

# Fulwood Hall Hospital

Quality Account  
2017-18



People caring for people



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# Welcome to Ramsay Health Care UK

## Fulwood Hall 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 thousands of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Clinical Commissioning Groups, NHS Trusts and NHS referral management and triage services.

### 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 Fulwood Hall 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 committed to providing continuous evidence based quality care to those people we treat.

It reports on the period 1st April 2017 to 31st March 2018 and presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience. It also 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, developed by our Corporate Office, summarised and reviewed quality activities across every hospital within Ramsay Health Care UK. It was recognised that this didn't provide enough in-depth information for the public and for 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

## Statement on Quality

### 1.1 Statement from the General Manager

Ramsay Health Care UK is committed to ensuring the organisational culture represents the Ramsay Way values: values that recognise our people are our most important asset and put the patient firmly at the centre of all we do. There has been significant emphasis on organisational culture at Fulwood Hall Hospital in the past year and as the hospital's General Manager, I am passionate about ensuring high quality patient care is our main focus and is delivered to a very high standard. This requires excellent medical and clinical leadership and a commitment to continuous improvement of quality standards and clinical outcomes.

Fulwood Hall Hospital has a long-established tradition of working closely with patients, external stakeholders including the NHS Clinical Commissioning Groups (CCGs) and General Practitioners (GP), as well as consultants to ensure the best quality healthcare is consistently being delivered.

Fulwood Hall Hospital staff are fully trained in the latest procedures and thus maintain the highest standards in all areas. We focus on patient safety and cleanliness to minimise infection. As General Manager of Fulwood Hall Hospital, I take great pride in the outstanding service and level of care we provide to our patients and this is only achieved through a cohesive team effort and through each and every one of us believing in, and living by, Ramsay's motto of *"people caring for people."*

Our Quality Account provides information for our patients and commissioners and provides assurance that we are committed to sharing our achievements and progress made from one year to the next. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results. Our vision is to ensure patients receive safe and effective care, feel valued and respected in decisions about their care.

This Quality Account highlights areas where Fulwood Hall Hospital has improved the safety and quality of its services. It also highlights some areas where we need to continue to work on and improve upon. The development of this Quality Account was determined by the Executive Management Team within Ramsay Health Care UK. All professional and management teams at a local level have been represented in producing this account.

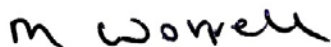
**Margaret-Ann Worrell**

General Manager, Fulwood Hall 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.



Margaret-Ann Worrell

**General Manager, Fulwood Hall Hospital**

**Ramsay Health Care UK**

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

- NHS Greater Preston Clinical Commissioning Group
- Mr Ahsanul Haq, Consultant Urologist and Medical Advisory Committee Chair, Fulwood Hall Hospital
- Mr George McLauchlan, Consultant Orthopaedic Surgeon and Clinical Governance Committee Chair, Fulwood Hall Hospital

## 1.3 Welcome to Fulwood Hall Hospital

Fulwood Hall Hospital is a private hospital situated near the M55/M6 motorway link in Fulwood in Preston, Lancashire.

The hospital offers care to patients with private medical insurance, patients who wish to fund their own treatments and patients referred through the NHS Patient Choice Scheme.



Fulwood Hall Hospital was opened as a purpose built facility in 1986. Independent patient satisfaction surveys show that 100% of our patients would recommend the hospital to family and friends and due to careful screening and rigorous infection control processes, the hospital continues to have a 0% MRSA incidence.

### Hospital Facilities

Fulwood Hall Hospital can provide overnight en-suite inpatient accommodation for up to 29 patients, with 21 single rooms, 3 twin-bedded rooms and a dedicated two-bedded close care unit for higher risk patients.

All bedrooms have TV/radio and telephone with WIFI being available throughout the building. Freshly prepared meals are prepared by in-house chefs and served directly to each patient in their room. Visitors are free to visit between the hours of 2pm and 4pm and from 6pm until 8pm. Extended visiting hours are available for our private patients.

We also have a dedicated day care facility providing individual accommodation for up to 12 patients that are with us for less than a day. Our day care facility has been designed specifically to support patients in their recovery so they can be treated and return home as soon as they are clinically able and confident to leave.

The hospital has 3 continually updated operating theatres with ultra clean, laminar air flow technology and a specialist endoscopy suite. A resident doctor is available on site 24 hours/day, 7 days/week.

Our specialist ophthalmology suite and 9 private consulting rooms are supported by a fully equipped outpatient treatment room for minor procedures. Our pre-operative assessment unit screens and assesses patients prior to surgery.

Modern imaging facilities with ultrasound and mobile MRI and CT scanners are also available along with a physiotherapy and sports therapy department which includes a fully equipped gymnasium.

## **Treatments and Services**

Fulwood Hall Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19), whether medically insured, self-pay or from the NHS. Our full range of high quality services include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care.

Fulwood Hall Hospital has over 80 Consultants who work at Fulwood Hall Hospital through approved Practising Privileges providing a wide range of medical and surgical procedures and services including orthopaedic surgery, neurosurgery, general surgery, ENT, gastroenterology, gynaecology, neurology, ophthalmology, vascular surgery, colorectal surgery and urology.

Competitively priced cosmetic surgery is also available from our specialist and highly experienced cosmetic surgeons - all of which hold substantive posts in NHS teaching hospitals.

All patients at Fulwood Hall can be assured that they will only be seen and treated by their chosen operating Consultant throughout their treatment from first consultation to discharge.

Fulwood Hall Hospital is BUPA accredited for gynaecology and colorectal cancer treatments and is one of the leading private providers for services in the North West.

During the last 12 months the hospital has treated 9,121 inpatients, 88.5% of which were treated under the care of the NHS. Fulwood Hall Hospital employs 151 contracted members of staff with a split of 63 non-clinical staff and 92 clinical staff.

Free car parking and disabled access is available at Fulwood Hall Hospital.

## **Nursing and Medical Care**

All our patients are allocated a 'named nurse' at the beginning of each shift, the role of the named nurse is to provide co-ordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care. In 1992 the Department of Health issued the Patients Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned.

More recently the Francis report into Mid Staffordshire (2013) also highlighted the advantages of having such a system in place but took the requirement further by stating that a 'named nurse' needed to be designated for each shift, this is the model used at Fulwood Hall Hospital. This was welcomed by the Royal College of Nursing that believes the 'named nurse' model provides a useful way to organise work around the needs of the patient (RCN 2014). Care and treatment provided at Fulwood Hall Hospital is Consultant led.



We have an RMO (Resident Medical Officer) who supports the Consultants and together with the nursing team, providing round the clock medical support to all our patients.

The hospital has built up excellent working relationships with our local Commissioners, Greater Preston CCG and the local Lancashire Teaching Hospitals NHS Foundation Trust in order to deliver a joint approach to patient care delivery across the patient economy.

Our hospital staff are fully trained in the latest procedures and thus maintain all areas to the highest standards. Any patient who wishes to satisfy themselves on the quality of the hospital and it's consultants can be reassured by the Care Quality Commission (CQC) Audits undertaken by the Department of Health which support the hospital's excellent reputation.

Working within the Department of Health guidelines, we screen patients for MRSA, and have a strong focus on patient safety. Cleanliness is vital to minimising infection.

Fulwood Hall Hospital works with The Commissioning for Quality and Innovation (**CQUINs**) payments framework which encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient this means better experience, involvement and outcomes.

## **Working with the Local Community**

Fulwood Hall Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, which include local GPs, consultants and other specialists, we deliver an individual personal service to patients, tailored to meet their needs.

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links processes are developed in order to streamline processes. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Fulwood Hall Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider. Part of the GP Liaison's role is to coordinate the post graduate programme which runs on a monthly basis and covers a wide range of topics.

Fulwood Hall Hospital also works closely with charities within the local community, hosting events in their support. The hospital supported 'Little Teds – Baby Beat Appeal' in 2016, managing to raise £1,788. The hospital chose to support 'Defying Dementia' in 2017 and raised an amazing £2,417.49. This year, in 2018 we are supporting the local charity 'North West Blood Bikes'. These are all either local charities or charities close to the heart of members of our staff and were decided by a vote through nominations received and discussed through our Staff Engagement Committee.

## Part 2

### 2.1 Quality Priorities for Improvement 2017/2018

#### Plan for 2017/18

On an annual cycle, Fulwood Hall 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 ongoing at any one time. The priorities are determined by the hospital's 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.

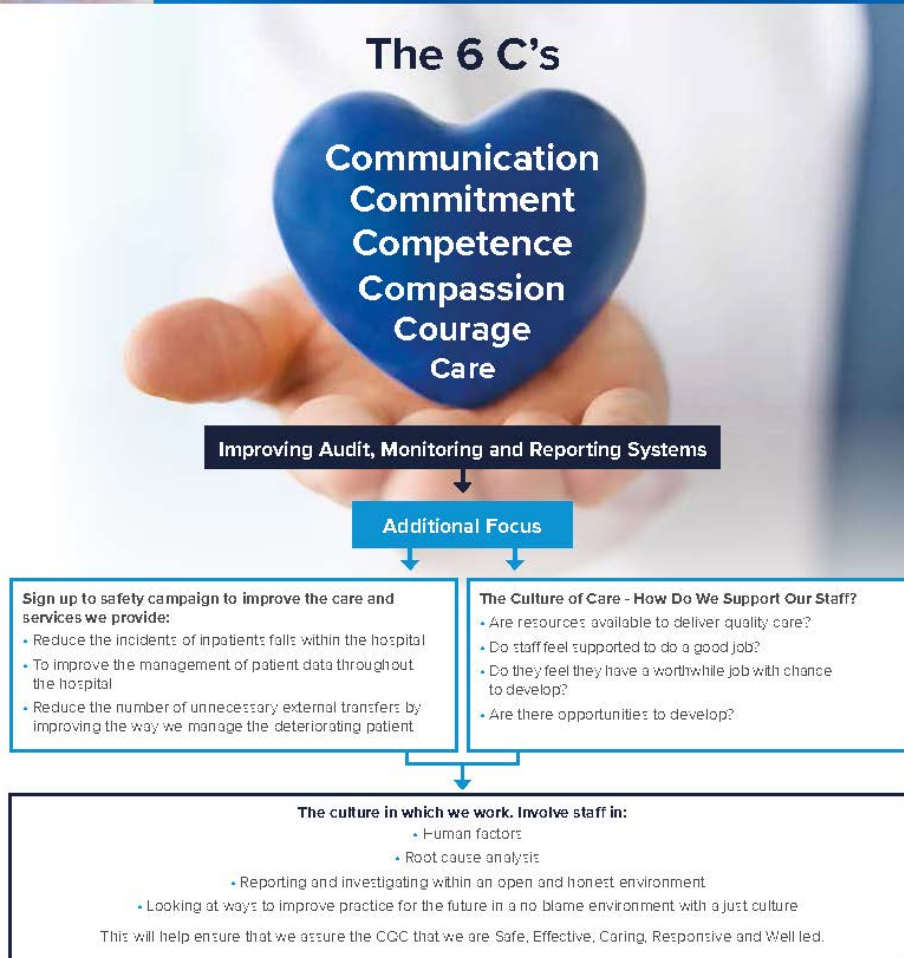
Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Fulwood Hall's clinical strategy 2017-2018 was developed by the Hospital Matron, in conjunction with the clinical governance and medical advisory committees.

