

# Pinehill Hospital

Quality Account  
2017/18



People caring for people





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# Welcome to Ramsay Health Care UK

## Pinehill 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

*“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 Pinehill 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 Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

# Part 1

## 1.1 Statement on quality from the General Manager

Ramsay Health Care UK is committed to maintaining an organisational culture that puts the patient at the centre of everything we do. As the General Manager, I am committed to ensuring that this is always our first priority at Pinehill Hospital. It is also essential to realise that without the well-trained, engaged and supported workforce we employ at Pinehill Hospital, we would not be able to offer the high quality care to our patients that we strive for. This last year has seen a number of challenges for us particularly with higher than expected staff turnover. This has been a significant area of focus for the Senior Management Team. There is no indication to suggest that turnover is related to the working conditions and I remain committed to seeking to understand why staff choose to leave us and ensure that we provide a place of work that staff feel proud to be associated with.

It is my vision that Pinehill Hospital will provide an outstanding service to our patients and key stakeholders that is commercially sustainable, focused on future growth and delivered by a team who are proud to work at Pinehill Hospital

This vision is reflected throughout the Quality Report in that the hospital will constantly strive to improve the quality and suitability of its services to patients by ensuring there are adequate core policies and skills, effective feedback mechanisms on the quality and efficacy of its activities and processes in place to affect improvement at all levels of the organisation. The Quality Reports are reviewed regularly by the Hospital Senior Management Team to ensure that lessons are learnt, and actions implemented to effect service improvements. Pinehill Hospital has a tradition of working closely with Consultants and Patients to ensure the best quality healthcare is consistently being delivered. We continue to seek direct patient feedback via a number of means as we seek to ensure that the quality of service we provide is optimal and continually improving.

I fully endorse this Quality Account and the information it provides for patients and commissioners to confirm to them that we meet consistently high standards across the range of activities we provide. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results. Our emphasis is to ensure patients receive safe and effective care, that they feel valued and respected in decisions about their care; ensuring they are fully informed about their treatment at every step of their pathway.

We especially value patient's feedback about their stay, treatment and outcome. In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and the Ramsay organization, but most importantly the views of patients and their families. Furthermore, you are invited to feedback on this document by sending any comments in writing to me at the hospital.

**Chris Burrows, General Manager**

**Pinehill Hospital**

A handwritten signature in black ink that reads "Chris Burrows". The signature is written in a cursive style with a long, sweeping underline.



## 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.

**Chris Burrows**

**General Manager**

**Pinehill Hospital**

**Ramsay Health Care UK**

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

| <b>Name</b>            | <b>Signature</b> | <b>Role</b>                                    |
|------------------------|------------------|--|
| <b>Mark Hearn</b>      |                  | <b>MAC Chair</b>                               |
| <b>Charlotte Foley</b> |                  | <b>Clinical Governance<br/>Committee Chair</b> |
| <b>Quality Team</b>    |                  | <b>CCG Quality Team</b>                        |
|                        |                  |  |
|                        |                  |  |



## Welcome to Pinehill hospital



Pinehill Hospital is a beautifully converted former stately home and Prisoner of War hospital. It is set in excellently maintained gardens on the edge of a residential housing estate. Access to Pinehill is via Hitchin and is well signposted.

Pinehill has 23 in-patient bedrooms, 2 of which are twin bedded and the remainder single occupancy. All rooms provide en-suite facilities to ensure privacy and dignity. Additionally there is a separate Day Surgery Unit (DSU) with 6 patient bays and a further 6 bedrooms. The hospital has 3 main theatres and a minor ops theatre/endoscopy suite which is JAG accredited.

The outpatient department has 10 consulting rooms with 2 treatment rooms, a physiotherapy department and gym, an imaging department with x-ray, ultrasound, dental OPG machine and digital mammography (meaning less radiation to the patients). A mobile CT unit is at the hospital site weekly as well as a mobile MRI scanner 6 times a week according to patient needs. There are also 2 image intensifiers used within theatres. Pinehill now offer a new self-referral service for Mammography, enabling private patients to refer themselves without having to visit a GP first with the results then sent to their GP. The well-established in-house Pharmacy department provides medicine management and dispensing services to both inpatients and outpatients.

Pinehill Hospital welcomes NHS patients, insured patients and those choosing to pay for their own treatment. The hospital provides consultations, investigations and treatment in

most specialties including orthopaedics, general surgery, women’s health, men’s health and ophthalmic’s, as well as specialist services such as cosmetic and spinal surgery.

Pinehill Hospital has been awarded 5 out of 5 stars for hygiene by the East Herts Council receiving the highest award for excellent hygiene conditions, very high standard of compliance with food hygiene legislation and very high confidence in the management. The hospital is recognised for its patient outcomes for hip and knees replacement surgery in the Patient Reported Outcome Measures (PROMs) which measures the average health gain of all hospitals in the country, including both NHS and Independent Healthcare Providers.

The Hospital participates in the Annual PLACE Assessment with positive ratings published in 2017 we eagerly await the 2018 assessment reports due to be published in August 2018.

The hospital is well-led with a robust governance and risk management systems in place. Staff members are given the opportunity to engage with the senior management team and feel supported and listened to. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their role. The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the Ramsay Company. The hospital has systems in place to keep our patients safe, including processes for reporting incidents, with robust investigations and shared learning. Evidenced based assessments, care and treatment is delivered to patients following national guidance by qualified and competent staff. Outcomes for patients are monitored on an ongoing basis to ensure that treatment is effective.

We have a dedicated workforce that is committed to making each and every patient feel safe and secure. Whether our patients are attending a consultation, day surgery or undergoing a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours a day. The team at Pinehill are professional and friendly, Together they provide fast, convenient and high quality treatment for patients of all ages, whether medically insured, self-funding or via the NHS.

Permanent hospital staff members include Registered Nurses, Health Care Assistants, Operating Department Practitioners, Physiotherapists, Pharmacists, Radiographers, Administration Staff, Caterers, Housekeepers, Porters and an Engineering team. A breakdown of permanent and bank staff follows below:

April 2017:

|                  | Contract | Bank |
|------------------|----------|------|
| Clinical         | 54       | 42   |
| Support Services | 17       | 18   |

|       |     |    |
|-------|-----|----|
| HCA's | 34  | 21 |
| Admin | 42  | 12 |
| Total | 147 | 93 |

April 2018:

|                  | Contract | Bank |
|------------------|----------|------|
| Clinical         | 51       | 31   |
| Support Services | 19       | 18   |
| HCA's            | 31       | 10   |
| Admin            | 41       | 11   |
| Total            | 142      | 70   |

Our wards are staffed with 65:35 qualified to non-qualified nurse ratio. Patient to nurse ratio does not exceed 7:1, which is within the staffing levels suggested by NICE. This year we have treated 1,464 in-patients and 6,310 day cases. The hospital employs a urology specialist nurse, runs specialist clinics. We also have a dedicated plastic surgery nurse supporting our plastic surgery patients both pre and post operatively. Pinehill Hospital Bank staff provide extra support and flexibility to the service when required.

When compared with figures from the previous year, the number of contracted staff has decreased in line with the vacant positions due a number of staff leaving their positions. Staff turnover rates have been a key focus for us this year and there have been positive steps taken to improve recruitment and retention of staff. Our bank employees are valued members of our team, they provide high quality care flexibility within the workforce.

Pinehill offers Consultant led care at each step of their patient care pathway. A rigorous vetting procedure ensures that only suitably qualified and experienced surgeons and physicians are granted practicing privileges at the hospital. The service is supported by the presence of the Resident Medical Officer (RMO) 24 hours a day.

During the previous 12 month period we have had a number of new Consultants join our team within such specialities as Ophthalmology, Orthopaedics, Plastics, Gynaecology and Anaesthetics. Pinehill has continued to see an increase in patients requiring input from spinal specialists over the last year; an area we are aiming to develop further and we have invested in new equipment and staff training to enable to occur.

Pinehill continues to offer an extensive range of surgical specialities to patients and works continuously to look at new opportunities as they arise through research.

NHS patients are funded predominantly via the East and North Herts NHS CCG, but also from Luton and Bedfordshire CCGs with additional SPOT contracts including Circle.

Last year (April 2017 – March 2018) Pinehill admitted a total of 7,774 patients of which 61% were funded by the NHS.

A qualified and experienced Resident Medical Officer is on site 24 hours a day 7 days a week to provide high quality medical care to patients under the direction of their consultant.

Pinehill Hospital is fortunate to have some experienced and well regarded Heads of Department. The Physiotherapy Manager continues to sit on the National physiotherapists Managers Group. The purpose of these groups being to aid dissemination of information and improve processes both clinically and financially. In addition to this Pinehill's pharmacy Manager has been providing additional support to the corporate team in the role of Quality Improvement Lead.

Over the last 12 months there have also been some changes to the structure of other personnel. The theatre manager has assumed the new position of Matron with one of the senior theatre team proving successful in obtaining the Theatre Manager position. Many of the departmental managers have taken part in internal quality assurance visits to other Ramsay hospital sites to inform and advise teams in relation to best practice standards, giving them a greater knowledge and awareness in their roles.

Pinehill employs the services of a GP Liaison Officer, ensuring that local GPs are kept in touch and informed as to the services Pinehill offers. Pinehill Hospital has hosted a number of Masterclass events at local venues; including hotels, conference centres and local GP surgeries. These sessions are educational in nature and presented by Specialist Consultants and allow easy access to all healthcare workers as appropriate, enabling best practice to be shared with a multi-disciplinary approach, offering highest benefit to patients and providing an opportunity to build professional networks.

Locum GP's also have an opportunity to attend specific educational meetings and these are hosted on a monthly basis at Pinehill Hospital.

Pinehill Hospital works closely with local Clinical Commissioning Groups (CCG) in Hertfordshire and the surrounding area to support commissioning of healthcare services for the local population with close links to the East and North Herts NHS Trust including Histopathology, Blood Transfusion and Emergency Patient Transfer Provision.

### **Community Spirit**

Pinehill Hospital adopts a positive community spirit across every department within the hospital.

Staff from across the hospital arranged the 3<sup>rd</sup> annual coffee morning to raise money for Macmillan which was well attended by staff and visitors to the hospital on the day raising in excess of £544.

A number of the hospital team also participated in the 'Starlight Walk' to fundraise for the Garden House Hospice which took place on Saturday September 30<sup>th</sup> 2017. A total of £1,774.75 was raised to support this charity and again demonstrates the way in which the hospital team give back to the community.

Pinehill hospital is also proud to be the sponsor of the Stevenage Comet Newspaper 'Carer of the Year award'.

As one of the local businesses a team from Pinehill also took part in the local 'pancake race' this year. One of our team; proved quick enough on the day to get the fastest time and take the winning trophy back to the hospital.

### **Care Quality Commission (CQC)**

The hospital is regulated and audited by the Care Quality Commission (CQC). Throughout the past year we have continued to be responsive to local needs by maintaining close relationships with the Local Clinical Commissioning Groups (CCG's). We also continue to foster good relationships with our local NHS Trusts, East and North Herts NHS Trust (Stevenage) and Luton and Dunstable NHS Trust (Luton). This affiliation promotes a robust governance process which in turn enhances patient safety.

The hospital also had a CQC inspection which reviewed all care within the hospital against the 5 domains; caring, safe, well-led, responsive and effective in October 2016. The hospital was given an outcome of 'requires improvement' following this inspection with areas of improvement being identified in relation to the paediatric, out-patient and diagnostic services being offered. In response to this the hospital management team have developed a robust action plan. Staff will undertake additional training and development, the completion rates of appraisals across the hospital will improve. The hospital team are confident that over the coming 12 months they will work to improve on all the areas identified with an expectation that we will improve our rating to good overall and aiming for outstanding in the key domains of well-led, safety and caring.



# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

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

Pinehill has 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 using our services.

To meet these aims, there are 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, Pinehill believe that our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting the hospital.

### Priorities for improvement

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

##### Development and training of staff – Improving Safety, Caring & Effectiveness:

Pinehill Hospital will continue to proactively manage and ensure safe and competent levels of staffing through all clinical departments, at all times. This will be achieved through ongoing recruitment into vacancies as they arise and continued development and support of existing staff and exploration of alternative roles.

