

Springfield Hospital

Quality Account
2017/18



People caring for people



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Welcome to Ramsay Health Care UK

Springfield 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 Springfield 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

This copy of our Quality Account is my third as General Manager of Springfield Hospital. Completing this exercise is a welcome opportunity to look back and reflect on the successes that we have achieved during the year on improving the quality and effectiveness of our services and also gives us a good opportunity to understand and review where we can continue to improve. We have a strong belief at the hospital that however good services maybe there is always opportunity to continue to make these better and this is what we consistently strive to achieve.

The data within this quality account has been prepared with input from a wide range of sources including our staff, consultants and commissioners. At the hospital we have a strong focus on ensuring that our care remains as safe and effective as possible and that our patient outcomes and experience is the best it can be. Exercises such as the preparation of this report allow us to review all of our processes to ensure that we have met this aim and that our standard operating procedures allow us to achieve this for every single person that comes into contact with our services.

We have a range of processes in place to review and monitor our standards in these areas in order to identify any areas of concern, or where improvements can be made, we recognise that we can always improve through learning and this is the ethos that we follow at the hospital. Our processes also ensure that we are accurately recording and reporting the data needed to satisfy ourselves that these reviews are giving us a complete and transparent picture of the hospital performance. Having this complete picture allows us to benchmark our performance against other providers both within the Ramsay group and against a wider national picture.

These benchmarking exercises show us that generally our services, both NHS and private, are very well thought of by our patients and their families and we receive many plaudits about the services we provide.

Through providing these services our aim is that through our reputation of excellent clinical outcomes and positive patient experience that we become the hospital of choice for all.

I am proud of the service we provide at the hospital and believe that this Quality Account demonstrates the high level of service and care that all of our patients experience whilst with us

S EMERSON

Stuart Emerson

General Manager
Springfield Hospital
Ramsay Health Care UK

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.

Mr Stuart Emerson General Manager

Springfield Hospital

Ramsay Health Care UK

Signature: *S EMERSON*

This report has been reviewed and approved by:

Mr Godfrey Charnley, Consultant Orthopaedic Surgeon

Medical Advisory Committee Chairman

Signature:

1.3 Welcome to Springfield Hospital

Springfield Hospital was established 30 years ago and is part of the Ramsay Healthcare Group. We offer specialist medical and surgical services, including paediatrics, for both outpatients and planned admitted care inpatients. There are 64 beds, 58 single en-suite rooms and 3 twin en-suite rooms, offering both Inpatient and Day patient accommodation. Our twin bedded rooms offer ideal accommodation and peace of mind for parents accompanying paediatric patients or co-dependent relatives. Meals are served within the patients bedrooms with a daily selection available from a pre advised menu.

We provide fast, convenient, effective and high quality treatment for patients of all ages, whether medically insured, self-pay, or from the NHS. We are commissioned to offer services for NHS funded patients above the age of 18.

We provide a wide range of services; surgery, medicine, radiology, oncology, physiotherapy and paediatrics.

Specialties at the hospital include;

- Orthopaedics
- Urology
- Neurology
- Oral & Maxillo Facial
- General Medicine
- Vascular
- Bariatric Surgery
- Breast Surgery
- Audiology
- Nephrology
- Ophthalmology
- Spinal Surgery
- ENT
- Dental
- Rheumatology
- Plastic & Cosmetic
- Podiatry
- Haematology
- Dietetics
- Gastroenterology
- Neurosurgery
- Pain Management
- General Surgery
- Dermatology
- Gynaecology
- Oncology
- Cardiology
- Neurophysiology

Services can be delivered within an outpatient, inpatient and day care setting. Our management team ensures that the skills and care levels of all staff are available within the department with clinical teams led by dedicated Head of Department for each discipline working with Sisters Staff nurses and health care assistants. In addition we have Nurse Specialists within the in-patient and operating theatre for oncology/chemotherapy, paediatrics, plastic surgery, orthopaedics, breast care and urology.

We have a highly skilled nursing team and patients with additional care requirements can be provided with a close observation unit for those patients who may need a little more

observation. Our experienced teams are available to ensure all patients receive a high standard of individualised care from pre assessment through to discharge

Springfield Hospital has a suite of 6 Operating Theatres, all with laminar flow ventilation. A high standard of quality care, in a range of surgical specialties, is delivered by over fifty qualified theatre practitioners working with our accredited consultant surgeons and anaesthetists.

The Outpatient Department comprises of 21 consulting rooms and 5 minor-op treatment rooms used by over 200 Consultants covering 30 specialties. The department receives approximately 8000 patients performing approximately 1500 procedures per month. Outreach services are provided locally within the community for Gynaecology, ENT, General Surgery and Orthopaedics.

The Imaging department currently provides access to

CT Scans	MRI Scans	Digital Mammography
Plain X-ray	Ultrasound	Fluoroscopy

In 2016 we replaced our CT scanner, with the latest technology 64 slice scanner with additional functionality allowing us to perform Radiotherapy planning scans, Cardiac scanning and CT guided pain management injections.

We have also upgraded our second x-ray room providing much improved scanning facilities allowing for easier scanning for patients with less mobility and improved imaging. We have also upgraded our Ultrasound facility again improving image quality, meaning nearly the entire Imaging department has been upgrade in the last four years.

Pharmacy services at Springfield Hospital are registered with the Royal Pharmaceutical Society of Great Britain and can therefore dispense all prescriptions. The department offers a general pharmaceutical service to in-patients, outpatients’ visitors and staff and can offer a limited range of “Over the Counter” medicines for purchase by visitors and staff. The current year will see a complete relocation and refurbishment of pharmacy along with the reception and waiting areas of the hospital giving a much better welcome to the hospital and enhancing the pharmacy service especially as it includes a limited retail outlet.

As we develop the reputation of Springfield Hospital within the community and in support of education and learning the hospital has developed a close association with Anglia Ruskin University and actively supports student nurse and theatre training through the provision of appropriately trained mentors.

We offer a very high standard of customer care and all patients are treated as individuals with respect for patient safety, dignity and confidentiality a high priority Patient education and information leaflets are given as appropriate.

During the year from 1st April 2017 to 31st March 2018 we have admitted a total number of 11,259 patients, 42.3% of these were Private patients and 57.7% were NHS patients.

The nursing staff to patient ratio is 1: between, 5 and 8 depending on patient acuity and dependency. There is a supernumerary Nurse in charge on all shifts and an experienced Resident Medical Officer on site 24 hours a day.

