

# North Downs Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## North Downs Hospital is part of the Ramsay Health Care Group

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

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 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**

*“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 North Downs 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

As the General Manager of North Downs Hospital I am passionate about ensuring that high quality patient care is our main focus and that it is delivered to a high standard. An effective organisational structure is in place which contributes to the provision of our service.

North Downs Hospital has a tradition of working closely with consultants and patients to ensure the best quality healthcare is consistently being delivered. To ensure that we have a co-ordinated approach to the delivery of the care we provide we have a Clinical Governance Committee and Medical Advisory Committee who review and monitor our adherence to professional standards and legislative requirements. The committee's review the hospitals clinical performance and activity on a quarterly basis. Our hospital staff are fully trained in the latest procedures and thus maintain all areas to the highest standards. As General Manager of North Downs Hospital, I take great pride in the service we offer to our patients and relatives which can only be achieved through a cohesive approach and team effort.

North Downs Hospital Vision Statement is to be a leading provider of health care services by delivering high quality outcomes for patients and ensuring long term profitability. We will actively seek ways to improve the performance of our business and have significantly invested recently with a new Radiology Room and Endoscopy Washer and there is investment planned over the next 12 months to refurbish patient rooms and clinical areas.

This vision is reflected throughout the Quality Account in that the hospital will constantly strive to improve the quality and suitability of its services to patients by ensuring there are adequate core policies and skills, effective feedback mechanisms on the quality and efficacy of its activities and processes in place to affect improvement at all levels of the organisation.

The aim of our Quality Account is to provide information to our patients and commissioners to assure them we are committed to making progressive achievements. Our quality activity and measureable outcomes sit alongside our

NHS and insured contracts to continue to provide value for money and high quality services to our community.

Our emphasis is on ensuring patients receive safe, efficient and effective care, that they feel valued, respected and involved in decisions about their care and are fully informed about their treatment each step of the pathway.

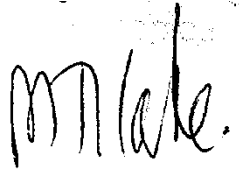
The experience that patients have in our hospital is of the utmost importance and we are committed to establishing an organisational culture that puts the patient at the centre of everything we do.

***Monica Clarke, General Manager***

***North Downs 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.



**Monica Clarke**

**General Manager**

**North Downs Hospital**

**Ramsay Health Care UK**

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



**Mr Khalid Drabu**

**MAC Chair**

*(Submitted for review but no response at the time of publishing)*

**Dr Barbara Bray**

**Clinical Governance Committee Chair**



# Welcome to North Downs Hospital



North Downs Hospital was established 44 years ago and is one of Surrey's leading private hospitals. Located in a quiet residential area of Caterham, it provides a comprehensive range of surgical and medical services together with the highest standards of patient care. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19 years), whether medically insured, self-pay, or from the NHS.

The facility currently has 15 individual and 1 double inpatient bedrooms, all with en-suite facilities to ensure complete privacy. We also have a 5 bay day procedure facility. Plans have been established to refurbish remaining patient bedrooms which will further enhance the patient experience. We have two operating theatres, one with laminar flow.

Services provided at North Downs Hospital include both medical and surgical specialities including: Orthopaedics, Endoscopy (JAG accredited), General Surgery, Dermatology, ENT, Cosmetic Surgery and Gynaecology. The out-patient department consists of five consulting rooms and includes a minor procedures room. Our pre-operative assessment team ensure a risk based approach to individual patient optimisation prior to admission.

Our physiotherapy department provides specialist physiotherapy services including orthopaedic, sports injury, hand therapy, women's health and also acupuncture.

We provide on-site x-ray and ultrasound services with MRI, CT and Dexa scans being provided by our sister hospital in Ashted. TDL (The Doctor's Laboratory) provide pathology services.

Our pharmacy, decontamination and supplies services continue to be provided by Ashted Hospital. Our Business Office and Accounting functions work across both sites. Having this close working relationship ensures that we regularly share best practice.

Total number of patient admissions in the last year to April was 3656 of which 2832 were NHS patients

The hospital is regulated by the Care Quality Commission; our latest report can be viewed at [www.cqc.org.uk](http://www.cqc.org.uk) or by request to the General Manager.

The hospital is well led with a robust governance and risk management framework in place. Staff are given the opportunity to engage with the Senior Management Team and feel supported and listened to. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their role. The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the organisation. Ramsay Health Care is committed to the Apprenticeship Scheme.

We have a dedicated workforce that is committed to making each and every patient feel safe and secure. Whether our patients are attending a consultation, day surgery or undergoing a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours per day. Over the past 44 years our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled surgeons, patient care and their opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. The service is supported by two Resident Medical Officers providing 24 hour cover for patients.

We have a total of 81 Consultants and 35 Anaesthetists who practise at North Downs. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular review through our clinical governance framework to ensure the highest possible clinical care.

Our staff compliment as of April 2018 is 59.7 WTE and 28 bank members of staff.

Qualified Nurses 14.6 WTE

HCA 4.8 WTE

Radiographers 2.4 WTE

Porters 1.3 WTE

Administration staff 20.3 WTE

Support Services 10.2 WTE

Operating Department Practitioners 6 WTE

We generally work on a ward staffing ratio of an average of 1 nurse to 5 patients, however this ratio would be wholly dependent on the patient's individual needs. The number of nurses required to provide the appropriate level of care is reviewed by the clinical team each day to ensure that this is flexed appropriately to ensure patient safety, taking into consideration both patient dependency as well as staff skill levels.

We have a close relationship with Surrey & Sussex NHS Trust who provide us with blood transfusion and other pathology services where required (we are able to carry out a range of point of care tests (POCT) on site. Additional pathology services including histology are provided by Spire Gatwick Park Hospital.

We also work closely with Croydon University NHS Trust.

Both Trusts provide us with access to Level 2/3 critical care services as required.

