

WOODTHORPE HOSPITAL

2017/18

Quality Account



People caring for people



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Welcome to Ramsay Health Care UK

Woodthorpe Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group was established in 1964 and has grown to become a global hospital group operating over 220 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 35 acute hospitals and day procedure units.

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

Statement from Andy Jones, Chief Executive Officer, Ramsay Health Care UK

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

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

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.

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

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

Dr. Andrew Jones
Chief Executive Officer
Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Woodthorpe'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

Mark Lacey - General Manager Woodthorpe Hospital

1.1 Statement on Quality from the General Manager

I have been in post for a little over two and a half years now and the transformation within the hospital continues, all of our great achievements have been testimony to the dedicated and hardworking staff who are empowered to make decisions about the patients they treat, a real catalyst to creating a high performing team.

We are aware that patients can be nervous about coming into hospital and understanding that providing reassurance is important to both patients and their families, this starts with patient safety, which is our highest priority. To this end we recruit, induct and train our team to the highest standard in all aspects of care. This approach extends to family and visitors in ensuring they are made to feel welcome at Woodthorpe Hospital.

The whole team and I are extremely proud of achieving the standard of 'Good' across all five domains of the Fundamental Standards of Care; Well Led, Caring, Safe, Effective and Responsive to people's needs, during our Care Quality Commission inspection in 2016. Although 'Good' is excellent we aim to achieve the standard of 'Outstanding' during our next inspection. Our endoscopy service has also maintained its Joint Advisory Group (JAG) Accreditation, the gold standard for Endoscopy services.

We continue to receive many 5 star reviews on NHS Choices from so many of our kind and appreciative patients, we currently have 4 ½ stars with that final ½ star eluding us but I'm confident we'll achieve that goal over the coming months. Our Friends and Family survey results are excellent with a consistent 99% of our patients recommending us to their friends and family.

As part of our ongoing hospital development programme, Ward 1 and Ward 2 are now fully refurbished with brand new en-suites to all bedrooms which look absolutely fantastic. The environment is very sympathetic to early recovery and has a boutique hotel style and feel.

Recognising the need to continually invest in our hospital and environment during 2018, the hospital will undergo a full and detailed refurbishment of all Out Patient and Ambulatory Care areas which will deliver a new modern, bright, relaxing and comfortable environment. A planned extension to the front of the building will incorporate an extended and refitted gymnasium.

We remain committed to being a hospital that is environmentally responsible and almost all areas have now received new low energy lighting. The hospital is also due to receive a central heating upgrade in the summer which will ensure we continue to use energy as efficiently as possible and further reduce our carbon footprint.

Our consultant-led services are now more convenient and accessible than ever before as we now provide Out Patient clinics in eight locations across the county, recently adding Latham GP Practice in Melton Mowbray, furthering our commitment to deliver care closer to home.

We pride ourselves on offering patients very short wait times for both their first meeting with the consultant, diagnostic tests and for treatment and surgery – this has supported our ambition of being the first choice for patients as they know we'll have them back to their normal activities as soon as possible.

We have continued to provide additional support to patients of other hospitals during the year so that as a health community we minimise the time patients need to wait for the care and treatment they need. At busy times and when there is insufficient capacity in our local NHS Hospitals, we have provided surgical capacity to ensure patients are treated as soon as possible.

Although we continue to achieved a great deal, pushing the boundaries of every element of the care we deliver, we are not complacent, we seek out every opportunity to improve all elements of the services we provide and we will continue our strive for excellence in all that we do.

If you would like to comment or provide me with feedback then please email at mark.lacey@ramsayhealth.co.uk or contact me on 07595987401.

Mark Lacey - General Manager Woodthorpe Hospital

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.

Mark Lacey

General Manager

Woodthorpe Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Ramsay Healthcare UK regional Director: James Beech

Medical Advisory Committee (MAC) Chair: Dr Ndu Okonkwo

Clinical Governance Committee Chair – Matron Heather Morrish

Nottingham City CCG

Nottingham North and East CCG Nottingham West CCG

Welcome to Woodthorpe Hospital

Woodthorpe Hospital has provided healthcare to the people of Nottingham since 1877 and is conveniently located towards the north of Nottingham city centre.

Today, we are a modern well equipped hospital with 39 private bedrooms, 38 beds and a post anaesthetic care unit. We have two theatres with laminar air flow and a Minor Procedures Theatre with an Endoscopy Suite and 10 Consulting Rooms.

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

- Orthopaedic surgery
- Ear, nose and throat surgery
- General surgery
- Gynaecology
- Cosmetic and Plastic surgery
- Dermatology (Private patients)
- Upper and lower diagnostic Endoscopy procedures
- Ophthalmic surgery
- Spinal surgery
- Vascular surgery
- Urological surgery
- Podiatric surgery
- Physiotherapy, including shockwave therapy, Sports Medicine and acupuncture
- Diagnostic imaging services including a visiting MRI and CT unit

We provide safe, convenient, effective and high quality treatment for adult patients 18 years and over , whether privately insured, self-pay, or NHS.

A high percentage of our patients come from the NHS with patients choosing to use our facility through the “Choose and Book” system. Our services help to ease the pressure on local NHS facilities and our Hospital Management Team work closely with local CCGs and the local NHS hospitals to ensure improved access for patients and relieve acute bed pressures within the local trust. We now also offer some direct

access services for GP's to refer patients who may require a diagnostic endoscopy or plain film x-rays.

GP Communication

We have close links with GP surgeries, providing information, training and liaison in order to monitor their needs and the requirement of the local population.

Woodthorpe Hospital employs a GP Liaison Officer, who maintains and establishes relationships with GPs and the practice staff from Nottingham and the surrounding areas. A GP visit schedule is maintained whereby surgeries are contacted and visited on a regular basis. GPs are sent regular newsletters and updates, and information packs containing details about the hospital and how to refer are distributed.

Woodthorpe Hospital delivers a programme of educational visits during practice learning times whereby the GP Liaison Officer will visit GP surgeries with a topic of interest. We also host GP Educational events at the hospital and other local venues. Outside activities which show an involvement in the community include hosting public open evenings for various clinical specialities.

For the Year (April 2017 to March 2018) Woodthorpe Hospital has seen 6,263 admissions.

- Insured: 3.93% - 246 patients
- Self-Pay: 4.31% - 270 patients
- NHS: 91.76% - 5,747

Woodthorpe Hospital employs the following staff:

Senior Management Team

- General Manager
- Matron
- Operations Manager
- Finance Manager

Clinical Heads of Department

- Ward Manager
- Theatre Manager
- Quality and Governance Lead

- Outpatient & Ambulatory Care Manager
- Physiotherapy Manager
- Radiology Manager
- Pharmacy Manager
- Endoscopy Manager
- Decontamination Lead

Non-clinical Heads of Department

- Supplies Manager
- Reception & Administration Team Leader

Clinical Staff employed

Senior Staff Nurses within the Ward and Theatres – 7

Registered Nurses within the Ward, Outpatients and Theatre - 15

Senior Operating Department Practitioners – 4

Operating Department Practitioners - 4

Health Care Assistants working within all clinical departments – 16

Radiographer – 2

Sonographer – 1

Senior Physiotherapist – 2 and Physiotherapists – 2

Occupational Therapist for Hand Therapy - 1

Pharmacy technician - 2

Sterile Services Technicians - 4

Non-Clinical staff employed

Administration staff - Bookings, Secretaries and Medical Records – 17

GP Liaison Officer – 0 (pending)

Maintenance Manager – 1 and Maintenance Assistant -1

Housekeeping staff - 4

Chef 1 who is supported by 5 Catering staff

Private Patient Coordinator – 1 and Private Patient Enquiry Handler – 1

Business office administration staff – 6

Part 2

2.1 Quality priorities for 2018/2019

On an annual cycle, Woodthorpe Hospital develops an operational plan to set objectives for the year ahead. We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care.

