# EXETER MEDICAL

## Quality Account
2022/23

Ramsay
Health Care

# Contents

# Welcome to Ramsay Health Care UK

## Exeter Medical 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

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**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

# Introduction to our Quality Account

This Quality Account is Exeter Medical 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 Manager

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do.  As the Hospital Manager, I believe this culture is crucial and I am passionate about ensuring that high quality patient care is at the centre of what we do and how we operate our hospital. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes.

The Quality Account has been produced to provide accurate information about how we monitor and evaluate the quality of the services that we deliver throughout our Hospital and to demonstrate that we are committed in sharing our progressive achievements year on year. Our continued emphasis is to ensure patients receive safe and effective care, feel valued and respected in involvement with decisions about their care ensuring and that they are fully informed about their treatment at each step of their pathway.

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, including patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer our patients.

At Exeter Medical we continuously strive to improve our care and focus on providing the highest quality service to the patients we have the privilege to care for. We intend to deliver high quality outcomes for patients through sustainable and high performing services to all our customers, providing high quality care, encouraging promotion and expansion of services, developing new technologies and demonstrating commitment to business growth across both private and public sectors.

We recognise and appreciate the contribution made by all staff and that by building constructive relationships we achieve positive outcomes for patients and staff.  We will continue to grow and sustain our business through transparency and loyalty, by showcasing our facilities and performance and by delivering positive outcomes.

The experience that patients have in our hospital continues to be of the utmost importance.  As well as being treated quickly and safely, they continue to receive a personalised service, enhanced by good communication and a commitment to ensuring their privacy and dignity are respected at all times. Ensuring high quality care means we have the right people in the right place at the right time doing the right thing first time every time.

The success of relationships built with the local NHS and Commissioners has delivered dividends as NHS referrals continue to grow. Exeter Medical aims to lead the way in holistic day case care through innovation, evidence based clinical practice and exemplary customer service.  By continually updating skills and developing knowledge we believe that staff develop a committed focus in building relationships, to achieve positive outcomes for all customers.  We aim to grow our business by attaining and maintaining excellent clinical outcomes, minimising risks, sustaining high levels of profitability and by providing a basis for stakeholder loyalty.  Quality indicators and customer satisfaction levels have been maintained at consistently high levels.  Consultant engagement meetings have stimulated opportunities to grow the business by increasing the range of services and exploring new innovating methods of practice.

Exeter Medical has a strong association with the organisation's culture, "The Ramsay Way", having it guide the decisions we make, through the services we deliver and through our interactions with all our stakeholders.  We remain positive about opportunities to capture further growth.

In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and Ramsay as an organisation. Most importantly the views of patients and their families which have been sought though questionnaires / Friends & Family Test/ comment sheets and focus groups. Furthermore, you are invited to feedback on this document by sending any comments in writing to me at Exeter Medical.

Ethan Whaley, Hospital Manager

Exeter Medical

# 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 Ethan Whaley**

**Hospital Manager**
**EXETER MEDICAL**
**Ramsay Health Care UK**

This report has been reviewed and approved by:

Mr Anthony Quinn – Consultant Ophthalmic Surgeon and Medical Advisory Committee/Clinical Governance Committee Chair for Exeter Medical

*Joanna Luck*

*Patient Safety Quality Lead*

*Devon CCG*

# Welcome to Exeter Medical

## Plan for 2022/2023

On an annual cycle, Exeter Medical 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.

We have strong relationships with South Devon & Torbay NHS trust and become embedded throughout the pandemic with Royal Devon and Exeter NHS trust.
The facility has three procedure/Treatment rooms and seven consultant rooms and a dedicated Laser room. We pride ourselves on the delivery of high quality, safe, effective care in a manner and environment that respects and protects the privacy and dignity of our patients, be they medically insured, self-funding or referred by the NHS. Our facilities and clinical and support services are continually monitored to ensure that we are offering the very best services to our patients.

The specialties for which services are provided at Exeter Medical include; Day Case Dermatology, General Medicine, General Surgery, Gynaecology, Ophthalmology, Plastic Surgery, Hand & Wrist, Cardiology and Spinal Out patients.

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

For 2022/2023 alongside the hospital business strategy we are developing a new Clinical Vision and Strategy document which set out our quality intentions for the year.

### Community Involvement

We are built strong relationships with Royal Devon & Exeter NHS Trust and South Devon & Torbay NHS trust which has been further strengthen during the covid 19 pandemic where both teams have become one to benefit our local communities.
Exeter Medical regularly holds open events which offer the general public an opportunity to come to the Hospital meet the Consultants and privately discuss their specific area of interest. These events include Orthopaedics, Cosmetic, Dermatology, Headache, Pain Management and more. Other focused events in the last year include a private patient focus group with the Head of Clinical Services and Hospital Director.

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Our GP Liaison Officer, Mrs Carla Forbes has continued to have close contact with Practice Managers and GPs at local practices and ongoing contact with surgeries located in the surrounding areas. Carla organizes regular 'Lunch & Learns', taking consultants into GP Surgeries to offer training and latest development awareness as well as running evening GP training seminars on a regular basis. These events have proved so successful that we are now hosting them on a monthly basis. We value our contact with GP's as "Customers" and strive to ensure we actively work in partnership to enhance patient care.

# Part 2

## 2.1 Quality priorities for 2022/23

**Plan for 2022/23**

On an annual cycle, Exeter Medical 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 hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive safety, be clinically effective, caring staff and a well led organisation and improve the experience of all individuals utilising our services.
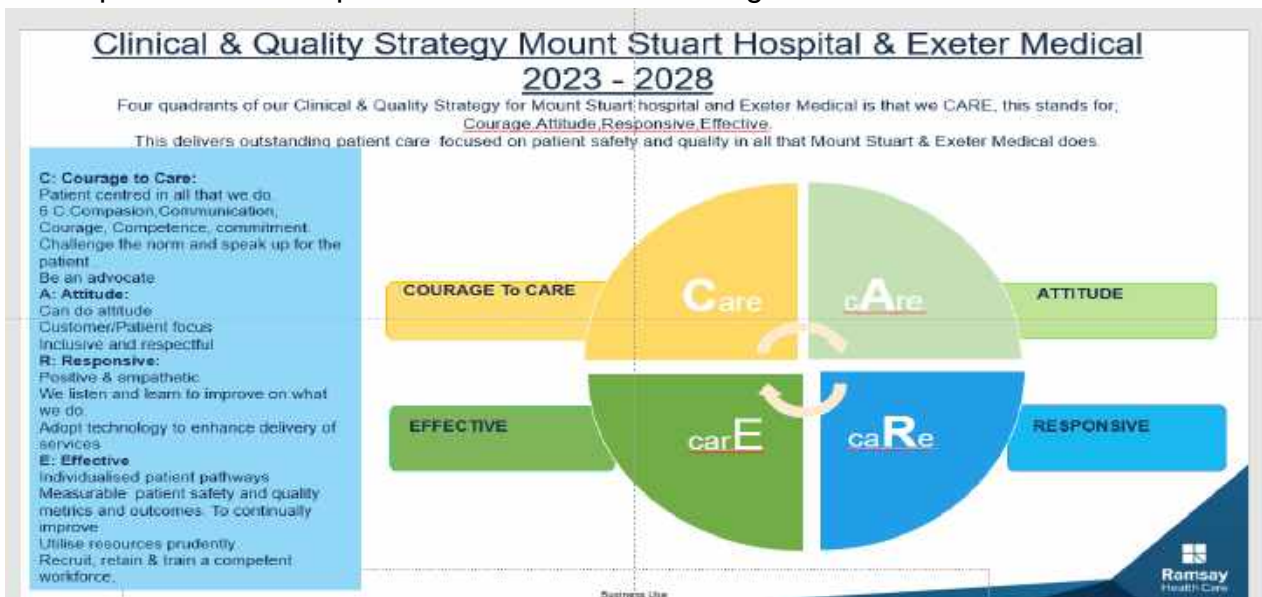
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## Priorities for improvement

### 2.1.1  A review of clinical priorities 2022/23 (looking back)

As a result of our learning from the previous Care Quality Commission (CQC) and internal provider visits, our Clinical Strategy for this year identified a number of overarching goals.  All align to the five CQC domains of Safe, Effective, Caring, Responsive, Well-led, Patient Safety, Clinical Effectiveness and Patient Experience.

- Promoting a sustainable clinical workforce, staff development and improving staff morale.  Ensuring staff feel valued and are meeting Ramsay Values
- To promote safety and quality by effectively reporting incidents and identifying risks, monitoring trends with associated action plans
- Responding to the Covid 19 Pandemic and supporting our local NHS Trust.
- Maintaining and promoting medicines management
- To promote quality and meet the requirements of the Ramsay annual audit programme and others
- Improving patient experience and outcomes
- Promote safeguarding of members of society at risk
- To promote quality and safety by appropriate and timely response to patient emergencies
- To promote quality and safety and the effective prevention and control of infection with additional components due to Covid 19 Pandemic
- To promote quality and safety and by the maintenance and update of clinical working environments
- The effective maintenance of patient records supporting each patient's journey through Exeter Medical
- To engage all clinical staff to demonstrate the clinical strategy.

In addition to these overarching clinical strategies, the Heads of Department developed their own departmental visions and strategies.



