


Quality Account 2010/11

BLAKELANDS
TREATMENT CENTRE



Extraordinary care needs
extraordinary people

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No reported MRSA Bacteraemia in the past 3 years.

People caring for people



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Welcome to Ramsay Health Care UK

Blakelands Treatment Centre is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 22 acute hospitals.

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

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

“As a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results. Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance.”

Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.

(Jill Watts, Chief Executive Officer of Ramsay Health Care UK)

Introduction to our Quality Account

This Quality Account is Blakelands Treatment Centre'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.

The previous Quality Account for 2009/10 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and 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 will develop its own Quality Account from this year onwards, which will include some Group wide initiatives, but will also describe the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the General Manager

Julie Worth, General Manager, Blakelands Treatment Centre

As the General Manager of the Blakelands Treatment Centre I am passionate about ensuring that we deliver consistently high standards of care to all of our patients.

Our Treatment Centre Vision is that;-

“As a committed team of professional individuals we aim to consistently deliver quality holistic Acute Day Case Services with exemplary customer care. This we believe we are able to achieve by continually updating our staffs skills and competencies. We strive to further develop our knowledge in order to deliver evidenced based clinical practice”.

Our Quality Accounts details the actions that we have taken over the past year in order to ensure that our high standards in delivering patient care are maintained and for those areas where we have identified where we can improve, we have implemented changes to our processes in order to be able to deliver the required improvements to the delivery of our patient care.

Our Quality Account has been produced to provide information about how we monitor and evaluate the quality of the services that we deliver through out our Treatment Centre. We hope to be able to share with the reader our progressive achievements that have taken place over the past year. The Blakelands Treatment Centre has a very strong track record as a safe and responsible provider of Day Case services and we are proud to share our results.

To ensure that we deliver clinical excellence depends on everyone in our Treatment Centre we have a training and education plan which involves all members of our administrative and clinical teams.

Every individual member of staff is crucial to the success of our Treatment Centre and they value the contribution that they make in delivering great customer care.

Our Treatment Centre has been in the Top 100 Best Employer Organisations for the past 3 years.

Our Quality Accounts have been developed with the involvement of our staff who have very much involved with developing a systems approach to risk management which focuses on making every effort to reduce the likelihood and consequence of an adverse event or outcome associated with treatment of a patient.

To ensure a coordinated approach to the delivery of care for patients and to monitor the adherence to professional standards and legislative requirements the Clinical Governance Committee and Medical Advisory Committee meet on a quarterly basis to review the clinical and safety performance of the Treatment Centre. These committees have reviewed and commented on the details within these Quality Accounts.

If you would like to comment or provide me with feedback then please do contact me on julie.worth@ramsayhealth.co.uk . Or contact me on 01908 334200.

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.

Julie worth
General Manager
Blakelands Treatment Centre
Ramsay Health Care UK

This report has been reviewed and approved by:

MAC Chair Mr B Shafighian

Clinical Governance Committee Chair Mr C Marek

Regional Director Mr James Beech

Commissioner/PCT and other external bodies Milton Keynes PCT

Welcome to Blakelands Treatment Centre

Blakelands Treatment Centre is a purpose built day case unit which was opened in 2006. It was designed to combine an exceptional standard of patient day case facilities with the technical equipment that modern medicine demands.

The Centre provides NHS and private day care facilities for:

General Surgery
Ophthalmic Surgery
Orthopaedic Surgery
Upper and lower diagnostic Endoscopy procedures.
Podiatric Surgery
Physiotherapy including shockwave therapy.
Acupuncture for back and knee pain control.
Consultant Led Direct GP bookable Ultra Sound Service

We provide safe, convenient, effective and high quality treatment for adult patients (excluding children below the age of 18 years), whether privately insured, self-pay, or from the NHS. A high percentage of our patients have come from the NHS sector, patients choosing to use our facility through 'Choose and Book'. Our services help to ease the pressure on Milton Keynes General Hospital and NHS facilities and we have worked closely with the Hospital Management Team and the PCT to ensure improved access for patients requiring day case surgery and physiotherapy. We are one of the approved providers for Acupuncture for local people referred from the Pain Clinic at Milton Keynes General Hospital.

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

We have carried out over 2,062 procedures in the past 12 months of which 99% are for NHS Patients.

We currently employ the following staff at the Blakelands Treatment Centre:-

- Consultant Orthopaedic surgeon, a Consultant Anaesthetist and a Consultant Endoscopist. We also have consultants who work on a regular basis and these include Consultant Ophthalmologist, Consultant General Surgeons and Consultant Radiologist.

- 10 Registered Nurses and an Operating Theatre Practitioner and 2 Health Care Assistants
- 5 Administrators, a Supplies Co-coordinator and an Engineer
- A Radiologist and a Physiotherapist
- 7 Sterile Services Technicians
- 3 House Keeping Staff

The Blakelands Treatment Centre employs a GP Liaison Officer who maintains and establishes relationships with GP's and the practice staff from Milton Keynes Surgeries and the surrounding areas. A GP visit schedule is maintained whereby surgeries are contacted and visited every month. GP's are sent regular newsletters and updates via email and hardcopy are also delivered. Information packs containing information, about the Treatment Centre and how to refer are distributed via mail or during the visits held at the surgeries. Educational visits are set up during practice learning times whereby the consultant and GP Liaison Officer will visit GP's with a topic of interest for a "lunch & Learn" session. GP Educational evenings are also held at the Treatment Centre. GP's, Practice Managers and Medical Secretaries are invited and attend regular Choose and Book workshops at the Treatment Centre.

The following table lists all of the surgeries in Milton Keynes. Each surgery has been visited and has received an informational pack of information about the Blakelands Treatment Centre.

BROUGHTON GATE HC	CMK MC	COBBS GARDEN SURGERY
DRAYTON ROAD SYRGERY -	FISHERMEAD MC	GROVE SURGERY
HILLTOPS MC	KINGFISHER SURGERY -	MK VILLAGE SURGERY -
NEALTH HILL HC	NEWPORT PAGNELL MC -	PARKSIDE
PURBECK HC	RED HOUSE SURGERY -	SOVEREIGN MC
STANTONBURY HC	STONEDEAN PRACTICE -	STONY STRATFORD HC -
WALNUT TREE HC	WATER EATON HC	WATLING VALE MC
WESTCROFT HC -	WESTFIELD ROAD SURGERY -	WHADDON MEDICAL CENTRE
WILLEN VILLAGE SURGERY -	WOLVERTON HC	ASHFIELD MC

- Outside activities which show an involvement in the community
Blakelands Treatment Centre has been involved in local exhibitions such as the Milton Keynes Links Health Fair – (There is presence at the local shopping precincts to raise public awareness of the Treatment Centre) The Treatment Centre is also a member of the Milton Keynes Chamber of Commerce. The Centre also takes part in different fund raising opportunities such as Race for Life, Bowel Cancer Awareness.

