

# Horton NHS Treatment Centre

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## Horton NHS Treatment Centre is part of the Ramsay Health Care Group

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

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

### Chief Executive Officer Statement

“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 Horton NHS Treatment Centre's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK.

It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

# Part 1

## 1.1 Statement on quality from the General Manager

David Munt, General Manager  
Horton NHS Treatment Centre



As General Manager at Horton NHS Treatment Centre I am committed to delivering consistently high standards of care to all of our patients. Delivering clinical excellence depends on everyone in the organisation being responsible and accountable for their performance in the roles they play.

The hospital has a strong association with the organisation's culture, "The Ramsay Way", The Ramsay Way culture recognises people – staff and Consultants are the hospitals most important assets and this has been key to the hospital's ongoing success.

The principles of The Ramsay Way are:

- We are caring, progressive, enjoy our work and use a positive spirit to succeed
- We take pride in our achievements and actively seek new ways of doing things better
- We value integrity, credibility and respect for the individual
- We build constructive relationships to achieve positive outcomes for all
- We believe that success comes through recognising and encouraging the value of people and teams
- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

Our culture is based on our people and recognising the value of every individual in our hospital. We believe that we can do things the right way and still achieve industry best practice. This is The Ramsay Way – people caring for people – a

culture that has made a huge difference in the way we perform and what makes us so successful.

In keeping with the Ramsay Way, our Quality Accounts have been developed with the involvement of our staff who have been very much engaged with developing a systems approach to risk management which focuses on making every effort to reduce the likelihood and consequence of an adverse event or outcome associated with treatment of a patient.

We have reported on our performance across the past year detailing both our results and the actions we have taken to improve the quality of the service. To demonstrate our commitment to continuous improvement we have shared our quality priorities for the coming year. The report explains our Governance framework and how we work within this to continually monitor and evaluate the quality of the services that we deliver.

As the General Manager of this facility, I am immensely proud of the quality results achieved by the team at Horton Treatment Centre and in particular the open and determined way in which the team approach areas for improvement. The past 12 months have been difficult for the staff at Horton Treatment Centre due to the uncertainty of the lease arrangements. I am pleased that these discussions have been concluded and the facility has negotiated an extension to lease for up to a further 5 years.

The professionalism of the staff and their continued focus to ensure patients remain at the centre of everything we do has resulted in excellent patient experiences and quality outcomes which are reflected in our excellent patient feedback. The results have been accomplished through the hard work, commitment and focused attitude of the team to continually improve quality and patient care.

The hospital also welcomes Jonathan Maskell, who has been appointed as Matron. Jonathan will be overseeing the Governance framework to ensure its robustness and that our approach to risk management focuses on doing everything within its power to reduce the likelihood and consequence of an adverse event or outcome. The Governance framework will be resourced and invested appropriately to strengthen further the hospitals overall Governance.

The framework incorporates a range of committees who meet on a regular basis to review quality. The meetings are open, collaborative and action orientated and include the Medical Advisory Committee (MAC) in which our Consultants are

empowered to work alongside the General Manager and Matron to positively influence quality is held quarterly, the Clinical Governance and Clinical Effectiveness meetings which are held quarterly and attended by clinical staff across the unit, Health & Safety Committee which operates bi-monthly and is attended by staff of all levels and monthly Senior Leadership meetings.

We have a comprehensive audit programme in place which measures our teams' adherence to professional standards and legislative requirements. Furthermore, as an organisation, peer audits are performed and hospital teams visit other Ramsay facilities to perform an assessment to determine compliance to the regulations. The audit findings are used and corrective action plans implemented where improvement is required, subsequent review is undertaken to ensure timely completion of actions.

I look forward to the next 12 months and beyond and leading the team to ensure we continue to demonstrate year on year performance. If you would like to comment or provide me with feedback then please do contact me on david.munt@ramsayhealth.co.uk. Or contact me on 01908 334200.

## 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.

**David Munt**  
**General Manager**  
**Horton NHS Treatment Centre**  
**Ramsay Health Care UK**

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

Medical Advisory Committee (MAC) Chair: Mr Bijan Shafighian  
Clinical Governance Committee Chair: Mr Bijan Shafighian  
Clinical Governance Committee Deputy Chair: Mr Dusan Repel  
Ramsay Health Care UK Regional Director: Mr James Beech

# Welcome to Horton NHS Treatment Centre

Horton Treatment Centre in Banbury is a modern 40 bedded hospital. It was purpose built in 2006 as a specialist Orthopaedic Treatment Centre and was designed to provide an excellent standard of care for inpatient and daycase patients through modern facilities and the technical equipment that modern medicine demands.

Ramsay Health Care is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008.

Horton Treatment Centre is registered as a location for the following regulated services:

- Treatment of disease, disorder or injury.
- Surgical procedures.
- Diagnostic and screening procedures.

## The Services we provide include:

- Outpatient Consultation and Pre-Operative Assessment within a modern Outpatient Department of 9 Consulting Rooms.
- Dedicated Radiology Department providing X-ray, Ultrasound, and MRI scanning.
- Surgical Operations undertaken in a modern theatre suite composed of 3 well equipped theatres all with laminar flow air change.
- Inpatient and day care utilising 40 inpatient beds with ensuite facilities and an ambulatory day care unit.
- Physiotherapy treatments delivered to both inpatients and outpatients from a dedicated department equipped with a large in-house gymnasium.
- Provision of freshly cooked meals, with a relaxing restaurant for visitors and staff.
- Onsite decontamination services.
- Outreach Clinics at Bicester Health Centre, Bicester, Windrush Medical Practice in Witney, Blakelands Hospital in Milton Keynes, Shipston Medical Centre, Shipston on Stour, Four Shires Medical Centre, Moreton in Marsh and Haddenham Medical Centre, Haddenham.

We provide safe, convenient, effective and high quality treatment for adult patients whether privately insured, self-pay, or NHS funded.

The majority of our patients choose the Horton NHS Treatment Centre for Orthopaedic Surgery. We specialise in hip and knee replacement and revision, sporting injuries, shoulder, spinal, hand, wrist and foot surgery.



A high percentage of our patients come from the NHS sector where patients have chosen to use our facility through 'Choose and Book'.

Our services help to ease the pressures on NHS Trust facilities within Oxfordshire, Northamptonshire, Warwickshire, Buckinghamshire and surrounding counties.

We work closely with neighbouring county NHS Trusts to support Trusts to treat patients within 18 weeks and achieve national referrals to treatment targets (RTT). In addition we provide diagnostic support assisting NHS Trusts to achieve 6 week diagnostic treatment targets.

We have worked with Oxfordshire Clinical Commissioning Group (OCCG) and General Practitioner practices to ensure patients have improved access to our services by providing information, training and liaison to clinical and administrative staff.

In the last 12 months we have performed 3327 procedures the majority of these procedures were performed for NHS patients who chose to have their surgery with us. The remaining patients chose to self-fund their healthcare or used private medical insurance policies.

To support the delivery of excellent clinical care, all of our services are led by Consultant Specialists, Consultant Anaesthetists and Consultant Radiologists. We have a Resident Medical Officer who remains on site 24 hours a day, 7 days per week.

