

Oaks Hospital

Quality Account
2017/18



People caring for people



Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the General Manager	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2017/18 (looking back)	
2.1.2	Clinical Priorities for 2018/19 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 17/18 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Oaks 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 (CCG's) and the acute trust.

“As Chief Executive of Ramsay Health Care UK, I am passionate about ensuring that high quality patient care is our number one goal. This relies not only on excellent medical and clinical leadership in our hospitals but also upon an organisation wide commitment to drive year on year improvement in patient satisfaction and clinical outcomes.

Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance. It is essential that we establish an organisational culture that puts the patient at the centre of everything we do and as a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results.

Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.”

(Andy Jones, Chief Executive Officer of Ramsay Health Care UK)

Introduction to our Quality Account

This Quality Account is Oaks 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

1.2

Amy Simpson, General Manager,
Oaks Hospital, Colchester

Oaks Hospital, established in 1992, has become an integral part of NHS healthcare provision in Essex and Suffolk. Recently awarded a 'Good' in all five Care Quality Commission-inspected categories, the hospital continually delivers high quality care under contracts from local Clinical Commissioning Groups.

This Quality Account has been produced to demonstrate our commitment to measuring all feedback from patients about their experience, clinical treatment and clinical outcomes. This allows us to continually review, reflect on and improve the patient's journey. Patient safety is our highest priority and our robust recruitment processes and training programmes ensure that staff are competent and fully trained in all aspects of service provision.

We achieve consistently high patient satisfaction scores and, by studying results throughout the year, we constantly seek ways to further improve the patient experience.

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other key healthcare professionals. Examples of these are detailed in this Quality Account.

As the General Manager of Oaks Hospital, I am passionate about ensuring that high quality patient care is our number one priority. Our Quality Account is an accurate representation of our performance and our ongoing initiatives to continuously improve the quality of our services.

Amy Simpson, General Manager
Oaks 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.

Amy Simpson, General Manager

Oaks Hospital

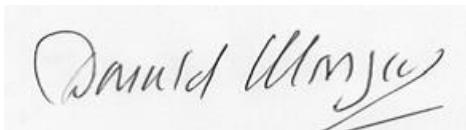
Ramsay Health Care UK



This report has been reviewed and approved by:

Mr Donald Menzies, Consultant General and Laparoscopic Surgeon
Medical Advisory Committee Chair

Signature:



Dr David Shuttleworth, Consultant Dermatologist
Clinical Governance Committee Chair

Signature:



Welcome to Oaks Hospital

Oaks Hospital offers a comprehensive range of specialist surgical and medical procedures, along with the development of new services in line with patient needs. Consideration for our patients is at the heart of everything we do. We are constantly seeking new ways of working and bringing in fresh clinical practices that will improve outcomes for our patients. Our approach to service delivery, which currently includes working in partnership with the NHS, is courteous and professional and we take great pride in our ability to innovate and look at new ways of working. We have developed a competency-based education programme for our clinical staff to ensure they maintain a wide, evidence based and skills framework.

All Consultants undergo rigorous vetting procedures, ensuring only those who are qualified and experienced are granted practicing privileges which are reviewed on a regular basis.

The hospital is strictly regulated and audited by the Care Quality Commission (CQC), the governing body responsible for maintaining standards in healthcare. The latest CQC inspection report published 10th March 2017 can be found at <https://www.cqc.org.uk/location/1-128733050>. We are registered with the Care Quality Commission for 58 bedrooms and our inpatient facilities including three twin bedded rooms which can accommodate non NHS funded paediatric patients over the age of 3 years and their relatives, as well as two rooms which enable closer monitoring of patients who may require it during their stay. The hospital has four theatres including a theatre for minor procedures and Endoscopy and three of the theatres have laminar flow ventilation.

Our outpatient facilities include two fully equipped ophthalmology suites and fourteen consultant rooms, one of which is a dedicated Ear Nose and Throat (ENT) suite. There are also two minor operations rooms and the hospital has invested in two new pre-operative assessment rooms.

Oaks have a purpose built 11-bay Day Care Unit which was built to meet the growing need of day care facilities and cater for patients undergoing day surgery procedures and endoscopy. We also have radiology and physiotherapy departments within the hospital.

Specialties at the hospital include orthopaedic surgery, ophthalmology, endoscopy, urology, spinal, pain management, dermatology, ENT, dental, general, vascular,

gynaecology, cardiology, podiatry, oncology, breast and laparoscopic surgery. Cosmetic surgery is also available for a wide range of procedures.

Diagnostic services include X-ray, ultrasound and mobile CT and MRI. A digital mammography service is now being offered at Oaks Hospital.

For information about other registered services available at the Oaks Hospital, please refer to Appendix 1 Statement of Purpose.

Oaks Hospital provides fast, convenient, effective and high quality treatment for patients (excluding children below the age of three years), who are either medically insured, self-funding or who access NHS services at the Oaks via the eRS system.

The Hospital is situated on the outskirts of Colchester. There is ample free parking which has also been expanded to accommodate our growing business and the hospital is easily accessible via public transport. A GP Liaison Officer is employed to work with local GP practices to maintain and strengthen the relationship we share in our locality. The role is essential for ensuring that we are able to meet the needs of patients who choose to use our services.

Between April 2017 and March 2018 we undertook a total of 57,249 individual appointments across all our service areas including all day case procedures, in-patient care, physiotherapy and outpatient appointments. 66.5% of patients who received day case or in-patient procedures were funded under by NHS, and 33.5% were private patients (insured and self-funding).

There is an experienced Resident Medical Officer on site 24 hours a day, 7 days per week to provide immediate medical assistance as required

Our Staffing contracted establishment includes:

Consultants	126
Non Consultants	14
Registered Nurses	63
Healthcare Assistants	28
Admin & Clerical Staff	85
Physiotherapists	22
Radiographers	12
Operating Department Practitioners	16
Management Personnel	4

We work closely with our local NHS Trust, Colchester Hospital University Foundation Trust (CHUFT) where we have local agreements in place for provision of support services which include Blood Transfusion, Pathology, Haematology and Histopathology.

