# Contents

<table>
<thead>
<tr>
<th>Introduction Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to Ramsay Health Care UK</td>
</tr>
<tr>
<td>Introduction to our Quality Account</td>
</tr>
<tr>
<td><strong>PART 1 – STATEMENT ON QUALITY</strong></td>
</tr>
<tr>
<td>1.1 Statement from the General Manager</td>
</tr>
<tr>
<td>1.2 Hospital accountability statement</td>
</tr>
<tr>
<td><strong>PART 2</strong></td>
</tr>
<tr>
<td>2.1 Priorities for Improvement</td>
</tr>
<tr>
<td>2.1.1 Review of clinical priorities 2018/19 (looking back)</td>
</tr>
<tr>
<td>2.1.2 Clinical Priorities for 2019/20 (looking forward)</td>
</tr>
<tr>
<td>2.2 Mandatory statements relating to the quality of NHS services provided</td>
</tr>
<tr>
<td>2.2.1 Review of Services</td>
</tr>
<tr>
<td>2.2.2 Participation in Clinical Audit</td>
</tr>
<tr>
<td>2.2.3 Participation in Research</td>
</tr>
<tr>
<td>2.2.4 Goals agreed with Commissioners</td>
</tr>
<tr>
<td>2.2.5 Statement from the Care Quality Commission</td>
</tr>
<tr>
<td>2.2.6 Statement on Data Quality</td>
</tr>
<tr>
<td>2.2.7 Stakeholders views on 2010/11 Quality Accounts</td>
</tr>
<tr>
<td><strong>PART 3 – REVIEW OF QUALITY PERFORMANCE</strong></td>
</tr>
<tr>
<td>3.1 The Core Quality Account indicators</td>
</tr>
<tr>
<td>3.2 Patient Safety</td>
</tr>
<tr>
<td>3.3 Clinical Effectiveness</td>
</tr>
<tr>
<td>3.4 Patient Experience</td>
</tr>
<tr>
<td>3.5 Case Study</td>
</tr>
<tr>
<td>Appendix 1 – Services Covered by this Quality Account</td>
</tr>
<tr>
<td>Appendix 2 – Clinical Audits</td>
</tr>
</tbody>
</table>
Welcome to Ramsay Health Care UK

Croydon Day 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 33 acute hospitals.

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

“As Chief Executive of Ramsay Health Care UK, I am passionate about ensuring that high quality patient care is our number one goal. This relies not only on excellent medical and clinical leadership in our hospitals but also upon an organisation wide commitment to drive year on year improvement in patient satisfaction and clinical outcomes.

Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance. It is essential that we establish an organisational culture that puts the patient at the centre of everything we do and as a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results.

Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.”

(Andy Jones, Chief Executive Officer of Ramsay Health Care UK)
Introduction to our Quality Account

This Quality Account is Croydon Day 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.
1.1 Statement on quality from the Hospital Director

The delivery of high quality care is the priority of the team at Croydon Day Hospital. We work closely with consultants and patients to ensure high standards of care are received and that we constantly learn in order to improve the services that we provide.

There is an organisation structure in place that facilitates this. A Clinical Governance Committee and Medical Advisory Committee support us by reviewing and monitoring our practice, ensuring that policies, procedures and legislation are shared and that we remain complaint in all these aspects.

The consultants and hospital staff are fully trained in the work they undertake and an appraisal system ensures practice is monitored.

As a new day hospital in the community we aim to be a leading provider of health care services by delivering high quality outcomes for patients and ensuring long term sustainability. We explore ways to improve our services and are supported by Ramsay Health Care to invest in equipment and facilities.

The purpose of this Quality Account is to demonstrate to our patients and other stakeholders that we are committed to quality and progression. Our emphasis is on ensuring patients receive safe, efficient and effective care; that they feel valued and respected; and that they are involved and informed regarding their treatment options.

