.

Cobalt Hospital has taken the following actions to maintain this percentage and so the quality of its services, by identifying a friends and family champion to ensure that patients are given opportunity to give feedback about their care whilst at Cobalt Hospital.

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.

3.2.1 Infection prevention and control

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

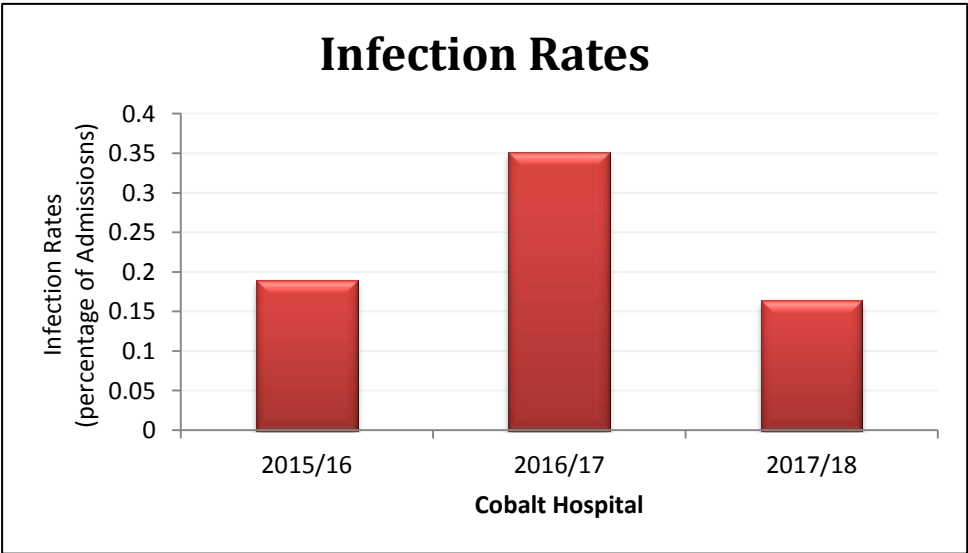
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to maintain our 0% rates of infection with these organisms.

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

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

Programmes and activities within our hospital include:

The infection prevention and control link nurse has provided annual training in hand hygiene to all staff and completes hand hygiene training sessions during staff induction days for all new starters. The consultant microbiologist has provided training sessions for the infection control link nurse, which she has then cascaded to staff in teaching sessions, on a number of subjects, including the importance of using the aseptic no touch technique when inserting a cannula. Audit results show that this is adhered to in 100% of cases.



As demonstrated above, the focus on good Infection Control practices and good hand hygiene has led to a reduction in already low infection rates over the last year. Continued focus on good infection control techniques will continue to be audited during the 2018/19 period and it is expected that infection rates will remain low over the coming year.

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 Cobalt Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

The PLACE Assessment was conducted at Cobalt Hospital in May 2017, the results of which are as follows:

Cleanliness: 93.15% (national average 98.4%) This is a reduction on the previous year and is below the national average. This has been addressed with the housekeeping staff, who are now audited on a monthly basis. An increase in this score is expected for 2018.

Condition, Appearance and Maintenance: 93.47% (national average 94.4%) Planned maintenance has been stepped up this year and is undertaken on a preventative basis, an increase in results to above national average would be expected in the 2018 audit.

Privacy, Dignity and Wellbeing: 83.52% (national average 82.9%) Assessors commented on how they felt that their privacy and dignity had been maintained during their treatment at Cobalt Hospital.

Dementia: 90.77% (national average 83.3%) All staff have received training in providing appropriate, good quality and safe care to patients with dementia. As part of the maintenance plan, as facilities are upgraded, a dementia friendly alternative is included to ensure that the hospital is suitable for patients with dementia.

Disability: 84.4% (national average 87.7%) Although the hospital is on one level and completely wheelchair accessible, the lack of handrails in corridors has reduced the score at Cobalt. Practically it is not possible to install handrails into the corridor due to space restrictions, but anyone with limited mobility would be assisted by a member of staff and a wheelchair made available should this be required.

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.

