

Ashtead Hospital

Quality Account
2015/16



People caring for people



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Welcome to Ramsay Health Care UK

Ashtead Hospital is part of the Ramsay Health Care Group

Introduction

Statement from Mark Page

“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.

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 improvements that will keep it at the forefront of health care delivery.

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

Mark Page
Chief Executive officer
Ramsay Health Care UK

Part 3

Statement from Vivienne Heckford

“This publication marks the seventh 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



Introduction to our Quality Account

This Quality Account is Ashtead 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

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do. As the General Manager, I am passionate about ensuring that high quality patient care is our main focus and delivered to a high standard. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes.

Ashtead Hospital has a tradition of working closely with Consultants, Patients, external stakeholders such as the local Clinical Commissioning Group (CCG) our region's leading commissioners and General Practitioner (GP) surgeries to ensure the best quality healthcare is consistently being delivered.

Our hospital staff are fully trained in the latest procedures and thus maintain the highest standards in all areas. Working within the Department of Health (DOH) guidelines we focus on patient safety and cleanliness to minimise infection. As General Manager of Ashtead Hospital, I take great pride in the service we offer to our patients and relatives; this is only achieved through a cohesive team effort and approach.

Our Quality Account contains information for our patients and commissioners to provide assurance that we are committed to sharing our progressive achievements from one year to the next. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results. Our vision is to ensure patients receive safe and effective care, feel valued and respected in decisions about their care.

We ensure they are fully informed about their treatment at each step of their pathway from admission through to discharge. We especially value patient's feedback about their stay, treatment and clinical outcome.

Patient safety is our highest priority and we provide trained staff to deliver the service in a safe environment. We ensure that our staff are competent through training programmes and a robust recruitment process. We believe it is essential to have the right person in the right role at the right time to deliver safe and effective treatment and care. Staff undergo competency based assessments in practice and are trained on all the equipment they are required to use.

This Quality Account highlights areas where Ashtead Hospital has improved the safety and quality of its services, particularly in the areas of infection prevention and control. It also highlights some areas where we need to continue to focus and improve upon. The development of this Quality Account was determined by the Executive Management Team within Ramsay Health Care UK. All professional and management teams at local level have been represented in producing this account.

1.2 Hospital Accountability Statement

This report has been reviewed and approved by:

Mr Douglas Watson, General Manager, Ashtead Hospital, Ramsay Health Care UK

Handwritten signature of Douglas Watson in black ink.

Mr Dominic Nielsen, Orthopaedic Consultant and Chair of
Medical Advisory Committee

Handwritten signature of Dominic Nielsen in black ink.

Mr Mark Bounds, Regional Director South, Ramsay Health Care UK

Handwritten signature of Mark Bounds in black ink.

Welcome to Ashtead Hospital

Ashtead Hospital is one of Surrey's leading independent hospitals. The facility has 55 individual rooms with en-suite facilities to ensure complete privacy and by investing in advanced medical technology, offers a wide range of treatments and services.

On site there are 3 fully equipped ultra clean air Theatres, Minor Ops Theatre in our Outpatient Department, an Endoscopy Unit and an extended recovery unit. We also have a Physiotherapy Department complete with gym and a Radiology Department which also offers MRI, CT and digital Mammography alongside DEXA scanning.

We provide fast, convenient, effective and high quality treatment for patients of all ages, whether medically insured, self-pay or from the NHS.

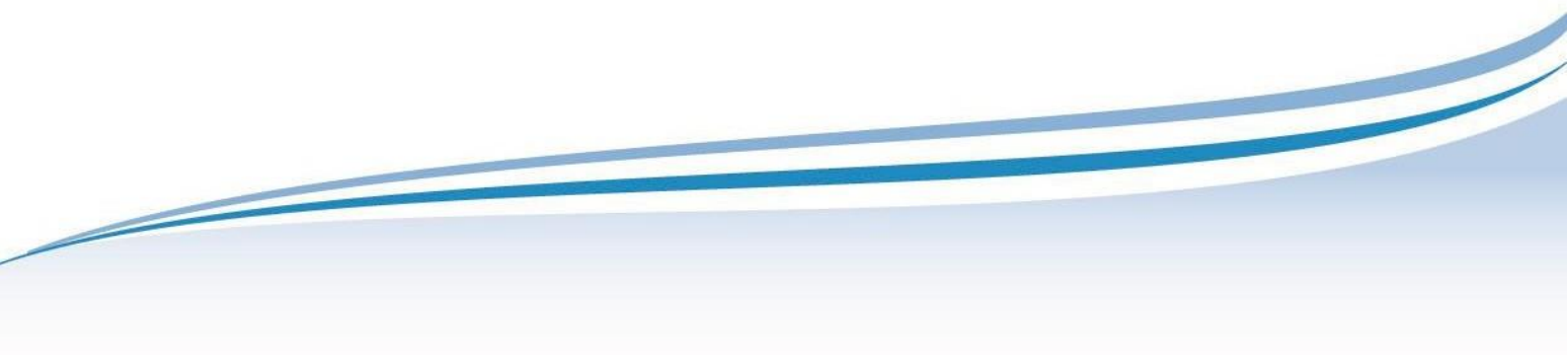
The specialties for which services are provided at Ashtead Hospital include: Audiology, Cardiology, Dermatology, ENT, Gastroenterology, General Medicine, General Surgery, Gynaecology, Haematology, Nephrology, Neurology, Neurosurgery, Ophthalmology, Oral and Maxillo-facial, Orthopaedics, Paediatrics, Pain Management, Physiotherapy, Plastic Surgery, Psychiatry, Radiology (including MRI and CT), Rheumatology and Urology.