We also have services provided by The Doctors Laboratory (TDL) based at our sister hospital, The Rivers at Sawbridgeworth. The Rivers also provides Oaks Hospital with the chemotherapy drugs administered to our private oncology patients.

We now have an onsite Pharmacist and Pharmacy Technician and our Pharmacy services are supported by our other sister hospital, Springfield in Chelmsford.

We provide a range of services under the NHS standard acute contract via the Electronic Referral System (ERS).

Direct referral services for private self-pay and insured patients are also offered.

Oaks Hospital supports the Essex and Herts Air Ambulance service as well as 'Hand on Heart' as our charities of the year. We have held many events throughout the year in order to raise money for these deserving charities. Oaks Hospital also had a Wear Yellow Day for Cystic Fibrosis with many fund raising activities to raise enough money for an AED for the local primary school.

We are also actively involved in supporting the local CHAPS men's health charity, attending their men's health day at Colchester United Football Stadium and undertaking health screening.

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/18

On an annual cycle, **Oaks 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

Reducing the impact of Serious Infections (Antimicrobial Resistance and Sepsis)

Sepsis is a potentially life threatening condition and is recognised as a significant cause of mortality and morbidity in the NHS, with almost 37,000 deaths in England attributed to Sepsis annually. NICE first published guidance on sepsis in July 2016 and our priority for 17/18 was to ensure that this guidance was followed to improve sepsis management. In addition we aimed to reduce both total and inappropriate antibiotic usage in order to reduce antimicrobial resistance (AMR). We have been undertaking an audit of all patients scoring >3 on the NEWS Early Warning Score to ensure that a sepsis screen has been undertaken and to continue to raise awareness of sepsis through mandatory training for all clinical staff.

The antimicrobial point prevalence survey was completed and we are awaiting our results.

Preventing Ill Health by Risky Behaviours – Tobacco and Alcohol

Smoking is estimated to cost £13.8 billion to society. Smoking is England's biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness and is the single largest cause of health inequalities. A Cochrane review shows that smoking cessation interventions are effective for hospitalised patients regardless of admitting diagnosis. Inpatient smoking cessation leads to a reduced rate of wound infections, improved wound healing and increased rate of bone healing.

In England 25% of the adult population consume alcohol at levels above the UK CMO's lower risk guideline and increase their risk of alcohol related ill health. Because alcohol health risk is dose dependent, reducing regular consumption by any amount reduces the risk of ill health.

All patients are screened for both smoking and drinking risk levels, advice given and all appropriate patients are offered a specialist referral where either dependence on tobacco or alcohol is indicated. The pre-operative assessment

staff have undertaken e-learning training on giving brief advice as part of this focus and this will continue into 2018/19.

ANTT

Another focus of the infection control strategy for the Oaks has been to ensure staff competence in the practice of ANTT through further training and assessment. The infection control nurse has been using the train the trainer method for teaching and assessing staff competent in this practice and although there is still work to be done we have improved our compliance with relevant staff having completed their competencies. This will however remain a priority for 18/19 with a focus on training anaesthetists.

Training and Development

Oaks Hospital have remained committed to providing one of the best in-house training programmes in the company through its range of clinical trainers who continually review their training material to ensure it is current and relevant to the clinical context and to enable learning from key clinical incidents to occur in a safe and supportive environment. We continue to be well respected throughout Ramsay UK in our ability to deliver effective and high quality training to our staff. Our e-learning compliance rate is one of the highest in the company with high levels of engagement from staff and we remain committed to staff being able to access training material to support them in their roles.

We have had a number of our scrub practitioners obtain formal accreditation in the surgical assistant role and will continue to do so over the next 3 years and we have mentored 4 apprentices through their training into clinical support roles.

Clinical Effectiveness

Oaks Hospital continues to provide evidence based practice by meeting regulatory, NICE and best practice guidance for the diverse range of clinical procedures and conditions for which it provides services. Effectiveness has been measured via the clinical audit process as well as via involvement in national monitoring schemes such as the National Joint Registry, PROMs, National Breast Implant Register, Public Health England Surgical Site Surveillance and various CQUiN schemes. We have not commenced the ICHOM PROMS for Cataract Surgery at present but this will be a key focus of the upcoming year.

Service Development

Oaks Hospital has been granted planning permission to expand its range of clinical services including a Static MRI, Surgical Admissions Unit and an additional laminar-flow theatre. This development will be commencing in July or August of 2018

As part of this development, the vision is to have a Surgical Admission Lounge (SAL) where patients will be prepared for surgery and will provide an enhanced patient pathway, improving the patient experience, reducing time in hospital and its associated risks.

The pilot of the direct access Upper GI Endoscopy project with the CCG in which GPs can refer patients directly for procedure has been completed. This was extremely successful and we are now providing the direct access service to all GP surgeries within the Colchester area as part of our contract with Colchester Hospital University Foundation Trust.

Patient Experience – informing patient choice

Patient Satisfaction Continually improving the quality and safety of patients is of paramount importance and all incidents and complaints have been reviewed at the hospital's Clinical Governance Committee and Medical Advisory Committee. We have been informing staff of relevant complaints and incidents with respective learning through the production of a monthly quality report and through sharing at management-level and departmental meetings.

We have been unable to get a patient focus group initiated despite advertising. This was a priority for the last year and we will relaunch this through more effective marketing and advertising.

The Friends and Family test is also a valuable tool to provide a benchmark to us as to our perceived service quality from a patient perspective. We have improved our response rate for the Friends and Family test but there is still work to do to improve this further.