A positive culture in our hospital is vital and we are committed to keeping the patient at the centre for everything we do.

Gael Ogunyemi

Croydon Day 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.

Gael Ogunyemi
Hospital Director
Croydon Day Hospital
Ramsay Health Care UK
Welcome to Croydon Day Hospital

Croydon Day Hospital is a modern day-case facility with a contemporary design and in an ideal location for patients to travel to and from both West and East Croydon Rail Station, Croydon Bus Interchange and the main Tram Interchange. The hospital is also located closely to the local NHS Trust with Croydon University Hospital less than a mile away.

The hospital is relatively new and the number and type of services are growing. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19 years), whether medically insured, self-pay or from the NHS.

Services provided at Croydon Day Hospital include:

- Orthopaedics – hand, wrist, knee, shoulder, foot and ankle
- General surgery
- Urology
- Gastroenterology
- Ophthalmology
- Gynaecology
- Physiotherapy
- Private GP service

Our physiotherapy department provides specialist physiotherapy services including orthopaedic and sports injury.

We provide on-site x-ray and ultrasound services with MRI, CT and Dexa scans being provided by our sister hospital in Ashtead. TDL (the Doctors Laboratory) provide pathology services.

Our pharmacy department is provided by Lloyds and decontamination and supplies services are provided by Ashtead hospital.

We work closely with our sister hospitals, North Downs in Caterham and Ashtead. Having this close working relationship ensures that we regularly share best practice.

Total number of patient admissions in the last year to 30/06/19 was 407 of which 98% were NHS patients.

The hospital is regulated by the Care Quality Commission and Croydon Day Hospital became registered on the 31st August 2017.

The hospital has a robust governance and risk management framework in place. Staff feel listened to and are supported by the Senior Leadership team. As a small team we are able to communicate effectively. The hospital invests in all
staff, ensuring they have the relevant training and skills to be effective in their role.

The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the organisation. Ramsay Health care is committed to the Apprenticeship Scheme. Training needs analysis is identified at Performance Development Reviews and the necessary resource applied to facilitate further professional development, guided by the Hospital Training and Development Lead.

External training is also accessible to our teams such as fire safety; manual handling; BLS, ILS and Speaking Up for Safety, a Ramsay initiative encouraging all members of the team to speak up if they have concerns about a patients safety.

We are small friendly, caring team dedicated to making each and every patient feel welcome, safe and secure. Whether our patients are attending a consultation or day surgery we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care.

We have a total of 20 Consultant Surgeons and Physicians and 9 consultant anaesthetists who practise at Croydon Day Hospital. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular review through our clinical governance framework to ensure the highest possible clinical care. Consultant credentials are maintained to ensure indemnity and DBS (Disclosure and Barring Service) are current.

Our staff compliment as of April 2019 is 27.5 WTE and 2 bank members.

Need WTE for each
Qualified Nurses 5.6 WTE
HCA 4.6 x WTE
Radiographers 1 x WTE
Porters 1 XWTE
Administration staff 6.8 WTE
Support services 6.5 x WTE
Operating Department Practitioners 2 X WTE

We work closely with Croydon University NHS Trust and have access to level 2/3 critical services as required.

Our GP liaison Officer works closely with the local GP population to facilitate a smooth transition of their patients to secondary care where this is required. We actively collect patient feedback to ensure that their accounts and experiences both positive and negative are taken into consideration when we review our services.
Our GP Liaison Officer, Christine Mitchell visits local GP surgeries, physiotherapists and optometrists to regularly update them on our services and assist them with any issues.

We hold regular education events led by some of our consultants, provided to GPs. We hold education and awareness events held for the public.

We provide a range of NHS services under the Standard Acute Contract via the Electronic Referral System (ERS). Our NHS Directory is up to date and distributed to the GP’s to ensure the information is always current. We value our contact with GPs as ‘customers’ and strive to ensure that we work actively in partnership in the best interests of the patients and their families.

