

Mount Stuart Hospital

Quality Account
2017/18



People caring for people



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Welcome to Ramsay Health Care UK

Mount Stuart Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 35 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 the Clinical Commissioning Group.

CEO and Director of Clinical Services Statements

Introduction

Statement from Dr. Andrew Jones

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

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the General Manager

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do. As the General Manager, I am passionate about ensuring that high quality patient care is at the centre of what we do and how we operate our hospital. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes.

Mount Stuart Hospital is committed to being the leading independent sector provider of healthcare services in the South West. We intend to deliver high quality outcomes for patients through sustainable and high performing services to all our customers, providing high quality care, encouraging promotion and expansion of services, developing new technologies and demonstrating commitment to business growth across both private and public sectors. At Mount Stuart Hospital we recognise and appreciate the contribution made by all staff and that by building constructive relationships we achieve positive outcomes for patients and staff. We will continue to grow and sustain our business through transparency and loyalty, by showcasing our facilities and performance and by delivering positive outcomes.

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders, including patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer our patients.

We have enhanced our training and education plan throughout the year involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards.

The experience that patients have in our hospital continues to be of the utmost importance. As well as being treated quickly and safely, they continue to receive a personalised service, enhanced by good communication and a commitment to ensuring their privacy and dignity are respected at all times.

We have continued the progress made during 2016/17, driven by strong performance across all areas of our business within the newly designed facilities, which were completed April 2016 with more investment planned over the next 12 months.

The success of relationships built with the local NHS and Commissioners has delivered dividends as referrals via Choose & Book continue to grow. Mount Stuart Hospital aims to lead the way in holistic day case care through innovation, evidence based clinical practice and exemplary customer service. By continually updating skills and developing knowledge we believe that staff develop a committed focus in building relationships, to achieve positive outcomes for all customers. We aim to grow our business by attaining and maintaining excellent clinical outcomes, minimising risks, sustaining high levels of profitability and by providing a basis for stakeholder loyalty. Quality indicators and customer satisfaction levels have been maintained at consistently high levels. Consultant engagement meetings have stimulated opportunities to grow the business by increasing the range of services and exploring new innovating methods of practice.

A continuing focus will be on the further improvement of operating efficiencies by monitoring key performance indicators (KPIs), introducing further energy saving devices, multi-skilling, designing new processes to capture revenue at the time of activity and pathways that screen and identify risk at an earlier stage.

The aim of our Quality Account is to provide current information to our patients and commissioners to assure them we are committed in sharing our progressive achievements year on year. As a long standing, major provider for healthcare services across the World, Ramsay continues to have a very strong record in providing safe and responsible healthcare, of which we are proud to share our results. Our continued emphasis is to ensure patients receive safe and effective care, feel valued and respected in involvement with decisions about their care ensuring and that they are fully informed about their treatment at each step of their pathway.

We believe it is vital that we live by The Ramsay Way values, having it guide the decisions we make, through the services we deliver and through our interactions with all our stakeholders. We remain positive about opportunities to capture further growth.

In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and Ramsay as an organisation. Most importantly the views of patients and their

families which have been sought through questionnaires / Friends & Family Test/ comment sheets and focus groups. Furthermore, you are invited to feedback on this document by sending any comments in writing to me at Mount Stuart Hospital.

A handwritten signature in black ink, appearing to read 'Jeanette Mercer', written over a faint dotted line.

Jeanette Mercer, General Manager

Mount Stuart Hospital

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Jeanette Mercer

**General Manager
Mount Stuart Hospital
Ramsay Health Care UK**

Comments invited from:

NHS South Devon and Torbay Commissioning Group

Health Watch Torbay

Welcome to Mount Stuart Hospital

Mount Stuart Hospital is one of the South Devon's leading independent hospitals. The hospital is strictly regulated and audited by the Care Quality Commission, the governing body responsible for maintaining standards in healthcare.

The facility has 26 individual rooms each with en-suite facilities, and 15 Ambulatory Care Cubicles for patients who do not require an overnight stay, and by investment in advanced medical technology offers a wide range of treatments and services. On site there are three fully equipped laminar flow theatres and a Day Theatre for minor surgery and endoscopy. We also have a Cosmetics Suite, a Radiology Department and a Physiotherapy Department providing both inpatient and outpatient services. We pride ourselves on the delivery of high quality, safe, effective care in a manner and environment that respects and protects the privacy and dignity of our patients be they medically insured, self-funding or referred by the NHS. Our facilities and clinical and support services are continually monitored to ensure that we are offering the very best service to our patients.

The specialties for which services are provided at Mount Stuart Hospital include: Dermatology, ENT, Gastroenterology, General Medicine, General Surgery, Gynaecology, Ophthalmology, Oral and Maxilla-facial, Orthopaedics, Pain Management, Physiotherapy, Cosmetic Surgery, Radiology (including MRI, Ultrasound and CT), Rheumatology, Urology, Health Screening and for post-operative step down care.

Where clinical need requires it, our team of well trained, competent and experienced staff provide 1:1 care. All consultants undergo rigorous vetting procedures, ensuring only those who are appropriately qualified and experienced are granted practicing privileges which are reviewed on a regular basis.

In addition, Mount Stuart Hospital provides outreach clinics in the community to support services close to the patient's home.

Community Involvement

Mount Stuart Hospital regularly holds open events which offer the general public an opportunity to come to the Hospital meet the Consultants and privately discuss their specific area of interest. These events include Orthopaedics, Cosmetic, Moles and Dermatology, Headache, Pain Management and more. Other focused events in the last year include focus on nutrition and hydration and cleanliness,

we have also held events in our main waiting areas to involve and educate people about nutrition and hydration, and the importance of hand hygiene and our cleaning practices.

Our GP Liaison Officer, Mrs Carla Forbes has continued to have close contact with Practice Managers and GPs at local practices and ongoing contact with surgeries located in the surrounding areas. Carla organises regular 'Lunch & Learns', taking consultants into GP Surgeries to offer training and latest development awareness as well as running evening GP training seminars on a regular basis. These events have proved so successful that we are now hosting them on a monthly basis. We value our contact with GP's as "Customers" and strive to ensure we actively work in partnership to enhance patient care.

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/18

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

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

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

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

For 201/18 alongside the hospital business strategy we developed a new Clinical Vision and Strategy document which set out our quality intentions for the year.

Priorities for improvement

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

Plan for 2017/18

As a result of our learning from the previous Care Quality Commission (CQC) and internal provider visits, our Clinical Strategy for this year identified a number of overarching goals. All align to the five CQC domains of Safe, Effective, Caring, Responsive, Well-led, Patient Safety, Clinical Effectiveness and Patient Experience.

- Promoting a sustainable clinical workforce, staff development and improving staff morale. Ensuring staff feel valued and are meeting Ramsay Values
- To promote safety and quality by effectively reporting incidents and identifying risks
- Maintaining and promoting medicines management
- To promote quality and meet the requirements of the Ramsay annual audit programme and others
- Improving patient experience and outcomes
- Promote safeguarding of members of society at risk
- To promote quality and safety by appropriate and timely response to patient emergencies
- To promote quality and safety and the effective prevention and control of infection
- To promote quality and safety and by the maintenance and update of clinical working environments
- The effective maintenance of patient records supporting each patient's journey through Mount Stuart Hospital
- To engage all clinical staff to demonstrate the clinical strategy. The clinical strategy will be continually evolving to meet Quality requirements and to provide safe, effective, caring, responsive and well-led care to our patients

In addition to these overarching clinical strategies, the Heads of Department developed their own departmental visions and strategies.

Mount Stuart Hospital Clinical Vision & Strategy 2017

OUR CLINICAL VISION



OUR CLINICAL STRATEGY

The Clinical Strategy is aligned with the strategic priorities and the CQC domains. Themes are prompted by observations made in the previous year relating to internal, external audit and trends.



How do we keep track?

The Clinical Strategy is discussed at Departmental meetings, Heads and Leads, 1:1s, Clinical Governance, Mandatory Training. In addition each Head of Department has developed their own departmental vision and strategy which supports the overarching strategy. Examples include:



2.1.2 Clinical Priorities for 2018/19

Looking to the year ahead departmental heads are identifying priorities old and new to carry forward into 2018/19. This will also include a refresh of departmental visions. In terms of the overarching Clinical Strategy, the existing principles will carry forward but the following four have been identified as a particular focus,

- **Improving patient experience and outcomes**
(CQC Domain: Safe, Caring, Responsive, Well-led)

Ramsay Health as an organisation is taking a fresh look at its values as conveyed by The Ramsay Way and individual units are being asked to review how they might improve patient experience and customer satisfaction. In addition the CQC requires that we are able to evidence patient and community involvement. At Mount Stuart we have an excellent approach to how we respond to patient's concerns but we want to look at more creative ways to enhance patient involvement and experience in general.