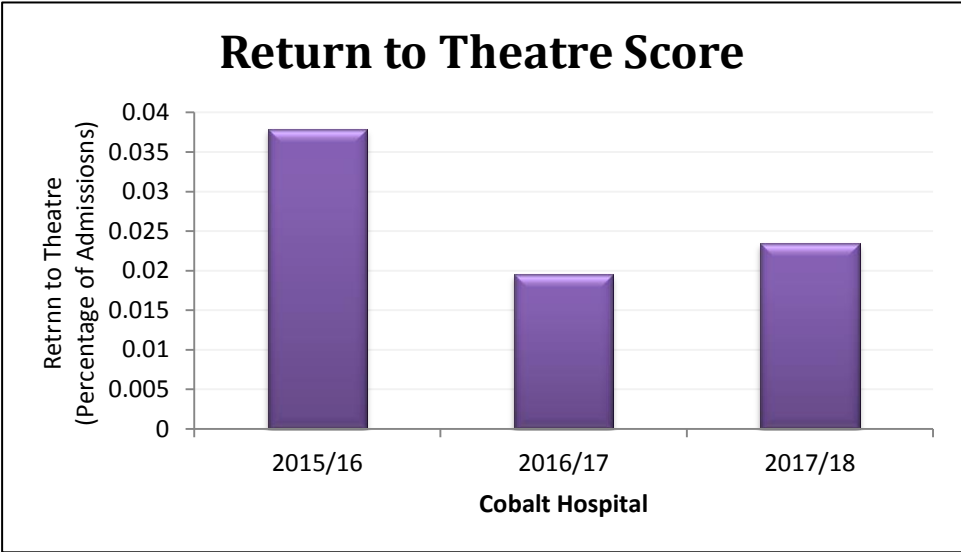
In addition to mandatory training we have been visited by a member of the corporate health and safety team and received training on aspects of risk assessment and management, COSHH advice and an inspection of the site to ensure that all areas complied with Health and Safety Regulation. No issues were identified. Any risks arising are discussed at the Health and Safety Committee, when the risk register is reviewed and updated as per need.

3.3 Clinical effectiveness

Cobalt Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and Medical Advisory Committee 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.



Although this graph appears to demonstrates a small increase in return to theatre, in actual numbers this represents one patient, which is on a par with the report of one patient in 2015/16. Each occurrence was investigated thoroughly and no issues have been identified.

3.3.2 Learning from Deaths

Due to the case mix of patients treated at Cobalt Hospital, we do not treat high risk patients. This along with the standard of care at Cobalt Hospital has ensured that we have not had any deaths.

Any national guidance relating to learning from deaths is cascaded to the teams through the 'Lessons Learnt' system and is shared with the whole team to ensure that any lessons highlighted are recognised and reviewed, ensuring that the best evidenced care is always provided at Cobalt Hospital.

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Cobalt Hospital provides elective diagnostic and day case surgery only. We have no facilities for emergency admission and therefore are not required to implement seven day priority clinical standards for emergency admissions.

3.4 Patient experience

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

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

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

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

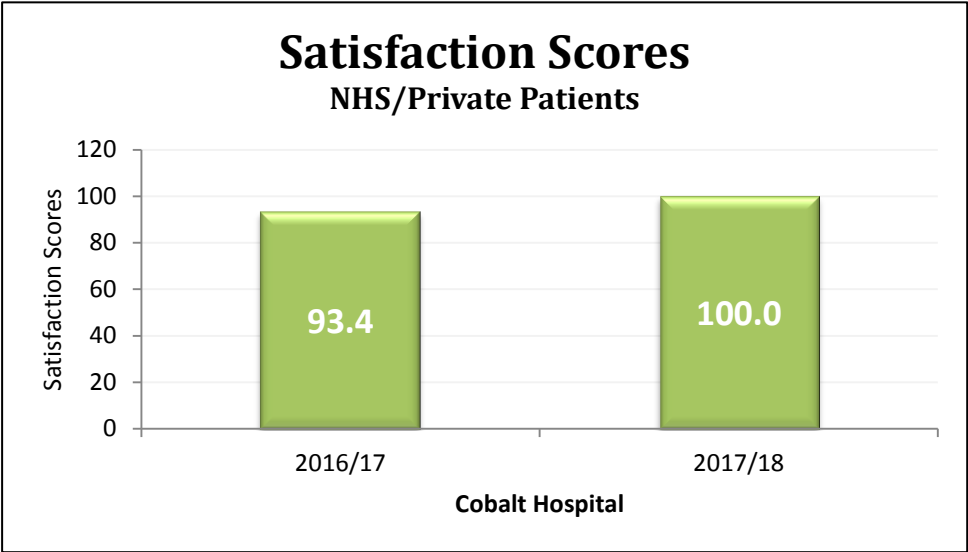
Feedback regarding the patient's experience is encouraged in various ways via:

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

3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph satisfaction scores have increased. We are committed to gathering patient's feedback on their experience at Cobalt; we have appointed a feedback champion to ensure that all patients are given a chance to give feedback on their experience at Cobalt. Whilst we are at 100%, we are not complacent and welcome all feedback and particularly welcome suggestions on what additional aspects we can address to provide a positive patient experience.

Appendix 1

Services covered by this quality account

Specialty	Service
General Surgery	Minor Skin Varicose Veins Hernia Repair Rectal Surgery
GI Endoscopy	Colonoscopy Flexible Sigmoidoscopy Gastroscopy
Orthopaedic Surgery	Hand Knee Shoulder Wrist Feet
Plastic Surgery	BCC Skin lesions/cysts Cosmetic Surgery

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

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



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

Traffic light score

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

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

Cobalt Hospital

Ramsay Health Care UK

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

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

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