

Springfield Hospital

Quality Account
2021/22



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Springfield Hospital is part of the Ramsay Health Care Group

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

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

With an unrelenting focus on excellence in clinical quality and delivery of outstanding patient care, Ramsay UK has continued to operate throughout the pandemic with assurance that our processes and clinical approach to protect patients has been, and continues to be, safe and proper. Through strict infection prevention control and COVID secure pathways, Ramsay has treated over 650,000 patients in a safe, clinical environment, allowing access to vitally needed care.

Our company focus on best practice standards through global initiatives such as the Speaking Up for Safety programme ensures we are continually focusing on maintaining a safe, speak up culture in our hospitals. This was recognised in 2021 as Ramsay UK won the Healthcare Outcomes Award at the LaingBuisson Awards, which identified excellence in the delivery of better healthcare outcomes with a focus on ability to demonstrate those outcomes.

Our flexible and collaborative approach with the NHS, providing assistance and support as required, has been a core part of our operational delivery throughout the pandemic. We are proud of our strong partnership with colleagues in NHS Trusts across England, demonstrating the benefits of a joined up, coordinated system working in partnership between all providers to provide real, tangible outputs for the benefit of patients.

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

Case Studies

Electronic Patient Record

“Good quality records underpin safe, effective, compassionate, high-quality care. They communicate the right information clearly, to the right people, when they need it. They are an essential part of achieving good outcomes for people.”¹

In 2021, Ramsay UK marked an important achievement of implementing a full Electronic Patient Record (EPR) across all 35 hospitals. The successful roll out makes Ramsay the only acute private hospital provider in the UK to operate from a single patient record system across multiple site locations.

Over 11,000 active users now operate from a single system to manage patient information consistently supporting the entire patient journey from referral through to discharge. This accomplishment fulfils the Care Quality Commission regulation for healthcare providers to operate from a single contemporaneous record.

Key functionality of the EPR includes patient admission and discharge information, referral management and triage, scheduling and appointment correspondence, order communications, referral to treatment pathways, real-time bed management and theatre management.

In partnership with IMS MAXIMS, the bespoke system has been designed to be patient-centred to enable the efficient management of information in a consistent, reliable and secure way. Driving efficiencies in the management of the patient pathway and bringing together information in a standardised manner enables robust reporting of outcomes that can be measured and benchmarked in a continuous cycle of clinical and operational improvement

Ramsay has invested over £25m into the project, which has revolutionised the way we operate. It is the first step on the road to digitising our services. We recognise to meet the needs of our patients, referrers, doctors and industry regulators, we must continue to develop, digitise and deliver outstanding care in a person-centred, accurate and quality assured way, utilising suitable technology to enable us to do so. The EPR roll out forms part of Ramsay UK's i-Care programme strategy, which aims to build an integrated healthcare system to deliver advanced digital health services and facilitate exceptional care.

Buckshaw Hospital

In October 2021, Ramsay Health Care UK hosted the official opening of its brand new, state-of-the-art, day case facility, Buckshaw Hospital, based in Chorley. This is the third day case hospital Ramsay has built and opened within the last two years.

The new hospital has provided additional capacity for both of Ramsay's already established Fulwood Hospital and Euxton Hall Hospital, building on the excellent reputation of delivering high quality clinical care to patients in the local area. The new facility has further strengthened Ramsay's ability to offer patients joined up healthcare services in Preston, Chorley and surrounding communities. The hospital offers services including diagnostics,

¹ [CQC: What good looks like for digital records in adult social care](#)

physiotherapy, urology, endoscopy, orthopaedics, gynaecology, ENT and gastroenterology and for private, insured and NHS patients within the local community and further afield.

Professor Tim Briggs CBE, National Director of Clinical Quality and Efficiency of NHS England officially opened the hospital, and were joined by representatives from the local referral community. Karen Crockatt, Hospital Director at Buckshaw Hospital said:

“We are delighted to have opened the doors of our new day case hospital, and provide access to high quality healthcare with good outcomes to the local community. Our modern and discreet facility offers patients with access to treatment provided by top class consultants and an experienced team, all delivered in a safe, clean and high quality clinical environment.”

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.

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 did not provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Mr Adrian Connolly, Hospital Director

Springfield Hospital

Ramsay Springfield Hospital continues to play an important role in the provision of healthcare services for the people of Essex. Our purpose is to continue to strive to improve the lives of the people we serve in Essex and the staff at the hospital have continued to do so throughout the year despite COVID-19 and the challenges that this disease has brought the whole healthcare industry, and society at large. We have appreciated the support colleagues, patients, our partners and the public in general have provided us during this time. Our quality report reflects the achievements and progress made during this last year.

Springfield Hospital saw 103,424 outpatients, 10,117 admissions and 1,139 oncology patients during 2021/22. In keeping with Ramsay ethos, we maintained a relentless focus on best practice standards and service quality. We also implemented improvements in response to feedback and operational audits, the details are highlighted in our report. We achieved the key goals we set out, specifically to maintain high standards of infection prevention and control and to enhance practices shown that impact on safety. In addition, we developed our reporting systems and used feedback in a more coordinated and disciplined fashion. Furthermore, we were pleased to finally implement an electronic patient record which provides us with a strong foundation for long-term improvements both operationally and for use for services planning and development. Additionally, our staff have been instrumental in putting forward ideas for improvement and we have highlighted one such case study in this report. The clinical and operational teams also received a number of accolades during the year such as BUPA cancer accreditation and JAG accreditation. The management and staff of the hospital also responded to changes in demand and remained responsive to patient needs throughout the year.

Nevertheless, we want to continually improve and have therefore set challenging goals for the following year. We are developing our orthopaedic services in response to the increased demand post pandemic but will also focus on our patient reported outcome measures for orthopaedics specifically. We also commit to increasing use of patient feedback to change how patients are prepared for surgery to reduce cancellation rates

This quality account document is an accurate reflection of our performance and services we provide which I hope demonstrates that we understand where our priorities for improvement lie. As hospital director for Springfield, I am proud of the contribution our staff and doctors have made during this period and who all continue to work hard to ensure we continue to provide high-quality patient care for the people in Essex.

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 Adrian Connolly
Hospital Director
Springfield Hospital
Ramsay Health Care UK

This report has been reviewed and approved by:

Chairman of Springfield Hospital Medical Advisory Committee

Chairman of Springfield Hospital Clinical Governance Committee

Welcome to Springfield Hospital

Springfield Hospital has been delivering high quality care within outpatient and inpatient settings for over 30 years for NHS, self-funding and insured patients. We are able to offer a range of specialist medical, surgical and oncology services. We are also proud to provide a range of services for children and young people that includes a dedicated pediatric unit.

We offer a very high standard of customer care and all patients are treated as individuals with respect to patient safety, dignity and confidentiality a high priority.

All Consultants at Springfield Hospital are subject to rigorous vetting and appraisal procedures to ensure only those who are qualified and experienced in their respective discipline are given practicing privileges.

Our hospital is regulated by the Care Quality Commission (CQC), the overseeing body for establishing and maintaining standards in healthcare. Following a full hospital inspection in December 2018 our overall rating for provision of services was reported as “Good”. In March 2022 under the revised arrangement of inspecting hospitals our telephone Direct Monitoring Assessment (DMA) assigned us a Band 1 rating.

Our leadership team ensures that high quality care is provided by dedicated skilled staff within each clinical and non-clinical department to support individualised patient care and therefore, positive patient journey from consultation through pre assessment to discharge.

The inpatient ward comprises of the following:

- 49 single en-suite rooms
- 3 twin en-suite rooms which are ideal for parents accompanying their children or those adults who require any extra support
- 3 Enhanced Recovery beds for those with additional care requirements
- 15 purpose built day care and endoscopy unit bays

Springfield Hospital has a suite of 6 Operating Theatres, all with laminar flow ventilation. Over fifty qualified theatre practitioners working with our accredited Consultant surgeons and anaesthetists deliver a high standard of quality care, in a range of surgical specialties.

