

Oaks 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 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

Oaks 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

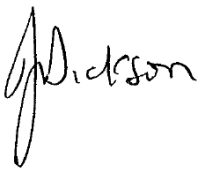
Ramsay Health Care UK

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 Oaks 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 Nick Ratcliffe, Hospital Director

Oaks Hospital

Oaks Hospital, established in 1992, continues to be an integral part of NHS healthcare provision in Essex and Suffolk. Awarded a 'Good' in all five Care Quality Commission inspected categories, the hospital continually delivers high quality care to patients within the local community, working in direct partnership with ESNEFT (East Suffolk and North Essex Foundation Trust) and other local NHS Trusts in the area.

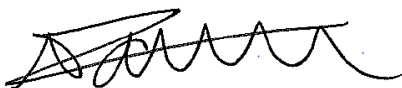
This Quality Account has been produced to demonstrate our commitment to measuring all feedback from patients about their experience, clinical treatment and clinical outcomes. This allows us to continually review, reflect on and improve the patient's journey.

Patient safety is our highest priority and our robust recruitment processes and training programmes ensure that staff are competent and fully trained in all aspects of service provision. We achieve consistently high patient satisfaction scores and, by studying results throughout the year, we constantly seek ways to further improve the patient experience.

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness, which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other key healthcare professionals. Examples of these are detailed in this Quality Account and include our PPG (Patient Participation Group) and our newly formed FIRE (Feedback Improvement Reputation & Engagement) Committee.

As Director of Oaks Hospital, I am passionate about ensuring the highest quality patient care as our number one priority along with delivering outstanding customer service to all of our stakeholders with a team work ethic throughout. Our Quality Account is an accurate representation of our performance and our ongoing initiatives to continuously improve the quality of our services.

Nick Ratcliffe, Hospital Director
Oaks 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.

Mr Nick Ratcliffe

Hospital Director

Oaks Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Jeremy Stanton, Consultant Orthopaedic Consultant

Medical Advisory Committee Chair

Signature:

A handwritten signature in black ink, appearing to read 'J Stanton', written over a light blue horizontal line.

Mr Tan Arulampalam, Consultant General Surgeon

Clinical Governance Committee Chair

A handwritten signature in black ink, appearing to read 'Tan Arulampalam', written over a light blue horizontal line.

Signature:

Welcome to Oaks Hospital

Situated in the City of Colchester, Oaks Hospital offers an extensive range of healthcare services to our patients. Situated just 0.4 miles from the City's main railway station, Oaks Hospital has good public transport links, as well as free onsite parking for patients and visitors. Our surgical and medical specialist consultants are supported by a team of diagnostic and therapeutic services, designed to offer a seamless pathway of care to our patients. As well as our self-pay and insured care, we also work in partnership with our local NHS trust to support local pathway initiatives. We are proud of our commitment to providing safe and responsive care, with the patient at the heart of all key decision making.

As well as being regulated by the Care Quality Commission (CQC), the governing body responsible for maintaining standards in healthcare, we also report monthly, quarterly and annually to a number of mandatory organisations, such as the UK Health Security Agency to offer assurance of our clinical care standards. We are registered with the CQC to provider for patients over the age of 18. Our latest inspection report can be found here <https://www.cqc.org.uk/location/1-128733050>

Our broad range of specialties includes Orthopaedic, General, Vascular, Gynaecology, Breast, Ear Nose & Throat, Urology, Spinal, Ophthalmology and Plastic surgery. Our specialist Consultant Physicians offer a wide range of services including Oncology, Rheumatology, Cardiology, Dermatology, Gastroenterology, Neurology, Allergy & Respiratory and Psychiatry. There is also an established private GP service in operation.

Our Consultant led services are supported by a number of different diagnostic and therapeutic care services. The Radiology Department, offers a range of imaging services, including x-rays, MRI & CT scans, ultrasound, and mammography as part of our one stop breast clinic. The Physiotherapy Department provide care to patients undergoing surgical procedures, as well as those seeking outpatient therapies. A fully equipped on site gym is available to support individual patient programmes.

The hospital itself has a large outpatient department, including a purpose built pre-operative assessment facility. The ambulatory day case facility provides care for patients having minor surgical procedures, whilst our 38-bedded ward supports those patients requiring overnight care. A resident doctor, available 24 hours a day, is there to provide immediate medical assistance when required. Opened in 2022, our Systemic Anti-Cancer Therapy (SACT) Suite offers a range of Anti-Cancer therapies, with a dedicated team of Oncology Nurse Specialists. We are proud the have been awarded BUPA Gold Standard Status for our breast oncology services and the Macmillan Quality Environment Mark in the SACT suite.

Oaks Hospital is proud of its position as a partner hospital with East Suffolk and North East Essex Foundation Trust (ESNEFT). Having always worked closely with our local NHS providers, our relationship enables us to support with current patient pathway initiatives, in addition to sharing of knowledge, skills and specialist services. In the last financial year, 61% of our patient procedures were provided to NHS patients, with the remaining 39% being privately funded. As a hospital, we are committed to growing our private and NHS services in the coming year.

We are committed to engaging with all stakeholders, both patients and those referring into our hospital. The hospital has an established Patient Participation Group, Feedback & Responsiveness Committee and our online reviews & Friends and Family reviews replied to personally by Senior Leadership Team members. A dedicated GP liaison officer works with the local community, organizing events for health care professionals and members of the public to attend.

As an organisation, Ramsay Health Care UK is dedicated to supporting charitable work in the community. This year Oaks Hospital continues to sponsor Essex County Cricket Club and a number of other local sporting fixtures. Our charity of the year is Breast Friends, who provide practical and emotional support for patients undergoing treatment for breast cancer.

Our Current Staffing at Oaks Hospital

Our staff are supported through training and competency assessment; to provide the highest standards of evidence based care and our Senior Leadership Team are rigorous in their appraisal of their team's performance. Consultants with practicing privileges at Oaks have a full annual appraisal, in addition to continuous monitoring of their clinical outcomes.

Consultants	172
Registered Nurses	67
Healthcare Assistants & Clinical Support Workers	39
Admin & Clerical Staff	84
Physiotherapists	9
Radiographers	14
Operating Department Practitioners	14
Pharmacist	1
Pharmacy Technicians	2
Management Personnel	4
Hotel Services & Facilities Staff	39

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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

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

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from 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 2022/23 (looking back)

Safety

Professional Accountability Program

A shift in focus at national and local level, has led to this programme being superseded by other methods of ensuring professional accountability. We are currently migrating from our existing risk reporting system to RADAR, an all in one incident, risk and compliance system which we envisage will allow a more collaborative and effective approach to incident management. Oaks has chosen to appoint a dedicated Patient Safety Manager, to lead on the implementation of the new system together with the implementation of the new patient safety framework. A programme of training for our Heads of Department, to support the delivery of the software package and the new framework is currently being rolled out.

