



Extraordinary care needs
extraordinary people

No reported MRSA Bacteraemia in the past 3 years.

People caring for people



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Welcome to Ramsay Health Care UK

Springfield Hospital 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 Springfield 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 the 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 patients' 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 and 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

Mr David Hewitt, General Manager, Springfield Hospital, Chelmsford.

Springfield Hospital has been providing excellent care for 25 years through our experienced and qualified team of Doctors, Nurses, Healthcare professionals and Managers. As part of Ramsay Health Care UK, our teams have access to a wealth of knowledge and experience. We aim to provide superior facilities over and above those that you would expect in a private hospital.

This Quality Account is Springfield 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.


We endeavour to offer a very high standard of customer care and aim to be the provider of choice for the local community. All patients are treated as individuals and respected for their dignity which is very important to us.

Patient safety is our highest priority and we provide sufficient qualified and trained staff to deliver the service in a safe environment. We ensure that our staff are competent through a robust recruitment process and training programmes. We believe it is essential to provide the right person in the right role at the right time to deliver safe and effective treatment and care. Staff are trained on all the equipment they are required to use and signed off as competent.

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 David Hewitt
General Manager
Springfield Hospital
Ramsay Health Care UK

Signature...  Date.....11th July 2011.....

This report has been reviewed and approved by:

Dr Bruce Emerson, Consultant Anaesthetist
Medical Advisory Committee Chair

Signature..... Date.....

Mr Jeremy Tuite, Consultant Orthopaedic Surgeon
Clinical Governance Committee Chair

Signature..... Date.....

Mr Richard Parsons, Regional Director

Signature..... Date.....

Commissioner/PCT and other external bodies

Mr Phil Wilson NHS Mid Essex PCT Commissioner

Signature..... Date.....

Patrisha Dallard
Patient Safety & Quality Clinical Manager.

Signature..... Date.....

Welcome to Springfield Hospital

Springfield Hospital offers 58 Inpatient and Day patient single rooms with en-suite shower/bathrooms. We also have twin bedded rooms offering ideal accommodation for parents and children or co-dependent relatives. Meals are served in patient bedrooms and a daily choice of menu is offered. Our experienced teams are available to ensure all patients receive high standards of individualised patient care.

We provide services within Surgery, Medicine, Oncology, Plastic and Cosmetic surgery, and Paediatrics. Specialties at the hospital include orthopaedic surgery, ophthalmology, endoscopy, urology, spinal surgery, pain management, ENT, dental, general, vascular, gynaecology, podiatry, oncology, breast and laparoscopic surgery. We provide services within an outpatient, inpatient and Day Care setting. We have a Ward Manager, Sisters and Senior Staff nurses to lead the nurse team. In addition we have Nurse Specialists for Oncology /Chemotherapy, Plastic surgery, Orthopaedics, Breast Care and Urology.

Springfield Hospital has a suite of 5 Operating Theatres, 2 of which are dedicated to Orthopaedic surgery and have laminar flow ventilation. A high standard of quality care, in a range of surgical specialities is delivered by over fifty qualified theatre practitioners.

Springfield Hospital has a designated High Dependency Unit and can provide Critical Care facilities. All beds are fully equipped for cardiac and invasive monitoring. Senior nursing staff are qualified in Critical Care.

The Outpatient Department comprises of 18 consulting rooms and 4 minor-op treatment rooms. It is used by nearly 200 Consultants covering 30 specialties. The department receives approximately 1000 patients per week, and performs approximately 250 procedures per week.

The Imaging department can provide access to: a 64 slice Siemens CT scanner, providing precise 3-D images of the area under investigation. Plain X-rays: Ultrasound: MRI and Digital Mammography and Lithotripsy.

Springfield Hospital Pharmacy is registered as a retail Pharmacy business with the Royal Pharmaceutical Society of Great Britain and can therefore dispense all private prescriptions. The department offers a general pharmaceutical service to

in-patients, outpatients' visitors and staff and can offer a limited range of "Over the Counter" medicines for purchase by visitors and staff.

Springfield Hospital has close associations with Anglia Ruskin University and actively supports student nurse training through the provision of appropriately trained mentors.

All patients must be admitted under the care of a Consultant.

The Hospital acquired infection rate nationally (all infections) is 9% (National Audit Office). However at Springfield this figure is 0.2%

Springfield Hospital has a designated High Dependency Unit and can provide Critical Care facilities up to level 2. All beds are fully equipped for cardiac and invasive monitoring, including central venous pressure and blood pressure monitoring. All beds are fully equipped with an oxygen supply. Senior nursing staff are qualified in Critical Care.

We endeavour to offer a very high standard of customer care. All patients are treated as individuals and respect for their dignity is very important to us. Patient education and information leaflets are given as appropriate.

Outreach Gynecology services are provided locally within the community.

In 2010 we treated a total number of 8,903 patients, 62% of these were Private patients and 38% were NHS patients.

The nursing staff to patient ratio is 1: between 5 and 8 depending on patient dependency. There is an experienced Resident Medical Officer on site 24 hours a day.

Springfield Hospital Staffing includes:

Consultants (with Practising Privileges) 192

Non-Consultants 25

Registered Nurses 50

Healthcare Assistants 28

Support Staff 25

Administrative Staff 52

Physiotherapists 12

Pharmacists 2

Pharmacy Technicians 2

Radiographers 7
Radiology Assistants 5
Cardiac Technicians 2
Operating department practitioners 11
Management Personnel 12
Medical Laboratory Assistant 1

We work closely with our local NHS Trust, Mid Essex Hospital Trust (MEHT) where we have local agreements in place for provision of services which include Pathology and Infection Control.

We work closely with our local PCT to provide a range of surgical services under the extended choice network contract via the Choose and Book system. We offer direct referral services for private/self pay/insured patients. All patients requiring NHS services are referred via their General Practitioner (GP) directly to the hospital or via a clinical assessment service (CAS/CRS).

