

West Midlands and Stourside Hospital

Quality Account
2023/24



Ramsay
Health Care

Confidential Patient Information

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Welcome to Ramsay Health Care UK

West Midlands and Stourside Hospital's is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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. 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 and it gives me great pleasure to share our results with you.



Nick Costa
Chief Executive Officer

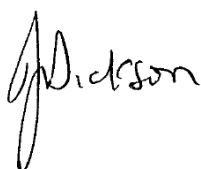
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is West Midlands and Stourside Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in-depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

In April 2022, both hospitals were inspected by the Care Quality Commission (CQC), Stourside achieve a 'Good' rating whereas West Midlands Hospital was rated as "Requiring Improvement". The main areas for improvement were governance, particularly around the medical devices register and governance structures.

Since January 2023, a new, robust governance framework was introduced that includes resuscitation and medical device committees which will further strengthen the safety culture that is fully embedded at both sites.

Part 1

1.1 Statement on quality from the Hospital Director

Mr Christopher Gendall Hospital Director

West Midlands and Stourside Hospital

I am delighted to be able to welcome you to this year's quality account again after joining our two hospitals in January 2023 and I warmly welcome you to review the achievements of our incredibly dedicated staff that work across both of our hospitals.

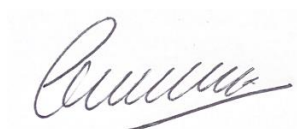
We pride ourselves on our partnership approach with the delivery of our services and we enjoy an evolved and engaging relationship with our local NHS Integrated Care Board and our local NHS providers across primary and secondary care.

West Midlands has gone through a large site development with a new, modern physiotherapy department and refreshed reception area. We have also upgraded our theatres to now both having laminar flow technology. Our ward has new bedrooms added and staff rest/well-being room along with whole hospital safety and detection systems.

Our CQC rating from last year's report and the inspection of 2022 remains unchanged whilst we await reinspection, but we are proud to report that significant improvements were implemented during 2023 which would now see us well placed for our future inspection.

The teams have focused on capturing, encouraging and nurturing our patient voices in the development of our services and our learning and well-being culture is evidenced in our 2023 staff survey which saw a significant improvement on previous year.

As a team, we are keen to continue to evolve, learn and develop high quality services for all our patients and I hope that you enjoy reading this year's quality account.



Chris Gendall

Hospital Director West Midlands and Stourside Hospitals

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 Chris Gendall

Hospital Director

West Midlands and Stourside Hospital

Ramsay Health Care UK

This report has been reviewed by:

Mr Raj Patel, MAC Chairman

Dr Kambiz Maleki, Deputy MAC Chairman

Dr Helga Funkel, Clinical Governance Committee Chair

Gill Chimento, Black Country ICB Commissioner

Mr Martyn Gibbons, West Midlands and Stourside Patient Focus Group Chair

Welcome to West Midlands and Stourside Hospital

West Midlands Hospital is one of the West Midlands's leading private hospitals set in 3.5 acres of pleasant grounds at Colman Hill, Halesowen, ten miles from Birmingham City Centre. Operating since 1988 the hospital has 29 private bedrooms, all with en-suite facilities. West Midlands Hospital has two fully equipped theatres, both with Laminar flow; we have a dedicated endoscopy suite on the nursing floor.

Stourside opened in 2021 as a brand-new day case facility offering treatments for NHS and private patients. Facilities include 10-day case 'pods', pre-operative assessment, outpatients and a treatment room with air exchange as well as one laminar air flow theatre.

We provide fast, convenient, effective and high-quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay or from the NHS sector.

The services offered at both hospitals include the following specialties; ENT, Gastroenterology, General Medicine, General Surgery, Gynecology, Nephrology, Neurology, Ophthalmology, Oral & Maxillofacial, Orthopedics, Podiatry, Pain Management, Physiotherapy, Radiology, Rheumatology and Urology.

Diagnostic facilities at West Midlands include an imaging department with on-site X-ray, ultrasound, and Ramsay UK Diagnostics provides a mobile MRI and CT scanning service. Both our Physiotherapy and Radiology departments provide a direct referral service for self-pay patients, with the radiology service including ultrasound and general radiography.

All of our services are Consultant delivered and are supported by clinical nurse leads in key areas such as Aesthetics, Endoscopy, Ward, Theatres and Outpatients. For the Year-to-date (1st April 2023- 31st March 2024) West Midlands and Stourside Hospitals have seen 7884 admissions as we continue to support the NHS with its post pandemic recovery.

	WM	SS
Insured	690	162
Self-Pay	458	116
Total Private	1148	278
NHS	3421	3037
Total	4569	3315

Part 2

2.1 Quality priorities for 2024/25

Plan for 2024/25

On an annual cycle, West Midlands and Stourside 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 ongoing at any one time. The priorities are determined by the hospital's Senior Leadership Team, taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for improvement

2.1.1 A review of clinical priorities 2023/24 (looking back)

Patient Safety

To support its patient safety agenda, West Midlands and Stourside Hospitals have realigned their governance structure to fully embed best and evidence-based practice and to ensure robust learning from incidents and complaints. The governance structure is as follows:

- Medical Advisory Committee (*Quarterly*)
- Endoscopy User Group
- Clinical Governance Committee (*Monthly*)
- Head of Department (HOD) Meeting (*Monthly*)
- Senior Leadership Team Meeting (*Monthly*)
- Infection Prevention and Control (*Monthly*)
- Medical Devices (*Monthly*)
- Medicines Management (*Monthly*)
- Health and Safety (*Monthly*)
- Resuscitation (*Monthly*)

In May 2023, we introduced a revised version of our admission criteria to ensure we were offering our patients the safest and highest quality care. This criterion has been shared with all consultants and external stakeholders and sets out a clear decision-making process and care pathway for patients, including anaesthetic reviews if required.

These changes have proved to be pivotal for us and are something we will be continuing to deliver and monitor going forward.

Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America.

Clinical Effectiveness

Tendable is a smart inspection app for smartphones and tablets that makes auditing quicker, easier and more effective. It provides an easy interface for staff to input data against set criteria; collate and analyse results in real time, produce exportable reports and action plans as well as providing notifications to managers when reviews have been completed.

What are the key benefits?

- Simple to use and very intuitive
- Able to be used by all levels of staff
- Will help drive quality improvement activities as more simplified data input will release time to review results
- Can be used on desktops or any device including work mobiles (iPads for staff to use)
- Enable photos to be taken to support evidence against a particular criterion
- Can associate evidence (e.g. UKHSA guidance) via URLs linked to standards
- Automated action plans
- Will enable an automatic notification process for results to managers – locally and centrally
- Will enable real time reports for the numerous reviews/audits that take place throughout Ramsay Healthcare UK
- Supports the Ramsay Healthcare UK 5-year strategy and IT objective

The clinical audit program is something that we will continue with in line with corporate policy. We will continue to develop our action plans and measure their effectiveness and we will revisit this as one of our clinical priorities for 2024/25.

Patient Experience

Cemplicity Dashboard – Use of data graphs / Key Driver Analysis and Insights reports
Use Key driver analysis to understand the patient experience. Key driver analysis is an analysis technique that helps uncover what is most important to patients and goes beyond the basic satisfaction or Net Promoter Score (NPS) measures. The key driver analysis technique allows measurement of derived importance which can differ to a patient's stated importance of aspects of their overall experience.

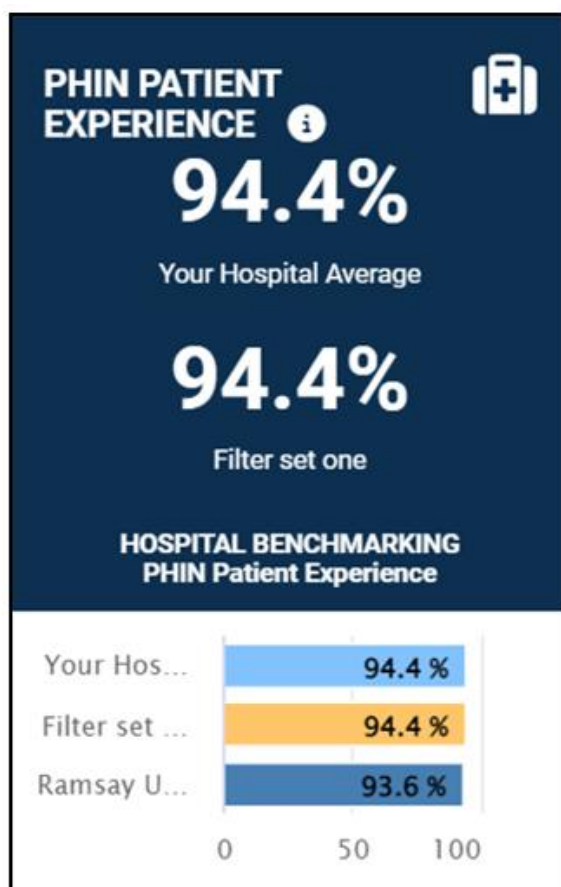
A positive experience is a multidimensional concept and key driver analysis allows for multi-dimensional exploration. By analysing a range of different facets and their impact on the overall patient experience, key driver analysis can produce a rich understanding of how patients evaluate quality of care and guide Ramsay UK on areas on which to focus as priorities to deliver optimum patient experience.

Quarterly insights reports will also be used to maximise Ramsay UK's investment in patient experience research. Each quarterly report provides a 'deeper dive' on a carefully selected aspect of the patient experience and the resulting insights help guide strategies for continuous improvement.