Pinehill Hospital has recruited into Apprenticeship roles in Out-patients, Wards and Theatres for the coming year. Currently we have 12 members of the team completing Apprenticeship training across levels 3, 4 and 5 improving their knowledge and competence within the area of practice. This will in turn increase the overall quality of care provided and enhance the patient experience, with patients being cared for by knowledgeable, motivated and engaged staff. This has been done in response to the Apprenticeship levy being introduced from May 2017. Further to this the hospital are

proud to have two their HCA's accepted to take part in one of the first Nurse Degree Apprenticeship courses.

The Theatre Manager has recently been promoted into the role of Matron and continues to complete an 'Aspiring Leaders' training programme, aiming to achieve a Level 6 ILM qualification. With this additional development she will continue to work proactively within the hospital to improve safety and quality. The position of Theatre Manager has also been filled by an existing senior member of the Theatre team. She is already being extremely effective in her role and further reflects this development in the team.

Heads of Departments within the hospital will undergo training and development in all aspects of their role over the coming 2 months including, leadership, project management, induction/appraisals. This programme of training will develop HODs across the hospital to ensure all departments are being managed effectively, ensuring safe and positive patient experiences. Progress will be reviewed through departmental monthly review meetings and review of ongoing actions allocated.

There will be a programmed schedule of training across all clinical departments to ensure all staff have completed and hold a life-saving qualification relevant to their role e.g. ALS, ILS. This will ensure that staff members are equipped to deal with all emergency situations and ensure patient safety is maintained minimising any risks. This was something identified as an area for improvement in our CQC inspection but staff across the hospital are committed and engaged in taking the required actions. Pinehill hospital currently ensures that at all times an ALS qualified member of staff is allocated to work in the immediate post anaesthetic phase to ensure patient safety. A number of the ward team have also completed this training; although not a requirement under our policy, with others scheduled to attend as soon as places can be arranged.

Some of the Theatre Staff have undertaken and completed a qualification which enables them to perform the role of 'Surgical First Assistant' providing additional surgical support to the consultants during major and complex surgical procedures. The theatre department has also recently had a focused theatre audit completed measuring practice against best standards was the highest achieving theatre department in this audit across all UK Ramsay units.

Pinehill has continued to recognise the contribution our HCAs provide and continued to develop their clinical skills, maintaining high clinical standards. Some have completed their Immediate Life Support (ILS) and Acute Illness Management (AIMS). HCAs also fulfil assistant roles within physiotherapy, supporting the qualified physiotherapists in the care of patients with ongoing support and exercise. The HCAs have also completed the care certificate. This aims to equip health support workers with the knowledge and skills which they need to provide safe, compassionate care.

The Ward Manager has now been in post for 12 months with positive improvements being made in the quality of care being provided and staff morale. The new ward



manager has brought with her a number of years of experience as a Quality Improvement Lead at Rivers and Ward Manager in a variety of hospitals. She is using her extensive knowledge to continue to develop the ward team.

In the last 12 months the hospital are pleased to have appointed a new Radiology Manager. She brings with her extensive knowledge and is already working proactively to develop the radiology service offered by the hospital. The Radiology Manager has worked in senior clinical roles previously managing a large NHS Radiology department and has a thorough awareness of the IMER regulations ensuring practice follows best practice and is at all times safe.

There has been a national shortage of registered staff this past year and Pinehill have faced varied challenges with recruiting appropriate staff into various clinical teams. This is in response to a national shortage of staff and has resulted in Pinehill Hospital using temporary agency staff. Staffing numbers and skill mix have never been compromised with the ratio of staff to patient being increased whilst such temporary staff are utilised. Agency staff represented 10.5% of the total hospital staffing expense. To mitigate the concerns of utilising temporary staff, Pinehill Hospital committed to using the services of staff that we know and who know Ramsay Healthcare and what our expectations are for care provisions, policies and procedures. One of the priorities of the hospital management team over the next 12 months is to continue the positive work being done around recruit into vacant positions across the clinical teams, and reduce the reliance upon temporary workers.

Pinehill are very progressive in ensuring that they follow Best Practice wherever possible, continually developing our staff in order that services are consistently reviewed and improved according to national guidelines. The Theatre department can report success in the recruitment and utilisation of individuals undertaking apprentice roles, enabling individuals to have expanded scopes of practice, on completion of core competencies. They have been able to undertake scrub duties for cases with less complexity providing vital support to the registered staff in the department.

Pinehill has opened links with the University of Bedfordshire and is also supporting the development and training of one full-time student ODP completing their training to look at promoting methods of increasing the potential to recruit newly qualified registered staff.

All staff members have a thorough appraisal on an annual basis. This is vital to ensure retention of valuable staff members, with adequate and planned development without the individual feeling neglected. Current completion rates for Pinehill are 89%. The hospital management team are committed to ensuring full completion of these on an annual programme moving forward with the hospital expected to reach 100% completion by June 2018 in line with this rolling programme.

Participation in various projects is encouraged as is social interaction between teams. Staff members are positively encouraged to take their work breaks in sociable areas,

such as the restaurant and away from the direct working environment, allowing staff to take a restful break and meeting with members of the other teams. Since the beginning of this year the senior management team in the hospital are committed to introducing a welcome programme for new staff so they can meet the SMT and get to know them. These are scheduled to run every quarter, with the first taking place in February 2018 and proving extremely successful.

Social events are also planned and staff forums are generally well attended with plenty of opportunity for Questions and Answers. These are planned to be delivered over a number of days at different times, to enable maximum capture due to working patterns and shift rosters.

Over the last 12 months a number of the team within the hospital have also completed an IOSH Health and Safety course obtaining an accredited qualification in Health and Safety. With this additional knowledge these individuals are advising across both clinical and non-clinical teams to ensure safety is maintained at all times for patients, visitors and the hospital team.

In a recent focused audit program run across all Ramsay hospital sites specifically related to theatre care and safety in the operating room the Pinehill theatre team again demonstrated their fabulous knowledge and practice. We were proud to be deemed the best performing theatre unit within the company.

In the last 12 months the Staff Engagement Group has continued to work proactively to encourage engagement from staff at all levels across the hospital. The Group prides themselves on being a group that meet regularly with clear aims and objectives to improve morale within the hospital and not a forum for complaints from staff or a social committee. They view themselves as an important layer of communication between staff and management.

The Group have worked hard to engage the staff with the SMT and wider corporate teams, holding regular forums to ensure staff are kept well informed and have an opportunity to ask questions where further information or clarification may be required. The positive work being carried out has been reflected within the response rate of our staff survey with more than 80% of all staff completing.

Furthermore they are working at creating a fair and consistent Rewards & Recognition system with the SMT adopting their suggestion for a 'Team of the Quarter'.

## **Improve staff overall well-being - Caring & Well-led**

All staff members have been allocated an individual well-being objective as part of their appraisal this year. The hospital is completing a CQUIN for 2017/18 which is related to improving overall staff wellbeing which was the particular catalyst for focusing on this area of improvement.

The hospital ran an inter-departmental stepping challenge where teams are formed of different individuals from different departments across the hospital. There were teams entered from all 4 sites in the Eastern region. Collectively each team worked together to get the most steps recorded on their allocated pedometer, increasing their staff well-being with adding a little competition added through incentives to staff with prizes being awarded to winning teams, It has been decided that teams will consist of a ratio of staff from each department to try to improve inter-departmental team relationships and team building.

Progress on the stepping challenge was monitored with staff entering daily steps taken onto the Global Challenge App, which displayed overall results in a league table. Well-being objectives will be reviewed for each individual as part of their ongoing development reviews with their HODs ensuring that where possible support is given to achieve their specific well-being objective.

We have given staff access to a free online Health Portal [www.healthassuredeap.com](http://www.healthassuredeap.com) offering Nutritional advice, health checks, fitness advice, personal coaching, medical factsheets and BMI assessments.

We have also made our physiotherapy gym free and available for use to staff; especially those workers who may find accessing outside services difficult as an additional visit to an external gym can interfere with the other demands of modern life such as childcare and domestic duties. It is pleasing that a number of staff have taken the opportunity to use the facilities.

In addition the hospital team have set up a pathway for a fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues. Staff access this service via the return to work interview with their line manager in accordance with our Managing sickness policy or if supported by a GP or occupational health referral. This has been in place since September 2017.

We are also proud to have introduced a range of mental health initiatives for staff. We offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.

We hosted a mental health first aid training course on behalf of the region on 17<sup>th</sup> January 2018. This course was by InterAct and was accredited with MHFA England. All staff who attended found the course very useful including the Regional Director. These

skills will be shared as required to support all managers with any MH issues identified with staff as a result of return to work interviews or Occupational Health referrals as per our company policy. As the regional training day was so successful, the Pinehill Management team requested that the team come to Pinehill and deliver the training to a key number of senior staff. This was undertaken on 26 March 2018 with 6 senior staff in attendance and feedback was extremely positive. We are looking at how to build in an annual refresher for next year.

Through the annual appraisal process we have been identifying any staff who require stress management course or line management training which has then be offered via our Ramsay Training Academy in line with our policy.

We have enrolled in an employee assistance programme; a 24 hour service free provided by Health Assured (<https://www.healthassured.org/employee-assistance-programmes/assured-eap/>.) The service is designed to offer a quick, confidential and highly professional way to resolve personal challenges. The EAP supports staff with issues such as:

- a. Health and well-being information
- b. Stress at home or work
- c. Financial issues including debt
- d. Family and relationship matters
- e. Consumer issues

We do not track individual staff responses as the service is confidential and feedback from staff members who have used the service has been very positive.

We have also introduced during 2017/18 three new changes to food and drink provision:

1. 70% of drinks lines stocked are sugar free (less than 5 grams of sugar per 100ml). The selection of soft drinks have been reviewed to adhere to the above
2. 60% of confectionery and sweets do not exceed 250 kcal. We no longer offer large bars or bags of confectionary.
3. At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g, We do not offer bought pre-packed sandwiches or salads as we make our own sandwiches and baguettes on site to order. 60% of these adhere to the 400kcal limit by adjusting the fillings and size of baguettes and bread we purchase.

### **Reduction in Cancellations on the Day: Responsive, Effective & Well-led**

Over the last year the hospital has faced ongoing challenges with cancellations on the day in out-patient appointments, physiotherapy appointments and Theatre appointments. Work has continued to allow the hospital to identify the root causes for these cancellations to ensure that the can be minimised where possible. Reducing these

incidents has been a challenge for the hospital team and progress has been slower than would have been liked but a period of time was required to collect meaningful data on the root cause of each cancellation to ensure that improvements were made in the appropriate areas.

- **Pre-Operative Assessment Clinic (POAC):**  
A number of patients had not received the correct information prior to surgery and were therefore not adequately prepared. Following restructure of our pre-admission team the team have now become embedded within their roles. Process reviews have taken place with positive impact; with a reduction in the number of cancellations on the day because of a failed POAC. The POAC Lead has built a team who are committed to offering a safe and quality service to their patients, while ensuring they continue to develop and demonstrate best practice.
- **Patient Did Not Attend (DNA):**  
Again this has been highlighted as an area which contributed to the overall number of cancellations on the day. The hospital has started calling each patient the evening prior to their scheduled Theatre appointments to ensure they are aware and attending their appointment. There is not always a response from the patient to these calls however this is an area which has continued to contribute to the overall cancellations on the day over the last 12 months.

The hospital team are committed to continuing to work on this as a focus for the coming 12 months to ensure where possible we have no cancellations on the day of any patient.

#### **Discharge from hospital: Caring, Safe, Responsive, Effective & Well-led**

Following review of Patient Satisfaction Surveys and alerts from other external sources, a focus point for last year was caring for the discharged patient as effectively as is done for the in-patient. This has not been achieved satisfactorily over the last 12 months and remains identified as an area for improvement in the next 12 months.

During the last 12 months the hospital team have developed OPD Nurse-led Follow-Up Clinics. This have continued to assure our patients of excellent care in the discharge period, while also then generating additional capacity in the consultant clinics for new patients to be seen. Specialist nurses such as the urology and plastics nurse have been available to offer individual patients additional advice or support in the immediate discharge period.

We have also increased the number of pharmacy hours allocated daily on the ward to ensure patients being discharged have sufficient information about the medication being prescribed to take home or 'over the counter' medication advice in relation to pain management.



Improvement in this area has however been delayed this year due to staffing challenges within the ward areas. This continues to be identified by patients as an area which requires additional improvement which will be addressed during 2018/19.

