

# Park Hill Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## Park Hill 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 22 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**

*Statement from Dr Andrew Jones, Chief Executive Officer, Ramsay Health Care UK*

*“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.*

*Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.*

*Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.*

*Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.*

*I am very proud of Ramsay Health Care’s reputation in the delivery of safe and quality care. It gives us pleasure to share our results with you.”*

Dr Andrew Jones  
Chief Executive Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

This Quality Account is Park Hill 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 Debbie Craven

***“Park Hill Hospital appreciates that you can choose your healthcare provider and therefore is consistently committed to offering the highest quality of care and clinical outcomes for our patients”.***

Our Vision is to be the Leading Healthcare Provider where clinical excellence, safety, care and quality are at the heart of everything we do, whilst growing our business and profitability

This Quality Account by Park Hill Hospital has been produced to demonstrate our continued commitment to measuring and acting on all feedback from all our patients and customers about their experience with the intention to continually learn and improve on all aspects of the services we provide. This allows us to continually review, reflect and improve the patient’s journey with the aim of becoming the healthcare provider of choice for all patients.

We are aware that patients can be anxious about coming into hospital and understand that providing reassurance is very important to you the patient and your family. This starts with patient safety, which is always our highest priority. To this end we continually review our clinical care standards, outcomes and feedback, through audit and observation and through regular open, analytical review with a “none blame” approach, which helps promote a healthy learning culture. In addition we recruit, induct and train our team to enable the delivery of the highest standards in all aspects of clinical and customer care. This approach extends to family and visitors in ensuring they are made to feel welcome at Park Hill Hospital.

Park Hill Hospital is committed to ensuring that patients are kept fully informed about their treatment, which is also a significant factor associated with improving treatment outcomes. We involve our patients in treatment decisions at the earliest stage so that the options and benefits are fully discussed before patients consent to treatment. Our medical and clinical teams recognise the importance of devoting time preparing patients for surgery, which not only reduces risk but also improves patient understanding and confidence, reduces anxiety, improves rates of recovery and shortens lengths of hospital stay. Our care extends to the post discharge period, where we offer post discharge support and guidance 24 hours a day to provide you with ongoing reassurance.

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

Park Hill Hospital is accustomed to the disciplines of regulatory and contractual requirements to assure healthcare commissioners of our clinical performance and to report complaints and serious incidents to regulators and commissioners. We also maintain a Risk Register and systematically review specific actions to achieve risk reduction.

Park Hill Hospital "Friends and Family" patient satisfaction scores continually achieve over 99% for "would recommendation to others". This is consistent with the other local private hospitals and is higher than that of our local NHS Trust hospitals. By analysing the results throughout the year, we constantly seek ways to further improve the patient experience

## 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.

**Debbie Craven**



**General Manager**

**Park Hill Hospital**

**Ramsay Health Care UK**

This report has been reviewed and approved by:

Dr S B Bittiner

MAC Chair

Mr Tony Wilkinson

Clinical Governance Committee Chair

Commissioner



# Welcome to Park Hill Hospital

Park Hill Hospital is one of South Yorkshire's leading private hospitals with an excellent reputation for delivering high quality healthcare treatments and services.

Located on the site of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust site, Park Hill Hospital opened in April 1995. The ward consists of 21 beds, 17 of which are in single rooms, all with en-suite facility. The outpatient department consists of 6 consulting rooms and a minor procedure treatment area.

The hospital provides fast, convenient, effective and high quality treatment for patients of all ages, excluding children below the age of 18, whether medically insured or self-pay from the NHS. We offer a range of quality services, these include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care. During the last 12 months, the hospital has treated 2781 patients, 69% of which were treated under the care of the NHS.

Currently, 97 specialist Consultants work from the hospital, supported by a team of 4 senior managers, 56 contracted staff (36 nursing & physiotherapy, 20 administration and support services). Park Hill also has a team of 43 bank casual staff both clinical and non-clinical.

Specialities offered at Park Hill Hospital include; Dermatology, Ear Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular and Weight Loss.

We also have a Resident Medical Officer (RMO) 24 hour emergency covering the hospital.

Park Hill Hospital has a very close working relationship with Doncaster & Bassetlaw Hospitals NHS Foundation Trust and has access to support services through various service level agreements with the Trust; pharmacy, pathology, medical imaging, resuscitation and endoscopy as well as a nurse liaison to provide quality and consistency in the patient journey.

