

# Woodland Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

Woodland Hospital is part of the Ramsay Health Care Group

“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.”

**(Andy Jones, Chief Executive Officer of Ramsay Health Care UK)**

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on Quality from the General Manager

David Munt, General Manager

### Woodland Hospital

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

Our Vision is that:

“As a committed team of professional individuals we aim to consistently deliver quality holistic care for all our patients across a full range of care services. We believe we are able to achieve this by continually updating our key skills and knowledge enabling us to deliver evidence based clinical practice throughout the Hospital.”

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. By listening to our stakeholders and patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer our patients.

We have enhanced our training and education plan throughout the year involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards. We aim to further develop this work in 2018/19 to support the training, education and development of our staff as an ongoing focus.

Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver.

Our Quality Account has been developed with the involvement of our staff who have been instrumental in developing a systems approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events.

To ensure we have a coordinated approach to the delivery of the care we provide we have our Clinical Governance Committee and Medical Advisory Committee who monitor the adherence to professional standards and legislative requirements. The committee's review the hospitals clinical performance and activity on a quarterly basis. In the coming year we aim to look at our outcomes as a hospital to ensure our patients have the best possible outcome and health gain following their procedure at Woodland Hospital. We will be working hard to enhance the hospitals clinical governance agenda, incorporating

consultant credentialing and scope of practice, ensuring there is a sound governance framework to support ongoing learning and development of the hospital.

Together the Committee Chairs and Matron, I have reviewed this document and agree with the content and actions detailed within the Quality Account.

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me at David.Munt@ramsayhealth.co.uk or telephone 01536 536846.

## 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.

**David Munt**

**General Manager**

**Woodland Hospital**

**Ramsay Health Care UK**

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

Mr T Sankar, Medical Advisory Committee Chair

Mr B Shah, Clinical Governance Committee Chair

NENE Clinical Commissioning Group

# Welcome to Woodland Hospital

The Woodland Hospital has been part of the local community for 28 years. We have a dedicated workforce that is committed to making each and every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours a day.

Over the past 29 years our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled surgeons, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Not only do we continue to have positive feedback from our service users we have listened to the feedback from our patients and strived to make improvements to enhance patient experience. We have highly trained nursing staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care.

At the Woodland Hospital we provide medical and surgical services for privately insured, self-paying and NHS patients. We strive to offer the same level of outstanding care to all our patients. Last year we admitted a total of 10,100 patients, of which approximately 78% were NHS patients. On average an additional 1,000 patients per week were seen in our outpatient department by one of our 130 consultants.

We offer a wide range of services covering orthopedic and general medicine right through to aspirational medical procedures such as breast augmentation, liposuction, and facial cosmetic surgery. Not only do we have some of the state of the art medical equipment, but our consultant body includes some of the best in the country. At Woodland Hospital we offer consultant led care, meaning that all our patients are under the direct care of a Consultant at each step of their patient care pathway. Details of our full range of services can be found in Appendix A.

In addition to this the hospital offers an outreach clinic at Uppingham Surgery for patients who require General Surgery consultations. The Physiotherapy Team provide a pre-assessment class at the Cornmarket Hall in Kettering, to support patients with pre-operative exercises prior to their procedure, to support the patient having the best possible outcome following their surgery.

We consistently engage with local general practitioners on the services we offer and the most current pathways for patient care. This has resulted in our ability to tailor care to meet the needs of patients and improve quality. Woodland Hospital provide educational events to assist General Practitioners and medical staff when referring into a secondary Care Provider. At Woodland Hospital we have a dedicated General Practitioners Liaison

role, this role is to co-ordinate the post graduate program which runs on a monthly basis and covers a range of topics from orthopaedic surgery to cardiology.

In July 2018 a new Matron and Quality Improvement Manager was appointed, since the commencement of their role they have strengthened the hospital governance process and the need for an additional senior nursing Structure was identified. This shows the hospital is willing to invest in our commitment to quality to provide our patients with the best clinical care and patient experience.

Woodland Hospital continues to foster good relationships with our local Trusts, Kettering General Hospital & Northampton General Hospital together with our lead Commissioner Nene and Corby Clinical Commissioning Group. This affiliation promotes a robust governance process which in turn enhances patient experience. Woodland Hospital is also part of the countywide sign up to safety campaign in order to deliver a joint approach to patient care delivery across the patient economy.

The hospital also work closely with many charities and organisations such as NANNA Animal Shelter, providing food and bedding to the charity. Motor Neurone disease (MND) together with Riding for the disabled was our chosen charity for 2017/18 where we raised £2,900. In addition to this the hospital also periodically throughout the year donated items to the Kettering Food Bank.

The hospital plan to work with the charity “Cat in the Hat” for Brain Tumor Research and support Cransley Hospice, by having a team to participate in the Dragon Boat Race at Wicksteed Park in 2018/19.



# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

On an annual cycle, Woodland Hospital 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, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

### Priorities for improvement

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

##### Patient Experience

##### **Complaints Process – Continued Learning**

In 2017/18 the Woodland Hospital planned to further develop their learning from complaints the focused work completed as possible:

- Support departments to continue to learn lessons from complaints, to make improvements – during 2017/18 the hospitals Quality Improvement Department has been reconfigured and a new complaints management process was established.
- Continue the education programme for staff, to support statement writing, to ensure the information collected is robust, to complete a quality response.
- Quality Improvement Team to monitor how the hospital is complying with policy in relation to complaints handling and response times.
- A local survey will be undertaken during 2017/18, to gauge how satisfied complainants are with the complaints process and their outcome. This information

will form part of a review which will be shared with the Senior Management Team and Head of Departments on completion.

- Review the concerns process

Due to the changes in the complaints process the questionnaire was not completed during 2017/18. This activity will be completed in 2018/19 to monitor the new process for complaints handling.

## Clinical Effectiveness

### Medicines Safety Thermometer

The hospital continued with the audit activities which formed part of the good work fostered as part of the CQUIN for the Medication Safety Thermometer. The Pharmacist will continue to audit the medications activity within the hospital as part of the national audit and feedback their findings, to ensure there is a safe and effective practice regarding medication management.

Part of this review will also incorporate training sessions for staff, dissemination of new clinical guidelines purporting to medication safety and support where required to ensure staff continue to have sound knowledge regarding medications management.

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

On an annual cycle, Woodland Hospital develops a Hospital and Clinical Strategy which sets 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.

Our strategy priorities are determined by the hospital's Senior Management Team and our staff taking into account, staff feedback, 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. We want to know what matters to our patients, their relatives and carers so we can enhance the quality of our services and strive to make improvements to our services where possible.