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

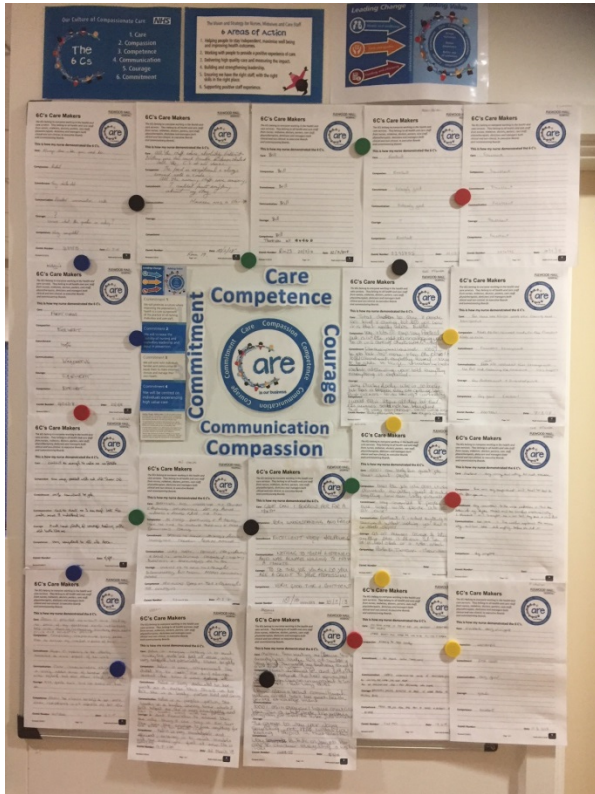
The key areas of focus were:

1. The principles of the 6C's  
(Care, Compassion, Courage, Confidence, Communication and Commitment)
2. Culture of Care and Human Factors
3. Improving Safety via the 'Sign up to Safety' campaign



# 1. The principles of the 6C's

Hospital wide work is evident in the feedback forms from patients on the 6Cs notice board on located on the ward.



## 6C's Care Makers

The 6Cs belong to everyone working in the health and care services. They belong to all health and care staff from nurses, midwives, doctors, porters, care staff, physiotherapists, dieticians and managers both clinical and non-clinical, to executive Boards and commissioning Boards.



This is how my nurse demonstrated the 6 C's.

**Care:** Helen is amazing nothing is to much trouble, she made me feel at ease, was very helpfull, her personality shines brightly

**Compassion:** Helen is very compassionate she didn't try to rush me and always asked me how I was feeling etc

**Commitment:** Helen is very dedicated to her work as a nurse this shows in her b.c's, she is a lovely person kind and caring

**Communication:** Helen is a peoples person, she speaks in a lovely caring tone which I felt helped me, she is very knowledgeable and has a lovely way with her patients

**Courage:** I don't know how to answer this the only thing I can say is I'm sure she has the courage to face anything for the sake of her patients care

**Competence:** Helen is very knowledgeable and efficient, nothing is to much trouble and she makes you feel at ease, she is amazing

**Cosmic Number:** 9181270 **Date:** 22 March 18

Reviewed 01/03/18

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People caring for people RAMSAY

# 2. Culture of Care and Human Factors

The Culture of Care Barometer enables staff to work together to change and improve the culture of care across the organisation.

The CQUIN focused on implementing the use of the Culture of Care Barometer, which will enable conversations to assess their current culture, and providing Fulwood Hall Hospital with the opportunity to have conversations about culture of care to improve care for patients and staff.

The Culture of Care Barometer was developed by the Kings College London.

The Implementation Plan of the Culture of Care Barometer included:

- Getting ready
- Implementation
- Analysis
- Feedback and actions



### 3. Improving Safety via the 'Sign up to Safety' campaign

There were two parts to this CQUIN.

#### Part A

Focused on the National sign up to safety campaign, and a commitment to strengthen patient safety by:

- Setting out the actions they will undertake in response to the **five 'Sign up to Safety' pledges** and agree to publish this on their website for staff, patients and the public to see.
- Committing to turn actions into a safety improvement plan (including a driver diagram) which will show how organisations intend to save lives and reduce harm for patients over the next 3 years.

#### Part B

Encourages a culture of openness and learning from when things go wrong, looking at where current systems have failed to support staff in preventing avoidable harm to patients.

As part of the agreed CQUIN in 2017 Fulwood Hall Hospital joined the 'Sign up to Safety' campaign and we had focussed on three specific areas to improve over the next three years. These areas were and continue to be:

- 1. To reduce the number of avoidable inpatient falls by 30% by 2019, this is following a systemic review of hospital falls over the last two years:**
  - Increased reporting of incidents to ensure all falls are captured
  - Evidence of training on falls risk and prevention
  - Patients and relatives are provided with information on the risks of falls on admission to hospital or when there is a change in condition
- 2. To reduce surgery related harm by 50% by 2019, this is following a systemic review of external transfers that has identified an area of potential risk:**
  - Increased reporting of incidents
  - Increase in training and education relating to the deteriorating patient
  - Evidence that there is improved response relating to NEWS escalation and management of the deteriorating patient
  - Evidence that there is appropriate management of all life threatening conditions post-operatively
- 3. To identify information security breaches to patient data and change processes to prevent these from recurring by 2019:**
  - No new patients will have more than one hospital number
  - All investigation results are filed in the correct patient record
  - Patient records contain the correct patient label for that episode of care

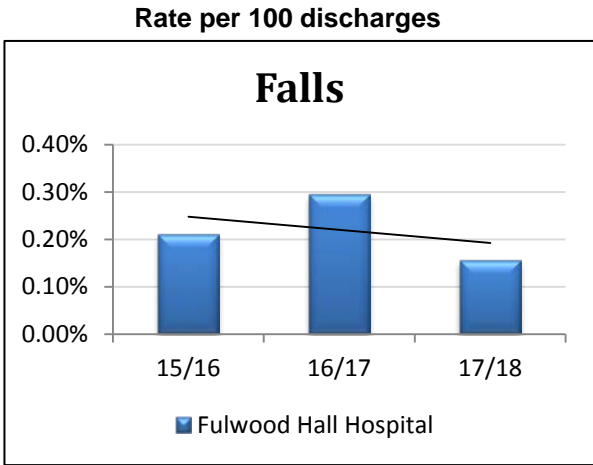
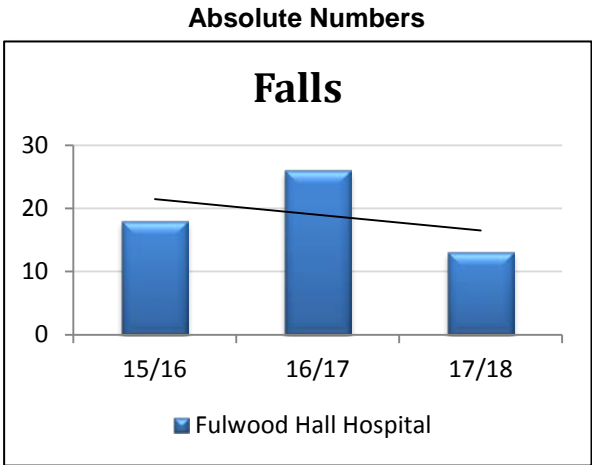


This safety improvement plan was developed through the first six months of 2017/18 NHS contract year in conjunction with the CCG and the following evidences what has been done so far:

**Patient Falls**

- Riskman training completed for all clinical staff and housekeeping to improve incidence of reporting. Sign in sheets have been completed for all departments.
- Falls posters placed in patient areas around the hospital to promote awareness of risk of falls to patients and visitors.
- Falls packs available in Ward Office and all staff have received training from the two Lead nurses and been signed off; these packs have all appropriate assessments and paperwork as well as non-slip socks.
- Two members of the hospital team on the local falls collaborative and presented on what has been implemented at Fulwood Hall Hospital.
- All inpatients assessed for risk of falls and information given to patients at pre-operative assessment which includes the steady on leaflet and further information is available in all patient rooms.
- Falls for the last two years reported on Riskman were reviewed. In 2016 there were 25 reported falls (3 with harm to patient). In 2017 there were 12 reported falls (1 with harm to patient). This is a greater than 50% reduction from 2016; this will be monitored over the next two years as this may just be a coincidence.
- Considering the training and information for staff and from staff feedback it appears clear that there is a significant reduction in patient falls but staff feedback tells us that they are now more likely to have the knowledge and confidence to report a fall whereas not all staff felt that they would have had the same knowledge of the reporting systems prior to the training during 2017.

A lot of work has been done specifically on the ward to encourage reporting and educating staff and patients regarding minimising and preventing falls. This is reflected in the reduction of falls and the training that has taken place educating staff regarding reporting of incidents.



## **Reducing Surgery Related Harm**

- All staff in the hospital have undertaken human factors training alongside individual training on reporting incidents.
- Key members of the team have undertaken a two day root cause analysis training course and risk assessment training to support them investigating and managing incidents. This enables staff in all departments to be involved in any investigations when things go wrong which encourages team engagement to change practice.
- There have been four members of the hospital team complete their ALS during 2017 and now there is always an ALS provider in recovery whenever the department is open.
- Sepsis and AKI have been added to the AIM training which all clinical staff complete.
- Additional AKI training has been provided to ward staff and a pocket card and think kidney stamps have been produced.
- There is now Sepsis recognition flowchart in all patient pathways so this is readily available for all patients.
- Flowcharts are available on all resuscitation trolleys relating to Massive Haemorrhage, Adult choking, Anaphylaxis, Anaesthetic toxicity, Asthma, Adult bradycardia, Chest pain, Fitting/ convulsions, Hypoglycaemia, Adult tachycardia and AKI assessment.
- There are PACE posters up in all departments encouraging staff to challenge.
- The results from the NEWS audit has improved which evidences that staff are taking on board all the training and responding efficiently to any signs of patient deterioration.

## **Information Security of Patient Data**

Fulwood Hall Hospital has achieved the independently audited Information Security quality standard ISO 27001 2012 and we achieved an internal ISO inspection in May 2015, and the high standards have been maintained; completing annual self-assessment audit. The last internal audit was completed on 12/09/2017 and we submit monthly IG action plans to give assurance of compliance.

In preparation of the new GDPR regulations a new eLearning module has been introduced as mandatory for all staff

## **The Clinical Audit Program**

This was reviewed for 2017-2018 with the hospitals able to focus on specific areas relevant to them rather than a prescribed approach to audit. This allowed us to identify clinical priorities and we have focussed on key aspects that could be improved.

These include:

- Two stage consent did not always include risks and benefits of different types of anaesthesia and the anaesthetic record was not always completed, work has been done by both the ward and theatre staff to increase compliance and the most recent audit reflects these improvements with consent with an improvement from 87% to 93%.
- Temperature of patients was not always recorded every 30 minutes in theatre so further education has taken place and education boards are available in recovery regarding peri-operative warming and risks of hypothermia and these have seen significant improvement in results.
- An area that still needs further action over the coming months is Consultant documentation and an action plan is in place which will be reviewed and audits will be carried out regularly to monitor improvement.

## **Commitment to Staff Training**

Throughout the hospital during 2017/18 there has been widespread clinical and non-clinical staff training with the focus being on human factors and reporting of incidents for all staff. Encouragement continued for staff to develop their skills and this has enabled in house career progression as well as enhancing the skills of the clinical staff.

### ***Examples include:***

- Apprenticeship schemes for clinical and non-clinical.
- Return to practice course for Theatre staff who has recently just completed and got his RN registration.
- Operating Department Practitioner training up to degree level for HCA from theatre (currently in second year).
- An assistant practitioner post has been created and this member of staff is in training currently on the ward (now also in second year of course).

## **Staff Retention and Development.**

During 2017/2018 we experienced retention issues in the theatre department, work was done with the team and issues identified were communication, training opportunities and attitudes. These have now all been addressed and a new leadership structure has been put in place and measures introduced to address the issues raised. We have now successfully recruited to the vacant positions and are looking at ways to ensure retention of both the new starters and the established team.

The focus on staff education remains high and the *Ramsay Academy*, the company's national resource for training, continues to provide learning and development opportunities for all staff in terms of:

- mandatory training to maintain clinical competences
- development of individuals' skills to enable succession planning and career development
- non-clinical training to support the delivery of individuals' roles and career development

Staff underwent a Personal Development Review (PDR) to appraise their performance.