During the past year we have achieved 100% scores.
Part 2

2.1 Quality priorities for 2019/2020

Plan for 2019/2020

On an annual cycle, Croydon Day 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 2019/19 (looking back)

Patient Safety

Speaking up for Safety (SUFS)

In July 2018 Ramsay launched the Speaking up for Safety campaign. This is a programme from the Cognitive Institute which aims to help healthcare organisations overcome entrenched behaviours that can lead to poor patient outcomes. It uses a graded assertiveness communication tool called the Safety C.O.D.E. Croydon Day Hospital publicised this initiative within the hospital but also on social media. Training sessions have been held with all employees. Croydon Day Hospital has a Clinical Governance Committee which reviews any patient safety incidents and looks for trends and identifies any lessons learned. The initiative has had the effect of empowering staff to voice concerns. SUFS
effectively dovetails with existing safety standards such as the WHO Five steps to Safer Surgery and the NatSSIPS (National Safety Standards for Invasive Procedures).

Speaking up for Safety will continue to be on the safety agenda over the coming year and the next element of this initiative, “Promoting Professional Accountability” will be rolled out across all of the Ramsay hospitals. This is the next step of SUFS

**Clinical Effectiveness**

**NEWS2**

NEWS is a nationally recognised early warning scoring system which alerts clinical stages to recognise a deteriorating patient in the early stages. NEWS2 differs from the original NEWS in that ‘new confusion’ is now a criteria and also the parameters for assessing oxygen delivery have been amended to take into consideration patients with existing respiratory conditions.

All registered clinical staff working in the theatre and the ward environment completed NEWS2 training in July for last year. Revised and updated observation charts were introduced. This revised early warning scoring system is also now embedded within the ILS (Immediate Life Support) and AIM (Acute Illness Management) courses, of which all registered clinical staff key areas are mandated to attend.

We continue to audit compliance of accurate completion and scoring of the NEWS2 charts. This ensures that we are able to flag any individual nurses who require further training. All patient transfers or return to theatre events are reviewed specifically in relation to the accuracy of the NEWS2 scoring and the appropriate escalation resulting from triggers.

**2.1.2 Clinical Priorities for 2019/20 (looking forward)**

**Clinical Effectiveness**

**VTE assessment**

Croydon Day Hospital has reviewed the VTE management of patients post operatively. Key actions are in place for clinical staff to ensure that treatment plans are reviewed pre and post procedures and in accordance with Consultants post-operative assessment to mitigate patients from avoidable harm. Our aim is to achieve 100% in accordance with National Standards.
Patient Experience Live Audit

We currently retrospectively audit medical record covering a range of clinical areas of practice and compliance. This provides us with valuable insight into how well we are policy compliant and allows us to map trends of performance. However, we are aware that this does not always reflect the direct patient experience of this care and as such we propose to carry out a range of targeted, live (as in real time) patient audits which will enable us to gather current information and quickly act upon any areas which may have fallen below the standards expected. The area of focus will change throughout the year but will cover subjects such as, the patient’s experience of the consent process, pain control, falls prevention advise, fluid balance management and pressure area management. Anonymised result from these audits will be fed back at the relevant meeting forums.

Patient Experience

Croydon Day Hospital is based on the top floor of a large office block in West Croydon. We are continuously looking at ways in which we can improve the experience for patients as have had struggles with regards to signage and parking. Much of this has been resolved, but we will be carrying out an awareness campaign in 2019/2020 to inform more people of our presence and how to access the facility.

We are also continuously looking at ways in which we can improve patient flow within the hospital.
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 2018/19 Croydon Day Hospital provided and/or subcontracted 10 NHS services.

