

Boston West Hospital

Quality Account
2022/23



Public



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Boston West Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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 teamwork is the central foundation in meeting the expectations of our patients.

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Boston West 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 Hospital Director

Carl Cottam, Hospital Director

Boston West Hospital

As the Hospital Director of Boston West Hospital, I am passionate about ensuring that we deliver consistently high standards of care to all of our patients. Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver.

I have been the Hospital Director at Boston West Hospital since October 2010 and have also jointly managed the Fitzwilliam Hospital since January 2012. The two hospitals work closely within a shared service model in the provision of supporting administration services and patient care.

My number one priority is safety for all our staff and patients. Since joining Boston West Hospital I have been impressed by the attitude of the staff and the consultants and their desire to develop the hospital. Staff are proud of their hospital and the care delivered for patients is compassionate, dignified and respectful.

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

Our Vision is that:

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

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

We have enhanced our training and education plan throughout the year involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards.

We hope to share our progressive improvements over the past year. Boston West Hospital has a very strong track record as a safe and responsible provider of health care services, and we are proud to share our results.

To ensure we have a coordinated approach to the delivery of the care we provide, we have our Clinical Governance Committee and Medical Advisory Committee, who monitor the adherence to professional

standards and legislative requirements. The committees review the hospital's clinical performance and activity on a quarterly basis.

The committees have reviewed and agree with the content and actions detailed within the Quality Account.

As Hospital Director, I am aware of all aspects of clinical quality and NHS services provided at Boston West Hospital and can confirm the accuracy of this document.

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me at carl.cottam@ramsayhealth.co.uk or telephone 01733 842308.

Mr Carl Cottam, Hospital Director, Boston West 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.



Mr Carl Cottam
Hospital Director
Boston West Hospital, Ramsay Health Care UK

This report has been reviewed and approved by:

- Medical Advisory Committee Chair, Mr Nazeer Dahar – Consultant Urologist

The report has also been shared with the following groups for their review and comment prior to submission:

- Lincolnshire Integrated Care Board (ICB)
- Healthwatch Lincolnshire
- Lincolnshire Health Overview and Scrutiny Committee
- Boston West Hospital Patient Participation Group (PPIG) Chair

1.3 Welcome to Boston West Hospital

Boston West Hospital has been part of the local community for 19 years. We have a dedicated workforce that is committed to making each and every patient feel secure and safe. Whether our patients are coming in for a consultation or day surgery, we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care to our patients. We pride ourselves on providing consultant led care, meaning that all patients are under the direct care of a Consultant at each step of their patient care pathway.

Boston West Hospital is a purpose-built facility that provides services for assessment, diagnosis and treatment of common medical conditions, and has a suite of outpatient and treatment rooms. A well-equipped modern theatre undertakes a range of surgical procedures and endoscopic (diagnostic) investigations. Support services include a Sterile Services Unit, which meets the stringent standards set by the Department of Health.



The hospital provides a wide range of services covering NHS and private day case procedures for the specialties listed in Appendix 1.

Over the past 19 years, our establishment has grown from strength to strength. From friendly reception staff to highly skilled consultants, delivering quality patient care is at the centre of what we do. Not only do we continue to receive positive feedback, but we utilise that feedback to review and improve care pathways, to

foster a culture of continuous development and improvement. This process is vital in ensuring that we offer the best possible experience for our patients.

At Boston West Hospital, we provide safe, convenient, effective and high quality medical and surgical services for adult patients aged 18 years and over, whether privately insured, self-funding, or funded via the NHS. We strive to offer the same level of outstanding care to all patients.

Following a significantly challenging period since the global outbreak of the Covid-19 pandemic, we have now moved to 'business as usual' and normal services have resumed. We are exceptionally proud of the hard work and dedication of our staff, having continued to safely deliver a significant amount of essential care to our community during the pandemic.

Between April 2022 and March 2023, we admitted a total of 2,690 patients, of which approximately 95% were NHS patients. On average, 255 patients per week were seen in our outpatient department by one of our 35 consultants.

We have continued to engage with local General Practitioners this year on the services we offer and the most current pathways for patient care. This has resulted in our ability to tailor care to meet the needs of patients and improve quality. GP's have access to the national NHS Electronic Referral System (ERS), which facilitates direct NHS patient referrals into Boston West Hospital; this gives GP's and our patients greater control, choice and flexibility throughout the referral process. We have continued to foster good working relationships with our NHS Clinical Commissioners to facilitate improved access and capacity for patients requiring day case surgery, and with our surrounding care facilities, including Pilgrim Hospital, to offer patient choice for NHS services.

We have invested in our commitment to quality to provide our patients with the best clinical care and patient experience. We also continue to foster good, communicative and proactive relationships with our local United Lincolnshire Hospital NHS Foundation Trust (ULHT). This affiliation promotes a robust governance process, which in turn enhances both patient safety and patient experience.

We are privileged to work closely with many charities and organisations and continue to fundraise and shine a light on many of them, including the Stroke Unit, Marie Curie societies, Children in Need, Breast Cancer Awareness Day, Sports Relief and the MacMillan Coffee morning.

We are also delighted to announce that Boston West Hospital have recently been re-awarded their Joint Advisory Group (JAG) Accreditation, awarded to outstanding Endoscopy services offering high-quality care and patient experience. More information about the accreditation can be found in Case Study 3 on page 40 of this Quality Account.

Part 2

2.1 Quality Priorities for 2023/24

On an annual cycle, Boston West 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 Leadership Team, taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for Improvement

2.1.1 Review of Clinical Priorities 2022/23 (looking back)

Patient Experience

Cemplicity

Continuous improvement remains a high priority within the hospital. We take every opportunity to obtain and react to patient feedback. In addition to direct patient contact and discussion, we receive feedback through the following channels.

- The Friends and Family Test
- NHS Choices
- Complaints
- We Value Your Opinion cards
- 3rd Party Data Collection of Patient Feedback
-

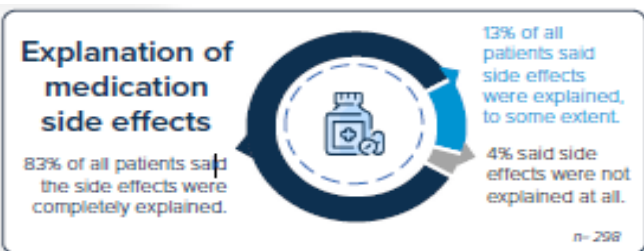
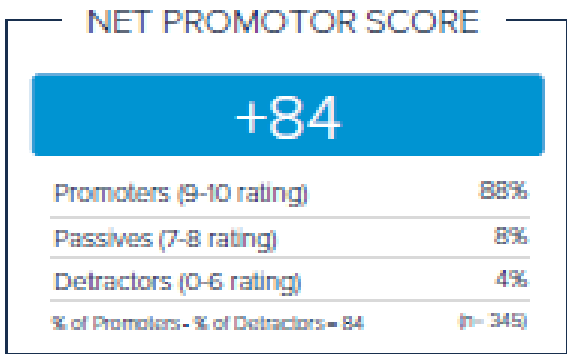
Cemplicity are a highly respected and widely utilised 3rd Party, specialist Health Care Data Collector, who analyse responses from patients. During 2022/23, we planned to continue to analyse the content of the patient feedback we receive via Cemplicity to identify areas which require improvement and drive focussed actions, to enhance the care and experience we deliver to our patients.

How did we do? Initiative successful

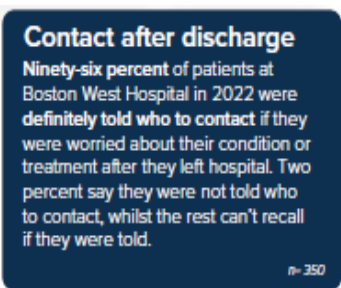
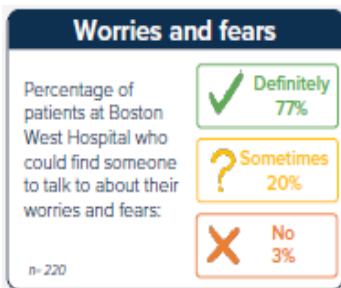
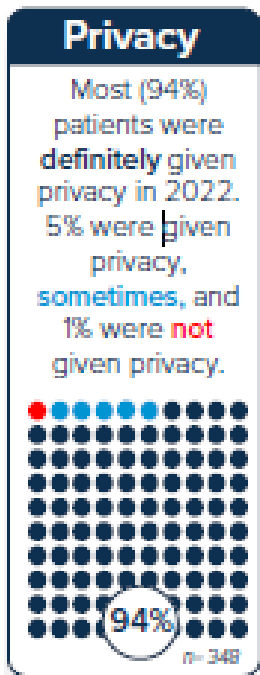
A recently launched dash-board style annual report, provides a broad summary of both Key Patient Experience Indicators and Ratings Summary. The published results strongly indicate a very good overall position for the Boston West Hospital. The metrics below are up to year end 2022 and are the most recently published.