How we will achieve this

- Adhere to Ramsay policy and respond effectively to patient incidents and complaints in a timely manner.
- Effectively demonstrate improvements in practice that have been informed by patient incidents and complaints.
- Engage with the Ramsay 'Speak up for Safety' programme
- Along with the corporate programme refresh engagement with the values associated with 'The Ramsay Way'
- Evidence duty of candour
- Active involvement in processes and audits related to patient outcomes
- Involvement of patients in relevant audits e.g. PLACE
- Improve our level of patient engagement focusing on the principles of good customer service

How will we measure this?

- Discussion of patient incidents/complaints in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety
- Evidence of Patient engagement where appropriate e.g. The Customer Quality Focus Group
- Display of 'You said, we did' in response to patients concerns/complaints

- Audit to evidence full duty of candour practice e.g., robust documentation relating to discussions with patients where things have not gone as planned
- Evidence of PROMs related data
- An increased patient satisfaction response
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.

- **To promote quality and safety by appropriate and timely response to patient emergencies**

(CQC Domain: Safe, Caring, Responsive, Well-led)

Over the last year we have enhanced our training related to resuscitation in the form of a programme of resuscitation scenarios. The format and frequency has been variable and policies relating to emergency response cover have changed. We therefore want to build on this work by building staff competences and confidence and be able to demonstrate a robust approach to training in relation to effective and efficient response to patient emergencies.

How we will achieve this

- Staff attendance to mandatory resuscitation training commensurate with their status and working environment
- Regular exposure of staff to emergency scenario training
- Effective processes and resources to support patient emergencies
- Reporting of activity to the quarterly Critical Care group

How will we measure this?

- Individual Training folders to evidence resuscitation training
- Training spreadsheet maintained, signature sheets maintained for attendees
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.
- Evidence of monthly (at least) emergency scenarios and related learning
- Staff awareness of patient emergency response packs e.g. For patient transfer
- Evidence of regularly checked and accurately stocked resuscitation resources e.g. trollies, grab bags, CICO boxes, difficult airway, sepsis box
- Consistent and confident response to patient emergency situations
- Discussion at the quarterly Critical Care meetings

- **To promote quality and safety and the effective prevention and control of infection**
(CQC Domain: Safe, Effective, Caring, Responsive, Well-led)

Incidences of infection at Mount Stuart Hospital have been traditionally low but over the last year we have seen a significant increase in activity and complexity and have also seen an increased culture in reporting. This has created an additional demand for focus on root cause analysis work related to possible hospital acquired infections.

How we will achieve this

- The production of an annual prevention and control of infection plan.
- All staff will take ownership of the integrity, tidiness and cleanliness of their working environment.
- All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance.
- Staff will take prompt action where breaches in the prevention and control of infection are evident.
- The appropriate identification of incidents related to the prevention and control of infection.
- Completion of infection control related audit and action on any shortfalls which arise.
- Robust identification of the need for root cause analysis, lessons learned and identification of trends
- Identification of risk related to the prevention and control of infection.

How will we measure this?

- Visibly clean and tidy areas in all clinical departments
- Clear identification and action evident in environmental audits by clinical and housekeeping staff
- Clear identification and action evident infection control related audits
- A demonstrable record of incident reporting and root cause analysis where appropriate
- A low incidence of hospital acquired infection
- Clinical areas used appropriately.
- The production of a year-end annual report for the prevention and control of infection
- Discussion of prevention and control of infection actions and trends in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety

- **The effective maintenance of patient records supporting each patient's journey through Mount Stuart Hospital**
(CQC Domain: Safe, Effective, Caring, Responsive, Well-led)

Mount Stuart Hospital Consultant Surgeons have practicing privileges and have traditionally held their own patient records. Traditionally these are divorced from the clinical/nursing patient records. In the last year we have made great strides to ensure that that these two records are maintained as a complete set of contemporaneous records but there remains a challenge to complete this piece of work related to our non –NHS consultants who have medical secretaries off site. This piece of work is further driven by the introduction of GDPR. Alongside our requirement to improve patient experience and outcomes we want to enhance our record keeping in general so that delivered care can be easily identified and audited when needed.

How we will achieve this

- The maintenance of contemporaneous patient records.
- Complete, accurate, legible and timely documentation by all involved in the patients care pathway.
- Adherence to Ramsay and national policy relating to required standards for documentation.

How will we measure this?

- To be identified through audit activity, both formal and informal.
- Escalation of trends in shortfalls through appropriate forums and committees
- Efficient identification of patient issues/potential gaps in the delivery of care

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 Mount Stuart Hospital provided 23 NHS services.

Mount Stuart Hospital has reviewed all the data available to them on the quality of care in 23 of these NHS services.

The total number of patient admissions in the past year was 5,214 (previous year 5,063) of which 3,603 (3,627) were NHS patients, 69%, a minor decrease compared with 72% in 2016/17. The income generated by the NHS services between 1 April 2017 to 31st March 18 represents 61% (62%) of the total income generated from the provision of services by Mount Stuart Hospital in the same year.

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

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

	April 2017 – March 2018	
Number of NHS admits	3,603	69.1%
Total number of admits	5,214	
HPDs	7, 217	
NHS Revenue	£6,320,254	61.1%
Total Revenue	£10,336,266	
Human Resources		
Staff cost as % Net revenue	33%	
HCA Hours as % of Total Nursing	29%	
Agency Cost as % of Total staff Clinical Staff Cost	5%	

Ward hours PPD (total inc ACU)	3.6	
% Staff Voluntary Turnover (rolling 12 months)	6.8%	
% Sickness (rolling 12 months)	3.46%	
% Lost Time	18%	
Appraisal % (rolling 12 months)	100%	
Staff likely to recommend Ramsay if family or friends needed treatment	Due July 2018	
Number of Significant Staff Injuries	0	
Patient		
Formal Complaints per 1000 HPDs	0.21%	
Patient Satisfaction Score	97.38%	
Clinical Events per 1000 admissions	30	
Readmission per 1000 admissions	<1	

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Mount Stuart Hospital participated in 2 national clinical audits which it was eligible to participate in.

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

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%
National Bariatric Surgery Registry (NBSR)	100%

There were no actions required to improve the quality of healthcare provided relating to reports from the national clinical audits from 1 April 2017 to 31st March 2018 to be reviewed by the Clinical Governance Committee.

Local Audits

The reports of Mount Stuart Hospital local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Mount Stuart Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Mount Stuart Audit Programme 2017/18

Audit	Initial Score	Re Audit
Medical Records - POA, admission, theatre, discharge	97%	97%
Patient Journey	92%	97%
Ward	81%	99%
Outpatients	96%	98%
Outpatients	90%	94%
Controlled Drugs	96%	96%
Prescribing / Medicines Management	88%	88%
Medicine Safe and Secure	85%	92%
Medicine Reconciliation	88%	90%
Medicine Missed Dose	100%	100%
Radiology - MRI / NRR	100%	100%
Radiology - CT	89%	100%
Physiotherapy	78%	99%

Physiotherapy	91%	99%
TSSU	100%	100%
Decontamination	91%	97%
Decontamination	100%	100%
Theatre	93%	98%
Theatre	100%	100%
Infection Prevention and Control*	93%	95%
Infection Prevention and Control*	97%	99%
IPC - Hand Hygiene Action	99%	99%
IPC - Environmental	99%	99%
IPC - Cleaning Schedules	99%	99%
Bariatric Services (if applicable)	86%	92%

Main Actions

- Implementation of Physiotherapy Outcome Measures.
- Delivering Ward Departmental Meeting regularly.
- Review of the Pre Assessment process against NICE Guidance has taken place.
- Risk man training for all staff.
- Safer Sharps project and completion of risk assessments.
- Maintenance Records now visible to Heads of Departments.
- Protected CPD time allocated.
- New insertion of Cannula Pathway introduced.
- Plan underway for refurbishment of carpeted areas and re organisation of dirty utility.

- Contemporaneous Notes project has commenced and stage one is complete.

2.2.3 Participation in Research

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

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

A proportion of Mount Stuart Hospital income in from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed Mount Stuart Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The agreed goals for 2017/18 and for the following 12 month period were,

- **Referral Criteria** - To ensure patients who have selected treatment by the provider organisation are assessed for their elective procedure in compliance with CCG policy and clinical referral guidelines for the following treatment,

T&O – Hip and Knee, Carpal Tunnel, Dupuytren's Contracture, Bunions.

Hernia

Cataract

ENT – Tonsillectomy

Dermatology – Benign Skin Lesions

Gynaecology – Heavy Menstrual Bleeding

- **Health and Wellbeing initiatives for staff** - The introduction of health and wellbeing initiatives for staff covering physical and mental health based on staff focus groups feedback through various methods
- **TTA Prescribing** - Current prescribing for patients To Take Away (TTA) following elective activity is individual to the prescribing consultants. The

indicator is to standardise the TTA prescribing in line with the procedures in place at TSDFT.

All CQUIN submissions for 2017/18 have been successful and are carried over to 2018/19.

