

# Rowley Hall Hospital

Quality Account  
2017/18



People caring for people



# Contents

<b>Introduction Page</b>		
<b>Welcome to Ramsay Health Care UK</b>		
<b>Introduction to our Quality Account</b>		
<b>PART 1 – STATEMENT ON QUALITY</b>		
1.1	Statement from the General Manager	
1.2	Hospital accountability statement	
<b>PART 2</b>		
<b>2.1</b>	<b>Priorities for Improvement</b>	
2.1.1	Review of clinical priorities 2017/18 (looking back)	
2.1.2	Clinical Priorities for 2018/19 (looking forward)	
<b>2.2</b>	<b>Mandatory statements relating to the quality of NHS services provided</b>	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2010/11 Quality Accounts	
<b>PART 3 – REVIEW OF QUALITY PERFORMANCE</b>		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
<b>Appendix 1 – Services Covered by this Quality Account</b>		
<b>Appendix 2 – Clinical Audits</b>		

# Welcome to Ramsay Health Care UK

## Rowley Hall 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 and Clinical Commissioning Groups.

## CEO and Director of Clinical Services Statements

### Introduction

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

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

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

*Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and*

*doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.*

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

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

Dr. Andrew Jones  
Chief Executive Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on quality from the General Manager

At Rowley Hall Hospital we continuously strive to improve and focus on providing the highest quality service to the patients we have the privilege to care for. Ensuring high quality care means we have the right people in the right place at the right time doing the right thing. In order to deliver on this it is coupled with robust governance and assurance and established risk management structure that ensure lessons are learnt and areas of good or bad practice can be quickly identified and shared or addressed.

Healthcare can be complex and multi-layered so our focus is not only on systems and processes but also with ensuring our staff have the right skills, knowledge, training and confidence to deliver the care our patients expect and deserve. The culture of any organisation is vital to high quality healthcare and the Senior Management Team for the hospital promote an open and transparent service where people are empowered and supported to always do the right thing.

The aim of our Quality Strategy is underpinned by Value Based Healthcare focusing a triple value approach. The aim is to deliver the highest quality service in a personalised way that is effective, efficient and meets the needs of the local health economy. We aim to achieve this in a way that is recognisable and meaningful to everyone thus ensuring we are consistently patient centred, clinically effective and safe for every person every time.

Rowley Hall continues to run a number of services seven days a week to ensure that patients are only seen in a timely way, but that we can also offer flexibility to them in their treatment and recovery. Our effective recruitment of consultants and the wider staff team teamed with the management of waiting list, allows us to meet the needs of the patient in an efficient and effective way.

Ramsay Health Care UK continues to promote high quality care in line with the Ramsay Values. It invests in its facilities and staff in order to provide this care and

treatment and this has been seen over the last 12 months within the hospital and will certainly be the same over the next twelve months.

I am extremely proud to be the GM of Rowley Hall hospital and as we move forward our sights are very firmly on attaining an outstanding rating with the CQC.


If you would like to comment or provide feedback please do not hesitate to contact me on the following number or email

[Lisa.powell@ramsayhealth.co.uk](mailto:Lisa.powell@ramsayhealth.co.uk)

01785 238 607

Lisa Powell, General Manager

Rowley Hall Hospital

A handwritten signature in black ink, appearing to read 'Lisa Powell', with a stylized flourish underneath.

## 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.

**Lisa Powell**

**General Manager**

**Rowley Hall Hospital**

**Ramsay Health Care UK**

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

MAC Chair

Clinical Governance Committee Chair

Regional Director



# Welcome to Rowley Hall Hospital

The Rowley Hall Hospital is situated in the centre of Stafford with easy access to public transport.

The main hospital is housed in a listed building, with a smaller building adjacent to the rear car park which houses our administration team and physiotherapy service.

## Our Services

The hospital consists of two operating theatres both with laminar flow and 11 inpatient bedrooms (13 overnight beds) with en-suite facilities, and a 10 bay Day Surgery Unit. The Day Surgery Unit offers the hospital the facility to support and treat patients in a stand-alone unit safely and effectively.

Our Staff have been carefully selected for their friendly and caring approach as well as their efficiency and professionalism. A Resident Doctor is available 24 hours a day. The restful atmosphere and high level of personal attention combine to aid patient recovery. The hospital celebrated its 30<sup>th</sup> anniversary last year and has seen a steady growth in its development since this time.

The first floor houses our outpatient service, including X-ray and consists of 6 consulting rooms, 2 pre assessment rooms and a treatment room.

The “Old Schoolhouse” houses our physiotherapy department including a gym and 4 consulting rooms. Our bookings team, medical records and Business office are also located in this area.

In 2017/2018 we treated a total 6424 patients with 5826 being NHS patients (1st April 2017 to 31st March 2018)

The hospital provides a comprehensive range of services. These include;

- Podiatry,
- General Surgery,
- Urology,
- Spinal,
- Orthopaedic,
- Cosmetic services, including non-invasive nurse lead interventions
- Ophthalmology,
- Gynaecology,

The Hospital has mobile CT and MRI service which is offered to privately, insured and NHS patients. We offer a direct access service for both MRI service and CT for NHS patients referred by their GP.