Clinical & Quality Strategy Mount Stuart Hospital & Exeter Medical 2023 - 2028

Four quadrants of our Clinical & Quality Strategy for Mount Stuart hospital and Exeter Medical is that we CARE, this stands for, Courage,Attitude,Responsive,Effective.
This delivers outstanding patient care focused on patient safety and quality in all that Mount Stuart & Exeter Medical does.

**C: Courage to Care:**
Patient centred in all that we do.
6 C:Compasion,Communication, Courage, Competence, commitment.
Challenge the norm and speak up for the patient
Be an advocate
**A: Attitude:**
Can do attitude
Customer/Patient focus
Inclusive and respectful
**R: Responsive:**
Positive & empathetic
We listen and learn to improve on what we do.
Adopt technology to enhance delivery of services
**E: Effective**
Individualised patient pathways
Measurable patient safety and quality metrics and outcomes. To continually improve
Utilise resources prudently.
Recruit, retain & train a competent workforce.

COURAGE To CARE — Care
ATTITUDE — cAre
EFFECTIVE — carE
RESPONSIVE — caRe

### 2.1.2   Clinical Priorities for 2022/23 (looking forward)

Looking to the year ahead departmental heads are identifying priorities old and new to carry forward into 2022/23.  This will also include a refresh of departmental visions. In terms of the overarching Clinical Strategy, the existing principles will carry forward but the following four have been identified as a particular focus,

- **Improving patient experience and outcomes**
  (CQC Domain: Safe, Caring, Responsive, Well-led)

Ramsay Health as an organisation is taking a fresh look at Its values as conveyed by The Ramsay Way and individual units are being asked to review how they might improve patient experience and customer satisfaction.  In addition the CQC requires that we are able to evidence patient and community involvement.  At Mount Stuart we have an excellent approach to how we respond to patient's concerns but we want to look at more creative ways to enhance patient involvement and experience in general.

**How we will achieve this**

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- Adhere to Ramsay policy and respond effectively to patient incidents and complaints in a timely manner.
- Utilizing on line Review tools, Cemplicity, Friend & Family Test, Social media reviews
- Effectively demonstrate improvements in practice that have been informed by patient incidents and complaints.
- Engage with the Ramsay 'Speak up for Safety' programme
- Along with the corporate programme refresh engagement with the values associated with 'The Ramsay Way'
- Evidence duty of candour
- Active involvement in processes and audits related to patient outcomes
- Involvement of patients in relevant audits e.g. PLACE
- Improve our level of patient engagement focusing on the principles of good customer service

**How will we measure this?**

- Discussion of patient incidents/complaints in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety
- Evidence of Patient engagement where appropriate e.g. The Customer Quality Focus Group
- Display of 'You said, we did' in response to patients concerns/complaints
- Audit to evidence full duty of candour practice e.g., robust documentation relating to discussions with patients where things have not gone as planned
- Evidence of PROMs related data
- An increased patient satisfaction response
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.

- **To promote quality and safety by appropriate and timely response to patient emergencies**
  (CQC Domain: Safe, Caring, Responsive, Well-led)

Over the last year we have enhanced our training related to resuscitation in the form of a program of resuscitation scenarios. The format and frequency has been variable and policies relating to emergency response cover have changed. We therefore want to build on this work by building staff competences and confidence and be able to demonstrate a robust approach to training in relation to effective and efficient response to patient emergencies.

**How we will achieve this**

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- Staff attendance to mandatory resuscitation training commensurate with their status and working environment
- Accredited ILS training centre
- Regular exposure of staff to emergency scenario training
- Effective processes and resources to support patient emergencies
- Reporting of activity to the quarterly Critical Care group

**How will we measure this?**

- Individual Training folders to evidence resuscitation training
- Training spreadsheet maintained, signature sheets maintained for attendees
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.
- Evidence of monthly (at least) emergency scenarios and related learning
- Staff awareness of patient emergency response packs e.g. For patient transfer
- Evidence of regularly checked and accurately stocked resuscitation resources e.g. trollies, grab bags, CICO boxes, difficult airway, sepsis box
- Consistent and confident response to patient emergency situations
- Discussion at the quarterly Critical Care meetings


- **To promote quality and safety and the effective prevention and control of infection**
  (CQC Domain: Safe, Effective, Caring, Responsive, Well-led)


Incidences of infection at Mount Stuart Hospital have been traditionally low but with the arrival of COVID 19 pandemic the focus on strict adherence of infection prevention and control measures we have had to be agile in our response to assure our patients.


**How we will achieve this**

- The production of an annual prevention and control of infection plan.
- Create Covid19 Green and amber patient pathways to cohort patients safely in relation to their clinical pathway
- Screen all our patients entering the facility with robust processes to identify breeches.
- Appropriate Personal Protective Equipment available at all times
- Increased staff education and assessments of safely adhering to changing guidance.
- Focused communication mediums to convey messaging on Covid 19 and Infection control measures for Patients/Visitor and staff
- Infrastructure alterations to keep patients and staff safe.
- Social distancing measures and information displays for Patients & Visitors.
- All staff will take ownership of the integrity, tidiness and cleanliness of their working environment.

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- All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance.
- Staff will take prompt action where breaches in the prevention and control of infection are evident.
- The appropriate identification of incidents related to the prevention and control of infection.
- Completion of infection control related audit and action on any shortfalls which arise.
- Robust identification of the need for root cause analysis, lessons learned and identification of trends
- Identification of risk related to the prevention and control of infection.

**How will we measure this?**

- Visibly clean and tidy areas in all clinical departments
- Clear identification and action evident in environmental audits by clinical and housekeeping staff
- Clear identification and action evident infection control related audits
- Design and implement Covid 19 audits for correct PPE,facility audits to ensure staff are following best practice.
- A demonstrable record of incident reporting and root cause analysis where appropriate
- A low incidence of hospital acquired infection
- Clinical areas used appropriately.
- The production of a year-end annual report for the prevention and control of infection
- Discussion of prevention and control of infection actions and trends in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety

- **The effective maintenance of patient records supporting each patient's journey through Mount Stuart Hospital**
  (CQC Domain: Safe, Effective, Caring, Responsive, Well-led)

Exeter Medical Consultant Surgeons have practicing privileges and have traditionally held their own patient records.  Traditionally these are divorced from the clinical/nursing patient records.  In the couple of year we have made great strides to ensure that that these two records are maintained as a complete set of contemporaneous records but there remains a challenge to complete this piece of work related to our non –NHS consultants who have medical secretaries off site. This piece of work is further driven by the introduction of GDPR.  Alongside our requirement to improve patient experience and outcomes we want to enhance our record keeping in general so that delivered care can be easily identified and audited when needed.

**How we will achieve this**

- The maintenance of contemporaneous patient records.
- Movied to an electronic Patient Record Oct 2021

- Complete, accurate, legible and timely documentation by all involved in the patients care pathway.
- Adherence to Ramsay and national policy relating to required standards for documentation.

**How will we measure this?**

- To be identified through audit activity, both formal and informal.
- Escalation of trends in shortfalls through appropriate forums and committees
- Efficient identification of patient issues/potential gaps in the delivery of care

**Patient Safety**
- Daily safety Brief
- Speak up for safety phase 2 Promoting professional Accountability (PPA)
- Facility Assurance – Covid-19 Green & Amber Pathways

**Clinical Effectiveness**
- Perfect Ward Appf or Clinical Audit Programme
- GIRFT orthopaedic & Spinal Program
- Cemplicity Dashboard
- Restart Friends and Family also utilising Digital platform for data collection

# 2.2 Mandatory Statements

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

## 2.2.1 Review of Services

During 2022/23 Exeter Medical provided   NHS services.

The Exeter Medical has reviewed all the data available to them on the quality of care in 6 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 61% per cent of the total income generated from the provision of NHS services by Exeter Medical.

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

In the period for 2022/2023, the indicators on the scorecard which affect patient safety and quality were:

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In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

| April 2022 – March  2023 | |
|---|---|
| | Total |
| Number of NHS admits | 884 |
| Total number of admits | 2,684 |
| HPDs | 2,684 |
| NHS Revenue | 644,610 |
| Total Revenue | 2,448,803 |
| | |
| **Human Resources** | |
| Staff cost as % Net revenue | 15% |
| HCA Hours as % of Total Nursing | 5% |
| Agency Cost as % of Total staff Clinical Staff Cost | 0% |
| Ward hours PPD (total inc ACU) | 0 |
| % Staff Voluntary Turnover (rolling 12 months) | 6% |
| % Sickness (rolling 12 months) | 3.08% |
| % Lost Time | 18% |
| Appraisal % (rolling 12 months) | 100% |
| Staff Satisfaction Score | 97% |
| Number of Significant Staff Injuries | 0 |
| | |

| Patient | |
|---|---|
| Formal Complaints per 1000 HPDs | 0.01% |
| Patient Satisfaction Score | 98% |
| Clinical Events per 1000 admissions | 1 |
| Readmission per 1000 admissions | ,0.5 |
| | |
| | |
| **Workings** | |
| | |
| Staff Costs | 355,702 |
| Agency | 0 |
| No.WTE Staff ( Paid) | 17 |
| No.WTE Staff ( Worked) | 14 |

**Quality**

Workplace Health & Safety Score: 96%

Infection Control Audit Score:        94%

Consultant Satisfaction Score:

## 2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Exeter Medical participated in two national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Exeter Medical participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

| Name of audit / Clinical Outcome Review Programme | % cases submitted |
|---|---|
| **National Implant Register** | **100%** |
| **Surgical Site Infection Surveillance Service** | **15% of admits** |

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ty-Accounts-List-202

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**Local Audits**

The reports of Exeter Medical local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Mount Stuart Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

**Actions**

- Tendable (Digital Quality collection & Reporting Tool)
- Covid PPE/AGP Training and Audits introduced.
- Covid Facility assurance tool & Audit
- Covid Consenting audit
- Covid Clinical patient pathways

## 2.2.3 Participation in Research

There were no patients recruited during 2022/23 to participate in research approved by a research ethics committee.

