

# Woodthorpe Hospital

## Quality Account 2021/22



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Woodthorpe Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

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



**Nick Costa**

Chief Executive Officer  
Ramsay Health Care UK

## **Case Studies**

### **Electronic Patient Record**

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

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

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

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

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

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

### **Buckshaw Hospital**

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

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

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

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

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

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

# Introduction to our Quality Account

This Quality Account is Woodthorpe 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

Mr Marcus Taylor, Hospital Director

### Woodthorpe Hospital

I joined Ramsay Healthcare in March 2019 and have worked in healthcare for the last 19 years across the UK in complex, multi-site operational roles.

I am pleased to share our 2021/22 quality account which has been reviewed by our hospital management team and gives testament to the excellent work the hospital team achieves to support our patients every day. The account gives our accurate reflection of the performance of the services we provide to our patients.

Woodthorpe hospital serves the community of Nottingham and our dedicated team are very proud of its Care Quality Commission rating of 'Good' across all five domains of the Fundamental Standards of Care; Well Led, Caring, Safe, Effective and Responsive to people's needs. We recently welcomed our lead inspector to the hospital for an engagement visit after the period of disruption caused by Covid restrictions. Our continued engagement with the CQC over the last twelve months has helped us continue our momentum of service improvement and our aim to achievement 'Outstanding' during our future inspection.

The hospital continues to invest significantly in our facility improvements with ongoing refurbishments and clinical equipment investments to support our aim to provide the best possible care for our patients.

The number of patients who choose Woodthorpe Hospital for their care and treatment continues to rise and 99%\* of our patients tell us they would recommend our hospital to their friends and family which shows how highly people rate the hospital, and are striving to achieve a five star rating very shortly.

Our Consultant led services are now more convenient and accessible than ever before as we provide outpatient clinics in eight locations across the county.

To help meet the increasing number of patients choosing Woodthorpe and to ensure we keep wait times for consultations and treatments to a minimum, we are continuously welcoming new consultants to our team.

\*Friends & Family Test Data (Average) 01<sup>st</sup> Apr 2021-31<sup>st</sup> March 2022

We are aware that patients can be nervous about coming into hospital and understand that providing reassurance is important to both patients and their families, starting with patient safety, which is our highest priority. To this end we recruit, induct and train our team to the highest standard in all aspects of care. This approach extends to family and visitors in ensuring they are made to feel very welcome at Woodthorpe Hospital.

Our hospital is participating in a quality standard initiative across Ramsay Health Care for Orthopaedic Centre of Excellence accreditation at gold standard and also the Ramsay Global initiatives on sustainability and environmental benefits

We provide additional support to patients of other hospitals so that as a health community we minimise the time patients need to wait for the care and treatment they need. At busy times and when there is insufficient capacity in our local NHS Hospitals, we have provided surgical capacity to ensure patients are treated as soon as possible.

Although we have achieved a great deal, we are not complacent. We will seek out every opportunity to improve all elements of the care and services we provide and we will continue to strive for excellence in all that we do to ensure that Woodthorpe Hospital is the private hospital of choice for the people of Nottingham.

***Marcus Taylor, Hospital Director of Woodthorpe Hospital***

A handwritten signature in black ink, appearing to be 'M. Taylor', written over a faint horizontal line.



## 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 Marcus Taylor**

**Hospital Director**

**Woodthorpe Hospital**

**Ramsay Health Care UK**

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

- **Marcus Taylor, Hospital Director**
- **Angela Thomson, Head of Clinical Services**
- **Ndo Oknokwe, Medical Advisory Committee Chair**
- **Woodthorpe Hospital Clinical Governance Committee**
- **Nottingham & Nottinghamshire Clinical Commissioning Group**

# Welcome to Woodthorpe Hospital

The site on which Woodthorpe Hospital now stands has provided healthcare to the people of Nottingham since 1877 and is conveniently located towards the north of Nottingham city centre, with excellent on-site parking facilities and access to public transport nearby.

Today, we are a modern well-equipped hospital with 41 private bedrooms which are all en-suite, a post anaesthetic care unit, two operating theatres and a minor procedures theatre with an Endoscopy Suite, an Ophthalmology suite and 10 consulting rooms. We are constantly developing our services and we are proud of our comprehensive range of specialist departments and the high standard of care that they allow us to offer all our guests.

Patients have access to some of the most up-to-date medical equipment available and the highly advanced diagnostic services we offer include a fully equipped X-Ray and MRI department, allowing our consultant radiologists to provide expertise in a wide variety of medical fields.

Complementing these resources are two operating theatres, equipped for a wide range of procedures, including keyhole and day surgery techniques and two minor operating rooms accommodating our injection and ophthalmic lists. Customer demand has led us to establish the extensive range of out-patient services, such as physiotherapy and sports injury treatment. Some of these services can be booked directly with the hospital without involving your GP.

The hospital provides NHS and Private inpatient and outpatient facilities for:

- Orthopaedic surgery
- Ear, nose and throat surgery
- General surgery
- Gynaecology
- Cosmetic and Plastic surgery
- Dermatology (Private patients)
- Upper and lower diagnostic Endoscopy procedures
- Ophthalmic surgery
- Spinal surgery
- Vascular surgery
- Urological surgery
- Podiatric surgery
- Physiotherapy, including shockwave therapy, Sports Medicine and acupuncture

- Diagnostic imaging services with a new static MRI scanner and a visiting CT unit

We provide safe, convenient, effective and high quality treatment for adult patients 18 years and over, whether privately insured, self-pay, or NHS.

A high percentage of our patients come from the NHS with patients choosing to use our facility through the “Choose and Book” system. Our services help to ease the pressure on local NHS facilities and our hospital management team work closely with local CCGs and the local NHS hospitals to ensure improved access for patients and relieve acute bed pressures within the local trust. We also offer some direct access services for GPs to refer patients who may require a diagnostic endoscopy or plain film X-Rays.

### GP Communication

We have close links with GP surgeries providing information, training and liaison in order to monitor their needs and the requirement of the local population.

Woodthorpe Hospital employs a GP Liaison Officer who maintains and establishes relationships with GPs and the practice staff from Nottingham and the surrounding areas. A GP visit schedule is maintained whereby surgeries are contacted and visited on a regular basis. GPs are sent regular newsletters, updates and information packs containing details about the hospital and how to refer. GP practices and other local services are invited to visit and spend the day at the hospital so they can see first-hand the services we offer and the facilities we have available for patients they may wish to refer.

Woodthorpe Hospital delivers a programme of educational visits during practice learning times whereby the GP Liaison Officer will visit GP surgeries with a topic of interest. We also host GP Educational events at the hospital and other local venues. Outside activities which show an involvement in the community include hosting public open evenings for various clinical specialities.

For the Year 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, Woodthorpe Hospital has seen 5,461 admissions:

- Self-Pay: 9% - 473 patients
- Insured: 4% - 230 patients
- NHS: 87% - 4758 patients

Woodthorpe Hospital employs the following staff:

## Senior Leadership Team

- Hospital Director
- Head of Clinical Services
- Operations Manager
- Finance Manager

## Clinical Heads of Department

- Ward Manager
- Theatre Manager
- Quality and Governance Lead
- Outpatient Manager
- Physiotherapy Manager
- Radiology Manager
- Pharmacy Manager
- Endoscopy Manager
- Decontamination Lead

## Non-Clinical Heads of Department

- Supplies Manager
- Maintenance Manager
- Administration Manager
- Bookings Team Leaders
- Private Patient Manager
- GP Liaison Officer
- HR Coordinator
- Change Lead

## Clinical Staff Employed

- Senior Staff Nurses within the Ward and Theatres
- Registered Nurses within the Ward, Outpatients and Theatre
- Presence of 24-hour Resident Medical Officer
- Senior Operating Department Practitioners
- Operating Department Practitioners
- Health Care Assistants working within all clinical departments
- Radiographers
- MRI Radiographers
- Sonographer

- Senior Physiotherapist
- Physiotherapists
- Occupational Therapist for Hand Therapy
- Pharmacist
- Pharmacy Technician
- Sterile Services Technician

### **Non-Clinical Staff Employed**

- Administration staff: Bookings, Secretaries and Medical Records
- Private Patient Coordinator
- Business office administration staff
- Consultant Relationship Advisor
- MDT Coordinator
- PA to Hospital Director
- Maintenance Assistant
- Support Services Team Lead (including Porters)
- Housekeeping staff
- Chef
- Catering staff

# Part 2

## 2.1 Quality priorities for 2022/23

### Plan for 2022/23

On an annual cycle, Woodthorpe Hospital develops an operational plan to set objectives for the year ahead.

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

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

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

## Priorities for improvement

### 2.1.1 A review of clinical priorities 2021/22 (looking back)

#### Clinical Effectiveness

##### **Flu & Covid-19 Vaccinations**

Substantial levels of seasonal influenza were recorded in 2017. As flu is unpredictable, it is not possible to know when levels will peak and Healthcare workers are called upon each winter to help reduce the risk this poses to our staff, patients and the general public.

Flu can have serious and even fatal consequences, especially for vulnerable patients and the elderly. Although flu can produce severe symptoms which prevent the individual from working as normal, the range of illness is very broad with perhaps 30% of infections being asymptomatic and a similar proportion with only mild respiratory symptoms. Such individuals, with mild or no symptoms, can still pass on the virus to vulnerable people they come into contact with. This is why vaccination of healthcare workers is a critical part of our flu prevention strategy and helps to ensure the well-being of our most vulnerable patients.

With the additional risk that Covid-19 has presented, we continued to offer the flu vaccination to all staff and worked to improve the uptake of frontline Healthcare Workers throughout 2021/22.

Over 80% of our staff have taken up the Covid-19 vaccination this year with many having had their second jab and booster as well. Education and support has also been provided for those staff unsure regarding the vaccine to ensure an informed decision is made.

#### Patient Safety

##### **Infection Prevention & Control (IPC)**

Woodthorpe hospital is placing IPC at the forefront following the Covid-19 pandemic and has been working with our corporate teams and sharing assurances with our stakeholders in order to minimise the risk of infection to both our patients and our staff as well.

This involved the delivery of education and training in the IPC measures that are already in place such as hand hygiene, practice standards and environmental conditions of each department.

With the addition of a dedicated IPC Lead, the IPC Links have been improved with the Head of Clinical Services in the role as local Director of Infection Prevention and Control, with our staff receiving the training and guidance they require to help us



through these unprecedented times. There has been a focus on our Housekeeping requirements and changes being made in the cleaning schedules to ensure the additional appropriate cleaning is provided to minimise the risk of our patients contracting the coronavirus as they receive care they require within our hospital.

The links have been undertaking activities including frontline engagement audits as well as acting as role models and conduits for infection control issues. The activities that were focussed on during 2021/22 include:

- Personal Protective Equipment (PPE) training and guidance being delivered and updated by the IPC lead so staff are confident in what is required to maximise safety between them and their patients. Part of this included a visual representation for our theatre team of what each staff members PPE requirements are. This was measured via audits reviewing both Aerosol and Non-aerosol generating procedures to monitor practice standards.
- Reviewing our Service Level Agreements (SLA's) with our Housekeeping team between each department so the updated requirements for the cleaning schedules were included in line with National Guidance. The updated cleaning schedule will guided our housekeeping team to ensure correct processes were followed.
- The hospital maintained the Amber and Green pathways in line with Corporate and National guidance which included segregation of staff and patients participating in certain procedures and minimising the spread of infection.
- We continued to participate in the National Surgical Site Infection Surveillance audit.