Springfield Hospital current staffing includes:

Consultants (with Practising Privileges)	232	↑
Non-Consultants	21	↓
Registered Nurses	131	↑
Healthcare Assistants	69	↑
Support Staff	104	↓
Administrative Staff	56	↓
Physiotherapists	25	
Pharmacists	12	↑
Pharmacy Technicians	6	
Radiographers	20	↓
Cardiac Technicians	3	↓
Operating Department Practitioners	28	↑
Management Personnel	5	↓
Medical Laboratory Assistant	1	

We work closely with both our local NHS Trust, Mid Essex Hospital Trust (MEHT) where we have local agreements in place for provision of services which include Pathology, Infection Control and Level 3 Critical Care and our local CCG to provide a range of surgical services under the Standard Acute Contract via the new E-Referral system (ERS) and paper referral pathway. We offer direct referral services for private/self-pay/insured patients. All patients requiring NHS services are referred via their General Practitioner (GP) directly to the hospital or via a clinical assessment service (CAS/CRS).

Pathology Services are provided by The Doctors Laboratory (TDL) based at our sister hospital, The Rivers Hospital in Sawbridgeworth, which also provides chemotherapy drugs administered to our private patients.

Springfield Hospital's GP Liaison Officer is committed to building and maintaining relationships with GP Surgeries in the local catchment area to ensure we are the providers of choice in the local community. In continuance of our service to the community we give free education sessions to the local GP community through evening, weekend or full week day seminar sessions or through "lunch and learn" sessions where we take consultants into individual GP practices.

Springfield Hospital staff has participated in numerous fundraising events throughout the year to raise funds for local charities, taking part in various fund raising activities such as:

- Help the Heroes
- Essex Community Foundation
- National Blind Children's Society
- Cure and Action for Taya-Sachs Foundation
- Sponsorship of Jubilee Garden at Local Parish Council
- Three Cities bike ride Lupus UK charity
- Comic relief cake sale
- CHAPS (Colchester Has Active Prostate Support) event support
- Breast cancer charities for breast awareness month.

Springfield Hospital supports the local community by providing free facilities and catering for various groups such as:

- Action for Family Carers
- National Osteoporosis Society
- Look Good Feel Better Cancer support group
- Helen Rollason Cancer Charity
- Lung Cancer Nurses Network

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/18

On an annual cycle, Springfield hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients and our patients coming through our partnership with the NHS ensuring that all services commissioned to us are safe, quality driven treatment. We constantly strive to improve clinical safety and standards by a robust governance framework including audit and feedback from all those experiencing our services.

. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels including the engagement with our consultant body through the MAC representatives.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital. As a consequence of this the hospital has developed the Vision;

“Giving an outstanding experience of care.”

Priorities for improvement

Ramsay Springfield Hospital should become a top of class healthcare facility, providing its patients with consistently high quality care where all healthcare practitioners play a central and expert role in achieving this aim.

This clinical Strategy has been developed at a time when there is so much interest in our healthcare system within the NHS and private sector. The UK population is continuing to grow and change and so too is the demand for highly skilled staff who will make an individual hospital stand out from the many hospitals providing opportunity and capacity within the geographical location of where it is situated. It is also known that several other major health care institutions with strong names will make a significant impact on the provision of healthcare.

As we transform delivery of clinical care, all clinicians will have the opportunity to perform increasingly specialized roles. They will help lead real change within our hospital for the benefit of patients. The passion, commitment and skills of our staff are crucial to the safe and effective delivery of care. We will incentivize everyone to take on this challenge by creating opportunities that will empower them in their careers and provide them with autonomy of decision making at the bed side of the patient.

It is essential that we continue to sustain and improve standards of clinical practice and education, and to develop audit programmes and Key performance indicators that tell us how we are doing not just what we are doing; this Strategy will support our existing staff in doing this. However, the strategy goes much further by setting out how Springfield hospital will make significant changes to the ways in which we recruit, train, organize, lead and integrate our clinicians into our hospital.

We need to change the way we deliver and organize all of our services based on multi-disciplinary team work. Therefore, this strategy is not just relevant to nurses but to the wider teams with which they work. We all joined healthcare to make a difference. We must never underestimate the importance of our roles, and must never forget the significant role they can play in the patient experience.

The last two years has seen the hospital grow in size and we must match the physical growth with the necessary staff skilled to align with the development of the many services we offer and have a dedicated cohort of clinicians available to support the rapid and progressive nature of the hospital from both the business and clinical perspective. Under the direction of the management team the groundwork for a strategy designed to transform our clinical services has begun with the development of the mission and vision above and incorporating this into all we do over the next year.

We acknowledge the need to modernize our services through the development of new roles, new ways of working and new ways of delivering education and training and this strategy details our plan. This strategy also reinforces the importance of providing patients with the best

possible care. While our healthcare system is changing, the fundamental human need to be cared for with dignity, respect and compassion remains central to improvements.

The pages that follow outline a strategy that has been developed with input from both our leaders and staff who work on the front lines across the hospital and outside clinics. By articulating the link between practice, education, leadership, governance and quality, this two-year action plan will accelerate Springfield's journey to delivering one of the best patient experiences services in the region underpinned by the values of known best practices, the continued delivery of Springfield's mission and vision and the determination of becoming one of the Ramsay Hospitals with an outstanding rating with the Care Quality Commission. This strategy is intended to empower and to encourage our staff. Our goal is that staff at Springfield will be identified as an integral part of the healthcare system.

We need to be strong in recognizing the value of Springfield's clinical staff as individual skilled practitioners and the importance of supporting the growth and development of its clinical service. I invite you to familiarize yourself with the contents of this strategy with the view of understanding the important role staff will play in revolutionizing how we deliver patient care here at Springfield as we implement:

Our Values

The principles of The Ramsay Way are:

- We are caring, progressive, enjoy our work and use a positive spirit to succeed
- We take pride in our achievements and actively seek new ways of doing things better
- We value integrity, credibility and respect for the individual
- We build constructive relationships to achieve positive outcomes for all
- We believe that success comes through recognising and encouraging the value of people and teams
- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

Our Mission

We will create a safe, supportive environment taking pride in all we do, being responsive to your needs, maintaining integrity and credibility whilst nurturing people; through our gold standard framework of care we are innovative in achieving excellence, enabling leaders and teams to deliver our goal of People Caring for People.

Our Vision

"Giving an outstanding experience of care."