Other Key Patient Experience indicators are displayed on the dashboard and include:

The Net Promotor Score gives an instant snapshot of overall Patient Feedback and their comments: *'This metric clearly shows that Boston West Hospital has provided world class care throughout 2022'*



"Friendly and patient-centric experience from start to finish. Every single member of staff involved was professional with a personal touch and at times, much appreciated humour. I never felt like a number but was treated as an individual. Full credit to the team to provide this in such tough times. Thank you."



Ratings Summary

We committed in our previous plan to continually analyse and work with the patient feedback received via Cemplicity. From our review of the ratings summary, we have paid much closer attention to the improvement of communication as an area for improvement.

The communication theme also reflects in the provision of information which scored 84%, 'While this score is good, we recognise this as an improvement opportunity. It is our objective to constantly check and refresh

the documentation, to ensure patients receive the right amount of relevant information. The value is making sure the experience of all our patients experience is enhanced with more open and inquisitive conversations.

The overall Ratings Summary score is 83% and is reflective of a very positive patient focussed environment, but where initiatives and plans recognise and determine the changes that lead to overall improved patient experience. Our aspiration is to continually improve over the coming year.

Patient Safety

Speak Up For Safety (SUFS)

In 2018, Ramsay UK launched 'Speak Up For Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. Speak Up for Safety is both a Training Programme and an embedded culture, designed to safeguard our patients and staff against unsafe practice. The 'Safety C.O.D.E.' (which stands for Checks, Options, Demands, Elevates) toolkit enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. Staff are coached on how best to have difficult conversations and manage challenging situations, providing them with the confidence to speak up for safety. Speaking Up for Safety is designed to help to build and embed a culture of safety and quality between staff. All of our staff have graduated the Speak Up for Safety training scheme and new starters complete this training programme as part of their induction. This has resulted in an environment of heightened team working, accountability and communication to produce outstanding care centred on the best interests of the patient.

How did we do? Initiative successful

This year at Boston West Hospital, we have continued to drive the local SUFS campaign. Our dedicated local SUFS trainer has continued to undertake new-staff training and has provided refresher training and 1:1 coaching for existing staff. We take regular opportunities to review our "near misses" and clinical safety incidents as part of our Clinical Governance processes and discuss how our teams have managed difficult situations at our quarterly Clinical Governance Committee meetings. We have shared examples of "staff speaking up" with our clinical teams at bi-monthly departmental meetings to highlight and celebrate where the team have advocated for the patient's safety and best interests. During 2022/23, all difficult situations were managed well by staff and all opportunities for staff to "speak up" were acted upon, in the interest of patient safety and improving the quality of the care we provide. We are extremely proud of our staff at Boston West Hospital for continuing to advocate for the wellbeing of our patients and for fostering a culture of clinical excellence.

Clinical Effectiveness

Tendable – Clinical Audit Application

In 2020, Ramsay contracted with "Tendable" (previously known as "Perfect Ward"). Tendable is a smart inspection application for smartphone and tablet devices that makes clinical audits quicker, easier and more effective. The application can be used to score questions, capture photos and write free-text comments straight into the tool, significantly reducing the time it takes to carry out audits. Capturing the information directly in electronic format means there is no need to write up and send reports afterwards either. As soon as an inspection is complete, everyone with the application can be alerted and see the results of that audit. Reporting is automated, so you can easily compare performance with other areas and see trends, areas for attention and progress made. Roll out training was completed with all inspectors, and training on the Tendable system now forms part of staff Induction for all applicable job roles. All clinical audits are now

The logo for Tendable, featuring the word "tendable" in a dark blue, lowercase, sans-serif font, set against a light blue rectangular background.

completed using the Tendable application and the system is an embedded part of our clinical audit practice. Please see Appendix 3: Clinical Audit Programme which provides details of our audits, all of which are being completed with Tendable.

Feedback from our inspectors is that the application is very user friendly, which makes completing audits a faster and more efficient process. In addition to the actual completion of audits now being much easier than before, analysis of audit results is also simple and clear, and gives us full visibility of our performance, highlights areas of excellent practice and also identifies areas for improvement. In 2022/23, we hoped to build upon the successful implementation of Tendable by accessing a new area of the application which allows direct action planning to assigned individuals. We felt that the success of this initiative would be demonstrated by the logging and completion of actions where areas of improvements are identified via audit completion.

How did we do? Initiative successful

Clinical Audit action planning is now entirely completed on the Tendable system. The system identifies areas of non-compliance as each audit is completed and prompts inspectors to create an action to drive improvement for the appropriate assigned individual to complete. The inspector can provide guidance to that individual on what they believe the action should look like. The assigned individual then accesses the system and writes an action for completion. This action can be re-accessed and updated as the action is progressed, and ultimately allows the action owner to upload evidence and mark the action as complete. All actions are fully “exportable” into full action plans that can be displayed by inspection type or by department – this function provides an overview of actions created, progress on completion of those actions and evidence as confirmation of completion.

The Tendable system now not only provides a tool for audit completion and accountability of audits, but also acts as a robust clinical governance tool delivering assurance of follow through of actions required for improvement. Providing a platform to evidence actions taken in response to audits complements our existing mechanisms for quality improvement and has enabled the continued advancement of our clinical effectiveness, care delivery and patient experience.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) is a national policy which sets out the NHS’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF will replace the current Serious Incident Framework (2015).

Implementation of PSIRF will not be achieved by a change in policy alone, and it cannot be implemented in days or weeks, as it requires work to design a new set of systems and processes. Organisations are expected to transition to PSIRF by Autumn 2023.

The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents.
2. Application of a range of system-based approaches to learning from patient safety incidents.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focused on strengthening response system functioning and improvement.

Current processes for incident reporting, investigation and learning lessons at Boston West Hospital are progressive and do already align very closely with the principals set out in PSIRF; the success of this initiative will be determined by a review and change in current processes to ensure the 4 key principals above drive the way we respond to patient safety incidents for the purpose of learning and improving patient safety.

Clinical Effectiveness

RADAR



In 2023, Ramsay Health Care UK are investing in a new software for the management of some quality and compliance processes. Radar is an integrated system that will be used as part of the framework Ramsay Health Care UK uses to manage lots of different elements of risk, providing a platform for incident reporting, recording risk assessments, communicating national alerts and monitoring actions required for improvement.

It is hoped that the system will provide reliable processes and consistent communications via a streamlined and centralised approach. Configured specifically for Ramsay Health Care UK, the cloud-based, fully auditable system will be accessible on any device, anywhere, and will allow users to view personalised, role-based platforms, creating a culture of ownership and standardised behaviours.

Achievement of this initiative will be demonstrated by the successful implementation of the Radar system at Boston West Hospital, not just as a new piece of software, but as an embedded culture of quality and compliance and a smooth transition to this new way of working.

Patient Experience

Cemplicity

During 2023/24, we aspire to continue to analyse the content of the patient feedback we receive via Cemplicity to identify areas which require improvement and drive focussed actions, to enhance the care and experience we deliver to our patients.

2.2 Mandatory Statements Relating to the Quality of NHS Services Provided

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health (DH).

2.2.1 Review of Services

During 2022/23, Boston West Hospital provided and/or subcontracted 9 NHS services. Boston West Hospital has reviewed all the data available to us on the quality of care in all 10 of these NHS services.

The income generated by the NHS services reviewed between 1st April 2022 to 31st March 2023 represents 93% of the total income generated by Boston West Hospital for all services in the period.

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 Hospital's Senior Leadership Team, together with 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 2022/23, the indicators on the scorecard that affect patient safety and quality were:

Human Resources

In the period 2022/23, our hope was to continue to reduce the percentage of agency use. This strategy remains in place with a 5% agency usage being recorded in 2022/23. This is a decrease of 2.1% on the previous financial year. Agency costs represent a total of 5% of our total staff cost; this includes Anaesthetists. Long term sickness, maternity leave, new starter induction and training contributed to lost hours, which currently sits at 14.2%.

The total skill mix calculation for Boston West Hospital was completed by reviewing the contracted hours for Registered Nursing staff and Healthcare Assistants. 'Staff Hours Worked per Hospital Patient Day' was 19.00. The Theatre and Outpatient department has a good balance of registered Nurses and Healthcare Assistants. Boston West Hospital have:

- 1 employed Anaesthetist
- 4 contracted Registered Nurses
- 7 contracted Health Care Assistants
- 3 contracted Operating Departmental Practitioners
- 4 contracted Decontamination Technicians

During 2022/23, staff turnover at Boston West Hospital saw a significant decrease from 23.5% to 5.5%. Levels of sickness also saw a significant decrease of 5% from 8.49% in 2021/22 to 3.49% in 2022/23 and this again was impacted significantly by COVID-19. COVID-19 cases were managed appropriately in line with Government guidelines. We will continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service. The staff appraisal completion rate at Boston West Hospital currently sits at 96%. No RIDDOR events were reported at the Boston West Hospital during 2022/23.