Priorities for improvement

2.1.1 A review of the clinical priorities 2017/18

Importantly we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital. We chose to base our clinical priorities for 2017 /18 on the CQC's Fundamental Standards with the domains of Care, Safe, Effective, Responsive, and Caring and Well led. The General Manager and Matron tasked the Heads of Department to set their department objectives with the new CQC standards in mind.

Safe – Theatre Ward and Outpatients

Theatres and Outpatients have put new team structures in place and set out staff objectives to embed safer surgery in theatre. A plan to meet the National Safety Standards for Invasive Procedures or NatSSIPs as it is known has been implemented successfully.

A sharps safety plan has been implemented with a review of all sharps used in departments.

The Ward Manager, Jo Lamb has delegated responsibility for the five domains of care to the ward Senior Staff Nurses, Demonstrating safe and effective care they have concentrated on the effective implementation and documentation

of patient observations with the introduction of the updated National Early Warning Score tool or NEWs as it is known.

Effective – Outpatients & Physiotherapy Led Pre-assessment

Outpatients and physiotherapy have successfully introduced a joint approach to pre-operative assessment and patients now see the multidisciplinary team in our 'joint school' the appointment encompasses everything the patient will need to know before their surgery.

We have also implemented a pilot project to introduce one stop approach for patients in general surgery and some ENT surgery so that patients do not have to make unnecessary journeys after their consultation.

Responsive –Displaying & Reducing Waiting Times

Our outpatient areas developed ways of communicating and reporting on patient waiting times. We now have the facility to report individual clinic waiting times and display these on outpatient clinic boards. Patient staffing levels and outcome indicators are also now displayed in ward and outpatient areas these include staffing, falls and lessons learned.

Caring – Customer Care Training

All Heads of Department mentioned caring in their department objectives and as part of our Hospital Strategy we have launched our own initiative to deliver a programme of Customer Care Training the objectives are to equip all staff with the skills to enhance and improve their own services and deliver excellent customer service at every opportunity.

Our hotel services teams are at the forefront of improving our services for our patients the catering team and they have worked with patient feedback from our PLACE assessments and developed new menu choices for both in-patients and day-case patients. Our inpatients can now choose their evening meal time and it is now served cooked to order by the chef on duty.

Our maintenance team have concentrated their effort on implementing a rolling programme of patient refurbishment and redecoration and the housekeeping team work have worked alongside them with the focus of delivering a clean and comfortable environment in all areas.

Well led. – Open and Honest Communication

Our new approach to communication for the hospital is our daily huddle which was first introduced in December 2015. With a daily time slot that does not change, all departments share their department updates, changes and issues. We reflect and respond to any issues , challenges or changes and the open communication between the departments helps to disseminate the regular every day communication that assist us in working together. Heads of Department can delegate team members to attend and this approach has been most important and encouraged the sharing of important information.

Following the NHS England guidelines to demonstrate the implementation of the standard 'Duty of Candour', Ramsay Healthcare introduced a new policy titled 'Being Open'. At Woodthorpe Hospital we embedded this in our CQC preparation and the new policy and its aims have been shared with all employees all staff to give a greater awareness of the new term and its meaning in practice for them.

2.1.2 Clinical Priorities for 2018/19

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. With Input from all staff and clinicians 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.

Safety - National Safety Standards for Invasive Procedures (NatSSIPs)

Theatre, Wards, Outpatient and Radiology Managers are tasked with meeting all the required safety standards that are required for invasive procedure lists in the departments. Meeting the National Safety Standards for Invasive Procedures or NatSSIPs remains a clinical priority and our aim is to further embed the standards and statutory requirements of this NHS England directive for safer surgery.

Patient Experience – Developing a One stop Cataract Service

Patient choice and convenience are key to our second clinical priority for 2017 /2018. Our CQUIN has been chosen by the Outpatient Manager. The plan and its implementation have been set out over two years and as a result of patient experience and their feedback we are developing a one stop cataract service for our NHS patients.

Patient Choice and Accessibility - Local outreach clinics

Accessibility and waiting times are still seen to be important when patients are making their choice if a referral is required so we are still concentrating our efforts in directing care to where there is a required need. Our Outreach Clinics have proved to be popular and patient evaluation of the outreach service has been useful in our plan to further extend our services. We will continue to expand the scope of outreach services we deliver locally to include

gastroenterology, gynaecology and general surgery delivering more outreach clinics locally where the service for the speciality may be required.

Responsiveness – Electronic patient record & reporting variances

During the last year we have taken the opportunity to redesign many of our back office processes to ensure they are efficient and responsive to the demands of our patients and the services we provide.

Ramsay will be introducing a brand new patient administration system in 2018 and this will see much of our back offices processes and systems move away from paper to electronic records. The new system will revolutionise how we support care delivery and ensure all patient information is immediately accessible through out their care. A key focus has been how we strip out wasteful activities and free up the administrative burden on health care professionals so they have the time they need to take care of our patients.

Through the introduction of the new system our aim will be to provide timely and accurate reporting of patient pathway variances.

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 Woodthorpe Hospital provided the following NHS services.

- Orthopaedic surgery
- General surgery
- Gynaecology
- Upper and lower diagnostic Endoscopy procedures
- Ophthalmic surgery
- Spinal surgery
- Vascular surgery
- Ear, nose & throat surgery
- Urological surgery
- Podiatric surgery
- Physiotherapy, including shockwave therapy, Sports Medicine and acupuncture
- Diagnostic imaging services including X-Ray, Ultrasound, MRI and CT

The Woodthorpe 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 2017 to 31 March 2018 represents 83% per cent of the total income generated from the provision of NHS services by the Woodthorpe Hospital.

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

Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

Except where otherwise stated for the period for 2017/18, the indicators on the scorecard which affect patient safety and quality are as follows;

Human Resources

Staff Cost % Net Revenue	31.41%
HCA Hours as % of Total Nursing	35.62% HCAs to 64.38% RGN
Agency Cost as % of Total Staff Cost	9.34% Total 7.8% Direct
Ward Hours PPD	4.82% Indirect
% Sickness	4.79%
% Lost Time	21%
Appraisal % at May 2018	100%
Mandatory Training %	82.9%
Number of Significant Staff Injuries	0

Patient

Formal Complaints per 1000 HPD's	0.9%
Patient Satisfaction Score (average) Family	99.1 % Friends &
Significant Clinical Events per 1000 Admissions	1 - 0.015%
Readmission per 1000 Admissions	2 - 0.03%

Quality

Workplace Health & Safety Score	94%
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2.2.2 Participation in clinical audit

During 1 April 2017 to 31 March 2018 Woodthorpe Hospital participated in three national clinical audits and zero national confidential enquiries. The national clinical audits and national confidential enquiries that Woodthorpe Hospital participated in, and for which data collection was completed are listed below.