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

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 19 represents 98 per cent of the total income generated from the provision of NHS services by Croydon Day Hospital for 1 April 2018 to 31st March 19

Regulated activities (Adults Only):

Treatment of Disease, Disorder or Injury:

Surgical Procedures:

Diagnostic and screening:

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 2018/19, the indicators on the scorecard which affect patient safety and quality were:

<table>
<thead>
<tr>
<th>Human Resources</th>
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<tr>
<td>Staff Cost % Net Revenue</td>
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<tr>
<td>HCA Hours as % of Total Nursing</td>
</tr>
<tr>
<td>Agency Cost as % of Total Staff Cost</td>
</tr>
<tr>
<td>% Staff Turnover</td>
</tr>
<tr>
<td>% Sickness</td>
</tr>
<tr>
<td>Appraisal %</td>
</tr>
<tr>
<td>Mandatory Training %</td>
</tr>
<tr>
<td>Staff Satisfaction Score</td>
</tr>
<tr>
<td>Number of Significant Staff Injuries</td>
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<tr>
<th>Patient</th>
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<tr>
<td>Formal Complaints per 1000 HPD's</td>
</tr>
<tr>
<td>Patient Satisfaction Score</td>
</tr>
<tr>
<td>Significant Clinical Events per 1000 Admissions</td>
</tr>
<tr>
<td>Readmission per 1000 Admissions</td>
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</table>

Complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed at departmental meetings to offer staff an opportunity to reflect on the complaint and as a team identify where improvements could be made. Patients are invited to meet with the Hospital Director and Head of Clinical Services (Matron) to discuss their complaints/experiences and this has demonstrated that face to face interaction is far more useful tool in dealing with these situations.

Croydon Day Hospital utilizes patient surveys to assimilate unbiased data from patients about their experience and satisfaction with the service they have received. Our web-based independent company, Qa Research (Cemplicity) releases data on a monthly basis which is reviewed by the Senior Leadership Team and at appropriate forums to identify areas for improvement and formulate action plans accordingly. Feedback from our patients is important to us.

There are two key measurements of satisfaction: likely to recommend and overall satisfaction. Croydon Day Hospital received 100%

Another Mechanism whereby we can act on patient feedback is via the ‘Hot Alert’ system. This is web-based feedback which allows patients to comments on any
aspect of their stay. All ‘Hot Alerts’ are reviewed by the Hospital Director and are responded to accordingly.

Croydon Day Hospital also participates in the NHS Friends and Family scheme. This is a simple tool for both NHS and private patients to comment on their visit to Croydon Day Hospital. Croydon Day Hospital scores XX almost consistently in this area.

<table>
<thead>
<tr>
<th>Quality</th>
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<tbody>
<tr>
<td>Workplace Health &amp; Safety Score</td>
</tr>
<tr>
<td>Infection Control Audit Score</td>
</tr>
<tr>
<td>Consultant Satisfaction Score</td>
</tr>
</tbody>
</table>

### 2.2.2 Participation in clinical audit

During 1 April 2018 to 31st March 2019 Croydon Day Hospital did not participate in any national clinical audits.

**Local Audits**

The reports of Croydon Day Hospital local clinical audits from 1 April 2018 to 31st March 2019 were reviewed by the Clinical Governance Committee, the Clinical Heads of Department, and the Infection Prevention and Control Committee intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

**List Safety Officers:**

As part of the Safer Surgery initiative, it is highlighted that a List Safety Officer (LSO) must be allocated to every operating list. This person oversees the list and is the point of contact between theatres, the ward, clinicians and other departments i.e. radiology. They are highlighted on the allocation board in theatre at the beginning of each list and during the pre-list meeting; they introduce themselves to ensure all relevant personnel know who they are. The LSO is also
instrumental in ensuring every stage of the patient journey is planned and executed seamlessly, thus highlighting and possible issues that can then be addressed. Since the launch of this our audits have demonstrated an exceptionally high level of compliance. This has been reflected in the reduction of clinical incidents that have occurred and has, on occasion, avoided possible serious incidents/wrong site surgery.

