The Yorkshire Clinic & Lodge

Quality Account
2017/18

People caring for people

RAMSAY HEALTH CARE

Contents

Welcome to Ramsay Health Care UK

The Yorkshire Clinic Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of National and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs and Clinical Commissioning Groups.

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

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

Part 1

1.1 Statement on Quality from the General Manager

Debbie Craven, General Manager

The Yorkshire Clinic

"The Yorkshire Clinic appreciates that you can choose your healthcare provider and therefore is consistently committed to offering the highest quality of care and clinical outcomes for our patients"

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

This Quality Account by The Yorkshire Clinic has been produced to demonstrate our continued commitment to measuring and acting on feedback from all our patients and customers about their experience, with the intention to continually learn and improve on all aspects of the services we provide.

We are aware that patients can be anxious about coming into hospital and understand that providing reassurance is very important to you the patient and your family. This starts with patient safety, which is always our highest priority. To this end we continually review our clinical care standards, outcomes and feedback, through audit, observation and through regular open, analytical review with a 'no blame' approach, which helps promote a healthy learning culture.

In addition we recruit, induct and train our team to enable the delivery of the highest standards in all aspects of clinical and customer care. This approach extends to family and visitors in ensuring they are made to feel welcome at The Yorkshire Clinic.

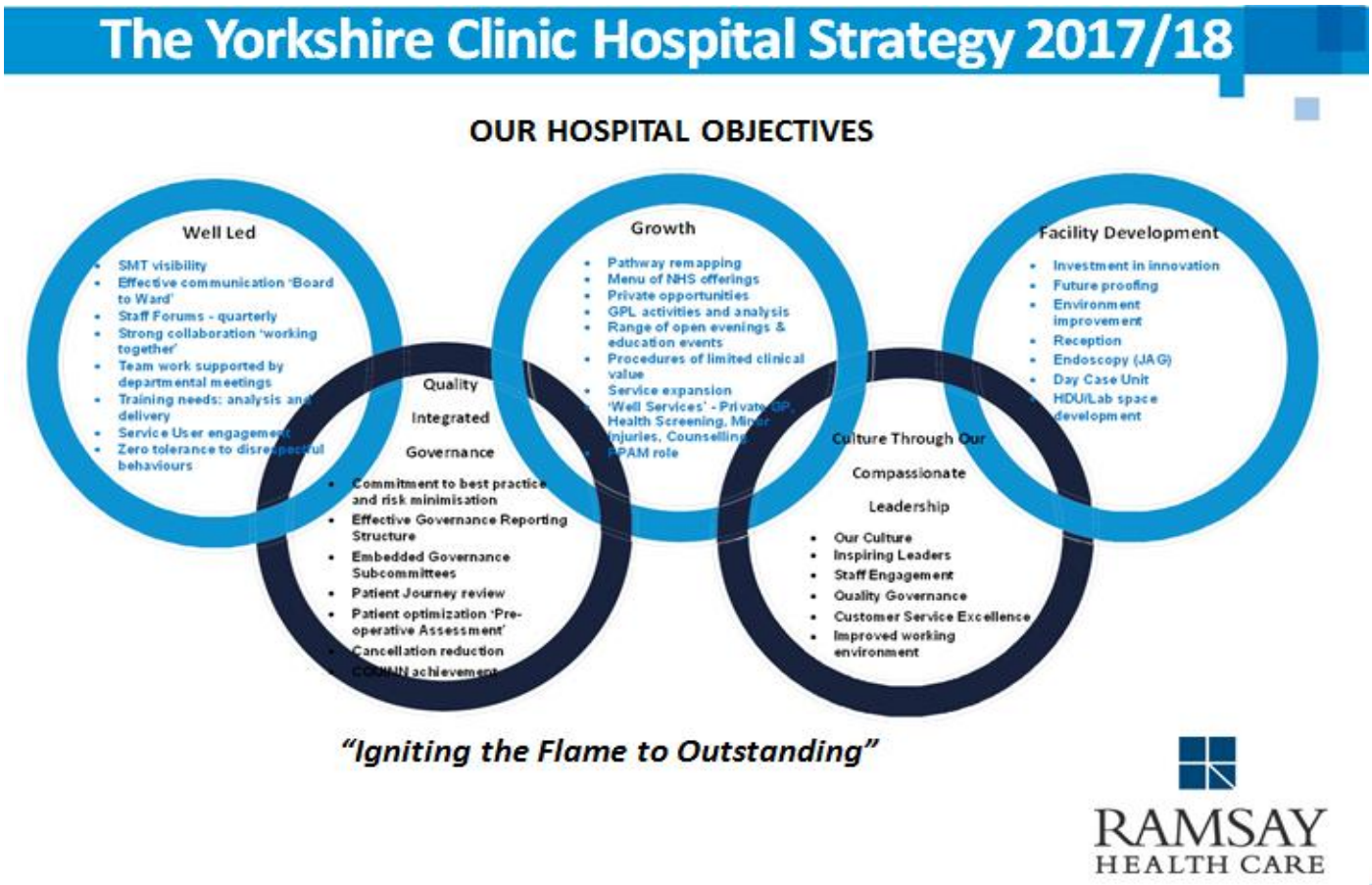
The Yorkshire Clinic is committed to ensuring that patients are kept fully informed about their treatment, which is also a significant factor associated with improving treatment outcomes. We involve our patients in treatment decisions at the earliest stage so that the options and benefits are fully discussed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

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other key healthcare professionals; examples of these are detailed in this Quality Account.

The Yorkshire Clinic is accustomed to the disciplines of regulatory and contractual requirements to assure Healthcare Commissioners of our clinical performance and to report complaints and serious incidents to Regulators and Commissioners. We also maintain a Risk Register and systematically review specific actions to achieve risk reduction.

The Yorkshire Clinic's 'Friends and Family' patient satisfaction scores continually achieve over 99% for 'would recommend to others'. This is consistent with the other local private hospitals and is higher than that of our local NHS Trust Hospitals. By analysing the results throughout the year, we constantly seek ways to further improve the patient experience. We achieve this through our regular Customer Feedback Forums and our planned Patient Focus Groups.

All of the above is supported and driven by our Hospital Strategy which is summarised below.



1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Debbie Craven

General Manager
The Yorkshire Clinic
Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Mark Steward

MAC Chair

Mr Richard Grogan

Clinical Governance Committee Chair

Head of Patient Quality and Safety, Airedale, Wharfedale and Craven CCG
Bradford City CCG and Bradford District CCG

Welcome to The Yorkshire Clinic

The Yorkshire Clinic is a private hospital situated in the grounds of Cottingley Hall in Bingley, West Yorkshire. The hospital offers care to patients with private medical insurance, patients who wish to fund their own treatments and patients referred through the NHS Patient Choice Scheme.

The hospital has 58 beds and 12 ambulatory bays. Facilities include five operating theatres, endoscopy unit, angiography suite, physiotherapy, pharmacy, and central sterile service department (CSSD), radiology and out-patient diagnostic facilities. The Lodge is a separate building but still part of the hospital, which has one theatre, consulting and treatment rooms and is the dedicated Ophthalmology Centre.

The facility is registered with the Care Quality Commission to provide care and treatment for adults, age 18yrs and over for diagnostic and screening procedures, surgical procedures, treatment of disease, medical disorders and sports injury.

The hospital provides a full range of high quality services, these include, outpatient consultation, pre-assessment, outpatient procedures, investigations / diagnostics, surgery and follow up care.

On-site diagnostic and screening facilities include radiology (ultrasound, general x-ray, fluoroscopy, digital mammography) static MRI and CT scanners, pathology, angiography suite, echocardiography, ECG testing and Ophthalmic diagnostic imaging for treatment of patients with Wet AMD. Other on-site support facilities include a Registered Pharmacy and services supported by Resident Medical Officer on site 24hours, 7 days a week. The Yorkshire Clinic is registered as a satellite unit to Seacroft Hospital (Genesis) in Leeds to provide a part of the fertile treatment pathway.

During the last 12 months the hospital has treated 16,455 patients, 83.4% of which were treated under the care of the NHS.

The Yorkshire Clinic has 383 members of staff with a split of 147 non-clinical staff and 236 clinical staff.

We have 179 Consultants who work at The Yorkshire Clinic through approved Practising Privileges. We offer a range of services which include General Surgey, Oncology, Gynaecology, Bariatric Surgery, Urology, Cardiology, Pain Management, Gastroenterology, Cosmetics and Plastic Surgery, Orthopaedic, Dermatology and Medical.

<u>Nursing and Medical Care at The Yorkshire Clinic</u>
On admission all our patients are allocated a ‘named nurse’, the role of the

named nurse is to provide coordinated care, support and treatment which is personalised to meet individual patient's needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care. In 1992 the Department of Health issued the Patients' Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned. More recently the Francis report investigation into Mid Staffordshire (2013) highlighted the advantages of having such a system in place but took the requirement further by stating that a 'named nurse' need to be designated for each shift, this is the model used at The Yorkshire Clinic. This was welcomed by the Royal College of Nursing that believes the 'named nurse' model provides a useful way to organise work around the needs of the patient (RCN 2014).

Care and treatment provided at The Yorkshire Clinic is Consultant led.
We have a Resident Medical Officer (RMO) who supports the Consultants and together with the nursing team, provides round the clock medical support to all our patients.

The hospital has built excellent working relationships with our local Commissioner, Bradford Teaching Hospitals Foundation Trust, Leeds Teaching Hospital NHS Trust and Airedale Foundation Trust in order to deliver a joint approach to patient care delivery across the patient economy.

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, referral processes are developed in order to streamline processes. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services offered at The Yorkshire Clinic and have access to any information that can assist General Practitioners and medical staff when referring into a Secondary Care Provider. Part of the GP Liaison's role is to coordinate the post graduate programme which runs on a monthly basis and covers a range of topics from orthopaedic surgery to cardiology.

The Yorkshire Clinic also works with charities within the local community, hosting events in their support. Last year The Yorkshire Clinic supported Aireborough Supported Activities Scheme and Bosum Friends (Bradford) and raised £2220. The Yorkshire Clinic has chosen to support the Sick Children's Trust and the Miscarriage Association in 2018, selected again through nominations from staff, discussed at the Staff Engagement Committee.

Part 2

2.1 Quality Priorities for 2018/2019

Plan for 2018/19

On an annual cycle, The Yorkshire Clinic develops an operational plan to set objectives for the year ahead.
We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.
To meet these aims, our hospital and clinical strategy is driven by our commitment to ensure that quality is at the heart of everything we do. As a leading Independent Healthcare Provider we aim to continuously improve quality, safety and patient experience.

Our strategy priorities are determined by the hospital's Senior Management Team and our people (Department Heads and their teams) taking into account patient feedback, audit results, National guidance, and the recommendations from various local and National 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. The public inquiry at Mid Staffordshire NHS Foundation Trust is a stark reminder that patients must come first with care delivered by compassionate and dedicated staff. At The Yorkshire Clinic the patient experience is at the heart of everything we do within the hospital. We want to know what matters to our patients, their relatives and carers so we can enhance the quality of our services.

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

Our Quality Improvement Programme focuses on three domains: patient experience, patient safety and the clinical effectiveness of care and treatment. Our Quality Account seeks to provide accurate, timely, meaningful and comparable measures to allow our partners to assess our success in delivering our vision.

People are at the centre of how we ensure we operate safely – all united in a common purpose to achieve zero avoidable harm. To support our employees to

achieve this goal, we have mandatory systems and processes across The Yorkshire Clinic to protect and care for all of our patients, members and our own people.

2.2 Mandatory Statements
Priorities for improvement

2.2.1 A review of past clinical priorities 2017/18

In 2017/2018 we directed our strategy using the Care Quality Commissions five key domains:

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

Under each domain we said we would provide clear objectives, which would demonstrate our commitment to quality improvement and by employing these objectives we would evidence Safe, Effective, Responsive, and Well Led Care.

Under **SAFE:**

Medicines Optimisation: Helping patients to make the most of medicines

We have:

1. Developed effective systems for the safe and secure handling of medicines, medicines procurement, the controlled introduction of new drugs etc. in accordance with current guidance. Led by our pharmacists we have systems which are audited to ensure safe and secure handling of medicines, any new drug introduction is reviewed by our Ramsay Drugs and Therapeutics Committee and then monitored locally through our Clinical Governance and Medical Advisory Committee.

2. Monthly Medicines Management Committee to analyse all incidents, develop actions and improve practices. The committee reviews National Patient Safety Alerts (NPSA) and Medicines & Healthcare products Regulatory Agency (MHRA).

3. Every in-patient has their medicines reconciled within 24 hours of admission in line with NICE Guidelines (NG5 2015) *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.*

4. Monthly audits which evidence safe, effective administration of medications by the clinical team in line with Nursing Midwifery Council (NMC 2008) *Safe Standards for Medicines Management.*
   The audits are:
   - Safe and Secure Medicines.
   - Controlled Drugs.
   - Prescribing / Medicines Management.
   - Medicine Reconciliation.
   - Medicines Missed Dose.

5. Promoted a **safety culture** around medicines through staff training and education. We have encouraged reporting of medicine related incidents through our Riskman reporting system. We have seen an increase in medicines related incidents in 2017/2018 this has enabled learning and action from incidents.
   Total number of incidents reported:
   - 2016-2017: 18
   - 2017-2018: 37

   The increase in medicine related incident reporting shows our staff have adopted the culture of openness and transparency and through incident reporting we are able to learn and improve practices.

   Our pharmacy manager also completes a monthly 'intervention report' highlighting medicine related errors that were made but did not reach the patient because 'Pharmacists' intervened prior to dispensing. This report is discussed with our clinical staff and doctors to ensure learning.

6. Completed **clinical audits,** and **education** to improve safety with regards to Medicines Management. We developed a hospital wide audit programme that reviews 'Medicines Management' from supply, stock, storage, administration, compliance polices and National guidelines to patient feedback.

   Our **Audit scores are below** and evidence that quality improvement plans with regards to Medicines Management have led to improvements in practice.

	June 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	April 18
Controlled Drugs	NA	NA	96%	NA	NA	95%	NA	NA	97%	NA	NA
Prescribing / Medicines Management	93%	NA	NA	85%	100%	NA	NA	95%	NA	NA	100%
Medicine Safe and Secure	90%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%

	June 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	April 18
Medicine Reconciliation	**94%**	**94%**	**95%**	**99%**	**97%**	**100%**	**99%**	**97%**	**98%**	**99%**	**100%**
Medicine Missed Dose	**97%**	**99%**	**100%**	**95%**	**95%**	**95%**	**95%**	**99%**	**99%**	**100%**	**100%**

We have delivered Medicines Management training to all staff involved and assessed competency, this includes an annual 'drug test'.

Our training covers:
IV fluid administration, drug test, self-medication, IV drugs administration, out of license drugs, Controlled Drugs, patients own medications management, Medicines Management 'Accountability', Local and Group Polices, VTE (NICE Guidance) self-medication.

7. Included Antimicrobial Stewardship in the 2017/2018 CQUIN. The CQUIN centred around:
   - **Antibiotic Prescribing -** Re-alignment of the antimicrobial prophylaxis. The Yorkshire Clinic aligned their antibiotic policy to that of Bradford and Airedale Teaching Hospitals.
   - **Improving the drug reconciliation process:** The Yorkshire identified improvement was required in the 'drug reconciliation process' this CQUIN strengthened the drug reconciliation process by ensuring The Yorkshire Clinic adheres to recommendations made by the Institute of Healthcare Improvement - *Medicine Reconciliation to Prevent Adverse Drug Events*, NPSA and the NICE guideline NG5 2015 - Medicines Optimisation: the Safe and Effective use of Medicines to Enable the Best Outcomes The benefits of introducing the reconciliation triangle into current process are:
     1. Reduction in prescribing errors.
     2. Decrease in missed doses of medication.
     3. Improved quality of information available to clinicians.
     4. Decrease in hospital re-admissions due to harm from medication.
     5. Increased patient involvement in their care.

Audits undertaken as part of the CQUIN demonstrate the incorporation of the reconciliation triangle into routine pharmacy practice.

Audits evidence:
- Patients have had a pharmacist undertake full medicines reconciliation within 24 hours of admission.
- Any clinical issues highlighted by the pharmacist have been documented in the patient medical notes for the RMO to action.

- Pharmacist transcribes discharge medicines onto electronic discharge summary and communicates to primary care any new medicines, changes to regular medicines and medicines that have been stopped.

Under **EFFECTIVE**

We said:

'We will offer all nurses and clinical practitioners **Clinical Supervision** which will improve the quality and safety of patient care through staff building on knowledge, skills through reflection and learning.'

Essentially, Clinical Supervision at The Yorkshire Clinic will allow a Clinical Practitioner to receive professional supervision in the workplace by a skilled supervisor.

We have met the Clinical Supervision requirements by:

1. Providing training to all staff about what clinical supervision is and the benefits for them and patients. We delivered training provided by an external firm to key clinical staff from all clinical departments (wards, OPD, theatre, radiology, physiotherapy, pharmacy, endoscopy and angiography) who are now Lead Clinical Supervisors.
   We have 18 Lead Clinical Supervisors in the hospital who are supporting staff in 'Clinical Supervision' on a one to one basis or in a group.

   Incidents/Events
   Incidents or events which have significance to a staff member or a team are an example of what is discussed at a clinical supervision session.
   An incident or event may include:
   - A medical emergency.
   - An unusual condition.
   - A difficult situation.
   - A communication problem (e.g. with a patient, carer or colleague).