Springfield Hospital's GP Liaison Officer is committed to building and maintaining relationships with GP Surgeries in the local catchment area to ensure we are the providers of choice in the local community.

Staff at Springfield hospital participate in numerous fundraising events throughout the year to raise funds for local charities. Here at the hospital we have taken part in various fund raising activities:

- Help the Heroes
- Essex Community Foundation
- National Blind Children's Society
- Breast Cancer charities

Springfield Hospital supports the local community by providing free facilities and catering for various groups such as:

- Action for Family Carers
- National Osteoporosis Society
- Look Good Feel Better Cancer support group
- Helen Rollason Cancer Charity
- Lung Cancer Nurses Network

Part 2

2.1 Quality Priorities for 2010/2011

Plan for 2010/11

On an annual cycle, Springfield 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 ongoing at any one time. The priorities are determined by the hospital's 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 of 14%.

We are currently working towards meeting endoscopy standards and participating in the endoscopy audit on the GRS and JAG accreditations.

We are currently reviewing ambulatory care facilities at Springfield Hospital as part of the national project, to improve standards of care and the patient journey. A full review of patients' pre and post operative documentation will be reviewed.

The Productive Ward project was successfully trialled at 5 sites to implement releasing more time to care for our patients. An instruction manual has been developed by the project team and roll out sessions are to be held regionally throughout the first half of 2011.

2.1.2 Clinical Priorities for 2011/12 (looking forward)

Patient safety

1. Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

For further details see:

<http://www.nrls.npsa.nhs.uk/resources/collections/never-events/>

From the core never events, there are 5 that affect Ramsay.

- Wrong site surgery
- Retained instrument post-operation
- Wrong route administration of chemotherapy
- Misplaced naso or orogastric tube not detected prior to use
- Intravenous administration of mis-selected concentrated potassium chloride

The never event list has recently been extended to 25 never events, of which 21 affect Ramsay – but it is recommended that the core events should be addressed initially.

2. VTE risk assessment

Of the 2.7 million adult patients admitted to the NHS funded acute care between July and September 2010, 53% had a VTE Risk Assessment carried out on admission compared to the independent sector who has an 80% VTE risk assessment carried out on admission. The Ramsay score is currently

76% and Springfield Hospital have an action plan which reflects the revised VTE policy produced in June 2011 to improve scores.

Benchmarking through the national stats website. Link:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH122283>

3. Infection Control

Springfield Hospital has completed the following audits which require action plans for improvement. They are the Environmental Audit Score Peripheral Venous Catheter Care Bundle Score and Surgical Site Infection Score

Actions:

- The full implementation of cleaning schedules/matrix throughout the hospital.
- The implementation of the Health and Social Care Act 2008 which was recently revised in December 2010.
- Continue the implementation of saving lives/ essential steps programme to ensure that staff are competent in high risk procedures in order to minimise the risk of infection.
- Continue promoting hand hygiene as the main cause for the transmission of health care acquired infections.
- Reduction in health care acquired infections.
- Continue to improve the uptake of the seasonal flu vaccinations amongst staff.
- To implement Aseptic Non Touch Technique as the standard practice for aseptic technique.
- To ensure all updated and new policies are fed down to staff and followed.
- Continue with face to face Infection control training for staff.
- Standardising practices to make it easier to do it the right way and more difficult to do it the wrong way.

4. Medical Gas Alert

Springfield Hospital has a Medical Gas Committee which meets regularly with a clear Agenda. These minutes are reviewed at the Health and Safety Meetings.

5. Real time incident reporting

A RIMS User Group has been established for Ramsay, which is looking at ways of improving reporting mechanisms. This will assist us locally in relevant data being inputted more efficiently and reporting tools more widely available in order to improve patient safety outcomes

6. National Joint Registry

Springfield Hospital consent rates or NHS traceability are recorded. We will continually review these statistics to make improvements to the service as this is vital for patient safety.

7. Pulse results

These are important as satisfied, well trained and competent staff will ensure patient safety risks are reduced. A pulse Action Group has been developed in order to address the areas from our recent survey. Springfield Hospital have focused on the following areas for improvement:

- Department is in Good Decorative Order
- Improve IT skills of staff
- Proud to Work for Ramsay Health Care UK

Action plans and regular meetings are in place.

8. Acute Care Competencies / Vulnerable Adult training

Ensuring safe, competent staff are available to care for patients. All of our clinical staff are working towards a completion date of November 2011 of the acute care competencies and training is underway for staff to address any learning outcomes. We have a departmental training record where all staff training is recorded.

Clinical effectiveness

1. Ambulatory Day Care – providing better outcomes and improving patient experience

- Ambulatory Care (or Day Surgery Care) is the admission of selected patients (both medical and surgical) to hospital for a planned procedure, returning home the same day i.e. the patient does not incur an overnight stay. We have an Ambulatory Care Action plan which is underway and we are awaiting possible expansion plans which include a purpose built Ambulatory Unit.
- Why the service needs to be redefined (e.g. over recent years, partly due to medical advances the number of day surgery patients has increased compared to those requiring inpatient care. In 2010 the percentage of day surgery patients we treated was 71%. We need to ensure that our hospital facilities and patient flows better meet the case mix we now deliver.
- We will be aiming to achieve that 95% of all day care patients are treated in our ambulatory care facilities
- In order to do this and provide our patients with a more efficient patient pathway through the hospital, we will be separating the day surgery patient from our inpatients. Best practice has shown that by doing this, patient care will improve as waiting times and recovery periods are reduced.
- Springfield Hospital will monitor the effectiveness of its Ambulatory service through amending the coding system and reviewing reports and patient satisfaction

2. Group pre operative assessments for major joint replacements

Springfield Hospital aims to provide group sessions for patients prior to coming into hospital for joint replacements, giving information in an environment which encourages group interaction and discussion as well as post operative group sessions for education and exercise classes.