In addition to Orthopaedic Surgery and Spinal Surgery we offer the following specialties for patients who have private medical insurance or choose to self-fund their treatment:

- Pain Management
- Dermatology
- Clinical Psychology
- Allergy Management

**Clinical Specialists currently engaged:**

- Consultant Orthopaedic Surgeons
- Consultant Pain Specialists
- Consultant Spinal Surgeons
- Consultant Anaesthetists
- Consultant Radiologists

- Clinical Psychologist
- Consultant Dermatologists

### **Horton NHS Treatment Centre Team:**

The General Manager is supported by a senior management team comprising:

- Matron
- Operations Manager
- Finance Manager
- A Marketing Executive, reporting to the Regional Business Development Manager provides marketing expertise.

All departments have a Manager and dedicated teams to ensure that our services run smoothly and efficiently.

### **Clinical Departments**

#### **Quality Improvement**

The role of Quality Improvement Lead recognises the importance of quality assurance and this support role to Matron has a positive impact across the various departments and to the service delivery to patients.

The role co-ordinates training and development across the hospital and supports not only Matron but also the Heads of Departments in monitoring the quality and effectiveness of our services from a Clinical Governance perspective.

#### **Outpatient Department**

The Outpatient Manager has considerable clinical experience and continues to streamline our processes in the department and she is supported by 3 Registered Nurses and 4 Health Care Assistants.

#### **Radiology Department**

Our Radiology Manager and Radiology staff are provided by Oxford University NHS Foundation Trust, we also employ 1 Registered Nurse and 1 Health Care Assistant to provide support to the Ultrasound Department.

#### **Physiotherapy Department**

Managed by an experienced Senior Physiotherapist and supported by a team of 6 qualified Physiotherapists and 2 Physiotherapy Assistants. The department also contributes to the training of student Physiotherapists.

### **Inpatient Ward & Day Case Unit**

The Ward Manager is supported by a team of 12 Registered Nurses and 8 Health Care Assistants, a Ward Assistant and Ward Clerk.

We also support Student Nurses from Oxford Brookes University to ensure that the Nurses of the future obtain sufficient practical training in delivering care. The ward received a 'Placement of the year' nomination for 2016 and 2017.

### **Theatre Department**

Our busy theatre suite is managed by an experienced Theatre Manager and supported by Anaesthetic, Recovery and Scrub leads and a team of 13 Registered Theatre Nurses and Operating Department Practitioners and 7 Health Care Assistants and Theatre Porter.

### **Non Clinical Teams comprise:**

- 5 Decontamination Technicians
- 16 Administration Staff
- 2 Receptionists
- 8 Housekeepers
- 2 Chefs and 2 Catering Assistants
- 1 Supplies Co-ordinator
- 1 Engineer and 1 Maintenance Assistant
- 1 Porter
- 1 GP Liaison
- 8 Medical Secretaries
- 2 Medical Records Clerks
- 1 HR Co-ordinator
- 1 Supplies Team Leader

### **Primary Care**

To ensure that our patients experience the smoothest of patient pathways we invest a significant amount of time building on the strong relationships we have with GPs working in Primary Care and providers of Musculoskeletal Triage Services. The GP Liaison staff member makes regular visits to surgeries in the local area to engage with staff and both provide information and respond to queries. We welcome feedback from our colleagues in primary care as this allows us to respond to issues arising in a timely fashion.

Due to our location in the northern tip of Oxfordshire, we represent a convenient choice of location for patients from several counties, including Oxfordshire, Warwickshire, Buckinghamshire, Northamptonshire, Gloucestershire, Berkshire and Milton Keynes.

We receive patient referrals from GPs in more than 250 practices which represents decisions from over 1000 GPs. In the last year we have received patient referrals from 70 new GP practices demonstrating an increase in our popularity with patients.

We work extremely hard to provide GP surgeries and Musculoskeletal Triage service teams with up to date information on the services offered at the Horton NHS Treatment Centre. We constantly revise the information we supply to include more detailed quality data, admission criteria and appointment waiting times; all of these initiatives have been positively received.

### **Community Engagement**

Engagement with the local community has been a focus for Horton NHS Treatment Centre to further promote the benefits of choosing to have Orthopaedic surgery locally at the Horton NHS Treatment Centre whilst continuing to support our NHS colleagues helping to reduce hospital waiting times.

### **Patient Engagement**

We conduct a patient led assessment of our facilities yearly as well as reviewing and learning from patient feedback through 'Hot' alerts, complaints and compliments. We engage patients through ward rounds and ensure cards are available with leaflets in all patients' areas around the hospital, and on our website. Going forward, we intend to provide patient engagement events as well as inviting patients to speak to staff about their conditions and experiences which they have expert first hand knowledge of. This would include complex medical conditions, previous surgeries and disability.

# Part 2

## 2.1 Quality Priorities for 2017/2018

### Plan for 2017/18

#### Priorities for Improvement

##### **2.1.1 A review of clinical priorities 2017/18**

On an annual cycle, Horton NHS Treatment Centre develops an operational plan to set objectives for the year ahead.

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

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

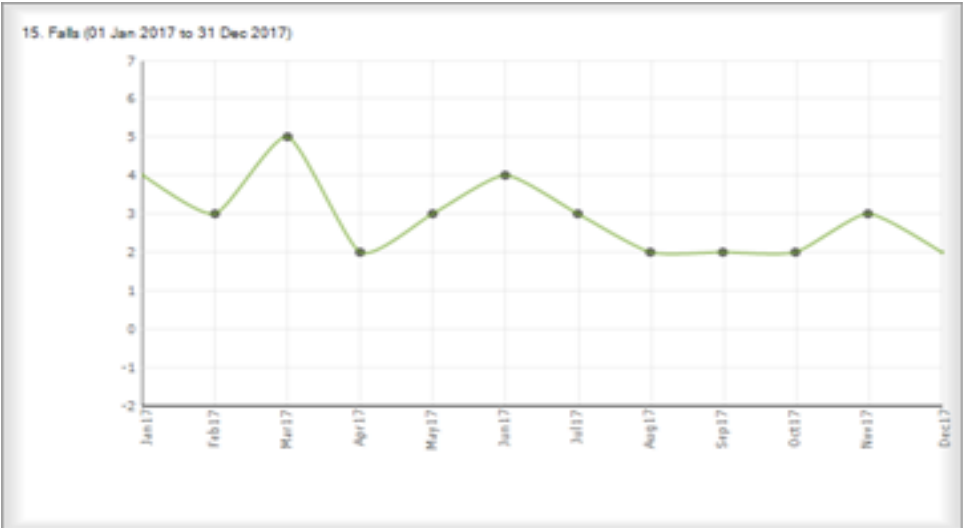
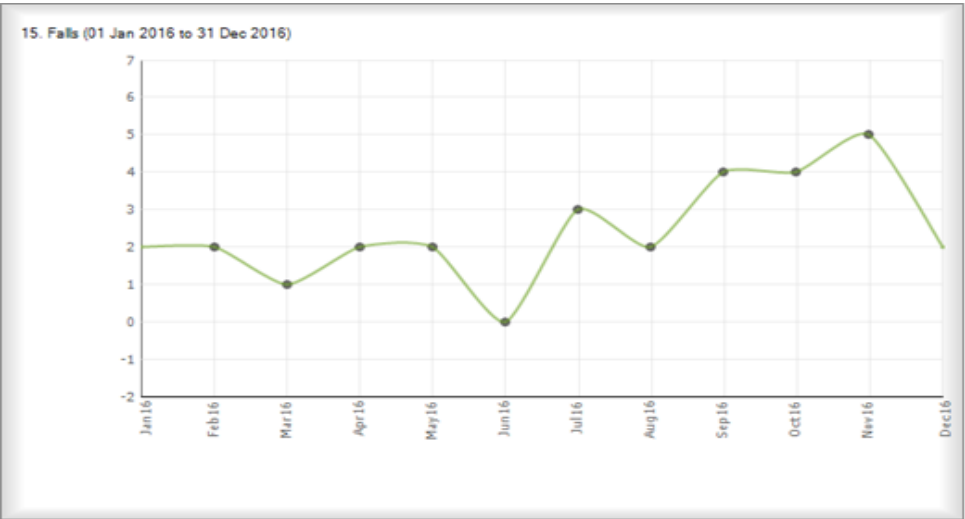
Most importantly, we believe our priorities revolve around the provision of patient led care and must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