Below is a statement from a Physiotherapist on how she has benefited from clinical supervision and the impact it has had on her learning and patient safety:

Description of the event – Patient left with an acupuncture needle in her hairline following a treatment session.
Feelings: I was very upset by the incident (in fact burst into tears when I was informed), concerned for the patient and also embarrassed that I had made such an error.
Benefit of Clinical Supervision: Supervision was in the form of a Peer Group of acupuncture physio colleagues who were supportive and proactive in looking at ways this could be avoided in future.
Actions from supervision session: new paperwork including acupuncture form which lists the number of needles and points, counting in and out of the needles, and a double check of area following treatment. I used Gibbs reflective cycle to identify what went wrong, why and what actions were taken.
Outcome; I felt the supervision session helped in identifying reasons for the error and ways of avoiding in future. Session was non-judgemental and supportive which made me feel better about the incident.

2. We have developed a local policy about what Clinical Supervision is and what staff can expect from the process.
   Our hospital lead for Clinical Supervision is our Physiotherapy Manager.

Below is our active plan:

- All staff will be offered clinical supervision on a voluntary basis and led by the supervisee.
- Clinical Supervisors from each clinical area have been identified and completed a supervisors training course.

- Clinical Supervisors meet quarterly as a group to discuss the supervision process and undertake group clinical supervision themselves.
- Clinical Supervision takes place on a quarterly basis in groups of up to 4 people.
  - A contract is signed between the supervisor and supervisee at the first session.
  - The contents of the supervision are confidential between the supervisor and supervisees in the group and confidentiality issues must be discussed during the contract setting.
  - The supervisee keeps a record of the session in the form of a reflective diary or portfolio based on Gibbs cycle of reflection.
  - Evidence of the session taking place, date, attendees and general topic of discussion is recorded in the central Clinical Supervision folder.
  - All staff reflect on the supervisory process and attendance at their annual appraisal.

We have adopted the **Gibbs Reflective Cycle (1988)** to deliver our Clinical Supervision, this model supports reflection and learning.

Under **RESPONSIVE**
We said:
'We would introduce a **Patient Diary** to capture patient feedback throughout their journey with us.'

During 2017 we have been gathering information from:
- Patient focus groups.
- Complaints.
- Friends and Family Feedback.
- Social Media (Facebook).

- Surveys.

We used this information to identify what is required in our Patient Diary which will improve communication and encourage patient involvement in their care. We have involved our patients in the development of the diary. This process has taken us longer than anticipated therefore the patient dairy is not completed at time of writing this quality account.

The Patient Diary will be a key objective for the 2018-2019 quality account, the content of diary has been framed, and we will complete the first draft by 1st July 2018 with a pilot to start 1st September 2018.

Our Patient Diary will:

- Start at the point of the patient receiving their first out-patient consultation right through to consultation, pre-assessment, admission and discharge.
- Involve all the teams and departments that have contact with the patient.
- Involve patients' families and friends (we value there feedback).
- Produces a full schedule of planned interventions, such as diagnostics, operative procedure, meal times, ward rounds, medication rounds and physiotherapy for a patient's stay.

Using the diary as a starting point for discussion, nurses will engage with patients and carers daily to help manage expectations and empower patients to discuss their care and challenge anything that they feel may have been overlooked.

By implementing patient diaries with patient views in this way, the team aims to have a positive impact on improving the patient experience and service productivity. We will see the patient journey through the patient which will enable us to improve our patient pathways. We believe this is how we will achieve 'Outstanding' in the care and services we offer.

Under **CARING**

We said:

We would strengthen the **Fundamental Care** delivery to our patients.
Meeting patients' fundamental care needs is essential for optimal safety and recovery and positive experiences within any healthcare setting. At The Yorkshire Clinic we value fundamental care as it is these care elements that enhance patients experience and comfort.

To ensure we deliver care with compassion every time, we have focused on:

Patient Comfort Rounds - At The Yorkshire Clinic we have developed 'comfort rounds' where a member of the clinical team visit patients at least every 2 hours to ensure all their personal needs are met.

Our Ward Registered Nurses and Healthcare Assistants visit patients every two hours to ensure they are:

- Observed and safe.
- Physical and psychological needs are met.
- Personal needs are met (hygiene, elimination).
- Patients are comfortable (position, room temperature).
- Patient possessions are checked (ensure items i.e. drinks, books, tissues, glasses are within reach, that the call bell is working & within reach, mobility aids are appropriate and within reach)
- Patient safety (ensure the bed area is free from clutter, footwear is appropriate and walking routes clear of hazards, bedrails are fitted and working properly if required).

We provided training to our staff, to ensure they carry out the comfort rounds appropriately, it taught them to leave patients' rooms by communicating the following:

"Is there anything else I can do?"

"Please ring the call bell if you need assistance."

We have developed a template to support the patient comfort rounds.

We have made changes in other key areas to support fundamental care:

- Rest and sleep - ensuring nursing care delivery does not disrupt patient rest and sleep and that the environment is peaceful.
- Eating and drinking - we have actively promoted 'protected meal times' to ensure patients can focus on their nutritional needs and we also ensure dietary requirements are individualised and our in-house chef is available to make food to meet patients' individual needs.

We have developed a guide for our clinical staff which will ensure key fundamental tasks are completed throughout the day.

Example:

1. *Every patient is assisted to meet their hygiene needs e.g shower, bed bath etc.*
2. *Patients being assisted must not be left until shower / bed bath id completed.*
3. *Patients must be assisted to brush their hair.*
4. *Patients will be supported to ensure they can eat their breakfast in a comfortable position.*
5. *Patients will be assisted with their breakfast if required*
6. *All patients clean their teeth, with assistance if required.*
7. *All patients wash their hair with assistance if required.*
8. *Patients with catheters will be provided with full catheter care.*
9. *All patients are encouraged to wear their own clothes.*

10. *Full bed linen change on a daily basis.*
11. *Patients' rooms must be cleaned and tidy.*

We have engaged our staff to develop what the **6 Cs** mean to The Yorkshire Clinic.

Our Care Values are driven by the 6 Cs we will apply the values in 'creating the right culture to provide excellent care'.

We will use the 6 Cs below to inform how we work every day:

Under **WELL LED**

We have:

Developed a process where every patient's discharge is seamless, where patients are fully informed and are part of their **Discharge Planning** this in turn has enhanced patient safety and experience.

The Yorkshire Clinic recognises that to facilitate a smooth discharge from care in hospital the discharge plan must be well defined, prepared and agreed with each individual patient and their family / carer. To allow sufficient time for suitable and safe arrangements to be made, discharge planning should begin at pre-admission clinics, with a predicted date of discharge.

We ensure every patient is discharged from the ward when clinically ready and medically fit, in a controlled, organised and safe manner. Patients are involved in their discharge planning at every step of their journey.

We have developed a standard for all nurses and clinical practitioners to follow who are involved in patient discharge.

Discharge Standard

The customer will be discharged from the ward when clinically ready and medically fit, in a controlled, organised and safe manner.

Elements/details of the standard

Element	Measurement
Timing of discharge	• An estimated date of discharge and the discharge process will be agreed with the patient on admission. • In-patients on admission will have been informed that on the day of discharge they will be discharged between 10-11am. • Patients will be kept informed about their progress against their agreed discharge date; this will be constantly reviewed by the nursing and medical staff, and will be communicated with the patient and their relatives. • Where a patient is discharged before their estimated date of discharge (patient deemed medically fit by Consultant and patient happy to be discharged) the nurse will allocate at least 2 hours to ensure the discharge process is fully completed in a controlled, organised and safe manner. • Patients discharge should ideally commence as soon as the patient returns from theatre, or in the case of medical patients, the Consultant indicates the patient may be ready for discharge in the next 1-2 days. This should include preparing medications or any referrals that are required for discharge; this should be communicated to patient and relatives. • Patients will be communicated that although the Consultant has discharged them, there is a discharge process the nursing staff must follow to ensure that patients receive all the information required for them to complete their recovery at home and in a safe manner. • Ensure the timing of discharge is in collaboration with the patient and their family to ensure they are able to get transport and have someone to escort them home, this should be enabled by pre warning of day of discharge.
Information given	Prior to patients discharge time (for in-patients this should be the day prior to discharge) the patients named registered nurse will go through the discharge pathway with the patient to ensure the following is understood: • Prescribed medications. • Pharmacists should provide written information about common side effects / interactions. • Pharmacist will deliver patients' medications and provide verbal information on common side effects and contraindications. • Date of follow up appointment. • Copy of the discharge summary letter.

	• Arrangements for community nurse follow up if required. • Transport arrangements. • Hospital 'Fit' certificate if required. • Written information relating to their procedure. • Emergency contact details; who to contact and how to contact them should advice be needed post discharge. • Verbal and written instructions about wound care, where appropriate. • Where possible patients will be given their follow up appointment on discharge (this will be mainly Mon-Fri), if not possible the patient will be told that the appointment date and time will be posted to them and they should receive their appointment within 6-7 working days. • Discharge checklist will be completed and signed by nurse and patient, a copy will be given to the patient and a copy kept in the medical notes.
Safety	The following will be required to be undertaken as per ward discharge policy: • Removal of cannula. • Removal of name band. • Give patients their discharge medications and any other medication brought in by the patient and instructions about their administration. • Give patients any necessary aids e.g. walking aids, raised toilet seat. • The patients' named nurse must complete the GP Discharge summary letter; the letter must be checked and signed by a Doctor.
Discharge from ward	One the day of discharge: • Prior to the patient leaving they will be asked to complete a Friends and Family survey (FF). • The nurse at this stage will ask how their stay has been, and get feedback from the patient. If any concerns are raised the nurse will have the opportunity to fix problems then and or reassure the patient the matter will be looked at and they will receive feedback on the outcome. • Patients will be given the opportunity to comment on their care whilst in hospital and record it in writing if they wish within their care pathway. Nurse will: • Collect FF surveys. • Offer patient and next of kin assistance with any luggage to their transport. • Offer patient assistance with getting to their transport e.g. the option of a porter to take them in a wheelchair where appropriate. • Tell the patient that a follow up phone call will be made to them within 2-3 days following discharge. • Give details of internet link for the patient satisfaction survey (this will be reiterated at follow up phone call). All information provided and tasks carried out will be documented in the care pathway at each step of the discharge process. *Remember a well-organised discharge process will leave a good impression of The Yorkshire Clinic and its staff. The last impressions you leave with a patient are important.* *Leave a lasting impression where our Customers feel the experience they received was 'First Class'.*

- All patients receive a discharge pack which contains:
    - Discharge letter (copy to patient and their GP).
    - Copy of their consent form.
    - Out-patient appointment.
    - Importance of Hand Hygiene.
    - Wound Care.
    - Pain Management.
    - Contact details for the ward.
    - Post-operative care specific to the procedure they have undergone

We contact all our patients post discharge, within 24-48 hours, to ensure they continue to recover, help answer any further questions that may have arisen and to assess their experience with us. We believe through feedback we can continue to improve and deliver care and services that enhance our patients experience and safety.

We monitor / audit the number of calls we have made compared to number of discharges.

Our last 4 months results:

January 2018	February 2018	March 2018	April 2018
95%	**97%**	**98%**	**99%**

2.1.2 Clinical Priorities for 2018/19

Welcome to our Quality Account for 2017-18. In this section we will describe our clinical development plans and ambitions over the next year. We will demonstrate our commitment to providing the highest possible standards of clinical quality, and show how we are listening to our patients, staff and partners, and how we will work with them to deliver services that are relevant to the people who use them.

Our Vision
As the leading Independent Healthcare Provider, here at The Yorkshire Clinic we make a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We will go that *'extra mile'* to provide person centred care and ensure our staff are equipped with knowledge and skill, enabling them to deliver safe, effective care that is responsive, caring and well led.

Our Vision is to be the Leading Healthcare Provider where Clinical Excellence, Safety, Care and Quality are at the Heart of everything we do whilst growing our business and profitability.

These Five Key domains will direct what we want to achieve in 2018/2019:

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

Under each domain we will provide clear objectives, which demonstrate our commitment to quality improvement and how we will achieve these objectives. Evidence and best practice will underpin all our objectives.
Having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

Under Safe we will focus on:

- **Patient Hydration** – *Fluid balance during elective surgery- getting it right.*

Ensuring patients are adequately hydrated is an essential part of nursing care, yet a recent report from the Care Quality Commission found 'appalling' levels of care in some hospitals, with health professionals failing to manage dehydration. This is supported by the evidence found in 'The National Confidential Enquiry into Perioperative Deaths reports in 1999 and 2009 which identified problems in fluid management in patients in the UK'.
Fluid balance is a term used to describe the balance of the input and output of fluids in the body to allow metabolic processes to function correctly *(Welch, 2010).*

Monitoring a patient's fluid balance to prevent dehydration or over hydration is a relatively simple task, but fluid balance recording is notorious for being inadequately or inaccurately completed *(Bennett, 2010).*
A study by Reid (2004), which audited the completion of fluid balance charts on different wards, found the major reasons fluid balance charts were not completed appropriately were staff shortages, lack of training, and lack of time.
According to the Nursing and Midwifery Council (2007), record keeping is an integral part of nursing care, not something to be 'fitted in' where circumstances allow. It is the responsibility of the nurse caring for a patient to ensure observations and fluid balance are recorded in a timely manner, with any abnormal findings documented and reported to the nurse in charge *(Scales and Pilsworth, 2008).*
Achieving optimal hydration is an essential part of holistic patient care. Maintaining fluid balance is important to avoid complications such as dehydration and over hydration, both of which can have serious clinical consequences.
The nurse caring for a particular patient is responsible for ensuring that fluid balance charts are recorded regularly and with accuracy, using the correct notation throughout.

The Yorkshire Clinic recognises that improvement is required in monitoring patient's fluid balance especially in patients who have had surgery. Our Patient Journey Audit and Medical Records audit both focus on 'fluid management and recording', the current audit scores reflect the need for improvement in this key area of 'patient safety'.

The approach to fluid balance management at The Yorkshire Clinic will be proactive. It will seek to meet the changing needs of patients following surgery.

We will do this by:

1. Complying with **NICE Guidance CG174 'Intravenous Fluid Therapy in Adults in Hospital'** May 2017. *(Gap analysis against guidance and action plan to meet compliance).*
2. **Staff Training and Education:**
    - Understanding the physiology of fluid and electrolyte balance in patients with normal physiology and during illness.
    - Assessing patients' fluid and electrolyte needs (the 5 Rs: Resuscitation, Routine Maintenance, Replacement, Redistribution and Reassessment).
    - Assessing the risks, benefits and harms of IV fluids.
    - Monitoring the patient response.
    - Evaluating and documenting changes.
    - Taking appropriate action as required.

    (Training plan with key learning objectives)

3. **Fluid Champions** on the ward and in theatre who review practices and provide continuous support and training to staff *(defined job role for champion).*
4. Review **fluid balance chart** to ensure it is easy to follow and staff understand how the chart must be completed (in-put / out-put and total positive and negative balance).
5. Ward sister / ward manager to complete **daily ward round** which focuses on review of patients' fluid balance.
6. **Use the BMJ Quality Improvement Programme**: Improving fluid balance monitoring on the wards recommendations.
7. **Acute Kidney Injury:** Training using the resources provided by the NHS *'Think Kidney Campaign'* to improve the care of people at risk of, or with, acute kidney injury.
   - Acute Kidney Injury education board.
8. **Audit** fluid balance charts to identify improvements made throughout 2018-2019.

Under Effective we will focus on:

- **Skilled Knowledgeable Workforce**. *High quality, compassionate care is about people, we want the right staff, with the right skills, in the right place at the right time. At the Yorkshire Clinic we pledge to play our part in securing the staffing capacity and capability required to provide 'outstanding' care to our patients.*

  We recognise high quality, compassionate care is about people. The Yorkshire Clinic will do all we can to support our staff to provide high quality, compassionate care.
  There has been much debate as to whether there should be defined staffing ratios in the NHS. Jane Cummings', Chief Nursing Officer for England, view is that this misses the point – we want the right staff, with the right skills, in the right place at the right time. There is no single ratio or formula that can calculate the answers to such complex questions.
  With this in mind The Yorkshire Clinic will ensure there is a staffing establishment which meets the needs of the services provided and patient groups.

We will do this by:

1. Using the NICE Safe Staffing tool to ensure patients dependency is accounted for when making a decision on nurse patient ratio. ***NICE Guidelines (SG1): Safe Staffing for Nursing in Adult In-patient Wards in Acute Hospitals (2014.***
Each ward will determine its nursing staff requirements to ensure safe patient care. This guideline will be used and recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment will be applied.

On the day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24hour period will be completed.

2. Identify specialties where the number of patients are small and develop key staff members who become leads.

    - **Medical Services:**
        - *Lead nurse to support Medical Services (Respiratory, Cardiology, and Neurology). Recruit lead nurse (Band 6) who will then develop a team of nurses to support medical patients.*
        - *Source training and education programmes for staff development in medical nursing.*

    - **Oncology (Chemotherapy):**
        - *Lead nurse to support Chemotherapy services.*
        - *Lead nurse to support staff training and competence in administration of chemotherapy.*
        - *Source training and education programmes for staff development in chemotherapy. Oncology services.*

    - **Bariatric Services:**
        - *Lead nurse to support bariatric nurses from pre-assessment to discharge and follow up.*
        - *Lead nurse to ensure compliance to NCEPOD: Bariatric Surgery- Too Lean a Service and BOMSS (British Obesity & Metabolic Surgery Society) Guidelines.*

3. Specialist / lead nurses in:
    - Infection Prevention.
    - Resuscitation.
    - Pain Management.
    - Wound Management.
    - Blood Transfusion.
    - Occupational Health lead

To ensure patient safety and effective delivery of care that is evidenced based we will have key lead nurses focusing on the quality elements that support nursing care.