Within the grounds of Springfield Hospital stands a bespoke oncology unit with the ability to treat cancer patients diagnosed with both solid and haematological malignancies. Springfield has a partnership arrangement with Genesis Care who deliver Radiotherapy services under their own CQC certification,

The unit contains 8 individual bays with a mix of recliner chairs and beds to safely and comfortably administer systemic anti-cancer therapies and treat patients with a range of chemotherapy, immunotherapy and other infusions. All of the nurses who work in the oncology unit have a recognised chemotherapy post graduate qualification.

Our Outpatient department comprises of 21 consulting rooms and 5 minor-op treatment rooms used by over 200 Consultants covering 30 specialties. This includes rooms equipped for ophthalmic testing, YAG laser, hearing

tests and cardiology. The department receives approximately 8000 patients performing approximately 1500 procedures per month.

Our diagnostic services include digital plain x-rays unit, a new ultrasound machine, a 64 slice CT scanner and an MRI unit. It also houses a state-of-art hologic, 3-Dimensional Full Field Digital mammography unit with Digital breast Tomosynthesis functionality. The Mammography unit is also complimented by a Vacuum assisted breast stereotactic system with a specimen machine to facilitate Breast biopsy workups.

The diagnostic Imaging department also covers fluoroscopy via the Radiology department as well as imaging in theatres.

In 2022 work commenced to upgrade the MRI scanner.

The Pharmacy service at Springfield Hospital is registered with the General Pharmaceutical Council and can therefore dispense all prescriptions. The department offers a general range of prescription only medicines and a limited range of "Over the Counter" medicines to in-patients, outpatients' visitors and staff. The hospital has a license with the UK home office for controlled drug usage. The hospital also employs a third party provider who manufactures systemic anti-cancer medicines which is dispensed by the Pharmacy team and administered to our private patients by our oncology nurses.

The hospital has a robust governance process in place with all necessary guidelines and protocols written to meet national guidance. Assessment of risk, both clinically and non-clinically is taken very seriously and there is a robust open reporting culture. Infection control procedures are of an excellent standard and monitored closely with external reporting to UK agencies for surgical site infection, National Joint Registry and supported by our local trust hospitals. All cases of reportable infection are investigated in line with national guidance.

Ramsay has invested in electronic platforms for both enhancing patient care and collecting feedback from their experience at Springfield. An electronic patient record with the nomenclature MAXIMS was introduced in November 2021 and patient feedback is reviewed through our electronic CEMPLICITY database. Other electronic innovations include for finance, Pharmacy, auditing, endoscopy and instrument and prosthesis tracking.

Our patient experience feedback survey is undertaken for all out patient and admitted patients and the results have been favourable. Graphs are included within this report for reference under the relevant headings

Specifically for Oncology patients are considered to be very well supported during their chemotherapy pathway and are signposted to support groups and complementary therapies.

As we develop the reputation of Springfield Hospital within the community and in support of education and learning, we continue our close association with Anglia Ruskin University and actively support student nurse and theatre training to assist in the provision of healthcare practitioners for the future.

During the year from 1st April 2021 to 31st March 2022 we have admitted a total number of 10,117 patients, of these 53% were private patients and 47% were NHS patients.

The nursing staff to patient ratio is 1:6; to 1:8 dependent on patient acuity and dependency. The clinical team are supported by the Head of Clinical Services and senior nursing colleagues designated as Head of Departments able to provide support as needed with an RMO on site 24hrs a day.

Springfield Hospital staffing includes:

Consultants (with Practising Privileges)	202
Other Health Care Practitioners	11
Registered Nurses	134
Healthcare Assistants	51
Support Staff	60
Administrative Staff	129
Physiotherapists	29
Pharmacists	7
Pharmacy Technicians	4
Radiographers	21
Cardiac Technicians	2
Operating Department Practitioners	31
Management Personnel	4
Medical Laboratory Assistant	1

We work closely with both our local NHS acute hospital and more widely with the Mid and South Essex NHS Foundation Trust, where we have local agreements in place for provision of services which include Histology, Consultant Microbiologist, and higher level Critical Care.

Our agreements with the local CCG support a range of surgical services under the Standard Acute Contract via the E-Referral system (ERS) and paper referral pathway

All patients requiring NHS services are referred via their General Practitioner (GP) directly to the hospital or via a clinical assessment service (CAS/CRS). We are also taking patients directly from our local trust Hospitals to continue our partnership with them and improving access to services for our local catchment population.

In addition, we have a partnership arrangement with MSE CCG for orthopaedic activity especially hip and knee replacement and expect to take 620 cases between May 2022 and March 2023.

We offer direct referral services for private/self-pay/insured patients.

Pathology services are provided by The Doctors Laboratory (TDL) based at our sister hospital, The Rivers Hospital in Sawbridgeworth as well as Broomfield Hospital.

We also provide an educational programme for our Primary care partners.

Springfield Hospital staff have participated in fundraising events throughout the year to support local charities. We also support the local community by providing free facilities and catering for several groups such as:

- Baby Basics Chelmsford
- National Osteoporosis Society
- Look Good Feel Better Cancer support group
- Macmillan Cancer Charity
- Helen Rollanson Cancer charity
- Help For Heroes
- Children in Need
- Wear it pink for breast cancer
- Helped raise money for the local primary school to buy a defibrillator
- Farleigh hospice
- Support the local Essex 1st aid society

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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 Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from our governance hospital committees.

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

Priorities for improvement

2.1.1 A review of clinical priorities 2020/2021 (looking back)

a. Patient Safety

Our clinical priorities plan for 2021/2022 formed a two-year plan for the hospital to work on areas of improvement in order to continually raise quality and safety in our patient care. This was particularly focused on:

- NEWS2 - which means being responsive to recognising the 'deteriorating patient' and give immediate care needs of the patients. This was aligned with the Sepsis 6 programme which had a high media exposure and patients are rightly concerned on how a hospital prevents these occurrences and responds to them.
- COVID 19; This last year our attention has been on implementing revised pathways of care to ensure that the hospital is safe from Covid 19 and patients are screened and shielded for their surgical procedure. As indicated above we were successful in ensuring our patients were safe from COVID at the time of surgery and during their hospital stay.

Development and training of staff

We offered a wide range of development opportunities through our Ramsay Academy and managers identified opportunities with their team members during the yearly appraisal process. We used our staff forums and training days to promote the opportunities available to staff in their personal and professional development. Staff were also tasked with ensuring that any learning that is completed was shared with colleagues through in service training sessions.

Continued improvement in Infection Prevention and Control Processes

This was a major focus for the hospital and represented a significant challenge with the global pandemic of Covid 19. During 2020/21 our experienced Infection Prevention and Control Leads both corporately and locally provided guidance and leadership working closely with our trust consultant Microbiologist and clinical teams, we did not record a single case of a patient with the virus within the hospital. This has been a testament to the dedication and vigilance of our teams working together providing safe surgery to our patients.

Any incident of health care associated infection were fully investigated with learning from cases shared with clinical teams and Consultants. The Infection Control Committee meets on a quarterly basis and links closely with the clinical governance structure within the hospital.

Improved recording of adverse events

The accurate reporting of adverse incidents is embedded part of our culture of the hospital. Heads of department investigated incidents and feed back to their teams. The Senior Leadership Team support this feedback and assist in the development of achievable outcomes to improve practice where this is identified. The hospital reported serious incidents to the Care Quality Commission (CQC) and implemented Duty of Candour to our patients where this was needed.

b. Clinical Effectiveness

Improving the usage of data to drive effectiveness and improve outcomes

Ramsay Healthcare UK has a data analyst within the corporate team and provides data reports to individual hospitals on a monthly basis or on request. This data is used in informing decisions on clinical initiatives, equipment and medical device purchase as well reporting outwardly to our stakeholder bodies.

