

Springfield Hospital

Quality Account
2025/26



Confidential Patient Information



Ramsay
Health Care

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Welcome to Ramsay Health Care Springfield Hospital is part of the Ramsay Health Care Group

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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa


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

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, flowing script.

Jo Dickson

Introduction to our Quality Account

This Quality Account is Springfield 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.

Each site within the Ramsay Group 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

Mr Nicholas Jackson Hospital Director

Springfield Hospital

We are proud to provide healthcare services to the people of Essex and surrounding areas with our purpose being to improve people's lives. Springfield Hospital is a provider of high quality health care for both private and NHS patients working closely with key stakeholders including the local ICB's and local NHS Trusts. The hospital has a rating of "good" by the Care Quality Commission and various accreditations including JAG accreditation for our endoscopy services the NJR gold award and ANTT Silver award.

I am delighted to share our quality account giving us the opportunity to demonstrate our on-going commitment to patient care and continuous improvement for example year on year patient satisfaction improvement since 2022, low rate of hospital acquired infections and a reduction in return to theatres. Our patient feedback is fundamental to us but is not our only method of measuring quality and safety in our hospital. We have a robust clinical governance system and use a variety of recognised key performance indicators to ensure our treatments are evidenced based and delivered to exacting standards by our staff.

Our approach includes benchmarking with other care providers both locally and nationally, giving strong assurance of our commitment to continuous improvement and I confirm that this quality account is an accurate reflection of our performance and the services we provide.

As Hospital Director for Springfield, I am proud of the contribution our staff and doctors make and we are passionate that we continue to ensure we provide high quality patient care for the community. I hope our report provides you with useful information to see how we have served our patients over the last year.

Nicholas Jackson

Nicholas Jackson

Hospital Director

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 N Jackson

Signature: *Nicholas Jackson*

Hospital Director

Springfield Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Name	Designation	Springfield Role	Signature
[REDACTED]	Consultant Urologist	Chair Medical Advisory Committee (MAC)	
[REDACTED]	Consultant Anaesthetist	Chair Clinical Governance committee	
[REDACTED]	Clinical Quality Partner (CQP)	CQP Ramsay East Cluster	
[REDACTED]	Chief Operational Officer	Ramsay executive committee	
[REDACTED]	Patient representative	Inpatient on two occasions	
[REDACTED]	Director of MEICB	ICB commissioner	
[REDACTED]	Quality and Safety lead	Quality and Safety Partner	
[REDACTED]	Quality and Safety Manager	Deputy chair clinical governance committee	
[REDACTED]	Consultant Microbiologist	Chair of the Infection prevention and control committee	

Welcome to Springfield Hospital

Springfield Hospital opened in 1987 and is one of Essex's leading private hospitals the largest hospital within the Ramsay UK Health Group. Springfield Hospital is also well known for its strong, long-standing relationship with the NHS.

The hospital works with over 210 consultants, and we provide a wide range of services including oncology, orthopaedic surgery, ophthalmology, bariatric surgery, paediatric medicine, outpatients, vascular surgery and many more. We are continually introducing new technology to ensure we provide the best experience for our patients and support for our hard-working teams.

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

Springfield Hospital provide the following services;

- Breast specialists
- Cancer treatment
- Cardiology
- Cosmetic surgery
- Pain relief
- Diagnostics
- Ears, nose and throat
- Audiology
- Eye care
- General medical conditions
- Physiotherapy
- General surgery
- Men's health
- Neurology
- Orthopaedics
- Psychiatry
- Rheumatology
- Skin concerns (Dermatology)
- Urology
- Vascular
- Women's health
- Dietetics
- Gastroenterology
- Oral & Maxillofacial
- Haematology
- Paediatrics/Outpatients

Total numbers of patients treated in the past year

11,390 Day-case & Inpatients

49.6% private (5,659 pts)

51.4% NHS (5,731 pts)

We also saw over 100,000 patients in our outpatient facility including cardiac, physiotherapy, diagnostic imaging and outpatient consultations and procedures.

Consultants: 210

Clinical Staff numbers WTE: -

Direct referrals From:

Mid and South Essex,
Hertfordshire and West Essex ICB
Suffolk and North East Essex ICB
James Paget NHS Foundation Trust
Links with GP

- **Outside activities which show an involvement in the community**

We have a link with

- Essex Air Ambulance
- Brain Tumour Trust.
- National Autism Society.
- Alzheimer Society
- Farley's Hospice
- Chelmsford Domestic Abuse.
- The Essex Voluntary First Aid Association
- MacMillan Services

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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



Priorities for improvement

2.1.1 A review of clinical priorities 2024/25 (looking back)

Continued implementation of the clinical strategy and vision Putting Patient's First with the main priorities:-

1. Patient safety – Introduction and adaption of the PSIRF methodology to enhance the safety culture. This was fully achieved and developed further with a weekly review group
2. Developing our people with a focus on Human Factor Training. We delivered bespoke training for our staff and consultants which was very positively received
3. Empowering patients, shared decision making and giving them an authentic voice – This was especially evidenced by inviting patients and relatives to assist us with investigations and give their perspective of what happened and the impact on them through PSIRF implementation

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety

Enhancing communication channels

As part of our clinical strategy we need to Enhance communications at all levels via all modes of internal and external messaging. James Reason (1997) asserted that 'ineffective communication channels lead to errors and incidents,. It is our ambition to strengthen communication using evidence based methodologies with the main objectives to:

- Review systems to ensure effective channels of communication exist
- Where the channels do exist ensure they are effective
- Remove ambiguity in delivery of key messages to avoid recipient misinterpretation

Enablers to support these objectives are:

- Review of how checklists and pathways were introduced to ensure there are clear unambiguous messages in their ability to avoid human error
- Stress the importance of key messages

- Avoid emotional connections and get the message across with logical explanations
- Choose the right place, time and mode of communication to land important communications and avoid overload Eg., too many e mails
- Check recipients physical wellbeing as difficulties with hearing or vision can impact on how the message is received.

Medicines Optimisation Arrangements including CDAO assurance

Reviewing governance arrangements for medicines management Eg., Training and Audit of the whole chain from ordering to administration

Working with the clinical HODS to ensure effective stock management

Working with Consultants to ensure evidence based practice is taken into prescribing for Antimicrobial stewardship and Pain management

CDAO continued surveillance and assurance that standards are met and controlled drugs are safe

Reduction in surgical site infections other than joint surgery

Following a thematic analysis we have found that minor surgical site infection investigations have a common theme. Poor temperature monitoring in the perioperative phase of the surgical episode. The '**one together**' initiative has been adapted to support staff in making sure patients are warm before they go to theatre and kept warm throughout the procedure.

Clinical Effectiveness

GIRFT

We had a very positive meeting with the Getting It Right First Time (GIRFT) team reviewing our clinical effectiveness in Arthroplasty Orthopaedics and Spinal Surgery. We are waiting for our report which will be shared with all relevant parties. This report includes information gathered from the NHS national database, the National Joint Registry (NJR) and the British Spinal Register (BSR)

JAG accreditation

We have held our Joint Advisory Group (JAG) accreditation for five years in endoscopy services that have been inspected by the Royal College of Physicians JAG. We are very proud of this service and have had overwhelming positive feedback from patients and

consultants. We have had interim inspections which have all resulted in only minor adjustments. Our full re inspection is due in July 2025

ANTT Silver Award

We achieved a silver award for Aseptic Non Touch Technique (ANTT) which assures us we have a standardised approach to aseptic procedures across the hospital. We will be completing our submission for Gold award in May 2025

NJR gold award

We continue to receive the gold status from the NJR for the quality of the data we submit.

Patient Experience



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 2024/25 Springfield Hospital provided 5,731 NHS IP/DC services.

Springfield Hospital has reviewed all the data available to them on the quality of care in all 5,731 of these NHS services.

The income generated by the NHS Admitted services reviewed in 1 April 2024 to 31st March 2025 represents 44 per cent of the total income generated from the provision of NHS services by Springfield Hospital for 1 April 2024 to 31st March 2025.

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 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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Direct Staff Cost % Net Revenue **22.6%**

HCA Hours as % of Total Nursing **20%**

Agency Cost as % of Total Staff Cost **10.3%**

Ward Hours PPD **5.57**

Staff turnover **14%**

% Sickness **4.67%**

% Lost Time **19.7%**

Appraisal **72%**

Mandatory Training **80 %**

Staff Satisfaction Score **71%**

Number of Significant Staff Injuries **1**

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Springfield Hospital participated in 10% national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Springfield Hospital participated in, and for which data collection was completed during 1 April 2024 to 31st March 2025, are listed below

Count	Project name (A-Z)	Provider organisation
3	British Spine Registry	Amplitude Clinical Services Ltd
7	Elective Surgery (National PROMs Programme)	NHS Digital
9	Falls and Fragility Fracture Audit Programme (FFFAP) ^{1, 2, 3}	Royal College of Physicians (RCP)
12	Mandatory Surveillance of HCAI	Public Health England
17	National Audit of Breast Cancer in Older Patients (NABCOP) 1, 2	Royal College of Surgeons (RCS)
19	National Audit of Care at the End of Life (NACEL) 1	NHS Benchmarking Network
23	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
32	National Gastro-intestinal Cancer Programme 1, 2, 3	NHS Digital
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
42	NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Public Health England
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

Local Audits

The reports of 362 Ramsay national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Springfield Hospital intends to take the following actions to improve the quality of healthcare provided.