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

The Hospital has reviewed in strategic plan for 2018/19 and its key priorities are highlighted below:

**Priority 1:**

**Provide an environment which is safe for both patients and staff and supports their needs and wellbeing.**

**Provide assurance that the clinical service is well managed, well led and compliant with regulatory requirements. The hospital can demonstrate strong leadership, accountability and engagement of our staff throughout the hospital, both clinical and non-clinical.**

To ensure Woodland Hospital can evidence safety for both patients and their staff enabling safe, effective, caring, responsive and well led services throughout the hospital the further development of Robust Governance systems in 2018/19 will include:

- Further develop assurances to key stakeholders that Woodland Hospital effective and responsive structure in place for governance, which is supporting the organisation's programme for quality improvement and informing the Board on quality and performance. This will be supported by the introduction of the following sub-committees in 2018/19
  - Audit & Compliance
  - Resus & Blood Transfusion
  - Training, Education & Development
  - Medicines Management
  - Infection Prevention & Control
  - Medical Devices Group
  - Patient & Public Involvement Group
  
- In 2017/18 an Employee Engagement Group was founded which focuses on our staff across the hospital, providing the staff with a voice and a platform to provide suggestions and plan activities to engage staff across the hospital, with a representative from each department in attendance. The group have planned a social night out, Christmas Events including raffles, team events, Christmas jumper day and they identify local charities to support and co-ordinate fund raising activities. The group has been very well received and the hospital is looking forward to the events planned in 2018/19.

## **Priority 2:**

### **Promoting a culture of safe, compassionate care reducing the risk of clinical errors and adverse events with a continued commitment to learn through incidents and share that learning across the hospital.**

The hospital has started to progress this work at the end of 2017/18, but recognises there is still learning to develop across all staff areas. The Senior Management Team have delivered a number of staff forums where staff have been encouraged to report incidents. A number of lessons learned focus have been undertaken in the latter part of 2017/18. A 'no blame culture' is encouraged and staff are informed that they we are committed to learn from mistakes and share learning.

Learning lessons and shared learning will be a major focus during 2018/19. A 'no blame culture' is encouraged and staff are informed that they we are committed to learn from mistakes and share learning. Planned activities are as follows:

- Continue to undertake lesson learned "bite size" forums
- Undertake patient stories at staff forums, relevant meetings
- Participate in the Countywide Lessons Learned Forum in collaboratively with the Clinical Commission Group and other healthcare providers in the local health economy.
- Develop a "Duty of Candour" information leaflet for patients and their carers through the Countywide Sign up to Safety working group supported by NENE Commission Group.
- Deliver bespoke training in relation to "Being Open and Duty of Candour". Ensuring the Being Open Framework (National Patient Safety Agency 2009) and applying the Duty of Candour is embedded in everyday practice.
- Continue with RiskMan (Incident Reporting tool) Training and develop "help" sheets to support staff when reporting incident to build confidence to enhance the "no blame" culture.
- Display an Incident reporting 'education board' that will provide staff with information on the importance of reporting an incident, examples of incidents, how to report an incident and what happens when an incident is reported. The number of incidents reported, trends and actions per month is also displayed to ensure all staff learn from incidents and there is a culture of openness and transparency. This will also enhance the data quality of the reported incidents.
- Offer "drop in sessions" for staff to attend RiskMan training.

## **Priority 3:**

### **Medicines Optimisation: Helping patients to make the most of medicines.**

The hospital will work towards developing and embedding effective systems for the safe and secure handling of medicines, medicines procurement and the controlled introduction of new drugs, in accordance with current guidance. This piece of work will be led by the hospitals Pharmacist. The systems based audits will continue to be completed

to ensure safe and secure handling of medicines is monitored, feedback is provided to staff and an action plan is in place to address any areas of improvement.

The hospital plan to create a Medicines Management Sub-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).

The hospital will embed the previous work regarding safety culture around medicines through staff training and education into 2018/19. The Pharmacist and Matron encourage reporting of medicine related incidents, through the Riskman reporting system. In 2017/18 the hospital has noted a rise in medicines related incidents; following training and education this has enabled learning and action from incidents. We hope the work will continue to building the already existing reporting culture during 2017/18.

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.

Training and development has been a focus during the latter part of 2017/18, the programme of training available to clinical staff in relation to medicines is included below:

- Medicines IV fluid administration
- Drug Calculation Test
- Self-Medication
- IV drugs administration
- Off license Medication
- Medicines Management 'Accountability'

#### **Priority 4:**

##### **Safeguarding**

**Placing Safeguarding at the heart of everything we do is important to the hospital, the Senior Clinical team will continue with training and raising awareness, ensure we protect people from abuse and avoidable harm.**

The hospital aims to support staff with training to help them recognise when patients or others in our care, may have difficulty in making judgements, or they lack capacity to consent to treatment or are otherwise vulnerable. In 2018 we aim to have above 95% of relevant staff compliant with Mental Capacity and Safeguarding Training. Further training is planned for 2018/19 to build on staff knowledge and ensure the hospital processes for reporting are embedded. Other planned activities which will support this work will include:

- Face to face training, to ensure staff have the opportunity to ask questions and have a discussion about safeguarding in the workplace specific to them to support with their current knowledge base.

- An Education Board dedicated to ‘Safeguarding Communication’ which will be visible to all staff is planned for 2018/19 this will also detail how to access training.
- A Dementia Champion in key departments (Theatre, Wards, Pre-assessment, Radiology, Outpatient, Physiotherapy and Reception) will be identified. They champion care to meet the needs of this group of patients from ensuring the environment is suitable to staff awareness on how to ensure patients receive care that is caring and compassionate, meeting their individual needs.

## **Priority 5:**

### **Infection Prevention & Control**

#### **Delivery of education and training on prevention and control of infection, ensuring staff understand their responsibilities for prevention and reporting.**

Review and improve internal processes and systems to enable high standards in infection prevention and continue delivery of education and training via the Infection Control Champions. 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. The activities planned for 2018/19.

- Review and improve internal processes and systems in relation to Infection Control supported by the Infection Control Champions
- Formulate an Infection Prevention and Control Annual Plan to facilitate best practice in infection prevention and control in order to maintain and meet the Health and Social Care Act 2008 ‘Code of Practice on the Prevention and Control of Infections and Related Guidance’ (July 2015). Which will be advocated and supported by the Lead Nurse for Infection Control locally and the Infection Control Champions.
- Standardise cleaning schedules in all our departments, ensuring cleaning is undertaken in line with a Matrix (between patient use, daily, weekly, monthly) the cleaning schedules will direct staff on how to clean and what to clean with.
- Programme of replacing hand gel dispensers in focused areas to encourage patients, staff and visitors to use ‘hand gel’.
- Enhance surveillance of infections and learning through action planning and root cause analysis
- Continue to participate in the national Surgical Site Surveillance Programme
- Ensure appropriate use of antimicrobial prescribing, through focused audit

## **Priority 6:**

### **Clinical Supervision**

**The hospital would like to offer all nurses and clinical practitioners Clinical Supervision which will improve the quality and safety of patient care through staff extending their knowledge and skills through reflection and learning.**

We aim met the Clinical Supervision requirements by:

- Providing training to all staff – to provide information to staff explaining why clinical supervision is important and the benefits for both our staff and our patients.
- The hospital will deliver training to key clinical staff from all clinical departments and put together a training programme to supper Lead Clinical Supervisor
- Development of a local policy detailing the Clinical Supervision requirements and expectations relating to the process to ensure all staff and supervisors have a clear understanding of what is expected.
- Clinical Supervisors to meet bi-annually as a group, to discuss the supervision process and undertake group clinical supervision themselves.

**Priory 7:**

### **Speaking Up for Safety**

#### **Ramsay UK are implementing a ‘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.
- We have registered Operating Department Practitioner who is undergoing training provided by the cognitive institute, they 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.

