

Mount Stuart Hospital

Quality Account
2022/23



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2021/22 (looking back)	
2.1.2	Clinical Priorities for 2022/23 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2022/23 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Mount Stuart 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.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Mount Stuart 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

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do. As the Hospital Director, I am passionate about ensuring that high quality patient care is at the centre of what we do and how we operate our hospital. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes.

Mount Stuart Hospital is committed to being the leading independent sector provider of healthcare services in the South West. We intend to deliver high quality outcomes for patients through sustainable and high performing services to all our customers, providing high quality care, encouraging promotion and expansion of services, developing new technologies and demonstrating commitment to business growth across both private and public sectors. At Mount Stuart Hospital we recognise and appreciate the contribution made by all staff and that by building constructive relationships we achieve positive outcomes for patients and staff. We will continue to grow and sustain our business through transparency and loyalty, by showcasing our facilities and performance and by delivering positive outcomes.

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders, including patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer our patients.

We have enhanced our training and education plan throughout the year involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards.

The experience that patients have in our hospital continues to be of the utmost importance. As well as being treated quickly and safely, they continue to receive a personalised service, enhanced by good communication and a commitment to ensuring their privacy and dignity are respected at all times.

We have continued the progress made during 2022/2023, driven by strong performance across all areas of our business within the newly planned refurbishments, which are to be completed in 2023 with more investment planned over the next 12 months.

The success of relationships built with the local NHS and Commissioners has delivered dividends as referrals via Choose & Book continue to grow. Mount Stuart Hospital aims to lead the way in holistic day case care through innovation, evidence based clinical practice and exemplary customer service. By continually updating skills and developing knowledge we believe that staff develop a committed focus in building relationships, to achieve positive outcomes for all customers. We aim to grow our business by attaining and maintaining excellent clinical outcomes, minimising risks, sustaining high levels of profitability and by providing a basis for stakeholder loyalty. Quality indicators and customer satisfaction levels have been maintained at consistently high levels. Consultant engagement meetings have stimulated opportunities to grow the business by increasing the range of services and exploring new innovating methods of practice.

A continuing focus will be on the further improvement of operating efficiencies by monitoring key performance indicators (KPIs), introducing further energy saving devices, multi-skilling, designing new processes to capture revenue at the time of activity and pathways that screen and identify risk at an earlier stage.

The aim of our Quality Account is to provide current information to our patients and commissioners to assure them we are committed in sharing our progressive achievements year on year. As a long standing, major provider for healthcare services across the World, Ramsay continues to have a very strong record in providing safe and responsible healthcare, of which we are proud to share our results. Our continued emphasis is to ensure patients receive safe and effective care, feel valued and respected in involvement with decisions about their care ensuring and that they are fully informed about their treatment at each step of their pathway.

We believe it is vital that we live by The Ramsay Way values, having it guide the decisions we make, through the services we deliver and through our interactions with all our stakeholders. We remain positive about opportunities to capture further growth.

In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and Ramsay as an organisation. Most importantly the views of patients and their families which have been sought through questionnaires / Friends & Family Test/ comment sheets and focus groups. Furthermore, you are invited to feedback on this document by sending any comments in writing to me at Mount Stuart Hospital.

A handwritten signature in black ink, appearing to read "Jeanette Mercer". The signature is written in a cursive style with a large initial "J" and "M".

Jeanette Mercer Hospital Director

Mount Stuart Hospital

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.

Mrs Jeanette Mercer

**Hospital Director
Mount Stuart Hospital
Ramsay Health Care UK**

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

Comments invited from:

Mr Stuart Andrews – Consultant Surgeon and Medical Advisory Committee/Clinical Governance Committee Chair for Mount Stuart Hospital

Devon and Torbay Clinical Commissioning Group

Mount Stuart Hospital MAC Chair

Welcome to Mount Stuart Hospital

Plan for 2022/2023

On an annual cycle, Mount Stuart 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.

We have strong relationships with South Devon & Torbay NHS trust

The facility has 26 individual rooms each with en-suite facilities and 15 Ambulatory Care Cubicles for patients who do not require an overnight stay and, by investment in advanced medical technology, offers a wide range of treatments and services. On site there are three fully equipped laminar flow Theatres and a Day Theatre for minor surgery and endoscopy (JAG accredited). We also have a Radiology Department and a Physiotherapy Department providing both inpatient and outpatient services. We pride ourselves on the delivery of high quality, safe, effective care in a manner and environment that respects and protects the privacy and dignity of our patients, be they medically insured, self-funding or referred by the NHS. Our facilities and clinical and support services are continually monitored to ensure that we are offering the very best services to our patients.

The specialties for which services are provided at Mount Stuart Hospital include; Dermatology, ENT, Gastroenterology, General Medicine, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Spinal Surgery, Pain Management, Physiotherapy, Plastic Surgery, Transgender surgery, Radiology (including MRI, DEXA and CT), Rheumatology, Urology, Health Screening, Step-Down Convalescence and Respite Care.

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

For 2022/2023 alongside the hospital business strategy we developed a new Clinical Vision and Strategy document which set out our quality intentions for the year.

In addition, Mount Stuart Hospital provides outreach clinics in the community. Direct referral services available include:

- Mole Clinic
- Cosmetic Surgery
Well-women (cervical smear)
- Well-man
- Allergy Clinic
- Private GP service
- Physiotherapy

Community Involvement

We have strong relationships with South Devon & Torbay NHS trust which has been further strengthened during the covid 19 pandemic where both teams have become one to benefit our local communities.

Mount Stuart Hospital regularly holds open events which offer the general public an opportunity to come to the Hospital meet the Consultants and privately discuss their specific area of interest. These events include Orthopaedics, Cosmetic, Dermatology, Headache, Pain Management and more. Other focused events in the last year include a private patient focus group with the Head of Clinical Services and Hospital Director and involvement of past patients in the Patient Led Assessment of the Care Environment (PLACE) audit.

Our GP Liaison Officer, Mrs Carla Forbes has continued to have close contact with Practice Managers and GPs at local practices and ongoing contact with surgeries located in the surrounding areas. Carla organises regular 'Lunch & Learns', taking consultants into GP Surgeries to offer training and latest development awareness as well as running evening GP training seminars on a regular basis. These events have proved so successful that we are now hosting them on a monthly basis. We value our contact with GP's as "Customers" and strive to ensure we actively work in partnership to enhance patient care

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, Mount Stuart 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.