Introduction

This document outlines a strategy and two-year action plan which will accelerate Springfield on our journey to delivering the best nursing service in the region

In the context of our development to date, this is a very ambitious program which requires the hospital to focus on the aim of getting the right staff, in the right structure, and more importantly to be part of the change process.

The UK population and its healthcare requirements are growing at world leading rates. It is essential to understand which services we will deliver and the number of patients likely to need these services. Appropriate career ladders, job descriptions and reward packages are required to attract and retain the best staff.

To create a best in class service we need:

- *The right staff*
- *Educated to the right standards*
- *In the right structure*
- *Giving the best care as part of the Learning Education System.*

Patient safety, patient care and the patient experience are central to a high quality therapeutic experience and recovery. Ramsays' core values are set out and well known to us and we have used the corporate principles of the Ramsay way set out above. Our code of leadership also sets out behaviours expected of our leaders. We need to enact these every day and will develop a code of expected values and behaviours to ensure that the total patient experience is enhanced.

The population and its healthcare requirements are growing at world leading rates. It is essential to understand which services we will deliver and the number of patients likely to need these services. Appropriate career ladders, job descriptions and reward packages are required to attract and retain the best staff.

Educated to the right standards

To ensure that our patients' receives the best possible care, it is essential that our staff have access to a comprehensive range of education opportunities. This will help the hospital to provide a culture of lifelong learning; this is essential for healthcare professionals to stay continually up to date with the latest evidence-based care.

Two overarching educational improvements are therefore required; firstly, provision of in-service education to accredited standards to ensure that knowledge and skills are translated into practice and that our nurses can thus gain internationally accredited board certification.

Externally we need to:

Increase Ramsay sponsorship for clinical undergraduate programs creating locally trained staff

Access advanced courses, such as Diploma Masters programs.

Leadership and apprentice programs.

Evidence demonstrates that integrated clinical leadership results in good clinical services and improved patient care. The right organizational structures are vital to ensure capacity and capability and the support of staff is integral to clinical and managerial decision making in each clinical environment. These structures will be reviewed in our facility.

It is especially important that leadership is sustainable for the hospital. A leadership program will be implemented to help support the leadership development of Springfield staff at all levels of the organisation.

Giving the best care

To ensure our patients' receives the best possible care, it is important to put it in the right structure

Nursing services are integral to almost all patient care pathways. However we need to prioritize our efforts. Over the next two years we will focus on national and Ramsay clinical priorities, including:

Ambulatory Care

Cancer care

Theatre

Centers of excellence

Between 2018 and 2020 we will focus on providing a sustainable clinical infrastructure, the basis of which is good clinical leadership and the acquisition of knowledge and skills to support patient care.

Measuring the performance of clinicians is vital to ensure and improve the quality of care that patients receive. Springfield hospital will develop a clinical quality dashboard and key performance indicators which will be an essential part of our drive towards our ambitions. This will allow the Senior Management Team, and the corporate Management team to understand, review and measure all aspects of clinical care delivery. It follows therefore that clinicians must become more clinically oriented by knowing, understanding and implementing new initiatives.

A proposal to implement a best practice infrastructure across the hospital, including the recruitment of qualified and experienced clinical educational lead staff, will be made with the aim of creating a more robust clinical initiative infra-structure and culture. The proposal will call for the creation of full-time Nursing educationalist posts, and teams made from the current cohort of staff within Springfield, focused on areas such as cancer, ambulatory care and outpatient centred treatments with specific pathways reflecting modern approach to health care. This new infrastructure will be aligned to other agencies, including Ramsay, NICE, WHO and

university organisations and strengthen links with academic partners within the city of Chelmsford and wider.

2.1.1 A review of clinical priorities 2016/17 (looking back)

Springfield Hospital outlined its priorities for improvement during 2016/17 below.

Patient Safety

Improved recording of adverse events

As reported in last year's Quality Account we have continued to see improvement in this area and we continue to see most of the events we record as low harm or near miss events. Ensuring that this continues to remain a high priority for the hospital ensures that we continue to learn from these events in order to assist our drive for continued improvement and improved effectiveness at the hospital.

Clinical Effectiveness

Improving the usage of data to drive effectiveness and improve outcomes

We have made some strides forward in the usage of the data that we hold to improve the effectiveness of our services however the hospital feels that there is still more we can do to ensure that the continued drive for improvement is evidenced. Therefore this will remain a priority for the coming year and changes in both the structure of departments and the clinical care given will allow us to utilise this in a much more effective manner.

Implementing an improved ambulatory care pathway

Our ambulatory pathway has improved during this year especially with the formal opening of 15 bays within the newly developed ambulatory unit. This will mean that 2017/18 will show a marked difference in approach to care, especially given the proximity of its location to the operating suite, Discussions with the consultant body along with revised pathways means that both clinical and cost effectiveness has a real impetus for the next 12 months.

Improved discharge planning

Discharge planning has improved greatly through the year with the implementation of greater MDT approach to this aspect of patient care. . We have reshaped the pre admission process along with administration to ensure that patients have a much more stream lined approach to patient preparation for theatre and focussed on patient discharge packs. Patients are being prepared for discharge at a much earlier stage in their pathway allowing them to make better prepared and have their expectations met. The hospital continues to listen to and monitor patient feedback on this area of their experience with us.

Implementation of Springfield Productive Theatre Model

For the second year running the theatre leadership has changed undergoing a restructure to continue to maximise its efficiency continue with the objective of safety and emphasising the productive theatre model. This year has seen the building of extended theatre capacity which has impacted on this productivity. A new theatre opened in September 2017 and further work

to upgrade the air handling units has also occurred over Dec 17 and Jan 18. The restructure means several senior staff can make a difference to the culture and outlook of the new department.

Patient Experience

Improved Sharing of Patient Feedback and Actions

Internal learning from patient feedback remains an important part of the hospital activity through regular staff meetings and learning forums including lunch and learn sessions, and quality newsletters or other communication going to all staff. This has been greatly received by staff and has seen our experience rating on our staff survey's continue to remain at the excellent levels traditionally experienced at the hospital.

Improved Response Rate for Friends and Family

We continue to have a good response rate from our admitted patients, however our response rate in some areas is lower than we would expect. We have looked at different ways of working responses and have engaged with our corporate office and the CCG for different suggestions and formulated an action plan submitted to the hospital and CCG. In addition technological developments and the use of other forums Will also assist in the improvement of this area of our patients comments.