We continue to work closely with our local CCG's to provide a wide range of services to meet the needs of the local healthcare community. Our GP Liaison Officer is working collaboratively with the local GP population to facilitate a smooth transition of their patients to secondary care where this is required. We actively listen to our patients to ensure that their accounts and experiences, both positive and negative are taken into consideration when we review our services.

North Downs Hospital retains its reputation for delivering such care in a welcoming, clean and comfortable environment.

North Downs retains close links within the community and works in partnership with Caterham Rotary Club. We endeavour to ensure that any events have a positive impact on the local community in relation to health promotion. We have actively supported and sponsored local events such as the Caterham Rotary Bunny Fun Run, where nurses took a stand and offered blood pressure readings whilst giving out Easter Eggs. North Downs also sponsored the Caterham Half Marathon and Merstham Cricket Club. Local publications are also supported by taking advertising space. Oxted Patient Participation Group is also sponsored by the hospital. Every Christmas North Downs staff assemble departmental hampers which are then raffled to raise funds for a nominated charity. Last Christmas over £600 was raised for the Stroke Association.

During the last year we have continued to hold regular public information events which offer an opportunity for the public to find out about a specific subject of interest, with recent events including knee problems and gastroenterology. Our GP Liaison Officer visits local GP surgeries and Optometrists to regularly update practise staff on our services and assist them with any issues. We also run quarterly free information breakfasts for local GP's. These collaborative networking opportunities serve to streamline and improve patient pathways and patient experience.

We provide a range of NHS services under the Standard Acute Contract via the Electronic Referral System (ERS). Our NHS Services Directory is frequently updated and redistributed to the GPs to ensure that information is always current. We have always valued our contact with GPs as 'customers' and strive to ensure that we actively work in partnership in the best interests of the patients and their families.

During the last year we have continued to maintain our high scores of between 97-100% on the Friends & Family feedback along with some exceptional comments in relation to patient experience.

# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

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

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

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

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

## Priorities for improvement

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

#### **Patient safety**

##### **NatSSIPs**

The purpose of the introduction of the NatSSIPs (National Safety Standards for Invasive Procedures) into the Outpatient department was to improve standardisation of processes, which ultimately has a positive impact on patient safety. Prior to the implementation of the introduction of the NatSSIPs, a pre-procedure checklist was in place, however; the new checklist now encompasses not only minor operations but joint injections and other minor procedures. Since the introduction, there have been no incidents, documentation has improved and the process is firmly embedded with both Consultants and nursing staff.

##### **Medicines Safety Thermometer**

The Medicines Safety Thermometer is a snapshot in time of key elements of safe medicines management. We had identified inconsistent reconciliation of patients' own medicines as an area for improvement and as such the Pharmacy team have worked closely with the RMO's to enable continuity with the reconciliation process at weekends. The Pharmacist sourced a training tool which was used to support the RMO's as they took on this responsibility. The number of inpatients having their medicines reconciled in a timely fashion, in line with the standards, has increased. This is demonstrated in our audits. This has reduced any risk of patients not being given their routine drugs during their hospital stay.

##### **Infection Prevention and Control (IPC)**

Employing a new Infection Prevention and Control Nurse gave us the opportunity to review all of our processes, but more importantly had a direct impact on compliance around hand hygiene and uniform policy. Improved hand hygiene awareness improved patient safety in terms of infection prevention and can be clearly demonstrated in our monthly hand

hygiene audits. This has contributed to a reduction in hip and knee superficial surgical site infections on the previous year. Any key infections are investigated through a robust root cause analysis process and we are now benefiting from her expertise in relation to lessons learned.

## **Clinical Effectiveness**

### **Emergency scenarios**

Emergency scenarios are a key element of staff training and development and offer assurance to the senior leadership team that staff are competent to effectively manage a range of emergency events. Particular attention has been paid to resuscitation scenarios. These scenarios are varied across all hospital departments and focus on clinical skills and leadership qualities, involving both clinical and non-clinical personnel. A record of each scenario is documented so that teams can review areas of good practice as well as areas for improvement. Both teams and individuals have expressed that they now feel more confident in their role should they have to deal with an emergency situation. Further scenarios are planned and our Theatre Manager will be attending a workshop to equip her with the skills required to run some theatre-specific scenarios.

### **Ophthalmology Diagnostics**

The aim of introducing a new Ophthalmology diagnostic service was to build on the basic training for our nursing team and to ultimately provide a streamlined nurse-led diagnostic service. Training was provided by the equipment manufacturer reps to key members of the outpatient nursing team in collaboration with the Ophthalmology Consultants. An additional diagnostic space was identified and developed with new state of the art biometry equipment for our Ophthalmology patients. This means that patients now have a one-stop service, where previously, biometry was carried out at external facilities which was both inconvenient and extended their pathway. This has now impacted positively on the patient experience as we continue to progress to a nurse-led service.

## **Electronic Patient Record**

The introduction of the Electronic Patient Record (EPR) was to enable us to progress to a paper-light hospital whilst streamlining services and improving overall performance. North Downs Hospital was fortunate to be selected as one of the initial pilot sites and the system went live in August 2017. The pilot has prompted a total review of both administrative and clinical processes. We are still in pilot phase although there are early signs of improvement in contemporaneous record-keeping by Consultants. Progress to date has incorporated rationalising processes such as bookings; ordering investigations; clarity around theatre case requirements and e-discharge summaries. The next phases will incorporate inpatient clinical records and ultimately e-prescribing functionality. Whilst the new system has presented clear challenges, the teams have responded positively to the training and support that they have been given, during this initial transitional phase. There are significant opportunities to improve the patient experience as the system is developed.

## **Patient Experience**

We have continued to monitor the scores and feedback from the Friends and Family test. The scores remain consistently high (97-100%) across our patient demographic and we have no current concerns.