Examples:

- Our **Infection Prevention lead nurse** will ensure actions in our 2018 Infection Prevention and Control Annual Plan are completed which evidences compliance with requirements of the 'Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections' and related guidance and 'Care

Quality Commission Standard Outcome 8 – Regulation 12- Cleanliness and Infection Control'.

- Our **Resuscitation lead** will ensure staff training is up to date and meets the requirements set by the UK Resuscitation Council (ALS, ILS, AIMS training) and the resources available to support patients who become unwell are up to date and readily available.

Under **RESPONSIVE** we will:

- Introduce a **Patient Diary** *to capture patient feedback throughout their journey with us. The Yorkshire Clinic is very keen to learn what the patients experience has been throughout their pathway, this enables us to learn and take action where improvements are required. We want to be responsive to every patient's needs to ensure we are providing care that is individualised and to their needs.*

Our patient diary will:

- Improve communication and encourage patient involvement in their care.
- Start at the point of the patient receiving their 1st out-patient consultation right through to consultation, pre-assessment, admission and discharge.
- Involve all the teams and departments the patient contacts.
- Involve patients families and friends (we value there feedback).
- Produces a full schedule of planned interventions, such as diagnostics, operative procedure, meal times, ward rounds, medication rounds and physiotherapy, for a patient's stay.

Using the diary as a starting point for discussion, nurses will engage daily with patients and carers to help manage expectations and empower patients to discuss their care and challenge anything that they feel may have been overlooked.

By implementing patient diaries with patient views in this way, the team aims to have a positive impact on improving the patient experience and service productivity. We will see the patient journey through the patient which will enable us to improve our patient pathways. We believe this is how we will achieve 'Outstanding' in the care and services we offer.

Under Caring we will focus on:

- **Ward Customer Care Standards-** *Develop ward based customer care standards that set out what our customers can expect during their stay. The standards will aim to set the course for all ward staff on what is expected from them to enable a seamless patient journey.*

  Taking care of patients is what healthcare is all about. It may be hard for some people to think of patients as customers, but they definitely are. Their choice in choosing us to provide their healthcare keeps our hospitals

running. At The Yorkshire Clinic we see our 'patients' as customers and within this objective we aim to improve our patients experience through developing ward based customer care standards and providing our staff with 'customer care training'.

In our 'journey to achieving outstanding' we have recognised that although the care and services we provide are good, there are inconsistencies in the way staff approach care delivery. Our aim with these standards is to set the scene for our staff in what outstanding care delivery / customer care looks like. The customer care standards will also give our patients confidence in that they will have a multidisciplinary team who are working in unison to deliver safe, effective care.

We will deliver this by:

1. **Delivering Customer Care training (face to face) to all our hospitals staff.** *We will train >90% of our staff by 31st April 2019.*

   A key quote we will use to deliver our training:

   'A customer is the most important visitor on our premises; he is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favour by serving him. He is doing us a favour by giving us an opportunity to do so.'(Mahatma Gandhi)

2. **The Ward Customer Care Standards will be developed to reflect the patient journey.**
   - Below are the standard statements which provide a summary of what customers can expect.
   - Each standard will then detail key elements that will provide staff with direction of what they must do to ensure the statement is demonstrated.
   - The Customer Care Standards will be formulated into a 'booklet' and staff training and education will enable implementation of the delivery of the standards.
   - The aim of the standards is to enable delivery of care and services that is high quality, consistent and seamless no matter who is delivering.
   - The standards will be audited to monitor staff compliance.

Standard Statements:
Standard 1: Admission to Ward by Administration Staff: The customer will be received from main reception and escorted to their allocated room, which will be comfortable and clean. The customer will be orientated to their room and will be provided with facilities advertised in the hospital patient information literature.

Standard 2: Admission to Ward by Nursing Staff: The customer will be admitted, assessed and prepared for theatre / procedure in a safe, courteous and efficient manner. Clinical aspects of the admission process will be completed to the highest standard by competent, skilled staff with expert knowledge enabling safe, effective and efficient care.

Standard 3: In-Patient Stay: The customer will be provided with excellent clinical care, which is 'person centred', and using a multidisciplinary approach the care provided will be seamless. Confident, competent and professional clinical staff will deliver the care. Care delivered will be safe, effective, responsive and well led.

Standard 4: Telephone enquiry to ward (External and Internal). Answering machines / Voicemail: The customer will receive prompt, courteous and accurate information delivered in a pleasant and efficient manner.

Standard 5: Catering: The customer will receive an efficient service by courteous and professional staff. The food and drink presentation will be excellent, meeting the nutritional needs of each individual customer.

Standard 6: Patient Transfer from Ward to Theatre: The patient will be transferred to theatre in a comfortable, controlled and safe manner, maintaining dignity and aiming to reduce patient anxiety.

Standard 7: Patient Transfer from Recovery to Ward: The customer will be transferred from the recovery area to the ward in a comfortable, controlled and safe manner, maintaining the patient's dignity.

Standard 8: Discharge: The customer will be discharged from the ward when clinically ready and medically fit, in a controlled, organised and safe manner.

Standard 9: Patient room and Ward Environment: The ward rooms and ward environment will be clean tidy and fully equipped to ensure the customers comfort and facility needs are met. *(Personalisation: It's the 'little touches' that really help in making people feel at home).*

Under Well Led we will focus on:

- **Staff Engagement -** *Our front line staff will play key roles in improving patient care and new innovations of safe care will be celebrated.* Services will be delivered with the full participation of those who use them, staff and external partners as equal partners.

In our journey to achieving outstanding we realise that 'staff engagement is key' this is supported by several studies which have shown that employee engagement is one of the top variables correlating to mortality, complications, accidents on the job, patient safety, clinical outcomes, staff turnover, and absenteeism.

In one study of 200 hospitals**,** researchers found that the engagement level of nurses was the number one variable correlating to mortality.
Unfortunately, leaders often confuse employee engagement with employee appreciation or staff satisfaction; however, this is setting the bar too low. A satisfied employee may show up to work on time, do the minimum amount of work required, and be somewhat satisfied; however, true engagement is very different. True employee engagement is the emotional commitment employees have to the company and its goals. When employees are truly engaged, they care, give discretionary effort and go the extra mile.

For example:

- An engaged employee makes eye contact with patients, genuinely smiles, and welcomes them.
- An engaged employee escorts patients to their destination or helps family members find their loved ones.
- An engaged employee listens to a patient, unrushed, and answers every question regarding medications and discharge orders.
- An engaged employee rounds on patients one last time before their shift is over.
- An engaged employee never forgets to wash their hands.
- An engaged employee makes fewer mistakes.
- An engaged employee puts patients first.

How will we engage our staff?

1. Articulate a clear vision to all employees and deliver this through 'staff forums'. Senior leaders to role model our vision.
2. Ensure all staff are stakeholders in developing the hospital strategy.
3. Conduct employee engagement surveys and act on what staff say. ***'You said we did'.*** Aim to receive >90% response in completion of staff survey.
4. Senior leaders will be trained about how to foster growth, trust, and healthy relationships with employees through **Compassionate Leadership**- *Leaders will have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. Through compassionate leadership we will pay close attention to all staff and really understand the situations they face. Then respond empathetically and take thoughtful and appropriate action to help.*

- **Patient Safety:**

Ineffective communication is one of the most frequently identified root causes of sentinel events and contributes to the 400,000 deaths that occur each year due to preventable medical errors. Ineffective communication includes failure of staff to speak up when they know something is wrong that could potentially cause harm to the patient.
While it might seem like speaking up to prevent harm is easy, it is not. Only 49% of the 447,584 respondents to the Hospital Survey on Patient Safety Culture felt free to question the decisions or actions of those with more authority. Further, 65% of those respondents were afraid to ask questions when something did not

seem right. *(Nursing 2017 Critical Care: November 2016 - Volume 11 - Issue 6 - p 4)*

All staff will on occasion observe decisions or behaviours that cause them to consider whether the safest possible care is about to be delivered to a patient; whether observing the most junior or the most senior and respected clinician. How staff respond to this dilemma is a reflection of:

- Their training.
- Their personal belief systems.
- Their self-confidence.
- The culture of their own professional group.
- The way their professional group interacts with other professional groups.
- The culture of the organisation where they work.

The barriers to a proactive response in such a situation are well known – fear of overstepping authority, expectations of negative consequences, or simply a lack of understanding of the framework and words to use when communicating concern.

Our plan: Ensure our staff feel they can confidently 'Stand up for Patient Safety'.

Ramsay UK is implementing the **'Speaking Up For Safety' (SUFS) Programme**
The Speaking Up For Safety programme will help us;

- Achieve culture change by increasing the ease and motivation for all staff to feel safe to 'speak up for safety'.
- Develop insights and skills to respectfully raise issues with colleagues when concerned about a patient's safety.

At The Yorkshire Clinic we have registered a nurse who is undergoing training provided by the cognitive institute, he will then deliver training to all our staff which will:

- Ensure staff understand this is not a stand-alone or short term initiative; as a programme driving culture change it is a long term commitment
- Encourage all staff to speak up in the moment, however when they are unable or it was not effective, to report this to a manager and the organisation will speak up on their behalf.
- Ensure staff can see how the programme is part of the Ramsay Way and aligns with core values.
- Work with your team so the 'Speaking Up' message is alive every day.

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 Yorkshire Clinic provided and / or subcontracted 37 NHS services.
The Yorkshire Clinic has reviewed all the data available to them on the quality of care in all of these NHS services which include:

- Adult Carpal Tunnel Syndrome, Trigger Finger & Minor Procedures NHS Clinic.
- Adult Colorectal Surgery NHS Clinic.
- Adult Diagnostic Endoscopy Flexi Sigmoidoscopy & Colonoscopy NHS Clinic.
- Adult Elbow only-NHS Clinic.
- Adult ENT NHS Clinic.
- Adult Foot & Ankle NHS Clinic.
- Adult Forefoot Surgery including Bunions NHS Clinic.
- Adult Gall Bladder & Gallstones NHS Clinic.
- Adult Gastroenterology Lower GI NHS Clinic.
- Adult Gastroenterology Upper GI NHS Clinics.
- Adult Gynaecology NHS Clinic.
- Adult Hand & Wrist NHS Clinic.
- Adult Hernia Repair NHS Clinic.
- Adult Hip NHS Clinic.
- Adult Hip Revision Surgery NHS Clinic.
- Adult Hysteroscopy & Heavy Menstrual Bleeding Clinic.
- Adult Knee Arthroscopy NHS Clinic.
- Adult Knee Joint Revision NHS Clinic.
- Adult Knee NHS Clinic.
- Adult Laparoscopic Hernia Repair NHS Clinic.
- Adult Male Urology Services NHS Clinic.
- Adult Minor Breast Surgery NHS Clinic.
- Adult Pain Management NHS Clinic.
- Adult Shoulder only NHS Clinic.
- Adult Urology NHS Clinic.
- Cataract Surgery NHS Clinic.
- Cruciate Ligament NHS Clinic.
- Dermatology NHS Clinic.
- Direct Access Gastroscopy NHS Clinic.
- Direct Access Nerve Conduction Studies NHS Clinic.

- General Lumps & Bumps NHS Clinic.
- Minor Plastics Lumps & Bumps NHS Clinic.
- Neurology NHS Clinic.
- One Stop No Needle, No Scalpel, No Suture Vasectomy NHS Clinic.
- Sleep Studies NHS Clinic.
- Vasectomy NHS Clinic.
- YAG Laser Unit (Capsulotomy & Iridotomy) NHS Clinic.

Human Resources

	2013/2014	2014/2015	2015/16	2016/17	2017/18
Total Health Care Assistants – whole time equivalent (WTE)	22.55	36.30	39.48	43.74	45.73
Total Registered Nurses (WTE)	53.06	53.17	49.89	53.62	52.32
Total WTE Nursing (RN & HCA)	75.61	89.47	89.37	97.36	98.05
HCA hours as a % of Total Nursing Hours	29.8	40.5	44.17	44.9	45.4
Rolling Sickness Absence	3.89	3.66	3.74	4.39	3.98
Rolling Employee Turnover	11.8	20.2	17.7	13.4	15.3
Number of Significant Staff Injuries	1 (RIDDOR reportable)	0 (RIDDOR reportable)	0 (RIDDOR reportable)	0 (RIDDOR reportable)	2 (RIDDOR reportable)

Mandatory training:

Mandatory training takes place twice a month (1 clinical, 1 non-clinical) and includes the following workshops:

- Infection Control.
- Fire & Medical Gasses (Clinical).
- Data Protection.
- BLS (Basic Life Support) & AED (Clinical).
- Manual Handling includes Evacuation chair procedure.
- Prevent.
- Food Safety.
- Safeguarding.
- Radiation protection.
- Riskman.

Safeguarding, Riskman and Radiation Protection are new modules that have been added in 2018. Current compliance - 1st April 2018 for face-to-face mandatory training is 90%. We now run an additional induction morning rather than a full day for new starters that take place quarterly and these include a welcome from the Senior Management Team, HR update, Riskman, Fire safety and Safeguarding.

Further training is available throughout the year through the Ramsay academy including the following:

- PDR & Induction training.
- COSHH training.
- Problem solving and decision making.
- Making quality appointments.
- Human factors.
- Allocate.
- Dealing with difficult people.
- Conflict resolution.
- Root cause analysis.
- Developing resilience.
- Coaching and Mentoring.
- Managing meetings.
- Time management.
- Negotiation skills.

The % of lost time for the hospital is 22.09%. Peak months included May 17 August 17 and December 17 due to the bank holidays / Increased annual leave usage.

Appraisal 1st April 2018 is 95%.

We have seen an increase in the number of Healthcare Assistants and a slight reduction in the amount of Registered Nurses employed. This is due to our focus on the development of Healthcare Assistants, some of which has been processed through Apprenticeships supported by the Apprenticeship Levy.
Employee turnover has increased by nearly 2%. We do have a high conversion rate for contracted staff leavers who transfer to bank staff, particularly in the clinical areas; this is commonly due to staff needing a greater degree of flexibility in their working hours. Bank contracts benefits us as we can then flex up and down as required by the business. Our Bank staff undertake the same training and development as our contracted staff.
As a business we continue to focus on staff engagement that should, on a long term basis, help to reduce staff turnover. The common leaver trends from our exit interviews tend to be for better promotional opportunities.
Sickness absence has reduced by 0.41% during 2017-2018 this to be due to the implementation of the Bradford Factor scoring in May 2017.

Patient satisfaction:

Throughout 2017-2018 we have seen an increase in our Friends and Family responses and we continue to focus on obtaining feedback from patients through this method. We consistently achieve **99-100%** of our patients stating they would recommend our hospital to Friends and Family.

We have also introduced a 'We value your feedback' card, which we give to patients, the aim of feedback through this method is to obtain some qualitative data on what our patients think of the care and services at the Yorkshire Clinic.

Formal Complaints per 1000 HPD's

The Yorkshire Clinic received 33 complaints from 1 April 2017 to 31 March 2018 compared to 44 complaints in the previous year. The 33 complaints were expressions of concern, dissatisfaction and requests for action to be taken. Complaints received were categorised as 12 complaints about medical treatment, 10 about the clinical care and 11 about the general hospital service. All of these were investigated thoroughly complying with CQC timeframes for response. Every complaint received is considered very seriously and given the immediate attention of the General Manager and Matron on the day it is received, following which a thorough investigation is commenced into the concerns raised as per Ramsay Complaints Policy.

We discuss all our complaints at our Governance Committees to ensure appropriate action is taken and learning can be evidenced.

There were no EMSA (Eliminating Mixed Sex Accommodation) breaches throughout 2017/18.

Significant Clinical Events

'Never Events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

For further details please visit**:**
https://improvement.nhs.uk/documents/2266/Never_Events_list_2018_FINAL_v5.pdf

The core list of 'never events' includes:

- Wrong site surgery.
- Wrong implant / prosthesis.
- Retained foreign object post procedure.
- Mis-selection of strong potassium solution.
- Administration of medication by the wrong route.
- Overdose of insulin due to abbreviations on incorrect device.
- Overdose of Methotrexate for non-cancer treatment.
- Overdose of midazolam during conscious sedation.
- Failure to install functional collapsible shower or curtain rails.
- Falls from poorly restricted windows.

- Chest or neck entrapment in bed rails.
- Transfusion of ABO incompatible blood components or organs..
- Misplaced naso or oro-gastric tubes.
- Scalding patients.
- Unintended connection of a patient requiring oxygen to an air flow meter.

1st April 2017 - 31st March 2018: There has been no Never Events at The Yorkshire Clinic.

Patient safety and reduction in incidents which cause patient harm has been a key focus during 2017-2018.

