

# QUALITY ACCOUNTS 2017/2018

  
The Westbourne Centre  
Birmingham



NO REPORTED MRSA BACTERAEMIA IN THE PAST 9 YEARS

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# Welcome to Ramsay Health Care UK

## The Westbourne Centre is part of the Ramsay Health Care Group

*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 The Westbourne Centre'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

**Sarah Rush**  
**General Manager,**  
**The Westbourne Centre**

As the General Manager of The Westbourne Centre I am passionate about ensuring that we deliver consistently high standards of care to all of our patients.

*Our Vision;*

*“As a committed team of professional individuals we aim to maintain high standards of services with patient care remaining our focus for everything we do.”*

The Westbourne Centre has been established for 10 years. We offer a range of services to private and NHS patients, ensuring that patient care is at the centre of what we do. This is delivered through a commitment to teamwork and professionalism between all parties.

Our Quality Accounts details the actions that we have taken over the past year in order to ensure that our high standards in delivering patient care are maintained and for those areas where we have identified where we can improve, we have implemented changes to our processes in order to be able to deliver the required improvements to the delivery of our patient care.

Following our CQC inspection in November 2016 I am pleased to say we were rated as ‘GOOD’. This was a pleasing outcome for The Centre however an action plan following publication of the report will be put together in order for us to make further improvements across The Centre and to the services and care we offer the patients using our facility.

Our Quality Account has been produced to provide information about how we monitor and evaluate the quality of the services that we deliver throughout The Westbourne Centre. We hope to be able to share with the reader our progressive achievements that have taken place over the past year. The Westbourne Centre has a very strong track record as a safe and responsible provider of Day Case services and we are proud to share our results.

At The Westbourne Centre we believe that each member of staff plays a part in the success of the unit. We have a training and education plan which involves all members of our administrative and clinical teams.

Our Quality Accounts have been developed with the involvement of our staff who have very much involved with developing a systems approach to risk management which focuses on making every effort to reduce the likelihood and consequence of an adverse event or outcome associated with treatment of a patient.

To ensure a coordinated approach to the delivery of care for patients and to monitor the adherence to professional standards and legislative requirements the Clinical Effectiveness

Committee and Medical Advisory Committee meet on a quarterly basis to review the clinical and safety performance of The Westbourne Centre. These committees have reviewed and commented on the details within these Quality Accounts.

The quality accounts give all parties and providers access to quality activities and patient treatment outcomes at The Westbourne Centre. If you would like to comment or provide me with feedback then please feel free to contact me on the following number or via email;

0121 456 0880 or [sarah.rush@westbournecentre.com](mailto:sarah.rush@westbournecentre.com)

*Sarah Rush*

General Manager

## 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.

**Sarah Rush**  
**General Manager**  
**The Westbourne Centre**  
**Ramsay Health Care UK**

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

**Mr Hiroshi Nishikawa - MAC Chair and Clinical Effectiveness Committee Chair**

**Coordinating NHS Commissioners – Birmingham Cross City CCG**

The management team at The Westbourne Centre work in partnership with the MAC and the CEC ensuring high quality patient care is at the centre of what we do. Regular meetings with the above committees ensure best practice and sharing of results.

# Welcome to The Westbourne Centre

The Westbourne Centre is a day case hospital in the heart of the Edgbaston Medical Quarter in Birmingham. We provide fast, convenient, effective and high quality treatment for patients whether self-funding, medically insured or from the NHS. We treat private and NHS patients from the age of 18 and can consult children over the age of 3 for most specialties.

All of our theatre cases are performed under local anaesthetic with or without sedation, which enables patients to be discharged on the same day. We do not have the facilities for general anaesthesia so some patients requiring general anaesthetic are treated at our sister hospital, the West Midlands Hospital, in Halesowen.

Our specialities include:

- Cosmetic surgery
- Restorative dentistry
- Oral and maxillofacial surgery
- Endodontics and orthodontics
- Ophthalmic surgery
- Orthopaedic surgery
- General and vascular surgery
- Dermatology
- Non-surgical and beauty treatments

The Westbourne Centre is centrally located with free on-site parking and is easily accessible via public transport. We also have disabled access to The Centre.