Patient Safety Incident Response Framework (PSIRF)

Following its successful implementation at our partner NHS Trust, ESNEFT and across numerous other trusts Nationally, we have begun preparations for our own transition to the new framework. The corporate policy is expected to be delivered in autumn 2023 and training of key personnel has already begun. PSIRF will see a mixture of corporate and local clinical safety priorities set to maximise learning from any incidents and near misses. Oaks is recruiting a Patient Safety Lead to support the Head of Clinical Services and Heads of Department to deliver excellence in safety standards and to support patient and family involvement in the process.

Clinical Effectiveness and Patient Experience

48 Hour Call Backs

From its implementation in 2022 to the timing of this report, patient call-backs are now firmly embedded across all specialties. Patients receive a call from a member of the nursing team in either the day unit or ward and structured questions have been devised to assess their wellbeing following discharge. Patients respond positively to these calls and it enables any additional queries to be investigated and unforeseen concerns to be addressed proactively.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

Preventing Venous Thromboembolism (VTE)

Globally, up to 60% of blood clots occur after hospitalisation. Oaks is committed to the ongoing trend of reduction these figures (a 20% reduction in England 2007/*-2018/19 – Source NHS Digital). As part of our commitment this year, we are proposing a VTE focus period to provide training, support and process improvements within our teams. Involving medical, nursing and allied health care professionals, we aim to see improvements in assessment and implementation of best practice in VTE prevention. The outcomes of this focus will be assessed using existing audit criteria.

Clinical Effectiveness

Clinical Audit – Using the Tendable On-line Platform

Following its implementation as the 'Perfect Ward' in 2021/22, the Tendable Audit platform is an entirely web based system that has been adopted across Ramsay Health Care UK. At a local level, staff are able identify and action plan following completion of audits, with senior staff able to analyse results using a detailed analytics programme. Forming part of the monthly internal reporting system, Tendable now has a dedicated clinical staff member at Oaks who is driving the completion of audits and actions plans. It is our aim in 2022/23 to complete all clinical audits and associated actions to offer assurance, along with other key performance indicators that our service is quality driven.

Day Case Hip and Knee Replacement Surgery

Following the success of day case hip and knee replacement surgery at pilot sites within the Ramsay Group, Oaks now plan to roll this service out in the coming year. There is a strong appetite from within the Consultant Orthopaedic Surgical Team to deliver this pathway to our patients. Working with our experienced existing clinical staff group; consisting of Anaesthetists, Nurses, Physiotherapists, Operating Department Practitioners, Radiographers and Pharmacists; we will be Supported by a newly appointed Multidisciplinary Team Leader, in the rolling out of this service.

Patient Experience

Patient feedback is received on a number of different platforms, the largest of these being our Cemplicity Feedback Survey. The Senior Leadership Team review this data weekly and following recent feedback, have made the decision to appoint a member of staff to provide a centralised feedback structure at Oaks. This will be primarily as a point of contact, both by e-mail and by phone, to ensure patients wishing to receive a response to their feedback, do so in real time. A co-ordinated

approach to all feedback will allow us to act rapidly to any concerns raised and assure ourselves that we are a responsive and patient centred hospital.

Our Friends and Family Feedback data for the last year is detailed below. We are looking to build on this and ensure our service improves in all fields.



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 Oaks Hospital provided and/or subcontracted 46 NHS services.

Oaks Hospital has reviewed all the data available to them on the quality of care in all 46 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 38 per cent of the total income generated from the provision of NHS services by Oaks 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:

Human Resources

Staff Cost % Net Revenue	35%
HCA Hours as % of Total Nursing	58 %
Agency Cost as % of Total Staff Costs	11%
Ward Hours Per Patient Day	4.3%
% Staff Turnover	18.7
% Sickness	5.97
% Lost Time (includes sickness, annual leave, maternity and special leave)	25.1%
Appraisal %	62.72%

eLearning Mandatory Training	95%
Face to Face Mandatory Training %	64%
Staff Satisfaction Score	51% Engaged and 59 % Enabled
Number of Significant Staff Injuries	0

Patient

Formal Complaints per 1000 Hospital Patient Days	0.22
Patient Satisfaction Score	92%
Serious Incidents per 1000 Admissions	1.72
Readmissions per 1000 Admissions	0.94

Quality

Workplace Health & Safety Score 93%

Infection Control Governance and Assurance Score 92%

Consultant Satisfaction

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.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Oaks Hospital participated in 100% national clinical audits and 100% 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 Oaks 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.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	22.6 %
National Joint Registry (NJR) ^{2,3}	100% consent rate
Surgical Site Infection Surveillance Service	100% patient data submission

The reports of all national clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Oaks Hospital intends to take the following actions to improve the quality of healthcare provided.

Proms Reporting

There has been a focus on improving our PROMS compliance in the last year, with the implementation of a digital feedback platform. Patients are able to log in to enter detail and an analytics function allows the hospital staff to see results in real time.

Surgical Site Surveillance Service

Following our outlier status for knee replacement positive returns, we have focused on the results of root cause analysis associated with the affected cases. Identifying areas for improvement, specifically

choice of skin preparation and maintenance of normothermia, have been key to assuring ourselves that correct processes are being followed.

Local Audits

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

Our local Audits, taken using the Tendable tool, identified the following areas for action planning:

- Medication reconciliation, storage and competency documentation.
- General cleaning in general hospital areas
- Specific PPE requirements, that are largely obsolete following the pandemic.
- Collaborative Pain Audit with ESNEFT

In all cases, positive improvements were made and Audit reporting is reviewed at monthly meetings involving all Heads of Department.

2.2.3 Participation in Research

There were no patients recruited during 2022/23 period 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

Oaks Hospital's income from 1 April 2022 to 31st March 2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework

2.2.5 Statements from the Care Quality Commission (CQC)

Oaks Hospital is required to register with the Care Quality Commission and its current registration status on 31st March is registered without conditions.

Oaks 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

The capture of accurate and relevant data is essential to meeting our standard as a responsive care provider. All data captured at Oaks is reviewed by specialist committees for example infection prevention and control and escalation is via the clinical governance committee. The current data submitted is also accessible by the corporate team and we are benchmarked against national health care standards in all areas.

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

- As previously stated, improvements to our Patient Related Outcome Measures (PROMS) following the implementation of our digital reporting platform.
- Contemporaneous incident reporting and management using the RADAR system.
- Completion of the full suite of Tendable Clinical Audits, in line with the latest program released by Ramsay
- Improved feedback via the NHS Friends and Family system in outpatient areas, following on from a successful increase in patient discharge figures.

NHS Number and General Medical Practice Code Validity

Oaks Hospital submitted records during 2022/23 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% for admitted patient care;
- 99% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99 for admitted patient care;
- 99% 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 30.6.22 for 2021/2022. The status is 'Standards Met'.