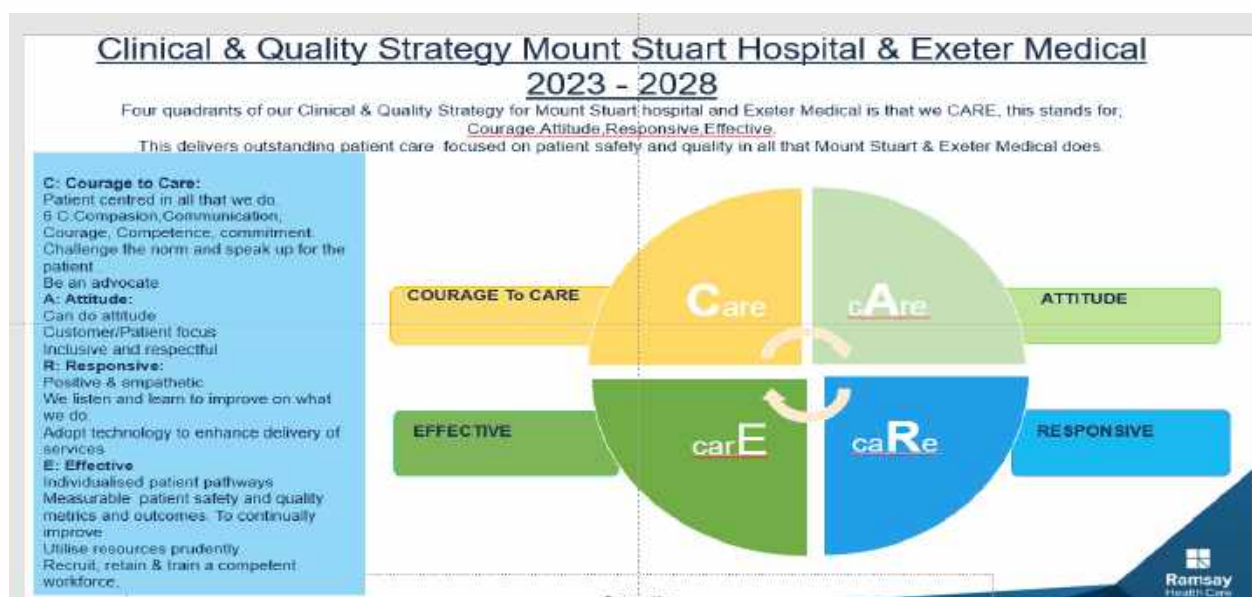
Most importantly, we believe our priorities must drive safety, be clinically effective, caring staff and a well led organisation and improve the experience of all individuals utilising our services.

Priorities for improvement

2.1.1 A review of clinical priorities 2022/23 (looking back)

internal provider visits, our Clinical Strategy for this year identified a number of overarching goals. All align to the five CQC domains of Safe, Effective, Caring, Responsive, Well-led, Patient Safety, Clinical Effectiveness and Patient Experience.

- Promoting a sustainable clinical workforce, staff development and improving staff morale. Ensuring staff feel valued and are meeting Ramsay Values
- To promote safety and quality by effectively reporting incidents and identifying risks, monitoring trends with associated action plans
- Responding to the Covid 19 Pandemic and supporting our local NHS Trust.
- Maintaining and promoting medicines management
- To promote quality and meet the requirements of the Ramsay annual audit programme and others
- Improving patient experience and outcomes
- Promote safeguarding of members of society at risk
- To promote quality and safety by appropriate and timely response to patient emergencies
- To promote quality and safety and the effective prevention and control of infection with additional components due to Covid 19 Pandemic
- To promote quality and safety and by the maintenance and update of clinical working environments
- The effective maintenance of patient records supporting each patient's journey through Mount Stuart Hospital
- To engage all clinical staff to demonstrate the clinical strategy.



2.1.2 Clinical Priorities for 2022/23 (looking forward)

Looking to the year ahead departmental heads are identifying priorities old and new to carry forward into 2022/23. This will also include a refresh of departmental visions. In terms of the overarching Clinical Strategy, the existing principles will carry forward but the following four have been identified as a particular focus,

- **Improving patient experience and outcomes**
(CQC Domain: Safe, Caring, Responsive, Well-led)

Ramsay Health as an organisation is taking a fresh look at its values as conveyed by The Ramsay Way and individual units are being asked to review how they might improve patient experience and customer satisfaction. In addition the CQC requires that we are able to evidence patient and community involvement. At Mount Stuart we have an excellent approach to how we respond to patient's concerns but we want to look at more creative ways to enhance patient involvement and experience in general.

How we will achieve this

- Adhere to Ramsay policy and respond effectively to patient incidents and complaints in a timely manner.
- Utilizing on line Review tools, Cemplicity, Friend & Family Test, Social media reviews
- Effectively demonstrate improvements in practice that have been informed by patient incidents and complaints.
- Engage with the Ramsay 'Speak up for Safety' programme
- Along with the corporate programme refresh engagement with the values associated with 'The Ramsay Way'
- Evidence duty of candour
- Active involvement in processes and audits related to patient outcomes
- Involvement of patients in relevant audits e.g. PLACE
- Improve our level of patient engagement focusing on the principles of good customer service

How will we measure this?

- Discussion of patient incidents/complaints in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety
 - Evidence of Patient engagement where appropriate e.g. The Customer Quality Focus Group
 - Display of 'You said, we did' in response to patients concerns/complaints
 - Audit to evidence full duty of candour practice e.g., robust documentation relating to discussions with patients where things have not gone as planned
 - Evidence of PROMs related data
 - An increased patient satisfaction response
 - Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.
- **To promote quality and safety by appropriate and timely response to patient emergencies**
(CQC Domain: Safe, Caring, Responsive, Well-led)

Over the last year we have enhanced our training related to resuscitation in the form of a program of resuscitation scenarios. The format and frequency has been variable and policies relating to emergency response cover have changed. We therefore want to build on this work by building staff competences and confidence and be able to demonstrate a robust approach to training in relation to effective and efficient response to patient emergencies.

How we will achieve this

- Staff attendance to mandatory resuscitation training commensurate with their status and working environment
- Accredited ILS training centre
- Regular exposure of staff to emergency scenario training
- Effective processes and resources to support patient emergencies
- Reporting of activity to the quarterly Critical Care group

How will we measure this?

- Individual Training folders to evidence resuscitation training
- Training spreadsheet maintained, signature sheets maintained for attendees
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning CCG.
- Evidence of monthly (at least) emergency scenarios and related learning
- Staff awareness of patient emergency response packs e.g. For patient transfer
- Evidence of regularly checked and accurately stocked resuscitation resources e.g. trolleys, grab bags, CICO boxes, difficult airway, sepsis box
- Consistent and confident response to patient emergency situations
- Discussion at the quarterly Critical Care meetings

- **To promote quality and safety and the effective prevention and control of infection**

(CQC Domain: Safe, Effective, Caring, Responsive, Well-led)

Incidences of infection at Mount Stuart Hospital have been traditionally low but with the arrival of COVID 19 pandemic the focus on strict adherence of infection prevention and control measures we have had to be agile in our response to assure our patients.

How we will achieve this

- The production of an annual prevention and control of infection plan.
- Create Covid19 Green and amber patient pathways to cohort patients safely in relation to their clinical pathway
- Screen all our patients entering the facility with robust processes to identify breaches.
- Appropriate Personal Protective Equipment available at all times
- Increased staff education and assessments of safely adhering to changing guidance.
- Focused communication mediums to convey messaging on Covid 19 and Infection control measures for Patients/Visitor and staff
- Infrastructure alterations to keep patients and staff safe.
- Social distancing measures and information displays for Patients & Visitors.
- All staff will take ownership of the integrity, tidiness and cleanliness of their working environment.
- All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance.
- Staff will take prompt action where breaches in the prevention and control of infection are evident.
- The appropriate identification of incidents related to the prevention and control of infection.
- Completion of infection control related audit and action on any shortfalls which arise.
- Robust identification of the need for root cause analysis, lessons learned and identification of trends
- Identification of risk related to the prevention and control of infection.

How will we measure this?

- Visibly clean and tidy areas in all clinical departments
- Clear identification and action evident in environmental audits by clinical and housekeeping staff
- Clear identification and action evident infection control related audits
- Design and implement Covid 19 audits for correct PPE, facility audits to ensure staff are following best practice.

- A demonstrable record of incident reporting and root cause analysis where appropriate
 - A low incidence of hospital acquired infection
 - Clinical areas used appropriately.
 - The production of a year-end annual report for the prevention and control of infection
 - Discussion of prevention and control of infection actions and trends in relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Infection control, Health and Safety
- **The effective maintenance of patient records supporting each patient's journey through Mount Stuart Hospital**
(CQC Domain: Safe, Effective, Caring, Responsive, Well-led)

Mount Stuart Hospital Consultant Surgeons have practicing privileges and have traditionally held their own patient records. Traditionally these are divorced from the clinical/nursing patient records. In the last year we have made great strides to ensure that that these two records are maintained as a complete set of contemporaneous records but there remains a challenge to complete this piece of work related to our non –NHS consultants who have medical secretaries off site. This piece of work is further driven by the introduction of GDPR. Alongside our requirement to improve patient experience and outcomes we want to enhance our record keeping in general so that delivered care can be easily identified and audited when needed.

