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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, Clinical Commissioning Groups.

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 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.
As Hospital Director 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 Hospital Director 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 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.
As I come to the end of my first year as Hospital Director of the Horton Treatment Centre, I never cease to be humbled by the dedication and commitment of all our staff. Our patient feedback is exceptional and we look to further build upon our success.

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 Hospital Director 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 healthy, open relationship with all our commissioners and constantly look to work with them to improve patient care. We also work closely with our Musculoskeletal Triage Service providers and local NHS Trusts through a collaborative approach.

Feedback from our patients is very important to us, on the few occasions where we get things wrong, we genuinely seek to learn from our mistakes and share the learning through our governance framework.

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 strive for continued improvement in our Quality Performance year on year.

If you would like to comment or provide me with feedback then please do contact me on paul.byrne2@ramsayhealth.co.uk. Or contact me on 07711 243117.
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.

Paul Byrne
Hospital Director
Horton NHS Treatment Centre
Ramsay Health Care UK

This report has been reviewed and approved by:

Mr B Shafighian
Medical Advisory Committee Chair

Ms K Stuart-Smith
Clinical Governance Committee Chair
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 day case 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 Consultant led 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 en-suite 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 with gynaecology procedures also being undertaken from 2018.

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 3079 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, Gynaecological 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
- Consultant Gynaecologists

Horton NHS Treatment Centre Team:

The Hospital Director is supported by a senior leadership team comprising:

- Head of Clinical Services (Matron)
- Support Services Manager
- Finance Manager

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 the Head of Clinical Services has a positive impact across the various departments and to the service delivery to patients.

The role co-ordinates training and development, infection control and occupational health across the hospital and supports not only the Head of Clinical
Services 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 4 Registered Nurses, 5 Health Care Assistants and an Administrator.

**Radiology Department**

Our Radiology Manager and Radiology staff are provided by Oxford University NHS Foundation Trust, our Outpatient Manager ensures effective provision of nursing staff to assist with Ultrasound procedures.

**Physiotherapy Department**

Managed by an experienced Senior Physiotherapist and supported by a team of 12 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 11 Registered Nurses, 1 Sister and 7 Health Care Assistants, a Ward Assistant, Ward Clerk and Pharmacist.

We also support Student Nurses from Oxford Brookes University to ensure that the Nurses of the future obtain sufficient practical training in delivering care.

**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 15 Registered Theatre Nurses and Operating Department Practitioners and 4 Health Care Assistants, 3 ATPs and a 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 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. We also provide premises for the Healthshare MSK within our Outpatient’s department and liaise closely with the service.

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 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.

**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 all patients have access to a clinical concerns hotline which allows them to access a Manager throughout their stay. Going forward, we intend to provide patient engagement events to deepen our learning from our patients and improve our service as a whole and with specific relation to falls prevention, health promotion, mental health awareness and management of complex medical conditions and disability.
Part 2

2.1 Quality priorities for 2018/2019

Plan for 2018/19

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 Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for Improvement

2.1.1 A review of clinical priorities 2018/19 (looking back)

Falls reduction

During our falls analysis we have found that many avoidable falls occur because the patient is operating outside the scope of safe mobilisation, as a result of this analysis we introduced 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 has had a positive effect on our falls with an overall reduction from 35 falls in 2017 to 14 falls in 2018. For the period January to March 2017 12 falls were reported, the same period 2018 5 falls and 5
for January to March 2019. This shows a significant initial reduction which has now plateaued which indicates that the initiatives put in place are working but more work is needed to achieve a zero preventable falls rate.

Quality Governance
Good Governance is key to patient quality and safety. As part of our continuous drive to improve our services we have reviewed our Governance structure adding multi-disciplinary review meetings for upper limb surgeries and anaesthetics to accompany the already established lower limb audit meetings.
Our quality governance was split into the following key priorities:

**Developing a culture of safety**
We have embedded the Speaking up for Safety programme to assist in the effective escalation of safety concerns. The Speaking up for Safety model provides a structured communication technique for escalating patient safety concerns to reduce adverse outcomes by addressing issues before they cause harm.

**Investigating and taking action on sub-standard performance**
We have reviewed how we investigate and feedback when things go wrong to ensure that lessons learned are passed down to staff involved in incidents as well as the staff who report those incidents.