Actions :

1. Refurbishment of patient bedrooms has been completed and further refurbishment on ward is ongoing.
2. Falls incentives continue to be reviewed by Falls lead and links.
3. Normothermia- we are continually reviewing by performing ad hoc spot audits to achieve normothermia. New process implemented One together initiative which includes temp dots for individual patients which link up to electronic device throughout patient journey. Face to Face Education has been delivered to staff by IPC Lead.
4. Reviewed and removed CYP medical records when surgery ceased



2.2.3 Participation in Research

There were no patients recruited during 2024/25 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

Springfield Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework CQUINS were paused during this period.

2.2.5 Statements from the Care Quality Commission (CQC)

Springfield Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions/registered with conditions.

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

2.2.6 Data Quality

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

Springfield Hospital will be taking the following actions to improve data quality.

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30th June 2025.

This information is publicly available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

Springfield Hospital was subject to the Payment by Results clinical coding audit during 2024/25 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:

Springfield	2023	95%	97%	100%	99%	Level 3
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Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2025

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
South						
Ashtead	Completed Sept 2023	100%	99.6%	100%	100%	Level 3
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%	Level 3
West Valley	Completed Oct 2023	96%	88%	100%	98%	Level 2
Berkshire	Completed July 2024	100%	97%	100%	95%	Level 3

Independent						
Cherwell	Completed Nov 2023	96%	91%	98%	100%	Level 2
Southwest						
Duchy	Completed Nov 2023	98%	98%	98%	99%	Level 3
Exeter Medical	Completed Feb 2024	98%	100%	100%	100%	Level 3
Mount Stuart	Completed Feb 2024	100%	100%	100%	100%	Level 3
New Hall	Completed July 2024	96%	97%	100%	95%	Level 3
Winfield	Completed March 2024	100%	100%	100%	100%	Level 3
Midlands						
Westbourne	Completed Aug 2024	96%	84%	92%	95%	Level 2
Woodland	Completed Aug 2024	98%	98%	98%	99%	Level 3
Glendon Wood	Completed Aug 2024	96%	98%		100%	Level 3
Woodthorpe	Completed Aug 2024	100%	100%	100%	100%	Level 3
Beacon Park	Completed October 2024	98%	96%	98%	97%	Level 3
Rowley Hall	Completed October 2024	96%	96%	100%	90%	Level 3
West Midlands	Completed November 2024	96%	95%	96%	90%	Level 3
Stourside	Completed November 2024	98%	91%	100%	100%	Level 3
Northwest						
Buckshaw	Completed November 2024	100%	100%	100%	100%	Level 3
Fulwood Hall	Completed April 2025	98%	99.5%	100%	98%	Level 3
Renacres	2023	100%	99%	98%	99%	Level 3
Euxton Hall	2023	98%	91%	98%	96%	Level 3

Oaklands	2023	100%	99%	98%	90%	Level 3
Northeast						
Clifton Park	2023	98%	100%	98%	99%	Level 3
Cobalt	2023	100%	98%	100%	100%	Level 3
Park Hill	2023	100%	99%	100%	100%	Level 3
Tees Valley	2023	98%	98%	100%	98%	Level 3
Yorkshire Clinic	2023	100%	99%	100%	100%	Level 3
East						
Oaks	2023	98%	94%	98%	100%	Level 3
Rivers	2023	98%	90%	98%	100%	Level 3
Pinehill	2023	98%	94%	100%	99%	Level 3
Springfield	2023	95%	97%	100%	99%	Level 3
Fitzwilliam	2023	96%	98%	96%	99%	Level 3
Boston	2023	95%	94%	98%	98%	Level 3
Blakelands	2023	97%	92%	98%	99%	Level 3

2.2.7 Stakeholders views on 2024/25 Quality Account



Mid and South Essex Integrated Care Board response to Springfield Hospital (Ramsay Healthcare Group) Quality Account 2024/25

As a commissioner of Springfield Hospital, Mid and South Essex Integrated Care Board (MSEICB) welcomes the opportunity to comment on this annual Quality Account.

MSEICB is commenting on a draft version of this Quality Account, however, to the best of its knowledge, the information contained within this report is accurate and is representative of the quality of services delivered. Any queries will have been fed back to Springfield Hospital prior to publication for consideration of inclusion, along with any missing data in the final report.

MSEICB is pleased to note the progress that Springfield Hospital has made against the priorities for improvement that it set out last year.

MSEICB can see that excellent progress has been made to achieve these priorities in line with the groups vision and strategy of always 'Putting Patients First'.

The majority of the agreed priorities have been progressed well. Where there have been barriers outside of the control of Springfield Hospital, actions have been initiated to drive forward the remaining objectives. MSEICB notes that The Patient Safety Incident Response Framework (PSIRF) has been fully embraced and embedded. There is evidence of thematic review/analysis and a positive culture of continuous learning from incidents. After Action Reviews (AARS) are completed with Leads nominated and clear target dates set. Patient Safety training is ongoing including Human Factor training. Clear evidence that there is a positive culture of patient safety and transparency, where the patient voice is heard and empowered, with full involvement in patient safety investigations and patient journeys reviewed.

Springfield Hospital remain committed to improving patient care and experience and ensuring that feedback is embedded. Patient feedback is positive. Where complaints are received, there is a robust framework in place.

There is ongoing evidence of audits at both a National and Local level and a commitment to improving data quality. We note the success of the VTE fridge magnet innovation that has supported patients to identify the signs and symptoms of VTE and seek early intervention as required.

There is a commitment to staff training and development with a positive Freedom to Speak up culture.

In reference to infection prevention and control we note the low rate of hospital acquired infection with no reported MRSA Bacteraemia in the past 6 years.

MSEICB acknowledge the priorities that Springfield Hospital have set for 2025/26 in continuing to build on the foundations set in 2024/25.

Patient Safety

- Enhancing Communication channels
- Medicines Optimisation Arrangements including CDAO assurance
- Reduction in surgical site infections other than joint surgery

Clinical Effectiveness

- GIRFT
- JAG accreditation
- ANTT Silver Award
- NJR gold award

Sincere thanks go to the whole Springfield Hospital team for their hard work, dedication and commitment to patient safety that has been evident over the past year. MSEICB would once again like to congratulate Springfield Hospital for all that it has achieved given the continuing backdrop of increasing pressure and uncertainty which continues to impact all healthcare services.

In conclusion, MSEICB considers the Springfield Hospital Quality Account for 2024/25 as providing an accurate and balanced picture of the reporting period. MSEICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed processes.

Dr Giles Thorpe RN, BSc (Hons), MSc, DProf, MIHM
Executive Chief Nursing Officer

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Springfield

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

We have delivered an outstanding quality performance in a challenging year for Springfield hospital. We have reviewed our clinical strategy for 2023 – 2026 and celebrated our achievements and focused on two key areas for improvement or enhancement in our revised strategy to take us to 2026. Advancing patient safety is paramount and daily attention is given to this. We also have taken an initiative to enhance communications at all levels.

Ramsay leads the industry by having implemented the MAXIMS electronic patient record (EPR) across all hospital sites. We have 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. Our RADAR incident reporting system is robust and supports the clinical governance of our hospital. We hold regular Multi Professional Team (MDT) for the key specialities like Oncology and Orthopaedics.

As we came out of the pandemic staff embraced the challenge of taking more patients via the NHS contract to help those people on long waiting lists. Since 2022 we have completed over 5000 joint surgeries. We continue to grow professionally with training and development programmes supported by the Ramsay Academy. In our highly competitive market retention and recruitment of the right staff is crucial to our strategy. Moving forward by putting the patient at the heart of everything we do has enabled us to deliver the safety culture we are committed to.

Patricia Turner RGN, B.Sc (hons), M.Sc (Dist), MBA

Patricia Turner

Head of Clinical Services

Springfield Hospital

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2024/25

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.

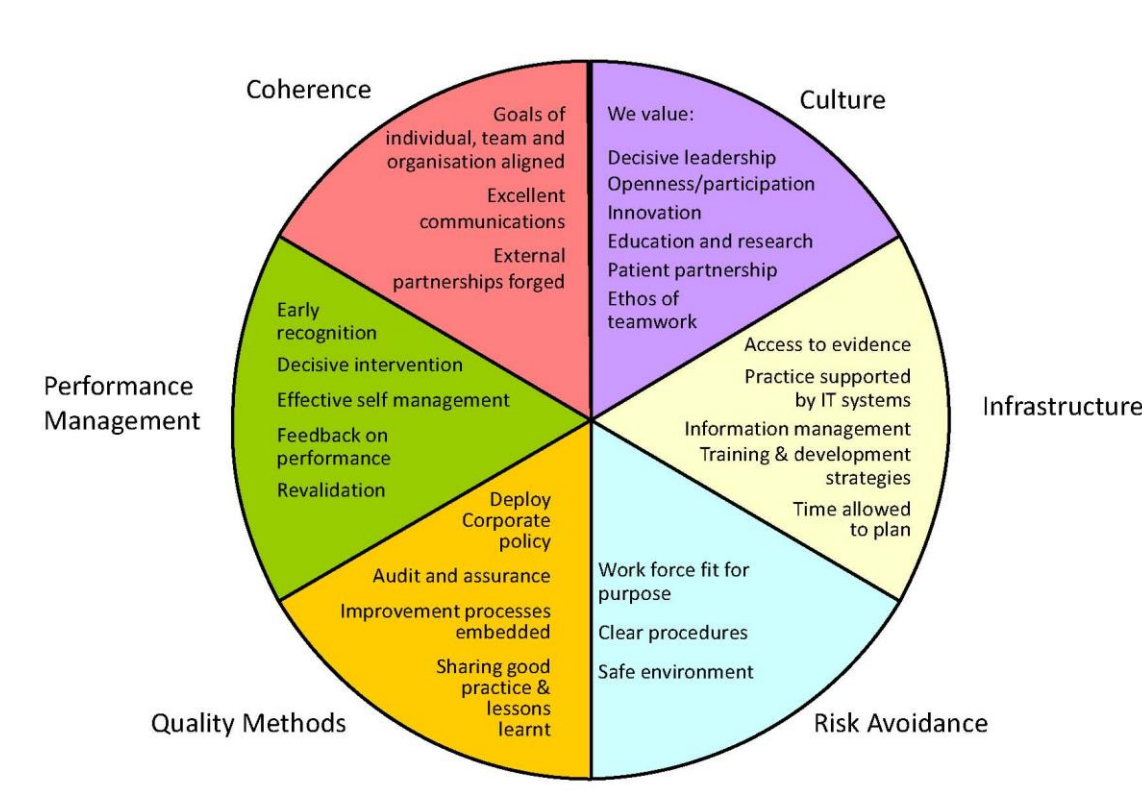
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The Clinical Governance committee at Springfield Hospital meet monthly and is well attended with a Consultant Anaesthetist Chairing the committee, the Quality and Safety Manager providing all the data required, The HOCS and all clinical departments represented,