## **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 Woodland Hospital provided and/or subcontracted 18 NHS services. The Fitzwilliam Hospital has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 1 April 2016 to 31 March 17 represents 72.8% of the total income generated from the provision of NHS services by the Woodland Hospital.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Management Team together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2017/18, the indicators on the scorecard which affect patient safety and quality were:

### Human Resources

In 2017/18 our expectation was to continue to recruit to permanent positions and retain permanent staff in order to continue to reduce the percentage of agency use. In 2017/18 our percentage use of agency was 5.8%, in 2016/17 the percentage use of clinical agency use was 24.7%. There has been a significant decline in the use of agency due to a large recruitment drive with nursing and clinical posts being filled. We hope this will allow us to be less reliant on agency staff. Long term sickness, maternity leave, new starter induction and training contributed to lost hours being 17% percentage of total hours worked. Staff costs as a percentage of net revenue were 23.4% for 2017/18.

On review of the 2016/17 figures, the sickness levels reported show a decrease of 1.9% on the previous year. We continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service together with the CQUIN activities completed during the reporting period.

The Woodland Hospital has a robust mandatory training program and regular monitoring of training compliance is completed. This allows us to meet our contractual obligations and to ensure staff are fully compliant to deliver our high standards of care.

The Senior Management team are pleased to announce that the work of the employee engagement group during 2017/18 was positive and well received by the staff. This positively gave staff the opportunity to provide valuable input regarding hospital business. The group also helped arrange social events for staff and support the fundraising activities happening in the hospital.

There were no RIDDOR events reported at the Woodland Hospital during this period.

### Patient Services

The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committees. Lessons learned from complaints are discussed in the lesson learned forum and at staff forums, to offer staff an opportunity to reflect on the complaint and collectively discuss where improvements could be made.



Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Woodland Hospital on a regular basis.

The Woodland Hospital utilise an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received. The data set is released on a quarterly basis, areas which require improvement are reviewed and actions taken accordingly. Feedback from our patients is important to us, based on the feedback during 2017/18, we have maintained or made improvements with an average compliance score of over 90% in the following areas:

- Food choice available to patients
- Friendly welcome on arrival to hospital
- Cleanliness
- Patients felt they were given enough privacy and dignity when being examined
- Patients felt they were provided with answers they could understand from both the nursing staff and our consultants when raising questions about their clinical care.

Ramsay also has two further patient feedback mechanisms the first being, “We Value Your Opinion” which allows patients to comment on their stay at discharge. The patient completes a questionnaire allowing free text for any comments or feedback. This feedback is reviewed by the Senior Management Team and areas identified for improvement are considered. The second mechanism is the “Hot Alert” this is a web based feedback questionnaire, allowing patients to comment on any aspect of their stay. All “HOT Alerts” are reviewed by the Quality Improvement Team and relevant Head of Department, the patient is then contacted to discuss their comments, any actions taken by the hospital to make improvements to the services we offer is then shared with the patient.

It is unusual for patients to require readmission to hospital following their procedure, when a patient is readmitted they are reviewed by the duty doctor and a treatment plan is initiated. The statistics regarding readmissions to the Woodland are reviewed on a bi-monthly basis at the Medical Advisory Committee and Clinical Governance Committee, the data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group. In percentage terms the readmission rate relates to 0.20% of our inpatient stays during 2017/18.

## Quality

A number of refurbishment works were undertaken during 2017/18 and will continue into the summer of 2018/19. During 2017/18 the following refurbishments were undertaken to improve the services we offer patients and staff.

- Procurement and installation of a new nurse call bell system

- Building work commenced on our fourth theatre build – due for completion Summer 2018
- Static MRI Service to commence in Autumn 2018
- New Ward Pantry
- Refurbished pre-operative assessment room
- Upgraded training facility
- Procurement of new Endoscopy Washers
- Procurement of new theatre equipment

These activities show the continued commitment to ensure the facilities are modern and have continual investment. In 2017/18 the hospital plan to:

- Make provision for a redecoration of patient bedrooms – internal décor upgrade
- Additional Outpatient Clinic Rooms
- New Physiotherapy Gym
- Main Kitchen Upgrade
- Static MRI
- Additional Bedrooms
- Refurbish Day Case Ward

The annual audit program is inclusive of reviewing infection prevention and control with periodic audits looking at a range of infection prevention and control activities. This includes hand hygiene, isolation, surgical site surveillance, peripheral venous cannula care bundles, urinary catheter bundles and infection control environmental audits. A number of local audits are also undertaken, regular mattress audits are completed to ensure all mattresses are appropriate for use. Any mattresses which are not deemed suitable are replaced through the audit actions to ensure our equipment meets the industry required standards.

The Fitzwilliam Hospital has a governance process which monitors significant clinical events. There is a process in place to report incidents to our Regulators and Commissioners in line with National Guidance.

### **2.2.2 Participation in clinical audit**

During 1 April 2017 to 31 March 2018 Woodland Hospital participated in a number of national clinical audits which are detailed below. The hospital participated in a national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

| Name of audit / Clinical Outcome Review Programme         | % cases submitted              |
|---|--------------------------------|
| National Joint Registry (NJR)                             | 100%                           |
| Elective surgery (National PROMs Programme)               |                                |
| NCEPOD - Diabetes Audit – Adults                          | 100%                           |
| Joint Advisory Group (JAG)                                | Accredited<br><br>GRS Complete |
| National Cardiac Arrest Audit (NCAA)                      | Nil to report                  |
| National Comparative Audit of Blood Transfusion programme | 100%                           |
| NHS Safety Thermometer                                    | 100%                           |
| NHS Medicines Safety Thermometer                          | 100%                           |

The reports following the national clinical audits from 1 April 2017 to 31 March 2018 were reviewed by the Clinical Governance Committee.

The report following the national confidential enquiries audit completed in 2017/18 has not yet been released.

### Local Audits

The hospital has been undertaking the local audits from 1 April 2016 to 31 March 2017 were reviewed by the Clinical Governance Committee. The clinical audit schedule can be found in Appendix 2.

During 2017/18 we have seen a continued high standard of compliance achieved with post radiology imaging protocols, the audit findings were shared with the radiology team, to congratulate the team on their clinical effectiveness.

Areas identified for improvement from audit has resulted in specialist training materials being created for staff, to support their learning and development in specific areas.

Audit is discussed at departmental meetings and feedback is given to staff, each audit that requires any improvement has an action plan attached. It was identified that there was a need to ensure all quality information and actions from audit was cascaded to the wider consultant body, to ensure key areas of focus were being shared. A consultant newsletter was implemented and the publication has been well received by the

consultant body, this has allowed us to share lessons and good practice to reach the wider consultant body.

### 2.2.3 Participation in Research

Woodland Hospital did not have any patients during the reporting period that were recruited during 1 April 2017 to 31 March 2018 to participate in research.