### Our Staffing

To ensure that patients are at the centre of everything we do and receive the highest standard of care, we have 73 dedicated Consultants, working alongside 114 permanent staff and 52 Bank members including nursing, radiology, physiotherapy, supported by administration, housekeeping, and maintenance and catering staff.

Our senior management team consists of the General Manager, Matron, Marketing and PR Exec and Finance Manager. Each area is led by a Head of Department for which there are currently 8 who are a mixture of clinical and non-clinical. This ensures there is always a management presence in the hospital.

### NHS Partners and GP Communication

At Rowley Hall Hospital we work closely with our colleagues at the Clinical Commissioning Groups and local NHS Trust to ensure our services meet the needs of the patients we serve, including shared services such as: pathology, pharmacy, and some diagnostic services.

We also work in partnership with our GP's in the area supporting them with educational needs by organising specialist training sessions with the help of our Consultant body. At Rowley Hall Hospital we feel it is important to maintain excellent links with local GP's and work together for the benefit of all our patients. We have a dedicated GP liaison officer to foster these links and relationships and who supports GP practices with access to specialist Advice and Guidance.

## Supporting Charities

Rowley Hall Hospital supports several charities including Katherine House Hospice, McMillan Hospice and House of Bread.

# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

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

We have a clear commitment to our patients and stakeholders to ensure that services commissioned from us are safe, effective, responsive, caring and well-lead. We constantly strive to improve standards using a systematic process of governance including audit and feedback from all those accessing our services.

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

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

## Priorities for improvement

### 2.1.1 A review of clinical priorities 2017/18

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

PROMs enable the service to measure the benefits of clinical effectiveness for surgical procedures that have taken place. They measure the patients' health status and quality of life at a single point in time and are collected through short, self-completed questionnaires. The information is collected pre and post procedure and provides an indication of the impact the surgical procedure has had on the person's health and wellbeing.

Rowley Hall currently monitors four procedures which include: - hips, knees, eyes and groin. Our aim for the year was to increase our response rate in order to ensure the procedures we were providing were having a positive outcome for the patients concerned.

#### **CQUIN**

The Clinical Commissioning Group agreed the following national CQUIN targets for 2017/18:-

- Offering Advice and Guidance (A&G)
- E-referrals

Under Advice and Guidance the scheme required the provider to set up and operate A&G service for non-urgent GP referrals allowing access to advice prior to referring patients to secondary care. The initial standard was for referrals that met a 35% benchmark. However following discussion with commissioners it was agreed that Rowley Hall Hospital would capture all requests for A&G regardless of the speciality. The service put in place an A&G team to deal with any requests that came through to the service. Not all the requests came via e-RS so a process was established to gather the information thus ensuring all queries were answered within two operational days.

The completion of this CQUIN has been positive and we have worked closely with the GP surgeries to promote this service. Our dedicated GP Liaison officer and Matron have visited and provided information to surgeries around the benefits of using the A&G facility. We have responded to 93% of requests for A&G on the same day. Going forward this is something we are developing further with the CCG as a CQUIN for 2018/19

In relation to e-RS this refers to GP referrals to consultant led 1<sup>st</sup> outpatient service only and the availability of service and appointment on the NHS e-referral service. It does not focus on the percentage utilisation of the system.

Throughout the year we have ensured 100% of the specialities identified are available to receive outpatient referrals through e-RS. We continue to monitor the polling ranges weekly to ensure we do not exceed 4% Appointment Slot Issues to ensure an efficient and effective response for our patients. This is managed through our NHS co-ordinator who is reactive to the waiting list and makes additional slots available should they be needed.

Whilst we have worked hard with this we still receive a mixture of paper referrals and electronic ones. We have worked with the triage teams and GPs that have not been using the electronic system in order to gain a more cohesive approach.

### **Training and Development**

As well as ensuring compliance with mandatory training which is recorded and monitored on a monthly basis there are a number of training opportunities open to staff. Whilst attendance at the monthly mandatory training day is good and staff are booked on for the year, compliance with e-learning can be a challenge. This has largely been due to staff being unaware when their training has gone out of date due to there being no flagging system that alerts people to this. Going forward there will be a new e-learning system in place which will address a number of issues.

The service has established monthly CPD sessions which provide various speakers both internally and externally. This is generally well attended and the feedback has been positive. This has been led by Matron and has seen some interesting topics discussed with staff being able to enhance and develop their skills and knowledge

Training around AIMS for both clinical and non-clinical staff, sepsis training, ALS and SFA has been delivered throughout the year which has enhanced and supported staff confidence, skills and knowledge and provides a safer more effective workforce.

The organisation also provides training through the Ramsay Academy which provides a variety of one day course to management development programmes aimed at staff wanting to work towards a HOD position, those in a HOD position wanting to work towards an SMT role and those in an SMT aspiring to be a General Manager. The hospital currently has a number of people undertaking these programmes.

Apprenticeships also play a big role not just within the hospital but the wider organisation. The hospital has a number of people working through the apprenticeship programmes and this is seeing good development for our non-registered and administration staff. The organisation has also launched the nurse degree apprenticeship with the first cohort commencing in April 2018 of which Rowley Hall has one person who successfully gained a place.