Our Audit programme is set out and conducted via the Ramsay Clinical Audit Programme audit and this is shown in appendix 2. Audit results that are outside of this programme include;

- MRSA - 0% reported in last three years
- Clostridium difficile – 0% reported in last three years

National Clinical Audit Programme	Participation	% cases submitted
National Joint Registry (NJR)	Yes	99%
National PROMs Programme	Yes	Hips – 99% Knees – 99% Hernia 98%
NHS Safety Thermometer	Yes	100%

The reports of the three national clinical audits from 1 April 2017 to 31 March 2018 were reviewed by the Clinical Governance Committee and Woodthorpe Hospital intends to take the following actions to improve the quality of healthcare provided.

National Joint Registry – We have seen improved results through 2017 and 2018 for compliance in the completion of National Joint Registry for all patients having joint replacement surgery. Current percentage scored for compliance is 99% and we will continue to monitor and act upon the results of our corporately generated monthly NJR reports.

Patient reported outcomes (PROMs) – We will continue to monitor the submission rates for PROMs surveys. We have changed the starting point of the survey delivery and have introduced PROMs for groin hernia repairs and cataracts we will continue to monitor and act upon the results of our new accessible corporately generated monthly PROMs submission reports. New for 2018 will be the introduction of PROMs for all cataract patients and some types of ENT surgery.

NHS Safety Thermometer – We will continue to use the Safety Thermometer as a point of care survey instrument. It will be used alongside our other patient measures and risk assessments to provide a care environment free of harm for our patients

Local Audits

The reports of 70 local clinical audits from 1 April 2017 to 31 March 2018 have been reviewed by the Clinical Governance Committee and Woodthorpe Hospital intends to take the following actions to improve the quality of healthcare provided in three identified key areas.

- IP&C –Regular monitoring of technique and opportunity
Action: Continued monitoring of handwashing opportunities and technique with monthly handwashing audit in all departments
- Radiology IRMER standards
Action: Consultant engagement was identified as important in addressing minor issues and audit results are fed back through MAC Committee.
- NatSSIPs
Action: Monitoring compliance of national and local standards from department audit on a monthly basis

2.2.3 Participation in Research

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

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

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

Our successful Commissioning for Quality and Innovation (CQUIN) initiative reflects all of the improvements that we wanted to make. The approach has been staged over a two year plan and our objectives are;

- To improve the route to treatment for patients having cataract surgery
- Use patient centered assessment and care planning tool which will facilitate a patient pathway minimising patient visits to the hospital setting
- Using a multidisciplinary team approach for all elements of the patient's treatment to be carried out at the hospital in a one stop approach

Patient feedback with regard to cataract surgery was taken into consideration in developing the new approach as elderly and often more dependent patients expressed their views on the number of outpatient appointments and follow ups that were required for cataract surgery. Often dependent on family or friends to provide transport to the hospital it was decided to plan a different patient pathway which would deliver a quality service. Review and research of clinical best practice, current national and local initiatives and relevant clinical guidelines are to be used to inform and plan the CQUIN. The progress on this quality initiative will be measured and reported through the statutory CQUIN quarterly reports.

2.2.5 Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission (CQC) attended Woodthorpe Hospital to undertake an announced inspection on the 23rd of February 2016.

The inspection was carried out against the new fundamental standards of care and was unlike previous inspections. A team of ten specialist nurses, advisors and consultants carried out a thorough investigation into our processes and practices. Staff, patients and clinical departments were visited, along with staff forums and individual staff interviews. The CQC was impressed with the standard of care at Woodthorpe Hospital and it was found to have met all standards required in the areas inspected of being safe, effective, caring, responsive and well led. The CQC inspection rating was given as 'Good' across all five domains and the detailed report can be found on the CQC website at <http://www.cqc.org.uk/location/1-127032975>.

Woodthorpe hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

Ramsay Health Care UK Operations Limited

Woodthorpe Hospital



	Safe	Effective	Caring	Responsive	Well led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good

2.2.6 Data Quality

Woodthorpe Hospital will be taking the following actions to improve data quality. Weekly data quality reports are issued to highlight any errors or omissions in the data. These are reviewed and actioned as required.

- We complete regular audit of our medical records and documentation in all departments. Integrated Medical Records have now been introduced and this provides a more complete and accurate record of care. We move to a new patient administration system and integrated electronic patient record in 2018.
- Monthly exception reports are monitored to ensure that there are no omissions in the data we are submitting to our commissioners through Secondary Uses Service (SUS).
- We introduced our own additional data tracking in 2015, this was instigated by the growing requirement for additional qualitative and quantitative information to all of our Clinical Commissioning Groups, GP's and consultants. This additional data has improved the quality and quantity of the data we can provide to our internal and external stakeholders.
- We have a corporately set clinical audit calendar set out as an annual audit plan (Appendix 2). All audit results are discussed at the MAC, Leadership, Clinical Governance, and Health and Safety meetings. Results are compared against previous year results. The departments are required to identify any issues that are pertinent and plan the actions required to improve. We also receive corporate clinical audit updates on a quarterly basis which provides us with quantitative data and comparative results from other regions.

2.2.6 Data Quality Statements

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2016/17 to the Secondary Users Service for inclusion in the Hospital Episode Statistics. The percentage of records in the published data included

The patient's valid NHS number:

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

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

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

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

Clinical coding error rate

Woodthorpe Hospital is currently at IGT attainment level 3 for both primary and secondary diagnosis and level 3 for both primary and secondary procedure. A clinical coding audit is due in September 2018.

Woodthorpe Hospital - 2015-16 Audit Information Governance Requirement Attainment Requirement 505Levels	
Primary diagnosis 100% correct	Secondary diagnosis 92.47% correct
Primary procedure 100% correct	Secondary procedure 99.10% correct

2.2.7 Stakeholders views on 2017/18 Quality Account



Nottingham West Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group (CCG) is one of the commissioners for The Woodthorpe Hospital, Nottingham. In this role the CCG has responsibility for monitoring the quality and performance of services at The Woodthorpe and is satisfied that the information contained within this quality account is consistent with that supplied to us throughout the year.

Our statement is corroborated by the following CCGs who also commission services from The Woodthorpe: NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Nottingham City CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG.

There are a number of ways in which we review and monitor the performance and quality of the services we commission at The Woodthorpe. This includes visits to services, a quality dashboard and quality schedule which is monitored on a monthly basis and acts as an early warning sign of any quality issues. We also hold monthly quality and contract review meetings attended by commissioners from both the contract management and quality teams. These mechanisms allow us to triangulate and review the accuracy of the information being presented in order to formulate opinions about the quality of services provided to patients at both organisation and service level.