# Part 2

## 2.1 Quality priorities for 2018/2019

### Plan for 2018/19

**On an annual cycle, Park Hill Hospital develops an operational plan to set objectives for the year ahead.**

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

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

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

At Park Hill Hospital the patient experience is at the heart of everything we do within the hospital. We want to know what matters to our patients, their relatives and carers so we can enhance the quality of our services.

**Our vision is to be the Leading Healthcare Provider where clinical excellence, safety, care and quality are at the heart of everything we do, whilst growing our business and profitability.**

Our Quality Account seeks to provide accurate, timely, meaningful and comparable measures to allow our partners to assess our success in delivering our vision.

People are at the centre of how we ensure we operate safely – all united in a common purpose to achieve zero avoidable harm. To support our employees to achieve this goal, we have mandatory systems and processes across the hospital to protect and care for all of our patients, members and our own people.



## Priorities for improvement

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

#### **Clinical recruitment and retention**

*During the last 12 months clinical recruitment has maintained its focus on the recruitment of qualified nurses with ongoing recruitment campaigns and conversion of some bank staff to permanent contracts. Recruiting 4 full time registered nurses has ensured the full complement of nursing staff necessary to provide safe, quality care on the ward.*

*Staff engagement and motivation has improved the clinical retention and skill mix is maintained at 80% qualified ensuring the correct ratio for safety and ensuring a quality patient experience for all patients undertaking their journey through Park Hill.*

*Physiotherapy recruitment of 1 full time and 1 part time therapist, this maintains an optimum service for patients with the provision of intensive rehabilitation for orthopaedic patients and individual follow up requirements.*

#### **Mandatory Training**

*Ensuring patient safety through the maintenance of mandatory training for all staff has remained a priority over the last 12 months. New recruits pose challenges for completion but the Care Quality Commission and local CCG action plans have been successfully completed with figures above 90% over the year, 92% at the end of March 2018.*

#### **Nice Guidelines and Pre-assessment**

*Successful implementation of the new NICE guidance with the pre-assessment lead and the team in the outpatient department has ensured the expectations of patients starting their journey at Park Hill is clinically effective and patient expectations are met.*

*The service was audited in line with regional Ramsay units to ensure compliance with policy. Links with the local trust highlighted an effective turnaround time for blood results, optimal MRSA screening and good access to diagnostics.*

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

### **VTE Risk Assessment and NICE Guidance**

An increased number of reported DVTs at Park Hill have required a review of current practice and subsequent improvements implemented to ensure patient safety and clinical effectiveness.

Local CCG CQUIN for this coming year measuring VTE risk assessment and appropriate prophylaxis will ensure achievement of over 95% for risk assessment and appropriate prophylaxis and use of NICE Guidance.

In addition each reported case will have a Route Cause Analysis report which will identify any gaps in practice and factors relating to cause. These reports will be discussed at clinical governance and shared with the CCG.

A quarterly audit will measure compliance with the CQUIN and identify and required improvements relating to safety and patient satisfaction.

### **PROMS**

Park Hill has struggled with low numbers of reportable cases to enable quality patient outcomes data. A review of process across the site has identified a knowledge gap which requires staff education and assistance with expectations.

An identifiable PROMS lead and embedding of new process will ensure all eligible proms data is sent and monthly reports from PROMS will identify numbers submitted and produce some reportable outcomes to measure against local and national benchmarks.

### **Theatre retention and recruitment**

Recruitment of theatre staff has been chosen as a clinical priority for this year due to staff turnover and the need to retain a skilled workforce that is flexible and clinically competent.

Current vacancies and up-coming maternity leave will deplete the workforce and pose a risk to the team's ability to perform the required surgical procedures that is the main stay of business for our theatre.

This priority follows on from previous year, although directly related to theatre staff.

Recruiting the required skilled workforce will ensure patient safety is maintained and a positive patient experience as well as maintain safe workforce requirements necessary for theatre working.

This will be achieved with a targeted recruitment campaign to recruit the skills required for development of a multi skilled practitioner to enhance the theatre team.

This will be achieved by working closely with the marketing team in regard to job advertisement and networking. HRC and senior staff will engage together to advertise effectively. Where appropriate, recruitment methods will be implemented – the use of recruitment agencies and / or recruitment events.

## 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 Park Hill Hospital provided and/or subcontracted 4 NHS services.