Clinical coding error rate

Oaks Hospital was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

2.2.7 Stakeholders views on 2022/23 Quality Account

Oaks has not received any feedback on their quality report from external stakeholders.

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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

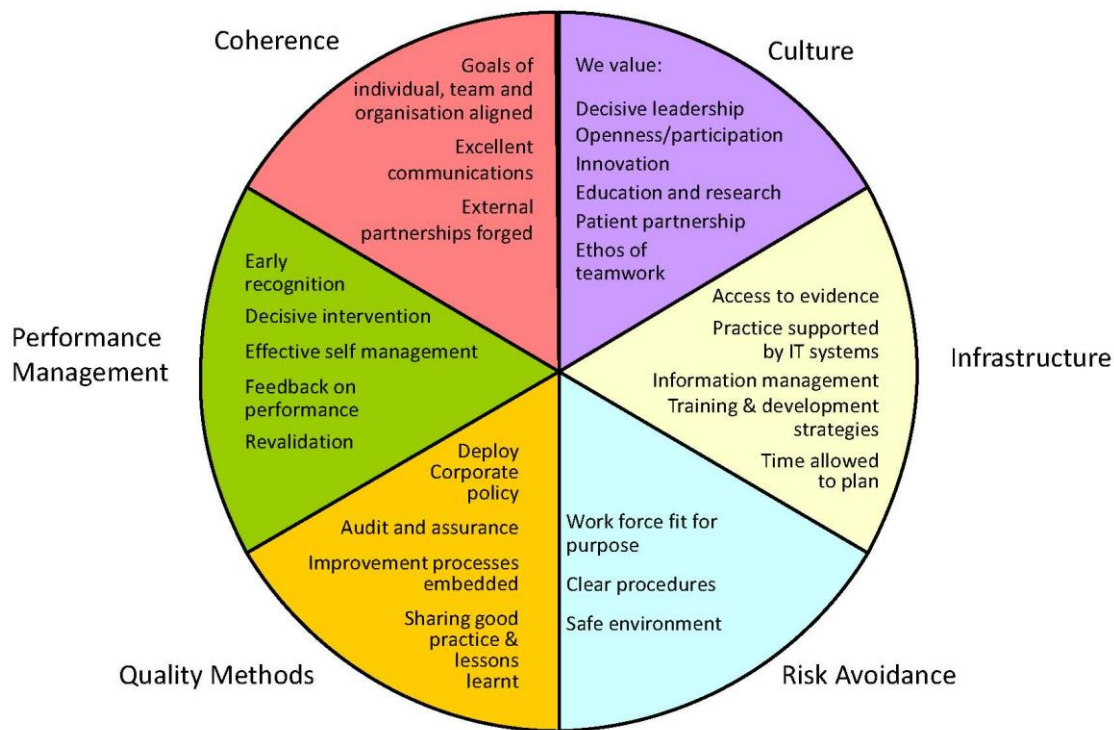
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	Oaks	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC13	0.0002
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC13	0.0000	

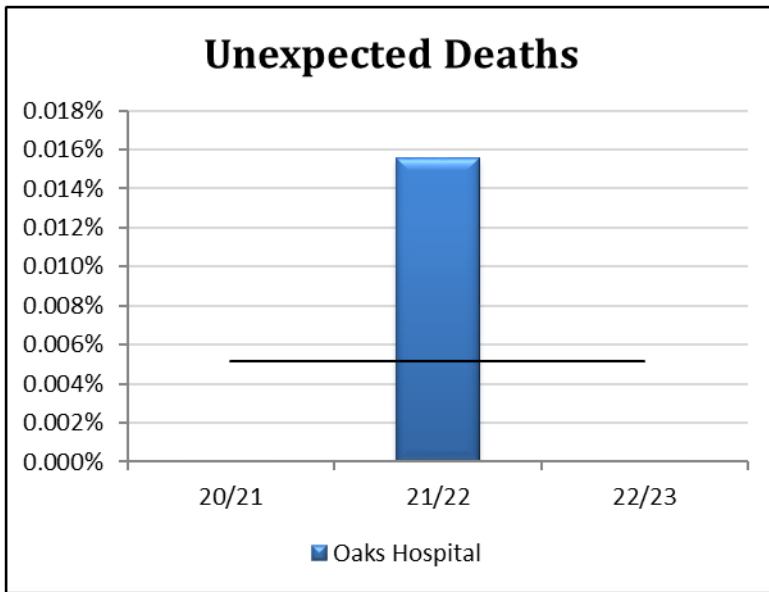
SHMI Figures are not available for Independent Sector Hospitals

RiskMan data is used to find mortality rate

Oaks Hospital considers that this data is as described for the following reasons – Mortality rates remain low, due to the nature of our patient group and measures in place to ensure safety throughout their healthcare journey.

Oaks Hospital continues to take the following actions to improve this outcome measure, and so the quality of its services, by undertaking a thorough root cause analysis for any unexpected complication following a care incident at our hospital.

Rate per 100 discharges:



National PROMS

PROMS:	Period	Best	Worst	Average	Period	Oaks
Hips	Apr19 - Mar 20	NTPH1 25.5465	NT411 17.059	Eng 22.6867	Apr19 - Mar 20	NVC13 no data
	Apr20 - Mar 21	NV302 25.7015	NVC20 17.335	Eng 22.9812	Apr20 - Mar 21	NVC13 *

PROMS:	Period	Best	Worst	Average	Period	Oaks
Knees	Apr19 - Mar 20	RR7 20.6878	R1K 12.6215	Eng 17.4858	Apr20 - Mar 21	NVC13 *
	Apr20 - Mar 21	NVC23 20.2502	RXP 11.9159	Eng 16.8858	Apr19 - Mar 20	NVC13 *

REQUIREMENT is for ADJ. Health Gain
 Oxford Hip Score - Primary Hip
 Publication has been paused for 22/23

REQUIREMENT is for ADJ. Health Gain
 Oxford Knee Score - Primary Knee
 Publication has been paused for 22/23

Oaks Hospital considers that this data is as described for the following reasons – It is reviewed by the Clinical Governance Committee and it is noted that greater response rates are needed for this metric.

Oaks Hospital has taken the following actions to improve this percentage and so the quality of its services, by engaging with the national e-proms reporting tool.