## **Audit Programme**

Rowley Hall embeds a local clinical audit programme which is a prioritised summary of clinical audit activity and outcomes which is regularly updated and scrutinised in accordance with the RAMSAY national clinical audit programme.

Our local audit programme focusses on measuring clinical practice particularly around high impact interventions to reduce infection risk by standardising good practice. We have developed and embedded specific audits for:

- Peripheral intravenous cannula.
- Prevention of surgical site infection.
- Urinary catheters.
- Reduction in the risk from Clostridium difficile and MRSA.

These audits were developed locally at Rowley Hall Hospital to ensure we are responsive to the needs of the local population and that our care is effective in reducing the spread of infection.

RAMSAY national audit programme ensures that we audit our care and service by a set criteria, some of the audits we carry out are:

- Medication: Including safe storage and controlled drugs.
- Outpatient, theatre and ward operational audits.
- Medical records.
- Hand Hygiene
- Cleaning schedules
- Blood transfusion.

The clinical audit programme fulfils several functions: It allows Rowley Hall to meet the requirements for external monitoring; It allows us to monitor the quality of clinical care and service against agreed standards and make improvements where necessary and allows us to monitor progress and improvements monthly.

Since 2016-2017 we have seen a marked improvement in audit results which include Peripheral Intravenous cannula, medicines management and hand hygiene.

### 2.1.2 Clinical Priorities for 2018/19

Our clinical strategy has been developed to run from 2018 to 2020 and sits within the Quality Strategy for the hospital. This along with our Health Care Associated Infection reduction plan will be our focus over the coming year. It underpins the vision by ensuring clinical excellence, reduced length of stay and improved outcomes for patients.

The focus of the clinical strategy covers two distinct areas. Enhanced recovery is an evidence-based approach that support people recover more quickly after having major surgery. The aim of our enhanced recovery programme is for patients to be well enough to return home as soon as clinically possible after surgery whilst encouraging them to participate in their own recovery programme.

Along with this sits our plans around Making Every Contact Count (MECC) initiative. This is a behaviour change intervention which allows individuals to be able to maximise the contact they have with the public by encouraging them to think about their own health and wellbeing. It aligns with the NICE behaviour change guidance around improving lifestyles as an approach to prevention.

MECC will support enhance recovery by ensuring patient are in optimal physical health to enable them to recover quickly following surgery thus reducing their length of stay and recovery time. There is a wide range of evidence that suggest reducing a length of stay improves patient outcomes and reduces the incidences of Hospital Acquired Infections.

Enhanced recovery and MECC are broken down in to four stages of the patient journey:

- Pre-operative
- Intraoperative
- Post-operative
- Discharge

Within each stage there are a number of interventions for increasing access and developing the recovery plan with the patient. Through this, Rowley Hall aims to the hospital of choice for the local community.

Health Care Associated Infection (HCAI) continues to cause substantial patient morbidity and at times treatment and care of patients in hospital may be complicated by the development of infections. Factors that are critical to the control and reduction of infections include:

- Sound hygiene practices
- Environmental cleanliness
- Effective disinfection and sterilisation methods
- Controlled and appropriate use of antibiotics.



These key elements are embedded within staff training and development, governance structure and within the clinical audit programme. As such the plan has a number of objectives in place with associated actions and monitoring to ensure the service is working in a way that promotes safe, effective care.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2017/18 the Rowley Hall hospital provided and/or subcontracted 7 NHS services.

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

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 85.6% per cent of the total income generated from the provision of NHS services by the Rowley Hall Hospital for 1 April 2017 to 31<sup>st</sup> March 18

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with 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**

Staff Cost % Net Revenue 31.2%

HCA Hours as % of Total Nursing 20.9%

Agency Cost as % of Total Staff Cost 7.7%

Ward Hours PPD 4.18

% Staff Turnover 13%

% Sickness 4.4%

% Lost Time 20.2%

Appraisal 71%

Mandatory Training 55%

Staff Satisfaction Score Not carried out in 17/18

Number of Significant Staff Injuries 0

### **Patient**

Formal Complaints per 1000 HPD's 10

Patient Satisfaction Score 99%

Significant Clinical Events per 1000 Admissions= 4

Readmission per 1000 Admissions 3

### **Quality**

Workplace Health & Safety Score 89%

Infection Control Audit Score –Environment= 92%, Cannula=89% and Hand Hygiene= 97%

Consultant Satisfaction Score not carried out in 17/18

## 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018 Rowley Hall Hospital participated in 4 national clinical audits and zero national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	90%
Elective surgery (National PROMs Programme)	66%
NHS Safety Thermometer	100%
National Ophthalmology Audit	80%

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

- Elective Surgery PROMs submission has increased year on year the initial patient questionnaire are now distributed by Out Patient department reception to ensure they are given to 100% of eligible patients.
- NJR now has a dedicated data entry clerk and records are kept within the hospital for triangulation purposes.
- Ophthalmology PROMs are given at first Out Patient consultation to capture all eligible patients.
- As part of our quality strategy the aim is to have a 95% compliance rate for record keeping relating to consent. We are currently sitting at 94%

## Local Audits

The reports of 105 local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and Rowley Hall Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

- ANTT – compliance was poor so in order to address this was audited weekly. The two infection control nurses attended a national conference on ANTT and it has now been added on to the mandatory training day and any breaches by staff or consultants are addressed by the SMT
- Consent Audits – initially quite low. A local audit was designed specifically to concentrate on this area. Following this feedback being given corporately it is now represented on the national medical records audit for the group.
- NatSSIPs – compliance with this was highlighted previously as an issue by the CQC. The WHO checklist is audited monthly by the Theatre Manager, is embedded in practice within the wider hospital and planned staffing is adjusted as necessary in line with LocSSIPs.