**Ensuring required standards are achieved and planning and deriving continuous improvements**
We have engaged with our stakeholders and OCCG meeting all our contractual requirements and providing a robust reporting mechanism. We have worked with OCCG to successfully complete the requirements laid out by our CQUIN.

**Identifying, sharing and ensuring delivery of best practice.**
We have worked hard to engage with our external and Corporate stakeholders to benchmark our service through audit and assurance visits. Although further work is needed to allow an effective and holistic review of our service we are already seeing improvements to our service with relation to adherence to Corporate policy and National guidelines which is reflected in our audit scores both locally and nationally.

**Venous Thromboembolism**
Following a cluster of 6 VTE incidents in a short period in 2018 we embarked upon a review of all aspects of our VTE prevention. This involved engaging with our Corporate risk team to review our investigation processes and adherence to national VTE prevention guidelines as well as fully embedding the NG89 NICE guidelines into all aspects of our service.

Through this process no deviations from best practice were found however we did make amendments to our service particularly with relation to the advice we give our patients around VTE prophylaxis. We remain committed to continuing to monitor our VTE incidents and amend our practice as appropriate. Below the trends for VTE incidents for 2017 and 2018 are shown.
Development of Pre-operative assessment service

Our pre-operative assessment service continues to develop and is now a Consultant led service. We have redesigned our POA processes to streamline the patient pathway and reduce cancellations by optimisation of the patient before their admission. We have implemented a communication process to ensure that our patients with complex needs are identified before their admission so that any special requirements can be put in place to assist them in their inpatient stay. This process has had a positive impact on our length of stay and patient experience.

The introduction of the Maxims EPR system in early 2019 has made the monitoring of our patient pathway more visible to our Senior Leaders supporting the seamless handover of the patient’s care pathway within the MDT. We
continue to work to improve the service to further improve our length of stay and ensure all patients are informed of what to expect during their admission as well as empowered to take charge with regards to their post discharge care.

2.1.2 Clinical Priorities for 2019/20 (looking forward)

Health Promotion

As part of our Care Quality Indicator (CQUIN) for 2019 we are engaging in a programme of recognition and referral for patients who smoke and use alcohol.

We aim to review the smoking and alcohol status of our patients when they attend for their pre-operative assessment. This will allow us to identify patients who smoke, screen heavy alcohol users for signs of dependency and assist them in reducing or ceasing their usage. In order to achieve this we working with both the CCG health promotion team and local providers of cessation advice and support services to provide our patients with referral to these services should they require it.

Staff Development

Our staff are integral in the provision of a high quality service and this year we are prioritising their development with relation to their clinical knowledge and management of complex or deteriorating patients. We plan to formulate a training strategy for our clinical staff which will include a robust schedule of scenario based training to improve their knowledge and confidence of urgent and emergency care scenarios. This will allow our staff to be more confident in their care delivery as well as improving their awareness of patient scenarios we do not commonly see at this unit such as safeguarding referrals and sepsis.

Enhanced Recovery: Reducing length of stay

In order to reduce the length of stay of our inpatients we are in the process of implementing an enhanced recovery pathway. With the assistance of our Consultants and Consultant Anaesthetists this programme will involve patient optimisation through pre-operative physiotherapy advice and rapid recovery including early mobilisation to help the patient achieve their rehabilitation goals.
By reducing the length of stay of our patients we anticipate a reduction in the adverse outcomes associated with elongated hospital stays.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2018/19 the Horton NHS Treatment Centre provided and/or subcontracted four NHS services.

The Horton NHS Treatment Centre has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 19 represents 97.6% per cent of the total income generated from the provision of NHS services by the Horton NHS Treatment Centre for 1 April 2018 to 31st March 19.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.
In the period for 2018/19, the indicators on the scorecard which affect patient safety and quality were:

**Human Resources**

Staff Cost % Net Revenue: 18.06%
HCA Hours as % of Total Nursing: 30.62%
Agency Cost as % of Total Staff Cost: 14.36%
Ward Hours PPD: 5.16
% Staff Turnover: 21.9%
% Sickness: 3.8%
% Lost Time: 15.01%
Appraisal: 34%
Mandatory Training: 73%
Staff Satisfaction Score: 82%
Number of Significant Staff Injuries: 0

**Patient**

Formal Complaints per 1000 HPD's: 3.78
Patient Satisfaction Score: 100%
Significant Clinical Events per 1000 Admissions: 0
Readmission per 1000 Admissions: 0.05

**Quality**

Workplace Health & Safety Score: 96%
Infection Control Audit Score: 90%
2.2.2 Participation in clinical audit

During 1 April 2018 to 31st March 2019 Horton NHS Treatment Centre participated in 5 national clinical audits which it was eligible to participate in two of which had zero applicable cases.