Boston West Hospital has a robust mandatory training program with regular monitoring of training compliance. This allows the hospital to meet the contractual obligations and to ensure that staff are fully compliant to deliver high standards of patient care. In March 2023, our overall mandatory training compliance was 85%, an increase of 20% on 2021/22 figures. Mandatory Training has been significantly impacted by the COVID-19 pandemic and specifically, due to social distancing restrictions. Throughout 2022/23 we have continued to use our virtual Induction training program and a Mandatory Training program developed in 2020 and these courses are now an embedded part of our staff development project. Training that requires face to face delivery is being completed with smaller groups of staff, more frequently, in a socially distanced way.

Staff Satisfaction

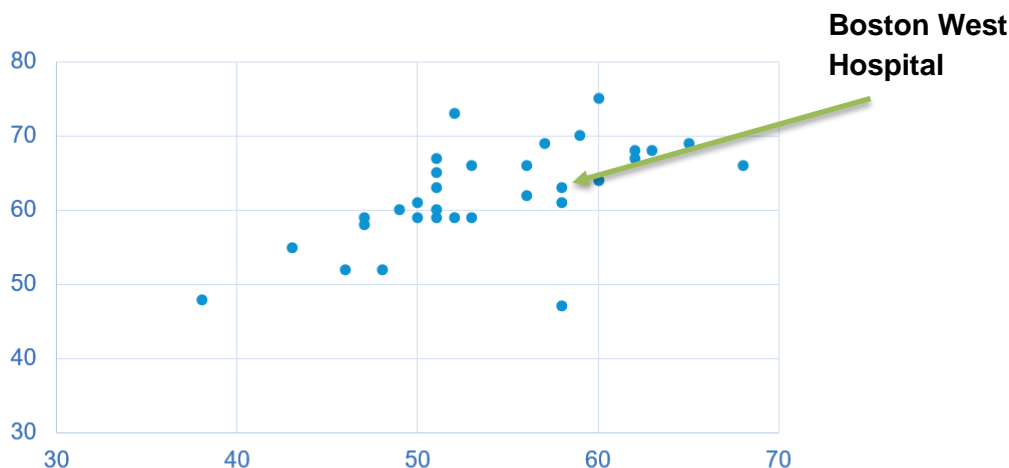
During 2022, Ramsay Health Care UK carried out a group wide Staff Satisfaction Survey, which Boston West Hospital participated in. The Survey is completed annually and is called "Your Voice". It gives all staff members the opportunity to complete an online survey rating different categories either 'Very Poor', 'Poor', 'Moderate', 'Good' or 'Very Good'.

Staff survey results were collated to show the staff satisfaction for each individual question. For overall staff satisfaction, Boston West Hospital placed in the top half of all Ramsay Health Care units overall and this is an encouraging result.

Engagement & Enablement by Site

How enabled are employees?

Enablement is the "can do" of work. Are employees skills and abilities fully utilised in their roles, and does the organisational environment support them in getting work done?



How engaged are employees?

Engagement is the "want" to work. Are employees committed to the organisation, and are they willing to put in extra effort for the good of the organisation?

Ramsay UK Sites (n=between 21 and 224 per site, see appendix for full list of respondent sizes;)



Some questions of note can be seen below, alongside the trend following the 2021 Staff Survey:

- Favourable
- Neutral
- Unfavourable

2022 Scores

Trend vs. 2021

| | | |
|--|---|----|
| My job makes good use of my skills and abilities | <div style="display: flex; justify-content: space-between;"> </div> | +6 |
| My job makes good use of my skills and abilities | <div style="display: flex; justify-content: space-between;"> </div> | +6 |



The results of the survey were shared with all staff members and feedback sessions were organised for staff to speak with members of the Senior Leadership Team to discuss any of the findings. The actions taken locally and nationally to address areas of improvement are:

- Promotion of the benefits available to staff for working for Ramsay Health Care UK, for example, access to the Ramsay Training Academy to support Continuing Professional Development, and the Blue Light Card.
- Local celebration and “Thank You Days” to praise the great work of all the departments.
- Ahead of annual pay reviews in July, Ramsay commit to open communication on the topic of pay and grading.
- Ramsay are implementing the use of Microsoft Teams to everyone in the business, to help people connect better within their teams and across departments.
- Develop communication training and workshops to help teams communicate better with the communication tools available.
- Ramsay are supporting their leaders to adopt best practices through the ‘Managing Our People’ training.

We are dedicated to continuing to listen to and celebrate our staff throughout the coming year. We encourage staff to continue to provide their feedback year-round in advance of the next Ramsay group-wide survey planned for 2024/25.

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

Patient Services

Boston West Hospital reported 9 complaints during 2022/23, which equates to 0.03% of total admissions, a decrease of 0.03% on last year. We complete a full assessment of the circumstances of each complaint, engaging with the complainant by undertaking direct personal contact and providing detail of what can be expected. With a genuine desire to improve patient satisfaction, we determine if the complaint is upheld or not and complete a full 360-degree root cause analysis. We explain the procedure, provide direct telephone numbers and invite every complainant to meet with members of our Senior Leadership Team if they remain dissatisfied with complaint conclusions and outcome. While less than 50% of the complaints were upheld, we welcomed the opportunity to engage with our patients and to work directly with the feedback provided.

The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committees. Lessons learned from complaints are discussed in departmental meetings to offer staff

an opportunity to reflect on the issues raised and agree a plan to improve service or perception. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Boston West Hospital on a regular basis. Top trending themes of complaints during 2022/23 were:

- Quality of communication with administration staff.
- Attitude & behaviour of Consultants.

Actions taken in response to formal complaints were:

- Greater focus with administration staff on timely and accurate communication.
- Feedback to the Consultants involved, both at the time of the patient complaint and via engagement within the annual appraisal process, providing a platform for whole practice clinical supervision and reflection with their Responsible Officer.

Our other mechanisms of feedback include NHS Choices, NHS Friends and Family Test and we Value Your Opinion card completion. We also utilise an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received.

Complaints have been the subject of an audit by our Corporate team who recorded a very positive outcome, thus providing reassurance that our approach and methodology is compliant with established, documented procedures.

Quality

Boston West Hospital has an embedded refurbishment plan in place to ensure that the physical appearance of the hospital meets the standard expected, not only for patients but also for staff. A schedule of redecoration across the hospital continues. Work will be ongoing in 2023/24, with a particular focus on the utilisation of storage of high volumes of equipment and space saving techniques, to ensure efficiency in clinical departments.

2.2.2 Participation in Clinical Audit

During 1st April 2022 to 31st March 2023, Boston West Hospital participated in one national clinical audit. All other National Clinical Audits were not applicable to the services offered at the unit. The audit is listed below alongside the number of cases submitted as a percentage of the number of registered cases required by the terms of the audit.

| Name of audit / Clinical Outcome Review Programme | % cases submitted |
|---|-------------------|
| ICHOMs Cataract PROMs Cataract Surgery | 845 83% |

The report of the national clinical audit was reviewed by the Clinical Governance Committee and Boston West Hospital intends to take the following actions to improve the quality of healthcare provided.

- Build upon the improvement of 68% in Cataract PROMs compliance from 15% in 2021/22 to 83% in 2022/23 over the coming year.

Boston West Hospital will review the audits available in 2023/24 and will take part in any that are relevant.

Local Audits

The reports of 228 local clinical audits from 1st April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee. The clinical audit schedule can be found in Appendix 2.

Audits are completed using 'Tendable' (previously 'Perfect Ward'), a bespoke accessible on-line audit system which also automatically prompts the audits from the set schedule for each area. The system allows us to see, at a glance, how the audits completed match the schedule and can instantly review the scores to determine where additional focus and action may be needed. During 2022/23, we have seen a continued high standard of compliance achieved across many of our clinical areas. Some consistently high scoring audits include:

- NatSSIPs – Sign In, Time Out, Sign Out
- NatSSIPs – Safety Brief
- NatSSIPs – Handling & Checking of Surgical Instruments
- NatSSIPs – Selection & Checking of Intra-Ocular Lenses
- NatSSIPs – List Safety Officer (LSO)
- NatSSIPs – Swab Count
- NatSSIPs – Management of Histology Specimens
- NatSSIPs – Site Marking
- Duty of Candour
- Complaints
- Infection, Prevention & Control – Infrastructure
- Infection, Prevention & Control – Sharps
- Medical Records
- Personal Protective Equipment
- Departmental Cleaning
- Intra-Operative Journey
- Recovery Journey
- Medicines Prescribing
- Medicines Safe & Secure
- Controlled Drugs
- Medicines Reconciliation
- Pharmacy Medicines Optimisation
- Decontamination – Sterile Services
- Safeguarding Compliance

The audit findings are shared with the relevant teams, to congratulate them on effectiveness and success as well as inform about areas for further improvement. Actions taken in response to audit results include:

- Engagement with Consultants regarding examples of exemplary VTE Risk Assessment documentation.
- Specialist training materials created for staff, to support their learning and development in specific areas.
- Increased frequency of departmental meetings across all departments.
- Hand Hygiene campaigns and training courses provided for all staff.
- Increase frequency of Hand Hygiene audits, until 100% compliance is consistently achieved.