### **The environment**

The environment for Pinehill theatres and ward areas had ongoing improvement made over the last 12 months to ensure we are able to efficiently meet the needs of patients and staff. Pinehill Hospital was originally built as a grand house, converted to a rehabilitation hospital for Prisoners of War and then of course to an acute hospital for predominantly surgical patients. Therefore space is an issue within the restrictions of the age of the building and poses many and various challenges.

Parking space continues to be a challenge which is being overcome with some staff parking off-site to ensure more spaces for hospital visitors. Parking space is a key feature when planning any future developments at the hospital.

Theatres have had some of their storage areas refurbished to allow for more effective storage and ordering of consumables used within surgery. The ward communal corridor on first floor has also had some additional refurbishment work completed providing a bright and pleasant working environment.

The hospital has made some major investment within plant over the last 12 months; repairing the roof in various places, replacing pumps and other pieces of equipment. A secure outside compound has also been added in the last 12 months to provide a better storage environment for clinical/general waste containers while awaiting collection.

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

#### **Reduction in Cancellations on the Day: Responsive, Effective & Well-led**

This continues to be an area of focus for the hospital teams over the coming 12 months. As mentioned previously within this report reducing the number of cancellations on the day has not progressed as quickly as would have liked. Meaningful data is now being collected to identify the root causes for these cancellations and allow the hospital team to put in place measures which ensure that the number of cancellations drops.

The hospital team aim to reduce these overall cancellations on the day in a number of ways including;

- Further improvements to the processes and pathways in POAC  
Over the last 12 months there have been some additional challenges which have been identified as a contributing factor which is the time intervals between booking, POAC and surgery dates. For some patients their POAC appointments have taken place with close proximity in date to that of their scheduled surgery

which then allows little time to ensure the patient can be appropriately 'worked up' for surgery to be in the best physical, emotional and/or mental condition. On some of these occasions the patients results had not been given sufficient time to be reported. It is for these reasons the patient pathway is currently being reviewed to ensure capture of all patients for POAC appointment with enough time to ensure results are available prior to surgery on every occasion.

- More effective and robust reminder to patients of their scheduled surgery  
As mentioned previously within this report a number of the procedures which do not go ahead but are planned for are those where patients do not attend on the day of the scheduled procedure. Despite putting in place measure over the last 12 months where patients receive a reminder phone call this has not reduced the number as significantly as we would like however we are hopeful to work with the corporate team over the coming 12 months to trial a text alert service for all patients to ensure they are reminded of all hospital appointments
- Encourage proactive management and communication  
During the past 12 months some of the cancellations on the day have been as a result of diary conflicts by the consultant. The team already has robust processes in place to ensure lists can be de-allocated when consultants are unavailable however it is important that we continue to work to encourage proactive communication and in particular informing new consultants during their induction into the hospital.

#### **Discharge from hospital: Caring, Safe, Responsive, Effective & Well-led**

Over the last 12 months Patient Satisfaction Surveys and alerts from other external sources have continued to be monitored however the satisfaction scores being achieved specifically related to the patients discharge are not considered to yet be good enough. It is for this reason this area also remains a focus point.

Improvement in this area has been delayed over the last 12 months due to staffing challenges within the ward areas. This continues to be identified by patients as an area which requires additional improvement and during 2018/19 will be addressed and improved through;

- Development of Ward team  
Towards the end of this year we have recruited into all ward registered nurse vacant positions with individuals expected to start over the coming 3 month period. We are confident that with a fully established team working in harmony, reflecting best practice standards there will be a real increase in the satisfaction of patients with their discharge.



### **Development and training of staff – Improving Safety, caring & effectiveness:**

Over the coming 12 months the management team are committed to continue fostering an environment which supports the development and training of staff. The management team see the hospital employees as one of their most important resources and believe that if they look after the team well the patients in turn will receive good quality care.

There will be a number of further apprenticeship roles commenced over the coming 12 months, with one starting soon within the Stores and Porters department. As mentioned previously 2 Healthcare Assistants will also commence on one of the first Nurse Apprentice Degree Courses over the coming months.

The HOD's will continue to have available to them a number of management courses which will be able to support them to be more effective within their roles such as; Managing difficult people, Making quality appointments, Time Managements and so forth.

All hospital employees are able to request that they undertake additional training for their roles and all requests are considered by the Senior Management team. None of the requests received during 2017/18 were declined.

The culture of shared learning will continue with 'learning at lunch' sessions continuing to be scheduled on a rolling programme during 2018/19. These sessions will look at a variety of topics including, pharmacology; incidents; complaints; Information Governance with the aim of shared learning across the teams. A Health & Safety Risk Assessment working party has been devised who meet regularly to identify any risks within the hospital and ensure the appropriate mitigation is in place with measure communicated effectively to staff. This working party has imparted knowledge and awareness across its members through shared learning and discussion.

## 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 Pinehill provided and/or sub-contracted the following NHS services:

- Carpel Tunnel and Trigger finger
- Cataract Surgery
- Colorectal Surgery
- Ear Nose and Throat Surgery
- Gall Stones and Gall Bladder Surgery
- Gastroenterology /Endoscopy (Upper & Lower)
- General Surgery
- Gynaecology
- Hernia Repair
- Hip and Knee Arthroscopy
- Hip and Knee Clinics
- Ophthalmology
- Oral Maxillofacial Surgery
- Orthopaedics
- Pain Management
- Spine and Neck Clinic
- Urology

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

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**

| Indicator                            |
|--------------------------------------|
| HCA Hours as % of Total Nursing      |
| Agency Cost as % of Total Staff Cost |
| Ward Hours PPD                       |
| % Staff Turnover                     |
| % Sickness                           |
| % Lost Time Appraisal                |
| % Mandatory Training                 |
| % Staff Satisfaction score           |
| Number of Significant Staff Injuries |

In 2017/18 our expectation was to continue to recruit to any permanent positions and maintain an excellent rate of retention of permanent staff in order to reduce the percentage of agency use. In 2017/18 our percentage use of agency was high on the wards and theatres, with the percentage of agency costs being 10.5% of total staffing costs.

The recruitment drive will continue through 2018/19 to replace any further losses of staff. Long term sickness, maternity leave, new starter induction and training all contributed to lost hours. Staff hours worked per patient hospital day was 24.5hrs.

Due to a number of changes with the senior management team there has been a high turnover of staff during the last 12 months. There is now an appointed, new senior management team who are proactively working to support stability within all of the teams reducing the turnover by making improvements with retention of staff. Staff turnover at the Pinehill has been high with the figure over a rolling 12 months as below:

- Clinical turnover                      26.3%
- Support staff turnover                23.1%

The development of the Staff Engagement Group is giving staff a way to give feedback and ask questions, improving overall morale. Restructuring in clinical departments has given staff clearer career progression opportunities, with the development of additional senior roles within ward areas, again improving overall retention. An improved induction programme is being implemented across all clinical areas to ensure that new clinical staff members feel supported when new to the hospital.

On review of the 2017/18 sickness levels have continued to improve with the overall sickness rate being 4.98% which is a small increase on last year. During the last 12 months we have had a number of individuals on longer than average periods of sickness absence following surgery or other health conditions which is thought to be the primary reason for this increase. The hospital management team are committed to continuing to

support promoting wellness in the staff working in the hospital with free access to the gym.

The total skill mix calculation for the Pinehill Hospital was completed by reviewing the contracted and bank hours for registered nursing staff and healthcare assistants:

- **OPD:** 60% Registered – 40% HCA
- **Pharmacy:** 53% Registered – 47% Pharmacy Technicians
- **Physiotherapy:** 66% Trained - 34% Technicians
- **Radiology:** 63% Trained – 37% Technicians
- **Theatre:** 72% Registered – 28% HCA
- **Wards:** 60% Registered – 40% HCA
- **Imaging:** 70% Registered – 30% Non-Qualified.
- **POAC:** 35% Registered – 65% HCA

The hospital delivers a Mandatory Training Programme internally for all staff members including clinical and non-clinical. Staff attendance is recorded to ensure compliance and the training is facilitated on a monthly basis throughout the year.

The Senior Management Team are pleased to announce that the Employee Engagement Group has been positive and well received by the staff, proving a platform for staff to support and implement change in the hospital. Staff forums are held every quarter giving staff an opportunity to ask questions or raise concerns with the General Manager.

There was one RIDDOR event reported at the Pinehill Hospital during this period.

**Patient**

| Indicator                                       |
|---|
| Formal Complaints per 1000 HPD's                |
| Patient Satisfaction Score                      |
| Significant Clinical Events per 1000 Admissions |
| Readmission per 1000 Admissions                 |

The hospital reported 7.9 complaints per 1000 hospital patient days during 2017/18. The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the complaint and collectively discuss where improvements could be made. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Pinehill Hospital on a regular basis.

The overall number of complaints received is down from 9.7 in 2016/17 to 7.9 in 2017/18 reflecting the positive culture across the hospital and staff member’s enthusiasm to give

our patients care with good outcomes and satisfaction. The new hospital management team are working to improve engagement with patients, consultants and staff. All negative feedback is recorded within our 'Riskman' reporting system, whether received directly from the patient or from the consultant. This is a change to the previous method used when complaints received by the patients were the only ones formally recorded and tracked.

Pinehill Hospital utilises patient surveys to gather unbiased data from patients about their experience and satisfaction with the services they have received, the Ramsay Health UK Patient Satisfaction Tracker. The data set is released on a monthly basis, areas which require improvement are reviewed and actions taken accordingly.

Feedback from our patients is important to us and has been continually monitored when received during 2017/18.

There are 2 key measures of satisfaction; likely to recommend; which received 95.5%, up from 92% last year and Overall satisfaction which scored 95.1% again up from 88% last year.

In addition we have maintained or made improvements with an average compliance score of over 95% in the following areas:

- *How satisfied were you with the nurses? 96.2% were satisfied.*
- *How satisfied were you with the cleanliness of the hospital? 96.1% were satisfied*
- *How satisfied were you with the admissions procedures? 94.1% were satisfied*
- *How satisfied were you with the physiotherapy services? 95% were satisfied*
- *How satisfied were you with the radiographer? 98.7 were satisfied*
- *When you had important questions to ask a doctor did you get answers you could understand? 99% of respondents said yes*
- *When you had important questions to ask a nurse did you get answers you could understand? 99% of respondents said yes*
- *Were you involved as much as you wanted to be in decisions about your care and treatment? 97.8% of respondents said yes*
- *Were you given enough privacy when discussing your treatment or condition? 99.5% of respondents said yes*
- *Did you feel you were treated with dignity and respect while you were in the hospital? 99.6% of respondents said yes*

Those areas which have not demonstrated satisfaction scores which are considered good enough are listed below and all are areas where improvement plans are in place to increase overall quality and satisfaction.

- *How satisfied were you with the facilities? 89.3% were satisfied*
- *How satisfied were you with the discharge procedures? 91.8% were satisfied*

- *How satisfied were you with your care since discharge? 87.4% were satisfied*
- *Did a member of staff tell you about medication side effects to watch out for when you went home? 70% of respondents said yes*
- *Were you told how to take your medication in a way you could understand? 88.9% of respondents said yes*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after leaving the hospital? 60.1% of respondents said yes*

Ramsay also has two further patient feedback mechanisms the first being, “We Value Your Opinion” which allows patients to comment on their stay at discharge. The patient completes a questionnaire allowing free text for any comments or feedback. This feedback is reviewed by the Senior Management Team, fed back to the individual departments and areas identified for improvement are considered.

The second mechanism is the “Hot Alert” this is a web-based feedback questionnaire, allowing patients to comment on any aspect of their stay. All “HOT Alerts” are reviewed by the General Manager and Matron, the patient receives a phone call to discuss any issues raised, and to highlight any actions taken by the hospital to make improvements to the services we offer. The largest part of these ‘Hot Alerts’ are relatively minor complaints, example include bedside lights not working which are immediately rectified on receipt. Other, a smaller proportion are from patients who feel dissatisfied with their care for a particular reason e.g. delays with appointments, cancellations etc. These are always investigated to identify the root causing, learning lessons so we can improve our service provision where possible.

Pinehill participates in the NHS friends and family scheme. The hospital team members have been working hard over the last 12 months to increase the number of responses being received so that areas can be identified to further make improvements in achieving patient satisfaction.

When feedback is reviewed from all patients, both in-patient and out-patient, 95.5% of patients said that they would be likely to recommend to friends and family.