Total number of patient admissions in the past year was 7163 of which 56% (4050) were NHS patients.

We are working with the CCG's to provide a wide range of services to meet the needs of the local healthcare community. We are keen to ensure that patients can have treatment at their local hospital where appropriate. We take great pride in our ability to innovate and develop new ways of working, ensuring that all care is delivered in the best and most efficient way, whilst also ensuring we deliver consistently good outcomes.

We have a total of 165 Consultants and 80 Anaesthetists who practice at Ashtead. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular review through our clinical governance framework to ensure the highest possible clinical care.

Our GP Liaison Team work in close contact with both Practice Managers and GP's at our local practices and ongoing contact with surgeries located in the surrounding areas. We organise regular 'Lunch & Learns', taking consultants into GP Surgeries to offer training and latest development awareness as well as running evening GP training seminars on a regular basis. We also have a GP representative on the hospital's MAC. We value our contact with GP's as "Customers" and strive to ensure we actively work in partnership to enhance patient care.



Our staff complement as of May 2016 is (in FTE's)

Nurses – 43.49 (contracted staff only)

HCA's - 19.89

TSSU – 6

Physiotherapist – 5.89

Radiographers –7.77

Pharmacy – 2.67

Porters – 6.47

Admin Staff –54.45

Kitchens –10.91

Housekeeping – 10.1

Supplies –3

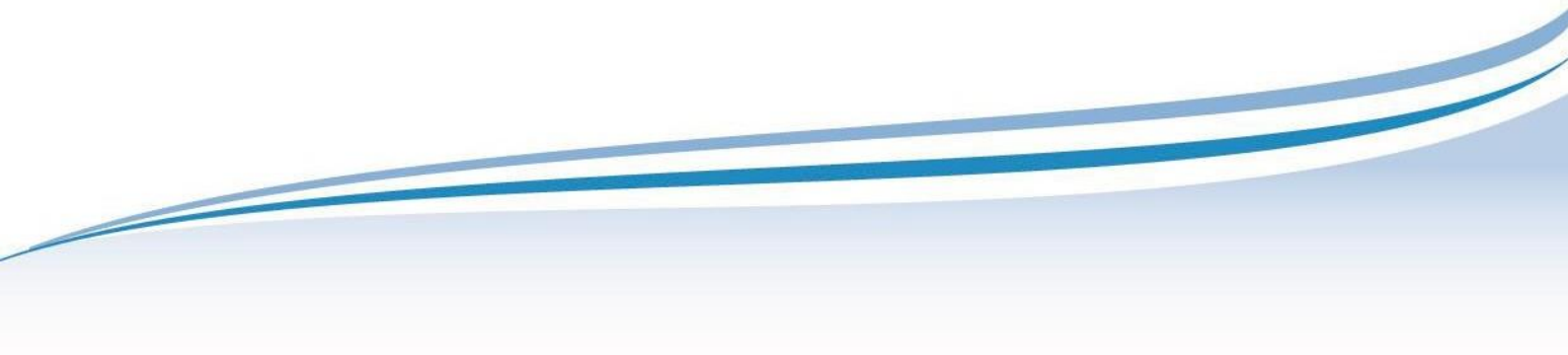
Maintenance – 1.8

Here at Ashtead we also use a number of clinical and non-staff on our bank contracts, these are staff that undergo all our training and are part of the Ashtead team. These staff work as required bases when the business dictates.

Ashtead Hospital is committed to supporting local businesses – we are currently working with and sponsor Vitoria FC, a Surrey football team for the Under 14's. Each year staff at Ashtead Hospital choose a charity to sponsor for the year and we have recently been working closely with the Epsom & Ewell Foodbank by giving food donations and raising money for them.

We actively engage and work on building relationships with local NHS GPs - to keep them up to date with what services we have to offer their patients via Choose and Book. We also offer them education and training to help with their professional development. In addition to this, our GP Liaison Department has a very strong relationship with the Royal College of General Practitioners South London Faculty and provide consultant led education for their members on an ongoing basis.

We work closely with Epsom and St Helier NHS Trust who provide us with transfusion services and access to level 3 critical care services. We also have close working arrangements with St Georges Hospital, London and Ashford and St Peters Hospital, Chertsey.



Part 2

2.1 Quality Priorities for 2015/2016

Plan for 2015/16

On an annual cycle Ashtead 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. 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 hospital's 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.