#### **Falls**

Due to the falls recorded last year several strategies were employed including a Senior Health Care Assistant who performs the role of Falls Champion educating patients on the risks and ensuring compliance with footwear and walking aids.

The rate of falls has increased slightly from 21 in 2016 to 30 in 2017. This may be due to improved reporting following the introduction of mandatory Riskman training. The rate of injurious falls has decreased from 24% in 2016 to 23.4% in 2017.

Although this reduction in injurious falls shows that our strategies are having an impact we do recognise that further work is needed. The trends for 2017 and 2016 are displayed below.



**Delayed Mobilisation**

This is a key priority for Horton NHS Treatment Centre as rapid mobilisation reduces the likelihood of post-operative complications and improves patient experience by empowering them to return to normal activity sooner allowing greater independence.

Significant improvements have been made following analysis into the reasons for delayed mobilisation and changes to practice made as a result of these. The pain control regimen has been amended with the assistance of our Pain Specialist

Nurse which has shown to improve both mobility and patient perception of their experience.

Going forward, Horton NHS Treatment Centre intend to continue to work on reducing the time between surgery and initial mobilisation and thereby length of stay by introducing a Rapid Recovery Programme based on patient risk factors.

### **Patient Experience**

Complaints and near misses continue to be monitored and assessed for trends through our Risk Management system.

All staff receive customer service training yearly with a Customer Service Champion recording feedback and processing this into recognition rewards for both clinical and non-clinical colleagues.

Friends and Family feedback continues to show high levels of recommendation and these are distributed departmentally and analysed as part of the Clinical Effectiveness Committee agenda.

### **2.1.2 Clinical Priorities for 2018/19**

#### **Falls reduction**

We aim to continue to introduce new strategies to reduce falls going forward. A multi-disciplinary incident learning group has been initiated to allow greater inter-departmental awareness around incidents and to promote governance based discussion and idea generation.

During our falls analysis we have found that many avoidable falls occur because the patient is operating outside the scope of safe mobilisation. Therefore we are introducing an intentional rounding system whereby the patient is attended at regular intervals throughout the day and night to ensure that their needs are being met in a timely fashion. This will allow greater visibility of the healthcare worker to the patient which should also improve their perception of the individualisation of their care.

#### **Quality Governance**

Good Governance is key to patient quality and safety. As part of our continuous drive to improve our services we are reviewing our Governance processes to ensure the necessary values, behaviours, structures and processes are embedded at all levels to enable the Horton NHS Treatment Centre to ensure quality, safe patient care for all its service users.

Areas of focus include:

- Developing a culture of safety
- Ensuring required standards are achieved
- Investigating and taking action on sub-standard performance
- Planning and deriving continuous improvements
- Identifying, sharing and ensuring delivery of best practice

### **Venous Thromboembolism**

2018 has seen the introduction of new National Institute for Health and Clinical Excellence (NICE) guidelines on Venous Thromboembolism (VTE).

We are committed to reviewing our current practices, engaging with our Clinicians, undertaking training and developing our practice to achieve 0% avoidable post-operative VTE incidents.

### **Development of Pre-operative assessment service**

As part of our drive for safe, individualised and effective care we plan to undertake a review of our pre-operative services to ensure we provide a professional Nurse led service centred on individual patient assessment, guided by local and national protocols.

This will be supported by Consultant Anaesthetic led clinics ensuring a multi-disciplinary approach enabling us to achieve maximum fitness prior to surgery thereby reducing cancellations and improving patient experience.



## 2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

### 2.2.1 Review of Services

During 2017/18 the Horton NHS Treatment Centre provided and/or subcontracted 3271 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 98.32% of the total income generated from the provision of NHS services by the Horton NHS Treatment Centre 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 Units Senior Managers together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2017/18, the indicators on the scorecard which affect patient safety and quality were:

#### Human Resources

Staff Cost % Net Revenue: 19.47%

HCA Hours as % of Total Nursing: 31.43%

Agency Cost as % of Total Staff Cost: 12.91%

Ward Hours PPD: 5.07

Turnover: 15%

Sickness: 3.35%

Lost Time: 14.69%

Appraisal: 60%

Mandatory Training 75%

Number of Significant Staff Injuries: 0

## Patient

Formal Complaints per 1000 HPD's: 3.08  
Total patient incidents per 1000 HPD's: 0.36  
Readmission per 1000 HPD's: 0.05

## Quality

### Infection Prevention and Control Audit

The rolling audit schedule ensures all aspects of Infection Prevention and Control are audited and reviewed for trends and used to identify where improvements can be made.

One area of Infection Prevention and Control that we have focused on this period and continue to work on is that of hand hygiene compliance and bare below the elbows. The requirement for bare below the elbows and hand hygiene addressing all of the WHO Five Moments continues to challenge us, however improvements in compliance have been noted already and staff are engaged in continuing to improve compliance levels.

The Infection Control and Prevention Link Nurse is also attending further Infection Prevention and Control training in 2018 to continue to improve their knowledge base. We have worked hard on analyzing and improving the robustness of our audit processes. The provision of root cause analysis and audit training has assisted in this to the point that our audits reflect our daily practices more fully.

This year we have been focusing on clean contacts with patients such as reviewing patients pre and post operatively, to raise awareness that any interaction with the patient and their environment is a WHO recognized opportunity. The increased level of scrutiny we are subjecting our staff to is reflected in our audit results.