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

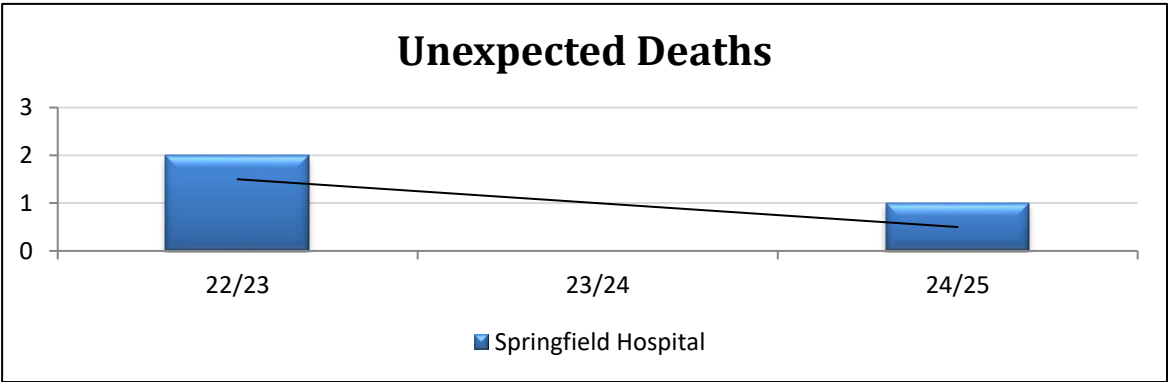
3.1 The Core Quality Account indicators

Mortality

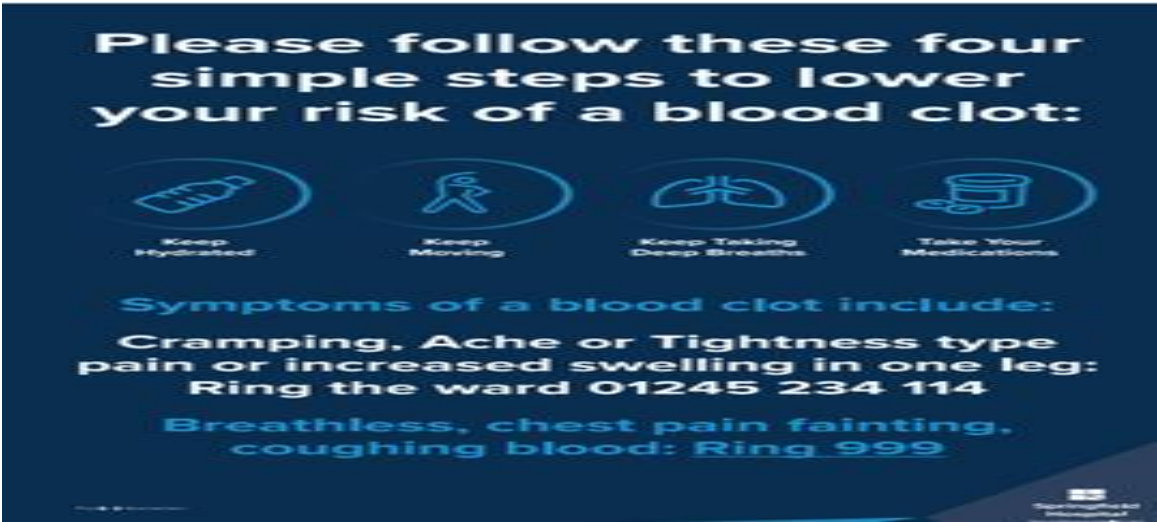
Mortality:	Benchmarking period							Ramsay		
	Period	Best		Worst	Average			Period	Springfield	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC18	0.0004
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC18	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC18	0.0002

Springfield Hospital considers that this data is as described for the following reasons it is reviewed by the clinical governance committee on a monthly basis.

Springfield Hospital has taken the following actions to improve this number, and so the quality of its services, by ensuring all patients receive a laminated fridge magnet on discharge to enhance the information given to prevent VTE is visible. One patient passed away at home and we reviewed her entire journey at Springfield. Whilst it was concluded at the coroner's inquest that the hospital did all they could to prevent a VTE the hospital took the decision to ensure all patients having a general anaesthetic have the fridge magnet below.



Rate per 100 discharges:



National PROMs

Springfield Hospital has taken the following actions to improve this health gain numbers, and so the quality of its services

Ward staff will be encouraging patients with improved communications to complete the Oxford Hip PROMS and knees using the e PROMS system for a more accurate numbers.

Rate per 100 discharges

PROMS: Hips	Period	Best		Worst		Average	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505

Period	Springfield	
Apr20 - Mar 21	NVC18	24.668
Apr21 - Mar 22	NVC18	25.029
Apr21 - Mar 23	NVC18	22.130

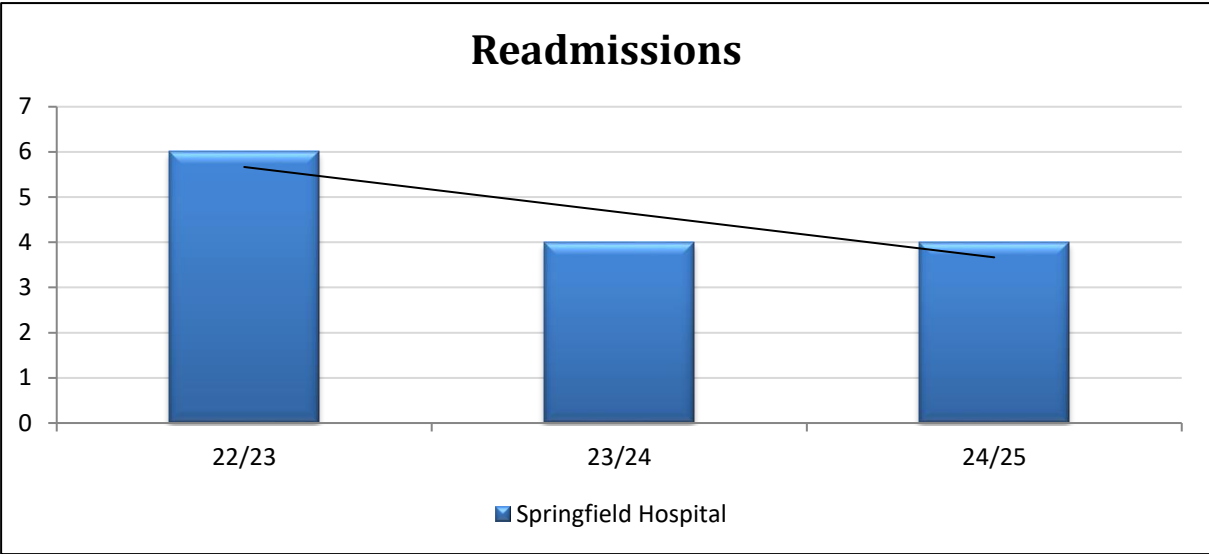
PROMS : Knees	Period	Best		Worst		Average	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879

Period	Springfield	
Apr20 - Mar 21	NVC18	14.418
Apr21 - Mar 22	NVC18	18.840
Apr22 - Mar 23	NVC18	16.600

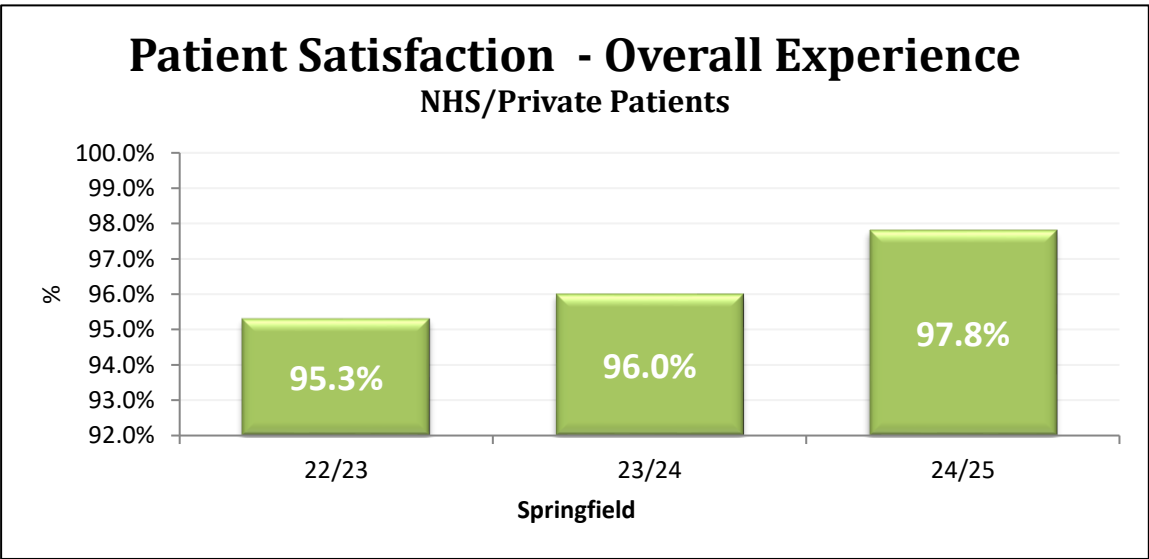
Readmissions

Springfield Hospital considers that this data is as described for the following reason. We are not an outlier for readmissions for the group, there are no trends in our readmission patients