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

A proportion of Exeter Medical income in from 1 April 2022 to 31st March 2023 was conditional on achieving quality improvement and innovation goals agreed Exeter Medical and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2020/21 and for the following 12 month period is available electronically at **https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-22-23/**

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

Exeter Medical is required to register with the Care Quality Commission and its current registration status on 31st March 2022 is registered without conditions. Last inspection May 2019.

Transitional Monitoring Approach conducted with CQC March 2023.

The Adult Social Care
Key Lines of Enquiry a



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

## 2.2.6 Data Quality

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

Exeter Medical will be taking the following actions to improve data quality.

We regularly use statistical data to monitor clinical services – we are constantly striving to improve this data by regular quality control initiatives.  Data contained in medical records are audited on a monthly basis and actions are taken to improve quality as required. This applies to both private and NHS patient streams.

The hospital has a data quality super user who manages the SUS pathway processes and continually reviews administration functions to ensure data quality.

### NHS Number and General Medical Practice Code Validity

Exeter Medical submitted records during 2021/2022 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:

- 99.5% for admitted patient care;
- 99.5% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

- 100% for outpatient care; and

-  0% for accident and emergency care (not undertaken at our hospital).

The patient's valid NHS number:

- 98.1% for admitted patient care;
- 97.3% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#historic-dqmi-publications

**Ramsay UK Consultant Pulse Survey Results 2023**

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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

## Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted it's response on 21/06/2022. The status is 'Standards Met'. The 2021/2022 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

Exeter Medical was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission:

*Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at September 2020*

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at March 2023**

| | Hospital Site | Primary Diagnosis | Secondary Diagnosis | Primary Procedure | Secondary Procedure |
|---|---|---|---|---|---|
| **Midlands** | Blakelands | 97.1% | 92.9% | 98.5% | 99.3% |
| | Boston NHS TC | 95.0% | 94.3% | 98.3% | 98.2% |
| | Fitzwilliam | 96.6% | 98.3% | 96.6% | 99.0% |

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| | | | | | |
|---|---|---|---|---|---|
| | Cherwell | 100% | 97.9% | 100% | 100% |
| | Woodthorpe | 98.3% | 95.8% | 100% | 98.7% |
| | Rowley Hall | 98.3% | 95.5% | 100% | 98.3% |
| | Beacon Park | | | | |
| | Stourside | | | | |
| | West Midlands | 98.3% | 95.0% | 96.6% | 96.1% |
| | Westbourne Centre | 98.3% | 94.9% | 96.6% | 95.7% |
| | Woodland | 98.3% | 98.8% | 96.7% | 100% |
| **North Region** | Clifton Park NHS TC | 98.3% | 100% | 98.3% | 99.5% |
| | Cobalt NHS TC | 100% | 98.5% | 100% | 100% |
| | Euxton Hall | 98.3% | 91.2% | 98.3% | 96.8% |
| | Fulwood Hall | 96.4% | 97.1% | 100% | 100% |
| | Buckshaw | | | | |
| | Oaklands | 100% | 99% | 98.3% | 90.0% |
| | Park Hill NHS TC | 100% | 99% | 100% | 100% |
| | Renacres | 100% | 99.9% | 98.3% | 99.2% |
| | Tees Valley Hospital | 98.3% | 98.6% | 100% | 98% |
| | Yorkshire Clinic | 100% | 99.5% | 100% | 100% |
| **South Region** | Ashtead | 100% | 100% | 100% | 100% |
| | Berkshire Independent | 100% | 91%% | 100% | 100% |
| | West Valley | 100% | 100% | 100% | 99.3% |
| | Duchy | 97.1% | 98.7% | 90% | 92.5% |
| | Mount Stewart | 93.3% | 93.1% | 98.3% | 100% |
| | New Hall | 96.6% | 94.5% | 100% | 99.2% |
| | North Downs | 100% | 100% | 100% | 100% |
| | Winfield | 100% | 99.3% | 100% | 100% |
| **East** | Oaks | 98.3% | 93.9% | 98.3% | 100% |
| | Pinehill | 98.3% | 94.1% | 100% | 99.1% |
| | Rivers | 98.3% | 90.7% | 98.3% | 100% |
| | Springfield | 95.0% | 97.5% | 100% | 99.1% |

## 2.2.7 Stakeholders views on 2022/23 Quality Account

*Local Health watch*

*Devon ICB*

*Exeter Eye*

*Devon Carers*

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# Part 3: Review of quality performance 2022/23

## Statements of quality delivery

## Head of Clinical Services (Matron), EXETER MEDICAL

**Statement from Gerard Ambrose**

The team at Exeter Medical are committing to make a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused.  We have made great strides within the last year in achieving a clinical strategy of listening to our staff and patients to further enhance person-centered care.This ensures our staff have the knowledge and right  skills enabling them to deliver safe effective care..

An increase in patient activity and unexpected continued Covid 19 pandemic have created challenges over the last year but I am proud of the clinical teams at Exeter Medical and it is testament to their hard work and loyalty that we are able to support the NHS and our communities in delivering high levels of quality services.

We look forward to building upon our successes even further and particularly welcome the certainty of a further CQC inspection so that we can celebrate our achievements and this is de

Gerard Ambrose
Head of Clinical Service (Matron)
Mount Stuart Hospital & Exeter Medical

**Ramsay Clinical Governance Framework 2022/23**

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**
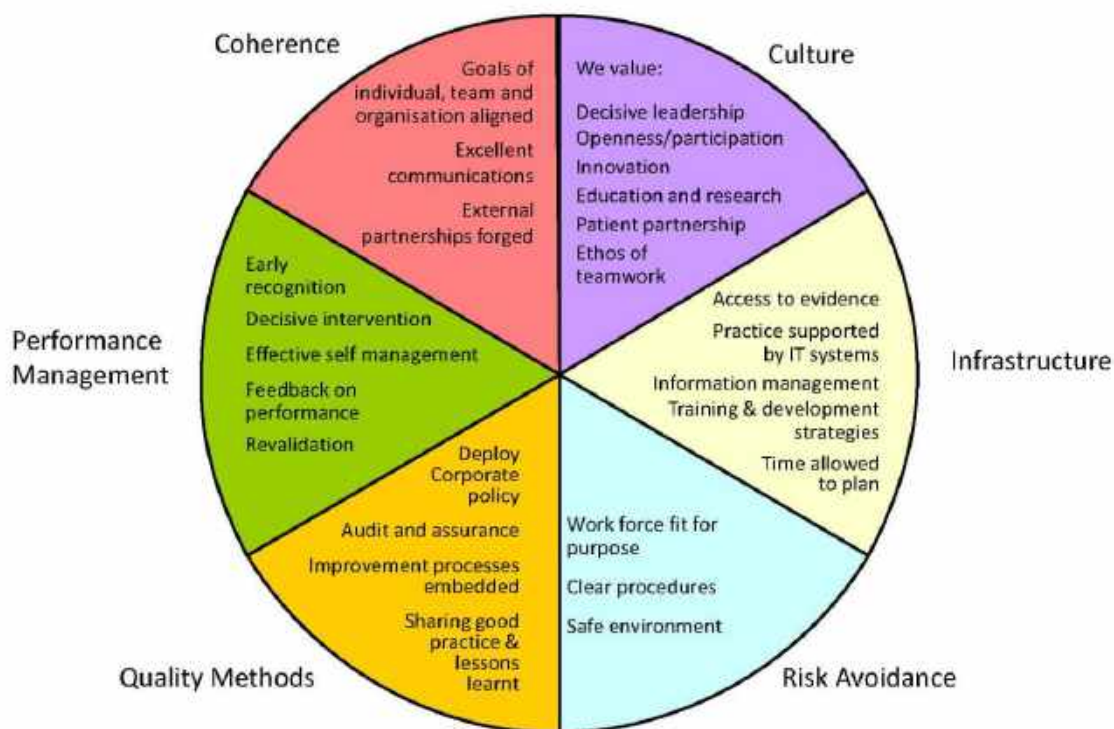
## National Guidance

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 these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide

## Mortality

| Mortality: | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Apr20 - Mar 21 | RRV | 0.6908 | RM1 | 1.201 | Average | 0.0078 | 21/22 | NVC0Y | 0.0000 |
| | Dec21 - Nov22 | R1K02 | 0.2456 | RHCH | 2.1583 | Average | 1.0965 | 22/23 | NVC0Y | 0.0000 |