2.2.3 Participation in Research

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

Croydon Day Hospital has a non-contracted activity contract with East Surrey CCG. We did not participate in the CQUIN framework last year.

2.2.5 Statements from the Care Quality Commission (CQC)

Croydon Day Hospital is required to register with the Care Quality Commission and its current registration status on 31st March is registered.

Croydon Day Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.
2.2.6 Data Quality

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

We regularly use statistical data to monitor clinical services and constantly review this information by quality control initiatives.

Croydon Day Hospital continues to take the following actions to monitor and improve data quality.

Medical records are audited on a regular basis and action plans developed in response to concerns as required.

The hospital has a data quality super user who manages the SUS (Secondary User Services) pathway and processes to ensure data quality, as well as any electronic data audit measures.

NHS Number and General Medical Practice Code Validity

2.2.6 Data Quality Statements

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted record during 2018/2019 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:

100% for admitted patient care;

100% for outpatient care;

The General Medical Practice Code:

100% for admitted patient care;

99.9% for outpatients care

Data Security & Protection Toolkit attainment levels

Ramsay Group DSP Assessment Report overall for 2018/19 was 83% and was graded as ‘Standards Met’
**Clinical coding error rate**

Croydon Day Hospital was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.
2.2.7 Stakeholders views on 2018/19 Quality Account

Not circulated for stakeholder comments

Statements of quality delivery

Head of Clinical Services (Matron), (Philip Quarcoo)

Review of quality performance 1st April 2018 - 31st March 2019

Introduction

“This publication marks the sixth 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 2019

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

3.1.1 Mortality

The table below shows the mortality data, the latest data release from the Health and Social Care Information Centre (SHMI). The data below has been extracted from the most recent data sets available. The data submission is to prevent
people from dying prematurely and enhancing quality of life for people from long term conditions as part of the NHS outcomes framework.

### Prescribed Information

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to—
(a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and
(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

*The palliative care indicator is a contextual indicator.*

Croydon day hospital considers the data as a true reflection of activity for the reasons below.

- Death is rare and as illustrated there has been none. Any death is investigated and reported accordingly to the Care Quality Commission as well as the local Clinical Commissioning Group.

### 3.1.2 PROMS

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust’s patient reported outcome measures scores for—
(i) groin hernia surgery,
(ii) varicose vein surgery,
(iii) hip replacement surgery, and
(iv) knee replacement surgery, during the reporting period.

### Related NHS Outcomes Framework Domain

1: Preventing People from dying prematurely
2: Enhancing quality of life for people with long-term conditions

### Mortality

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>RKE</td>
<td>RLQ</td>
<td>1.2123</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>RJ1</td>
<td>RE9</td>
<td>1.2321</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>NVCOM 0.0000</td>
</tr>
<tr>
<td>2018/19</td>
<td>NVCOM 0.0000</td>
</tr>
</tbody>
</table>
Croydon Day Hospital does not offer the above procedures as these procedures will require a stay in hospital before discharge home.

### 3.1.3. Readmissions

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

<table>
<thead>
<tr>
<th>Readmissions:</th>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
<th>Period</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010/11</td>
<td>Multiple</td>
<td>0.0</td>
<td>5P5</td>
<td>22.76</td>
<td>Eng</td>
</tr>
<tr>
<td></td>
<td>2011/12</td>
<td>Multiple</td>
<td>0.0</td>
<td>5NL</td>
<td>41.65</td>
<td>Eng</td>
</tr>
</tbody>
</table>

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged—
(i) 0 to 14; and
(ii) 15 or over,
Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

3: Helping people to recover from episodes of ill health or following injury
The Croydon Day hospital considers that this data is as described for the following reasons.

- Readmission are below the national average and could be attributed to good quality and safe standards of clinical care.
- Patients are provided with key information at the point of discharge about care services following their procedure.