The aim of the Patient Focus Group was to take a proactive approach to listening to our service users. The frequency of the meetings has been limited by a lack of patient engagement and as such we have now taken the decision to relaunch the forum and have refreshed the membership of the group. We hope that having a different feel to the committee will encourage greater patient involvement going forward. In the meantime we have continued to listen to our patients by way of addressing any feedback received, both positive and negative. The Focus group will be relaunched in June with invites to a cross-section of our patients. We will evaluate the effectiveness of this forum to determine any further changes that may be necessary.

The General Manager continues to monitor feedback received via the NHS Choices website and is able to respond appropriately to our patients' comments.



We have recently chosen to relaunch the Endoscopy Service feedback form as we were particularly keen to gain insight into this specific patient group's experience as we continue to develop this service.

## **2.1.2 Clinical Priorities for 2018/19 (looking forward)**

### **Patient Safety**

#### **Speaking up for Safety**

Ramsay and North Downs Hospital are implementing the Speaking up for Safety initiative in conjunction with The Cognitive Institute programme which promotes professional accountability and will be rolled out nationally by Ramsay Health Care to address potentially unsafe behaviour.

The initiative aims to combat and overcome entrenched behaviours which may affect the care of patients. The goal will be that any member of staff is encouraged to speak up on the spot if they see a colleague acting in a way that could put patients at risk, such as failing to wash their hands.

The initiative also promotes professional accountability and includes a confidential reporting system so staff can make a report about unsafe behaviour without fear of reprisals.

A Champion will be identified who will then cascade the training to all staff within the hospital. The Paterson case has highlighted the impact of staff not feeling empowered to speak up and it is hoped that this initiative will help us to further develop our existing open and transparent culture, where every member of staff will ultimately feel confident to raise any concerns.

#### **Falls Rate Reduction**

Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care. It is widely accepted that falls occur within healthcare settings and that these can have a huge impact on patients, their families and nursing staff. Falls with harm can also incur increased costs to the organisation.

NHS Improvement used data from the National Reporting and Learning System (NRLS) on reported inpatient falls in 2015/16 and reported that 77% of all reported inpatient falls happen to patients over the age of 65. North Downs Hospital aims to reduce its falls rate by 25% appointing a 'falls champion' to lead an initiative and to embed good practice by ensuring that all inpatients over the age of 65 have a targeted falls risk assessment at pre-operative assessment, and are given an advice leaflet with helpful hints on how to avoid a fall whilst in hospital. The success of the initiative will be measured by quarterly reports taken from our risk management system where any falls are logged and also from patient feedback. By promoting patient awareness on the risk of falls, it is hoped that potentially harmful episodes will be significantly reduced.

## **Clinical Effectiveness**

### NEWS2

NEWS is a nationally recognised early warning scoring system which alerts clinical staff to recognise a deteriorating patient in the early stages. The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. Six simple physiological parameters form the basis of the scoring system:

- respiration rate
- oxygen saturation
- systolic blood pressure
- pulse rate
- level of consciousness or new confusion\*
- temperature.

NEWS2 is an updated version endorsed by NHS England and NHS Improvement which Ramsay and North Downs are in the process of implementing. The differences from the original NEWS are that: 'new confusion' has been added, and also the parameters for assessing oxygen delivery e.g. in patients with existing respiratory conditions. The changes will ensure that patients who develop new confusion or whose oxygen saturation levels have deteriorated will trigger a prompt response in order that appropriate treatment can be administered. Implementation is scheduled for July 2018 and will follow training sessions provided to all clinical staff. Effectiveness of the revised system will be monitored via audit which is fed back to the teams.

## **Patient Experience**

### Cancellations

Cancellations are a missed opportunity; they have both an operational, financial and reputational impact to the business and also the implications to the patient with regard to their planning for surgery and may increase their anxiety due to a delay. North Downs Hospital has identified a need to focus on this key strategy to reduce the number of cancellations on the day of admission which could be avoided.

The aim is to identify key points of the patient journey where due to failure in processes, staff training/education and lack of clear systems, cancellations occur.

North Downs Hospital will instigate a full review of cancellations and the reasons contributing to them.

In order to measure the success of the review the objective will be to reduce the number of avoidable cancellations by 25% using the number of cancellations from April 1<sup>st</sup> 2017 to March 31<sup>st</sup> 18 as a baseline.

The following actions will be implemented to achieve this outcome:

- Raising Staff Awareness
- Identify Staff Training/Education
- Accurate recording of cancellations
- Use of a cancellation tracker and the Ramsay Risk Management System
- Establish monthly MDT Cancellations Committee to review cancellations
- Weekly Activity Meetings

By ensuring processes are effective, patients can be assured of a smooth pathway.

### Carer's Assessments

A carer's assessment is an opportunity to discuss with the local council what support or services a carer may need. The assessment will look at how caring affects their life, including for example, physical, mental and emotional needs, and whether the carer is able or willing to carry on caring.

As a result in amendments to the Care Act (2016) North Downs Hospital recognises that with an ever changing patient demographic, there may be patients admitted for elective surgery who have carers at home, or indeed may be carers themselves, who may require additional support, which the local council can help to provide following an assessment taking into physical, emotional and financial needs. Our aim is to support these individuals by assigning a nurse champion for carers who can aid them in completing an 'Action for Carers (Surrey)' referral form. Our patients will ultimately benefit by receiving the appropriate care and support that they require. Success will require effective networking with the patients' GP, Consultant and other support services, who may be already be involved in the patient/carer's care.

The benefits of this initiative will be:

- Patients and/or carers will have a supported referral
- Increased knowledge and understanding for patients, carers and healthcare staff of what services are available to them.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2017/18 the North Downs Hospital provided and/or subcontracted 35 NHS services.