From 1st April 2023– 31st March 2024, 100% of our patients said that our staff were helpful and attentive and professional and courteous. Patients also stated that our staff communicated well and answered all their questions in a friendly and polite manner.

94% of our private patients were happy with the overall care received at West Midlands and Stourside hospitals.

The main area for improvement was around environment. Throughout the fourth quarter of 2023 and into 2024 we have a programme of refurbishment at West midlands Hospital so that we can be responsive to this feedback.



Both hospitals have continued to receive positive feedback from patients and excellent reviews on digital platforms.

The redevelopment of West Midlands Hospital has been a major undertaking and is currently in its final phase. The once dated décor has been replaced to give the hospital a bright and airy feel, one which patients and visitors have commented on.

Going forward, we will endeavour to ensure our patients continue to receive the highest quality care during their visit with us.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety

Falls prevention will be one focus for the coming year. West Midlands Hospital is currently an outlier within the business for falls, with a total number of 19 patient falls documented between 1st of April 23 to 31st of March 2024. Although we currently have two falls champions identified within West Midlands Hospital, our aim is to have a better understanding of why this is happening in order to increase our effectiveness at falls mitigation.

According to “Falls in older people: assessing risk and prevention,” published by NICE (National Institute for Health and Care Excellence) in June 2013, there are certain recommendations regarding the screening of the following groups to assist in the prevention of falls in older people during a hospital stay:

- All patients aged 65 years or older.
- Patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.

For patients at risk of falling in hospital, consider a multifactorial assessment and a multifactorial intervention. Ensure that any multifactorial assessment identifies the patient's individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay. These may include:

- Cognitive impairment
- Continence problems
- Falls history, including causes and consequences (such as injury and fear of falling)
- Footwear that is unsuitable or missing
- Health problems that may increase their risk of falling
- Medication
- Postural instability, mobility problems and/or balance problems
- Syncope syndrome
- Visual impairment

Audit will play a vital part in measuring and monitoring our progress and we will be ensuring a robust system is in place to accurately capture the necessary information and to review existing documentation and processes for potential change. Ultimately, our goal is to reduce the number of falls within the organisation and the complications that arise as a direct result.

Once compiled/completed, evidence from the audit will be shared via the integrated hospital governance report, clinical governance committee, team meetings and staff forum.

This will be further supported with the introduction of the Patient Safety Incident Response Framework (PSIRF) which was implemented in March of this year and is currently in the process of being embedded. This will ensure patient safety incidents are investigated using a proportionate learning response and with the engagement of patients and staff.

Clinical Effectiveness

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and action plans as well as providing notifications to managers when reviews have been completed.

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- Automated action plans
- Will enable an automatic notification process for results to managers – locally and centrally
- Will enable real time reports for the numerous reviews/audits that take place throughout Ramsay Healthcare UK
- Supports the Ramsay Healthcare UK 5-year strategy and IT objective

As stated in the “looking back” section, this remains one of our clinical priorities for 2024/25. The Deputy Head of Clinical Services will now oversee Tendable in order to provide the assurance that deadlines are being met and that our action planning is robust.

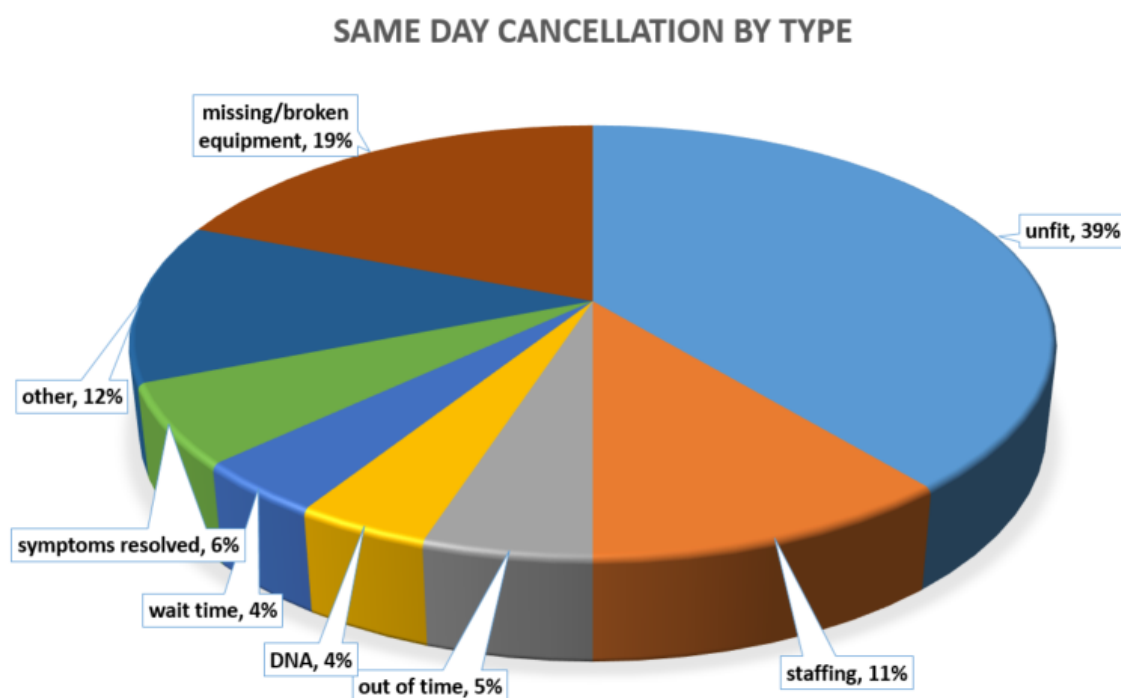
Patient Experience

Same day cancellations prove to be a common theme when analysing our monthly incidents and is an issue that we intend to tackle.

The outcome of a patient having their procedure cancelled on the same day should never be underestimated as it can have a profound effect in one of several ways:

- Emotional/psychological impact: patients may experience increased anxiety, frustration and stress due to the uncertainty and disruption to their plans.
- Worsening of health conditions: delays in receiving treatment can lead to a deterioration of the patient's condition, potentially resulting in more severe health issues or complications.
- Logistical and financial consequences: patients might face challenges rearranging their schedules, including work and family responsibilities.
- Trust and satisfaction: frequent cancellations can erode trust in the healthcare system and lead to decreased patient satisfaction. Patients may feel undervalued or neglected, impacting their overall experience with the healthcare provider.
- Co-ordination of care: cancellations can disrupt the continuity and co-ordination of care, particularly for patients with complex health needs who require multiple appointments with various specialists.

From April 2023 to March 2024 there were a total of 158 same day cancellations across West Midlands and Stourside hospital, as seen in the chart below:



Efforts to minimise same day cancellations, such as efficient scheduling systems and clear communication with patients, not to mention rigorous screening processes, can help to mitigate these adverse effects. In essence, this means examining our current processes regarding bookings, admin and pre-assessment in order to meet this goal.

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 2023/24 West Midlands and Stourside Hospital provided and/or subcontracted 12 NHS services.

West Midlands and Stourside Hospital has reviewed all the data available to them on the quality of care in all 12 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 97 per cent of the total income generated from the provision of NHS services by West Midlands and Stourside Hospital.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are

reviewed each year. The scorecard is reviewed each quarter by the hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue = 26%

HCA Hours as % of Total Nursing = 38%

Agency Cost as % of Total Staff Cost = 9%

Ward Hours PPD = 3.97 hours

% Staff Turnover = 16.83%

% Sickness = 3.01%

% Lost Time = 25.21%

Appraisal % = 93%

Mandatory Training % = 99%

Staff Satisfaction Score

- Engagement 77%
- Well-being 81%
- Inclusion 71%
- Experience 86%
- Burnout indicator 66%

Number of Significant Staff Injuries 0

Patient

Serious Complaints per 1000 HPD's = 0.00%

Patient Net Promotor Score = 88 West Midlands and Stourside. Ramsay national average is 86

Significant Clinical Events per 1000 Admissions = 0.32%

Readmission per 1000 Admissions 0.06% West Midlands and Stourside 0.00%

Quality

Staff Survey Net Promotor Score Oct 2023 112 points vs 87 points October 2022.

Infection Control Audit Score 95%

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 West Midlands and Stourside Hospital participated in 6 national clinical audits and 0 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 West Midlands and Stourside Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, 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.

Project name (A-Z)	Provider organisation
British Spine Registry	Amplitude Clinical Services Ltd
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
National Joint Registry 2, 3	Healthcare Quality improvement Partnership
National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists
Surgical Site Infection Surveillance	Public Health England

Local Audits

The reports of 207 local clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and West Midlands and Stourside Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

- Continued drive to audit in compliance with Tendable audit deadlines.
- A push for cross-department auditing, to encourage impartiality.
- Greater focus on action planning.
- Actions arising from audits are to be assigned to the most appropriate staff member committee and will be discussed/monitored at the relevant committee.
- A focus on completion of actions on the Tendable system and completion of those actions in a timely manner.

2.2.3 Participation in research

There were no patients recruited during 2023/24 to participate in research approved by a research ethics committee.

We are however exploring the INTERFACE project with the University of Manchester and the Dudley Group NHS Trust (Russell's Hall) to explore the medical governance best practice arrangements in place between both organisations.

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

West Midlands and Stourside 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.