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. For further details please visit: <http://www.nrls.npsa.nhs.uk/resources/collections/never-events>. We have had no never events at the Pinehill in the past year.

It is unusual for patients to require readmission to hospital following their procedure, when a patient is readmitted they are reviewed by the duty doctor and a treatment plan is discussed with the patient’s consultant and implemented. The statistics regarding readmissions to the Pinehill are reviewed on a quarterly basis at the Medical Advisory Committee and Clinical Governance Committee, the data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group as



Key Performance Indicators. Pinehill have had 13 re-admissions for the year April 2017-March 2018, a rate of 1.3 per 1000 hospital patient days.

**Quality**

| Indicator                       |
|---------------------------------|
| Workplace Health & Safety Score |
| Infection Control Audit Score   |
| Consultant Satisfaction Score   |

Our annual workplace Health and Safety score was 96%. A number of refurbishment works have been undertaken during 2017/18 and will continue in to 2018/19. The Commissioners have conducted Quality Assurance visits throughout the year, which have resulted in additional improvements being made.

As part of our auditing of mattresses we have not replaced any mattresses in the past year. We have a robust checking procedure for all mattresses which ensures they are checked thoroughly for both condition and cleanliness between each patient, this is evidenced by the daily checking sheet in each room.

During 2017/18, 58% of all general waste at the hospital was recycled. The hospital will be working to increase the recycling undertaken over the next 12 months.

Pinehill Hospital has a governance process which monitors significant clinical events. During the period 2017/18 our overall percentage for reported serious significant events (death or severe harm) was 0.9 per 1000 hospital days which is in line with last year when it was 0.89.

Pinehill undertakes 5 separate Infection control audits:

Environmental audit: 98% - This audit specifically measures

- Standard 1: In accordance with Ramsay policy, infection control management is an integral part of the overall practice business management.
- Standard 2: Good standards of general hygiene are maintained to ensure the health & safety of patients and staff.
- Standard 3: To prevent cross infection, equipment is decontaminated appropriately and stored correctly.
- Standard 4: All clinical equipment is decontaminated, transported appropriately and stored correctly.
- Standard 5: Clinical practices reflect infection control guidelines.
- Standard 6: To avoid the risk of inoculation and injury sharps are handled and disposed of safely.
- Standard 7: All waste is handled correctly to minimise risk of infection or injury to staff and public.



- Standard 8: Correct facilities are available for staff and patients to decontaminate hands; in addition staff can demonstrate effective methods of decontaminating hands.

Surgical Site infection 98% - This audit specifically measures practice against best practice standards for reducing the risk of infection to the patient.

UCCB 97%

PVCCB: 100%

Hand Hygiene: 95%

Consultant satisfaction score is 95%, evidencing the high standards of Consultants who have been granted practising privileges at the Pinehill.

## 2.2.2 Participation in clinical audit

During 1 April 2016 to 31<sup>st</sup> March 2017 Pinehill hospital participated in 3 national clinical audits (NJR, JAG, PROMS) and 100% of the national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Pinehill Hospital participated in, and for which data collection was completed during 1 April 2016 to 31<sup>st</sup> March 2017, 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.

The reports of all national clinical audits from 1 April 2016 to 31<sup>st</sup> March 2017 were reviewed by the Clinical Governance Committee.

Pinehill hospital carries out a VTE risk and falls assessment on all admitted surgical patients as per Ramsay Policy and adheres to National Institute for Clinical Excellence (NICE) Guidance 2010. Compliance is audited through a robust corporate and local audit programme and results/action plans reviewed through Clinical Governance. Compliance results are benchmarked through the National Statistics at:

<http://www.safetythermometer.nhs.uk>

### Local Audits

In response to the Francis report on The Mid Staffordshire NHS Foundation Trust's Public Enquiry Pinehill is committed to ensuring that we offer safe consistent practice and care by instigating regular reviews and auditing practice.

The hospital participates in the Ramsay Corporate Audit programme (the schedule can be found in appendix 2) the audit topic and schedule is set centrally by Ramsay Health Clinical Governance Committee to allow greater opportunity for benchmarking. The programme includes audits such as WHO Safer Surgery and Hand Hygiene. Additionally, Pinehill also carries out a number of internal clinical audits all of which are discussed and

reviewed and actions are taken to improve the quality of healthcare provided. The completion of local audits ensures compliance is monitored to ensure continuity of care and safe effective practice.

Pinehill evaluates all audits by completing action plans if the scores of audits fall within 95% or less of the rating score. These action plans are reviewed and amended as required until achievement is met.

Audit is discussed at departmental meetings and feedback is given to staff, each audit that requires any improvement has an action plan attached.

### **2.2.3 Participation in Research**

There were no patients receiving NHS services provided or sub-contracted by Pinehill Hospital in 2016/17 that were recruited during that period to participate in research.

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

A proportion of Pinehill Hospital's income from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals agreed with the Lead CCG (Mid Essex) 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 (CQUIN).

For 2017/2019 CQUIN, we have chosen to focus on Staff Health & Wellbeing. Please see the information provided using this web link:

<https://www.england.nhs.uk/wp-content/uploads/2016/03/HWB-CQUIN-Guidance.pdf>

In 2015 Public Health England estimated the cost of sickness absence to the NHS at 2.4 billion as well as the cost, it is recognised that this can impact on patient care. The NHS health and well-being review led by Dr Steven Boorman and NICE Guidance have outlined the link between staff health and well-being and patient care, including improvements in safety, efficiency and patient experience from introducing employer led health and wellbeing schemes.

Having set a target of three teams, we have had a huge response from the staff at Pinehill with four teams from across different departments prepared to sign up to a programme.

The teams joined together and supported one another on the following four areas:

- Physical activity

- Psychological wellbeing
- Nutrition
- Sleep

There was an entire plan of engagement behind this and all participants were provided with a step tracker and access to mobile apps, online stats and reading material that provided all of the staff with the motivation to stay with the plan and enjoy the benefits which increased wellbeing can bring to both their work and family life.

The benefit for Pinehill includes:

- Improved patient safety and experience
- Improved staff retention and experience
- Reinforced public health promotion and prevention initiatives
- Setting an example for other companies to follow
- Reduced costs to the hospital, releasing funds which can be invested in patient facilities

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

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

Pinehill was last inspected on the 18<sup>th</sup> and 19<sup>th</sup> October 2016. The following 5 domains were inspected:

- Caring
- Safe
- Effective
- Responsive
- Well-led

The CQC concluded that Pinehill should be given a 'requires improvement' rating.

Core services inspected included: Inpatient and Day case Surgery, Children and Young people's Services, Outpatients and Diagnostics. The inspection found that inpatient and day case surgery being awarded good in all 5 domains. The areas identified as requiring improvement being focused on the paediatric service being delivered; ensuring that all safe guarding legislation is being met. Training and development of staff in dealing with clinical emergencies has also been highlighted as an area of improvement with a planned programme of training being implemented across the hospital to complete this.

Pinehill has proactively worked over the last 12 months to make improvements in those areas identified in their CQC inspection. The hospital has sadly in this time taken the decision to stop treat in-patient paediatrics. The team are committed to ensuring all improvements identified are implemented to ensure any further inspection would achieve

a better outcome, reflecting the excellent practice which takes place in the hospital every day.

## 2.2.6 Data Quality

Improving data quality and clinical coding can deliver clinically meaningful information that can be used to demonstrate quality, patient safety and act as an early warning system for poor or declining performance. This is particularly important following the events at Mid Staffordshire where the Francis Inquiry recommended that "All healthcare provider organisations should develop and publish real time information on the performance of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction, and on the performance of each team and their services against the fundamental standards." (Mid Staffordshire Inquiry Feb, 2013)

On induction our staff are trained in how to obtain and input data correctly onto our electronic systems and also how to handle it confidentially. Staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital.

Ramsay Healthcare are currently in the planning and development stages of implementing a new electronic patient record system which will be gradually phased in over the end of 2018 and all of 2019. This new system "EPR Maxims" is currently being trialed within 6 of the 35 Ramsay units and will bring improvements for the following reasons:

- It is a modern system with improved performance
- All information in one place
- Care pathways/electronic forms will be accessible
- Theatres functionality to maintain consistency across the site
- e-discharge, improving the current situation of hand written discharge letters
- Allows Ramsay to progress - e-prescribing and medicines administration
- Integration removing risk and improving quality
- To ensure we have seamless process of data collection from the EPR system to the billing system.

Currently paper records are audited for both adult and paediatric records as part of the Ramsay Audit programme

## NHS Number and General Medical Practice Code Validity

Pinehill submitted records during 2016/17 to the Secondary Uses 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 out-patient care; and
- Accident and emergency care N/A (not undertaken at our hospital).

The General Medical Practice Code:

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

### Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall score for 2017/18 was 81% 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

Pinehill Hospital employs Clinical Coders who are responsible for all procedure coding and internal clinical coding audits are performed on a regular basis. Pinehill Hospital was not subject to a Payment by Results clinical coding audit during 2017/18 by the Audit Commission

## 2.2.7 Stakeholders views on 2017/18 Quality Account

### **East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by Pinehill Hospital.**

East and North Hertfordshire Clinical Commissioning Group (ENHCCG) have reviewed the information provided by Pinehill Hospital and we believe this to be a fair reflection of the hospital's performance during 2017/18. This is based on the information submitted during the year as part of the on-going quality monitoring process.

During 2017/18 Pinehill Hospital continued to receive positive patient feedback which was evidenced by the CCG during the regular Quality Assurance visits and supported by follow up calls to patients post discharge. The CCG are pleased to see that Pinehill is improving awareness where patients are re-admitted to the care of another provider, utilising the follow-up calls to capture this information.

During 2017/18 Pinehill Hospital has reported 0 Never Events. The CCG expects to see the continued improvement regarding patient documentation and safety and will use quality monitoring mechanisms available to ensure that learning and actions from incidents are embedded to mitigate further risk.

The CCG is pleased that Pinehill Hospital has a focus on recruitment in 2018/19 and hopes to see this reflected in the increase of permanent staff. The Quality Account details a robust approach to staff development which should positively impact on staff retention.

ENHCCG looks forward to working with and supporting Pinehill Hospital in further developing and monitoring the quality of services it provides for patients. We hope Pinehill and the Ramsay Group find these comments helpful and we look forward to continuous improvement in 2018/19.

25th June 2018



# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

Matron, Karen Doyle

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

### **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.

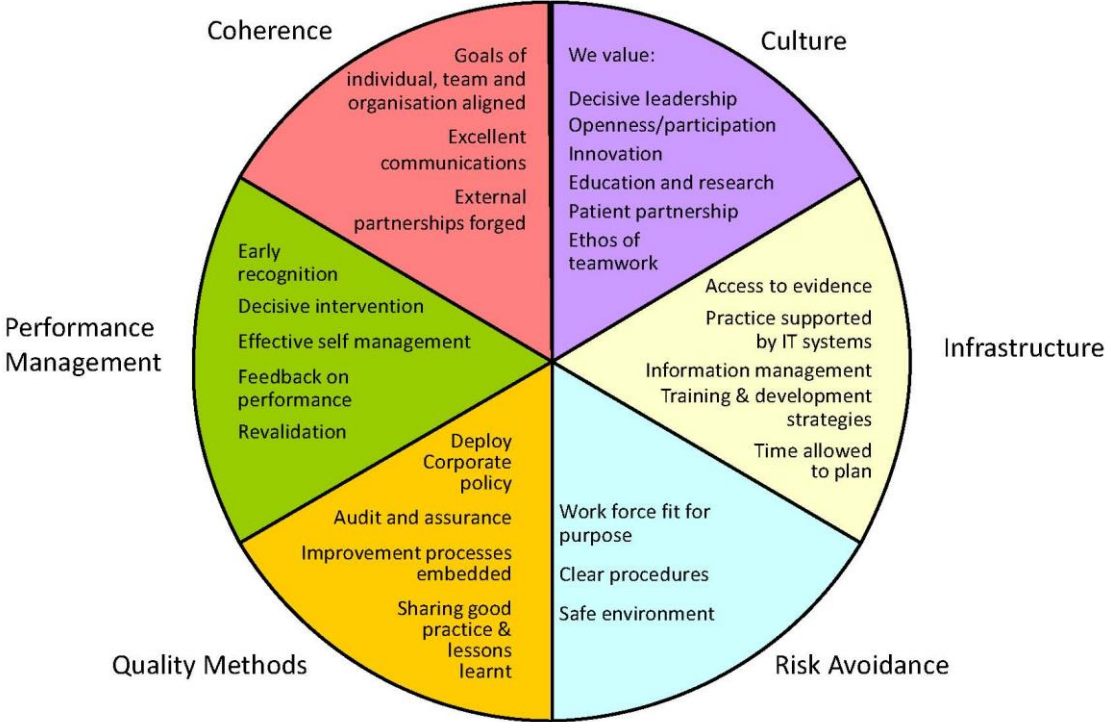
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.