The North Downs Hospital has reviewed all the data available to them on the quality of care in 35 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 67% of the total income generated from the provision of NHS services by the North Downs Hospital for 1 April 2017 to 31<sup>st</sup> March 18

Regulated activities (Adults Only):

Treatment of Disease, Disorder or Injury:

Aesthetics, Cardiology, Dermatology, Colorectal, Endocrinology, Fertility, Family Planning, Gastrointestinal, General Medicine, Gynaecological, Neurology, Nurse led sclerotherapy, Ophthalmology, Pain Management, Physiotherapy, Podiatry, Psychiatry (OPD only), Rheumatology, Sexual Health, Sports Medicine, Urology, Vascular

Surgical Procedures:

Ambulatory, Cosmetic, Colorectal, Dermatology, Ear, Nose and Throat (ENT), General Medicine, General Surgery, Gynaecological, Ophthalmology, Orthopaedic, Pain Management, Podiatric surgery, Urology, Vascular, Day & Inpatient Surgery

Diagnostic and Screening:

GI Physiology, Endoscopy, Allergy Testing, Imaging services, Phlebotomy, Urinary Screening (including Urodynamics) and specimen collection

Ramsay uses tools such as the electronic rostering, risk management system, (Riskman) and an e-learning system to benchmark against other units.

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

### Human Resources

Indicator	Outcome
Staff Cost % Net Revenue	<b>22%</b>
HCA Hours as % of Total Nursing	<b>17%</b>
Agency Cost as % of Total Staff Cost	<b>9%</b>
Ward Hours PPD	<b>4.58</b>
% Staff Turnover	<b>11%</b>
% Sickness	<b>2.62%</b>
% Lost Time	<b>17.2%</b>
Appraisal %	<b>40.5%</b>
Mandatory Training %	<b>77%</b>
Number of Significant Staff Injuries	<b>0</b>

### Patient

Indicator	Outcome
Formal Serious Complaints per 1000 admissions	<b>0</b>
Patient Satisfaction Score	<b>94.6%</b>

Number of Significant Clinical Events per 1000 admissions	<b>0.8</b>
Number of Readmissions per 1000 admissions	<b>0.05</b>

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

North Downs Hospital utilises patient surveys to assimilate unbiased data from patients about their experience and satisfaction with the services they have received. Our web-based independent company, Qa Research releases data on a quarterly (previously monthly) basis which is reviewed by the Senior Management Team and at appropriate forums to identify areas for improvement and formulate action plans accordingly. Feedback from our patients is important to us and based on the feedback for 2017, our average compliance score was over 90% in the following areas:

*Friendly welcome 98%*

*Offered a choice of food 98%*

*Received answers from a doctor that they could understand – 100%*

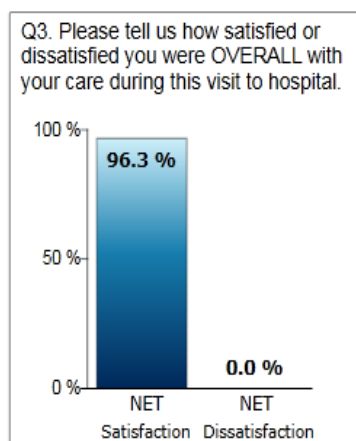
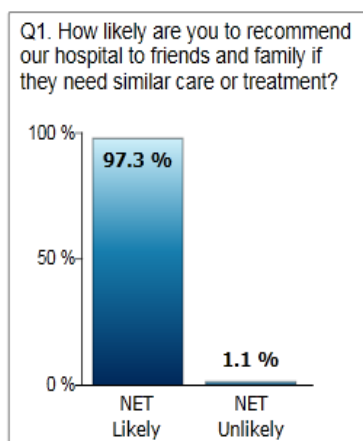
*Given enough privacy 99%*

*Treated with respect and dignity 100%*

*Cleanliness of room 92%*

*Enough nurses on duty 96%*

There are two key measures of satisfaction; likely to recommend and overall satisfaction. North Downs received over 96% for both these areas during 2017.



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

North Downs Hospital also participates in the NHS Friends and Family scheme. This is a simple tool for both NHS and private patients to comment on their visit to North Downs Hospital. North Downs Hospital scores consistently over 97% in this area.

## Quality

Indicator	Outcome
Workplace Health and Safety Score	<b>97%</b>
Infection Control Audit Score	<b>96.7%</b>

### 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018 North Downs Hospital participated in 2 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	

The reports of the above national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee. North Downs Hospital has participated in the NJR Data Quality Audit.

**Local Audits**

The reports of North Downs Hospital local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee, the Clinical Heads of Department, and the Infection Prevention and Control Committee. The clinical audit schedule can be found in Appendix 2.

***Nutrition and Hydration Audit:***

One of the main issues here was the prolonged Nil by Mouth times for certain patients. This was addressed by communication with the Ward and Theatre Team and subsequently, once the list order is confirmed at the WHO pre-brief, patients who are later on the list are offered water. There were also gaps in the completion of fluid balance charts. Ward and Theatre Managers addressed this by demonstrating the correct and accurate method for completion at their team meetings.

***Patient Journey Audit:***

The full completion of fluid balance charts showed omissions (as above). Evidence of contemporaneous records held in outpatient records was also lacking – this has now been rectified by the introduction of the electronic patient record



system. There were gaps evident in the patient record for clarification of patient escort home. This question forms part of the patient's care pathway and is now addressed at the pre-operative assessment.

We have subsequently identified that an Audit Champion is required to follow-up on audit results and formulate action plans which are updated on a regular basis. A Ward Sister has taken on this role in conjunction with the Operating Department Practitioner who also is responsible for Training & Development.

### **2.2.3 Participation in Research**

The number of patients receiving NHS services provided or sub-contracted by North Downs Hospital in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was nil.

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 North Downs Hospital income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals agreed North Downs 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.

In 2017/18 North Downs Hospital was successful in achieving all actions required for the following CQUIN:

'Risky Behaviours' – the aim of this CQUIN was to screen all our inpatients in relation to alcohol intake and smoking. Staff were trained on giving brief advice and patients were offered a referral to the appropriate support services where applicable.

