

# West Midlands & Stourside Hospitals

Quality Account  
2020/2021



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## West Midlands & Stourside Hospitals are part of the Ramsay Health Care Group

The Ramsay Health Care Group was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 33 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs and Clinical Commissioning Groups.

### **Statement from Dr. Andrew Jones, Chief Executive Officer, Ramsay Health Care UK**

The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.

Ramsay Health Care's slogan "People Caring for People" was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where "care" is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.

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 our teamwork is a critical part of meeting the expectations of our patients.

Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on Speaking Up for Safety, research collaborations and outcome measurements.

Ramsay has been proud to play its part in supporting the NHS during the COVID-19 pandemic. Over the initial phase of the pandemic, Ramsay provided:

- Access to over 1,000 beds and 100 operating theatres across 33 Ramsay Hospitals.
- Looked after over 650,000 NHS patients for outpatient appointments, diagnostics and surgery including urgent services such as cancer, trauma and acute care.
- Over 50,000 MRI and CT scans delivered to the NHS.
- Ramsay hospitals supported local communities with PPE training and care home swabbing.
- Over 900 Doctors have worked with Ramsay to deliver services under emergency practicing privileges.
- Over 4,000 shifts equating to over 37,800 hours were carried out by 210 Ramsay team members to support NHS teams in local Trusts
- Over 500 items of equipment, ventilators and PPE provided to NHS Trusts.
- 13 new diagnostic imaging modalities (MRI / CT / 3D Mammography) purchased to support the NHS.

The national deal between the NHS and independent sector has been a remarkable achievement and has demonstrated the benefits of a joined up, coordinated system that works in partnership between all providers to provide real, tangible outputs. During the national agreement the independent sector provided critical infrastructure support to the NHS including people, facilities, supply chain access, medical kit and equipment, and capital investment. In addition, through strict infection prevention control and green pathways Ramsay has been able to treat urgent cases in a safe, clinical environment.

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

*(Andy Jones, Chief Executive Officer of Ramsay Health Care UK)*

# Introduction to our Quality Account

This Quality Account is West Midlands & 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.



# Part 1

## 1.1 Statement on quality from the Hospital Director

At West Midlands and Stourside Hospitals we continuously strive to improve our care and focus on providing the highest quality service to the patients we have the privilege to care for. We opened Stourside Hospital in October 2020 despite the challenges presented by the Covid Pandemic. This enabled us to further support 3 local Trusts in the national Covid-19 response. Supporting the care of patients with cancer became our focus and through a robust governance and assurance framework to oversee and monitor, meant we could change direction with the patient care delivery whilst maintaining clinical safety.

Ensuring high quality care means we have the right people in the right place at the right time doing the right thing first time every time. Health care has always been complex and multi-layered but more so over the last year. Our patient pathways had to be reviewed to ensure we were keeping people - both staff and patients - safe throughout the pandemic. Ensuring the focus remains on effective systems and processes has allowed our staff to diversify, develop their skills further and continue to have the confidence to deliver the care our patients expect and deserve.

The culture of the hospital remains critical and as a leadership team we continue to promote an open and transparent service where people are empowered and supported to always do the right thing. Our business is based on a culture known as the “Ramsay Way” defined by specific values and supported by a philosophy of “People Caring for People”. With the embedding of ‘Speaking up for Safety’ programme we continue to ensure all staff and patients have a voice. The relaunching of the Patient Engagement Group will further involve patients in shaping the care delivery, as their patient experience and opinions will be listened to and learned from.

Our Quality Strategy is underpinned by Value Based Healthcare focusing a triple value approach. The aim is to deliver the highest quality service in a personalised way that is effective, efficient and meets the needs of the local health economy. We aim to achieve this in a way that is recognisable and meaningful to everyone thus ensuring we are consistently patient centred, clinically effective and safe for every person every time. This has never been more important than over the last year. Supporting patients and colleagues through a unique set of circumstances in a clinically effective and safe way has really allowed us to draw on the foundation we have built through our quality strategy.

Despite all of the changes, twists and turns over the past year, West Midlands Hospital continues to thrive. We are now also entering exciting times as we expand our services with the new Stourside Hospital - the sister hospital to West Midlands – Stourside Hospital will focus on the day case pathway and patient experience. Having both of the hospitals interlinked will ensure patients are treated following the most appropriate pathway. This

allows for further flexibility in a patient's treatment and recovery. Our effective recruitment of consultants and the wider staff team, teamed with the management of waiting lists, will continue to allow us to meet the needs of the patient in an efficient and effective way.

Ramsay Health Care UK continues to promote high quality care in line with the Ramsay Global Values. To ensure provision of high quality care, Ramsay invests in its facilities and staff - this has certainly been evident over the last 12 months. West Midlands Hospital is firmly established within the local healthcare economy and has a strongly positive reputation, the introduction of Stourside Hospital this will further cement its position by adding a new streamlined dimension to day case care available. However, we do not sit on our laurels and as we move in to the new world our aim remains to be seen as an 'Outstanding' service

If you would like to comment or provide feedback, please do not hesitate to contact me on the following:

[Alison.bain@ramsayhealth.co.uk](mailto:Alison.bain@ramsayhealth.co.uk)

Tel no. 01384 632679



*Alison Bain  
Hospital Director  
West Midlands & Stourside Hospitals  
Ramsay Health Care UK*

## 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.



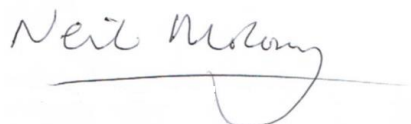
**Alison Bain**  
*Hospital Director*  
*West Midlands Hospital*  
*Ramsay Health Care UK*

**This report has been reviewed and approved by:**

Mr Raj Patel -Consultant General Surgeon and Honorary Senior, MAC Chair



Mr Neil Molony – Consultant ENT Surgeon, Clinical Governance Committee Chair



Dudley Clinical Commissioning Group



# Welcome to West Midlands & Stourside Hospitals

West Midlands Hospital is one of the West Midlands' 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.

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.

In September 2020 we completed the development of our new facility at Stourbridge, Stourside Hospital is an extension of the West Midlands Hospital. The management, staff and processes are joint and certain day case specialities are now delivered at this site.

## **Our Services**

West Midlands Hospital has two fully equipped operating theatres, 1 with Laminar flow. We have a dedicated endoscopy suite / minor ops theatre. The nursing ward consists of 29 inpatient beds all with en-suite facilities. The Hospital also has a well-equipped outpatient department with 6 consulting rooms and a dedicated minor procedures area

Stourside Hospital is a dedicated day case facility, it has one fully equipped operating theatre with laminar flow, also 7 consulting rooms, a treatment room for minor procedures and a day ward with 6 patient pods.

The services offered at the hospitals include the following specialities; Dermatology, Ear Nose & Throat (ENT), Gastroenterology, General Medicine, General Surgery, Gynaecology, Nephrology, Neurology, Ophthalmology, Oncology, Oral & Maxillofacial, Orthopaedics, Podiatry, Pain Management, Physiotherapy, Plastic Surgery, Radiology, Rheumatology, Urology, and Palliative Care. Diagnostic facilities 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 supported by clinical nurse leads in key areas such as Oncology, Aesthetics, Endoscopy, Ward, Theatres and Out Patients.