## **Staff Engagement**

Staff engagement and comments are important to us at Ramsay and Fulwood and over the last 12 months our staff were asked to participate in we have carried out 2 staff surveys as part of our Culture of Care CQUIN, using the results of Q1 as a basis for improvement of the working environment of our staff. Areas identified were:

### **Pay perceived to be low, not transparent or in line with the NHS**

*Contracted staff have been awarded a 2% increase and also awarded a bonus due to making budget on site. Corporate are looking at a national restructure of pay scale.*

### **Requested regular team meetings in all departments**

*Departmental meetings are now diarised for 2018 with a minimum of bi-monthly minuted meetings.*

### **Staff feel listened to and able to put forward ideas and opinions**

*More regular staff forums are taking place plus a representative from every department is involved in the staff engagement group.*

### **SMT & Corporate visibility to improve**

*Corporate members of staff have delivered training at Fulwood Hall, had visits from the CEO and Corporate Security inspector carried who spoke to each department. At least one member of the SMT does a hospital round at least once a day to every department, staff forums held by GM and Matron, open door policy promoted at all staff engagement forums.*

**Positive comments/ Feedback from HoDs**

*This has been discussed Shared with all HODs, patient compliments and Friends & Family questionnaire feedback is now shared with all staff and displayed in the dining room to promote positivity.*

**Staff morale is low following redundancies**

*Staff engagement group discussed ways to improve morale, end of month drinks, month end madness such as a free yoghurt bar breakfast, lollies provided on hot days, free birthday lunches, Customer Service Excellence awards now in place to increase staff morale.*

**Office space limited and heat in office**

*The specific office, with 9 workers, has now had air conditioning machine installed. More storage created and furniture purchased to create a nicer working environment.*

**Poor condition of equipment**

*New Machinery purchased in the Anaesthetic Room, Computer system being upgraded throughout the company, new X-Ray equipment going through procurement.*

***The Employee Engagement Action Group also identified the following areas for improvement:***

- Need to look into staff in a department who owe hours working back the hours. Staffing using the hours they have accumulated at their own convenience.
- HoDs not giving staff enough notice of being stood down for a shift – sometimes less than an hour's notice. There needs to be 24 hours' notice at least.
- HoDs share ideas and consulting with staff rather than making decisions without involving the team. This causes significant issues with morale.
- Staff Newsletters were a good source of information and a way to convey positive messages e.g. staff who have completed training etc. – now reinstated.



**Safeguarding**

Safeguarding vulnerable adults and children remains high on the agenda at Fulwood Hall and we continue to liaise closely with our safeguarding partners within the CCG, safeguarding board and local trust.

An annual action plan is now in place and Fulwood Hall is heavily involved in the development and roll out of the Safeguarding Champions model. Working closely with the trust, we are keen to embed the importance of good safeguarding practice, improve networking, and ensure we are all working in a cohesive and supportive manner. Thereby ensuring practice is up to date and shared with staff at all levels, raising the safeguarding profile within the hospital.

Safeguarding training continues for all employees as part of their annual mandatory training alongside mandatory e-learning modules.

The process for safeguarding supervision is currently being formalised, to ensure training and support is meeting need and competency maintained.

**Prevent**

Prevent links and staff updates remain upheld within the region, we are training an additional HOD as an additional Prevent Lead.

Prevent training continues for all employees as part of their annual mandatory training alongside mandatory e-learning modules.

**Patient Experience**

In the period, Fulwood Hall continued to encourage patients to provide feedback using various methods which included our:

- Web based satisfaction survey for Inpatients, day case, outpatients, endoscopy - Improved Patient Satisfaction rates; 88.8% in 2016 to 97.2% in 2017
- Friends and family paper survey – monthly results are consistently circa 100% satisfaction rate and there has been improvements in response rates:

	2016	2017
Inpatients	59%	61%
Daycase	43%	43%
Outpatients	9%	12%

- ‘We Value Your Opinion’ paper surveys – comments shared with staff.

Patient surveys include all departments to ensure the whole hospital was included. Patient feedback is recorded then reported at meetings of the following hospital groups:

- Monthly Heads of Department Meetings
- Clinical Governance Group
- Medical Advisory Committee
- Endoscopy Users Group

Survey results are also shared with our Lead Commissioner at the NHS Clinical Commissioning Group.

Patients' comments are also shared with staff and circulated by email on a monthly basis.

### **Pre-operative Assessment Project**

The Hospital Matron and Clinical Teams have continued the pre-operative assessment project this year to further improve efficiency and reduce the number of clinical cancellations. A number of initiatives were introduced including a weekly clinical cancellation meeting to review and learn from clinical cancellations. Weekly Anaesthetic Clinics were also introduced to ensure patients are clinically optimised and fit for surgery.

### **Never Events**

We have had one Never Event in the reporting period at Fulwood Hall Hospital.

This was a wrong side spinal surgery, full root cause analysis was carried out and key findings were:

- Surgical pause was carried out too early, at the radiological level check rather than at the point of knife to skin.
- Human factors had a significant impact, the consultant had initially marked the wrong side but did not mention this at the team brief.
- Surgical mark to be visible at the time of the surgical pause.

## 2.1.2 Clinical Priorities for 2018/2019 (looking forward)

Fulwood Hall Hospital's Clinical Strategy for 2018/19, continues to be driven by our commitment to ensure that quality is at the core of everything we do. As a leading Independent Healthcare Provider we aim to continuously improve; quality, safety and patient experience.

This Clinical Strategy from last year continues into 2018/19. The core elements in which the strategy is based around are:

1. Culture of Care and Human Factors including the roll out of the **'Speak up for Safety'** campaign across Ramsay.
2. Improving Safety via the **'Sign up to Safety'** campaign.
3. We will be also adding an additional element into the strategy within the improving safety element by focussing on **Safer Surgery** and **NatSSIP's**.

Most of the elements continue into the next year with a continued focus on the 5 domains of the CQC with priorities linked to the domains of:

- Patient safety
- Clinical effectiveness
- Patient experience
- Well Led
- Caring

These priorities link in with the Safety improvement plan that is reviewed six monthly and the culture of care barometer which have been merged into one CQUIN for 2018/19. These three priorities link closely with areas identified as requiring further development to improve clinical practice and awareness throughout the hospital. We work closely with our local CCG to constantly review our practice and any incidents and our clinical priorities reflect this

## CQUINS 2017/18

NHS England have decided that the National CQUINs are not applicable to Independent Providers and therefore the 2.5% should be made up entirely of locally agreed CQUIN schemes.

There are two local CQUINs for 2018/19:

### 1. Implementation of NatSSIPs.

- NatSIPPs and LocSIPPs to be implemented.
- Improvement methodologies to be used to identify areas for improvement, and implement changes to support compliance against NatSIPPs and LocSIPPs.
- Audits to be carried out to monitor the compliance against NatSIPPS and LocSIPPs

### 2. Improving Patient Safety

This CQUIN indicator will build on the local 2017/2018 CQUIN Schemes; 'Sign up to Safety' and 'Culture of Care.' The CQUIN indicator brings culture and patient safety together strengthening this link, as improving patient safety is influenced by the culture within an organisation.

## 2.2 Mandatory Statements Relating to the Quality of NHS Services Provided

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 Fulwood Hall Hospital provided eight NHS services.

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

The income generated by the NHS services reviewed in 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 represents 100% of the total income generated from the provision of NHS services by Fulwood Hall Hospital for 1<sup>st</sup> April 2017 to 31<sup>st</sup> 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 hospital's senior managers together with Regional and Corporate 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 unchanged and as follows:

#### Human Resources

- Staff Cost % Net Revenue
- HCA Hours as % of Total Nursing
- Agency Cost as % of Total Staff
- Cost
- Ward Hours PPD
- % Staff Turnover
- % Sickness
- % Lost Time
- Appraisal %
- Mandatory Training %
- Staff Satisfaction Score
- Number of Significant Staff Injuries

#### Patient

- Formal Complaints per 1000 HPD's
- Patient Satisfaction Score
- Significant Clinical Events per 1000 Admissions
- Readmission per 1000 Admissions

#### Quality

- Workplace Health & Safety Score
- Infection Control Audit Score



## 2.2.2 Participation in Clinical Audit

During 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, Fulwood Hall Hospital participated in four national clinical audits.

The national clinical audits that Fulwood Hall Hospital participated in, and for which data collection was completed during 1st April 2017 to 31<sup>st</sup> March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	Hip 94.8% Knee 90% Varicose Veins 38% Hernia 50% (all the PROMs figures are the scores for Improvement percentages)
National Safety thermometer	100% compliant
Medicines Safety thermometer	100% compliant

The reports of these national clinical audits were reviewed by the hospital's Clinical Governance Committee.

The hospital is planning to start Cataract PROM's and also join the British Spine Registry during 2018/19.

### Local Audits

The reports of local clinical audits from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 (schedule attached in Appendix 2) were also reviewed by the hospital's Clinical Governance Committee.

### **2.2.3 Participation in Research**

There were no patients recruited during 2017/18 to participate in research.

### **2.2.4 Goals agreed with our Commissioners using CQUINs**

A proportion of Fulwood Hall Hospital's income from 1st April 2017 to 31st March 2018 was conditional on successfully achieving CQUIN measures.

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

Fulwood Hall Hospital underwent inspection by the CQC on 1<sup>st</sup> and 2<sup>nd</sup> November 2016. The draft report has been received and Fulwood Hall has been rated as Good.

Fulwood Hall Hospital is required to register with the Care Quality Commission and its current registration status on 12<sup>th</sup> May 2016 is registered without conditions.

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

Fulwood Hall Hospital is currently awaiting final confirmation of our agreed CQUINs for 2018/19.

### **2.2.6 Data Quality**

Fulwood Hall Hospital continues to take the following actions to improve data quality:

- Regular training to ensure staff understand the importance of accurate data input and have sufficient technical competence.
- Spot checks completed by Senior Management Team to ensure data accuracy.
- Employment of a clinical coder to improve accuracy of recording.
- Supporting national Ramsay projects to ensure data accuracy.

## NHS Number and General Medical Practice Code Validity

Fulwood Hall Hospital submitted records during 2017/18 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) 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

### IG data quality audit scores

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

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

## Clinical Coding

An independent clinical coding audit commissioned by the local CCGs was completed in October 2017. The overall results of the audit are shown in the table below:

	% Percentage Diagnoses Coded Correctly		% Percentage Procedures Coded Correctly		% Percentage of Episodes Changing HRG
	Primary	Secondary	Primary	Secondary	
<b>Fulwood Hall Hospital</b>	7.55	5.74	9.43	11.04	15.1

Further information on the audit is provided below:

- At Fulwood Hall Hospital the diagnosis error rate was 4.58 per cent and the procedure error rate was 10.63 per cent.
- There were a total of 258 codes among the 53 FCEs audited. The auditor identified 16 errors overall, resulting in an overall coding error rate of only 6.2 per cent.
- 75 per cent of the errors (9 out of 12) were due to coder error
- The audit report stated that it was apparent from that the overall accuracy of clinical coding is relatively high standard.

## 2.2.7 Stakeholders' Views on Fulwood Hall Hospital



Your Ref: RHC Quality Account 17/18  
Our Ref: DG/WH/FHHQA1718  
  
Contact: Wendy Hope  
Tel: 01772 214144  
Fax: 01772 214050  
E-mail: [w.hope@nhs.net](mailto:w.hope@nhs.net)

**NHS Chorley and South Ribble CCG**  
Chorley House  
Lancashire Business Park  
Centurion Way  
Leyland  
Lancashire  
PR26 6TT

23 May 2018

Ms Margaret-Ann Worrell  
General Manager  
Fulwood Hall Hospital  
Midgery Lane  
Fulwood  
Preston  
PR2 9SZ

Dear Margaret-Ann

### **CCG response to RHC Fulwood Hall Quality Account 2017/18**

NHS Greater Preston Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the Ramsay Health Care (RHC) annual quality account for Fulwood Hall Hospital (FHH) during 2017/18.

The CCG reviews the quality of the providers' services in relation to safety, effectiveness and patient experience utilising a variety of methods. These include formal monitoring processes, partnership discussions and a programme of quality visits.

Unfortunately, FHH has reported one 52 week referral-to-treatment breach during 2017/18. Whilst this was disappointing, it should be noted there was no harm to the patient concerned. Fulwood Hall Hospital has undertaken a root cause analysis into this breach and identified a failure to follow policy and process as a cause. The CCG now has further oversight of the patient waiting list to ensure that, where needed, support can be provided. Fulwood Hall Hospital has recruited an additional level of management to the Inpatient Bookings Team and the CCG looks forward to seeing the effectiveness of this role to the management of the patient list.