Staff Satisfaction

Engaged and satisfied staff provide safer care in hospitals (Pinder et al, 2013). Oaks Hospital is committed to ensuring that as part of its clinical strategy, all clinical staff are provided with an opportunity to engage with their line manager via a meaningful PDR on an annual basis. The PDR informs both the staff and the Hospital Management team of individualised and business development needs to allow us to support our clinical staff to continually develop their professional careers. It is also important that when there may be concerns about a staff members performance that these are managed in a supportive and positive manner through effective management frameworks.

Poor communication is often noted as being a factor in staff dissatisfaction at work and we need to acknowledge this and work with staff to improve the communication through all levels of the hospital.

We will continue to work with staff at all levels to improve the communication and promote a positive culture to improve voluntary staff turnover rates which currently sits at 17.3% which is quite high and we need to understand the reason for this. The staff satisfaction survey has been completed and we are awaiting the results. From this actions will be taken. The GM provides a monthly update to staff regarding hospital performance and any relevant information.

Electronic Patient Records (iCare) Project

Oaks hospital is a pilot site for the new Maxims EPR system and this commenced in August 2017. As a pilot site we have experienced a number of challenges with the new system which we are continuing to report and address. Staff are working hard to ensure that the new system does not impact the service provided to patients.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Patient Safety

Speaking up for Safety

Ramsay is fully committed to implementing the Speaking Up For Safety programme which has been developed by the Cognitive Institute. Speaking up for safety refers to health workers effectively communicating concern to colleagues that unintended harm to patients or consumers may be about to occur.

Experts in the field of patient safety tell us that the scale of unintended harm to patients can be very significant with some studies showing that up to 10% of inpatients will suffer unintended harm when they are admitted to hospital. Speaking up is one of the most important ways to prevent unintentional harm and this has been demonstrated not only in healthcare but also in many other industries. The way a person raises concerns significantly affects the likely response but training in communication increases the likelihood of the message being affective.

Ramsay has put a number of staff members through the training and accreditation process by the Cognitive Institute including the Matron of Oaks Hospital and the programme will be launched on the 11th July 2018.

The programme trains staff to use a stepped approach communication model to raise concerns and be heard by others and responded to in order to minimise unintended harm to patients. The training programme will capture all Ramsay staff and will also be rolled out to consultants. By the end of the year we aim to have 100% substantive staff trained.

Reducing the impact of Serious Infections (Sepsis)

Sepsis is a potentially life threatening condition and is recognised as a significant cause of mortality and morbidity in the NHS, with almost 37,000 deaths in England attributed to Sepsis annually. NICE first published guidance on sepsis in July 2016 and our continued priority for 18/19 is to ensure that this guidance is followed to improve sepsis management. This is a CQUIN target which continues into 18/19.

We will continue to audit all patients scoring >3 on the NEWS Early Warning Score to ensure that a sepsis screen has been undertaken and continue to raise awareness of

sepsis through mandatory training for all clinical staff. Our aim is to improve our compliance in Sepsis teaching to 95%.

Clinical Effectiveness

Service Development

Oaks Hospital has been granted planning permission to expand its range of clinical services including a Static MRI, and additional theatre. This development will be commencing in July or August of 2018.

As part of this development, the vision is to have a Surgical Admission Lounge (SAL) where patients will be prepared for surgery and will provide an enhanced patient pathway, improving the patient experience, reducing time in hospital and its associated risks.

The additional theatre will allow us more capacity and increase our activity with a particular focus on orthopaedic work and effective theatre utilisation.

Staffing requirements will be reviewed for the additional facilities including the static MRI, Surgical Admissions Unit and Theatre with recruitment commencing towards the end of 2018.

Patient Experience – informing patient choice

Continually improving the quality and safety of patient is of paramount importance and all incidents and complaints have been reviewed at the hospital's Clinical Governance Committee and Medical Advisory Committee. We continue to focus on strengthening our governance structures and ensure that staff will be informed of relevant complaints and incidents with respective learning through the production of a monthly quality report and through sharing at departmental meetings.

We will relaunch our patient focus group through increased advertising to patients as we would like to hear views of patients and service users through an informal setting. This will assist us in improving our services.

The Friends and Family test is also a valuable tool to provide a benchmark to us on our perceived service quality from a patient perspective. Although we have improved our response rate over 17/18, we would like to see an increase up to 70% over the forthcoming year. Friends and Family cards will be made available in all outpatient areas.

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 Oaks Hospital provided and/or subcontracted 55 NHS services.

The Oaks Hospital has reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 18 represents 43.9 per cent of the total income generated from the provision of NHS services by Oaks Hospital for 1 April 2017 to 31st March 18

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 Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Human Resources

Staff Cost % Net Revenue	26.4%
HCA Hours as % of Total Nursing	30%
Agency Hours as % of Total Staff Costs	2.9%
Ward Hours Per Patient Day	4.99
% Staff Turnover	17.3%
% Sickness	3.98%
% Lost Time (includes sickness, annual leave,	23.4%

maternity and special leave)	
Appraisal %	75%
eLearning Mandatory Training	96%
Face to Face Mandatory Training %	65%
Staff Satisfaction Score	Awaiting Results
Number of Significant Staff Injuries	1

Patient

Formal Complaints per 1000 Hospital Patient Days	5.60
Patient Satisfaction Score	94.4%
Serious Incidents per 1000 Admissions	1.12%
Serious Incidents percentage of all admissions	0.11%
Readmissions per 100 Admissions	0.11%

Quality

Workplace Health & Safety Score	93%
Infection Control Audit Scores	Below
• Surgical Site Infection	89%
• Environmental	92%
• Hand Hygiene	100%
• Urinary Catheter Care	99%
• Isolation	N/A
Consultant Satisfaction Score	Not Undertaken 2017/18

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Oaks Hospital participated in 8% of national clinical audits and no 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 Oaks 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.