2.2.5 Statements from the Care Quality Commission (CQC)

West Midlands and Stourside Hospitals are required to register with the Care Quality Commission and its current registration status on 31st March is registered without conditions.

West Midlands hospital feels that they have addressed all of the regulatory breaches identified in the 2022 inspection and Stourside has a successful rating review in October 2023, which resulted in the continuation of their "Good" rating across all 5 domains.

2.2.6 Data Quality

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

West Midlands and Stourside Hospital will be taking the following actions to improve data quality.

- Continue to provide comprehensive reports for the MAC and CGC regarding clinical audit results.
- Improve engagement with consultants regarding the importance of accurate patient data collection on written records. For example, improving comprehensive completion of consent forms e.g. requests for additional tests and VTE assessment.
- Review and improve the PROMS data collection process to ensure all patients eligible to participate in the questionnaire are provided with a questionnaire.

NHS Number and General Medical Practice Code Validity

West Midlands and Stourside Hospital submitted records during 2023/24 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:

100% for admitted patient care.

100 % for outpatient care,

NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

100% for admitted patient care;

100% for outpatient care; and

NA for accident and emergency care (not undertaken at our hospital).

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top>

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response in the spring and the status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2024.

This information is publicly available on the DSP website at:

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

Clinical coding error rate:

West Midlands and Stourside Hospitals were not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of May 2024

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Midlands					
West Midlands	2023	98%	95%	96%	96%
Stourside	2023	No results	No results	No results	No results

2.2.7 Stakeholders' views on 2023/24 Quality Account

"It has been a pleasure during this last year to establish the Patient Focus Group, and to listen and discuss the very important and positive issues that relate to the excellent care provided by the Ramsay Hospitals on both sites. We are well established now and are benefiting from getting to know the many varied services that are available to the community in which we function. The group aims to meet four times a year and so far we believe that we have had a positive and rewarding series of meetings".

Mr Martyn Gibbons

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), West Midlands and Stourside Hospital

Review of quality performance 1st April 2023 - 31st March 2024

The previous year has seen a lot of change for us at West Midlands and Stourside Hospital.

This last month has seen me step up as Acting Head of Clinical Services since the departure of our previous Matron in May, meaning we have had two Matrons in the space of approximately 12 months. With interviews taking place imminently, this will give us the opportunity to substantiate a new Matron and provide some much-needed senior clinical stability across both hospital sites.

As previously stated in our “looking back” section, our clinical governance framework has been reinvigorated with a brand-new structure and introduction of sub-committees to ensure that we are operating safe hospitals for our patients. As part of that, we have been able to place a firm focus on several areas that the CQC felt needed improvement following our last inspection. Consequently, our training figures have seen a sharp upturn along with our highly commended new medical devices inventory. Consent and VTE (Venous Thromboembolism) prophylaxis have remained hot topics, however collaboration with and support for our consultants has shown that this is an easy challenge to overcome.

We had an incredibly positive peer review last year, which has highlighted the opportunity for lots of learning. This has also shone a spotlight on our medical credentialing, which has been voted “best in class.”

After much hard work and dedication from the teams, we regained JAG (Joint Advisory Group on GI Endoscopy) accreditation, something we have not had for over five years. The teams will be working diligently to ensure that this is maintained.

After many years of discussion and planning, West Midlands Hospital finally commenced a major refurbishment last year. This has allowed a much-needed interior reshuffle to take place; resulting in a relocated medical records, finance and business office; a brand new physiotherapy department (including a state of the art gym), a reception refresh, two additional inpatient rooms, a ward staff room and finally, the opportunity to bring the medical secretaries in from their old “porta-cabin” home on the car park. The hospital is now going through the final phase of work,

which will see a new home for the stores department and the completion of the new fire and nurse call systems.

In conjunction with the refurb, there has also been investment in new ward beds and patient monitors. In recent years, the beds had become unreliable, requiring regular maintenance and repair. Half of the beds have been replaced up to this point, with the remainder being replaced over the next couple of months.

Scrap books/display boards have been introduced to enable the teams to record all the magnificent work they do, both in and out of the hospital. This provides a real morale boost when visiting each team and reading their “good news” stories.

Developing people remains high on the agenda and this is evidenced by the commencement of the new Surgical Care Practitioner (SCP) and Nurse Associate (NA) roles.

The SCP supports named consultants in delivering clinical care to patients. They will work between theatre and outpatient departments and have professional links with both the ward and physiotherapy. They provide support to the consultant to aid the diagnosis of the patient, prepare them for surgery, assist with and deliver surgical intervention under the delegation of their educational mentor and follow up the patient afterwards.

The NA bridges the gap between healthcare assistant and registered nurses and undergo two-year foundation degree, with the opportunity to progress to registered nurse afterwards. Their role includes tasks such as administering medication, recording patient observations, and supporting patient care plans.

Two major changes that have occurred during this time have been the introduction of Radar (which has replaced Riskman) as our incident reporting platform and PSIRF.

Radar has streamlined the incident reporting process and is a “one stop shop” for managing incidents, complaints, and risk and provides the ability for all these separate areas to be linked and cross referenced for greater oversight.

PSIRF replaces the Serious Incident Framework (SIF) and allows a much more collaborative approach to the way in which patient safety incidents are handled. Rather than making the distinction between serious incidents and all others (like SIF), it seeks to cover all incidents which caused, or had the potential to cause harm, with the focus being on our organisational local priorities as detailed in the Ramsay Health Care Patient Safety Incident Response Plan.

Overall, a very eventful year, to be sure. We have shored up our governance processes, seen major redevelopment of our primary site, integrated new systems into our daily working lives, all whilst providing safe and compassionate care for our patients. It is my fervent hope that the coming year will see us building upon this to deliver an outstanding patient experience.



Dean Ciasullo

Acting Head of Clinical Services

Ramsay Clinical Governance Framework 2024

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.

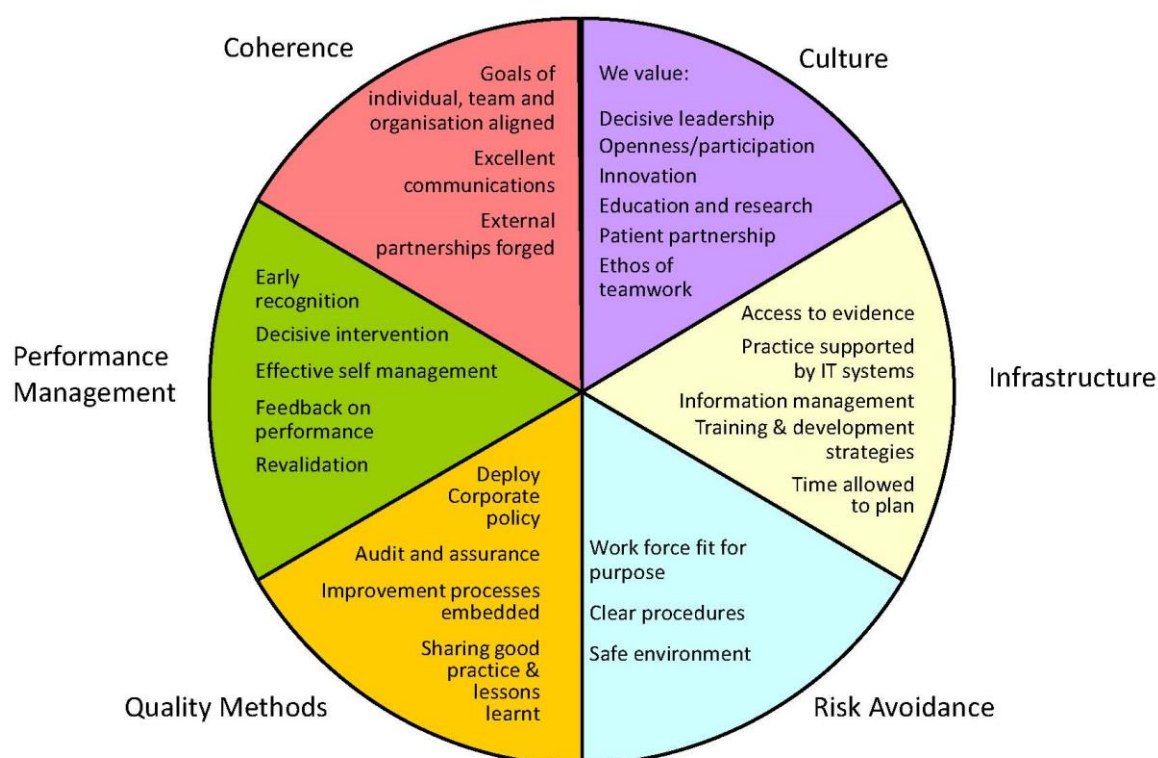
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