The introduction of the National Safety Standards for Invasive Procedures (NatSSIPs) has further supported the embedding of patient safety frameworks and policies at the Yorkshire Clinic. The National Safety Standards for Invasive Procedures (NatSSIPs) aim to reduce the number of patient safety incidents related to invasive procedures in which surgical Never Events could occur. These new standards set out broad principles of safe practice and advise healthcare professionals on how they can implement best practice, such as through a series of Standardised safety checks and education and training. The standards also support hospitals to work with staff to develop and maintain their own, more detailed, local standards and encourage the sharing of best practice between organisations.

The Yorkshire Clinic has fully implemented the NatSSIPs including the local standards set by Ramsay Healthcare.

One of the local standards which is key to ensuring patient safety is:

The List Safety Officer Role

Patient safety during the performance of invasive procedures is dependent upon adequate preparation, the accurate scheduling of procedures and the management of procedure lists. This standard supports procedure teams in ensuring that lists accurately reflect the plans for patients and the procedures they are scheduled to undergo. Each procedure team should have an identified team member responsible for collating relevant briefing and debriefing documentation e.g. review action logs and sharing information with local governance and management systems on a regular basis.
(*NatSSIP's September 2015*)

It is Ramsay policy that each procedural team will have an identified team member who will be responsible for ensuring the safety checks are followed and completed for all patients on the list; this team member will be known as the List Safety Officer (LSO) their role and responsibilities are detailed below.

1. The LSO will ensure the procedure list is clearly displayed in the room in which the procedures are performed, and any other areas that are deemed important for the safe care of the patient e.g. the area where briefing will occur. The final

version of the list will be available at the safety briefing. The LSO will ensure any amendments to the procedure list are made in line with Ramsay policy.

2. The LSO will ensure a 'briefing' is performed in line with Ramsay policy and 'CN006/SOP002 Safety Briefing and Debriefing' and before the procedure list commences. The LSO will ensure all relevant members of the team are present during the briefing and will not permit the procedure list to proceed until a briefing has been completed and recorded. The LSO will ensure noise and interruptions are minimised during the safety briefing.
3. The team will be informed and recorded at the briefing who the LSO is and the person responsible for leading the WHO safety checklist.
4. The LSO is responsible for ensuring the briefing report is displayed within the procedure area, and that it is referred to during the safety checks for each patient.
5. The LSO will oversee the process for calling each patient to the correct procedure room according to the procedure list and Ramsay policy 'CN-131 Safe Transfer of Patients and Handover to Theatre'. The LSO will not permit the list to proceed if there are any discrepancies in patient identification; only when discrepancies or queries are fully resolved will the LSO permit the list to continue.
6. The LSO will review the pre procedural checks in the patient pathway to ensure they have been fully completed and each check has been individually signed off by the responsible person.
7. The LSO will ensure the following is in place prior to the patient accessing the procedure room:
   - Patient is site marked according to Ramsay policy and 'CN006/SOP003 Site Marking'.
   - Patient consent stage 1 has been completed in line with Ramsay policy 'CN-004 Consent to Treatment for Competent Adults and Children/Young People'.
   - Patient consent stage 2 has been completed (if applicable) and completed as policy above.
   - Laterality (if applicable) is written without abbreviation and clearly recorded on the consent form.
8. In the event of any non-completion or discrepancy of the above, the LSO will not permit the procedure list to proceed. Only when the documentation is completed and / or any discrepancies resolved will the LSO permit the list to proceed.
9. In the event of any discrepancies at any phase of the WHO checklist i.e. sign in, surgical pause, sign out, the LSO will stop the list until the discrepancies are remedied in line with Ramsay policies and the remedies are accepted by all members of the team. Only once any discrepancies are resolved as stated will the LSO permit the list to proceed.
10. The LSO will ensure a 'debrief' is held by all members of the procedural team involved in the list according to 'CN006/SOP002 Safety Briefing and Debriefing'. The LSO will complete an action log from issues that arose during the list that can be used to communicate examples of good practice and any problems or errors that occurred. The LSO is responsible for providing this

information to the Departmental Manager or their deputy at the end of the list to ensure it is fed into local governance processes.

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018, four National clinical audits covered NHS services provided at The Yorkshire Clinic.
During that period The Yorkshire Clinic participated in four National clinical audits and participated in one audit to support the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) which was Peri-operative Management of Surgical Patients with Diabetes.

The National clinical audits that The Yorkshire Clinic participated in, and for which data collection was completed during 1st April 2017 to 31st March 2018, are listed below alongside the number of cases submitted for each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit	**Participation (NA, No, Yes)**	**% cases submitted**	**Comments**
National Joint Registry (NJR) – Per patient	YES	92%	We will continue to focus on improving the consent rate over 2018/2019 to ensure we achieve >95%.
National Confidential Enquiry into Patient Outcome and Death NCEPOD Peri-operative Management of Surgical Patients	YES	25	Basket of 25 procedure codes provided related to patients with Diabetes.
JAG Census – Quarterly	YES	All requirements met fully.	
Elective surgery (National PROMs Programme)	YES		
NHS Safety Thermometer	YES	100%	
Medicines Safety Thermometer	YES	100%	
SSI – Surgical Site Surveillance Hip and Knee Arthroplasty *(30 day post-surgery wound surveillance programme)*	YES	100%	

All the above audit reports are discussed at the local Clinical Governance committee meetings to ensure no trends are developing and outliers are highlighted.

National Audits
The National clinical audits list we intend to undertake within the period 1st April 2018 to 31st March 2019 are as follows:

Name of Audit / Clinical Outcome Review Programme
• National Joint Registry (NJR) – Per patient.
• NHS Safety Thermometer.
• Elective surgery (National PROMs Programme).
• JAG Census – Quarterly.
• SSI – Surgical Site Surveillance – Quarterly.
• National Diabetes Audit- Adult.
• BAUS Urology Audits: Female Stress Urinary Incontinence.
• Medical and Surgical Clinical Outcome Review Programme.
• National Bariatric Surgery Registry (NBSR).
• National Comparative Audit of Blood Transfusion programme.
• National Ophthalmology Audit.

Local Audits
The Yorkshire Clinic participates in the Ramsay Corporate Audit Programme (the schedule can be found in Appendix 2). The audit topic and schedule is set centrally by Ramsay Health Clinical Governance Committee to allow greater opportunity for benchmarking. Additionally The Yorkshire Clinic also carries out a number of local clinical audits all of which go through the Clinical Governance Committee where actions are taken to improve the quality of the healthcare provided:

Summary of some of the local clinical audits undertaken from 1 April 2017 to 31st March 2018

Medical Records: Initial Audit score was 87%, this was a result of low compliance to 48 hour pre-op phone calls; a review of the process was undertaken and changed to ensure phone calls are undertaken on a daily basis. It was also evident that additional training was required to improve clinical record keeping and the completion of fluid balance charts, all nursing staff undertook additional training provided by the Royal College of Nurses (RCN) and a fluid

balance champion was appointed to oversee the training and audit regularly. This resulted in improvements within the criteria's set which is evidenced by our recent compliance of 96%.

Patient Journey: Initial score 86%. Following review of the initial audit it was agreed that the hospital would move to electronic GP discharge summaries as the previous hand written discharge summaries were on occasions difficult to read. Patients now receive a printed document that is legible and includes clearer discharge advice. Changes made as a result of the audit findings have shown improvements with a current compliance of 92%.

Ward Operational: Initial audit score was 93%, improvement was required in the evidence relating to lessons learnt following incidents being discussed within the team, and this was improved by including lessons learnt as an agenda item at team meetings which are held every month. Availability of medical device documentation was also an area of non-compliance; this has since improved as additional work has been carried out by the wards medical device champion, the actions taken have resulted in an increase in compliance to 97%.

Physiotherapy Operational: Initial score 94% was due to lack of staff awareness regarding the location and content of the hospital Risk register and the lack of clear actions following staff meetings and the closure of these actions. The newly appointed Physiotherapy Manager has now introduced a clear action log and is using the Ramsay team meetings template which includes the Risk register as an agenda item the audit score in March 2018 was 100%.

Theatre Operational: Initial score 91% not all theatre staff had undertaken mandatory training or an appraisal within the last 12 months. Due to an increase in new staff within the department the training percentage had decreased. All staff have now been allocated a date for mandatory training and an appraisal where applicable to be undertaken between now and the end of September. This is reflected in the slight increase in score when re audited in March to 92%.

Theatre Observational: Initial score 87%. One of the main issues highlighted following the first audit was the low compliance of temperature monitoring during the perioperative phase. Additional work has been undertaken within the clinical teams and a Normathermia action group with members from both ward and theatre has been selected to undertake training and review of equipment available to drive best practice. Work continues and this has increased the audit score to 93%.

Infection Prevention and Control: Initial score 91% due to the incomplete care pathway following insertion of a urinary catheter or peripheral cannula device. To improve the audit score the newly appointed Infection Control Lead Nurse has commenced staff training and spot checks to ensure all safe standards are met and evidenced. Current score is 92% but the hospital anticipates a further improvement when re audited in June 2018.

The most recent IPC environmental audit which was undertaken in March 2018 resulted in an overall score of 86% this was a decrease from April 2017 audit score of 92%. Some areas within the hospital are in need of redecoration. A maintenance programme is now in place to rectify identified issues. There is also a plan to remove all carpets within the clinical areas and replace with hard flooring. Clinical trollies were also identified as having a small amount of rust evident on wheels, each Departmental Manager has undertaken a review of all clinical equipment and these have been replaced. A re-audit of the environment is planned for July 2018 which will see an improved score as the areas identified are currently being actioned.

- **Consent:** Assesses the consent process in 2 stages. Stage one ensures that patients are provided with sufficient information to provide informed consent. Stage two confirms that the patient is happy to proceed having had time to consider the information provided. Our current hospital compliance is 97%.

- **Emergency Trolley Audit**: To ensure that emergency equipment is ready for immediate use, a routine check of the defibrillator, oxygen and suction is undertaken daily. There is also a weekly audit of the content of the emergency trolley, this provides assurance that all emergency equipment is in date and there are sufficient numbers in each trolley as indicated by the Resuscitation Council (UK) 2017. These audit results are discussed and reviewed at the resuscitation committee meeting which is held quarterly. Our current hospital compliance to Emergency Trolley checks is 99.8%.

- **WHO – Surgical Safety Check Audit**: Where any invasive procedures occur (Out-patient department, theatre, The Lodge, radiology, endoscopy, angiography) we complete a monthly audit of WHO Surgical Safety Checks. The audit consists of review of the WHO checklist to ensure completion in full ,and an observational audit of the process to ensure safety checks occur as set in policy. The audit assesses that clinical staff are routinely checking that the correct patient receives the correct surgery on the correct site, and the patient has been appropriately prepared and consented for the procedure planned. All departments scored >95% for WHO Surgical Safety Checks in March 2018.

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 Yorkshire Clinic income from 1st April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals. The goals were agreed between The Yorkshire Clinic and the lead Clinical Commissioning Group and forms part of a contract for the provision of NHS services. This is a National incentive scheme based on the Commissioning for Quality and Innovation framework.

Rationale for our choice:

1. **Antibiotic Prescribing:** Antimicrobial resistance has risen alarmingly over the last 40 years and inappropriate and overuse of antimicrobials is a key driver. Development of new classes of antimicrobials has dramatically reduced, whilst between 2010 and 2013 total antibiotic prescribing has increased by 6%, leaving the prospect of reduced treatment options and an increasing risk to standard surgical procedures.
2. **Improving the drug reconciliation process**
   The Yorkshire has identified improvement is required in the 'drug reconciliation process' this CQUIN will strengthen the drug reconciliation process by ensuring The Yorkshire Clinic adheres to recommendations made by the Institute of Healthcare Improvement - *Medicine reconciliation to prevent adverse drug events*, NPSA and the NICE Guideline NG5 2015 - Medicines optimisation: the Safe and Effective use of Medicines to Enable the Best Outcomes The benefits of introducing the reconciliation triangle into current process are:

- Reduction in prescribing errors.
- Decrease in missed doses of medication.
- Improved quality of information available to clinicians.
- Decrease in hospital re-admissions due to harm from medication.
- Increased patient involvement in their own care.

Indicator	Goal	Description of indicator	Indicator Weighting	CQUIN achieved
1	Re-alignment of The Yorkshire Clinic antibiotic formulary to reflect best practice and align to local NHS trusts.	**Antibiotic Prescribing -** Re-alignment of the antimicrobial prophylaxis	50%	**YES**
2	Improving the drug reconciliation triangle / 3 way check to the current reconciliation process in line with NICE and NPSA Guidelines.	**Improving the drug reconciliation process**	50%	**YES**

The 2017/18 CQUINs were 100% achieved by The Yorkshire Clinic and the hospital has agreed the 2017/18 CQUINs to ensure continuous improvement in quality and innovation.

Full details of the 2018/19 incentive scheme are:

Indicator	Goal	Description of indicator	Indicator Weighting
1	**Antibiotic Prophylaxis in elective Surgery** The 2017/18 antimicrobial CQUIN highlighted gaps in practice around administration of antibiotic prophylaxis. The aim of this CQUIN will focus on correct prescribing of prophylaxis antibiotics to the agreed Yorkshire Clinic Antibiotic Formulary *(This formulary is*	Antibiotic prophylaxis is effective for preventing surgical site infections in certain procedures. However, the use of antibiotics for prophylaxis carries a risk of adverse effects (including *Clostridium difficile*-associated disease) and increased prevalence of antibiotic-resistant bacteria. The choice of antibiotic prophylaxis should cover the organisms most likely to cause infection and be influenced by the strength of the association between the antibiotic used and these adverse effects. Using a local antibiotic formulary should ensure that the most appropriate antibiotic, dose, timing of administration and duration are used for effective prophylaxis. **NICE Guidance: Surgical Site Infection QS49 October 2013 - *Quality Standard 2 Antibiotic Prophylaxis.***	40%

	aligned to Bradford Teaching Hospitals Trust and Airedale Hospitals NHS Trust (BTHFT / AGH) formulary		
2	**Maintaining Normothermia for Hip and knee arthroplasty patients undergoing surgery** To ensure patient temperature pre and intraoperative to be within normal range temperature of 36.5°C – 37.5°C range (Normothermia). Appropriate action to be taken where temperature outside of normal range (active warming).	During surgery patients are kept in a stable condition by the operating team. All tissues heal most effectively in optimal conditions of oxygenation, perfusion and body temperature. Inadvertent perioperative hypothermia is a common but preventable complication of perioperative procedures that is associated with an increased risk of surgical site infection and other postoperative complications. Surgical patients are at risk of developing hypothermia before, during or after surgery. Maintaining Normothermia throughout this period will therefore reduce the risk of infection at the surgical site and ensure that patient's feel comfortably warm at all times. **Compliance to Hypothermia Prevention and Management in Adults having Surgery. (NICE Guidelines CG65 Dec 2016)**	60%

2.2.5 Statements from the Care Quality Commission (CQC)

The Yorkshire Clinic is required to register with the Care Quality Commission and its current registration status on 31st March is registered without conditions / registered with conditions.
The hospital has not participated in any special reviews or investigations by the CQC during the reporting period.
The CQC carried out a 3 day inspection at The Yorkshire Clinic on 18th 19th and 20th October 2016. Using the new framework for inspecting the CQC assessed our services against five key questions:

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

Our Rating by the CQC:

The CQC rated the Yorkshire Clinic **'Good Overall'** for Surgery, Children & Young People and Out-Patient & Diagnostic Imaging.
In all the Five CQC Domains (Safe, Effective, Responsive, Caring and Well Led) we achieved **'Good'.**

	Safe	Effective	Caring	Responsive	Well Led	Overall
Surgery	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**
Children and Young People	**Good**	**Good**	**Not Rated**	**Good**	**Good**	**Good**
Outpatient & Diagnostic Imaging	**Good**	**Not Rated**	**Good**	**Good**	**Good**	**Good**
Overall	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**

Key Highlights from our Report:

- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Staff were encouraged to report incidents and we saw good sharing of learning following incidents. Staff were aware of the two never events and subsequent changes in practice.
- Mandatory training compliance levels were high and we observed good practice in relation to infection prevention and control and medicines.
- Documentation was good, patient care and treatment was evidence based. There were clear pathways of care and staff were able to recognise and respond to signs of deteriorating health.
- Patients were involved in their care and treated with dignity and respect.
- Service provision was focused around the needs of the people using the hospital.
- The provider met National indicators for referral to treatment (RTT) waiting times.
- Staff spoke positively about their leaders and managers.
- The governance arrangements in place ensured that quality, performance and risks were managed.

Outstanding practice, these were:

- The Pharmacy Department had undergone external benchmarking of their aseptic department.
- The new Senior Children's Nurse was building links to the local authority safeguarding children's board and had attended a recent link meeting.
- The Senior Children's Nurse had started weekly two hour information and advice safeguarding children 'drop ins'. These had proved popular and provided a link between local and National developments and staff.

There were no breaches of regulations. However, there were areas where the Provider should make some improvements, even though a regulation had not been breached, to help the service improve. These were:

- The provider should consider making designated areas more child focused.
- The provider should ensure that all staff receives an annual appraisal.
- The provider should ensure best practice guidance is followed in relation to mental capacity assessment and best interest's decisions.

Where the CQC provided feedback on areas for improvement we have developed an action plan which outlines what is required to make the improvements, who will complete the actions and by when. These actions have been completed and signed off by the Clinical Governance Committee.