Readmissions within 28 days

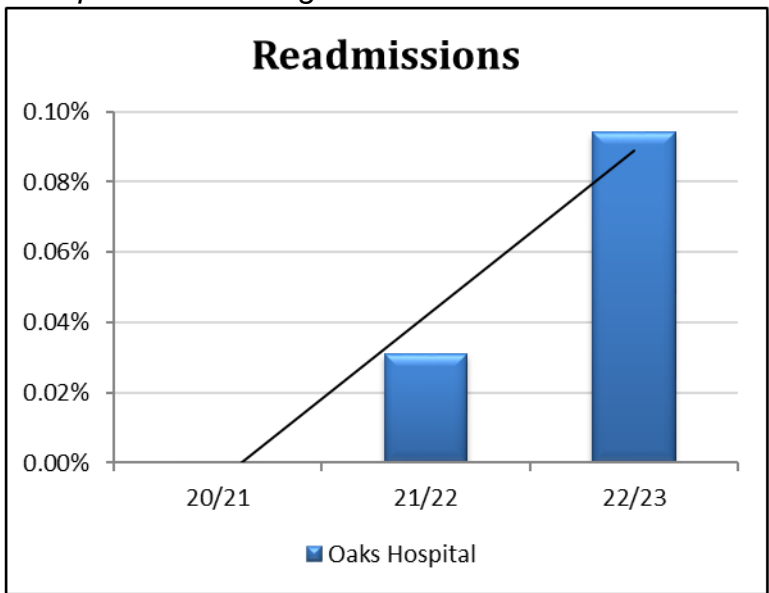
Readmissions:	Period	Best		Worst		Average		Period	Oaks	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC13	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC13	0.00

Data no longer reported
There is no data published after 19/20

Oaks Hospital considers that this data is as described for the following reasons – having not permitted readmissions during the recent pandemic, with all complications being referred to the local NHS trust to protect our ‘green admission criteria’ we had expected to see an increase in readmissions to this hospital. The associated co-morbidities of patients admitted for care following the pandemic is also relevant to their short term outcomes.

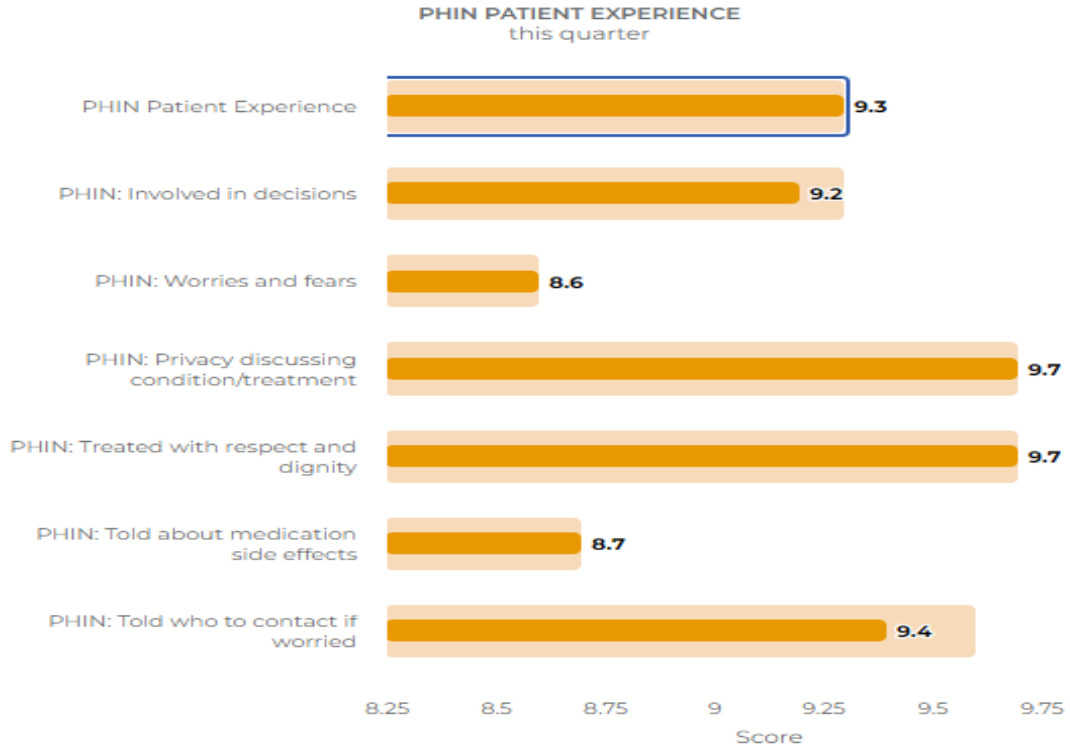
Oaks Hospital has taken] the following actions to improve this rate, and so the quality of its services, by ensuring all readmissions are subject to an investigation at local level and outcomes with learning are shared with the clinical teams .

Rate per 100 discharges:



Responsiveness to Personal Needs

PHIN Experience score



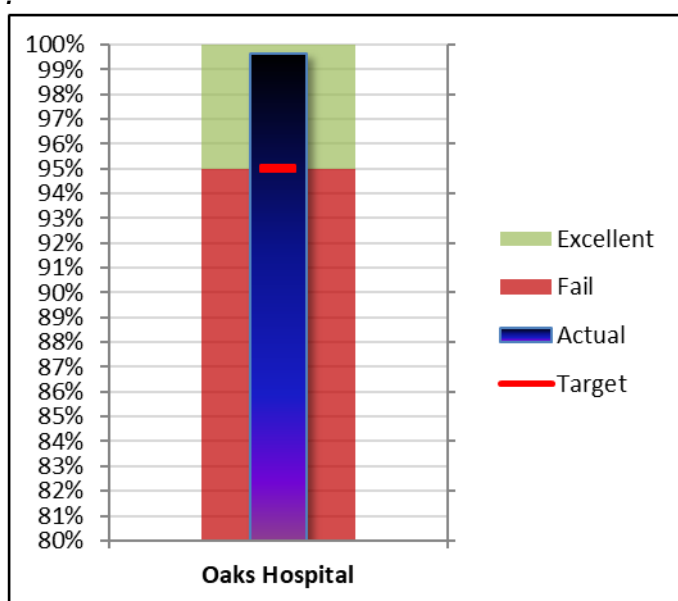
VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Oaks	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC13	95.7%
Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC13	99.6%	

Due to Covid this submission was paused. There is no data published after Q3 19/20

Oaks Hospital considers that this data is as described for the following reasons – we work in collaboration with our local NHS trust partner, who inform us of patients with post op VTE presenting at their hospitals.

Oaks Hospital has taken the following actions to improve this percentage, and so the quality of its services, by engaging with and writing to each admitting surgeon in the first instance. As part of our 2023/24 plan, we are focussing on improving this score locally, through direct support in our clinical areas, as well as from a haematologist at our local NHS trust.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Oaks	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC13	0.0
2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC13	0.0	

Oaks Hospital considers that this data is as described for the following reasons – Our patient group is extremely low risk for c-diff infection, our IPCC committee reviews this quarterly.

Oaks Hospital has taken the following actions to improve this rate, and so the quality of its services, by promoting antibiotic stewardship and maintaining a clean hospital with hand hygiene and infection control training provided annually to all staff.