It was recognised that seeing every patient individually was not always the most efficient way of giving the required pre operative information to patients. We wanted to encourage patient dialogue and improve the patient flow through the pre-operative service.

To achieve this we will be observing classes currently running at one of our sister hospitals and look at their frameworks to undertake the same service.

The service will be monitored and measured through audit, outcome measures and patient feedback.

The results of the service will be reported to our local Clinical Governance Committee and relevant consultants.

3. Improve National Benchmarking – how do we compare?

It was recognised that we needed more transparency between ourselves and other independent sector providers/the NHS in order to monitor and improve our services. This is even more important now we are working in partnership with the NHS. E.g. benchmarking in the following areas:

Hellenic

- Hellenic will provide national benchmark figures for key performance indicators (such as activity/volumes, mortality, day case rates, unplanned readmissions, average length of stay, unplanned transfers, returns to theatre).

VTE risk assessment compliance

- Benchmarking through the national stats website. Link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_122283

PROMS results

- Benchmarking through national PROMS website. Link:
<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1295>
- Patient satisfaction figures
- Using CQUIN indicators common to both NHS survey and our own (e.g. % recommended, same sex accommodation)

4. Improve ward efficiency by adopting the Productive Ward initiative – more time to care

The Productive Ward (PW) Project is an NHS Initiative developed by the Institute for Innovation and Improvement (2008). 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. The Ward Team at Springfield Hospital have developed an implementation plan and look forward to commencing this project in July 2011.

5. Improved patient information

It was recognised from our patient satisfaction survey results that our patients were not always receiving written discharge information on discharge. This is important as even though we always tell our patients everything they need to know before going home, a written reminder ensures that they have the same information should they need to refer to it at a later date.

At Springfield hospital our survey results showed a failure rate for 'Given written post discharge advice about how to look after yourself at home' of 44.1% compared with the Ramsay medium average of 9.5%

We therefore put a new patient information leaflet rack up opposite the nurse's station and this has reduced the failure rate to 40%. In Q1 2011, we expect this to improve further when we have full quarters results in Q2 2011.

Springfield Hospitals survey result for (Q4 2010) was 90.3% satisfaction which mirrored the Ramsay group overall score of 93.8%.

The results were reviewed by the Hospital Manager, along with The Senior Management Team. The main areas of focus for improvement were identified as the decorative order of the facilities as a result of which we have undertaken some additional painting and decorating in key areas of the hospital. The results for (Q1 2011) showed an improvement of 91.5% compared to Ramsay overall score of 93.7%.

Patient experience – informing patient choice

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

- Springfield Hospital currently offers all patients the opportunity to complete the national PROMs survey pre and post surgery for Hip, Knee, Varicose Veins and Hernia surgery. Encouraging their use in identifying poor outcomes and examining practice if and where this exists.

- We share results with multi-disciplinary team and discuss the results at Clinical Governance Committee Meetings. Encouraging reviews of the results to reflect their future practice and benchmarking.
- We are currently discussing expanding our use of PROMS surveys to cover more procedures to enable better understanding of treatment outcomes from the patients view point.

2. Patient Satisfaction survey

We have identified in the Q4 2010 patient survey that the patients' waiting time from admission to procedure did not meet their expectations 14.9% of the time. We therefore discussed with Consultants staggering patient admission times and making sure that our nursing teams keep patients well informed about any delays that may occur on the day. This has improved our score to 88.4% satisfaction. This also ties in with the revised ambulatory day case service we are redesigning as it is hoped that wait times will further reduce to improve and streamline the service.

Mandatory Statements

2.2.1 Review of Services

During 2010/11 Springfield Hospital provided and/or subcontracted 3 NHS services and we have reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 1st April 2010 to 31st March 2011 represents 100 per cent of the total income generated from the provision of NHS services by the Springfield Hospital for 1st April 2010 to 31st March 2011

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 hospital's 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 23.6% of Total Nursing
- Agency Hours as 1.9% of Total Hours
- 10.5% Staff Turnover
- 4.19% Sickness
- Total Lost Worked Days were 1935
- Appraisal 88%
- Mandatory Training 72.7%
- The last Staff Satisfaction Score showed that 90.1% agreed or strongly agreed that they enjoyed their work, with an overall score of 91.6%
- Number of Significant Staff Injuries 0

Patients

- 10 Formal Complaints per 1000 HPD's
- Patient Satisfaction Score average 91.5%
- 24 Significant Clinical Events
- 2.2 readmissions per 1000 Admissions or 0.2%

Quality

- Springfield Hospital's Workplace Health, Safety and Facilities Standards Audit Score was 96%
- Infection Control Audit Score-see graph

- Consultant Satisfaction results showed us that Departments that scored highly with good and excellent from Consultants were:
 - Pharmacy
 - Physiotherapy
 - Imaging
- Good to excellent working relationships with staff were declared across the hospital but especially in:
 - Ward
 - OPD
 - Theatre
- Areas for improvement were identified and will be addressed in the second half of 2011.

2.2.2 Participation in clinical audit

The national clinical audits and national confidential enquiries that Springfield Hospital participated in during 1st April 2010 to 31st March 2011 are as follows:

National Clinical Audits (NA = not applicable to the services provided)

Name of Audit	Participation (NA, Yes, No)	% cases submitted
Peri- and Neonatal	NA activity	NA
Acute care		
Cardiac arrest (National Cardiac Arrest Audit)	Yes	0%
Long term conditions		
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Elective surgery (National PROMs Programme)	Yes	
Cardiovascular disease		
	NA	NA
Renal disease		
	NA	NA
Cancer		
	NA	NA
Trauma		
	NA activity	NA

Psychological conditions	NA activity	NA
Blood transfusion	No – Local Trust	

We will consider participation in any national audits as required.