2.2.5 Statements from the Care Quality Commission (CQC)

CQC inspection area ratings

(Latest report published on 30 March 2017)

Safe	Requires improvement	●
Effective	Requires improvement	●
Caring	Good	●
Responsive	Good	●
<u>Well-led</u>	Inadequate	●

CQC Inspections and ratings of specific services

(Latest report published on 30 March 2017)

Surgery	Requires improvement	●
Outpatients	Requires improvement	●

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

Following the two CQC inspections in 2016 (unannounced and announced) we developed an Action Plan to address various required improvements. We are pleased to report that this action plan was completed and closed down throughout 2017/18 and the Senior Management Team are confident that we have made significant progress. A subsequent internal provider visit applauded many of our actions and gave assurance that a re-inspection by the CQC would result in an improved rating. We remain engaged with the lead inspector for the CQC within our region and discuss further progress on a six monthly basis. Whilst it is highly likely that Mount Stuart Hospital will be subject to a further unannounced

inspection within the coming months, it is unfortunate that this is likely to be a focused inspection and we have been advised will not change our overall rating.

In addition to the hard work and dedication by Mount Stuart Hospital staff, we have kept a record of the many improvements and achievements we have made over the last year, including but not limited to,

- Development of a Pre Assessment Anaesthetist Referral Form
- GP Letter for MUST Scoring
- Patient Pre-operative guidance sheet
- Development of Physiotherapy consent form
- Wound care pathway implemented
- Warfarin Local Standard Operating Procedure
- New Treatment Room within Outpatients delivering minor surgery procedures.
- Development of Duty of Candour processes
- Duty of Candour webinar attended by Matron and GM 3rd July
- Mystery Shopper Initiative launches to provide feedback on services.
- Hospital Business Plan including the Vision and Strategy revised.
- Accessible Information Standard; joined approach with SDHFT
- Monthly incident / lessons learnt brief
- VTE training
- Wound care link with local providers to attend STIG group.
- Recognition of staff in patient feedback. General Manager certificates.
- Additional office space for HODs to have protected admin time and staff to use for completion of computer based training e.g. E-learning
- Employee of the month implemented.
- Root Cause Analysis Training
- Contemporaneous notes standard operating procedure implemented and introduced into practice.
- Link made with local trust regarding psychological reviews and creating a pathway for further assessment.
- Process time awareness for Theatres from SSD so they have greater knowledge of instrument turnaround times
- Ramsay Risk Management and new Risk Register roll out
- Achievers event – list of courses/qualifications staff have achieved in 2017
- Introduction of Bite size training
- Consultant involved in Never Event joins Clinical Governance committee sharing and building on lessons learnt and tools to mitigate incidents
- Medicine Matters Newsletter
- Admission/booking letter used by Medical Secretaries revised to educate patient further of need to inform us of a cancellation
- Restructuring of Admin and Med Secs to create stronger backup for roles and practices

- Critical Care scenarios take on a new meaning with trainer bringing in human resources as actors
- Introduction of the `Just Culture Guide`
- Patient complaint on facebook, takes part in PLACE audit
- Team Boards placed in areas to promote 'TOGETHER EVERYONE ACHIEVES MORE'
- GDPR Training given to staff and leaflets produced.
- Staff Survey 80% response rate.

2.2.6 Data Quality

Mount Stuart Hospital will be taking the following actions to improve data quality.

We regularly use statistical data to monitor clinical services – we are constantly striving to improve this data by regular quality control initiatives. Data contained in medical records are audited on a monthly basis and actions are taken to improve quality as required. This applies to both private and NHS patient streams.

The hospital has a data quality super user who manages the SUS pathway processes and continually reviews administration functions to ensure data quality

2.2.6 Data Quality Statements

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; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall 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:

Clinical coding error rate

Ramsay Health Care Information Governance Req 505 Attainment Levels Achieved 2015/16 Internal Audit							
	Hospital Site	Audit Date	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Midlands Region	Blakelands	March 14	May 16	86.8%	94.9%	96.7%	98.2%
	Boston NHS TC	Oct 15		95.0%	91.6%	95.0%	96.7%
	Fitzwilliam	Oct 15		95.0%	85.9%	100%	98.1%
	Horton NHS TC	March 14	May 16	100%	87.2%	98.33%	97.14%
	Woodthorpe	March 14	May 16	95.0%	87.2%	96.6%	93.8%
	Rowley Hall	Nov 15		95.0%	97.4%	96.6%	94.4%
	West Midlands	Nov 15		98.3%	95.0%	96.6%	96.1%
	Woodland	Oct 15		100%	89.4%	100%	98.1%
North Region	Clifton Park NHS TC	Nov 14	June 16	100%	90.2%	100%	96.9%
	Cobalt NHS TC	Feb 15		98.3%	98.2%	100%	98.8%
	Euxton Hall	Nov 15		91.6%	92.7%	96.6%	93.5%
	Fulwood Hall	Nov 15		93.3%	76.2%	100%	98.0%
	Oaklands	July 14	June 16	100%	96.1%	98.3%	100%
	Park Hill NHS TC	Dec 15		98.3%	96.9%	98.3%	98.4%
	Renacres	April 16		91.6%	68.4%	100%	97.9%
	Tees Valley NHS TC	Feb 15		100%	100%	100%	100%
	Yorkshire Clinic	Feb 14	May 16	98.36%	98.32%	93.44%	88.29%
South Region	Ashtead	Jan 15		96.6%	99.0%	98.3%	99.1%
	Berkshire Independent	Oct 14	June 16	96.6%	91.1%	98.3%	97.0%
	Bodmin TC	May 15		98.0%	96.1%	92.0%	88.1%
	Duchy	May 15		98.3%	94.4%	100%	100%
	Mount Stuart	May 15		98.3%	90.3%	96.6%	96.7%
	New Hall	Oct 14	June 16	95.0%	98.5%	98.3%	100%
	North Downs	Jan 15		93.3%	95.0%	100%	96.4%
	Winfield	Sept 14		100%	97.9%	100%	100%
East	Oaks	April 15		98.3%	88.8%	98.3%	100%
	Pinehill	April 15		98.3%	94.1%	100%	99.1%
	Rivers	April 15		98.3%	90.7%	98.3%	100%
	Springfield	April 15		95.0%	97.5%	100%	99.1%

2.2.7 Stakeholders views on 2017/18 Quality Account

The South Devon and Torbay Clinical Commissioning Group (SDT CCG) is lead commissioner for Mount Stuart Hospital and is pleased to provide our commentary for the Trust's Quality Account for 2017/18.

SDTCCG has taken reasonable steps to corroborate the accuracy of data provided within this account. We have reviewed and can confirm that the information presented in the Quality Account appears to be accurate and fairly interpreted, from the data collected regarding the services provided.

Looking Back

We were pleased to support the quality priorities selected by Mount Stuart Hospital last year. In particular we were pleased to see as well as a Clinical Vision and Strategy that each department devised their own strategy pertinent areas for localised improvement.

Although we can see that a great deal of improvement work has taken place throughout 2017/18 we are unable to comment on the efficacy of these priorities identified within the strategy. These have not been provided within the Quality Account- say we look forward to receiving the outcomes of these improvements in the near future.

Mount Stuart Hospital has demonstrated positive assurance against the core quality account indicators and should be commended for zero accounts of Clostridium Difficile and no reported MRSA Bacteraemia. It should also be noted that patient outcomes and patient feedback are used throughout the hospital.

Looking Forward

We are happy to support the quality improvement priorities Mount Stuart Hospital have developed. These are comprehensive and include measurement and evaluation in order for us to review next year. We are pleased to see the continuation of patient outcome measures as a priority with a specific focus on engagement to enhance experience.

We fully support the aim for effective maintenance of patient records and we recognise the challenges for Mount Stuart Hospital in pursuing this. By maintaining a complete set of contemporaneous records patient data is accessible for those who need it in a timely fashion, this greatly benefits patient safety overall.

We are pleased to see work to enhance resuscitation training and strengthening of staff skills to respond to patient emergencies.

General Comments

It is positive to note the Patient Led Assessment of the Care Environment (PLACE) results overall and we would welcome the creation of a dementia friendly bedroom.

It is very pleasing to see the results of Root Cause Analysis into unfortunate Never Events and we commend Mount Stuart Hospital in liaising with the Health Service Investigations Body (HSIB) to share their learning.

Quality Accounts are intended to help the general public understand how their local health services are performing and should therefore be clear and readable. Mount Stuart Hospital have produced a comprehensive Quality Account which is simple to understand and clearly set out.

Our requirements as a CCG are to gain continual assurance that providers are demonstrating safe, high quality care for all and by working in collaboration with Mount Stuart Hospital we are able to gain these assurances and hope to maintain this collaborative relationship.

Overall we are happy to commend this Quality Account and Mount Stuart Hospital for its continued focus on quality of care, patient safety and a positive patient experience.

A handwritten signature in black ink, appearing to read 'Lorna Collingwood-Burke', with a horizontal line underneath.

Lorna Collingwood-Burke

Chief Nursing Officer/Caldicott Guardian

Northern, Eastern and Western Devon & South Devon and Torbay Clinical Commissioning Groups

July 2018

Healthwatch Torbay is the local consumer champion for health and social care. We ensure the voice of the consumer is strengthened and heard. We do this through a variety of methods including direct contact and the use of digital and social media. We use the knowledge we gain to report on the quality of the care people receive. We know that this is valued and used to improve future care.