3.1.4. Responsiveness

Mechanism of Patient Feedback

This data set looks at the positive experiences of care provided by the Croydon Day Hospital

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

<table>
<thead>
<tr>
<th>Responsiveness: to personal needs</th>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012/13</td>
<td>RPC</td>
<td>88.2</td>
<td>RJ6</td>
</tr>
<tr>
<td></td>
<td>2013/14</td>
<td>RPY</td>
<td>87.0</td>
<td>RJ6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>NVC0M 0.0</td>
</tr>
<tr>
<td>2014/15</td>
<td>NVC0M 0.0</td>
</tr>
</tbody>
</table>
The reporting period noted 4 complaints reported as compared to 2017/18 period where there was none. Complaints are discussed and shared with entire staff through, Clinical Governance, Medial Advisory Meetings and Senior Leadership Team meetings.

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period.

<table>
<thead>
<tr>
<th>4: Ensuring that people have a positive experience of care</th>
</tr>
</thead>
</table>

### 3.1.5. VTE

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

<table>
<thead>
<tr>
<th>VTE Assessment:</th>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
<th>Period</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17/18 Q4</td>
<td>Several</td>
<td>100%</td>
<td>NT490</td>
<td>0.0%</td>
<td>17/18 Q4</td>
</tr>
<tr>
<td></td>
<td>18/19 Q3</td>
<td>Several</td>
<td>100%</td>
<td>NVC0M</td>
<td>14.7%</td>
<td>18/19 Q3</td>
</tr>
</tbody>
</table>

The data shows that Croydon Day Hospital has performed below the National Standards. The VTE management of patients post operatively have been reviewed via the periodic audits performed during 2018/19. This is to ensure that
best care is delivered to patients as well as prevent avoidable harm. Key actions in place for clinical staff to ensure that treatment plans are reviewed pre and post procedures and in accordance with Consultants post-operative assessment, to mitigate patients from avoidable harm.

Our aim is to achieve 100% in accordance with National Standards. Recent audits showed a major improvement towards the goal of 100%.

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

The Croydon Day hospital considers that this data is as described for the following reasons.

Key action plans have been implemented to improve the percentage score through monthly audits and to ensure the quality and safety of the service provided to patients is of the highest standards.

### 3.1.6 Clostridium Difficile

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

<table>
<thead>
<tr>
<th>C. Diff rate: per 100,000 bed days</th>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
<th>Period</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016/17</td>
<td>Several</td>
<td>Q71</td>
<td>82.6</td>
<td>Eng</td>
<td>13.2</td>
</tr>
<tr>
<td></td>
<td>2017/18</td>
<td>Several</td>
<td>Q71</td>
<td>91.0</td>
<td>Eng</td>
<td>13.7</td>
</tr>
</tbody>
</table>

According to the data above, Croydon Day Hospital is ranked among the best performing organisations in the country for Clostridium difficile rates. The hospital has reported zero cases of Clostridium difficile which shows consistent practice in pre assessment procedures. There is continuous commitment from all clinical staff to support best practice.

The scores also reflect good practice thus a good infection control management in the hospital. Croydon Day hospital intends to keep up with the performance to consistently be among the best performing hospitals in relation C-Difficile.
3.1.7 SUI severity level 1

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr17 - Sep17</td>
<td>Several</td>
<td>0</td>
<td>RJW 0.64 Eng 0.15</td>
</tr>
<tr>
<td>Oct17 - Mar18</td>
<td>Several</td>
<td>0</td>
<td>RWD 0.55 Eng 0.15</td>
</tr>
</tbody>
</table>

The Croydon Day hospital considers that this data is as described for the following reasons:

- Good process and system management in place to ensure all required checks are done prior to any procedure.
- Effective Preassessment of patients utilising our service

Croydon Day Hospital intends to take the following actions to maintain this number as well as the quality of its services, by ensuring compliance to policy procedure and guidance. Through disseminating and sharing learning from all national lessons learnt.