We commend The Woodthorpe for its continued efforts to improve patient and carer safety and experience of the organisation. Their Commissioning for Quality and Innovation Scheme (CQUINS) for 2017/18 has seen to improve the route to treatment for patients requiring elective cataract surgery through implementation of a One Stop Cataract Service.

The Woodthorpe underwent a comprehensive, announced inspection by the CQC in February 2016. The report was published in May 2016 and an overall 'Good' rating was achieved. The CQC identified that The Woodthorpe should take some actions to improve including ensuring that they comply with reporting requirements for the Workforce Race

Equality Standard and flooring in clinical areas is compliant with infection control regulations. The hospital has continued to share its CQC action plan with commissioners and achievement against it continues to be monitored at the quality and contract review meetings.

The Woodthorpe reported no serious incidents and one Never Event between April 2017 and the end of March 2018. The Never Event involved a wrong site surgery incident. Duty of candour was enacted appropriately and a root cause analysis of the incident was undertaken in order to identify lessons learnt and actions to be taken to avoid future similar occurrence. There have been no reported incidences of C-diff, E Coli, MSSA or MRSA since April 2017. Post-operative infections have been reported on a monthly basis as part of the 2017/18 Quality Dashboard and demonstrate minimal levels of identified post-operative infection attributable to The Woodthorpe Hospital.

Since April 2017 the Woodthorpe has handled approximately 5 complaints per month on average. The Hospital has continued to demonstrate a commitment to improve its handling of complaints and to ensure that lessons are learned across the organisation in response to patient feedback through active participation in peer review using the Patients Association Good Practice Standards on complaints handling. The organisation has achieved a 100% record against complaints being acknowledged within 48hrs of receipt and 100% of complaints have been fully responded to within 20 days of receipt. The hospital also has representation at the Nottingham and Nottinghamshire Health and Social Care Complaints Network.

Consistent participation in undertaking the Family and Friends Test (FFT) has been demonstrated with excellent response results; however the hospital has continued to struggle with the number of patients participating in undertaking the survey in the out-patient department. The actions identified by the Woodthorpe to improve the Patient Reported Outcome Measures (PROMs) will be monitored by commissioners through the Quality Reports and contract meetings.

Quality visits, including one focussing on the Never Event learning, have been undertaken throughout 2017/18. The visiting teams have comprised quality, contract management and patient representatives from the Nottingham City and Nottinghamshire CCGs. The visits have

been very positive with strong assurance gained of the quality and safety of the services being provided.

Commissioners have been pleased to see that The Woodthorpe has continued to prioritise the refurbishment of clinical areas and inpatient and outpatient rooms throughout 2017/18 and has identified this as a continuing priority for 2018/19.

We will continue to work closely with The Woodthorpe in 2018/19 to ensure ongoing high quality services are provided in line with commissioning priorities.

A handwritten signature in black ink that reads "S. Walters". The signature is written in a cursive style with a large initial 'S'.

Sam Walters

Accountable Officer

NHS Nottingham West Clinical Commissioning Group

June 2018

Part 3: Review of quality performance 2017/2018

Statements of Quality Delivery

Matron, Heather Morrish

Statement from Vivienne Heckford

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

Vivienne Heckford
Director of Clinical Services
Ramsay Health Care UK

Ramsay Clinical Governance Framework 2017

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.

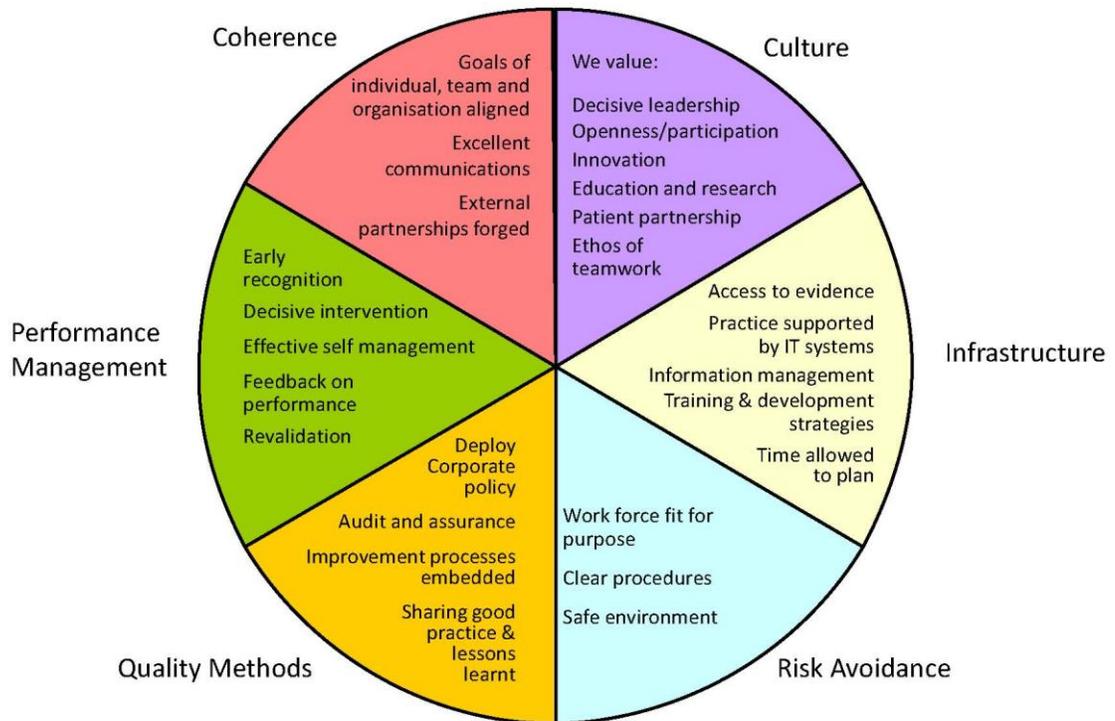
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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.

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

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

Mortality:	Period	Best		Worst		Average		Period	Woodthorpe	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC40	0
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC40	0.0001568

Woodthorpe hospital considers that this data is as described for the following reasons.

In addition to providing surgical care and treatment, The Woodthorpe hospital also provided care and treatment for medical patients under the care of Physicians. The table above explains the number of expected deaths in the last year.

Woodthorpe hospital continues to implement the following actions to improve and monitor this rate by;

- Completion of Corporate audits, statutory notifications, incident investigation, root cause analysis of care episodes and continuous evaluation of care.
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Governance is also shared at local Medical advisory committee and risk management meetings.

- Following the advice given in “National Guidance on Learning from Deaths” in March 2017, all deaths are reported in line with National Standards through the Care Quality Commission.

PROMS (Patient Reported Outcome Measures)

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s patient reported outcome measures scores for—</p> <p>(i) groin hernia surgery, (ii) hip replacement surgery, and (iii) knee replacement surgery during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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<i>Hernia</i>	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC40	0.091
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC40	0.095
<i>PROMS: Veins</i>	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC40	
	Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC40	no data
<i>PROMS: Hips</i>	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC40	22.559
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC40	21.729
<i>PROMS: Knees</i>	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC40	15.399
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC40	17.224

Woodthorpe hospital considers that this data is as described for the following reasons

Woodthorpe Hospital participates in the Department of Health PROM’s survey for hip, knee and groin hernia surgery for NHS & private patients. The PROMS hip questionnaire is a “before and after” assessment of the health gain that patients show following surgery.