2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Boston West Hospital's income from 1st April 2022 to 31st March 2023 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the National NHS CQUIN framework ceased in 2020/21.

2.2.5 Statements from the Care Quality Commission (CQC)

Boston West is registered with the Care Quality Commission and its registration status on 31st March 2023 is 'Without Conditions'. Boston West Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Statement on Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. In 2022/23, our key goals were to:

- **Review of Cemplicity Patient Feedback to inform improvement actions around the care and service we offer our patients.**
During 2022/23, Cemplicity patient feedback has improved significantly, with an annual “dashboard” now being made available to all Ramsay Health Care UK hospital sites. Please see section 3.4 Patient Experience for more information on what the data says about our service.

In 2023/24, our areas of focus to improve the capture of patient data are:

- To achieve >98% of patients recorded with an NHS number, in line with National targets for the Independent Sector

NHS Number and General Medical Practice Code Validity

Boston West Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.8% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 98.7% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30/06/2022. The status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2023. This information is publicly available on the DSP website at <https://www.dsptoolkit.nhs.uk/>.

Clinical coding error rate

Boston West Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

| Hospital Site | Primary Diagnosis | Secondary Diagnosis | Primary Procedure | Secondary Procedure |
|---------------|-------------------|---------------------|-------------------|---------------------|
| Boston West | 95.0% | 94.3% | 98.3% | 98.2% |

2.2.7 Stakeholders views on 2022/23 Quality Account

2.2.7.1 NHS Lincolnshire ICB Commentary on Boston West Hospital Quality Account 2022/23

20th June 2023

Lincolnshire Integrated Care Board

Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

Tel: 01522 573939

Email: licb.office@nhs.net

Kayleigh Cornwall
Business Administration Manager - Clinical
Ramsay Healthcare UK
Fitzwilliam Hospital
Milton Way
South Bretton
Peterborough
PE3 9AQ

Dear Kayleigh

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on Boston West Hospital (the provider) Annual Quality Report 2022/2023. The report is a comprehensive account of the trust's quality priorities in the past year.

The commissioners acknowledge the challenges faced during 22/23 following the Covid – 19 pandemic, and the continued safe delivery of care during this time, and now moving forward into 'business as usual', with normal services resuming.

The commissioners are assured that the 3 clinical priorities for 22/23 have been achieved in Patient Safety, Patient Experience and Clinical Effectiveness demonstrating the commitment to positive patient experience, empowering staff to challenge when patient safety is potentially compromised and an effective clinical audit process. This achievement will support the success of the priorities for 23/24 in Patient Safety with the implementation of PSIRF – Patient Safety Incident Response Framework; Clinical Effectiveness will be enhanced with the introduction of Radar, software to support the management of quality; and compliance and Patient Experience will continue to be analysed through Cemplicity to identify areas for improvement.

The Quality Account outlines actions the provider has taken to ensure the delivery of consistent high quality, compassionate patient centred care with positive clinical outcomes. The report shows several areas of good practice for the period 22/23, including:

- Re-awarded the Joint Advisory Group (JAG) Accreditation, awarded to outstanding Endoscopy Services, offering high quality care and patient experience.

Sir Andrew Cash, Interim ICB Chair and Mr John Turner, Chief Executive
www.lincolnshire.icb.nhs.uk

- Continued engagement with General Practice on services offered and current pathways. Access to ERS allowing direct NHS referrals into Boston West Hospital, giving GP's and patients better control, choice and flexibility of care.
- The commitment to continued improvement in patient experience, and the use of feedback to identify areas for improvement to enhance the care and experience patients receive.

The provider continues to focus on reducing their use of agency staff to 5% which is a decrease of 2.1% on the previous financial year. Staff turnover has significantly decreased from 23.5% to 5.5% which reflects the work the provider has invested to ensure staff retention.

A purpose-built sterile services hub will be opening in the summer of 2023, moving the current service out of Boston West hospital, that aims to improve the decontamination process, which in turn will provide a more reliable, streamlined service. This will also give the provider an opportunity to review and reconfigure the clinical space.

The provider undertakes an extensive clinical audit regime. Using their bespoke audit tool, Tendable, audits are completed systematically, and additionally, prompts the audits from a set schedule for each area. The system allows at a glance, how the audits completed match the schedule and can instantly review the results to determine where added focus and actions may be required. The report highlights several areas where the audits identified opportunity for improvement and in response, the provider has actioned 5 areas for improvement.

During 2022/2023 the provider has not received a CQC core, comprehensive or focused inspection and therefore, the providers overall CQC rating is 'good' in all domains.

Lincolnshire ICB thank the provider for the opportunity to review their Quality Account and look forward to continuing to collaborate with the provider over the coming year.

Yours sincerely



Vanessa Wort
Associate Director of Nursing and Quality
NHS Lincolnshire ICB



Boston West Hospital submitted the Quality Account 2022/23 to Healthwatch Lincolnshire for review and comment on 26th May 2023, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, Boston West Hospital have not received a response. Upon receipt of a response from Healthwatch Lincolnshire, the Quality Account 2022/23 will be republished.

[2.2.7.3 Boston West Hospital Patient and Public Involvement Group \(PPIG\) Commentary on Boston West Hospital Quality Account 2022/23](#)

We have been unable to obtain commentary from our Patient and Public Involvement Group (PPIG) this year. We look forward to being able to welcome the PPIG back to Boston West Hospital, hopefully during 2023/24.

Part 3:

Review of Quality Performance 2022/2023

Statements of Quality Delivery

Head of Clinical Services, Jane Groom

Review of Quality Performance 1st April 2022 - 31st March 2023

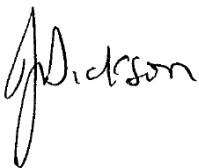
Introduction

Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

I am looking forward as we continue this journey to support our ongoing commitment to providing high-quality health services to our patients, with continued investment and a focus on utilising digital systems to support the patient journey.



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2023

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

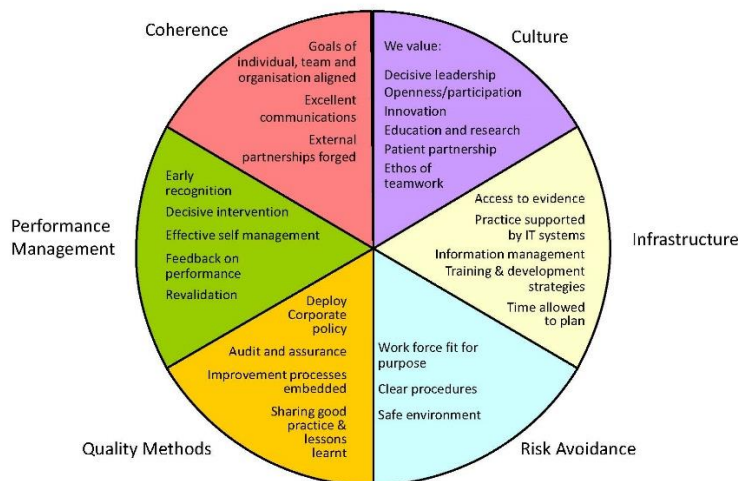
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority. Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter, monitoring their implementation.