### 2.2.2 Participation in Clinical Audit

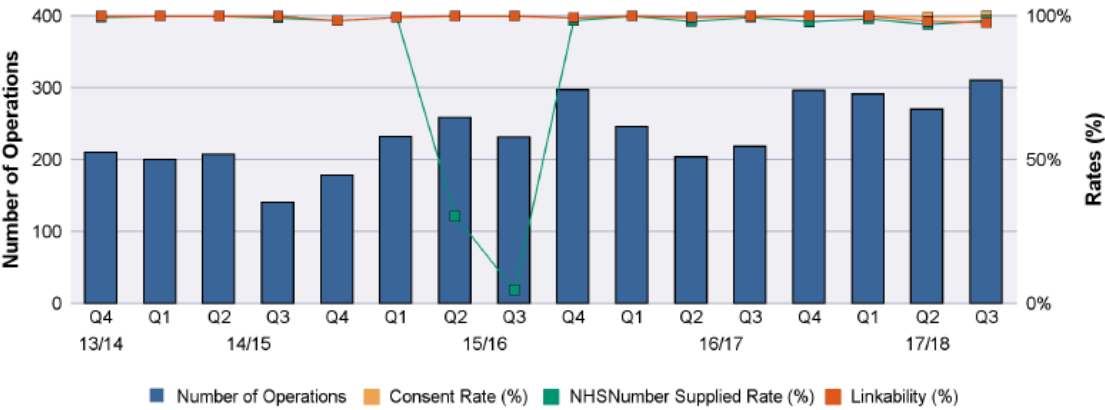
During 1 April 2017 to 31<sup>st</sup> March 2018 Horton NHS Treatment Centre participated in 2 national clinical audits in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Horton NHS Treatment Centre participated in, and for which data collection was completed

during 1 April 2017 to 31<sup>st</sup> March 2018, are National Joint Registry (NJR) and Patient Reported Outcome Measures (PROMs).

**NJR Consent Summary**  
**Consent Rate**

2015/16	2015/16	2015/16	2015/16	2016/17	2016/17	2016/17	2016/17	2017/18	2017/18	2017/18
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%



We have maintained our compliance of 100% for all 4 quarters collection and electronic input of NJR data by identifying those patients eligible for NJR on the basis of their episode data on Cosmic, our patient system.

**PROMs**

A pre-operative and post-operative questionnaire is completed by patients. This is a voluntary survey. The reports of these national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee.

Horton NHS Treatment Centre intends to continue to focus on maintaining our high response rates to improve the quality of healthcare provided and use this data to improve and develop our service. The participation figures for 2016/17 are shown below.

HES Information	Hip Replacement Questionnaires	Knee Replacement Questionnaires
HES Participation 16-17	461	426
Monthly Average	38	36
Quarterly Average	115	107

## Local Audits

Local audits are performed in each department based on their individual challenges and areas of focus following National Audits. The reports of these local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and examples of the actions taken are detailed below:

- Private prescriptions showed poor traceability. A local audit programme has been initiated to address this with consistent scores of 100%.
- The documentation of clinical indications for omitted medications was not robustly adhered to therefore this is audited by the Medicines Management Champion with consistent scores above 90%.

### 2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a Research Ethics Committee.

Horton NHS Treatment Centre has approval for research commencing this year looking at the outcome measures in patients receiving shoulder arthroplasty. The research project will look at the ability of the patients to return to their usual activities both at home and in the workplace.

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

A proportion of Horton NHS Treatment Centre income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving Quality Improvement and Innovation goals agreed Horton NHS Treatment Centre and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The action plan associated is detailed below, the Horton NHS Treatment Centre are on target to achieve our Quality goals.

Action required	Start date	Review date	Responsible	Outcome /issue /evidence
Communication of the CQUIN and targets with the Senior Management Team and appropriate departmental staff	August 7 <sup>th</sup> 2017		Matron	Completed
Obtain ward desk scanner for	August		Matron	Completed

ease of task	2017			
Obtain NHS.net account for ward.	August 2017		Matron	Completed
Produce Standard Operational procedure (SOP) for the scanning process and task.	August 27th 2017		Operational manager	Completed
Identify and train administrator/ward staff to complete the scanning required/responsibilities	August /September 2017		Operational manager	Completed
Audit that the Ramsay discharge letter comply with the Academy of Medical Colleges. Needs GP practice code to letter <ul style="list-style-type: none"> <li>National code that identifies the practice.</li> </ul>	August 2017		Matron.	Completed
Create spread sheet with GP contact emails and Codes	August 28 <sup>th</sup>		GP liaison	Completed
Commence September 1 <sup>st</sup> 2017 sending discharge letters to GP practices.	Sept 1 <sup>st</sup>		administrator /ward staff	Completed
Audit medical records compliance with discharge date and time to letter sent date and time	Month end.		Matron/QIL	Completed

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

Horton NHS Treatment Centre is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2018 is registered without conditions.

Horton NHS Treatment Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

### 2.2.6 Data Quality

Horton NHS Treatment Centre will be taking the following actions to improve data quality.

- Re-organisation and restructuring of our reporting processes to ensure the results from audits are correctly presented, recorded and actioned.
- Implementation of a robust Local Audit Programme in all departments managed by the Heads of Department to ensure results are filtered to staff via departmental meetings and compliance is monitored.

- Quality Improvement Lead monitoring the National Audit Programme to ensure necessary changes to practices are communicated; embedded and maintained.
- Continued training and development of staff involved in incident investigation to improve the robustness of investigation.

### NHS Number and General Medical Practice Code Validity

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

#### The patient's valid NHS number:

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

### Information Governance Toolkit attainment levels

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

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

This information is publicly available on the DH Information Governance Toolkit website at:

<https://www.igt.hscic.gov.uk>

### Clinical Coding Error Rate

Horton NHS Treatment Centre was subject to an audit in July 2017. The results of which are detailed below:

Primary Diagnosis 100% correct  
 Secondary Diagnosis 97.95% correct  
 Primary Procedure 100% correct

Secondary Procedure 100% correct

## 2.2.7 Stakeholders views on 2017/18 Quality Account

June 2018

### **Statement from NHS Oxfordshire CCG (OCCG)**

OCCG has reviewed the Ramsay Healthcare (Horton Treatment Centre) Quality Account. OCCG believes this is an accurate and thorough report, meeting the requirements expected of a Quality Account. The Quality Account is an opportunity to review the quality of care provided by an organisation over the last 12 months, and aims to put quality on the same footing as finance.

OCCG is pleased that the leasing arrangements for Ramsay have been guaranteed for the medium-term. Ramsay has outlined objectives for 2018/19, continuing the focus on falls reduction, as well as aiming to improve VTE, pre-operative assessment & Quality Governance. All of these objectives are supported by OCCG.

Ramsay performed well in their 2017/18 CQUIN, which aimed to improve the consistency and speed of communication with Primary Care when patients are discharged back to the care of their GP following an inpatient stay. The CQUIN for 2018/19 is aimed at improving the patient experience and pathway for musculoskeletal surgery. This CQUIN demonstrates the organisation's desire to put the patient at the centre of care delivered, as well as a desire to work with other organisations to achieve this.