Local Audits

The reports of 26 (which includes 9 infection prevention and control, 4 transfusion, 3 physiotherapy and 2 radiology). These audits from 1st April 2010 to 31st March 2011 were performed and reviewed by the Corporate and local Clinical Governance Committees and Springfield Hospital intends to take actions appropriately to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Key main Actions identified include

- Consent process
- Discharge process and information
- Medical records and documentation

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

A proportion of Springfield hospitals income in from 1 April 2010 to 31st March 2011 was conditional on achieving quality improvement and innovation goals agreed Springfield hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at www.springfieldhospital.co.uk

2.2.5 Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against

Springfield Hospital during 2010/11.

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

2.2.6 Data Quality

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

- Participation in the NHS clinical Previewer Indicator monthly reporting
- Report records operation notes audit
- Annual audit programme

NHS Number and General Medical Practice Code Validity

Springfield hospital submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included:

The patient’s valid NHS number was:

- 98.64% for admitted patient care
- 98.53% for outpatient care
- 0% for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code was:

- 99.98% for admitted patient care
- 99.69% for outpatient care
- 0% for for accident and emergency care (not undertaken at our hospital).

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

Springfield Hospital was subject to the payment by results clinical coding audit during 2010/11 by the audit commission and was over 98% compliant.

2.2.7 Stakeholders views on 2010/11 Quality Account

As per current regulations a copy of our Quality Account was sent to our relevant Local Involvement Network (LINK) and the leading commissioning primary care trust (PCT) for comments prior to publication.

There comments are as follows:

Part 3:

Review of Quality Performance 2010/2011

Statements of quality delivery

Mrs Jeni Hough

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.

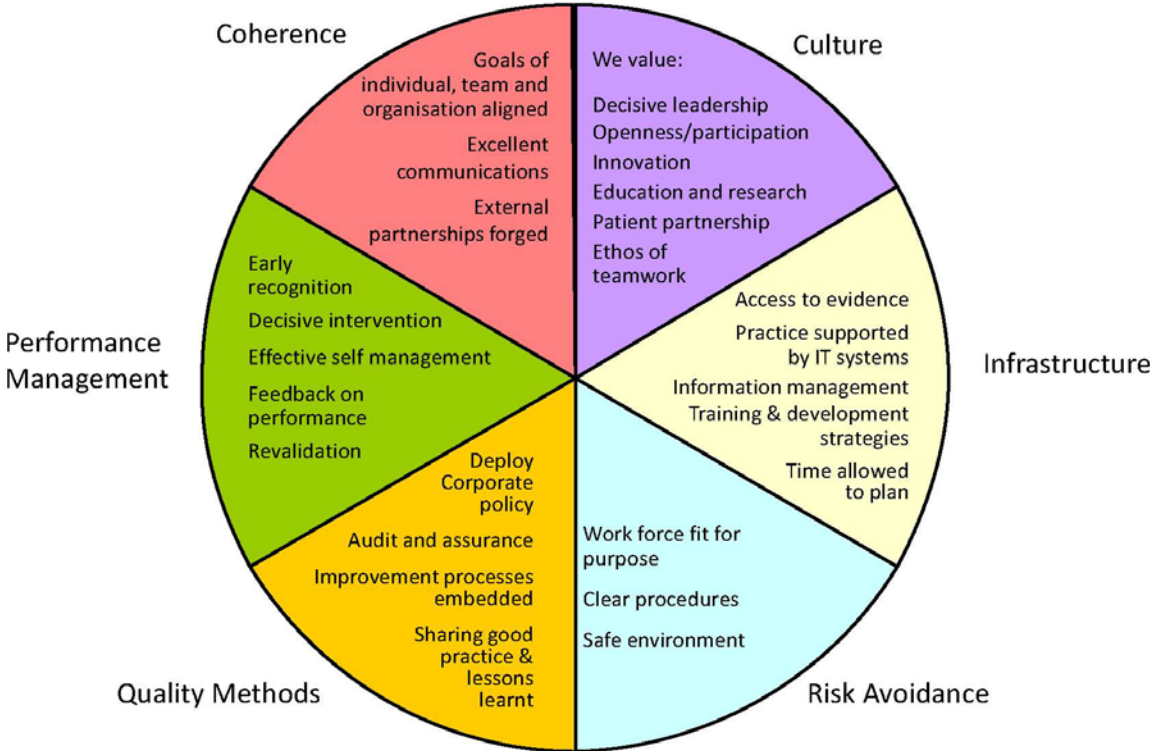
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

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

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

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

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

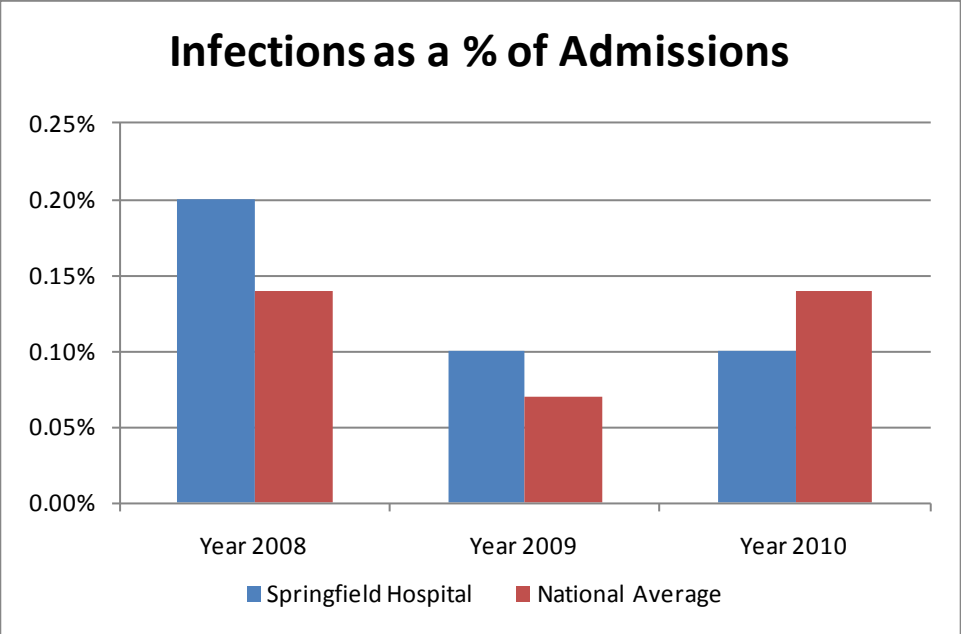
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Within Springfield Hospital we have an Infection control Nurses and Link nurses in each clinical department. We receive specialist advice for a Consultant Microbiologist who is in post at our local NHS Trust. This is the structure of our Infection Control Team.