Proposed CQUINs for 2018/19 are:

- 1) Improving our cancellation rates
- 2) Speaking up for Safety

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

North Downs Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March is registered without conditions.

North Downs Hospital was inspected by the CQC in May 2016 and a report published in September 2016 rated our services overall as GOOD.

North Downs has not participated in any special reviews or investigations by the CQC during the reporting period.

## 2.2.6 Data Quality

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

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

North Downs Hospital continues to take the following actions to monitor and to improve data quality

- Medical records are audited on a regular basis and action plans developed in response to concerns as required.
- The hospital has a data quality super user who manages the SUS (Secondary User Service) pathway and processes to ensure data quality, as well as any electronic data audit measures

### **NHS Number and General Medical Practice Code Validity**

#### 2.2.6 Data Quality Statements

#### NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted 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 score 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

**Clinical coding error rate**

North Downs Hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

## 2.2.7 Stakeholders views on 2017/18 Quality Account

East Surrey CCG  
The Council Offices  
8 Station Road East  
Oxted  
Surrey  
RH8 0BT  
01883 772 800

### North Downs Hospital Quality Account 2017/18

East Surrey Clinical Commissioning Group (CCG) has welcomed the opportunity to provide a statement in response to the presented draft of Quality Account (QA) from North Downs Hospital. We have reviewed the document and consider that it meets the Department of Health's national guidance on quality account reporting.

There are some areas of strength outlined within the report which we recognise from our regular quality review meetings with North Downs and a good demonstration of achievement of last year's priorities. However, a stronger focus on outcomes could further strengthen the quality account. We recommend that the organisation considers participation in the NHS benchmarking network to support this endeavour.

We commend the patient and stakeholders' involvement and rationale for the selection of priorities for 2018/19 and the breadth of services that will benefit from these improvements to the quality of care.

Overall this quality account has represented a good reflection of progress to date and we look forward to continue working in partnership with North Downs to support the quality improvements planned for 2017/19.

Yours Sincerely



Karen Devanny  
Chief Nurse

# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

### Review of quality performance 1st April 2017 - 31st March 2018

#### Introduction

*“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 Safety and Clinical Performance, 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.

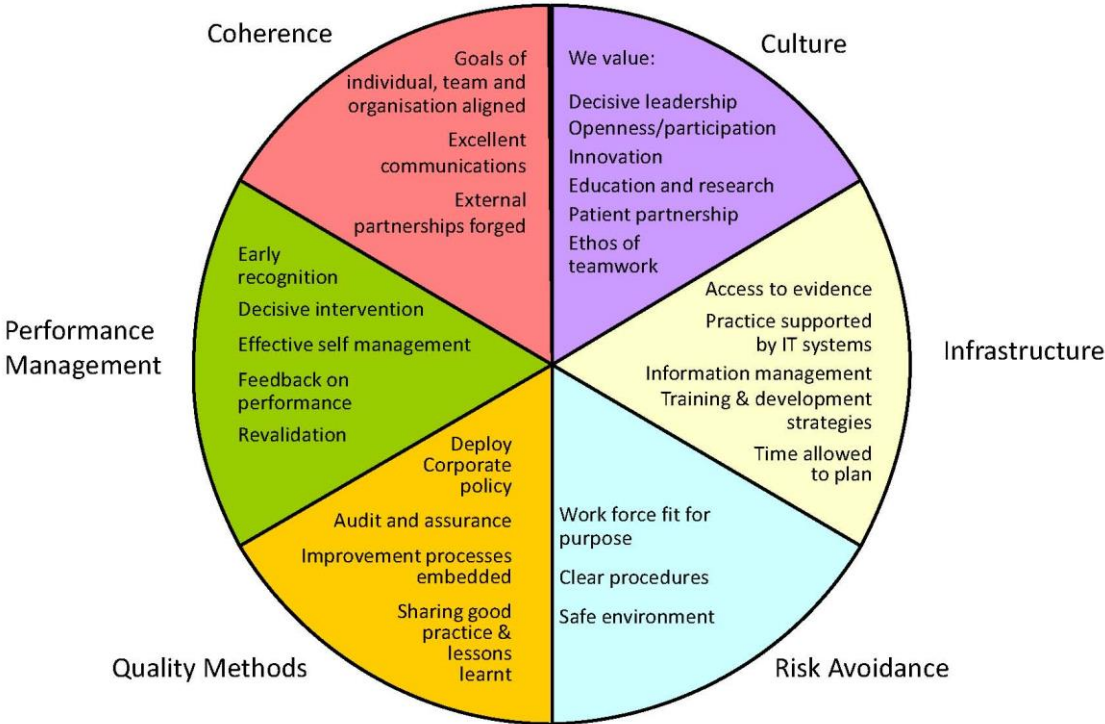
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

#### Mortality:

Mortality:	Period		Best		Worst		Average		Period		North Downs	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC11	0.000248		
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC11	0		

There have been no deaths at North Downs Hospital during the last year.

#### Patient Reported Outcome Measures (PROMS):

PROM's are a tool whereby patients are asked a series of questions at pre-admission in order to gauge their opinion on their current state of health and quality of life. A follow-up questionnaire is then sent to the patient at a suitable interval post-operatively to determine whether there is any improvement from before surgery. A 'Health Gain' score is then obtained which aids us in benchmarking our patient outcomes with other hospitals.

PROMS:	Period		Best		Worst		Average		Period		North Downs	
	Hernia	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC11	*	
		Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC11	*	

North Downs Hospital considers that this data is as described for the following reason: there were insufficient modelled records to provide a health gain score for groin hernias.

PROMS:	Period		Best		Worst		Average		Period		North Downs	
	Veins	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC11		
		Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC11	*	

North Downs Hospital considers that this data is as described for the following reason: there were insufficient modelled records to provide a health gain score for varicose veins.