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 2018 to 31st March 2019, 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.

<table>
<thead>
<tr>
<th>Name of audit / Clinical Outcome Review Programme</th>
<th>% cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Joint Registry (NJR)</td>
<td>100%</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td>See below</td>
</tr>
<tr>
<td>Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection</td>
<td>Zero cases reportable</td>
</tr>
<tr>
<td>Serious Hazards of Transfusion (SHOT): UK National Haemovigilance</td>
<td>Zero cases reportable</td>
</tr>
<tr>
<td>Surgical Site Infection Surveillance Service</td>
<td>100%</td>
</tr>
</tbody>
</table>

PROMS

The pre and post-operative participation is shown below. We are achieving consistently high compliance levels for both areas however raising awareness among patients regarding post-operative questionnaires may improve the response rate. Post-operative questionnaires are not disseminated by Horton NHS Treatment Centre but directly from NHS Digital.

The reports of national clinical audits from 1 April 2018 to 31st March 2019 were reviewed by the Clinical Governance Committee with ongoing work to maintain
the high level of compliance we are currently achieving and drive continuous improvement.

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 2018 to 31 March 2019 were reviewed by the Clinical Governance Committee and examples of the actions taken are detailed below:

Outcome Measures – Physiotherapy Department

- Outcome measures were not consistently completed for physiotherapy patients. Ongoing local re-audits have shown a significant increase in compliance to 80%. The implementation of electronic integrated care pathways as part of the Maxims EPR system continues to be audited to ensure compliance is maintained.

Infection Prevention and Control

In 2018 we saw two patients with candida albicans wound infections. These were revisions of primary procedures conducted elsewhere and following liaison with the Consultant Microbiologist locally found these were most likely due to the original procedure not the revision practices.

Due to the unusual nature of the organism this triggered an audit of all infection control practices as well as Adenosine Triphosphate surface testing of all clinical areas. No significant failures in practice or cleaning were found and a rolling programme of ATP testing will be initiated in 2019/20.

2.2.3 Participation in Research

97 patients receiving NHS services provided or sub-contracted by Horton NHS Treatment Centre were recruited to participate in research approved by a research ethics committee.

The research is being undertaken to assess the ability of patients to return to manual work after undergoing a shoulder replacement. Patients have been contacted by post with a questionnaire and Oxford Shoulder Score outcome measure which will then be analyzed and eventually published. The progress of
this research is discussed at the monthly upper limb MDT meetings and quarterly at the Hospital Clinical Governance Committee.

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 2018 to 31st March 2019 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.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available upon request.

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 31st March 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

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

Horton NHS Treatment Centre has achieved high levels of compliance for data quality. To maintain this compliance and improve our general data quality we will be initiating a robust local training programme for our staff. This will include training for our Consultants on consenting practices, duty of candour and medical history taking.
NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2018/19 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient’s valid NHS number:

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

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.9% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Information Governance Toolkit attainment levels

Ramsay Group DSP Assessment Report overall for 2018/9 was 83% and was graded as ‘Standards Met’.

A score is no longer assigned.

This information is publicly available on the DSP website at:

https://www.dsptoolkit.nhs.uk/
Clinical coding error rate

Horton NHS Treatment centre has not gone through a clinical coding audit this period, this will be conducted as shown below.

<table>
<thead>
<tr>
<th>Hospital Site</th>
<th>Next Audit Date</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Primary Procedure</th>
<th>Secondary Procedure</th>
</tr>
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<tbody>
<tr>
<td>Horton NHS TC</td>
<td>June 2019</td>
<td>100%</td>
<td>97.9%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2.2.7 Stakeholders views on 2018/19 Quality Account

Statement from NHS Oxfordshire CCG (OCCG)

OCCG has reviewed the Ramsay Healthcare, Horton Treatment Centre’s (HTC) 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.