The hospitals are strictly regulated and audited by the Care Quality Commission(CQC), the governing body responsible for maintaining standards in healthcare, and the latest report can be found at:

[www.cqc.org.uk](http://www.cqc.org.uk)

For the Year-to-date (1 April 2020 to 31<sup>st</sup> March 2021 West Midlands Hospital has seen 4577 admissions.

- Insured: 350 patients (8%)
- Self-Pay: 264 patients (6%)
- NHS: 3963 patients (86%)

For the Year-to-date (1 April 2020 to 31st March 2021) Stourside Hospital has seen 599 admissions.

- Insured: 54 patients (9%)
- Self-Pay: 29 patients (5%)
- NHS: 516 patients (86%)

During 2020/21 Stourside Hospital provided a total of 14 NHS services. The income generated from these NHS services represents 66% per cent of Stourside Hospital's total income from all provisions (1 April 2020 to 31<sup>st</sup> March 2021).

(NB the opening Date for Stourside was October 2020)

### **Our Staff**

Currently, we employ a total of 162 contracted clinical and non-clinical staff members including: nurses, physiotherapists, radiographers, clinical support staff, administrators, operational management staff, hotel services, porters, receptionists and medical secretaries. The staff are able to work across both sites.

### **Senior Leadership Team**

- Hospital Director
- Head of Clinical Services (Matron)
- Operations Manager
- Finance Manager

West Midlands Hospital has a Resident Medical Officer (RMO) on site 24 hours a day seven days a week to support the consultant and nursing team delivering safe and effective care to all our patients. Stourside Hospital has a RMO on site to cover the hours it is open.

### **NHS Partners & GP Communication**

We work closely with our local CCG (Clinical Commissioning Group) at Dudley, to provide a range of surgical services under the Standard Acute Contract via the NHS e-Referral system. We offer direct referral services for private/self-pay/insured patients. All patients requiring NHS services are referred via their General Practitioner (GP) directly to the hospital. Our Pathology and Pharmacy services are provided by Dudley Group of Hospitals NHS Trust with whom we have a close working relationship.

We provide educational sessions for GP practices, with the help of our consultant body and clinical staff. These individual “lunch and learn” style sessions are held at the GP practice for practice staff that wish to enrol. In addition, we supplement this by facilitating customer service / care sessions for administration teams via our two designated Customer Excellence representatives.

We also facilitate workshops specifically for practice administration staff, to support the NHS e-Referral processes. To further focus on our work with local GP's and triage centres, we have a GP Liaison Officer, whose key responsibility is to communicate and engage with our referring community.

### **Supporting Charity**

As a hospital we look each year at supporting a charity, for 2020/21 we chose to support a number of national and local charities. We look forward to supporting other charities and participating in fundraising events in this coming year.

# Part 2

## 2.1 Quality priorities for 2021/22

### Plan for 2021/22

On an annual cycle, West Midlands Hospital develops an operational plan to set objectives for the year ahead. This will also be the case for Stourside Hospital.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

### Priorities for improvement

#### 2.1.1 A review of clinical priorities 2020/21 (looking back)

##### 1. Infection Prevention and Control



The West Midlands Hospital previously saw an increase in infection rate despite having infection control policies in place and carrying out regular infection control audits. In order to improve and reduce the infection rate the West Midlands Hospital started the 'One

Together Programme' and also actively monitoring infections through a quarterly infection trend analysis.

We have since seen a reduction in HCAI infections, but West Midlands is continuing to monitor infections and the Hospital has a more robust IPC plan in place, especially in light of the Covid-19.

Throughout the pandemic West Midlands and Stourside hospitals have remained a designated Green site.

- Facility Assurance – COVID-19 Green & Amber Pathways

In response to the Covid-19 Pandemic Ramsay Healthcare UK have developed Green and Amber patient pathways for patients that attend our facilities. The objectives of these pathways are to:

- Minimise the risks to patients from COVID-19 related complications when undergoing a planned procedure in our facilities.
- Minimise the chance of staff or other patients acquiring COVID-19 infection from patients being treated.
- Minimise the risk of staff or other patients transmitting COVID -19 to the patient being treated.
- Use our treatment capacity fully.
- Improve efficiency by reducing the need for unnecessary processes.
- Minimise cancellations due to COVID-19

As the research changes and the pandemic evolves, pathways have been amended in line with most recent PHE guidance.

## 2. Dementia Strategy

The West Midland Hospital is in the process of completing a Dementia Strategy. The strategy will incorporate Stourside hospital, this is a priority focus for the coming year.

Aligning to the Care Quality Commissions five key domains, our strategy will be:

- Caring: Patients are truly respected and valued as individuals.

- Safe: Patients are protected by strong, comprehensive safety systems, with focus on openness and learning.
- Responsive: Services are flexible, provide choice and continuity of care.
- Effectiveness: Creating a truly dementia friendly hospital with secure, safe, homely, comfortable social and therapeutic environments that facilitate all types of functioning.
- Well Led: Leadership, governance and culture driving high quality person-centred care.

These objectives are driven by our vision of becoming a truly dementia friendly hospital that strives to consistently deliver high quality care that meets the needs and expectations of our patients and their carer's.

The departments all have a Dementia Champion working with their teams to improve care for patients and their families when within hospital.

### 3. Speak Up for Safety Programme

The Speak Up for Safety Programme is part of an on-going 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.

**Clinical Effectiveness** The next Stage – 'Promoting Professional Accountability' and 'Peer Messengers' is being rolled out throughout Ramsay Healthcare UK hospitals. Due to the Pandemic this was put on hold. This will remain a priority for the forthcoming year, once roll out is able to recommence.

- *Perfect Ward App for Clinical Audit Programme*

Perfect Ward 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*
- *In time will replace numerous current reviews using manual input into spread sheets (initially clinical) – saving staff time resource spent analysing data*
- *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)*



- *Will enable photos to be taken to support evidence against a particular criterion*
- *Can associate evidence (e.g. PHE guidance) via URLs linked to standards*
- *Automated action plans (Aug '20)*
- *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 objectives*

This should ensure robust action planning and insights reports for West Midlands and the wider Ramsay Healthcare UK wider organisation. The rollout of Perfect ward for all audits is completed on both West Midlands and Stourside sites.

## 2.1.2 Clinical Priorities for 2020/21 (looking forward)

### Patient Safety

- SUFS phase 2 – *Promoting Professional Accountability (PPA)*

Having successfully implemented Phase 1, Phase 2 – Promoting Professional Accountability will begin. The Promoting Professional Accountability Programme provides a system to identify, engage with and hold accountable staff who demonstrate repeated unprofessional behaviour. Equally important, the programme has inbuilt sensitivity to ensure uncharacteristic and isolated incidents from conscientious staff are handled proportionately.

Using on-going data collection and monitoring, the programme identifies individuals who attract repeated reports of unprofessional behaviour. Procedures that complement existing human resources and managerial practices are then applied to progressively escalate engagement with these individuals.