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 hospitals are required to report against the indicators below as part of the Quality Account. Pinehill has only included indicators relevant to the services provided by the hospital.

Data sets are routinely submitted to NHS and Non-NHS bodies via the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) are included for each of those listed in the tables below:

### Mortality

The table below shows the Mortality data, the latest data release from the Health & Social Care Information Centre (HSCIC), the mortality data is a Summary hospital-level Mortality Indicator (SHMI). The figures below have been extracted from the most recent data sets available. The data submission is to prevent people from dying prematurely and enhancing quality of life for people with long-term conditions as part of the NHS outcomes framework.

| Mortality: | Period          | Best |       | Worst |      | Average |   | Period  | Pinehill |   |
|------------|-----------------|------|-------|-------|------|---------|---|---------|----------|---|
|            | Oct 14 - Sep 15 | RKE  | 0.652 | RVW   | 1.18 | Average | 1 | 2014/15 | NVC15    | 0 |
|            | Oct 15 - Sep 16 | RKE  | 0.689 | RLQ   | 1.16 | Average | 1 | 2015/16 | NVC15    | 0 |

Mortality rate it not case mix adjusted

| 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> |

Pinehill Hospital considers that this data is as described for the following reasons:  
 In addition to providing elective surgical care and treatment, Pinehill hospital provides care and treatment for private patients with long term chronic medical conditions under the care of Physicians. A proportion of these patients choose to stay at the hospital for

their end of life care. This year we have seen an increase in the number of patients choosing the option of end of life care at Pinehill as opposed to care at home. Death is rare and as illustrated above we are below the national average. Any death would be investigated and reported to the Care Quality Commission and local Clinical Commissioning Groups.

The table gives the number of deaths that have occurred at the hospital in the last year we had no unexpected deaths relating to care at Pinehill Hospital during the reporting period.

Our low rate of unexpected death is evidence of our surgical safety and commitment to preventing people dying prematurely. Pinehill Hospital intends to maintain this extremely low level of mortality.

## Patient Reported Outcome Measures (PROM's)

PROM's are a series of questions that patients are asked in order to gauge their views on their own health. The purpose of PROMs is to get patients' own assessment of their *health* and *health-related quality of life* – PROMs questionnaires do not ask about patients' satisfaction with or experience of health care services, or seek their opinions about how successful their treatment was. Annual datasets are typically finalised fifteen months after the end of the reporting period that they cover. The Oxford Scores focus on joint function and pain and include questions about patients' mobility and factors such as ability to navigate stairs and use transport specifically affected by the hip or knee. The EQ-5D™ score is a standardised instrument for use as a measure of health outcome and has a broader base than the Oxford Scores. Its questions relate to mobility, self-care, usual life activities, pain/discomfort and anxiety/depression.

|                  |                 |       |        |       |         |         |        |                |          |         |
|------------------|-----------------|-------|--------|-------|---------|---------|--------|----------------|----------|---------|
| Mortality:       | Period          | Best  |        | Worst |         | Average |        | Period         | Pinehill |         |
|                  | Jul 16 - Jun 17 | RKE   | 0.7261 | RLQ   | 1.23    | Average | 1      | 2016/17        | NVC15    | 0       |
|                  | Oct 15 - Sep 16 | RKE   | 0.727  | RLQ   | 1.25    | Average | 1      | 2017/18        | NVC15    | 0       |
| PROMS:<br>Hernia | Period          | Best  |        | Worst |         | Average |        | Period         | Pinehill |         |
|                  | Apr15 - Mar16   | NT438 | 0.157  | RVW   | 0.021   | Eng     | 0.088  | Apr15 - Mar16  | NVC15    | *       |
|                  | Apr16 - Mar 17  | RD3   | 0.135  | RXL   | 0.006   | Eng     | 0.086  | Apr16 - Mar 17 | NVC15    | 0.072   |
| PROMS:<br>Veins  | Period          | Best  |        | Worst |         | Average |        | Period         | Pinehill |         |
|                  | Apr15 - Mar16   | RTH   | 3.060  | RTE   | -18.020 | Eng     | -8.597 | Apr15 - Mar16  | NVC15    | *       |
|                  | Apr16 - Mar 17  | RBN   | 2.117  | RCF   | -18.076 | Eng     | -8.248 | Apr16 - Mar 17 | NVC15    | no data |
| PROMS:<br>Hips   | Period          | Best  |        | Worst |         | Average |        | Period         | Pinehill |         |
|                  | Apr15 - Mar16   | RYJ   | 24.973 | RBK   | 16.892  | Eng     | 21.617 | Apr15 - Mar16  | NVC15    | 21.266  |
|                  | Apr16 - Mar 17  | NTPH1 | 25.068 | RAP   | 16.427  | Eng     | 21.799 | Apr16 - Mar 17 | NVC15    | 22.471  |
| PROMS:<br>Knees  | Period          | Best  |        | Worst |         | Average |        | Period         | Pinehill |         |
|                  | Apr15 - Mar16   | NTPH1 | 19.920 | RQX   | 11.960  | Eng     | 16.368 | Apr15 - Mar16  | NVC15    | 17.608  |
|                  | Apr16 - Mar 17  | NTPH1 | 19.849 | RAN   | 12.508  | Eng     | 16.547 | Apr16 - Mar 17 | NVC15    | 18.089  |

\* denotes insufficient data for publishing from the 2 questionnaires following case-mix adjustment by the NHS data centre

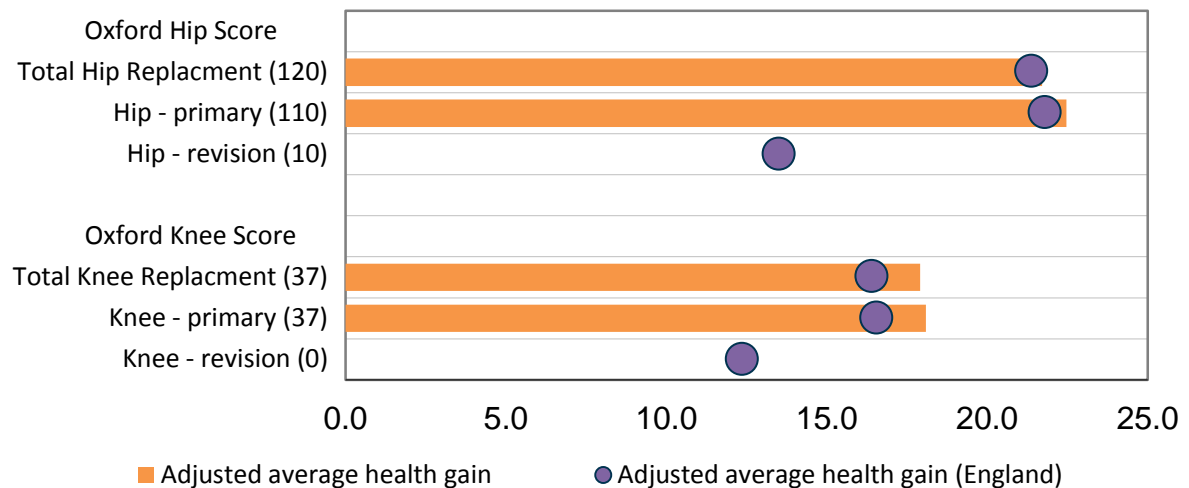
|  |   |
|--|---|
| <p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's patient reported outcome measures scores for—</p> <ul style="list-style-type: none"> <li>(i) groin hernia surgery,</li> <li>(ii) varicose vein surgery,</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> |
|--|---|

Pinehill Hospital considers that this data is as described for the following reasons: Pinehill has not undertaken sufficient numbers of procedure for NHS patients to report on these outcomes. The hospital management team plans to review the mechanism by which PROMS are completed following each surgery with the objective of ensuring we receive sufficient data to benchmark.

**England and Provider-level participation and coverage**

There were 275 eligible hospital episodes and 256 pre-operative questionnaires returned – a headline participation rate of 93.1% against the National average of 90.5%. Of the 250 post-operative questionnaires sent out, 210 have been returned, a response rate of 84%, against the national average of 71.1%

**Pinehill Adjusted average health gain on the Oxford Hip Score / Oxford Knee Score by procedure**



## Hospital Re-admissions

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes. Any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed.

The table below shows the data set reviewing patients aged 16 or over, who were readmitted to hospital within 28 days of being discharged. The latest data sets available from SUS have been reported on for this Quality Account, this data is not updated until August 2018.

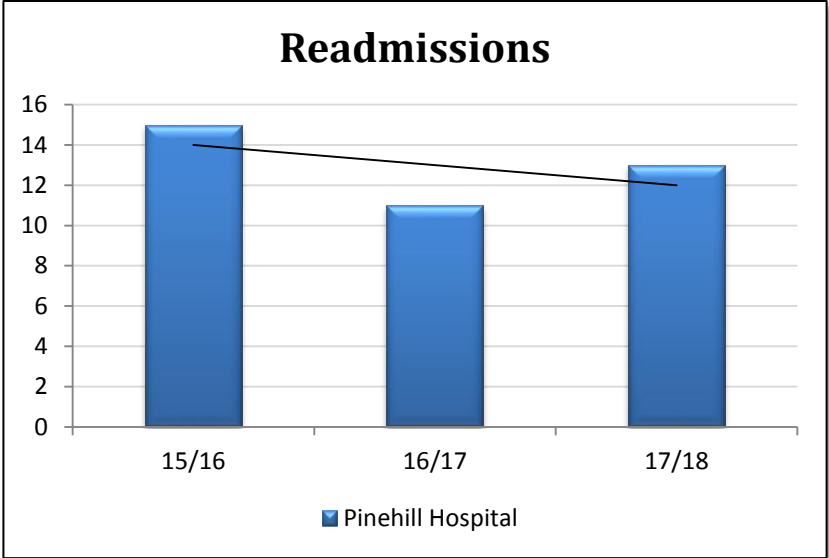
| Readmissions: | Period  |          | Best |     | Worst |     | Average |         | Pinehill |           |
|---------------|---------|----------|------|-----|-------|-----|---------|---------|----------|-----------|
|               | 2010/11 | Multiple | 0.0  | 5P5 | 22.76 | Eng | 11.43   | 2016/17 | NVC15    | 0.0016375 |
|               | 2011/12 | Multiple | 0.0  | 5NL | 41.65 | Eng | 11.45   | 2016/17 | NVC15    | 0.0012165 |

|   |   |
|---|---|
| <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> |
|---|---|

Pinehill Hospital considers that this data is as described for the following reasons; as evidenced in the template readmission rates are below the average national rate, in part, this is due to sound clinical practice & governance ensuring patients are not discharged home too early after treatment. This is also evidenced with a higher number of extended lengths of stays but does ensure that patients are independently mobile and that patients are fully informed of individual discharge information. We are committed to helping people recover from episodes of ill health or injury. In addition, patients are provided with key information at the point of discharge about care services following their procedure. Re-admissions at Pinehill are usually directly attributed to post –surgery symptoms such as pain and discomfort.

The hospital team are also working hard to improve awareness of any incident where patients treated at Pinehill are then re-admitted to the care of another provider. The team are using the f/u calls to patients as an opportunity to ask whether the patient had any complications which required the input of a health professional. Proactive engagement and relationships with the consultant body has continued to be high on the agenda of the hospital management team, who also act as a vehicle for the transfer of information related to readmissions to other facilities as often they will be involved in care provided. When any such incident is identified it is reported via the Riskman reporting mechanism for investigation to be carried out which can identify lesson learned.

Both the management teams at Pinehill Hospital and those within our local Trust have changed over the last 12 months. We continue to work to build relationships which will promote holistic care to our patients, with the sharing of information as appropriate for improvements in service delivery to be made.