2.1.2 Clinical Priorities for 2017/18 (looking forward)

Springfield Hospital has outlined its priorities for improvement during 2017/18 below. These have been selected because they are a clinical priority for the Hospital which link to the three domains of:

- Patient Safety,
- Clinical Effectiveness
- Patient Experience.
- Leadership
- Aligned to the newly created vision for the hospital and recognising the continued work required in the needs improvement domains of safety and well led.

Patient Safety

Development and training of staff

We offer a wide range of development opportunities through our Ramsay Academy and scholarship fund and have been successful in securing funding for a number of staff in the past year who wishes to develop their careers and build on their professional and personal development. This is through this development we can continue to improve and enhance the service. Managers have been tasked with identifying opportunities and we are using our staff forums and training days to promote the opportunities available to staff. Staff are also tasked with ensuring that any learning that is completed is shared with colleagues through in service training sessions

Reduction in Cancellations on the Day

During the current year we have seen an increase in the number of cancellations on the day of surgery. There are many and various reasons for this However cancellation are considered a detriment to the efficiency of the hospital as well as to its budgeted expectations each month. The biggest impact is on the patient and waste of resources.

Late cancellations of elective operations have significant psychological, social and financial implications for patients and their families. cause significant disappointment and frustration. The reasons for them should be better understood and explored and the hospital designing a proactive and effective way of preventing them occurring. This will be published to all departments within the hospital, discussed with the Medical Team and external over seeing bodies for e.g. CCG.

Continued improvement in Infection Prevention and Control Processes

This continue to be a major focus for the hospital and we continue to work closely with our Infection Control Lead and Consultant Microbiologist to ensure we have continued improvement in our infection control outcomes through improved processes and procedures We have a number of actions that have taken place in order to improve awareness around the hospital with all staff groups which includes emphasis on education, improving the link nurse forum, infection control committee meeting and audit The data for our infection rates and outcomes are extensively published for easy reading.

Improved recording of adverse events

The reporting of adverse events has been commented on as one of the good practices for Springfield hospital. Specific training in adverse event reporting is now part of the regular mandatory training as well as induction and we have improved the flow of information back to reporters to encourage the learnings from events. The emphasis for investigating and developing of outcomes and actions as a result of any given incident is with the Head of Department and they have developed different means of feeding back to their own teams. The hospitals Senior Management Team has also developed methods for feeding back to staff. It is critical that there remains a positive attitude towards reporting and Staff continue to understand that they can report without fear of repercussions to them.

Clinical Effectiveness

Improving the usage of data to drive effectiveness and improve outcomes

Again we have improved during the coming year but we continue to feel that there is more that we could do with the data we hold. As such we are restructuring our quality team to include a data analyst within the team who will be able to prepare and analyse our available data for the clinical team to investigate and change process for the benefit of patients.

Implementing an improved ambulatory care pathway

Our new ambulatory care unit opens in July 2017 and will allow us to continue to improve the experience and effectiveness of the process for those patients that are here for an ambulatory

procedure. We recognise that patients do not want to be in hospital for longer than needed and therefore this new process will allow for them to receive the care they need in a more effective and less daunting manner.

Improved discharge planning

Whilst our patient satisfaction scores do show improvement in this area we do occasionally have patients that stay longer than necessary or are not prepared for discharge appropriately. Therefore we feel that this element needs to stay as an objective for the coming year to improve that information and preparedness especially from a pre-assessment point of view and to still work with the team on the ward to ensure we are prepared in a timely fashion for discharge for example, preparing to take home medications so there is no delay in patient's discharge.

Patient Experience

Continuation of Patient Focus Group

Whilst we have established our patient focus group in the current year we feel that this needs further embedding and widening of the group to gain much further insight and a wider range of views. We will continue to invite patients to be part of this group and ensure that the group meets on a more regular basis in the coming year.

Improved Sharing of Patient Feedback and Actions

Whilst we have improved patient feedback internally to staff we feel that one further area we could make another improvement is by sharing this information more with our patients. We will be looking at utilising the new space we have available to us to make these changes and allow for that feedback. We are currently reviewing display boards to demonstrate areas such as, 'You said we did' and clinical outcomes. We feel that through sharing with patients what we have done this will gain a greater voice and further feedback will be received allowing for us to continuously strive for further improvement in what we do.

Improved Response Rate for Friends and Family

We will continue to look at new and innovative ways to gain feedback from patients in this important survey. We are renewing our admitted care patient folders which will again stress to patients the importance of their feedback and we will continue to display and prompt patients for this in an outpatient setting.

Improve staff well being

Evidence demonstrates that with improved staff wellbeing and morale an improved service is provided to patients through greater service and attendance from staff. Therefore we have committed to continue to focus on improving this element during the coming year. We are working with our other regional hospitals on regional wide initiatives to improve our staff awareness of wellbeing and what we can offer to them as well as introducing competitions between different teams in order to encourage participation. Our staff engagement group will

also be championing these initiatives and taking ideas directly from the team in order to embed this new focus.

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 2016/17 Springfield Hospital provided and/or subcontracted Acute NHS services.

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

The income generated by the NHS services reviewed in 1 April 2016 to 31st March 2017 represents 100% per cent of the total income generated from the provision of NHS services by the Springfield Hospital for 1 April 2016 to 31st March 2017.

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 2016/17, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Indicator	Outcome	
Staff cost as % of Net Revenue	27%	↑
HCA Hours as % of Total Nursing Hours	23%	↓
Agency Hours as % of Total Hours	9%	↑
Ward Hours per patient day	4.66	↓
% Staff Turnover	12.9%	↓
% Sickness	3.14%	↑
Lost Days	10%	↑
Appraisal %	96%	↑
Mandatory Training	92%	↑
Number of Significant Staff Injuries	1	↓

Patient

Indicator	Outcome	
Formal Serious Complaints per 1000 admissions	0.03	↑
Patient Satisfaction Score	95.5%	↑
Number of Significant Clinical Events per 1000	1.29	↓

admissions		
Number of Readmissions per 1000 admissions	0.37	↑

Quality

Indicator	Outcome	
Workplace Health and Safety Score	94%	↑
Infection Control Audit Score	92%	↑

2.2.2 Participation in clinical audit

During 1 April 2016 to 31st March 2017 Springfield Hospital participated in 4 national clinical audits/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 Springfield Hospital participated in, and for which data collection was completed during 1st April 2016 to 31st March 2017, are listed below.