### 2.2.3 Participation in Research

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

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

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

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically

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

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

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

## 2.2.6 Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. All audits are discussed at the integrated governance committee, MAC, departmental review meetings and where appropriate Health and Safety meetings. They are all overseen via the monthly Senior Management team meeting

The data quality for the service is good and reviewed within the relevant meetings. It is used to shape and guide practice and to develop the service. Rowley Hall Hospital plans to take the following actions to improve data quality

- The data supports the developments the service has made and supports the decision making going forward. Feedback is always valid and confirms the direction of travel the hospital is taking.
- The service will continue to provide comprehensive CQRM reports to the Integrated governance committee, MAC committee and CCG.

### NHS Number and General Medical Practice Code Validity

Rowley Hall Hospital submitted records during 2017/18 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 outpatient care; and
- 0% for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- 0% for accident and emergency care (not undertaken at our hospital).

### **Information Governance Toolkit attainment levels**

Ramsay Group Information Governance Assessment Report score overall Score for 2017/18 was 83% and was graded 'green' (satisfactory).

### **Clinical coding error rate**

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



## 2.2.7 Stakeholders views on 2017/18 Quality Account

### Rowley Hall Hospital (part of the Ramsay Health Care Group) Quality Accounts 2017/2018

Stafford and Surrounds Clinical Commissioning Group (CCG) as co-ordinating commissioner are pleased to comment on this Quality Account for 2017/2018. The CCG wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate.

Local CCGs are committed to working closely with Rowley Hall Hospital to maintain the organisation's high standard of quality and safety. Formal monitoring of the quality and safety is undertaken through the Clinical Quality Review Meetings (CQRM) which meets once a quarter with representation from Rowley Hall Hospital and the CCG. Staff from both organisations work closely together to address any quality concerns as they arise.

#### Review of 2017/2018

The CCG believes that this is a positive account of the key quality improvements that have taken place over the past 12 months. Of particular note are the following:

- Commissioning for quality and innovation (CQUIN) – Rowley Hall Hospital have worked closely with the CCG to ensure the delivery of their CQUINs for 2017/2018.
- Rowley Hall Hospital continues to develop Patient Reported Outcome Measures (PROMS) for four key areas to ensure the positive outcome for the patients concerned.
- Patient feedback is positive with a patient satisfaction score of 99%. Formal complaints are a ratio of 10 per 1000 Hospital Patient Day (HPDs) which equates to approx. 7 complaints per month. The CCG and Rowley Hall Hospital review the themes from complaints and soft intelligence to proactively improve services for patients.
- Rowley Hall Hospital undertakes regular proactive audits in such areas as infection control, hand hygiene and environment with appropriate action plans for improvements. Updates are provided to the CCG regarding progress of patient quality and safety improvements.
- NHS Safety Thermometer shows 100% for harm free care and there have been no cases of Methicillin Resistant Staphylococcus Aureus (MRSA) or clostridium difficile.
- Rowley Hall Hospital has embraced Making Every Contact Count (MECC) ensuring this is threaded throughout all levels of the organisation to maximise patient outcomes and recovery.

The CCG looks forward to continuing to work with Rowley Hall Hospital in 2018/2019 to continue the positive work with the organisation to maximise the opportunities for the high levels of quality and safety of local patients.

Healthwatch Staffordshire are pleased to have been invited to comment on the quality accounts of Rowley Hall Hospital. It is pleasing to note that high quality personal care delivered in a way that is person centred but at the same time efficient, underpins the quality strategy for the hospital and that the hospital is committed to continual service improvement and this is a clear thread throughout the report. There is also a clear overview of the services offered and how these are linked to the priorities.

It is good that Links with local GP's are good and that there is a liaison officer to foster links to ensure that continuity of care for patients is ongoing.

The hospital seems to have a robust and comprehensive training plan for staff at all levels but it would have been useful to know the level of compliance of non-mandatory training and the plan in place to improve this

The clear link between the improvement priorities and improved patient care is clearly stated but it would have been helpful to have more detail about the improvements made this year and what areas still require improvement. Whilst it is good to see that there has been improvement in some audit results it would have been helpful to know what these were and how they improved outcomes for patients.

The clinical strategy focused on enhanced recovery and Making Every Contact Count are patient focused and if successful should enable patients to recover more quickly and be discharged optimally reducing the potential for infections. The four-stage approach provides a holistic approach which helps a patient achieve maximum health benefits at each stage of their journey through the hospital.