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

A proportion of Woodland Hospital income from 1 April 2017 to 31 March 2018 was conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation payment framework. The hospital committed to a two year CQUIN which will continue to be worked through in 2018/19. The details of the CQUIN are in the table below.

|                                 |   |
|---------------------------------|---|
| <b>Indicator Number</b>         | CQUIN 1   |
| <b>Indicator name</b>           | Staff Health and Well Being   |
| <b>Description of indicator</b> | Woodland Hospital commits to improving the health and wellbeing of its staff. A company-wide commitment and targeting, local progress to supporting staff through utilising the Workplace Wellbeing Charter.  |
| <b>Rationale for inclusion</b>  | <p>A healthier workforce can contribute to:</p> <ul style="list-style-type: none"> <li>• Improved quality of patient care delivered</li> <li>• Increased confidence amongst the workforce to engage in conversations with patients about healthier lifestyles</li> <li>• Improved staff moral and motivation and a healthier, happier workforce</li> <li>• Reduced sickness absence-related costs to the employer</li> <li>• Lower staff turnover</li> <li>• Keeping people in work so improving their wellbeing and preserving their livelihoods.</li> <li>• Reduced demand on NHS healthcare and lower long term costs</li> </ul> |

|                                 |   |
|---------------------------------|---|
| <b>Indicator number</b>         | CQUIN 2   |
| <b>Indicator name</b>           | Sign up to safety   |
| <b>Description of indicator</b> | <p>The hospital will continue to develop their sign up to safety campaign to reduce avoidable harms to patients by 50% over three years.</p> <p>The hospital will contribute to the county-wide sign up to safety campaign.</p>   |
| <b>Rationale for inclusion</b>  | <p>The aim of Sign up to safety is to strengthen patient safety in the NHS and make it the safest healthcare system in the world.</p> <p>The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over three years, and saving 6,000 lives as a result. This is supported by a campaign that aims to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.</p> |

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

Woodland Hospital is required to register with the Care Quality Commission and its current registration status as of 31 March 2018 is registered without conditions. The Care Quality Commission has not taken enforcement action against Woodland Hospital during 2017/18.

Woodland Hospital has not participated in any special reviews or investigations by the CQC during the reporting period. The Hospital was last inspected in 2016 by the Care Quality Commission. The Care Quality Commission rated the hospital as "requires improvement" the details of their inspection rating is below.



- RiskMan reporting training, additional drop in sessions
- Review of registration form information gathering and confirmation of patient details
- Continue to review KPI performance via committee reporting and review the viability of a high level dashboard for hospital Senior Management use and action.
- Ongoing review of PROMS data for Hip and Knee replacements to review patient data relating to outcome measures, to identify any improvements that could be made.

### **NHS Number and General Medical Practice Code Validity**

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

#### **The patient's valid NHS number:**

- 99.98% for admitted patient care.
- 99.96% for outpatient care.
- 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 score for 2017/18 was 83% and was graded 'green' (satisfactory).

### **Clinical coding error rate**

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

## **2.2.7 Stakeholders views on 2017/18 Quality Account**

A copy of the Quality Account has been sent to the relevant organisation for review – the hospital is currently awaiting these comments and will upload a revised account once these have been received.



# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

Matron, Shaun Thompstone

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

### Introduction

*“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners.*

*We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment.*

*We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”*

***(Vivienne Heckford, Director of Safety and Clinical Performance, Ramsay Health Care UK)***

Woodland Hospital appreciates that you can choose your healthcare provider and therefore the hospital is committed to offering the highest quality of care and clinical outcomes for our patients

Our Vision is to be the Leading Healthcare Provider in the area, 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 Woodland Hospital has been produced to demonstrate our continued commitment to measuring and acting on feedback from all our patients and stakeholders 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.

At Woodland Hospital we strive to continually review our clinical care standards, outcomes and feedback, through audit and observation and through regular open, analytical review with a “none blame” approach, which helps promote a healthy learning culture.

In 2017/18 the hospital has focused on recruitment, it is important to induct and train our hospital 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 Woodland Hospital.

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.

Woodland Hospital 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 Woodland Hospitals “Friends and Family” patient satisfaction scores continually achieve over 97% 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.

## 3.1 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

**Shaun Thompstone**  
**Matron, Woodland Hospital**

### **Ramsay Clinical Governance Framework 2018**

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

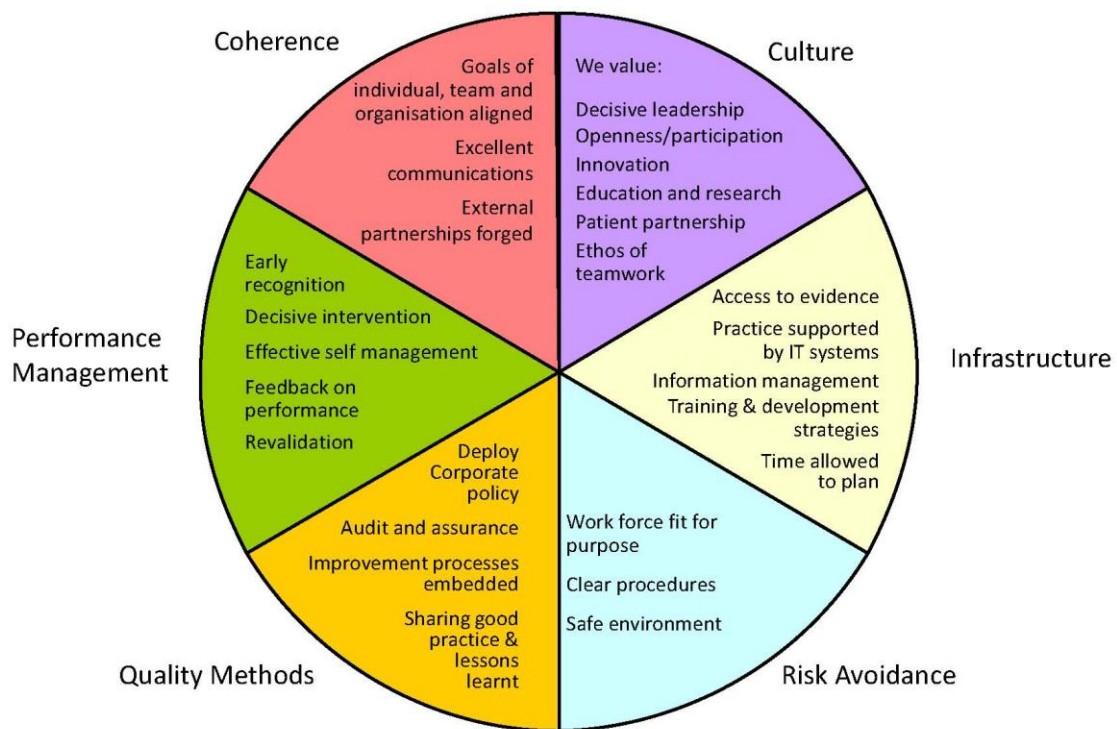
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

### **Ramsay Health Care Clinical Governance Framework**



## National Guidance

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

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

### 3.1 The Core Quality Account indicators

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

Where the necessary data is made available to the NHS Trust and non-NHS Bodies by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) should be included for each of those listed in the table with:

- a) The national average for the same; and

b) With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

## Mortality

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

| Mortality:      | Period          | Best  |        | Worst |         | Average |         | Period  | Woodland |             |
|-----------------|-----------------|-------|--------|-------|---------|---------|---------|---------|----------|-------------|
|                 | Jul 16 - Jun 17 | RKE   | 0.7261 | RLQ   | 1.23    | Average | 1       | 2016/17 | NVC23    | 0.000105787 |
| Oct 15 - Sep 16 | RKE             | 0.727 | RLQ    | 1.25  | Average | 1       | 2017/18 | NVC23   | 0.00009  |             |

Independent data is not included by the HSCIC. We have pulled unexpected mortalities from Riskman for comparison. The Woodland Hospital considers this data to be correct at the time of reporting.