3.1 The Core Quality Account indicators

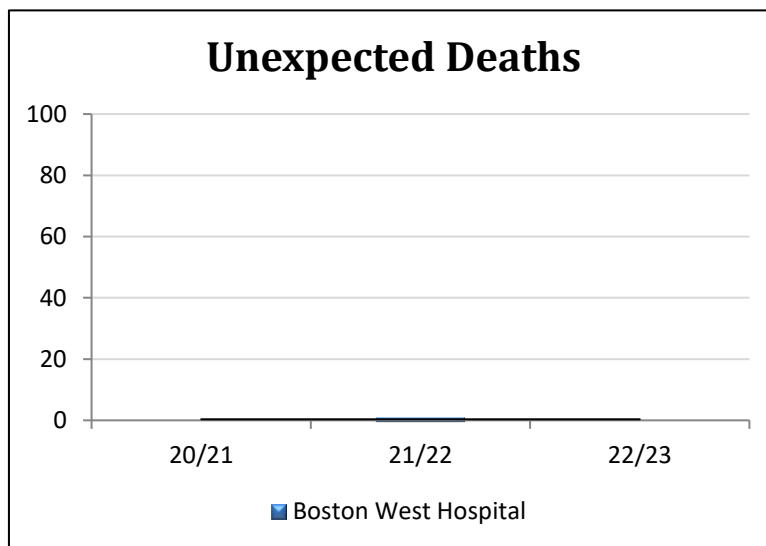
All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

Data sets are routinely submitted to the NHS Trust or NHS ICB and Non-NHS bodies via NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) are included for each of those listed in the tables below with:

- a. The national average for the same; and
- b. With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

Mortality

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



| Mortality: | Period | Best | | Worst | | Average | |
|------------|----------------|-------|--------|-------|--------|---------|--------|
| | Apr20 - Mar 21 | RRV | 0.6908 | RM1 | 1.201 | Average | 0.0078 |
| | Dec21 - Nov22 | R1K02 | 0.2456 | RHCH | 2.1583 | Average | 1.0965 |

| Period | Boston West | |
|--------|-------------|--------|
| 21/22 | NVC27 | 0.0004 |
| 22/23 | NVC27 | 0.0000 |

Boston West Hospital considers the data is a true reflection of activity for the following reason.

- A death within an elective care setting is rare; as illustrated in the graph above, there were no deaths reported within 30 days of elective surgery in 2022/23.

National PROMS

The information in the tables below show reviews data in relation to helping people to recover from episodes of ill health or following injury. The domain reviews patient feedback and the measure is the adjusted health gain described by the patient. The HSCIC data for PROMS includes private providers, with the most recent complete data release covering the period April 2020 – March 2021 is evident below for both total hip replacement procedures and total knee replacement procedures.

| PROMS : Hips | Period | Best | | Worst | | Average | |
|--------------------|----------------|-------|---------|-------|--------|---------|---------|
| | Apr19 - Mar 20 | NTPH1 | 25.5465 | NT411 | 17.059 | Eng | 22.6867 |
| | Apr20 - Mar 21 | NV302 | 25.7015 | NVC20 | 17.335 | Eng | 22.9812 |

| Period | Boston West | |
|----------------|-------------|---------|
| Apr19 - Mar 20 | NVC27 | no data |
| Apr20 - Mar 21 | NVC27 | no data |

| PROMS : Knees | Period | Best | | Worst | | Average | |
|---------------------|----------------|-------|---------|-------|---------|---------|---------|
| | Apr19 - Mar 20 | RR7 | 20.6878 | R1K | 12.6215 | Eng | 17.4858 |
| | Apr20 - Mar 21 | NVC23 | 20.2502 | RXP | 11.9159 | Eng | 16.8858 |

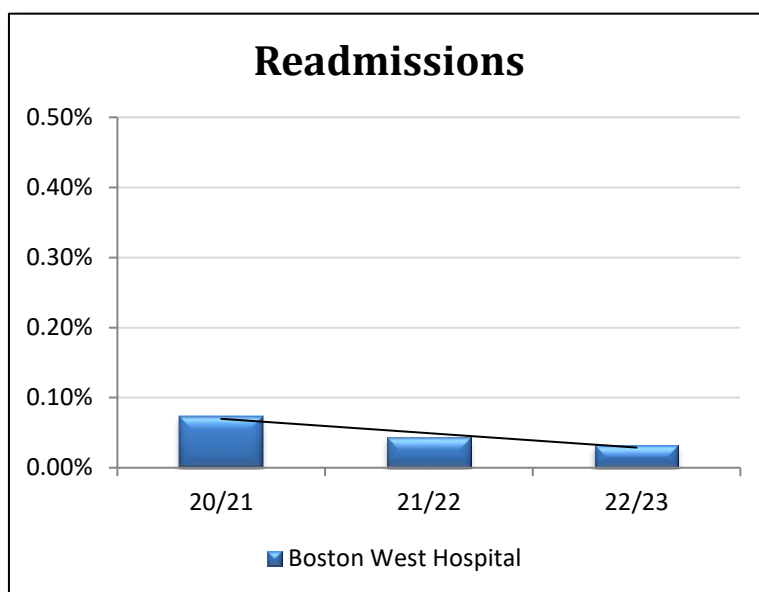
| Period | Boston West | |
|----------------|-------------|---------|
| Apr20 - Mar 21 | NVC27 | no data |
| Apr19 - Mar 20 | NVC27 | no data |

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

- Boston West Hospital does not undertake hip and knee joint replacement surgery.

Readmissions within 28 days

It is unusual for patients to require readmission to hospital following their procedure, when a patient is readmitted, they are reviewed by the duty doctor and a treatment plan is initiated. The statistics regarding readmissions to Boston West Hospital are reviewed on a quarterly basis at the Medical Advisory Committee and Clinical Governance Committee, the data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group. In percentage terms, the readmission rate relates to 0.03% of our total admissions during 2022/23. Trend analysis has been undertaken on all cases of readmission and there is no particular theme attributed to any one consultant or specialty.



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

- Readmissions are below the national average and could be attributed to good standards of clinical care and treatment preventing readmission.
- Patients could also choose to represent at another provider.
- Patients are provided with key information at the point of discharge about care services following their procedure.
- The hospital has seen a decrease in the readmission rate over this reporting period.

Boston West Hospital will continue to provide patients with support with aftercare advice and encourage patients to return where clinically indicated.

Venous ThromboEmbolism (VTE) Risk Assessment

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

| Period | Best | | Worst | | Average | | Period | Boston West | |
|----------------|---------|------|-------|-------|---------|-------|----------------|-------------|-------|
| Q1 to Q4 18/19 | Several | 100% | NVCOM | 41.6% | Eng | 95.6% | Q1 to Q4 18/19 | NVC27 | 94.5% |
| Q1 to Q3 19/20 | Several | 100% | RXL | 71.8% | Eng | 95.5% | Q1 to Q3 19/20 | NVC27 | 95.5% |

The data shows Boston West Hospital has performed better than national benchmarking data, with a consistent performance. Analysis of 2019/20 shows an overall compliance percentage of 95.5%. This is the most recent data available.

The VTE management of patients post operatively has been reviewed via periodic audits during 2022/23, to ensure the best possible care is being delivered to patients. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are reviewed and monitored, with any changes to treatment plans noted and documented. Any treatment is provided in accordance with the consultant's post-operative assessment, to mitigate the risk of avoidable harm.

C difficile infection

From the data analysed, Boston West Hospital is amongst the best performing organisations in the country for C-Difficile rates with a 0% rate in C-Difficile cases for 2022/23.

The hospital shows consistent practice in pre assessment procedures. Continued commitment has been shown by the clinical staff to support the local antibiotic policy in line with best practice.

The scores reflect good practice from clinical staff in the ability to isolate patients when required, promoting good infection control processes.

3.2 Patient Safety

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

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

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

3.2.1 Infection Prevention and Control

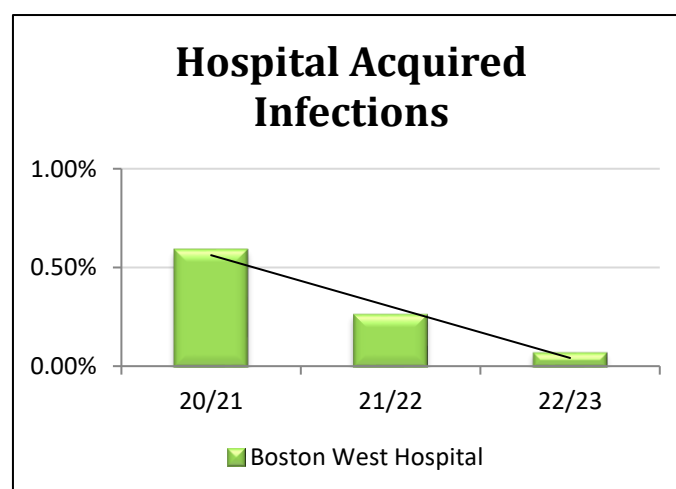
Boston West Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

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 by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years, or more often where required. 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.