Readmissions:	Period	Best		Worst		Average		Period	Springfield	
	9/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC18	0.00122
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC18	0.00087
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC18	0.00070



Responsiveness to Personal Needs

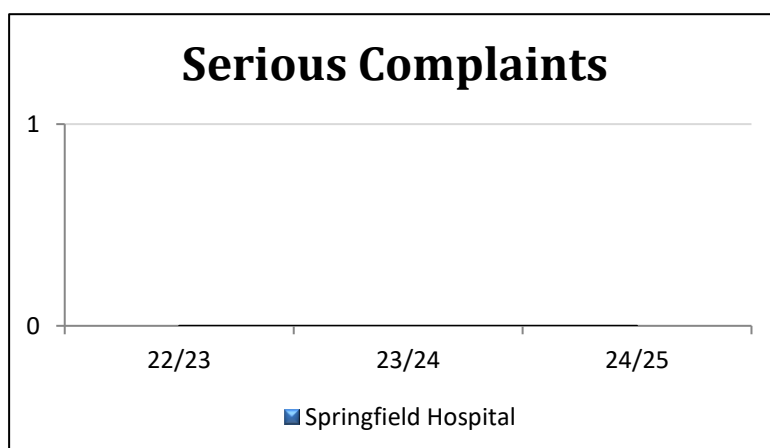
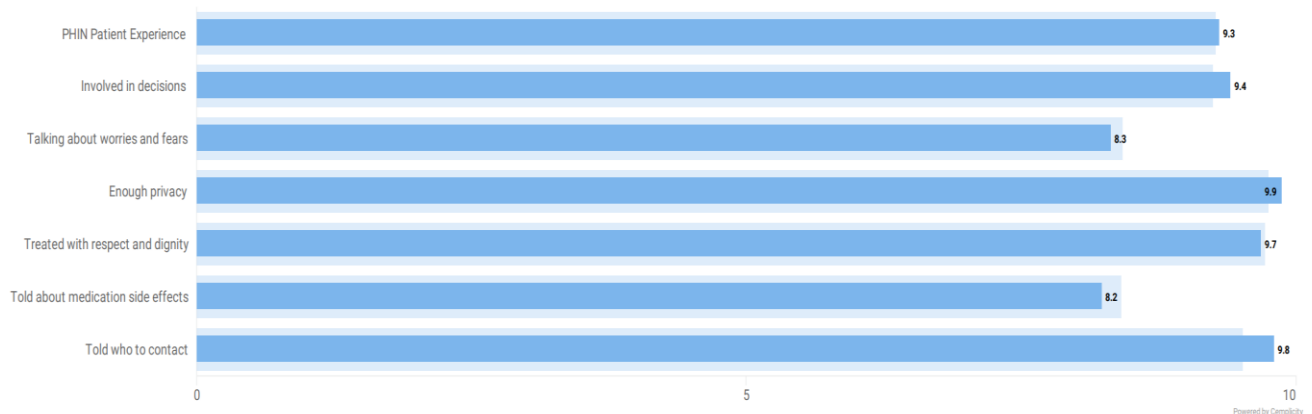


PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of PHIN Patient Experience performance

Date Range: 01/04/2019-31/03/2020

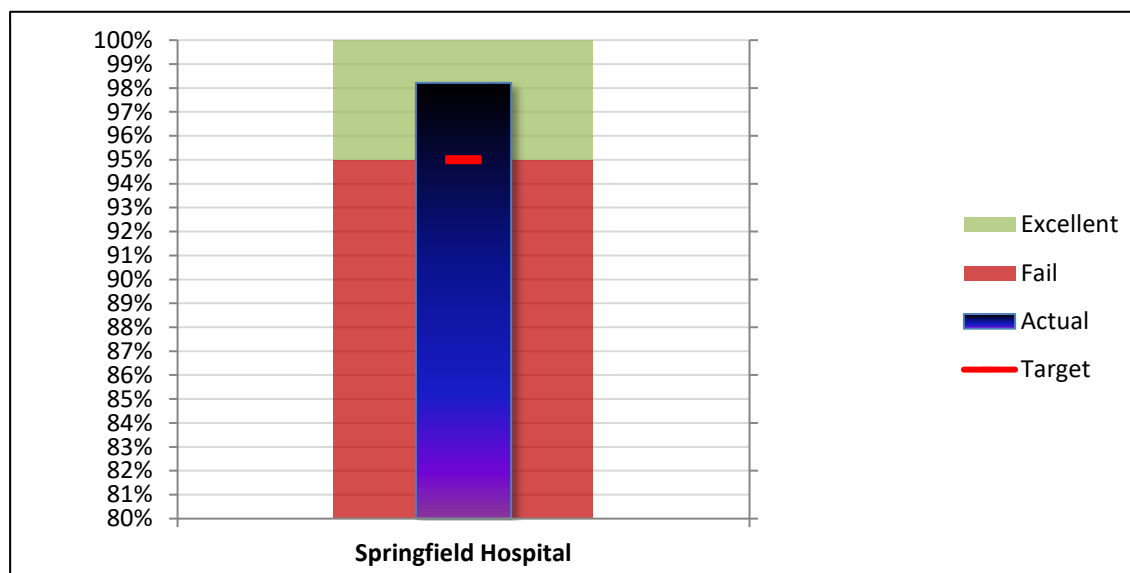
Filter set one: Hospital: Park Hill Hospital



NO stage 2 complaints during this period

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Park Hill	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC14	99.0%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC14	97.2%



Springfield Hospital	95%	5%	98.22%	95%
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Springfield Hospital has taken the following actions to improve this number of VTE episodes, and so the quality of its services, by.

1. Enhancing the communications both verbal and written to patients and their families. The information process starts in pre-operative assessment Patients are instructions how to stay safe pre operatively and are given an EIDO leaflet which gives information for prevention of VTE right throughout their journey.
2. Developing our staff and ensuring via annual mandatory training that all clinical staff have done VTE e learning which is then supported by a face to face session in the mandatory training day.
3. We follow the NICE guidelines and DoH as well as our own policies and royal colleges guidelines for the prevention of VTE
4. We are in the process of completing our submission for VTE exemplar status with Kings College London

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Springfield	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC18	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC18	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC18	0.000

Springfield Hospital considers that this data is as described as we have had no reported C Diff infections for more than five yea

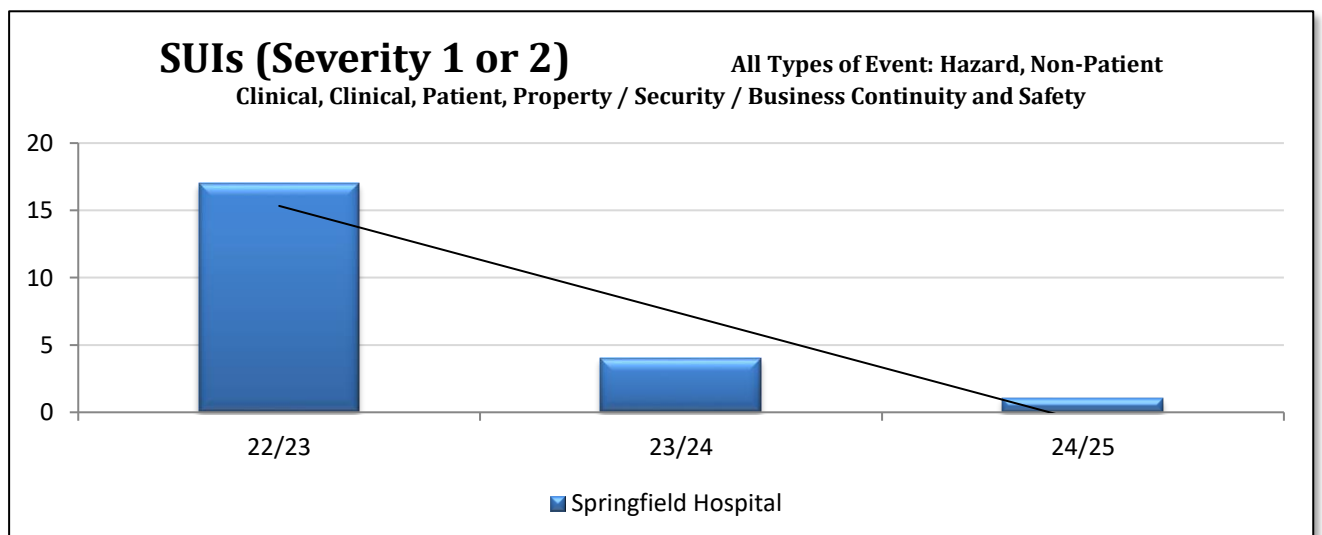
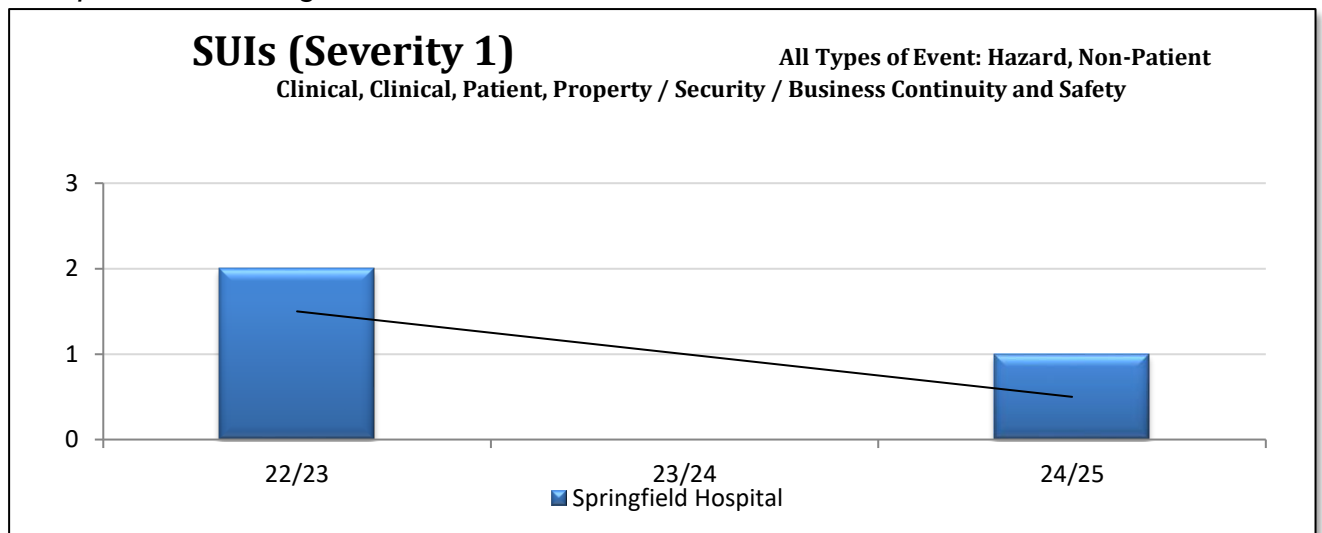
Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A