Woodthorpe hospital has taken the following actions to improve this score so the quality of its services can be consistently monitored.

- Monitoring completion compliance and return rate for all PROM's reported procedures and use the monthly corporate PROMS's reports to check the number of returned questionnaires for all eligible procedures.
- Evaluation of the effectiveness of the PROM's process through the medical records audit of pre-operative assessment and the inpatient pathways.
- Information sharing of PROM's reports to Consultants through the Medical Advisory Committee
- Documentation of all clinical variances in the patient pathway

Readmissions

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Readmissions:	Period	Best		Worst		Average		Period	Woodthorpe	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC40	0.0010979
2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC40	0.0007561	

Woodthorpe hospital considers that this data is as described for the following reasons

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes. As evidenced in the template above Woodthorpe Hospital demonstrates readmission rates are well

below the average national rate compared to other sites. This in part is due to sound clinical practice ensuring patients are not discharged home too early after treatment, are independently mobile and that patients and carers are fully informed of individual discharge information. Patients are advised on discharge that if they require advice or support that they can telephone the hospital in the post-operative period. This encourages the early communication of any potential clinical post-operative complications. The hospital staff can advise and support patients and if necessary the patient can return to the outpatient department for a review by the appropriate multi-disciplinary team member. Effective discharge communication has in turn been reflected in our low readmission rates throughout 2017- 2018.

Woodthorpe hospital has taken the following actions to improve this score so the quality of its services can be consistently monitored;

- Completion of clinical incident reports for all readmissions with incident investigation and root cause analysis if required.
- Completion of patient variance form for each patient readmission and recording of variances in the monthly data tracker.
- Reporting of all readmissions to CCG’s through the monthly Quality report Quarterly contract meetings will also highlight any readmissions to Trusts that are flagged for review.
- Information sharing through our local Medical Advisory Committee and the Clinical Governance meetings held locally and corporately.
- Reinforcement of Standard Operating procedures for communication with patients post discharge

Responsiveness to personal needs

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period.</p>	<p>4: Ensuring that people have a positive experience of care</p>
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Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Woodthorpe	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC40	90.8
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC40	90.5

Woodthorpe Hospital considers that this data is as described for the following reasons;

- Feedback from patients regarding their experience at The Woodthorpe hospital is encouraged and is essential to inform our staff how care can be enhanced or adjusted to meet individual patient satisfaction
- A robust multi-disciplinary care process where the patient can discuss their individual needs
- Bed management and staff planning at all levels contribute to the current score of 100% which places Woodthorpe with the best rated hospitals.

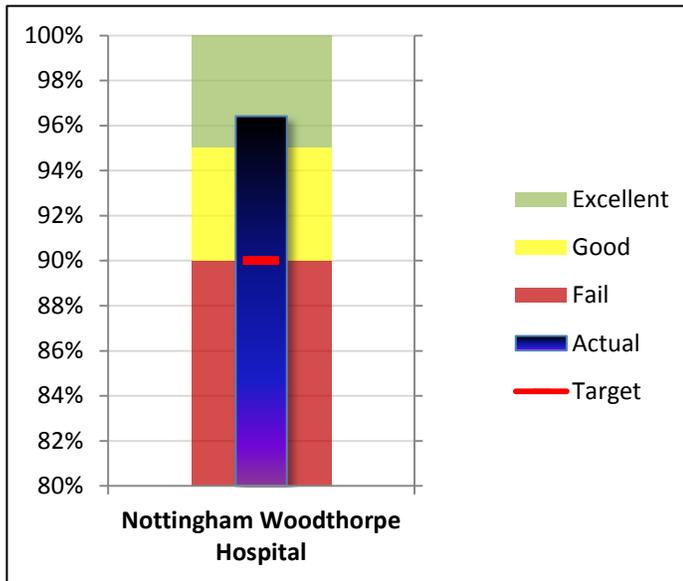
Woodthorpe Hospital has taken the following actions to improve the quality of its services;

- Patient satisfaction surveys – external online monthly survey by Qa research
- Direct verbal feedback to Ramsay staff.
- Internal Ramsay audit /inspection processes.
- CQC inspection feedback.
- Written feedback via letters/emails/complaints
- Annual PLACE patient audit
- Patient Engagement Group
- Advance bed & theatre management planning and daily staffing reviews

Venous thromboembolism (VTE)

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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VTE Assessment:	Period		Best		Worst		Average		Woodthorpe	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC40	90.9%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC40	96.4%



The Woodthorpe Hospital considers that this data is as described for the following reasons;

We have a robust patient assessment process coupled with the co-operation of all of our consultants this has ensured we always aim to reach full compliance for venous thromboembolism assessment thereby minimising the risk for all patients. The VTE assessment documentation is now issued at pre-operative assessment where the assessment is instigated by the nurse it is then completed by the admitting consultant.

The Woodthorpe Hospital has taken the following actions to improve this percentage and so the quality of its services.

- VTE assessment forms part of the Ramsay patient pathway and these are completed on admission for all patients
- The completed discharge medical record check for all patients forms an additional system check for the documented VTE assessment this is then marked accordingly within the patient's cosmic record.
- Monthly checks of corporate report for VTE assessments are completed

Clostridium Difficile Infection

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm
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C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Woodthorpe	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC40	0.0
2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC40	0.0	

Woodthorpe Hospital considers that this data is as described for the following reasons

- Woodthorpe shows lower than average rates of clostridium difficile infection. It should be noted that from April 2017 to March 2018 Woodthorpe Hospital has again achieved a zero rate of clostridium difficile infections.
- An annual strategy for Infection Prevention and Control (IPC) is developed at a corporate level by the Group.
- IPC and policies are revised and redeployed every two years. Infection and Prevention programmes are designed to bring about improvements in performance and practice.
- A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and best clinical practice.
- The Woodthorpe hospital employs a Specialist Infection Control Nurse and there are Infection Control link nurses in all clinical areas ensuring that IP& C management remains a high priority throughout the hospital.

Woodthorpe Hospital has taken the following actions to improve this score so the quality of its services can be consistently monitored and its objective will be to maintain a zero rate of clostridium difficile infections in the year;

- Maintain high standards of Infection Prevention and Control practice to minimise the risk of occurrence of clostridium difficile infections.

- Implement the correct treatment and nursing intervention for any confirmed or suspected clostridium difficile infections
- Report any incidence of clostridium difficile infections to the appropriate Public Health bodies, responsible microbiologist, consultants and clinical commissioning groups.
- Follow national and corporate guidance on Infection Prevention and Control standards, audits and processes.