Hospital Acquired Infections

In comparison to the national average the Boston West Hospital are performing significantly better than national benchmarks. At Boston West Hospital, we have a dedicated Infection Control Committee who meet regularly throughout the year to manage our Infection Prevention and Control processes monitor any incidences of infection following any type of surgery. During 2022/23, Boston West Hospital Acquired Infections continued to decrease, as demonstrated in the graph below:



3.2.2 Cleanliness and Hospital Hygiene

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

This is an annual audit undertaken by all NHS trusts, voluntary, independent and private healthcare providers. The assessment team is made up of staff and patients but must be made up of at least 50% patients/members of the public. Our Patient and Public Involvement Group (PPIG) routinely visit the Hospital site and complete the audit once per year.

| Boston West Hospital | Cleanliness | Food and Hydration | Organisational Food | Ward Food | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Disability |
|-----------------------|-------------|--------------------|---------------------|--------------------|--------------------------------|--------------------------------------|------------|
| 2022 | 100.00% | N/A | N/A | N/A | 96.55% | 100.00% | 100.00% |
| 2021 | 100.00% | N/A | N/A | N/A | 92.00% | 100.00% | 100.00% |
| National Average 2022 | 98.01% | 90.23% | DATA NOT AVAILABLE | DATA NOT AVAILABLE | 86.08% | 95.79% | 82.49% |

As you can see, all of the 2022 results are higher than the National Average and Ramsay Average for all organisations. We were downgraded in Privacy, Dignity and Wellbeing for not having an outside space e.g., garden, courtyard or terrace provided for the sole purpose of a patient social space, however, as Boston West Hospital is a Treatment Centre we do not really feel this is applicable, and this is an operational decision made due to limited availability of space.

Boston West Hospital scores demonstrate our commitment to ensuring our Hospital provides a safe, clean, welcoming and friendly environment for our patients.

3.2.3 Safety in the Workplace

We seek to ensure our staff have a high safety awareness through an overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety supports the effectiveness of our 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 across Boston West Hospital to ensure we keep up to date with all safety matters.

During 2022/23, we completed a number of safety initiatives:

- Continued the training program delivered to staff at both mandatory training and induction regarding the incident reporting system, RiskMan.
- Ongoing sharing of lessons learned sessions with the clinical teams sharing learning from adverse events.
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes.
- Incident Reporting campaign to provide ongoing support and education regarding the responsibilities staff have to report incidents.

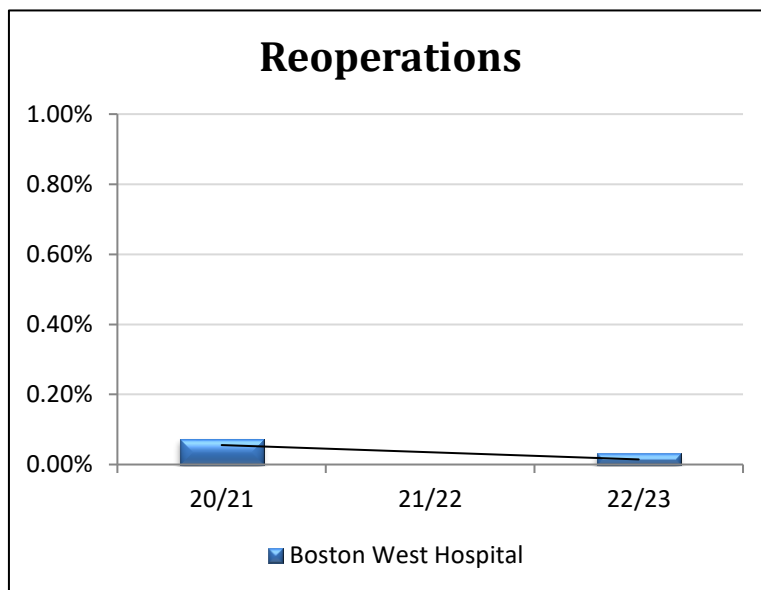
3.3 Clinical Effectiveness

Boston West 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.

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

3.3.1 Return to Theatre

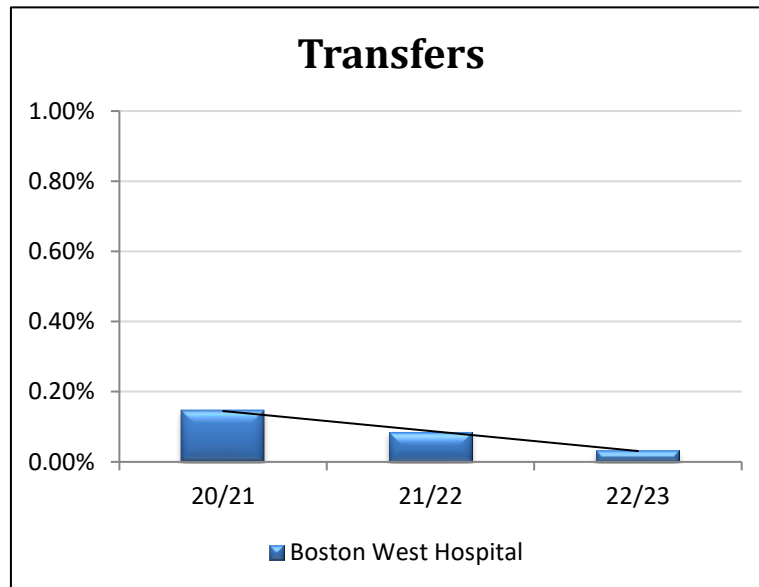
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



The data has been analysed for reoperation against total admissions for the period, which sets the Boston West Hospital readmission rate at 0.03%, significantly below the national average.

External Transfers

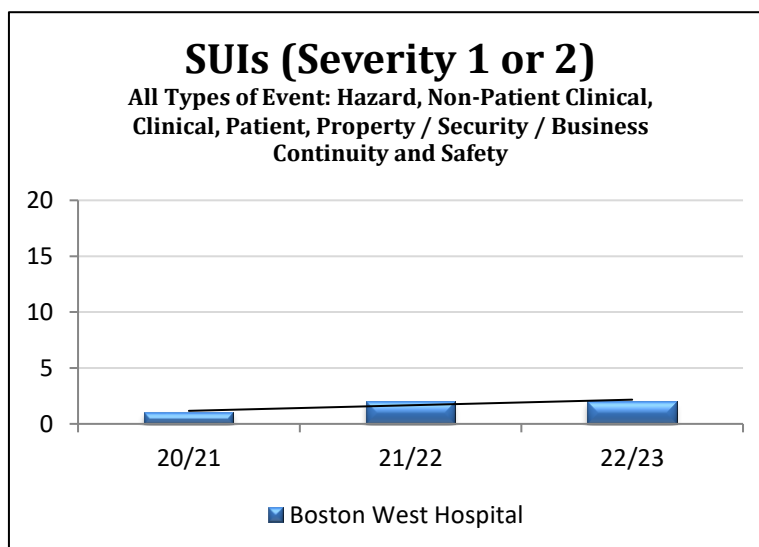
Transfers to other providers of care can occur where it is deemed more appropriate for the patient's care to continue at a facility that regularly treats patients with more complex care needs. In 2022/23, the Boston West Hospital transfer rate decreased on 2021/22 data and continues to sit well below the national average.



Significant Clinical Incidents

Boston West Hospital has a governance process which monitors significant clinical events. During the period 2022/23 our overall number reported serious significant events (severe harm) was 2. All serious incidents have been fully investigated and root cause analysis reviews have been undertaken, to ensure that the appropriate clinical actions have been taken in each case and to identify any actions that need to be taken, to inform sharing reflective lessons learned and improve the quality of care and service we deliver. The themes of our severity 1 and 2 incidents were:

- Reoperations - patients being returned to theatre due to post-operative complications.
- Transfers out – transfer to other providers of care, where it is deemed more appropriate for the patient's care to continue at a facility that regularly treats patients with more complex care needs.



3.3.2 Learning from Deaths

Boston West Hospital completes an annual summary report on how investigations and learnings from deaths have informed the hospital's quality improvement plans, which includes the number of patient deaths that have occurred during a reporting period. Boston West Hospital reported did not report any deaths following elective surgery in 2022/23.

3.3.3 Staff Who Speak up

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating at another Ramsay site, coupled with whistleblower reports and internal provider reviews at other Ramsay sites, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally. In response to this, Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%. Currently, Boston West Hospital compliance sits at 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. uses not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution. Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer-to-peer engagement for our Consultant users who work at Boston West Hospital and within Ramsay Health Care.

3.4 Patient Experience

Mechanisms of Patient Feedback

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



Feedback from our patients is extremely important to us and is vital in the continued improvement of our care and service delivery; Boston West Hospital has 5 mechanisms of patient feedback:

- The Friends and Family Test
- NHS Choices
- Complaints
- We Value Your Opinion card completion
- 3rd Party Data Collection of Patient Feedback (Patient Satisfaction Surveys) – Cemplicity

The Friends and Family Test

The NHS domain for the Friends and Family test aims to seek the opinion of service users, ensuring patients have a positive experience of care. The recommencement of the Friends and Family Test was a quality priority for Boston West Hospital for the current year.

NHS Choices

Patients also leave feedback about Boston West Hospital on the NHS Choices website; when feedback is input, we are directly notified by email. Positive comments are shared with all staff via email in celebration of their hard work, and negative comments are investigated, and improvement action to prevent reoccurrence, is taken. No negative NHS Choices comments have been received in 2022/23.