Death is rare and as illustrated below the national average. Any death is investigated and reported to the Care Quality Commission and local Clinical Commissioning Groups.

## Patient Reported Outcome Measures (PROMS)

The information in the tables below show review data in relation to helping people to recover from episodes of ill health or following injury. The domain reviews patients feedback and the measure is the adjusted health gain described by the patient. The HSCIC data for PROMS includes private providers, with the most recent complete data release covering the period April 2015 – April 2017 is evident below for both total hip replacement procedures and total knee replacement procedures.

| PROMS:<br>Hips | Period        | Best   |        | Worst  |        | Average |                | Period        | Woodland |        |
|----------------|---------------|--------|--------|--------|--------|---------|----------------|---------------|----------|--------|
|                | Apr15 - Mar16 | RYJ    | 24.973 | RBK    | 16.892 | Eng     | 21.617         | Apr15 - Mar16 | NVC23    | 23.318 |
| Apr16 - Mar 17 | NTPH1         | 25.068 | RAP    | 16.427 | Eng    | 21.799  | Apr16 - Mar 17 | NVC23         | 21.834   |        |

| PROMS:<br>Knees | Period        | Best   |        | Worst  |        | Average |                | Period        | Woodland |        |
|-----------------|---------------|--------|--------|--------|--------|---------|----------------|---------------|----------|--------|
|                 | Apr15 - Mar16 | NTPH1  | 19.920 | RQX    | 11.960 | Eng     | 16.368         | Apr15 - Mar16 | NVC23    | 16.751 |
| Apr16 - Mar 17  | NTPH1         | 19.849 | RAN    | 12.508 | Eng    | 16.547  | Apr16 - Mar 17 | NVC23         | 17.326   |        |

The data shows that the health gains noted by patients following their surgery are within the national average for hip replacement. The data for knee replacement is slightly above the national average.

The Hospital has recently undertaken a review of their PROMS data and has identified area where improvement could be made to increase the health gain recorded by our patients. This should show further improvement during 2018/19.

The Woodland Hospital considers the data is as described for the following reasons:

- Patient Participation

- Improvement seen in patient health gains from the previous year, as part of a wider PROMS review undertaken at the hospital to improve patient participation.

## Readmissions

The table below shows the data set reviewing patients aged 16 or over, who were readmitted to hospital within 28 days of being discharged, the numbers have been analysed for readmission per 100 discharges. The latest data sets available from SUS have been reported on for this Quality Account.

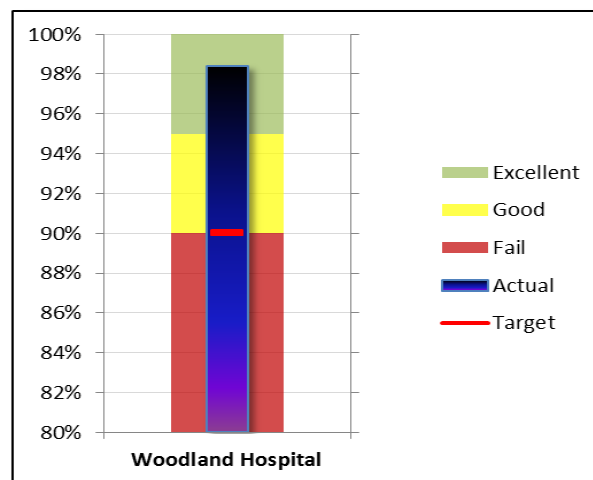
| Readmissions: | Period   | Best     | Worst |       | Average |       | Period  | Woodland |             |
|---------------|----------|----------|-------|-------|---------|-------|---------|----------|-------------|
|               | 2010/11  | Multiple | 0.0   | 5P5   | 22.76   | Eng   | 11.43   | 2016/17  | NVC23       |
| 2011/12       | Multiple | 0.0      | 5NL   | 41.65 | Eng     | 11.45 | 2016/17 | NVC23    | 0.001798371 |

- Readmissions are below the national average and could be attributed to good standards of clinical care and treatment preventing readmission.
- Patients could also choose to represent at another provider without the hospital being notified.
- Patients are provided with key information at the point of discharge about care services following their procedure.
- Each year the hospital has seen a rise in the readmission rate; this rise has been relative to the increase in patient activity over the reporting period.

The Woodland Hospital will continue to provide patients with support with aftercare advice and encourage patients to return where clinically indicated. The Woodland Hospital considers this data to be correct at the time of reporting.

## VTE Assessment

The VTE assessment domain reviews data to see if patients are being treating and cared for in a safe environment and are being protected from avoidable harm. The data looks at all patients who have had an adequate risk assessment prior to admission in relation to the prevention of post-operative VTE events.



| VTE Assessment: | Period   | Best     |      | Worst |       | Average |       | Period     | Woodland |       |
|-----------------|----------|----------|------|-------|-------|---------|-------|------------|----------|-------|
|                 | 16/17 Q3 | Severall | 100% | NT490 | 65.9% | Eng     | 95.6% | Q3 2016/17 | NVC23    | 98.0% |
|                 | 16/17 Q4 | Severall | 100% | NT414 | 60.8% | Eng     | 95.6% | Q4 2016/17 | NVC23    | 97.9% |

The data shows the Woodland Hospital has exceeded national benchmarking data, with consistent performance. Analysis of 2017/18 shows an overall compliance percentage of 97.9%.

The VTE management of patients post operatively has been reviewed via periodic audits during 2017/18, to ensure the best possible care is being delivered to patients. We monitor our VTE compliance through audit and the National Safety Thermometer which looks at patient avoidable harms in hospital. During 2017/18 the hospital reported a “harm free” status for all aspects of the audit. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are reviewed and monitored with any changes to treatment plans noted and documented any treatment is provided in accordance with the consultant’s post-operative assessment, to mitigate patients from avoidable harm.

The Woodland Hospital considers this data to be correct at the time of reporting.

### Clostridium Difficile Rates

From the data analysed, the Woodland Hospital is amongst the best performing organisations in the country for C-Difficile rates.

The hospital have reported 0 cases of C-Difficile which shows consistent practice in pre assessment procedures. Continued commitment has been shown by the clinical staff to support the local antibiotic policy in line with best practice, this can be supported by a 0% rate in C-Difficile cases for 2017/18.

The scores reflect good practice from clinical staff in the ability to isolate patients which required, promoting good infection control processes. The Woodland Hospital intends to continue its current practice to remain one of the best performing hospitals for their C-Difficile rates.

The Woodland Hospital considers this data to be correct at the time of reporting.

### Responsiveness

#### Mechanisms of Patient Feedback

This data set looks at the positive experiences of care provided by the Woodland Hospital.