Incident rate and patient safety

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
---	--

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Woodthorpe	
	Oct 16 - Mar 17	Severall	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC40	0.00
April 17 - Sep 17	Severall	0	RJW	0.64	Eng	14.85	2017/18	NVC40	0.00	

Woodthorpe Hospital considers that this data is as described for the following reasons

- The senior management team ensure that incidents are investigated and when lessons are learned from these events they are shared with staff across the hospital so that we can prevent the same type of incidents happening again.
- All incidents are reviewed by the General Manager and Matron and an investigation process, Root Cause Analysis and action plan implemented where appropriate.
- The RiskMan system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at the Woodthorpe Hospital and throughout the Ramsay organisation.
- All incidents are reported through the Clinical Governance Committees structure.

Woodthorpe Hospital has taken the following actions to improve the quality of its services.

- Maintaining a robust staff induction and mandatory training programme
- Promoting the use of comprehensive risk assessment tools that are available to identify and minimise risk
- Monthly Risk management and Clinical Governance meetings are held and key performance indicators and incidents are discussed and disseminated
- The Centralised Alert System (CAS) disseminates all alerts for NPSA/ MDE and FSN to all departments with required actions feedback.
- A falls assessment tool has been implemented successfully throughout the hospital and is used whenever any risk of falls is identified.
- Daily process for the assessment and evaluation of patient dependency and accorded placement of nurse to patient ratios.
- RiskMan training for all staff on staff induction training.

Friends and Family Test

<p>Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)</p>	<p>4: Ensuring that people have a positive experience of care This indicator is not a statutory requirement.</p>
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F&F Test:	Oct	Best		Worst		Average		Period	Woodthorpe	
	Feb-18	Several	100%	U731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC40	100.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC40	98.3%

Woodthorpe Hospital considers that this data is as described for the following reasons

- The NHS-wide ‘Friends and Family’ test to improve patient care and identify the best performing hospitals in England was

announced in 2012 by the Prime Minister. Since this date the Friends and Family survey has been expanded year on year at Woodthorpe Hospital and now incorporates all of our departments.

- All patients at the Woodthorpe hospital are now routinely invited to take part in this anonymous survey asking simply whether they would recommend our hospital to their family and friends. This is reflected in our increasing response rates and current high scores that would recommend us to their friends and family.

Woodthorpe Hospital has taken the following actions to improve the quality of its services by:

- Use the Friends and family survey feedback to continuously monitor patient feedback in all departments
- Disseminating individual department feedback from the Family and Friends survey
- Acting on patient feedback and complaints to improve quality in areas where any issues may have been identified
- Using corporately generated Friends and Family results to analyse and act upon any trends, individual comments and suggestions for improvement.

3.2 Patient safety

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

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

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The Woodthorpe reported one Never Event Duty of candour was enacted appropriately and a root cause analysis of the incident was undertaken in order to identify lessons learnt and actions to be taken to avoid future similar occurrence.

The core list of “never events” includes:

- Wrong site surgery
- Wrong implant/prosthesis
- Retained foreign object post procedure.
- Wrongly prepared high risk injectable medication
- Maladministration of a potassium containing solution.
- Wrong route administration of chemotherapy
- Wrong route administration of oral /enteral treatment
- Intravenous administration of epidural medication.
- Maladministration of insulin
- Overdose of midazolam during conscious sedation
- Opioid overdose of an opioid naive patient
- Inappropriate administration of daily oral methotrexate
- Transfusion of ABO incompatible blood components.
- Misplaced naso-gastric tubes.
- Wrong gas administration.
- Failure to monitor and respond to oxygen saturation.
- Air embolism.
- Misidentification of patients

3.2.1 Infection prevention and control

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

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

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

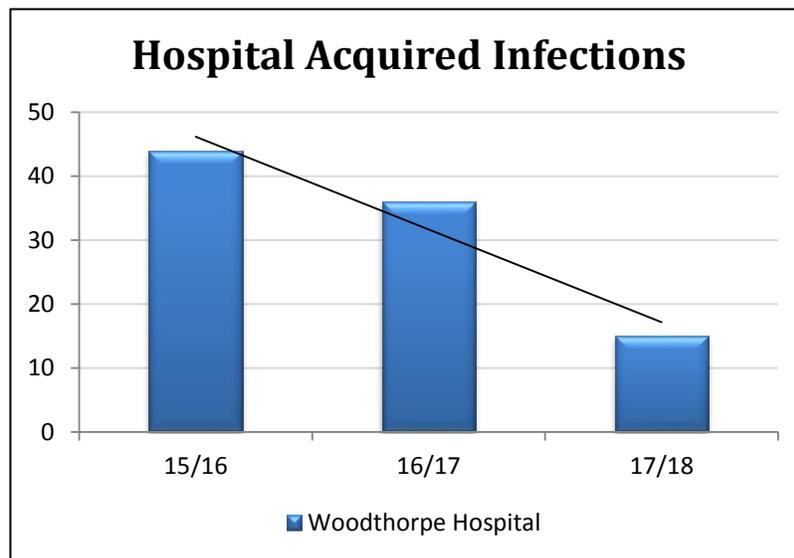
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed at corporate level and the Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes of audit are designed to monitor the IPC standards across all departments.

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

Programmes and activities within our hospital include:

- We chair bi-monthly infection control meetings with links to Microbiologists at Nottingham University Hospital NHS Trust. This is a proactive group with representation from all departments to ensure that each part of the patient's pathway is safeguarded against the risks of infections.
- Hand washing is high on our agenda and in addition to regular staff training we are replacing all the hand washing gel units across the hospital with non-touch units to minimise the risk of cross infection.
- Our Infection Control Specialist Nurse has implemented a corporate annual hand health survey for all staff and is actively promoting the 'Bare below the Elbows' campaign in all departments. This is included in her IP & C training session as part of our in-house staff annual mandatory training.
- We report on a monthly basis on all aspects of infection control to our Clinical Governance Committee and quarterly to the Medical Advisory Committee.
- Infection Prevention and Control forms part of our monthly Clinical audit Programme. The different elements of infection prevention and control are selected and include sharps, environment, hand washing, surgical site infection and catheter care.

As depicted in the graph below, our infection rate has fallen over the last year. Due to our new reporting process for infection notification all suspected infections that we are made aware of are now recorded on our risk system even if the report is sent to us through another hospital or GP we record the suspected infection in our risk system. This will provide us with accurate reporting, infection rates show as 0.24 % as a percentage of all admissions.



3.2.2 Cleanliness and hospital hygiene

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

At Woodthorpe Hospital we believe that good environments matter. Every patient should be cared for with compassion and dignity in a clean, safe environment. PLACE assessments provide an objective clear message, directly from patients, about how the environment and services might be enhanced or improved.