Summary of actions:

- The provider should consider making designated areas more child focused. *We no longer offer any services for children. All our inpatient and out-patient services are for age 18 years and over.*
- The provider should ensure that all staff receives an annual appraisal. *We have an annual programme that all our Head of Departments work to, to ensure staff appraisals are completed. Our current compliance is 95%.*
- The provider should ensure best practice guidance is followed in relation to mental capacity assessment and best interest's decisions.
  Action taken:
  - *External training provided to key leads in each clinical area on Mental Capacity, Consent, and Deprivation of Liberty Safeguards.*
  - *These staff then have completed training for staff in their departments*
  - *A competency assessment booklet has been formulated to ensure staff knowledge can be assessed.*
  - *Annual e-learning includes mental capacity.*
  - *Risk assessment developed to assess patient's capacity.*

The Yorkshire Clinic has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Data Quality

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

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. On induction our staff are trained on how to obtain and input data correctly onto our electronic systems and also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital.

At The Yorkshire Clinic data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2015/16 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care.
- 99.96% for outpatient care.
- 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.
- 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**

To comply with Information Governance Requirement 505 for internal clinical coding audit of NHS coded data, HSCIC recommend a score of at least a level 2 in all 4 areas for diagnosis and procedural coding.
The table below shows the percentage accuracy scores as targets:

	Required attainment level For IG 505	
	Level 2	Level 3
Primary diagnosis	> 90%	>95%
Secondary diagnosis	>80%	>90%
Primary procedure	>90%	>95%
Secondary procedure	>80%	>90%

Clinical Coding Error Rate

The Yorkshire Clinic was last audited in May 2016 evidencing an overall level 3 and a score rate for the following:

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Yorkshire Clinic	Aug18	98.33%	97.54%	98.31%	100%

As evidenced in the table above; The Yorkshire Clinic achieved above average scores for clinical coding error rate.

2.2.7 Stakeholders views on 2017/18 Quality Account

The Yorkshire Clinic Quality Account 2017/18

On behalf of NHS Bradford City, Bradford Districts and Airedale and Wharfedale Craven Clinical Commissioning Groups (CCGs) I welcome the opportunity to provide feedback to The Yorkshire Clinic on its Quality Account for 2017/18.

I would firstly like to commend the hospitals achievements during 2017/2018. These include:

- Continued very low rate of hospital infections and has had no reported MRSA Bacterimia in the past 3 years
- 100% achievement of the CQUINs 2017/18 which included re-alignment of The Yorkshire Clinic Antibiotic formulary and to reflect best practice and align to local NHS Trusts.
- Supported local charities in the community by raising £2220 for Aireborough Supported Activities Scheme and Bosom friends (Bradford).

Since the Care Quality Commission (CQC) inspection in October 2016, where the hospital received a 'good' overall rating, it is commendable to see that the hospital has acted upon feedback provided by the CQC (should dos) to support improvements to staff annual appraisals, mental capacity assessment and best interest decisions practice.

It is pleasing to note that during 2017/18 the Yorkshire Clinic continues to demonstrate a commitment to measuring and acting upon patient feedback and consistently achieves very high rating feedback for patients stating that they would recommend the hospital to Friends and Family which I congratulate you for. I note that the introduction of a 'we value your feedback card' will further strengthen qualitative feedback. I am pleased to note the continued opportunity for the CCG's staff to be involved in the Yorkshire Clinic improvement plans and welcome this ongoing collaboration.

Although 83.4% of the hospitals patients were treated under the care of the NHS, the Yorkshire Clinic shows a clear commitment to private patients as well as working in partnership with the NHS, ensuring that services commissioned result in safe, quality treatment for all patients whilst in their care. The hospitals constant drive to improve clinical safety and standards by a systematic process of governance including audit and feedback is impressive.

I particularly welcome the ongoing working relationships the Yorkshire Clinic has with Commissioners, Airedale NHS Foundation Trust, Bradford Teaching Hospitals Foundation Trust and Leeds Teaching Hospitals Trust, to deliver a joint approach to patient care delivery locally.

During 2017/18 the majority of the quality priorities were met including the:

- Development of effective systems for medicine optimisation and helping patients to make the most of their medication.

- The introduction of clinical supervision for all nurses and clinical practitioners with the aim to improve the quality and safety of patient care through staff building on knowledge and skills through reflection and learning.

- The development of 'comfort rounds' where a member of the clinical team sees patients at least every two hours to ensure all of their personal needs are met.

- The implementation of a refined discharge planning and communication process to enhance patient safety and experience. This includes a comprehensive discharge standard, patient discharge pack and post discharge follow-up call within 24hours.

- The introduction of the National Safety Standards for invasive procedures to enhance the current patient safety framework. I am pleased that the hospital has had no Never Events during 2017/2018.

Although the introduction of a Patient Diary (to improve communication and encourage patient involvement in their care) was not achieved, it will be a key objective for 2018/19.

The hospital has participated in relevant national clinical audits and one confidential enquiry in 2017/18 and I note the hospitals intention to further participate in twelve national audits as part of their Clinical Outcome Review Programme in 2018/19.

The Yorkshire Clinic has identified Clinical Priorities for improvement in 2018/19 identified with their hospital strategy. This encompasses the CQC's 5 domains (to support assessment of quality) and includes the following aims:

- **Safe:** To achieve optimal patient hydration and fluid balance management through staff education and training, incorporation of the BMJ Quality Improvement Programme; improving fluid balance monitoring and the development of fluid champions on each ward.

- **Caring**: To develop ward based Customer Care Standards which will set out what customers can expect during their stay in hospital. The Yorkshire Clinic has committed to deliver customer care training to >90% of staff by 31st April 2019.

- **Responsive**: To introduce a Patient Diary to improve communication and encourage patient involvement in their care.

- **Effective:** To ensure staff capacity and capability to provide outstanding care to patients through the implementation of the NICE Safe Staffing Tool at ward level and the identification of key staff members to become speciality leads who will focus on the quality elements for each speciality that support nursing care i.e. resuscitation and cancer services.

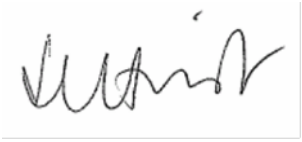
- **Well Led:** To improve staff engagement through compassionate leadership by training senior leaders to create a culture that fosters growth, trust and healthy relationships through the implementation of the Speaking up for Safety Programme.

The CCG acknowledges the planned priority and improvements that the Hospital Strategy will bring and welcomes the continued focus to strengthen patient experience, safety and clinical effectiveness of care and treatment and I look forward to improved outcomes in these areas.

In line with the national picture, workforce challenges endure. The CCG welcomes the hospitals ongoing commitment to support staff through various initatives to retain, develop and recruit a skilled workforce and acknowledges a slight reduction in staff sickness levels as a result of the work the hospital has introduced. However, it is disappointing to note that there has been a 2.1% increase in staff turnover; but I acknowledge that through sustainable leadership, staff wellbeing strategies and the actions you have planned, that these will bring some further stability to the staff teams and patient outcomes over the coming year.

I confirm that the Statements of Assurance have been completed, providing evidence of engagement in initiatives linked to quality improvement.

I can also confirm that the NHS Bradford City, Bradford Districts and Airedale, Wharfedale Craven CCGs have taken reasonable steps to validate the accuracy of information provided within this Quality Account and can confirm that the information presented appears to be accurate and fairly represented; the Quality account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by The Yorkshire Clinic.



Helen Hirst
Chief Officer
Airedale, Wharfedale & Craven,
Bradford City & Bradford Districts CCG's

Part 3: Review of quality performance 2017/2018

Statements of Quality Delivery

Matron, (Jan Matin)

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

Introduction

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

Vivienne Heckford
Director of Clinical Services
Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

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

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

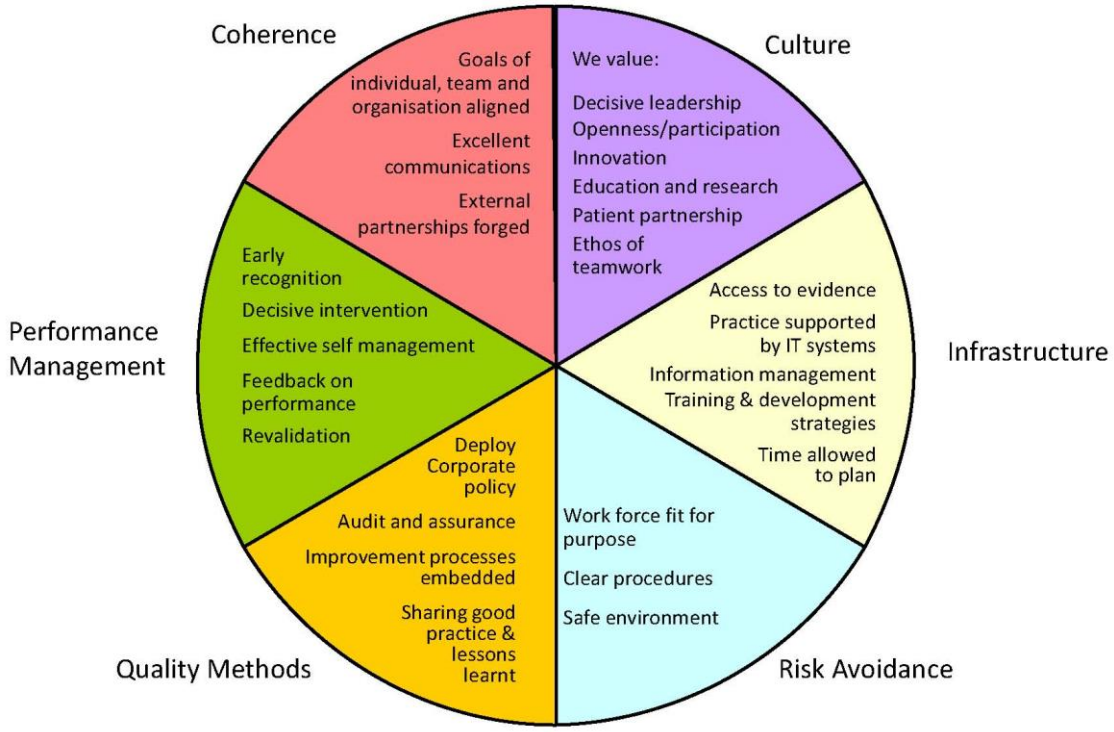
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a 'stand-alone' activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impact on others.

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

Related NHS Outcomes Framework Domain

1: Preventing People from dying prematurely.
2: Enhancing quality of life for people with long-term conditions.

There has been no 'unexpected mortalities' at The Yorkshire Clinic in the reporting period.

Mortality:	Period	Best		Worst		Average	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1

Period	Yorkshire	
2016/17	NVC20	0
2017/18	NVC20	0

Independent data is not included by the HSCIC. We have pulled unexpected mortalities from Riskman for comparison.

PROMS (Patient Reported Outcome Measures)

PROMS Hips and Knees

a. Data available at http://content.digital.nhs.uk/proms.
b. Measure is the Adjusted Health Gain (Primary Oxford Hip and Knee Score).
c. The HSCIC data for PROMS includes private providers so all the data table comes from this source.
d. Most recent data in March was used: Apr 15 – Mar 16 and Apr 16 – Mar 17.

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

Period	Yorkshire	
Apr15 - Mar16	NVC20	20.335
Apr16 - Mar 17	NVC20	21.560

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

Period	Yorkshire	
Apr15 - Mar16	NVC20	16.177
Apr16 - Mar 17	NVC20	15.519

Outlined in the tables above are the patient reported outcomes for The Yorkshire Clinic. This is compared to the National best, worst and average scores from England.

The Yorkshire Clinic participates in the Department of Health PROM's survey for hip, knee and hernia surgery for NHS and private patients. PROMs indicate a patient's health status or health-related quality of life from the patient's perspective, based on information gathered from a questionnaire that patients complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

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:-

I. Groin hernia surgery.
II. Hip replacement surgery.
III. Knee replacement surgery.

We monitor our outcomes by reviewing the PROMS data at our Clinical Governance Committee and ensuring action is taken where we identify any measures that are below the England National Average.

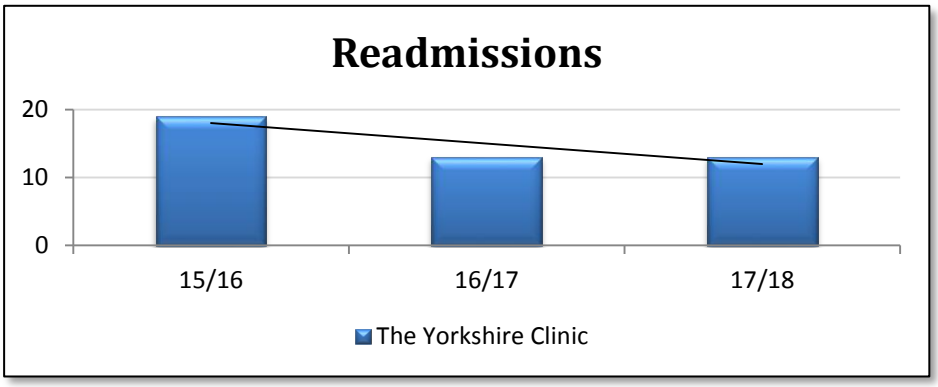
PROMS Hernia

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

Period	Yorkshire	
Apr15 - Mar16	**NVC20**	0.114
Apr16 - Mar 17	**NVC20**	0.095

The table above shows the **PROMS outcome data following Hernia Surgery.** The Yorkshire Clinic is scoring above the England National average which evidences an improved health gain following the surgery.

Readmissions:



Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes. As with return to theatre, any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed. As evidenced in the table above The Yorkshire Clinic can demonstrate readmission rates have remained the same in 2017/2018 compared to 2016/2017. We ensure patients are fully optimised prior to discharge, preventing re-admissions and a detailed assessment of the patient is undertaken by a multidisciplinary team which include Doctors, Nurses, Physiotherapists, Pharmacists and Anaesthetists. We continue to ensure staff have the skill and knowledge to provide care to patients in their differing state of recovery and ensuring patients are not discharged home too early after treatment. Improvements in patient education and communication has also played a key as we start discharge communication early in the patient pathway and ensure they are fully informed of what they can expect at every stage of their recovery. Continuity of care after patients are discharged from hospital has been critical in ensuring that the patient's treatment plan is continued at home, and to ensuring that patients have appropriate support at the time of discharge. All our patients are also contacted 48 hours post discharge to ensure they are continuing to recover.

Venous thromboembolism (VTE)

VTE Assessment:	Period	Best		Worst		Average	
	16/17 Q3	**Several**	100%	**NT490**	65.9%	**Eng**	95.6%
	16/17 Q4	**Several**	100%	**NT414**	60.8%	**Eng**	95.6%

Period	Yorkshire	
Q3 2016/17	**NVC20**	97.2%
Q4 2016/17	**NVC20**	97.6%

VTE Assessment (https://www.england.nhs.uk/statistics/statistical-work-areas/vte/)

a. Q3 16/17 **data**
b. Q4 16/17 **data**
c. The value included is the from the 'Percentage of admitted patients risk-assessed for VTE' column.

The Yorkshire Clinic perform VTE risk assessment on all admitted patients as per Ramsay Policy which is based upon the National Institute for Clinical Excellence (NICE) Guidance 2010.

The National Institute for Clinical Excellence (NICE, 2010) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

- On admission to hospital.
- 24 hours after admission to hospital.

- Whenever their medical condition changes.
- Before discharge.
- Every patient should receive information on how to continue preventative measures at home.

The Yorkshire Clinic VTE risk assessment document will indicate whether a particular patient is at high risk of developing blood clots. This may be as a result of their own individual risk factors e.g. age, medical history etc. as well as their reason for being admitted to a surgical ward e.g. a condition which will result in them being bed-bound.

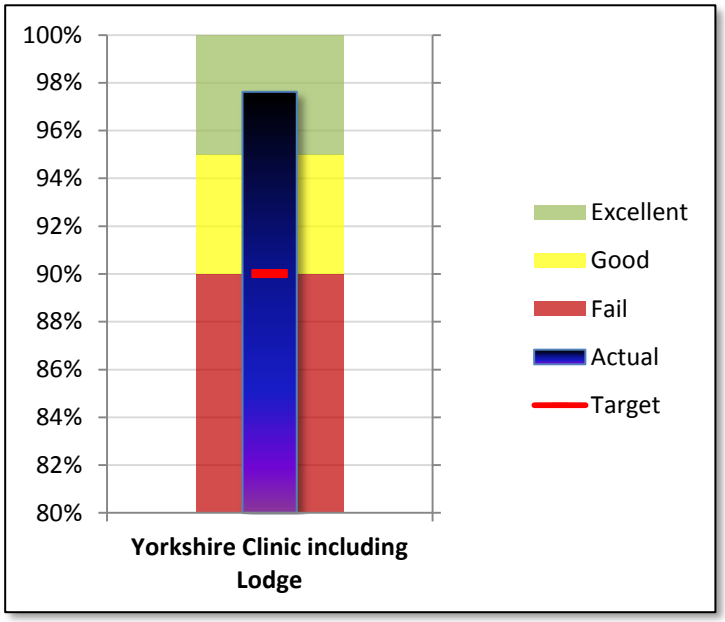
As evidenced in the table below the Yorkshire Clinic demonstrate that we are significantly above the National average for VTE risk assessment completion, this reflects our commitment to patient safety and risk management.