- Orthopaedics – including podiatry
- General Surgery
- Pain Management
- Minor Plastics

Park Hill Hospital has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 18% per cent of the total income generated from the provision of NHS services by Park Hill Hospital from 1 April 2017 to 31<sup>st</sup> March 2018

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

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

Human Resources	31 March 2018
Total Headcount	56
Staff Cost % Net Revenue	17.2%
Hours PPD	21.2
Rolling Sickness Absence	2.86%
Rolling Employee Turnover	12.1%
Lost Time	23.1%
Agency Cost as a % of Total Staff	7%
Mandatory eLearning	90%
Staff Appraisal	95%

Clinical head count has increased from 30 to 36 over the last year following our successful recruitment campaign to increase registered nurses to improve patient safety.

Rolling sickness absence has improved slightly but retention of staff has seen the largest improvement with a decrease of 11.1%.

Agency costs are recorded as 7% overall for the year but this figures has significantly reduced over the last 6 months with minimal agency staff used for radiography only.

Both eLearning and staff appraisal demonstrate improved figures from last year, with a 25% increase in eLearning compliance overall.

Patient	31 March 2018
Formal Complaints per 1000 HPD's	0.88
Patient Satisfaction Score	85.4%
Significant Clinical Events per 1000 Admissions	0
Readmissions per 1000 Admissions	0.32

Quality	31 March 2018
Workplace Health & Safety Score	96%
Infection Control Audit Score	95%

## 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018 Park Hill Hospital participated in 7 national clinical audits which it was eligible to participate in, which is an improvement from the previous year.

The national clinical audits and national confidential enquiries that Park Hill 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)	99%
Elective surgery (National PROMs Programme)	Small volumes
National Diabetes Audit - Adults	20 Cases
NHS Safety Thermometer	100% No harm
NHS Medicine Safety Thermometer	100% No harm
National Breast and Cosmetic Implant Registry	100%

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

- Improve number of cases reported to PROMS over coming months

## 2.2.3 Participation in Research

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

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

A proportion of Park Hill Hospital's income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals that were agreed between Park Hill Hospital and the Lead Clinical Commissioning group and forms a contract for the provision of NHS Services.

Indicator	Goal	Description of Indicator	Indicator Weighting	CQUIN Achieved
1	ERS Referral Advice and Guidance	Publish all services and make all of first outpatient appointments available on NHS e-referral service by 31.03.18	2.5%	YES

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

Park Hill Hospital is required to register with the Care Quality Commission and its current registration status on 9th December 2016 is registered without conditions. The hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC carried out a 3 day inspection at Park Hill Hospital on the 3rd, 4th and 12th August 2016. Using the new framework for inspecting the CQC assessed our services against five key questions:

- **Are they Safe:** You are protected from abuse and avoidable harm.
- **Are they Caring:** Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- **Are they Responsive:** Services are organised so that they meet your needs.
- **Are the Effective:** your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- **Are they Well Led:** The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

### Our Rating by the CQC:

The CQC rated Park Hill Hospital overall **Requires Improvement** for Surgery, Out-Patient & Diagnostic Imaging. In all the Five CQC Domains (Safe, Effective, Responsive, Caring and Well Led) we achieved '**Good**' for caring.

Where the CQC provided feedback on areas for improvement we developed an action plan which outlined what was required to make the improvements, this has been reviewed regularly over the last 2 years and has now been completed.



## 2.2.6 Data Quality

Park Hill Hospital will be taking the following actions to improve data quality.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. During their induction our staff are trained on how to obtain and input data correctly onto our electronic systems and also how to handle confidential data, staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

### 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

This information is publicly available on the DH Information Governance Toolkit website at: <https://www.igt.hscic.gov.uk>