Ashtead Hospital is currently undergoing a significant investment programme; overnight stay wards and the ground floor have been redesigned and updated. Currently on Level One the Ambulatory Care Unit, The Endoscopy and the Premium Care rooms are being modernised and updated. The next stage will be theatres and the East wing of Ambulatory Care Unit.

We are developing a wide range of link nurses across the site so that we have specialists in all areas who work directly for Ashtead. To enable Ashtead to support both our Patients and Consultants further.

Patient Safety remains at the forefront of what we do at Ashtead. In the last year we have been investing in staff training throughout the hospital. The majority of senior nurses will hold the Advanced Life support course. All staff have undergone the new Nation Early warning Scores paperwork training. Also Staff have continued their development further by attending national training, teaching workshops and courses, in line with their specific roles and duties, this therefore ensures that here at Ashtead we continue to follow best practice for our Patients.

Duty of Candour

Ashtead promotes an open and honest policy with all we do here. This includes when things do not go as planned. We follow the national Duty of Candour Policy as well as empowering staff to be honest and open with patients. We also have a no blame culture. This enables patients to have every confidence in all we do for them.



Priorities for Improvement

2.1.1 A review of clinical priorities 2015/16 (looking back)

Patient Safety

WHO Surgical Safety Checklist

The World Health Organization Surgical Safety Checklists were introduced into Ramsay following the release of a patient safety alert from the National Patient Safety Association, This tool is now firmly imbedded in Ashtead.

Following our internal inspection in November 2015 theatres scored outstanding, this was also recognised within the Pharmacy department. Other departments scored well with best practice recognised throughout.

Patient safety remains at the forefront of what we do at Ashtead. In the last year we have been investing in staff training throughout the hospital. The majority of senior nurses will hold the Advanced Life support course and all staff have undergone the new National Early Warning Scores paperwork.

We are developing a wide range of link nurses across the site so that we have specialists in all areas who work directly for Ashtead. To enable Ashtead to support both our patients and Consultants further.

We have continued to make good progress in implementing all the component parts of this checklist and we have increased our scores on our compliance audits

Never Events

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


For further details: <http://www.nrls.npsa.nhs.uk/resources/collections/never-events/>

Ashtead Hospital has a vigorous system of reporting clinical incidents and taking appropriate actions to ensure that patient safety is paramount. During this reporting year, Ashtead Hospital has no never-events to report.

VTE Risk Assessment

In September 2008, the Department of Health issued its guidance on Risk Assessment for Venous Thromboembolism (DH 2008). The objective is to improve the quality of patient care by minimizing the risk of VTE incidents.

We continue to abide by this policy based upon NICE Guidance to ensure all patients are risk assessed and have appropriate prophylaxis. Our VTE assessment submission rate remains above the national average at between 97.4% and 99.6%.



Infection Control

Ashtead Hospital continue to carry out regular infection control audits throughout the reporting year and reported to the local CCG if any scores fall below the recommended level.

We have quarterly local infection control committee meetings where action plans are discussed. We have recently employed a full time Infection Prevention and Tissue Viability Sister.

Additional audits are undertaken and our audit scores improve year on year. Our most recent audits are listed below.

Hand hygiene – 92% - December

Infection Prevention and Control Environmental Audit – 78% for April
Surgical Site Infections – 95% compliant

Incident Reporting & Clinical Incidents

Riskman is the central software system used for reporting all incidents, complaints and compliments. There has been a continuous drive to ensure that all staff in the hospital uses this system for the reporting of any untoward incident, accident or complaint.

We have an open and transparent culture within Ashtead where all clinical and nonclinical staff are encouraged to report incidences. All staff know over reporting is seen by the Matron and the GM as a positive thing; both support a no blame culture which empowers staff to report.

All Department managers are involved from the outset of any incidences that have not gone in the direction that was expected. The Managers then will feed back these incidences to all staff at departmental meetings, we use these events to train and educate our staff here at Ashtead.

All reports are reviewed by the Clinical Governance Committee and reported in to the Medical Advisory Committee. This system enables us to look back at events, ensuring lessons have been learnt and for mechanisms to be put into place for staff and patient safety.

Training

Ramsay provides a comprehensive E Learning system for all mandatory training. This online training is then supported with compulsory study days.

All of our staff receive training relevant to their roles and also complete appropriate competencies. We have a corporate hospital training matrix for mandatory training and all staff's training is recorded on the hospital training tracker. Mandatory training includes Safeguarding Adults at Risk, Safeguarding of Children and PREVENT training.

We continue to monitor training yearly via the staff professional development reviews and identify learning opportunities and re-evaluate the competencies.