Name of audit / Clinical Outcome Review Programme
National Joint Registry (NJR)
Elective surgery (National PROMs Programme)
Severe sepsis & septic shock*
National Comparative Audit of Blood Transfusion programme

The reports of four national clinical audits from 1st April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Springfield Hospital intends to take the following actions to improve the quality of healthcare provided. Examples of this include continuing to review the process for ensuring quality data collection for our PROMS surveys and increasing the return rate. We have also looked at scores in relation to PROMS for knee replacements as the improvement in these areas, whilst good, is not quite where we would hope and discussions are ongoing with the orthopaedic department as to how we can further improve these.

Local Audits

The reports of 70 local clinical audits from 1 April 2016 to 31st March 2017 were reviewed by the Clinical Governance Committee and Springfield Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

The audits have highlighted a need for review of our processes in relation our medical records processes and some areas of infection control process. Whilst these were minor failings within our audit program they are important elements for our teams to get consistently correct and have taken a priority with the teams and we have seen these audit scores greatly improve throughout the year.

2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in any 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 Springfield hospital's income in from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed by Springfield Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Please see the information provided using this web link:

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

2.2.5 Statements from the Care Quality Commission (CQC)

Springfield hospital is required to register with the Care Quality Commission and its current registration status on 31st March is registered without conditions.

Springfield was last inspected on the 4th October 2016. The following 5 domains were inspected:

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

The CQC concluded that Springfield should be given a 'requires improvement' rating. Specifically two of the five domains were audited as needs improvement were safety and well led.

Core services inspected included:

- Medical Care
- Surgery
- Services for Children and Young People
- Outpatients and Diagnostic Imaging

2.2.6 Data Quality

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

Springfield Hospital has a new data quality improvement plan in its contract for 2015/16 with the lead commissioner Mid Essex CCG we have been working with the CCG in order to continue to improve data quality and meet the requirements of this plan.

The hospital gets data quality reports from Ramsay Healthcare UK centrally, and its coding team is subject to independent audit on a regular basis. We regularly review the data produced from our systems both in our regular Clinical Governance Committee and Medical Advisory Committee as well as in the day to day function and analysis of the data that is produced.

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2016/17 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data

The percentage of records in the published data included:

The patient's valid NHS number:

- 100% for admitted patient care;
 - 100% for outpatient care; and
 - Accident and emergency care N/A (as not undertaken at Ramsay hospitals).
-
- The General Medical Practice Code:
 - 100% for admitted patient care;
 - 100% for outpatient care; and
 - Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Information Governance Toolkit attainment levels

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

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

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

<https://www.igt.hscic.gov.uk>

Clinical coding error rate

We have not been subject to a clinical coding audit during the year.

Part 3: Review of quality performance 2016/2017

Statements of quality delivery

Matron, Nigel Haigh

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

Introduction

“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. As we have previously done through each year, we continue to 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.

I am pleased to say that whilst the numbers of patients choosing Ramsay for their care continues to increase, quality continues to also improve as demonstrated by improved clinical outcomes and measures.

We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

Vivienne Heckford

Director of Clinical Services

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

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

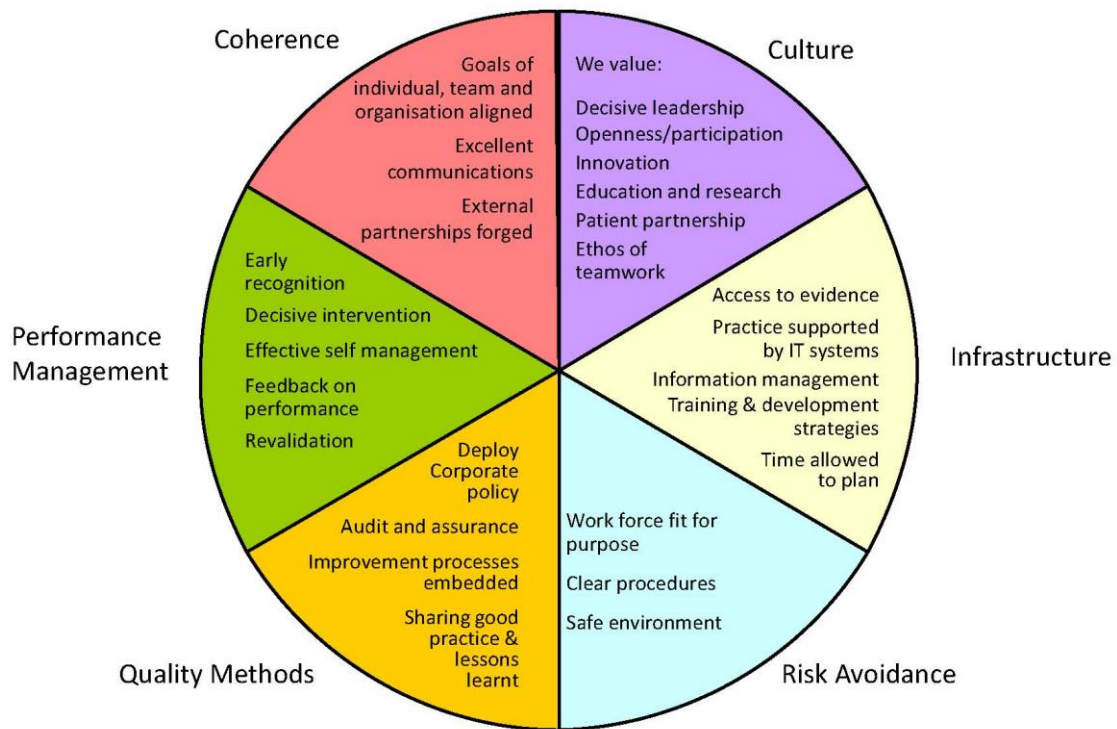
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality:

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	Springfield	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC18	0
Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC18	0	

Prescribed Information	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to—</p> <p>(a) the value and banding of the Summary hospital-Level Mortality indicator (“SHMI”) for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p> <p>*The palliative care indicator is a contextual indicator.</p>	<p>1: Preventing people from dying prematurely</p> <p>2: Enhancing quality of life for people with long-term conditions</p>

Springfield hospital considers that this data is as described for the following reasons:
 Due to our careful selection of patients and our rigorous pre-assessment processes we ensure that patients are prepared for surgery and are fit to undergo the elective surgical services we are commissioned to undertake

Springfield Hospital has taken the following actions to improve this rate, and so the quality of its services, by:
 Continuing to review pre-assessment processes to ensure that we remain fit for purpose and that adjustments in other parts of our service are reflected in this pre-assessment services

PROMS (Patient related Outcome Measurements)

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.