Currently we employ a total of 25 contracted staff and this includes a mix of qualified nurses, HCAs, theatre practitioners, administration staff and receptionists. We are supported by a well-qualified and experienced regular bank team.

All Consultants undergo rigorous vetting procedures, ensuring only those who are qualified and experienced are granted practicing privileges. The hospital is strictly regulated and audited by the Care Quality Commission, the governing body responsible for maintaining standards in healthcare, and the latest report can be found on the [CQC Website](#), for which we were rated GOOD.

For the period March 2016 to April 2017 the total number of patients treated with a surgical procedure was 2373; of these 1789 (75%) were NHS funded and 584 (25%) were privately funded. A significant proportion of our patients are treated in an out-patient setting such as those undergoing dental treatments, non-surgical aesthetics and some dermatology. Other patients are managed conservatively in outpatient clinics, and do not require surgical interventions.

We offer direct referral services for self-pay and insured patients.

All patients requiring NHS services are referred via their General Practitioner, or other primary care providers (such as Optometrists and Dentists) directly to the hospital, either by the Extended Choice Network or by paper referral.

From 1st April 2017 our NHS contract managed moved across from Dudley CCG to Birmingham Cross City CCG – the services offered remain the same and are delivered under the NHS standard contract.

### **Additional services**

The Westbourne Centre has access to Cavendish Imaging, an independent company based at The Centre. Cavendish Imaging provides a specialist imaging service (x-ray and CT scans) for the dental, oral and maxillofacial, facial, plastic and ENT surgeons.

We also have a physiotherapist who provides treatment for post-operative NHS patients and self-funding patients.

We also provide neurophysiology diagnostics in the form of Electromyography and Nerve Conduction Studies for orthopaedic patients.

### **Involvement in the community**

The Westbourne Centre is proud to support local charities and this year we have contributed Marie Curie Cancer and Stand up to Breast Cancer. The Westbourne Centre staff have set the goal to try and walk 10,000 miles between ourselves to raise money for these charities.

Our Christmas charity in 2017 was Birmingham Shelter. The Centre and the staff donated toiletries, hats, scarfs and stationary to the homeless at Christmas in Birmingham.

# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

On an annual cycle, The Westbourne Centre develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all patients whilst they are in our care.

We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all who experience our services.

To achieve these aims, we have various initiatives underway which remain on going as we are consistent in our approach.

The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

## Priorities for improvement

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

Priorities chosen for last year were taken from our CQC inspection report

#### Clinical priorities for improvement from CQC report -

##### **Medicines Management**

- Medicines management in theatre and recovery. Improvements have been made in the storage of medication in terms of locking medication cupboards and daily audit of fridge temperatures.

##### **Clinical Documentation**

- Learning from incidents has improved. Discussed at monthly clinical governance meeting. Heads of Department required to present all incidents that have occurred in their area that month. Lessons learnt and changes in practice discussed.
- Clinical safety metrics displayed in the entrance of the hospital and updated on a quarterly basis.

##### **Mandatory training**

- Mandatory training was overall above target however, for dental staff five modules were below the 85% target including safeguarding. Priority to reach target levels by the end of the year

A specific action plan has been put in place to address the above.

#### Other clinical priorities

##### **Infection Control**

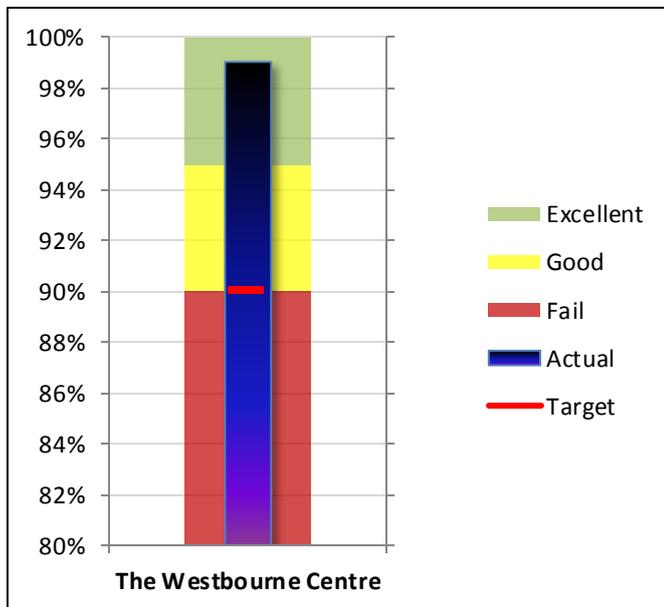
The target set for last year was to continue minimal infection rates and high percentage of infection control audit results. This has been achieved and low infection rates still remain. We have assigned an Infection Control link nurse to ensure our high standards are maintained and overall awareness is increased.