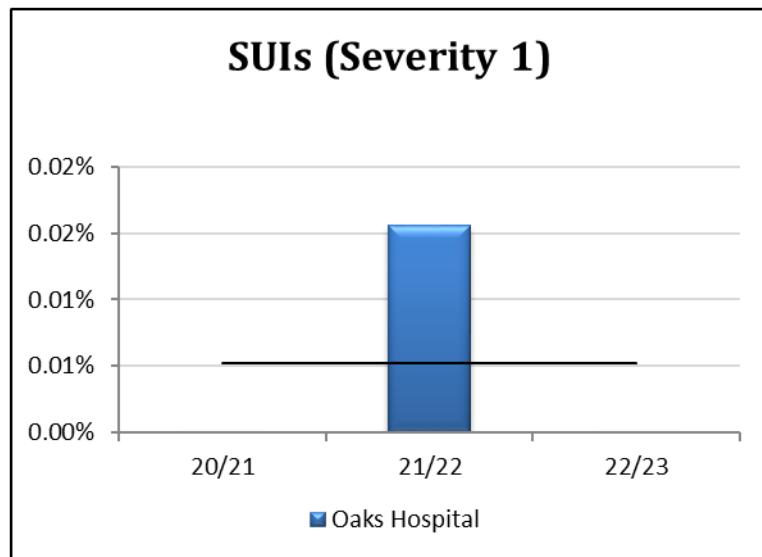
Patient Safety Incidents with Harm

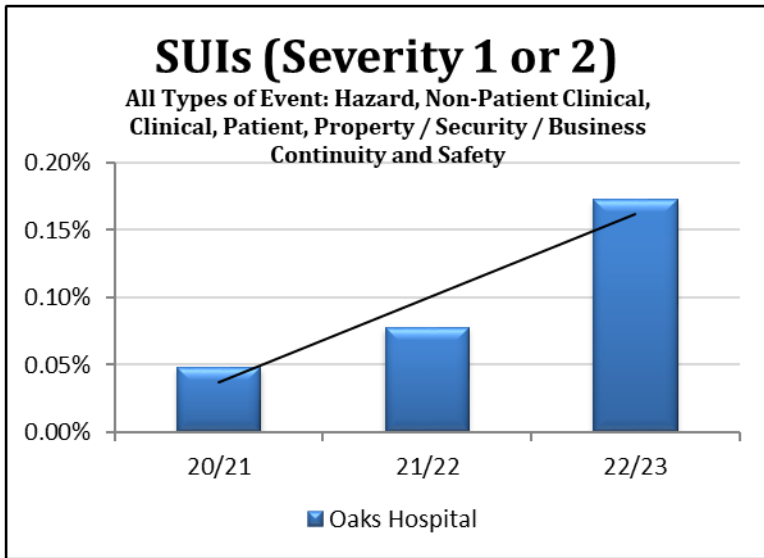
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Oaks	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC13	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC13	0.00	

Oaks Hospital considers that this data is as described for the following reasons – There is a strong culture of reporting adverse incidents at all levels and of escalation to the CQC when required.

Oaks Hospital has taken the following actions to improve this figure, and so the quality of its services, by detailed investigation and root cause analysis, sharing of

Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Oaks	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC13	N/A
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC13	100.0%

Oaks Hospital considers that this data is as described for the following reasons – we are responsive to our feedback and review it weekly as a Senior Leadership Team and monthly with all Heads of Department.

Oaks Hospital [intends to take/has taken] the following actions to improve this score, and so the quality of its services, by holding patient participation events, taking part in the annual Patient Lead Assessment of the Care Environment (PLACE), Developing a Responsiveness Committee, appointment a patient feedback manager.

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

Oaks 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.

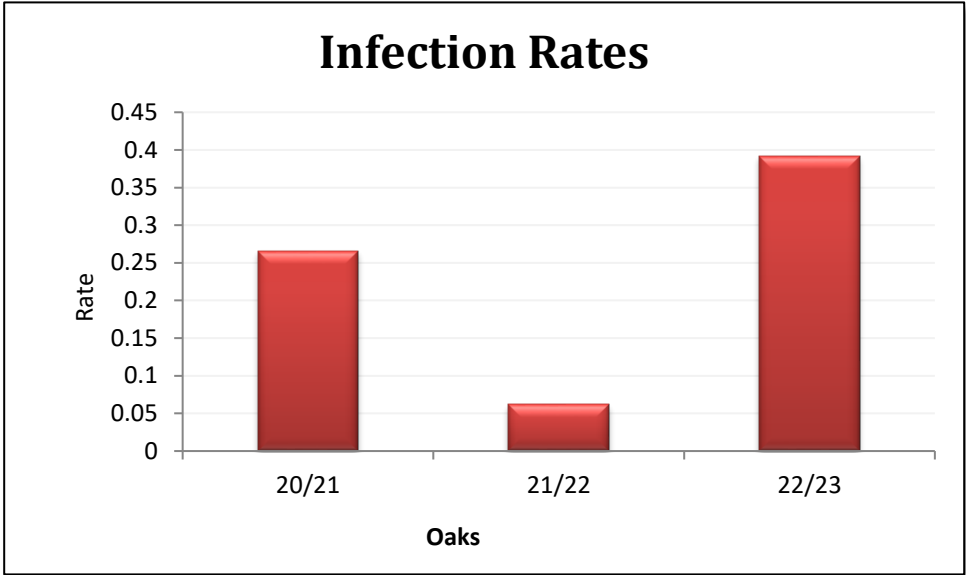
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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.

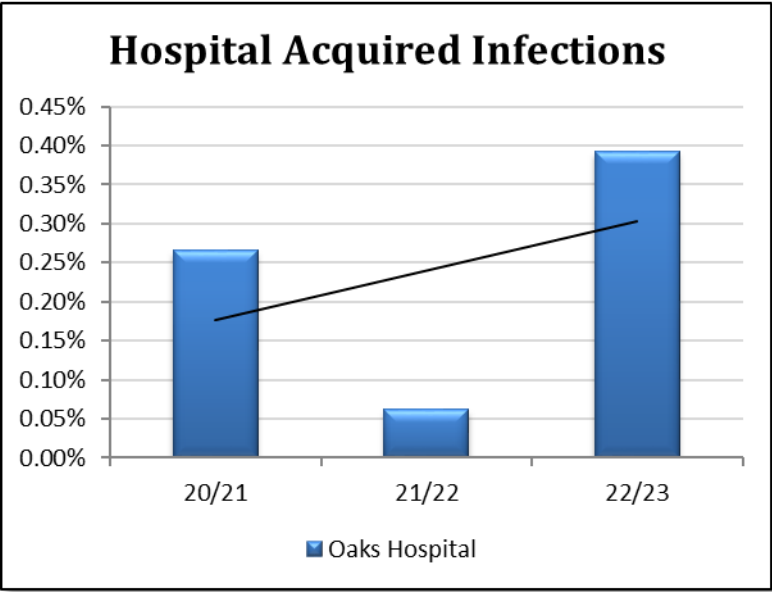
Programmes and activities within our hospital include:

- **Participation with the Tendable Audit Programme and annual Sharps Safety & Urinary Catheter point prevalence surveys.**
- **Annual training for all staff, including face-to-face hand hygiene assessments.**
- **Quarterly review meetings overseen by a microbiologist contracted to support the hospital.**
- **A multidisciplinary approach to resolving IPC related issues, including Clinical Heads of Departments and Housekeeping/Engineering teams present at IPC committees.**



Oaks infection rates remain within national average range. All infection control incidents are reported and investigated using our risk system. These are reviewed quarterly at our IPC committee or more frequently if clinically indicated.