The Treatment Centre also promotes its services to the community via advertising in local publications such as the Milton Keynes Citizen, Leighton Buzzard Citizen and Chamber of Commerce Vision Magazine, Desk Diary and Directory, The Scene Magazine and Yellow Pages and Yell.com

Part 2

2.1 Quality priorities for 2010/2011

Plan for 2010/11

On an annual cycle, Blakelands Treatment Centre develops an operational plan to set objectives for the year ahead.

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

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

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

Priorities for improvement

2.1.1 A review of clinical priorities 2010/11 (looking back)

- Bar coding for patient identity bands – this priority did not progress last year, as the Department of Health's Information Standards Board (ISB) advance notice was not followed up with a formal notice for implementation. Consequently the project was put on hold until further advice was received from the ISB. However, this is still on Ramsay's agenda and will be introduced this year as it is still considered best practice and will prepare us for many patient care initiatives which will require patients to have a barcode on their wristbands.
- Safer Surgery Checklists – further work was undertaken and two more speciality specific checklists for radiology and cataracts have been implemented to further reduce the risk of wrong site surgery.
- Cleanliness – Further infection prevention and control audits were introduced as planned and these are now being undertaken at all Ramsay sites and action plans developed locally where necessary to ensure the

standards are met. PEAT (Patient Environment Action Team) audits were also repeated and showed an *improvement from 97.5% to 99.76%* Meeting endoscopy standards – Blakelands commenced the Global Rating Score (GRS) audit tool in April 2010. The primary aim of GRS is to support quality and service improvement by helping Endoscopy staff identify areas in the service that need attention.

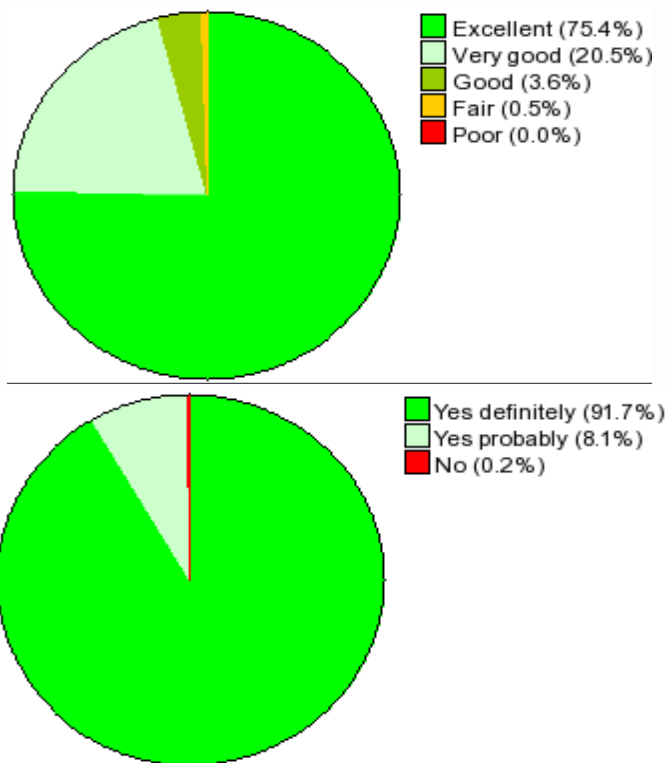
Improvements undertaken since commencing GRS are:-

- Purchase of Unisoft reporting computer tool for the reporting of endoscopy reports and capturing images.
- The Introduction of endoscopy/decontamination committee
- Endoscopy competencies for all staff
- Update of all policies and procedures relating to endoscopy.
- Implementation of all clinical guidelines from BSG (British society of Gastroenterology) and NICE
- JAG –Joint Advisory Group on GI Endoscopy is a nationally recognised Organisation. The JAG mission as an organisation is to provide support for the whole of the Endoscopy workforce to ensure they have the skills, resources and motivation necessary to provide the highest quality, timely patient- centred care. JAG accreditation is a quality mark which is aspired in any Endoscopy Suite. Blakelands Treatment Centre is being audited on 8th June 2011 for JAG accreditation.

2.1.2 Clinical Priorities for 2011/12

Patient Experience

- As the charts below show Blakelands Treatment Centre has scored 99.5% for good to excellent care perceived by our patients and 91.7% would definitely recommend the Treatment Centre to others. Both of these scores are an improvement from the 2009 Survey results of 98.8% and 88.4% respectively.
- Blakelands scores across the board are consistently high and we appear in the top 5% of Ramsay hospitals. However, we are not complacent with our results we are continuously looking at ways to further improve the care our patients receive.



Blakelands Treatment Centre

- The patient satisfaction survey results highlighted that a small number of patients were dissatisfied with the discharge process. This was selected for discussion by the clinical team and we realised that some elderly patients within our care needed a longer period to absorb the information given to them at discharge. This was particularly prevalent with cataract surgery. Although this information is written down, due to the nature of the surgery we felt it was important to take a little longer to explain more thoroughly, verbally ensuring that a member of their family was present when imparting the information. We will monitor the progress of this going forward from further satisfaction results as well as our suggestion box, through quality meetings and Clinical Governance meetings.

Patient safety/experience/clinical effectiveness

- Transnasal Gastroscopy: Late last year Blakelands introduced a new method for examining patient stomachs that is more comfortable and less risky because there is no need for sedative drugs. The Transnasal

method uses an ultra thin scope which is passed through the nose into the stomach following anaesthetic spray to the patients' nose. It also allows patients to attend the Unit unaccompanied and to drive themselves home, should patients wish to do so. We will continue to monitor the impact of this method through patient feedback (leaflet) which is collated by the Endoscopy Team Leader and discussed at the Clinical Governance meetings.

- **Shockwave Therapy:** This service was chosen after discussions with GP's, and carrying out extensive research on the devices available in the market place, it was decided to invest in the Swiss Dolour Clast device based on its clinical evidence and use during the trials. This non-invasive treatment is suitable for patients who have been unable to find a suitable cure for their tendinopathy or orthopaedic condition with using conventional Treatment methods such as physiotherapy, painkillers and injections. We monitor the success of this treatment through patient feedback and clinical outcomes which will be reviewed at 2011. Initial patient feedback is that the treatment is proving to be extremely effective in reducing the amount of pain that our patients experience.