Implementing an improved ambulatory care pathway

The day care unit built in mid 2017 for day case surgery and is part of our JAG accreditation for endoscopy services with robust policies and has proved successful in ensuring patients had a safe experience of our care. The unit is under the in patient manager as a designated lead in leading service improvements.

Improved discharge planning

The pre-assessment and discharge planning processes have undergone review during the year to fit the needs of health care using the hospital's MAXIMS electronic patient record and in response to the pandemic. Improved patient journeys have been implemented for those requiring increased support by way of preparation for surgery and best interest meetings held with the clinical teams involved in their care.

c. Patient Experience

Improved Sharing of Patient Feedback and Actions

As described above the use of Complicity for collecting patient feedback has improved patient feedback to the hospital. The hospital has incorporated this feedback in aiding the decisions of how the hospital functions to better our delivery of care. Our display boards demonstrate detail and data in areas such as, 'You said we did' as well as clinical outcomes. The Complicity patient feedback platform means managers can read patient feedback and be able to respond directly to them. The database also allows us to analyse the feedback and be very specific in focussing our actions on what concerns them most.

Improved Response Rate for Friends and Family

We have improved our processes to gain feedback from patients in this important survey from both our in patient and out patient activities including radiology and oncology units. We renewed our admitted care patient folders which will again stress to patients the importance of their feedback and we will continue to display and prompt patients for this in an outpatient setting.

Improve staff well being

We created a staff wellness clinic with a dedicated room led by a trained Mental Health first aider to support both physical and mental health within our workforce in what has been an acknowledged difficult year for health care workers. This was supported by our independent Employee On Line help line manned 24 hours a day by trained staff and accessible for all staff.

The hospital has continued to provide an annual flu vaccine immunisation for all staff and has achieved over 99% uptake for all clinical staff. The hospital encouraged staff time to have their COVID 19 vaccinations and achieved 98% uptake.

2.1.1 Clinical Priorities for 2022/23 (looking forward)

Next year we aim to support our local community and CCG by undertaking 620 hip and knee replacement surgery to reduce the number of patients who have waited a significant period of time for their surgery and reduce the waiting list for new patients requiring surgery. The hospital has liaised very closely with our CCG body and local trust hospital and their management team. This includes accessing discharge and re enablement teams to support safe and timely discharge.

- Our enhanced recovery programme that should mean patients spend less time in the hospital and can have an early discharge home to their loved ones will support the above. This will be in line with our corporate clinical objectives, national initiatives, and NICE guidance. This will be achieved by enhanced training of our orthopaedic trained staff, robust emergency response training and using the NEWS and sepsis identified above. Monitoring of this service will be both internal through our clinical governance and medical committees and externally with our stakeholders.
- We will also focus on key clinical performance indicators for the re-admission of patients following a surgical procedure, transfers out to another facility, cancellations of surgery on day of admission and return to theatre for surgery. We believe the evaluating and monitoring of these significant events allow the hospital to be more responsive and effective to the needs of all our patients and means the hospital will grow in delivery of quality healthcare. All these events are recorded on the hospital's internal incident reporting database and reviewed each month at our Clinical Governance Committee, chaired by a member of our medical team. The purpose is to understand how each event occurred and what we can learn to strengthen our clinical care and efficiency in our processes. It will allow us to focus our resources in the teaching and training of our staff, improving professional development, skills and competencies.
- The hospital has a respected paediatric service and as one of a few private hospitals having out patient and in patient services for Children, we will work to continue to develop with the support of our corporate, medical and internal clinical leadership.

Patient Safety

Development and training of staff

We offer a wide range of development opportunities through our Ramsay Academy. Managers continue to identify opportunities with their team members during the yearly appraisal process. We are using our staff forums and training days to promote the opportunities available to staff in their personal and professional development for example to manage higher acuity patients we now see. Staff are also tasked with ensuring that any learning that is completed is shared with colleagues through in service training sessions.

Continued improvement in Infection Prevention and Control Processes

This has been a major focus for the hospital and has represented a significant challenge with the global pandemic of Covid 19. During 2020/21 our experienced Infection Prevention and Control Leads both corporately and locally have provided guidance and leadership and working closely with our trust consultant Microbiologist and clinical teams we have not had a single case of a patient with the virus within the hospital. This has been a testament to the dedication and vigilance of our teams working together to continue to provide surgery to the people that need it.

Any incident of health care associated infection are fully investigated with learning from cases shared with clinical teams and Consultants. The Infection Control Committee meets on a quarterly basis and links closely with the clinical governance structure within the hospital.

Speaking Up For Safety - phase 2 – Promoting Professional Accountability (PPA)

The hospital will implement phase 2 of Ramsay's 'Speak up for Safety' – named Promoting Professional Accountability (PPA) An evidence-based programme proven to address unprofessional behaviour and improve safety culture highlighting any behaviour which undermines a culture of safety. This programme remains an integral part of Ramsay's commitment to supporting the culture of safety and ensuring high professional standards are maintained throughout the organisation.

The Promoting Professional Accountability (PPA) programme provides healthcare organisations with a sustainable, organisation-wide framework to achieve the highest levels of safety and reliability. It helps to identify, engage with and hold accountable staff who demonstrate repeated unprofessional behaviour providing a framework for defining critical safety and professionalism standards, and identifying, measuring and addressing behaviours that undermine them.

Improved recording of adverse events

The hospital believes that accurate reporting of adverse incidents is a necessary part of improving our delivery of safe health care to our patients and is embedded within the culture of the hospital. With the leadership of the governance leads Heads of department continue to investigate incidents, look for themes and trends and feed back to their teams any learnings that come from them. The Senior Leadership Team support this feedback and assist in the development of achievable outcomes to improve practice and patient safety where necessary.

Clinical Effectiveness

The hospital has assisted the corporate team in the development of a patient pathway for patients having day case hip and Knee replacement surgery. With an ageing, more active population and an increasing demand for arthroplasty in the coming years anticipated to burden healthcare systems universally from a clinical and financial perspective. Additionally, a longer length of stay (LOS) in hospital after surgery has been associated with greater morbidity and mortality. With the adoption of our 'Enhanced recovery' protocols careful patient selection and preparation we aim to reduce our LOS and give a better patient experience which has proved successful when compared to the more traditional recovery pathways

Improving the usage of data to drive effectiveness and improve outcomes

Ramsay Healthcare UK has appointed a data analyst who works within the corporate team and provides data reports to individual hospitals on a monthly basis or on request. This data is used in informing decisions on clinical initiatives, equipment and medical device purchase as well reporting outwardly to our stakeholder bodies. This includes the introduction of TENDABLE (formerly Perfect Ward) for our clinical and facility audit programme. All staff have the opportunity to become nominated auditors and develop action plans within their areas improving the 'look' of the department as well as reviewing and refining clinical processes and patient outcomes.

Implementing an improved ambulatory care pathway

The 15 bay day care unit added to the hospital in 2017 and is part of our JAG accreditation for endoscopy services with policies to ensure patients have a safe experience of our care.

Improved discharge planning

The pre-assessment and discharge planning processes have undergone review during the year to fit the needs of health care and in response to the pandemic. Improved patient journeys have been seen in relation to those requiring increased support by way of best interest meetings held with the clinical teams involved in their care.

Patient Experience

Improved Sharing of Patient Feedback and Actions

Whilst we have improved patient feedback internally to staff we feel that one further area we could make another improvement is by sharing this information more with our patients. Unfortunately, the necessary constraints of this year has not allowed us to do this however once we have the opportunity available to us we will make the changes that allow for that feedback. We are currently reviewing display boards to demonstrate areas such as, 'You said we did' and clinical outcomes. Ramsay has an electronic patient feedback database – Cemplicity - and managers can read patient feedback and be able to respond directly to them. The database also allows us to analyse the feedback use of data graphs and key driver analysis and insights reports and be very specific in focussing our actions on what concerns them most

Improved Response Rate for Friends and Family

We will continue to look at new and innovative ways to gain feedback from patients in this important survey. We are renewing our admitted care patient folders which will again stress to patients the importance of their feedback and we will continue to display and prompt patients for this in an outpatient setting.