### Clinical coding error rate

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

## Part 3: Review of quality performance 2017/2018

### Statements of quality delivery

Matron, Wendy Hewitt

#### 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 Clinical Services  
Ramsay Health Care UK

#### Ramsay Clinical Governance Framework 2018

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

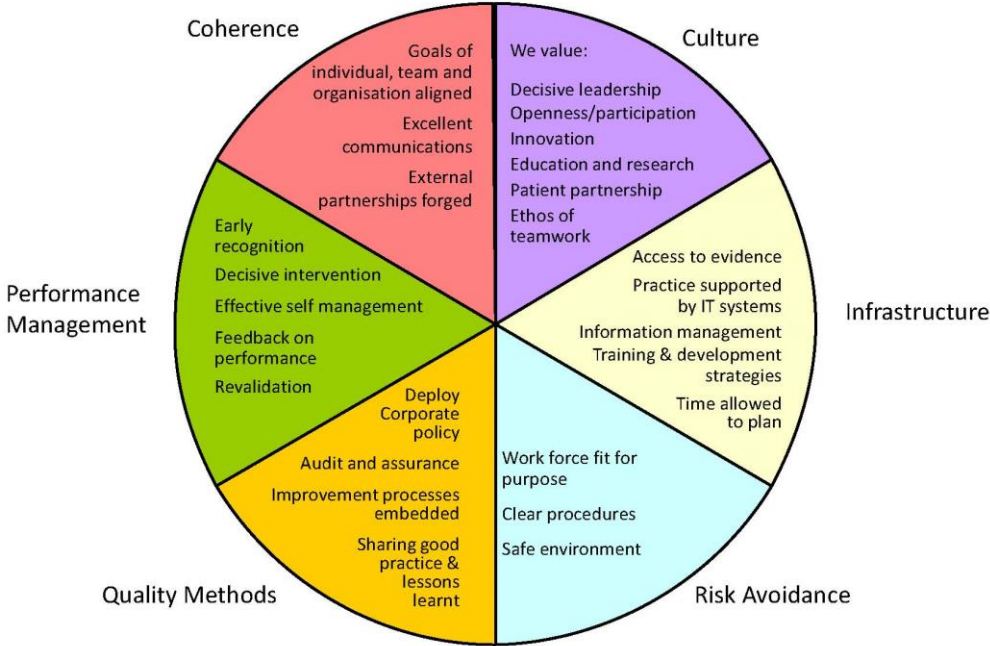
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

### Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

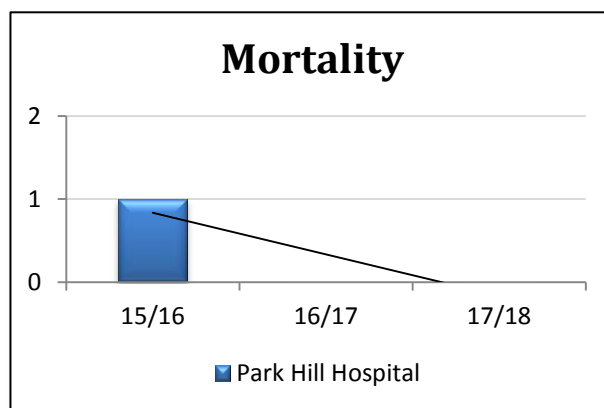
### 3.1 The Core Quality Account indicators

Mortality:	Period	Best		Worst		Average		Period	Park Hill	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC14	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC14	0

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><b>*The palliative care indicator is a contextual indicator.</b></p>	<p>1: Preventing People from dying prematurely</p> <p>2: Enhancing quality of life for people with long-term conditions</p>

**Park Hill Hospital considers that this data is as described for the following reasons.**

Park Hill has had no patient deaths 2017/18 or 2016/17. Any patient death is reviewed by our clinical governance committee to ensure analysis and assurance the patient pathway was managed in line with Ramsay Policies and national regulations. Any lessons learned following patient deaths within Ramsay are shared as part of clinical governance strategy.



**PROMS (Patient reported outcome measures)**  
**Fig.1 Adjusted Health Gain**

PROMS:	Period		Best		Worst		Average		Period	Park Hill	
	Hernia	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC14	*
Apr16 - Mar 17		RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC14	no data	
Veins	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC14		
	Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC14	no data	
Hips	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC14	*	
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC14	*	
Knees	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC14	14.459	
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC14	*	

(\*Denotes insufficient data for publishing from the 2 questionnaires following case mix adjustments by the NHS data centre, which could be as a result of insufficient returns of one or both of the questionnaires , in completed questionnaire, NHS number omission)

<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"> <li>(i) groin hernia surgery,</li> <li>(ii) varicose vein surgery,</li> <li>(iii) hip replacement surgery, and</li> <li>(iv) knee replacement surgery,</li> </ul> <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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*Park Hill Hospital considers that this data is as described as indicative of low response rates. The Park Hill Hospital intends to improve submission numbers over the next year as indicated as part of clinical quality improvement 2.1.2*

Readmissions:	Period		Best		Worst		Average		Period	Park Hill	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC14	0.0030222	
2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC14	0.0045736		

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged—</p> <ul style="list-style-type: none"> <li>(i) 0 to 14; and</li> <li>(ii) 15 or over,</li> </ul> <p>Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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**Park Hill Hospital considers that this data is as described for the following reasons**

Monitoring rates of readmission to hospital is a valuable measure of clinical effectiveness & outcomes. As with return to theatre, any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed. Ramsay rates of readmission remain very low and this, in part, is due to sound clinical practice & governance ensuring patients are not discharged home too early after treatment, are independently mobile following intensive physiotherapy and that patients are fully informed of individual discharge information and arrangements for follow up.