Patient safety/Clinical effectiveness

- All patients who undergo procedures at Blakelands Treatment Centre, whether it is General Anaesthetic or with sedation are at risk of developing a thrombosis (blood clot). This blood clot could have serious medical consequences. For that reason all of our patients at Blakelands Treatment Centre have a risk assessment completed to ascertain their level of risk of developing a blood clot. This Risk assessment is based on NICE guidelines, published in January 2010, patients receive information at their pre-assessment clinic so that they have a greater understanding on how to reduce their own risks of developing a blood clot prior to admission and post operatively. We may apply compression stocking to minimise the risk or we may administer medication if this is clinically indicated.
- If we were to have any Patients develop a blood clot this would be reported through the Clinical Governance Reporting framework.

Patient safety

1. **Falls** – All patients are escorted through out their pathway through the Treatment Centre. If however a patient were to experience a fall this would

be reported through the Ramsay Risk Management system and reviewed at our Clinical Governance Committee meeting.

2. **Infection Control** – We have 0% MRSA acquired infections because the way the Treatment Centre is stream lined around the patient's journey and that we screen our patients before they under do their procedures plus the fact that we do not have any patients who stay in our Treatment Centre over night enables us to maintain such a low rate of infections.
3. **Staff Satisfaction Survey** - The results for Blakelands Treatment Centre were very good. Employees are very positive about their jobs in the Treatment Centre. 96.7 enjoy their work, feel they have clear goals and objectives, 100% of employees know what they are responsible for at work and 90% know how their work contributes to Ramsay's success. Most of the respondents (86.6%) felt that communications within their team/department was good although 73.4% of respondents felt that communication between different teams could be identified as an area for development. The SMT have taken this on board and have instigated weekly unit meetings that take place on an informal basis where staff are encouraged to raise any issues that they may have.
4. **Acute Care Competencies / Vulnerable Adult training** – All qualified staff through out the Treatment Centre have under gone training in Acute Care and Vulnerable Adult protection. Acute care competency assessment has also been carried out with the registered Nursing Staff.

Clinical Effectiveness

1. **Ambulatory Day Care – better outcomes and improving patient experience**
 - We took the opportunity of the Ramsay national project to review all of our ambulatory (walk in walk out) services through out the Treatment Centre.
 - Documentation was streamlined in order to improve the documentation in patient's medical records.
 - Pre anaesthetic care was also reviewed by our Consultant Anaesthetist and the anaesthetic team implemented strategies when planning to deal with adverse events.
2. **Improve National Benchmarking**
PROMS Audit

Blakelands Treatment Centre currently participates in the Surgical repair for Hernia patient outcome data known as PROMS.

- All patients who undergo this procedure receive a pre- and postoperative questionnaire which they complete and the results are collated by an external body. The Royal College of Surgeons.
- Benchmarking through national PROMS website. Link: <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1295>

Same Sex Accommodation

- Blakelands Treatment Centre is fully compliant with the Department of Health guidelines for single sex accommodation with the careful segregation of single sex operating sessions both pre- and post operative where patient need to be changed into theatre attire.

3. Improve pathway efficiency by adopting the Productive Ward concept – more time to care

The Productive Ward (PW) Project is an NHS Initiative developed by the Institute for Innovation and Improvement (2008). Whilst we do not have a ward at our Treatment Centre we have nevertheless identified that it focuses on the way ward teams work together and organise themselves, in order to reduce the burden of unnecessary activities, and releasing more time to care for patients in a reliable and safe manner within existing resources. The approach is very much 'bottom up' with all ward staff suggesting ideas and ways in which they could improve their environment and processes. All staff take part in improving the patient journey and patient pathways throughout the Treatment Centre.

Patient experience – informing patient choice

1. Increasing the use of Patient Reported Outcomes Studies (PROMs)

- The results of the PROMS Audit are being shared with Surgeons and encouraging them to use them to review their practice through being able to benchmark our results with other Hospitals.

1.2 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 2010/11 the Blakelands Treatment Centre provided NHS services.

The Treatment Centre has reviewed all the data available to them on the quality of care in the day case NHS services.

The income generated by the NHS services reviewed in 1 April 2010 to 31st March 11 represents 99 per cent of the total income generated from the provision of NHS services by the Blakelands Treatment centre for 1 April 2010 to 31st March 11

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with regional and Corporate Managers. 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 2010/11, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