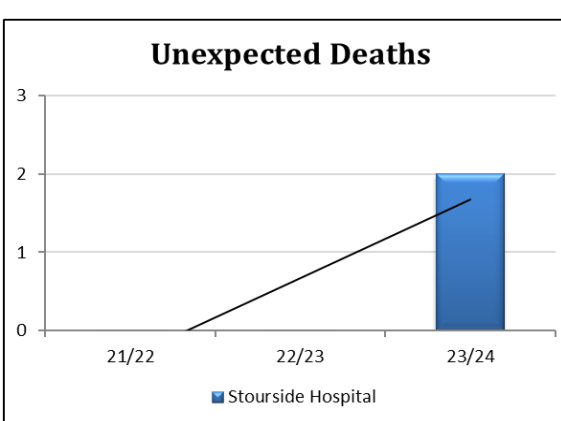
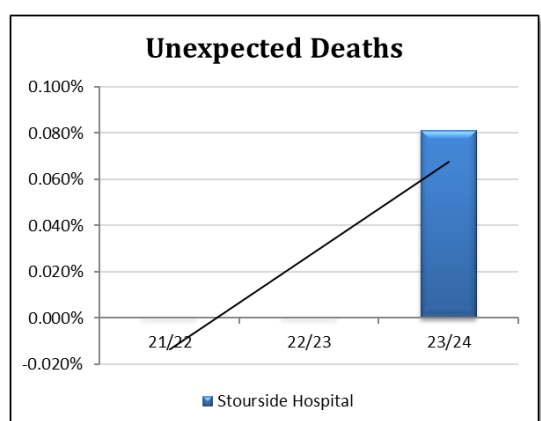
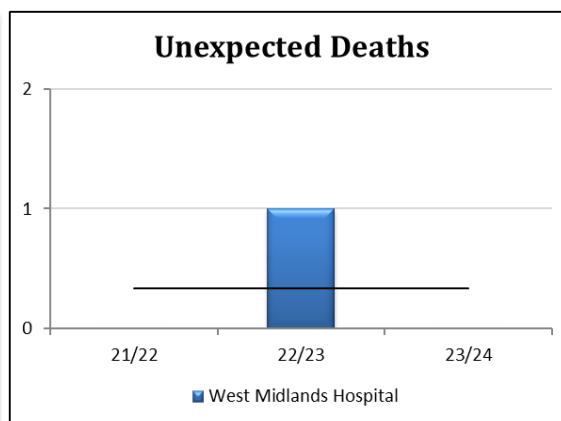
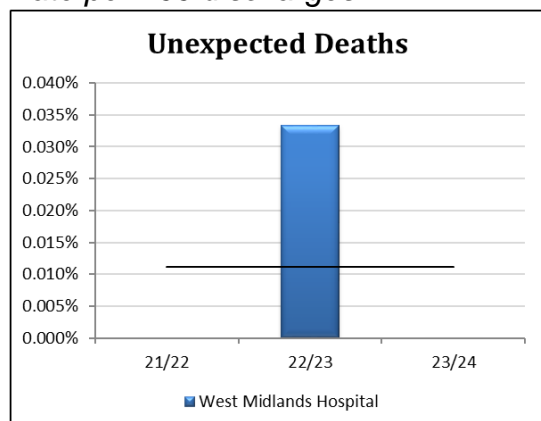
Mortality

Mortality:	Period	Best	Worst	Average	Period	West Midlands
	Apr20 - Mar 21	RRV 0.6908	RM1 1.201	Average 0.0078	21/22	NVC21 0.0000
	Dec21 - Nov22	R1K02 0.2456	RHCH 2.1583	Average 1.0965	22/23	NVC21 0.0003
	Nov22-Oct23	RQM 0.7215	RXP 1.2065	Average 1.0021	23/24	NVC21 0.0000

Mortality:	Period	Best	Worst	Average	Period	Stourside
	Apr20 - Mar 21	RRV 0.6908	RM1 1.201	Average 0.0078	21/22	NVC1H 0.0000
	Dec21 - Nov22	R1K02 0.2456	RHCH 2.1583	Average 1.0965	22/23	NVC1H 0.0000
	Nov22-Oct23	RQM 0.7215	RXP 1.2065	Average 1.0021	23/24	NVC1H 0.0008

WEST MIDLANDS AND STOURSIDE Hospital's consider that this data is as described for the following reasons – during the reporting period we had no unexpected deaths at West Midlands and two have been noted at Stourside, however this is due to where these patients were treated and this happened post discharge within 28 days.

Rate per 100 discharges:



National PROMs

PROMS: Hips	Period	Best	Worst	Average		Period	West Midlands			
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC21	24.653
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC21	24.278
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC21	23.587

PROMS: Knees	Period	Best		Worst		Average		Period	West Midlands	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC21	18.107
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC21	16.469
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC21	19.920

PROMS: Hips	Period	Best	Worst		Average		Period	Stourside		
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC1H	N/A
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC1H	N/A
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC1H	no data

PROMS: Knees	Period	Best		Worst		Average		Period	Stourside	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC1H	N/A
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC1H	N/A
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC1H	no data

West Midlands and Stourside Hospital considers that this data is as described for the following reasons: with the data available, West Midlands shows and above average performance in the reference group.

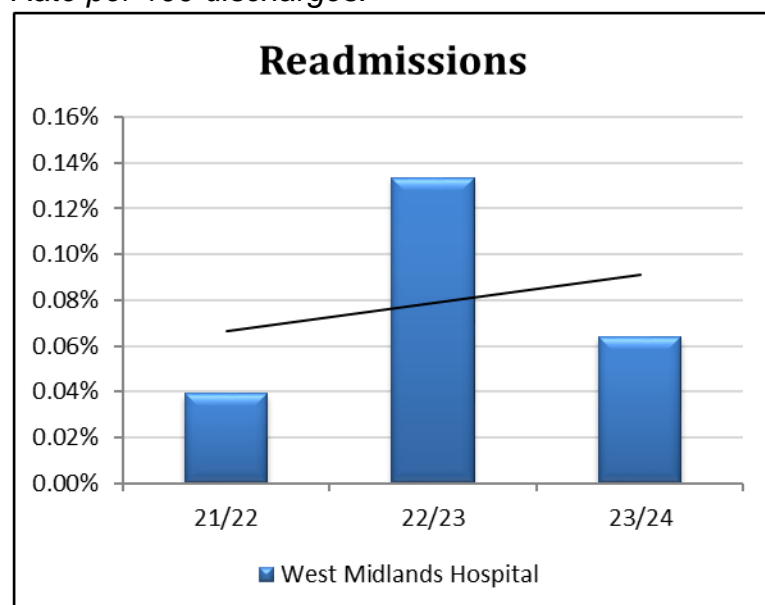
West Midlands and Stourside Hospitals have implemented an enhanced recovery pathway which along with reducing our average length of stay, we are improving patient reported outcomes.

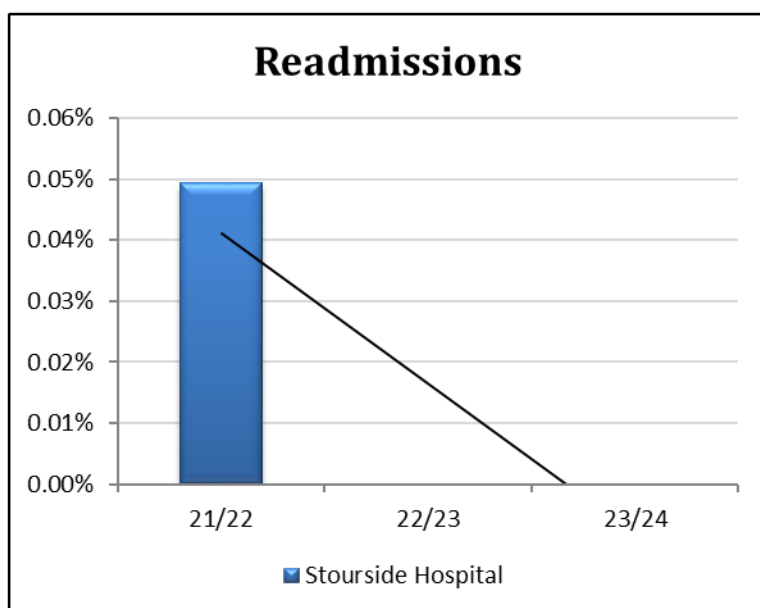
Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	West Midlands	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC21	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC21	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC21	0.00
Readmissions:	Period	Best		Worst		Average		Period	Stourside	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC1H	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC1H	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC1H	0.00

This data is no longer reported, but within the reporting period, West Midlands Hospital readmitted two patients for treatment, a 100% reduction on prior year and Stourside reported zero being a day case unit.

Rate per 100 discharges:





VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	West Midlands	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC21	97.5%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC21	94.8%

VTE Assessment:	Period	Best		Worst		Average		Period	Stourside	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC1H	N/A
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC1H	N/A

The publication of this data was paused during Covid and not resumed, we do however monitor this locally and this is one of our areas of focus. This was identified by the CQC in 2022 as an area requiring improvement and we apply a robust system now to ensure that all are present prior to sending for patients.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	West Midlands	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC21	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC21	0.0

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Stourside	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC1H	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC1H	0.0