No	National Clinical Audits	Acronym	Participation	Category	Submission Rate
1.	Elective surgery (National PROMs Programme)	PROMS	Yes	Other	75.3%
2.	National Cardiac Arrest Audit	NCAA	N/A	Heart	N/A
3.	National Comparative Audit of Blood Transfusion Programme		N/A	Blood and Transplant	N/A
4.	National Joint Registry	NJR	Yes	Acute	Hips 77% Knee 99% Overall 88%
5.	Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Death	NCEPOD	Diabetes	Acute	Submission not received
6.	National Safety Thermometer	NST	Yes	Acute	100%
7.	Medicines Safety Thermometer	MST	Yes	Medicines Management	100% (NHS & Private Patients)

The reports of national clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Oaks Hospital intends to take the following actions to improve the quality of healthcare provided.

- Continually review the process specifically for PROMS, reporting to ensure compliance with the submission of data.
- Review the process of obtaining NJR Consent and ensure that all patients are consented and uploaded onto the database.
- Commence recording of Private Patients on the Medicines Safety Thermometer
- Identify and undertake any NCEPOD audits relevant to Oaks.

Local Audits

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

- Improvement in the quality of action plans through training and review
- Monthly Quality Report detailing audit results and actions for dissemination to all staff
- All Audits scoring <90% must have an action plan in place
- Review of audit scores by Head of Departments. Results and action plans shared with teams to ensure improvement.
- Monitoring compliance and re-auditing as necessary.

For information/reports on audits participated in please go to the following link:
<http://www.hqip.org.uk/ncas-for-qa-introduction/>

2.2.3 Participation in Research

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

However Oaks Hospital has been participating in a 9 month Clinical Evaluation of Luer Jack Safety Syringes. These syringes are used with conventional needles but have a safety element to reduce sharps injuries but also to improve ANTT practice.

All staff received training on the use of the syringes and have been completing monthly evaluation forms which the company of compiling to produce a report.

The evaluation is the Luer Jack Syringe and Conventional Needle versus the conventional syringe and safety needle.

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

A proportion of Oaks Hospital income in from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed Oaks 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.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at www.oakshospital.co.uk

Goal Number	Goal Name	Description of Goal	% of CQUIN scheme	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	Improving the uptake of flu vaccinations for front line staff	Increasing uptake of frontline staff flu vaccinations to 75%	0.25%	Patient Safety
2	Timely identification and treatment of Sepsis in Inpatient settings	The percentage of patients who met the criteria for sepsis screening and were screened for sepsis	1.5%	Patient Experience
	Timely treatment for sepsis in inpatient settings	The indicator applies to adults on in-patient wards		
	Antibiotic Review	This applies for 17/18 and 18/19		
3	E-Referrals	GP referrals to consultant-led 1 st outpatient services only and the availability of services and appointments on the NHS e-Referral Service.	0.25%	Clinical Effectiveness
4	Preventing ill health by risky behaviours - Tobacco	<ul style="list-style-type: none"> a) Screening b) Brief Advice c) Referral offer 	0.5	

5	Preventing ill health by risky behaviours - Alcohol	a) Screening	
		b) Brief Advice	
		c) Referral offer	
		Totals:	2.5%

2.2.5 Statements from the Care Quality Commission (CQC)

The Oaks Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2018 is registered without conditions.

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

The Oaks Hospital had its last announced and unannounced inspections from the CQC on 20th and 29th December 2016, respectively. The visit was a positive experience with a rating of good across the 5 key inspection areas. The full report can be found on the CQC website <https://www.cqc.org.uk/location/1-128733050>

The Care Quality Commission has not taken any enforcement action against Oaks Hospital during 2017/18

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 we are constantly striving to improve this data by regular quality control initiatives.

Oaks Hospital will be taking the following actions to improve data quality

- Improving response rates particularly for PROMS and Friends and Family
- Improving the NJR Compliance Rates

NHS Number and General Medical Practice Code Validity

Oaks Hospital submitted records during 2017/18 to the SecondaryUses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which 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

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

<https://www.igt.hscic.gov.uk/AssessmentReportCriteria.aspx?tk=425046460393617&Inv=3&cb=92f5e525-ad64-4d57-8333-ae65915c3d86&sViewOrgId=10522&sDesc=NVC>

Clinical coding error rate

Oaks 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

North East Essex Clinical Commissioning Group response to Ramsay Health Care, Oaks Hospital Quality Account 2017-2018

North East Essex Clinical Commissioning Group (CCG) requested a copy of the Oaks Quality Accounts in accordance with published guidelines on the 18th January 2018, for review. Unfortunately this has not been provided by yourselves, there is insufficient time for the CCG to undertake a formally governed review and provide you with its formal comments before the publication date of the 30th June 2018.

However, the CCG is able to confirm that the following factors have been used as evidence to confirm the Quality of services provided by the organisation;

- Full participation in Quality and Contract Performance Meetings on a monthly basis
- Submission of a monthly dashboard demonstrating compliance in all key performance indicators
- Quarterly provision of patient safety, safeguarding, and patient experience reports demonstrating compliance with all national and local indicators.
- Open door participation in quality walk-arounds with the CCG Nursing and Quality Team
- Sharing of all external monitoring reports

The CCG looks forward to continuing the collaborative working with the Oaks and to providing support, to ensure services remain safe and of a high quality to our patients and local population.



Lisa Llewelyn
Director of Nursing & Clinical Quality
NHS North East Essex Clinical Commissioning Group.

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Briony McSweeney – Matron & Clinical Services Manager

Review of quality performance 1st April 2016 - 31st March 2017

Introduction

“This publication marks the fifth 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.