Overall compliancy reports are monitored by heads of departments on a monthly basis and appropriate action is taken regarding staff's non-compliance. In January 2016 we brought our Basic Life support teaching in house and all non-clinical staff attend this training. We are registered with the UK Resuscitation Council as a centre for delivering Immediate Life support and Paediatric Immediate Life Support Training

Our commitment to training is evident by the fact that our Nurses attend mandatory training of 9 days per year. Staff are also encouraged to apply for external training for their own professional development and are fully funded by the hospital for their training needs. Over the past 12 months staff have attended a variety of external courses including the following:-

Critical Care 3 day courses
Management courses over 3 days
Advanced Life Support Training
Effective Leadership Courses
Paediatric Study Sessions

Clinical Effectiveness

Allocate Rostering System

The allocate rostering system is an electronic tool widely used in healthcare which has been implemented and embedded into the hospital. Allocate provides an effective rostering tool to assist managers to ensure they have appropriate staff on duty throughout the day for the levels of activity.

Barcoding and Stock Control

One of the key performance improvement targets for Ramsay Health Care UK continues to be the significant reduction in the level of stock held within our units. There are two points in the year, when a full stock count process is undertaken, when we have the details of our overall stock holding across sites.

Unfortunately, as the stock count exercise is performed manually as well as counting barcoded items, this task is time consuming, the level of accuracy questionable, and requires involvement by clinical staff.

The introduction of a new stock control business process across the region has enabled us to better manage our purchasing processes and give us the means in which to manage stock levels across all sites, this has been very successful in theatres and will now be introduced in Outpatient and Wards Departments. The use of Bar-Coding technology has the potential to deliver this ability to us. This helps ensure that all stock is utilised and that staff can quickly and efficiently identify any materials they require for fourth coming procedures. This in turn has reduced the amount of last minutes borrowing across sites. There is also an efficiency saving as less stock is kept on the shelves at one time.

Tissue Viability

Our Tissue Viability Sister is on the corporate Ramsay working party for tissue viability/wound management. She is currently undergoing application to be BUPA registered, enabling patients to have direct access to her service.

Sitting on the corporate working party alongside consultants has enabled us to make sure that we are at the cutting edge of wound care and Infection prevention therapy.

Clinical Governance

Ashtead employs a Quality Improvement lead, who provides support to the Matron in relation to meeting clinical governance requirements and associated reporting to internal and external stake holders.

The Quality Improvement lead assists Matron in ensuring Ashtead is fully compliant with regulatory compliance, Infection Prevention and Control, Care Quality Commission (CQC) and the Department of Health.

She provides assistance to clinical HOD's ensuring audits are completed and that the required levels of compliance are achieved. In the latter part of 2015 our Audit percentages have raised significantly. This is due to a robust reporting system, information is fed back in to relevant committees such as Heads of Department monthly meetings and this information is then discussed at department meetings. Audit results affecting Medical Staff are also fed back to the Medical advisory Committee. The Quality Improvement lead also assists Matron with the coordination and support of any Root Cause Analysis for serious untoward incidents.

2.1.2 Clinical Priorities for 2014/15 (Looking forward)

Patient Safety

Hand Hygiene

We have introduced high visibility/ awareness on hand hygiene for both patient visitors and staff. There are a number of different materials around the site to remind visitors and staff alike. Our Infection and prevention lead also does spot checks with staff. We have invested in an ultraviolet lamp to assist with these spot checks.

We hold a number of awareness days throughout the year; we have introduced 2 hours in the mandatory training sessions for our staff to review ANTT training for all of our relevant clinical staff this year which will also help to raise awareness of our staff.

Our infection control Sister is carrying out Quarterly audits of hand hygiene.

Discharge time form hospital.

We will continue to work on improving our levels of patient satisfaction around all aspect of care. We understand that being discharge from hospital can be a difficult for some patients due to the uncertainty that this can bring to an individual.

We are working with staff and patients to make this transition from hospital as smooth as possible. We have addressed and are addressing issues that make this transition smoother for our patients. Making sure that they are given all the literature Individual medication leaflets are being developed to support the existing literature details side effects and key information. The nursing team will use these to review the discharge medications prior to the patient going home. We have increased our pharmacist hours in evenings and weekends to assist us.

Patient Experience

Meeting Endoscopy Standards

We have maintained our JAG accreditation for the current year and our next review is due in October 2016.

We have continued to work with our Colorectal and Gastroenterology Consultants to improve the patient experience throughout their care episode. The use of Entonox for suitable patients has not only ensured that patients have a more comfortable experience but has also reduced their need to stay after the procedure.

Pain Management

We have been working towards improving our patient experience in relation to pain control this year. Results have improved with the introduction of Entonox (as above) now being widely used by the gastroenterologist for endoscopy procedures. We have not made any significant improvements in relation to standardisation of regimes by consultants and anaesthetists and will carry forward this objective for the forthcoming year. We have increased our pharmacist's hours to enable us to improve our service to patients, this included Saturdays

Improving patient feedback

We continue to receive a vast array of patient feedback through different sources, including but not limited to, Friends and Family Test, verbal and written feedback from patients and our own independent patient satisfaction survey. Most of the feedback we receive remains very positive and our compliments continue to outweigh our complaints. We have been talking with groups of staff about how we manage complaints and have agreed a change of strategy to more actively involve staff in resolving patient complaints. We hope that this will help to prevent similar mistakes recurring. Both negative and positive feedback is discussed at an individual unit level by the unit manager to all staff.