##### **Reducing the risk of developing thrombosis**

VTE (formation of thrombosis following surgery) is still very high on the agenda because of the risks to health and outcomes following surgery. For that reason we continue to strive to improve reporting data and compliance to all patients at risk and to those undergoing sedation.

Through careful pre assessment and risk assessment we can reassure our patients that their well-being is our priority.

Patients are also empowered to reduce those risks by information given to them at pre assessment and by preventive treatment e.g. early mobilisation and the use of specific compression anti-embolism stockings.



## Patient Satisfaction Surveys

- **QA Research**

Surveys carried out by our external research company show that our patients are extremely satisfied when asked 'please give your overall opinion of the care you received during your stay', regularly achieving a 100% score.

The results are discussed monthly and areas requiring improvement are discussed and action plans implemented. We can evidence that this is a successful way of improving quality through the improved scores shared by the research team.

- **Friends & Family**

All patients are encouraged to complete a friends and family feedback form.

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

The clinical priorities moving forward:



Figure 1 The 5 Domains of the CQC.

## Are we Safe?

One of the dimensions of quality is that patients come to no harm, meaning that the environment is safe, clean and 'unavoidable harm' is reduced.

### NICE Guidelines

Nice guidance will continue to be reviewed and actioned as appropriate for each discipline. These recommendations will be discussed at Clinical Governance and Medical Advisory Council (MAC).

### Safeguarding

The Westbourne Centre is committed to ensuring the safety and wellbeing of all its patients. Safeguarding adults is everybody's business. All staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected, they should act professionally, discreetly and with the maximum possible confidentiality. The hospital operates within *The Department of Health document Caring for our future: reforming care and support*.

### Environmental Cleaning

The hospital cleaning standards and schedules will be monitored both internally through the Ramsay Audit Plan and by the Patient Participation group through the PLACE Audit.

### Hand Hygiene

Infection and prevention control is a priority for no incidents of unavoidable infection. We will continue to perform quarterly audits and participate in national hand hygiene awareness events.

### Venous thromboembolism (VTE)

NICE guidelines are implemented to ensure patients are assessed and given the appropriate prophylaxis to avoid VTE. Using a thorough robust audit and reporting system we have ensured that 99% compliance has been achieved

### **Surgical Safety Checklist**

As highlighted in our recent Theatre Audit our compliance to the Surgical safety checklist needs to be maintained. Safer surgery is ensured by using a surgical safety checklist based on the tool devised by the World Health Organisation (WHO). This ensures every patient undergoing a surgical/radiological intervention (including local anaesthesia) undergoes a series of safety checks before any treatment. Through a robust clinical governance audit program, training, documented evidence and monitoring quality assurance can be attained.

### **Speaking Up For Safety education programme**

Speaking Up For Safety is a programme of learning to be introduced to all staff through Ramsay UK over 2018/19. It is a programme to skill health workers to effectively communicate concerns to colleagues that unintended harm to patients or consumers may be about to occur. It will give all staff a 'toolkit' of phrases and actions to effectively and respectfully raise safety concerns.

## **Are we Effective?**

### **Informed Consent Process**

By gathering information through patient surveys a process for healthcare intervention will ensure the patient has been given all information in terms of what the treatment involves, including benefits and risks. Staff will be retrained in the consent principles and processes as part of mandatory e-learning.