***Exeter Medical considers that this data is as described for the following reasons no deaths.***

*Rate per 100 discharges:*
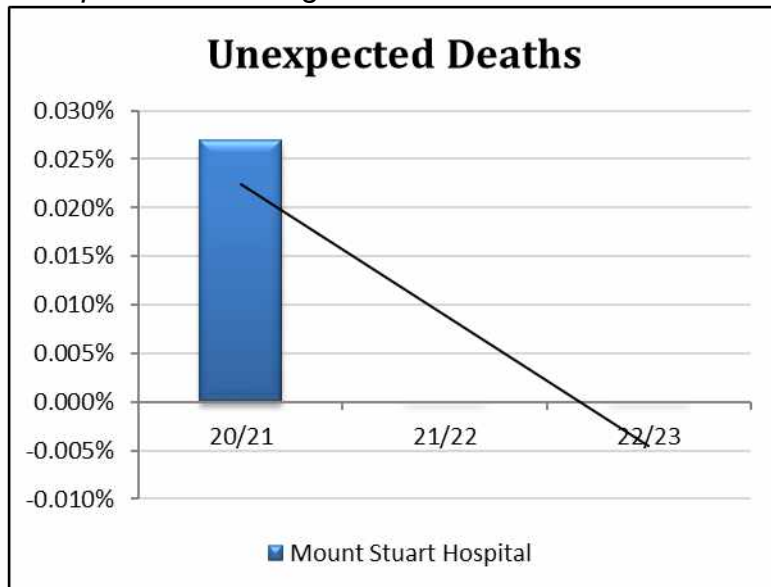


## National PROMs

| PROMS: | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| Hips | Apr19 - Mar 20 | NTPH1 | 25.5465 | NT411 | 17.059 | Eng | 22.6867 | Apr19 - Mar 20 | NVC0Y | N/A |
| | Apr20 - Mar 21 | NV302 | 25.7015 | NVC20 | 17.335 | Eng | 22.9812 | Apr20 - Mar 21 | NVC0Y | |

| PROMS: | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| Knees | Apr19 - Mar 20 | RR7 | 20.6878 | R1K | 12.6215 | Eng | 17.4858 | Apr20 - Mar 21 | NVC0Y | N/A |
| | Apr20 - Mar 21 | NVC23 | 20.2502 | RXP | 11.9159 | Eng | 16.8858 | Apr19 - Mar 20 | NVC0Y | N/A |

Exeter Medical considers that this data is as described for the following reasons we do not undertake any of these procedures

## Readmissions within 28 days

| Readmissions: | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 18/19 | N/A | N/A | N/A | N/A | Eng | 14.3 | 21/22 | NVC0Y | 0.00 |
| | 19/20 | N/A | N/A | N/A | N/A | Eng | 13.7 | 22/23 | NVC0Y | 0.00 |

Exeter Medical considers that this data is as described for the following reasons two re admissions for the period that required corrective surgery.

Exeter Medical intends to continue to monitor and investigate each case to identify any lessons learnt.

*Rate per 100 discharges:*

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## Readmissions



Mount Stuart Hospital: 20/21, 21/22, 22/23
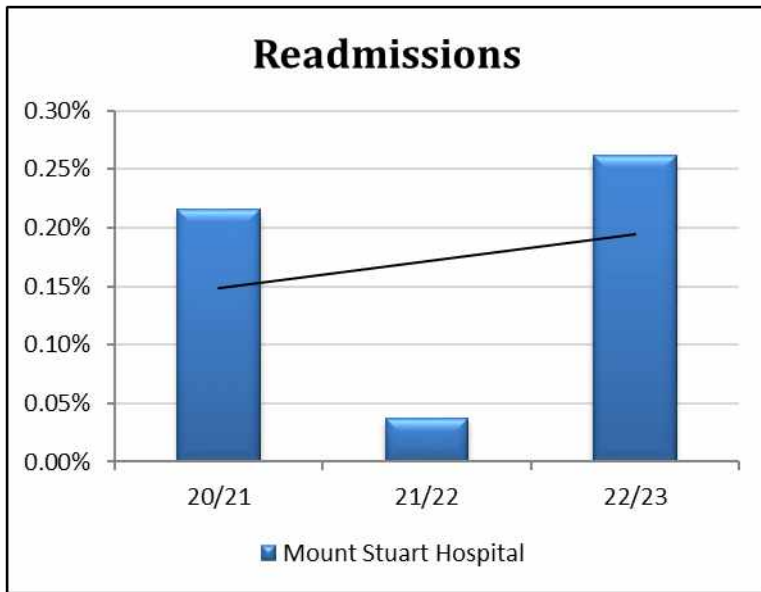
## Responsiveness to Personal Needs

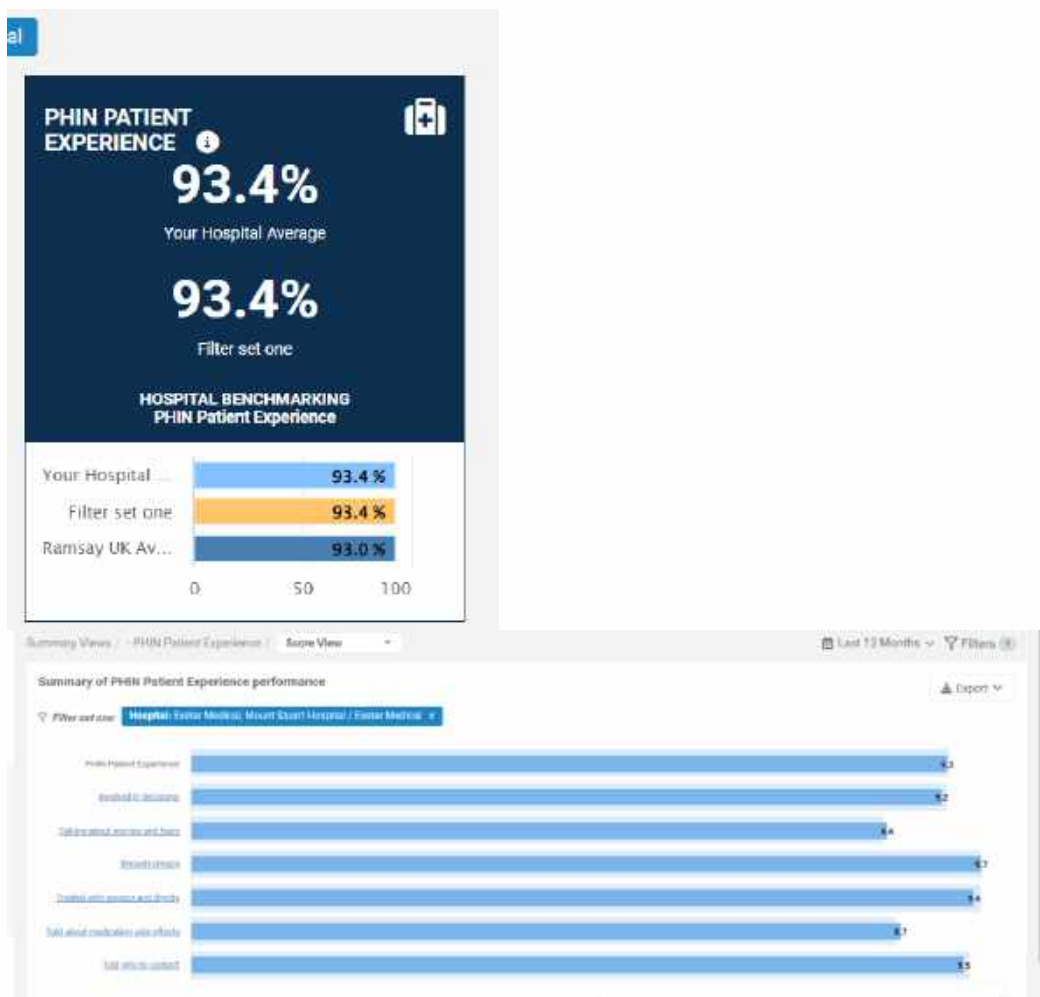| Responsiveness: | Period | Best | | Worst | | Average | | Period | Park Hill | |
|---|---|---|---|---|---|---|---|---|---|---|
| to personal | 2012/13 | RPC | 88.2 | RJ6 | 68.0 | Eng | 76.5 | 2013/14 | NVC14 | 92.5 |
| needs | 2013/14 | RPY | 87.0 | RJ6 | 67.1 | Eng | 76.9 | 2014/15 | NVC14 | 91.6 |

4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score): *(the next 2 graphs are from the Cemplicity dashboard)*

**Data for independent hospitals is no longer collected but Exeter Medical considers its performance as :**

- We provide excellent customer service as demonstrated by patient surveys

Care is planned on an individual basis

Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2022 - March 2023:

## VTE Risk Assessment

| VTE Assessment: | Period | Best | | Worst | | Average | | Period | Exeter Medical |
|---|---|---|---|---|---|---|---|---|---|
| | Q1 to Q4 18/19 | Several | 100% | NVC0M | 41.6% | Eng | 95.6% | Q1 to Q4 18/19 | NVC0Y | N/A |
| | Q1 to Q3 19/20 | Several | 100% | RXL | 71.8% | Eng | 95.5% | Q1 to Q3 19/20 | NVC0Y | N/A |

- Exeter Medical considers that this data is as described for the following reasons no VTE episodes in the period.

.