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 2021/22 Springfield Hospital provided and/or subcontracted 37 NHS services.

Springfield Hospital has reviewed all the data available to them on the quality of care in all 37 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 35.6 per cent of the total income generated from the provision of NHS services by Springfield Hospital for 1st April 2021 to 31st March 2022

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 2021/22, the indicators on the scorecard which affect patient safety and quality were.

The hospital staffing levels were maintained within required policy and operational standards throughout the year.

Nurse hour per patient day	6.0
HCA Hours as % of Total Nursing	27%
Agency hours as % of Total Staff hours	9.8%
% Staff Turnover	27.7% including all bank and contract who have left Springfield. 20.18% contract only leavers excluding those who have remained on bank.
% Sickness	5.85%
Mandatory Training %	85%
Staff Satisfaction Score	November 2021 – 42% engaged and 49% enabled
Number of Significant Staff Injuries	1

- Lost Time based on hours owed to Ramsay as at 26 May 2022 – 1.4%
- Number of Significant Staff Injuries: 2

Patient Experience

Formal complaints per 1000 Hospital patient days	0.06
Patient satisfaction score	96.1
Significant Clinical Events per 1000 Admissions	1.81
Readmission per 1000 Admissions	1.88

Quality

Workplace health and Safety Score	93%
Infection Control Audit scores:	98%
Hospital Acquired infection	0.55%
Environmental	90%
Hand Hygiene	100%
Urinary catheter care	96%
Care of peripheral lines	96%
Consultant satisfaction score	Not undertaken in 2020/21

2.2.2 Participation in clinical audit

During 1 April 2021 to 31st March 2022 Springfield Hospital participated in 100% national clinical audits and all 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 2021 to 31st March 2022, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	90%
National Breast Registry	86%
Elective surgery (National PROMs Programme)	76%
PHE National surgical site Surveillance Programme	100%
NHS Safety Thermometer	Not required during pandemic,
National comparative audit of blood transfusion programme	97%
Severe sepsis and shock	100%

Count	Project name (A-Z)	Provider organisation
1	BAUS Urology Audits ^{2,3}	British Association of Urological Surgeons (BAUS)
2	British Spine Registry	Amplitude Clinical Services Ltd
3	Case Mix Programme (CMP) ²	Intensive Care National Audit & Research Centre (ICNARC)
4	Child Health Clinical Outcome Review Programme ¹	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
5	Elective Surgery (National PROMs Programme)	NHS Digital
6	Mandatory Surveillance of HCAI	Public Health England
7	Project name (A-Z)	Provider Organisation Count
8	Medical and Surgical Clinical Outcome Review Programme 1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
9	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
10	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
11	National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia ³	NHS Blood and Transplant
12	National Diabetes Audit – Adults 1, 2, 3	NHS Digital
13	National Gastro-intestinal Cancer Programme 1, 2, 3	NHS Digital
14	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
15	National Lung Cancer Audit (NLCA) 1, 2	Royal College of Physicians (RCP)
16	National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists
17	National Paediatric Diabetes Audit (NPDA) ^{1,2}	Royal College of Paediatrics and Child Health (RCPCH)
18	National Prostate Cancer Audit (NPCA) ^{1,2}	Royal College of Surgeons (RCS)
19	NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Public Health England
20	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
21	Surgical Site Infection Surveillance	Public Health England

The reports of all national clinical audits from 1 April 2021 to 31st March 2022 were reviewed by the Clinical Governance Committee and Springfield Hospital has received a certificate of data quality from NJR for the last three years. Springfield will continue to review its systems and processes in data collection and work closely with the assigned account holders of each agency to improve data collection and submissions to improve the quality of healthcare provided. This includes participation in all PROMS for surgeries Springfield undertakes where PROMS is required; submission to Breast care registry and improving participation and response for patient feedback in Friends & Family and Cemplicity.

Local Audits

The reports of local clinical audits from 1 April 2021 to 31st March 2022 are reviewed by the Clinical Governance Committee and Springfield Hospital. Action to improve the safety and quality of what we do. The clinical audit schedule can be found in Appendix 2.

The use of the TENDABLE audit tool means audits can now be completed in real time with audit results and action plans being completed at the time of the audit.

Springfield audits for next 2021/2022 reviewed by our local CGC are:

Elective Surgery - National PROMs Programme	NHS Digital
Mandatory surveillance of bloodstream infections and <i>Clostridium Difficile</i> infection	Public Health England (PHE)
Medical and Surgical Clinical Outcome Review Programme ¹	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) ³	Public Health England (PHE)
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance Service	Public Health England (PHE)

2.2.3 Participation in Research

There were no patients recruited during 2021/22 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 2021 to 31st March 2022 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of Covid 19 suspension.

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 is registered without conditions.

The Care Quality Commission has not taken enforcement action against Springfield Hospital during 2021/22.

Springfield Hospital has not participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2021/22

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 and improve our overall care quality and value for money with reference to:

- DVT prevention
- Hand hygiene monitoring and surveillance
- Anti-Microbial resistance
- Recognition of the deteriorating patient especially with regards to Sepsis
- Medicine Management including use of Controlled Drugs
- Medical records completion and content within MAXIMS.
- Consent audit

The hospital is also engaged in a full audit schedule as seen in Appendix 2 and conforms to national programmes as highlighted above. This will demonstrate compliance with national standards and compliance with our regulatory body the Care Quality Commission (CQC) and providing evidence to them of our standard of care. The recent Direct Monitoring Assessment telephone call in March 2022 assessed Springfield in the highest rating of Band 1.

The hospital is also engaged in a full audit schedule as seen in Appendix 2 and conforms to national programmes as highlighted above.

NHS Number and General Medical Practice Code Validity

Springfield Hospital submitted records during 2021/22 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:

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

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

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 2021/22 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Springfield	Aug 22	95.0%	97.5%	100%	99.1%

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

2.2.7 Stakeholders views on 2021/22 Quality Account

No formal submission received at time of publication.

Part 3: Review of quality performance 2021/22

Statements of quality delivery

Head of Clinical Services (Matron), Springfield

Review of quality performance 1st April 2021 - 31st March 2022

Introduction

This publication marks the twelfth successive year since the first edition of Ramsay Quality Accounts. It has been a difficult and landmark year due to the global pandemic, and through it all we have continued to analyse our performance on many levels, month on month. We compare to previous years and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open, transparent and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients. We deliver our care within our company values and practice high quality compassionate care 'The Ramsay Way

Vivienne Heckford, National Director of Clinical Services, Ramsay Health Care UK

Ramsay Clinical Governance Framework 2022

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.