At the heart of the programme is the ability to identify and respectfully engage staff over reported behaviours, allowing them to reflect and personally align with a culture of safety and excellence. This innovative approach enables expertly trained peer messengers to deliver information in conversations about single, reported incidents, as well as providing a methodology to identify and address individuals who display 'outlier' behaviours. This is being rolled out nationally across Ramsay Health Care UK, with the aim to improve patient safety and patient outcomes.

## 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.

- Restart of FFT following the pause – New question

The National Friends and Family Test (FFT) survey data submission to NHS Improvement for publication was put on pause at the end of March 2020 due to the COVID-19 pandemic. Friends and Family feedback is essential for the service and West Midlands Hospital will continue to collect data with the revised questions.

### Electronic Patient Record – Maxims

This is a continuing priority from previous years. Ramsay Health Care UK started the process of upgrading and replacing its current PAS (Patient Administration System) in 2015. The new electronic system has been designed to include the following components; Master Patient Index, Referral to Treatment pathways, outpatient and inpatient management, case note tracking, clinical coding, ICPs, clinical noting, information management and business analytics, dashboards and enablement for external communications (SMS messaging, email, fax). Other features will include;

- Production of Discharge Summary letters – secure email
- Testing of Touch Screen Receptionist software
- Therapies (UDA and ICP's)
- Clinical Portal – Overview of Patient
- Theatre Management
- Order Communications – Radiology (Carestream) and Pathology examinations/tests (TDL) only

This huge project has already commenced and whilst the initial target of 'Ramsay UK roll-out' in March 2016 was not met, the project continues and all pilot phases are completed, West Midlands and Stourside hospitals will be part of the final national rollout in October with a "go live" date of November 1st 2021.

### **Enhancing care of the elderly undergoing surgery**

Increasing numbers of older people are undergoing elective surgery, older people have much to gain from surgery, and there is a growing evidence base for clinical interventions and processes of care that lead to better outcomes.

West Midlands and Stourside Hospitals are working within the regional cluster to review our processes and management of the older patient. We are currently reviewing the pathway for the elderly patient and looking to improve the patient care given to these patients.

As part of the early stages of the project we will:

- Review Pre-Operative Assessment(POA) nurses current competency and skills against approved syllabus
- Identify training required and access for elderly care POA
- Agree specialist teams required to support elderly care programme
- Identify how hospital will access relevant specialist teams
- Identify if in-house training is available from a Consultant Anaesthetist

### **ANTT - achieve Bronze Award**

ANTT (Aseptic Non Touch Technique) is defined by the National Institute for Health & Care Excellence

(2012) as being a ***'Specific type of aseptic technique with a unique theory and practice framework'***.

ANTT is a contemporary and explicitly defined practice framework for aseptic technique providing a common practice language for this critical clinical competency. As a result, practitioners, health care organisations and industry using ANTT® worldwide, benefit from more meaningful conversations about aseptic practice, education, research and ultimately, patient safety.

ANTT addresses the historical weaknesses that inhibit practice, and provides health care workers with a logical practice framework that promotes safe and efficient aseptic technique for this critical clinical competency.

It is estimated that 30% of HCAI's (Health Care Acquired Infections) are preventable. When performing aseptic technique, healthcare workers aim to protect patients from infection.

West Midlands and Stourside Hospitals already train staff in the practice of ANTT, and we are now looking to achieve a recognised standard within this practice.

## 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

The West Midlands & Stourside Hospitals has reviewed all the data available to them on the quality of care in all of these NHS services.

During 2020/21 the West Midlands Hospital provided a total of 14 NHS services. The income generated from these NHS services represents 71 % per cent of West Midlands Hospital's total income from all provisions (1 April 2019 to 31<sup>st</sup> March 2020).

During 2020/21 the Stourside Hospital provided a total of 14 NHS services. The income generated from these NHS services represents 66% per cent of Stourside Hospital's total income from all provisions (1 April 2020 to 31<sup>st</sup> March 2021).

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with 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 2020/21, the indicators on the scorecard which affect patient safety and quality were:

<b>Human Recourses</b>	
<b>Staff Costs as % Net Revenue</b>	<b>207.3%</b>
<b>HCA Hours as % of Total Nursing</b>	<b>35.7%</b>
<b>Agency cost as % of Total Clinical Staff Costs</b>	<b>1.5%</b>
<b>Ward Hours PPD</b>	<b>5.76</b>
<b>Staff Turnover rolling 12 month %</b>	<b>8.2%</b>
<b>Sickness rolling 12 months %</b>	<b>4.16%</b>
<b>Lost time (includes annual leave, study leave and sick leave %</b>	<b>24.5%</b>
<b>Appraisal %</b>	<b>79%</b>
<b>Mandatory Training</b>	<b>91%</b>
<b>Staff engagement Score</b>	<b>49%</b>
<b>Number of significant staff injuries</b>	<b>0</b>

Patient	
Formal Complaints per 1000 HPD's (Hospital Patient Days)	0.4%
Patient satisfaction score	98.9%
Significant Clinical Events per 1000 Admissions	1.5%
Readmission per 1000 Admissions	0.1%

Quality	
Workplace Health and Safety Score	96%
INFECTION CONTROL AUDITS: (Most recent)	
Hand Hygiene Audit	100%
IPC Environmental Audit	96%
Infection Control Cleanliness	98%

Our Clinical Audit Programme is set and conducted via the Ramsay Healthcare UK Clinical Audit Programme audit shown in Appendix 2.

## 2.2.2 Participation in clinical audit

During 1 April 2020 to 31<sup>st</sup> March 2021 West Midlands Hospital participated in 3 national clinical audits.

The national clinical audits and national confidential enquiries that West Midlands Hospital participated in, and for which data collection was completed during 1 April 2020 to 31<sup>st</sup> March 2021, 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
Elective Surgery - National PROMs Programme	100%
National Cardiac Arrest Audit (NCAA)	Nil
National Cardiac Audit Programme (NCAP) <sup>1, 2, 3</sup>	Nil
National Joint Registry (NJR) <sup>2, 3</sup>	100%

Footnotes:

<sup>1</sup> National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

<sup>2</sup> Project participates in the Clinical Outcomes Publication (COP)

<sup>3</sup> Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)  
Version: January 2019

The reports of the national clinical audits from 1 April 2020 to 31<sup>st</sup> March 2021 were reviewed by the Clinical Governance Committee and West Midlands Hospital.

West Midlands Hospital participated in Getting It Right First Time (GIRFT) thrombosis survey.

The purpose of the survey was to:

- Identify the number of cases of HAT (Hospital Acquired Thrombosis)
- Identify the clinical areas where HAT occurs, identifying whether HAT has occurred after medical or surgical admission and the type of surgical admission.
- Determine the proportion of HAT cases which are deemed potentially preventable.
- Identify common themes within cases of potentially preventable HAT.
- Assess local practice in the prevention of HAT.
- Provide data for participating trusts or hospitals, to benchmark themselves against the national average and to drive better scrutiny and investigation of HAT and their causes.

## Local Audits

The reports of 84 local audits were performed locally including those on the Ramsay Healthcare UK mandatory clinical audit program. These local clinical audits from 1 April 2020 to 31<sup>st</sup> March 2021 were reviewed by the Clinical Governance Committee. All actions are monitored by the Heads of Departments and reviewed accordingly.