Period	Springfield	
2022/23	NVC18	0.000
2023/24	NVC18	0.000
2024/25	NVC18	0.000

Springfield Hospital considers that this data is as described for the following reasons. The data matches our internal incident reporting and investigation systems.

Rate per 100 discharges:



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. We also hold a lot of value in our freedom to speak up values so staff can safely raise a safety concern.

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

Springfield Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 6 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. We have an IPC action plan which we have successfully implemented for 24/25.

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 we introduced in Springfield hospital for IPC safety and effectiveness include:

- We focused on achieving a standardised approach to aseptic technique across the hospital. We achieved Silver award for ANTT and are working towards achieving the GOLD award.
- We are working with the one together initiative to achieve Normothermia in all our patients pre operatively to optimise their safety in theatre

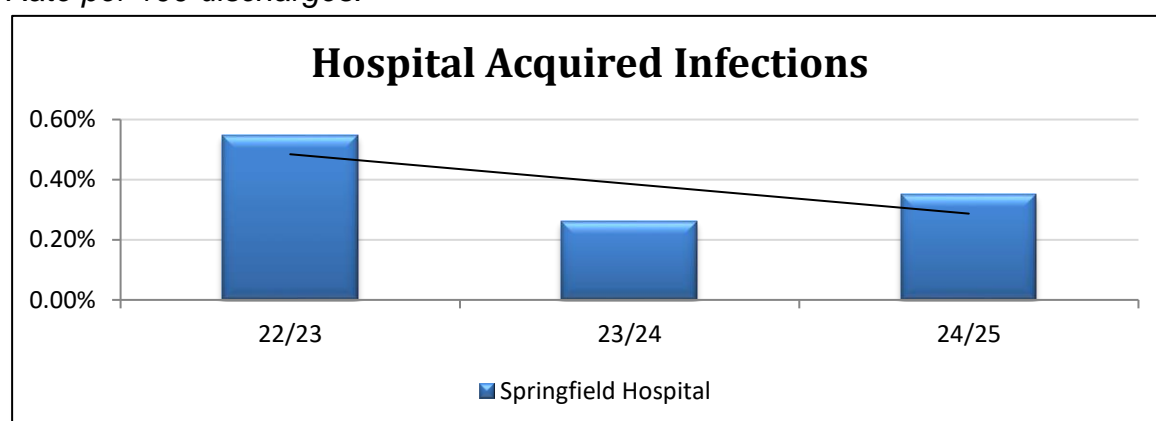
- We have enriched the role of the link IPC practitioner in all departments to support the IPC committee in achieving the strategy
- We have an IPC action plan. We report every wound infection and investigate the preventative actions taken and establish any lessons learnt
- Infection prevention and control training is mandatory for all staff and we do additional training on sepsis recognition

As can be seen in the graph below our other surgical site infection rate has slightly increased over the last year. However in comparison to the national average it is very low.

Period	Best		Worst		Average		Springfield	
2021/22	SiteA2	24.5	SiteB2	21	Eng	22.1	NVC18	1.0000
2021/23	SiteA3	25.5	SiteB3	22	Eng	23.1	NVC18	0.2599
2021/24	SiteA4	26.5	SiteB4	23	Eng	24.1	NVC18	0.2599

The charts must be a bar graph showing the last 3 years e.g. local infection rates

Rate per 100 discharges:

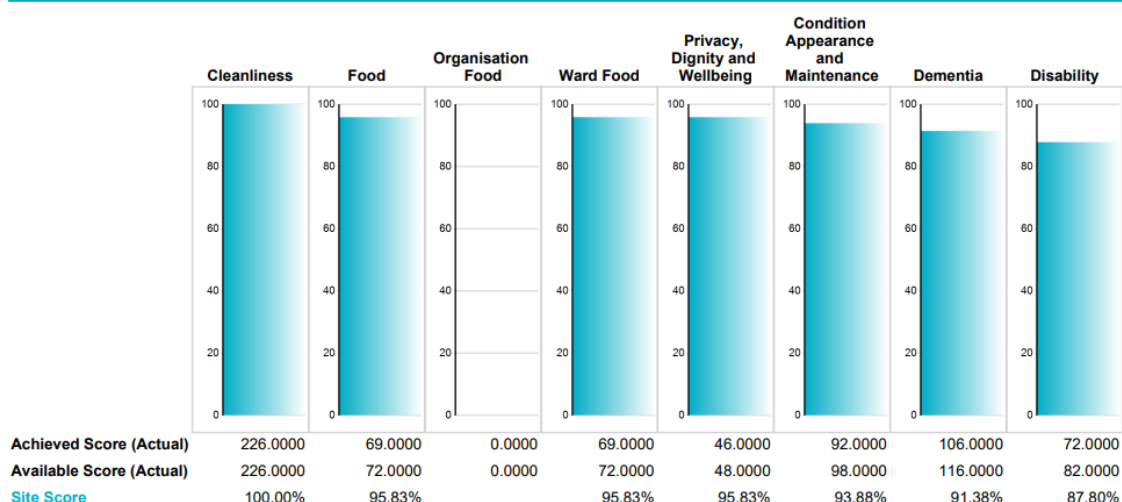


3.2.2 Cleanliness and hospital hygiene

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

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

The main purpose of a PLACE assessment is to get the patient view.



PLACE scores were generally positive this year, improving year on year. We have had a large investment to the ward environment with the refurbishment of 11 patient bedrooms, the entire flooring, and the Reception desk, which patients have responded to very positively and it has made a large difference. We have implemented additional signage in Outpatient areas that assist with engagement with our Dementia patients, and again this has had positive feedback.

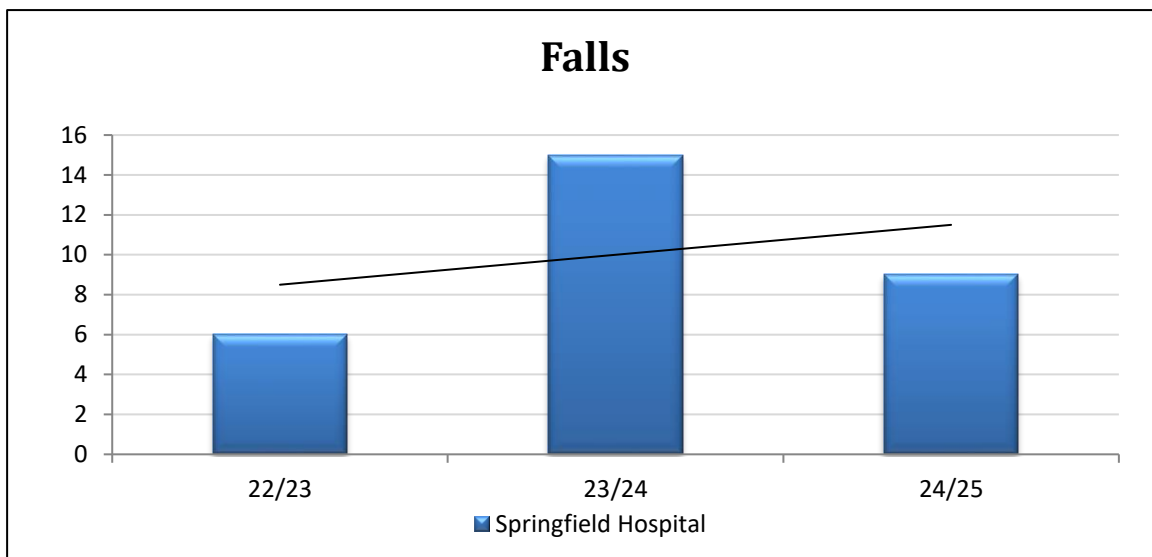
Areas for improvement are upgrading the passenger lifts and the flooring throughout the Outpatient areas; both of these require some significant investment and we are working at a local level to secure this nationally.