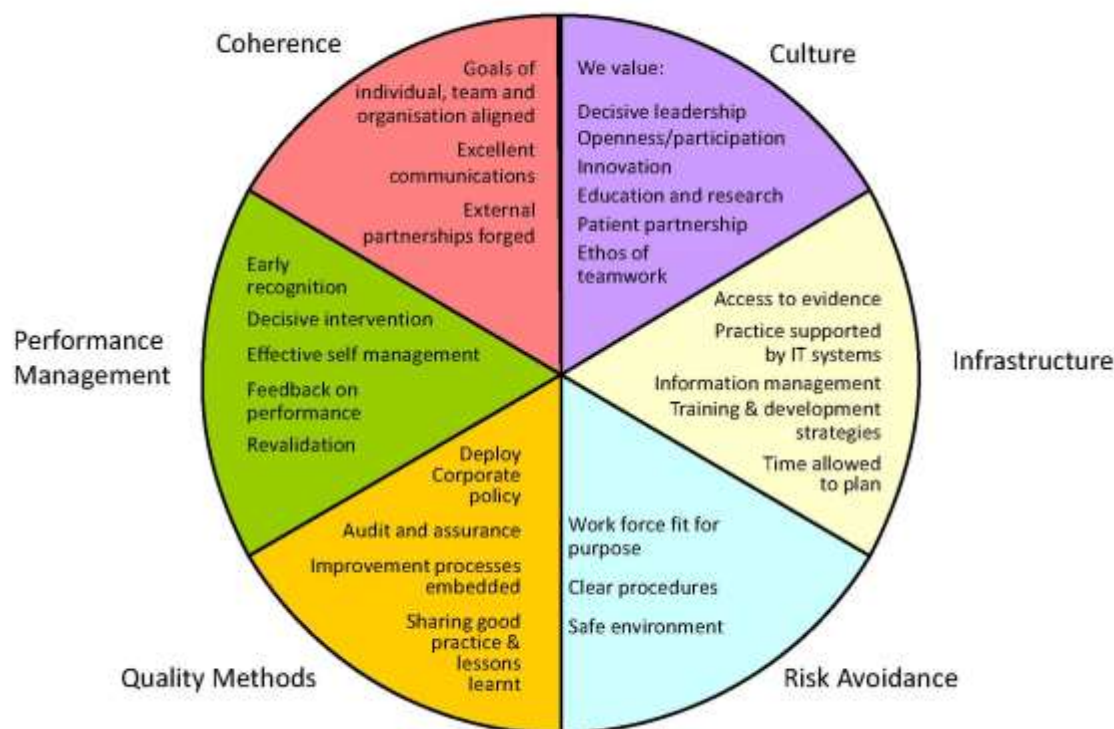
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

Where the necessary data is made available to the NHS Trust and non-NHS Bodies by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) should be included for each of those listed in the table with:

- a) The national average for the same; and

b) With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

For each indicator the following statement must be included in NHS Trusts and non NHS bodies Quality Accounts:

Mortality

Mortality:	Period	Best		Worst		Average	
	19/20	RRV	0.6851	RFR	1.1997	Average	1.0019
	20/21	RRV	0.6908	RM1	1.201	Average	0.0078

Period	Springfield	
20/21	NVC18	0.0000
21/22	NVC18	0.0000

At Springfield Hospital considers there have been no unexpected deaths.

Springfield Hospital will continue to monitor and respond to any unexpected deaths.

National PROMS

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

Period	Springfield	
Apr19 - Mar 20	NVC18	23.469
Apr20 - Mar 21	NVC18	24.668

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

Period	Springfield	
Apr19 - Mar 20	NVC18	18.320
Apr20 - Mar 21	NVC18	14.418

Springfield Hospital considers that this data is as described for the following reasons; all PROMS are independently reviewed and reported by an external agency.

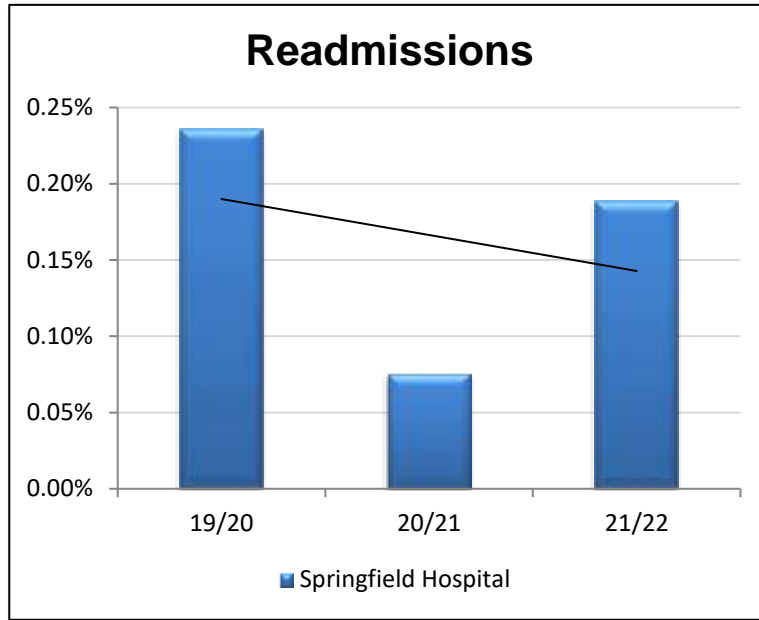
Springfield Hospital has taken the following actions to improve this score, and so the quality of its services; by commissioning external review of knee revisions and setting up a multi-disciplinary team.

Readmissions within 28 days

Springfield Hospital considers that this data is as described for the following reasons; they are reported through an electronic database and validated centrally before distribution to the hospital and discussed at its Clinical Governance Committee.

Springfield Hospital has taken the following actions to improve this number, and so the quality of its services, by continuing to analyse the reasons for all re-admissions within 28 days by way of a root cause analysis investigation. All findings including any learning are shared with the clinical teams involved at team meetings, heads of department meetings and via the Clinical Governance Committee.

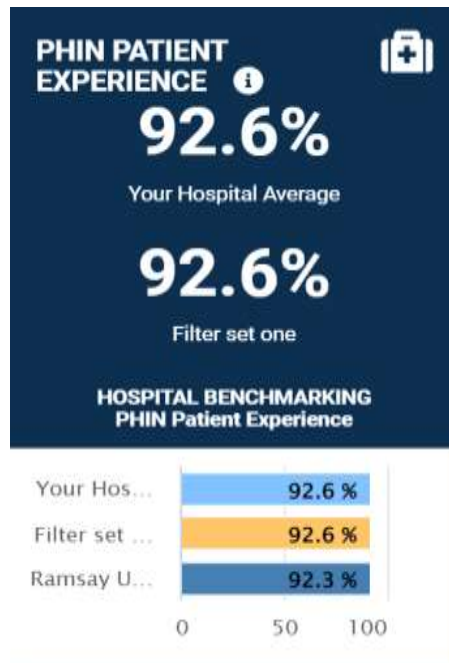
Rate per 100 discharges:

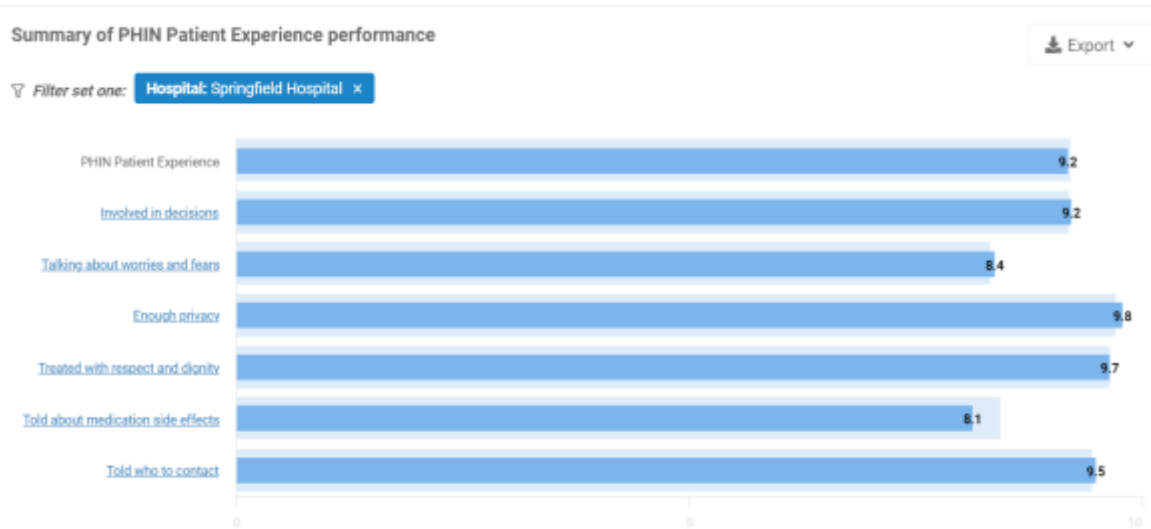


The number of re-admissions to Springfield Hospital shows an upward trend over the reporting period but lower than last comparable year. We believe this is aligned with the information (see below) for returns to theatre