### **MRSA Zero tolerance methicillin-resistant Staphylococcus aureus\***

The hospital has never had an MRSA outbreak and the hospital plans to maintain this standard in 2018/19. This will be achieved by following the DOH 2010 High Intervention Impact Care Bundles e.g. the surgical site infection

### **Internal Audits**

The Westbourne Centre will continue to follow the organisations prescribed clinical and non-clinical audit programme on a monthly basis. To ensure quality and gain assurance these assessments will be reviewed monthly at CEC meetings and action plans agreed if necessary.

### **Third Party Audits**

- Theatre Audit 2018- action plan to completed and standards to be maintained

### **Equipment Maintenance**

The asset register will continue to be maintained as well as the equipment and servicing records to ensure safe and effective care.

## **Are we Caring?**

The hospital will continue to ensure the highest standards of care, ensuring the dignity and respect for all patients and maintaining professionalism at all times. Staff are encouraged to be empathetic.

### **Duty of Candour**

The organisation has developed a Duty of Candour policy. The Westbourne Centre will continue to ensure all events are reported in line with the regulations as stated in the Health and Social Care Act 2008 Regulations 2014, the Care Quality Commission Regulations 2009.

## Are we Responsive to people's needs?

### Friends & Family

At The Westbourne Centre feedback from our patients is at the very heart of our service. Our friends and family questionnaires and external audits give us the feedback required to improve services. The focus for this 2018/2019 will be to significantly improve our response rates and share the findings hospital staff.

We operate a complaints process that responds, flexibly, open and honestly to the patients concerns or complaints, which enables us to support complaints effectively and promote public confidence in our service.

### Complaints

All complaints will continue to be managed in line with the organisations policy. The lessons learnt from these events are communicated and shared with all colleagues to improve our services and this will be a continual priority for 2018/19.

### Compliments

Compliments received verbally or written are recorded on the hospital reporting system. Staff are fed back the information individually or as a group.

## Are we Well-Led?

The Senior Management Team (SMT) will continue to focus on providing clear guidance and leadership with an open door policy. Staff will continue to be encouraged to share ideas and concerns.

The Senior Management Team will continue its high level of visibility around the hospital. Communication remains an important aspect and methods to improve communication will be explored. Internally notice boards in staff and patient areas to be introduced. In addition daily huddles to commence by theatre team.

### Risk assessment and Incident reporting

The SMT will focus on improving the hospital and departmental risk registers with training of staff in the system. A non-blame culture is encouraged.

### Audit and Lessons Learnt

The SMT will emphasise the 'closing of the loop' from actions identified to improve patient safety and lessons learnt will be discussed and shared with staff.

## 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 Westbourne Centre provided and subcontracted 10 NHS services.

The Westbourne Centre has reviewed all the data available to them on the quality of care in all 10 NHS services provided.

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

Staff cost % Net Revenue	- 30.7%
Agency cost as % of Total staff cost	- 0.2 %
% Staff Turnover	- 10%
% Sickness	- 5.7% -
Appraisal %	- 70%
Mandatory Training %	- 86%
Number of Significant Staff Injuries	- 0

#### Patient

Formal Complaints per 1000 admissions	– 1.3 per 1000 admissions
Patient Satisfaction Score	- 99.7%
Number of Significant Clinical Events per 1000 admissions	– 0
Readmission per 1000 Admissions	- 2.5 per 1000 admissions.

#### Quality

Workplace Health & Safety Score	- 97%
Infection Control Audit Score	- 99%

## 2.2.2 Participation in clinical audit

The national clinical audits and national confidential enquiries that The Westbourne Centre was eligible to participate in during 1 April 2017 to 31<sup>st</sup> March 2018 are as follows:

- Elective surgery (National PROMs Programme)
- Cataract procedures, ICHOMs ( National PROMs Programme)

There were less than the minimum number of required post-operative surveys to reach the threshold required to gain an average score for both of the above. Consequently we are unable to comment on any health gain score as this figure is not published nationally. However this is an area of focus for the forthcoming year with the arrival of the new Matron.

### Local Audits

There is a robust local Clinical Audit programme in place. Throughout the year 64 audits were undertaken. These included infection prevention and control, dental decontamination, theatre and dental radiology. The audit results are reviewed both nationally and at a local level by the Clinical Governance Committee. The clinical audit schedule can be found in Appendix 2.