Quality Accounts are published on NHS Choices to support the public in understanding the quality of the care they may receive when given a choice of provider. Both NHS Choices and Facebook have recorded a number of individual patient comments about their care and treatment by the hospital staff. In general, patients seem pleased with their care. All the comments have received a response from Mount Stewart in a timely manner. In addition adverse comments are handled with proper consideration, even though some are extremely challenging.

The Account is written in a manner to inform commissioners and possibly general practitioners with a focus on continuous service improvement and an awareness of the Care Quality Commission reports. The information given appears to be an honest overview of the process including the approach to the Never Events. A clinically aware member of the public would be in a position to understand these changes but the average person would be lost in the detail. The Account does make clear how patient feedback is incorporated into service improvement so it may be worthwhile to include some “stories” appropriate to public understanding in the next Account. Healthwatch Torbay took part in the 2018 PLACE assessment (Patient led assessment of the care environment). The ongoing need to improve the experience of care for people with dementia was noted, so it is timely that addressing this is detailed in the Account. There were no other major issues identified.

Overall Healthwatch Torbay consider that the Quality Account presents a realistic overview of the performance and intentions for Mount Stewart Hospital and identifies appropriate internal controls and assurances.

Dr Kevin Dixon, Chair
Healthwatch Torbay

June 2018

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Statement from Jasek Szymanski

The team at Mount Stuart Hospital are committing to make a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We have made great strides within the last year in achieving a dynamic clinical strategy and listening to staff and patients to further enhance person centered care and ensure our staff are equipped with knowledge and skill, enabling them to deliver safe, effective care that is responsive, caring and well led.

An increase in patient activity and unexpected staffing deficits have created challenges over the last year but I am proud of the clinical teams at Mount Stuart Hospital and it is testament to their hard work and loyalty that we are able to enjoy so much wonderful feedback and positive patient satisfaction scores.

We look forward to building upon our successes even further and particularly welcome the certainty of a further CQC inspection so that we can celebrate our achievements and achieve a CQC rating to be proud of.

Jasek Szymanski
Matron / Clinical Lead
Mount Stuart Hospital

Statement from Vivienne Heckford

“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our

commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

Vivienne Heckford
Director of Clinical Services
Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

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

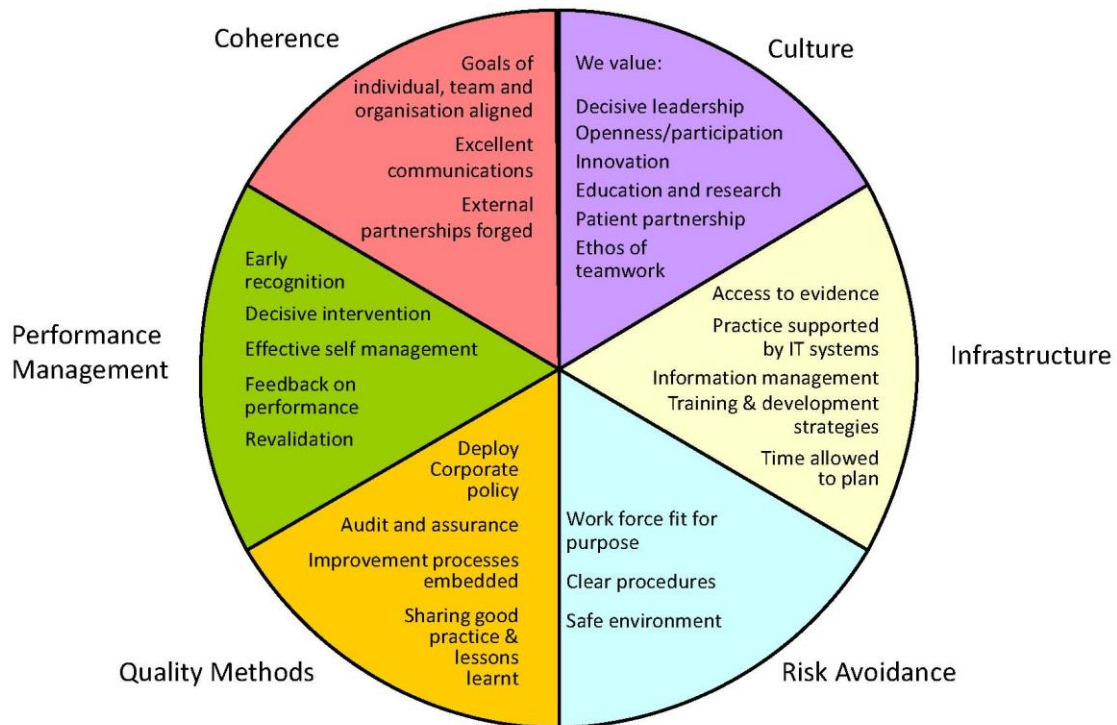
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

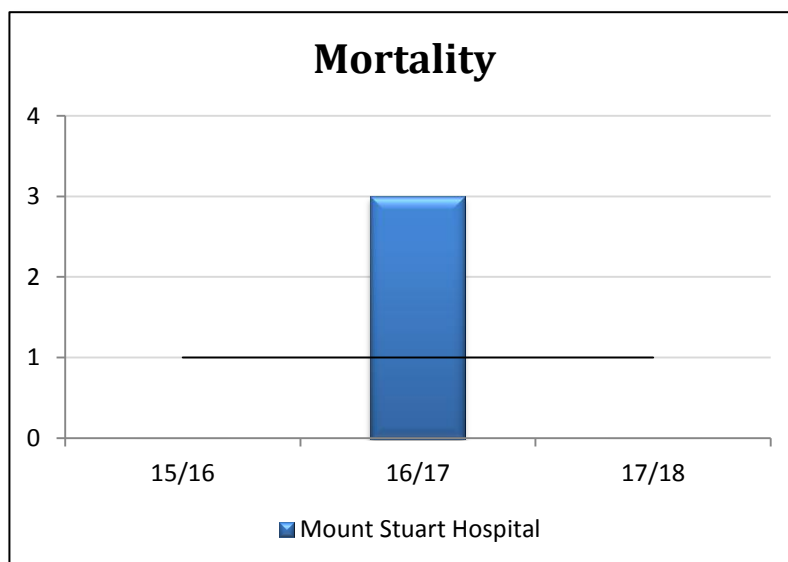
All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide.

Mortality

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

Period	Best	Worst	Average
Jul 16 - Jun 17	RK E 0.7261	RL Q 1.23	Average 1
Oct 15 - Sep 16	RK E 0.727	RL Q 1.25	Average 1

Period	Mount Stuart
2016/17	NVC08 0.0004699
2017/18	NVC08 0



SHMI Figures are not available for Independent Sector Hospitals; RiskMan data is used to find mortality rate. Mount Stuart Hospital considers that this data is as described for the following reasons,

- There are very few patient deaths at, or following treatment, at this hospital. The deaths recorded have occurred following discharge and where deaths do occur a process of root cause analysis is undertaken and any learning and actions applied.

Mount Stuart Hospital intends to take the following actions to maintain this rate and so the quality of its services:

- Maintain the strong focus on pre-admission assessment, and appropriate and effective staff education and competence assessment
- Maintain focus on staff and consultant education regarding patient risk assessment
- Continue to develop oversight with the Mount Stuart Critical Care and Clinical Governance Committees, which review clinical incidents and risks and actions to mitigate them

Patient Reported Outcome Measures (PROMS)

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's patient reported outcome measures scores for Mount Stuart Hospital</p> <p>(i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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PROMS:	Period	Best		Worst		Average	
<i>Hernia</i>	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086

Period	Mount Stuart	
Apr15 - Mar16	NVC08	0.077
Apr16 - Mar 17	NVC08	0.078

PROMS:	Period	Best		Worst		Average	
<i>Veins</i>	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597
	Apr16 - Mar	RBN	2.117	RCF	-18.076	Eng	-8.248

Period	Mount Stuart	
Apr15 - Mar16	NVC08	
Apr16 - Mar	NVC08	no data

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

Period	Mount Stuart	
Apr15 - Mar16	NVC08	22.971
Apr16 - Mar 17	NVC08	22.616

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

Period	Mount Stuart	
Apr15 - Mar16	NVC08	16.27
Apr16 - Mar 17	NVC08	17.536

Mount Stuart Hospital considers that this data is as described for the following reasons:

- Patients report good outcomes
- We have good systems for ensuring pre-op questionnaires are returned but patients do not always understand the importance of returning their post-op questionnaire
- Care is planned on an individual basis