In the section 'Local Audits' is an outline of local clinical audits and the actions taken to improve these areas. Unfortunately the use of acronyms makes it difficult for the lay reader to understand what areas of treatment these relate to or whether the level of improvement now meet the required standard.

The core Quality Account Indicators show Rowley hospital to be in line with or above national trends on most of the indicators and there are actions in place to improve these where necessary. Similarly Patient safety appears to be in line with national averages. It is pleasing to see that Rowley Hospital scores in all areas of the audit were showing an improvement, but it would be useful to know what the plans are in place to improve these further.

The report concludes with an explanation of the various ways in which the hospital engages with patients to encourage feedback which is clearly high. The case study seems to highlight areas not previously highlighted in the report so it was quite surprising to read this; however the positive response to the issues highlighted were encouraging in noting the hospital's commitment to improving the service.

Staffordshire Healthwatch looks forward to having the opportunity to review the 2018/19 quality account and see how the current actions impact positively upon patient care.

# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

Matron, Rebecca Cockerton

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

### **Introduction**

*“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”*

*Vivienne Heckford  
Director of Clinical Services  
Ramsay Health Care UK*

## **Ramsay Clinical Governance Framework 2018**

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

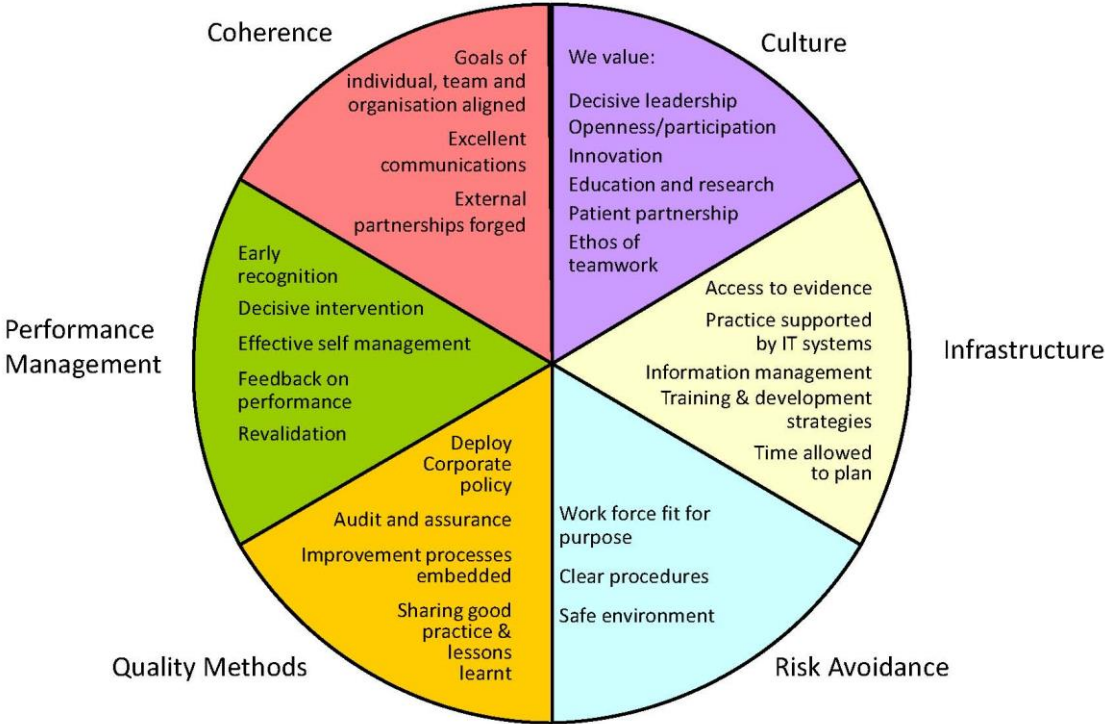
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

# Ramsay Health Care Clinical Governance Framework



## National Guidance

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

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

In addition, Rowley Hall Hospital has a NICE Guidelines Appraisal committee that is chaired by the Theatre Manager. The purpose being to oversee the hospitals adherence to relevant NICE guidelines and in implement practice to ensure guidance is embedded. It reports in to the SMT and provides feedback to the monthly hospital Integrated Governance Committee. Reps from all clinical areas attend the meeting and act as the conduit between the group and the departmental team.

### 3.1 The Core Quality Account indicators

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>

Mortality:	Period	Best		Worst		Average		Period	Rowley	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC17	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC17	0

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- There have been no death as Rowley Hall Hospital during this reporting period
- This is the most recent data available

<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> <p>(i) groin hernia surgery,</p> <p>(ii) varicose vein surgery,</p> <p>(iii) hip replacement surgery, and</p> <p>(iv) knee replacement surgery,</p> <p>during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
---	---

PROMS: Hernia	Period	Best		Worst		Average		Period	Rowley	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC17	*
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC17	0.088	

PROMS: Veins	Period	Best		Worst		Average		Period	Rowley	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC17	
Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC17	no data	

PROMS: Hips	Period	Best		Worst		Average		Period	Rowley	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC17	21.052
Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC17	22.941	

PROMS: Knees	Period	Best		Worst		Average		Period	Rowley	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC17	15.722
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC17	16.137	

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- Patients at Rowley Hall Hospital have reported in line with the national average

**Rowley Hall Hospital has taken the following actions to improve this score and so the quality of its services, by:**

- Engaging staff in awareness and importance of PROMs data
- Increasing awareness with consultants around the PROMs data
- Having dedicated administrative team to ensure data is inputted in a timely and accurate manner.