## 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 The Westbourne Centre's income from 1 April 2017 to 31 March 2018 was conditional on achieving Quality Improvement and Innovation goals agreed between them 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.

CQUINs for 2017/2018

- Staff Health and Wellbeing- to continue on our success into year two. Initiatives to embed to The Westbourne Centre include pedometers for all staff to measure activeness and healthy eating weekly emails.
- Speaking Up For Safety- programme of learning to be introduced to all staff through Ramsay UK over 2018/19. It is a programme to skill health workers to effectively communicate concerns to colleagues that unintended harm to patients or consumers may be about to occur. It will give all staff a 'toolkit' of phrases and actions to effectively and respectfully raise safety concerns.

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

The Westbourne Centre is required to register with the Care Quality Commission and its current registration status as of April 2017 is GOOD.

## 2.2.6 Data Quality

The Westbourne Centre submits both national and quality data at required reporting periods. Examples include:

- Mixed sex breaches
- Duty of Candour
- Preventing people dying prematurely (recording of smoking status)
- Ensuring people have a positive experience of care (patient questionnaires)

Quarterly performance indicators are also submitted to PHIN (Private Healthcare Information Network )

We consistently achieve 100% in most of our quality measures and aim to continue this for 2017/2018

## NHS Number and General Medical Practice Code Validity

The Westbourne Centre, as part of Ramsay Healthcare, submitted records during 2017/18 to the Secondary Users 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 Ramsay Group submitted records during 2017/18 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

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

## Information Governance Toolkit attainment levels

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

Ramsay Group Information Governance Assessment Report score overall score for 2017/2018 was 83% and was graded 'green' (satisfactory).

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

### Clinical coding error rate

The Westbourne Centre conducted a clinical coding audit for patients during 2017/18 retrospectively conducted in May 2018. The Westbourne Centre achieved the following levels in this audit as summarised below:

Audit May 2018 Westbourne Centre		Information Governance Attainment Requirement 505 Levels	
Primary Diagnosis	98.33% correct	Secondary Diagnosis	94.95% correct
Primary Procedure	96.67% correct	Secondary Procedure	95.79% correct

### Recommendations

**R1** Improve the completion of co-morbidities in patient notes so all coding is accurate

**R2** It is considered good coding practice for the histology report to be available to the coder so that the assigned clinical coding may be updated to reflect the findings in the report. Histology results are not currently available to the clinical coder at the Westbourne Centre

## 2.2.7 Stakeholders views on 2017/18 Quality Account

MAC chair has had the opportunity to review this document and at time of publishing and has not requested any feedback to be added.