Programmes and activities within our hospital include:

The infection control team meet to review all aspects of infection control including audits, training, infection control and Cleaning Matrix and its findings. Infection control is mandatory for all staff and is part of the Ramsay e learning programme.

In addition to the mandatory training the infection control link nurse carries out training and audits as per the infection control audit programme as seen in appendix 2. The results of all audits are discussed at the infection control meetings, the Clinical Governance Committee and Heads of Department meetings.

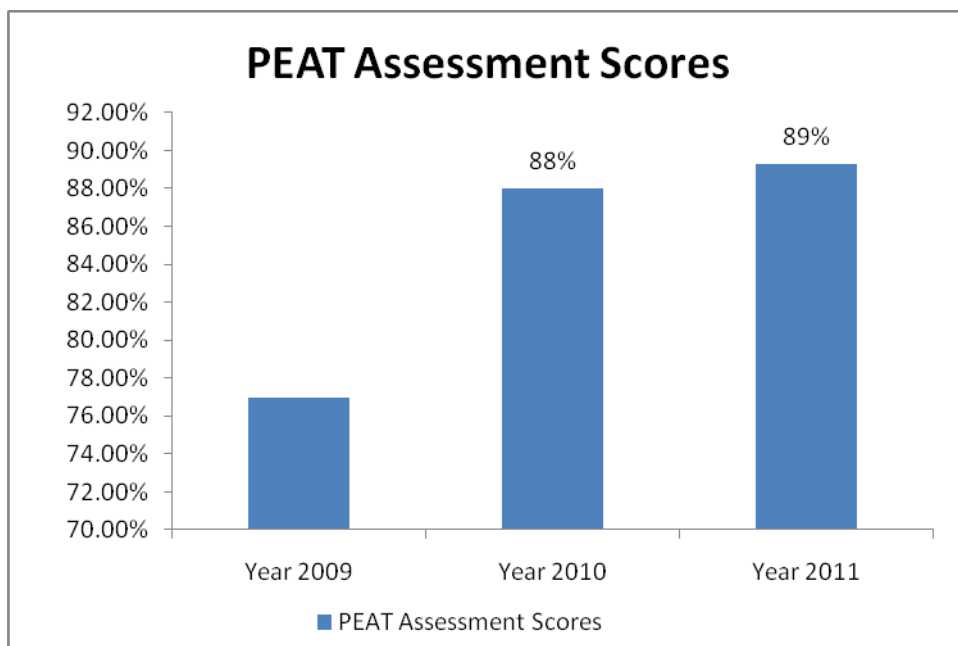


Percentage scores are above the national average in 2008 and 2009, however they have reduced below the average score in 2010. Springfield Hospital has a robust system in place to capture all infections up to 30 days post operation.

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.

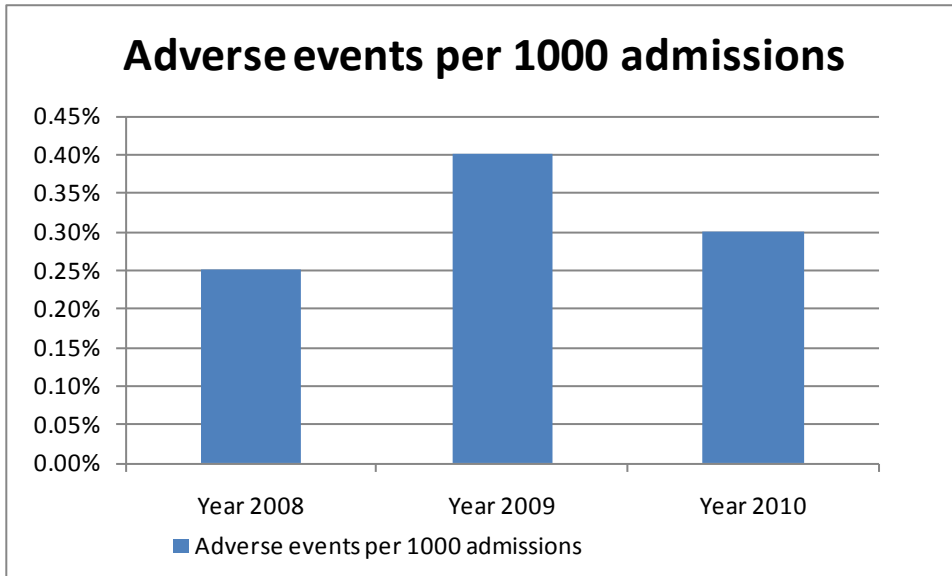


Much improved score over the last year, mainly due to the implementation of cleaning matrix schedules.

3.1.3 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.