## C difficile infection

| C. Diff rate: | Period | Best | | Worst | | Average | | Period | Exeter Medical |
|---|---|---|---|---|---|---|---|---|---|
| per 100,000 bed | 2020/21 | Several | 0 | RPC | 81.0 | Eng | 15.0 | 2021/22 | NVC0Y | 0.0 |
| days | 2021/22 | Several | 0 | RPY | 54.0 | Eng | 16.0 | 2022/23 | NVC0Y | 0.0 |

Exeter Medical considers that this data is as described for the following reasons nil reported for the period].

Exeter Medical will continue to monitor

## Patient Safety Incidents with Harm

| SUIs: (Severity 1 only) | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Oct19 - Mar20 | Several | 0.00 | Several | 0.50 | Eng | 0.20 | 2021/22 | NVC0Y | 0.00 |
| | 2021/22 | RAX | 0.03 | RJR | 1.08 | Eng | 0.30 | 2022/23 | NVC0Y | 0.00 |

Exeter Medical considers that this data is as described for the following reasons nil reported for the period].

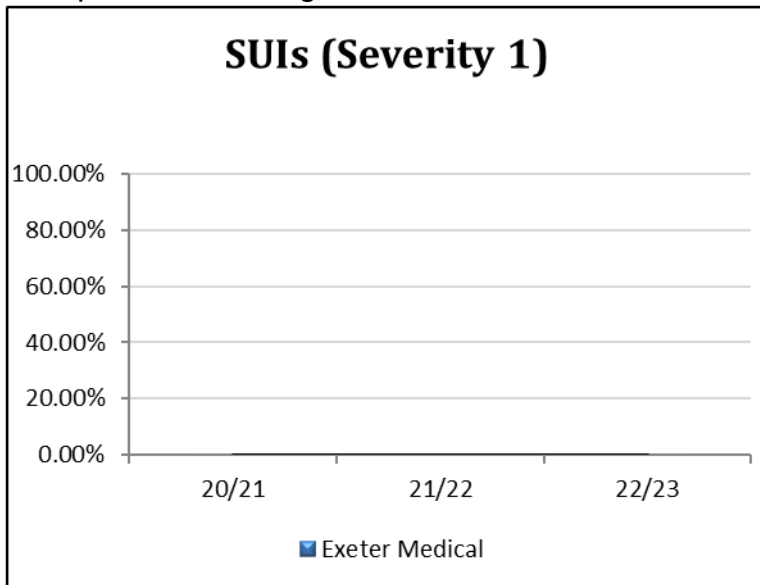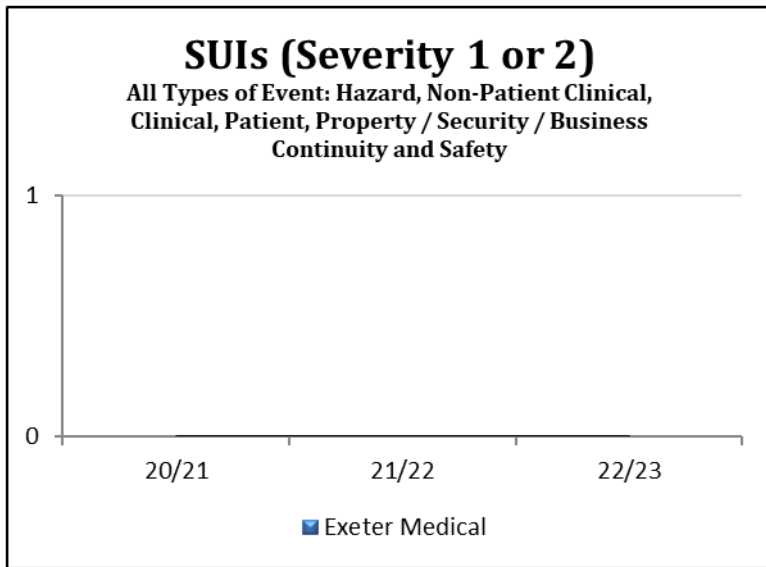Exeter Medical will continue to monitor

*Rate per 100 discharges:*

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**SUIs (Severity 1 or 2)**
**All Types of Event: Hazard, Non-Patient Clinical, Clinical, Patient, Property / Security / Business Continuity and Safety**

## Friends and Family Test

| F&F Test: | Period | Best | | Worst | | Average | | Period | Exeter Medical | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Feb-22 | Several | 100% | RTK | 77.0% | Eng | 94.0% | Feb-22 | NVC0Y | N/A |
| | Feb-22 | Several | 100% | RAL | 56.0% | Eng | 95.0% | Feb-23 | NVC0Y | * |

Exeter Medical considers that this data is as described for the following reasons above 95%.

Exeter Medical will continue to monitor

# 3.2 Patient safety

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

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

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

Exeter Medical has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.

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

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

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

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


## Programmes and activities within our hospital include:

We continue to hold Monthly IPC committee meetings which reflect the corporate strategy and all staff are committed to the local annual IPC plan which forms part of the overall hospital strategy.  Discussion of environment, prevention and control of infection are also discussed in other relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Health and Safety

- Promote quality and safety and the effective prevention and control of infection
- Promote quality and safety by the maintenance and update of clinical environments
- Focus on Covid 19 clinical updates
- Monthly PPE audits
- Hand hygiene
- Hourly touch point cleaning
- Walk the floor with spot checks to ensure adherence to IPC


All staff will take ownership of the integrity, tidiness and cleanliness of their working environment

- Visibly clean and tidy areas in all clinical departments

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- Clinical areas used appropriately
- I am clean stickers on Clinical equipment

All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance

- A low incidence of hospital acquired infection
- No Patient Outbreaks
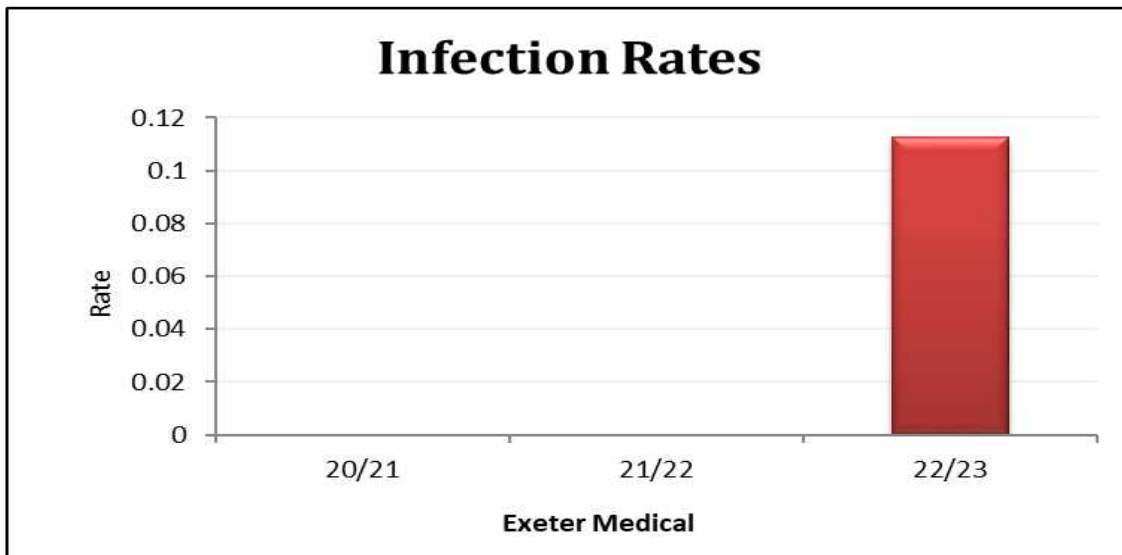


As can be seen in the above graph our infection control rate has increased over the last year by one case of a post-operative wound infection.

*Rate per 100 discharges:*
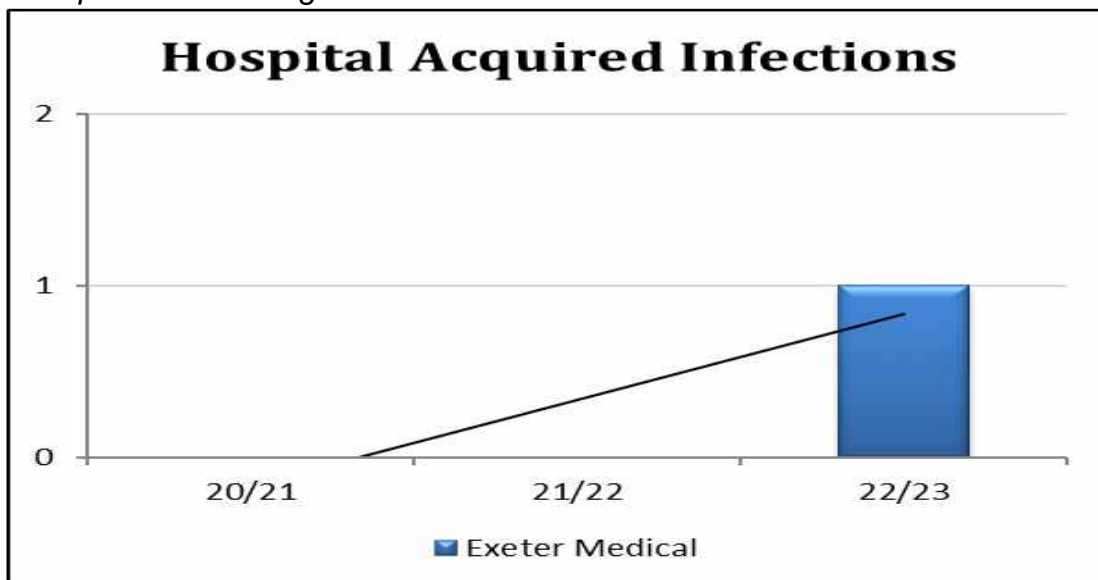
### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Exeter Medical providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

PLACE does not occur at Exeter Medical as it operates as a clinic and does not provide In Pateint or catering services.