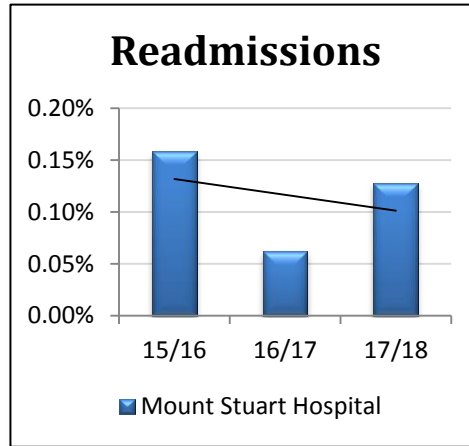
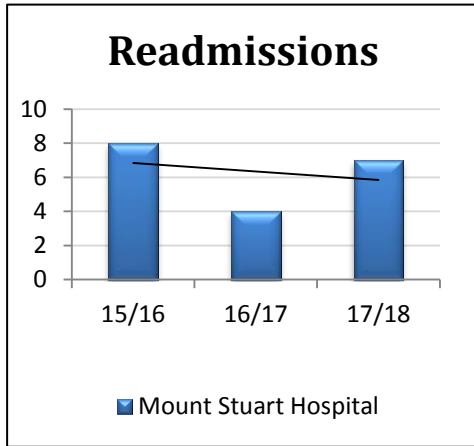
Mount Stuart Hospital intends to take the following action:

- To assist patients to understand the importance of returning their post-op questionnaire and thus further improve return rates
- To ensure patients have realistic expectations and appropriate rehabilitation
- The number of vein procedures is too small for Mount Stuart to participate. It will monitor the amount of vein procedures and subscribe if the numbers become sufficient

Readmissions

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged—</p> <p>(i) 0 to 14; and</p> <p>(ii) 15 or over,</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	
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Mount Stuart Hospital considers that this data is as described for the following reasons:

- There has been a significant increase in patient activity and complexity since 2016/17 and the readmission rates reflect the increase in readmissions
- We have robust clinical pathways that include discharge criteria
- Discharge planning and the decision to discharge are based on individual needs and condition

Mount Stuart Hospital intends to take the following actions:

- Robust discharge planning from the outset to continue to ensure patients are only discharged when it is safe and with the proper advice/back-up.
- The identification of trends related to readmission

Responsiveness to Personal Needs

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care
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Data for independent hospitals is no longer collected but Mount Stuart Hospital considers its performance as :

- We provide excellent customer service as demonstrated by patient surveys
- Care is planned on an individual basis

Mount Stuart Hospital intends to take the following actions to improve this:

- The continued avoidance of same sex breaches
- Maintenance of the privacy and dignity audit and the addressing of actions relating to results
- To continue to ensure patients remain the focus of all we do

VTE Assessment

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm
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Period	Best		Worst		Average	
16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%
16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%

Period	Mount Stuart	
Q3 2016/17	NVC08	98.5%
Q4 2016/17	NVC08	97.4%

Mount Stuart Hospital considers that this data is as described for the following reasons:

- Our clinical pathway documents direct staff to undertake VTE Risk assessment
- Staff understand the importance of VTE Risk Assessment

Mount Stuart Hospital intends to take the following actions to improve this:

- Continue to undertake local audit and ensure risk assessment is completed where indicated, and patients receive appropriate prophylaxis

Clostridium Difficile

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm
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Period	Best		Worst		Average	
2015/16	Several	0	RPY	67.2	Eng	14.92
2016/17	Several	0	RPY	82.7	Eng	13.19

Period	Mount Stuart	
2016/17	NVC08	0.0
2017/18	NVC08	0.0

Mount Stuart Hospital considers that this data is as described for the following reasons:

- The hospital has an excellent record in infection prevention and control assessment
- There is low use of anti-microbials and any prescribing is in line with national best practice and the CCG Formulary

Mount Stuart Hospital intends to take the following actions to maintain this:

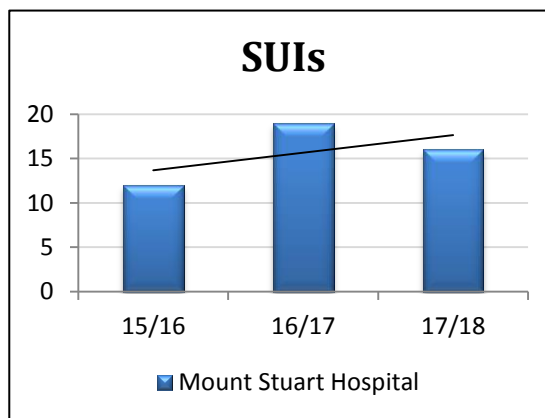
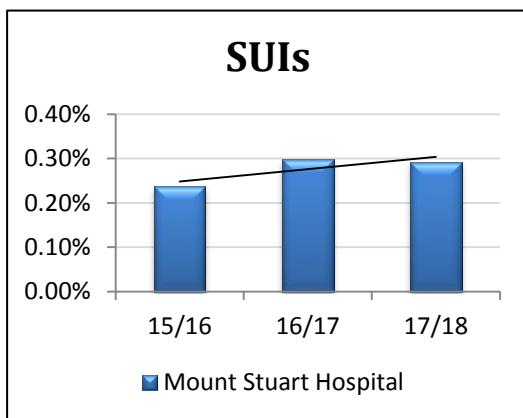
- To continue to provide staff, patients and visitors with education and information about good infection prevention and control practice
- Continue as an active participant in local and national infection control forums

Serious Untoward Incidents (SUI)

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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Period	Best		Worst	Average
2015/16	Several	0	RPY	67.2
2016/17	Several	0	RPY	82.7

Period	Mount Stuart	
2016/17	NVC08	0.0
2017/18	NVC08	0.0



No independent sector data for SUIs; Data is collected from Riskman incidents. All SUIs at Mount Stuart Hospital during 2017/18 were at Level 2 severity. We consider that this data is as described for the following reasons:

- We provide elective care only and are therefore able to risk assess and provide patients with an appropriate environment
- Level 2 events generally include post-operative complications requiring either readmission, return to theatre or transfer to the local NHS Trust where HDU/ICU facilities can be provided if required.
- Our level 2 events included one Never Event involving the placement of an incorrect orthopaedic prosthesis.

Mount Stuart Hospital intends to take the following actions to maintain this:

- To continue to analyse patient safety incidents to identify areas where the practice, care pathways or the environment or can be further improved
- Ensure that risk assessments, training or remedial action is in place where there is cause for concern relating to an SUI
- To continue to robustly assess patients during the pre-operative stage to identify potential risks
- The commencement of Root Cause Analysis where incidents occur and engagement with staff by sharing of lessons learned.

Friends and Family Test

Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)	4: Ensuring that people have a positive experience of care This indicator is not a statutory requirement.
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Oct	Best		Worst		Average	
Feb-18	Severall	100%	RJ731/RTFDX	63.0%	Eng	96.0%
Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%

Period	Mount Stuart	
Jan-17	NVC08	100.0%
Feb-17	NVC08	100.0%

Mount Stuart Hospital considers that this data is as described for the following reasons:

- It actively encourages patients to complete the F&F test, and have systems in place to facilitate them doing so
- The hospital has an established reputation for high quality care and customer service

Mount Stuart Hospital intends to take the following actions to maintain this:

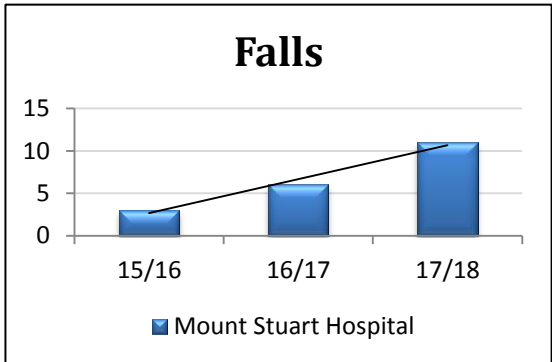
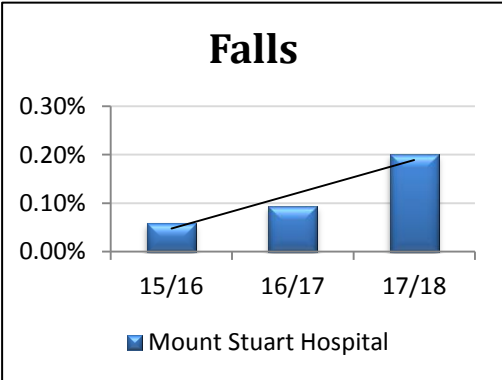
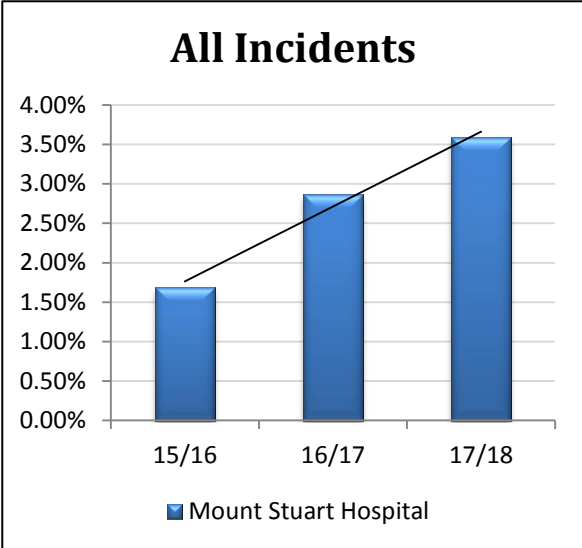
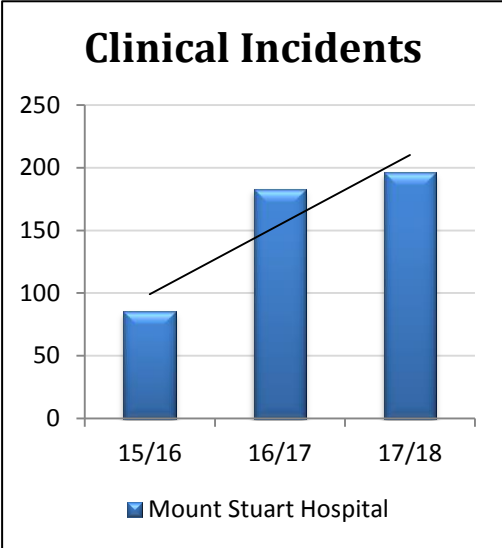
- To continue to promote and facilitate all patients in the completion of the test