PROMS:	Period		Best		Worst		Average		Period		North Downs	
	Hips	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC11	24.131	
		Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC11	22.385	



North Downs Hospital considers that this data is as described for the following reason: although our health gain has decreased slightly on the previous reporting period, North Downs Hospital remains above the national average.

PROMS: Knees	Period		Best		Worst		Average		North Downs	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC11	14.596
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC11	14.715

North Downs Hospital considers that this data is as described for the following reason: whilst North Downs Hospital remains below the national average, our health gain score has slightly increased on the previous reporting period.

### Venous Thromboembolism (VTE)

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

VTE Assessment:	Period		Best		Worst		Average		North Downs	
	16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC11	97.1%
	16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC11	96.5%

The table above demonstrates that North Downs Hospital is completing in full, VTE risk assessments on 96.5% of patients compared to a national average of 95.6%. Our aim is for 100% over the coming year.

### C-Difficile Infection

Clostridium difficile infection remains an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment.

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		North Downs	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC11	0.0
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC11	0.0

North Downs Hospital has had no incidences of Clostridium Difficile during the last 12 months.

### Patient Safety Incidents

Incident reporting supports clinicians to learn about why patient safety events occur within their own organisation, and look at ways in which they can improve the service to keep patients safe from avoidable harm.

<b>SUIs:</b> <i>(Severity 1 only)</i>	Period		Best		Worst		Average	
	Oct 16 - Mar 17		Several	0.01	RNQ	0.53	Eng	0.15
	April 17 - Sep 17		Several	0	RJW	0.64	Eng	14.85

Period	North Downs	
2016/17	NVC11	0.00
2017/18	NVC11	0.00

North Downs Hospital considers that this data is as described for the following reasons:

There have been no SUI's in the reporting period.

<b>F&amp;F Test:</b>	Oct	Best		Worst		Average	
	Feb-18	Several	100%	RJ731/RTFDX	63.0%	Eng	96.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%

Period	North Downs	
Jan-17	NVC11	100.0%
Feb-17	NVC11	100.0%

North Downs Hospital considers that this data is as described for the following reasons:

The Friends and Family Test continues to score highly for North Downs Hospital and our aim is to maintain our 100% recommendation rate.

### 3.2 Patient safety

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

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

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

### 3.2.1 Infection prevention and control

***North Downs Hospital 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.

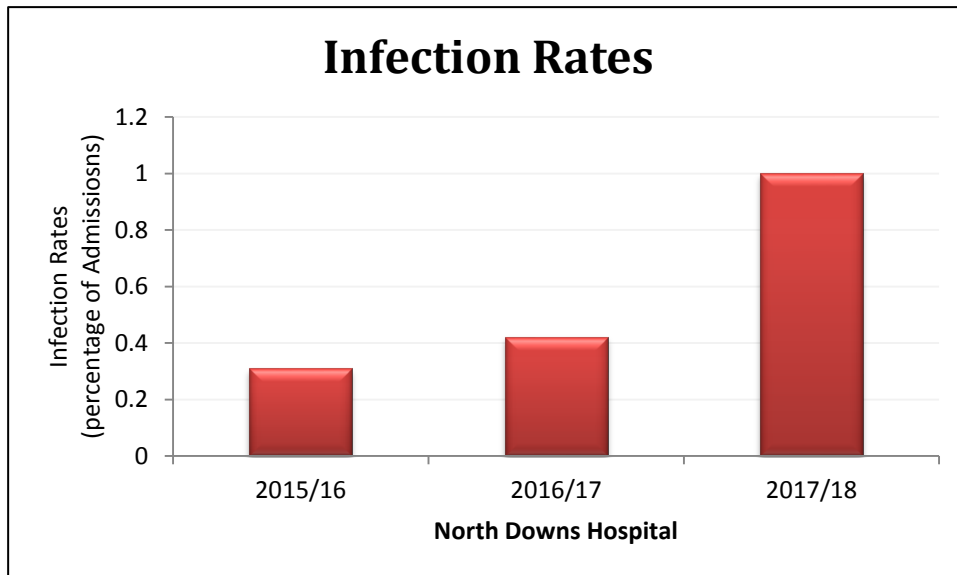
#### **Programmes and activities within our hospital include:**

In 2017 North Downs Hospital's Infection Prevention and Control (IPC) Lead developed a comprehensive annual action plan. This included:

- Policy and procedure compliance
- Maintenance of a comprehensive reporting system of IPC related incidents
- Education and Training
- Maintenance of a safe and clean environment
- Surgical Site Infection surveillance
- Hand Hygiene Day in May was promoted in the Hospital reception area with the IPC Lead demonstrating good hand hygiene with the use of a UV cabinet; giving out literature and hand-shaped cookies. She also produced an article for the North Downs Hospital website.

The Annual Plan was reviewed on a regular basis throughout the year to ensure deadlines were met in a timely manner. The compliance of IPC policy and procedure has been monitored by regular auditing during 2017, with very

positive results. Training continues on our annual mandatory training day with additional clinical training in relation to intravenous drug administration and the use of safer sharps. The Training and Development Co-ordinator, in liaison with the IPC Lead will deliver further ANTT (Aseptic Non-Touch Technique) training to the clinical teams.



As can be seen in the above graph our infection control rate has increased over the last year. In comparison to the national average of 0-4% this remains below the higher benchmark nationally. There has also been improved reporting with the appointment of a new Infection Control Link Nurse (ICLN).