Rate per 100 discharges:

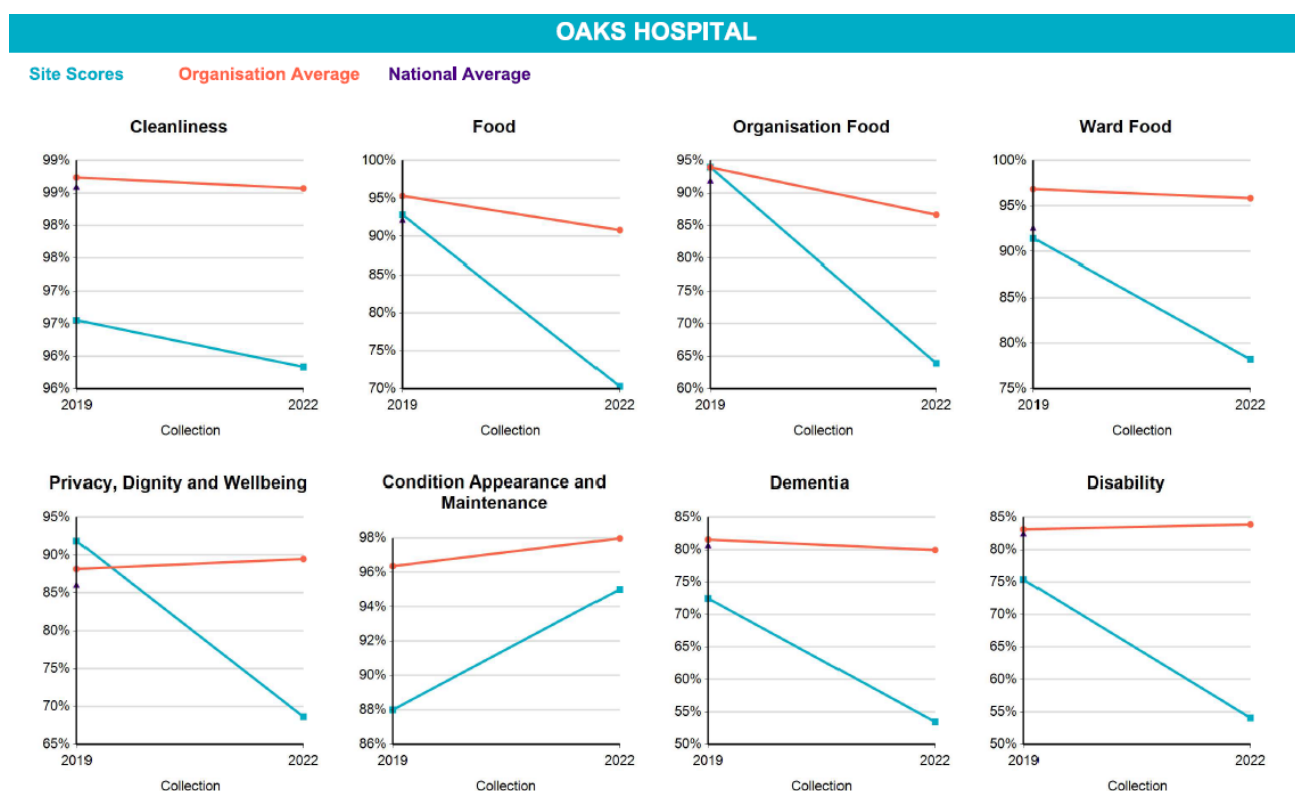


3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Oaks 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.



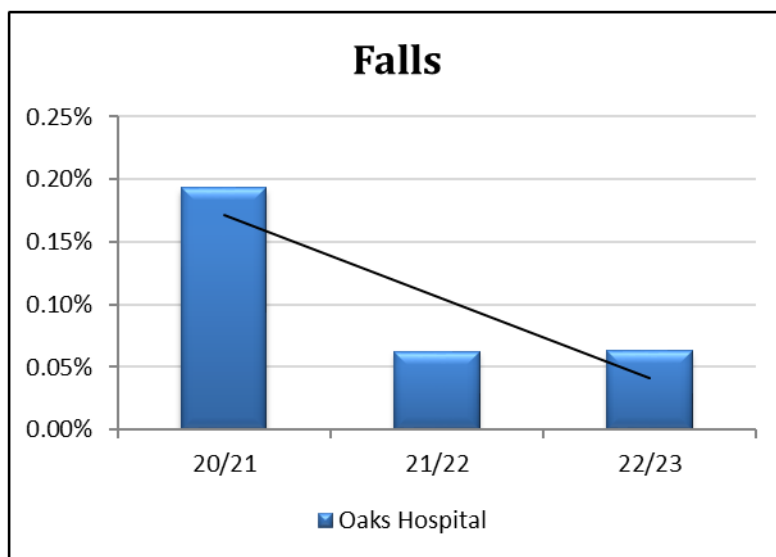
This was our first audit since 2019, due to the Covid Pandemic. It was disappointing to find our patient group less satisfied than in previous years. There is now an extensive action plan that has many improvements, recommended by the patients to improve the hospital environment. Changes that were made during the pandemic, such as the removal of artwork, to enable enhanced cleaning have been addressed and our menu is being changed, with new food options. It is anticipated that next year's PLACE audit will show improvement in all fields.

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:

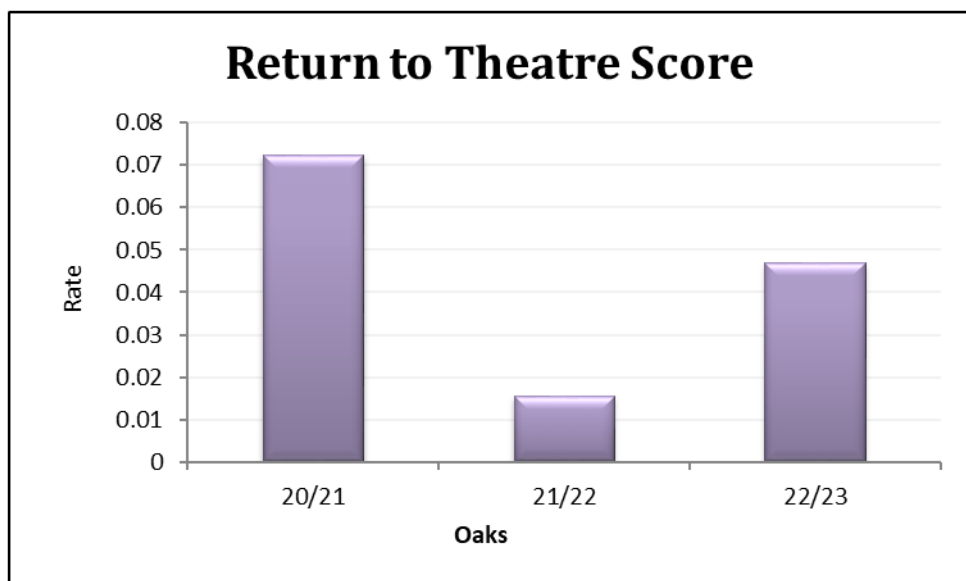


3.3 Clinical effectiveness

Oaks 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.