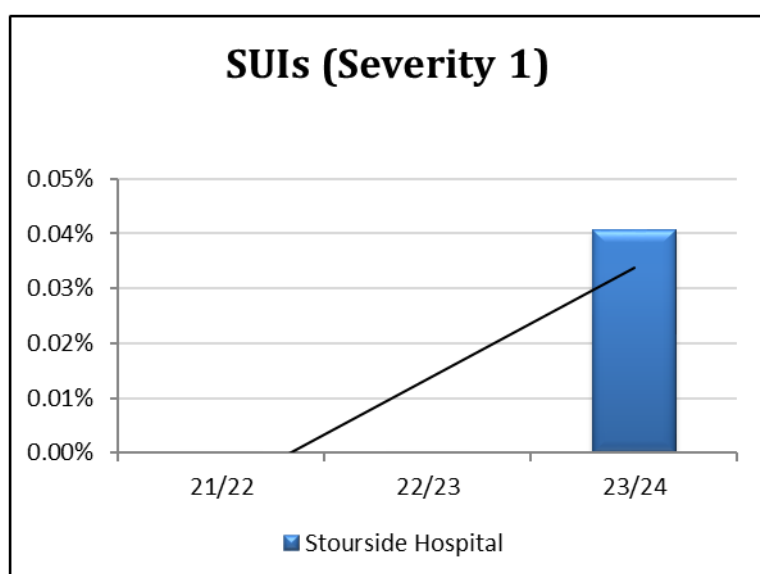
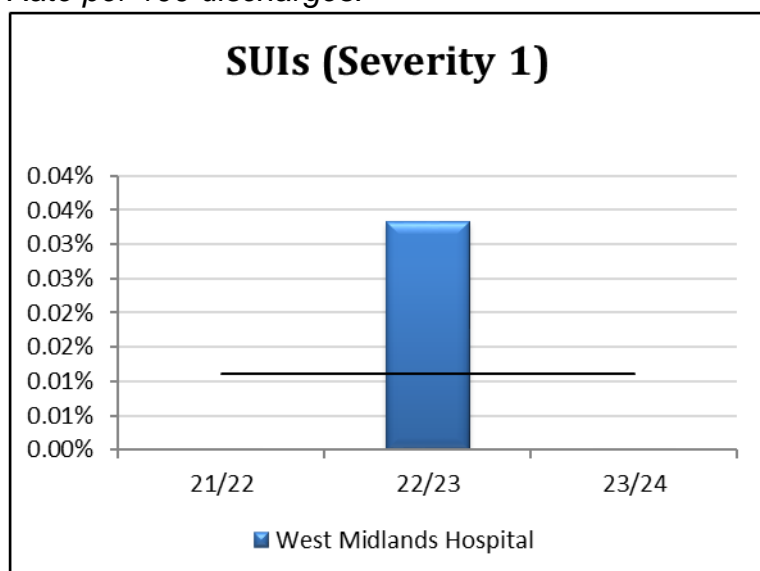
West Midlands and Stourside Hospital considers that this data is as described for the following reasons due to there being no cases of C Difficile during the reporting period.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	West Midlands	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC21	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC21	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC21	0.00
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Stourside	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC1H	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC1H	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC1H	0.00

West Midlands and Stourside Hospital considers that this data is as described due to there being no patients safety incidents reported during the period that have caused harm at West Midlands and 1 reported for Stourside.

Rate per 100 discharges:

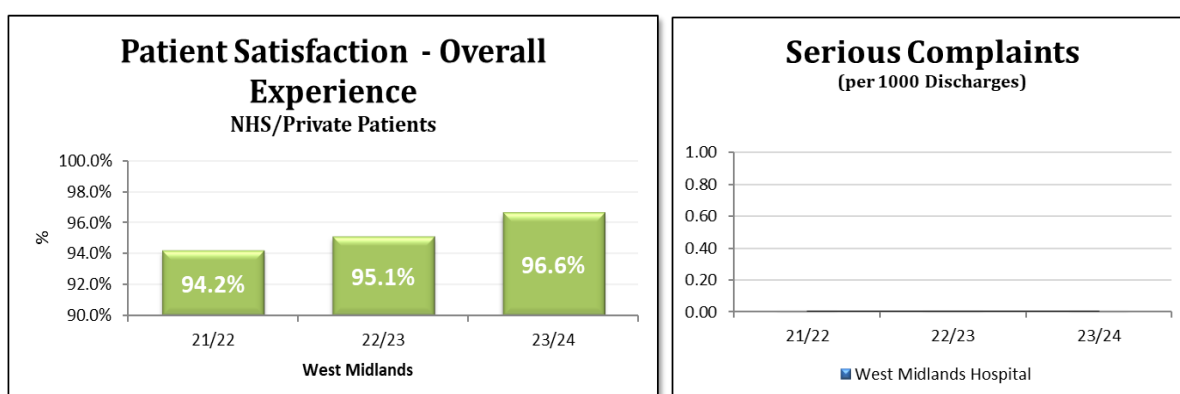


3.2 Patient safety

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

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

Our focus on patient safety has resulted in a marked improvement in several key indicators.



3.2.1 Infection prevention and control

West Midlands and Stourside Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 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 and Spinal surgery and these are also monitored.

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

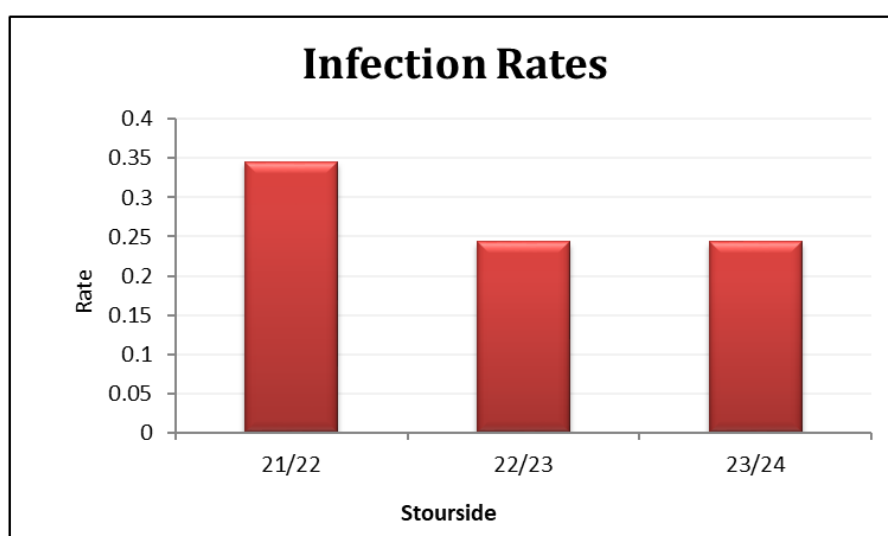
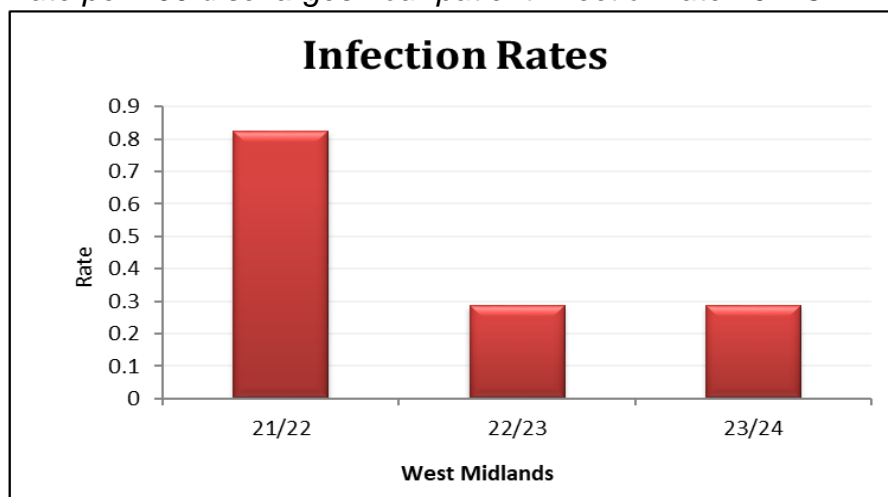
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

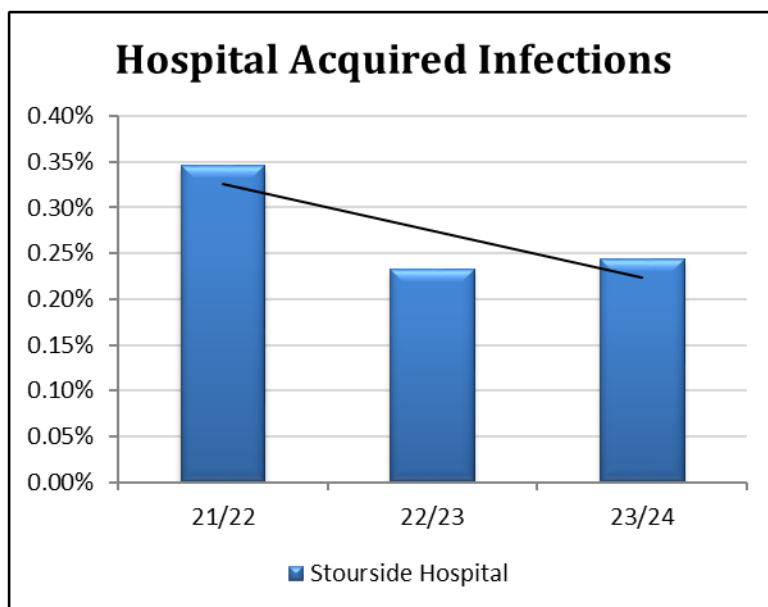
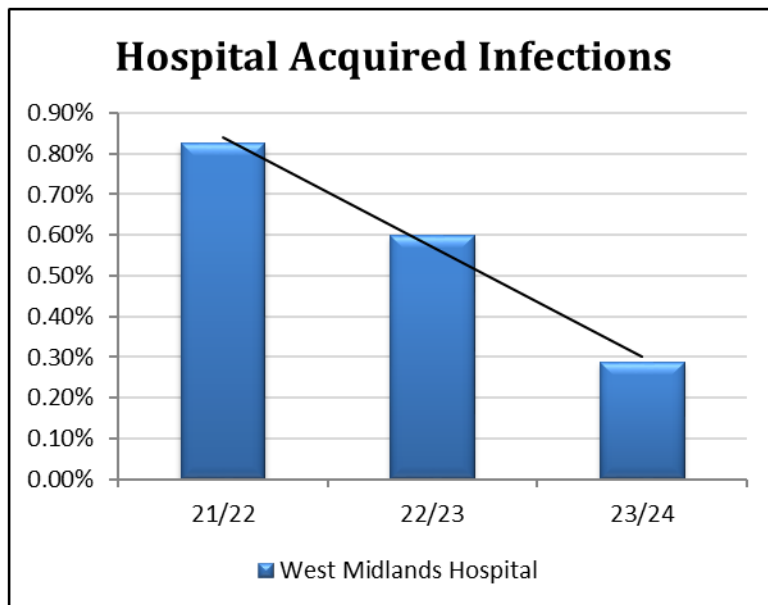
Programmes and activities within our hospital include:

- *IPC link Practitioners in all departments with monthly meetings.*
- *IPC information boards in all departments.*
- *IPC Mandatory training Monthly IPC drop-in training sessions*
- *IPC Audit plan which includes Hand Hygiene. Environmental, sharps*
- *IPC assurance IPC infrastructure. IPC Peer review*
- *Improvements include an elevation in audit results, refurbishment of the theatre suite.*
- *Reviewing the cleaning schedules in departments*

As can be seen in the graph, our infection control rate has decreased over the last year. In comparison to the national average, it is 1.7%. This is due to an increase in patient reporting infections also better wound surveillance reporting. This has been addressed by improved communication with patients and training of staff on the guidelines on how to report a suspected wound infection.

Rate per 100 discharges: our patient infection rate 20223-24 is 0.22%





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 West Midlands and Stourside Hospitals, 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's view on our facilities.

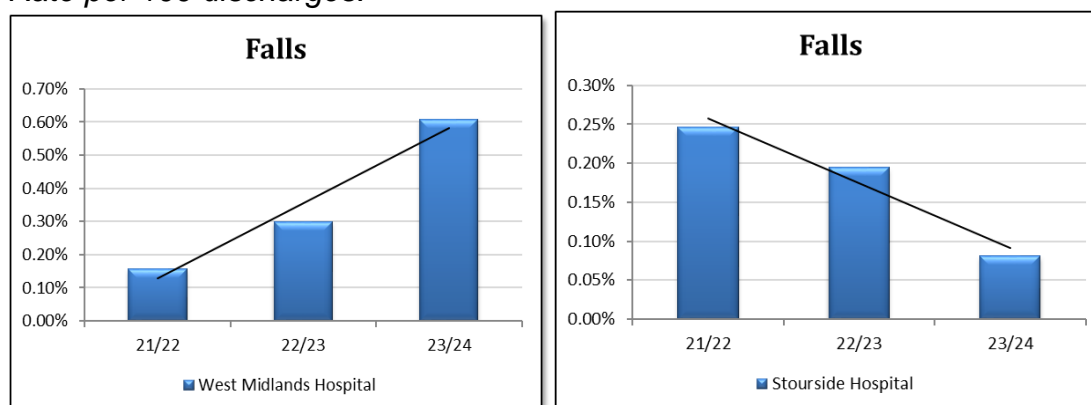
PLACE audit 2023 achieved 79.5% (nat ave 89%) overall. Our high scores included the cleanliness and appearance of the environment and our patient food rating. The lesser scores were around Dementia and Disability, which due to the nature of our building at the West Midlands site leaves us with limitations on making adaptations to improve the Dementia /Disability Score.

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, Head of Clinical Services, Pharmacist and Governance Co-ordinator to ensure that we keep up to date with all safety issues.

Rate per 100 discharges:



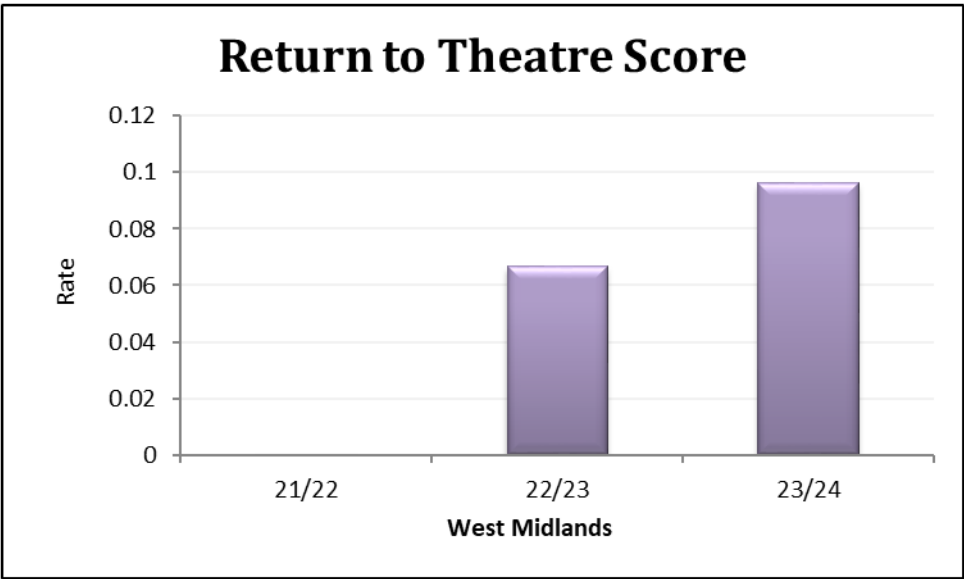
As can be seen in the above graphs, our falls at both sites show an interesting trend. At Stourside they have reduced to two, whereas West Midlands have increased to 19. The main driver at West Midlands concerns patients not following post operative instructions following hip and knee replacement. Based on prior year, our orthopaedic operating has significantly increased with arthroplasty numbers doubling. Our new joint school at West Midlands following the development of the new department, our new enhanced recovery pathway and introduction of two falls leads, will hopefully start to see this number dramatically reduce this year.

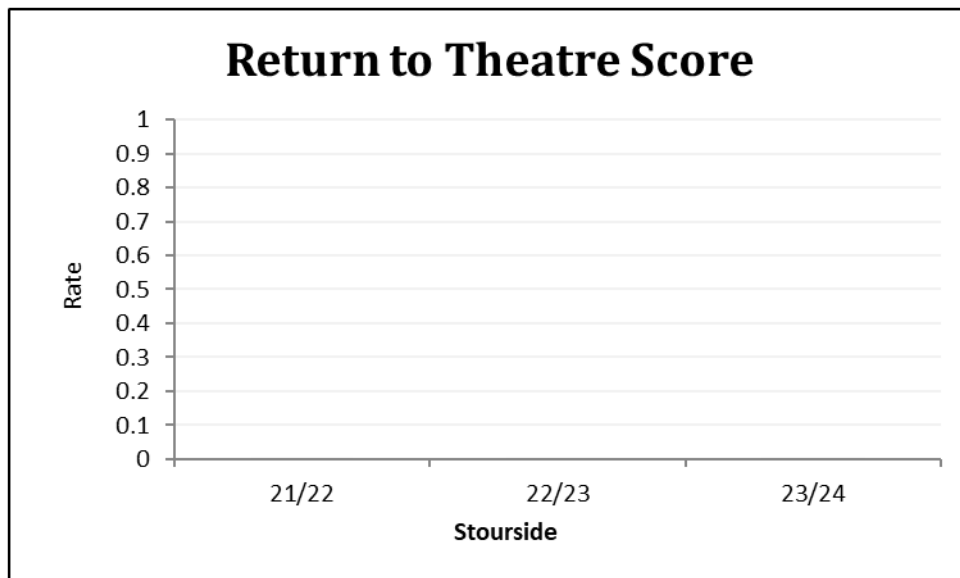
3.3 Clinical effectiveness

West Midlands and Stourside 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

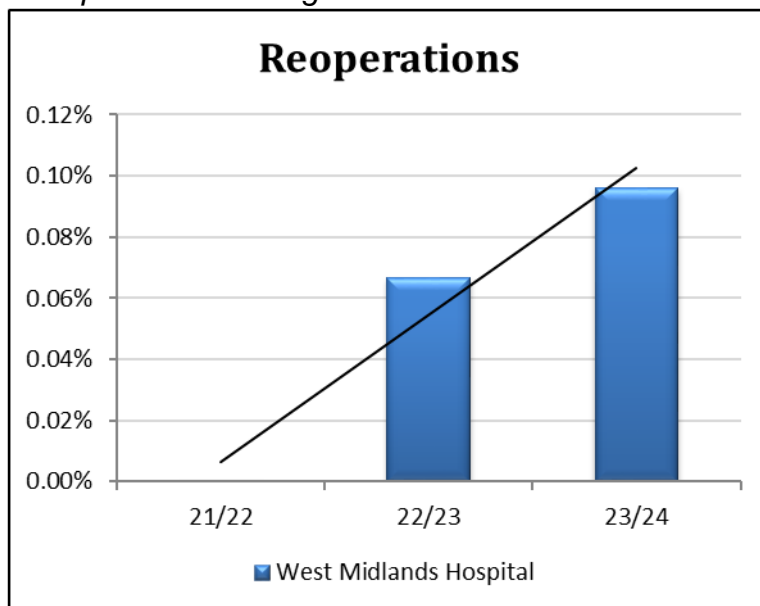
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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