PLACE assessments occur annually at Woodthorpe Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer. The results for 2017 were evaluated and an action plan formulated to address any areas for improvement. Our latest annual

assessment took place in the week commencing May 3rd 2018. The results of this year's assessment will be available July 2018 and will be posted on our hospital website at; <http://www.nottinghamhospital.co.uk/>

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 staffs have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

3.3 Clinical effectiveness

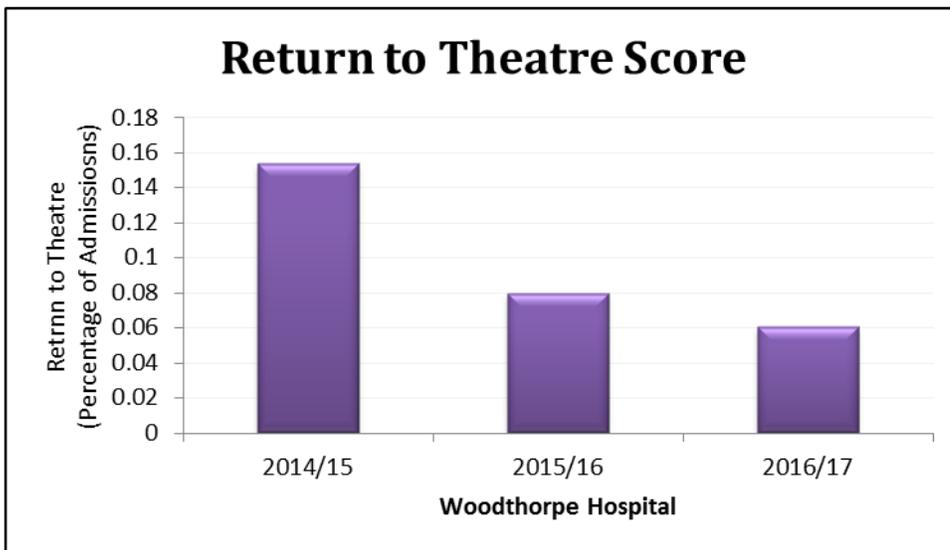
Ramsay Healthcare has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,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

3.3.1 Return to theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure.

Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.

Our return to theatre rate has decreased and in comparison to the national average it is 0.06 % as a percent of admissions. The reported returns to theatre did not present any issues of ongoing concern.



3.4 Patient experience

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

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – messages in letters and cards are now displayed for staff to see in a compliments register within our system. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also given 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 experience is communicated via the various methods below, and is an agenda item 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:

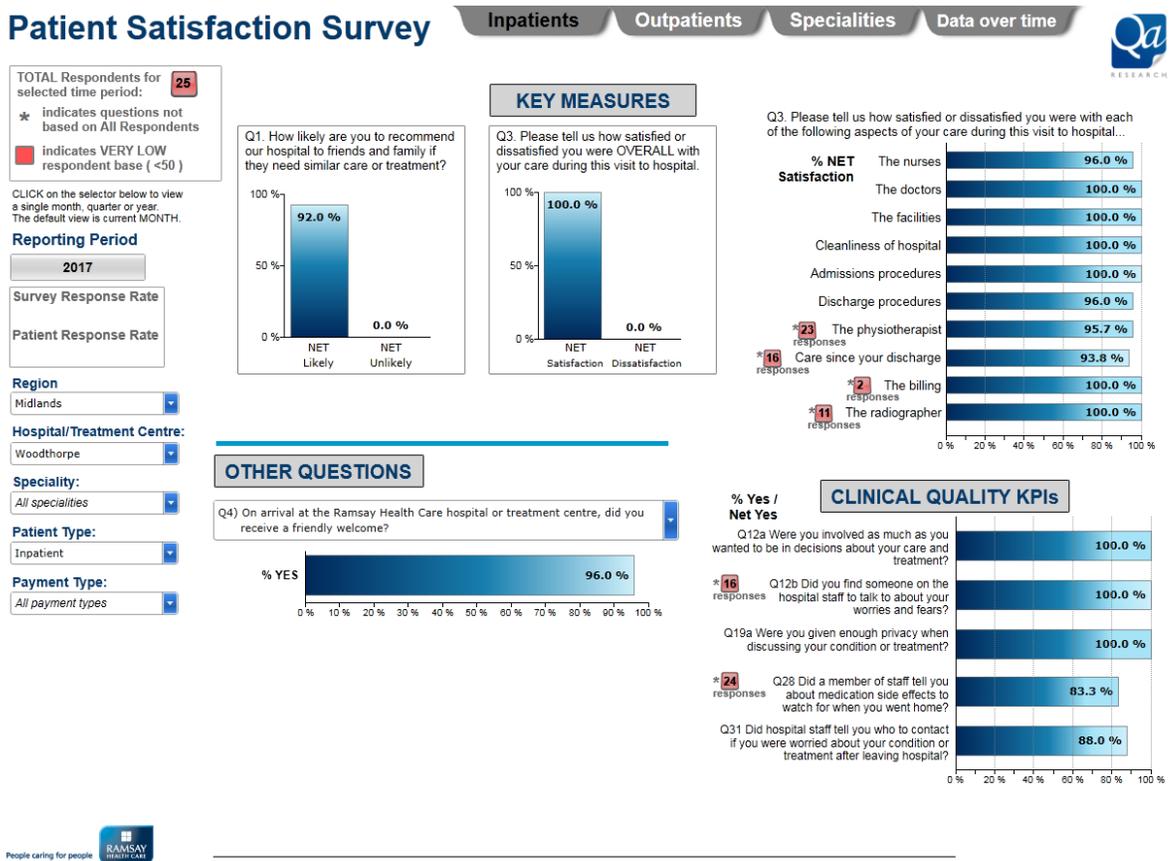
- Matron's Hotline
- Web based survey invitation for patient satisfaction feedback
- Hot alerts received within 48hrs of patient making a comment on their survey
- Friends and family survey in all departments
- Verbal feedback to Ramsay staff - including Consultants, Matrons, General Manager or Head of Department
- Patient views and opinions in PLACE assessments
- Care pathways – patient are encouraged to read and participate in their plan of care
- Complaints and lessons learned are shared in monthly Leadership and Clinical Governance Committees and cascaded through all department meetings
- Shared experiences and learning by membership of the Nottingham Joint Complaints Committee

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call after they leave the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Our average patient satisfaction rate has increased year on year. It is higher than the national average and we continue to strive to offer the highest quality healthcare services to all of our patients.

We now access monthly reports from Qa Research and these provide staff with the patient responses by department and speciality. The latest examples are shown below;



Patient Satisfaction Survey

Inpatients Outpatients Specialities Data over time



TOTAL Respondents for selected time period: **47**
 * indicates questions not based on All Respondents
 indicates VERY LOW respondent base (<50)

CLICK on the selector below to view a single month, quarter or year. The default view is current MONTH.

Reporting Period

2017

Survey Response Rate

Patient Response Rate

Region

Midlands

Hospital/Treatment Centre:

Woodthorpe

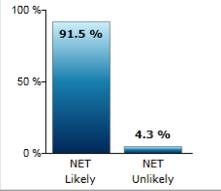
Speciality:

All specialities

Payment Type:

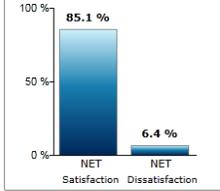
All payment types

Q1. How likely are you to recommend our hospital to friends and family if they need similar care or treatment?