## Patient Experience

### Quality Updates

Feedback from our patients continues to be our best measure of the service we deliver within the hospital on a day to day basis. We have been encouraging our patients to leave feedback via various portals including Friends & Family, Facebook, Google and NHS Choices. We also have our website where they can leave any feedback whether it be a complaint or a compliment. These are sent directly to the Hospital Director so issues can be resolved as swiftly as possible.

We continually share the feedback we receive, as we receive them with all of our staff via email so it is shared live. The sharing of feedback with all the staff in our organisation, including consultants, is a way to share what our patients are experiencing during their stay so staff can see the great service they delivery and be aware of what aspects can be improved.

We have also continued publishing a “Quality Update” Newsletter which is a beneficial tool allowing the hospital to share the outcomes we achieve from all the data we collect. A copy of the most recent edition has been shared below and provides a good overview of the quality outcomes the hospital strive to achieve and an understanding of how the whole hospital contribute towards these goals.

These objectives remain ongoing with a focus on sharing and displaying of positive feedback as well as discussion around areas of improvement via various committee meetings.

### **Cataract PROMS**

Cataract PROMS continues to be a point of focus. We have been concentrating on maximising our capture rate following the re-commencement of ophthalmic procedures. As we do a significant number of ophthalmic procedures, an emphasis is required on acquiring feedback from this cohort of patients, both qualitative and quantitative data so we can measure the service we are delivering.

We have a dedicated ophthalmic health care assistant overseeing the management of our Cataract PROMS and are working with the ophthalmic team to encourage our patients to participate in the audit. We are also working with our consultant ophthalmic MAC representative to ensure consultants engage in the submission of clinical information required.

Progress continues to be measured in the regular reports we receive from corporate and this data will be shared with the staff so progressions or regressions can be reviewed and changes can be made where necessary by our frontline staff.

We have made significant improvements in obtaining post-operative cataract data this year and continue to work with our ophthalmic team to increase capture rates and continue engagement with our consultants, sharing outcome data to understand and utilise towards improvement in practice.

### **Staff Engagement**

#### **Freedom To Speak Up (FTSU)**

Woodthorpe Hospital have two FTSU champions on site to help encourage staff to come forward with any issues they have in an effort to promote staff and patient safety by promoting well-being and transparency throughout the hospital.

FTSU days and departmental visits are planned to encourage staff to speak up and promote improvements in the service delivery and staff satisfaction in the hospital.

Reports on general themes emerging and the number of FTSU concerns raised are reported on a regular basis to the Hospital Director to allow the Senior Leadership Team to have an improved awareness of their staffs wellbeing and what they can do

to help create a better service and working environment to benefit the staff and the patients.

Staff have actively engaged this last year with the process, raising concerns or requesting support when there is a need. The senior leadership team have also actively engaged in the process by continuing to meet when concerns are raised, identifying any gaps in staff engagement and taking actions forward to make staff feel and see they are heard by displaying the changes they have requested are a need for a more effective workforce.

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

### Patient Safety

#### **Speak Up For Safety (SUFS)**

Speak Up for Safety is the Ramsay tool launched in 2018 where all staff are able to effectively communicate their concerns when unintended harm to a patient, visitor or staff member may be about to occur, allowing the hospital to build a culture of safety, by empowering staff to support each other and raise concerns

The Speaking Up for Safety programme helps healthcare organisations to overcome entrenched behaviours that can lead to poor patient outcomes, with the aim to achieve a culture change from within, normalising educational two-way communication to prevent unintended patient harm.

Every member of staff, from the most senior clinician to the most junior team member, will develop the skills and insights to respectfully raise issues with colleagues when they are concerned about a patient's safety.

The Safety C.O.D.E. which stands for Check, Options, Demands and Elevate, is the toolkit which employees will follow if they feel something is unsafe. It enables staff to break out of the traditional healthcare hierarchy in the workplace by empowering them to voice any concerns they have, providing a space for repeated checks to occur or reviews to be undertaken with all the relevant staff or teams necessary, thereby enabling patient safety and advocacy.

Any SUFS incidents raised are shared at the daily safety huddle, within departmental meetings, and via the Clinical Governance and Medical Advisory Committees within the hospital structure, with lessons learned discussed freely and then shared across the organisation.

All staff receive SUFS training as part of their induction. The priority in 2022/23 is to achieve 85% of staff - including consultants - to be compliant with their SUFS training. This will be reviewed by the HR coordinator for staff and our Consultant Relations Advisor for clinicians, with compliance to training shared at the monthly Head of Department meetings so any gaps in training can be swiftly identified.

Alongside the compliance training, we also aim to normalise the use of SUFS amongst all staff, continuing to discuss incidents that where SUFS has either been used or to identify where it could have been used to aid empowerment of support of the process.

# Speaking Up Can we overcome a culture of looking the other way?

**WHY**

Speaking Up is critical in building a strong **safety culture**

However... **30%** or more\* of hospital staff don't feel safe raising a concern

**WHAT**

## Speaking Up Programme

**Speaking Up For Safety™ Programme (SUFS)**  
Raising safety concerns face-to-face

- Enables staff to respectfully speak up if a patient is about to be harmed or the safety culture is threatened
- Encourages staff to welcome being spoken up to

**Promoting Professional Accountability Programme (PPA)**  
Addressing unprofessional behaviours that undermine a culture of safety

Staff speak up via a reporting tool

Organisation seeds a trained peer to respectfully speak up on their behalf

Structured support, escalation and accountability framework for staff with a pattern of unprofessional behaviour\*

What if speaking up is:

- Not related to imminent harm
- Not possible
- Not safe
- Not effective

**RESULTS**

**SUFS RESULTS**

- Knowledge and skills to speak up? **Before 58% After 94%**
- Confidence to speak up? **Before 63% After 90%**
- Intention to always speak up? **Before 64% After 93%**

**LEARNINGS**

- Board, executive and clinical leader commitment and education is critical
- Having a skilled project team and project champion is a key success factor
- Communication of the programme to all staff is vital
- Embedding speaking up 'reminders' into clinical processes can transform a team culture

**PPA RESULTS**

- Reduced medico-legal claims and expenses by **greater than 70%**\*
- Improved hand hygiene practice to **greater than 95%** compliance\*
- Addressed behaviours that undermine a **culture of safety**\*

**IMPLEMENTATION**

**Speaking Up For Safety™ Programme**

- 132+** hospitals
- 127,135+** staff trained face to face
- 382+** at-home presenters trained to deliver the programme

**Promoting Professional Accountability Programme**

- 186+** hospitals and day surgeries

**Geographic Reach:** UNITED KINGDOM, SINGAPORE, AUSTRALIA, NEW ZEALAND

To learn more, visit [cognitiveinstitute.org](http://cognitiveinstitute.org)

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Knowhow

## Flu Vaccination

Staff flu vaccinations are critical in reducing the spread of flu during winter months. Protecting those in clinical risk categories remains a priority, ensuring the reduction of contracting both Flu and Covid-19 at the same time and their associated worse outcomes. This is pivotal in ensuring patient safety, as well as reducing staff absence, which can impact the risk within the overall safe running of NHS services. The National Institute for Health and Care Excellence (NICE) guidance surrounding flu vaccinations (Ref. NG103, 2018) makes recommendations for increasing the uptake of vaccinations amongst healthcare staff. From 2021, the green book, which contains guidance surrounding immunisation against infectious disease, has made



clear that this should also include non-clinical staff who are patient facing and have the potential to be in contact with patients during their working day.

Employers of healthcare workers are responsible for providing occupational flu vaccinations, ensuring all staff have ease of access to the vaccination, which Ramsay has accomplished year on year. The vaccination programme will commence in September 2022 and the hospital will deliver both drop-in clinics and mobile vaccination stations, with staff delivering the vaccine who have been appropriately trained.

The priority in 2022/23 is for 85% of healthcare workers who are patient facing to have had their flu vaccination. This figure will be shared throughout the months the vaccine is being delivered by our HR coordinator who will share this information regularly via our committee meeting structure, particularly with our IPC Lead, Occupational Health Link and Head of Clinical Services, so ongoing education around the importance of flu vaccinations can be provided, with focus on those areas that may have a lower compliance rate.

### **Electronic Patient Records (EPR)**

IMS MAXIMS is a patient administration system (PAS), electronic patient record system (EPRs) and clinical technology specialist, committed to improving the coordination of patient care in healthcare environments. MAXIMS has been trialled for a number of years within selected sites and since November 2021, Ramsay Health Care UK has completed the roll out of MAXIMS to all of its sites, including Woodthorpe Hospital so we can better manage patient care, maintain the security of patient records and become more environmentally efficient in reducing the use of paper.

MAXIMS continues to be reviewed as it is embedded within the operational day-to-day workings of the hospital, with onsite support and regular feedback received from all staff for continual service improvement.

We aim to be fully integrated with MAXIMS, eliminating use of paper as much as possible by identifying what systems connect with the EPR, allowing for direct uploading of documents, ease of access for all users so the necessary information is available and auditing of accurate record keeping so any requirement for improvements can be identified promptly.

Individual departments can undertake regular auditing of medical records and feedback shared during monthly committee meetings will help identify issues regarding use of the system as they arise and ensure appropriate support is providing as required. Feedback from all staff and audit scores will help to monitor the progress of the system as it is embedded and improve the service our patients receive when they attend the hospital, allowing a more efficient service.

## Clinical Effectiveness

### **Tendable Audit Programme**

Tendable is a clinical audit platform that applies digital technology to solve one of healthcare's most important challenges: how to continuously improve quality. The Tendable app and platform makes quality inspections quicker, easier and more effective, by bringing the mobile user experience to the frontlines of the healthcare industry. Tendable makes quality inspections faster, freeing up time to care for patients and providing healthcare leaders with instant access to critical quality data. At the Woodthorpe Hospital, we aim to complete all audits promptly as per the audit schedule by registering more frontline workers as users of the app as they will have accessibility via iPads to complete audits. We also aim to achieve above 95% pass rate across all of our audits. With the increased engagement from all of our departments, awareness around compliance to policy and national guidance in everyday practice will become more familiar with the departments which will subsequently reflect in improved audit scores, with actions taken where gaps are identified.

We aim to achieve 100% compliance to all audits applicable and an over 95% pass rate for each audit completed to maintain compliance. Findings will also be widely shared with the hospital, engaging more staff and sharing learnings where identified.

Our clinical governance and medical advisory committees will provide a formal platform within which to share these findings, utilising quality dashboards to demonstrating compliance and trends identified so data is transparent and easy to interpret for all team members.

### **Pre-Assessment Pathway Review**

At the Woodthorpe Hospital, as with all healthcare industries, our admitted surgical patients undergo a pre-assessment review to determine if they are suitable to undergo both anaesthetic and invasive procedure. There is currently a pilot being undertaken which includes a review of all patients that have been identified as requiring elective surgery, to be triaged at the time of being listed for surgery, which will enable the hospital to determine the most suitable pre-assessment required, thereby enabling a more efficient care pathway for our patients.