HTC has participated in a CQUIN aimed at improving the speed and patient experience of onward referral for musculoskeletal conditions. This CQUIN is undergoing final assessment at the time of writing. HTC is taking on three national CQUINs for 19/20: staff flu vaccinations, prevention of risky behaviours in patients and falls prevention. The CQUINs support national ambitions to reduce alcohol and tobacco intake, improve uptake of the influenza vaccination and to implement best practice to reduce preventable falls.

Ramsay has outlined objectives for 2019/20 which support the national CQUIN participation, as well as the development of their staff to respond more effectively to deteriorating patients. OCCG notes the low appraisal completion rate for staff. A robust appraisal system is essential for retention, development and engagement of staff. OCCG hopes to see an improvement in these rates in the coming year.

OCCG is assured by the improvements in infection prevention and control, particularly in those requiring surgical intervention that were outlined in last year’s Quality Account.

OCCG conducted a routine assurance visit to HTC in October 2018 and was assured of the quality of care and that robust governance systems are in place to monitor the quality of care. There have been no “serious incidents” or “never events” at HTC this year. OCCG is assured of HTC’s openness and accountability and looks forward to another year working together.
Liam Oliver
Quality Improvement Manager
NHS Oxfordshire Clinical Commissioning Group

Statements of quality delivery

Head of Clinical Services (Matron), Jonathan Maskell

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

Introduction

“This publication marks the ninth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional assessments and opinions 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, transparent 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 2019

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

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

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

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

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence
Ramsay Health Care Clinical Governance Framework

National Guidance

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

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

**Mortality:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>RKE 0.7075</td>
<td>RLQ 1.2123</td>
<td>Average 1</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>RJ1 0.6694</td>
<td>RE9 1.2321</td>
<td>Average 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>NVC25 0.0006</td>
</tr>
<tr>
<td>2018/19</td>
<td>NVC25 0.0000</td>
</tr>
</tbody>
</table>

For this period Horton NHS Treatment Centre has seen a low level of mortality which falls below the national average.

**PROMS:**

**Hips**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>NTPH1 25.2044</td>
<td>RFS 17.838</td>
<td>Eng 22.019</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>NTPH1 26.299</td>
<td>RBK 18.87</td>
<td>Eng 22.679</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>NVC25 22.081</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>NVC25 22.375</td>
</tr>
</tbody>
</table>

We continue to show high levels of compliance to PROMs scoring for our joint replacement patients falling within the national average for hip replacements and exceeding the average for knees. Going forward PROMs data will also be submitted for carpal tunnel decompression patients.

**Knees**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>NTPH1 21.3485</td>
<td>RKS 12.647</td>
<td>Eng 16.877</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>NT235 20.635</td>
<td>RAN 13.156</td>
<td>Eng 17.258</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 16 - Mar 17</td>
<td>NVC25 17.535</td>
</tr>
<tr>
<td>Apr 17 - Mar 18</td>
<td>NVC25 17.377</td>
</tr>
</tbody>
</table>

**Readmissions:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11 Multiple</td>
<td>0.0</td>
<td>SPS 22.76</td>
<td>Eng 11.43</td>
</tr>
<tr>
<td>2011/12 Multiple</td>
<td>0.0</td>
<td>SNL 41.65</td>
<td>Eng 11.45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18 NVC25 0.00</td>
<td></td>
</tr>
<tr>
<td>2018/19 NVC25 0.00</td>
<td></td>
</tr>
</tbody>
</table>

Our readmission rate is reviewed as part of our Clinical Governance and local infection control committee agendas. Data for readmissions is no longer collected in this format.

**Responsiveness:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13 RPC</td>
<td>88.2</td>
<td>RJ6 68.0</td>
<td>Eng 76.5</td>
</tr>
<tr>
<td>2013/14 RPY</td>
<td>87.0</td>
<td>RJ6 67.1</td>
<td>Eng 76.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14 NVC25 92.9</td>
<td></td>
</tr>
<tr>
<td>2014/15 NVC25 92.3</td>
<td></td>
</tr>
</tbody>
</table>

The responsiveness to our patient’s needs is reviewed as part of our patient satisfaction scoring which is reviewed as an agenda item in our Clinical Effectiveness Committee. Data for responsiveness is no longer collected in this format.