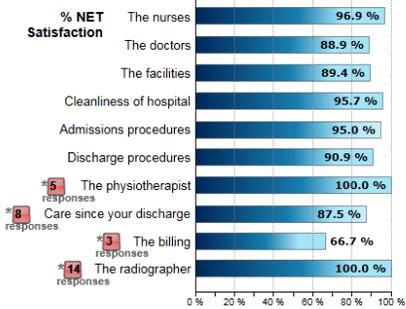


KEY MEASURES

Q3. Please tell us how satisfied or dissatisfied you were OVERALL with your care during this visit to hospital.

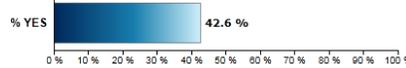


Q3. Please tell us how satisfied or dissatisfied you were with each of the following aspects of your care during this visit to hospital...



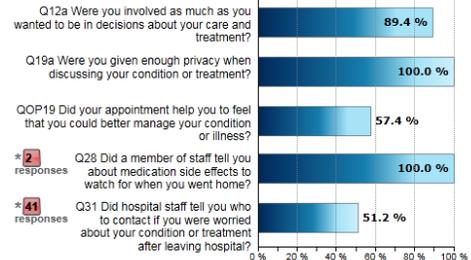
OTHER QUESTIONS

QOP1) Thinking about your most recent visit to the Outpatient Department, were you given a choice of appointment times?



CLINICAL QUALITY KPIS

% Yes / Net Yes



Patient Satisfaction Survey

Inpatients Outpatients Specialities Data over time



Start month

April, 2016

End month

March, 2017

TOTAL Respondents for Series 1: 72

TOTAL Respondents for Series 2: 118

TOTAL Respondents for Series 3: 159

Reset All Filters

Series 1 Patient Type: Inpatient Region: Midlands Hospital/Treatment Centre: Woodthorpe Speciality: All specialities

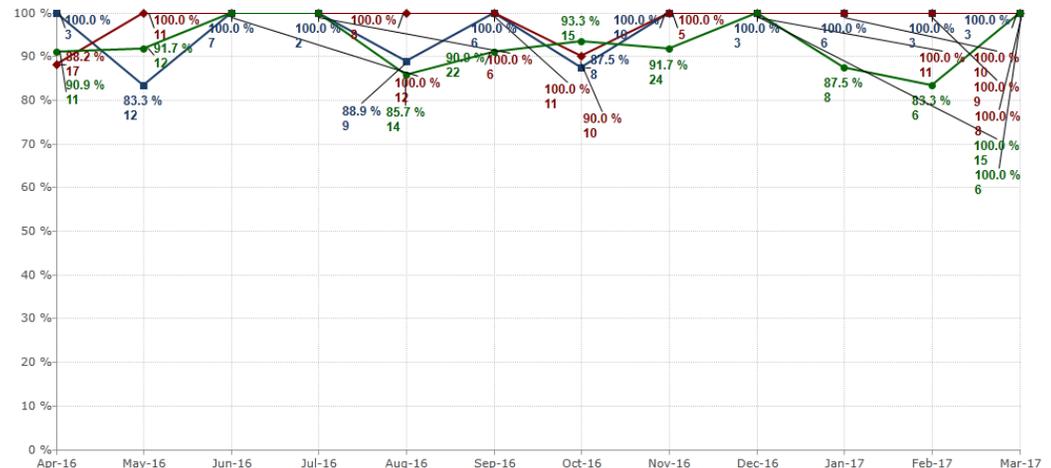
Q1) How likely are you to recommend our hospital to friends and family if they need similar care or treatment? NET: LIKELY

Series 2 Patient Type: Day case Region: Midlands Hospital/Treatment Centre: Woodthorpe Speciality: All specialities

Q1) How likely are you to recommend our hospital to friends and family if they need similar care or treatment? NET: LIKELY

Series 3 Patient Type: Outpatient Region: Midlands Hospital/Treatment Centre: Woodthorpe Speciality: All specialities

Q1) How likely are you to recommend our hospital to friends and family if they need similar care or treatment? NET: LIKELY



3.4 Woodthorpe Hospital

A Shared Initiative in Fundraising for Local Causes

Woodthorpe Hospital's EEAG (Employee Engagement Action Group) was established in 2015. Its primary purpose is to encourage team working and communication with our staff, but it is also responsible for organising our charity and fundraising events.

In October 2017, a decision was made to transfer leadership of the EEAG to members of the group as opposed to a member of our senior management team. This has led to an increase in events which raise money for more personal causes, close to the hearts of our staff members, rather than just one chosen charity.

In the period between April 2017 and March 2018, staffs at Woodthorpe Hospital were successful in raising over £370 for various local charities including CLIC Sargent, Save the Children and Nottinghamshire Blood Bikes, through participation in team challenges and bake sales. Our team are always happy to get involved and work together, particularly in support of individual colleagues who have nominated their chosen charities.

The EEAG already has several events planned throughout the remainder of 2018, including a coffee morning to raise funds for Macmillan Cancer Support, and we are participating in the Wear It Pink Day in October. We also hope to continue to support our local charities, including Nottinghamshire Blood Bikes and Guide Dogs for the Blind.

**WE ARE
MACMILLAN.
CANCER SUPPORT**



Save the Children®



Services covered by this quality account

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

- Orthopaedic surgery
- General surgery
- Gynaecology
- Ear, nose and throat surgery
- Weight loss surgery
- Cosmetic and Plastic surgery
- Dermatology
- Upper and lower diagnostic Endoscopy procedures
- Ophthalmic surgery
- Podiatric surgery
- Spinal surgery
- Vascular surgery
- Urological surgery
- Rehabilitation and respite care
- Physiotherapy, including shockwave therapy, Sports Medicine and acupuncture
- Diagnostic imaging services including MRI and CT

Clinical Audit Programme

Hospital Name: Woodthorpe												
Audit Programme	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Medical Records	76%	100%	84%	81%	99%	71%	75%	96%	76%	92%	94%	79%
Consent	91%	91%	91%	91%	91%	66%	96%	91%	91%	91%	91%	95%
Pre admission / Discharge	94%											
Care Pathways and Variance Tracking												
Controlled Drugs			98%			99%			99%		98%	98%
Prescribing					88%						89%	
Medicines Management				98%						99%		
Radiology IRMER/NMR Referral Forms	100%			94%		80%	100%	94%	95%	85%		
Radiology NRR / Post Exam	98%		100%			91%	80%		86%			83%
Radiology IPC/	93%						99%			97%		
Radiology, MRI & CT		82%			92%			91%			92%	
Physiotherapy		100%	100%	93%	98%			98%	92%	98%	88%	99%
Theatre	94%	100%	97%	99%	100%	95%	99%	100%	96%	93%	100%	100%
Infection Prevention and Control*	98%	N/A Isolation	97%	100%	100%	96%	N/A CVCCB	100%		95%	86%	95%
Infection Prevention and Control - Environmental Audit		95%			95%			99%			98%	
Transfusion				N/A								96%



Traffic light score	
Green	100%
Cool Amber	90 - 99%
Amber	80 - 89%
Hot Amber	70 - 79%
Red	69% and under

Woodthorpe Hospital

Ramsay Health Care UK

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

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

For further information please contact:

0115- 9209209

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