# Part 3: Review of quality performance 2016/2017

## Statements of quality delivery

Catherine Limbrick Clinical Lead

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

### Introduction

#### Statement from Vivienne Heckford

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**

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

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

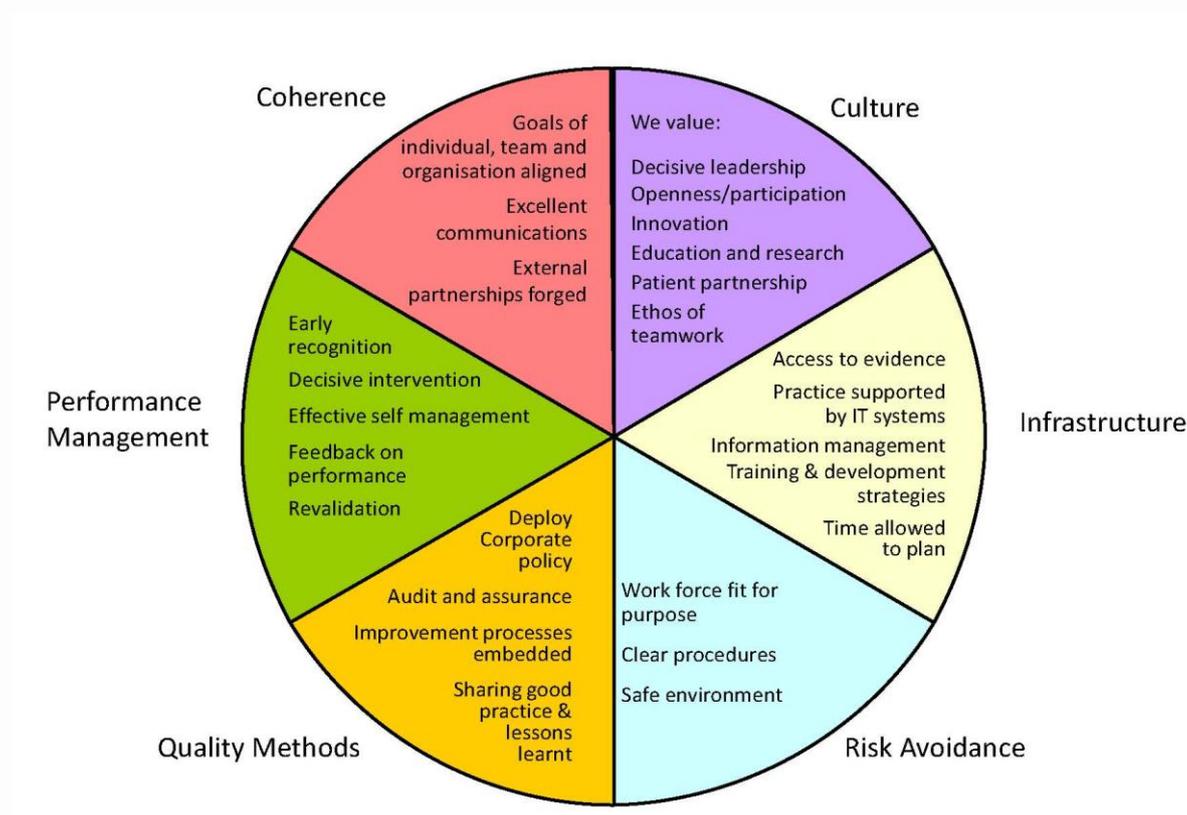
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation.

In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

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

### Ramsay Health Care Clinical Governance Framework



## National guidance

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

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

### 3.1 The Core Quality Account indicators

Mortality:	Period		Best		Worst		Average		Period		Westbourne	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC44	#N/A		
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC44	#N/A		

The Westbourne Centre considers that this data is as described for the following reason:  
There were no expected deaths as we do not have patients requiring palliative or long term care.

PROMS: Hernia	Period		Best		Worst		Average		Period		Westbourne	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC44			
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC44	*		

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre did not have sufficient numbers of patients taking part in this audit to be included in the %s

The Westbourne Centre has taken the following action to improve this number and so the quality of its services:-  
By an increase in the relevant services available through additional clinic and theatre availability.

PROMS: Veins	Period		Best		Worst		Average		Period		Westbourne	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC44			
	Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC44	*		

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre did not have sufficient numbers of patients taking part in this audit to be included in the %s

The Westbourne Centre has taken the following action to improve this number and so the quality of its services:-  
By an increase in the relevant services available through additional clinic and theatre availability

PROMS: Hips	Period		Best		Worst		Average		Period		Westbourne	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC44			
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC44	no data		

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre does not undertake this type of procedure.

PROMS: Knees	Period	Best		Worst		Average		Period	Westbourne	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC44	
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC44	no data

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre does not undertake this type of procedure.

Readmissions:	Period	Best		Worst		Average		Period	Westbourne	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC44	#N/A
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC44	#N/A

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre has had no NHS readmissions. It is a day case hospital and the type of procedures carried out, would rarely warrant a readmission.

VTE Assessment:	Period	Best		Worst		Average		Period	Westbourne	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC44	97.3%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC44	97.3%

The Westbourne Centre considers that this data is as described for the following reasons:  
The Westbourne Centre carry out an assessment on all admissions and record the data appropriately. This indicator is also monitored internally, through the monthly audit programme.

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Westbourne	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC44	#N/A
	2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC44	#N/A

The Westbourne Centre considers that this data is as described for the following reason:  
The Westbourne Centre has no cases to report. It is a day case hospital and patients are unlikely to contact C.Diff during such a short hospital stay.