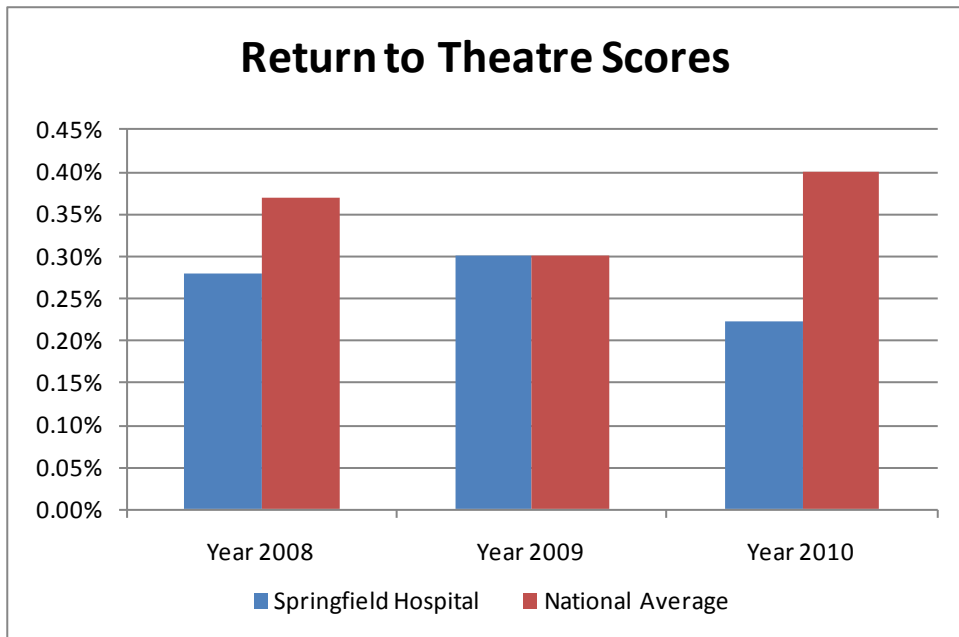
As can be seen in the above graph our adverse events rates have decreased over the last year. There have been no trends identified. This is also due to improved reporting of all incidents for all departments within the hospital.

3.2 Clinical effectiveness

Springfield 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.

3.2.1 Return to theatre

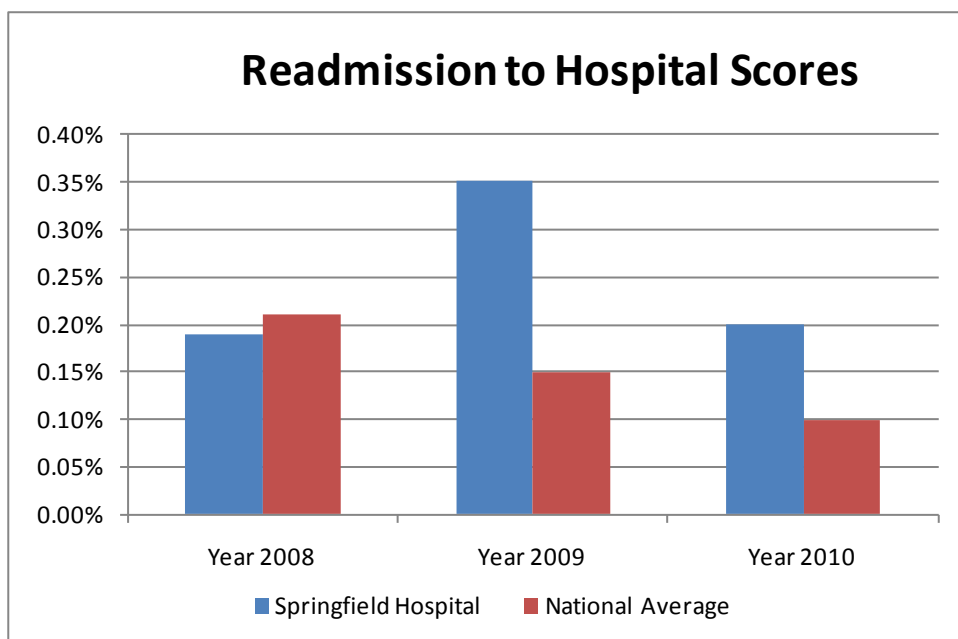
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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.



As can be seen in the above graph our returns to theatre has decreased over the last year and remains low compared to the Ramsay average.

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.



As can be seen from the above graph our readmissions rate was low in 2008 and reduced again in 2010. We have an action plan in place to reduce this further in 2011 in line with the Ramsay average, moving forward.

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:

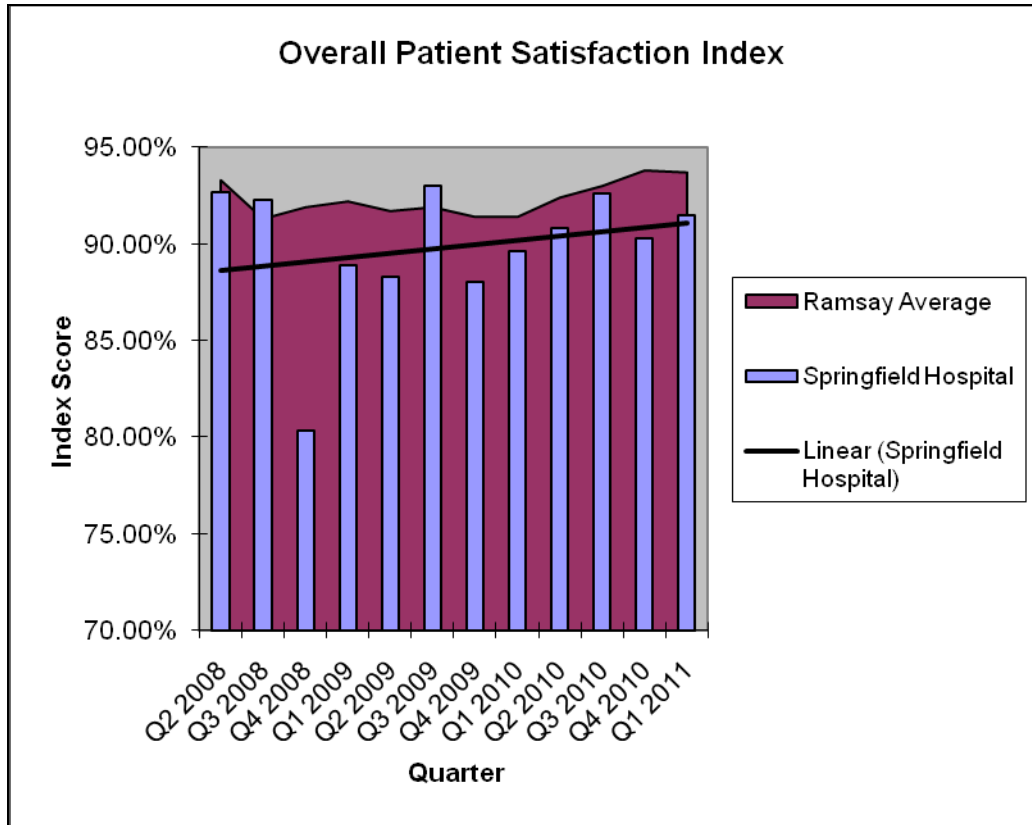
- Patient satisfaction surveys
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – 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 Springfield Hospital. To record a satisfaction index over 91%, 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 hospital's 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%.