**VTE Assessment:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/18 Q4 Several</td>
<td>100%</td>
<td>NT490 0.0%</td>
<td>Eng 95.2%</td>
</tr>
<tr>
<td>18/19 Q3 Several</td>
<td>100%</td>
<td>NVC0M 14.7%</td>
<td>Eng 95.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/18 Q4 NVC25 96.9%</td>
<td></td>
</tr>
<tr>
<td>18/19 Q3 NVC25 97.2%</td>
<td></td>
</tr>
</tbody>
</table>

We continue to work to achieve an 100% compliance to VTE assessment, our current submission scores do however exceed the national average.

**C. Diff rate:**

<table>
<thead>
<tr>
<th>Period</th>
<th>Best</th>
<th>Worst</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17 Several</td>
<td>0</td>
<td>Q71 82.6</td>
<td>Eng 13.2</td>
</tr>
<tr>
<td>2017/18 Several</td>
<td>0</td>
<td>Q71 91.0</td>
<td>Eng 13.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Horton</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18 NVC25 0.0</td>
<td></td>
</tr>
<tr>
<td>2018/19 NVC25 0.0</td>
<td></td>
</tr>
</tbody>
</table>

We continue to maintain a zero clostridium difficile rate, well below the national average.
For this period we have achieved a zero SUI level, going forward we are working hard to continue this achievement by empowering our staff to raise patient safety concerns in a timely manner by utilising the Speaking Up for Safety model.

Our friends and family satisfaction scores are consistently high and above the national average. Going forward we are working on improving our response rate in all departments to allow us to gain a better understanding of the views of our patients throughout their patient journey.

### 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 and we continue to monitor these areas 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 MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

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

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

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

In addition to the Adenosine Triphosphate audit programme we will be initiating an Aseptic Non-touch Technique (ANTT) training programme which will be commencing with a view to achieve ANTT accreditation.

Departmental link personnel are also in place to support the local IPCLN in achieving a zero avoidable infection rate. The trend for HCAIs is displayed below.

![Hospital Acquired Infections](chart.png)

Horton NHS Treatment Centre continues to see a year on year reduction in all cause surgical site infection.
3.2.2 Cleanliness and Hospital Hygiene

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

PLACE assessments occur annually at 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 hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view. The results for 2018 are displayed below.

For all domains Horton NHS Treatment Centre’s results have been above the national benchmark. For 2019 we intend to involve a larger sample size of
patients in our PLACE audit to gain a better understanding of the improvements that are required for our service.

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.

The risk register for Horton NHS Treatment Centre is reviewed via the health and safety committee as well as ongoing risk assessments which are reviewed as part of the health and safety committee agenda.

To support our Health, Safety and Risk Officer the Senior Leadership Team also review the risk register as part of the Senior Leadership Team meeting agenda.

Corporate communications with relation to emerging risks or risks seen at other sites within group are also embedded into this register.

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

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

![Return to Theatre Score](image)

We have seen a reduction in our returns to theatre since 2017/18. This may be linked to our reduction in infections requiring intervention. We are working hard to ensure that our patients receive the best possible care and advice to reduce the risk of returns to theatre.
3.3.2 Learning from Deaths

![Chart showing unexpected deaths]

Serious incidents and never events are investigated by the Quality Improvement Lead and Head of Clinical Services with oversight from the Consultant Surgeons, Consultant Anaesthetists if an opinion relating to anaesthetic risks or surgical practices is required. These are then reviewed as part of the Clinical Effectiveness Committee agenda as well as through Health and Safety Committee meetings and departmental meetings.

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

Horton NHS Treatment Centre has not seen any unexpected deaths since January 2018. The deaths shown in the chart above were included in our previous quality account with the details of the lessons learned and practice changes shown below:

**Patient 1 – December 2017**
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 – January 2018
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 Staff Who Speak up
In 2018, Ramsay UK launched ‘Speak Up for Safety’, leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay’s commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The ‘Safety C.O.D.E.’ enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care centred on the best interests of the patient.

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

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

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

3.3.4 Priority Clinical Standards for Seven Day Hospital Services

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

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

3.4 Patient Experience

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

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

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

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

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

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

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

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

We have maintained a high level of patient satisfaction for this period. We continue to monitor ‘Hot Alerts’ to ensure that patient feedback is acted upon and learned from. The satisfaction scores for this period are displayed below.
Appendix 1 – Clinical Audit Programme 2018/19. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.
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 Hospital Director using the contact details below.

For further information please contact:

01295 755 000
www.hortontreatmentcentre.co.uk