Responsiveness: to personal needs	Period		Best		Worst		Average		Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care
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**Park Hill Hospital considers that this data is as described for the following reasons**

Feedback from patients regarding their experience at Park Hill Hospital is encouraged and is essential to inform our staff how care can be enhanced or adjusted to meet individual patient satisfaction. All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are recorded on the Riskman system and displayed for staff to see on notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly. Park Hill participates in Ramsay's customer service excellence scheme where staff can nominate colleagues for recognition of outstanding customer care.

All negative comments or suggestions for improvement are also communicated to the relevant staff using direct feedback and reflection encouraged to use towards appraisal and revalidation if appropriate. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care. Every complaint received is given immediate attention of the General Manager/Matron on the day it is received with a telephone call and acknowledgement letter. Following which a thorough investigation is commenced into the concerns raised as per Ramsay Complaints Policy.

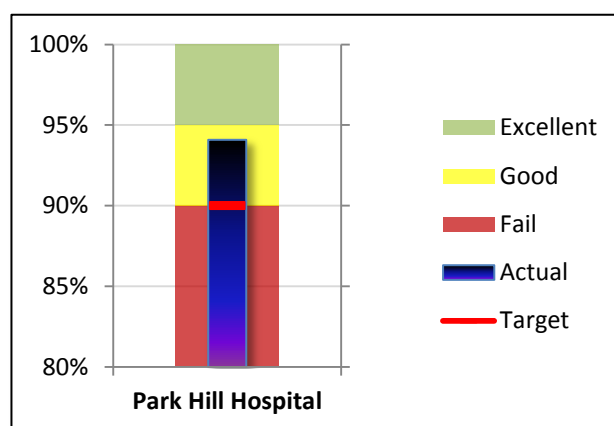
VTE Assessment:	Period		Best		Worst		Average		Park Hill	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC14	93.7%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC14	92.6%

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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**Park Hill Hospital considers that this data is as described for the following reasons**

Park Hill has targeted VTE assessment over the last year in an effort to improve following an increase in reported DVTs.



C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Park Hill	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC14	0.0
	2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC14	0.0

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

**Park Hill Hospital considers that this data is as described for the following reasons**

Park Hill has had no reported cases of C difficile throughout the year 2017/18 or 2016/17 Hand wash audits are 100% and environmental audits 95 % for the last year.

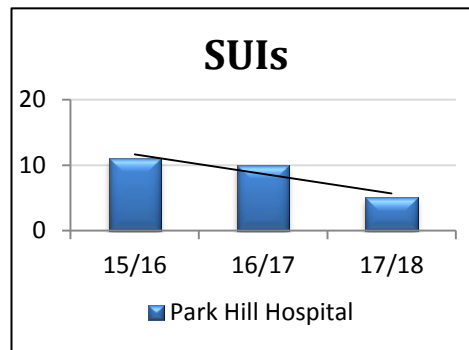
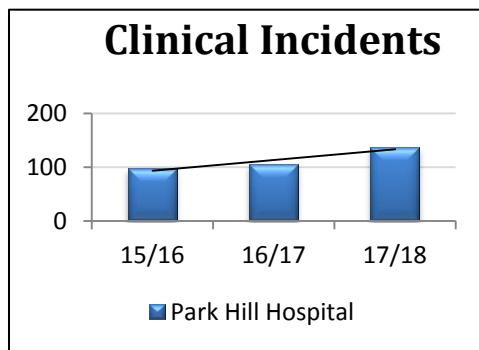
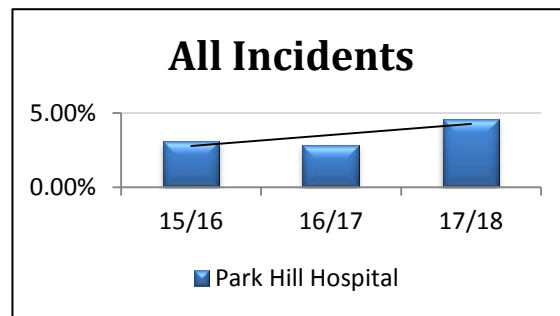
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Park Hill	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC14	0.00
	April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC14	0.00

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

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

**Park Hill Hospital considers that this data is as described for the following reasons**

All SUI's are regularly monitored and reported, they are acted on immediately and the investigative process commenced. They are reported in the monthly in the Clinical Governance report. A full report is completed and discussed at local meetings regarding any SUI's to ensure shared learning and lessons learnt. Any changes in practice required are identified and implemented. This year's data demonstrates a decrease in SUIs by 50 % which shows an improvement in patient safety and a small 1.75% increase in clinical incident reporting following an increase in staff awareness of reporting and demonstrating an open culture learning from lessons promoting a positive governance structure.