How we will achieve this

- The maintenance of contemporaneous patient records.
- Moved to an electronic Patient Record Oct 2021
- Complete, accurate, legible and timely documentation by all involved in the patients care pathway.
- Adherence to Ramsay and national policy relating to required standards for documentation.

How will we measure this?

- To be identified through audit activity, both formal and informal.
- Escalation of trends in shortfalls through appropriate forums and committees
- Efficient identification of patient issues/potential gaps in the delivery of care

Patient Safety

- Daily safety Brief
- Speak up for safety phase 2 Promoting professional Accountability (PPA)
- Facility Assurance – Covid-19 Green & Amber Pathways

Clinical Effectiveness

- Perfect Ward Appf or Clinical Audit Programme
- GIRFT orthopaedic & Spinal Program

- Cemplicity Dashboard
- Restart Friends and Family also utilising Digital platform for data collection

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 2022/23 Mount Stuart Hospital provided and/or subcontracted 15 NHS services.

Munt Stuart Hospital has reviewed all the data available to them on the quality of care in all of these 15 NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 61 per cent of the total income generated from the provision of NHS services by Mount Stuart Hospital for 1 April 2022 to 31st March 2023

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 2022/23, the indicators on the scorecard which affect patient safety and quality were:

April 2022 – March 2023	
	Total

Number of NHS admits	2,307
Total number of admits	3,628
HPDs	5,723
NHS Revenue	6,275,211
Total Revenue	13,422,106
Human Resources	
Staff cost as % Net revenue	31%
HCA Hours as % of Total Nursing	26.9
Agency Cost as % of Total staff Clinical Staff Cost	8%
Ward hours PPD (total inc ACU)	12
% Staff Voluntary Turnover (rolling 12 months)	11.8%
% Sickness (rolling 12 months)	3.05%
% Lost Time	23%
Appraisal % (rolling 12 months)	89%
Staff Satisfaction Score	68%
Number of Significant Staff Injuries	0
Patient	
Formal Complaints per 1000 HPDs	0.31%
Patient Satisfaction Score	98%
Clinical Events per 1000 admissions	27
Readmission per 1000 admissions	,2%
Workings	
Staff Costs	4,115,328
Agency	320,861
No.WTE Staff (Paid)	255
No.WTE Staff (Worked)	198

Quality

Workplace Health & Safety Score: 96%

Infection Control Audit Score: 91%

Consultant Satisfaction Score:

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Mount Stuart hospital participated in four national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Mount Stuart Hospital participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, 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



NHS-England-Quality-Accounts-List-202

Count	Project name (A-Z)	Provider organisation
1	British Spine Registry	Amplitude Clinical Services Ltd
2	Elective Surgery (National PROMs Programme)	NHS Digital
3	Mandatory Surveillance of HCAI	Public Health England
4	Project name (A-Z)	Provider Organisation Count
5	Sentinel Stroke National Audit Programme (SSNAP) ^{1,2}	King's College London (KCL)
6	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
7	Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine
8	Surgical Site Infection Surveillance	Public Health England

The reports received in 2022/2023 from NJR are still being reviewed for data collection errors to ensure Mount Stuart is 100% compliant. Mount Stuart also received the NJR data provider award certification for this compliance

Local Audits

The reports of Mount Stuart Hospital local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Mount Stuart Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Mount Stuart in 2022/2023 that were recruited during that period to participate in research approved by a research ethics committee was
There were no patients recruited during 2022/23 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

A proportion of Mount Stuart Hospital's income in from 1 April 2022 to 31st March 2023 was conditional on achieving quality improvement and innovation goals agreed Mount Stuart Hospital and any person or body they entered into a contract,

agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2022/23 and for the following 12 month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-22-23/>

2.2.5 Statements from the Care Quality Commission (CQC)

Mount Stuart hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2020 is registered without conditions. Last inspection August 2019.

2.2.5 Statements from the Care Quality Commission (CQC)

Mount Stuart hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2020 is registered without conditions. Last inspection August 2019.

Direct Monitoring Approach conducted with CQC March 2023.



The Adult Social Care
Key Lines of Enquiry a

The screenshot shows the CQC inspection report for Mount Stuart Hospital. The overall rating is 'Good'. The report is dated 8 August 2019 and published on 10 October 2019. The report is available for download as a PDF (244.09 KB). The report details the hospital's performance across various key lines of enquiry (KLEs): Safe (Good), Effective (Good), Caring (Good), Responsive (Good), and Well-led (Requires improvement). The report also lists the hospital's specialisms and services, including diagnostic and screening procedures, family planning services, surgical procedures, treatment of disease, disorder or injury, caring for adults under 65 years, and caring for adults over 65 years.

Key Line of Enquiry (KLE)	Rating
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

CQC inspections & ratings of specific services:

Service	Rating
Outpatients and diagnostic imaging	Good
Surgery	Good

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

2.2.6 Data Quality

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

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

We regularly use statistical data to monitor clinical services – we are constantly striving to improve this data by regular quality control initiatives. Data contained in medical records are audited on a monthly basis and actions are taken to improve quality as required. This applies to both private and NHS patient streams.

The hospital has a data quality super user who manages the SUS pathway processes and continually reviews administration functions to ensure data quality

The patient's valid NHS number:

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

The General Medical Practice Code:

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

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

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 21/06/2022. The status is 'Standards Met'. The 2021/2022 submission is due by 30th June 2023.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Mount Stuart Hospital was subject to the Payment by Results clinical coding audit during 2022/23 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:

Mount Stewart	93.3%	93.1%	98.3%	100%
---------------	-------	-------	-------	------

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

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as at March 2023

	Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Midlands Region	Blakelands	97.1%	92.9%	98.5%	99.3%
	Boston NHS TC	95.0%	94.3%	98.3%	98.2%
	Fitzwilliam	96.6%	98.3%	96.6%	99.0%
	Cherwell	100%	97.9%	100%	100%
	Woodthorpe	98.3%	95.8%	100%	98.7%
	Rowley Hall	98.3%	95.5%	100%	98.3%
	Beacon Park				
	Stourside				
	West Midlands	98.3%	95.0%	96.6%	96.1%
	Westbourne Centre	98.3%	94.9%	96.6%	95.7%
	Woodland	98.3%	98.8%	96.7%	100%
North	Clifton Park NHS TC	98.3%	100%	98.3%	99.5%
	Cobalt NHS TC	100%	98.5%	100%	100%
	Euxton Hall	98.3%	91.2%	98.3%	96.8%

	Fulwood Hall	96.4%	97.1%	100%	100%
	Buckshaw				
	Oaklands	100%	99%	98.3%	90.0%
	Park Hill NHS TC	100%	99%	100%	100%
	Renacres	100%	99.9%	98.3%	99.2%
	Tees Valley Hospital	98.3%	98.6%	100%	98%
	Yorkshire Clinic	100%	99.5%	100%	100%
South Region	Ashtead	100%	100%	100%	100%
	Berkshire Independent	100%	91%	100%	100%
	West Valley	100%	100%	100%	99.3%
	Duchy	97.1%	98.7%	90%	92.5%
	Mount Stewart	93.3%	93.1%	98.3%	100%
	New Hall	96.6%	94.5%	100%	99.2%
	North Downs	100%	100%	100%	100%
	Winfield	100%	99.3%	100%	100%
East	Oaks	98.3%	93.9%	98.3%	100%
	Pinehill	98.3%	94.1%	100%	99.1%
	Rivers	98.3%	90.7%	98.3%	100%
	Springfield	95.0%	97.5%	100%	99.1%

2.2.7 Stakeholders views on 2022/23 Quality Account

Local Health watch

Devon ICB

Devon Carers

Part 3: Review of quality performance 2022/23

Statements of quality delivery

Head of Clinical Services (Matron), Mount Stuart Hospital

Review of quality performance 1st April 2022 - 31st March 2023

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’”

Ramsay Clinical Governance Framework 2022/23

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.