Part of the triage process includes the completion of a medical questionnaire for all patients who are under consideration for surgery, to enable an effective triage process. Presently, the inconsistent completion at point of initial consultation of the patient medical questionnaire, is delaying the timely triage process and will therefore be a focus as one of our clinical priorities during the coming year.

We aim for 90% of patients identified for elective surgical intervention to have completed a medical questionnaire prior to their pre-assessment appointment, which will reflect in the reduction of the number of patients requiring a face-to-face appointment, enabling a more effective and patient-centered pathway.



A reporting facility from our electronic patient records will identify whether a medical questionnaire has been included in the care pathway for patients that have been listed for surgery; this will help support ongoing review of compliance to the process and enable discussion within our Clinical Governance Committee so effective change can be implemented. The Head of Clinical Services, Outpatient Manager and Change Lead will provide continual review and reporting to ensure actions taken are identified immediately and promptly carried out.

### **Enhanced Recovery**

The enhanced recovery programme aims to increase patient independence, allowing them to return home swiftly and safely for continual rehabilitation following joint surgery (ie) total hip or knee replacement. This programme has been piloted across several Ramsay Health Care UK sites, to help facilitate early mobilisation and discharge which will result in an improved overall outcome of surgery.

The enhanced recovery programme aims to improve the patients experience of care delivered at the Woodthorpe Hospital, whilst expediting their recovery following an elective surgical procedure, without compromising patient safety. The focus is to educate and support the patient to be able to mobilise sooner, alongside a review of the medication prescribed by our clinical team, to allow for early mobilisation. The hospital will ensure provision of intensive physiotherapy on the ward, with all patients receiving pre-operative physiotherapy education so they are aware of what will be involved as part of their recovery.

Provision of high energy carbohydrate drinks are currently given during the patient's pre-assessment appointment, with accompanying information of how and when to take these drinks for optimal effect as these have been shown to have a positive influence to a patient's recovery.

The priority for 2022/23 is for 70% of joint replacement patients to be identified for the enhanced recovery programme, with their length of stay monitored and any complications reported as per our standard reporting process, to highlight improvements the programme delivers and identify where improvements need to be made.

The programme is currently being discussed during the Clinical Governance Committee meetings as well as findings shared at Medical Advisory Committee meetings and will continue to be reported on in this manner.

### **Patient Experience**

#### **Friends & Family Test (FFT)**

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving NHS care or treatment.

Since the FFT was launched in 2013, millions of patients have submitted feedback. It's used by most NHS services, including community care, hospitals, mental health services, maternity services, GP and dental practices, emergency care, and patient transport.

At the Woodthorpe Hospital, we aim to significantly increase our response rates across all areas which include outpatient, daycase, inpatients and private patient care. To do this, we have our teams provide feedback cards to all of our patients prior to their leaving the building. These are then collected by one point of contact in the hospital who will enter all data received. We have also now employed the use of QR codes so patients can submit their questionnaires immediately online. This will help us achieve a significantly improved response rate, thereby allowing us to attain more significant data and feedback regarding the service we deliver across several specialities, identifying both excellent care delivered and where areas could be improved.

The FFT data is shared monthly to all departments and discussed at our monthly committee meetings, with data shared on quality dashboards delivered by each department and outcomes discussed. The increased collection of data will allow a broader discussion on patient outcomes and experience with the service delivered, enabling us to celebrate any great care delivery and to also make improvement where gaps are identified.

### **Cemplicity Feedback**

Cemplicity is a patient reporting software which is utilised by Ramsay Health Care UK. It has transformed how feedback is captured, with surveys being sent following any procedure undertaken at the hospital via email, enabling the capture of feedback from all of our patients, quickly and easily. Aggregate data is collected across locations, departments, teams and clinical pathways, empowering our teams to deliver care with stronger patient insight, thereby making improved, more data-driven decisions. This platform also enables our patients to request contact from the hospital directly should they wish following submission of their survey to further discuss any concerns or highlight any outstanding practice with our teams in real time.

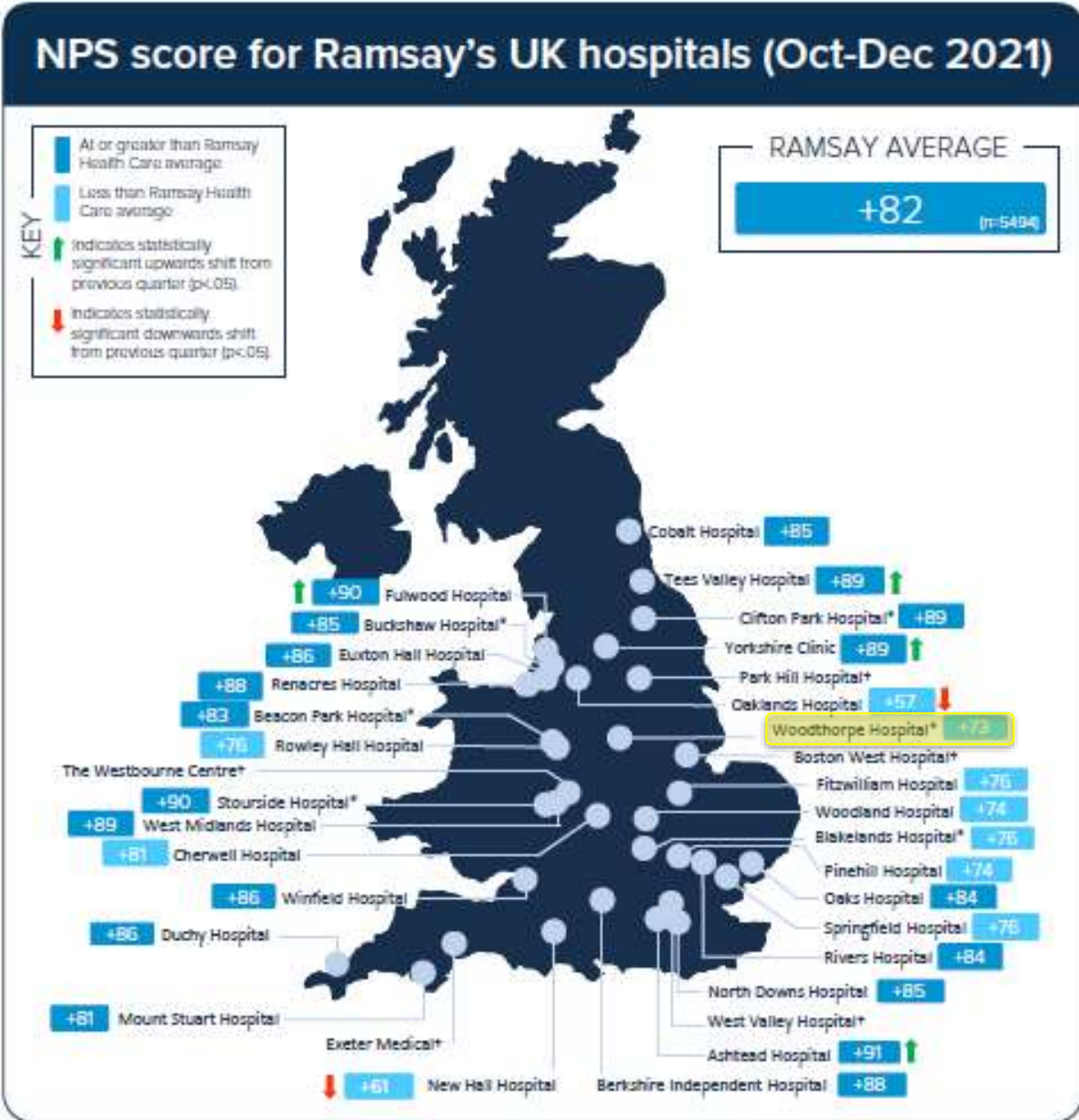
Our focus with Cemplicity feedback will be on collation of feedback aiming to achieve a capture rate of 70% or more, as our current response rate remains lower than the national average. A key issue identified is the capturing of email addresses at point of registration which enables the platform to automatically send a survey to the patient after they have been discharged from the hospital.

With the current restructure of our administration teams, strong leadership from our newly appointed operations manager and implementation of our electronic patient record system, the collection of this data should significantly improve, thereby allowing collation of a significant amount of data and feedback, which will help to strongly identify areas of outstanding practice and those that require improvement,

findings of which are currently shared via our committee meetings and with individual departments.

*Cemplicity Net Promoter Score*

The Net Promoter Score (NPS) is a metric used to measure customer loyalty as it relates to the service delivered, with Cemplicity considering 75+ as "world class" and Woodthorpe Hospital scoring an average of 73/100 as demonstrated below.



**Patient Engagement Groups**

Patient engagement is key in identifying gaps in a service as well as highlighting good practice. Our objective with the group is to continuously improve the quality of service we deliver at Woodthorpe Hospital with engagement from patients, their families and staff that have been treated or cared for at the hospital. Within this

forum, the hospital will work together with the group who will provide an insight into the care that was delivered from an independent viewpoint so we can identify where services can be improved and emphasise good practice carried out within the hospital.

Unfortunately, due to Covid-19, our patient engagement group activities have been suspended in order to maintain their safety. We will be re-introducing the group, initiating regular meetings throughout the year, with a focus on a particular service on each occasion so the time can be given to review all aspects of the hospital. These meetings and visits will include a tour of the service and an opportunity to meet the staff, including consultants who work within the area, allowing for dialogue and discussion within an independent framework.

Meetings will be formally logged with outcomes and any actions identified carried forward for further discussion to the relevant committees scheduled within the hospital so progress can be measured as the group is developed. This is a key initiative that the Woodthorpe Hospital want to drive forward within the coming year as the group has in the past provided invaluable insight into the workings of the hospital and it creates positive engagement with our service users, allowing our teams to better care for our patients.

The group activities will closely link in with our PLACE audit which although is not a commitment in the coming year, the Woodthorpe Hospital will be undertaking so the service can be formally measured against the set objectives within the audit, and findings shared with the hospital management team for improvements to take place where necessary.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2021/22 Woodthorpe Hospital provided and/or subcontracted 14 NHS services.

Woodthorpe Hospital has reviewed all the data available to them on the quality of care in all 14 of these NHS services.

The income generated by the NHS services reviewed in 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 represents 87% of the total income generated from the provision of NHS services by Woodthorpe Hospital for 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022

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

In the period for 2021/22, the indicators on the scorecard which affect patient safety and quality were:

#### Human Resources

Staff Cost % Net Revenue	32.00%
HCA Hours % of Total Nursing	35.47%
Agency Cost as % of Total Staff Cost	4.34%
Ward Hours PPD	6.44%
% Staff Turnover	19.00%
% Sickness	5.87%
% Lost Time	27.10%

Appraisal %	97.60%
Mandatory Training %	93.00%
Staff Satisfaction Score	80.00%
Number of Significant Staff Injuries	0%

### Patient

Formal Complaints % of Total Admissions	0.75%
Patient Satisfaction Score	92.10%
Significant Clinical Events per 1000 Admissions	1.90%
Readmission per 1000 Admissions	2.79%

### Quality

Workplace Health & Safety Score	85.00%
Infection Control Audit Score	96.40%
Consultant Satisfaction Score	89.00%

### 2.2.2 Participation in clinical audit

During 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. Woodthorpe Hospital participated in 4 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 Woodthorpe Hospital participated in, and for which data collection was completed during 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit / Clinical Outcome Review Programme	Provider Organisation	% Cases Submitted
British Spine Registry	Amplitude Clinical Services Ltd	80%
Elective Surgery (National PROMs Programme)	NHS Digital	95%
National Joint Registry 2, 3	Healthcare Quality improvement Partnership	100%
Surgical Site Infection Surveillance	Public Health England	100%



The reports of 4 national clinical audits from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 were reviewed by the Clinical Governance Committee and Woodthorpe Hospital intends to take the following actions to improve the quality of healthcare provided.