PROMS: Hernia	Period	Best		Worst		Average		Period	Springfield	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC18	0.089
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC18	0.092	

PROMS: Veins	Period	Best		Worst		Average		Period	Springfield	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC18	
Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC18	no data	

PROMS: Hips	Period	Best		Worst		Average		Period	Springfield	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC18	23.407
Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC18	24.298	

PROMS: Knees	Period	Best		Worst		Average		Period	Springfield	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC18	16.2
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC18	16.463	

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s Patient Reported Outcome Measures scores for—</p> <ul style="list-style-type: none"> (i) groin hernia Surgery, (ii) varicose vein Surgery, (iii) hip replacement Surgery, and (iv) knee replacement Surgery, <p>during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Springfield Hospital considers that this data is as described for the following reasons:
 Our hernia rate remains around the average score for the industry. We are working with our General Surgeons to ensure that we can improve our pathways in order to increase our health gain.
 Hip scores remain amongst the highest in the country, however as can be seen in the scores achieved this year we have increased the health gain by constantly looking at all elements of the pathway and by taking an MDT approach to the care of these patients.
 Knee scores have improved however are just slightly below the national average and we continue to look at this pathway in order to improve the improvements our patients are receiving.

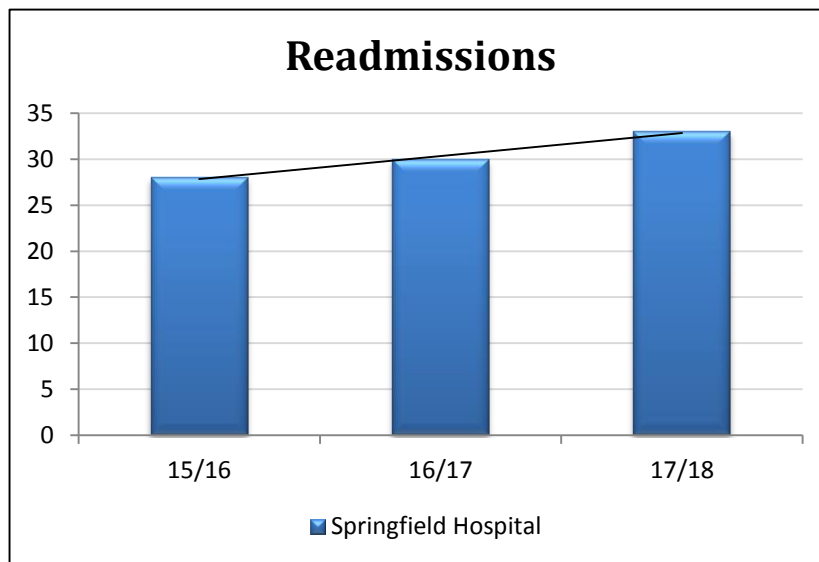
Springfield Hospital intends to take the following actions to improve this rate and so the quality of its services, by:
 We have changed the setup of our orthopaedic teams in the year to include Surgical Care P

Practitioners in to the service. This is particularly on the knee service and through this change in approach allowing for an additional input into the service we aim to see further increases in this pathway. This additional resource will allow these individuals to be involved in the patient care pathway from outpatient all the way through their journey to discharge, helping to continually aid and assist that patient’s health gain. Alongside this we have appointed new inpatient physio lead who will be ensuring that our physio pathways are as effective as possible.

Readmissions:

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 2017.



Readmissions:	Period		Best		Worst		Average		Springfield	
	2010/11	Multiple	0.0	SP5	22.76	Eng	11.43	2016/17	NVC18	0.0028054
	2011/12	Multiple	0.0	SNL	41.65	Eng	11.45	2017/18	NVC18	0.0023018

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged—
 (i) 0 to 14; and
 (ii) 15 or over,
Readmitted to a hospital which forms part of the

3: Helping people to recover from episodes of ill health or following injury

trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Springfield Hospital considers that this data is as described for the following reasons: as evidenced by the above our readmission rate remains low and whilst in real terms have slightly increased as a percentage of admissions it has actually dropped. This is through the regular review and learning from any incidents that do occur at the hospital. Ensuring that patients are fully informed on discharge of what to expect and that patients are not discharged too early from care.

Springfield hospital intends to take the following actions to improve this rate and so the quality of its services, by: continuing the actions implemented in the current year and ensuring that for any incidents that do occur a full investigation is carried out and learnings implemented at the earliest possible stage.

VTE Assessment:

VTE Assessment:	Period	Best	Worst		Average		Period	Springfield		
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC18	98.1%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC18	97.2%

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre 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

Springfield hospital considers that this data is as described for the following reasons: This KPI is measured and reviewed on a weekly basis and we have maintained an above average rate. We continue to look at ways of improving this data. Currently our system is a manual system of completing the assessment which is then uploaded onto our PAS system to report. From our audits undertaken in the year it is this step that has occasionally been omitted by the nursing staff thus giving us not a complete picture. Patients have had the assessments completed.

Springfield hospital intends to take the following actions to improve this rate and so the quality of its services, by: continuing to educate all staff involved in completing these assessments in order to ensure that the data produced is a true reflection of the care provided.

C Diff Rate:

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: per 100,000 bed days	Period	Best		Worst		Average		Period	Springfield	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC18	6.9
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC18	0.0

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre 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

Springfield Hospital considers that this data is as described for the following reasons: Through the rigorous work undertaken in the last year improving standards through our Infection Prevention and Control Committee we have seen a much reduced overall rate of infections and no repeat of the case of C-diff that had been reported in the previous year.

Springfield Hospital intends to take the following actions to improve this rate and so the quality of its services, by: continuing to invest time into the Infection Prevention work undertaken at the hospital, continuing to educate all staff on this vital area of the hospitals work. This year will see additional resource added to the hospital team in this area as well in order to continue to develop and improve this area.

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: (Severity 1 only)	Period	Best		Worst		Average		Period	Springfield	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC18	0.00
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85	2017/18	NVC18	0.00

<p>The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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Springfield Hospital considers that this data is as described for the following reasons: we continue to educate and invest in our teams ensuring that we give the best care that we can give to those coming into our hospital thus resulting in no severe harm events at the hospital in the year. We continue to utilise our incident reporting system, available to all staff, to ensure that all events are captured at source and all are investigated to ensure we can identify what happened and attempt to prevent any reoccurrence.