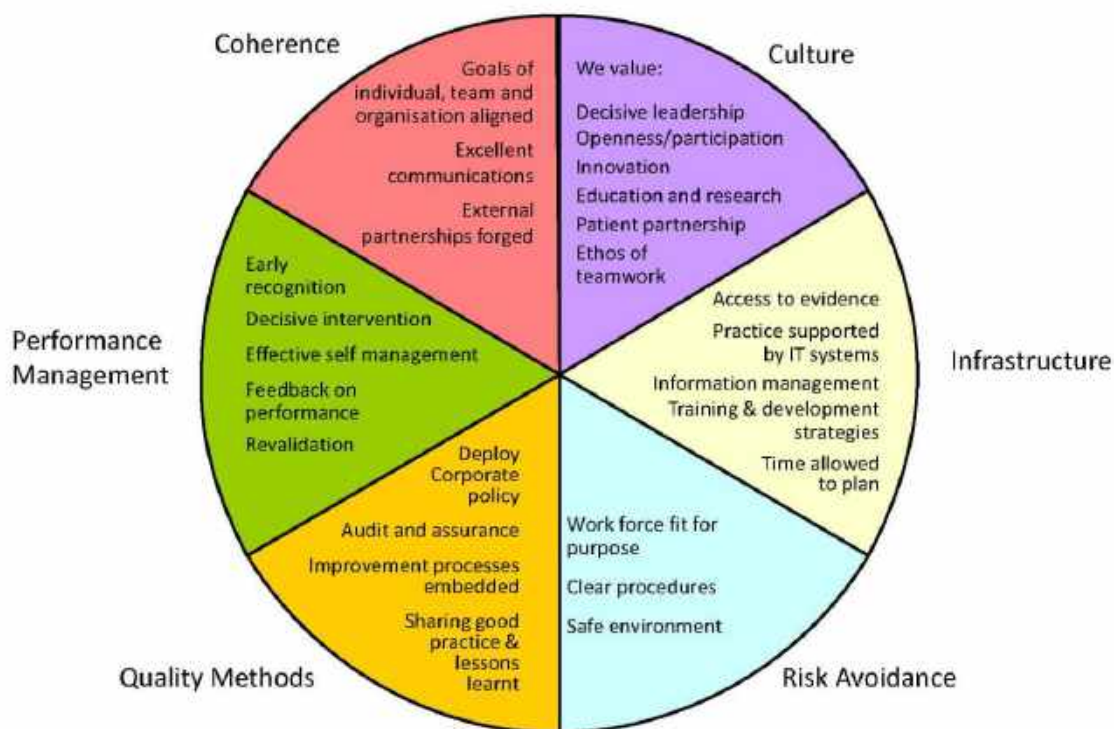
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide

Mortality

Mortality:	Period	Best		Worst		Average		Period	Mount Stuart	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC08	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC08	0.0000	

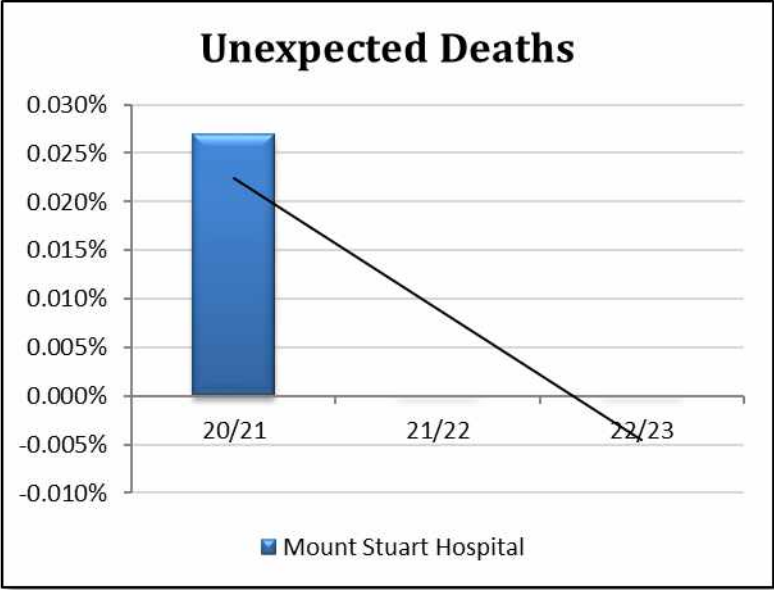
Mount Stuart Hospital considers that this data is as described for the following reasons,

- There are very few patient deaths at, or following treatment, at this hospital. The deaths recorded have occurred following discharge and where deaths do occur a process of root cause analysis is undertaken and any learning and actions applied.

Mount Stuart Hospital intends to take the following actions to maintain this rate and so the quality of its services:

- Maintain the strong focus on pre-admission assessment, and appropriate and effective staff education and competence assessment
- Maintain focus on staff and consultant education regarding patient risk assessment
- Continue to develop oversight with the Mount Stuart Critical Care and Clinical Governance Committees, which review clinical incidents and risks and actions to mitigate them

Rate per 100 discharges:



National PROMS

PROMS: Hips	Period	Best		Worst		Average		Period	Mount Stuart	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC08	23.317
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC08	22.716

PROMS: Knees	Period	Best		Worst		Average		Period	Mount Stuart	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC08	19.733
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC08	17.594

Mount Stuart Hospital considers that this data is as described for the following reasons:

- Patients report good outcomes
- We have good systems for ensuring pre-op questionnaires are returned but patients do not always understand the importance of returning their post-op questionnaire
- Care is planned on an individual basis

Mount Stuart Hospital intends to take the following action:

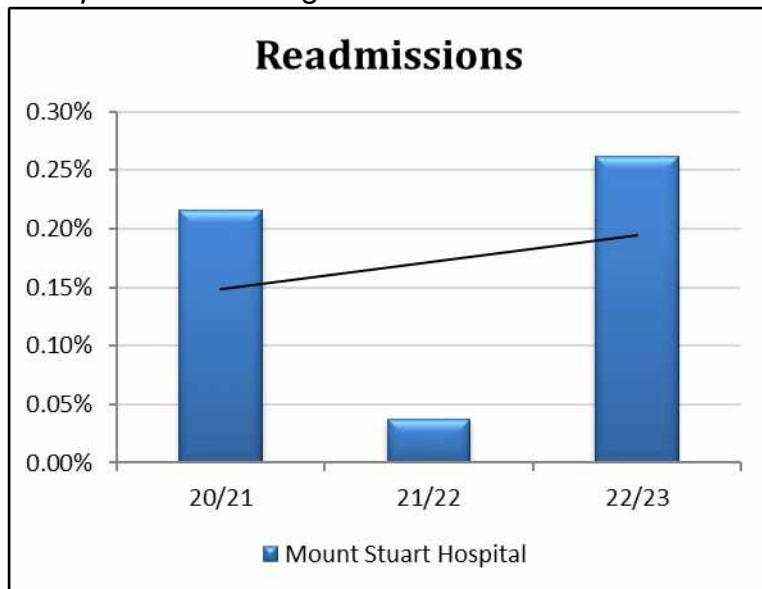
- To assist patients to understand the importance of returning their post-op questionnaire and thus further improve return rates
- To ensure patients have realistic expectations and appropriate rehabilitation
- The number of vein procedures is too small for Mount Stuart to participate. It will monitor the amount of vein procedures and subscribe if the numbers become sufficient