Pinehill Hospital intends to take the following actions to improve this rate further, and so the quality of its services, by:

- Completion of Corporate audits, incident investigation, reporting, root cause and gap analysis. This will aid to monitor any trends in readmission to enable eradication.

### Responsiveness to personal needs

Patients and the public justifiably expect public services which are responsive to their needs and driven by them. Monitoring Patient experience and improving patient satisfaction leads to positive service improvements. This composite measure is made up of the following five survey questions:

- *Were you involved as much as you wanted to be in decisions about your care and treatment?*
- *Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*
- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*



This data set looks at the positive experiences of care provided by the hospital. The data has been extracted from the Care Quality Commissions inpatient survey. The latest data release from the CQC has been reported.

| Responsiveness:<br>to personal<br>needs | Period  | Best |      | Worst |      | Average |      | Period  | Pinehill |      |
|---|---------|------|------|-------|------|---------|------|---------|----------|------|
|   | 2012/13 | RPC  | 88.2 | RJ6   | 68.0 | Eng     | 76.5 | 2013/14 | NVC15    | 90.4 |
|   | 2013/14 | RPY  | 87.0 | RJ6   | 67.1 | Eng     | 76.9 | 2014/15 | NVC15    | 90.6 |

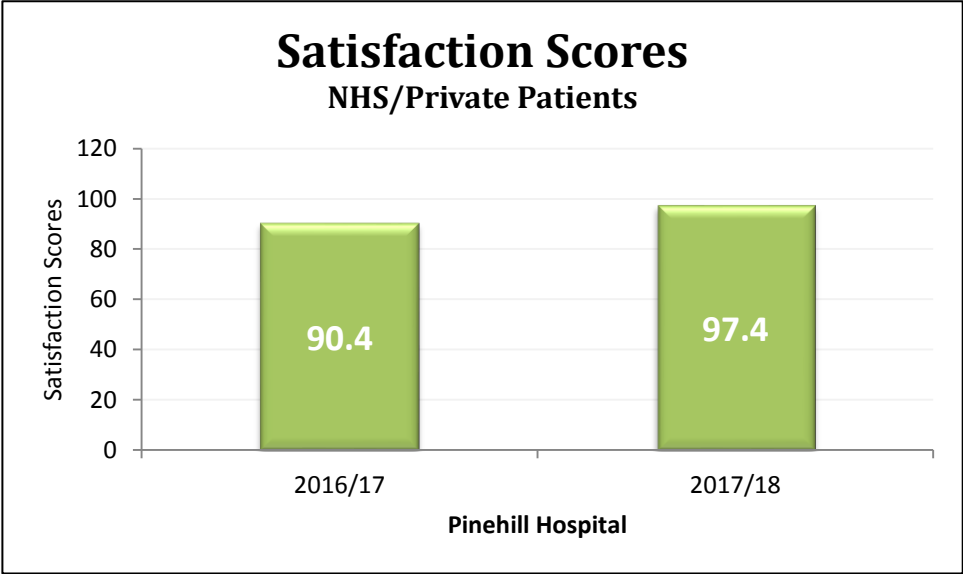
Data no longer required to be collected.

|   |   |
|---|---|
| <p>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.</p> | <p>4: Ensuring that people have a positive experience of care</p> |
|---|---|

Pinehill Hospital considers that this data is as described for the following reasons: the above table demonstrates that Pinehill’s score is significantly better than the national average at the 90.6%. On the whole we receive very positive feedback from the patients and when negative comments are received Pinehill acts quickly to investigate and respond to patients.

Pinehill hospital strives to deliver patient-centred care, delivering timely access to services, treatment and care that is compassionate, dignified and respectful wherever it is provided.

Pinehill Hospital has implemented a process whereby all feedback however received e.g. ‘we value your opinion’, ‘hot alerts’ etc. is actioned with a clearly defined process which is then discussed at various meetings across the hospital to ensure all staff in the hospital are informed of any changes/actions required to improve the patient experience.



## Venous Thromboembolism (VTE)

From 1 June 2010, the Department of Health (DH) required that VTE risk assessments take place for every patient, and that results are closely monitored in order to reduce the 25,000 preventable deaths that occur in UK hospitals every year. The trigger for the VTE prevention pathway is the assessment of risk so that appropriate preventative treatment can be given in line with national clinical guidance and outcomes can be improved. This is the focal objective of the National VTE Prevention Programme and its delivery is supported by a number of measures that have been introduced over the last number of years. The VTE assessment domain reviews data to see if patients are being treated and cared for in a safe environment and are being protected from avoidable harm. The data looks at all patients who have had an adequate risk assessment prior to admission in relation to the prevention of post-operative VTE events.

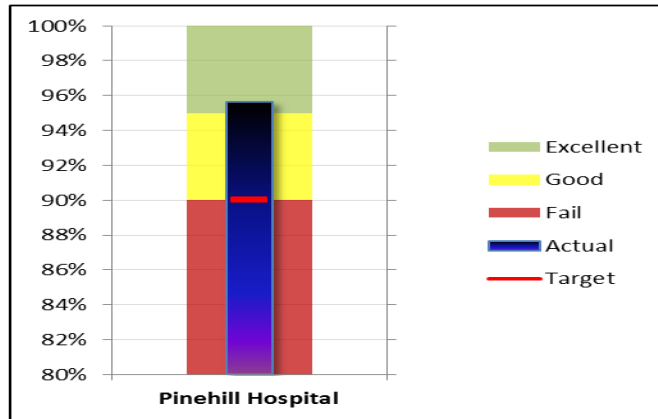
| VTE Assessment: | Period   |          | Best |       | Worst |     | Average |            | Period | Pinehill |  |
|-----------------|----------|----------|------|-------|-------|-----|---------|------------|--------|----------|--|
|                 | 16/17 Q3 | Severall | 100% | NT490 | 65.9% | Eng | 95.6%   | Q3 2016/17 | NVC15  | 95.9%    |  |
|                 | 16/17 Q4 | Severall | 100% | NT414 | 60.8% | Eng | 95.6%   | Q4 2016/17 | NVC15  | 93.5%    |  |

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

Pinehill Hospital considers that this data is as described for the following reasons; over 90% of our patients have been screened with the VTE risk assessment tool. Pinehill Hospital carries out a VTE risk assessment on all admitted patients as per Ramsay policy which is based upon the National Institute for Clinical Excellence (NICE) Guidance 2010, CG92. VTE Prevention is well served by national standards that facilitate high quality care and NICE guidelines for reducing risk in patients admitted to hospital. Completion of this risk assessment is then recorded electronically for the purpose of surveillance and reporting. Pinehill Hospital works with expectation that a minimum score of 95% compliance will be achieved in this area with a lower score being achieved in the last period. The team have identified this as an area for further improvement in the next 12 month period.

Pinehill Hospital will take the following actions to improve this percentage and so the quality of its services; educating the nursing staff to the importance of VTE prevention procedures, and the reasons why these procedures take place and data entry of completed VTE assessments electronically. Over the coming 12 month period the hospital team aim to reach 100% completion of VTE risk assessment for all patients by ensuring no patient has surgery commenced prior to completion of this risk assessment.



## Clostridium-Difficile infection

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

| C. Diff rate:<br>per 100,000<br>bed days | Period   | Best     |     | Worst |      | Average |         | Period  | Pinehill |     |
|--|----------|----------|-----|-------|------|---------|---------|---------|----------|-----|
|  | 2015/16  | Severall | 0   | RPY   | 67.2 | Eng     | 14.92   | 2016/17 | NVC15    | 0.0 |
| 2016/17                                  | Severall | 0        | RPY | 82.7  | Eng  | 13.19   | 2017/18 | NVC15   | 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

Pinehill Hospital considers that this data is as described for the following reasons; Pinehill has succeeded in protecting its patients from the harms of C-diff, and has had 0 cases in the last year. Pinehill Hospital intends to take the following actions to maintain this percentage and so the quality of its services, by;

- The Local IPC Committee is chaired by our Infection Prevention and Control lead and consists of representatives from all key areas of the hospital and includes a Consultant Microbiologist. The committee meets quarterly to oversee implementation of corporate policies and National guidance and review clinical audit & practice.
- All staff undertake mandatory infection prevention and control (IPC) training annually
- Completion of corporate clinical audits, incident reporting, identifying trends and identification of further training requirements

- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Also through local Medical Advisory Committee and Senior management meetings.
- Pinehill has an Anti-Microbial Policy & Anti-Microbial Prescribing Template in place which prohibits the use of restricted antibiotics and is in line with that of the Local Trust, East & North Herts NHS Trust.

## Patient Safety Incidents

The Francis Report (2013) emphasised the need to put patients first at all times, and that they must be protected from avoidable harm. In addition, the Berwick report (2013) recommended 4 guiding principles for improving patient safety, including: placing the quality and safety of patient care above all other aims for the NHS, engaging, empowering, and hearing patients and carers throughout the entire system, and at all times. Incident reporting supports clinicians to learn about why patient safety incidents happen within their own service and organisation, and what they can do to keep their patients safe from avoidable harm.

| SUIs:<br>(Severity 1 only) | Period          | Best     |      | Worst |      | Average |         | Period  | Pinehill |      |
|----------------------------|-----------------|----------|------|-------|------|---------|---------|---------|----------|------|
|                            | Oct 16 - Mar 17 | Severall | 0.01 | RNQ   | 0.53 | Eng     | 0.15    | 2016/17 | NVC15    | 0.00 |
| April 17 - Sep 17          | Severall        | 0        | RJW  | 0.64  | Eng  | 14.85   | 2017/18 | NVC15   | 0.00     |      |

No independent sector data, pulled from RM (Overall Sev 1)

Acute Non-Specialist Data From NRLS, England Average based on these sites only

|  |   |
|--|---|
| 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 |
|--|---|

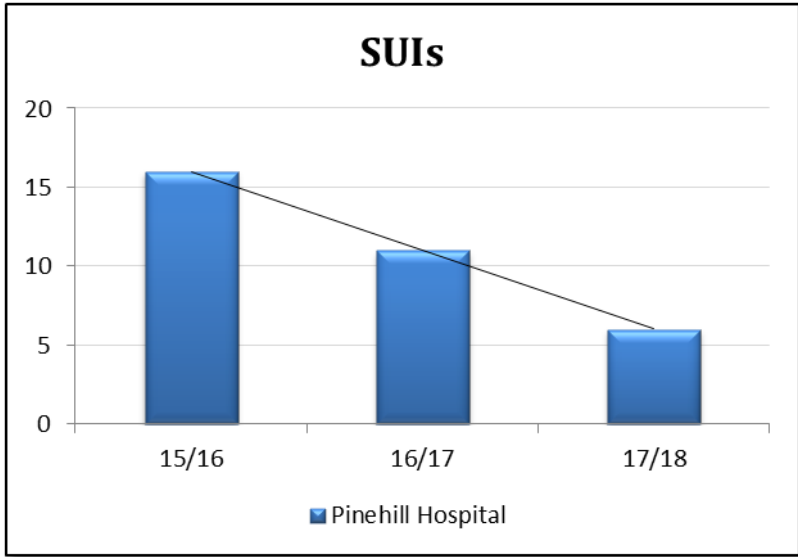
Pinehill Hospital has extremely low numbers of SUI's, this is attributed to the hospitals commitment to safe care. The above figures represent severe harm and patient death incidents per 1000 admissions (16/17) or per 1000 bed days (Apr-Sep17).

Ramsay utilise the Riskman system to report all patient incidents in real time. All incidents are initially reviewed by the Matron and an investigation process, root cause analysis and action plan are implemented where appropriate. The Riskman system immediately reports incidents directly to the Corporate Risk Management Team for central review and recognition of trends. Serious incidents are reported externally to both commissioners and the CQC.

The openness of staff is essential for the delivery of safe high quality care. Pinehill hospital's effective reporting leads to development of strategies which in turn prevent further error and enhance the patients care.