There was one incident of C-difficile during 2017/18, FHH examined this occurrence of C-difficile and participated in the CCG Health Care Acquired Infection review group which determined there were no lapses in the care provision at FHH and all actions staff had taken were appropriate.

There was one Never Event reported in 2017/18 under the classification of wrong site surgery. This incident was investigated by FHH and reviewed by the CCG Serious Incident (CCG SI) Review group. The CCG is assured of actions taken to mitigate against a similar incident occurring in the future. Changes to practice implemented will be reviewed at further quality assurance visits.



Dr Sumantra Mukerji – Chair  
Denis Gizzi – Chief Officer



Sadly, the hospital has reported one death within 28 days of surgery. Whilst the coroner *confirmed there were no actions that FHH could have taken to prevent this incident*, FHH ensured that the incident was thoroughly investigated in order to identify any areas for improvement and report to the CCG SI Review group. As well as assurance gained through the CCG SI Review Group, the learning outcomes and support to staff involved was followed up at quality assurance visits. Learning from this incident was apparent at quality assurance visits to this hospital site and at other RHC hospital sites with which the CCG commissions health care services, evidencing an organisational wide approach to disseminating learning from serious incidents.

Additionally, during 2017/18 FHH has welcomed the opportunity to participate in the CCG SI Review Group to enable an increased level of scrutiny of all incidents, supporting an improved collaborative approach to a rigorous incident investigation. The Matron of FHH also attends the Clinical Incident review group led by the CCG Lead Nurse to enable all incidents to be discussed in a supportive environment. This group has opened up opportunities for joint working across the health economy to share best practice, in order to identify any particular themes or trends that may be occurring. Support and guidance has been provided in order to ensure that rigorous processes are in place in relation to 'lessons learned' from any serious incidents.

FHH has also taken the opportunity to attend React to Red training, a health economy wide initiative to reduce pressure ulcer prevalence in the CCG locality. Whilst there have been no pressure ulcers at FHH during 2017/18, this demonstrates a commitment to safeguard patients from harm by maintaining best practice in pressure ulcer prevention.

During 2017/18, the CCG has completed both announced and unannounced Quality Assurance Visits at FHH. The hospital has welcomed the visits and the CCG is pleased to note that the hospital has implemented the recommendations made at these visits where appropriate. This provides further evidence that a collaborative approach to quality improvement is in place.

The national CQUIN schemes for 2017/18 were not appropriate for the services provided at FHH. As a result of this the CCG and FHH agreed to the following local CQUIN schemes:

- Patient Safety – a scheme has been built around the NHS England Sign up to Safety campaign, and a commitment to strengthen patient safety by committing to turn actions into safety improvement plans. It encourages a culture of openness and learning when things go wrong.
- Culture of Care Barometer – a reflective tool that can help a provider assess and understand a workplace's culture of care, to facilitate a consistent culture of care and compassion to support the spread of good practice across organisations.

The CCG is pleased to confirm that the provider has achieved the defined requirements of both of the schemes and will continue to implement to quality methodology derived from the implementation to the schemes during 2017/18 throughout 2018/19.

CQUIN targets for 2018/19 will continue to focus on patient care and staff experience. The CCG looks forward to the potential improvements to patient care that will be identified from participation in the following schemes:

- Improving Patient Safety – strengthening the link between culture and patient safety to improve patient safety influenced by the culture within an organisation (bringing together 2017/18 CQUIN schemes).



Dr Sumantra Mukerji – Chair  
Denis Gizzi – Chief Officer

- National safety standards for invasive procedures (NatSIPPs) - building on the existing WHO Surgical Checklist and promoting the effective performance of the Five Steps to Safer Surgery guidance.

RHC has participated in national audits, where these are applicable. Additionally, FHH participates in local audits, which are reported in line with their agreed audit schedule. Where local audits undertaken throughout the year have indicated areas for improvement, FHH has implemented action plans and undertaken interim repeat audits. Clinical audit is also part of the induction process in order to ensure that staff recognise the importance of clinical audit as a quality improvement tool.

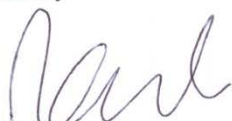
FHH displays a serious commitment to ensuring that patient feedback is obtained using various methods. Throughout 2017/18 they have experienced a continuously high level of performance from the Friends and Family Test results. March 2018 data indicates that 100% of patients would 'recommend the care received' which is a very commendable achievement. Ramsay Health Care have also utilised social media during 17/18 to facilitate feedback from patients online. The management teams also ensure a personalised, individual response to any complaints that are submitted, furthermore ensuring that the CCG is aware of any potential or identified issues with patient care.

During 2017/18, FHH has been recognised by the national joint registry (NJR), with a certification designed to offer hospitals recognition for reporting against patient safety standards through NJR compliance, and reward those who have met such targets. The award benefits hospitals by helping recognise and reward best practice; increasing engagement and awareness of the importance in quality data collection; and help embed the ethos that better data ultimately equals better care.

The CCG and RHC are working collaboratively to improve data quality in a small number of areas, namely the Secondary User Services (SUS) data, Service Level Agreement Monitoring (SLAM) data, and the return of a complete data set for Referral to Treatment Time waits.

In conclusion, the CCG feels that throughout the year a clearly defined, professional relationship has been maintained with the provider and will continue to work with FHH to ensure that patient safety continues to be the priority, and provide opportunity for the CCG and provider to undertake focused improvement work where appropriate. The information reviewed portrays a positive service experience with a clear emphasis upon continuous quality improvement. The CCG values the open and transparent working relationship that is in place with FHH and look forward to working together in 2018/19.

Yours sincerely



**Denis Gizzi**  
Chief Officer



*Dr Sumantra Mukerji – Chair*  
Denis Gizzi – Chief Officer



# Part 3: Review of Quality Performance

1st April 2017 – 31st March 2018

## Introduction

### **Statement from Vivienne Heckford**

*“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners.*

*We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment.*

*We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”*

*Vivienne Heckford*  
**Director of Clinical Services**  
**Ramsay Health Care UK**

## Ramsay Clinical Governance Framework 2018

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

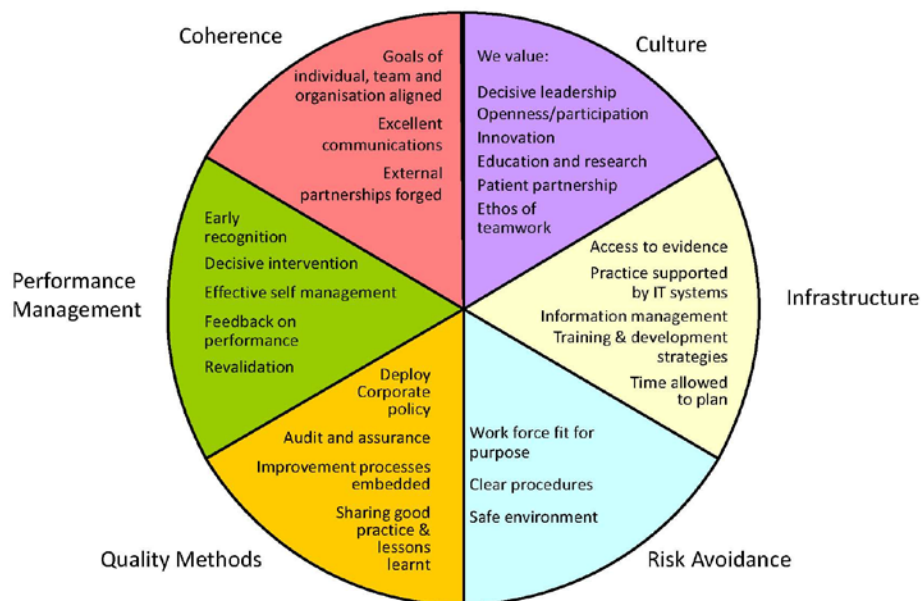
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care. Clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

The following tables and graphs show comparisons regarding key data between the following:

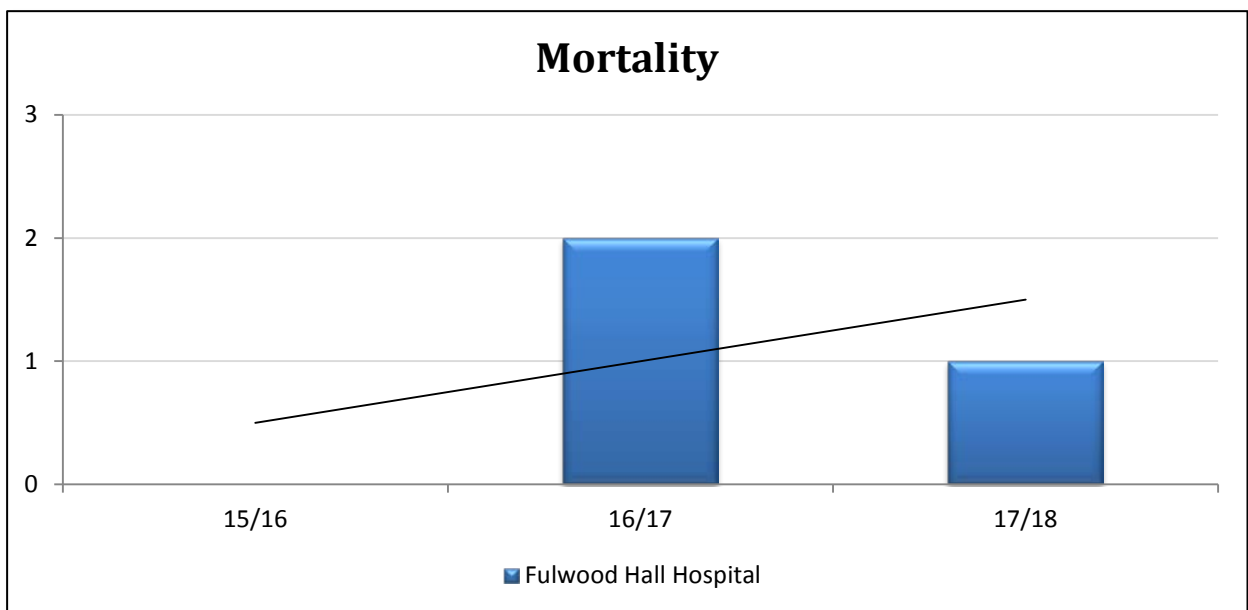
- The best scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The worst scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The average score for this quality indicator
- Fulwood Hall Hospital

#### Mortality

Period	Best		Worst		Average	
Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1
Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1

Period	Fulwood	
2016/17	NVC07	0.000227066
2017/18	NVC07	1

SHMI Figures are not available for Independent Sector Hospitals. RiskMan data is used to find mortality rate.



Prescribed Information	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to—</p> <p>(a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p> <p><b>*The palliative care indicator is a contextual indicator.</b></p>	<p>1: Preventing People from dying prematurely</p> <p>2: Enhancing quality of life for people with long-term conditions</p>

## Patient Reported Outcome Measures (PROMS)

### Hernia

Period	Best		Worst		Average	
Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088
Apr16 - Mar17	RD3	0.135	RXL	0.006	Eng	0.086

REQUIREMENT is for ADJ. Health Gain. EQ-5D

Period	Fulwood	
Apr15 - Mar16	NVC07	0.097
Apr16 - Mar17	NVC07	0.084

### Veins

Period	Best		Worst		Average	
Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597
Apr16 - Mar17	RBN	2.117	RCF	-18.076	Eng	-8.248

REQUIREMENT is for ADJ. Health Gain. Aberdeen Score.

Period	Fulwood	
Apr15 - Mar16	NVC07	-14.07
Apr16 - Mar17	NVC07	*

### Hips

Period	Best		Worst		Average	
Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617
Apr16 - Mar17	NTPH1	25.068	RAP	16.427	Eng	21.799

REQUIREMENT is for ADJ. Health Gain. Oxford Hip Score. Primary Hip.

Period	Fulwood	
Apr15 - Mar16	NVC07	22.015
Apr16 - Mar17	NVC07	20.287

### Knees

Period	Best		Worst		Average	
Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368
Apr16 - Mar17	NTPH1	19.849	RAN	12.508	Eng	16.547

REQUIREMENT is for ADJ. Health Gain. Oxford Knee Score. Primary Knee.