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Mount Stuart	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC08
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC08	0.00

MOUNT STUART Hospital considers that this data is as described for the following reasons Monthly reporting, will continue to monitor as monthly KPI

Rate per 100 discharges:



Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

No longer collected

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

Data for independent hospitals is no longer collected but Mount Stuart Hospital considers its performance as :

- We provide excellent customer service as demonstrated by patient surveys
Care is planned on an individual basis



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2022 - March 2023:

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Mount Stuart	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC08	98.9%
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC08	94.2%	

Mount Stuart Hospital considers that this data is as described for the following reasons:

- Our electronic clinical pathway documents direct staff to undertake VTE Risk assessment
- Staff understand the importance of VTE Risk Assessment
- Run compliance reports for consultant VTE compliance via MAXIMS

Mount Stuart Hospital intends to take the following actions to improve this:

- Run compliance reports for consultant VTE compliance via MAXIMS
- Continue to undertake local audit and ensure risk assessment is completed where indicated, and patients receive appropriate prophylaxis
-

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Mount Stuart	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC08	0.0
2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC08	0.0	

Mount Stuart Hospital considers that this data is as described for the following reasons:

- The hospital has an excellent record in infection prevention and control assessment
- There is low use of anti-microbials and any prescribing is in line with national best practice and the CCG Formulary

Mount Stuart Hospital intends to take the following actions to maintain this:

- To continue to provide staff, patients and visitors with education and information about good infection prevention and control practice
- Continue as an active participant in local and national infection control forums

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Mount Stuart	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC08	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC08	0.00	

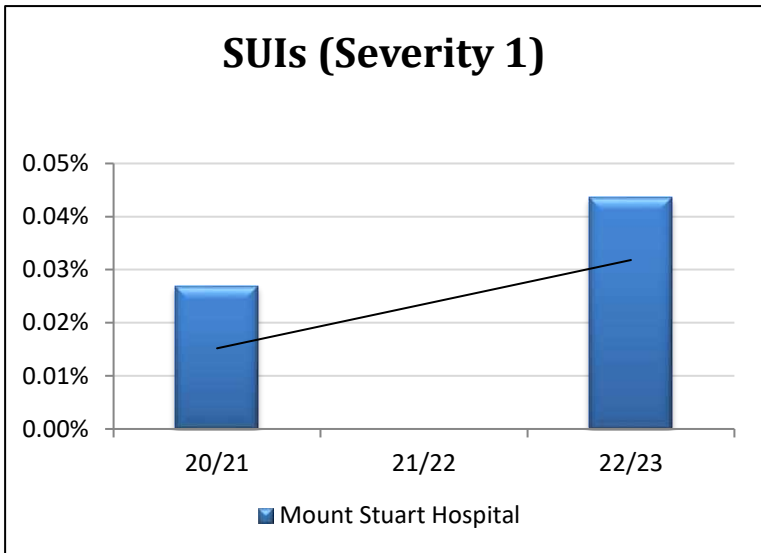
MOUNT STUART Hospital considers that this data is as described for the following reasons

- We provide elective care only and are therefore able to risk assess and provide patients with an appropriate environment
- Escalation plans were agreed with the Torbay NHS trust during Covid 19 pandemic support and response.
- Level 2 events generally include post-operative complications requiring either readmission, return to theatre or transfer to the local NHS Trust where HDU/ICU facilities can be provided if required.
- Our level 2 events included one Never Event involving the placement of an incorrect orthopaedic prosthesis.

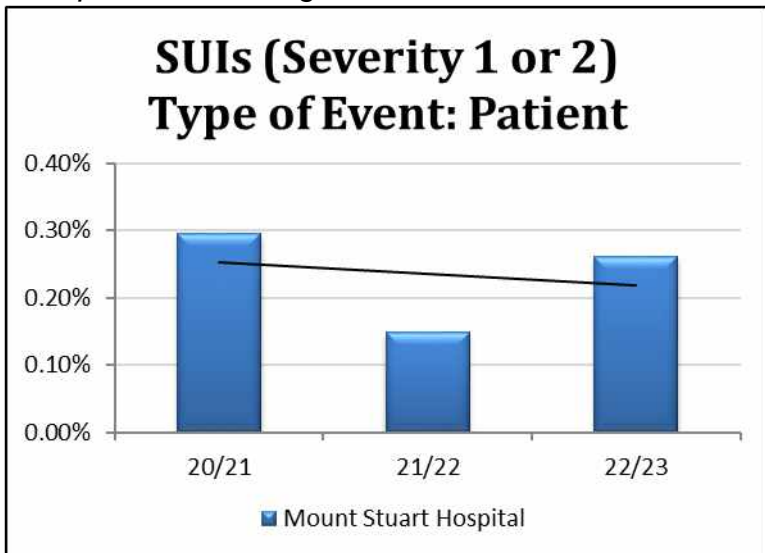
MOUNT STUART Hospital [intends to take/has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by:

- To continue to analyse patient safety incidents to identify areas where the practice, care pathways or the environment or can be further improved
- Ensure that risk assessments, training or remedial action is in place where there is cause for concern relating to an SUI
- To continue to robustly assess patients during the pre-operative stage to identify potential risks

The commencement of Root Cause Analysis where incidents occur and engagement with staff by sharing of lessons learned



Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best	Worst		Average		Period	Mount Stuart		
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC08	100.0%
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC08	100.0%

Mount Stuart Hospital considers that this data is as described for the following reasons:

- It actively encourages patients to complete the F&F test, and have systems in place to facilitate them doing so
- The hospital has an established reputation for high quality care and customer service

Mount Stuart Hospital intends to take the following actions to maintain this:

- To continue to promote and facilitate all patients in the completion of the test.
- Monitor and review trends and action.

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

Mount Stuart hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 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. 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 continue to hold Monthly IPC committee meetings which reflect the corporate strategy and all staff are committed to the local annual IPC plan which forms part of the overall hospital strategy. Discussion of environment, prevention and control of infection are also discussed in other relevant forums e.g. Team meetings, 1:1s, Clinical Governance, MAC, Health and Safety

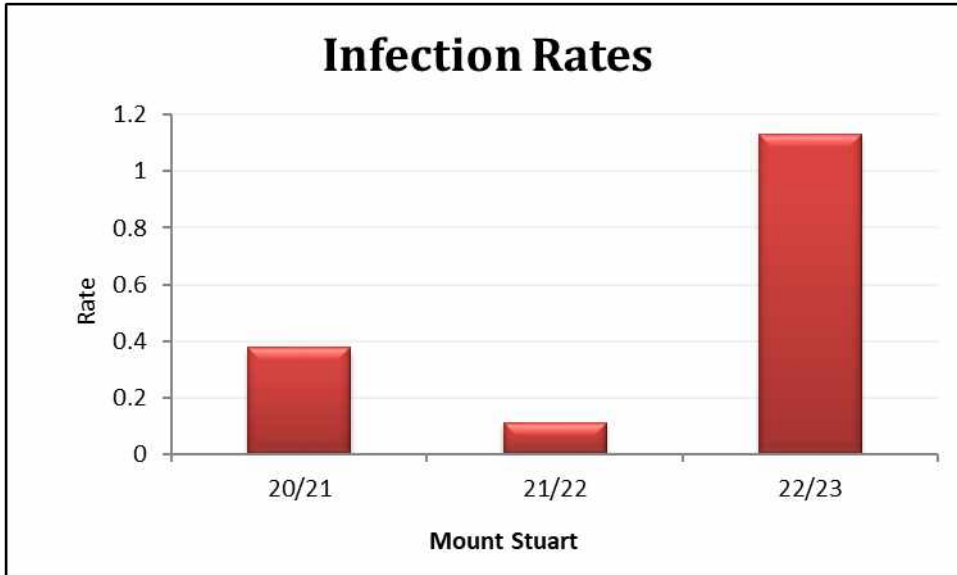
- Promote quality and safety and the effective prevention and control of infection
- Promote quality and safety by the maintenance and update of clinical environments
- Focus on Covid 19 clinical updates
- Include IPC Covid updates as Daily Safety Brief
- Monthly PPE audits
- Hand hygiene
- Hourly touch point cleaning
- Walk the floor with spot checks to ensure adherence to IPC