HCA Hours as % of Total Nursing is 15.9%

Agency Hours as % of Total Hours is 0%

% Staff Turnover 2.9%

% Sickness is 4.9%

Total Lost Worked Days is 1,172

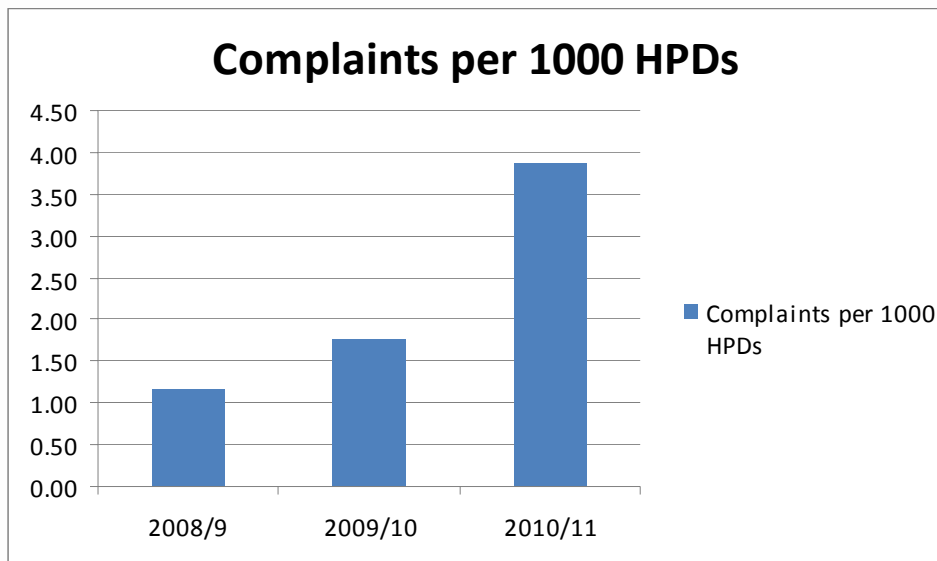
Appraisal 95%

Mandatory Training 98%

Staff Satisfaction Score 99.5% rated Good to Excellent

Number of Significant Staff Injuries -0

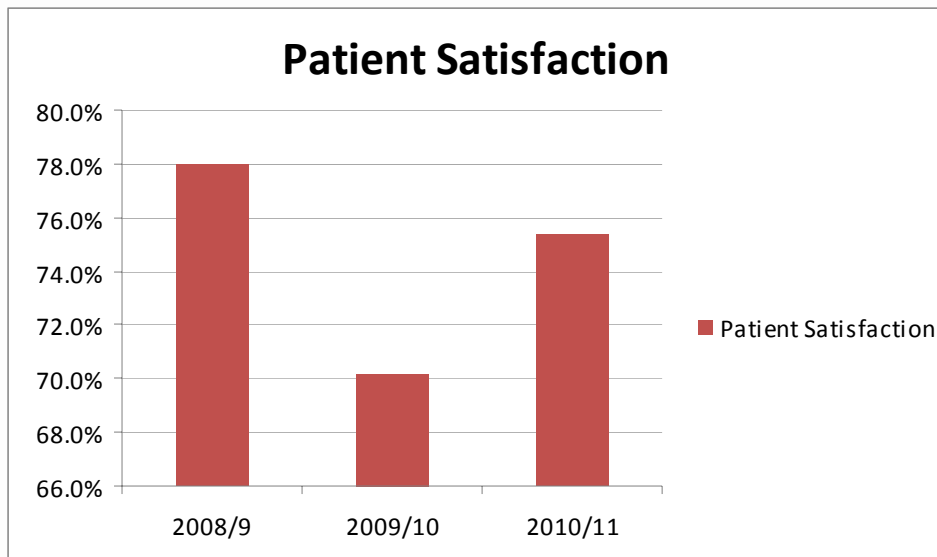
Formal Complaints per 1000 Hospital Patient Day's



We received 3 complaints in 2008.09, 5 complaints in 2009/10 and 8 complaints in 2010/11. There were no trends identified. However, we have made several changes to practice to improve the quality of our service to patients. We ensure that all patients who may be kept waiting to have their procedure are kept fully informed as to the reason for their wait.

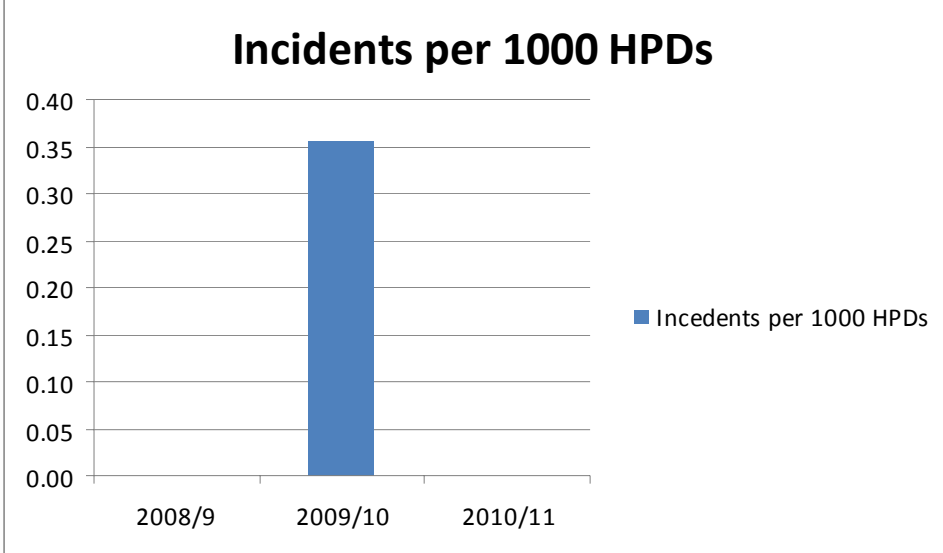
We also now ensure that the person who will be staying with the patient for the first 24 hours post operatively takes part in the information sharing part of our discharge processes so they are fully informed of the care the patient will require and how to call for advice if this should be required.

Patient Satisfaction Scores



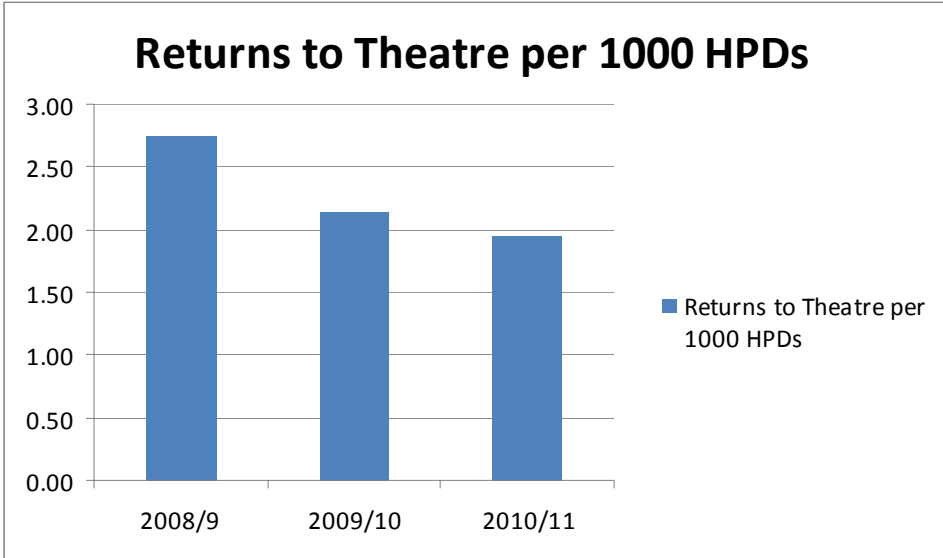
Patients have been invited to attend focus group meetings in the past but these meeting did not prove popular. Matron continues to see patients when they are in our Treatment Centre but in addition to this Matron formally invites patients to meet with her to give patients an opportunity to feedback both positive or negative experiences which they may have had of our Treatment centre

Number of Clinical Incidents



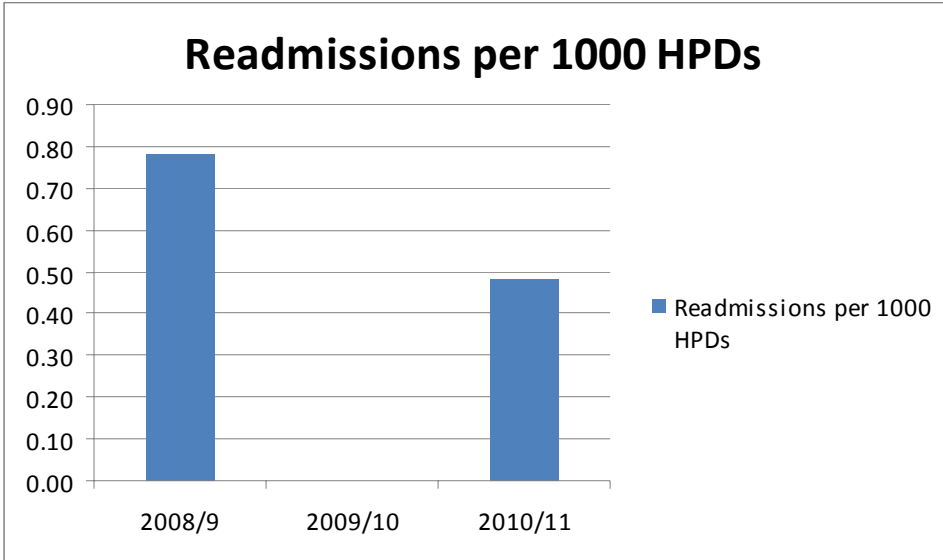
We had no clinical incidents to report in 2008/09 or 2010/11. The clinical incident experienced in 2009/10 was reported to Milton Keynes PCT during our Contract Meeting. The patient experienced problems on induction of their anesthetic, the patient made a full recovery and the patients GP was informed of the occurrence.