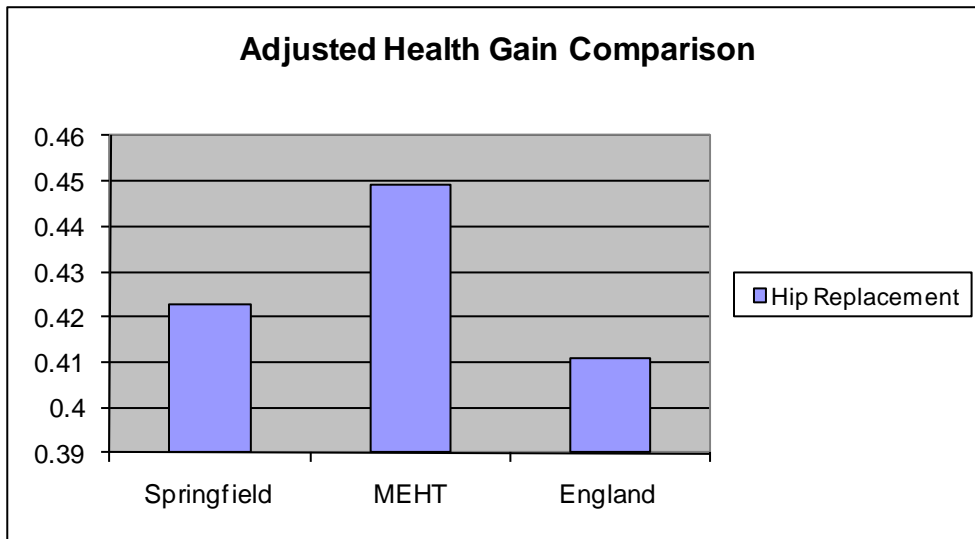
As can be seen in the trend line in the above graph, our Patient Satisfaction rate has increased over the last 3 years. In comparison to the national average it is still slightly below in Q1 2011 at 91.5% (average is 93.7%) This will be addressed by the current hospital refurbishment programme and staff customer service training.

Springfield Hospital's index is above 90% so our hospital rates in the top 2-3% of organisations.

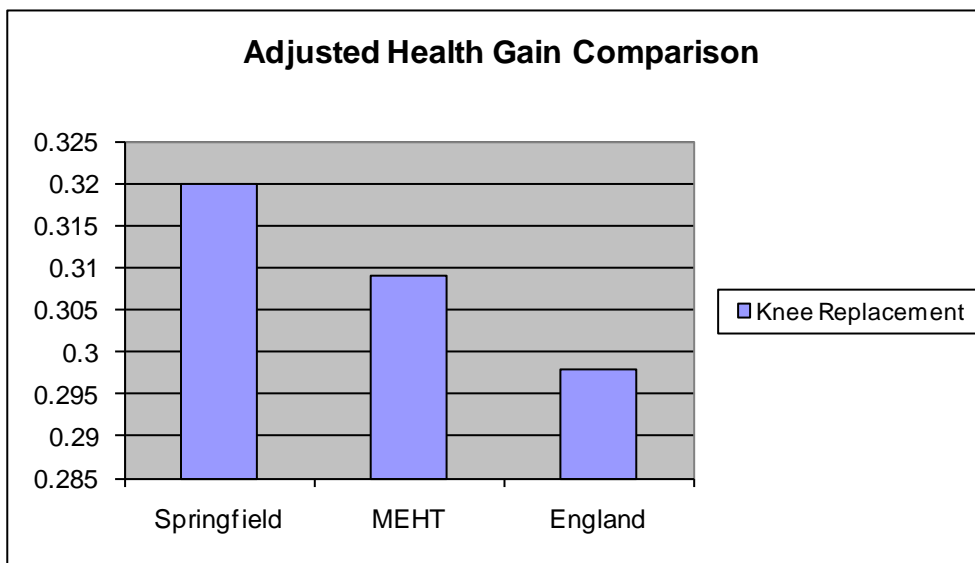
3.3.2 Patient Reported Outcome Measures (PROMs)

Springfield Hospital participates in the Department of Health's PROMs surveys for hip and knee surgery, hernias and varicose veins for NHS patients.