Springfield Hospital intends to take the following actions to improve this rate and so the quality of its services, by: Continuing to invest time and effort into our staff. Educating what adverse events are and when they should be recorded. Continuing to invest in those that are completing these investigations in order to ensure these remain as rigorous as possible and that all actions are identified and actioned as quickly as possible thus reducing the possibility of any further harm being caused to any other user of our facility.

Friends and Family Test:

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	Springfield	
	Feb-18	Several	100%	N731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC18	98.7%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC18	98.0%

<p>Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)</p>	<p>4: Ensuring that people have a positive experience of care This indicator is not a statutory requirement.</p>
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Springfield Hospital considers that this data is as described for the following reasons: We continue to deliver a good level of care to our patients and constantly review the feedback provided either through this method or through our other patient surveys used and compliments and complaints in order to identify any areas where we could improve what we do.

Springfield Hospital intends to take the following actions to improve this rate and so the quality of its services, by: continuing to share with our teams the feedback we receive from our patients, ensuring that those involved in front line treatment and care are involved in the changes that we propose to make within the service allowing for excellence to continue to be the main driver at the hospital.

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

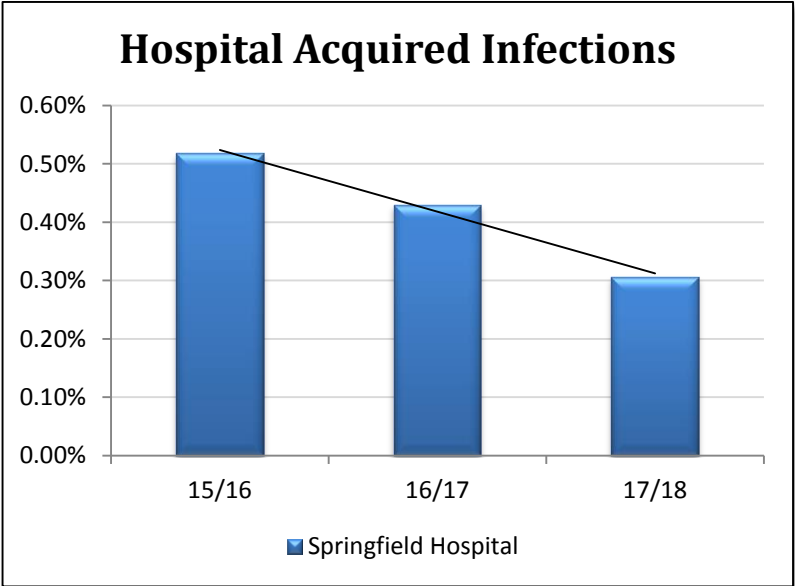
Springfield hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.

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:

All staff attends Infection Prevention Mandatory training sessions both face to face and via e-learning. Monthly audits are completed to ensure compliance with Ramsay Policy.

Surgical site surveillance is being monitored through the use of the Public Health England Scheme to ensure that collection of data and analysis is standardised. The categories we are carrying out surveillance on are Hip and Knee replacements, Spinal surgeries and Abdominal hysterectomies.

The data collected will allow us to monitor ourselves as an organisation as well as the individual surgeons.

Surgical site surveillance is being monitored through the use of the Public Health England Scheme to ensure that collection of data and analysis is standardised. The categories we are carrying out surveillance on are Hip and Knee replacements, Spinal surgeries and Abdominal hysterectomy's.

The data collected will allow us to monitor ourselves as an organisation as well as the individual surgeons.

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 Springfield 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.

The Place results for 2018 for Springfield Hospital

Cleanliness	94.37%
Overall Food	93.99%
Organisation Food	90.09%
Ward Food	98.47%
Privacy, dignity & well-being	90.67%
Condition, appearance and Maintenance	91.24%
Dementia	75.90%
Disability	79.34%

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.

Each department maintains a register of risks which are reviewed at least yearly or more often if incidents occur. A Corporate initiative has identified a number of Corporate-level risks to which each facility is transcribing, updating and taking action on local risks to deliver a centralised Risk Register that can be monitored at both local and national levels.

Activities during 2017/2018:

All incidents are recorded on our electronic reporting system “RiskMan” and are analysed by our Clinical Governance, Health & Safety, Infection Control and Medical Advisory Committees. This enables us to identify any trends, and areas for concern.

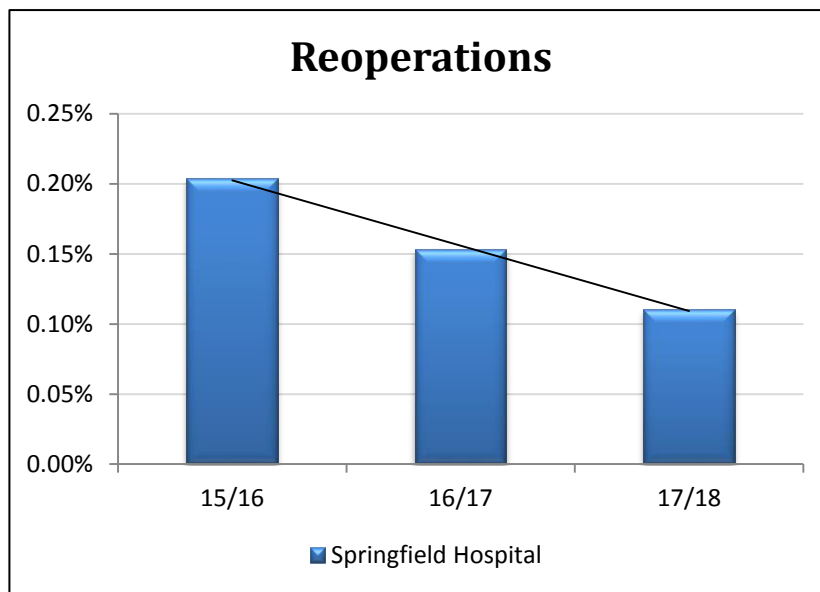
In addition to mandatory training the Health and Safety Coordinator has coordinated sharps awareness programmes throughout the year ensuring the use of sharps-safe devices where these are available. There has also been training on waste management ensuring the correct segregation of waste taking into account the effect on the environment and raising staff awareness on this issue. We have supported a team member to complete a training course to enable them to provide manual handling training to all of our staff.

3.3 Clinical effectiveness

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

3.3.1 Return to theatre

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



3.3.2 Learning from Deaths

During the year under review the hospital has not had any deaths in the services covered by this quality account. We do however ensure that the learnings from other hospitals are shared through our various committee meetings and have shared lessons learned from our sister hospitals which have led to changes in practice particularly around our pre-assessment process and blood transfusion pathways

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Standard 1:

Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.