All staff will take ownership of the integrity, tidiness and cleanliness of their working environment

- Visibly clean and tidy areas in all clinical departments
- Clinical areas used appropriately
- I am clean stickers on Clinical equipment

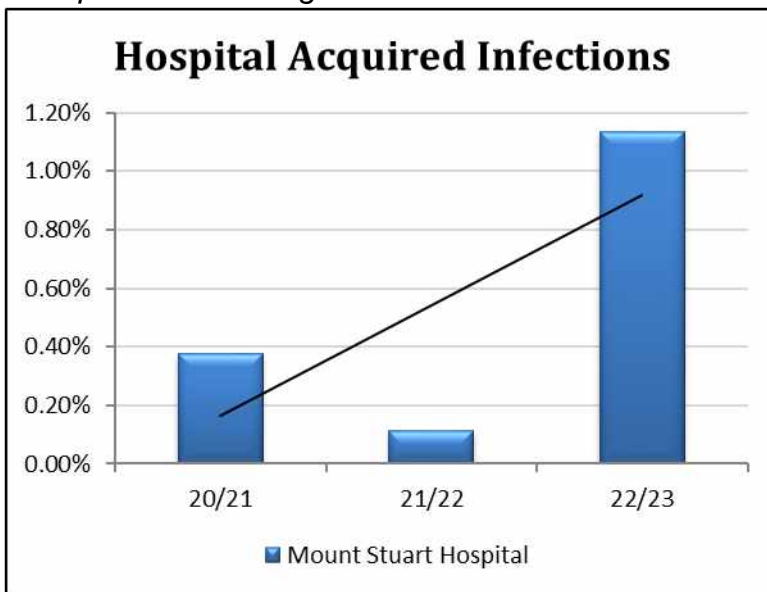
All patients will be effectively screened and appropriately triaged in line with Ramsay policy and NICE guidance

- A low incidence of hospital acquired infection
- No Patient Outbreaks



As can be seen in the above graph our infection control rate has increased over the last year. In comparison to the national average it is due a spike in

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

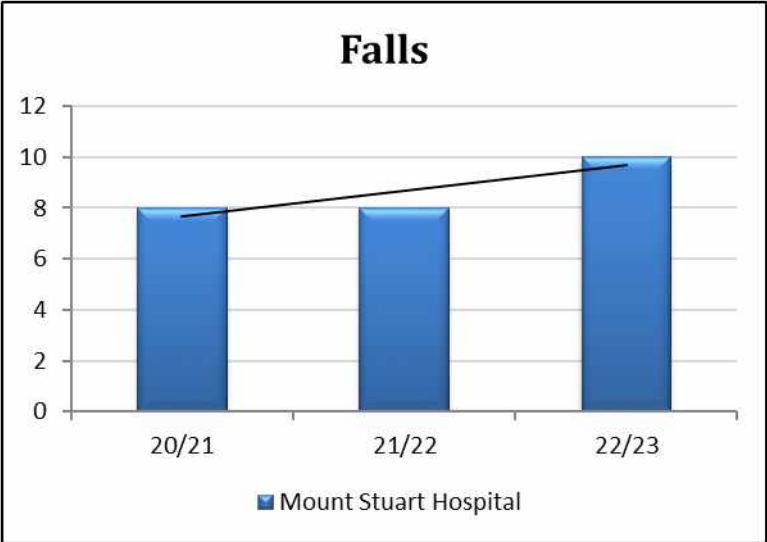
PLACE assessments occur annually at Mount Stuart Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

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.

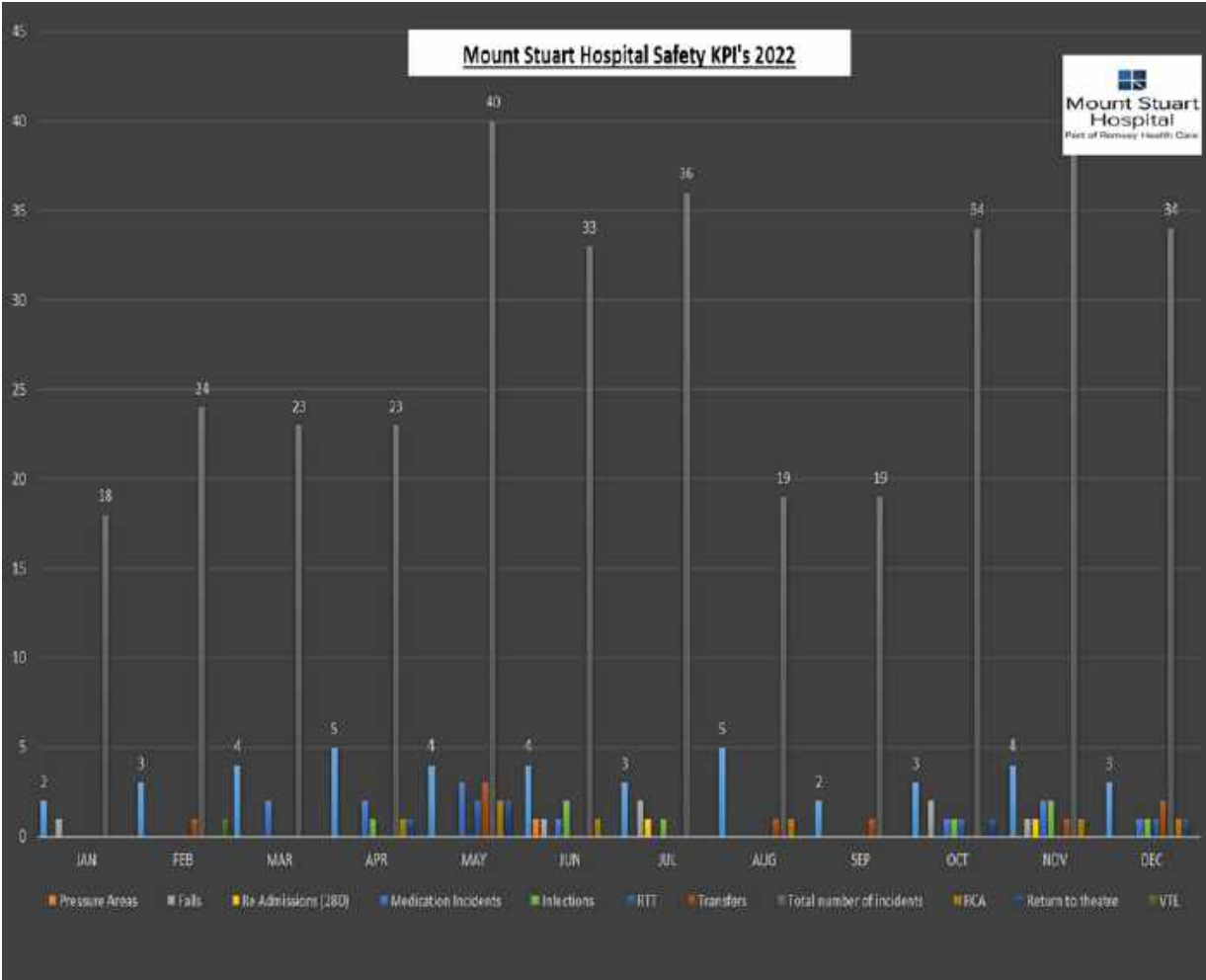
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