### **National Joint Registry (NJR)**

We have seen maintained results through 2021/22 for compliance in the data submission to the National Joint Registry for all patients having joint replacement surgery. Current percentage scored for compliance is 100% and we will continue to monitor and act upon the results of our corporately generated monthly NJR reports, whilst identifying any outcome data that is an outlier within the annual report, carrying out the necessary reviews with the appropriate consultants.

### **Patient Reported Outcome Measures (PROMs)**

PROMS collections continue to be a focus for the Woodthorpe Hospital. We have placed a single point of capture so forms are provided for all patients that attend for potential surgery. Reports of capture rates are regularly reviewed to closely monitor submissions and input any necessary measures to increase participation. We continue the collection for TURP's, Septoplasty, Carpel Tunnel and Mammoplasty as well as Hip & Knee Replacements for both Private and NHS PROMs.

### **Surgical Site Infection Surveillance (SSISS)**

We continue to contribute data to the SSISS portal to help hospitals in England record and follow up incidents of infection after surgery, and use results to review or change practice as necessary.

Our clinical staff are strongly encouraged to report all infections via our internal risk management database, allowing us to conduct a rolling 12-month analysis and provide the most accurate data to SSISS.

We are currently not deemed an outlier for SSI data reported and any reported incidents are managed by the Infection & Prevention Control (IPC) Lead on site, with root cause analysis investigations being completed where necessary and discussed at IPC meetings which are held bi-monthly and linked in to the Clinical Governance Committee.

### **British Spinal Registry (BSR)**

All of our spinal consultants are registered to the BSR and we have continued with the collection of clinical and outcome data locally at The Woodthorpe Hospital. This will help our Consultant Spinal Surgeons and other medical practitioners understand more about spinal procedures and how to improve patient care moving forward.

The data is also used to influence decision-making, to improve patient safety and ensure our consultants and the hospital receive feedback about their performance, so continuous improvement can be made.



The register is completed with the cooperation of our spinal consultants and coordinated on site by one of our senior theatre registered nurses.

## Local Audits

The reports of 182 local clinical audits from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 were reviewed by the Clinical Governance Committee and Woodthorpe Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Over the last 12 months, we have been migrating our audit schedule over to “Tendable” which is an application that makes quality audits quicker, easier and more effective, across all clinical areas. This audit tool provides live data which is direct and easy to access, allowing us to capture audit findings directly into the app. Audit results are instantly available to all users once the audit has been completed, which allows our teams to address issues straight away and create the necessary action plans directly on the app for more efficient management and transparency, increasing engagement from our teams.

For the majority of clinical areas, benchmarking audits are undertaken at the beginning of the audit year in line with the Ramsay Health Care UK Audit timetable to identify areas for actions and improvement, which ascertains priority areas for the rest of the year. The generated actions from the audits completed are the responsibility of each clinical department and managed by the Head of Department to ensure prompt completion.

During 2021/22, we have seen improve compliance in the completion of audits and a significant number of actions have been taken to increase compliance to policy within clinical areas following issues identified. This has reflected in more efficient care delivery and increase in patient safety.

Audits are discussed at departmental meetings and feedback is given to staff, with each audit that requires any improvement having an action plan attached. It was identified that there was a need to ensure all quality information and actions from audits were cascaded to the wider consultant body, to ensure key areas of focus were being shared therefore, lessons learned and good practice are also shared with the wider consultant body via the Clinical Governance Committee and at Medical Advisory Committee meetings. Some of the key actions identified from various audits completed can be seen below. This information is shared and displayed for the whole hospital for transparency and to create more staff engagement:

## ACTIONS SUMMARY

### Infection, Prevention & Control

- Items should only be stored in designated locations.
- Alcohol rub dispensers should be visibly clean on inspection.
- Individuals should ensure hand hygiene takes place in line with the moments of hand hygiene.

### NatSSIP's

- Counting of instruments to be both written and verbal with consultant participation.
- LSO should ensure the debrief held involves all members of the theatre team.
- A prosthesis pause should take place after the circulator returns to the procedure room with the required prosthesis.

### Observational

- All staff in the clinical area adopt a 'bare below the elbow' (including Consultants)

### Medical Records

- In the absence of any clinical alerts, such as allergies or medications, to state as "none".
- Notes to be consistently contemporaneous and objective.

### Medicines Management

- Areas containing medicines should be locked when not in use.
- Clear documentation and traceability for prescribing should be recorded.
- 'As required' medicines have clear documented instructions detailing when they are to be used – to be indicated on prescription chart for PRN medications.

### Senior Management

- Practising Privileges – to ensure all relevant documentation is collated and reviewed, including annual review at MAC.
- Complaints – Acknowledgements and Responses to be sent where possible within the appropriate timeframe as per policy.

### **2.2.3 Participation in Research**

There were no patients recruited during 2021/22 to participate in research approved by a research ethics committee.

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

Woodthorpe Hospital's income from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the Covid-19 suspension.

The current contractual year is also not conditional to achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, as the contract is not considered within the scope of the Aligned Payment and Incentives (API) rules at this time however, we have agreed on some initiatives which are in line with current service improvements already being undertaken at the Woodthorpe Hospital and will provide regular updates to commissioners as to their progress. The initiatives considered include:

- Flu vaccinations for frontline healthcare workers, ensuring our frontline staff receive the vaccination to reduce the spread of infection.
- Anaemia screening and treatment for all patients undergoing major elective surgery, ensuring efficient screening takes place to identify patients requiring iron prior to surgery and reduce the potential requirement for blood transfusion during surgery.
- Supporting patients to drink, eat and mobilise after surgery ('DrEaMing') as soon as possible after surgery, promoting enhanced recovery, helping the prevention of post-operative blood clots and respiratory complications

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

Woodthorpe Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2022 is registered without conditions.

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

The Care Quality Commission (CQC) attended Woodthorpe Hospital to undertake an announced inspection on the 23<sup>rd</sup> of February 2016.

The inspection was carried out against the newly implemented fundamental standards of care and was unlike previous inspections. A team of ten specialist nurses, advisors and consultants carried out a thorough investigation into our processes and practices. Staff, patients and clinical departments were visited, along

with staff forums and individual staff interviews. The CQC was impressed with the standard of care at Woodthorpe Hospital and it was found to have met all standards required in the areas inspected of being safe, effective, caring, responsive and well led. The CQC inspection rating was given as 'Good' across all five domains and the detailed report can be found on the CQC website at:

**Transitional Monitoring Activity (TMA) Framework**

The CQC implemented their new model the previous year called the 'Transitional Regulatory Approach' whilst they transition to a new way of working during and following the COVID-19 pandemic. As part of this process, they were focusing more on how they monitor providers and will be adopting a more structured approach to on-going engagement in line with their framework.

The Woodthorpe Hospital completed their TMA assessment via Microsoft Teams with the CQC on the 10<sup>th</sup> March 2021 with the assessor considering our site as low risk and not requiring an immediate on-site visit.

We hold 6-monthly engagement meetings with our CQC Lead within which we provide updates on all hospital activities and assurances of our patients and staff safety. We also provide a general update to our CQC Lead every 3 months to increase engagement and share information. During the last engagement visit in April 2022, a tour of our ophthalmic service was given, having highlighted some potential improvements following previous investigations undertaken; this was positively received.



Last rated  
19 May 2016

Ramsay Health Care UK Operations Limited

Woodthorpe Hospital



## 2.2.6 Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. Woodthorpe Hospital will be taking the following actions to improve data quality.

- Review the process of the Cemplicity patient questionnaire post discharge to identify how the participation rate can be improved, which will allow the hospital to collect more feedback from patients and make improvements to the services we offer our patients.
- Perform quality checks of our medical records and documentation in all departments. We have now moved to electronic patient records and this has helped to ensure contemporaneous notes are maintained and all patient activity is fully recorded and accessible.
- Monthly exception reports are monitored to ensure that there are no omissions in the data we are submitting to our commissioners through Secondary Uses Service (SUS).
- We have a corporately set clinical audit calendar shared as an annual audit plan (Appendix 2). All audit results are discussed at the Medical Advisory, Head of Department, Clinical Governance, and Health and Safety meetings. Results are compared against previous year results. The departments are required to identify any issues that are pertinent and plan the actions required to improve. We also receive corporate clinical audit updates on a quarterly basis which provides us with quantitative data and comparative results from other regions.
- Our “Tendable” Audit tool has been in use for over 12 months, allowing audits to be completed live electronically via an app. This provides visibility and comparability across departments and other sites, with the facility for action plans being automatically generated now in place. We continue to work with departments, improving engagement and prompt completion of audits and their associated action plans.

### **NHS Number and General Medical Practice Code Validity**

Woodthorpe Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:



The patient's valid NHS number:

- 99.0% for admitted patient care;
- 99.5 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 88.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

### **Information Governance Toolkit attainment levels**

Ramsay Health Care UK Operations Ltd submitted its response on 21/06/2021. The status is 'Standards Met'. The 2021/2022 submission is due by 30<sup>th</sup> June 2022.