Return to Theatre for 1000HPDs



The small number of patients who returned to theatre were to address minor problems with their wound healing. The use of skin glue rather than sutures caused us to review the type of dressing that should be applied following the application of the glue.

Readmission per 1000 Hospital Patient Days



We had 2 patients in 2008/09 and 1 patient in 2010/11 that needed to be readmitted to our Treatment Centre as detailed above.

Quality

Workplace Health & Safety Score 93%
Infection Control Audit Score 100% Surgical Site Infection
99.76% PEAT Audit

The PEAT Audit report result was an improvement from 97.5% the previous year to 99.7%.

The improvements have come from the revised cleaning schedules and the way the house keeping work is now allocated together with the planned maintenance of the decor.

2.2.2 Participation in clinical audit

During 1 April 2010 to 31st March 2011, 50 national Ramsay Health Care clinical audits.

During that period Blakelands Treatment Centre participated in 2 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Blakelands Treatment Centre was eligible to participate in during 1 April 2010 to 31st March 2011 are as follows:

PROMS Hernia 61% participation rate.

PROMS Cataract 85% participation rate

National Clinical Audits

Name of Audit	Participation (NA, Yes, No)	% cases submitted
<i>Peri- and Neonatal Children</i>	NA	NA
<i>Acute care</i>	NA	NA
<i>Long term conditions</i>	NA	NA
<i>Elective procedures</i>	Yes	
Elective surgery (National PROMs Programme)		
Hernia	Yes	39
Cataract	Yes	462
<i>Cardiovascular disease</i>	NA	NA
<i>Renal disease</i>	NA	NA
<i>Cancer</i>	NA	NA
<i>Trauma</i>	NA	NA
<i>Psychological conditions</i>	NA	NA
<i>Blood transfusion</i>	NA	NA

Local Audits

The reports of 26 (which includes 9 infection prevention and control, 3 physiotherapy and 2 radiology) local clinical audits from 1 April 2010 to 31st March 11 were reviewed by the Clinical Governance Committee and Blakelands Treatment Centre intends to take the following actions to improve the quality of health care provided. The clinical audit schedule can be found in Appendix 2.

An example of how an audit has brought about a change in practice is regarding the implementation of NICE Guidelines on the recording of patient temperature during their Pre-operative and Peri-operative periods.

The patients' temperature is now recorded on admission once patient is acclimatised to the Treatment Centre environment.
If their temp is below 36.5° warming measures are to be taken such as the use of blankets and Bair Huggers.
The patients' temperature then retaken prior to transfer to theatre/endoscopy and is recorded again during the patients recovery phase.

2.2.3 Participation in Research

There were no patients recruited during 2010/11 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

Blakelands Treatment Centre income from 1 April 2010 to 31st March 2011 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the contract that the Treatment Centre was working with did not include these payments.

2.2.5 Statements from the Care Quality Commission (CQC)

Blakelands Treatment Centre has the following conditions on registration to treat adults over the age of 18 years.

The Care Quality Commission has not taken enforcement action against Blakelands Treatment Centre during 2010/11.

The Blakelands Treatment Centre 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

Blakelands Treatment Centre will be taking the following actions to improve data quality.

- In order to improve the quality of our data capture is that our Clinical Coder is undertaking the Foundation Coding Qualification training undertaken.
- Consultants have been given training on their precise documentation at both Pre-Assessment and when writing the Operation Notes.
- Coding take place from the medical records.
- There is a weekly data report which highlights any identified areas which are addressed by the coder. This is addressed before the data is submitted.
- Consultant records are also subject to a monthly audit with individual consultant feedback being given as required.

NHS Number and General Medical Practice Code Validity

The numbers of missing NHS numbers and practice codes are very few and will be for exceptional reasons. NHS numbers and practice codes are always missing when treating MOD patients or prisoners.

Day Case SUS Submissions

NHS Number Present	Episodes	Percentage
Yes	189363	98.90%
No	2113	1.10%
Total	191476	100.00%

Practice Present	Episodes	percentage
Yes	191427	99.97%
No	49	0.03%
Total	191476	100.00%

Out Patient SUS Submissions

NHS Number Present	Visits	Percentage
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Yes	933076	98.7%
No	11994	1.27%
Total	945070	100.00%

Practice Present	Episodes	percentage
Yes	942180	99.69%
No	2890	0.31%
Total	945070	100.00%

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall Score for 2010/11 was 79% and was graded 'green' (satisfactory).

Clinical coding error rate

Blakelands Treatment Centre was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

2.2.7 Stakeholders views on 2010/11 Quality Account

Copies of our Quality Account have been circulated to the Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and lead commissioning primary care trust (Milton Keynes PCT) for comment prior to publication, and you should include these comments in the published Quality Account here:

Part 3: Review of quality performance 2009/2010

Statements of quality delivery

Matron, Gina Taylor

Review of quality performance 1st April 2010 - 31st March 2011

Introduction

“Ramsay operates a quality framework to ensure the organisation is accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

(Jane Cameron, Director of Safety and Clinical Performance, Ramsay Health Care UK)

Ramsay Clinical Governance Framework 2011

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.