Rate per 100 discharges:



3.3 Clinical effectiveness

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



3.3.1 Return to theatre

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

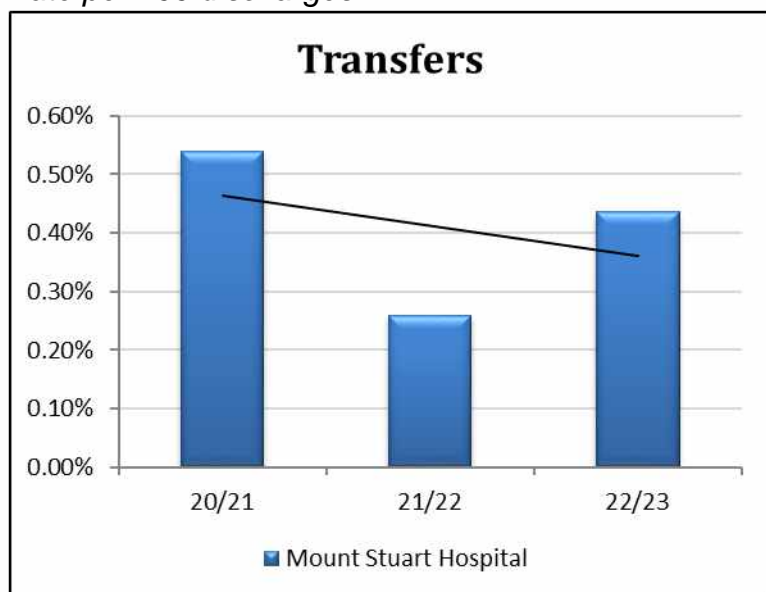
specific surgical team. Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average it is reviewed monthly as part of clinical governance and the majority is due to haematoma for Cosmetic surgery.

Rate per 100 discharges:

Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been one patient death within Mount Stuart Hospital. Due to massive PE

<http://ukintranet/dept/clinicalservices/Clinical%20Performance/Forms/AllItems.aspx>

3.3.3 Staff Who Speak up

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

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or

inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

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

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

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

3.4 Patient experience

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

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

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

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

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

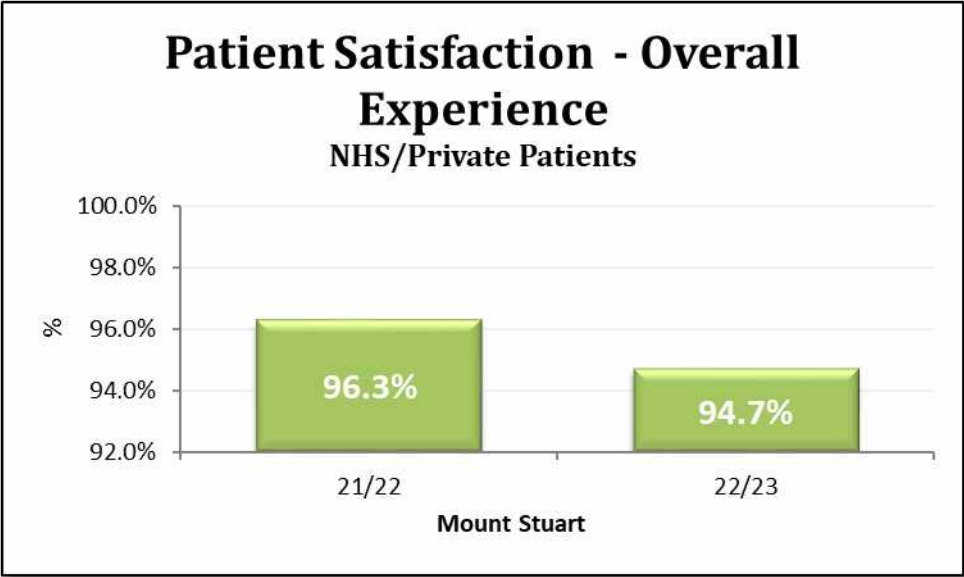
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital

Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has decreased over the last year. In comparison to the national average it is 96.5% we have introduced patient experience Mats to address specific feedback from our patient population

3.5 Mount Stuart Hospital Case Study

Mount Stuart have examined our Friends and Family feed back and patient feedback#.

WE have introduced a patient experience Mat to address specific of patient during their hospital stay and how to keep safe during their visit and how to prepare for discharge and address how to undertake patient feedback electronically.

Below is an example of the patient experience mat.

Welcome to Ambulatory Care Unit
 You'll have a designated registered nurse looking after you with the support of health care assistants

Simple steps to stay safe and speed up your recovery

- Preventing Falls:**
 - Wear shoes that are flat and have a non-slip sole
 - Use handrails when you can
- Preventing Blood Clots:**
 - Wear socks
 - Use compression
 - Wear hipsters
 - Take blood thinners as advised
- Preventing Infection:**
 - Wash your hands regularly
 - Cover any wound
 - Use antiseptic if you are told to
- Your Medicines:**
 - Take medicines as directed
 - Do not stop medicines unless advised
 - Always check your medicines and dosages
 - Remember to take in between any venous
 - Check all your medicines in your pharmacy
- Pressure Ulcers:**
 - Turn in bed
 - Use pressure relievers and sit on foam
 - Check back of any trolley or pressure ulcers or sore areas
 - Regular therapy
- Hydration & Nutrition & Bowels:**
 - Be in DRG 10 times of 80% day
 - When not eating, fluid intake must be 1000ml
 - Take fluids as prescribed

Friends & Family:
 We value your feedback to improve our services. Please complete the Friends and Family survey card or use the QR code.

Hospital WiFi: Friends & Family:
 Create an account

Our Strategy: Respect & Empathy
 Values: Care, Compassion, Communication, Courage

Leaving Hospital:
 To ensure your stay in hospital is no longer than necessary, preparation starts at your admission. Some points on when you leave:
 Tablets to take home will be explained to you by the discharging nurse, if needed.
 Written instructions for your post-operative care of any wounds
 Contact details if you need to contact the hospital
 Your stay is usually 2 hours but may be longer if needed
 A copy of your discharge summary if required
PROMS Data Collection
 If you are participating in PROMS data collection, you can access the sites by scanning the QR code.