The clinical audit schedule can be found in Appendix 2.

### 2.2.3 Participation in Research

There were no patients recruited during 2020/21 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

There were no CQUINs set for the period 1 April 2020 to 31<sup>st</sup> March 2021



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

West Midlands Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2021 is registered without conditions.

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

## 2.2.6 Data Quality

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records (Appendix 2). All audit results are discussed at the Medical Advisory Committee (MAC), Clinical Governance Committee (CGC), and Health and Safety Committee, corresponding action plans are in place and reviewed at each meeting.

West Midlands 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.
- Review and improve the PROMs (Patient Reported Outcome Measures) data collection process to ensure all patients eligible to participate in the survey are provided with a questionnaire.

## NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2019/20 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 100% for admitted patient care;
- 100% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

## Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its responses and has a status is 'Standards Met'. A score is no longer assigned

20/21 Standards Met	21/06/2021
19/20 Standards Met	29/09/2020
18/19 Standards Met	14/03/2019

**NHS Digital** Data Security and Protection Toolkit  
Ramsay Healthcare UK Operations Ltd

Account Logout  
News Help

Assessment Report an Incident Admin -

### Assessment

Data Security and Protection Standards for health and care (opens in a new tab) sets out the National Data Guardian's (NDG) data security standards. Completing this Toolkit self-assessment, by providing evidence and judging whether you meet the assertions, will demonstrate that your organisation is working towards or meeting the NDG standards.

- 1 Personal Confidential Data
- 2 Staff Responsibilities
- 3 Training
- 4 Managing Data Access
- 5 Process Reviews
- 6 Responding to Incidents
- 7 Continuity Planning
- 8 Unsupported Systems
- 9 IT Protection
- 10 Accountable Suppliers

### Progress

Progress dashboard and reports

100 of 100 mandatory evidence items provided

40 of 40 assertions confirmed

Your assessment status (if you were to publish now)

**Standards Met**

**Publish Assessment**

View previous publications

Filter by:

This information is publicly available on the DSP website at:  
<https://www.dsptoolkit.nhs.uk/>

## Clinical coding error rate

West Midlands Hospital was subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission, undertaken internally. The results are shown in the table below:

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at September 2020*

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
West Midlands	Sept 20	98.3%	95.0%	96.6%	96.1%

## 2.2.7 Stakeholders views on 2019/20 Quality Account

# Part 3: Review of quality performance 2020/2021

**Head of Clinical Services (Matron), Terri Burkett**

## **Review of quality performance 1st April 2020 - 31st March 2021**

### **Introduction**

*“This publication marks the tenth 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 also 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 2021**

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

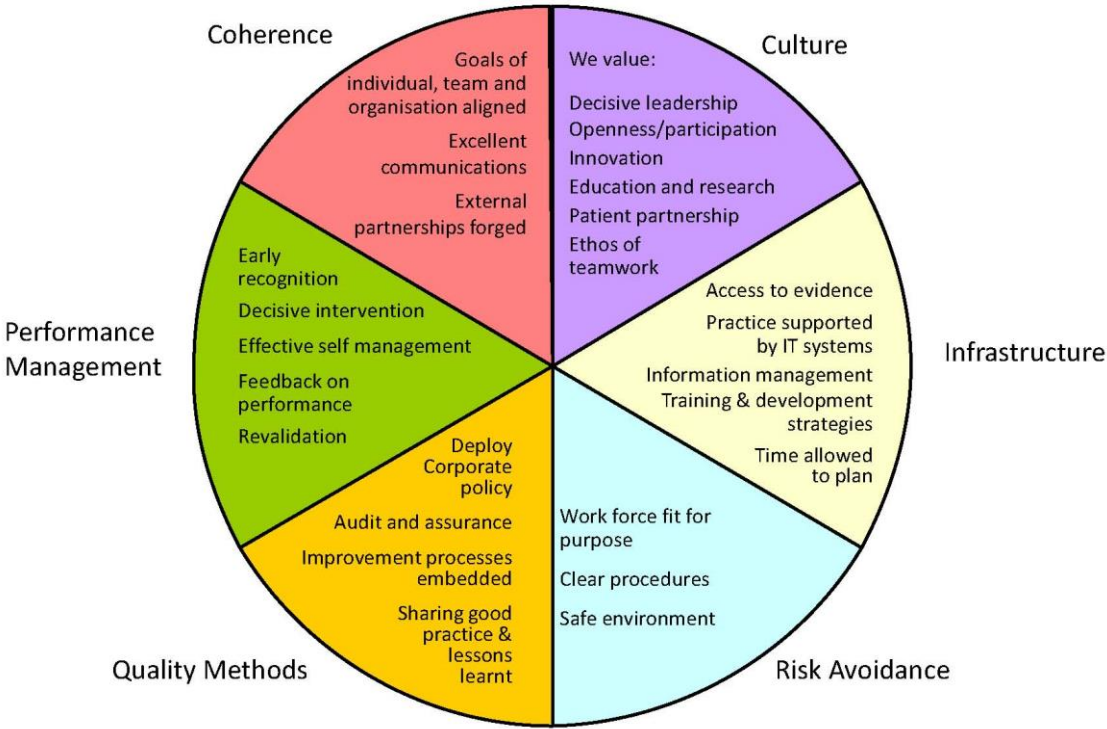
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	
	Apr 18 - Mar 19	RYJ	0.7069	RMP	1.2058	Average	1.0012	19/20	NVC21	0.0000
Apr 19 - Mar 20	RRV	0.6851	RFR	1.1997	Average	1.0019	20/21	NVC21	0.0002	

West Midlands Hospital considers that this data is as described for the following reasons.

- There was 1 reported death following transfer at West Midlands Hospital in this reporting period.

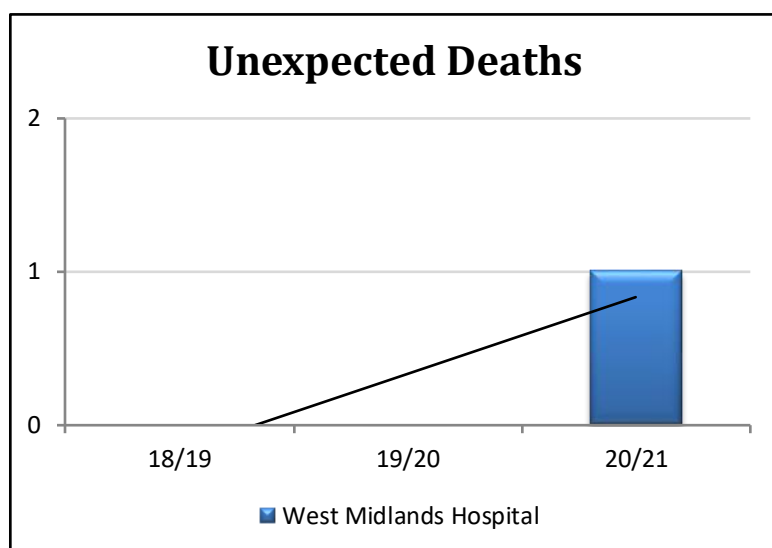
West Midlands Hospital takes learning from deaths seriously and learning’s relating to other incidents in the organisation can be found in section 3.3.2.