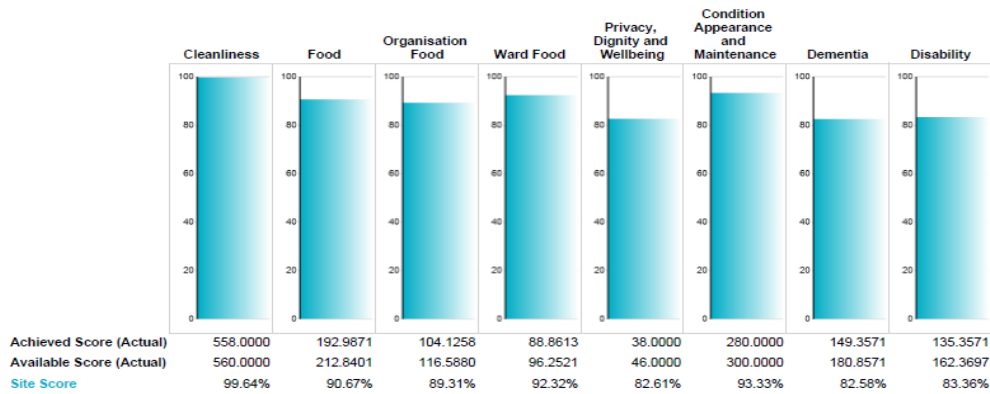
### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at North Downs 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 obtain the patient view.

NORTH DOWNS HOSPITAL- Collection: 2017



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North Downs Hospital site scores were mainly above the national average with the exception of two areas which were very slightly below. These were ‘privacy, dignity and wellbeing’ and ‘condition, appearance and maintenance’. Privacy and dignity are of the utmost priority at North Downs Hospital and we do not feel that this is a true reflection of our practice, demonstrated in our QA research where the specific question in this area is asked of our patients and we regularly score 100%. Should any patient express concerns about the privacy of their accommodation then this would be addressed at the time. North Downs Hospital maintains a rolling facilities action plan which is reviewed on a regular basis. Ramsay continues to invest in the facility with planned refurbishments scheduled for patient rooms, clinical rooms and staff toilets.

### 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.

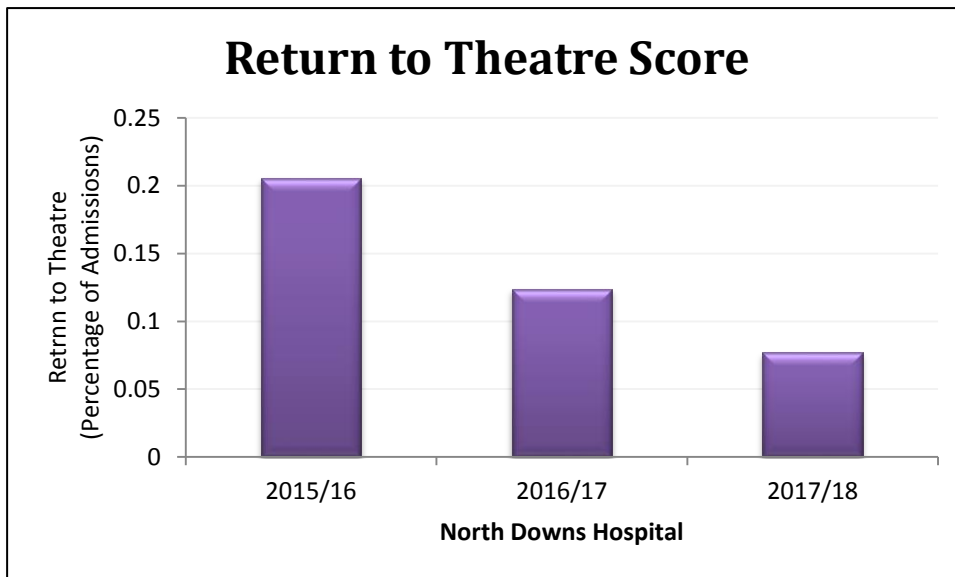
Safety initiatives during the last year have included the installation of swipe card access to key areas, promoting patient and staff safety with restricted access; and also the installation of CCTV.

### **3.3 Clinical effectiveness**

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

#### **3.3.1 Return to theatre**

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



As can be seen in the above graph our return to theatre rate has decreased over the last year. Our robust pre-operative assessment processes ensure that our patients' are in an optimum condition health wise prior to surgery. Any concerns are discussed with our anaesthetic consortium for their input into individual patients. There is also stability in that the majority of Consultant surgeons work with a regular Consultant anaesthetist which enables consistency and familiarity.

### 3.3.2 Learning from Deaths

During the reporting period 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018 North Downs Hospital reported 0 unexpected deaths.

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

The seven day hospital services clinical standards sets out an aim for patients to be able to access hospital services which meet four priority standards every day of the week.

At North Downs Hospital, patients, families and carers are actively involved in shared decision making processes with healthcare professionals to make fully informed choices about investigations, treatment and their ongoing care. This happens consistently – seven days a week.

Our patient care is Consultant led and patients are reviewed by the Resident Medical Officer on a daily basis.

As North Downs Hospital is predominantly an elective surgical unit it is not usual that patients are admitted as an emergency; however any patients requiring urgent admission would be admitted under the care of a Consultant, providing they meet the admission criteria and would be initially clerked by the Resident Medical Officer (RMO). The admitting Consultant would review the patient on the day of admission.

Handovers are led by a competent senior decision maker and take place at designated times, with multi-professional participation. The handover process includes the review of patient documentation to include the NEWS chart to ensure that any deterioration in a patient is acted upon in a timely fashion.

CT and MR Imaging are provided by our sister hospital Ashted, who offer a 6 day imaging service. North Downs Hospital has a service level agreement in place for transferring patients in an emergency should emergency imaging be required.

North Downs Hospital's Consultants are able to refer to a different specialist within the same admission at any time should the patient's treatment and care plan require.

North Downs Hospital currently fulfils the standards of the seven day service initiative as far as is possible and will continue to review its services in line with changing guidance on best practice.

### **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 fed back 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. Nursing staff are asked to provide reflective accounts where negative feedback is received.

Patient experiences are fed back 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.