To ensure we continue to achieve a high score we:

- Undertake audits to monitor compliance to VTE management.
- Train all our clinical staff about how to complete a risk assessment and actions to take.
- Report any VTE events (deep vein thrombosis, pulmonary embolism) to ensure a root cause can be identified, action taken to improve and learn from these events.

There have been no VTE events at The Yorkshire Clinic in the reporting period.

The table below also reflects the VTE Risk assessment target, The Yorkshire Clinic have exceeded the target with a score of 97.6%, which is rated as EXCELLENT.



Clostridium Difficile Infection

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

Period	Yorkshire	
2016/17	NVC20	0.0
2017/18	NVC20	0.0

C Diff Rate per 100,000 bed days

a. Rate per 100,000 bed days comes from https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data

b. Independent data is not included so our own data is used for comparison against the same time frame (C Diff pulled from Riskman).

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 years or over during the reporting period.

The above table demonstrates our high standards of infection prevention and control processes as there have been **no cases of Clostridium Difficile Infection in this reporting period 31st March 2017- 1st April 2018.**

Healthcare associated infections (HCAI) are acquired as a result of healthcare intervention. High standards of Infection Prevention and Control practice minimise the risk of occurrence of HCAIs.

To ensure we maintain this score, and the quality of our services, The Yorkshire Clinic:

- Have a Local IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from all areas of the hospital. The Committee meets quarterly to oversee implementation of Corporate policies, National Guidance and review clinical audit & practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends which are then actioned.
- Have appointed an Infection Control Lead Nurse.
- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection
- Have effective systems of education, audit and surveillance. Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.

- Are actively working on ways to adhere to antimicrobial stewardship and ensure antimicrobial prescribing is compliant with the Ramsay formulary.

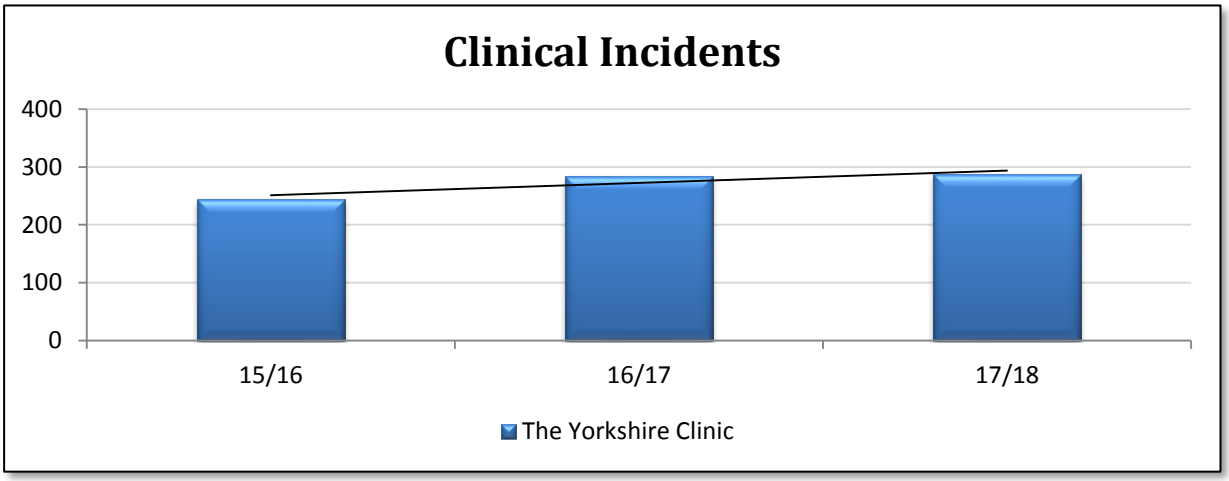
Incident Rates and Patient Safety

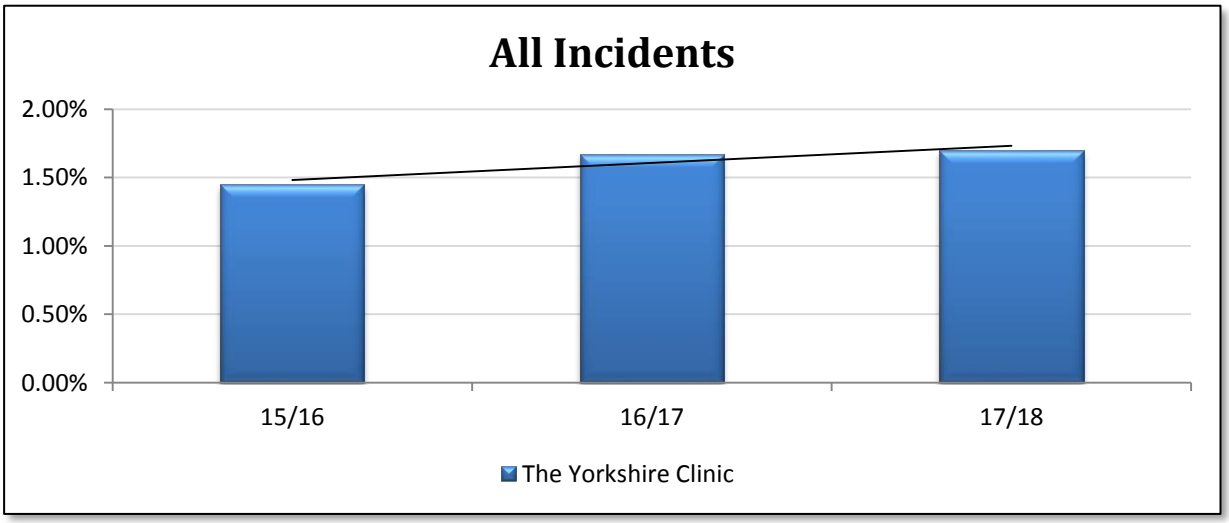
SUIs: (Severity 1 only)	Period	Best		Worst		Average	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85

Period	Yorkshire	
2016/17	NVC20	0.00
2017/18	NVC20	0.00

Independent data is not included so our own is used for comparison pulled from Riskman Indicator data

The above table shows The Yorkshire clinic has had no Serious Untoward Incidents reported this falls in Severity 1 in this reporting period.





The two tables above show an increase in all reported incidents including clinical incidents. This increase has been following focused training for all staff about the

importance of reporting incidents. The Hospital Matron continues to provide riskman (Ramsay Incident Reporting Tool) training annually to all staff and to new staff on induction, staff are encouraged to report incidents, share learning and learn from mistakes. A 'no blame culture' is encouraged and staff are informed that we are committed to learn from mistakes and share learning. The message to all our staff is clear, that it is only through reporting incidents in an open and transparent way that we will learn and make changes to enable us to continually safeguard out patients from harm.

The Yorkshire Clinic strives to report any incidents or near misses in real time through an electronic incident reporting tool called 'riskman'. Every incident is promptly reviewed by Matron and the Department Manager. All our incidents are fully investigated; actions are formulated to enable learning and changes in practice.
All incidents are categorised dependent on severity. The National Patient Safety Agency (NPSA) Root Cause Analysis investigation tool is used to complete a Root Cause Analysis to investigate serious incidents, identify the prime reason(s) why an incident occurred and then take action which will either prevent, or reduce the chances of a similar type of incident from happening in similar circumstances in the future.

All incidents are analysed and discussed at the Clinical Governance Committee, the committee review trends and themes and ensure appropriate action has been taken to reduce or prevent the incident re-occurring. All incidents are also discussed at Departmental team meetings to enable shared learning and to ensure front line staff are fully aware of what incidents have occurred and actions taken. We believe it is through shared lessons learnt from incidents that we can improve patient safety and reduce / stop serious incidents from re-occurring.

Other National reporting mechanisms e.g. MHRA; CQC; NHS England CAS alerts and local NHS networks are used via the Ramsay CAS alert process to share information with frontline staff as and when this is updated. It is standard practice for Ramsay hospital sites to share any incidents and lessons learnt regionally and Nationally through Committee meetings, local and National Matrons meetings in addition to our local NHS Trusts and Commissioners.

Friends and Family Test

F&F Test:	Oct	Best		Worst		Average	
	Feb-18	Several	100%	RJ731/RTFDX	63.0%	Eng	96.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%

Period	Yorkshire	
Jan-17	NVC20	98.8%
Feb-17	NVC20	99.6%

F&F Test (https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/)

The Trusts score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
It is initially NHS funded acute services providers for inpatients (including independent sector organisations that provide acute NHS services).

A NHS-wide 'Friends and Family' test to improve patient care and identify the best performing hospitals in England was announced in 2012 by the Prime Minister.

All patients at The Yorkshire Clinic are routinely invited to take part in this anonymous survey. By completing a simple questionnaire asking whether they would recommend our hospital to their family and friends. Scores are published on the NHS Choices Website **www.gov.uk**

Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. The Yorkshire Clinic will use the information received from our patients in this survey in order to improve the service we offer.

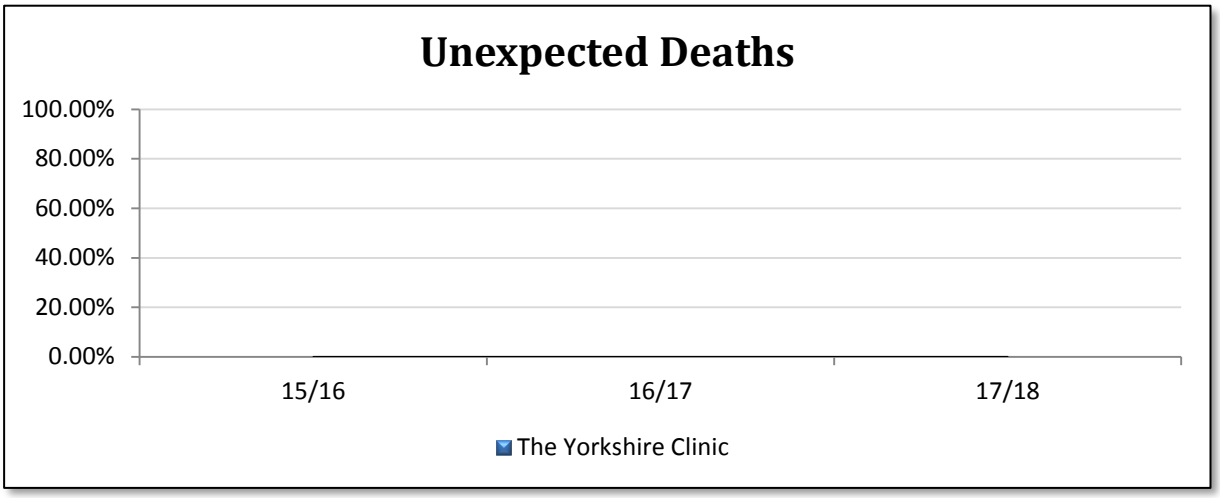
99.6% of our patients in this reporting period would recommend care and treatment at The Yorkshire Clinic. Our commitment to provide care with compassion and confidence is reflected by in this score.

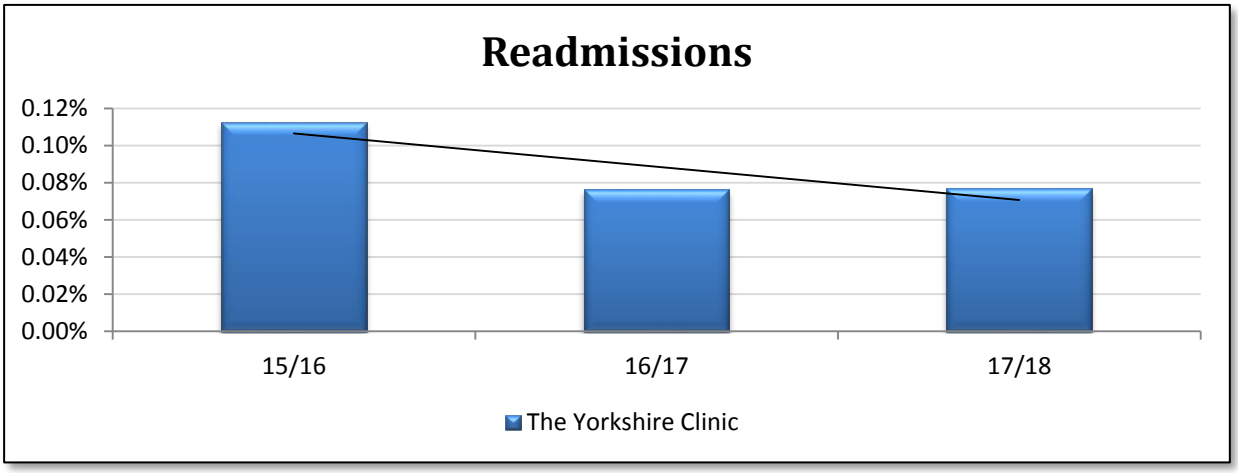
3.2 Patient safety

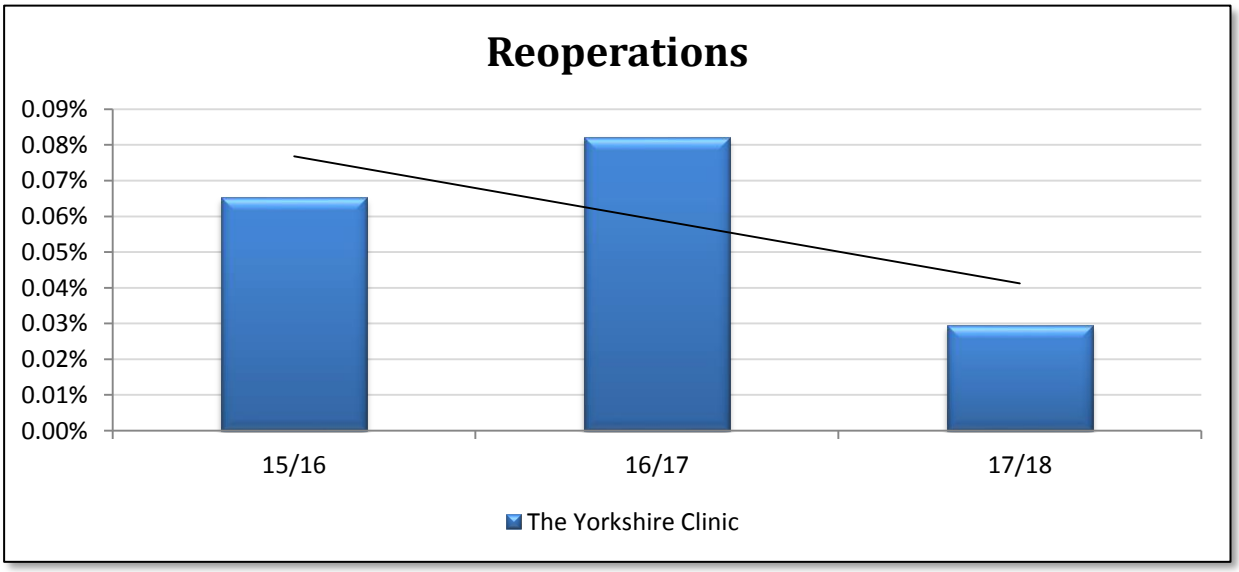
We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly with regards to our track record for patient safety.
Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

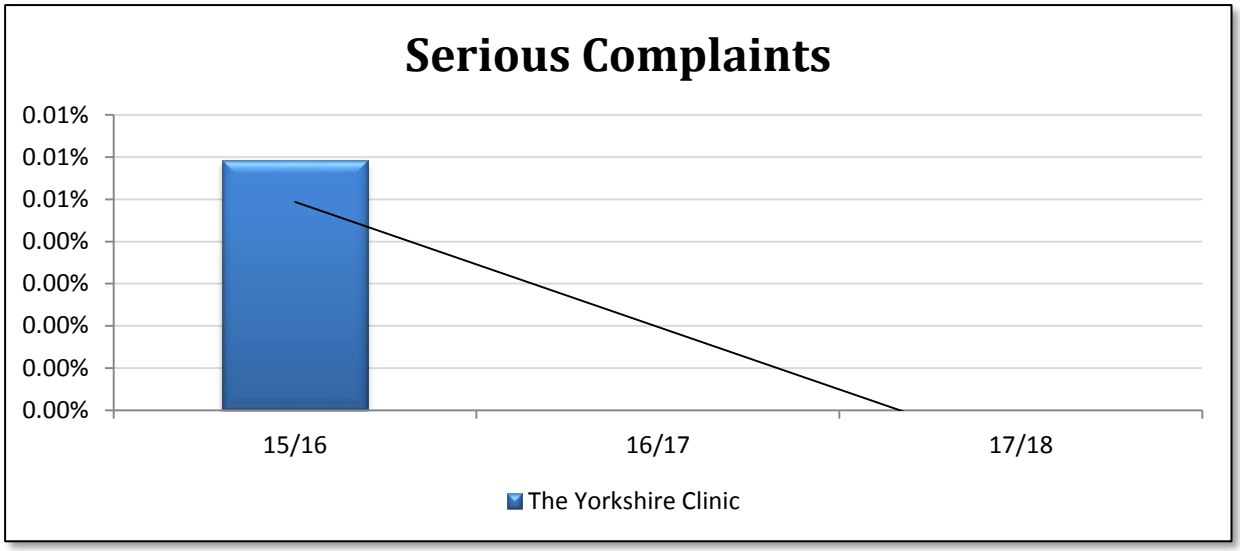
Our focus on patient safety has resulted in marked improvements in a number of key indicators as illustrated in the graphs below.