The hospital will continue to listen and act upon patient feedback during 2018/19, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients.

We continually review our feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Woodland Hospital.

During the reporting period the hospital received 38 complaints comparing this to per 100 patient visits to the hospital this shows a 0.38% complaint rate for the hospital. The complaint numbers received by the hospital are below the national average for complaints when comparing against activity.

The top theme within the complaints received for 2017/18 was relating to administration processes. A thematic review was undertaken to analyse the complaints. Following the findings of the report, the hospital is going to create a communication and administration strategy and will be addressing the actions throughout 2018/19 to make a positive impact on the patient experience moving forward.

**Friends & Family Test**

The NHS domain for the Friends and Family tests aims to seek the opinion of service users; ensuring patients have a positive experience of care.

The Woodland Hospital considers the data to be as described. Further analysis shows that the average patient satisfaction score for the duration of 2017/18 was 95.5%. This is supported by the overall scores as Woodland Hospital are performing above the national benchmark for patient satisfaction.

| F&F Test: | Oct    |         | Best |           | Worst |     | Average |        | Period | Woodland |  |
|-----------|--------|---------|------|-----------|-------|-----|---------|--------|--------|----------|--|
|           | Feb-18 | Several | 100% | U731/RTFD | 63.0% | Eng | 96.0%   | Jan-17 | NVC23  | 99.3%    |  |
|           | Mar-18 | Several | 100% | R1H13     | 83.0% | Eng | 96.0%   | Feb-17 | NVC23  | 99.5%    |  |

The Woodland Hospital consider this data to be a true reflection of activity. The scores are positive and reported above the national average, showing patients have a positive experience. The hospital has a strong emphasis on customer excellence training, staff to patient ratio's and taking action on feedback from patients when they have not had a positive experience.

We will continue to listen and act upon feedback to improve responsiveness score despite exceeding the national average, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients. We continually review of feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Woodland Hospital.

The Woodland Hospital aim is to continue its commitment in ensuring patients have a positive experience when they visit hospital and aim to build on the positive results experienced in 2017/18 during 2018/19.

**3.2 Patient Safety**

We are a progressive hospital and focussed on improving our performance in all aspects of the business, with a focus on 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 key performance indicators.

## Infection Prevention and Control

The Woodland Hospital has a very low rate of hospital acquired infection in relation to the activity undertaken by the hospital. The hospital is proud to report there have been no reported MRSA Bacteraemia or Clostridium Difficile in the past 5 years.

The Woodland Hospital are proud to report a zero Clostridium Difficile for the past four financial years including 2017/18, making the hospital one of the best performing hospitals against national benchmarking for the prevention of infection.

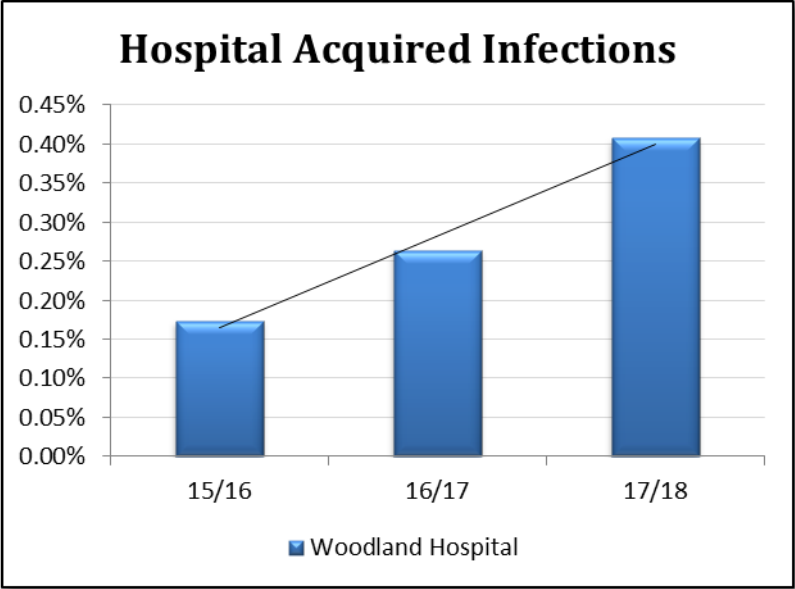
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery. Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by the Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. The IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. Further commitment has been shown by our Corporate Ramsay Clinical Leadership Team with the introduction of a Lead Infection Control Nurse to support Ramsay units and local link nurses, to ensure infection performance within the Ramsay Group remains above the national average and continues to perform well.

Programmes and activities within our hospital include:

- The Woodland Hospital has a dedicated Infection Control Lead Nurse who is responsible for the delivery of the Ramsay annual strategy for infection control. The annual plan is inclusive of training, audit, surveillance and screening programmes.
- The Infection control agenda forms part of the clinical nursing strategy.
- Discussion of infection activity at the Infection Prevention and Control Committee, key items from the meeting are further disseminated through the medical advisory committee and clinical governance committee.
- The hospital has fostered a sound relationship with the Clinical Lead for Microbiology at Ramsay Healthcare UK, who will also be overseeing the Infection Prevention and Control activities at the Hospital in 2018/19 as the Hospitals Director of Infection Prevention and Control, the representative is invited to attend the local infection control meeting to provide support and guidance in line with best practice guidelines. Participate in audit and act as an advisor when required.
- A specific training module in respect of infection prevention and control is delivered on our induction programs, mandatory training and via an e-learning package, staff are required to be 100% compliant with their training.
- The dedicated Infection Control Nurse attends the annual infection control and prevention conference to update on current practice and policy in relation to infection.

The graph below shows the infection rates per 100 discharges of the Woodland Hospital's admissions. The graph demonstrates an increase in infections of 0.15% from the previous year. The analysis shows that 0.41% of total patient admissions at the Woodland Hospital reported an infection.



In comparison to the national average the Woodland Hospital are performing above national benchmarks, there is an active local Infection Prevention and Control committee which is chaired by a Microbiologist and Matron with clinical engagement actively working hard to identify trends during 2018/19 to reduce the number of infections. The main trend is patient reported infections, following review and testing these reported incidents have come back negative, although form part of the data set. We aim to provide additional training around incident reporting of infection during 2018/19 which will address some of the data quality issues identified. We aim to build on our sound infection control practice during 2018/19 and further analyse our infections to make improvements where required, to mitigate the risk of infection to our patients.

### 3.2.2 Cleanliness and Hospital Hygiene

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

PLACE assessments occur annually at Woodland Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

In 2017/18, the hospital undertook the PLACE inspection, with a team former service users. The inspection team provided feedback and raised any issues regarding the findings of the inspection.

### 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.

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.

During 2017/18 we completed a number of safety initiatives:

- Introduced a training program delivered to staff at both mandatory training and induction regarding the incident reporting system Riskman.
- Ongoing sharing of lessons learned sessions with the clinical teams sharing learning from adverse events at Shared Learning Forums.
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes and updates.
- Incident Reporting poster campaign to provide ongoing support and education regarding the responsibilities staff have to report incidents and staff questionnaire to gauge understanding and additional training and support.
- Our CQUIN activity has further developed our safety culture during 2017/18.
- NATSIPPs.