Pinehill Hospital intends to maintain the low number of SUI's, and so the quality of its services, by:

- Continuing to promote the importance of accurate reporting of all incidents.
- Training staff on the Riskman reporting system
- Monthly Risk management and Clinical Governance meetings are instigated where risk key performance indicators and incidents are discussed and disseminated
- Continuing staff training in risk assessment of patients
- Riskman introduction training updates via web based rolling programme



### Friends and Family Test – Patient

The NHS Friends and Family Test (FFT) is an opportunity for patients to provide feedback on the hospitals services. It was introduced in 2013 and asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This gives the hospital a better understanding of the needs of their patients and enabling improvements.

| F&F Test: | Oct    |         | Best |           | Worst |     | Average |        | Period | Pinehill |  |
|-----------|--------|---------|------|-----------|-------|-----|---------|--------|--------|----------|--|
|           | Feb-18 | Several | 100% | U731/RTFD | 63.0% | Eng | 96.0%   | Feb-18 | NVC15  | 93.8%    |  |
|           | Mar-18 | Several | 100% | R1H13     | 83.0% | Eng | 96.0%   | Mar-18 | NVC15  | 92.6%    |  |

Percentage recommended

|   |   |
|---|---|
| <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> |
|---|---|

Pinehill Hospital considers that this data is as described for the following reasons; NHS England is now calculating and presenting the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family. It can be seen that Pinehill has achieved above 90% average 12 month rolling percentage. Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. This is below the national average. The hospital is working hard in those areas identified in the report as areas of improvement which is likely to result in an improvement of these scores over the next 12 months. It is also felt that with an increase in the volume of feedback received will also improve this with all staff giving patients an opportunity to complete this feedback.

Pinehill Hospital intends to take the following actions to maintain this percentage and so the quality of its services by;

- Continue to raise staff awareness of the importance of patient feedback by highlighting results through Clinical Governance meetings, staff meetings and Customer Care Excellence training.
- Review the feedback and instigate action plans to address issues highlighted.

Some examples of the patient feedback received include;

*'First class hospital and very friendly and skilled staff really was a help when recovering from a total hip replacement'*

*Five star care - excellent staff!!'*

*'All the staff are very friendly and patient. They all took time to listen to me and made me feel completely at ease'*

*'Very friendly. Well organised'*

*'I have been treated with the utmost courtesy and understanding by all the staff I have met. Most appreciated'*

*'Surgeon was brilliant, aftercare by nurse removing stitches was very poor resulting in infection, wound broke down and required local treatment.'*



*'The waiting time to see a nurse and then the doctor seemed excessive. Once in the care of both the treatment was ideal.'*

## 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.

### Infection prevention and control

***Pinehill 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.

| Procedure        | No. of Operations | No. of SSI's | % Infected | National % rate |
|------------------|-------------------|--------------|------------|-----------------|
| Hip Replacement  | 239               | 2            | 0.83%      | 1.1%            |
| Knee Replacement | 200               | 0            | 0%         | 1.5%            |
| Spinal           | 57                | 0            | 0%         | 1.8%            |
| TAH              | 41                | 0            | 0.0        | 4.4%            |

(Calculated via the National SSI surveillance programme)

SSI % at Pinehill Hospital continues to be equal or better than the national benchmark for the last 4 periods for all 4 procedures listed as demonstrated in the above graph. Due to completing low numbers of hip cases the SSI% for this type of surgery is benchmarking high against the national average as dilution due to numbers is not possible.

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.

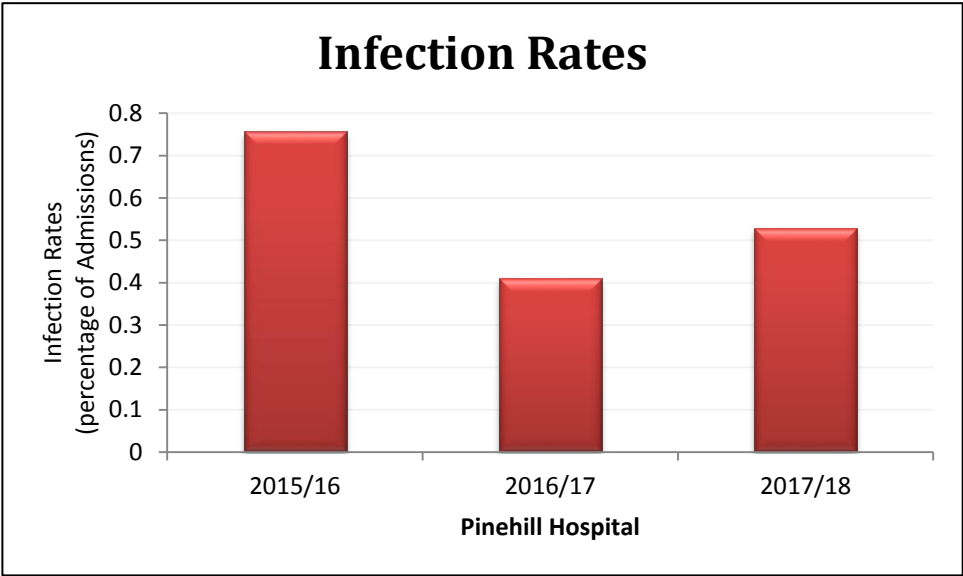
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

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

Pinehill Hospital understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.

Pinehill infection control processes are coordinated and led by the Infection Prevention and Control nurse. Pinehill Hospital IPC Committee comprises of a Consultant Microbiologist, IPC Lead; Matron; Pharmacy link and the Theatre manager, as well as links from other departments including x –ray, theatre and housekeeping. Meetings are held quarterly and provide the hospital with infection prevention advice and guidance in conjunction with Ramsay Infection Prevention & Control Policies and Procedures and National Guidance.

All staff members undertake mandatory annual e-learning and practical training sessions for Infection Prevention and our Consultant Microbiologist also provides bi-annual in house training. A comprehensive Infection Control Audit Programme has been maintained throughout 2016/2017.



Pinehill Hospital closely monitors all Infections. As can be seen in the above graph our infection rate has increased from the previous year which can be attributed to better training and awareness across departments and improvements in reporting. The IPC lead continues to work proactively with the hospital Matron to review all infection related incidents to identify any areas for improvement and share with appropriate teams. The overall % is however low against overall admissions as a result of the continued improvement in attention to reducing infections and the high standards of cleanliness within the hospital. The % of infection remains below 1% of admissions.

**Cleanliness and hospital hygiene**

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

PLACE assessments occur annually at Pinehill 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.

| CLEANLINESS | FOOD OVERALL | WARD FOOD | ORGANISATION FOOD | PRIVACY/DIGNITY/ WELLBEING | CONDITION APPEARANCE & MAINTENANCE | DEMENTIA |
|-------------|--------------|-----------|-------------------|----------------------------|------------------------------------|----------|
| 96%         | 91%          | 91%       | 92%               | 71%                        | 94%                                | 72%      |

Pinehill hospital completed their PLACE assessment on March 16<sup>th</sup> 2017 with 7 people attending to provide feedback, all of which had been patient previously treated at the hospital. Their next scheduled assessment is due to take place on May 16<sup>th</sup> 2018 with 10 people invited to attend.

Cleanliness:

This was considered to be good across the hospital but some areas of dust identified at high levels during audit which was immediately rectified with the Housekeeping team.

Food:

Food was considered to be of good quality and taste however due to large portions of vegetables it was felt that the plate appeared to be over crowded.

In addition it was observed that patients were not offered an opportunity to wash their hands prior to eating. This has now been overcome by providing an individually wrapped wet wipe to all patients on their food trays when food is dispensed.

### Privacy, Dignity and Wellbeing:

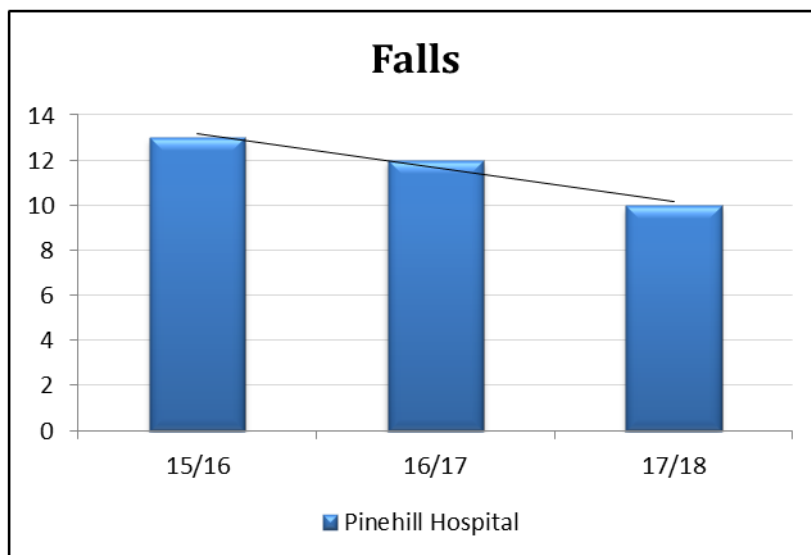
The hospital has no quiet/faith room on the premises due to its layout. As an old farmhouse which over the years has been converted meeting the needs of 21<sup>st</sup> medicine has been challenging with clinical needs being prioritised. There are also 2 bedrooms within the hospital which are dual occupancy which result in patients using a shared bathroom facility. These rooms are only ever used for patients of the same sex.

### Condition, Appearance and Maintenance:

It was observed that patients don't always have a safe route into reception due to the layout of the hospital carpark and main reception. While there is an attractive garden available for patients and relatives to use this was identified as being insecure. In addition there were some handrails identified as being the same colour as the walls. There is now a planned programme in place whereby these will be painted in a different colour, making it easier for patients to distinguish.

## 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. All relevant CAS alerts which require action are reviewed and discussed through Risk, Clinical Governance and Medical Advisory meetings.

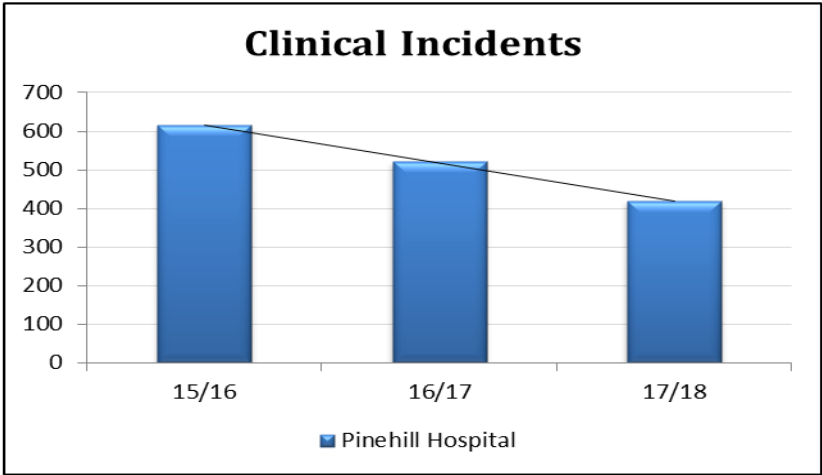
Pinehill have allocated nurses on site who are linked to the wellbeing programme. This ensures the needs of staff are met locally and facilitates close monitoring and robust reporting. All staff members complete a health surveillance programme on appointment of position. Any occupational health issues during employment are tracked through the Riskman reporting system.

All staff at Pinehill attend mandatory training, this includes:

- Health and Safety
- Manual Handling
- Emergency Fire Safety

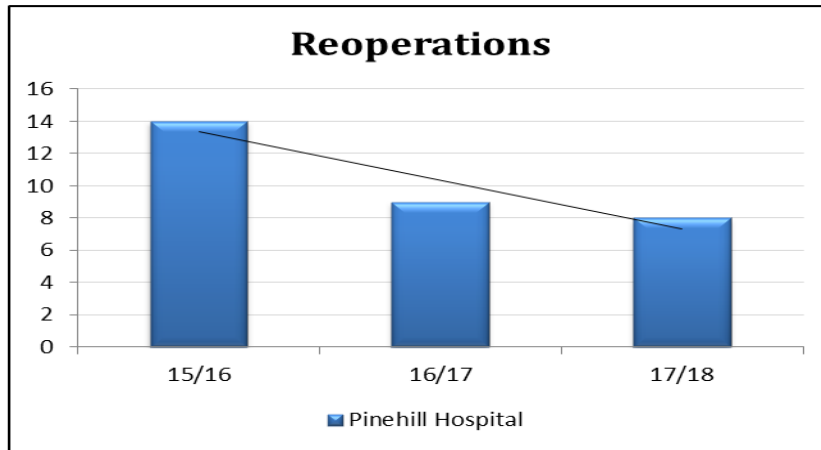
### 3.3 Clinical effectiveness

Pinehill hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, alongside 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.