Period	Fulwood	
Apr15 - Mar16	NVC07	16.476
Apr16 - Mar 17	NVC07	16.347

<p>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.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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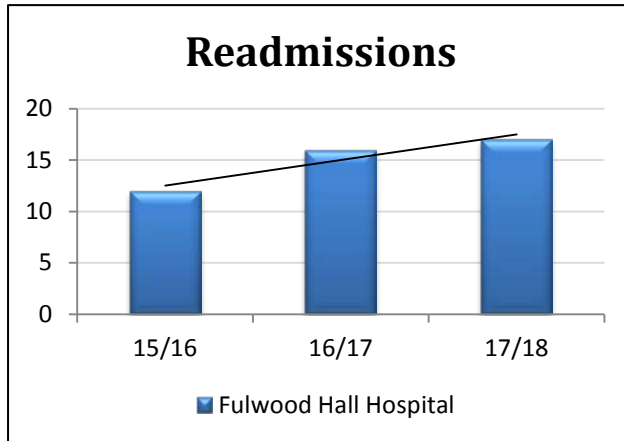
## Readmissions

Period	Best		Worst		Average	
2010/11	Multiple	0.0	5P5	22.76	Eng	11.43
2011/12	Multiple	0.0	5NL	41.65	Eng	11.45

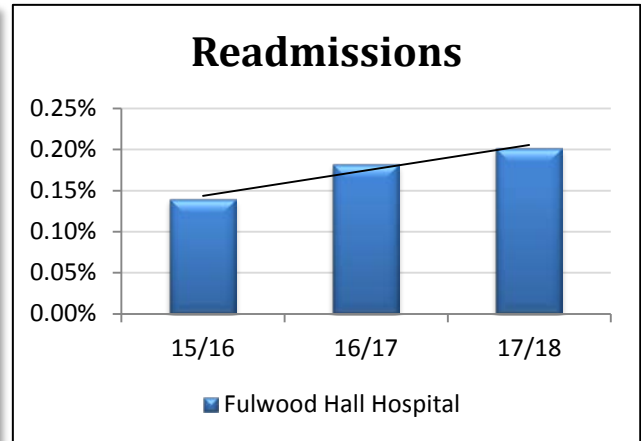
Data no longer reported.

Period	Fulwood	
2016/17	NVC07	0.002021163
2016/17	NVC07	0.00181653

Absolute Numbers



Rate per 100 discharges



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

Fulwood Hall Hospital considers that this data is as described for the following reasons which is that Fulwood Hall Hospital actively encourages all patients to contact the hospital if they have concerns rather than going to their GP

### Fulwood Hall Hospital has taken the following actions to improve this:

- On discharge all patients are given the wards telephone number and advised to call if they have any concerns
- The ward calls post-operative patients to see how they are recovering following their procedure
- Orthopaedic Consultants have agreed as a cohort to see all post-op patients with possible complications in the Outpatient department rather than them going to see a GP if the operating Consultant is not in the hospital.

## Responsiveness to Personal Needs

Period	Best		Worst		Average	
2012/13	RPC	88.2	RJ6	68.0	Eng	76.5
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9

Period	Fulwood	
2013/14	NVC07	92.1
2014/15	NVC07	92.8

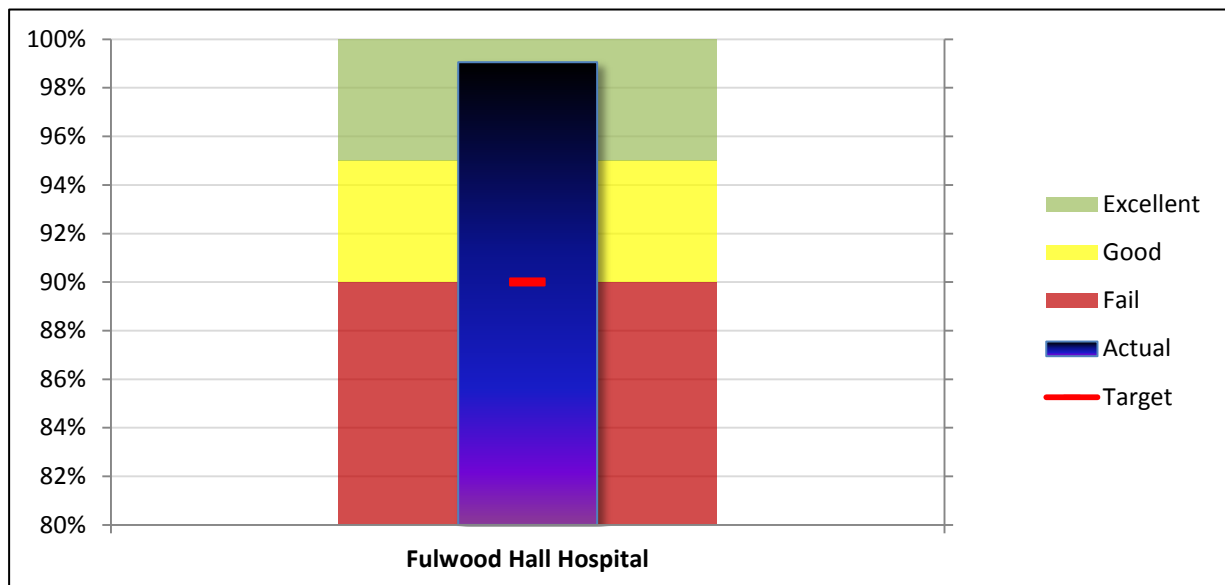
4b Patient experience of hospital care. No longer collected, data as last year.

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.	4: Ensuring that people have a positive experience of care
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## Venous Thromboembolism (VTE) Assessment

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

Period	Fulwood	
Q3 2016/17	NVC07	99.0%
Q4 2016/17	NVC07	98.0%



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
--	---

Fulwood Hall Hospital considers that this data is as described due to the robust processes in place to assess and report on all admitted patients as standard practice

### C. Difficile Rate: per 100,000 bed days

Period	Best		Worst		Average	
2015/16	Severall	0	RPY	67.2	Eng	14.92
2016/17	Severall	0	RPY	82.7	Eng	13.19

Period	Fulwood	
2016/17	NVC07	0.0
2017/18	NVC07	0.0

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

### Serious Untoward Incidents (SUIs): (Severity 1 Only)

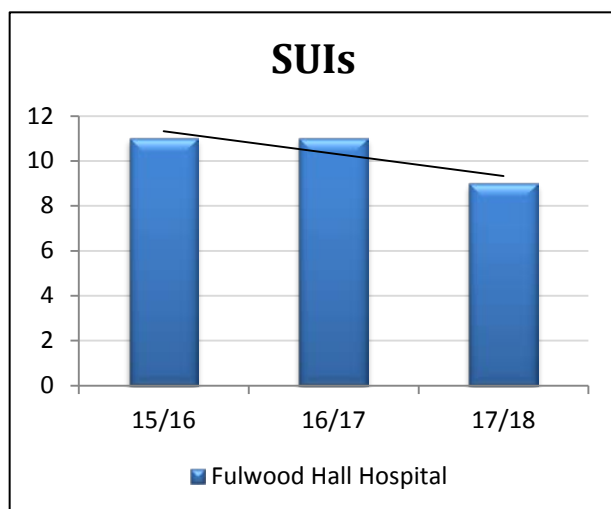
Period	Best		Worst		Average	
Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15
April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85

Period	Fulwood	
2016/17	NVC07	0.00
2017/18	NVC07	0.00

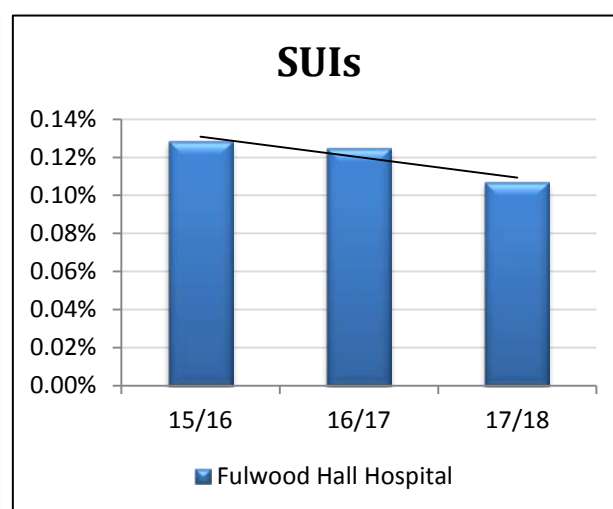
No ind sector data, pulled from RM (Overall Sev 1).

Acute Non-Specialist Data From NRLS, England Average based on these sites only

**Absolute Numbers**



**Rate per 100 discharges**



The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Fulwood Hall Hospital considers that this data is as described due to the work done across the hospital as part of the sign up to safety

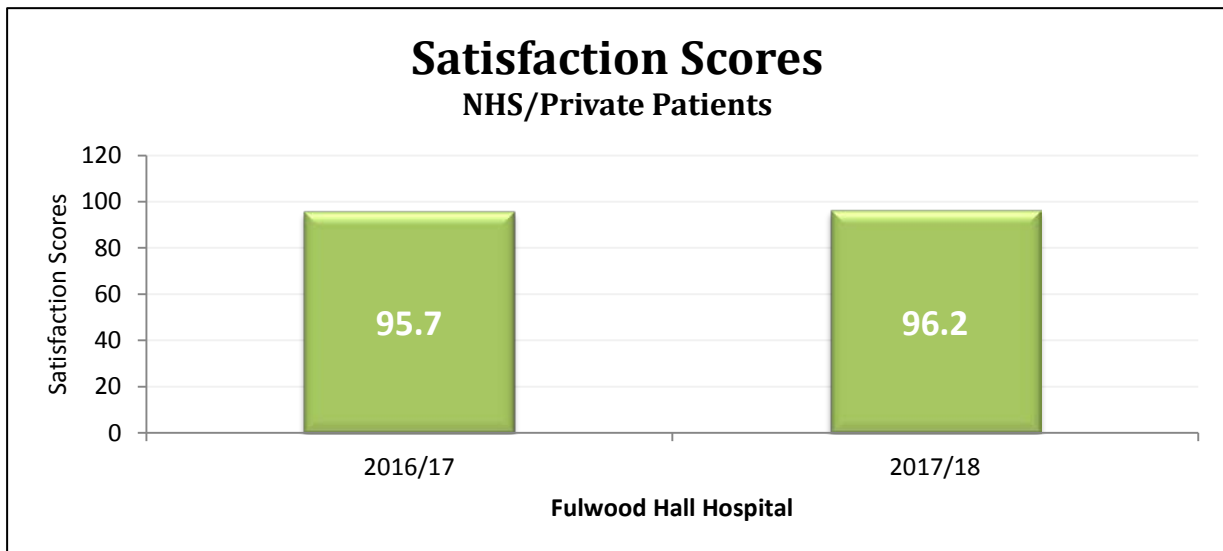
Fulwood Hall Hospital has taken the following actions to improve this score and so the quality of its services, by working on a safety improvement plan which included recognition and management of the deteriorating patient. This involved a lot of work with staff on human factors and speaking out to challenge if there were concerns about patient safety. A lot of work has been done on recognition and management of Acute Kidney Injuries and more staff have undertaken ALS training.

### Friends and Family Test

Period	Best	Worst	Average
Feb-18	Severall 100%	RJ731/RTFDX 63.0%	Eng 96.0%
Mar-18	Severall 100%	R1H13 83.0%	Eng 96.0%

Period	Fulwood
Jan-17	NVC07 99.4%
Feb-17	NVC07 99.5%

Percentage Recommended.



This graph relates to: Q32 Please give your overall opinion of the quality of your care.