This information is publicly available on the DSP website at:

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

### **Clinical Coding Error Rate**

Woodthorpe Hospital was subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Woodthorpe	Sept 22	98.3%	95.8%	100%	98.7%

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

## 2.2.7 Stakeholders views on 2021/22 Quality Account

### CCG STATEMENT



## Part 3: Review of quality performance 2021/22

### Statements of Quality Delivery

Head of Clinical Services, Angela Thompson

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

#### **Introduction**

“This publication marks the twelfth successive year since the first edition of Ramsay Quality Accounts. It has been a difficult and landmark year due to the global pandemic, and through it all we have continued to analyse our performance on many levels, month on month. We compare to previous years and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and 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 2022

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

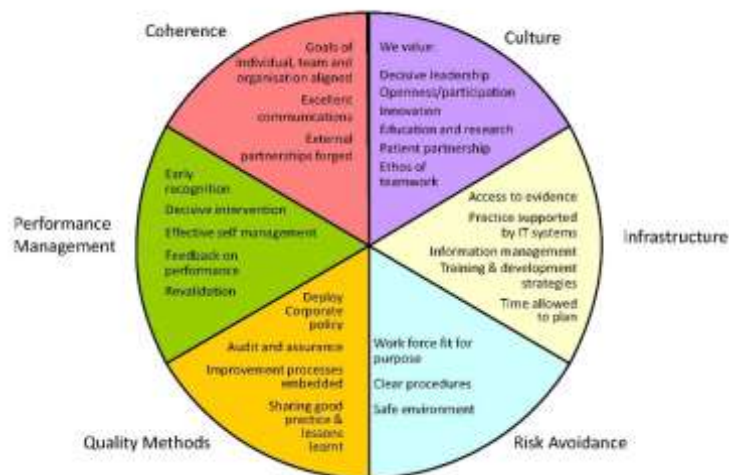
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

## Ramsay Health Care Clinical Governance Framework



## National Guidance

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

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

### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	Woodthorpe	
	19/20	RRV	0.6851	RFR	1.1997	Average	1.0019	20/21	NVC40	0.0002
20/21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC40	0.0000	

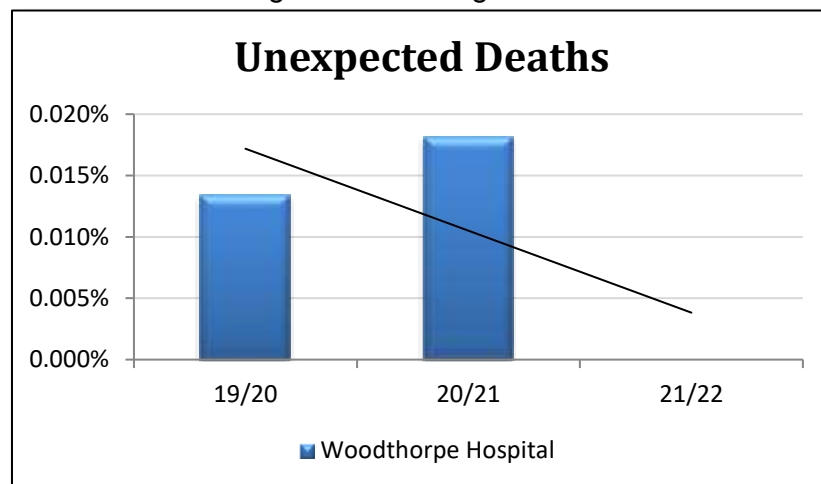
**Woodthorpe Hospital considers that this data is as described for the following reasons:**

The Woodthorpe Hospital provides elective surgical procedures under the care of consultant surgeons. The table above explains the number of expected deaths in the last year.

*A review of local data shows the mortality rate at 0.00% in 2021/22.*

**The Woodthorpe hospital has taken the following actions to maintain this percentage, and so the quality of its services, 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 the local Medical Advisory Committee and risk management meetings.



## National PROMs

PROMS:	Period	Best		Worst		Average		Period	Woodthorpe	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC40
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC40	21.228

PROMS:	Period	Best		Worst		Average		Period	Woodthorpe	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC40
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC40	16.671

***The Woodthorpe hospital considers that this data is as described for the following reasons:***

Woodthorpe hospital participates in the Department of Health PROMs survey for hip and knee surgery for NHS patients.

The PROMs questionnaire is a “before and after” assessment of the health gain that patients show following surgery. The figures above demonstrate that the Woodthorpe Hospital, although slightly below the national average, is not an outlier.

***The Woodthorpe hospital has taken the following actions to improve this rate, and so the quality of its services, by:***

- The hospital will focus on ensuring all patients who are eligible for PROMs will have a questionnaire submitted. The hospital has adopted a streamlined approach for patients to have the opportunity to complete PROMs at the pre-operative assessment phase.
- The hospital will also provide patients with information around the importance of completing both the pre and post-operative questionnaire as part of their enhanced recovery to raise awareness, in conjunction with the National Joint Registry requirement.
- Regular reporting of data collection rates and outcome measures are reviewed so immediate actions can be taken to improve our capture rate and health gains scores, which will indicate improvement following surgery. These findings will continue to be shared at the Clinical Governance Committee and Medical Advisory Committee meetings with consultants.

## Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Woodthorpe	
		18/19	N/A	N/A	N/A	N/A	Eng	14.3	20/21	NVC40
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	21/22	NVC40	0.00

***The Woodthorpe hospital considers that this data is as described for the following reasons:***

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes. As evidenced in the table above, Woodthorpe Hospital demonstrates that our readmission rates are well below the average national rate

compared to other sites. This in part is due to sound clinical practice by ensuring patients are not discharged home too early after treatment, are independently mobile and that patients and carers are fully informed of individual discharge information.

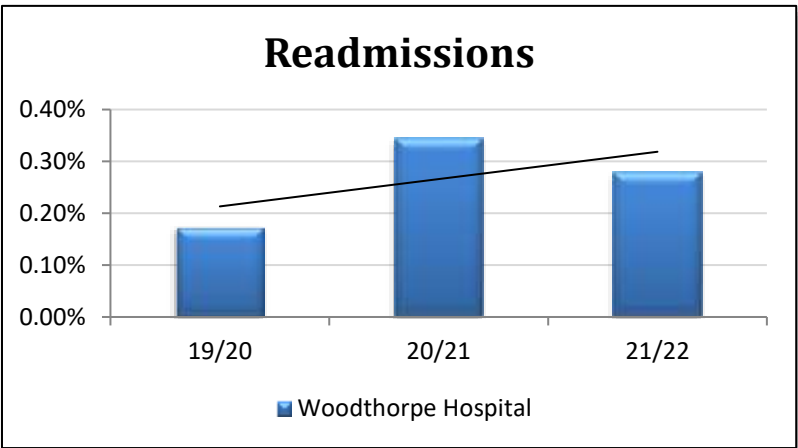
Patients are advised upon discharge that if they require advice or support, they can telephone the hospital in the post-operative period. The hospital ward also conduct post-discharge phone calls at 48 hours and 28 days to follow-up patient progress and answer any questions or concerns the patient may have. This encourages the early communication of any potential clinical post-operative complications.

The hospital staff can advise and support patients and if necessary, the patient can return to the outpatient department for a review by the appropriate multi-disciplinary team member. Effective discharge communication has in turn been reflected in our minimal readmission rate throughout 2021/22.

*A review of local data shows the re-admission rate at 0.28% in 2021/22 which is an improvement from the previous 12 months.*

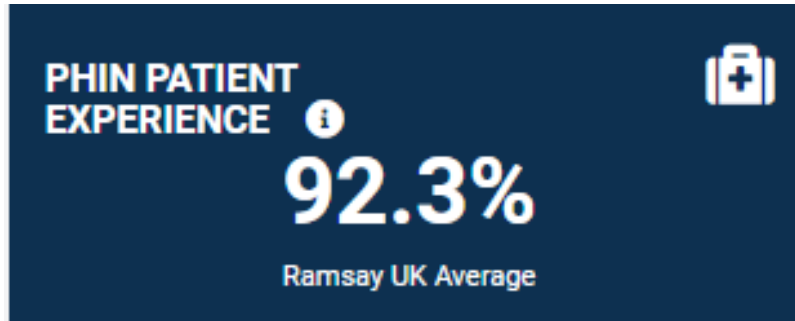
**The Woodthorpe hospital has taken the following actions to improve this rate, and so the quality of its services, by:**

- Completion of clinical incident reports for all readmissions with incident investigation and root cause analysis if required.
- Completion of post-discharge phone calls to patients and identify any complications sooner.
- Reporting of all readmissions to CCG’s through the monthly Quality report. Quarterly contract meetings will also highlight any readmissions to Trusts that are flagged for review.
- Information sharing through our local Medical Advisory Committee and the Clinical Governance meetings held locally and corporately.
- Reinforcement of Standard Operating procedures for communication with patients post discharge



## Responsiveness to Personal Needs

The following demonstrate PHIN Experience score and include a suite of 5 questions, giving an overall Responsive to Personal Needs score:



Ramsay UK Av...	92.3 %
Woodthorpe H...	90.8 %

### Summary of PHIN Patient Experience performance

Date Range: 01/04/2021-31/03/2022

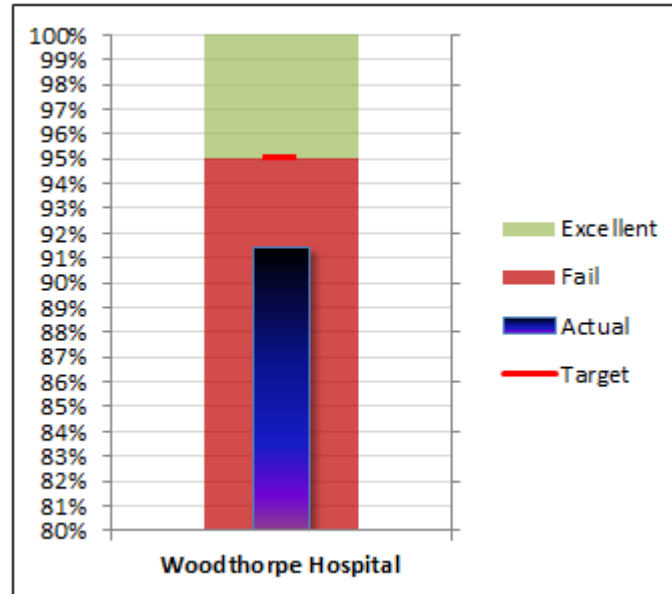


The above demonstrated a breakdown per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2021 - March 2022. Woodthorpe Hospitals scores slightly below that of the Ramsay National average, at 90.8% with the lowest scoring questions surrounding discussion on patient fears and worries as well as understanding of medications and their side effects.

All patients comments are responded to, to address concerns highlighted and resolved at the earliest opportunity in order to provide a service that meets the expectation of the hospital and the patient. This remains on going, with discussions carried out via committee meetings and data shared on a monthly basis with all staff.

## VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period	Woodthorpe	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC40	85.1%	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC40	91.4%	



***The Woodthorpe 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 above 95% compliance for venous thromboembolism assessment, thereby minimising the risk for all patients.

The VTE risk assessment form is documented at pre-operative assessment and is instigated by a registered nurse. The admitting consultant then completes it on admission.

A review of local data shows the VTE assessment rate at almost 92% in 2021/22, which is an improvement in compliance on the previous year by almost 10%. The implementation of the electronic patient record system helps the hospital to monitor this data more closely and share feedback or actions identified so the necessary changes can be promptly made.

***The Woodthorpe hospital has taken the following actions to improve this percentage and so the quality of its services, by:***

- VTE 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 electronic record.



- Monthly checks of corporate report for VTE assessments are completed.
- VTE compliance reported at quarterly Medical Advisory Committee meetings to maintain consultant co-operation.

### Clostridium difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Woodthorpe	
	2020/21	Several	0	RPY	51.0	Eng	13.6	2020/21	NVC40	0.0
	2021/22	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC40	0.0

**The Woodthorpe hospital considers that this data is as described for the following reasons:**

- Woodthorpe Hospital shows lower than average rates of clostridium difficile infection. It should be noted that from April 2021 to March 2022, Woodthorpe Hospital has continued to maintain a 0% rate of clostridium difficile infections.
- An annual strategy for Infection Prevention and Control (IPC) is developed at a corporate level by the Group.
- IPC policies are revised and redeployed every three years or when updated national guidance is received. 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 Health Care UK organisation to support good networking and best clinical practice.
- The Woodthorpe hospital employs an IPC Lead and there are Infection Control link nurses in all clinical areas, ensuring that IPC management remains a high priority throughout the hospital.