F&F Test:	Oct	Best		Worst		Average		Period	Park Hill	
	Feb-18	Severall	100%	J731/RTFD	63.0%	Eng	96.0%	Feb-18	NVC14	100.0%
	Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Mar-18	NVC14	97.8%

<p>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 &amp; acute specialist trust who took part in the staff survey.</p>	<p>4: Ensuring that people have a positive experience of care</p>
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**Park Hill Hospital considers that this data is as described for the following reasons**

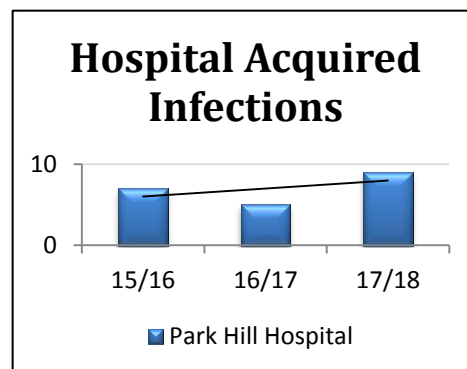
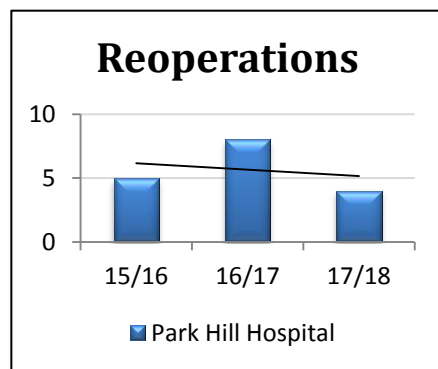
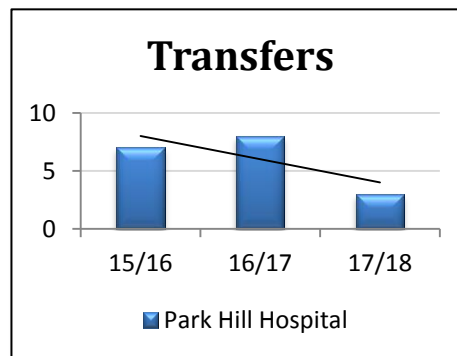
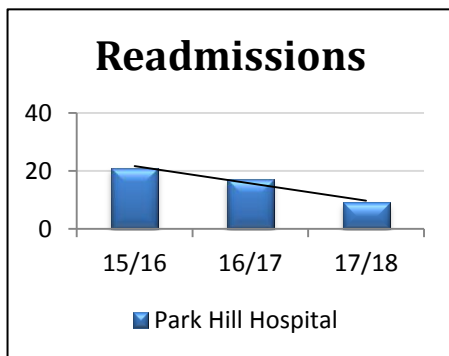
Monthly reports received to monitor friends and family percentages, reported monthly via Clinical Governance reports; displayed on local notice boards. Review through local committee meetings, any trends identified are analysed further to reveal any themes.

### 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

***Park Hill 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.

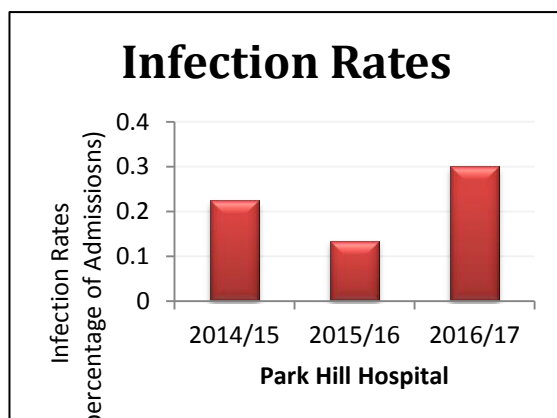
#### **Programmes and activities within our hospital include:**

- Monthly hand-wash and environmental audits
- Annual education programme of infection control e-learning
- Annual skin surveillance and assessment

The lead for infection control at Park Hill continues to be an experienced nurse who co-ordinates audits, annual programme of both e-learning and face to face updates. Advice is given in line with national guidance and Ramsay Infection Prevention and Control Policies and Procedures.