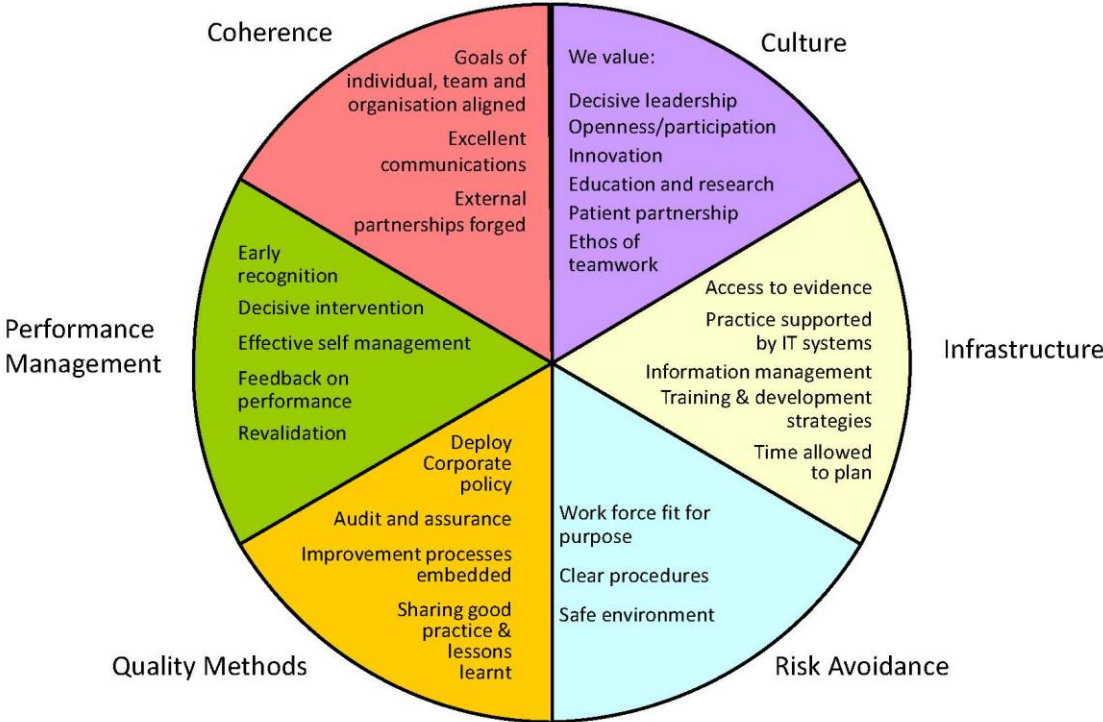
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

All acute NHS Trusts are required to report against a range of quality indicators, relevant to the services they provide which are related to the NHS Outcomes Framework. Throughout each year, Oaks Hospital submits clinical data to the Health and Social Care Information Centre. This enables a benchmarking process at Oaks Hospital to be in place whereby, clinical performance & outcomes can be compared to all NHS Trusts and non-NHS bodies in England.

Information for the required NHS Outcomes Framework Domains is as follows:

Prescribed Information	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to—</p> <p>(a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p> <p>*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>

Mortality:	Period	Best		Worst		Average		Period	Oaks	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC13	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC13	0

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

Figures are not available for Independent Sector Hospitals for Domain 1 and Domain 2, our own risk reporting software is used to find the data. The latest data is from July 2016-June 2017.

<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—</p> <ul style="list-style-type: none"> (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, <p>during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Oaks Hospital considers that this data is as described for the following reasons:

The data made available to Oaks Hospital is from the Health and Social Care Information Centre with regard to its **patient reported outcome measures** scores (PROMS) for:

- (i) groin hernia surgery,
- (ii) hip replacement surgery, and
- (iii) knee replacement surgery

Oaks Hospital considers that the data below reflects the high standard of care that is provided to a large number of patients choosing to have their operations at our facility. Oaks Hospital has consistently delivered a service that patients report to have improved their quality of life via the PROMS programme that is comparable and outperforms many other national providers for the following:

Groin Hernia

Using the EQ 5D Index Score which measures 5 key criteria concerning the patients self-reported general health for April 2016 until March 2017. Oaks had an average Health Gain of 0.077 with the average for England being 0.086. The worst performing hospital had a health gain of only 0.006 for this same time period. Data for Oaks Hospital has not yet been published for the time period April -September 2017.

PROMS: Hernia	Period	Best		Worst		Average		Period	Oaks	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC13	0.101
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC13	0.077	

Hip Replacement

Oaks Hospital had an average health gain using the Oxford Hip Score of 23.882 compared to the average for England 21.799. The chart below shows Oaks in comparison to the best and the worst scoring hospitals in England. Data for Oaks Hospital has not yet been published for the time period April -September 2017.

PROMS: Hips	Period	Best		Worst		Average		Period	Oaks	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC13	21.919
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC13	23.882

Knee Replacement

Oaks Hospital has an adjusted average health gain of 15.715 using the Oxford Knee Score compared with the average for England of 16.547. Data for Oaks Hospital has not yet been published for the time period April -September 2017.

PROMS: Knees	Period	Best		Worst		Average		Period	Oaks	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC13	15.469
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC13	15.715

With the exception of the adjusted health gain for Total Knee Replacement and groin hernia's which were slightly below the national average, the adjusted health gain for Total Hip Replacements is above the national average. We remain vigilant in ensuring that patients receive an optimal plan of care from pre-operative assessment, to the day of admission, surgery and discharge.

There have been changes on the physiotherapy model for some of Oaks Hospital patients receiving NHS funded care, where a cohort of patients have received their physiotherapy post-operatively from another provider. It is not possible to determine if this has been a factor in the reduced health gains reported via the proms data at this time but will continue to be an area of focus for Oaks Hospital working with key stakeholders to ensure that our patients receive the best possible care.