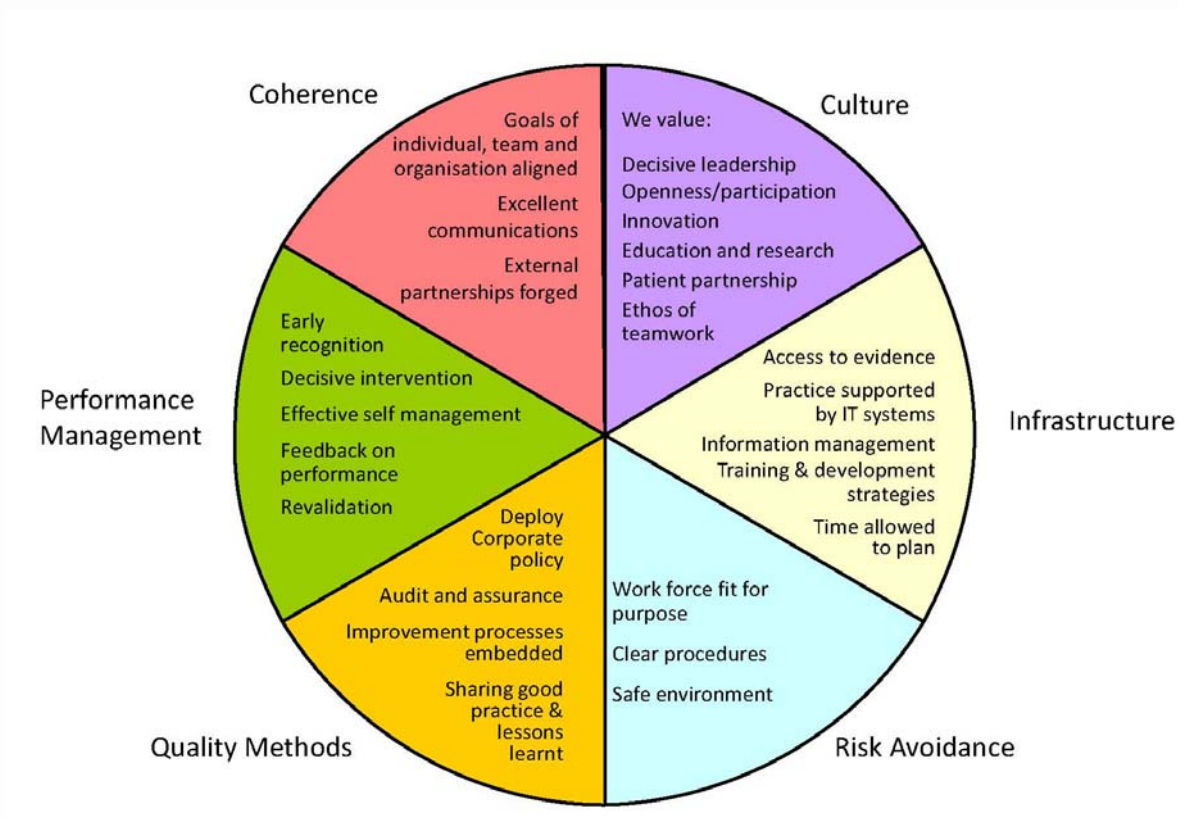
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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



NICE / NPSA 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 National Patient Safety Agency (NPSA).

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 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.

3.1.1 Infection prevention and control

Blakelands Treatment Centre has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

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

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

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

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

Programmes and activities within our hospital include:

- We achieved 99% for the IPC initiatives the areas identified for improvement were;-
- Staff computer keyboards were found to require cleaning. This is the responsibility of the keyboard users so this was brought to staffs attention and appropriate cleaning materials were provided.

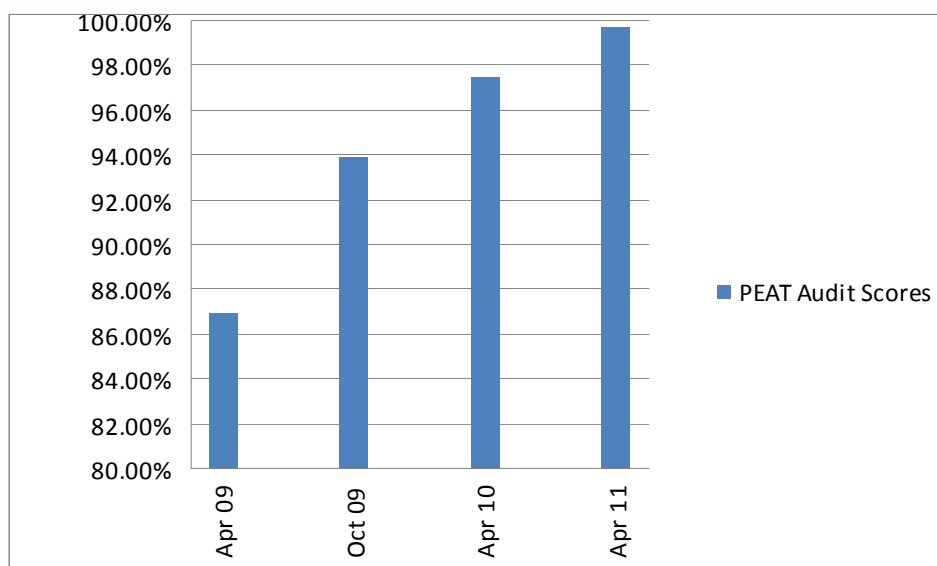
- We did not have any patients readmitted to our Treatment Centre with a post operative I infection. Therefore our infection rate is 0% of admissions for the last 3 years.

3.1.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include Patient Environment Assessment Team (PEAT) audits.

These assessments include rating of privacy and dignity, food and food service, access issues such as signage, bathroom / toilet environments and overall cleanliness. Blakelands scored 99.76%

We have reviewed our cleaning methods and schedules extensively with division of work redesigned amongst the staff so that the Team Leader could monitor all areas of the Treatment Centre more closely. The result of this review has seen an increase in scores and more consistent attention to detail throughout the Unit.



The reason for the relatively low score of April 2009 87% was due to the poor decoration in certain areas which were drawn to our Engineers attention. A repainting programme was developed and implemented which resulted in the improvement to the scores.

By April 2011 paper cleaning schedules were not available in every department but were available in the supervisor's office.

3.1.3 Safety in the workplace

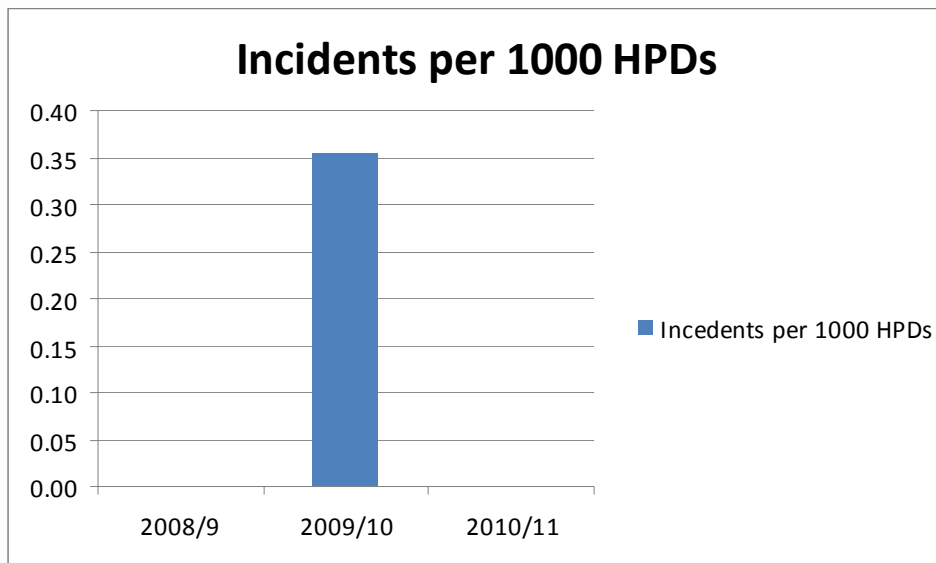
Blakelands is in the enviable position that it was purpose built for its services thus reducing hazards within the Unit. The patients' journey through the Treatment Centre ensures that all patients are accompanied by a member of staff throughout their stay. As a result many of the usual events that may occur are greatly reduced e.g. trips, falls.