West Midlands Hospital continues to implement the following actions to keep this rate as close to zero by;

- Completion of Corporate audits, statutory notifications, incident investigation, root cause analysis of care episodes and continuous evaluation of care.
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Governance is also shared at local Medical advisory committee and risk management meetings.



Rate per 100 discharges:



## National PROMS

PROMS:	Period	Best		Worst		Average		Period	West Midlands	
	Hips	Apr18 - Mar 19	NTPH1	25.3762	RVY	18.7518	Eng	22.567	Apr18 - Mar 19	NVC21
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC21	24.653

PROMS:	Period	Best		Worst		Average		Period	West Midlands	
	Knees	Apr18 - Mar 19	NTPH1	20.011	RTP	13.773	Eng	17.278	Apr18 - Mar 19	NVC21
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC21	18.107

- Patients at the West Midlands Hospital have reported better than the national average for health gain for both primary hips and primary knee replacements.

**West Midlands Hospital has taken the following actions to maintain and improve this score by:**

- Engaging staff and raise importance awareness of PROMS to encourage an even greater participation rate.
- Share progress/updated information with all departments at regular intervals to encourage this engagement.

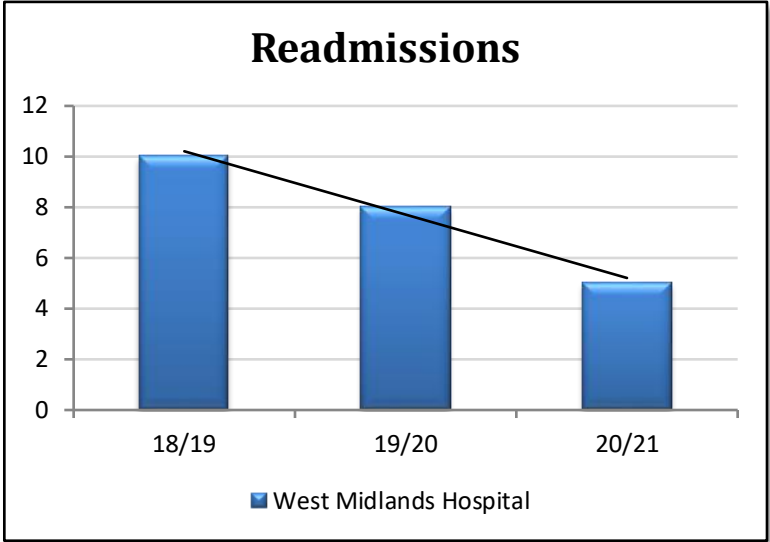
### Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	West Midlands	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	19/20	NVC21
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	20/21	NVC21	0.00

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

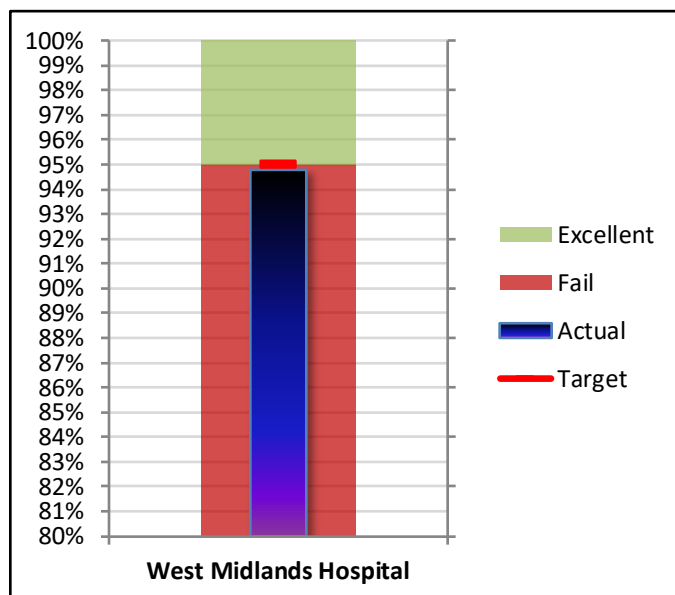
- This data is no longer collected.

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
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC21	94.8%



Please note data is only for Q1 to Q3 19/20 as no further data published after this time due to this data collection being paused because of Covid

**West Midlands Hospital considers that this data is as described for the following reasons;**

- We have a robust patient assessment process coupled with the co-operation of all of our consultants this has ensured we always aim to reach full compliance for venous thromboembolism assessment thereby minimising the risk for all patients. The VTE assessment documentation is now issued at pre-operative assessment where the assessment is instigated by the nurse it is then completed by the admitting consultant.

**West Midlands Hospital has taken the following actions to improve and maintain this percentage and so the quality of its services.**

- VTE (Venous Thromboembolism) assessment forms part of the Ramsay patient pathway and these are completed on admission for all patients
- The completed discharge medical record check for all patients forms an additional system check for the documented VTE assessment this is then marked accordingly within the patient's cosmic record.
- Monthly checks of corporate report for VTE assessments are completed

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	West Midlands	
	2019/20	Several	0	RPY	80.0	Eng	12.0	2019/20	NVC21	0.0
	2020/21	Several	0	RPY	51.0	Eng	13.6	2020/21	NVC21	0.0

**West Midlands Hospital considers that this data is as described for the following reasons**

- West Midlands Hospital shows lower than average rates of Clostridium Difficile infection. It should be noted that West Midlands Hospital has again achieved a zero rate of Clostridium Difficile infections.
- An annual strategy for Infection Prevention and Control (IPC) is developed at a corporate level by Group.
- IPC and policies are revised and reissued every two years. Infection and Prevention programmes are designed to bring about improvements in performance and practice.
- A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and best clinical practice.
- West Midlands Hospital employs a Specialist Infection Control Nurse and there are Infection Control link nurses in all clinical areas ensuring that IP& C management remains a high priority throughout the hospital.

**West Midlands Hospital has taken the following actions to improve this score so the quality of its services can be consistently monitored and its objective will be to maintain a zero rate of Clostridium Difficile infections in the year;**

- Maintain high standards of IPC practice to minimise the risk of occurrence of Clostridium Difficile infections.
- Implement the correct treatment and nursing intervention for any confirmed or suspected Clostridium Difficile infections
- Report any incidence of Clostridium Difficile infections to the appropriate Public Health bodies, responsible microbiologist, consultants and clinical commissioning groups.
- Follow national and corporate guidance on Infection Prevention and Control standards, audits and processes.

## Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	West Midlands	
	Oct17 - Mar18	Several	0	RWD	0.55	Eng	0.15	2018/19	NVC21	0.00
	Oct18 - Mar19	Several	0.01	RPA	0.49	Eng	0.15	2019/20	NVC21	0.00

**West Midlands Hospital considers that this data is as described for the following reasons**

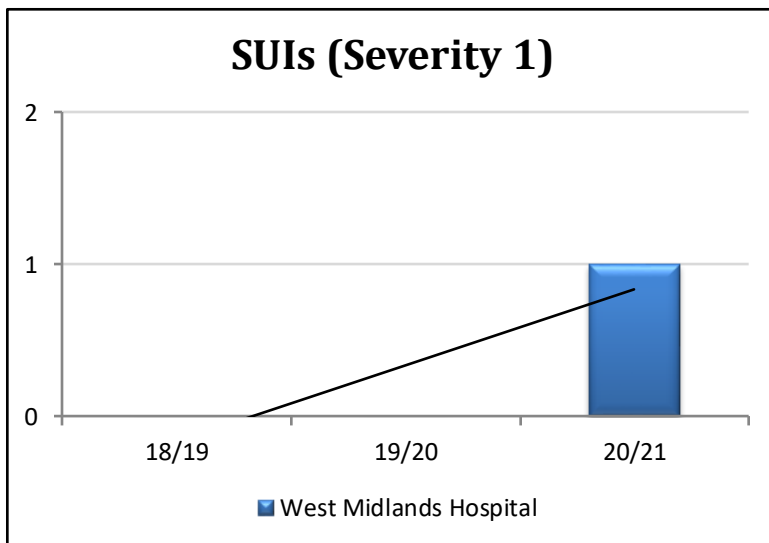
- Severity 1 described as 'severe/Death'.

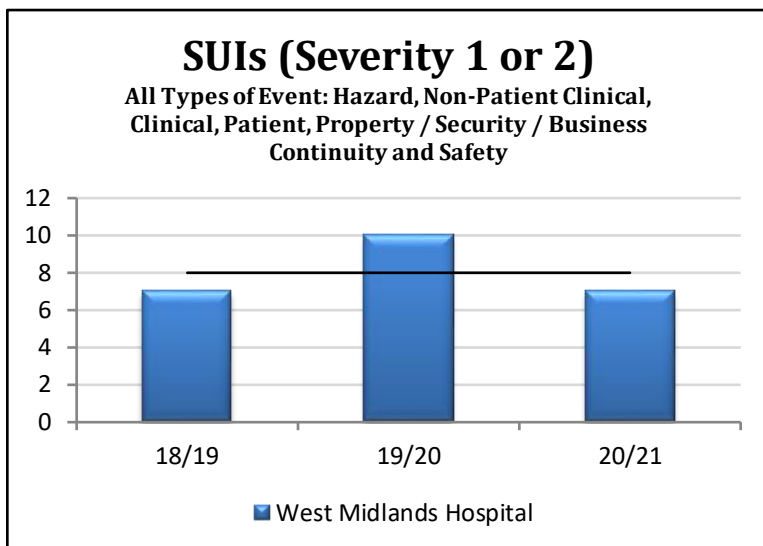
- Severity 2 is described as ‘moderate’ harm.
- There were no Severity 1 incidents reported in the period.
- There were 10 Severity 2 reported in the period.
- The Riskman system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at the West Midlands.

**West Midlands Hospital has taken the following actions to maintain the quality of its services.**

- Maintaining a robust staff induction and mandatory training programme
- The senior leadership team ensure that incidents are investigated and when lessons are learned from these events they are shared with staff across the hospital so that we can prevent the same type of incidents happening again.
- All incidents are reviewed by the Hospital Director and Head of Clinical Services (Matron) and an investigation process, Root Cause Analysis and action plan implemented where appropriate.
- Promoting the use of comprehensive risk assessment tools that are available to identify and minimise risk
- The Centralised Alert System (CAS) disseminates all alerts for NPSA/ MDE and FSN to all departments with required actions feedback.

*Rate per 100 discharges:*





## Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	West Midlands	
	Feb-19	Several	100%	NVC12	70.0%	Eng	96.0%	Feb-19	NVC21	100.0%
	Feb-20	Several	100%	RI611	73.1%	Eng	95.9%	Feb-20	NVC21	98.9%

**West Midlands Hospital considers that this data is as described for the following reasons**

- In the previous reporting period, West Midlands Hospital achieved higher than the national average for patient satisfaction score.
- Due to Covid this submission was paused. There is no data published after Feb-20
- We have now recommenced this national survey. and all patients at the West Midlands & Stourside Hospitals are routinely invited to take part in this anonymous survey asking simply whether they would recommend our hospital to their family and friends.

**West Midlands Hospital has taken the following actions to improve and maintain the quality of its services by:**

- Use the Friends and Family survey feedback to continuously monitor patient feedback in all departments
- Disseminating individual department feedback from the Family and Friends survey on a weekly basis; this is via email as a weekly staff update.
- Acting on patient feedback and complaints to improve quality in areas where any issues may have been identified
- Using corporately generated Friends and Family results to analyse and act upon any trends, individual comments and suggestions for improvement.

## 3.2 Patient safety

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

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

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

### 3.2.1 Infection Prevention and Control (IPC)

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

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

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

IPC management is very active within our hospital. An annual strategy is developed by a Corporate Level 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.

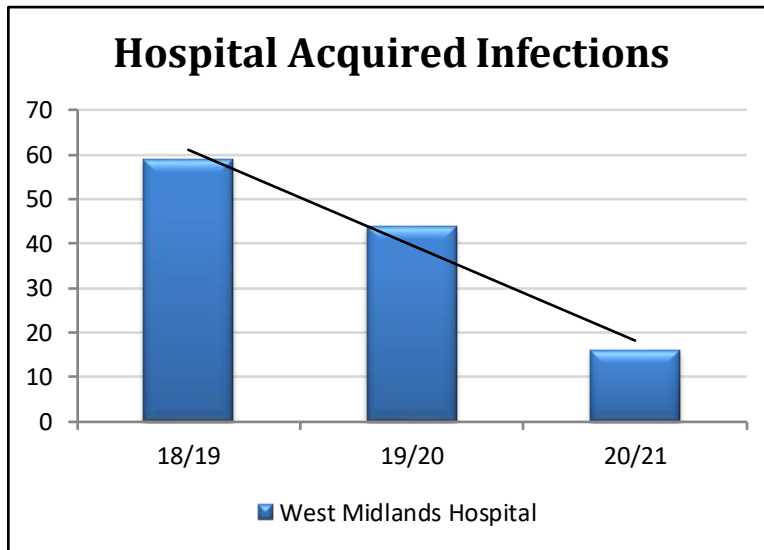
A network of specialist nurses and IPC link nurses operate across the Ramsay organisation to support good networking and clinical practice.

#### Programmes and activities within our hospital include:

- Local IPC audits including environmental infection control, Hand Hygiene, Cleanliness, Peripheral Venous Cannula Care Bundle, and Urinary Catheter Care Bundle Audit and PPE (Personal Protective Equipment) audits commenced during Pandemic.
- All staff are expected to complete e-learning in IPC and yearly IPC mandatory training. PPE donning and doffing added to mandatory training due to Covid pandemic.