### 3.2.3 Safety in the workplace

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

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

.

*Rate per 100 discharges:*

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**Falls**

| | 20/21 | 21/22 | 22/23 |
| | | | |
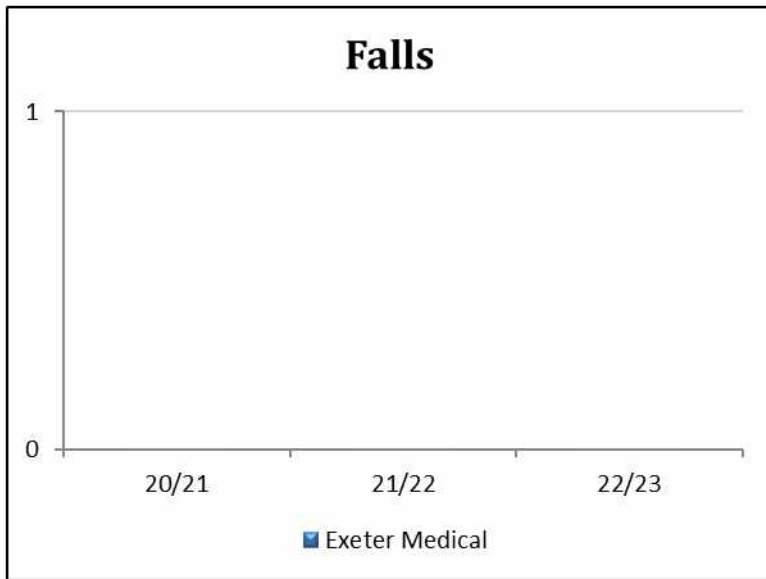
■ Exeter Medical

## 3.3 Clinical effectiveness

Exeter Medical 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. This is demonstrated by reviewing the monthly review to identify trends that may require further investigation

### 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.

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Exeter Medical Safety KPI's 2022



Return to Theatre Score
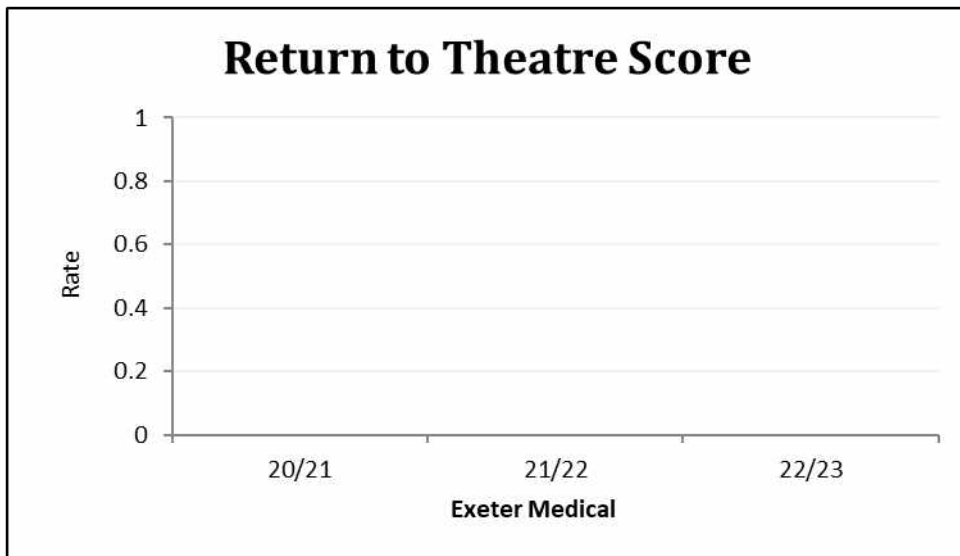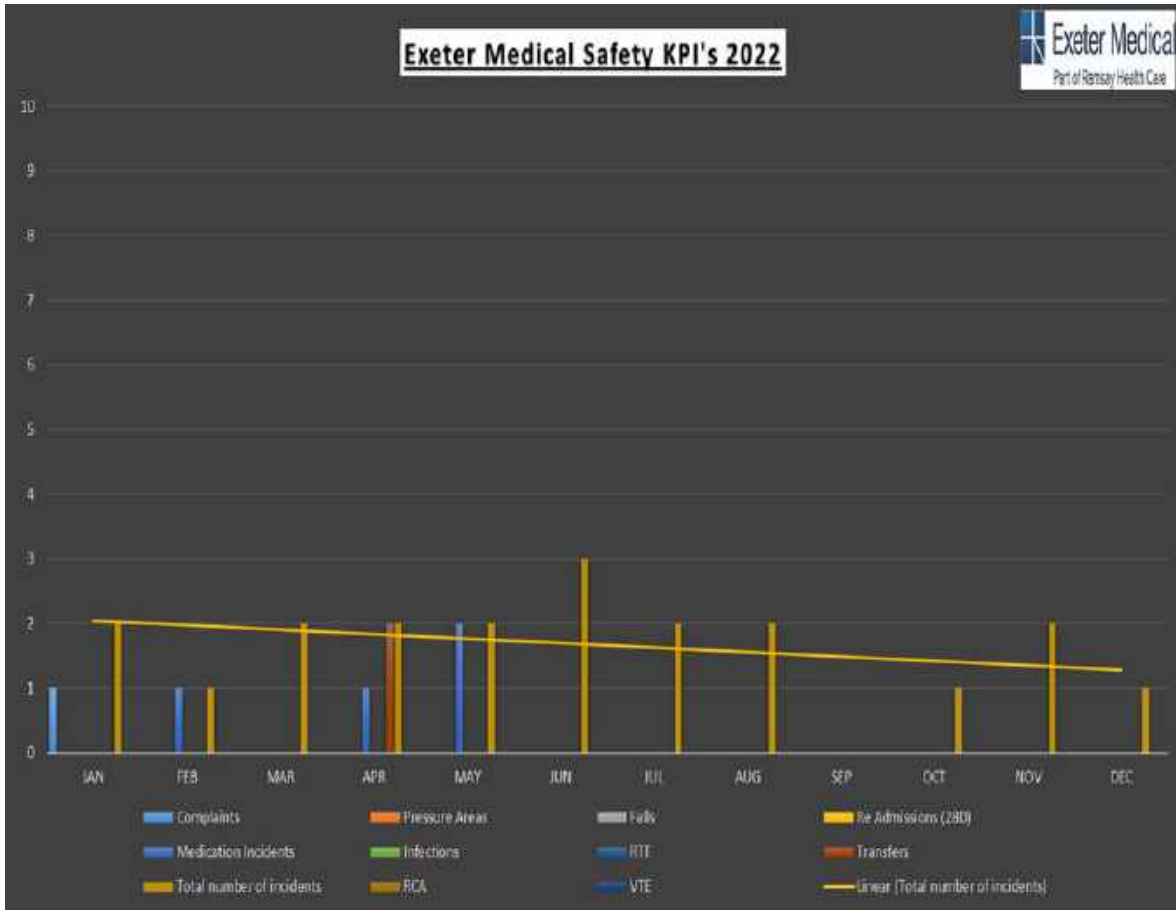
As can be seen in the above graph our returns to theatre has been zero.

*Rate per 100 discharges:*

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*Rate per 100 discharges:*
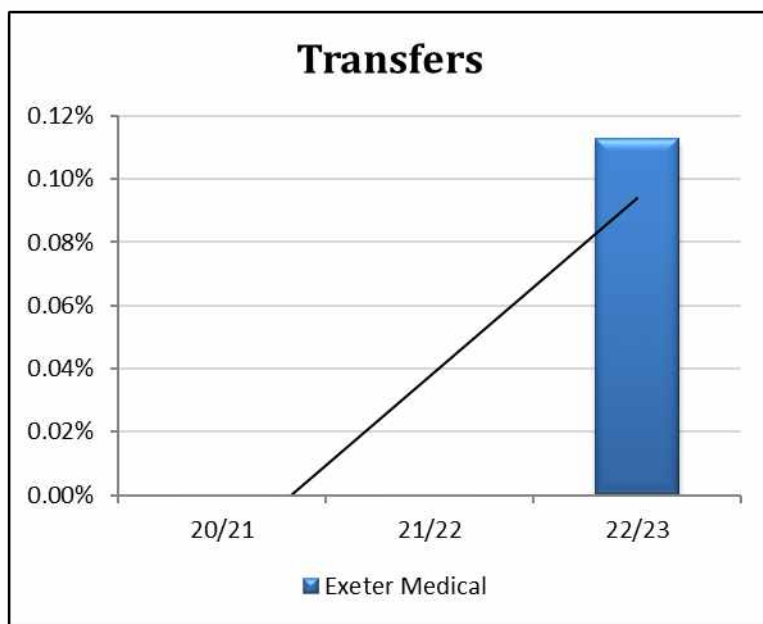


The one transfer was an OPD patient that required transfer from the care park suffering from chest pain

https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

### 3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to

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report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

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, coupled with whistle-blower reports and internal provider reviews, 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, and 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%.