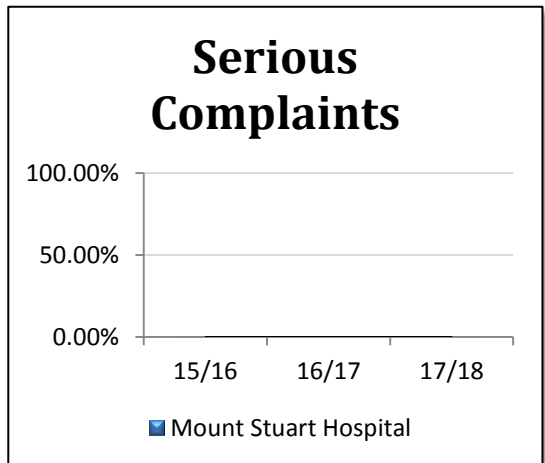
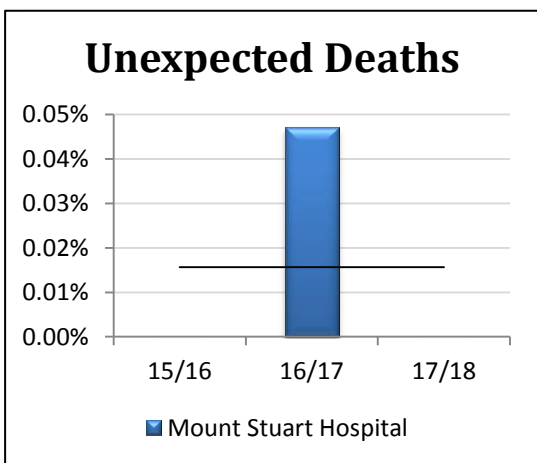
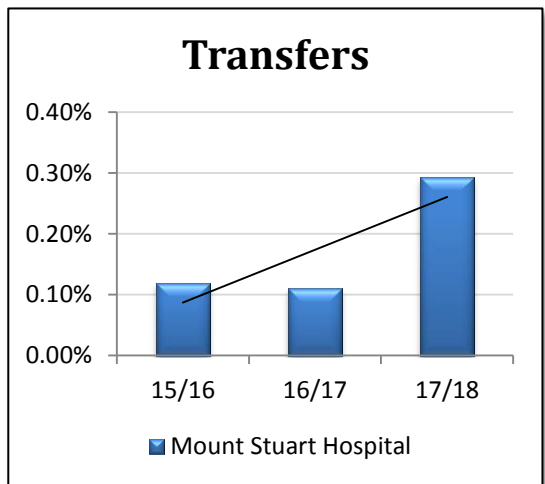
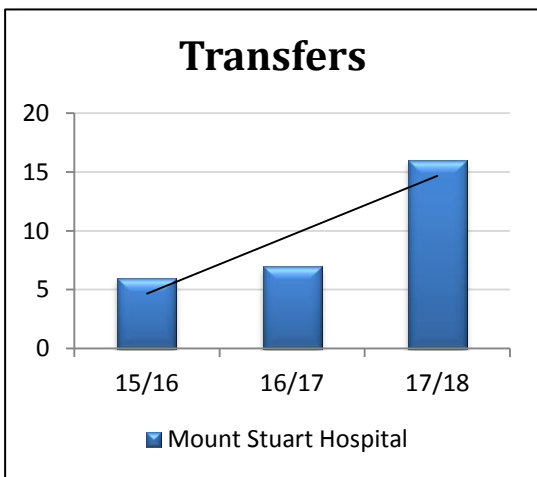
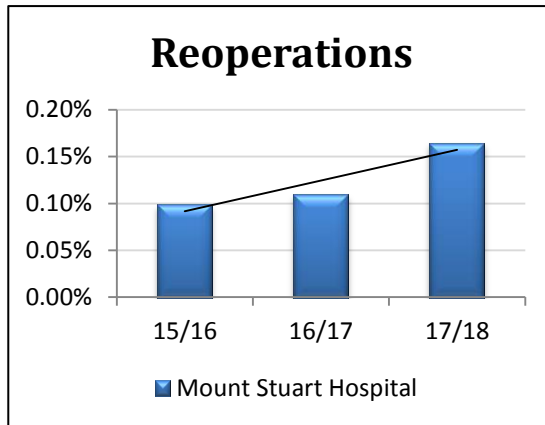
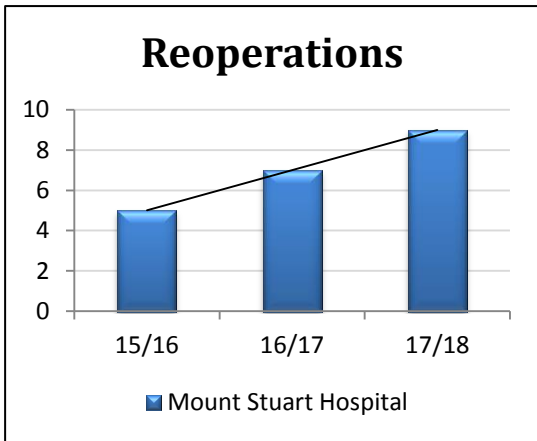
3.2 Patient safety

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 reporting practices and in addition our patient activity and complexity has increased which is reflected in a number of key indicators as illustrated in the graphs below.





3.2.1 Infection prevention and control

Mount Stuart Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia for at least 11 years (records go back to January 2007).

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 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:

All staff receive yearly education and training in Infection Prevention and control. In addition clinical staff complete competencies in Aseptic No Touch Techniques.

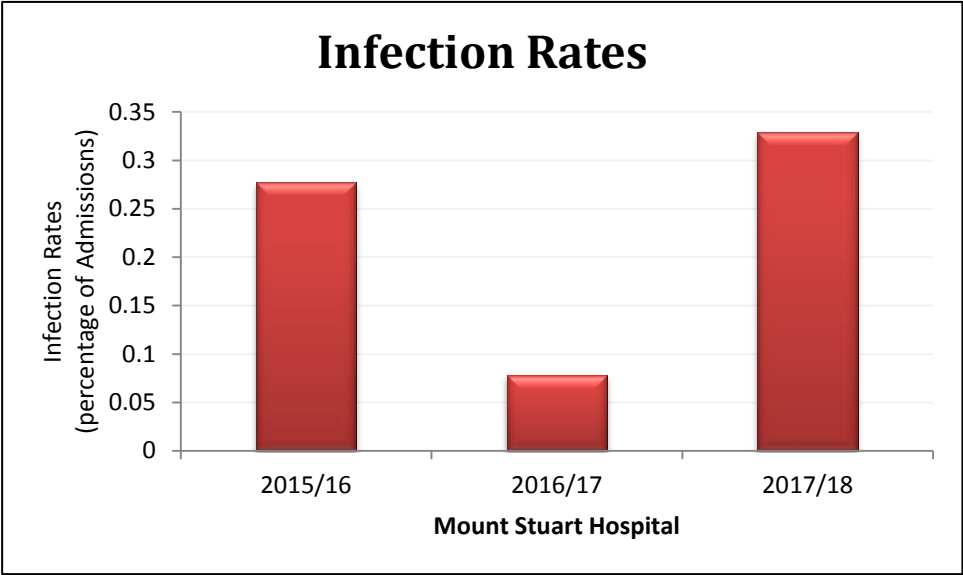
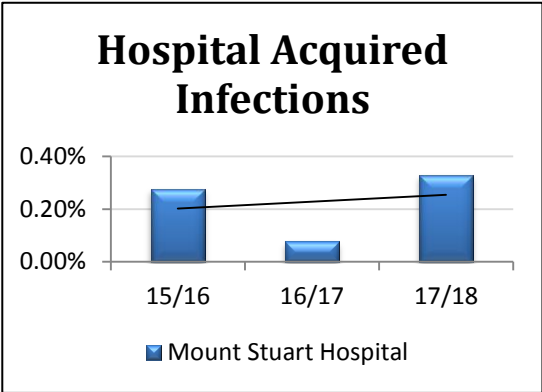
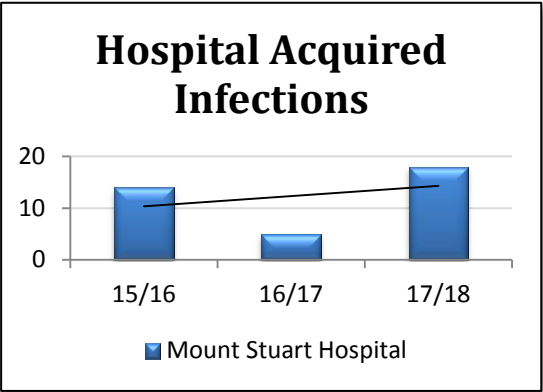
The cleanliness of the hospital is audited regularly as part of the Ramsay corporate clinical audit programme, as well as regular monitoring by Matron, the Operations Manager and other members of the local senior management team through environmental walkabouts.