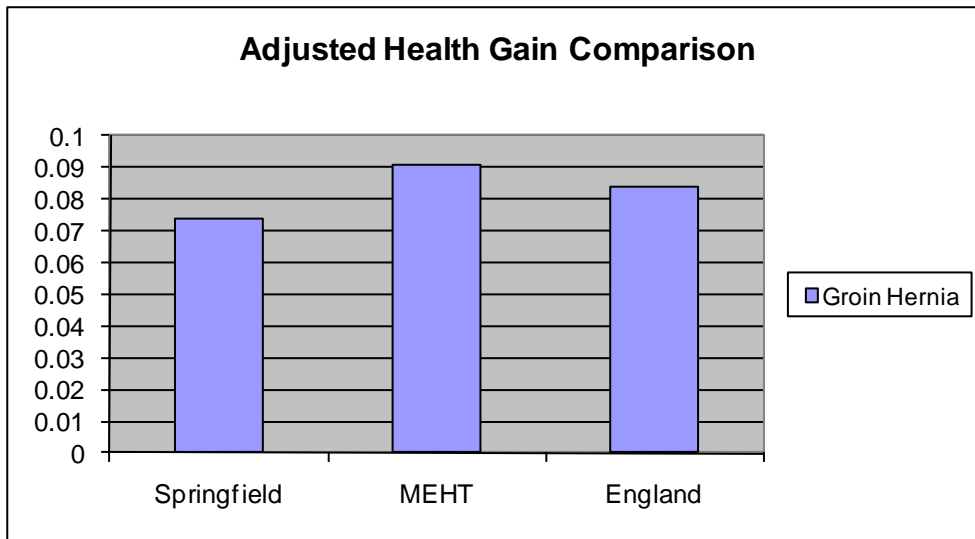
As a Group, Ramsay also conducts its own hip, knee and cataract PROMs surveys specifically for private patients.



As the graph above shows, the Springfield Hospital PROMS scores for Hip replacement is higher than the national average indicating patients who have been seen at the Springfield have a better quality of life post surgery.



As the graph above shows, the Springfield Hospital PROMS scores for Knee replacement is higher than the national average indicating patients who have been seen at the Springfield have a better quality of life post surgery.



As the above graph shows, Springfield Hospital scores slightly lower than the national average.

3.4 Springfield Hospital Case Study

In advance of setting up a Patient Focus Group we have located and engaged with a patient who has been a regular user of the hospital for many years. We invited him to our Staff Forums to explain to the staff about his journey throughout the hospital. This was incredibly well received by our teams and has encouraged debate and learning about the experiences of our patients.

This project has been successful in addressing the patient's perception of improvements they feel would be beneficial to the public to improve where necessary areas of practice and overall patient experience. It has encouraged the hospital to implement Clinical Customer service training into our Training Matrix.

The Patient Focus Group will be set up in the second half of 2011 to enable representatives of the regular users of the Springfield Hospital to voice their opinions about the services that we provide to both private and NHS patients.

The purpose of the group is to:

- Review aspects of the patient's journey and put forward recommendations to improve the services we offer
- Identify positive aspects of the services and reinforce those
- Provide feedback on the Patient Group to relevant parties; Hospital staff, Clinical Governance Committee (CGC), Consultants
- Network and share ideas and information relevant to members of the patient group and the Springfield Hospital
- Review and analyse data from patient surveys
- Review of suggestions made by patients and staff
- Review and develop marketing and business development solutions
- Review quality and customer care related recommendations from audits and inspections
- Review recommendations from patient complaints that relate to customer care or patients quality issues.

Meetings will be held twice a year or earlier if urgent issues or changes to practices necessitate the involvement of the patient focus group and where possible prior to the Clinical Governance Committee meetings.

Ground Rules will be:

- Confidentiality of those present and others to be strictly maintained
- Freedom to speak openly about services offered in order to make progress
- Travel expenses may be paid to patient representatives.

Appendix 1

Services covered by this quality account

Springfield Hospital



Springfield Hospital has 64 beds / day case facilities, 5 theatres 2 (with laminar flow) and an endoscopy unit.

Patients requiring level 2 care are treated and cared for by a well trained team of staff in a dedicated level 2 facility. Springfield Hospital provides care and treatment for children over the age of 1 year.

People who use our hospital services will recommend us to their family and friends because of our excellent patient outcomes.

Location: Springfield Hospital, Lawn Lane, Springfield, Chelmsford, Essex CM1 7GU

Tel: 01245 234 000

Registered Manager: David Hewitt

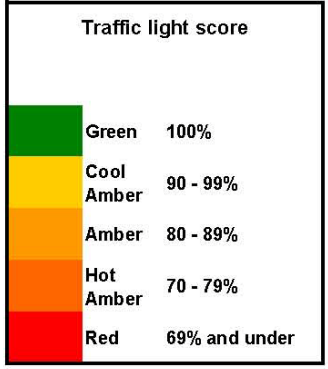
david.hewitt@ramsayhealth.co.uk

Regulated Activities – Springfield Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Allergy and immunology, , Audiology, Bariatrics, Cardiology, Colorectal, Cosmetics, Dermatology, Dietician, Ear, nose and throat (ENT), Facial Aesthetics, Gastroenterology, General medicine, Gynaecology, (& Obstetrics), Haematology, Manual Lymphatic, Drainage, Nephrology, Neurology, Neurosurgery, Oncology, Pain Management, Orthopaedic medicine, Ophthalmology, Pain Management, Paediatric medicine, Physiotherapy, Psychiatry, Rheumatology, Sports, Medicine, Urology	All adults 18 yrs and over Children 0-18 yrs of age in outpatients
Surgical Procedures	Ambulatory, Day and Inpatient Surgery, Colorectal, Cosmetics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Neurosurgery, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain Management, Plastic Surgery, Urological, Vascular	All adults 18 yrs and children 1 yrs and above inpatients and day cases: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Audiology, CT, Digital Mammography, GI physiology, Imaging services, MRI, Phlebotomy, Urinary Screening and Specimen collection, Urodynamics, Exercise ECG	All adults 18 yrs and over All children 0 yrs and above

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 For review: June 2011 Authors: A. Shannon / R. Saunders							
Use arrow symbol to locate required audit		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 →	Autologous 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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