*A review of local data shows the C.Diff rate at 0.00% in 2021/22.*

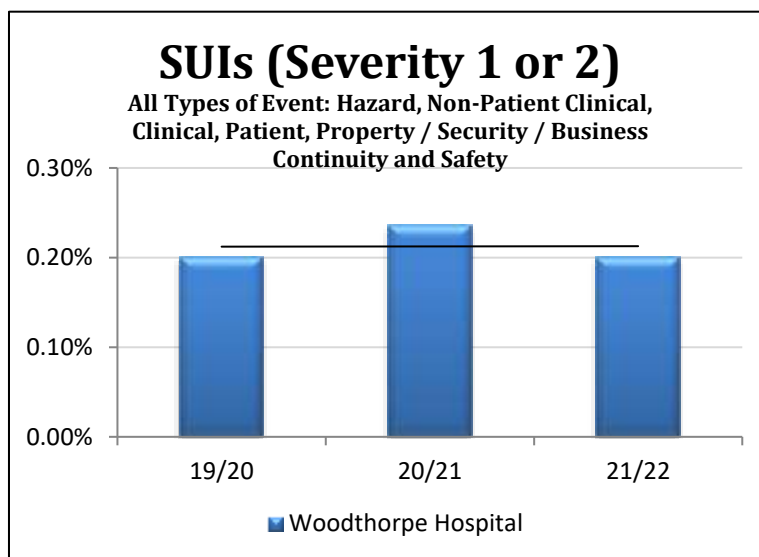
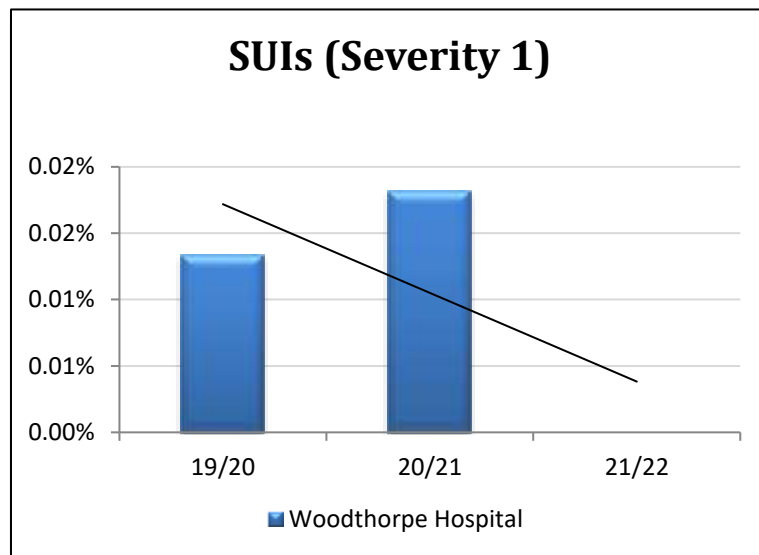
**The Woodthorpe hospital has taken the following actions to maintain this rate, and so the quality of its services, by:**

- Maintaining high standards of Infection Prevention and Control 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	Woodthorpe	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2020/21	NVC40	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2021/22	NVC40	0.00



**The Woodthorpe hospital considers that this data is as described for the following reasons:**

- The senior management 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 similar or same types of incidents re-occurring.

- All incidents are reviewed by the Hospital Director and Head of Clinical Services. An investigation process, Root Cause Analysis and action plan will be implemented where appropriate.
- The RiskMan system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at the Woodthorpe Hospital and throughout the Ramsay organisation.
- All incidents are reported through the Clinical Governance Committees structure.

There has been a slight decrease in higher severity incidences, with Woodthorpe Hospital maintaining improved reporting across the hospital whilst managing higher severity incidents promptly.

*A review of local data shows the SUI rate at 0.20% in 2021/22, which is an improvement on the previous 12 months.*

***The Woodthorpe hospital has taken the following actions to improve this rate, and so the quality of its services, by:***

- Promoting the use of comprehensive risk assessment tools that are available to identify and minimise risk.
- Monthly Risk management and Clinical Governance meetings are held where key performance indicators and incidents are discussed and disseminated.
- The Centralised Alert System (CAS) disseminates all alerts for NPSA/MDE and FSN to all departments with required actions feedback.
- Daily process for the assessment and evaluation of patient dependency and accorded placement of nurse to patient ratios.
- Continued RiskMan training for all staff on staff induction training.
- Senior registered nurses have undertaken RCA training to provide support in the completion of investigation where necessary, thereby identifying any gaps in care/service delivery and action improvements required more efficiently.

### Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Woodthorpe	
	Feb-21	Several	100%	RAP	48.0%	Eng	95.0%	Feb-21	NVC40	100.0%
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC40	99.1%

***The Woodthorpe hospital considers that this data is as described for the following reasons:***

- The NHS-wide 'Friends and Family' test to improve patient care and identify the best performing hospitals in England was announced in 2012 by the Prime

Minister. Since this date, the Friends and Family survey has been expanded year on year at Woodthorpe Hospital and now incorporates all of our departments.

- All patients at the Woodthorpe hospital are now routinely invited to take part in this anonymous survey asking simply whether they would recommend our hospital to their family and friends. This is reflected in our response rates and current high scores that would recommend us to their friends and family.

*A review of local data shows the friends & family test at 99.1% in 2021/22.*

***The Woodthorpe hospital has taken the following actions to improve this percentage and so 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 Friends and Family survey.
- Acting on patient feedback and complaints to improve quality in areas where 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 below.

### **3.2.1 Infection prevention and control**

***Woodthorpe 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.

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:**

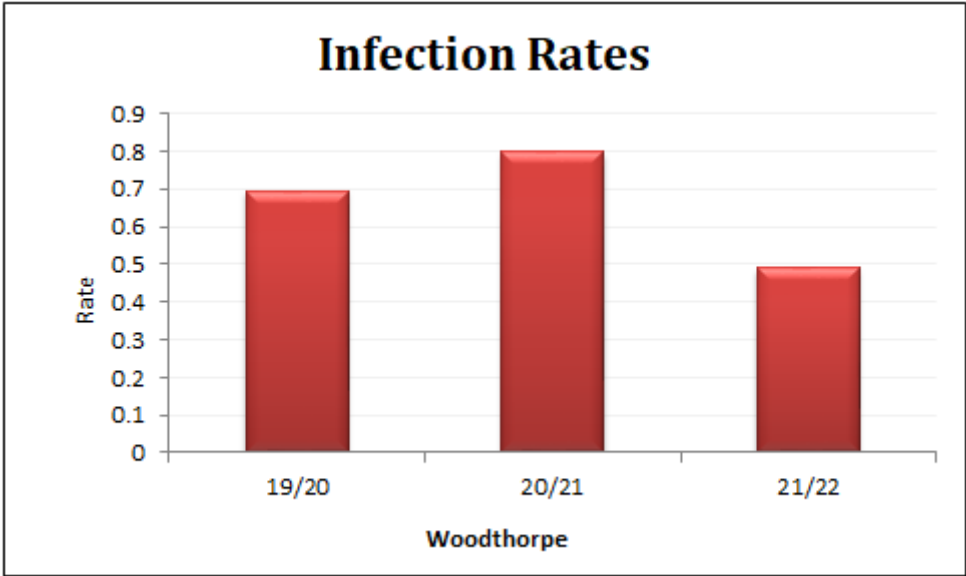
- We chair bi-monthly infection control meetings with links to Consultant Microbiologist at Nottingham University Hospital NHS Trust. This is a proactive group with representation from all departments to ensure that each part of the patient's pathway is safeguarded against the risks of infections.
- Hand washing is high on our agenda and in addition to regular staff training. Our alcohol gel units are readily available around the hospital where they will be visible and accessible to patients to encourage their use. Monthly hand hygiene audits are undertaken by each clinical department with findings shared through a number committee meetings to identify where improvements can be made.
- We report on a monthly basis on all aspects of infection control to our Clinical Governance Committee and quarterly to the Medical Advisory Committee.
- Infection Prevention and Control forms part of our monthly Clinical audit Programme. The different elements of infection prevention and control are selected and include sharps, environment, hand washing, surgical site infection and catheter care.

As depicted in the graph below, our infection rate has decreased over the last year. Due to our reporting process for infection notification, all suspected infections contracted within 30 days from surgery that we are made aware of are recorded on our risk system, with our IPC Lead following each incident up with the relevant Trust or GP practice to seek confirmation.

An analysis of infections over the last 12 months was carried out and although no significant concerns were raised, some improvement in compliance to policy were identified, particularly the requirement to record temperatures intraoperatively. Our on-site IPC Lead audited this weekly until a 95% compliance rate was consistently

achieved. On-going monitoring continues to ensure this compliance rate is maintained.

A greater focus has been placed on IPC, with our IPC Lead leading this agenda alongside our Head of Clinical Services, with significant operational and standard operating practices implemented to reduce the risk of infection as much as possible.



As can be seen in the above graph our infection control rate has decreased over the last year, with a rate of just under 0.5%, which is also below the national average rate of infection.

### 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 Woodthorpe 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 obtain the patient viewpoint. PLACE has not been a mandatory requirement this last 2 years due to restrictions of Covid-19 and challenges this has presented in the recruitment of our patient assessors however, they are looking to recommence the assessment programme in September 2022 whilst the Woodthorpe Hospital engaging with the Patient Engagement Group who will form part of the assessment team.

### 3.2.3 Safety in the workplace

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

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

At the Woodthorpe Hospital, we include health and safety training as part of our annual mandatory training programme within our staff's induction process and delivered by our local Health & Safety Co-Ordinator. Audits are carried out such as fire safety as well as weekly fire alarm checks and regular unannounced fire drills to ensure all staff are aware of what to do in case of an emergency and practice the processes in place.

All relevant CAS alerts are responded to individually and actions provided where required. All relevant CAS alerts and policy updates are discussed at the monthly local Clinical Governance Committee meetings to ensure they are disseminated and actioned effectively.

## 3.3 Clinical effectiveness

Woodthorpe Hospital has a Clinical Governance team and committee that meet monthly 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 decreased over the last year showing a 0.1% return to theatre rate. There is a noted decrease in the reoperation rate for 2020/21 by 0.1%. The complexity of the patients has increased over the past 12 months as have the number we have treated. The implementation of the NEWS 2 Track & Trigger escalation protocol has made staff more aware of patient condition and in 2021/22, the hospital continued with its AIMS training for all appropriate clinical staff.

Any return to theatre is followed up with a review to identify learn lessons in order to influence practice going forward.

### 3.3.2 Learning from Deaths

There has been 1 unexpected death reported at the Woodthorpe Hospital during this reporting period. An investigation was carried out in line with our serious incident framework and the reported findings showed that the correct processes had been followed throughout the patient’s journey in that the resuscitation protocol was efficiently followed by the team on call, with clear documentation of the care provided and appropriate risk assessment has been undertaken prior to surgery.

The investigation has not identified any significant gaps in the clinical care delivered. At time of writing, the post-mortem report remains pending from the coroners office following further investigation required however, no concerns have been raised in the care delivered at the Woodthorpe Hospital by the hospital, the Trust the Coroners office or the family at the present time.

### 3.3.3 Staff Who Speak up

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

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

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

a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

### 3.4 Patient experience

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

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

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

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

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

- Continuous patient satisfaction feedback via a web based invitation
- Cemplicity feedback shared immediately on receipt of 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

The Woodthorpe Hospital also shows a quarterly newsletter to the all staff displaying patient feedback and any trends in complaints as well as positive feedback received.