There is a real focus on wearing uniform and protective clothing properly and appropriately, which also forms part of a local audit programme.

The Hospital Infection Control Committee meets regularly and reports to the Clinical Governance Committee, as well as the corporate IPC Committee.

The graph below demonstrates an increase in the incidence of infection compared to last year. There has however been an increased focus on reporting through the outpatient department and we are yet to identify any specific trends. We continue to provide a range of complex surgical procedures, and continue to

increase emphasis on reporting infections or possible infections. We will continue to report all potential infections and analyse our practice to identify areas that may require improvement.



As can be seen in the above graph our infection control rate has increased over the last year but it remains below the national average of 0.4%.

Mount Stuart Hospital is currently on or within national benchmarks for inpatient/readmission infections.

Mount Stuart Hospital is also on or within the higher benchmarks which include post-discharge and patient reported infections. We are currently unable to track infection related patient readmissions into NHS or other private providers elsewhere.

Mount Stuart Hospital Infection Control plan 2017/2018

The Infection Control Plan for 2017/18 is in line with Mount Stuart's Clinical Strategy

Objective	Action	Progress
Promote quality and safety and the effective prevention and control and of infection	All staff will take ownership of the integrity, tidiness and cleanliness of their working environment <ul style="list-style-type: none"> - Visibly clean and tidy areas in all clinical departments - Clinical areas used appropriately 	
	All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance <ul style="list-style-type: none"> - A low incidence of hospital acquired infection 	
	Staff will take prompt action where breaches in the prevention and control of infection are evident	
	The appropriate identification of incidents related to the prevention and control of infection.	
	Completion of infection control related audit and action on any shortfalls which arise <ul style="list-style-type: none"> - Clear identification and action evident infection control related audits - Clear identification and action evident in environmental audits by clinical and housekeeping staff - Discussion of environment, prevention and control of infection in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety 	

	Identification of risk related to the prevention and control of infection	
Promote quality and safety by the maintenance and update of clinical environments	<p>All staff will take ownership of the integrity, tidiness and cleanliness of their working environment.</p> <ul style="list-style-type: none"> - Visibly clean and tidy areas in all clinical departments - Clear identification and action evident in environmental audits by clinical and housekeeping staff - Rooms and storage areas used appropriately, effectively and safely 	
	<p>Staff will report maintenance issues with the environment and equipment appropriately</p> <ul style="list-style-type: none"> - Evidence of maintenance request forms or capex requests where improvements or repairs are required - No or little evidence of equipment that is surplus to requirement or condemned with working clinical environments - Adequately labelled equipment that has been taken out of use or rooms that have been decommissioned from their original intended use (either permanently or temporarily) 	
	Identification of required refurbishment where appropriate	
	The appropriate identification of incidents related to the integrity of the environment.	

	Identification and discussion of risk related to the integrity of the environment <ul style="list-style-type: none"> - Discussion of environment in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety etc 	
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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 Mount Stuart Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

The last years PLACE audit at Mount Stuart Hospital although very positive, did raise some areas for improvement. In summary,

- There were no concerns raised over cleanliness but observations were made regarding areas that required redecoration and/ or minor maintenance e.g. corridor paintwork, ceiling tiles
- Limited opportunity to provide visible clinical handwashing sinks
- The need to refurbish the ward sluice area
- Minor concerns related to clear signposting
- Generally it was felt that car parking flows and outside maintenance could be improved

An overriding concern was our inability to provide a clearly defined dementia friendly environment. Although we have done work in the previous year to raise awareness we are restricted by the current building design. We were applauded for the introduction of ‘blue’ pillowcases for patients with cognitive problems or falls risk. We have however since identified areas where we can positively improve environmental compliance in the year ahead e.g. creation of a dementia friendly bedroom.

	2016/17 score	2017/18 Approximate
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		score (formal results awaited)
Cleanliness	99%	100%
Food and hydration	95%	90%
Privacy, dignity and wellbeing	82%	88%
Condition, appearance and maintenance	94%	97%
Dementia: how well the needs of patients with dementia are met	73%	72%
Disability: how well the needs of patients with a disability are met	78%	86%

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.

Activities during 2017/18:

- Encouragement is given to staff to ensure all incidents and near misses are reported so we can learn for the future. Incidents are recorded on our electronic reporting system 'RiskMan' and analysed by our Clinical Governance, Senior Management Team, Health and Safety and other committees to identify areas for action.

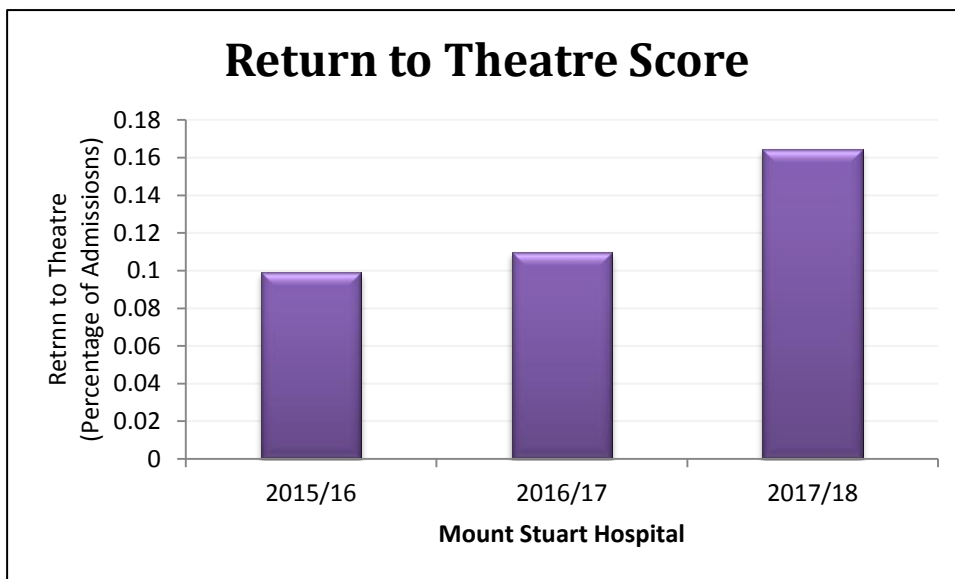
- Matron has introduced 'Monthly Incident Briefs' for all staff to raise awareness of issues and to enable discussion of lessons learned
- Riskman completion workshops are being provided as 'bite size' sessions
- Staff continue to receive training in Risk Assessment, moving and handling and fire and security.
- Heads of department have received root cause analysis and Human Factors training to enhance knowledge further.
- All departments have local risk registers in place, which are reviewed on a monthly basis.
- We have been encouraging the use of Safer Sharps across the hospital

3.3 Clinical effectiveness

Mount Stuart hospital has a Clinical Governance 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. 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.



3.3.2 Learning from Deaths

There have been no patient deaths within Mount Stuart Hospital within this year but we were alerted to the death of a patient post discharge within the first quarter of the year. The incident involved a patient who had undergone a simple day procedure but was discharged and suffered a Pulmonary Embolism at home. Investigation involved a full review of the patient records and discussion with the Consultant Surgeon and Anaesthetist responsible for the patients care. It was concluded that the patient's risk factors were not significant and that VTE risk assessment had taken place appropriately. The Consultant involved has however undertaken to reflect on his practice and review his practice relating to VTE prophylaxis for patients with this incident in mind going forward.

In addition to this investigative work, notification of this patient death to Mount Stuart Hospital was delayed by some weeks meaning that we were unable to positively engage with the family. We were eventually able to make contact and made offers for further support which were not acknowledged. Further discussions took place with the local Trust and the Coroner to discuss communication processes related to any events in the future.

Our existing preparatory work for the mitigation or risk leading to patient deaths involves a robust pre-admission process to identify patient co-morbidities and risk factors. This includes working with the local Trust on 'In Shape for Surgery' to ensure that patients are at their optimum levels of fitness and sufficiently educated/ informed prior to surgery at Mount Stuart Hospital.