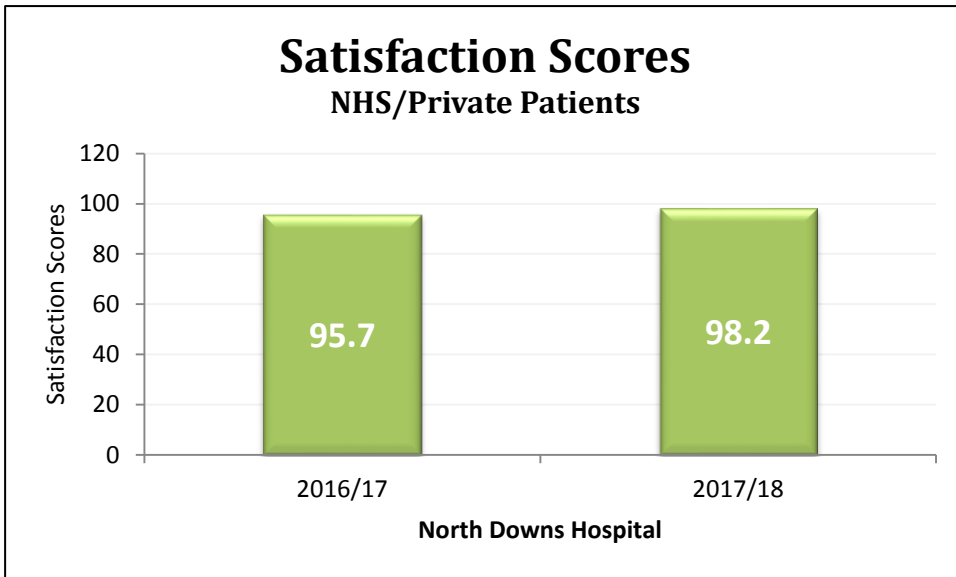
Feedback regarding the patient's experience is encouraged in various ways via:

- 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
- 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. North Downs Hospital strives to deliver optimum services to our patients and this is reflected in our high level of patient satisfaction.

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

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



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

**Traffic light score**

	<b>Green</b>	<b>95%*</b>
	<b>Amber</b>	<b>70% - 94%</b>
	<b>Red</b>	<b>69% and under</b>

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

## Local Audit Programme

	APR	MAY	JUN
<b>Medical Records</b>	Med Rec 96%	VTE 90%	N & H 41%
<b>Consent</b>			Consent 84%
<b>Care Pathways and Variance Tracking</b>		CP & VT 100%	
<b>Controlled Drugs</b>			Controlled Drugs 99%
<b>Prescribing</b>		Prescribing 97%	
<b>Medicines Management</b>	Medicines Management 98%		
<b>Radiology NMR / Referral Forms</b>	Referral Forms- TH 95%		
<b>Radiology NRR / Post Exam / IRMER</b>			Post Exam 100%
<b>Physiotherapy</b>	99% treatment	promotion	
<b>Surgical Safety for Invasive Procedures</b>	Surgical Safety - OP	Surgical Safety - TH 100%	Surgical Safety - Rad 100%
<b>Theatre</b>	Peri op Care 98%		Clin Effect 100%
<b>Infection Prevention and Control*</b>	UCCB 92%	Hand hygiene 99%	SSI 99%
<b>IPC - Environmental / Hand Hygiene Action</b>	Monthly Hand hygiene 100%	Environ 96%	Monthly Hand hygiene 100%
<b>Transfusion</b>		Allogeneic Traceability 98%	

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>Medical Records - POA, admission, theatre, discharge</b>	Med Rec								
<b>Patient Journey</b>	Patient journey 74%								
<b>Ward</b>	Ward operational 96%								
<b>Outpatients</b>	OPD Medical Records 88%								
<b>Outpatients</b>	OPD Operational								
<b>Controlled Drugs</b>			Controlled Drugs 97%			Controlled Drugs 94%			Controlled Drugs 99%
<b>Prescribing / Medicines Management</b>				Meds Management 97%	Medicine Records 97%				
<b>Medicine Safe and Secure</b>	Safe and secure 94%	Safe and secure 95%	Safe and secure 95%	Safe and secure 95%	Safe and secure 95%	Safe & Secure 95%	Safe & Secure 95%	Safe & Secure 90%	Safe & Secure 95%
<b>Medicine Reconciliation</b>	Med Rec 100%	Med Rec 100%	Med Recs 100%	Med Recs 100%	Med Recs 97%	Med Rec 99%	Med Rec 91%	Med Rec 96%	Med Rec 91%
<b>Medicine Missed Dose</b>	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%	Missed Dose 100%
<b>Radiology</b>	Med rec 99%								
<b>Radiology</b>	operational 98%								
<b>Radiology - MRI / NRR</b>			NRR 100%						NRR 100%
<b>Physiotherapy</b>	Med Rec 100%								

<b>Physiotherapy</b>									
<b>Decontamination</b>									
<b>Decontamination</b>	Endoscopy decontamination 95%								
<b>Theatre</b>	Theatre operational 80%			Surgical Safety 90%		Surgical safety 100%			Stop before you block 100%
<b>Theatre</b>	Theatre observational 93%						Surgical safety 98%	Safety briefing 98%	
<b>Infection Prevention and Control*</b>	Infection control 96%							Catheter Care 98%	Peripheral cannula 98%
<b>Infection Prevention and Control*</b>	Hand Hygiene 98%						Hand Hygiene 97%		
<b>IPC - Hand Hygiene Action</b>			Hand hygiene 90%	Hand Hygiene 100%	Hand Hygiene 100%	Hand Hygiene 90%	Hand Hygiene 100%	Hand Hygiene 100%	Hand Hygiene 90%
<b>IPC - Environmental</b>	Environmental 94%								
<b>IPC - Cleaning Schedules</b>			Clean Schedule 87%	Clean schedule 88%	Clean schedule 90%	Clean Schedule 92%	Clean Schedule 94%	Clean Schedule 93%	Clean Schedule 94%
<b>Transfusion (if applicable)</b>	Transfusion Compliance 98%								

# North Downs 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:

**01883 348981**

**Hospital website –**

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