Responsiveness to Personal Needs

PHIN Experience score (a suite of 5 questions) gives a measure of overall Respons to Personal Needs score):





Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period May 2021 - May 2022:

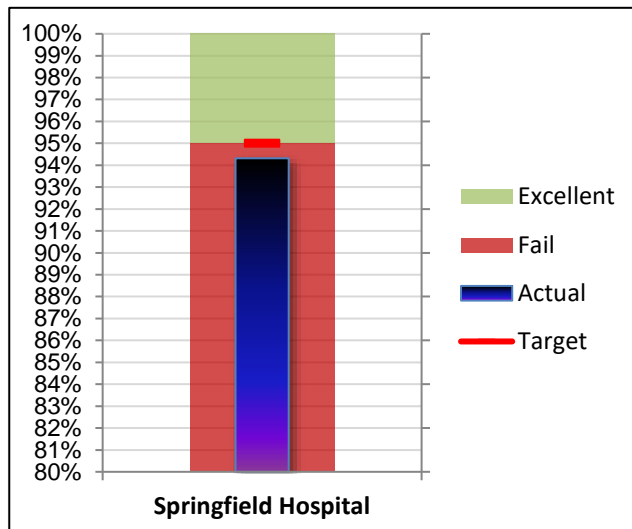
Springfield Hospital holds best interests meetings with clinical teams, prior to admission of any patient who may have complex or additional needs or lack capacity to determine their own needs in order to promote the best experience of care and comply with both legislation and regulation. We receive patient feedback in different formats which are reviewed to continually improve all aspects of the patient journey.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Springfield	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC18	91.4%
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC18	94.3%	

Springfield Hospital considers that this data is as described for the following reasons: Every patient has a VTE score attached for each admission and reported for collation of results centrally.

Springfield Hospital has taken the following actions to improve this percentage, and so the quality of its services, by having a dedicated resource available for contemporaneous reporting. In addition, a separate audit to ensure the data is qualitative has been commissioned by the hospital. Each VTE Incident is scrutinised corporately to validate the event and actions taken. The feedback loop is completed by feedback to stakeholders and patients and outcome with learning shared group wide.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Springfield	
	2020/21	Several	0	RPY	51.0	Eng	13.6	2020/21	NVC18	0.0
	2021/22	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC18	0.0

Springfield Hospital has recorded zero incidents of *Clostridium Difficile* acquired in the hospital during the year Feb 2021 to Feb 2022. The hospital has robust systems in place including decontamination of both the environment and any multi-patient use equipment to minimise the risks of transmission of infection. To maintain these standards, the hospital has implemented the TENDABLE audit platform and reviews the results through its internal IPC committee.

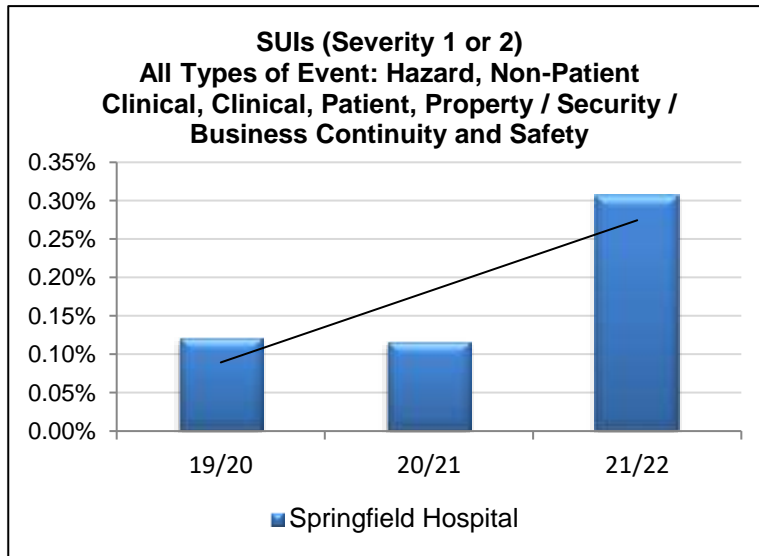
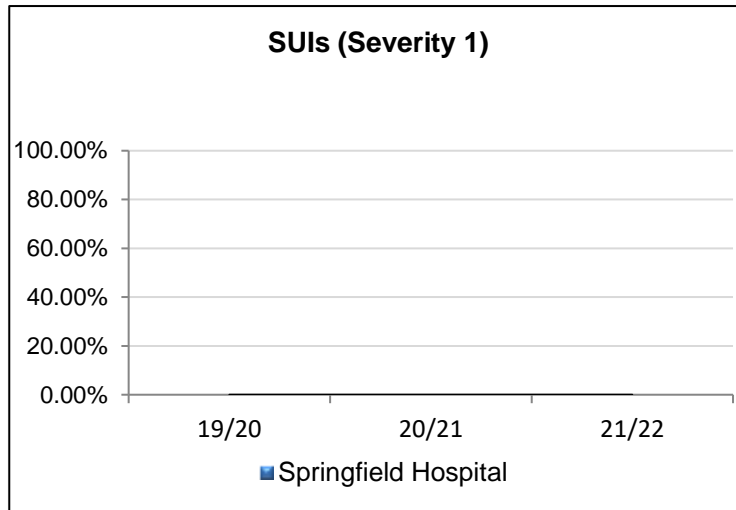
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Springfield	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2020/21	NVC18	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2021/22	NVC18	0.00

Springfield Hospital considers that this data is as described for the following reasons: it is taken directly from our electronic reporting system.

Springfield Hospital has taken action where any injury has occurred with reporting to the corporate designated lead and the Health and Safety Executive and ensuring actions are taken to remove equipment that can lead to harm to improve this rate, and so the quality of its services.

Rate per 100 discharges:



The increase on 21/22 was driven by patient cases of minor/moderate bleeding post surgery.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average	
	Feb-21	Several	100%	RAP	48.0%	Eng	95.0%
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%

Period	Springfield	
Feb-21	NVC18	100.0%
Feb-22	NVC18	98.1%

Springfield Hospital considers that this data is as described for the following reasons; this is an external auditing body independent from the hospital.

Springfield Hospital will continue to monitor and respond to patient feedback to influence the hospital operations and management decisions. The hospital's response to patient feedback is an increasing focus of our regulatory body the CQC and our actions will improve our score, and so the quality of its services, by receiving, sharing and responding to all forms of feedback received.

3.2 Patient safety

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

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

3.2.1 Infection prevention and control

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

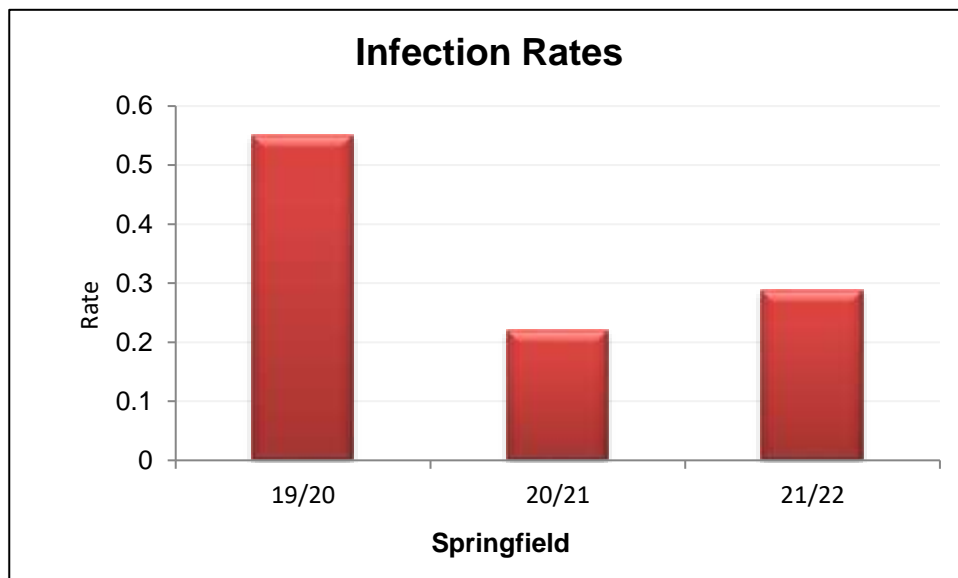
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

Springfield has engaged the services of a micro biologist employed at the local trust hospital and sits as a specialist adviser on our Infection control committee providing an additional layer of assurance to the hospital.