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Westbourne	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC44	#N/A
	April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC44	#N/A

The Westbourne Centre considers that this data is as described for the following reason:-  
The Westbourne Centre has no cases to report.

F&F Test:	Oct	Best		Worst		Average		Period	Westbourne	
	Feb-18	Severall	100%	J731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC44	*
	Mar-18	Severall	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC44	100.0%

The Westbourne Centre considers that this data is as described for the following reason:-  
The Westbourne Centre take part in the F&F test but the numbers are not included in the national average as we are a day case hospital only.

## 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.

### **3.2.1 Infection prevention and control**

***The Westbourne Centre has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 9 years.***

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

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:**

- Link personnel from Ramsay corporate team support our own lead IC nurse at The Westbourne Centre and we have a service level agreement with our local NHS Trust Consultant Microbiologist and team, to support IC at The Westbourne Centre.
- E-Learning and Mandatory training sessions held for all clinical staff.
- Actively involving the infection control nurse in working in the clinical environments to audit and advise staff members and consultants in infection control issues including hand hygiene.
- Our lead Infection control nurse advises staff on reporting mechanisms for infections /wound problems using examples of reporting tools and policies available.

The Westbourne Centre is proud of the low figure of less than 0.12% of all admissions and will aim to continue with such vigilance in monitoring and auditing infection control, in the forthcoming year.

### 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 within the Ramsay group. It provides 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 Westbourne Centre's next PLACE audit has been arranged for September 2018 which is Q1 of our financial year.

### 3.3 Clinical effectiveness

The Westbourne Centre has a Clinical Governance team 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.

Standing agenda items:

- Clinical incidents, lessons learned and action plans
- Complaints, lessons learned and action plans
- Internal/external audits, areas of focus and action plans

Following these 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

The Westbourne centre 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 and consistent with our track record of successful clinical outcomes.

The Westbourne Centre had 6 patients return to theatre of the period of 2017/18.

### 3.4 Patient experience

All feedback from patients regarding their experiences with The Westbourne Centre 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.

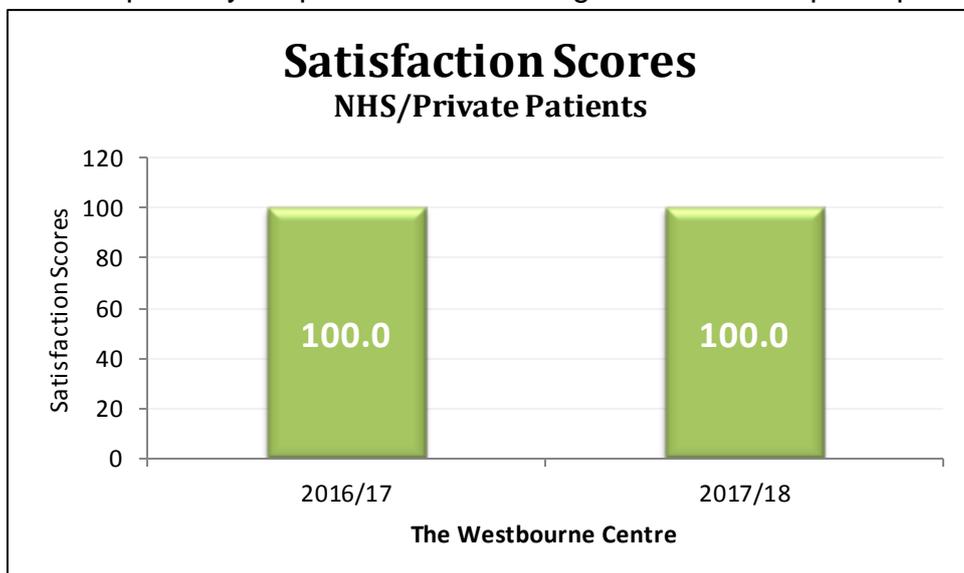
All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also fed back 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 fed back via the various methods below, and are regular agenda items on Local Governance Committees and at Head of department meetings for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and Dept of Health 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
- CQC patient surveys during inspections
- 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

Here at The Westbourne Centre we use multiple methods to obtain patients satisfaction information.