# Quality Update

## Nottingham Woodthorpe Hospital

Over the last few months, we have experienced a number of challenges, recognising the implementation of Maxims and continual pressures our daily tasks bring us having an impact. Despite these challenges, our staff have continued to deliver supportive and understanding care for our patients, and this is reflected in the positive feedback we receive!

Incident reporting has increased, with February showing a record high so thank you to all the staff for recognising how RiskMan can help and taking the time in reporting concerns and incidents occurring throughout the hospital, allowing our SLT visibility of what the concerns are across departments and what can be done to resolve them.

**Thank you to all of our staff for their continued hard work and commitment in delivering a positive service to our patients!**

### PRIVATE PROMS

Q3 (Jul-Sep) 2021 PROMS continue to show positive health gain scores for both Carpal Tunnel where patients see the most improvement post-surgery within their sleeping pattern and social activities, and Private Hips where patients felt the most improvement in their mobility and pain management. Both these PROMS scored above the National and Ramsay average scores, indicating positive outcomes leading to improved activities of daily living following surgery.

Septoplasty however scored below both the national averages indicating poorer outcomes post surgery however, for Woodthorpe, the sample sizes for these PROMS were smaller therefore, not considered a significant sample size.

Private Hips					Private Knees				
Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement	Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement
73%	87%	21.6	68.2	148.8%	82%	90%	18.9	77.5	78.6%
Private Septoplasty					Carpal Tunnel				
Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement	Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement
30%	85%	68.1000	68.1000	284%	85%	74%	22.5	69.5	81.5%
Private Septoplasty					Private Septoplasty				
Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement	Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement
51%	85%	1.0	6.0	5.0%	51%	76%	18.5	60.5	108.1%
Private Septoplasty					Private Septoplasty				
Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement					
70%	100%	5.0	6.0	20.0%					
Private Septoplasty					Private Septoplasty				
Pre-op Response Rates	Post-op Response Rates	Health Gain	Post-op Score	% Improvement					
70%	70%	2.0	2.0	100.0%					

### NHS PROMS

NHS PROMS show we are not outliers although our health gain scores indicate we are below the national average for both Knees and Hips. Our collection of NHS PROMS is significantly better so thank you to POA for their continued efforts!

Hospital	Pre-op participation	Post-op participation	Hip post-op scores	Hip Health gain	Hip Outlier?	Knee post-op	Knee Health gain	Knee Outlier?
NHS England	65.83	68.61	55.838	22.573	Not is outlier	56.266	15.401	Not is outlier
WOODTHORPE HOSPITAL	103.11	69.55	21.505	19.91	Not is outlier	71.48	16.942	Not is outlier

### CATARACT PROMS

The Q3 2021 Cataract PROMS report shows our pre-op response rates are currently at 22%, which is below the 50% benchmark however, from the data collected, the Woodthorpe has one of the highest modelled records with 148 records collated to obtain a measure for post-operative improvement. Average improvement in cataract outcomes for Woodthorpe is -2.4 which indicated patients achieved a satisfactory improvement in their vision, experiencing a lower level of difficulty performing their activities throughout the day. Post-op surveys show Woodthorpe to have an average post-acuity recording of 6/7 which matches the Ramsay average. We are now encouraging our consultants to participate in providing patients pre-op and intra-op measurements so we are able to obtain refraction data.

### NATIONAL JOINT REGISTER

The table below shows our NUR data quality audit for the last 4 years. With 2018/19 complete, we achieved a 95% compliance rate with the benchmark being set at 95%. Our 2019/20, 2020/21 and 2021/22 audit periods are still live and we remain above the benchmark with a score of 100%! 20/21 data has improved by 2.5% since Q2—Great job Julia in theatres who supports in the submission of this data!

Next year's Quality Data Provider status certificates will be awarded as Gold, Silver or Amber, so it would be great if we could continue working on the 20/21 audit period to achieve 100% - and GOLD! We still have time to achieve that goal!

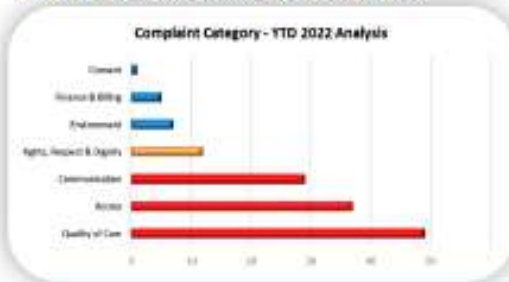
SITE	18/19 comp	19/20 comp	20/21 comp	21/22 comp
Woodthorpe Hospital	95.00%	95.60%	98.50%	100.00%



## COMPLAINTS

Complaints have reduced overall with MAXIMS becoming more familiar and the admin processed undergoing a more focussed review, with our Change Lead, Domika Hruha, leading the progression within the bookings department and Anthea Corlett, our Consultation Relations, continuing to support our consultants. A suggestion box will be made available week commencing 25/04/22 for staff to leave their questions regarding queries or questions regarding Maxims which SLT can look into further and provide answers to.

The telephone system has been extremely challenging this last quarter, with this being a point of discussion recently with our CGC engagement lead and following a review by SLT, the phone tree and how calls are directed has been reviewed and changed to enable a more improved distribution of calls. The complaints and feedback will continue to be monitored to measure any improvements over the next quarter.



## COMPLIMENTS

Compliments from patients are still being received via Complicity, Friends & Family feedback, thank you cards and letters with many patients commenting on the professionalism of the staff and the care received from consultants.

Many patients have also been leaving positive comments regarding the cleanliness of the hospital and the great catering received during their stay which has contributed to their overall positive experience at the Woodthorpe Hospital! I have included some feedback below regarding our services:

*"The warm and friendliness and professionalism of all staff I encountered was wonderful. This makes such a huge impact on any experience. The team were organised and efficient and the hospital is clean and well maintained. I couldn't be more happy or grateful for my experience with Woodthorpe Hospital- thank you!" [April 2022]*

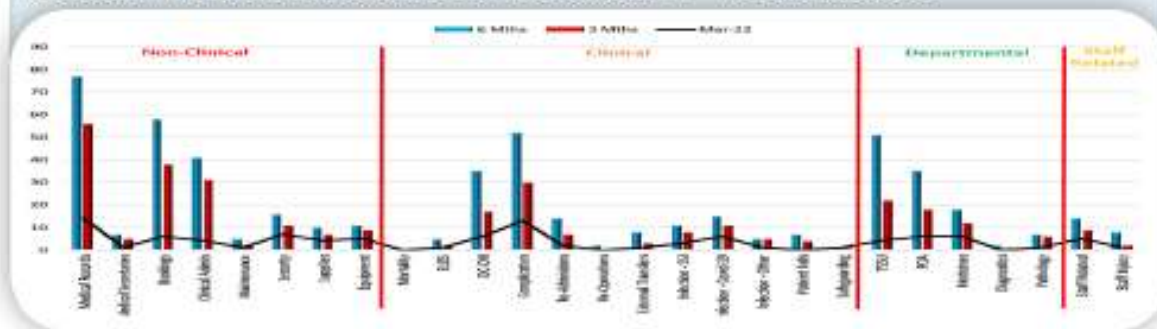
*Well done!*

## INCIDENTS

Prepping of medical records remains an ongoing trend in incidents reported over the last 6 months. With March 2022 identifying missing consent forms or medical questionnaires from the patients skinny files as the most common issue. These incidents have been highlighted within various committee meetings and Angela Thompson, our Head of Clinical Services, is undertaking a review to identify the root cause issues and prevent an ongoing occurrence of this concern.

There has been a peak in the number of complication reported post-surgery. Complications are always considered, discussed with the patient and consented for prior to any procedure going ahead as there is always a possibility of a patient not recovering as expected. Complications in March have included patients being turned away for surgery due to not being well enough or not isolating. There were 2 reported patients who had some delay with their wound healing which were managed efficiently on site by our Resident Medical Officer and the Ward team, extending patient care beyond their discharge and delivering compassionate care!

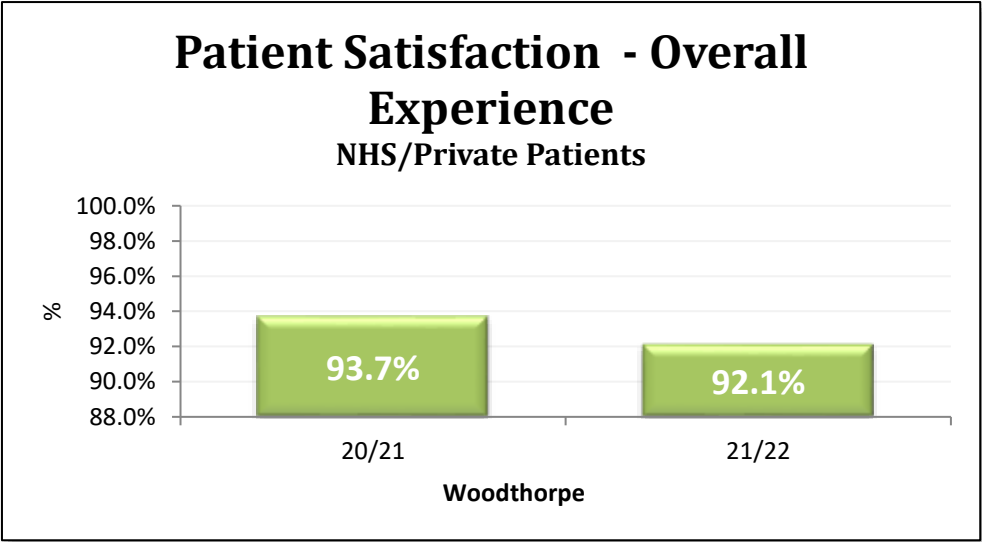
TSSU continue to work with the Preston Hub, building a positive working relationship and reducing the number of concerns raised regarding instruments being delivered to the Woodthorpe Hospital—Well Done Thabo & Joel!



### 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 sent an electronic survey 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 ‘action items’ to the Hospital Director and Quality & Governance Lead immediately upon receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has decreased slightly over the last year. It has been noted that response rates across various feedback platforms remain relatively low in comparison to the volume of patients being treated therefore, results can be easily skewed however, there is a greater focus in obtaining significantly more feedback by engaging more of our front facing team members in the process.

## 3.5 Woodthorpe Hospital Case Study

Woodthorpe Hospital investigated any number of complaints, with the aim always to identify any lessons learned and engage with the team and our patients to effectively drive improvement in our services delivered.

Following the formal reporting and investigation of patient falls and a complaint received from a patient regarding their viewpoint of how their fall was managed on whilst an inpatient, it was identified that a more targeted falls assessment and prevention training would be beneficial for our clinical teams looking after these patients.

To that end, our Ward Manager had undertaken a days of course looking at Falls Prevention and providing insight on how better care for those patients that may be more vulnerable, particularly in light of the joint surgeries carried out at the Woodthorpe Hospital and in line with our enhanced recovery programme.

A training pack is being formulated to share with our teams on site, with training session to be held. The aforementioned complaint patient will also be invited to a session to discuss her experience, contributing towards the review of the care delivered and how falls are managed, with patient-centred care the focus throughout.