### 3.3 Clinical Effectiveness

The Woodland Hospital undertake regular thematic reviews in relation to their governance and audit activity. Regular national audits are undertaken to enable performance to be benchmarked against national parameters.

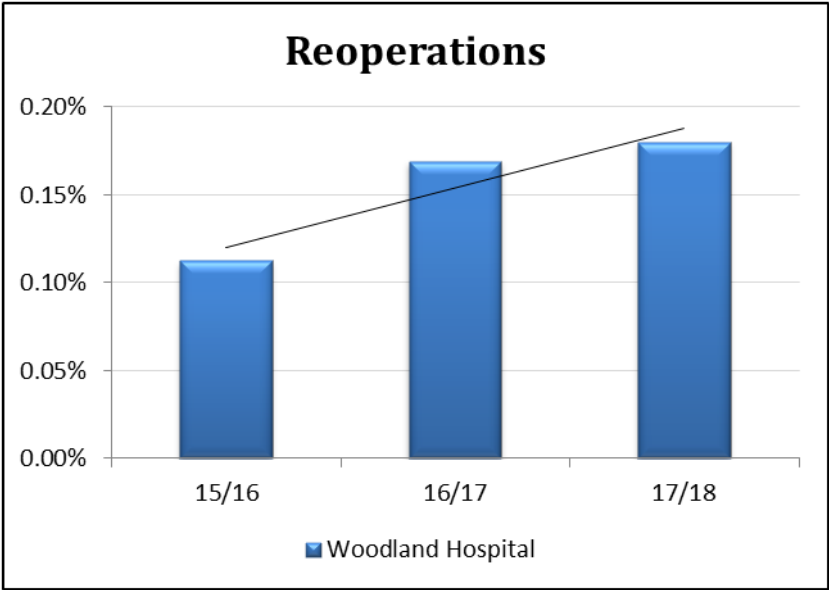
The National Institute of Clinical Excellence (NICE) guidance information is reviewed locally at the Clinical Governance Committee, to ensure clinicians are aware of the latest national guidance to provide safe and effective care and treatment.

To ensure governance processes and activity is reviewed the Clinical Governance Committee meet bi-monthly to review all aspects of governance and policy to provide a robust review. The Quality Improvement Team supports the Senior Management Team, developing governance monitoring systems and ensure actions from audit, incidents, complaints and other information data sets are followed up and lessons have been learned.

### 3.4 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 therefore some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes.

The graph below shows the Woodland Hospitals return to theatre performance comparing the last 3 financial year’s activity.



The graph shows the Woodland Hospital currently have a 0.18% return to theatre rate. There is a noted slight increase in the reoperation rate for 17/18, although this is relative to the activity undertaken by the hospital. The complexity of the patients has also increased over the past 12 months. Any return to theatre is followed up with a review, to learn lessons in order to influence practice going forward.

The hospital also reported a readmission rate for patient being admitted to the hospital with a complication following surgery. The latest national data set is highlighted below, this shows Woodland Hospital is amongst the best performing hospitals for low readmission rates.

| Readmissions: | Period  | Best     |     | Worst |       | Average |       | Period  | Woodland |           |
|---------------|---------|----------|-----|-------|-------|---------|-------|---------|----------|-----------|
|               | 2010/11 | Multiple | 0.0 | 5P5   | 22.76 | Eng     | 11.43 | 2016/17 | NVC23    | 0.0028482 |
|               | 2011/12 | Multiple | 0.0 | 5NL   | 41.65 | Eng     | 11.45 | 2016/17 | NVC23    | 0.0017984 |

The Woodland Hospital considers this data to be correct at the time of reporting.

## Learning from Deaths

Woodland Hospital did not report any deaths attributed to service delivery in 2017/18.

## Priority Clinical Standards for Seven Day Hospital Services New for 2017/18

Woodland Hospital are committed to ensuring a high quality service for all the patients that choose to use our services. Our commitment to seven day services clinical standards is core part of the care we provide. We recognise that not all of the standards are applicable to Woodland Hospital, as our activity is mostly elective surgical procedures.

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

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

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family test questions asked at point of discharge
- 'We Value Your Opinion' leaflet – local patient feedback mechanism
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients
- Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient & Public Involvement Group
- PROMs surveys

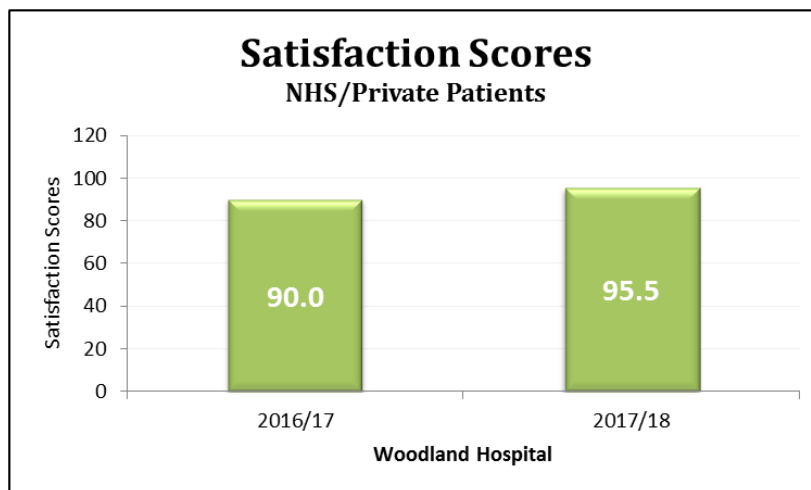
- Care pathways – patients are encouraged to read and participate in their plan of care and have the opportunity to document their experience prior to discharge

### 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 (admitted or outpatient) is asked their consent to receive an electronic survey or telephone call after they leave 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 48 hours of receiving them so that a response can be made to the patient as soon as possible.

The graph below shows the patient satisfaction index scores from April 2017 to March 2018 with an average recommendation score of 95.5%.



As the number of patients we see and treat at the Woodland Hospital grows year on year, ensuring we maintain high levels of patient satisfaction is important to the entire team and is an ongoing priority. The hospital is committed to an ongoing training program delivered in house regarding customer service; staff continue to be recognised through a reward program for exceptional levels of customer service.

During 2017/18 we aimed to ensure our feedback remained above 90% satisfaction by continually reviewing the themes and trends identified by our patients, to promote good practice and make any improvements where necessary. Feedback to staff about what our patients say about the services we offer will be an area of focus during the coming year at team meetings, to allow staff the opportunity to reflect on patient's experience and make positive changes.

The Woodland Hospital considers this data to be correct at the time of reporting.

## 3.5 Woodland Hospital Case Study

### Physiotherapy Success Story – Steph at the Olympics!

Physiotherapist, Stephanie Dear, is on the journey of a lifetime being part of the physiotherapy team at the Pyeong Chang 2018 Paralympic Games.

Stephanie is one of Woodland Hospitals full-time Physiotherapists. She has brought great enthusiasm and passion to the team and so unsurprisingly was accepted to work at the Winter Paralympics where she is currently supporting the athletes with their physiotherapy needs and previously assisted at the 2017 Deaflympics.

The Physiotherapists at Woodland Hospital not only apply passion and skill to their everyday roles but also reach out to support sporting events, charity work and high level teams. This type of work can range from local projects to international events.