On a handful of occasions this year it has been necessary to seek additional information from Ramsay, for assurance – these requests have been met in a timely manner. Ramsay has shared the findings and progress of these investigations and demonstrated robust governance processes and a desire to act on any learning found in the cases. There have been no “Serious Incidents” and no “Never Events” at Ramsay this year. With some upcoming improvements to the reporting shared with OCCG, the CCG is assured of Ramsay's openness and accountability and look forward to the implementation of the agreed reporting schedule.

OCCG has noted – as Ramsay has indicated in this Quality Account – that, despite having no C.Diff or MRSA cases, there are some potential areas for improvement relating to Infection Prevention and Control. OCCG hopes to see

that Ramsay's efforts to manage the hand hygiene challenges are successful, and a reduction in the number of patients requiring surgical intervention.

A handwritten signature in black ink, appearing to read 'Liam Oliver', with a stylized, cursive script.

**Liam Oliver**  
**Quality Improvement Manager**  
**NHS Oxfordshire Clinical Commissioning Group**



# Part 3: Review of Quality Performance 2017/2018

## Statements of Quality Delivery

### Director of Clinical Services Statement

“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 or good outcomes of treatment.

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

Vivienne Heckford  
Director of Clinical Services  
Ramsay Health Care UK

### Ramsay Clinical Governance Framework 2018

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

The emphasis is on providing an environment and culture to support continuous clinical Quality Improvement so that patients receive safe and effective care,

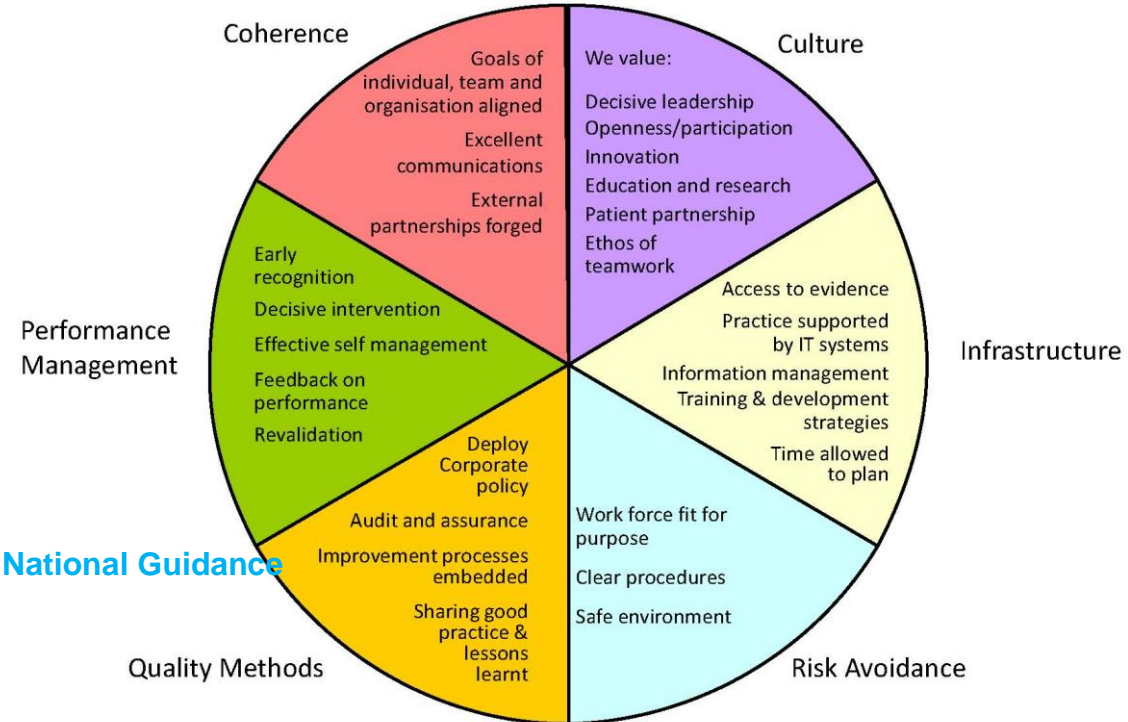
clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

**Ramsay Health Care Clinical Governance Framework**



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

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

### 3.1 The Core Quality Account Indicators

Mortality:	Period		Best		Worst		Average		Period		Horton	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC25	0		
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC25	0.0005845		

Horton NHS Treatment Centre has experienced an increase in patient mortality this year. This increase has been fully investigated through the use of route cause analysis and the lessons learned have led to a change in practice. We are committed to ensure that these changes in practice are communicated with staff and embedded in our daily practices.

PROMS: Hips	Period		Best		Worst		Average		Period		Horton	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC25	20.907		
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC25	22.081		

PROMS: Knees	Period		Best		Worst		Average		Period		Horton	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC25	16.162		
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC25	17.535		

We have maintained high levels of compliance with our PROMs and continue to monitor this closely to ensure we continue to improve.

Readmissions:	Period		Best		Worst		Average		Period		Horton	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC25	0.0043834		
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC25	0.0023026		

We have shown a reduction in readmissions and continue to work hard to learn from adverse discharge related incidents. We are continuing our work to reduce this prevalence and ensure that discharges are both safe and in line with patient expectations.

Responsiveness: to personal needs	Period		Best		Worst		Average		Period		Horton	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC25	92.9		
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC25	92.3		

We consistently receive high levels of patient satisfaction and are proud of the care we provide.

VTE Assessment:	Period	Best		Worst		Average		Period	Horton	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC25	96.0%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC25	96.7%

We have improved our VTE assessment rates for this period and continue to focus closely on this area, working within NICE guidelines for VTE reduction,

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Horton	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC25	0.0
	2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC25	0.0

We have maintained our 0% Clostridium Difficile levels and Infection Prevention and Control remains a core aspect of our safety focus.

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Horton	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC25	0.00
	April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC25	0.00

The reduction in Serious Untoward Incidents is very important to us at Horton NHS Treatment Centre and we strive to reduce instances wherever possible through analysis and learning based on adverse events.

F&F Test:	Oct	Best		Worst		Average		Period	Horton	
	Feb-18	Severall	100%	J731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC25	100.0%
	Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC25	100.0%

We have maintained our high levels of patient recommendation and are very proud of how our patients feel about our service.

## 3.2 Patient Safety

We are progressive 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.

We have included patient safety as an agenda item in our Clinical Effectiveness Committee.