Complaints

Boston West Hospital reported 9 complaints during 2022/23, which equates to 0.03% of total admissions, this shows a marked reduction on the previous 12-month period and conveys an implicit but important message about overall satisfaction.

All complaints are discussed at weekly compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint, for a holistic and timely completion of the investigation. Complaints themes and actions are discussed at departmental meetings, core level management meetings and at Clinical Governance and Medical Advisory Committees, as well as being reported to our corporate team.

We Value Your Opinion Cards

“We Value Your Opinion” cards are completed by patients following their procedure and allows them to comment on their stay at/or following discharge. The patient completes a questionnaire, allowing free text for any comments or feedback. This feedback is reviewed by the Senior Leadership Team and areas identified for improvement are considered. Feedback has been overwhelmingly positive this year, with the top trending positive theme; they appreciate the care and consideration offered by all staff. A very small number of negative comments relate to admin issues and occasional unexpected extended waiting times. Regardless of this, the scores and feedback are exceptionally good showing average satisfaction scores exceeding 99% and in 6 out of the 12 months, 100% was achieved.

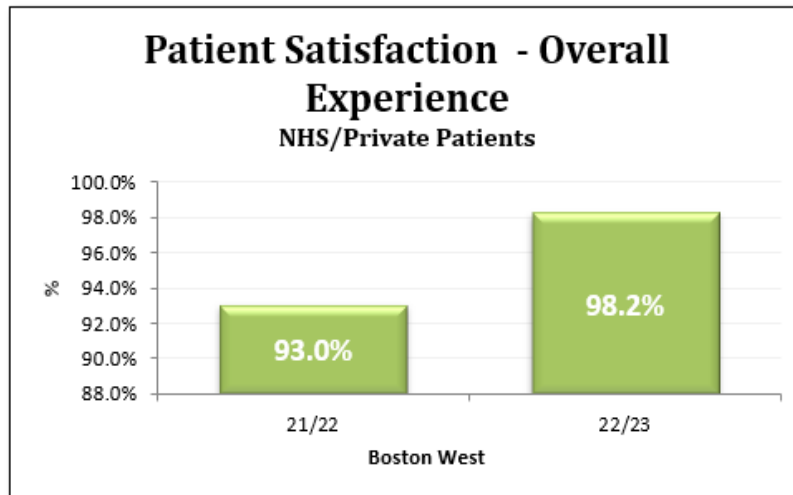
Patient Satisfaction Surveys (Cemplicity)

For our 3rd Party Data Collection of Patient Feedback, we utilise an external organisation, ‘Cemplicity’, to gather unbiased data from patients about their experience and satisfaction with the services they have received. We conclude from the volume of responses and content of comments that The Boston West Hospital excel and offer what is classified as world class care.

The feedback data is collected via email. Patients consent to deliver their feedback during their visit to Ramsay Hospitals and provide us with an email address; within 30 days of that visit, they will receive an email link to a short survey about their experience. The data set is then later released to local sites where it is reviewed and analysed to inform areas which require improvement and drive focussed actions. Our focus to increase response rates has been successful, as we were able to engage positively with patients who consented to the contact and by promoting the value of giving feedback to improve what we do and how we do it.

Our analysis of this feedback has identified a high Net Promotor Score (NPS) and general, overall customer service. Dignity and Respect shows a strong result of 95%. Other areas; Friends and Family, Patient Involvement in decisions, privacy, are emphatically positive.

Overall Patient Satisfaction



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 the resulting 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 commended accordingly.

Negative feedback or suggestions for improvement are also fed back to the relevant staff using direct feedback. Every member of staff is aware of our complaints procedures should our patients be unhappy with any aspect of their care.

Patient experiences feature as regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and Department of Health (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.
- Friends and family questions asked on patient discharge.
- 'We value your opinion' leaflet.
- Verbal feedback to Ramsay staff - including Consultants, Head of Clinical Services/Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails.
- Patient focus groups.
- PROMs surveys.
- Care pathways – patients are encouraged to read and participate in their plan of care.

We will continue to listen and act upon feedback and look for every opportunity to continually improve the satisfaction scores, accepting we are currently above the national average, we will not rest on our Laurels. Patient feedback, an essential tool in enabling the hospital to make improvements to the services offered to patients. We continually review all feedback mechanisms and proactively contact patients should they wish to directly discuss any aspect of their care or treatment at the Boston West Hospital.

The Boston West Hospital's aim is to continue with our commitment to positive patient outcomes and experience across all hospital interactions. Our world class promotor score provides an excellent, positive foundation on which to improve.

3.5 Boston West Hospital Case Studies

Case Study 1

Lizzie Mason – an inspirational Boston West Hospital success story!

Lizzie Mason joined Boston West Hospital in 2009 as a sterile services technician, having previously worked as a hairdresser. This career change was not a natural progression but is one that has seen Lizzie successfully reach and pass many milestones since.

Invaluable, hands-on experience in this role helped Lizzie to create the foundations and acquire knowledge across every aspect of this essential service. A development journey then saw Lizzie's move to a combined, patient facing role as a Health Care Assistant in endoscopy, and she then accepted a move to Theatres where she completed formal scrub practitioner training. Not wishing to stand still and in recognition of her expansive knowledge, Lizzie was offered and accepted a seconded position as a Manager of the Theatre Sterile Supply Unit for the Fitzwilliam and Boston West Hospitals. Needless to say, this was considered a huge endorsement for Lizzie, but equally added value and contributed to the success and reliability offered by the facility. In 2019, Lizzie became the permanent manager of the unit and has, since then, delivered an outstanding, well organised, service.

Summer 2023 will see the commissioning of a purpose-built sterile services hub within the wider Ramsay organisation. The hub is expected to bring massive benefits and improvements to the decontamination process for a total of 9 Ramsay hospitals. Operating during extensive hours over 7 days each week, the efficient turnaround of sterile theatre sets will provide a reliable, streamlined service for the hospitals involved.

The appointment of Lizzie Mason as the Manager of the hub, came as no surprise to colleagues and staff at Boston West.

Lizzie does not mind sharing that she is both excited and nervous, while making excellent progress with her plans to create and implement this change, which will revolutionise this service that largely happens below the radar. All of her colleagues and friends at Boston West and Fitzwilliam Hospital wish Lizzie all the best in this new role and are cheering her on towards her inevitable success!

Case Study 2

Rupert Clifton – Orthopaedic Surgeon and unsung hero!

Mr Rupert Clifton is used to dealing with high pressure situations as part of his role as a Consultant Orthopaedic Surgeon at the Boston West Hospital, however, he never thought his skills would be called upon whilst out with his running club, the Stamford Striders.

Whilst on his weekly run with the team, one of his friends, Tony, suffered a cardiac arrest, prompting Mr Clifton to spring into action. He immediately started CPR, as another runner and retired Rheumatologist, monitored Tony's pulse and checked for signs of breathing. They co-ordinated for a defibrillator to be obtained, and once this was applied, a shock was advised which thankfully returned Tony's pulse. Thanks to the swift actions of Mr Clifton and his fellow runner, Tony is now fully recovered and back running with his fellow teammates.



Mr Clifton (right) with his fellow runners

As part of Mr Clifton's training at the Boston West Hospital, he must attend an annual update for Immediate Life Support (ILS) which is run by the Resus Council UK and provides knowledge of the steps to take when treating an acutely unwell patient.

His efforts have not gone unnoticed, as he was recognised with honours by the Royal Humane Society, for his life saving actions that day. We are all immensely proud of Mr Clifton and can rest easy that we have a safe pair of hands looking after our patients at the Boston West Hospital.

Case Study 3

Joint Advisory Group Accreditation

The Joint Advisory Group (JAG) are an organisation that were founded in 1994 in response to the expanding multidisciplinary nature of endoscopy. The programme works across three areas; Endoscopist Training, Accreditation of Screening Endoscopists and **Endoscopy Service Accreditation**. The JAG programme assesses endoscopy services that are registered with JAG, in the United Kingdom, Ireland and New Zealand. Services who demonstrate they meet the standards are awarded JAG accreditation.

Fitzwilliam and Boston West Hospital are both registered with JAG and underwent their 5 Yearly JAG Assessment in September 2022. Following an immense effort and teamwork by the Endoscopy team members, both sites achieved JAG accreditation, which verifies that both sites are meeting rigorous, high-quality standards and ensures that our patients receive high quality of care in Endoscopy services. The team showcased the two, gold standard Endoscopy Units and received overwhelmingly positive feedback from the assessors.