At Springfield Hospital: We operate a full 7 day service where there are no differences in communication and involvement with families and carers at any time evidenced in our patient satisfaction survey

Standard 2:

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

At Springfield Hospital;

All patients have consultant led care and all patients are admitted under a named consultant. All consultants have to be available to see their admitted patient 7 days a week, with nominated cover in their absence

The RMO reviews the patient on admission and reports to the named consultant who reviews the patient within the recommended timescale

Standard 3:

All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.

At Springfield Hospital;

We comply with this standard with multi-disciplinary team on call for all emergency needs

Standard 4:

Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

At Springfield Hospital:

Shift handovers occur at designated times and are consistent across the seven days with no difference in times or locations across this period

Standard 5:

Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

At Springfield Hospital:

All patients can access diagnostic services 7 days a week using the on-call team.

We have laboratory & diagnostic services on site however CT and MRI out of hours are requested by a consultant.

Standard 6:

Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

At Springfield Hospital:

All patients can access to level one care 24 hours a day

Any patients requiring services at level care 2 and above need to be transferred to the NHS and we have a Service Level Agreement in place

Standards 7-10

Patient requiring these services, would need to be referred onto the appropriate specialist service within the NHS

3.3 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:

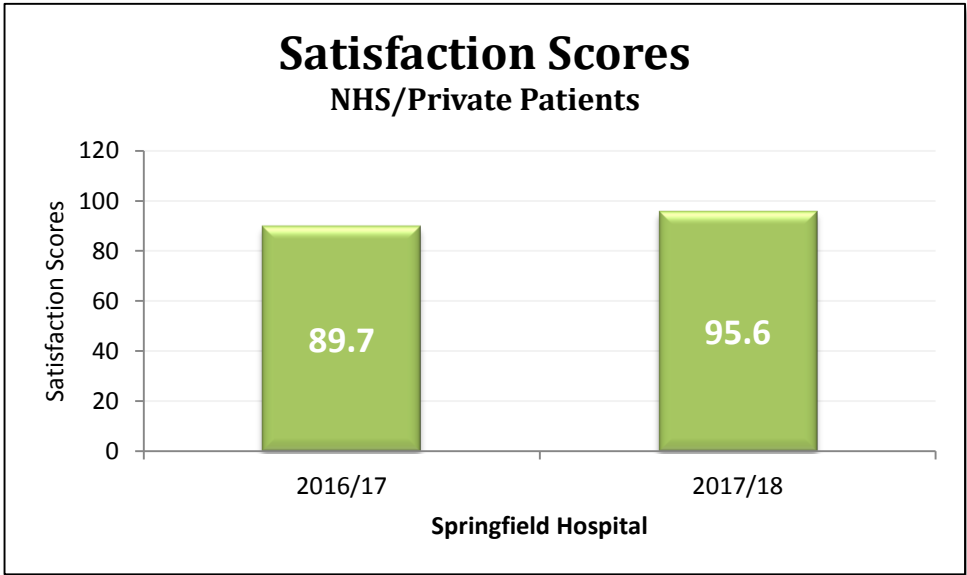
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- ‘We value your opinion’ leaflet
- Verbal feedback to Ramsay 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

3.3.1 Patient Satisfaction Surveys

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

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

As can be seen from the graph below the actions taken have led to continued improvement in patient satisfaction.



Services covered by this quality account

Springfield Hospital



Springfield Hospital has 64 beds / day case facilities. 5 theatres 2 (with laminar flow) and an endoscopy unit.

Patients requiring level 2 care are treated and cared for by a well trained team of staff in a dedicated level 2 facility. Springfield Hospital provides care and treatment for children over the age of 1 year.

Springfield provide outreach clinical for consultation at Brentwood Community Hospital, Chartwell Private Hospital

and Click Hearing. People who use our hospital services will recommend us to their family and friends because of our excellent patient outcomes.

Location: Springfield Hospital, Lawn Lane, Springfield, Chelmsford, Essex CM1 7GU

Tel: 01245 234 000

Registered Manager: Stuart Emerson

stuart.emerson@ramsayhealth.co.uk

Regulated Activities – Springfield Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Allergy and immunology, , Audiology, Bariatrics, Cardiology, Colorectal, Cosmetics, Dermatology, Dietician, Ear, nose and throat (ENT), Facial Aesthetics, Gastroenterology, General medicine, Gynaecology, (& Obstetrics), Haematology, Manual Lymphatic, Drainage, Nephrology, Neurology, Neurosurgery, Oncology, Pain Management, Orthopaedic medicine, Ophthalmology, Pain Management, Paediatric medicine, Physiotherapy, Psychiatry, Rheumatology, Sports, Medicine, Urology	All adults 18 yrs and over Children 0-18 yrs of age in outpatients
Surgical Procedures	Ambulatory, Day and Inpatient Surgery, Colorectal, Cosmetics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Neurosurgery, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain Management, Plastic Surgery, Urological, Vascular	All adults 18 yrs and children 1 yrs and above inpatients and day cases: excluding <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3.

		<ul style="list-style-type: none"> Any patient who will require planned admission to ITU post surgery Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) MI in last 6 months Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Audiology, CT, Digital Mammography, GI physiology, Imaging services, MRI, Phlebotomy, Urinary Screening and Specimen collection, Urodynamics, Exercise ECG	All adults 18 yrs and over All children 0 yrs and above
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2017/18. Each arrow links to the audit to be completed in each month.

Audit Programme v10.0 2017/18		Hospital Name:											Implemented: July 2017		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carré / 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 - PDA, admission, theatre, discharge	Med Rec	→	→	→	→	→	→	→	→	→	→	→	→		
Patient Journey	Patie Journey	→	→	→	→	→	→	→	→	→	→	→	→		
Ward	Ward Operational	→	→	→	→	→	→	→	→	→	→	→	→		
Outpatients	OPD M Rec	→	→	→	→	→	→	→	→	→	→	→	→		
Outpatients	OPD Operational	→	→	→	→	→	→	→	→	→	→	→	→		
Controlled Drugs			Controlled Drugs	→	→	Controlled Drugs	→	→	Controlled Drugs	→	→	Controlled 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	Safe & Secure		* or above prev
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	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	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 - CYCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→	→		
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→	→		
Infection Prevention and Control	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	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	→	→	→	→	→	→	→	→	→	→	→	→		

Springfield 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:

01245 234000

www.springfieldhospital.co.uk