<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— (i) 0 to 14; and (ii) 15 or over, Readmitted to a hospital which forms part of the</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Readmissions:	Period		Best		Worst		Average		Period		Oaks	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC13	0.0009772		
2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC13	0.0011796			

The number of readmissions to Oaks Hospital within 28 days of discharge has remained low at 0.0011796 against a national average of 11.45. Oaks Hospital has been working closely with CHUFT this year to review patients readmitted to hospital within 28 days of discharge and understand if any readmission was related to the episode of care received at Oaks Hospital or were unrelated to the care provided whilst at Oaks Hospital. A readmissions audit was undertaken to review these patients. We consider that the low number of readmissions reflects the high standard of care provided to its patients throughout the year 2017/18.

Oaks Hospital intends to take the following actions to improve this score:

- Continuing to analyse the reasons for any readmissions within 28 days using route cause analysis.
- Identifying any potential actions that could have been taken to reduce the likelihood of each readmission. This would improve the quality of the service provided to this cohort of patients and improve the experience of the service at Oaks Hospital. A caveat exists whereby Oaks Hospital do not receive data from NHS providers for any patients who may have been admitted to another hospital within 28 days following discharge from Oaks Hospital.
- As highlighted above, we are working with NHS Commissioners and CHUFT to provide a more transparent means of reviewing overall readmission rates to other care providers and this will continue into 2018/19.

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

Responsiveness: to personal needs	Period		Best		Worst		Average		Period		Oaks	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC13	92.6		
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC13	92.1			

There is no data made available to Oaks Hospital or independent sector hospitals by the Health and Social Care Information Centre with regard to the hospital’s **responsiveness to the personal needs** of its patients during the reporting period 17/18.

Oaks Hospital intends to take the following actions to improve the feedback it receives from its patients as it seeks to be a more responsive hospital.

- All staff have received training in Customer Care Excellence.
- Oaks Hospital seeks to be attentive and responsive to patient requests and anticipate patient needs in order to best serve them and promote the best experience and care standards.
- By continually seeking and reviewing the many forms of patient feedback, we will be able to continually improve this aspect of our service
- To set up a patient user group to gain feedback and improve our service.

The data made available to Oaks Hospital by the Health and Social Care Information Centre in relation to the application of the Friends & Family Patient Test allows each provider to monitor benchmark and compare patient feedback across all NHS provider groups.

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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VTE Assessment:	Period		Best		Worst		Average		Period		Oaks	
	16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC13	96.7%		
16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC13	95.8%			

Oaks Hospital considers that the data in the table above reflects the high percentage of patients admitted to Oaks Hospital for treatment that had their individual risk factors for potential VTE development assessed and appropriate actions taken to minimise any risk during their procedure. The assessment rates reported to the Health and Social Care Information Centre are marginally lower than the rates internally recorded due to a small margin of error with the methodology for recording VTE assessments internally within Oaks Hospital. The assessment is carried out in our new electronic records system

within the patient records and there have been some errors with the reported data being pulled.

Oaks Hospital intends to take the following actions to improve the rates of assessment recorded.

- All admissions will continue to be monitored for accurate completion of a VTE assessment.
- Additional support and training have put into place to ensure that the electronic reporting of the VTE assessment is accurate and reflects the assessment that has been undertaken within the clinical notes.

<p>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.</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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<i>C. Diff rate: per 100,000 bed days</i>	Period	Best		Worst		Average		Period	Oaks	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC13	0.0
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC13	0.0

Oaks Hospital has recorded zero incidents of Clostridium Difficile for 2017/18. The results reflect in part, the effective infection prevention and control strategies Oaks Hospital have in place and the robust systems and processes in place to minimise potential risks to patients including an effective anti-microbial management stewardship process.

<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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SUIs: (Severity 1 only)	Period		Best		Worst		Average		Period		Oaks	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC13	0.00		
	April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC13	0.00		

Oaks Hospital considers that the data in the table above reflects the high standard of care provided to the patients who choose to use its services. This is in part also due to the robust pre-operative assessment process that is in place in order to highlight specific risks to patients so that appropriate clinical management plans can be put into place. Oaks Hospital also has robust clinical governance framework that seeks to continuously monitor and respond to potential risks and continuously improve its services in response to perceived and actual risks.

Oaks Hospital intends to ensure that its excellent patient safety record is maintained by committing to a robust clinical audit programme and culture of adopting appropriate best practice and continuously improving our services.

The speaking up for safety programme is being introduced in 2018/19 with the aim of reducing unintended harm to patients through the use of a stepped approach communication model.

Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey.	4: Ensuring that people have a positive experience of care
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F&F Test:	Oct		Best		Worst		Average		Period		Oaks	
	Feb-18	Severall	100%	RJ731/RTFDX	63.0%	Eng	96.0%	Jan-17	NVC13	100.0%		
	Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC13	100.0%		

The table above shows the feedback scores for Oaks Hospital benchmarked against the national feedback averages for Independent & NHS providers in England. We have

consistently achieved a higher approval rating than the average for all providers in England. The scores demonstrate that Oaks Hospital continues to receive positive feedback from patients using its services and we continue to strive to ensure that this remain the case in 2018/19 with the aim to improve our response rate so that we may be responsive to their needs and improve the service we provide.

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

Oaks 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.