3.1.8 Friends and Family

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-19</td>
<td>Several</td>
<td>100%</td>
<td>RJR 71.0% Eng 96.0%</td>
</tr>
<tr>
<td>Feb-19</td>
<td>Several</td>
<td>100%</td>
<td>NVC12 70.0% Eng 96.0%</td>
</tr>
</tbody>
</table>

The Croydon Day Hospital considers that the data is as described for the following reasons, although this is being completed and sent locally Croydon Day Hospital has not been registered unto the central system hence data could not be uploaded. Below is information received for June 2019 Friends and family results.
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.

Infection prevention and control

Croydon Day hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia as the hospital has been in existence since 2017.

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.
Programmes and activities within our hospital include:

- Infection Control Prevention agenda is at the heart of everything we do and is part of our clinical strategy.
- Staff training on infection control delivered on inductions, mandatory trainings and also via eLearning and staff are required to be 100% compliant with training.
- Croydon Day Hospital have a dedicated Infection control and Prevention link nurse who attends annual infection control and prevention conference and updates the entire staff on current policy and best practices.
- Continuing focus on antibiotic stewardship to optimise practice and patient outcome through audit and monitoring antibiotic prescribing.
- Croydon Day Hospital have a dedicated Infection control and Prevention link nurse who attends annual infection control and prevention conference and updates the entire staff on current policy and best practices.

### 3.2.1 Infection Control

The graph below shows the infection rates per 100 discharges of Croydon Day Hospital admissions. The graph demonstrates nil infection from the previous year’s till date. In comparisons with the National Average, Croydon Day Hospital although commenced theatre procedures from the 17th September 2018 till date there has no infection related issues reported. There is an active local infection Prevention and Control meeting which is has been included to the Clinical Governance Committee which will now be chaired by Consultant Anaesthetist with clinical collaboration working together to identify trends and reduce infections if any. It is the aim of Croydon Day hospital to build on this result and ensure we maintain the standards.
3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include Patient-Led Assessments of the Care Environment (PLACE).

As a new hospital, Croydon Day Hospital has not undertaken a PLACE assessment as of yet. This is planned for in 2019/2020.

3.2.3 Safety in the workplace

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

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

During the 2018/19 period the hospital implemented a number of safety initiatives.
• Regular meetings held under the Health and Safety Committee that ensures robust measures are in place for the monitoring and review of safety events
• All policy updates are cascaded to the various departments to be shared with all staff.
• Staff Training on all equipment’s purchased as well as the use of all the emergency transfer equipment’s
• Speak up for safety implemented within the hospital with considerable success

![Falls Graph](image)

### 3.3 Clinical Effectiveness

Croydon Day hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

#### 3.3.1 Return to theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures
and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes.

The graph below shows Croydon Day Hospital return to theatre performance in the last two years as theatre procedures commenced in September 2017 and there has not been any patients being returned to theatre for reoperation.

![Return to Theatre Score](image)

### 3.3.2 Learning from Deaths

Shared learning across Ramsay has been demonstrated in a VTE review where 5 deaths occurred at other Ramsay sites as a result of VTE. Action points from this review were considered against current practice at North Downs, despite our Hospital having no reported VTE incidents in the period.
There has been some shared across Ramsay Healthcare as an organisation. In August 2018, there was a review of patient deaths that occurred following episodes of post-operative Venous Thromboembolism (VTE) at other Ramsay sites between the period July 2017 – June 2018 with none of the deaths occurring at Croydon Day Hospital. The number of deaths that had occurred, whether the episode had been related to a Pulmonary Embolism (PE) and at which sites the cases occurred were shared with all sites for their information. The organisation analysed all of the cases to identify root cause analyses and contributory factors to the deaths for shared learning across the Ramsay Group. Individual sites were asked to review local practice.

In response to the shared learning project, Croydon Day Hospital did a review of VTE incidences that occurred at Croydon Day Hospital between June 2018 – December 2018 and all staff encouraged to complete the required assessment pre and post operatively.