#### Friends and Family

All of our patients are encouraged to take part in the 'Friends and Family' surveys when visiting our outpatient, dental and theatre departments for both consultations and treatment. Patients are

asked whether they would be 'extremely likely', 'likely', 'unlikely' or 'extremely unlikely' to recommend The Centre to their friends or family. The results of these are monitored on a month by month basis. Over the year 2017/18, 99.7% of surveyed patients stated they would recommend us ('extremely likely' or 'likely'). They are also able to use free text to leave their own personal comments and feedback which is discussed at our monthly NHS meeting.

We strive to maintain this very high level of quality and continue to act on all feedback we receive.

### **QA Research**

As part of Ramsay Healthcare UK, we also use a third party market research company called QA research to carry out independent feedback surveys. 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. These are also discussed at team meetings.

### **In-house Feedback Cards**

Patients are also given the opportunity to leave more detailed feedback on our feedback cards, left in waiting areas around The Centre. These are compiled on a monthly basis and feedback shared at team meetings.

### **Doctify**

Working with this external consultant directory, we have an iPad installed in house which enables patients to leave a review electronically on the Doctify website. We currently have a 5 star rating on Doctify.

### **NHS Choices**

We actively encourage our patients to leave reviews on external sources, and supply them with the link for NHS choices. Reviews are responded to online and we will always pass on all types of feedback to the team. We currently have a 5 star rating on NHS Choices.

## Appendix 1

# Services covered by this quality account

Treatment of Disease, Disorder or Injury

- Lasers for
- Hair Reduction
  - Vascular/Pigmented Lesions

Surgical Procedures

All surgical Treatments under LA/ Sedation

- Dental implants
- Minor oral/periodontal surgery
- Cosmetic
- Dermatological
- General Surgery
- Ophthalmic
- Minor Orthopaedic

Diagnostic

- Phlebotomy
- Specimen collection
- Histology
- Nerve conduction study

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

Audit Programme v8.0 2015/16													Hospital Name: The Westbourne Centre			Implemented: July 2015	
Authors: R. Saunders / A. Shannon / N. Carre / A. Blake																For review: June 2016	
Use arrow symbol to locate required audit																	
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Traffic light score				
Medical Records	NHS	Dent	Surg	NHH	Dent	Surg	NHS	Dent	Surg	NHS	Dent	Surg					
VTE / Det Pt		VTE	PtDet		VTE	N & H		VTE	Det Pt		VTE	N & H					
Consent																	
Pre admission / Discharge														Green	100%		
Care Pathways and Variance Tracking														Cool Amber	90 - 99%		
Controlled Drugs														Amber	80 - 89%		
Prescribing														Hot Amber	70 - 79%		
Medicines Management														Red	69% and under		
Dental	Enviro	Decontam	Med Devic	Enviro	Decontam	Med Devic	Enviro	Decontam	Med Devic	Enviro	Decontam	Med Devic					
Theatre	Organisational	Surgical Safety	Anaesthetic	Peri op	Surgical Safety	Clin Effect	Organisational	Surgical Safety	Anaesthetic	Peri op	Surgical Safety	Clin Effect					
Infection Prevention and Control*	and hygiene	Isolation	PVCCB	UCCB	100%	Hand hygiene	CVCCB	SSI	Hand hygiene	PVCCB	UCCB						
Infection Prevention and Control - Environmental Audit		Environ			Environ			Environ			Environ						
Transfusion				Compliance							Allogenic Traceability	Autologous Traceability					

\*Key:  
 CVCCB = Central Venous Catheter Care Bundle  
 SSI = Surgical Site Infection  
 PVCCB = Peripheral Venous Cannula Care Bundle  
 UCCB = Urinary Catheter Care Bundle  
 Det Pt = Deteriorating Patient  
 N&H = Nutrition and Hydration  
 VTE = Venous Thromboembolism

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This audit calendar was completed for 2017- 2018 and the template will be used for the year ahead.

# THE WESTBOURNE CENTRE

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:

**0121 456 0880**

**[www.westbournecentre.com](http://www.westbournecentre.com)**