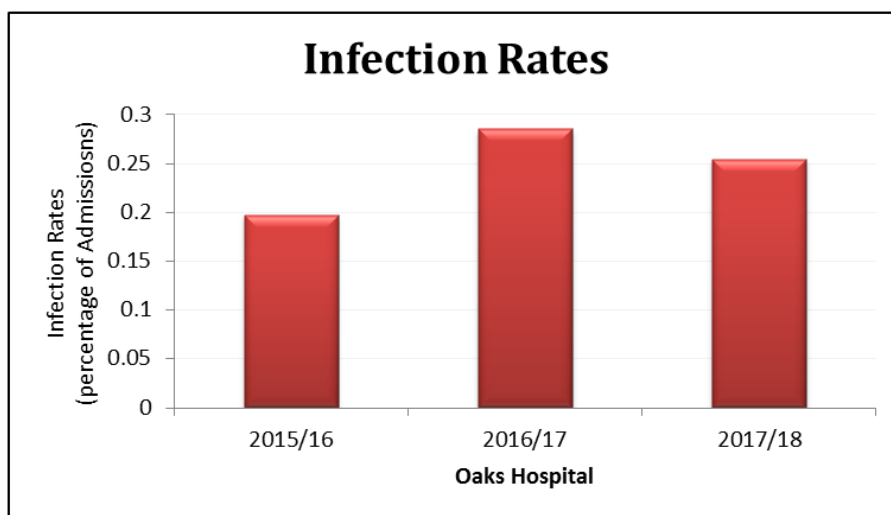
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, Abdominal Hysterectomy's and Spinal Surgery. The table below shows the number of reportable infections in 2017/18 against the national average.

	Category	No. of Operations	No. of SSI Per Quarter	% Infected (last 12 months)	National % rate (Taken from PHE site)
1.	Hip Replacement	72	0	0%	1.0%
2.	Knee Replacement	65	1 plus 3 patient reported	1.6%	1.6%
3.	Total Abdominal Hysterectomy	8	1	4.7%	4.4%
4.	Spinal Surgery	5	0	0%	1.7%

Infection Prevention and Control management is one of our highest priorities 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. Ramsay has recently employed a group Infection Prevention Control Lead to support the local leads.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. Oaks Hospital are now also involved in attending the Infection Control Scrutiny Panel set up by NEECCG.



Programmes and activities within our hospital include:

- Oaks has an in house infection control team led by an infection control nurse involving staff members from every department and a Consultant Microbiologist from CHUFT. The infection control team meet quarterly to review all aspects of infection control including audits, training and infection control issues.
- Infection control training is mandatory for all staff and Ramsay Healthcare have a robust training programme in place to ensure all staff receive the most relevant and up to date training available. There is an action plan in place to ensure improvement in the training compliance with a particular focus on Sepsis and ANTT.
- The quality team comprising of the Matron and the Infection Control Nurse conduct regular auditing of all clinical areas of the hospital to ensure that standards of cleanliness and hand hygiene practice are maintained. An example of the Ramsay audit programme is available in appendix 2. Local auditing and action plans have also been developed particularly around theatre environment.
- Additional assurances are provided to the local CCG via formal inspections of the clinical environment.
- The results of all audits are discussed at local infection control meetings, the Clinical Governance Committee and Heads of Department meetings.

Oaks Hospital scrupulously monitors all hospital acquired infections and seeks to identify any potential early indicators to suggest that its infection prevention and control practices are not sufficient.

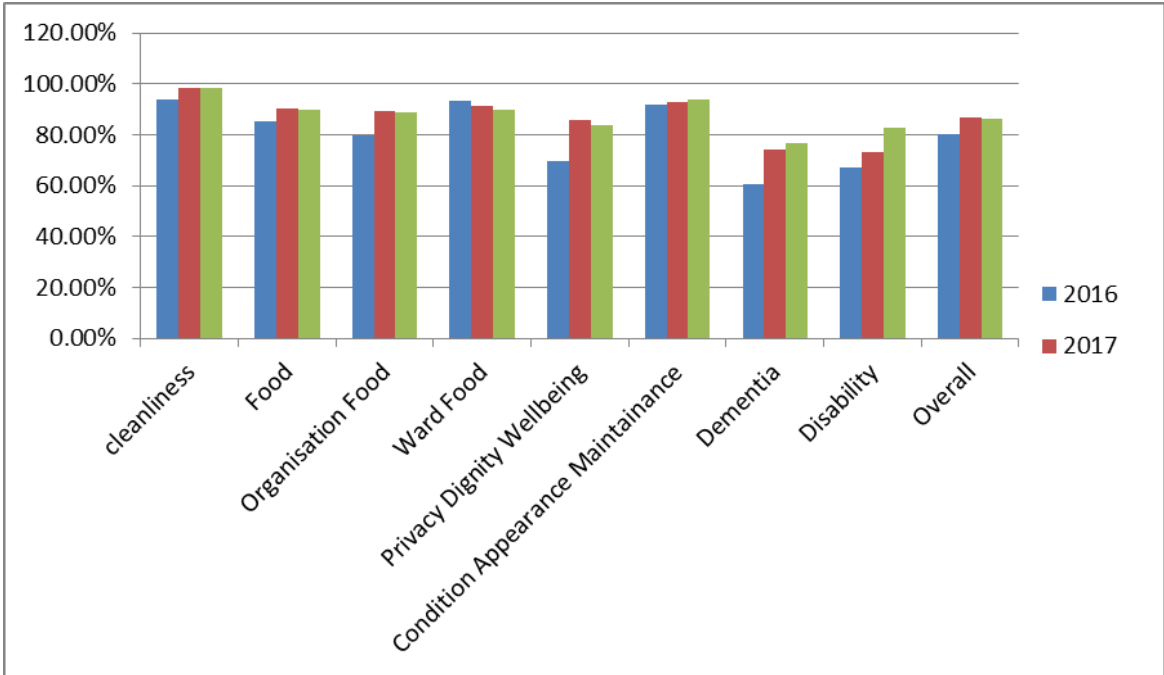
3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Oaks 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 of the hospital and its services.

The last place assessment took place in May 2017



The results above show the comparison between 2016 and 2017 against the national average in green. Oaks Hospital have scored above the national average in the majority of domains but there is still work to be done on the environment for dementia patients. There has been a marked improvement since the 2016 audit.

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.