Clinical Effectiveness

Improving Medical Records workflow

Ashtead Hospital is a trial site for the new Electronic Patient Record which is being introduced in September 2016. The new form of records will improve the patient experience as well as ensuring that records are kept in accordance with national guidance. This new system will see all patient records maintained electronically in one secure location.

As a trial site the teams are currently involved in the planning of the system and will receive full training on the relevant applications during the year.

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 the period of 2015/2016 Ashtead Hospital provided 20 NHS services across 11 specialties. Ashtead Hospital has reviewed all the data available to them on the quality of care in the 20 NHS services.

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

In the period for 2014/2015, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue – 34%

Agency Cost as % of Total Staff Cost – 12% Ward

Hours PPD – 4.84%

Staff Turnover – 21%

Sickness – 9.97%

Lost Time – 11.5% Appraisal %

Appraisals – 76%

Mandatory Training - 71%

Staff Satisfaction Score – 79% highest score year on year.

Number of Significant Staff Injuries – 1

Patient

Formal Complaints per 1000 HPD's –34 complaints

Patient Satisfaction Score –99.2% (March 2016)

Readmission, per 1000 Admission 0.089%.

2.2.2 Participation in Clinical Audit

The national clinical audits and national confidential enquiries that Ashtead Hospital participated in, and for which data collection was completed during 1st April 2015 to 31st March 2016, 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)		Hips 82% Knees 90% Shoulder 33% Overall 68%		
Medical and surgical clinical outcome review programme: National confidential enquiry into patient outcome and death				
National Audit of Seizures in Hospitals (NASH)		No eligible patient data to submit		
National emergency laparotomy audit (NELA)		No eligible patient data to submit		
Severe sepsis & septic shock*		No eligible patient data to submit.		
National Comparative Audit of Blood Transfusion programme		No Report published for 2015/2016		
Elective surgery (National PROMs Programme)	Number of cases	Improved (%)	Unchanged (%)	Worsened (%)
Hernia	49	51%	26.5 %	22.4%
Varicose Veins	15	53.3%	33.3%	13.3%
Hips	67	92.5%	4.5%	3%
Knees	53	81.1%	13.3%	7.5%

2.2.3 Participation in Research

There were no patients recruited during 2015/16 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 Ashted Hospital income in from 1st April 2015 to 31st March 2016 was conditional on achieving quality improvement and innovation goals agreed between Ashted Hospital and any person or body they entered into a contract, agreement or

arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

Ashtead Hospital is required to register with the Care Quality Commission and its current registration is registered without conditions.

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

2.2.6 Data Quality

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

Ashtead Hospital will be taking the following actions to improve data quality. As can be seen from the data below our data quality is generally very good. However we do recognise that there is some room for improvement. We realise that a clear focus on data quality will assist with the overall safety, effectiveness and efficiency of the service we provide. In order to continue to monitor and improve our process we will continue to audit our records. This includes manual audits of our medical records, as well as automated data quality audits of our electronic records. These audits allow us to identify where issues have occurred and provide opportunities for correction of the records and training for specific issues. As mentioned in the clinical effectiveness section above we are keen to use our data more frequently and in different ways to continue to drive improvement in our service and therefore data quality is vital in this. Through more regular usage of the data we will also identify any data quality issues that need to be resolved

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2014/2015 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:

- 99.96% 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;
- 100% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Information Governance Toolkit Attainment Levels

Ramsay Group Information Governance Assessment Report score overall score for 2015/2016 was 85% and was graded 'green' (satisfactory).

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

Clinical Coding Error Rate

Ramsay Health Care Information Governance Req 505 Attainment Levels Achieved 2015/16 Internal Audit

Ramsay Health Care Information Governance Req 505 Attainment Levels Achieved 2015/16 Internal Audit						
Hospital Site	Audit Date	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Ashtead	Jan 15		96.6%	99.0%	98.3%	99.1%

Part 3: Review of quality performance 2013/2014

Ramsay Clinical Governance Framework 2014

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.

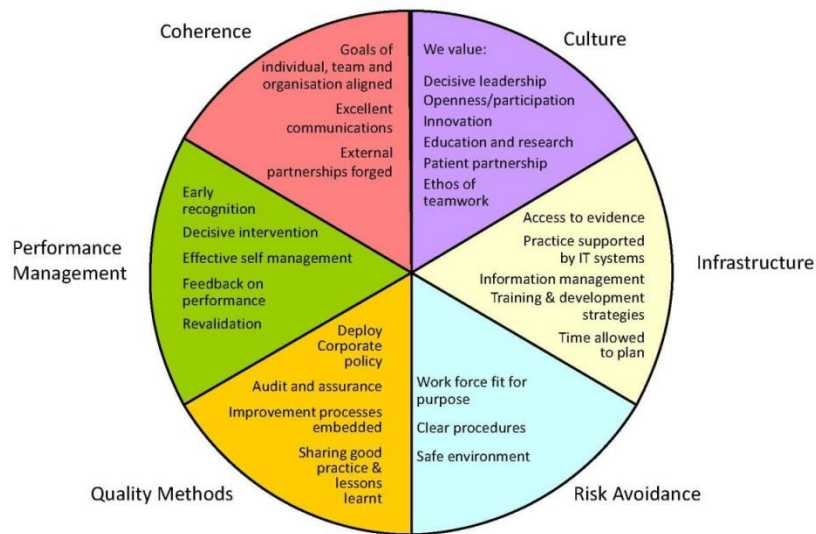
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a "stand-alone" activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