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. use 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.

## 3.4 Patient experience

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

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

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

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

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups

- Care pathways – patient are encouraged to read and participate in their plan of care

## 3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.
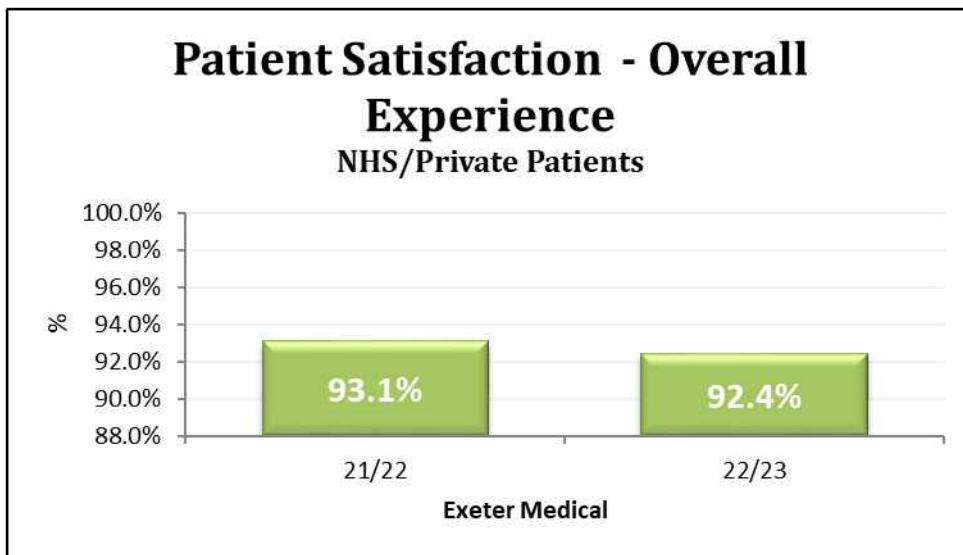


*As can be seen in the above graph our Patient Satisfaction rate has decreased over the last year. In comparison to the national average it is 92.4 we have introduced Friends and family QR codes to augment our paper ones.*

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# 3.5 Exeter Medical Case Study

Nil for the period

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# Services covered by this quality account

# Exeter Medical
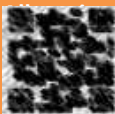
| | Services Provided | Peoples Needs Met for: |
|---|---|---|
| **Treatment of Disease, Disorder**<br><br>**Or injury** | Cosmetic, Dermatology Ophthalmology, Vascular, General surgery<br>Orthopaedic<br>Laser Treatments | All adults |
| **Surgical**<br><br>**Procedures** | Day Case surgery<br><br>Varicose vein treatments: endovenous laser and other treatments<br><br><br>General Surgery<br><br>Dermatology<br><br>Orthopaedics<br><br>Ophthalmic surgery<br><br><br>Cosmetics to include<br><br>minor hand operations, excision of benign and malignant skin lesions, minor cosmetic surgery operations including surgical tattoo removal.<br><br>Cosmetic enhancing injections: Botulinum toxin, dermal fillers and chemical peels<br><br>Scar management / aesthetic therapies: Dermaroller, micro-dermabrasion.<br><br>Laser therapies: fractional carbon dioxide laser rejuvenation, rejuvenation therapies using the Harmony laser platform, Soprano hair reduction, IPL photodynamic therapy, laser tattoo removal. | Patients excluded are,<br><br><br>• All adults Patients with blood disorders (haemophilia, sickle cell, thalassaemia)<br>• Patients on renal dialysis<br>• Patients with history of malignant hyperpyrexia<br>• Planned surgery patients with positive MRSA screen are deferred until negative<br>• Patients who are likely to need ventilatory support post operatively<br>• Patients who are above a stable ASA 3.<br>• Any patient who will require planned admission to ITU post surgery<br>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)<br>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)<br>• MI in last 6 months<br>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)<br>• CVA in last 6 months<br><br><br>However, all patients will be individually assessed and we will only exclude patients if<br><br>we are unable to provide an appropriate and safe clinical environment. |

| | | |
|---|---|---|
| **Diagnostic and screening** | Imaging services. | All adults |

## Appendix 2 – 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 | Audit Group / Area (where applicable) | Department Allocation / Ownership (may be delegated) | QR Code | Frequency (subject to review) | Deadline for completion |
|---|---|---|---|---|---|
| **Facility Assurance** | IPC | HoCS | Whole Hospital | As guided by CQP (COVID-19 specific) | NA |
| **Facility Assurance (Neuro)** | IPC | HoCS | Whole Hospital | As guided by CQP (COVID-19 specific) | NA |
| **Hand Hygiene Technique (Assurance)** | IPC | Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK | Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK | January, April, July, October | By month end |
| **Hand Hygiene observation (5 moments)** | IPC | Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK | Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK | Monthly | By month end |
| **IPC Governance & Assurance** | IPC | IPC | Whole Hospital | January, July | By month end |
| **IPC Environmental Infrastructure** | IPC | IPC / RDUK | Whole Hospital / RDUK | August / February | By month end |
| **IPC Management of Linen** | IPC | Ward | Ward | August / February | By month end |
| **Sharps** | IPC | IPC / RDUK | Whole Hospital / RDUK | August, December, April | By month end |
| **High Risk PPE** | IPC | IPC | Whole Hospital | (MONTHLY during COVID-19, as | By month end |

| | | | | dictated by activity) | |
|---|---|---|---|---|---|
| **Standard PPE** | IPC | IPC | Whole Hospital | (MONTHLY during COVID-19, as dictated by activity) | By month end |
| **Cleaning (49 steps)** | IPC Practice Standards | All Departments | Each Department, RDUK, Neuro | Monthly | By month end |
| **Central Venous Catheter Care Bundle** | IPC Practice Standards | IPC | Oncology | July to September (yearly) | End of December |
| **Peripheral Venous Cannula Care Bundle** | IPC Practice Standards | IPC | Amb Care/Day Case, Oncology, Paediatrics, Ward, Theatres | July to September (yearly) | End of December |
| **Surgical Site Infection** | IPC Practice Standards | IPC | Theatres | October, April | By month end |
| **Urinary Catheterisation Bundle** | IPC Practice Standards | IPC | Paediatrics, Theatres, Ward | July to September (yearly) | End of December |
| **Isolation** | IPC | IPC | Whole Hospital | October | By month end |
| **Patient Journey: Safe Transfer of the Patient to Theatre** | Ward | Ward | Ward | July, October, January, April | By month end |
| **Patient Journey: Intraoperative Observation** | Theatres | Theatres | Theatres | August (optional), November, February (optional), May | By month end |
| **Patient Journey: Recovery Observation** | Theatres | Theatres | Theatres | September (optional), December, March (optional), June | By month end |
| **NatSSIPs LSO** | Theatres | Theatres, Radiology, OPD, RDUK | Theatres, Radiology, OPD, RDUK | July. January | By month end |
| **NatSSIPs Safety Brief** | Theatres | Theatres, Radiology, OPD, RDUK | Theatres, Radiology, OPD, RDUK | August, February | By month end |
| **NatSSIPs Site Marking** | Theatres | Theatres, Radiology, OPD, RDUK | Theatres, Radiology, OPD, RDUK | September, March | By month end |

| | | | | | |
|---|---|---|---|---|---|
| **NatSSIPs Stop Before You Block** | Theatres | Theatres | Theatres | October, April | By month end |
| **NatSSIPS Prosthesis** | Theatres | Theatres | Theatres | November, May | By month end |
| **NatSSIPs IOLs** | Theatres | Theatres | Theatres | December, June | By month end |
| **NatSSIPs Swab Count** | Theatres | Theatres | Theatres | January (July 2022) | By month end |
| **NatSSIPs Instruments** | Theatres | Theatres, Radiology, OPD, RDUK | Theatres, Radiology, OPD, RDUK | February (August 2022) | By month end |
| **NatSSIPs Histology** | Theatres | Theatres, Radiology, OPD, RDUK | Theatres, Radiology, OPD, RDUK | March (September 2022) | By month end |
| **Blood Transfusion Compliance** | Blood Transfusion | Blood Transfusion | Whole Hospital | July to September | End of October |
| **Blood Transfusion – Autologous** | Blood Transfusion | Blood Transfusion | Whole Hospital | July to September | End of October |
| **Consent Audit - Covid 19 (weekly)** | Consent | HoCS | Whole Hospital | Weekly (COVID-19 specific) | Weekly |
| **Consent Audit (6 monthly)** | Consent | HoCS | Whole Hospital | March, September | End of April, October |
| **Walkabout (Optional)** | | SLT/HoCS | Whole Hospital | March, July, October | ~~By month end~~ |
| **Staff Questions (Optional)** | | SLT/HoCS | Whole Hospital | April, May, September, | ~~By month end~~ |
| **Complaints** | | SLT | Whole Hospital | November | By month end |
| **Duty of Candour** | | SLT | Whole Hospital | January | By month end |
| **Practicing Privileges - Non-consultant** | PPs | HoCS | Whole Hospital | February, August, | By month end |
| **Practicing Privileges - Consultants** | PPs | HoCS | Whole Hospital | January, July | By month end |
| **Doctors In Training** | PPs | HoCS | Whole Hospital | December, June | End of January, July |
| **Observation Audits - Physio** | | Physiotherapy | Physiotherapy | October, April (optional) | End of December |
| **Observation Audits - Ward** | | Ward | Ward | July to August, January to | End of December |