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 Hospital Director which ensures we keep up to date with all safety issues. Example of our local falls prevention strategy has seen a reduction in inpatient falls

Rate per 100 discharges:

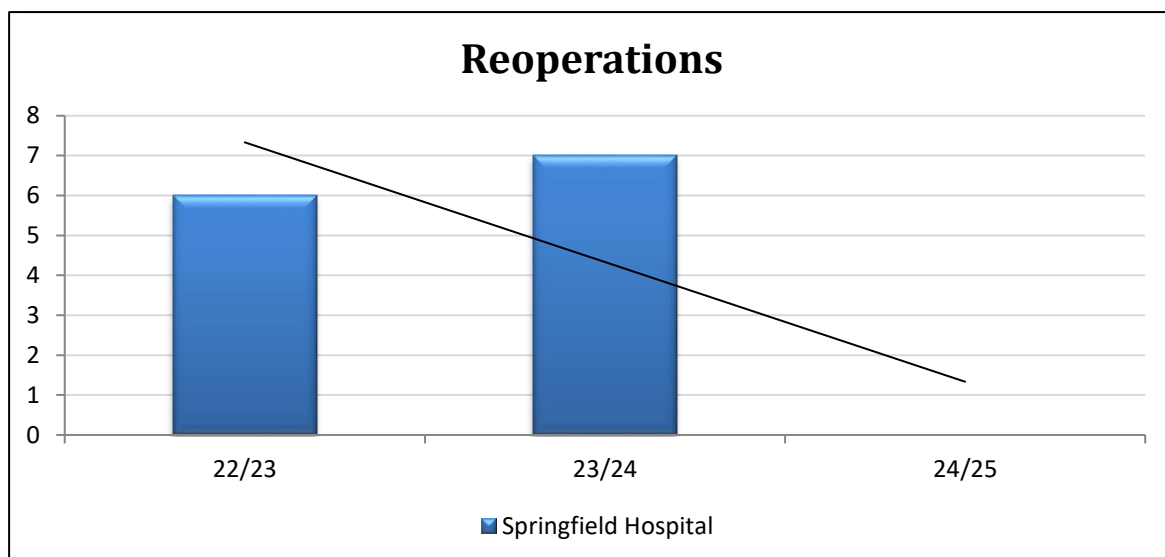


3.3 Clinical effectiveness

Springfield Hospital has a Clinical Governance 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 SLT regularly review the risk register

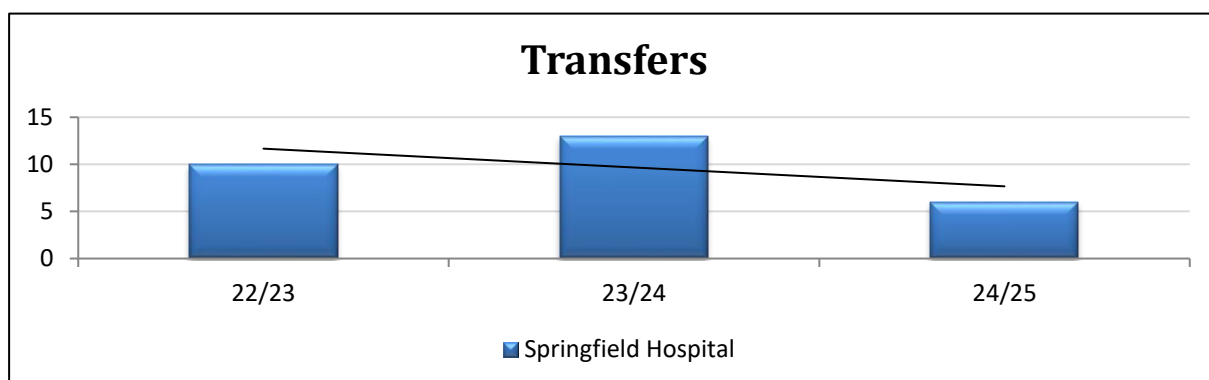
3.3.1 Return to theatre

Springfield hospital 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 can be expected although not obviously planned. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Springfield's rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is also relatively low incidence

Rate per 100 discharges:



- We do not have a formal SLA with the ambulance service.
- We do have an SLA with the local Trust for access to ICU if the need arises
- 11 patients were transferred over the last 12 months (total number of admissions 12,000, (0.09%))
- 4 of those were orthopaedic
- None admitted to ICU
- Issues – PE, maintenance of sats., and blood gasses, bowel obstruction, respiratory failure

There were no unreasonable delays in transfer;

The outcome of these episode(s)

Patients were generally discharged from the local trust after a few days following transfer.

3.3.2 Learning from Deaths

Please refer to No. 3.1 on Page 25 of this report. We also follow Safety Alerts and national guidelines on patient safety and take action.

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 report annually on staff who speak up (including whistle blowers). 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, and 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%.

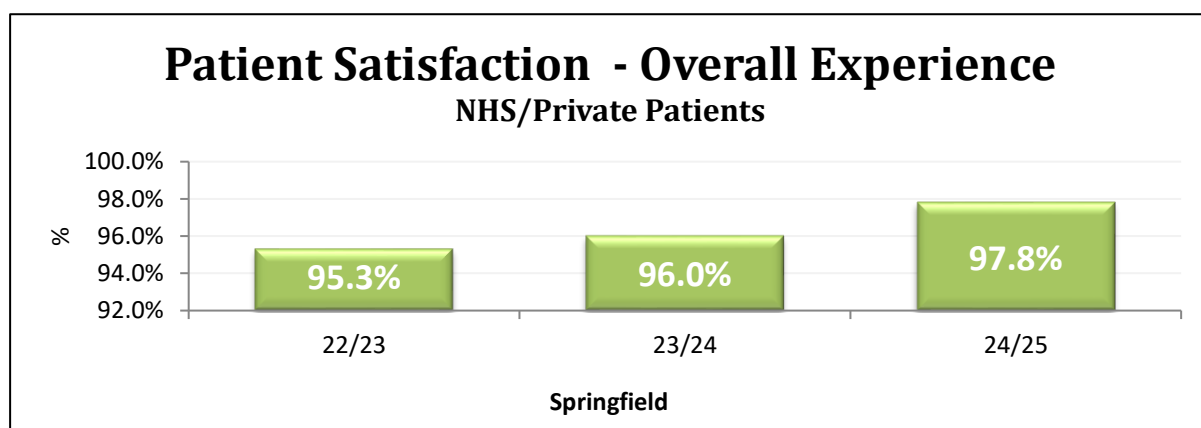
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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 feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads 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 – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

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.

Springfield Hospital

cemplicity*



July - December 2024 Results

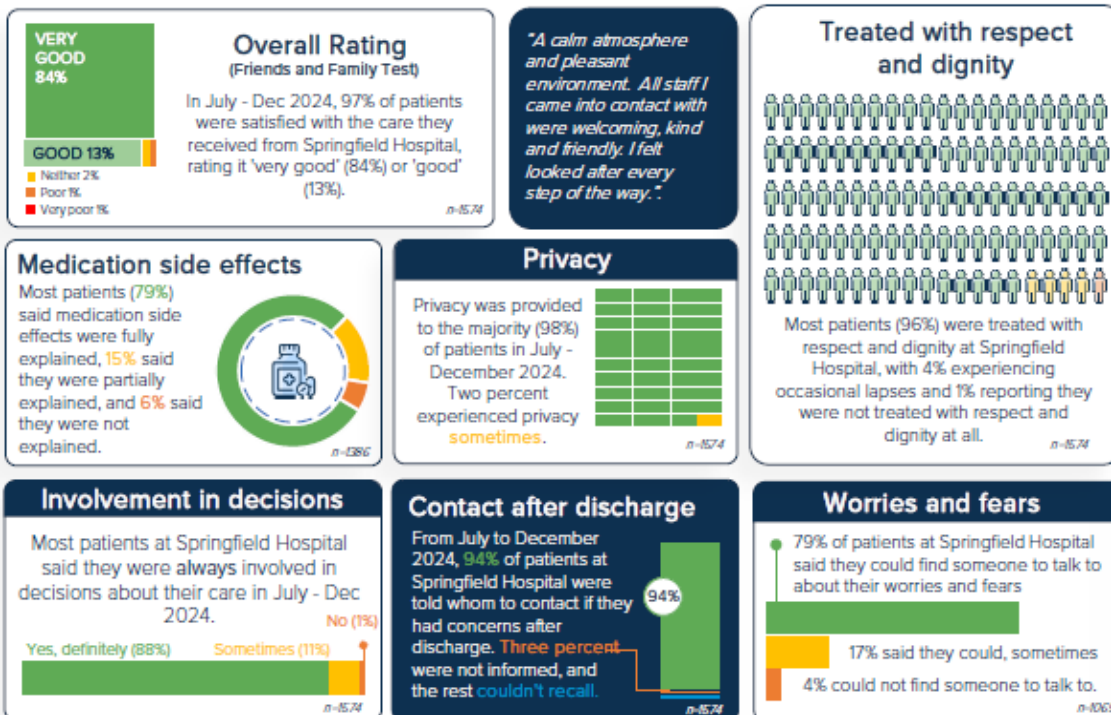
Springfield Hospital has consistently delivered high-quality care from July to December 2024, with all results aligning with the previous report and meeting or exceeding Ramsay Health Care averages.

NET PROMOTOR SCORE

+89

Promoters (9-10 rating)	92%
Passives (7-8 rating)	5%
Detractors (0-6 rating)	3%
% of promoters - % of detractors = 89 (n=1570)	

Key Patient Experience Indicators



*Percentages do not total 100% due to rounding.