The assessment team felt that our approach to quality improvement and quality assurance is remarkably impressive and well supported by enthusiastic individuals. They highlighted that the service management team has a highly effective capacity review and operational planning meeting structure in place and noted that the Clinical Services Manager and Responsible Officer have full understanding and input into the outcomes of clinical review. The assessors also described a well-maintained decontamination environment, commended the team on the effective management of all Endoscopy waits and noted that there are excellent procedures and close working relationships to ensure a robust approach. The assessment team highlighted that the administrative and booking team are enthusiastic and committed to patient care, with the same opinion and understanding of the services' policies and processes, and equally clear about daily challenges and what they do well.

In summary, the assessment team felt that Fitzwilliam and Boston West Hospitals have set the benchmark for Endoscopy that all services should strive to achieve.

Obtaining the JAG accreditation is a fantastic achievement, and we are so very proud of the Endoscopy Team, and excellent care they deliver to our Endoscopy patients.

Services covered by this Quality Account

- Endo Venous Laser Treatment (EVLT)
- Endoscopy
- Gastroenterology
- General Surgery
- Gynaecology
- Ophthalmology & YAG Laser
- Orthopaedic Surgery
- Pain Management Injections
- Urology

Boston West Hospital Statement of Purpose

Boston West Hospital



Boston West Hospital has day case facilities. One theatre incorporating endoscopy. Patients requiring level 2 care are treated and cared for by a well-trained team of staff, in a dedicated area prior to transfer to a critical care facility. Boston West Hospital provides care and treatment for patients 18 years and over. On site facilities include Physiotherapy. The hospital places a high level of importance on effective communication with patients. Consultants will fully explain treatment at the time of consultation and there is a range of patient information leaflets to support this process.

Location: Boston West Hospital, West Business Park, Sleaford Road, Sleaford Road, Boston PE21 8EG

Tel: 01205 591860

Registered Manager: Carl Cottam

carl.cottam@ramsayhealth.co.uk

Regulated Activities – Boston West hospital

| | | Peoples Needs Met for: |
|---|--|--|
| Treatment of Disease, Disorder Or injury | Physiotherapy, Cosmetics, Gastroenterology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, Gynaecology, Urology, Pain management | All adults 18 yrs and over |
| Surgical Procedures | Ambulatory and Day Surgery only: Gastroenterology, General surgery, Endo venous laser treatment (EVLT), Endoscopy, Gastroenterology, General Surgery, Gynaecology, Ophthalmology & YAG Laser, Orthopaedic surgery, Urology, Pain management injections. | All adults excluding: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3 • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest). Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months • Sleep Apnoea requiring CPAP <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment. All patients must meet social/clinical criteria for day surgery.</p> |
| Diagnostic and screening | GI physiology, Image Intensifier, Phlebotomy, Ultrasound, Urinary Screening and Specimen collection. | All adults 18 yrs and over |
| Family Planning Services | Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes | All adults 18 years and over as clinically indicated |

Clinical Audit Programme 2022/23

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

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an 'app' base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to "Tendable." Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

| Audit | Department Allocation / Ownership (may be delegated) | Frequency (subject to review) |
|---|--|---|
| Hand Hygiene Technique (Assurance) | Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy | July, October, January, April |
| Hand Hygiene observation (5 moments) | Ward, Theatres, Radiology, Physio, Outpatients, Amb Care | Monthly |
| IPC Governance and Assurance | IPC | July, January |
| IPC Environmental infrastructure | IPC | August, February |
| IPC Management of Linen | Ward | August <i>February (as required)</i> |
| Sharps | IPC | August, December, April |
| High Risk PPE (when using) | IPC | <i>August, February (as required)</i> |
| Standard PPE | IPC | July, October, January, April |
| Cleaning (49 Steps) | Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy | Monthly |
| Central Venous Catheter Care Bundle | IPC | July to September |
| Peripheral Venous Cannula Care Bundle | Ward, Theatres, Ambulatory Care | July to September |
| Urinary Catheterisation Bundle | Ward, Theatres | July to September |
| Isolation | IPC | October |
| Patient Journey: Safe Transfer of the Patient | Ward | July/August, January/February |
| Patient Journey: Intraoperative Observation | Theatres | August/September, February/March |

| | | |
|--|---|--|
| Patient Journey: Recovery Observation | Theatres | September/October, March/April |
| NatSSIPs LSO | Theatres, Outpatients, Radiology | July/August, January/February |
| NatSSIPs Safety Brief | Theatres, Outpatients, Radiology | August/September, February/March |
| NatSSIPs Sign In, Time Out & Sign Out | Theatres, Outpatients, Radiology | September/October, March/April |
| NatSSIPs Site Marking | Theatres, Outpatients, Radiology | October/November, April/May |
| NatSSIPs Stop Before You Block | Theatres | November/December, May/June |
| NatSSIPs IOLs | Theatres | July January/February |
| NatSSIPs Swab Count | Theatres | July/August, February/March |
| NatSSIPs Instruments | Theatres, Outpatients, Radiology | August/September, March/April |
| NatSSIPs Histology | Theatres, Outpatients, Radiology | September/October, April/May |
| Walkabout | SLT / HoCS | As required |
| Staff Questions | SLT / HoCS | As required |
| Complaints | SLT | November |
| Duty of Candour | SLT | January |
| Practicing Privileges - Non-consultant | HoCS | October |
| Practicing Privileges - Consultants | HoCS | July, January |
| Observation Audits - Physio | Physio | July/August <i>January/February (as required)</i> |
| Observation Audits - Ward | Ward | August/September <i>March/April (as required)</i> |
| Observation Audits - OPD | Outpatients | July/August <i>January/February (as required)</i> |
| Privacy & Dignity | Ward | May/June, November/December |
| Medical Records | Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology | July/September January/March (as required) |

| | | |
|---|--|----------------------------------|
| Medical Records - NEWS2 | Ward | October, February, June |
| Medical Records - VTE | Ward | July, November, March |
| Medical Records - Patient Consent | HoCS | March September |
| Medical Records – MDT Compliance | HoCS | December |
| Non-Medical Referrer Documentation and Records | Radiology | July, January |
| MRI Reporting for BUPA | Radiology | July, November, March |
| CT Reporting for BUPA | Radiology | August, December, April |
| No Report Required | Radiology | August, February |
| MRI Safety | Radiology | January, July |
| CT Last Menstrual Period | Radiology | July, October, January, April |
| Safe & Secure | Pharmacy | August, February |
| Prescribing | Pharmacy | September, March |
| Medicines Reconciliation | Pharmacy | September, March |
| Controlled Drugs | Pharmacy | September, December, March, June |
| Governance - Pharmacy | Pharmacy | July |
| Operational (Ward) | Ward, Theatres, Physio, Outpatients, Radiology | October to December |
| Operational - Safeguarding | SLT / HoCS | July |
| Decontamination - Endoscopy | Decontamination (Corporate) | June |

Appendix 4

Glossary of Abbreviations

| | |
|----------|---|
| ACCP | American College of Clinical Pharmacology |
| AIM | Acute Illness Management |
| ALS | Advanced Life Support |
| CAS | Central Alert System |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |
| COVID-19 | An infectious disease caused by the SARS-CoV-2 virus |
| DDA | Disability Discrimination Audit |
| DH | Department of Health |
| EVLt | Endovenous Laser Treatment |
| GP | General Practitioner |
| GRS | Global Rating Scale |
| HCA | Health Care Assistant |
| HPD | Hospital Patient Days |
| H&S | Health and Safety |
| HOCS | Head of Clinical Services |
| IHAS | Independent Healthcare Advisory Services |
| ICB | Integrated Care Board |
| IPC | Infection Prevention and Control |
| ISB | Information Standards Board |
| JAG | Joint Advisory Group |
| LINK | Local Involvement Network |
| MAC | Medical Advisory Committee |
| MRSA | Methicillin-Resistant Staphylococcus Aureus |
| MSSA | Methicillin-Sensitive Staphylococcus Aureus |
| NCCAC | National Collaborating Centre for Acute Care |
| NHS | National Health Service |
| NICE | National Institute for Clinical Excellence |
| NPSA | National Patient Safety Agency |
| NVC27 | Code for Boston West Hospital used on the data information websites |
| ODP | Operating Department Practitioner |
| OSC | Overview and Scrutiny Committee |
| PLACE | Patient-Led Assessments of the Care Environment |
| PPE | Personal Protective Equipment |
| PROM | Patient Reported Outcome Measures |
| RIMS | Risk Information Management System |
| SUS | Secondary Uses Service |
| SAC | Standard Acute Contract |
| SLT | Senior Leadership Team |
| STF | Slips, Trips and Falls |
| SUFS | Speak Up For Safety |
| SUI | Serious Untoward Incident |
| TLF | The Leadership Factor |
| ULHT | United Lincolnshire Hospitals Trust |
| VTE | Venous Thromboembolism |

Boston West 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 Hospital Director using the contact details below.

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