Mortality:	Period		Best		Worst		Average		Period		Ashtead	
	Oct 13-Sep 14	RKE	0.597	RPA	1.20	Eng	1	2013/14	NVC01	0		
	Oct 14-Sep 15	RJ1	0.737	RVV	1.18	Eng	1	2014/15	NVC01	0		

Ashtead Hospital considers that this data is as described for the following reasons; the services commissioned are planned surgical procedures and as such remain low risk, we have an extensive and effective pre-operative screening process ensuring patient co morbidities can be managed. We have trained more of our nurses this year to ensure that we are able to quickly identify risks which require consideration. We have worked with a critical care lecture from Southampton University who has run critical care course for 6 nurses. We use the MEWS scoring system allowing us to quickly identify patients who may have deteriorated post operatively to limit any negative outcomes, we have a robust clinical governance framework which allows us to learn and improve.

PROMS: Hernia	Period		Best		Worst		Average		Period		Ashtead	
	Apr14 - Mar15	RD3	0.154	R1H	0.027	Eng	0.084	Apr14 - Mar15	NVC01	0.076		
	Apr15 - Sep15	RJL	0.135	RR7	0.008	Eng	0.088	Apr15 - Sep15	NVC01	*		

PROMS: Veins	Period		Best		Worst		Average		Period		Ashtead	
	Apr14 - Mar15	R1K	5.59	RTE	-14.455	Eng	-8.252	Apr14 - Mar15	NVC01	*		
	Apr15 - Sep15	RK5	4.265	RM1	-13.139	Eng	-8.989	Apr15 - Sep15	NVC01	*		

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

PROMS: Hips	Period		Best		Worst		Average		Period		Ashtead	
	Apr14 - Mar15	NTE02	24.652	RQX	16.292	Eng	21.444	Apr14 - Mar15	NVC01	20.937		
	Apr15 - Sep15	NVC04	24.667	RJL	18.13	Eng	22.088	Apr15 - Sep15	NVC01	*		

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

PROMS: Knees	Period		Best		Worst		Average		Period		Ashtead	
	Apr14 - Mar15	NT438	19.492	RE9	11.475	Eng	16.148	Apr13 - Mar14	-	NVC01	16.785	
	Apr15 - Sep15	RVV	19.339	RK5	12.403	Eng	16.794	Apr15 - Sep15	-	NVC01	*	

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

Readmissions:	Period		Best		Worst		Average		Period		Ashtead	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2010/11	NVC01	4.42		
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2011/12	NVC01	4.23		

Ashtead Hospital considers that this data is described for the following reason: Ashtead Hospital has a lower score than the national average for readmissions to the hospital. We have improved our reporting onto our internal reporting system Riskman. Each readmission is monitored and any trends in readmissions are investigated with consultant input and medical report. This helps us to identify key trends and recommendations for practice.

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Ashtead	
	2013/14	Several	0	RMP	32.5	Eng	14.7	2012/13	NVC01	0.0		
	2014/15	Several	0	RPY	62.2	Eng	15.1	2013/14	NVC01	0.0		

Ashtead Hospital considers that this data is described for the following reason:

Ashtead Hospital considers that this data is as described for the following reasons; due to the patient demographic treated at the hospital, the effective infection prevention controls in place, the primarily single patient bedrooms and the comprehensive pre-assessment screening in place. We will continue to monitor this to ensure that we have robust controls to maintain this level.

VTE Assessment:	Period		Best		Worst		Average		Period		Ashtead	
	15/16 Q2	Several	100%	RWA	75.0%	Eng	95.9%	15/16 Q2	NVC01	99.6%		
	15/16 Q3	Several	100%	RWW	61.5%	Eng	95.6%	15/16 Q3	NVC01	97.4%		

Ashtead Hospital considers that this data is as described for the following reasons: Ashtead Hospital has scored higher than the national average on the VTE assessment of our patients. Ashtead Hospital has taken the following actions to improve this percentage, and so the quality of its services, by auditing the VTE assessments and feeding back results to the clinical teams via the clinical governance committee.

SUIs: (Severity only)	Period		Best		Worst		Average		Period		Ashtead	
	Apr 14 - Sep 14	Several	0	RP5	22.04	Eng	0.15	Apr 14 - Sep 14	-	NVC01	0.00	
	Oct 14 - Mar 15	RD3	0.021	RJC	1.53	Eng	0.18	Oct 14 - Mar 15	-	NVC01	0.26	

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

Ashtead Hospital has scored lower than the national average on serious incident rates regarding patient safety. This shows the Hospitals commitment to patient safety with risk assessments in place for all patients undertaken on admission to Ashtead Hospital if clinically indicated.