### Falls Prevention Training Course

*"Falls and fall-related injuries are common in older adults, have negative effects both on quality of life and functional independence and are associated with increased morbidity, mortality and health care costs."*  
New horizons in falls prevention and management for older adults: a global initiative, September 2021

*"Falls and fall-related injuries, including fractures, are common and a serious health problem for older people. Falls can cause pain and injury, distress, loss of confidence and independence, or death. They are estimated to cost the NHS more than £2.3 billion per year."*  
National Institute for Health Research Sept 2021

*"There is a marked variability across the UK in the provision of falls prevention services."*  
Tahir Masud, Consultant Physician and Honorary Professor of Geriatric Medicine, Nottingham University Hospitals NHS Trust, September 2021

*"The coronavirus (Covid-19) pandemic has had a major impact on both older people and falls prevention services in England"*  
National Falls Prevention Coordination Group progress report Published 25 March 2021

*"The Covid-19 pandemic is likely to have led to a significant increase in the risk of falls amongst older people in the UK. During the pandemic, community falls services have largely been put on hold. Social distancing guidance has meant that group exercise classes have no longer been possible. The 'lockdown' has led to a situation in which falls prevention activities and services have ceased, both for people already under the care of falls services and for those newly referred. At the same time, many older people have spent much more time at home. These reductions in activity levels lead to loss of muscle strength and postural stability, which both increase falls risk. All of these factors taken together suggest that it is likely that there will be a significant increase in demand for falls prevention services"*  
British Geriatric Society 2020

*"The pandemic has reduced opportunities for older people to be active, leading to a decline in muscle mass, physical deconditioning, increased frailty, and an increased risk of falls."*  
Getting it Right First Time Geriatric Medicine, 2021

This conference focuses on falls prevention and management in older people with a focus on ensuring effective and resilient falls prevention activity during and beyond Covid-19. Sessions throughout the day will focus on the impact of the pandemic on older people, activity and falls, developing falls prevention and healthy ageing, understanding human factors in falls prevention, meeting the psychological needs of those who have fallen or are at risk of falls, improving falls education and awareness, effective personalised multidisciplinary assessment, reducing falls on the ward, falls and mental health including delirium prevention, medication management and improving secondary prevention. The conference will also discuss key elements in the reduction of falls in your service including strength, balance and exercise promotion, managing underlying health issues, developing personalised falls prevention care plans, frailty presenting as falls and improving the system for falls monitoring, investigation and learning.

#### **Benefits of attending:**

- Network with colleagues who are working to improving falls prevention and management in older people
- Reflect on the impact of the pandemic on older people, activity levels and falls prevention services
- Develop your skills and improve competence in falls prevention and management
- Improve your skills in the development of healthy ageing and effective strength and balance programmes
- Examine how a human factors approach could support you to prevent falls
- Learn from established in the development of multidisciplinary assessment and post fall protocols
- Understand how you can better meet the psychological needs of those who have fallen
- Improve falls education and awareness in older people and support people to change behaviour
- Identify and manage people at risk of falling, and effectively investigate and learn from falls when they do occur
- Improve secondary prevention of falls and fractures
- Learn from best practice in dementia, delirium prevention and falls
- Update your knowledge on how effective medicines management can reduce falls
- Self assess and reflect on your own practice
- Gain CPD accreditation points contributing to professional development and revalidation evidence

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## Appendix 1 – Services Covered within the Quality Account

### Regulated Activities – Woodthorpe Hospital


	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Clinical Immunology and Allergy Testing, Clinical Oncology, Cosmetics, Counselling services, Dermatological lasers, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, General Medicine, Genitourinary medicine, Gynaecological, Haematology (non clinical), Nephrology, Ophthalmic (inc laser), Orthopaedic including outreach clinics, Orthoptic, Occupational medicine, Occupational therapy, Pain Management, Psychotherapy, Psychology, Urological, Vascular	All adults 18 yrs and over  People with dementia
Surgical Procedures	Colorectal, Cosmetics, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), Endoscopy, Gastrointestinal, General surgery, Genitourinary surgery, Gynaecological, Ophthalmic, , Neuro Surgery, Orthopaedic, Plastic Surgery, Spinal Surgery, Vascular Surgery, Upper GI surgery, Urological	All adults 18 yrs and over excluding: <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative •</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> <li>• New pacemaker within the last 6 months</li> <li>• BMI limit of 40 excluding gastric banding and bariatric surgery</li> <li>• History of major post op complications</li> <li>• Alzheimer's Disease</li> </ul> <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.</p>
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
Diagnostic and screening	GI physiology, Imaging services, Exercise ECG, Health screening, Urinary Screening and Specimen collection.	All adults 18 yrs and over  People with dementia

## Appendix 2 – Clinical Audit Programme 2021/22

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### **Clinical Audit Programme**

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an ‘app’ base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to “Tendable.” Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Audit	Audit Group / Area (where applicable)	Department Allocation / Ownership (may be delegated)	QR Code 	Frequency (subject to review)	Deadline for completion
Facility Assurance	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Hand Hygiene Technique (Assurance)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy	January, April, July, October	By month end
Hand Hygiene observation (5 moments)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy	Monthly	By month end
IPC Governance & Assurance	IPC	IPC	Whole Hospital	January, July	By month end
IPC Environmental Infrastructure	IPC	IPC	Whole Hospital	August / February	By month end
IPC Management of Linen	IPC	Ward	Ward	August / February	By month end
Sharps	IPC	IPC	Whole Hospital	August, December, April	By month end
Standard and High Risk PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as dictated by activity)	By month end
Cleaning (49 steps)	IPC Practice Standards	All Departments	Each Department	Monthly	By month end

<b>Central Venous Catheter Care Bundle</b>	IPC Practice Standards	IPC	Oncology	July to September (yearly)	End of December
<b>Peripheral Venous Cannula Care Bundle</b>	IPC Practice Standards	IPC	Amb Care/Day Case, Oncology, Paediatrics, Ward, Theatres	July to September (yearly)	End of December
<b>Surgical Site Infection</b>	IPC Practice Standards	IPC	Theatres	October, April	By month end
<b>Urinary Catheterisation Bundle</b>	IPC Practice Standards	IPC	Paediatrics, Theatres, Ward	July to September (yearly)	End of December
<b>Patient Journey: Safe Transfer of the Patient to Theatre</b>	Ward	Ward	Ward	July, October, January, April	By month end
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	Theatres	August (optional), November, February (optional), May	By month end
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	Theatres	September (optional), December, March (optional), June	By month end
<b>NatSSIPs LSO</b>	Theatres	Theatres, Radiology, OPD,	Theatres, Radiology, OPD,	July, January	By month end
<b>NatSSIPs Safety Brief</b>	Theatres	Theatres, Radiology, OPD,	Theatres, Radiology, OPD,	August, February	By month end
<b>NatSSIPs Site Marking</b>	Theatres	Theatres, Radiology, OPD,	Theatres, Radiology, OPD,	September, March	By month end
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	Theatres	October, April	By month end
<b>NatSSIPs Prosthesis</b>	Theatres	Theatres	Theatres	November, May	By month end
<b>NatSSIPs IOLs</b>	Theatres	Theatres	Theatres	December, June	By month end
<b>NatSSIPs Swab Count</b>	Theatres	Theatres	Theatres	January (July 2022)	By month end
<b>NatSSIPs Instruments</b>	Theatres	Theatres, Radiology, OPD,	Theatres, Radiology, OPD,	February (August 2022)	By month end
<b>NatSSIPs Histology</b>	Theatres	Theatres, Radiology, OPD,	Theatres, Radiology, OPD,	March (September 2022)	By month end
<b>Blood Transfusion Compliance</b>	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October

<b>Consent Audit - Covid 19 (weekly)</b>	Consent	HoCS	Whole Hospital	Weekly (COVID-19 specific)	Weekly
<b>Consent Audit (6 monthly)</b>	Consent	HoCS	Whole Hospital	March, September	End of April, October
<b>Walkabout (Optional)</b>		SLT/HoCS	Whole Hospital	March, July, October	<del>By month end</del>
<b>Staff Questions (Optional)</b>		SLT/HoCS	Whole Hospital	April, May, September,	<del>By month end</del>
<b>Complaints</b>		SLT	Whole Hospital	November	By month end
<b>Duty of Candour</b>		SLT	Whole Hospital	January	By month end
<b>Practicing Privileges - Non-consultant</b>	PPs	HoCS	Whole Hospital	February, August,	By month end
<b>Practicing Privileges - Consultants</b>	PPs	HoCS	Whole Hospital	January, July	By month end
<b>Observation Audits - Physio</b>		Physiotherapy	Physiotherapy	October, April (optional)	End of December
<b>Observation Audits - Ward</b>		Ward	Ward	July to August, January to February (optional)	End of December
<b>Observation Audits - OPD</b>		OPD	OPD	July to August, January to February (optional)	End of December
<b>Privacy &amp; Dignity</b>		Ward	Ward	May, November	By month end
<b>Medical Records - Therapy</b>	Medical Records	Physiotherapy	Physiotherapy	July to September, January to March (optional)	End of December
<b>Medical Records - Surgery</b>	Medical Records	Theatres	Whole Hospital	July to September, January to March (optional)	End of December
<b>Medical Records - Ward</b>	Medical Records	Ward	Ward	July to September	End of December
<b>Medical Records - Pre-operative Assessment</b>	Medical Records	Pre-Operative Assessment	Pre-Operative Assessment	July to September, January to March (optional)	End of December

<b>Medical Records - Radiology</b>	Medical Records	Radiology	Radiology	July to September	End of December
<b>Medical Records - Cosmetic Surgery</b>	Medical Records	OPD	Whole Hospital	May, November	End of June, December
<b>Medical Records – NEWS2 (not live yet)</b>	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
<b>Medical Records – VTE (not live yet)</b>	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
<b>Non-Medical Referrer Documentation and Records</b>	Radiology	Radiology	Radiology	January, July	End of February, August
<b>MRI Reporting</b>	Radiology	Radiology	Radiology	March, July, November	End of April, August, December
<b>Non Radiologist Reported Imaging</b>	Radiology	Radiology Theatres (where there is no imaging dept)	Radiology	February, August	End of March, September
<b>MRI Safety</b>	Radiology	Radiology	Radiology,	January, July	End of month
<b>Safe &amp; Secure</b>	Pharmacy	Pharmacy	OPD, Radiology, Theatres, Ward	February, August	End of month
<b>Prescribing &amp; Medicines Reconciliation</b>	Pharmacy	Pharmacy	Pharmacy	March, September	End of month
<b>Controlled Drugs</b>	Pharmacy	Pharmacy	Pharmacy	July, September, January, April	End of month
<b>Governance - Pharmacy</b>	Pharmacy	Pharmacy	Whole Hospital	July	End of September
<b>Operational (Theatre, Ward, OPD, Physio)</b>		Theatre, Ward, Physio, OPD	Theatre, Ward, Physio, OPD	July to September	End of December
<b>Decontamination - Endoscopy</b>	Decontamination	Decontamination	Decontamination	July to September	End of month

## 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
NVC40	Code for Woodthorpe 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

# Woodthorpe 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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### Hospital website

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