### 3.2.1 Infection Prevention and Control

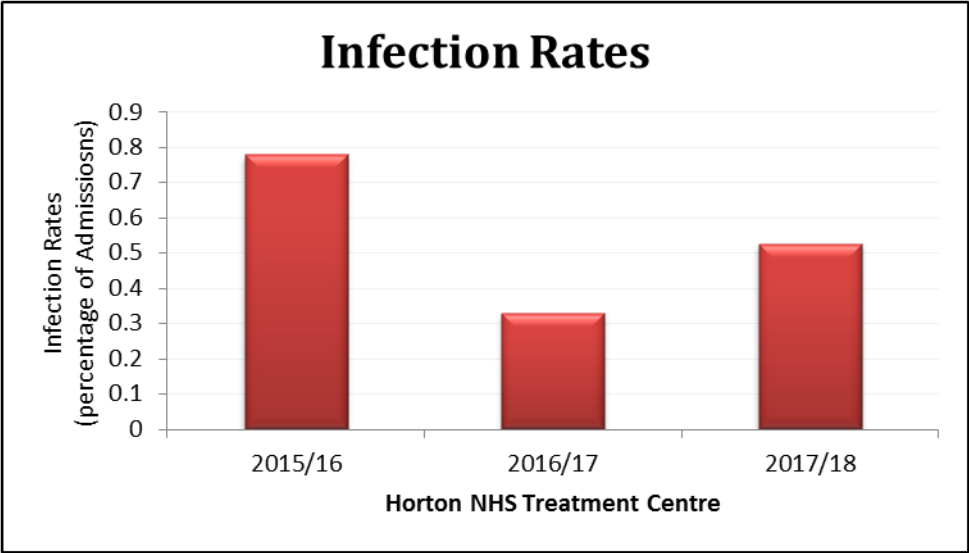
Horton NHS Treatment Centre has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

We comply with mandatory reporting of all alert organisms including but not limited to 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. We are showing a reducing prevalence of infection, the increase from 2016/17 is likely due to increased awareness of reporting through mandatory Risk Management training.



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

**Hand Hygiene**

Customer Satisfaction Survey Score: 100% for hand hygiene (December 2017).

Dispensers are regularly monitored by Housekeeping and Maintenance to ensure these are fit for purpose.

Disinfectant hub caps have been introduced as well as antibacterial hand wipes for bed bound patients and new easier to use spill kits. Cleaning products standardised in Clinical areas.

## Objectives and Achievements for 2017

Area	Objectives	Actions	Status
<b>Surveillance</b>	Improve traceability of cleaning on ward level	New cleaning records introduced on ward to improve recording of cleaning show improvements in compliance and improved ability to tackle non-compliant staff through shift co-ordinator task sheet.	Complete
<b>Teaching and Training</b>	Continue to raise compliance with goal of 98% by end 2017.	Increase availability of mandatory training	Complete
	Continue to develop knowledge with regards to ANTT practices for all staff	ANTT teaching increased in mandatory training	Complete
<b>Audit</b>	Carry out annual antimicrobial point prevalence (AMPPS) survey	Completed by IPCLN	Complete
	Carry out annual urinary catheterisation point prevalence (UCPPS) survey	Completed by IPCLN	Complete
	Audit training to be undertaken by IPC lead to improve robustness of audit	Route cause analysis training to be sourced as currently unavailable via Ramsay	Complete
<b>Policy</b>	Ongoing 3 yearly review of all relevant policies  Review IPC related national guidelines	Review policy where 3 yearly review required  Review policy where there is a change in guideline or procedure  <i>Review The Health and Social Care Act 2008: Code of Practice on the prevention control and related guidance and amend current arrangements, policy and practice where required.</i>	Complete
<b>Practice</b>	Analysis and reduction in post operative infections	Analysis of trends  Raise awareness of hand hygiene amongst nursing staff and medical staff at mandatory training days.  Increase competency and knowledge and practice of ANTT amongst clinical staff	Complete
<b>Assurance and Local Effectiveness</b>	CEC meetings to be completed 3 monthly	IPCLN to chair meeting going forward	Complete

## Annual Plan 2018

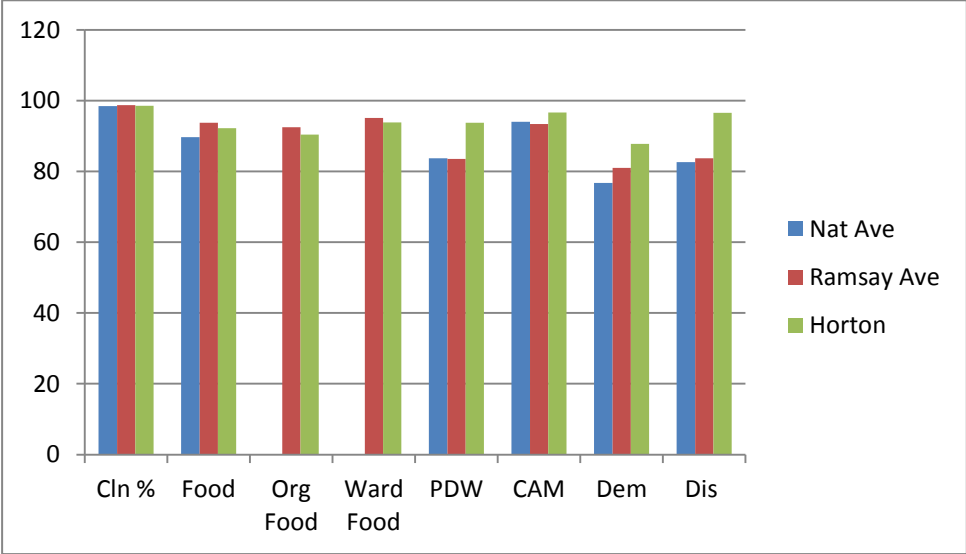
Area	Objectives	Actions
<b>Surveillance</b>	Relevant staff to complete skin surveillance	<ul style="list-style-type: none"> <li>• Skin surveillance to be completed and recorded at mandatory training days</li> </ul>
<b>Antimicrobial Stewardship</b>	To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing	<ul style="list-style-type: none"> <li>• Medicines management champion to continue to promote review of antimicrobials and awareness of stewardship requirements</li> </ul>
<b>Education and Training</b>	To ensure all staff are up to date with IPC Mandatory training and ensure all IPC Leads are suitably trained and competent in role	<ul style="list-style-type: none"> <li>• To conduct mandatory training on monthly basis or as required to maintain compliance.</li> </ul>
<b>Decontamination / Cleaning</b>	Ensure cleaning and decontamination is frequent, robust and documented thoroughly	<ul style="list-style-type: none"> <li>• Monitor cleaning for all departments on monthly basis</li> <li>• Ensure Clinell 'I am clean' stickers are in situ and cleaning is documented</li> </ul>
<b>Audit</b>	Conduct audit as required and in accordance with annual National Plan	<ul style="list-style-type: none"> <li>• Carry out annual antimicrobial point prevalence (AMPPS) survey</li> <li>• Carry out annual urinary catheterisation point</li> </ul>
<b>Policy</b>	Ongoing 3 yearly review of all relevant policies  Review IPC related national guidelines	<ul style="list-style-type: none"> <li>• Review policy where 3 yearly review required</li> <li>• Review policy where there is a change in guideline or procedure</li> <li>• Review <i>The Health and Social Care Act 2008: Code of Practice on the prevention control and related guidance</i> and amend current arrangements, policy and practice where required.</li> </ul>
<b>Practice</b>	Analysis and reduction in post-operative infections	<ul style="list-style-type: none"> <li>• Analysis of trends</li> <li>• Raise awareness of hand hygiene amongst nursing staff and medical staff at mandatory training days.</li> <li>• Increase competency and knowledge and practice of ANTT amongst clinical staff</li> </ul>
<b>Assurance and Local Effectiveness</b>	Ensure robustness of local IPC strategy	<ul style="list-style-type: none"> <li>• Produce Annual Report and Plan</li> <li>• CEC meetings to be completed 3 monthly</li> <li>• IPCLN to chair meeting going forward</li> <li>• Working document IPC plan in situ for 2018/19</li> </ul>

### 3.2.2 Cleanliness and Hygiene

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

PLACE assessments occur annually at Horton NHS Treatment Centre, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our services see it and how it can be improved. The main purpose of a PLACE assessment is to get the patients view.