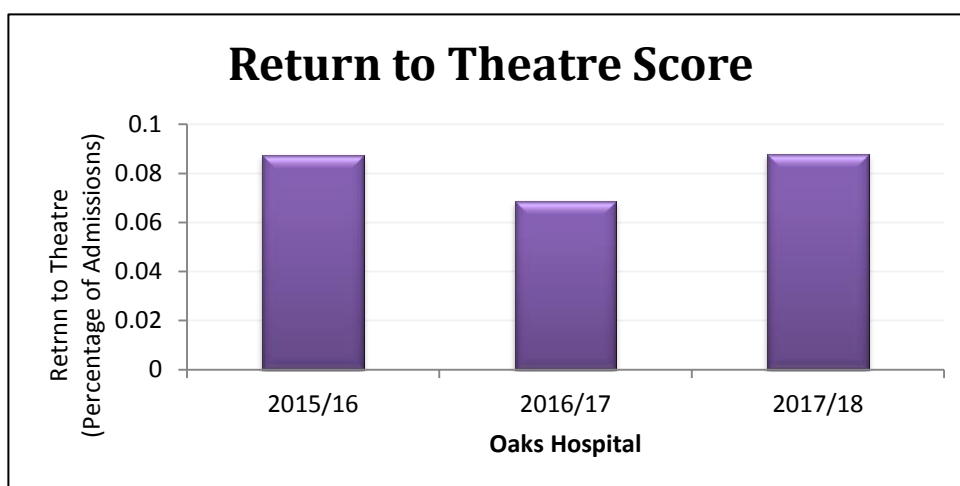
- Ramsay are introducing the speak up for safety programme for 2018/19 to reduce unintended harm to patients.
- Incidents, Complaints and Audit learning are shared with all staff via departmental team meetings and a monthly quality account.
- Oaks have been trialling the Luer Jack safety syringe and undertaking a clinical evaluation versus current safety sharps.

3.3 Clinical effectiveness

Oaks 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 the Medical Advisory Committee 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 unexpected deaths within the reporting period of 1st April 2017 – 31st March 2018.

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Oaks Hospital provide a seven day service with access to imaging, diagnostic tests and theatres via an on call basis out of hours.

There is an Registered Medical Officer (RMO) on site at all times and Consultants are contacted 24/7 if any problems or complications arise.

Patients are treated with dignity and respect at all times and are given clear information in order to make informed choices around their treatment.

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.

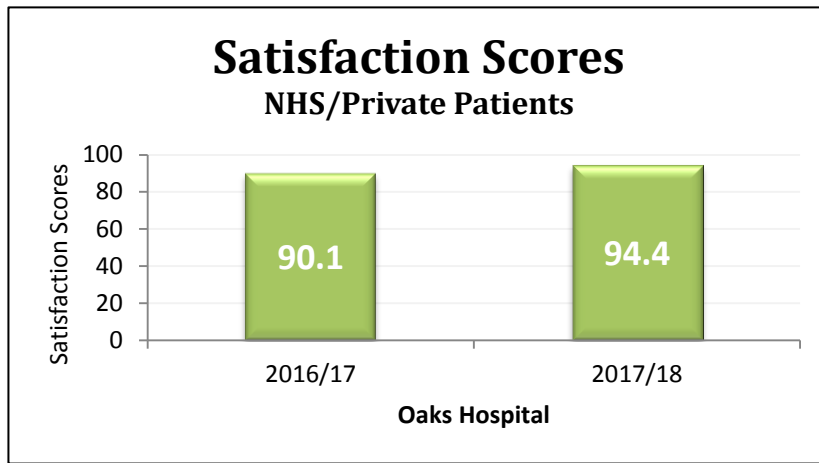
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 Manager 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 to 94.4% over the last year.

Services covered by this quality account

Oaks Hospital



Oaks Hospital has 58 beds including 3 twin bedded rooms. The hospital has four theatres (3 with laminar flow) and a new ambulatory care unit.

Patients requiring level 2 care are treated and stabilised by a well-trained team of staff in a dedicated area either theatre recovery or a high dependency room prior to transfer to a critical care facility.

Oaks Hospital provides care and treatment for children over the age of three within the ward, theatre and outpatient environment.

On site facilities include Outpatients, Radiology, Physiotherapy and mobile MRI/CT. Oaks Hospital undertakes a range of surgical and medical activity provided by a highly dedicated professional team.

Location: Oaks Hospital, Oaks Place, Mile End Road, Colchester, Essex CO4 5XR.

Registered Manager: Amy Louise Glezen Simpson

Amy.Simpson@ramsayhealth.co.uk

Regulated Activities – Oaks Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardio respiratory medicine, Cardiology, Care of the elderly, Dermatology, Diabetology, Endocrinology, Gastroenterology, General medicine, Nephrology, Neurology, Oncology, Pain management, Psychiatry and counselling, Physiotherapy, Rheumatology, Sports Medicine,	All adults 18 yrs and over Children - 3 yrs and above

	Vascular foam sclerotherapy	
Surgical Procedures	Colorectal, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Ophthalmic, Oral maxillofacial, Orthopaedic, Plastics/Cosmetics, Spinal, Pain Management, Urological, Vascular	<p>All adults 18 yrs and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • 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 (needing oral steroids or has had frequent hospital admissions within last 3 months) • 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 <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> <p>Non-NHS funded Children - 3yrs and above admitted for ambulatory, day surgery or inpatients</p>
Diagnostic and screening	GI physiology Imaging services inc. heel, Cardiology testing, Phlebotomy, Urinary screening and specimen collection, general imaging services, interventional radiology, mobile MRI/CT, ultrasound and mammography.	<p>All adults 18 yrs and over</p> <p>All children 3 yrs and above - outpatients appointments only</p>

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	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	Compliance	➔	➔	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
Transfusion (if applicable)	Autologus	➔	➔	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
Bariatric Services (if applicable)	Bariatric Services	➔	➔	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
Childrens Services (if applicable)	Childrens Services	➔	➔	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ

Traffic light score

Green	95%*
Amber	70% - 94%
Red	69% and under

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

Oaks 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.

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