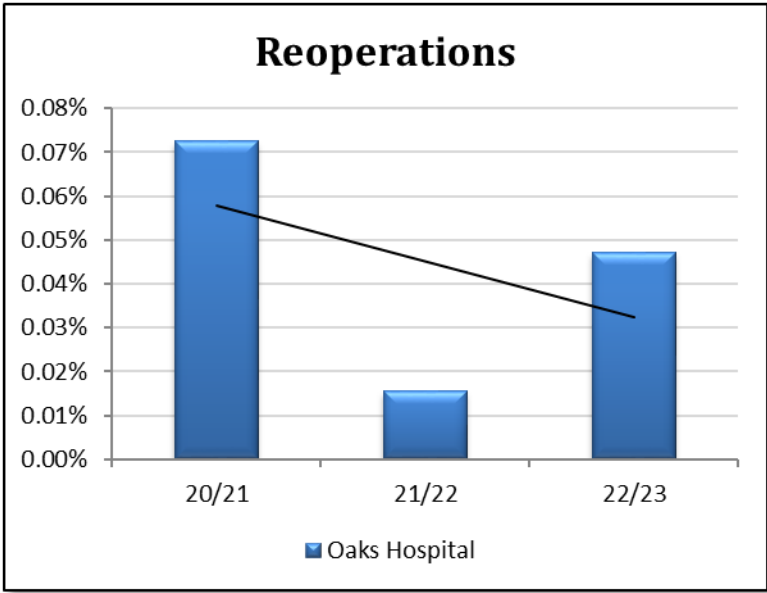
3.3.1 Return to theatre

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.

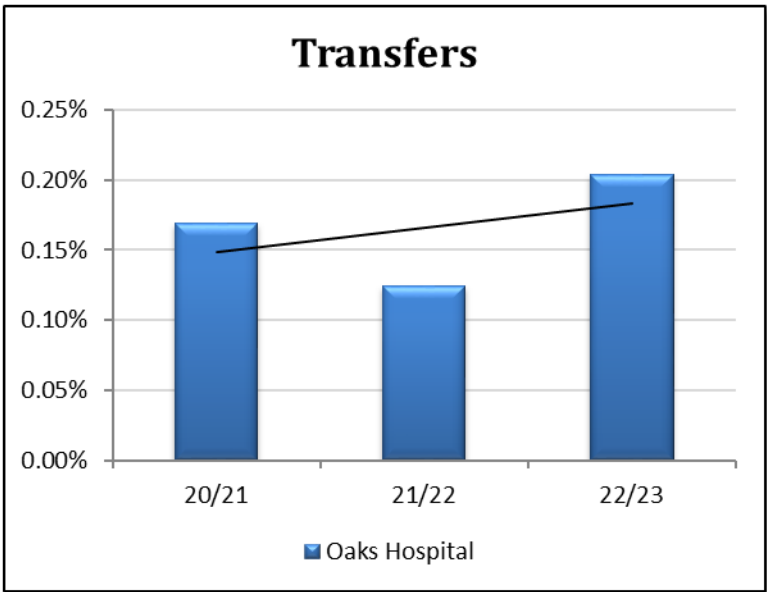


As can be seen in the above graph our returns to theatre rate has increased slightly over the last year. Oaks remain within the national average for this score.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There were no deaths to investigate during this reporting period. Had this been the case, a full root cause analysis would have taken place. It is anticipated that the new PSIRF investigation system would be utilised in the event of future patient deaths.

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.

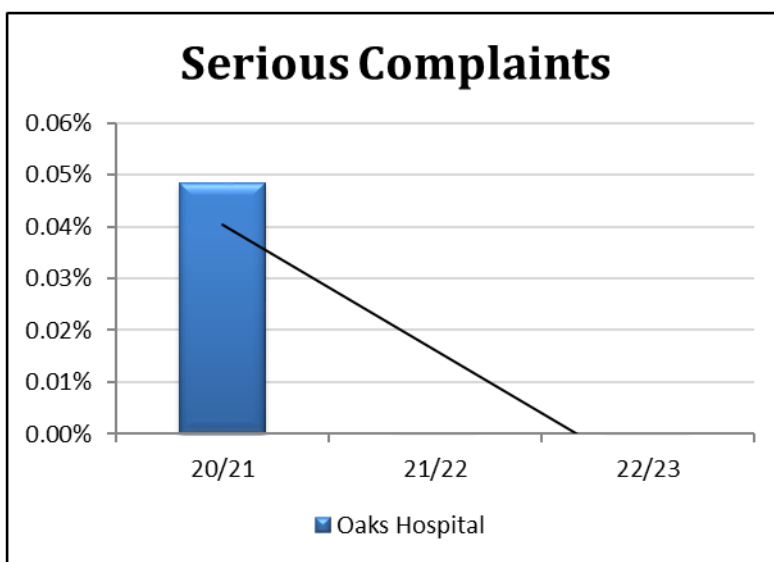
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Oaks Hospital and within Ramsay Health Care.

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.