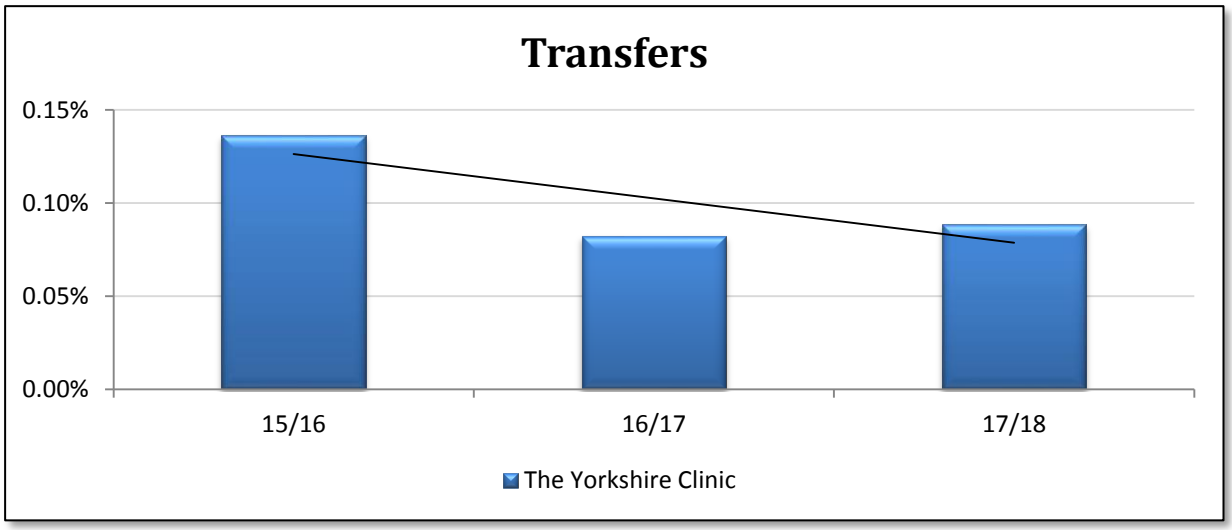
We had no unexpected deaths as indicated in the table below.





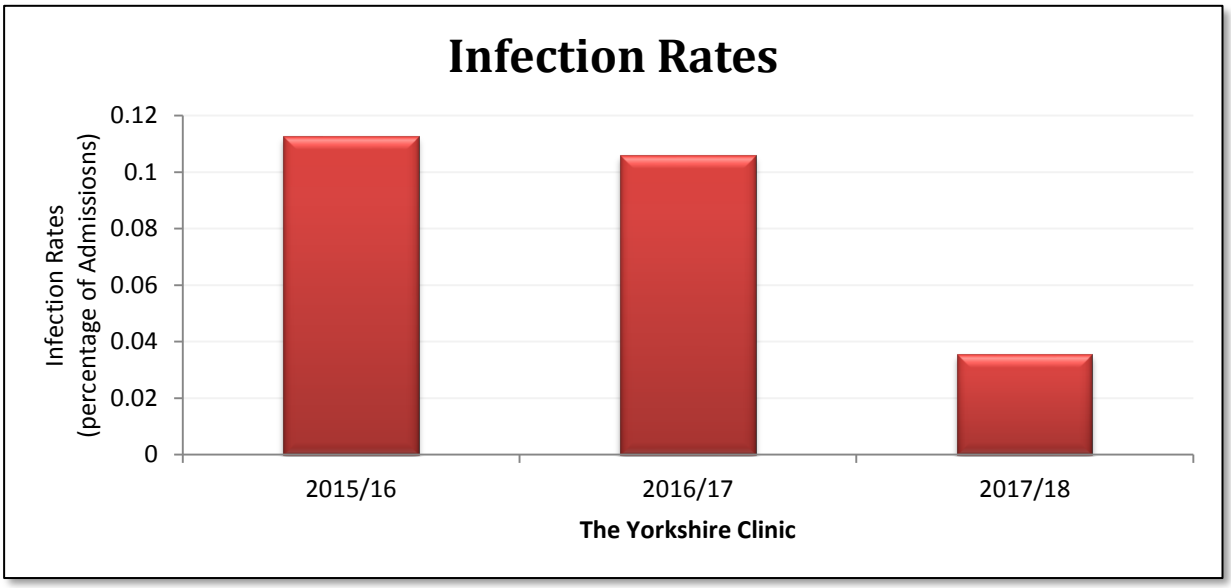


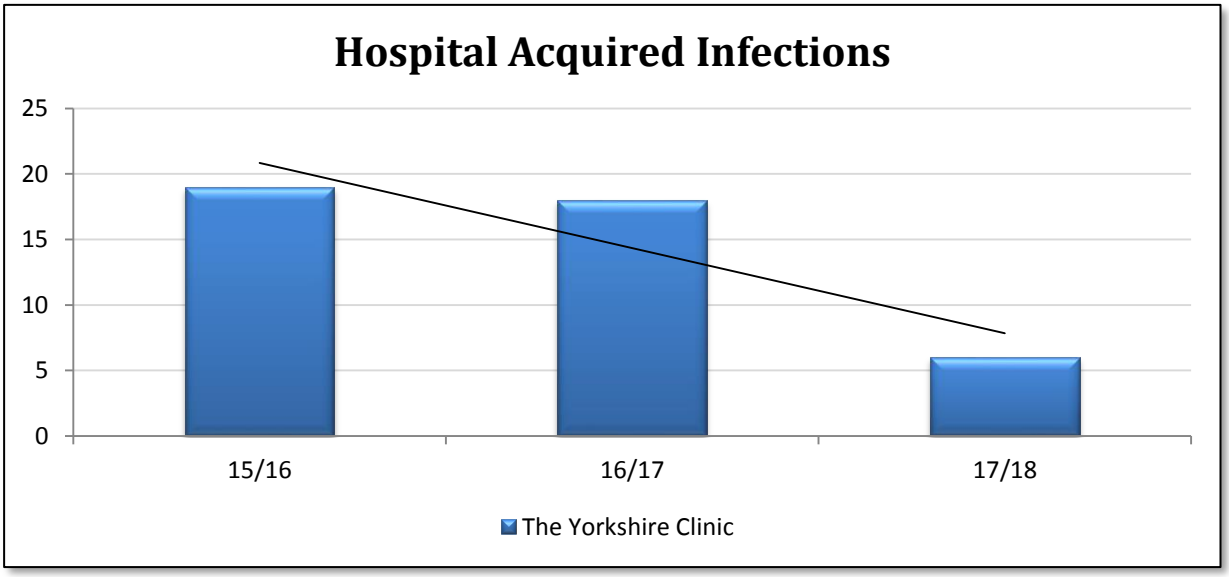




There has been a 0.01% increase in the number of transfers out; this is a result of our High Dependency Closure. During 2016-2017 we were able to provide level 2 (HDU) care. However the increase is very minimal as we continue to ensure our patients go through a robust pre-assessment process ensuring they are fully optimised for surgery which reduces the risk of complications and subsequent transfers for higher level of care.

3.2.1 Infection prevention and control





The tables above show The Yorkshire Clinic 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 this is then localised by the hospital Matron to ensure every hospital has an Infection Prevention annual plan focusing on key improvement strategies. Our IPC Annual Plan is 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:
The Yorkshire Clinic understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.
There is a defined team responsible for infection prevention and control and clear lines of accountability for infection prevention and control matters throughout the hospital.

Hospital Matron is responsible for reporting to the Group Infection Prevention Lead of Healthcare Associated Infections, outbreaks of Infection, Serious Untoward Incidents and progress against the IPC annual plan.

Infection Control Doctor: A Consultant Microbiologist is our Infection Control Doctor. He has responsibility for working with the Hospital Matron and Infection Control Link Nurse (ICLN) to support the implementation of the IPC annual plan and provide guidance and support in the Microbiology services; he also undertakes staff IPC education sessions.

Hospital Infection Control Lead Nurse assists Matron in the delivery of the local Infection Prevention and Control annual plan and undertakes the hospital lead role as the Infection Prevention and Control Link Nurse. The ICLN provides education and training throughout the hospital, undertakes a programme of audits, Standard Operating Procedure (SOP) formulation, alert organism surveillance, Root Cause Analysis and provides infection control support as required by the Care Quality Commission's 'Criterion 8 on Cleanliness and Infection Control and the 'Code of Practice for the Prevention and Control of Healthcare-associated Infections' (DH,2010).

Departmental Infection Prevention and Link Practitioners: These are frontline staff who engage in infection control activities in their area which include completing the frontline engagement audits (hand hygiene, medical devices and environmental assurance) as well as acting as role models and conduits for infection control issues.

Antimicrobial Pharmacist / Guardian: Our Pharmacy Manager is our antimicrobial pharmacist. Key responsibilities of the role are leading and reporting progress on antibiotic prescribing and management in the hospital, supporting antimicrobial stewardship by working closely with clinical teams, carrying out audits in line with National Guidance, providing training with regard to antimicrobial stewardship to clinical staff, supporting the development and monitoring of antimicrobial policies with the clinical Consultant Microbiologist and clinical teams.

2017-2018 what did we achieve that has enabled a significant decrease in our Infection Rates:

Area	Our achievements
IPC Management	Infection Control Link Practitioners meet monthly led by the ICLN to ensure fundamental infection control practices are met in each department. Quarterly Infection Prevention Committee meetings led by Consultant Microbiologist.
	Review all hand hygiene posters, leaflets and ensure they are visible, encouraging visitors and patients to use facilities and challenge staff.
	Review hand gel supplier, public signage (change to GOJO).
	Participate in **International Infection Prevention Week**. (cakes, quiz, raffle, workshops, education board, staff, Consultant and patient involvement)
	SLA in place with a Consultant Microbiologist for IPC.
Surveillance	Compliance to Surveillance Policy (IPC 14) Monitor all Hip and Knee Arthroplasty patients for 30 days in line with PHE Surveillance Programme. >95% of our patients were contacted following Hip and Knee Replacement Surgery to monitor their surgical wounds.
	All Microbiology results are reviewed by the ICLN and where SSI is

	identified: • Report on riskman. • Complete RCA. Share actions, lessons learned with staff involved in patient care, Consultants and wider team through Clinical Governance meetings.
	Meet requirements set in CQUIN 2016-2017 Antimicrobial Stewardship. *The Yorkshire Clinic Antibiotic Formulary created and approved by the Medical Advisory Committee.*
Education and Training	Mandatory ANTT training and Competency assessment for all Registered Practitioners.
	All staff attend hospital induction and mandatory update sessions on IPC. • Hand Hygiene practical and theory. • Waste disposal. • PPE. • Clinical Uniform. • Cleaning manuals. • Surgical Site Care Bundles.
	Formal training on PICC line management.
	Focused campaigns to raise promote staff, patients and visitors awareness on key Infection prevention standards: • Hand Hygiene. • Flu vaccinations. • PPE.
Audit	Ensure audits are carried out as set in the Ramsay audit programme. Any clinical areas achieving less than 95% compliance to produce a remedial action plan. The completion of action plans managed through Infection Control committees. >95% achieved in Hand Hygiene Audits. Quarterly Environmental Audit by HODs to ensure that all hospital areas are well maintained and appropriately managed to reduce the risk of infection. *(Audit each other's departments for an objective overview).*

Cleanliness and Environment	*Provide and maintain a clean environment that facilitates the prevention and control of infections.* Standardise products used for terminal cleaning - use and dosage of hypochlorite for terminal cleaning as per the Environmental Cleaning Policy.
	Quarterly Mattress Audit.
	Ensure compliance to safer sharps. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Where products do not meet the requirements a robust risk assessment is implemented.

Infection Prevention and Control Audits undertaken during 2016/17 achieved average scores of:

Audit	Audit Score
Hand Hygiene	99%
Peripheral Venous Catheter Care Bundle	92%
Urinary Catheter Care Bundle	96%
Surgical Site Infection	98%
Cleaning schedules	96%

2017-2018 Infection Provisional Plan focuses on:

- Cleaning schedules.
- Clinical uniforms.
- Training and Education.
- Audit.
- Carpet in clinical areas.
- Some Link Nurses still do not have protected time.
- Normothermia.
- Surgical Site Care Bundle.
- Antimicrobial Stewardship.
- Catheter Care Bundle.
- Peripheral Cannula Care Bundle.
- Root Cause Analysis.
- Prevention of needle stick injuries.
- Skin surveillance.

3.2.2 Cleanliness and Hospital Hygiene

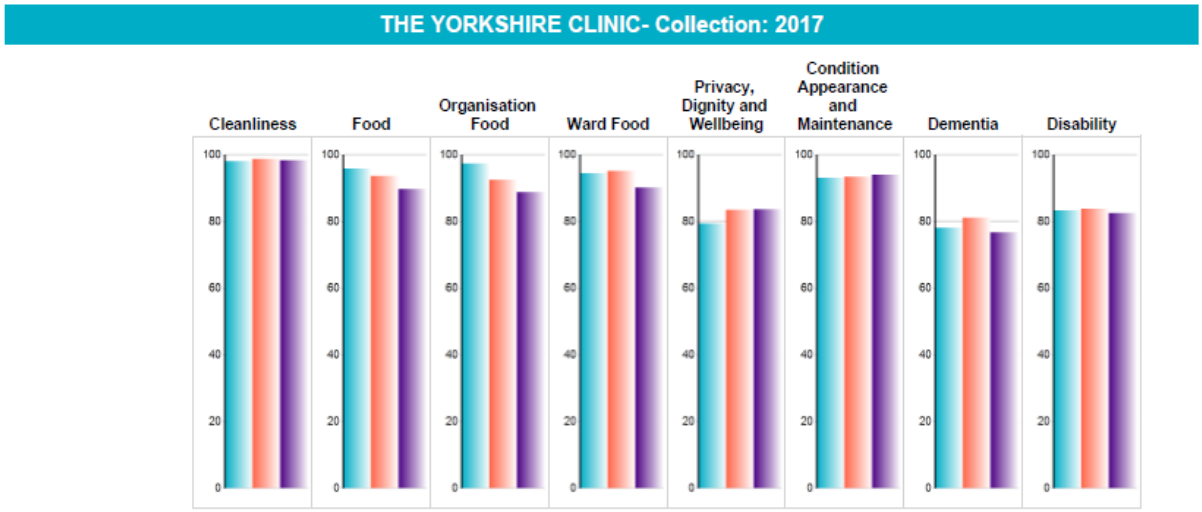
Assessments of safe healthcare environments also include **P**atient-**L**ed **A**ssessments of the **C**are **E**nvironment (**PLACE**)

PLACE assessments occur annually at The Yorkshire Clinic, 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. During 2017/18 The Yorkshire Clinic took part in Patient Led Assessment of the Care Environment (PLACE) which builds on the foundation of the Patient Environment Action Team (PEAT) assessments, with two main differences:

- Patients make up at least 50% of the assessment team giving patients a much stronger voice.
- Focus is on improvement with hospitals required to report publicly and say how they plan to improve.

The Health & Social Care Information Centre results for our annual PLACE Audit undertaken in April 2017, achieved scores in the following areas:



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	811.0000	228.4115	102.5334	125.8781	62.0000	367.0000	166.3571	142.1134
Available Score (Actual)	826.0000	238.4031	105.2435	133.1596	78.0000	394.0000	212.8571	170.3697
Site Score	98.18%	95.81%	97.42%	94.53%	79.49%	93.15%	78.15%	83.41%
Organisation Average	98.75%	93.74%	92.52%	95.19%	83.52%	93.47%	81.07%	83.71%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

The chart identified that we were above the National average for organisation food, ward food, dementia and disability.

Privacy, Dignity and Wellbeing, Condition, Appearance and Cleanliness Organisation Food were areas where we scored below the National average. We have taken actions to improve these scores and will see an improvement in our scores in the 2018 results.

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.
The Yorkshire Clinic have an occupational health nurse on site who is linked to the wellbeing programme ensuring staff are supported and there is robust reporting of incidents. All clinical staff complete skin surveillance assessments this is directly accessed through the riskman reporting system, and where any staff have any 'issues' they are supported through our Well-being team. All staff complete a health screening questionnaire before employment commencement, through this they are supported to ensure they are safe and fully equipped to undertake their role.

A comprehensive **Health, Safety and Facilities audit** was carried out at The Yorkshire Clinic by the Ramsay Group Health & Safety Manager in January 2018. This audit returned a score of 97%, an improvement from the 2017 score of 93%. This shows an increase year on year in our aim to improve Health & Safety at the hospital.

In July 2015 The Yorkshire Clinic were successfully recertified for compliance with Information security ISO 27001 following an in-depth audit. ISO27001 is the International standard describing best practice for Information Security Management. There were some minor non-conformity and several observations for improvements including further increasing of awareness amongst staff and changes to the layout and security of some of the internal rooms which have been completed over the years following the audit.