<p>Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute &amp; acute specialist trust who took part in the staff survey.</p>	<p>4: Ensuring that people have a positive experience of care</p>
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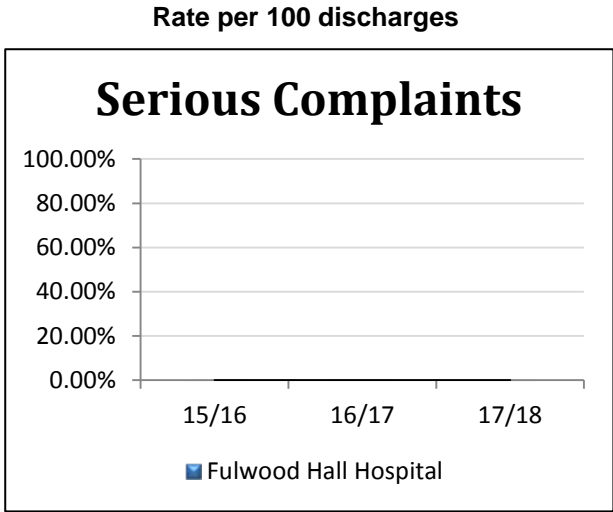
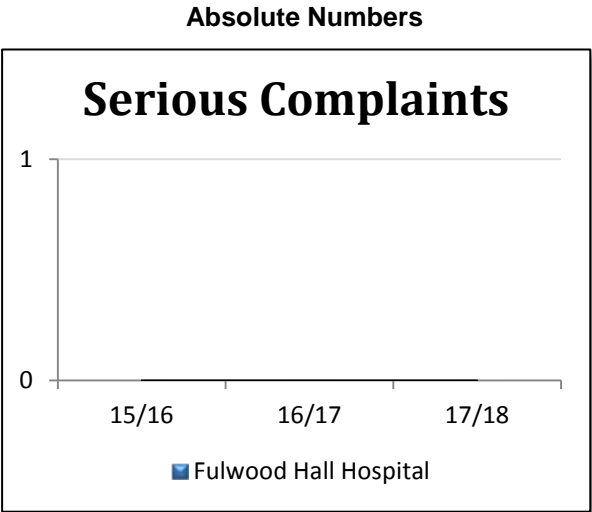
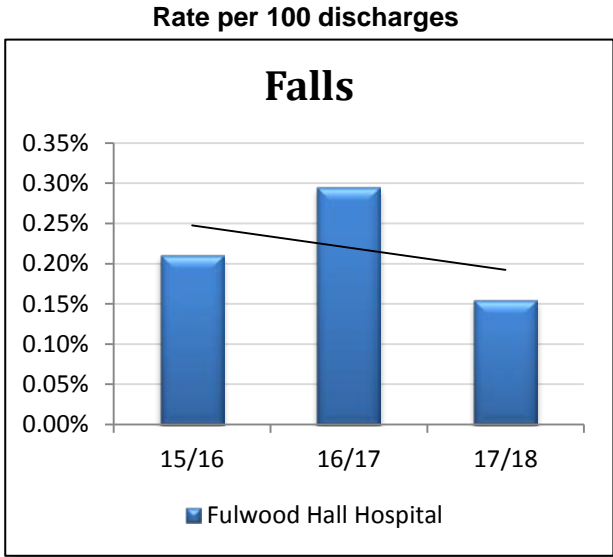
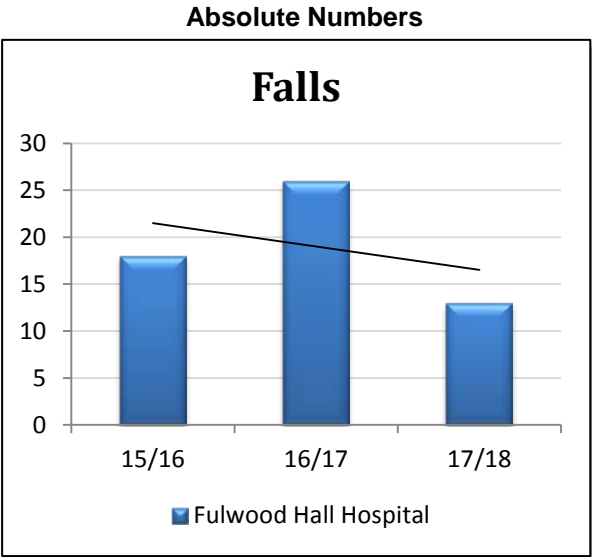
Fulwood Hall Hospital is proud to maintain the high results for Friends and Family and will focus through 2018-2019 on increasing the response numbers

### 3.2 Patient Safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.



### 3.2.1 Infection Prevention and Control

Fulwood Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 9 years.

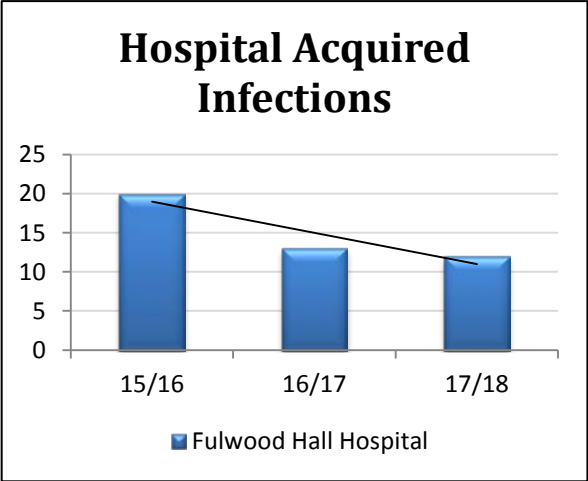
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

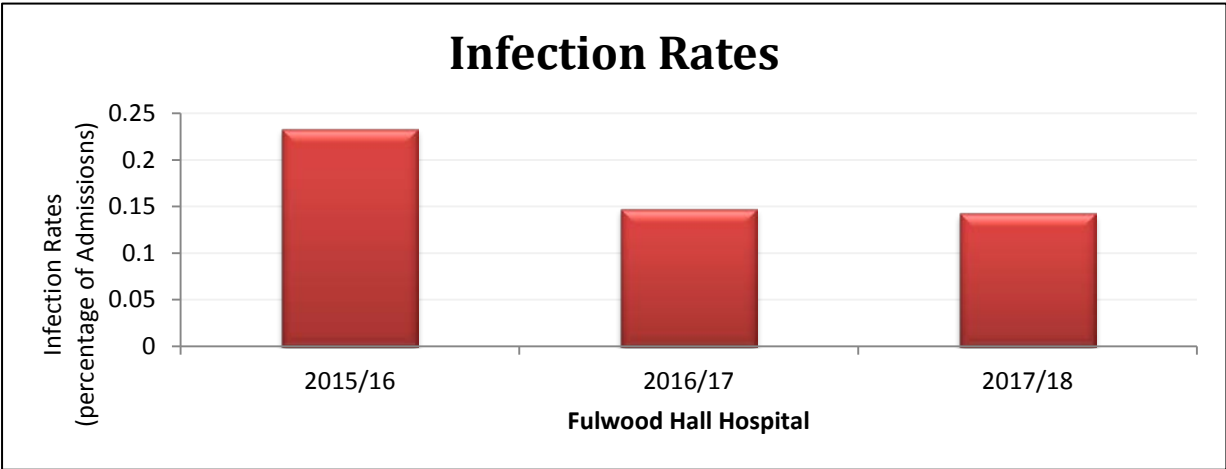
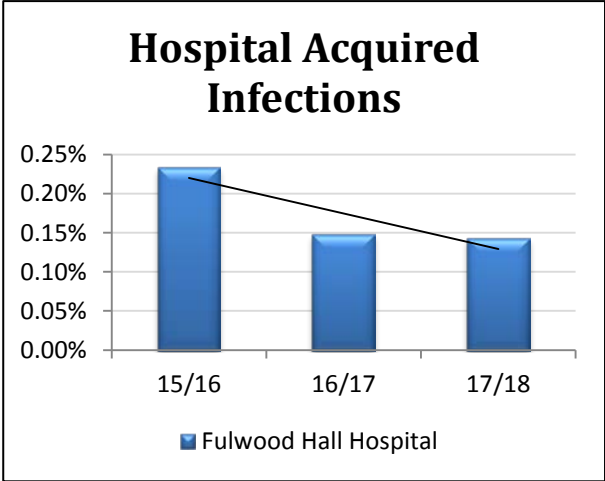
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

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

**Absolute Numbers**



**Rate per 100 discharges**





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

The Infection Control Link Nurse provides mandatory training in different areas of infection control on an annual basis to all staff. This year we have developed a process to encourage all patients to return to the hospital if they have any concerns regarding post-operative wound infections rather than using their own GP. Therefore there has been an increased incident of reported infections over the last 12 months.

Hand hygiene awareness days are led by the Infection Control Link Nurse involving staff, patients and visitors and information in waiting areas.

Observational hand hygiene audits are also undertaken by the Infection Control Link Nurse.

As can be seen in the above graph our infection control rate remains very low.

Any patient presenting signs of an infection is reported on Riskman and then reviewed by the Infection Control Link Nurse and a root cause analysis completed to determine any possible trends. All results and any lessons learnt are presented at the hospital Health and Safety meetings, governance meetings and our quarterly infection control committee meetings. There have not been any trends identified in the period despite the increased reporting of infections in the reporting year.

### **3.2.2 Cleanliness and Hospital Hygiene**

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

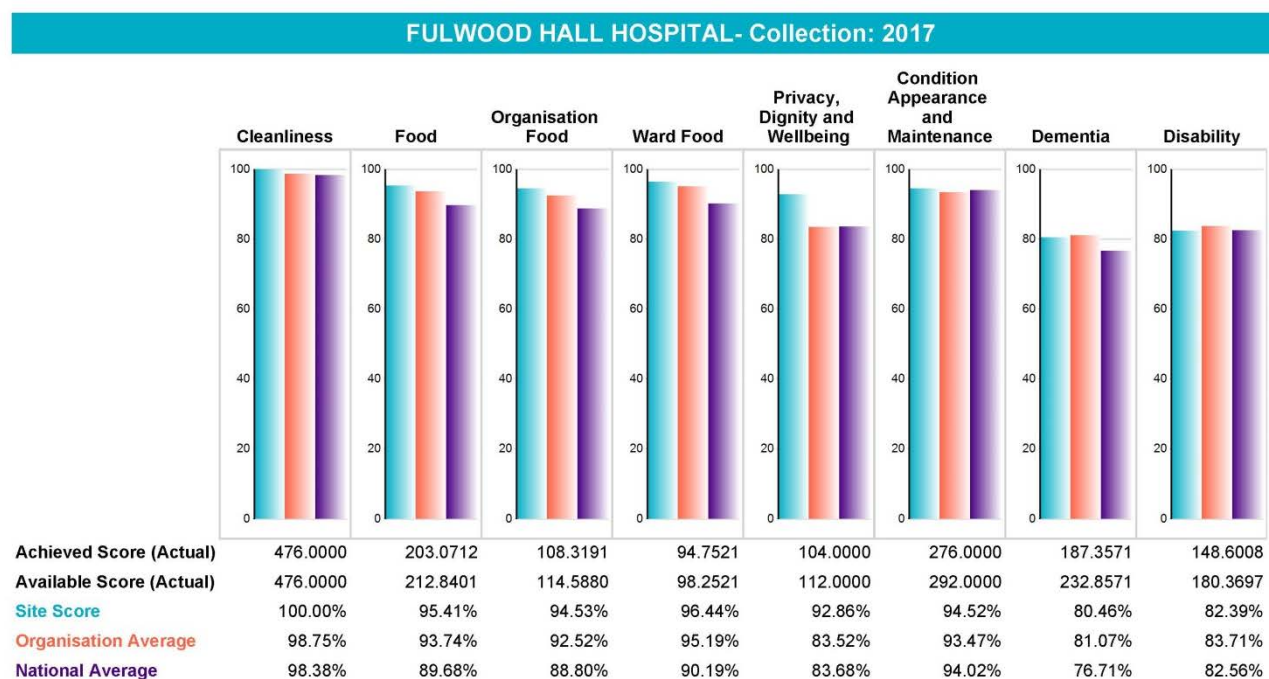
The results for 2017 Audit were:

- The National Average for Cleanliness was 98.33%; **FHH 100%**
- The National Average for Food and Hydration was 89.68%; **FHH 95.41%**
- The National Average for Privacy Dignity and Wellbeing was 83.68%; **FHH 92.86%**
- The National Average for Condition Appearance & Maintenance was 94.02%; **FHH 94.52%**
- The National Average for Dementia was 76.71%; **FHH 80.46%**
- The National Average for Disability was 82.56%; **FHH 82.39%**

The results were generally extremely positive trending above the national average.