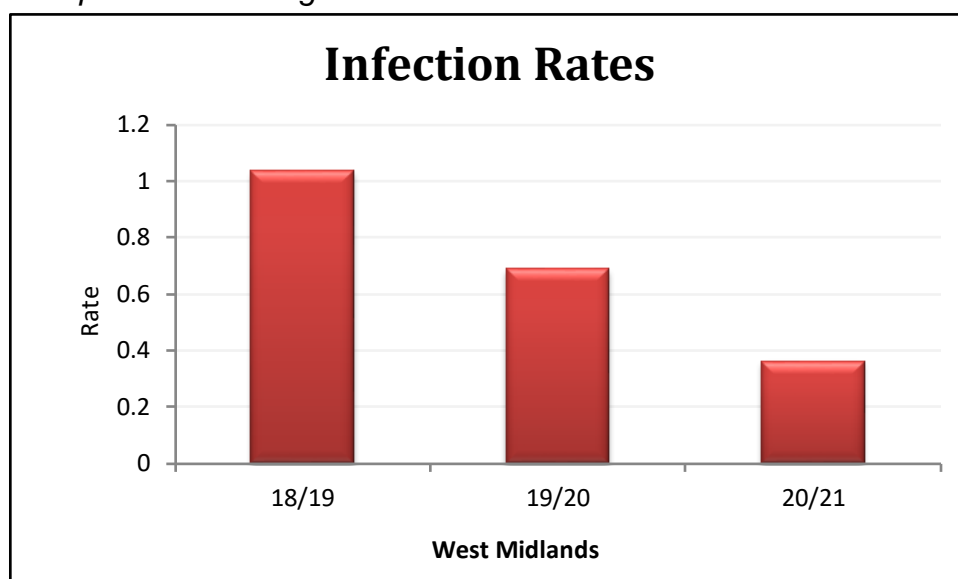


- One Together Programme
- Quarterly infection trend analyses and any identified areas for improvement actioned.



The graph above showed a decrease of infections since 2018/19. West Midlands Hospital has been monitoring infections in more detail since November 2017 as it was suspected a trend was forming. Regular trend analyses and root cause investigations with the Lead IPC Nurse and the Ramsay Healthcare UK Infection Prevention and Control Lead have taken place. Preliminary findings of this on-going investigation have indicated a higher frequency of infections relating to breast surgery and urology surgery. Further investigation finding highlighted areas of improvement around staff members and the correct use of PPE. This has been monitored and a reduction has been seen following this audit. This has now dropped to below 0.36% per 100 patients discharged.

Rate per 100 discharges:



### 3.2.2 Cleanliness and hospital hygiene

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

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

The main purpose of a PLACE assessment is to gain the patient perspective on the hospital. During the period 1<sup>st</sup> April 20 – 31<sup>st</sup> March 21 no PLACE assessment occurred.

For the period April 1<sup>st</sup> 2021-March 31<sup>st</sup> 2022 West Midlands hospital will undertake a local assessment at both West Midlands and Stourside Hospitals.

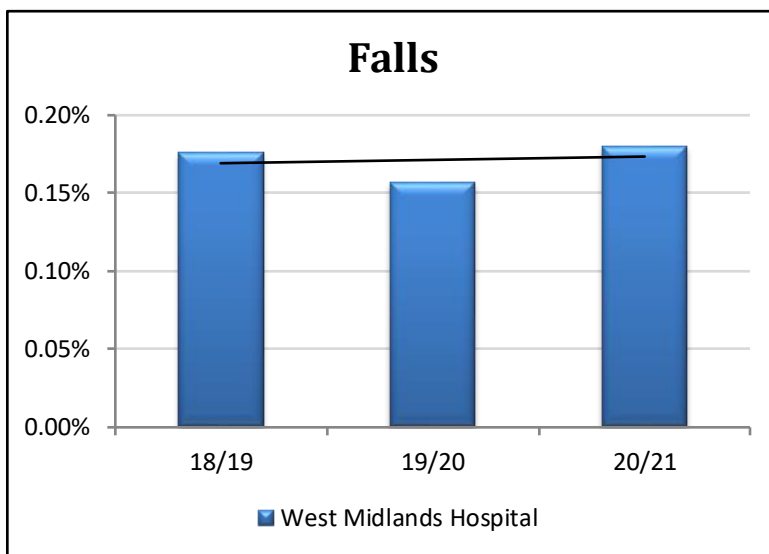
### 3.2.3 Safety in the workplace

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 on-going 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.

*Rate per 100 discharges:*



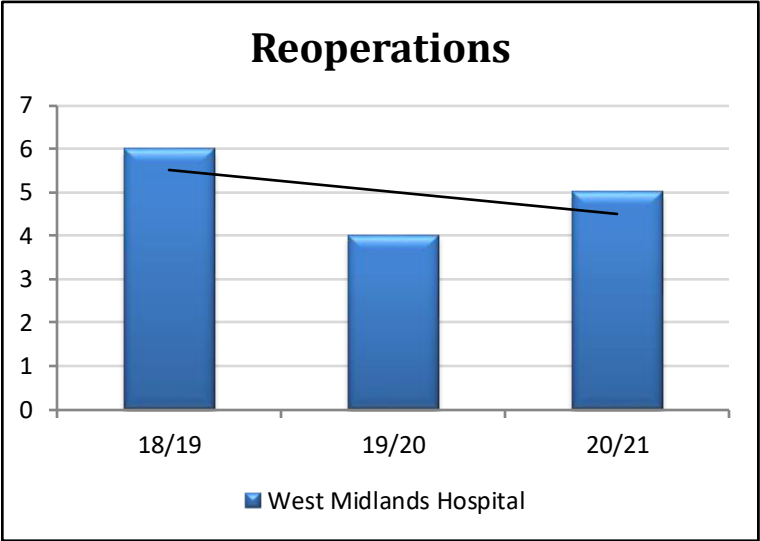
- A falls assessment tool has been implemented successfully throughout the hospital and is used whenever any risk of falls is identified.
- All patients admitted to the ward have a falls risk assessment on admission

### 3.3 Clinical Effectiveness

West Midlands & Stourside Hospitals have 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

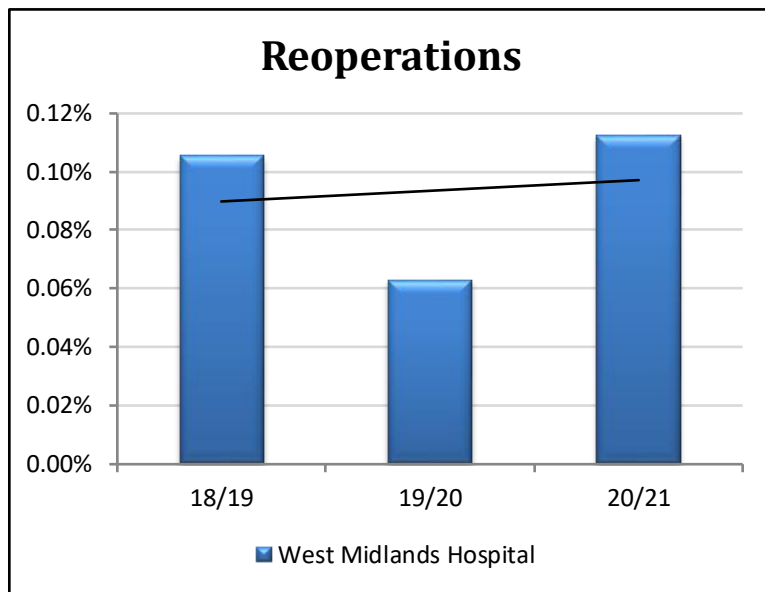
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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 within the last year to 0.11%. This remains lower than the Ramsay national average of 0.13%.