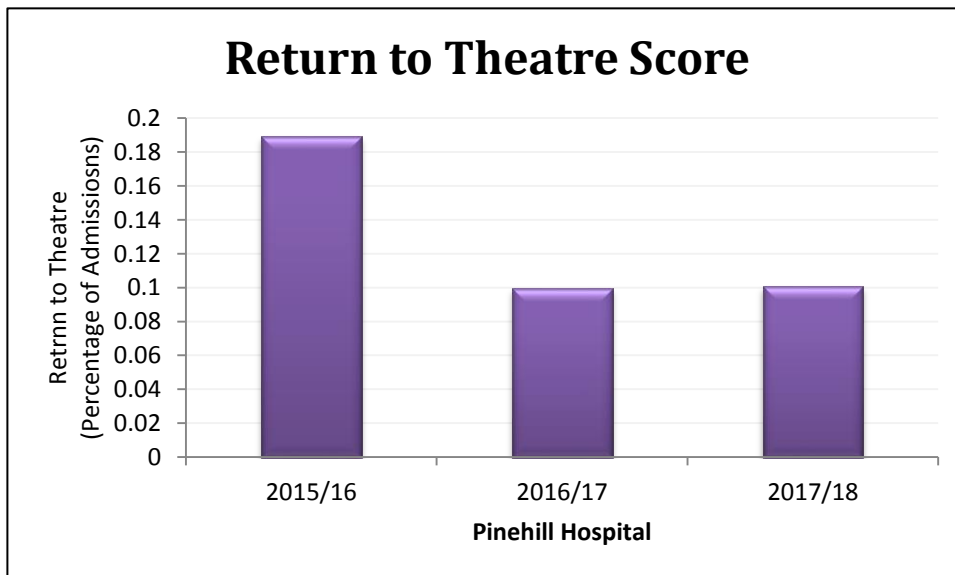


### Return to theatre

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.



Any operation, however minor, is a serious event and we understand that this can make our patients feel nervous. However, we work hard to ensure all our patients receive the best possible outcome first time round. It can be seen in the above graph that Pinehill Hospital has continued to maintain a low percentage of patient returns to theatre rate over the last year.



## Learning from Deaths

Following events in Mid Staffordshire, a review of 14 hospitals with the highest mortality noted that the focus on aggregate mortality rates was distracting Trust boards “from the very practical steps that can be taken to reduce genuinely avoidable deaths in our hospitals”.

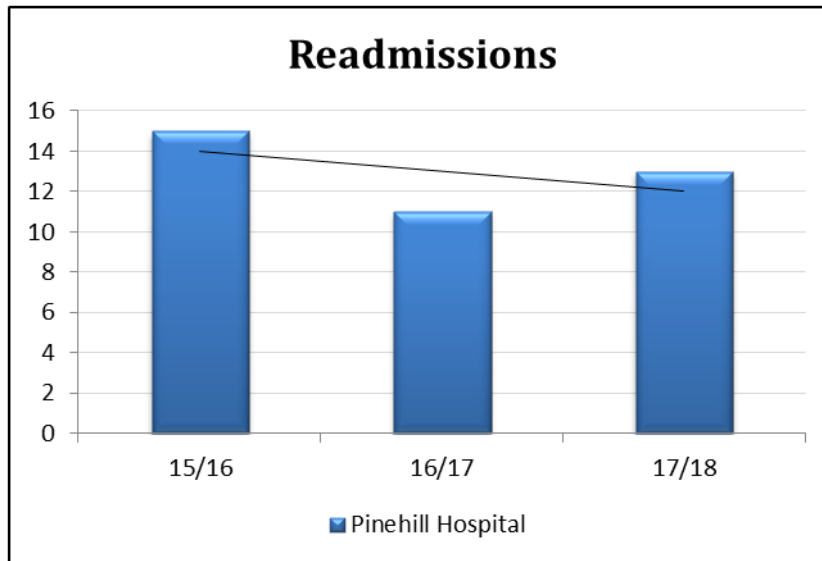
This was reinforced by the recent findings of the Care Quality Commission (CQC) report *Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England*. It found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements were being missed. The report also pointed out that there is more we can do to engage families and carers and to recognise their insights as a vital source of learning.

For this reason the team at Pinehill review all patient deaths which take place to identify if there is any learning. Over the last 12 month period there have been no unexpected deaths at the hospital and 2 expected deaths for patients who had elected to spend their last days at Pinehill when on an ‘end of life pathway’.

None of the deaths experienced at Pinehill were due to problems in the care provided to the patient.

## Readmission to Hospital

Effectiveness is defined as an organisation’s ability to “help people to recover from episodes of ill health or following injury”. A proxy measure of effectiveness is the rate of emergency readmissions to hospital within 28 days of discharge from that hospital. Between 2002 and 2012, the rate of all emergency readmissions rose from 9% to 11.5% – equivalent to a rise of 27%. It can be seen from the chart below that the readmission rate at Pinehill is well below this rate, currently at 0.27%. The rise from last year can be attributed to patients accessing the Rivers rather than the Local General hospital. If a patient is seen post operatively at Rivers and required readmission, they will be reviewed and if necessary admitted straight to a bed. The patient is immediately assessed by the RMO with consultant review within 14 hours from the time of admission to hospital.



The hospital team are also working hard to improve awareness of any incident where patients treated at Pinehill are then re-admitted to the care of another provider. The team are using the f/u calls to patients as an opportunity to ask whether the patient had any complications which required the input of a health professional. Proactive engagement and relationships with the consultant body has continued to be high on the agenda of the hospital management team, who also act as a vehicle for the transfer of information related to readmissions to other facilities as often they will be involved in care provided. When any such incident is identified it is reported via the Riskman reporting mechanism for investigation to be carried out which can identify lesson learned.

Both the management teams at Pinehill Hospital and those within our local Trust have changed over the last 12 months. We continue to work to build relationships which will promote holistic care to our patients, with the sharing of information as appropriate for improvements in service delivery to be made.

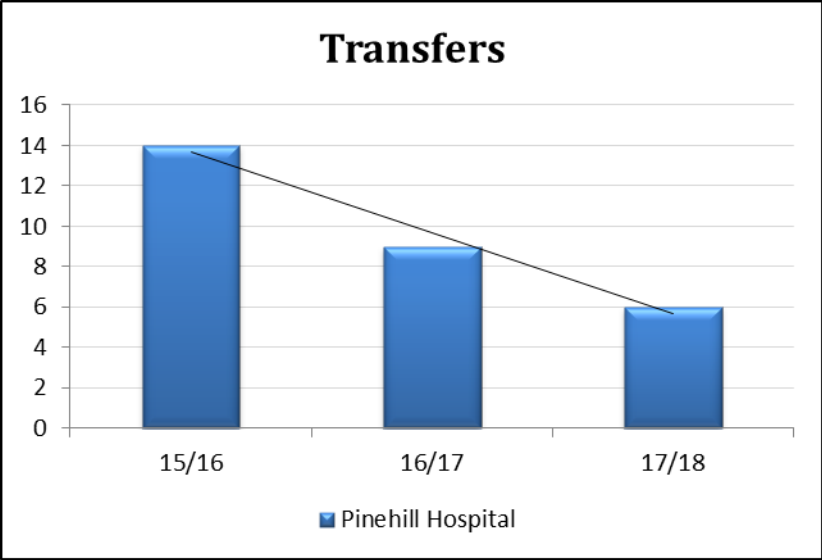
As a provider of acute services we are continually assessing the services being provided by the hospital to ensure they are responsive to the care needs of the local community. We currently operate full services across the hospital over 6 days a week but have a limited service available over Sundays.

The hospital teams operate an on-call service during Sundays and overnight so that if any patient requires diagnostics completed as an urgent request can have these done.

### Transfer to External Hospital

Transfer can be defined as the purposeful planned movement of patients from one health service to another. The main reason that a patient would transfer from Rivers to an Acute hospital would be the requirement for advanced clinical support. It can be seen that very few transfers take place per 100 discharges. The number has gradually reduced over the last two year as we have an effective pre-admission team supported by two experienced

Anaesthetists and a Cardiologist. We also have robust tools used to identify deteriorating patients, reducing the amount of emergency transfers. There is acknowledgement that some transfers cannot be prevented, such as those requiring specialist treatment centres.



### 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 feedback to the relevant staff directly. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

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

Feedback regarding the patients' 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

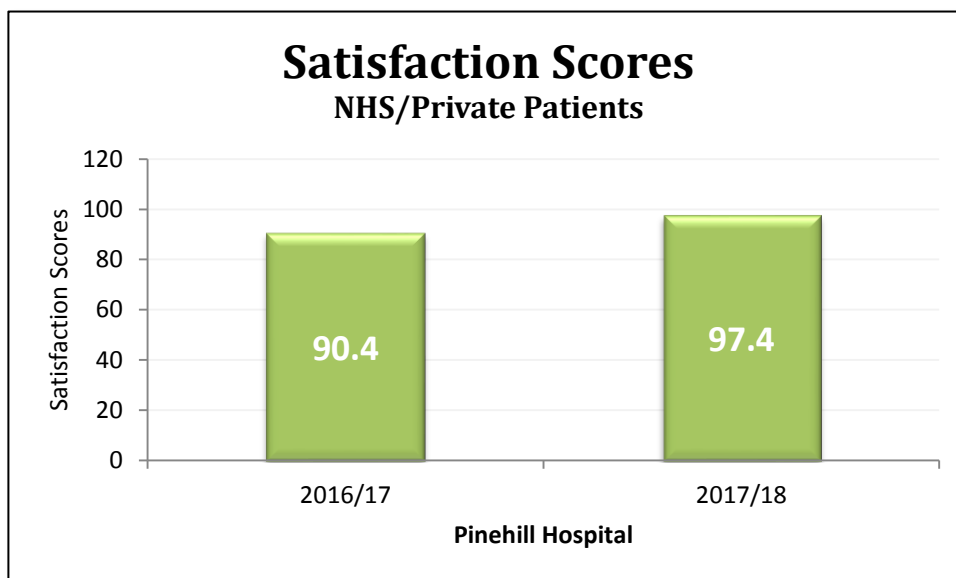
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs 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.

Examples of positive patient feedback we have received have been emailed to all staff working in the hospital and are proudly displayed on notice boards across the hospital.



The hospital team have been working hard over the last 12 months to improve patient satisfaction scores with a fabulous improvement being achieved in the results received in this period.

Appendix 1 – 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  | OPD Operational    | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Controlled Drugs                                     |                    |               | Control Drugs       | ⬅                   | ⬅                   | Controlled Drugs    | ⬅                   | ⬅                   | Control Drugs       | ⬅                   | ⬅                   | Control Drugs       |
| Prescribing / Medicines Management                   |                    |               |                     | Medicine Management | Prescribing         | ⬅                   | ⬅                   | ⬅                   | ⬅                   | Medicine Management | Prescribing         | ⬅                   |
| Medicine Safe and Secure                             | Safe & Secure      | Safe & Secure | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       |
| 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                                 | Misssed Dose       | Misssed Dose  | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        | Misssed Dose        |
| Radiology  | Med Rec            | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Radiology  | Operational        | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Radiology - MRI / NRR                                |                    | MRI Report    | NRR                 | ⬅                   | MRI Report          | ⬅                   | ⬅                   | MRI Report          | NRR                 | ⬅                   | MRI Report          | ⬅                   |
| Radiology - CT                                       |                    | CT Report     | ⬅                   | ⬅                   | CT Report           | ⬅                   | ⬅                   | CT Report           | ⬅                   | ⬅                   | CT Report           | ⬅                   |
| Physiotherapy  | Med Rec            | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Physiotherapy  | Operational        | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| TSSU   | Operational        | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Decontamination                                      | TSSU               | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Decontamination                                      | Endoscopy          | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Theatre  | Operational        | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Theatre  | Observation        | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Infection Prevention and Control*                    | Infect Control     | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| IPC - CVCCB (if applicable)                          | CVCCB              | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| IPC - Isolation (if applicable)                      | Isolation          | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| Infection Prevention and Control*                    | Hand Hygiene       | ⬅             | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| IPC - Hand Hggiene 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)                          | Autologous         | ➡             | ➡                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   | ⬅                   |
| 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 3

Local audit programme to be added in below national programme

# Pinehill Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

**01462 422822**

**<http://www.pinehillhospital.co.uk/>**