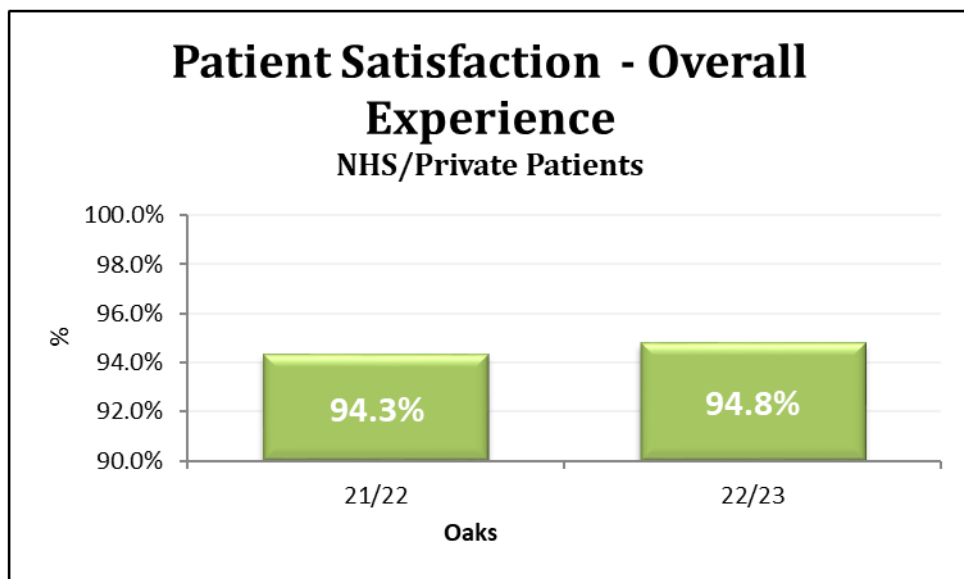
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 remained at a similar rating to previous years. We are seeking to improve this however through our dedicated patient feedback manager and more immediate and more efficient response times. Our Feedback and Responsiveness committee are working to proactively address common feedback themes, such as car parking and menu choice.

3.5 Oaks Hospital Case Study

During the last year, our pre-admission service has expanded its capacity to meet the demands of a rapidly growing service. Patients were informing us that they were sometimes deemed unfit for surgery at a late stage and that this delayed their pathway significantly. A health Care Assistant Led Service is now in place, to capture patients who can have a shorter assessment and the new Evolve process enables Registered Nurses to identify early, patients who need additional medical management before admission. As a result, our feedback from patients is improved, as is our reduction in cancellations near to the day of surgery. We have involved our Consultant Anaesthetists in this service improvement, allowing them to review individual cases well in advance of surgery and decide which interventions will be required prior to admission.

Services covered by this quality account

Our Areas of Expertise



Breast Specialists



Cancer Treatment



Cardiology



Cosmetic Surgery



Pain Relief



Diagnostics



Ear, Nose & Throat Conditions



Eye Care



General Medical Conditions



Physiotherapy



General Surgery



Men's Health



Neurology



Orthopaedics



Psychiatry



Rheumatology



Skin Concerns



Urology



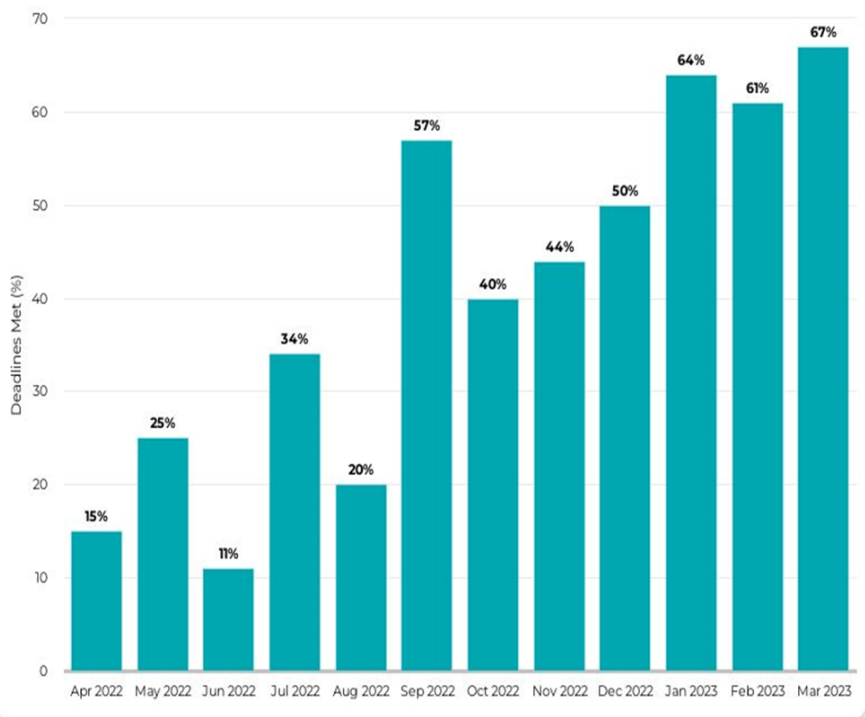
Vascular



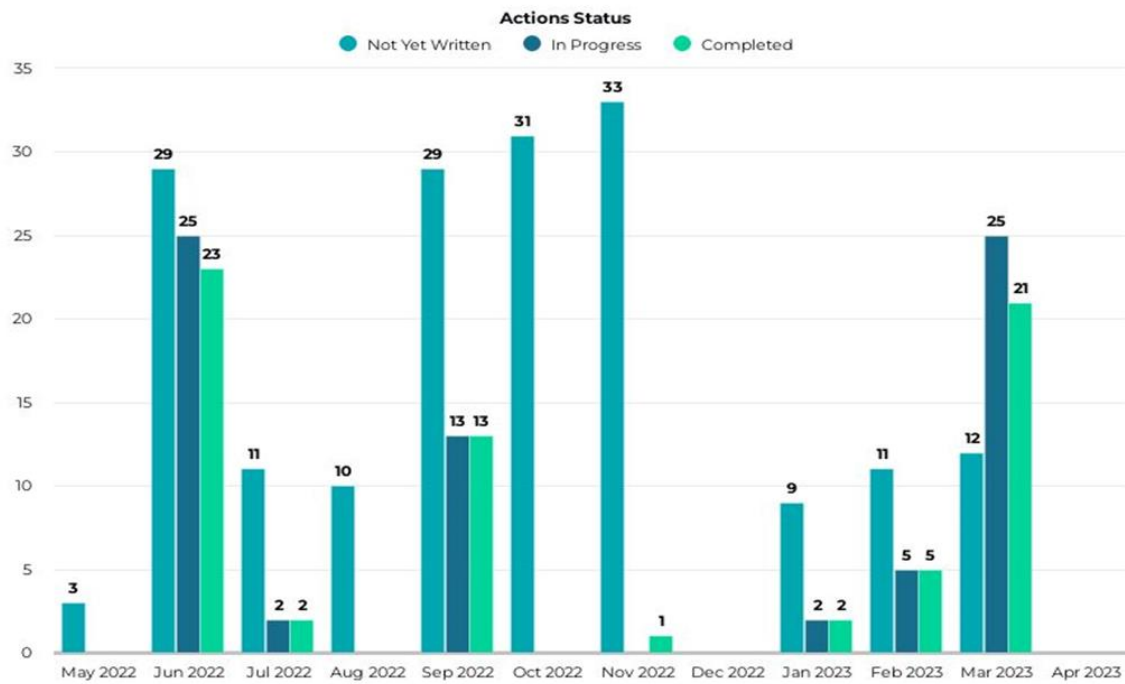
Women's Health

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.

Number of Audit Deadlines Met in the last 12 Months



Number of Issues Completed in the last 12 Months



Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC ^{X13}	Code for Oaks 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
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

Oaks 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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