| | | | | February (optional) | |
|---|---|---|---|---|---|
| **Observation Audits - OPD** | | OPD | OPD | July to August, January to February (optional) | End of December |
| **Privacy & Dignity** | | Ward | Ward | May, November | By month end |
| **Medical Records - Therapy** | Medical Records | Physiotherapy | Physiotherapy | July to September, January to March (optional) | End of December |
| **Medical Records - Surgery** | Medical Records | Theatres | Whole Hospital | July to September, January to March (optional) | End of December |
| **Medical Records - Ward** | Medical Records | Ward | Ward | July to September | End of December |
| **Medical Records - Pre-operative Assessment** | Medical Records | Pre-Operative Assessment | Pre-Operative Assessment | July to September, January to March (optional) | End of December |
| **Medical Records - Radiology** | Medical Records | Radiology | Radiology | July to September | End of December |
| **Medical Records - Cosmetic Surgery** | Medical Records | OPD | Whole Hospital | May, November | End of June, December |
| **Medical Records - Bariatric Services** | Medical Records | Bariatric Services | Whole Hospital | July to September | End of December |
| **Medical Records – NEWS2 (not live yet)** | Medical Records | Ward, Ambulatory Care, Theatres | Whole Hospital | January, July | End of February, August |
| **Medical Records – VTE (not live yet)** | Medical Records | Ward, Ambulatory Care, Theatres | Whole Hospital | January, July | End of February, August |
| **Non-Medical Referrer Documentation and Records** | Radiology | Radiology | Radiology | January, July | End of February, August |

| | | | | | |
|---|---|---|---|---|---|
| **MRI Reporting** | Radiology | Radiology | Radiology | March, July, November | End of April, August, December |
| **CT Reporting** | Radiology | Radiology | Radiology | April, August, December | End of May, September, January |
| **Non Radiologist Reported Imaging** | Radiology | Radiology Theatres (where there is no imaging dept) | Radiology | February, August | End of March, September |
| **MRI Safety** | Radiology | Radiology RDUK | Radiology, RDUK | January, July | End of month |
| **RDUK - Referral Forms - MRI** | Radiology | RDUK | RDUK | February, April, June, August, October, December | End of month |
| **RDUK - Referral Forms - CT** | Radiology | RDUK | RDUK | January, March, May, July, September, November | End of month |
| **RDUK - Medicines Management** | Radiology | RDUK | RDUK | March, October | End of month |
| **RDUK IPC Environmental** | Radiology | RDUK | RDUK | January, July | End of month |
| **RDUK - PVCCB** | Radiology | RDUK | RDUK | January, July | End of February, August |
| **RDUK - Medical Records** | Radiology | RDUK | RDUK | July | End of August |
| **RDUK - Walkabout** | Radiology | RDUK | RDUK | October | End of month |
| **RDUK - Staff Questions** | Radiology | RDUK | RDUK | October | End of month |
| **RDUK - Observational** | Radiology | RDUK | RDUK | July | End of month |
| **Paediatric Services** | Paediatric | Paediatric | Paediatric | January, July | End of month |
| **Paediatric – Medical Records** | Paediatric | Paediatric | Paediatric | February, August | End of month |
| **Paediatric Outpatients** | Paediatric | Paediatric | Paediatric | September | End of month |

| | | | | | |
|---|---|---|---|---|---|
| **Paediatric Radiology** | Paediatric | Paediatric | Paediatric | October | End of month |
| **Safe & Secure** | Pharmacy | Pharmacy | OPD, Radiology, Theatres, Ward, RDUK, Neuro | February, August | End of month |
| **Prescribing & Medicines Reconciliation** | Pharmacy | Pharmacy | Pharmacy, Neuro | March, September | End of month |
| **Controlled Drugs** | Pharmacy | Pharmacy | Pharmacy, RDUK, Neuro | July, September, January, April | End of month |
| **Governance - Pharmacy** | Pharmacy | Pharmacy | Whole Hospital, RDUK, Neuro | July | End of September |
| **SACT** | Pharmacy | Pharmacy | Pharmacy | July to August | End of month |
| **Operational (Theatre, Ward, OPD, Physio)** | | Theatre, Ward, Physio, OPD | Theatre, Ward, Physio, OPD | July to September | End of December |
| **Decontamination - Sterile Services** | Decontamination | Decontamination | Decontamination | July to September | End of month |
| **Decontamination - Endoscopy** | Decontamination | Decontamination | Decontamination | July to September | End of month |
| **Neuro Medical Records** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: Diabetes** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: End of Life** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: Respiratory** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: Catheter** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: Epilepsy** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: PEG** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| **Neuro: MCA & DoLS** | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |

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| Neuro: Enhancing Lives | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
|---|---|---|---|---|---|
| Neuro: Spinal | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |
| Neuro: NSEWS | Neuro | Neuro | Neuro (G/1st Floor) | Monthly | End of month |

## Exeter Medical Results
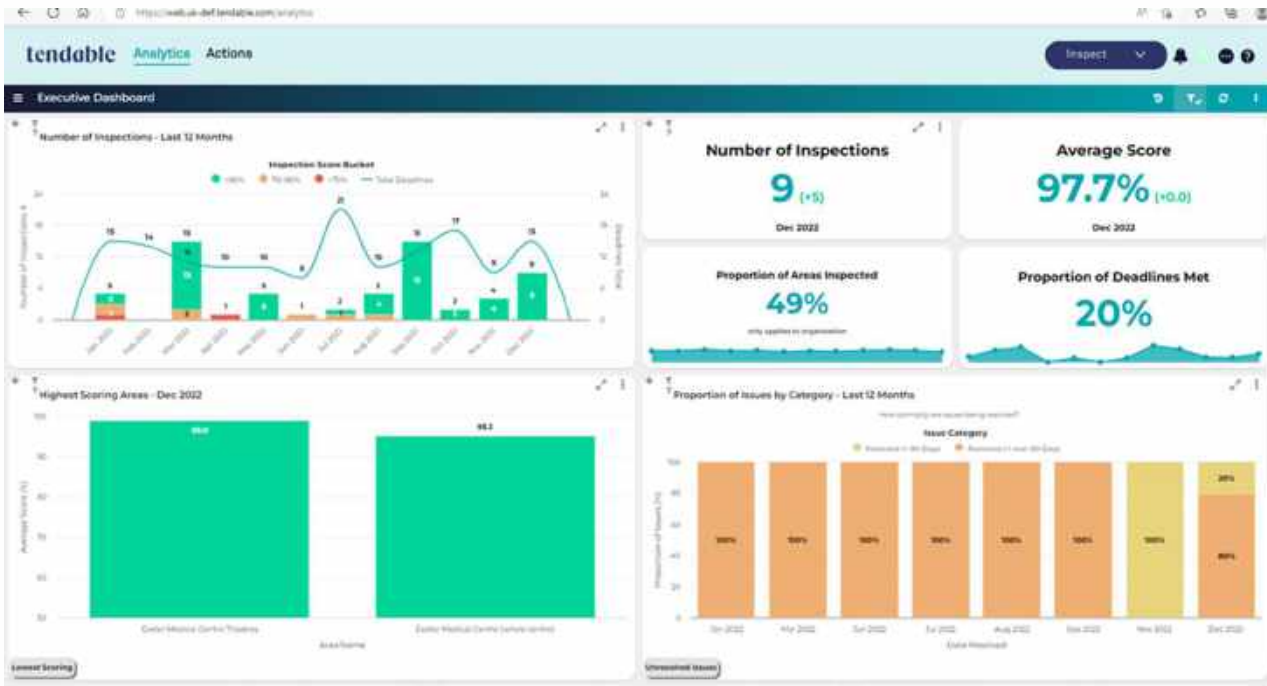


From the above results, a focuses person and education program to improve compliance and to review the nuber of audits against that of a clinic rather than a hospital model.

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# Glossary of Abbreviations

| | |
|---|---|
| ACCP | American College of Clinical Pharmacology |
| AIM | Acute Illness Management |
| ALS | Advanced Life Support |
| CAS | Central Alert System |
| CCG | Clinical Commissioning Group |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |
| 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 |
| IHAS | Independent Healthcare Advisory Services |
| 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 |
| NVCXX | Code for XXXX Hospital used on the data information websites |
| ODP | Operating Department Practitioner |
| OSC | Overview and Scrutiny Committee |
| PLACE | Patient-Led Assessment of the Care Environment |
| PPE | Personal Protective Equipment |
| PROM | Patient Related Outcome Measures |
| RIMS | Risk Information Management System |
| SUS | Secondary Uses Service |
| SAC | Standard Acute Contract |
| SLT | Senior Leadership Team |
| STF | Slips, Trips and Falls |
| SUI | Serious Untoward Incident |
| VTE | Venous Thromboembolism |

# Exeter Medical

# 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.

For further information please contact:

## Hospital phone number

## **01392 363534**

## **https://www.exetermedical.co.uk/**

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## Exeter

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