PLACE assessments occur annually at Fulwood Hall Hospital and the next one is scheduled for 17<sup>th</sup> May 2018, this provides a patient perspective and observation of the buildings and facilities, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The scores for the 2017 PLACE Audit are shown below:



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### 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 a 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 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.

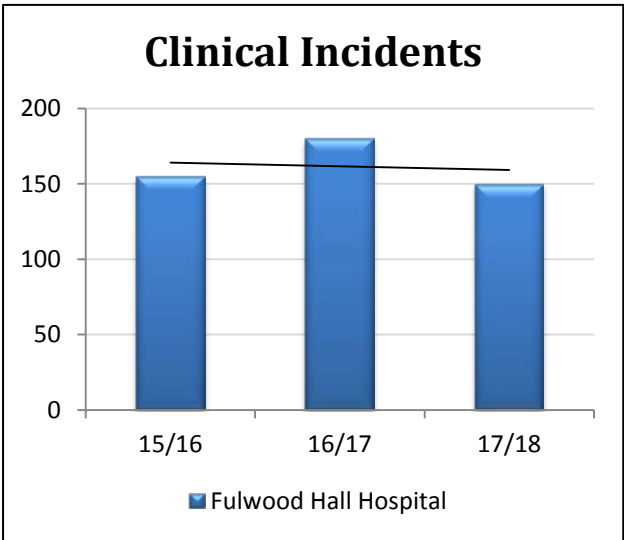
In addition to mandatory training the Health and Safety Coordinator delivers a session on health and safety which is a revision for staff. There is a hospital Health and Safety board which covers a different topic every month helping to raise staff awareness and spot audits carried out monthly. The hospital Health and Safety coordinator is IOSH trained and we have an additional member of staff with the IOSH qualification.

### 3.3 Clinical Effectiveness

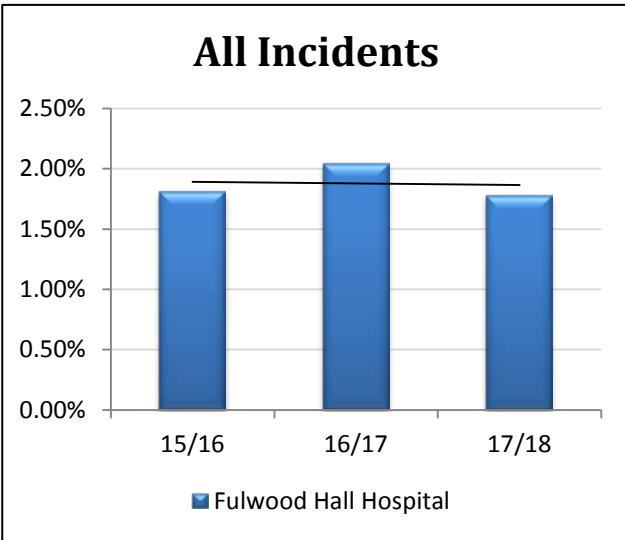
Fulwood Hall hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical KPIs, incidents together with patient and staff feedback are systematically reviewed to determine any trends that require further analysis or investigation.

More importantly, recommendations for action and improvement are presented to hospital management and the hospital's Medical Advisory Committee to ensure results are visible and tied into actions required by the organisation as a whole.

Absolute Numbers

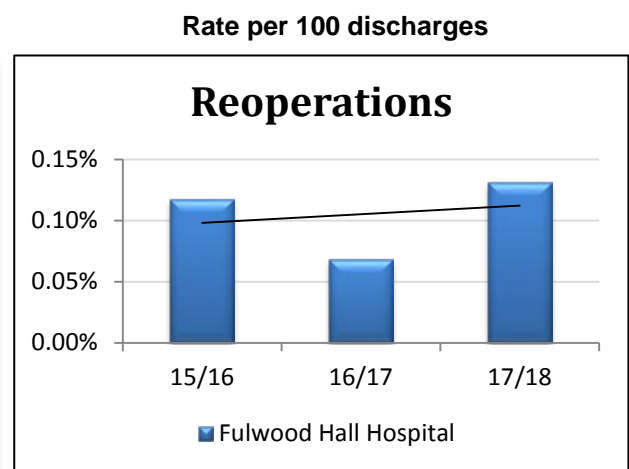
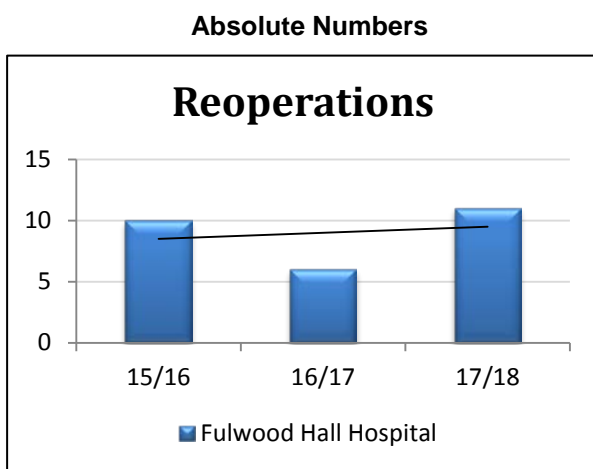
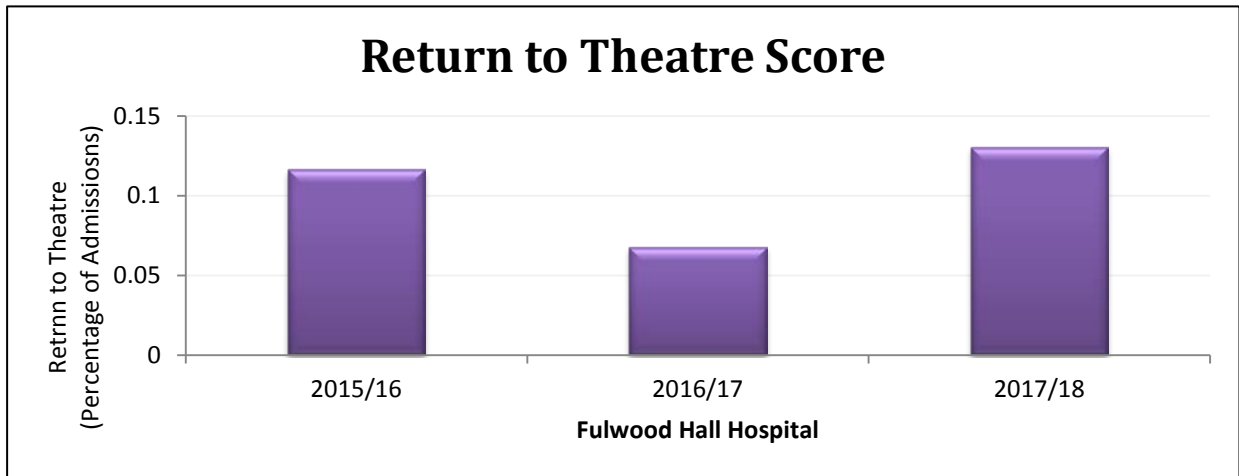


Rate per 100 discharges



### 3.3.1 Return to Theatre

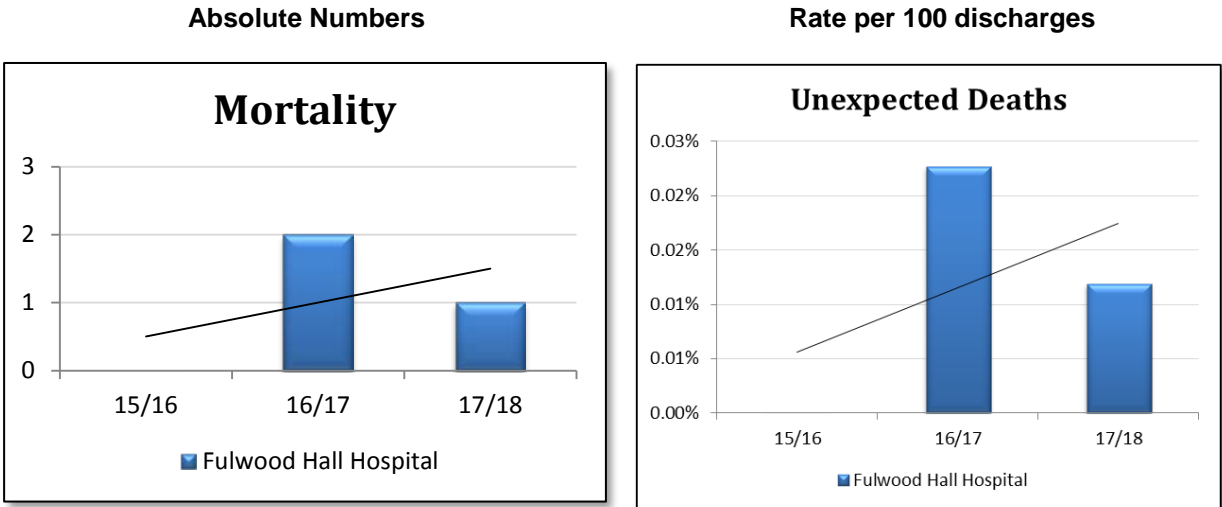
Ramsay is treating significantly higher numbers of NHS patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical 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.



Fulwood Hall Hospital has been pro-active throughout 2017-18 trying to ensure that we capture our post-operative complications and that patients are not being seen and treated at other sites. This has included patient education about when and why to call the hospital. We have also been making more post-operative calls to check on patient's post-operative care and deal with any potential complications. This has contributed to a significant increase in return to theatres and re-operations but the hospital is confident that this is because we are providing a better service post discharge rather than patients going to the GP and then possible via local trusts emergency departments.

### 3.3.2 Learning from Deaths

Although Fulwood Hall Hospital have not had any deaths in the reporting period 2017-18 there was one patient that died within 30 days of surgery at the hospital. From the investigation it became apparent that there was a lack of knowledge relating to AKI amongst the ward staff. This led to an in depth training plan for all staff and changes in practice so that there are mechanisms in place to identify and manage any patient at risk of developing AKI in their post-operative phase of care. This was not found to be linked to the patient’s death but has been a valuable learning experience for Ramsay healthcare. All the lessons learned have been shared with the corporate team and two ward nurses recently presented at the launch of NEWS 2 with nursing staff from all Ramsay Healthcare on Acute Kidney Injury.



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

Fulwood Hall Hospital only provides elective services and only accepts existing post-operative patients as emergency re-admissions. All our patients receive Consultant led care and practising privileges are only issues to Consultants that can get to the hospital within one hour and they arrange alternative Consultant cover for any occasions that they are not available. This ensures that we comply with seven day services clinical standards.

We have on-call radiology services and theatre to ensure that where appropriate our patients have access to the treatment required.

We have a service level agreement with the local trust for pharmacy, blood transfusion and pathology services which are all available 24 hours a day 7 days a week.

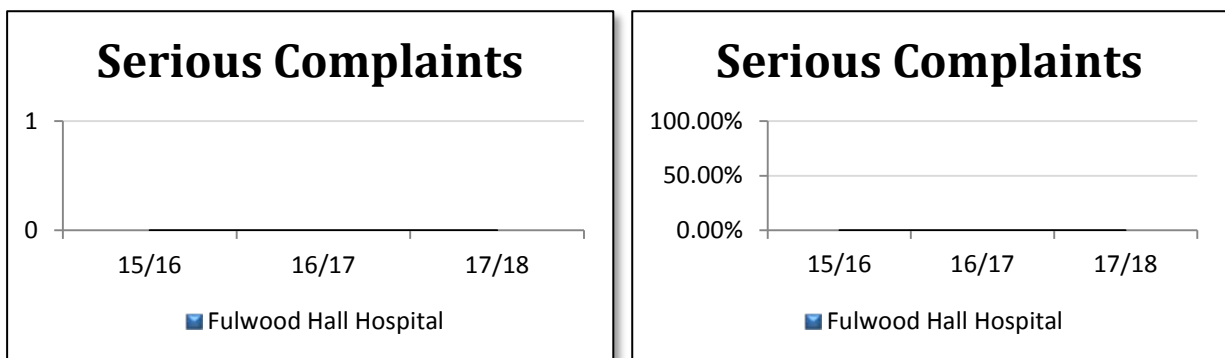
All of the above allows us to provide a seven day hospital service as required.