Ramsay Values People Caring for People

Services covered by this quality account

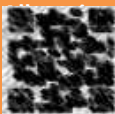
<p>Treatment of Disease, Disorder Or injury</p>	<p>Dermatology, General medicine, Neurology, Orthopaedic medicine, Pain management, Physiotherapy, Rheumatology, Sports Medicine, Urology,</p>	<p>All adults 18 yrs and over</p>
<p>Surgical Procedures</p>	<p>Cosmetics (incorporating Transgender surgery), Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Ophthalmic, Oral maxillofacial, Orthopaedic, Urological, Vascular, Ambulatory, Day and Inpatient Surgery</p>	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or

		<p>has had frequent hospital admissions within last 3 months)</p> <ul style="list-style-type: none"> • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months • Planned surgery patients with a positive MRSA screen are deferred until • appropriate treatment has been prescribed/issued and a negative MRSA screen confirmed. <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, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over

[Appendix 2 – Clinical Audit Programme 2022/23](#). 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
Facility Assurance (Neuro)	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Hand Hygiene Technique (Assurance)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	January, April, July, October	By month end
Hand Hygiene observation (5 moments)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Monthly	By month end
IPC Governance & Assurance	IPC	IPC	Whole Hospital	January, July	By month end
IPC Environmental Infrastructure	IPC	IPC / RDUK	Whole Hospital / RDUK	August / February	By month end
IPC Management of Linen	IPC	Ward	Ward	August / February	By month end
Sharps	IPC	IPC / RDUK	Whole Hospital / RDUK	August, December, April	By month end
High Risk PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as	By month end

				dictated by activity)	
Standard PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as dictated by activity)	By month end
Cleaning (49 steps)	IPC Practice Standards	All Departments	Each Department, RDUK, Neuro	Monthly	By month end
Central Venous Catheter Care Bundle	IPC Practice Standards	IPC	Oncology	July to September (yearly)	End of December
Peripheral Venous Cannula Care Bundle	IPC Practice Standards	IPC	Amb Care/Day Case, Oncology, Paediatrics, Ward, Theatres	July to September (yearly)	End of December
Surgical Site Infection	IPC Practice Standards	IPC	Theatres	October, April	By month end
Urinary Catheterisation Bundle	IPC Practice Standards	IPC	Paediatrics, Theatres, Ward	July to September (yearly)	End of December
Isolation	IPC	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient to Theatre	Ward	Ward	Ward	July, October, January, April	By month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	Theatres	August (optional), November, February (optional), May	By month end
Patient Journey: Recovery Observation	Theatres	Theatres	Theatres	September (optional), December, March (optional), June	By month end
NatSSIPs LSO	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	July, January	By month end
NatSSIPs Safety Brief	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	August, February	By month end
NatSSIPs Site Marking	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	September, March	By month end

NatSSIPs Stop Before You Block	Theatres	Theatres	Theatres	October, April	By month end
NatSSIPs Prosthesis	Theatres	Theatres	Theatres	November, May	By month end
NatSSIPs IOLs	Theatres	Theatres	Theatres	December, June	By month end
NatSSIPs Swab Count	Theatres	Theatres	Theatres	January (July 2022)	By month end
NatSSIPs Instruments	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	February (August 2022)	By month end
NatSSIPs Histology	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	March (September 2022)	By month end
Blood Transfusion Compliance	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Consent Audit - Covid 19 (weekly)	Consent	HoCS	Whole Hospital	Weekly (COVID-19 specific)	Weekly
Consent Audit (6 monthly)	Consent	HoCS	Whole Hospital	March, September	End of April, October
Walkabout (Optional)		SLT/HoCS	Whole Hospital	March, July, October	By month end
Staff Questions (Optional)		SLT/HoCS	Whole Hospital	April , May, September,	By month end
Complaints		SLT	Whole Hospital	November	By month end
Duty of Candour		SLT	Whole Hospital	January	By month end
Practicing Privileges - Non-consultant	PPs	HoCS	Whole Hospital	February, August,	By month end
Practicing Privileges - Consultants	PPs	HoCS	Whole Hospital	January, July	By month end
Doctors In Training	PPs	HoCS	Whole Hospital	December, June	End of January, July
Observation Audits - Physio		Physiotherapy	Physiotherapy	October, April (optional)	End of December
Observation Audits - Ward		Ward	Ward	July to August, January to	End of December

				February (optional)	
Observation Audits - OPD		OPD	OPD	July to August, January to February (optional)	End of December
Privacy & Dignity		Ward	Ward	May, November	By month end
Medical Records - Therapy	Medical Records	Physiotherapy	Physiotherapy	July to September, January to March (optional)	End of December
Medical Records - Surgery	Medical Records	Theatres	Whole Hospital	July to September, January to March (optional)	End of December
Medical Records - Ward	Medical Records	Ward	Ward	July to September	End of December
Medical Records - Pre-operative Assessment	Medical Records	Pre-Operative Assessment	Pre-Operative Assessment	July to September, January to March (optional)	End of December
Medical Records - Radiology	Medical Records	Radiology	Radiology	July to September	End of December
Medical Records - Cosmetic Surgery	Medical Records	OPD	Whole Hospital	May, November	End of June, December
Medical Records - Bariatric Services	Medical Records	Bariatric Services	Whole Hospital	July to September	End of December
Medical Records – NEWS2 (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Medical Records – VTE (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Non-Medical Referrer Documentation and Records	Radiology	Radiology	Radiology	January, July	End of February, August

MRI Reporting	Radiology	Radiology	Radiology	March, July, November	End of April, August, December
CT Reporting	Radiology	Radiology	Radiology	April, August, December	End of May, September, January
Non Radiologist Reported Imaging	Radiology	Radiology Theatres (where there is no imaging dept)	Radiology	February, August	End of March, September
MRI Safety	Radiology	Radiology RDUK	Radiology, RDUK	January, July	End of month
RDUK - Referral Forms - MRI	Radiology	RDUK	RDUK	February, April, June, August, October, December	End of month
RDUK - Referral Forms - CT	Radiology	RDUK	RDUK	January, March, May, July, September, November	End of month
RDUK - Medicines Management	Radiology	RDUK	RDUK	March, October	End of month
RDUK IPC Environmental	Radiology	RDUK	RDUK	January, July	End of month
RDUK - PVCCB	Radiology	RDUK	RDUK	January, July	End of February, August
RDUK - Medical Records	Radiology	RDUK	RDUK	July	End of August
RDUK - Walkabout	Radiology	RDUK	RDUK	October	End of month
RDUK - Staff Questions	Radiology	RDUK	RDUK	October	End of month
RDUK - Observational	Radiology	RDUK	RDUK	July	End of month
Paediatric Services	Paediatric	Paediatric	Paediatric	January, July	End of month
Paediatric – Medical Records	Paediatric	Paediatric	Paediatric	February, August	End of month
Paediatric Outpatients	Paediatric	Paediatric	Paediatric	September	End of month

Paediatric Radiology	Paediatric	Paediatric	Paediatric	October	End of month
Safe & Secure	Pharmacy	Pharmacy	OPD, Radiology, Theatres, Ward, RDUK, Neuro	February, August	End of month
Prescribing & Medicines Reconciliation	Pharmacy	Pharmacy	Pharmacy, Neuro	March, September	End of month
Controlled Drugs	Pharmacy	Pharmacy	Pharmacy, RDUK, Neuro	July, September, January, April	End of month
Governance - Pharmacy	Pharmacy	Pharmacy	Whole Hospital, RDUK, Neuro	July	End of September
SACT	Pharmacy	Pharmacy	Pharmacy	July to August	End of month
Operational (Theatre, Ward, OPD, Physio)		Theatre, Ward, Physio, OPD	Theatre, Ward, Physio, OPD	July to September	End of December
Decontamination - Sterile Services	Decontamination	Decontamination	Decontamination	July to September	End of month
Decontamination - Endoscopy	Decontamination	Decontamination	Decontamination	July to September	End of month
Neuro Medical Records	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Diabetes	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: End of Life	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Respiratory	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Catheter	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Epilepsy	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: PEG	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: MCA & DoLS	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month

Neuro: Enhancing Lives	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Spinal	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: NSEWS	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month

Mount Stuart results



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
NVCXX	Code for XXXX 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

MOUNT STUART 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.

For further information please contact:

Hospital phone number

01803229714

www.mountstuarthospital.co.uk

St Vincents Road

Torquay

Devon

TQ1 4 UP