Reoperation's per 100 discharges has also decreased over the last year to 0.11%.

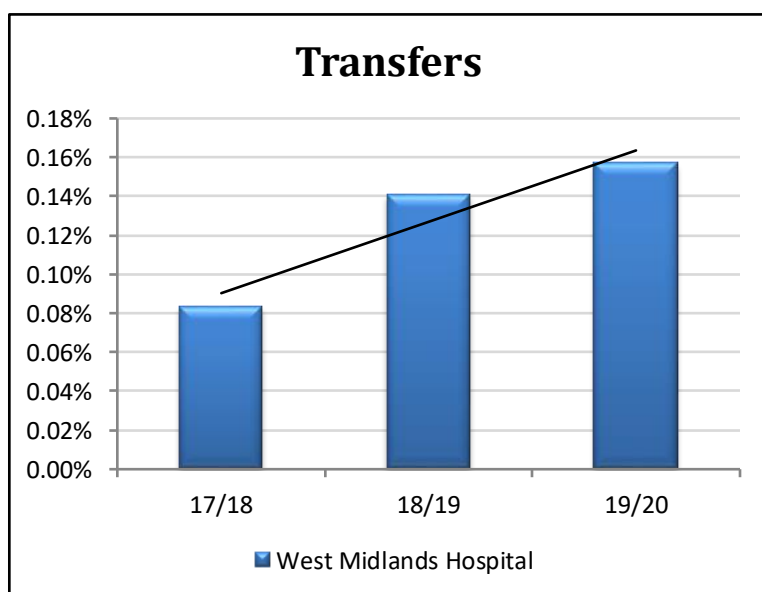
Rate per 100 discharges:



West Midlands Hospital has seen a rise in External Transfers within the last year, with a rate of 0.16% compared to 0.14% respectively. Analysis has shown that West Midlands is not an outlier for the Ramsay Healthcare UK group, and that all of the external transfers were clinically required for patient safety.

It is also noted that two of the reported transfers were in fact the same incident and reported twice; therefore, the increase of 0.02% between 18/19 and 19/20 isn't significant.

Rate per 100 discharges:



### 3.3.2 Learning from Deaths

There were no deaths reported in this period for West Midlands Hospital, however following a transfer from West Midlands Hospital a patient ultimately died at the local trust hospital. This event was investigated and learnings from the investigation have been fully implemented.

### 3.3.3 Staff Who Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistle-blowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' (Check, Option, Demand, Elevate) 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 Healthcare 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 Healthcare UK 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. 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 on-going 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.

Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at West Midlands & Stourside Hospitals and within Ramsay Health Care. This has been on hold due to the pandemic but we are hopeful that this program will continue now going forward in 2021/22

### 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

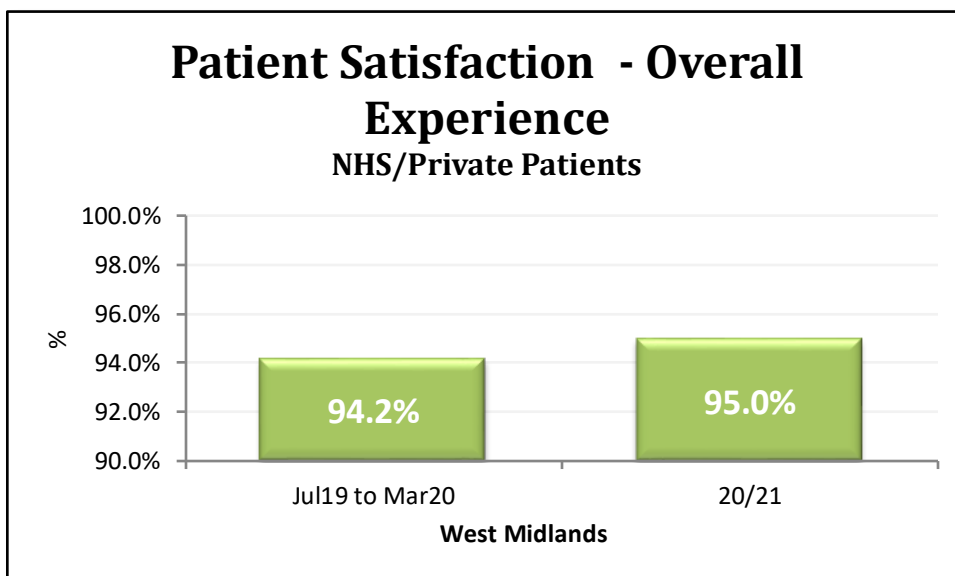


- Care pathways – patient are encouraged to read and participate in their plan of care.

### 3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called '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 '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 increased over the last year, we continue to focus on patient satisfaction and look forward to re-introducing our patient engagement meetings to help us to improve the patient experience and our services.

## 3.5 West Midlands Hospital Case Study

West Midlands Hospital does not have a case study to report on for 2020-21.

## Services covered by this quality account

The Hospitals provide NHS and private inpatient and outpatient facilities for: -

- Breast care
- Dermatology
- Ear, Nose and Throat (ENT)
- Gastroenterology
- General Surgery
- Gynaecology
- Ophthalmology
- Oral maxillofacial
- Orthopaedics
- Spinal
- Pain Management
- Physiotherapy
- Urology
- Vascular
- Diagnostics

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.

Audit Programme v11.0 2018/19		Hospital Name:										Implemented: July 2018 For review: June 2019		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald		Use arrow symbol to locate required audit												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Records - POA, admission, theatre, discharge	Med Rec	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Patient Journey	Patie Journey	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Ward Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Outpatients	OPD M Rec	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Outpatients	OPD Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Controlled Drugs			Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs		
Prescribing / Medicines Management				Medicine Management	Prescribing	local audit	local audit	local audit	local audit	Medicine Management	Prescribing	local audit		
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure		
Medicine Reconciliation	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec		
Medicine Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose		
Radiology	Med Rec	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology - MRI / NRR		MRI Report	NRR	local audit	MRI Report	local audit	local audit	MRI Report	NRR	local audit	MRI Report	local audit		
Radiology - CT		CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit		
Physiotherapy	Med Rec	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
TSSU	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	Endoscopy	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Observation	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Infection Prevention and Control*	Infect Control	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - CYCCB (if applicable)	CVCCB	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - Isolation (if applicable)	Isolation	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Infection Prevention and Control*	Hand Hygiene	local audit	local audit	local audit	local audit	local audit	local audit	Hand Hygiene	local audit	local audit	local audit	local audit		
IPC - Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		
IPC - Environmental	Environ	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - Cleaning Schedules				Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched		
Transfusion (if applicable)	Compliance	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Transfusion (if applicable)	Autologous	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Bariatric Services (if applicable)	Bariatric Services	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Childrens Services (if applicable)	Childrens Services	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		



**Traffic light score**

Green	95%*
Amber	80 - 94%
Red	79% and under

\* or above previous audit score if 95% or more, or s.

## 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
EVLТ	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
NVC27	Code for Boston West Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PEAT	Patient Environmental Action Team
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
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

# West Midlands & Stourside Hospitals 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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