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:

- The use of the TENDABLE auditing app. For hand hygiene, environmental audits etc
- MRSA screening (for this year we have added MSSA screening)
- Antibiotic use surveillance.
- High impact interventions e.g catheter, cannula VIP scoring
- Surgical Site Infection monitoring and reporting
- PPE compliance – including donning and doffing



As can be seen in the above graph our infection control rate has seen some increase over the last year. In comparison to the national average it is increased and this is largely as a consequence of COVID 19. All absences of staff and Consultants are reported through our incident database and this has seen a rise in incident reports on a monthly basis.

Qualified Infection Prevention and Control nurse leads (IPC Leads) across the clinical departments and a local Consultant Microbiologist are available.

An Infection Prevention and Control Committee meeting is held quarterly where all infection control issues are discussed.

Infection control training is mandatory for all staff at Springfield Hospital. Ramsay Healthcare UK have a robust e-learning programme in place which is supported by face to face training on mandatory and clinical training days. Subject matter covered is in line with national skills for health training and have taken account of the global pandemic.

The IPC Leads, Head of Housekeeping and managers ensure standards of cleanliness are improved and maintained and regularly audit the environment in all clinical areas.

Each clinical head of department has an action plan for infection prevention and control. This is fed back and reviewed at the Infection Prevention and Control Committee.

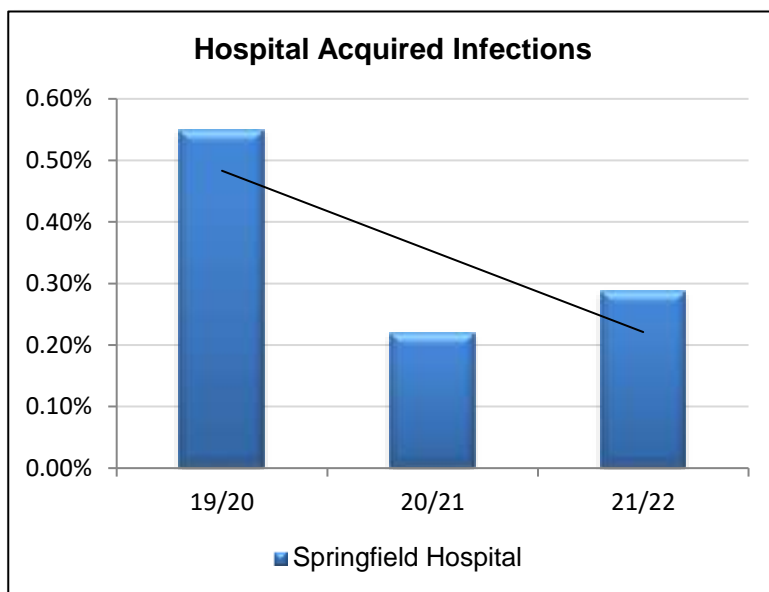
Incidences of surgical site infection are investigated by the governance Lead and supported centrally and shares good practices and areas for learning with the clinical teams involved. An administration assistant collects and inputs patient data as part of the national UKSHA surveillance system for surgical site infection in hip and knee joint replacement surgery.

All audit results are fed back to the heads of department and the Clinical Governance Committee to share with their teams

The local CCG undertake formal Quality Assurance inspections by way of additional audit and provide a formal feedback report.

The graph below demonstrates surgical site infection rates have increased during the current reporting period but infection rate remains within the national benchmark for surgical site infection and below 19/20. The above actions and specific working with individual clinicians will address this where clusters of incidents are reported.

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)** and the 15 steps audit.

PLACE assessments usually 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. Springfield has not conducted a PLACE audit in this year owing to COVID 19 pandemic. It is anticipated that a PLACE audit will occur in the next year if the same restrictions are not in place.

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.

In addition we receive hospital reports for theatres air handling units, wash machine water sampling for our endoscopes (of which we have two different makes), laser, blood transfusion and general water testing.

Radiology has annual audits for Radiation Protection and Ionising radiation and CT and MRI safety.

All our medical devices and equipment are maintained and monitored through a contracted third party company which is centrally arranged and the hospital has a nominated medical device coordinator.

All staff undergo PUWER training to ensure they are competent with the equipment they use in their specific area.

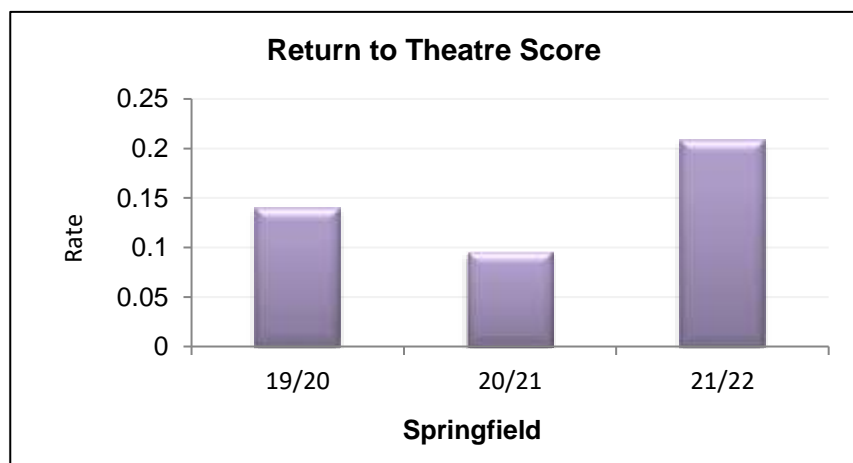
Rate per 100 discharges:

3.3 Clinical effectiveness

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

3.3.1 Return to theatre

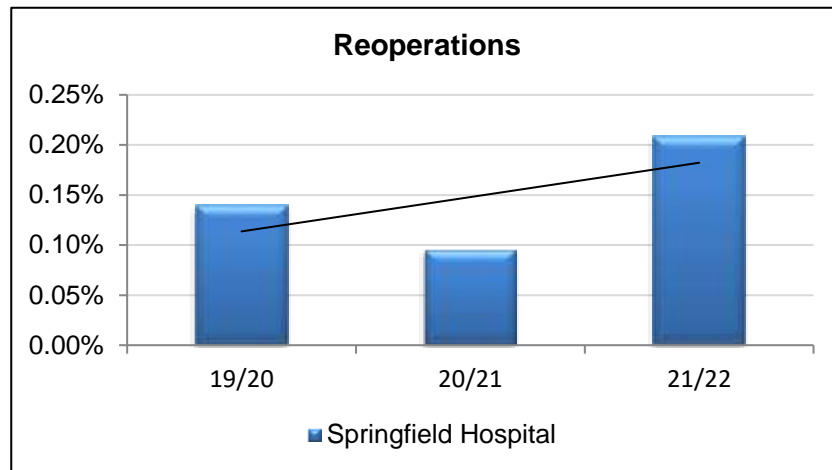
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



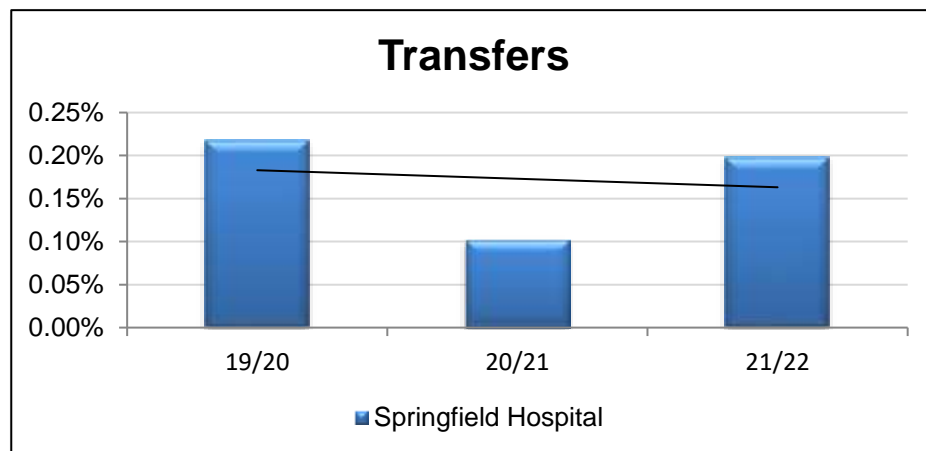
As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average, it is higher due to an increase in haemorrhage post surgery. As stated above all incidents are reported to the hospital incident reporting system and investigated appropriately. The incidences of post operative haemorrhages are reviewed for trends and causation with individual surgeons and second reviewed independently where this is required. The investigation is led by an appointed investigating officer, involves the lead clinicians within the hospital, and reviewed with the clinical governance committee.