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. Ensuring our staff has 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.

A safety initiative that was identified was following the adverse weather conditions which led to a review of the timings of the gritting of the car parks. Specific checks were made to identify particular hazards and it was noted that conditions were particularly adverse in the early morning when the first staff started to arrive for duty. Additional salt containers were sourced and located at convenient points for staff to salt the car park last thing at night and first thing in the morning.

Number of Non Clinical Incidents



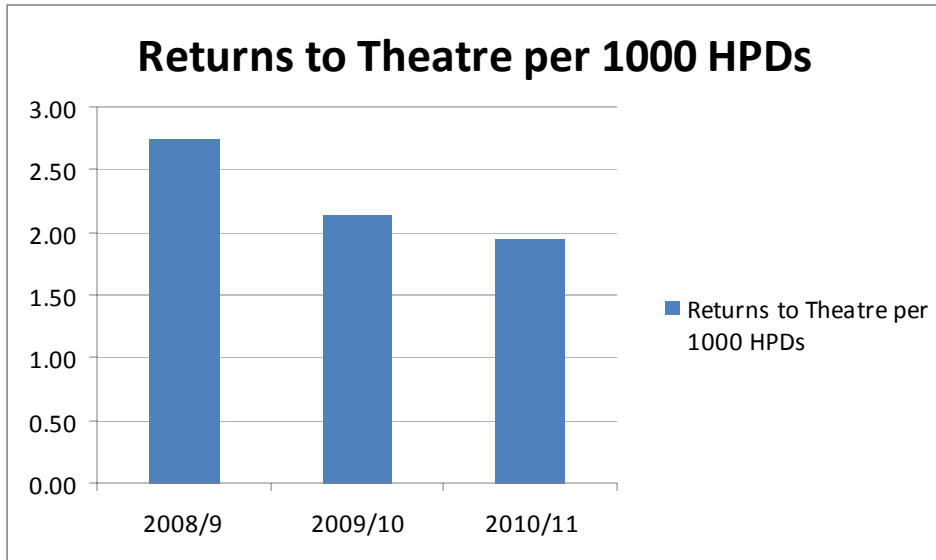
3.2 Clinical effectiveness

Blakelands Treatment Centre 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.

The results highlighted in the graphs demonstrate the effectiveness of this approach over the last three years.

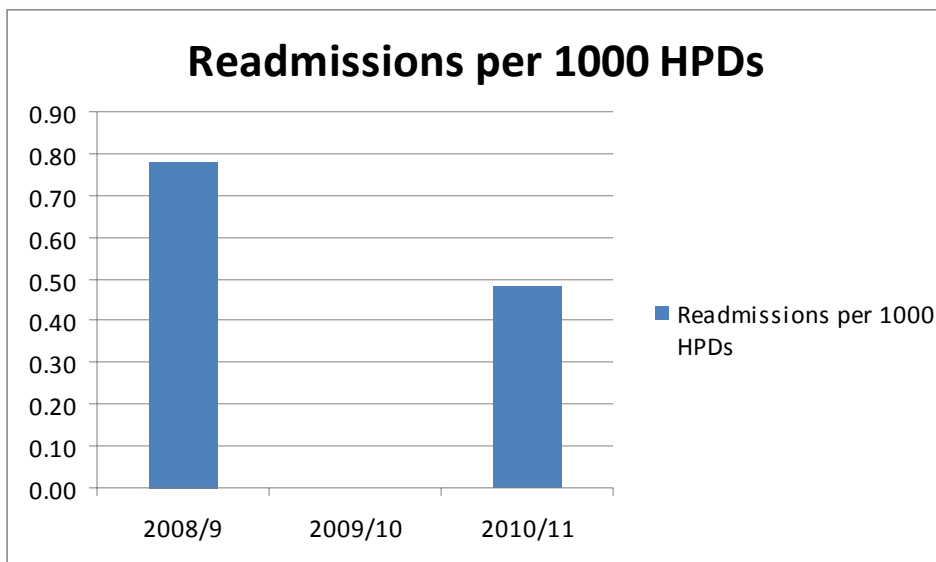
3.2.1 Return to theatre

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.



3.2.2 Readmission to hospital

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness. As with return to theatre, any emerging trend with specific surgical operation or surgical team in common may identify contributory factors to be addressed. Ramsay rates of readmission remain very low and this, in part, is due to sound clinical practice ensuring patients are not discharged home too early after treatment and are independently mobile, not in severe pain etc.



3.3 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:

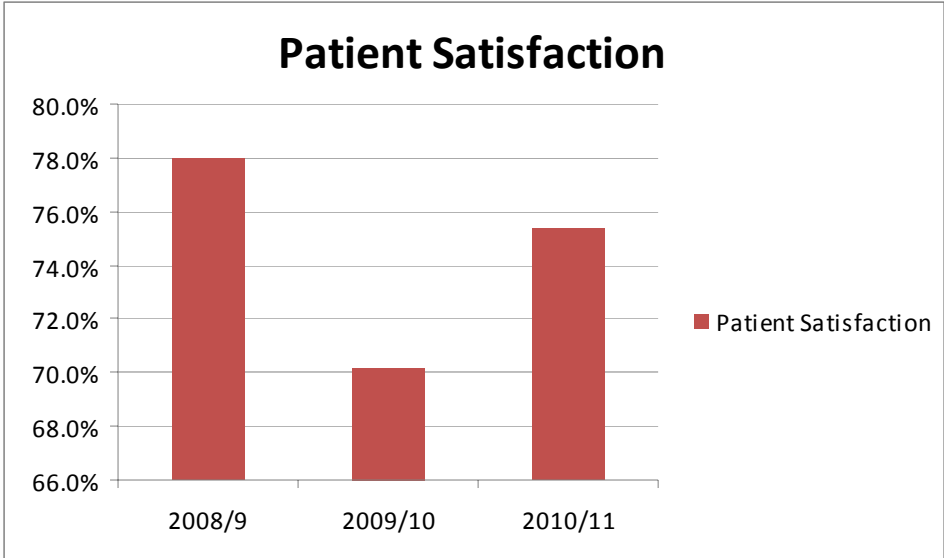
- Patient satisfaction surveys
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.3.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by an independent company called 'The Leadership Factor'(TLF). They print and supply a set number of questionnaire packs to our hospital each quarter which contain a self addressed envelop addressed directly to TLF, for each patient to use.