Our physios are committed to sharing their expertise and are continuously enhancing our patients experience at Woodlands Hospital.

From the wintery views of the Woodland grounds to the bright lights, colourful costumes and sporting atmosphere of one of the biggest winter sporting events in the world, we were thrilled to hear how much Stephanie enjoyed her experience.



From receiving her uniform to the sub-zero temperatures, Stephanie had lots to tell us.

### What made you apply to the Pyeong Chang 2018 Paralympic Games?

'I have always been passionate about sport and treating sports injury- at Woodland I am lucky to work with an experienced team and have access to great facilities. To support using my passion and skillset at such an amazing sporting event is the opportunity of a life time and I have learnt so much already on the frontline of such intense competition.'

### **What has been your highlight at the games so far?**

'So many highlights and I know there is still so much more to come. Arriving at the games, receiving my uniform and the opening ceremony alone has been such amazing highlights and I keep having to pinch myself that I am so lucky to of had this opportunity! Meeting, working and sharing best practice with other Physiotherapists from all corners of the world is has also been a highlight.'

### **How has working at Woodland prepared you for this trip?**

I am working with an orthopaedic surgeon so working at Woodland has definitely helped me develop my skills as an Orthopaedic Physiotherapist to be able to assist him at a high level.'

### **What experience/knowledge have you gained that you will be bringing back to Woodland Hospital?**

'I have developed a great understanding of what it takes to be involved in such a huge international event and most importantly a better understanding of the physical demands of Paralympic sports. This will be valuable as we plan develop a sports injury clinic at Woodland in the near future as part of the new development.

I've really gained insight about the accessibility difficulties that people with physical disabilities still face. A greater awareness of this would be beneficial in business planning across all platforms. It's overwhelming the level of appreciation the locals have for what we do. Every time I strap an ankle or treat a patient the doctors and medical services team are always so thankful.

Walking down the road in my uniform locals ask where we are from and think it's amazing we have travelled this far to help out.

I learned from working at the Deaflympics in the summer and from working here for the Paralympics what sport can do for people, and the community feel here is, almost family like. Not just athletes but spectators, staff, volunteers.

It's hard to explain unless you get to experience it, but I would recommend the experience to anyone!

I've also brushed up on some basic Korean and how to prepare for sub-zero temperatures!

Matron, Shaun Thompstone says 'This is a fantastic opportunity for Stephanie and I am delighted with what her spirit and enthusiasm brings to the physio team at Woodland. We all enjoy receiving her daily updates on our internal social media page and look forward to welcoming her back and hearing the full story. We are all so proud of her and hope that she has a fabulous time.'



## Appendix 1


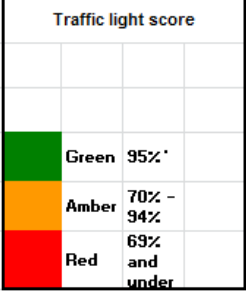
# Services covered by this Quality Account

### Regulated Activities – Woodland Hospital

|   | Services Provided  | Peoples Needs Met for:   |
|---|--|--|
| <b>Treatment of Disease, Disorder Or injury</b> | Breast care, Cosmetics, Dermatology, Ear, nose and throat (ENT), Gastroenterology, General medicine, Gynaecology, Neurology, Oncology, Ophthalmology (inc laser), Orthopaedic medicine, Orthopaedic Outreach clinics, Pain management, Podiatry, Psychology, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular | All adults 18 yrs and over   |
| <b>Surgical Procedures</b>                      | Ambulatory, Day and Inpatient Surgery, Breast surgery, Colorectal, Cosmetics/plastics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Urology, Vascular (EVLTL)  | <p>All adults</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>All patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p> |
| <b>Family Planning Services</b>                 | Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes  | All adults 18 years and over as clinically indicated   |
| <b>Diagnostic and screening</b>                 | Audiology, GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection  | All adults 18 yrs and over   |

## Appendix 2 – Clinical Audit Programme 2017/18.

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

| Audit Programme v10.0 2017/18  |                  | Hospital Name: |                     |                     |               |                     |               |     |                     |                     |               |                     | Implemented: July 2017<br>For review: June 2018 |   |  |   |
|--|------------------|----------------|---------------------|---------------------|---------------|---------------------|---------------|-----|---------------------|---------------------|---------------|---------------------|---|---|--|---|
| Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald<br>Use arrow symbol to locate required audit |                  | JUL            | AUG                 | SEP                 | OCT           | NOV                 | DEC           | JAN | FEB                 | MAR                 | APR           | MAY                 | JUN   |  |  |   |
| Medical Records - POA, admission, theatre, discharge   | Med Rec          | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  | <b>Traffic light score</b><br><br> |
| Patient Journey  | Patie Journey    | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Ward   | Ward Operational | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Outpatients  | OPD M Rec        | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Outpatients  | OPD Operational  | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Controlled Drugs   |                  |                | Control Drugs       | →                   | →             | Control 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                                   | →   |  |   |
| Medicine Medical Records   | 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                                     | →   |  |   |
| Radiology  | Med Rec          | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Radiology  | Operational      | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Radiology - MRI / NRR  |                  | MRI Report     | NRR                 | →                   | →             | MRI Report          | →             | →   | MRI Report          | NRR                 | →             | MRI Report          | →   |   |  |   |
| Radiology - CT   |                  | CT Report      | →                   | →                   | →             | CT Report           | →             | →   | CT Report           | →                   | →             | CT Report           | →   |   |  |   |
| Physiotherapy  | Med Rec          | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Physiotherapy  | Operational      | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| TSSU   | Operational      | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Decontamination  | TSSU             | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Decontamination  | Endoscopy        | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Theatre  | Operational      | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Theatre  | Observation      | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Infection Prevention and Control*  | Infect Control   | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| IPC - CVCCB (if applicable)  | CVCCB            | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| IPC - Isolation (if applicable)  | Isolation        | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| Infection Prevention and Control*  | Hand Hygiene     | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |
| IPC - Hand Hygiene Action  |                  |                | Hand Hygiene Action | →                   | →             | Hand Hygiene Action | →             | →   | Hand Hygiene Action | →                   | →             | Hand Hygiene Action | →   |   |  |   |
| IPC - Environmental  | Environ          | →              | →                   | →                   | →             | →                   | →             | →   | →                   | →                   | →             | →                   | →   |   |  |   |

| IPC - Cleaning Schedules           | Clean Sched        | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched | Clean Sched |  |  |  |  |  |  |
|------------------------------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|--|--|--|--|--|
| Transfusion (if applicable)        | Compliance         |             |             |             |             |             |             |             |             |             |             |             |  |  |  |  |  |  |
| Transfusion (if applicable)        | Autologous         |             |             |             |             |             |             |             |             |             |             |             |  |  |  |  |  |  |
| Bariatric Services (if applicable) | Bariatric Services |             |             |             |             |             |             |             |             |             |             |             |  |  |  |  |  |  |
| Childrens Services (if applicable) | Childrens Services |             |             |             |             |             |             |             |             |             |             |             |  |  |  |  |  |  |

# Woodland Hospital

## Ramsay Health Care UK

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

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

**David Munt – General Manager**

**01536 536846**