Rout cause analysis is undertaken for serious infections to determine any themes or trends that require practice change and these are discussed at joint quarterly meetings that are held at The Yorkshire Clinic which are chaired by a consultant microbiologist. The comprehensive audit of infection control practice is maintained and SISS data is submitted timely. All audits and results of Route Cause Analysis are discussed at local clinical governance meetings, Heads of Department and Health and Safety meetings to ensure sharing of results and action plan updates.

This year we have significantly improved the environment with an ongoing refurbishment programme that has seen new flooring throughout the clinical area, painting and a swing door on the treatment room to enable an optimum infection control footprint for undertaking clinical procedures.



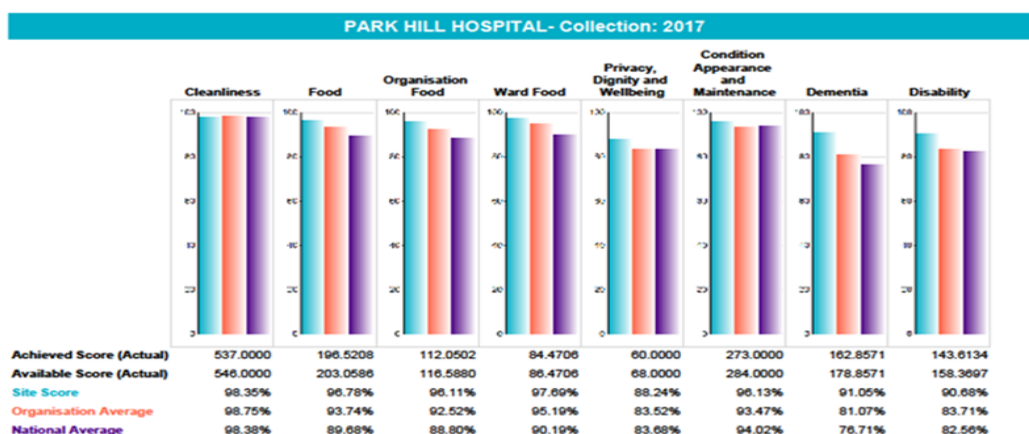
As you can see by the graph Park Hills infection rates have increased over the year of 0.16 % of all admissions which is low in comparison to national average but will require close monitoring and investigation. SISS reportable data will be monitored to ensure capture of all relevant cases for submission.

### 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 Park Hill 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.



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### 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 a 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's mandatory training incorporates the essential elements necessary for safe practice and is completed on an annual basis.

- *General Induction*
- *Customer Care*
- *Basic Life Support*
- *Manual Handling*
- *Fire Safety*
- *Health and Safety*
- *Information Security*
- *Safeguarding Adults*
- *Safeguarding Children*
- *Infection Control - handwashing*
- *Informed Consent*
- *Immediate Life Support*
- *Blood Transfusion*

Following the health and safety audit in January 2018 the result of 96 % was noted as an improvement on the previous year and the continued commitment of the health and safety committee to maintain awareness of all safety issues at Park Hill.

The action plan includes;

- Chemical spill kit training where appropriate
- COSHH Product and Assessment on Chemedox
- Increase and maintain awareness on a monthly basis of any skin surveillance issues, Needle-stick injuries and safety sharps use and assessments

Park Hill have continued annual fire Marshall training and have introduced an annual programme of mandatory face to face training days to facilitate and maintain staff compliance.

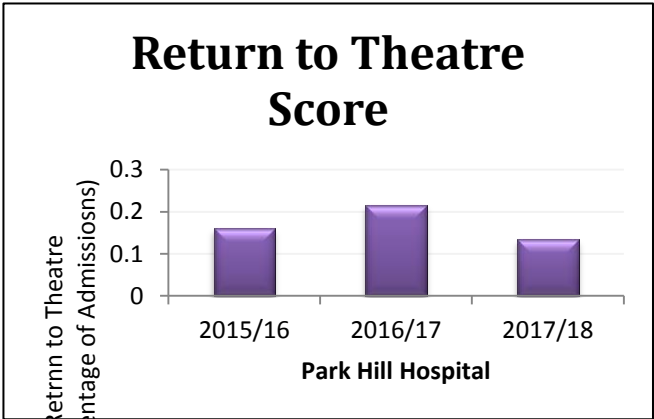


### 3.3 Clinical effectiveness

Park Hill 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.



Park Hill has seen a decrease during 2017/18 in the numbers of patients returning to theatre, which is an improvement on the previous year, and remains well below the national average. Each case is documented and investigated and disseminated and discussed at local committee meetings.

#### 3.3.2 Learning from Deaths

Park Hill Hospital has no local learning from deaths this year; any national data has been shared through lessons learned at local clinical governance.