Ashtead Hospital has taken the following actions to improve this number, and so the quality of its services, by recording any untoward incidences on Riskman and reviewing incidences at the relevant health and safety committee meetings and clinical governance committee meetings.

F&F Test:	Period		Best		Worst		Average		Period		Ashtead	
	Jan-15	Several	100%	RCUEF	72.7%	Eng	95.7%	Jan-16	NVC01	100.0%		
	Feb-16	Several	100%	RCUEF	74.2%	Eng	95.7%	Feb-16	NVC01	100.0%		

Ashtead Hospital considers that this data is as described for the following reasons: Ashtead Hospital has worked hard to ensure we are continually improving patients experience or rate has increased and we intend to maintain this score, by continuing to encourage all service users to complete the survey, improving the feedback process with our patients so that they understand what influence their feedback has, continuing to share the feedback with all our staff to ensure lessons are learnt. Alongside this score our senior management team review the anonymous comments made by patients which reflects the high level of recommendation.

3.2 Patient safety

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

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

3.2.1 Infection prevention and control

Ashtead hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past reporting year.

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.

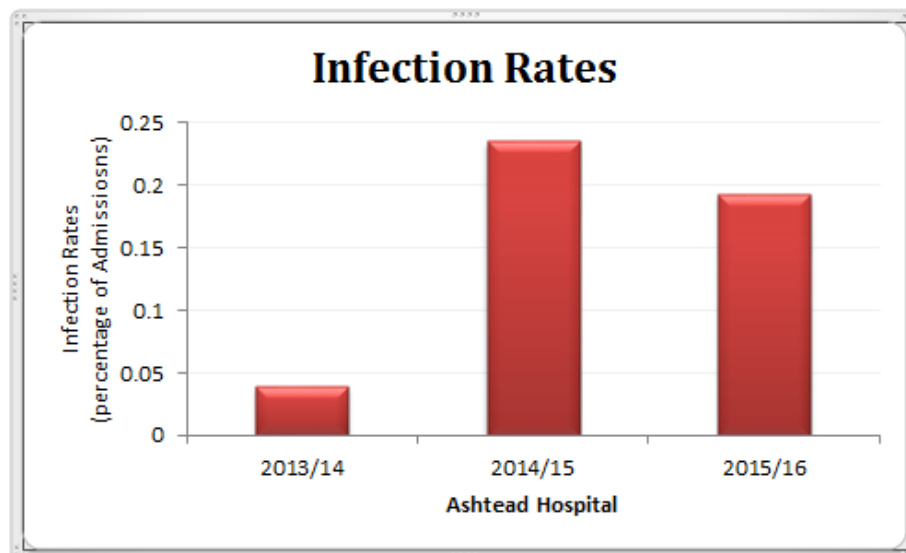
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

Infection Prevention and Control management is very active within our hospital. We have recently employed a Lead Infection Prevention and Tissue Viability Sister on a full time contact.

An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

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

You will see from the graph below the number of reported infections overall has increased in this reporting year. My analysis of this is infections were not being report on our Riskman system prior to my arrival at the hospital. Following the successful employment of a dedicated Infection Prevention Sister all infections are being accurately reported. These are all discussed in our quarterly meeting with our Consultant Microbiologist from Epsom Hospital.



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 Ashtead 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.

3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

3.3 Clinical Effectiveness

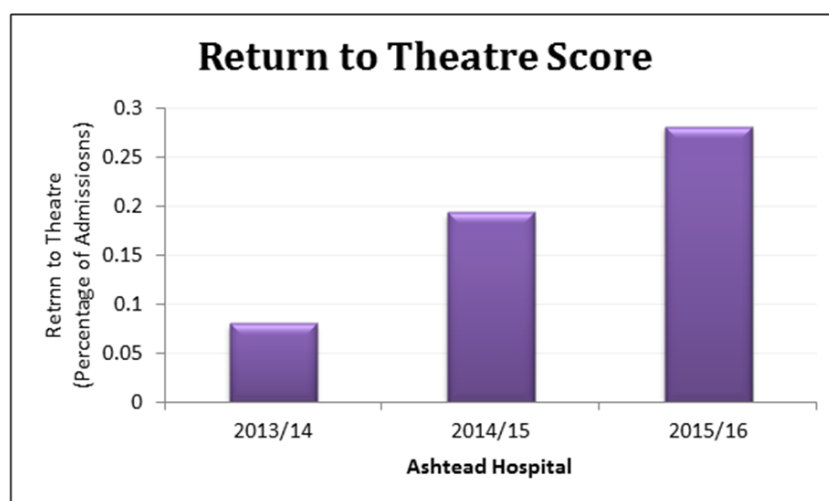
Ashtead hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,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

3.3.1 Return to Theatre

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

The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.