Ratings summary

The percentage of patients at Springfield Hospital in July - Dec 2024 who give a '9' or '10' rating for these dimensions of care.

Kindness and compassion	94%	Confidence in care	94%	Cleanliness and comfort	93%
Communication	89%	Consistent and coordinated care	90%	Meals	86%
Information	86%	Managing pain and nausea	87%	Overall customer service	94%

3.5 Springfield Hospital Case Study

Following a run of clinical incidents in patients From ~April to June 2024 ranging from grade one pressure sores to surgical site infections a Thematic review was undertaken and crib sheets were developed to encourage staff to use the risk assessments and take action where required for prevention of incidents.

Thematic Review / Analysis

What is the system being reviewed	<p>There has been a spate of incidents where common themes of omission in the systems designed for prevention have been identified.</p> <p>Purpose of review</p> <ol style="list-style-type: none">1. Risk Assessment Campaign (RAC recovery)2. Training for staff on individual risk assessments3. Create champions for each preventable incident4. Embrace ownership and accountability
What do we expect the system or process to be	Maximum reduction in largely preventable adverse incidents.
Key Stakeholders required to provide insight into review	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Hospital Site or Organisational Review	Springfield Hospital

Data Sources

List data sources and patient safety events which will form part of the thematic analysis

Date	Radar Number	Harm Level	Description of Event	Investigation Level	Actions Taken
<i>Date of ref case Most recent in reporting order</i>	<i>Radar no. for ref case</i>	<i>Harm level for ref case</i>	<i>Description of incident and finding of investigations (if applicable)</i>	<i>Level of investigation (AAR / PSII etc)</i>	<i>Actions taken as a result of individual incidents</i>
06/7/24	Pressure Sore		Patient was Pre assessed on Waterlow as risk 28. Should have been 16 On admission The nurse wrote "patient stated the skin was intact" didn't re do the Waterlow risk assessment implement the ICP for PS prevention on high risk patient or the SSKIN bundle. The area was identified after discharge on the back of left inner thigh. Patient will see our wound care nurse	Thematic review	In addition to actions already taken for all staff. All nurses involved in the three PS patients care and didn't review the Waterlow or implement a SSKIN bundle will have a copy of this Thematic review to reflect on their individual practice and identify any personal areas that should be considered moving forward for future education of all staff.
12/7/24	9780 Pressure Sore		Waterlow 18 on admission 6 nurses saw her during her stay Something sore staring 10/7/24. didn't re do the Waterlow risk assessment implement the ICP for PS prevention or the SSKIN bundle. The district nurses (from provide) have taken a photo, ordered the patient an airflow mattress and also an airflow cushion. I asked the patient if the district nurses are going to monitor this sore, the patient is under the impression that her daily carers will be monitoring this as requested by the district nurse. Patient has physio on Monday 15/7/24 at 13.00, patient to come to OPD after appointment for review of wound and sore.	Thematic review	Raise awareness of the incident and future prevention Training on risk assessment & SSKIN bundle. Improve documentation Walk around for NIC and WM Discussion with staff involved regarding legal documentation
8/7/24	9657 FALL		Patient had been returned to their room on the ward following a procedure under local anaesthetic in theatre. Patient had felt faint during the procedure and was taken back in a wheelchair, patient went to the bathroom unattended and collapsed when going back to the chair. Required stiches to the face. No evidence of e discharge letter on notes for transfer of information to the primary care team.	AAR	Theatre staff reminded as per charter they must not bring patients back to the room without a nurse present to hand over to. Transfer information when handing off to the primary care team

27/6/24	9296 Pressure Sore		<p>Patient was Pre assessed on Waterlow as risk 10. The nurse noted a red area on his lower back post surgery but didn't re do the Waterlow risk assessment implement the ICP for PS prevention or the SSKIN bundle.</p> <p>The area deteriorated to a category 2 PS after discharge. There was no transfer of information to the primary care team.</p> <p>Patient is seeing our wound care nurse and the sore is getting better.</p>	AAR All care was given to prevent skin damage during the perioperative phase	<p>Raise awareness of the incident and future prevention</p> <p>Training on risk assessment & SSKIN bundle</p> <p>Improve documentation</p> <p>Walk around for NIC and WM</p> <p>Transfer information when handing off to the primary care team</p>
28/6/24	9340 DVT 2		<p>Patient attended Physio 27/6/24. RMO was informed that patient had symptoms and arranged an ultrasound for today.</p> <p>Radiologist confirmed thrombosis.</p> <p>Treatment given patient recovered no further problems</p>	AAR Managed very well when DVT diagnosed	<p>Good practice inform RMO immediately if suspected DVT</p>
22/6/24	9120 FALL 1		<p>HCA assisting with personal care. Noticed the patient sitting on the bathroom floor.</p> <p>Patient stated she was in the bathroom while HCA was changing her bed in the room. She said she lost her balance and fell on her bottom didn't re do the falls risk assessment</p> <p>Observation checked (NEWS 0) and patient observed for a few minutes,</p> <p>Skin checked, no bruising, no swelling, no marks visible to the back and bottom area.</p> <p>Only small redness to her left elbow.</p> <p>Seen by RMO. There was no transfer of information to the primary care team about the fall.</p>	AAR completed	<p>Raise awareness of the incident and future prevention</p> <p>Training on falls risk assessment and door hangers</p> <p>Improve documentation</p> <p>Walk around for NIC and WM</p> <p>Transfer information when handing off to the primary care team</p>
22/6/24	9106 FALL 2		<p>Patient got up without ringing the bell as slipped down off the bed onto the floor.</p> <p>didn't re do the falls risk assessment</p> <p>Observation checked (NEWS 0)</p> <p>There was no transfer of information to the primary care team about the fall.</p>	AAR completed	<p>Raise awareness of the incident and future prevention</p> <p>Training on falls risk assessment and door hangers</p> <p>Improve documentation</p> <p>Walk around for NIC and WM</p> <p>Transfer information when handing off to the primary care team</p>
20/6/24	9065 FALL 3		<p>Patient found on the floor by the staff.</p> <p>Observations taken NEWS 0, Neurological observations recorded GCS 15/15. Patient said he hit the back of his head - checked</p> <p>Once assessed patient was mobilised back</p>	AAR completed	<p>Raise awareness of the incident and future prevention</p> <p>Training on falls risk</p>

			to bed via hoist. Once in bed an ECG was completed - RMO saw no acute changes. consultant was informed, patient has had an x-ray of the Knee joint. didn't re do the falls risk assessment night staff to continue neurological observations and monitoring. There was no transfer of information to the primary care team about the fall.		assessment and door hangers Improve documentation Walk around for NIC and WM Transfer information when handing off to the primary care team
25/6/24	9198 DVT 1		<p>Patient had Left total Hip replacement 30.04.24 and was discharged home 02.05.24. Patient called hospital 17.06.24 at 8 weeks post surgery sudden groin pain with swelling and discoloration in left leg.</p> <p>Advised to rest, contact GP or A&E if becomes worse.</p> <p>25.06.24- Patient called physiotherapy to seek advice and she informed the physiotherapist that she had been admitted to Broomfield Hospital 17.06.24 and was diagnosed with an ileo femoral DVT</p> <p>Transferred to Basildon Hospital and had thrombolysis 18.06.24 followed by left common vein iliac stent on 20.06.24.</p> <p>Discharged home 24.06.24 Patient is now on Enoxaparin for 14 days then change to oral anti-coagulants. Follow up in 2 weeks.</p> <p>Patient has stated that she has improved mobility now and hip movements have improved .</p>	AAR	Advise all patients who are symptomatic to come to the ward for review of DVT and or Infection symptoms.

Description of Safety Systems

System of Safety for Specific Safety Risk

System of safety for Pressure Sore Prevention

POA Patient risk assessed
Waterlow for PS risk
ALERT on Maxims

CHECK WATERLOW ON ADMISSION
Preventative measures put in place
an ICP check pressure areas daily if change
redo risk assessment and introduce SSKIN bundle

communication of risk at shift handover
ALERT symbol on handover sheet
NIC or WM check preventative actions taken on clinical rounds

Prior to discharge
Repeat risk assessment
check visibly pressure areas
inform Primary care team on discharge

System of safety for Falls Prevention

POA Patient risk assessed for Falls if high risk
targeted risk assessment & ALERT on Maxims

Check Falls risk ON ADMISSION
Redo Risk assessment

Preventative measures put in place
door hangers poster in room call bell

Commence hourly rounds

If fall redo risk assessment alert on maxims

communication of risk at shift handover. Alert symbol on handover sheet
NIC or WM check preventative actions taken on clinical rounds

Repeat risk assessment prior to discharge
inform Primary care team on discharge of risk and inform them if a patient has and a fall

System of safety for DVT prevention

POA Patient risk assessed for VTE if high
ALERT on Maxims

Check VTE risk ON
ADMISSION Redo Risk assessment if changed since POA

Preventative measures put in place: legs measured stockings applied, keep moving *sip til send* and walk to theatre if possible

Consultant reviews and prescribes prophylactic

Flow traun boots applied

communicat
ion of risk at shift handover. Alert symbol on handover sheet NIC or WM check preventative actions taken on clinical rounds

Prior to discharge ensure the patient can understand the importance of:

taking medication if injection has been taught self administration

Do exercises and mobilise or paddle feet when sitting

Keep hydrated

Review the fridge magnet and if any symptoms as per instructions ring the ward or if emergency go to A&E

Non emergency patients to come back to the ward
Use the template


What is the difference between the incidents and the expected safety system? Use the template below to help identify across the different reference cases