3.3.3 Staff Who Speak up

In 2018, Ramsay UK launched ‘Speak Up for Safety’, leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay’s commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The ‘Safety C.O.D.E.’
enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care centred on the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an ‘inadequate’ rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identifying risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, in response to this Ramsay introduced ‘Speaking Up for Safety’.

The Safety C.O.D.E. (which stands for Checks, Options, Demands, Elevates) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training at Boston West Hospital and across Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%. Currently, Boston West Hospital compliance sits at 100%

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. used, not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution. Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Boston West Hospital and within Ramsay Health Care.

3.3.4 Priority Clinical Standards for Seven Day Hospital Services

The provision of ‘Seven Day Services’ is a requirement of the NHS Standard Contract and in essence requires providers of acute care to deliver high quality care and improve outcomes on a seven day basis for patients admitted to hospital
in an emergency. There are ten separate Standards that providers must aim to achieve, with four of those being designated as being priority areas.

Ramsay Health Care has very few emergency admissions due to the nature of services provided to NHS patients (which is generally elective planned care in nature, rather than being emergency. As such many of the requirements of the Seven Day Services Programme are not applicable to Ramsay Health Care. Nonetheless Ramsay has been working to comply with the Standards and in line with national guidance a self-assessment process is being undertaken during spring/summer 2019.

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

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

The hospital operates the NEWS observational checks and these are completed on admission for elective care. No “high” risk patients would be admitted for care at the unit for a surgical procedure as per the statement of purpose conditions.

3.4 Patient experience

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

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.
All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

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

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

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

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as ‘hot alerts’ to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.
We are highly pleased that the average satisfaction score remains high and all staff encouraged to work hard and maintained the high standards of quality and safe care set. Although we achieved a 100% we still welcome patients view of the service and facilities in which they are cared for.
Appendix 1 – Clinical Audit Programme 2018/19. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

<table>
<thead>
<tr>
<th>Audit Programme v11.0 2018/19</th>
<th>Hospital Name:</th>
<th>Implement Date: Jn 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Framework: June 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix 1 – Clinical Audit Programme 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Records - POA, admission, discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Journey</td>
</tr>
<tr>
<td>VAD</td>
</tr>
<tr>
<td>Outpatients - OPD</td>
</tr>
<tr>
<td>Outpatients - OPD</td>
</tr>
<tr>
<td>Controlled Drugs</td>
</tr>
<tr>
<td>Prescribing / Medicines Management</td>
</tr>
<tr>
<td>Medicine Safe and Secure</td>
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<tr>
<td>Medicine Discharge</td>
</tr>
<tr>
<td>Radiology</td>
</tr>
<tr>
<td>Radiology - MTR / MRI</td>
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<tr>
<td>Radiology - CT</td>
</tr>
<tr>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Physiotherapy - OPD</td>
</tr>
<tr>
<td>TBU</td>
</tr>
<tr>
<td>Decontamination</td>
</tr>
<tr>
<td>Decontamination - Endoscopy</td>
</tr>
<tr>
<td>Theatre</td>
</tr>
<tr>
<td>Theatre - Endoscopy</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>IPC - CVCCD (if applicable)</td>
</tr>
<tr>
<td>IPC - Isolation (if applicable)</td>
</tr>
<tr>
<td>IPC - Hand Hygiene Action</td>
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<tr>
<td>IPC - Environmental</td>
</tr>
<tr>
<td>IPC - Cleaning Schedules</td>
</tr>
<tr>
<td>IPC - Audiology</td>
</tr>
<tr>
<td>IPC - Children</td>
</tr>
</tbody>
</table>

*Traffic light score:
- Green: 95% or more
- Amber: 90% - 94%
- Red: 75% and under*
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 Hospital Director using the contact details below.

For further information please contact:

0203 946 0010

www.croydondayhospital.co.uk