Results are produced quarterly (the data is shown as an overall figure but also separately for NHS and private patients). The results are available for patients to view on our website.

Patient satisfaction scores for overall quality show the majority of patients feel they receive excellent quality of care and service in Blakelands Treatment Centre. To record a satisfaction index over 75.4%, a very high proportion of our patients have scored 9 or 10 out of 10 for their satisfaction with all the requirements. This is underlined by comparing our hospitals Satisfaction Index against those achieved by other organisations across all sectors of the UK economy where the full range of customer satisfaction is 50% to 95% with the median just below 80%.



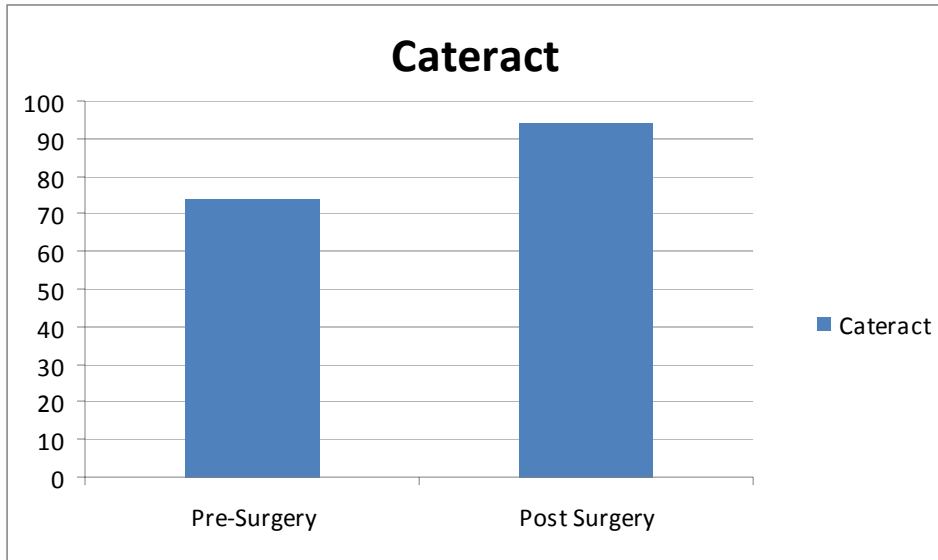
Blakelands Treatment Centre rates in the top 2-3% of organisations.

3.3.2 Patient Reported Outcome Measures (PROMs)

Blakelands Treatment centre participates in the Department of Health’s PROMs for hernia for NHS patients.

As a Group, Ramsay also conducts its own hip, knee and cataract PROMs surveys specifically for private patients.

- Bar graphs showing out come data for cataract Surgery



As you can see from the results patient show greater visual capacity post surgery.

3.4 Blakelands Treatment Centre Case Study

Blakelands Treatment Centre, General Surgery – Case Study

FN, Karate expert from Bedfordshire was a patient at Blakelands NHS Treatment Centre.

FN is a 5th Dan Black Belt Karate Champion and teaches karate and self defence to over 20 schools in Bedfordshire. He was referred for a hernia operation but a local NHS waiting list was too long and causing concern to FN and his teaching commitments. He also had a new karate book being published and had registered for a World Record attempt for later in the year. He did not have time to wait!

Luckily FN found out that as a NHS patient he could choose where he wanted to be treated and he asked his GP to send a referral letter to the Blakelands NHS Treatment Centre. He was delighted that there was virtually no waiting time and he was booked in for his hernia operation within four weeks. FN described the Treatment Centre as spotlessly clean, the staff as friendly and very professional.

Mr Souter, Consultant General Surgeon at the Blakelands Treatment Centre operated on FN's hernia. Mr Souter has been involved in short-stay surgery for over 30 years and is an esteemed Surgeon in the Milton Keynes area.

FN can now refocus on his karate training and the hundreds of children he teaches every week, together with the preparation for his World Record attempt and new book. He said that he would not have been able to return to his normal activities if Blakelands had not operated when they did.

FN's remarks....

"I want to add what a pleasure it was to be looked after by some of the best people I have met! My surgeon, Mr Robin Souter, and all the staff were fantastic from the moment I stepped in the front door to the time I left. This has been such an important even for me, and to see it come to a conclusion so quickly is a credit to all of the staff."

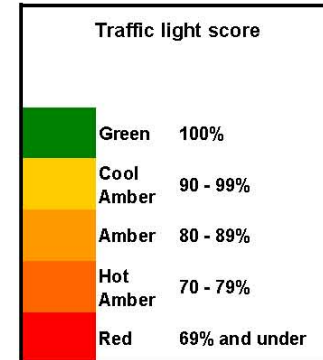
Appendix 1

Services covered by this quality account

- Orthopaedic
- Ophthalmology
- Endoscopy
- General Surgery
- Podiatry
- Direct GP Bookable Ultra Sound Service
- Physiotherapy

Appendix 2 – Clinical Audit Programme. Each arrow links to the audit to be completed in each month.

Audit Programme v3.0 2010/2011		Hospital Name:										Implemented: July 2010	
Use arrow symbol to locate required audit												For review: June 2011	
												Authors: A. Shannon / R. Saunders	
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
Anaesthetic Standards		→						→					
Medical Records	→	→	→	→	→	→	→	→	→	→	→	→	
Consent			→			→			→			→	
Discharge	→						→						
Care Pathways and Variance tracking					→						→		
Controlled Drugs			→			→			→			→	
Prescribing					→						→		
Pharmacy			→						→				
Radiology	→		MRI →	→		MRI →	→		MRI →	→		MRI →	
Physiotherapy			Records →	Service Standards →					Records →	CPD (ongoing) →			
Theatre						→						→	
Infection Prevention and Control*	Hand Hygiene →	SSI →	Isolation →	PVCCB →	Hand Hygiene →	UCCB →	CVCCB →	SSI →	PEAT →	Hand Hygiene →	PVCCB →	UCCB →	
Infection Prevention and Control - Environmental Audit		Environ →			Environ →			Environ →			Environ →		
Transfusion				Compliance →		Blood Usage →					Allogeneic Traceability →	Autologo Traceability →	



***Infection Prevention and Control Key:**

CVCCB = Central Venous Catheter Care Bundle
SSI = Surgical Site Infection
PVCCB = Peripheral Venous Catheter Care Bundle
PEAT = Patient Environment Action Team
UCCB = Urinary Catheter Care Bundle
PVCCB = Peripheral Venous Catheter Care Bundle

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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 General Manager using the contact details below.

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01908 334200

www.ramsayhealth.co.uk