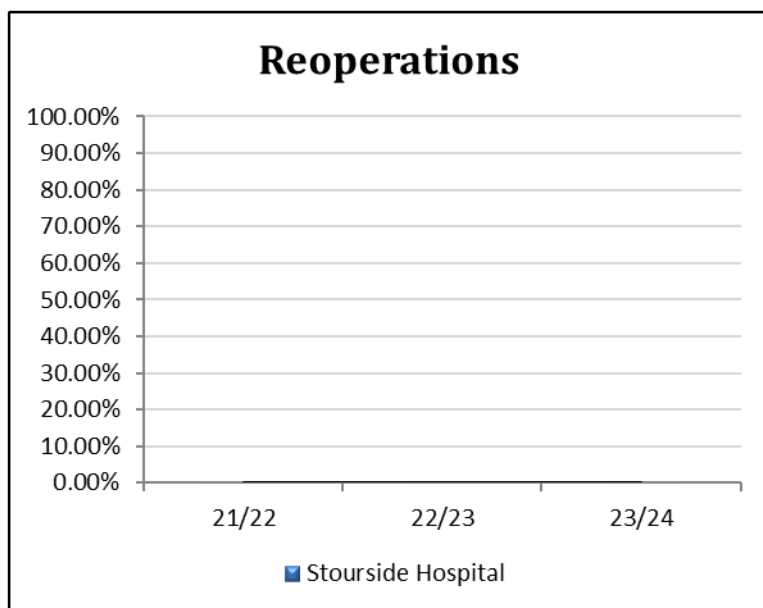




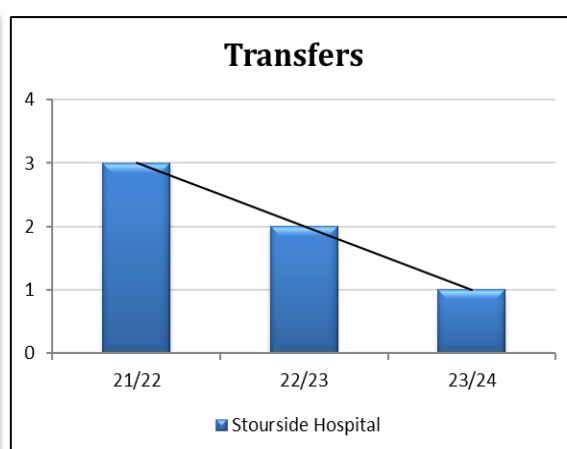
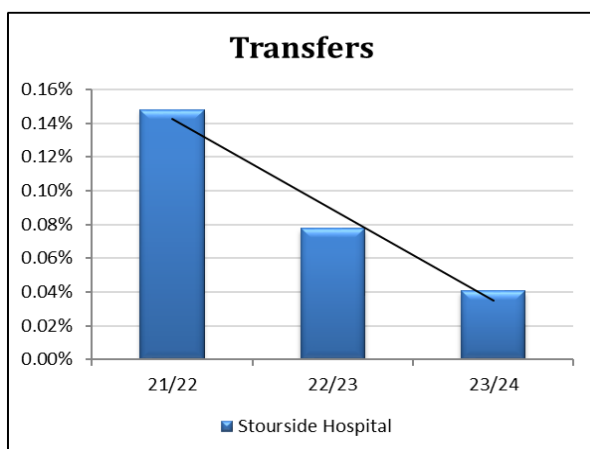
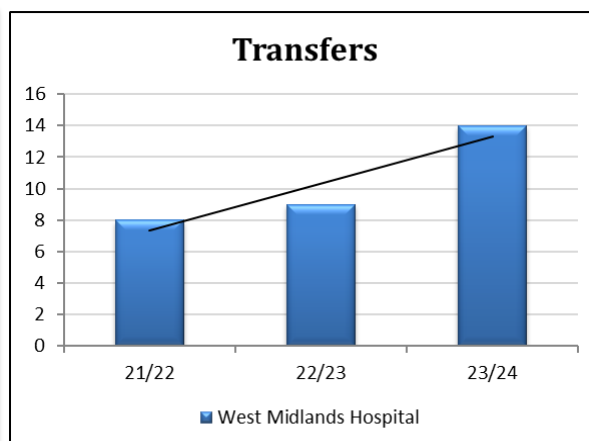
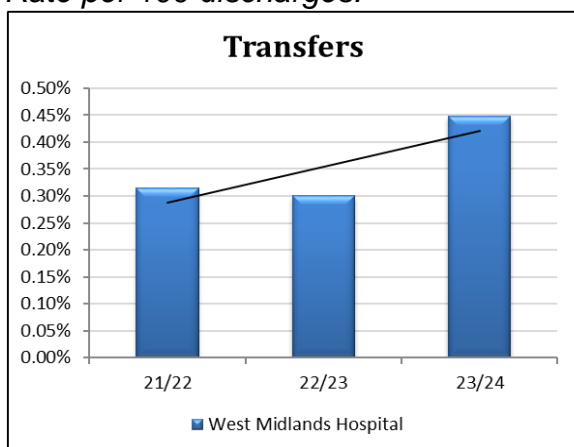
As can be seen in the above graph our returns to theatre rate has increased over the last year at West Midlands. This is in part due to the increase in falls and associated complications, but also due to the volumes now been seen at the hospital and the numerator being greater. We had no readmissions and returns to theatre, these were all for admitted patients.

Rate per 100 discharges:





Rate per 100 discharges:



3.3.2 Learning from Deaths

During the reporting period we did not note any deaths within either hospital. Stourside reported two deaths with 28 days of discharge, but neither of these were associated with the treatment received by us. It should be noted that the out-patient pathway is with Stourside and one element of the elective pathway with West Midlands, so it is prudent to view both hospitals as one site for reporting purposes.

Based on these, we have adapted the way in which we record patients who have deceased to ensure that routine hospital follow ups and patient surveys do not take place in the future, because this can cause distress to family members.

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 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 Checks, Options, Demands, Elevates) 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%.

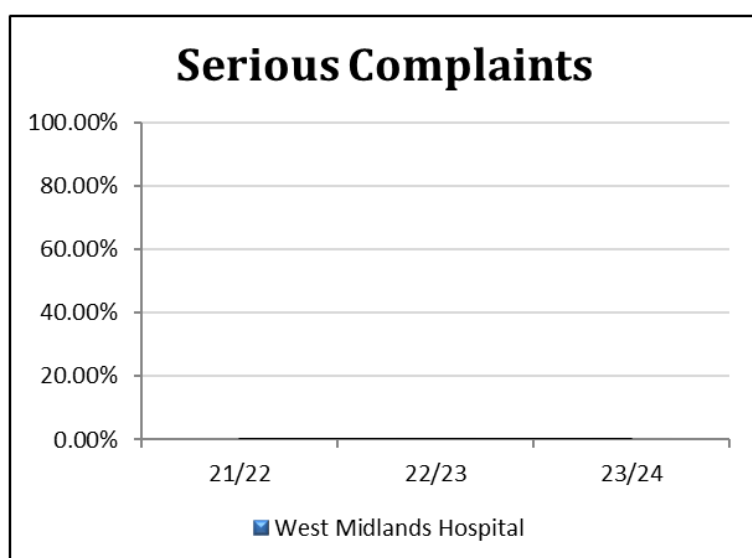
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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.

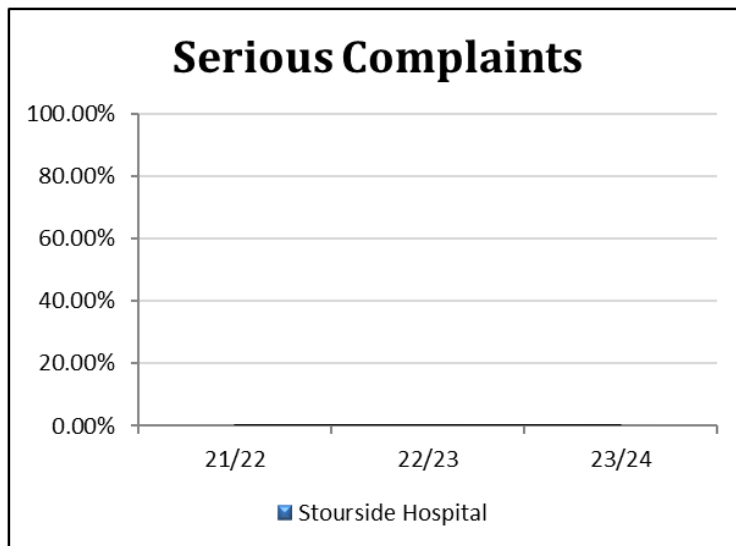
3.4 Patient experience

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 fed back to the relevant staff using direct feedback. All staff are aware of our complaints procedure should our patients be unhappy with any aspect of their care.