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, <b>Readmitted to a hospital</b> 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>
--	---

Readmissions:	Period	Best		Worst		Average		Period	Rowley	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC17	0.0010574
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC17	0.0006752

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- These are the most up to date figures available
- All readmissions are reported through our Integrated Governance Committee (IGC)
- They are all reported on RiskMan (incident reporting system)
- As demonstrated above the hospital is below the national average for readmissions. This can be explained through the embedding of our Enhanced Recovery Programme

**Rowley Hall Hospital has taken the following actions to improve this score and so the quality of its services, by:**

- All readmissions have a Root Cause Analysis (RCA) undertaken in order to look at the whole patient journey, lessons learnt and patient feedback
- The outcome of the RCA is reported through the IGC
- Lessons are further shared at departmental meetings and via supervision sessions

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care
--	--

Responsiveness: to personal needs	Period		Best		Worst		Average		Period		Rowley	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC17	93.7		
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC17	93.8		

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- This is the most recent data available, the data is no longer collected so this is the same as previous data
- Feedback from patients regarding their experience at Rowley Hall Hospital remains largely positive. All feedback is used to shape the service and is shared across the teams.

**Rowley Hall Hospital has taken the following actions to ensure a quality service is delivered to patients by:**

- Participating in internal audits, internal provider inspection visits and inter-departmental peer reviews
- Responding to inspection feedback
- Continued participation in the PLACE audit
- Proactive promotion of patient satisfaction surveys
- Monitoring and responding to complaints/concerns and compliments



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
--	---

VTE Assessment:	Period		Best		Worst		Average		Period		Rowley	
	16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC17	99.7%		
	16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC17	99.9%		

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- A robust patient assessment is in place across the hospital that is adhered to by all consultants and staff members
- The VTE assessment documentation is issued at the pre-operative assessment. It is instigated by the pre-op nurses and then completed by the admitting consultant.
- Completed discharge medical record check for all patients forms an additional system check for the documented VTE assessment. This is then marked accordingly within the patients cosmic (patient record system) records
- Monthly audits of VTE are completed and reported via the CCG

**Rowley Hall Hospital intends to take/ the following actions to improve this and so the quality of its services, by:**

- Continuing to monitor on a monthly basis
- Ensuring adherence from consultants as part of the Practising privileges and note audit
- Reporting discrepancies through the ICG and CCG meetings

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
---	---

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Rowley	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC17	0.0		
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC17	0.0		

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- Rowley Hall Hospital has again achieved a zero rate of clostridium difficile from April 2017 to March 2018
- ICP policies are regularly reviewed in line with best practice and national guidance and implemented accordingly
- An annual strategy for infection prevention and control is developed corporately
- Rowley Hall Hospital employs an IPD nurse and has link nurses across all clinical areas.

**Rowley Hall Hospital has taken the following actions to maintain this position and so the quality of its services, by**

- The development and dissemination of the HAI strategy that's sits within the 3 year clinical strategy.
- Continued face to face training on Infection Prevention and Control

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
--	---

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Rowley	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC17	0.00
April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC17	0.00	

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- There have been No SUIs for the reporting period April 2016 to Sept 2017. The data has not been updated since this period.
- The RiskMan system reports incidents directly to the corporate Risk Management Team allowing for identification of trends and themes

**Rowley Hall Hospital has taken the following action to maintain this score and so the quality of its services by:**

- A robust training programme and monitoring of mandatory and e-learning within all departments.
- Full oversight from the SMT on incidents and allocation of the appropriate person to ensure transparency for investigations and RCA
- The sharing of outcomes from incidents with all members of the staff team via the ICG, staff meetings and supervision

- All incidents are reviewed by the SMT with the necessary action plan being developed and monitored.
- Falls assessment tool implemented as a further way of assessing and mitigating risks

Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey.	4: Ensuring that people have a positive experience of care
--	--

F&F Test:	Oct	Best		Worst		Average		Period	Rowley	
	Feb-18	Several	100%	N731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC17	100.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC17	100.0%

**Rowley Hall Hospital considers that this data is as described for the following reasons:**

- In this reporting period Rowley Hall Hospital achieved higher than the national average for patient satisfaction scores
- All patients that attend Rowley Hall Hospital are invited to take part in this anonymous survey
- All feedback is shared with the wider hospital team and monitored by the SMT

**Rowley Hall Hospital has taken the following actions to maintain this percentage and so the quality of its services by:**

- All patients are actively encouraged to participate in the survey in all areas
- Monitoring of the feedback and compliance both in departmental reviews and in CCG meetings
- All feedback is disseminated across the service to all the HODs who then share it with their teams
- Review and analysis of feedback to identify trends and themes for shaping or changing the service.