As you will see from the graph below our return to theatre is higher than in previous years. I believe this is following intense training of our staff which has improved our Riskman reporting. We have also undertaken more complex procedures in theatre, this includes complex spinal surgery where patients have previously been operated on in a different hospital often more than once on the same site.



3.4 Patient experience

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

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

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

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

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

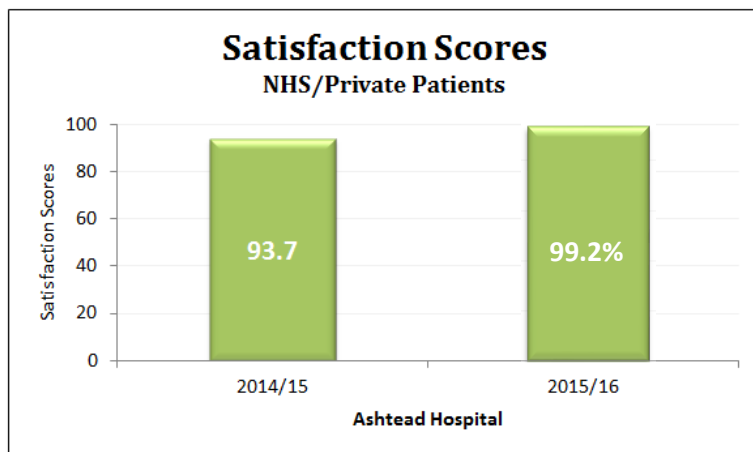
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 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 (inpatient or outpatient) 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. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.

The comprehensive report enables us to drill down to the key issues that matter to patients who are able to tell us where we do things well or aspects of care that need improvement. We have recently commenced the introduction of new groups of patients who are surveyed using this format, including Endoscopy patients, Radiology patients, Out-patients and Physiotherapy patients. This more targeted approach ensures that each department are clear on issues that affect them directly.



Appendix 1 – Clinical Audit Programme 2015/16.

Each arrow links to the audit to be completed in each month.

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN													
Medical Records	Med F 80%	80% VTE	83% Det Pt	85% d Rec	77% VTE	88% NMI	Med R 97%	93% VTE	Det F 96%	Med R 94%	VTE	N&H	<table border="1"> <tr> <th colspan="2">Traffic light score</th> </tr> <tr> <td>Green</td> <td>100%</td> </tr> <tr> <td>Cool Amber</td> <td>90 - 99%</td> </tr> <tr> <td>Amber</td> <td>80 - 89%</td> </tr> <tr> <td>Hot Amber</td> <td>70 - 79%</td> </tr> <tr> <td>Red</td> <td>69% and under</td> </tr> </table>	Traffic light score		Green	100%	Cool Amber	90 - 99%	Amber	80 - 89%	Hot Amber	70 - 79%	Red	69% and under
Traffic light score																									
Green	100%																								
Cool Amber	90 - 99%																								
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Hot Amber	70 - 79%																								
Red	69% and under																								
Consent			83% Consent			98% Consent			Consent 94%			Consent													
Pre admission / Discharge	PA & 91%						99% P&D																		
Care Pathways and Variance Tracking					98% C and VT						CP & VT														
Controlled Drugs			Controlled Drugs 97%			Controlled Drugs 97%			Controlled Drugs 94%			Controlled Drugs													
Prescribing					Prescrip 94%						Prescribing														
Medicines Management				Medicine Management 90%						Medicine Management 95%															
Radiology IRMER/NMR Referral Forms	Referral Forms 96%			Referral Forms 98%			Referral forms 100%	IRMER 100%	NMR	Referral Forms 100%															
Radiology NRR / Post Exam	NRR 96%		POST EXAM 100%			Post Exam 100%			Post exam 100%			Post Exam													
Radiology IPCi	Rad IP ENV 97%			RAD IPC (H) 96%			97% Environmental			96% RA IPC(HH)															
Radiology, MRI & CT		MR/CT 94%				MR/CT 98%		MRI & 94%				MRI & CT													
Physiotherapy		State Services 100%	Learn 100%	Partnership 100%	Rec Keeping 76%			Conse 95%	Rec Keeping 76%	93%	100%	Pt Satisfaction													
Theatre	Organisational 95%	Surgical Safety 85%	Anaesthetic 99%	Periop 90%	Surgical Safety 99%	Clinical Effectiveness 98%	Organisational 98%	Surgical Safety 99%	Anaesthetic 96%	Peri- 100%	Surgical Safety 97%	Clin Effect													
Infection Prevention and Control	Hand hygiene	Isolation 94%	PVCCB 80%	83% UCCB	SSI 92%	Hand hygiene 99%	CVCCB N/A	SSI 95%		Hand hygiene	PVCCB	UCCB													
Infection Prevention and Control - Environmental Audit		Environmental audit			Environmental audit 86%			Environmental Audit 89%			Environ														
Transfusion				Compliance 83%							Allergic Traceability	Autologous Traceability													

Ashtead 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:

01372 221400

www.ashteadhospital.co.uk