#### PLACE Results 2017



We scored above the national average on all domains and are very proud of these results.

We are continuing to improve our services going forward by analysing friends and family results and patient satisfaction scores to identify areas where improvements can be made.

Next year we plan to increase the amount of patient auditors to ensure a more robust presentation of the patient cohort.

### 3.2.3 Safety in the Workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles.

As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety



as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS).

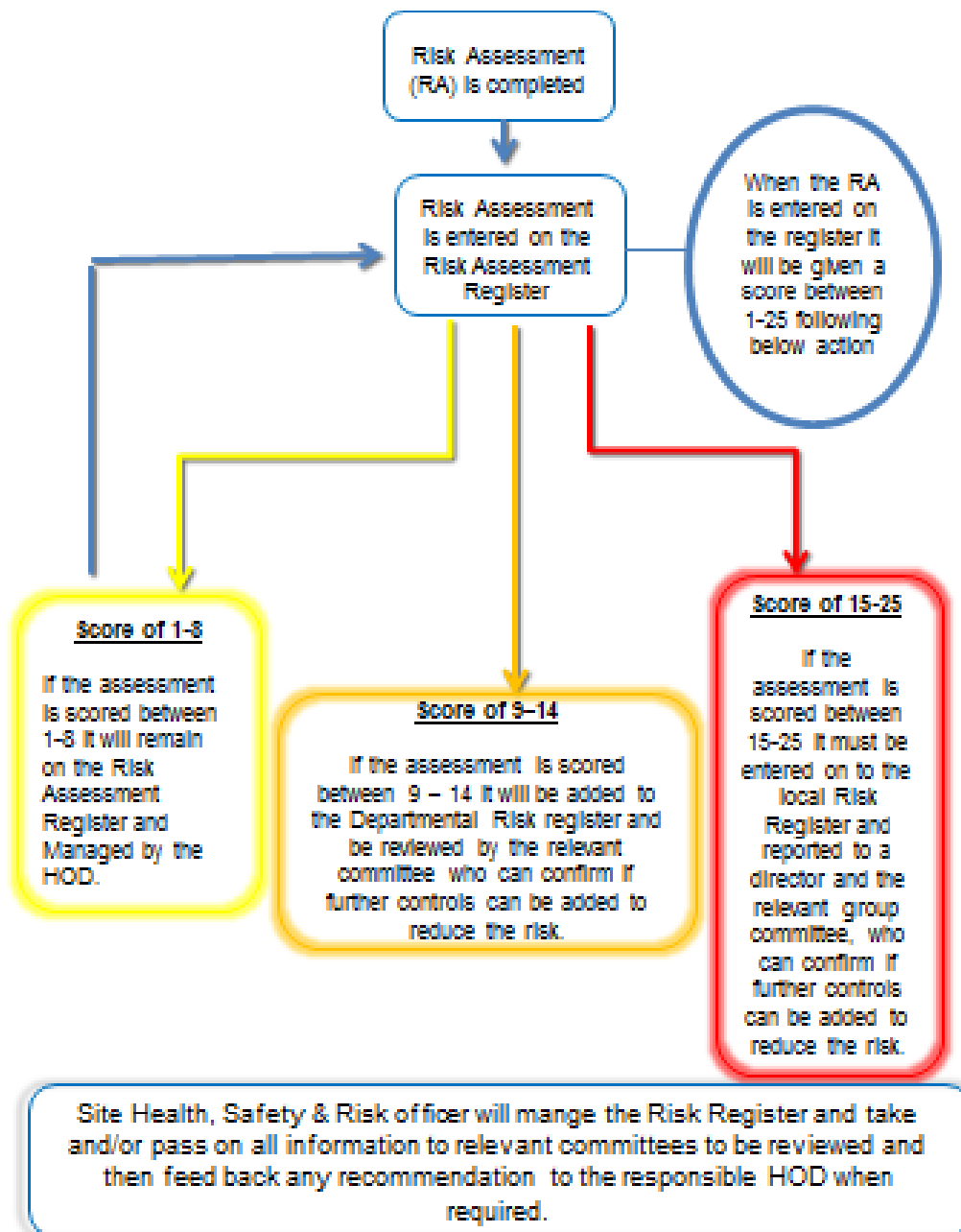
Safety alerts, medicine/device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues. A register of COSHH controlled substances is maintained in addition to CAS alerts.

The risk register for Horton NHS Treatment Centre has been reviewed with the expertise of our Health, Safety and Risk Officer.

The register is segmented based on the level of risk and maintained by each department with the Risk Officer providing advice and review of the register as a whole.

The ongoing risk assessments are reviewed as part of the Health and Safety Committee agenda. This process is shown below.

## Risk Assessment & Risk Register Process



### 3.3 Clinical Effectiveness

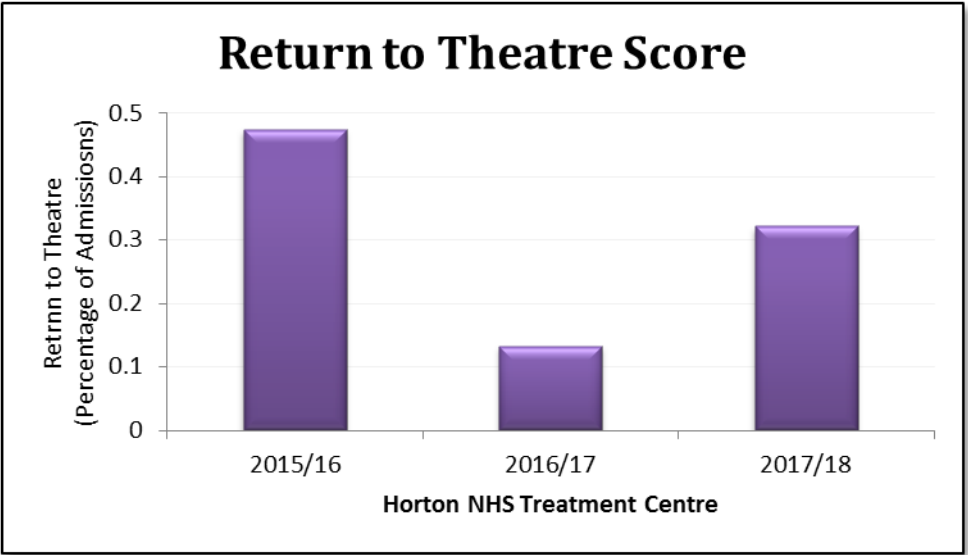
Horton NHS Treatment Centre has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More

importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

### 3.3.1 Return to Theatre (RTT)

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. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team.

Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes. Although we see a continued reduction in our RTT rates since 2015/16, we have seen a small spike in RTT since 2016/17. This is likely linked to our infection rates showing that infective patients are requiring surgical intervention.



### 3.3.2 Learning from Deaths

Serious incidents and never events are investigated by the Quality Improvement Lead and approved by Matron or the General Manager. These are then reviewed as part of the Clinical Effectiveness Committee agenda as well as through Health and Safety Committee meetings and Departmental meetings.

Learning from incidents and especially deaths is also reviewed as part of an open discussion forum monthly which can be attended by any staff both clinical and

non-clinical. This forum is designed to generate discussion and the ability to review both the investigation process and the incident itself from many viewpoints.

The General Manager also reviews serious incidents and never events to ensure full visibility of incidents and the investigation process. The Quality Improvement Lead has attended root cause analysis training to assist with the robustness of these investigations.

For this period Horton NHS Treatment Centre has unfortunately experienced three patient deaths, one due to choking on food post operatively as an inpatient and two post discharge pulmonary embolisms.

### **Choking Patient**

The patient who unfortunately choked was subject to a Coroner's Court investigation. Findings from the Coroner's Court investigation were accidental death. There were no Regulation 28 issues noted.

The internal investigation found that the period for which the patient was unobserved was 15 minutes therefore no issues with the observation of the patient were noted, the below lessons learned were identified.

### **Lessons Learned**

A training need was identified for one Nurse with regard to recording observations once the patient was revived.

A review of the timing of 'bulky' food presented post operatively to patients who have received a General Anaesthetic was initiated.

### **Changes in Practice**

The provision of soup and biscuits in addition to the current choices of toast and sandwiches was made.

### **Pulmonary Embolism Patients**

Both patients experienced a pulmonary embolism after discharge.

#### **Patient 1**

Patient 1 had a total hip replacement and had received the required prophylaxis. The patient had previous experience of a total hip replacement and had the same prophylaxis for that procedure.

### **Lessons Learned**

The patient was treated in Accident and Emergency at the Oxford University Hospitals NHS Foundation Trust (OUHFT) and it was unclear whether the patient had taken their chemical prophylaxis.

### **Changes in Practice**

Specific questioning regarding the requirement to take chemical prophylaxis was added to the post-operative call rather than the broader questioning regarding all to take out (TTO) medications.

### **Patient 2**

Patient 2 had a total shoulder replacement, and received mechanical prophylaxis.

### **Lessons Learned**

Further training regarding VTE assessment and the requirement for chemical prophylaxis has been indicated for those patients who are at risk of VTE undergoing shoulder surgery.

### **Changes in Practice**

An upper limb multi-disciplinary meeting was commenced to allow peer review of radiographs, incidents and lessons learned as well as other outcome measures.

Chemical prophylaxis in the form of low molecular weight heparin (LMWH) has been commenced for shoulder arthroplasty unless bleeding risk factors prohibit this.

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

The requirement to involve patients and their families or carers in their care is an important part of our clinical strategy at Horton NHS Treatment Centre.

We aim to ensure that patient care is holistic and individualised by providing choice with appointment times and days, offering evening and weekend appointments for outpatient services as well as weekend operating.

Waiting times are monitored and minimised by our Administration Manager, short term cancellations are currently being monitored by our Operations Manager as part of a reduction project for our cancellation rates. Patients are brought forward

to close gaps in clinics and theatres wherever possible. Currently all Consultant Surgeons have initial consultation wait times of less than 40 days.

Consultant cover is provided throughout the patient journey with a Resident Medical Officer (RMO) on site providing immediate medical care when needed. All patients have a Consultant led ward round both pre and post-surgery.

### 3.4 Patient Experience

Both positive and negative feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development and the action required to improve our service.

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.

Negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care. All complaints are discussed at the SMT meeting and actions and proposed improvements are shared with the Heads of Department.

Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary.

Escalation and further reporting to Ramsay Corporate and Department of Health bodies occurs as required and according to Ramsay and Department of Health 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 48 hours of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questionnaires given following Inpatient and Outpatient care episodes
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups

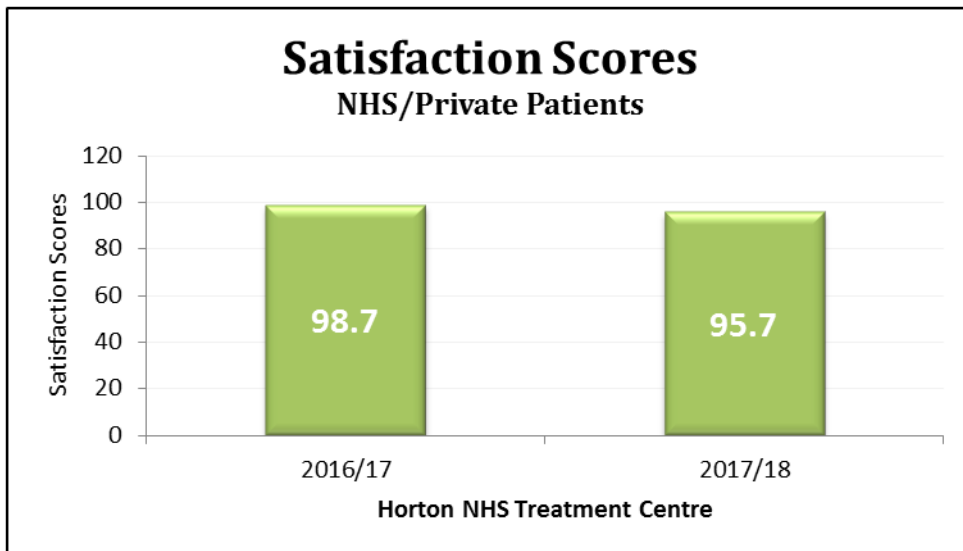
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

### 3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services.

Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48 hours of receiving them so that a response can be made to the patient as soon as possible. These are monitored and collated by the Quality Improvement Lead.



## Appendix 1

# Services covered by this Quality Account

## Regulated Activities – Horton Treatment Centre

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder or Injury</b>	Cosmetics, Physiotherapy, Orthopaedic, General surgery, Spinal surgery, Allergy testing, Dermatology, Pain management, Choose and Book 'Outreach' Orthopaedic Outpatient Service	All adults 18 yrs and over
<b>Surgical Procedures</b>	Orthopaedic, Cosmetic, General surgery, Spinal surgery .  Ambulatory, Day and Inpatient Surgery	All adults 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> <li>• BMI &gt; 40</li> </ul>
<b>Diagnostic and screening</b>	MRI, Imaging services, Ultra sound Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over



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

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



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

**Traffic light score**

	<b>Green</b>	<b>95%*</b>
	<b>Amber</b>	<b>70% - 94%</b>
	<b>Red</b>	<b>63% and under</b>

\* or above previous audit score if 95% or more, or 70% or more if 63% or more

# Horton NHS Treatment Centre 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.

**01295 755000**

[www.hortontreatmentcentre.co.uk](http://www.hortontreatmentcentre.co.uk)  
[www.ramsayhealth.co.uk](http://www.ramsayhealth.co.uk)