## 3.2 Patient safety

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

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

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

### 3.2.1 Infection prevention and control

Rowley Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

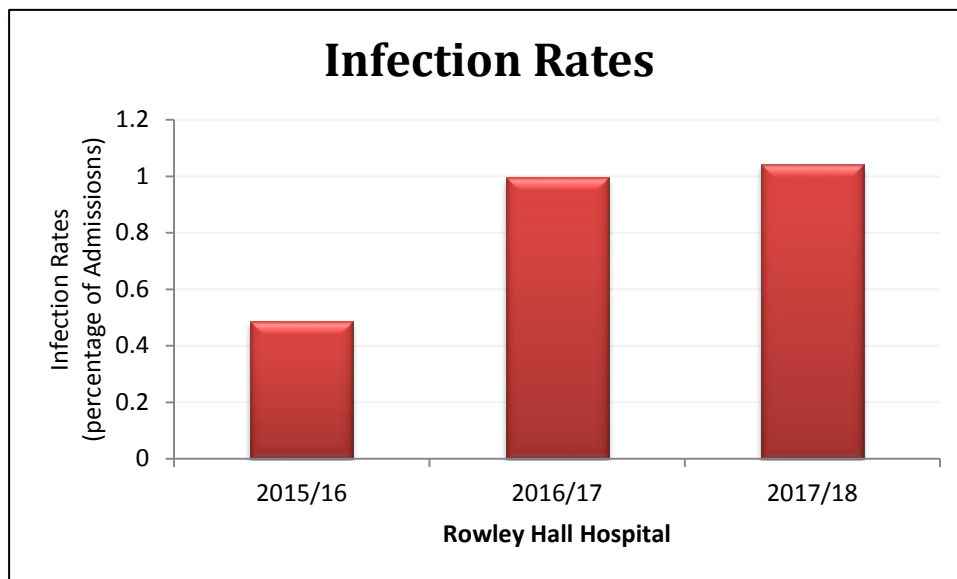
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

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

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

- Hand hygiene remains a high priority for us with it being monitored monthly corporately and locally. The embedding of ANTT with all the teams has been a key focus over the past twelve months and continues to be reviewed and monitored.
- MRSA screening is adhered to in line policy and national guidance
- All incidents of infection are reported on RiskMan. Where there appears to be a theme this is then reviewed using a RCA approach.
- Mandatory face to face training on IPC is delivered to all staff annually and monitored on the training matrix

- All incidents of infection are discussed in the IGC and H&S meeting



Whilst our infection rate remains fairly low, we have noted an increase in it. Staff are reporting not just actual infections but also suspected an infection which gives us better data to interrogate and theme.

### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Rowley Hall 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.

	Rowley Hall Hospital	Ramsay Average	National Average 2017
Cleanliness	99.82%	98.75%	98.40%
Food	88.92%	93.74%	89.70%
Privacy, Dignity & Well-being	81.58%	83.52%	83.70%
Disability	68.13%	83.71%	82.60%
Dementia	71.97%	81.07%	76.70%
Condition, Appearance & Maintenance	91.77%	93.47%	94.00%

In all areas of the audit, Rowley Hall Hospital has seen an increase in scores from the previous year. This continues to be focused on in order to meet and exceed the national average. However, as a listed building it is sometime difficult to meet all elements of the standards.

### 3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues.

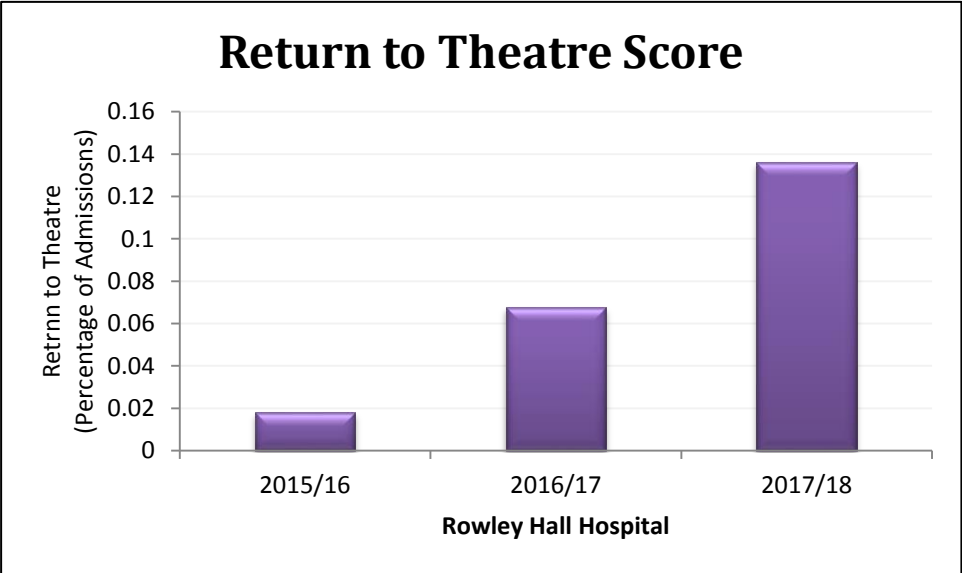
### 3.3 Clinical effectiveness

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

Integrated Governance committee that feeds information in to the corporate governance committee for oversight and challenge.