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

Park Hill Hospital is a 7 day working hospital committed to providing quality, compassionate care with respect and dignity relevant to individual patient needs. SLAs with local trust ensure access to seven day services, diagnostics, transfer to high dependency care, access to emergency services and clinical results. An on-site Resident Medical Officer ensures immediate assessment of clinical need with direct access to on call teams, senior medical assistance and anaesthetists 24/7 with a defined protocol of escalation and transfer to acute services for patient safety.

Access to support services in the community via referral over 7 days ensures the next steps in the patient care pathway can be taken without delay.

Park Hill monitors quality standards via patient feedback, complaints and compliments, audits and service reviews to ensure a consistent service across 7 days. We review patient experience and clinical effectiveness as part of our governance framework to facilitate learning and drive forward quality improvements.

### 3.4 Patient experience

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

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

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

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

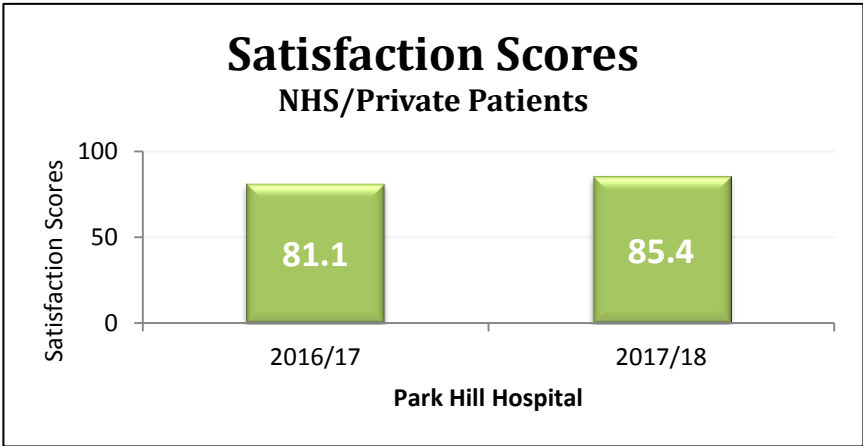
Feedback regarding the patient’s experience is encouraged in various ways via:

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

### 3.4.1 Patient Satisfaction Surveys

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

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



Park Hill has improved patient satisfaction scores by 4.3% and continues to promote a positive patient experience for all patients.

Parks Hill Hospitals strategy for this year is centred around team working and includes our vision statement.

## Park Hill Strategy 2017/18

### HOSPITAL OBJECTIVES



### CLINICAL OBJECTIVES



**“TEAM: Together everything is achievable”**

**OUR VISION**  
Our vision is to be the leading healthcare provider where clinical excellence, safety, care and quality are at the heart of everything we do, whilst growing our business and profitability.

## 3.5 Park Hill Hospital Case Study

Nurse Recruitment has been a significant challenge for Park Hill and is a recognised national challenge facing both the NHS and Private sector.

As the aging population retires outnumbering the post graduate students qualifying, good succession planning is the key to staff retention and recruitment.

Staff employed on the ward bank at Park Hill has been given the opportunities for conversion to full-time positions, securing employment after first-hand experience of the environment. This has enabled the workforce to grow and expand with a developing sense of belonging with a specific induction package that identifies 'a buddy system' that promotes inclusivity and learning at each individual required pace.

Research suggests that reaching out to universities and colleges to forge partnerships and offer opportunities to students prior to graduation/ qualification.

Following our successful 'buddy system' approach to new staff nurses we have extended this to provide some work experience placements working with a local college to offer 16/17 year olds the opportunity to shadow and gain an insight into the hospital environment .

Following the last placement feedback was very positive;

*"Staff were very accommodating and supportive"*

*"Enjoyed the various different departments and the opportunity to witness different things"*

The placements give the hospital staff the opportunity to introduce Park Hill to a new generation of potential nurses/carers of the future, showcasing the benefits and realities of working in the health sector and formed a partnership within the local community education system.

The next placements are planned for later this year.

## Appendix 1

# Services covered by this quality account

### Regulated Activities – Park Hill Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Dermatology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, Neurology, Ophthalmic, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Day and Inpatient Surgery, Dermatology, Cosmetic/plastic, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular,	<p>All adults 18 yrs and over excluding:</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <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>
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection.  Services subcontracted to the Trust hospital include medical imaging, MRI/CT, ultrasound and echocardiography.	
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes.	All adults 18 years and over as clinically indicated





# Park Hill 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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