The outcomes are published in specific reports for each individual incident and summarised in a second report for the hospitals learning.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been no unexpected deaths at Springfield Hospital during the reporting period. Any learning from unexpected deaths across Ramsay Healthcare UK is shared at a corporate level for cascading within the individual sites.

The hospital has an oncology unit and any patient deaths that occur within this service are reviewed individually through the hospital's SACT committee and any concerns raised and any learnings reviewed for implementation and influence on future clinical care.

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 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 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.

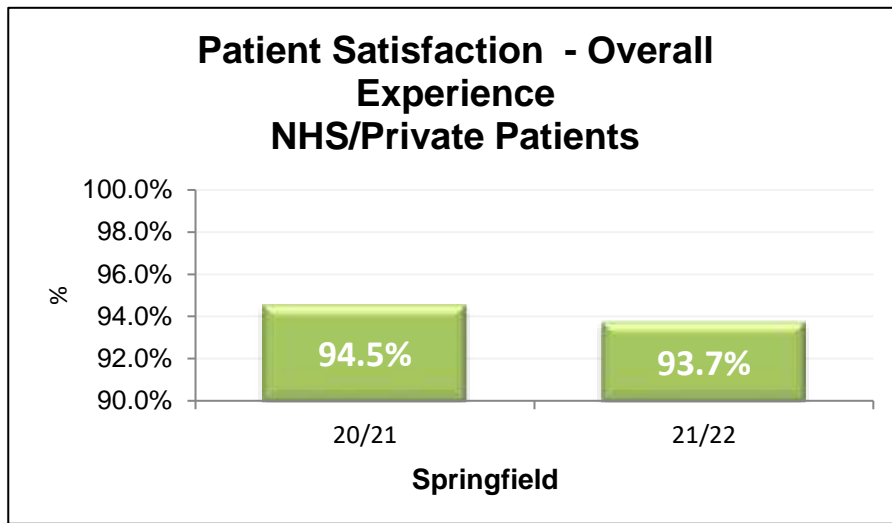
Feedback regarding the patient's experience is encouraged in various ways via:

- 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.

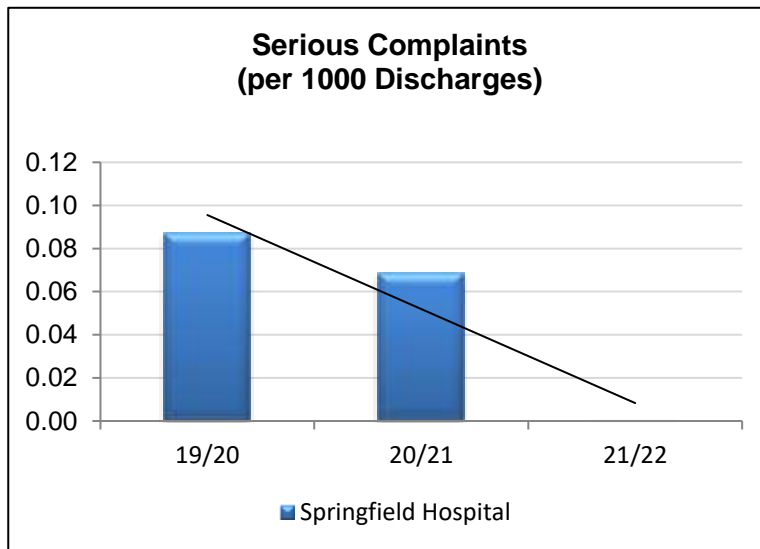
3.4.1 Patient Satisfaction Surveys

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 slightly below. We believe this is due to the impact of COVID meaning that we have needed to put protocols in place that mean patients cannot bring a relative or friend with them when attending for out patient appointments or in patient stay. This includes not allowing visitors to the ward area or allowing non staff members into the hospital restaurant and the removal of communal coffee making facilities from around the hospital. In addition COVID infections means we have seen a higher cancellation of surgery rate than previous years as well as outpatient clinic cancellation, many at short notice. It is expected that next year will see an improvement in the above issues if the trajectory of less COVID infections continue and the restrictions for a hospital are relaxed in with UKHSA guidance.



3.5 Springfield Hospital Case Study

The hospital received patient feedback about the discomfort they felt at fasting and problems of dehydration pre operatively following occasions where they were starved pre operatively up to 12 hours. The ward manager approached anaesthetists and other clinicians to instigate a 'ThinkDrink' campaign. This had proved successful in

other hospitals (Nottingham University Hospitals NHS Trust) which reduced patient fasting times before surgery from an average of nine hours to an average of 3.5 hours improving patient outcomes and experience, reducing dehydration and morbidity. The initiative looked at the surgical and dietary needs of patients and the development of processes to tailor fasting to each patient's situation. Staff explain how they made the project a success and what the benefits have been

The ward manager sought co-operation from colleagues and discussed it at the hospitals clinical governance meeting and launched week commencing 11th October 2021.

Such a simple idea has had a positive and wide spread impact on improving our patients experience; the project has encompassed within the in patients and day care unit. Changing the longstanding culture of nil by mouth from midnight has had minimal cost implications for us as a hospital but made such an immense difference to our patients experience and outcome.

It was relatively easy to implement and raise awareness as following the pre-operative visit from the consultants and any changes to the list, if there is no advice for fluid mentioned then the staff ask the anaesthetist about the fasting times of the other patients. Patients arrive between 7am and 7.30am and have already been fasted for at least an hour. If it is predicted to be 2 hours or more until the patient will go to theatre we are asking those who don't advise us to hydrate their patients if we can give 200mls of still water at that time. Most lists start between 8.30am and 9.00am.

We obviously respect the professional judgement of clinicians however in terms of contributing to the project's success, it would not have been made possible without increasing awareness of the benefits of shorter periods of fasting to both staff and patients. Improving communication between theatres and ward staff with the development of specific guidelines to simplify the process of fasting.

Appendix 1

Services covered by this quality account

Springfield Hospital



Springfield Hospital has 80 beds/day case facilities with 6 theatres all with laminar flow and an ambulatory/ endoscopy unit.

Patients requiring enhanced recovery care are treated and cared for by a well-trained team of staff in a dedicated facility. Springfield Hospital provides inpatient care and treatment for children over the age of 3 years. Springfield provide outreach clinical for consultation at Brentwood Community Hospital and Click Hearing.

People who use our hospital services will recommend us to their family and friends because of our excellent patient outcomes.

Location: Springfield Hospital, Lawn Lane, Springfield, Chelmsford, Essex CM1 7GU

Tel: 01245 234 000

Registered Manager: Adrian Connolly


adrian.connolly@ramsayhealth.co.uk

Appendix 2 – Clinical Audit Programme 2021/22.

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 Allocation 	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 dictated by activity)	By month end
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 February (optional)	End of December
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

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
NVC018	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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