### 3.3.1 Return to theatre

Rowley Hall Hospital 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.



The graph above shows that Rowley Hall Hospital’s return to theatre activity has increased during 2017/18. Some of this is attributed to the increase in activity the hospital has seen over the last twelve months as well as in the complexity of the patients coming through the service.

Any return to theatre is followed up with an RCA and appropriate external report. What we can see is that this is not attributed to one particular surgeon or procedure. However, the RCA gives us the opportunity to map the patients journey and understand the lessons in order to influence practice going forward.

### 3.3.2 Learning from Deaths

There have been no deaths over the last twelve months within the hospital

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

Rowley Hall Hospital are committed to ensuring a high quality service for all the patients that choose to be treated by us. Our commitment to seven day services clinical standards is core part of the care we provide. We recognise that not all of the standards are applicable to Rowley Hall as the patients that come in to the service are having elective procedures.

Patient experience is key to the delivery of our services and patients are actively involved in the decision making around their care. Patients have access to information via our staff teams and are EIDO provision which means we can give patients appropriate information in a format that suits their needs.

All handovers are led by a suitably qualified member of the team and happen at the beginning over every shift and where appropriate with input from the patient. Standards are reviewed regularly to ensure the hospital it compliant with the standards to ensure safe and effective care delivery.

## 3.4 Patient experience

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

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

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

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



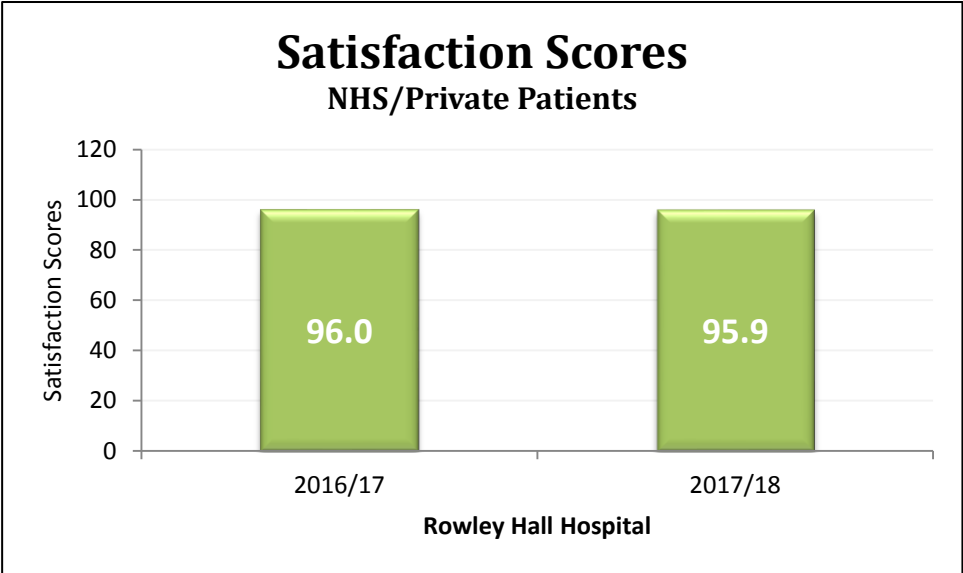
Feedback regarding the patient’s experience is encouraged in various ways via:

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

### 3.4.1 Patient Satisfaction Surveys

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

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



## 3.5 Rowley Hall Hospital Case Study

Following feedback from patients and staff an area that required some focus was Theatres. There was a high use of agency, low staff morale, inefficient theatre list resulting in patients being cancelled kit issues including non-standardisation and low compliance with national guidelines.

Ensuring the right leadership was in place within theatre team was key to making the changes we wanted to make. This person engaged with the team, consultants and patients and highlighted the areas where improvements needed to be made.

The team worked collaboratively with the consultant colleagues to start to work towards more standardised kits which meant staff were more confident with the kits, de-contamination issues reduced and processes were streamlined. The outcome of this was shorter theatre times for patients.

Patient experience, feedback and outcomes were also used to shape practice. Patients expressed anxieties over waiting times and not being informed of delayed start times, this was attributed to ineffective theatre planning of theatre lists and kit not being available. The theatre time started to lead the bed management meeting and started to work to six weeks in advance. This allowed the team to look at what the list looked like, ensuring safety and that all elements of NatSSIPs were embedded. These measures had a positive impact on the patient journey and the feedback was positive for this. The Theatre project was put forward for a HSJ award and has been shortlisted as a finalist.

## Services covered by this quality account

This hospital provides NHS and private inpatient and outpatient facilities for:-

- Dermatology
- Cosmetic surgery
- Diagnostics
- General Surgery
- Gastroenterology
- Gynaecology
- Ophthalmology
- Orthopaedics
- Pain Management
- Podiatric surgery
- Physiotherapy
- Spinal
- Urology

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

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



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

**Traffic light score**

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

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

# Rowley Hall 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:

Hospital phone number: 01785 238 600

Hospital website: [www.rowleyhallhospital.co.uk](http://www.rowleyhallhospital.co.uk)