Patient experiences are fed back 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:

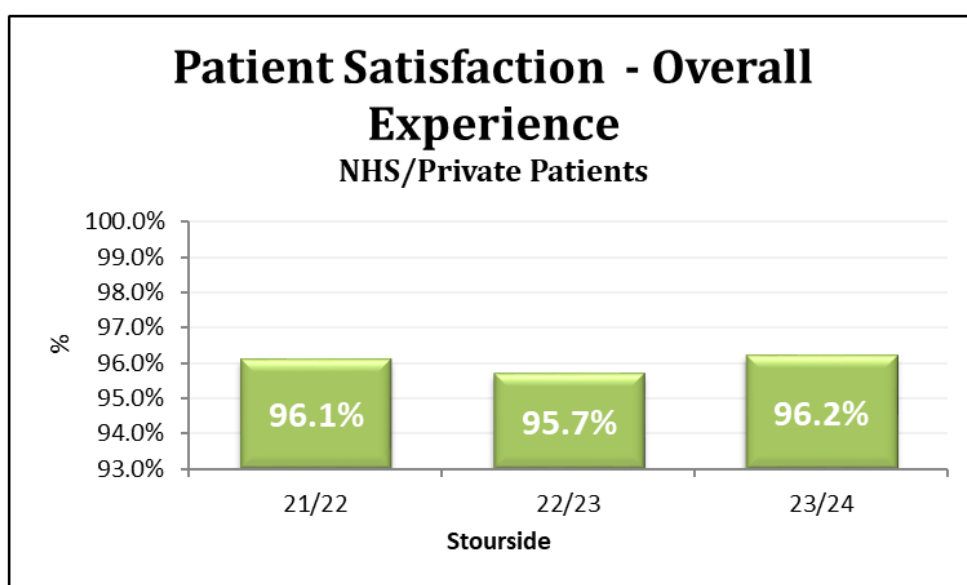
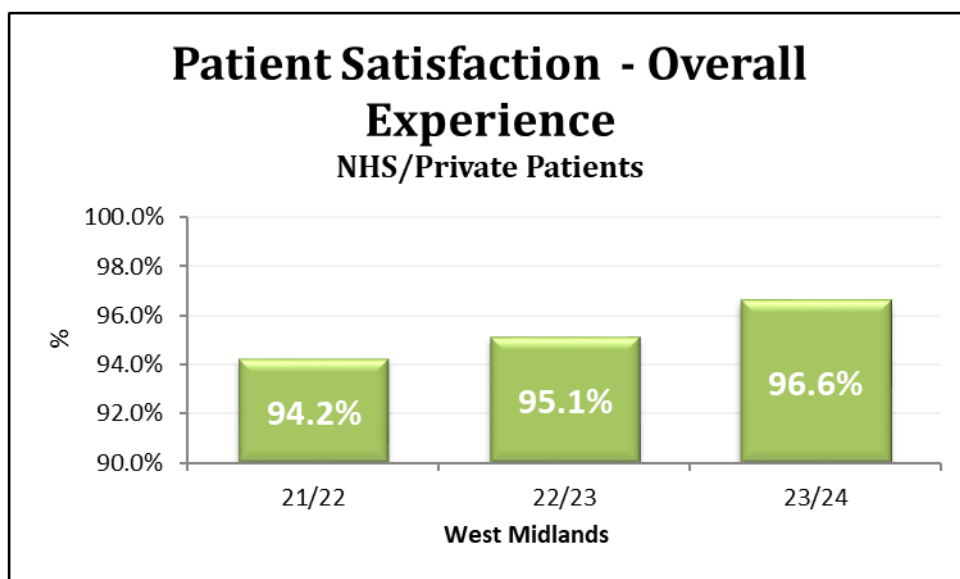
- Continuous patient satisfaction feedback via a web-based invitation
- Actions received via the Cemplicity platform for follow up
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, 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 – patients 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 Cemplicity. 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 actions 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 steadily increased at West Midlands over the last year and it shows a positive growth trend across a 3-year period. Also, although there was dip two years ago at Stourside, this has increased to the 3-year average and just a pip beyond.

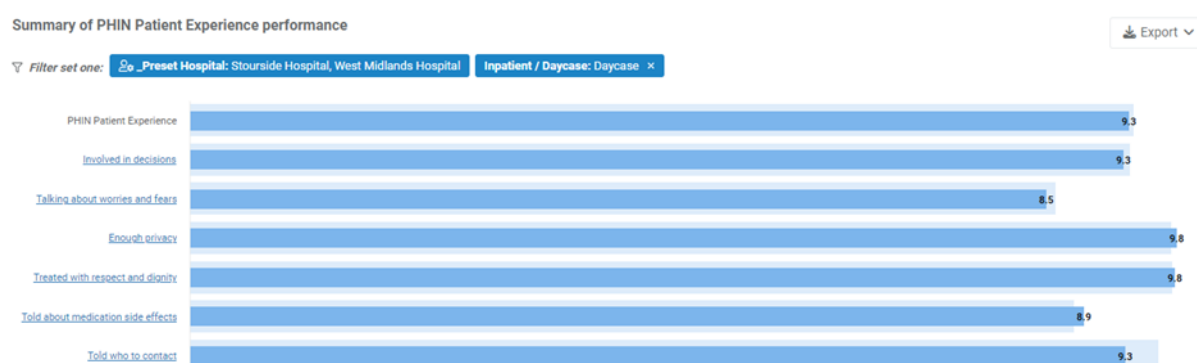
Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	West Midlands	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC21	98.6%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC21	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC21	98.8%

F&F Test:	Period	Best		Worst		Average		Period	Stourside	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC1H	*
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC1H	*
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC1H	100.0%

West Midlands and Stourside Hospital considers that this data shows an above average performance across both sites, with ongoing activities to ensure that uptake remains high.

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



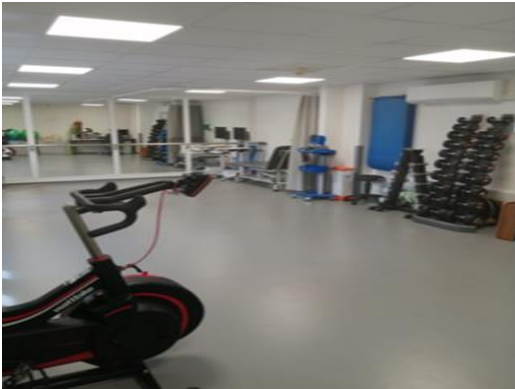
3.5 West Midlands and Stourside Hospital's Case Study

Rather than a case study, we thought we would share some of the pictures of our site development over the last few months.

We have benefited from a new reception area, physio department, ward bedroom and staff well-being room. But also, a newly fitted operating theatre to now have the latest air handing technology to allow for more orthopaedic and spinal patients to be seen here.

In addition to this, we have a new medical secretarial department, finance and business office, along with many other aspects of capital development.





Appendix 1

Services covered by this quality account

Stourside

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Dermatology, Endocrinology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, urology, ENT	All adults 18 yrs. and over
Surgical Procedures	<p>Ambulatory and Day Surgery only</p> <p>General surgery including Laparoscopic inguinal hernia repair.</p> <p>Orthopaedics</p> <p>Ophthalmology</p> <p>Podiatric surgery</p> <p>Urology</p> <p>ENT</p> <p>Gynaecology</p>	<p>All adults excluding.</p> <p>Patient who has any of the following will not be a suitable for treatment at the unit.</p> <p>Zero tolerance to abusive or aggressive patients.</p> <p>No suitable support at home.</p> <p>Unstable ASA 3 and above.</p> <p>Blood disorders (haemophilia, thalassemia).</p> <p>On Renal dialysis.</p> <p>A history of malignant hyperpyrexia/hyperthermia</p> <p>A psychiatric history or have severe mental health.</p> <p>A need for ventilator support post operatively.</p> <p>Any requirement for planned high dependency care.</p> <p>Limited mobility due to breathlessness.</p> <p>Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months.</p> <p>Patients with a BMI 40 or above will not be considered for a general anaesthetic.</p> <p>An MI (heart attack) in the last 6 months.</p> <p>Stents(cardiac) inserted in the last year.</p> <p>CVA (stroke) in the last 6 months.</p> <p>Angina classification 3-4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest).</p> <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.t</p> <p>All patients must meet social/clinical criteria for day surgery</p>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 yrs. and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

West Midlands

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or Injury	Cardiology, Cosmetics including Lasers, Dermatology, Ear, nose and throat (ENT), Gastroenterology, General medicine, Gynaecology, Neurology, Oncology, Orthopaedic medicine, Pain Management, Podiatry, Physiotherapy (including satellite services), Rheumatology, Sexual health, Sports medicine, Urology, Vascular	All adults 18 years and over
Surgical Procedures	Ambulatory, Day and Inpatient Surgery, Breast surgery, Colorectal, Cosmetics/plastics, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Podiatry, Urology, Vascular	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilatory support post operatively. • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery. • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months <p>All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Audiology, GI physiology, Imaging services, Nerve conduction, Phlebotomy Studies, Sexual Health, Urinary Screening and Specimen collection.	All adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

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, 2020 saw the migration of audit activity from the traditional excel programme to an 'app' base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to "Tendable." Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
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
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
Medical Records - Patient	HoCS	Whole Hospital	July, December, May	Month end
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January
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
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
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end
Sharps	IPC	Whole Hospital	August, December, April	Month end
IPC Environmental Infrastructure	IPC	Whole Hospital	August, February	Month end

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
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
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April
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
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August November/December (if req) March/April	End of August No December deadline End of April
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end
Complaints	SLT	Whole Hospital	November	Month end
Duty of Candour	SLT	Whole Hospital	January	Month end
Safeguarding	SLT	Whole Hospital	July	Month end
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	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
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

Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	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
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end
Privacy & Dignity	Ward	Ward	May/June,	End of June
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline 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
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
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December

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
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
NVC1H	Code for Stourside Hospital used on the data information websites
NVC21	Code for West Midlands 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

West Midlands and Stourside 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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**[www.ramsayhealth.co.uk/hospitals/
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