### 3.4 Patient Experience

All feedback from patients regarding their experiences with Ramsay Health Care is 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 fed back to the relevant staff directly. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.



Patient experiences are fed back via the various methods below and are standard agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and NHS England bodies occurs as required and according to NHS 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 patients' 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.

#### Patient Satisfaction Survey

Inpatients   Outpatients   Specialities   Data over time



Start month  
April, 2017

End month  
March, 2018

TOTAL Respondents for Series 1: 602

TOTAL Respondents for Series 2: 602

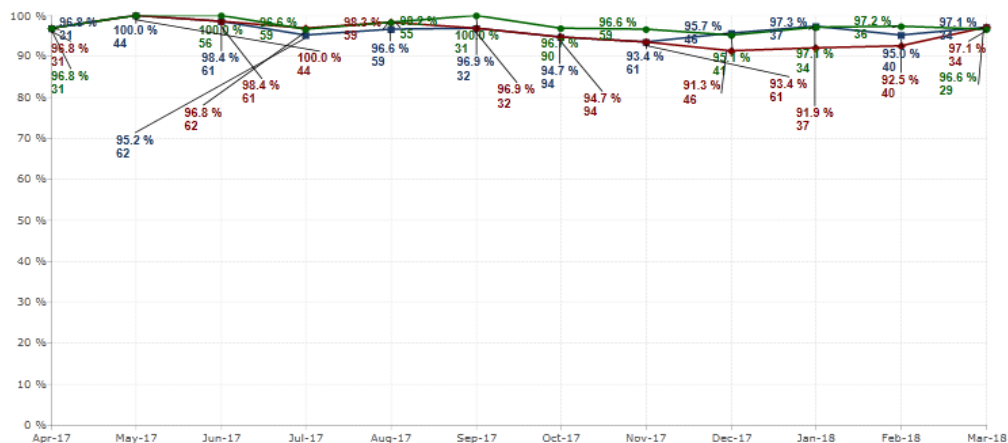
TOTAL Respondents for Series 3: 602

Reset All Filters

**Series 1** Patient Type: All patient types   Region: North   Hospital/Treatment Centre: Fulwood Hall   Speciality: All specialities  
Q1) How likely are you to recommend our hospital to friends and family if they need similar care or treatment? NET: LIKELY

**Series 2** Patient Type: All patient types   Region: North   Hospital/Treatment Centre: Fulwood Hall   Speciality: All specialities  
Q3) Please tell us how satisfied or dissatisfied you were OVERALL with your care during this visit to hospital. NET: SATISFIED

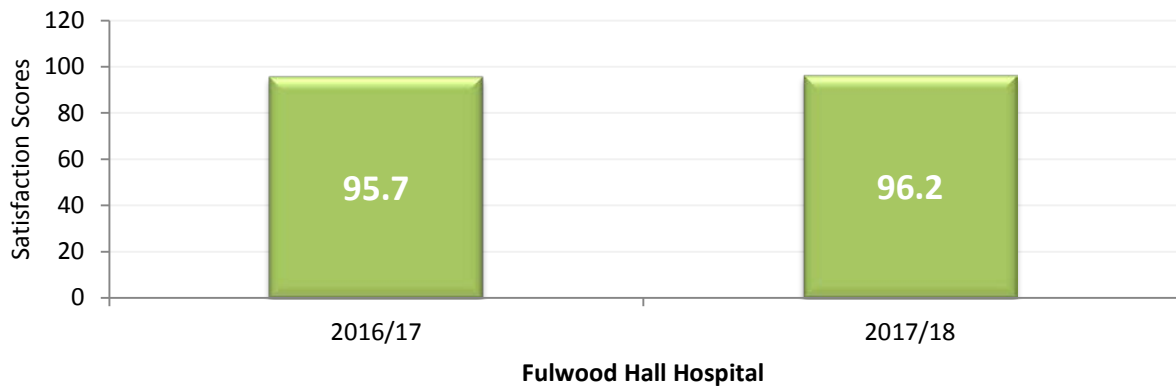
**Series 3** Patient Type: All patient types   Region: North   Hospital/Treatment Centre: Fulwood Hall   Speciality: All specialities  
Q3a) Please tell us how satisfied or dissatisfied you were with each of the following aspects of your care during this visit to hospital: The nurses NET: SATISFIED



The way the surveys are now shared with the Hospitals has changed and therefore we are currently looking at improved ways to share this information and how we respond.

# Satisfaction Scores

## NHS/Private Patients



TOTAL Respondents for selected time period: **351**

\* indicates questions not based on All Respondents  
 indicates VERY LOW respondent base (<50)

CLICK on the selector below to view a single month, quarter or year. The default view is current MONTH.

### Reporting Period

2017

Survey Response Rate  
37.3 %  
 Patient Response Rate  
6.7 %

### Region

North

### Hospital/Treatment Centre:

Fulwood Hall

### Speciality:

All specialities

### Patient Type:

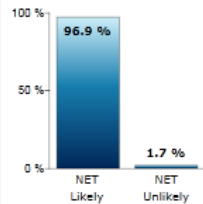
All patient types

### Payment Type:

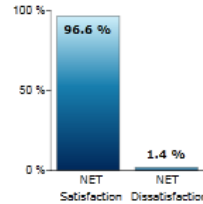
All payment types

### KEY MEASURES

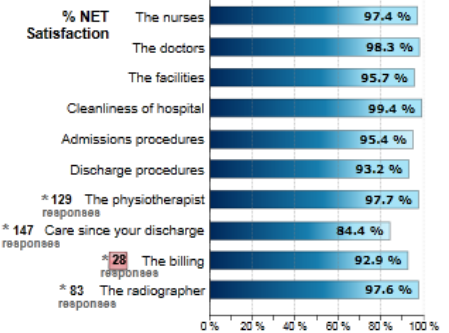
Q1. How likely are you to recommend our hospital to friends and family if they need similar care or treatment?



Q3. Please tell us how satisfied or dissatisfied you were OVERALL with your care during this visit to hospital.



Q3. Please tell us how satisfied or dissatisfied you were with each of the following aspects of your care during this visit to hospital...

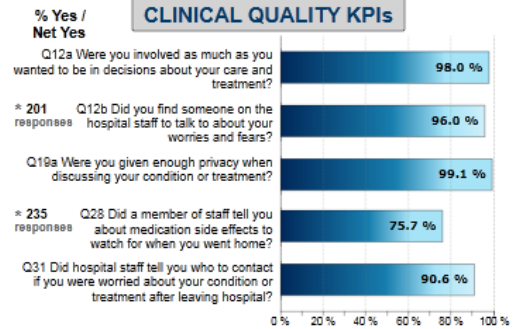


### OTHER QUESTIONS

Q4) On arrival at the Ramsay Health Care hospital or treatment centre, did you receive a friendly welcome?



### CLINICAL QUALITY KPIS



## Appendix 1

# Services covered by this Quality Account

### Regulated Activities – Fulwood Hall Hospital

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder Or injury</b>	Dermatology, General Medicine, Haematology, Nephrology, Outreach Outpatient Services, Physiotherapy, Pain Management, Rheumatology, Sports Medicine, Weight Loss	All adults 18years and over Young Persons from 16 to 18 years of age (for outpatient consultations, diagnostics and treatments)
<b>Surgical Procedures</b>	Cosmetic/Plastic Surgery, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecological, Ophthalmic, Orthopaedic, Spinal and Neuro Surgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery,	All adults and Young Persons 16 yrs to 18yrs (minor day case procedures)excluding: <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
<b>Diagnostic and Screening</b>	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 years and over Young persons from 16 years of age (for outpatient consultations, diagnostics, treatments,)
<b>Family Planning Services</b>	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

## Appendix 2

# Clinical Audit Programme 2017/18

Traffic light score	
<span style="color: green;">■</span>	Green 95%*
<span style="color: orange;">■</span>	Amber 80 - 94%
<span style="color: red;">■</span>	Red 79% and under

or above previous audit score if 95% or more, or same if previous score 100%

Audit Programme v10.0 2017/18		Hospital Name: Fulwood										
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald		Implemented: July 2017										
Use arrow symbol to locate required audit		For review: June 2018										
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Medical Records - POA, admission, theatre, discharge	87%			90%	Repeat full audit Dec/Jan	93%	85%	70%	70%	64%	91%	local audit
Patient Journey	99%			82%	84%	84%	98%	91%	94%	96%	93%	98%
Ward	100%			100%	repeat audit Jan/Feb	Due Jan/Feb	100%	Due April	Due April	100%	Due Jul	Due Jul
Outpatients	92%			Repeat November	99%	repeat February	n/a	83%	89%	local audit	local audit	local audit
Outpatients	90%			Repeat November	90%	repeat January	n/a	n/a	local audit	local audit	local audit	local audit
Controlled Drugs			98%	N/A	N/A	95%	N/A	N/A	99%	100%	100%	100%
Prescribing / Medicines Management				100%	80%	87%	87%	91%	91%	97%	98%	89%
Medicine Safe and Secure	95%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicine Reconciliation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicine Missed Dose	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%
Radiology				99%	local audit	n/a	98%	local audit	local audit	local audit	local audit	local audit
Radiology				96%	local audit	local audit	local audit	local audit	local audit	local audit	95%	local audit
Radiology - MRI / NRR		100%	95%	N/A	100%	n/a	local audit	100%	81%	local audit	100%	local audit
Radiology - CT		100%	N/A	N/A	100%	n/a	local audit	100%	local audit	local audit	100%	local audit
Physiotherapy	98%			N/A	n/a	n/a	96%	n/a	local audit	n/a	local audit	n/a
Physiotherapy	96%			N/A	n/a	85%	100%	n/a	97%	n/a	local audit	n/a
TSSU	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Decontamination	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Decontamination	Endoscopy 80%			N/A	N/A	N/A	N/A	n/a	n/a	n/a	n/a	n/a
Theatre	Operational at 94%			100%	N/A	repeat January	98%	n/a	external review April	awaiting review	local audit	local audit
Theatre	Observation 91%			100%	N/A	repeat January	completing Feb / Mar	local audit	97%	awaiting review	local audit	local audit
IPC - SSI	97%			Repeat November	99%	repeat march	repeat march	N/A	local audit	repeat may	88%	local audit
IPC - PVCCB / CVCCB (if applicable)	local audit			local audit	local audit	local audit	local audit	local audit	local audit	repeat may	100%	local audit
IPC - Isolation (if applicable)	100%			N/A	N/A	n/a	N/A	n/a	N/A	N/A	N/A	N/A
IPC - UCCB	98%	N/A	N/A	local audit	local audit	n/a	local audit	repeat March	repeat april	repeat may	96%	local audit
IPC - Hand Hygiene Action			80%	100%	100%	repeat Jan	100%	90%	100%	80%	86%	100%
IPC - Environmental	96%			98%	n/a	repeat February	n/a	local audit	local audit	96%	94%	99%
IPC - Cleaning Schedules			96%	97%	99%	100%	100%	96%	Clean Sched	Clean Sched	Clean Sched	90%
Transfusion (if applicable)	94%			Repeat December	n/a	n/a	repeat February	N/A	N/A	N/A	N/A	N/A
Transfusion (if applicable)	N/A			N/A	N/A	N/A	n/a	N/A	N/A	N/A	N/A	N/A
Bariatric Services (if applicable)	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Childrens Services (if applicable)	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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# Fulwood Hall Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

**Telephone: 01772 704 111**

**[www.fulwoodhallhospital.co.uk](http://www.fulwoodhallhospital.co.uk)**