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 approach at Mount Stuart Hospital.

We aim to ensure that patient care is holistic and individualised by providing choice with appointment times and days. Occasional outpatient activity takes place on weekends and the inpatient ward remains open on weekends depending on demand. RDUK provide mobile CT and MRI scanning facilities at Mount Stuart Hospital, providing flexibility for both NHS and private patients.

Waiting times are monitored and minimised by our Administration Manager and cancellations are scrutinised and monitored for root causes by the Senior Management Team. Patient's activity is viewed at weekly theatre utilisation meetings to provide an efficient service and ensure that patient needs are responded to efficiently and safely.

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

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.

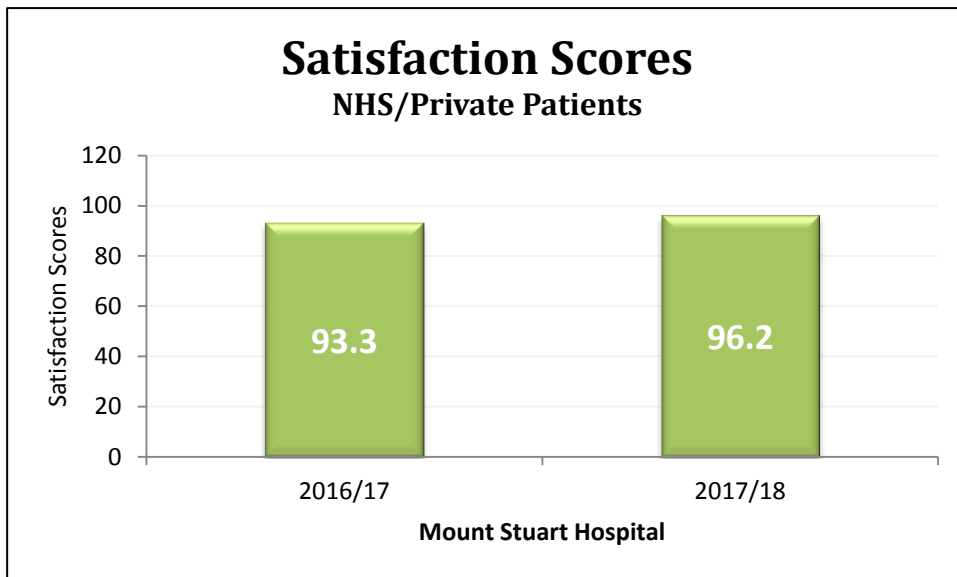
Feedback regarding the patient's experience is encouraged in various ways via:

- 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.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. We are very proud of this result and in addition our approach to addressing any negative feedback that we receive. With a current Ramsay Health UK focus on customer satisfaction going forward we look forward to building on these results.

3.5 Mount Stuart Hospital Case Study

In 2014 we were unfortunate to have a significant Never Event at Mount Stuart Hospital involving patients undergoing Cataract Surgery. In June of 2017 we had a further Never Event involving the implant of a wrongly sized orthopaedic prosthesis. Both of these events were robustly investigated through Root Cause Analysis with all staff engaged throughout the process. These review resulted in changes in clinical practice to good effect and we are confident that our risk of repetition is extremely low. In a recent focused theatre audit by the corporate team Mount Stuart Hospital was applauded for its current practice and invited to develop a poster with specific reference to improvements demonstrated as a result of the cataract Never Event (see next page).

Similarly we were applauded by the Health Service Investigations Body for the work and identification of lessons learned relating to the orthopaedic Never Event.

From Never Event to Outstanding

July 2014 - A dilution error in the preparation of a commonly used unlicensed medication (cefuroxime for parenteral use prepared on-site for intraocular use) resulted in a number of patients in a surgical list affected by a toxic retinal damage. The investigation identified a number of personal shortcomings and areas for improvement of processes in place and we have taken action to approach them systematically.

Poor communication amongst Theatre team members.

ACTION: Improved communication routinely instituted: initial briefing, final debriefing always put in place. Assertive and effective communication: every significant aspect of practice approached in a way in which nothing is left to be interpreted. **Adequate time built in to high volume theatre lists allowing for completion of documentation and staff breaks.**



WHO checklist not carried out according to Ramsay policy standards

ACTION: Strict adherence to policy in every single case. **Bespoke Theatre check boards to cross check WHO compliance.**



No written documents available reflecting commonly used protocols

ACTION: Protocols for existing off-label drug uses thoroughly documented according to best available evidence and sent for approval from Head Office/ local MAC. Every single unlicensed drug is used according to Ramsay Policies, including specific documentation in the care pathway reflecting them being given. Every minor variation of the care pathway (e.g. subTenon's anaesthetic instead of topical) performed in accordance with reviewed and regularly updated protocols with details about procedures, preparation, drug dilution, etc. **Revised SOP created by clinical team which references applicable policies and NICE guidelines.**

Poor documentation in the care pathway

ACTION: Improved and standardised documentation in all key aspects of care pathway: medical history, clinical notes, theatre notes, prescription. **Every single prescription documented and signed on in standardized forms. Audit of medical notes to ensure ongoing compliance.**

High temperatures affecting the drugs

ACTION: Manufacturer consulted about best practice. Thermolabile drugs (e.g., cefuroxime) kept in the Anaesthetic Room fridge until the very last moment. **Clear differentiation between same drug but being used for either sub-conjunctival or intracameral use. The move to using pre-loaded syringes to clearly distinguish practice and eliminate drug error in dilution process.**

Order of drugs not timely placed/ delivered

ACTION: Improved processes to order the drugs put in place so as to minimise the risk of running out of stock or mistakenly using drugs from expired batches.

Inadequate leadership/ team working

ACTION: Sense of team: mutual respect, time shared during the breaks.

Teamwork: everyone's point of view taken into account towards practice improvement. **This included Human Factors training and Speaking up for patient safety.**

Surgeon definitely leading the team. Scrub nurses leading the nursing team. Roles, actions, procedures, clearly defined and timely reviewed.

"It was wonderful for the team to have been acknowledged by Vivien Heckford, Director of clinical Services, for the outstanding practice observed at Mount Stuart Hospital for Ophthalmic Safer Surgery practices. Having implemented processes and efficiencies following a Never Event, practice has now been recognised as Outstanding". **Jeanette Mercer, General Manager.**

Appendix 1

Services covered by this quality account

Treatment of Disease, Disorder Or injury	Dermatology, General medicine, Neurology, Orthopaedic medicine, Pain management, Physiotherapy, Rheumatology, Sports Medicine, Urology,	All adults 18 yrs and over
Surgical Procedures	Bariatric, Colorectal, Cosmetics (incorporating Transgender surgery), Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Ophthalmic, Oral maxillofacial, Orthopaedic, Urological, Vascular, Ambulatory, Day and Inpatient Surgery	All adults excluding: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma

		<p>(needing oral steroids or has had frequent hospital admissions within last 3 months)</p> <ul style="list-style-type: none"> • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months • Planned surgery patients with a positive MRSA screen are deferred until • appropriate treatment has been prescribed/issued and a negative MRSA screen confirmed. <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated
Diagnostic and screening	GI physiology, Imaging services, 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 For review: June 2018		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald															
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	→	→	Controlled 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	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	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	Missed Dose		
Radiology	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→		
Radiology	Operational	→	→	→	→	→	→	→	→	→	→	→	→		
Radiology - MRI / NRR		MRI Report	NRR	→	MRI Report	→	→	→	MRI Report	NRR	→	MRI Report	→		
Radiology - CT		CT Report	→	→	CT Report	→	→	CT Report	→	→	CT Report	→	→		
Physiotherapy	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→		
Physiotherapy	Operational	→	→	→	→	→	→	→	→	→	→	→	→		
TSSU	Operational	→	→	→	→	→	→	→	→	→	→	→	→		
Decontamination	TSSU	→	→	→	→	→	→	→	→	→	→	→	→		
Decontamination	Endoscopy	→	→	→	→	→	→	→	→	→	→	→	→		
Theatre	Operational	→	→	→	→	→	→	→	→	→	→	→	→		
Theatre	Observation	→	→	→	→	→	→	→	→	→	→	→	→		
Infection Prevention and Control*	Infect Control	→	→	→	→	→	→	→	→	→	→	→	→		
IPC - CVCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→	→		
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→	→		
Infection Prevention and Control*	Hand Hygiene	→	→	→	→	→	→	→	→	→	→	→	→		
IPC - Hand Hygiene Action			Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		
IPC - Environmental	Environ	→	→	→	→	→	→	→	→	→	→	→	→		



Traffic light score		
Green	95%*	
Amber	70% - 94%	
Red	63% and under	

* or above previous audit score if 95% or more, or 5

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)	Autologous																	
Bariatric Services (if applicable)	Bariatric Services																	
Childrens Services (if applicable)	Childrens Services																	

Mount Stuart Hospital

Ramsay Health Care UK

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

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

For further information please contact:

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<https://www.mountstuarthospital.co.uk>