Safety Barrier 1: Pressure sore prevention system	
What was supposed to happen	POA review Waterlow risk and put an alert on maxims if high risk. Admission nurse checks Alert and reviews the Waterlow risk assessment and if high commence on a Pressure care ICP and SSKIN bundle
What did happen	None of the above
Why was there a difference	Nurses failed to follow the preventative system for patients at risk
What can we learn from this	Risk assessments are crucial to plan nursing care and must be reviewed when the patients condition changes Communicate the risk everyone including the patient

Safety Barrier 2: Identification and prevention of VTE

What was supposed to happen	Patient called OPD at 8 weeks post surgery c/o sudden groin pain with swelling and discoloration in left leg. Advised to if non emergency come to the ward for RMO review
What did happen	Advised to rest, contact GP or A&E if becomes worse.
Why was there a difference	Staff unaware of system for patient review
What can we learn from this	Advise all patients who are symptomatic to come to the ward for review of DVT and or Infection symptoms if non emergency Communicate the risk to everyone including the patient

Safety Barrier 3: Prevention of Falls risk assessment

What was supposed to happen	POA review Falls risk and put an alert on maxims if high risk. Admission nurse checks Alert and reviews the Falls risk assessment explain risk to patient and put the appropriate door hanger on commence on an hourly rounding chart If there is a fall communicate this to the Primary care team on discharge
What did happen	Admission nurse didn't review the falls risk assessment Staff Didn't reassess after a fall There was no transfer of information to the primary care team about the fall.
Why was there a difference	Staff unaware of system for patient review
What can we learn from this	Falls risk assessment must be reassessed on admission and an alert put on Maxims if risk increased Door hanger system implemented with hourly rounding Discharge information must include the details of the fall Communicate the risk everyone including the patient 


Evaluation of Data


Causal Factors	Domain	Components	Contributory, Causal and Mitigating Factors Analysis – for identified PROBLEMS/WEAKNESSES and STRENGTHS										Is this indicating potential concern Y/N
Incident numbers			1	2	3	4	5	6	7	8	9	10	
CONTRIBUTORY and MITIGATING FACTORS Described as they relate to the PROBLEMS/WEAKNESSES and STRENGTHS identified (NB: There may be none, one or more CF/MF in each category)	External Contextual Factors	National guidelines and policies	0	0	0	0	0	0	0	0	0		
		Economic and regulatory context	0	0	0	0	0	0	0	0	0		
		Societal factors	0	0	0	0	0	0	0	0	0		
	Total		0	0	0	0	0	0	0	0	0		0
	Organisational Strategic Factors	Structure	0	0	0	0	0	0	0	0	0		
		Priorities/resource	0	0	0	0	0	0	0	0	0		
		Safety culture	3	3	3	3	3	3	3	3	3		YES
		Policies, standards, and goals	3	3	3	3	3	3	3	3	3		YES
	Total		6	6	6	6	6	6	6	6	6		6
	Operational Management Factors	Safety focus	0	0	0	0	0	0	0	0	0		
		Workplanning and delivering	3	3	3	3	3	3	3	3	3		YES
		Staffing levels and skill mix	0	0	0	0	0	0	0	0	0		
		Workload, shift pattern, hours of work	0	0	0	0	0	0	0	0	0		
		Training	2	2	2	2	2	2	2	2	2		YES
		Staff supervision	0	0	0	0	0	0	0	0	0		
		Staff competence	2	2	2	2	2	2	2	2	2		YES
	Total		7	7	7	7	7	7	7	7	7		7
	Workplace Factors	Environnement factors	0	0	0	0	0	0	0	0	0		
		Design of physical environment	0	0	0	0	0	0	0	0	0		
		Administrative factors	0	0	0	0	0	0	0	0	0		
	Total		0	0	0	0	0	0	0	0	0		
	Equipment & Technology Factors	Display	0	0	0	0	0	0	0	0	0		
		Integrity and maintenance	0	0	0	0	0	0	0	0	0		
		Positioning and availability	0	0	0	0	0	0	0	0	0		
		Usability/design	0	0	0	0	0	0	0	0	0		
	Total		0	0	0	0	0	0	0	0	0		
	Team & Social Factors	Culture	0	0	0	0	0	0	0	0	0		
		Team structure and consistency	0	0	0	0	0	0	0	0	0		
		Leadership	0	0	0	0	0	0	0	0	0		
		Communication management	2	2	2	2	2	2	2	2	2		YES
		Verbal communication	2	2	2	2	2	2	2	2	2		YES
		Written communication	2	2	2	2	2	2	2	2	2		YES
		Non-verbal communication	0	0	0	0	0	0	0	0	0		
	Total		6	6	6	6	6	6	6	6	6		6
	Task Factors	Clinical condition	0	0	0	0	0	0	0	0	0		

		Plans/policies/procedures in place for task	4	4	4	4	4	4	4	4		YES
		Decision making aids	4	4	4	4	4	4	4	4		YES
		Procedural or task design and clarity	0	0	0	0	0	0	0	0		
	Total		8	8	8	8	8	8	8	8		8
	Individual Patient Factors	Physical factors	0	0	0	0	0	0	0	0		
		Social factors	0	0	0	0	0	0	0	0		
		Psychological factors	0	0	0	0	0	0	0	0		
	Total		0	0	0	0	0	0	0	0		
	Individual Staff Factors	Physical health	0	0	0	0	0	0	0	0	0	
		Psychological factors	0	0	0	0	0	0	0	0	0	
		Social/domestic factors	0	0	0	0	0	0	0	0	0	
		Personality factors	0	0	0	0	0	0	0	0	0	
		Social factors	0	0	0	0	0	0	0	0	0	
		Cognitive factors	0	0	0	0	0	0	0	0	0	
Incident numbers			1	2	3	4	5	6	7	8	9	

Safety Recommendations

List the safety recommendations based on the thematic review

Category	Definition	Example
FIX	Continuity from all staff in all departments. Creating flow charts to identify the systems of prevention relevant in each department	Eg. if a patient is identified with an alert or rings with a concern the HCP follows the flow chart and therefore no variance in communication to patients.
Improvements	Staff use the risk assessments appropriately for prevention of avoidable incidents. Alert on ICP and handover and handoffs to identify there is a concern 	Eg., falls risk assessment put Alert on PDSA on risk assessments implementation for quality improvement
Changes	Individuals having reflection on their own professional practice and taking ownership for clinical planning and decision making	All staff and senior team to reflect on their part in risk assessing patients for prevention of incidents
Further insight	Need to create RN champions and leadership to advance the recommendations and findings as well as new developments in each high risk group of patients	Eg., lead for VTE prevention taking all information for exemplar practice to colleagues in their department

Safety Actions / Recommendations	Category Fix/Improvement/Change / Further insight	Lead (who will lead the action?)	Evidence (to evaluate progress)	Target Date (for completion)
<p>Raise awareness of the incident and future prevention Training on risk assessment & SSKIN bundle</p> <p>Improve documentation</p> <p>Communicate to all staff verbally and in the ICP and handover</p> <p></p> <p>Walk around for NIC and WM</p> <p>Transfer information when handing off to the primary care team</p>	Pressure Sore Prevention	Emma Stoute	System implemented fully	End of September
<p>Raise awareness of the incident and future prevention Training on falls risk assessment and door hangers. Importance of hourly rounds</p> <p>Communicate to all staff verbally and in the ICP and handover</p> <p></p> <p>Improve documentation</p> <p>Walk around for NIC and WM</p>	Falls Prevention	Hannah Dunlop	System implemented fully	End of September

Transfer information when handing off to the primary care team				
Advise all patients who are symptomatic to come to the ward for review of DVT if non emergency Flow chart for prevention created.	VTE Prevention	Julia Bently	System implemented fully	End of September

Lead Staff Member for this Review:	Springfield All Clinical HODS (how do we get a safety measure embedded in practice)
Job Title:	Ward manager Physiotherapy manager Quality and safety manager Oncology Manager
Date report completed:	22 nd July 2024
Head of Clinical Services Signature for local sign off:	<i>Patricia Turner Gillian Watson</i>
Date of review by Head of Clinical Services:	22 nd July 2024
Incident sent to Patient Safety Incident Review Group	YES / NO
Date Incident sent to Patient Safety Incident Review Group	

Appendix 1

Services covered by this quality account

Regulated Activities – Springfield Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Allergy and immunology, , Audiology, Bariatrics, Cardiology, Colorectal, Cosmetics, Dermatology, Dietician, Ear, nose and throat (ENT), Facial Aesthetics, Gastroenterology, General medicine, Gynaecology, (& Obstetrics), Haematology, Manual Lymphatic, Drainage, Nephrology, Neurology, Neurosurgery, Oncology, Pain Management, Orthopaedic medicine, Ophthalmology, Pain Management, Paediatric medicine, Physiotherapy, <u>Private</u> GP service Psychiatry, Rheumatology, Sports, Medicine, Urology	All adults 18 yrs and over Children 0-18 years of age in outpatients
Surgical Procedures	Ambulatory, Day and Inpatient Surgery, Colorectal, Cosmetics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Neurosurgery, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain Management, Plastic Surgery, Urological, Vascular	Outpatient minor procedures for young person 16 to 18 years and All adults excluding: <ul style="list-style-type: none"> Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) Pregnant women Patients on renal haemodialysis 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 New pacemaker in last 6 months All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Audiology, CT, Digital Mammography, GI physiology, Imaging services, MRI, Phlebotomy, Urinary Screening and Specimen collection, Urodynamics, Exercise ECG	All adults 18 yrs and over Children 0 to 18 years

[Appendix 2 – Clinical Audit Programme 2023/24](#). 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. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v16.3 2024 - 2025

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	

50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June	

NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December May/June	End of December End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	

Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	

Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	
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Appendix 3

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
EVL	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 Springfield 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

Springfield 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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