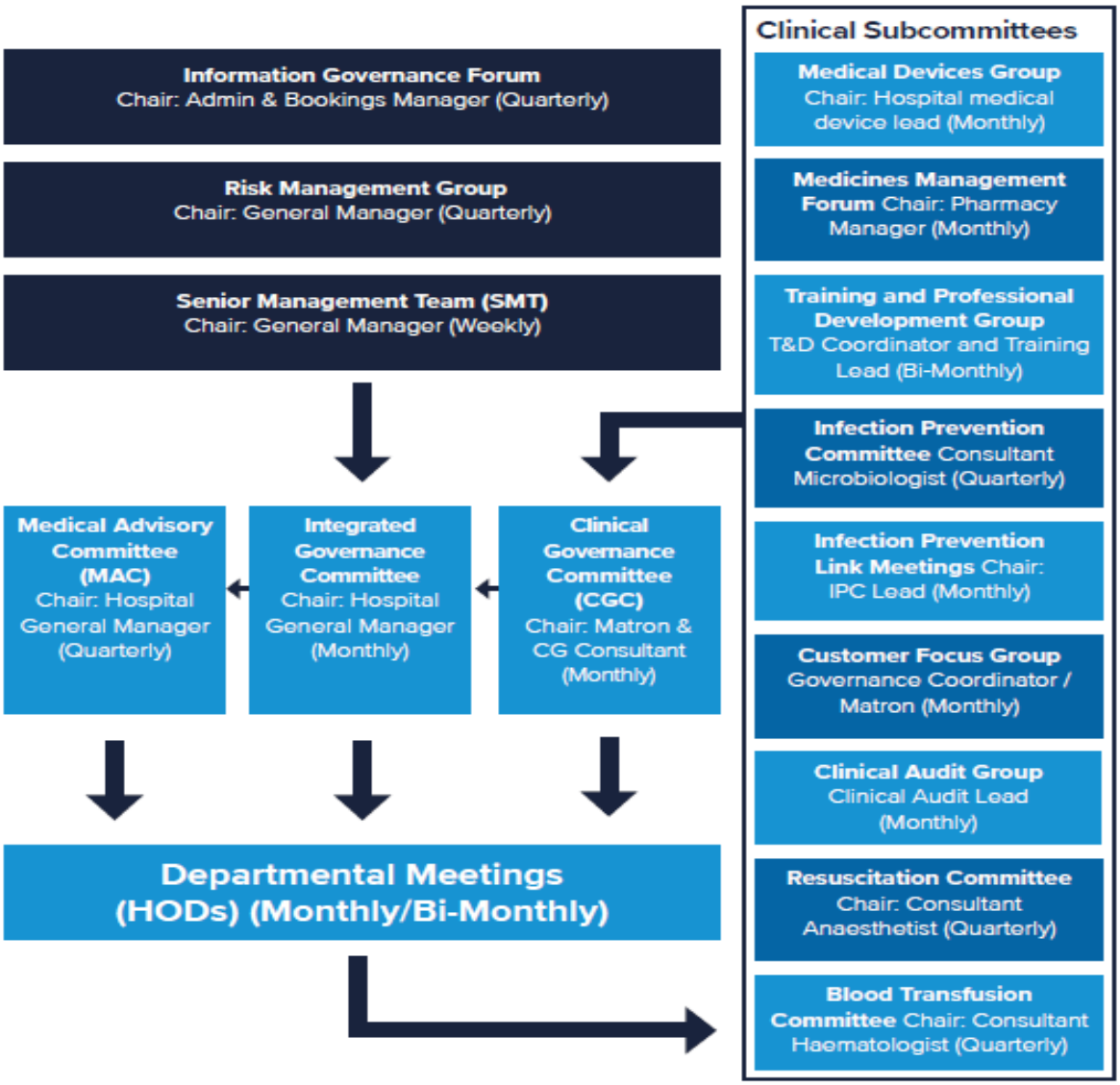
Additional training in COSHH awareness both knowledge based and practical use of chemical spill kits has been undertaken in 2017 to further safeguard patients and staff.

Staff awareness in the safe use, transport and storage of medical gases both e-learning and practical face to face training has been delivered to all clinical staff.

3.3 Clinical Effectiveness

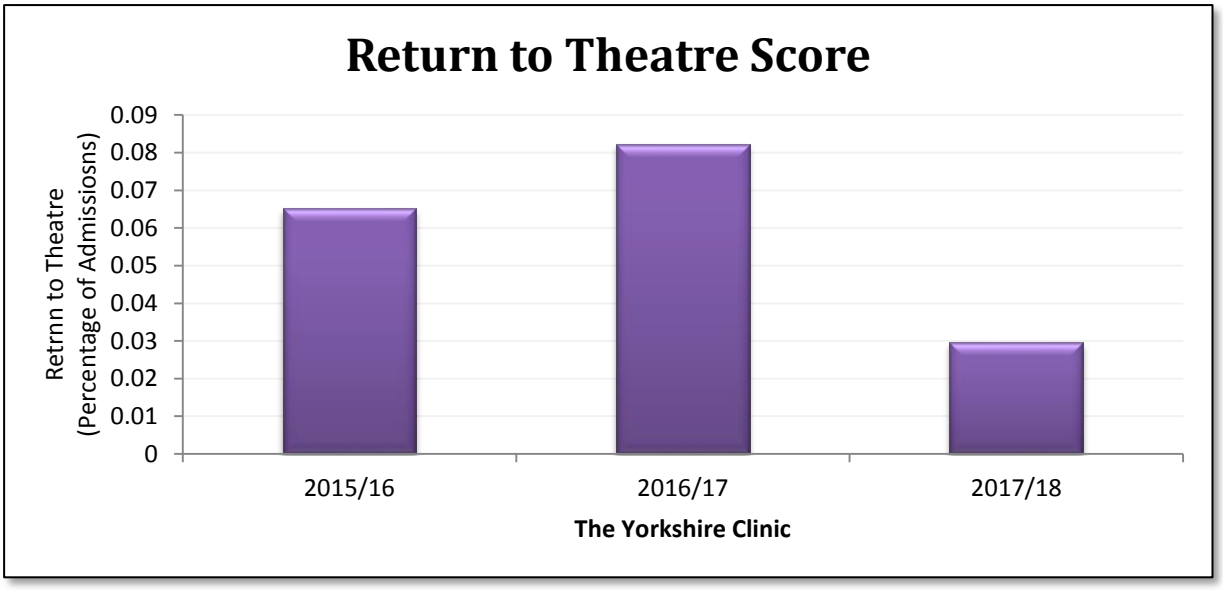
The Yorkshire Clinic has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More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

The Framework below defines our Governance Structure to enable quality care and assurance that safety, care and quality are at the heart of all we do.



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.



As can be seen in the above graph our return to theatre rate has decreased over the last year.
This is a result of ensuring every patient is fully optimised at pre-assessments reducing the risk of complications intra-operatively. We set up an anaesthetic clinic where patients with complex comorbidities are reviewed and further optimised prior to their surgical procedures Enhanced controls and screening prior to patient procedure has enabled a reduction in patients returning to theatre due to complications.

3.3.2 Learning from Deaths

At the Yorkshire Clinic we had **1 expected death** in the period of 1st April 2017-31st March 2018.
A review of the patient's journey was undertaken to enable the hospital to take any learnings that will support the quality improvement plans.

The care and treatment of the patient was reviewed by the Hospital Consultant Critical Care Resuscitation Consultant in an advisory, Governance role and they confirmed there were no omissions in care or treatment that may have contributed to the death.

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

NHS Services, Seven Days a Week:

Priority Clinical 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 The Yorkshire Clinic our Consultants are available 7 days a week to provide support to patients and families under their care. They review patients daily ensuring they actively involve patients in shared decision making, supported by clear information, helping patients make fully informed choices about investigations, treatment and on-going care that reflect what is important to the patient.

Priority Clinical Standard: 2 Time to first consultant review - *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 arrival at hospital.*
At The Yorkshire Clinic we carry predominantly carry our elective surgery, for our acute medical patients or where a patient has to re-admit acutely following a procedure, our Resident Medical Officer (RMO) and Consultant will review the patients. Both the RMO and Consultant carry out a thorough clinical assessment and a plan of care is made by the Consultant.

Priority Clinical Standard 3: *Standard: 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, physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.*

The multi-professional team at The Yorkshire Clinic consist of nursing, Consultant Surgeon, Medical Consultant, anaesthetist, pharmacy, physiotherapy and RMO. For every patient the named Consultant is available within 30 minutes of the hospital for emergency needs. The anaesthetist, pharmacists, physiotherapists are available 7 days a week and out of ours there is an on call service to provide the support to the patient in an emergency.

Priority Clinical 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.*

All care provided to patients at The Yorkshire Clinic is led by a named Consultant; planned care is communicated to the nursing staff and RMO through both verbal and written instruction. Patients are seen and reviewed by Consultants 7 days a week. The nursing team carry out a comprehensive handover from shift to shift which is led by a senior nurse. The Situation, Background, Assessment and Recommendation (SBAR) tool is used to ensure handover is detailed and safe.

Priority Clinical Standard: 5 *Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound (USS), 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 The Yorkshire Clinic all in-patients can access diagnostic services (USS, CT, MRI, microbiology, pathology) seven days a week. Access to the services can be provided to meet the needs of the patient, within 1 hour for critical patients, 12 hours for urgent patients, and 24 hours for non-urgent patients. All requests are made by the RMO or Consultant and always reviewed / reported by the Consultant.

Priority Clinical 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 The Yorkshire Clinic all our In-patients have timely 24 hour access, seven days a week to key consultant directed interventions that meet the relevant speciality guidelines; if this cannot be provided on site we have formally agreed arrangements with the local NHS Trusts and have clear written protocols.
Example:
Critical care - Bradford Teaching Hospitals.
Emergency general surgery can be provided onsite as we a have on call team.

Standards 7-10 are not applicable to The Yorkshire Clinic.

3.4 Patient experience

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

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

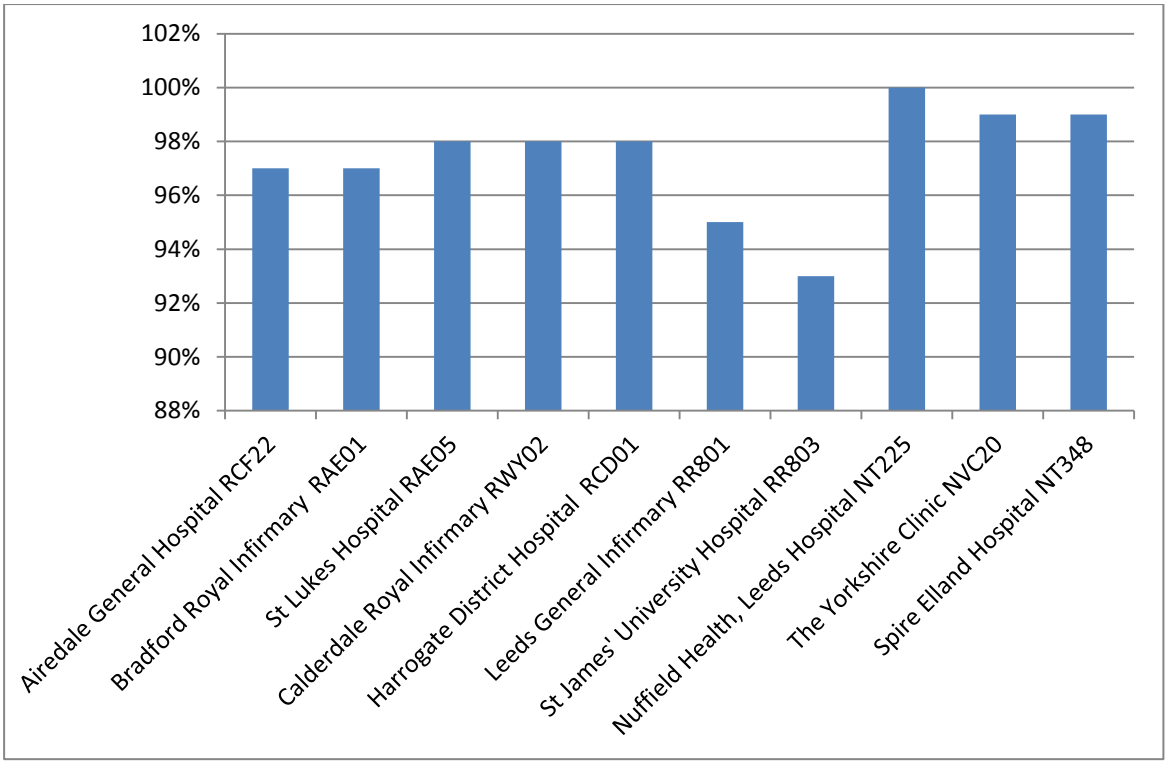
All negative feedback or suggestions for improvement are directly feedback to relevant staff. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care

Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion; trend analysis and further actions are identified. 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 – patients are encouraged to read and participate in their plan of care.

The Yorkshire Clinic established a pathway to record the Government Friends and Family initiative within 2017/18. This has been embedded and the results have been very positive. A sample of February 2018 results are outlined below indicating that The Yorkshire Clinic achieved a high test score of 99%.

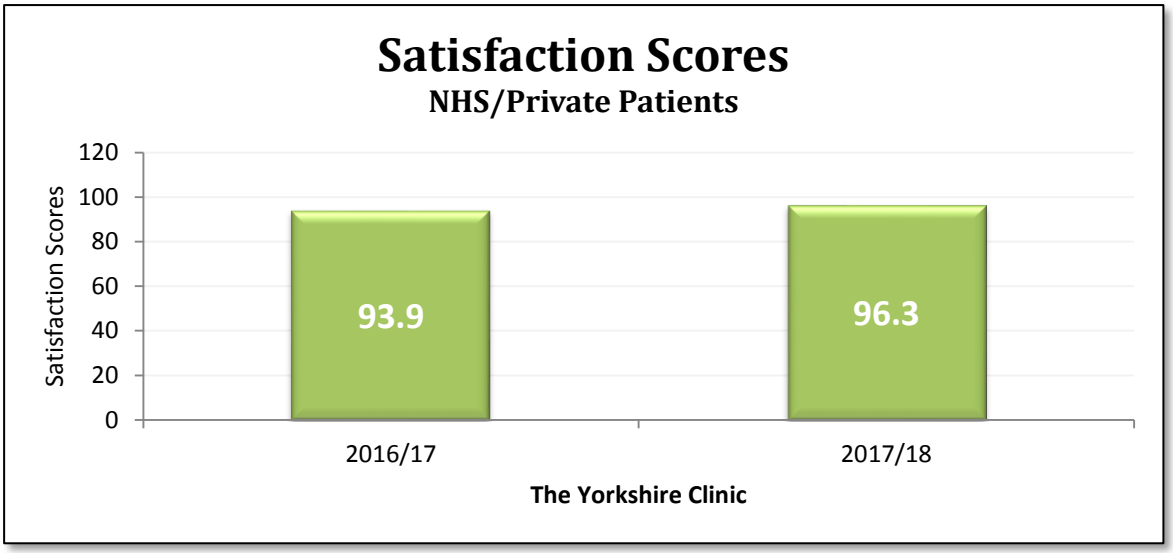


(NHS England, February 2018)

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.
Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.

The table below shows an increase in the Patient Satisfaction score from 2016-2017 to 2017-2018. This is a result of the mandatory Customer Care Training we provide to all our hospital staff. The training focuses on the patients experience and how we can '***go the extra mile'***. Care, Compassion, Confidence and Competence are key to how we interact with our patients. Every patient is treated as an individual and we strive to personalise the care we provide to meet there needs.



3.5 Our Achievements:

- Five star for Food Hygiene.
- 4.5 Star on NHS choices.
- No Never Events.
- Implementation of NatSSIPs (National Safety Standards for Invasive Procedures).
- Excellent care, safe services and a positive experience every time. Exceeding expectations by delivering first-class performance, bettering National standards through innovation and ingenuity. *This is reflected in our Friends and Family and Patient Satisfaction scores.*
- Providing a hospital that is clean and safe – conducive to care and recovery; *reflected in our decline in infection rates.*

Appendix 1

Services covered by this Quality Account

Regulated Activities – The Yorkshire Clinic and The Lodge

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Breast care, Cardiology, Cosmetics, Dermatology, Ear, nose and throat (ENT), Fertility clinic, Gastroenterology, General medicine, Gynaecology, Haematology, Nephrology, Oncology, Ophthalmology, Orthopaedic medicine, Pain management, Pathology Services, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Bariatrics, Breast surgery, Colorectal, Cosmetics/plastics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Nephrology, Ophthalmic, (including Cataract surgery, injection of Lucentis, ARGON & YAG laser, ALT & SLT laser and OCT assessment) Oral maxillo facial, Orthopaedic, Urology, Vascular Weight loss	All adults 18 yrs and over excluding: Patients with blood disorders (haemophilia, sickle cell, thalassaemia) Patients requiring renal dialysis Patients with history of malignant hyperpyrexia •Patients who are likely to need level 2 or 3 critical care support immediately post operatively.- (Based on the Intensive Care Society 'Levels of care for Adult patients'). •Patients who are above a stable ASA 3. •Patients with serious mental health illness All patients will be individually risk assessed prior to admission and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection, Visual fields. x-ray, Ultrasound, MRI, CT, Fluoroscopy, mammography, ECG, echocardiography, lung function, spirometry, allergy testing, OCT for AMD	All adults 18 yrs. and over.
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	

Appendix 2 – Ramsay Clinical Audit Programme 2017/18

Audit Programme v10.0 2017/18 **Hospital Name:**

Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald

Use arrow symbol to locate required audit

Implemented: July 2017

For review: June 2018

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

Traffic light score

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

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

The Yorkshire Clinic

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:

The Yorkshire Clinic

Bradford Road

Bingley

BD16 ITW

01274 550600

www.theyorkshireclinic.co.uk