

# Quality Account 2010/11

WINFIELD  
HOSPITAL



**Extraordinary care needs  
extraordinary people**

Contents

*No reported MRSA Bacteraemia in the past 3 years.*

People caring for people



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# Welcome to Ramsay Health Care UK

## Winfield 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 Winfield Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

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

### Michelle Stone, General Manager, Winfield Hospital

Welcome to Winfield Hospital's first quality account. This report outlines the Hospital's approach to quality improvement, progress made in 2010 - 2011 and plans for the forthcoming year.

Winfield Hospital has five key values which underpin everything we do as an organisation. They are:

- Put the patient first;
- Work as one team;
- Respect each other;
- Strive for continual improvement;
- Respect environmental sustainability.

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

During 2010- 2011, we have made a number of improvements to ensure that patients in our hospital receive the best possible care.

This report demonstrates that the experience patients have in our hospital, the quality of the care they receive, and the safety of the service we provide are top priorities for Winfield Hospital.

In addition, it shows how our values, combined with our priorities, are improving the way in which we treat our patients.

**Michelle Stone**  
**General Manager**

## 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.

**Michelle Stone**  
**General Manager**  
**Winfield Hospital**  
**Ramsay Health Care UK**

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

**Mr Charles Crawshaw, Consultant Orthopaedic Surgeon**  
Medical Advisory Committee Chair

**Dr Peter Sanderson, Consultant Anaesthetist**  
Clinical Governance Committee Chair

**Helen White**  
Regional Director

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

**Commissioner/PCT**

Jill Crook, Director of Clinical Development and Engagement  
NHS Gloucestershire

# Welcome to Winfield Hospital

Winfield Hospital is an independent hospital located on the outskirts of the city of Gloucester. It is situated off the Northern Ring Road with excellent road and rail links.

Consideration for our patients is at the heart of everything that we do. We are constantly seeking new ways of working and bringing in fresh clinical practices that will improve outcomes for our patients.

Our approach to service delivery, which currently includes working in partnership with the NHS, is courteous and professional and we take great pride in our ability to innovate and look at new ways of working.

Winfield Hospital has three theatres all with ultra clean air technology, which are particularly suitable for orthopaedic procedures. The ward has 40 inpatient beds, 34 of which are single rooms and 3 doubles, all with en suite facilities. It also has a dedicated 6 bed day ward facility. Two of the ward single rooms are designated HDU offering level 2 critical care.

Diagnostic facilities include an imaging department with on site x-ray, ultrasound, and dental x-ray equipment. MRI and CT scanning services are supplied by Ramsay UK Diagnostic mobile units which proudly boast the only mobile 64 slice CT Scanner in Europe. The Hospital also has a well equipped outpatient department with 11 consulting suites.

Treatment facilities include an on site physiotherapy department staffed by chartered physiotherapists. It has a fully equipped gymnasium, isokinetic equipment, TLO1 Booth (ultra violet B treatments for skin conditions such as psoriasis) and offers a continence service. Dr Rod Jaques, full time Sports Injuries Consultant retained by the British Olympic Association, utilises these facilities conducting his clinics from a dedicated sports injuries suite.

An on site pharmacy registered with the Royal Pharmaceutical Society of Great Britain also provides private prescriptions for outpatients and inpatients.

We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years or 16 if private), whether medically insured, self-funding, or via the NHS.

We deliver a full range of specialist surgical and medical services including Cardiology, Dermatology, Endoscopy, ENT, General Surgery Gynaecology,

Plastic Surgery, Ophthalmology, Orthopaedics, Urology, We do not offer specialist services such as cardiac surgery and neurosurgery

We work closely with Gloucestershire Royal Hospitals NHS Trust who provides us with both transfusion / pathology services and access to level 3 critical care.

In 2010 we treated a total of 4745 patients. Of these 1988 were NHS patients (41.9%) and 2757 private patients (58.1%).

We currently have 158 Consultants with practicing privileges covering all specialities and employ:

Registered Nurses	36.33	Full Time Equivalent**
Operating Department Practitioners	3	FTE
Radiographers	1.4	FTE
Physiotherapists	6.23	FTE
Health Care Assistants	5.21	FTE
CSSD	4.04	FTE
Pharmacists	1.21	FTE
Other Support Staff	20.59	FTE
Administrative staff	31.41	FTE

The nursing staff to patient ratio on the ward ranges between 1:5 to 1:8. This is calculated taking into account patient dependency but not in isolation. There is an experienced Residential Medical Officer (RMO) on site 24 hours a day

We offer direct referral services for private Cosmetic Surgery and aesthetic cosmetic treatments. All patients requiring NHS services are referred via their General Practitioner (GP)

We work closely with our local PCTs to provide a range of surgical services under the extended choice network soon to change to "The Any Qualified Provider" contract. We also have an excellent relationship with Tetbury Hospital and support their in-patient choice activity.

We employ a GP liaison officer who has direct involvement with all the local GPs and who actively promotes Winfield as a Hospital of Choice.

We are committed to delivering services within the community where possible and actively seek opportunities to provide outreach clinics in rural areas.

# Part 2

## 2.1 Quality priorities for 2010/2011

### Plan for 2010/11

On an annual cycle, Winfield 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 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.

To ensure that all Ramsay Health Care UK Hospitals/units comply with the WHO standard and core set of safety checks for every patient undergoing a surgical procedure (including local anaesthesia).

## **Safer Surgery Checklists**

Following the release of a patient safety alert from the National Patient Safety Association, World Health Organisation (WHO) safe surgery checklists were introduced into all Ramsay Hospitals to ensure that we all complied with the core set of safety checks for every patient undergoing a surgical procedure.

Following this further work was undertaken by the NPSA and two more speciality specific checklists for radiology and cataracts have been implemented into all Ramsay Health Care hospitals to further reduce the risk of wrong site surgery.

## **Cleanliness**

During 2010 further infection prevention and control audits were introduced as planned and these are now being undertaken at all Ramsay sites. Action plans are developed locally where necessary to ensure these standards are met. PEAT (Patient Environment Action Team) audits were also repeated.

## **Investment in day surgery facilities**

During 2010 – 2011 Ramsay Healthcare developed an ambulatory care service. The aim of this was to provide a more efficient and effective management of day case surgery.

This has allowed patients who have come into the Winfield Hospital for their day surgery procedure to be treated and discharged as efficiently as possible without unnecessary waiting times for treatment and discharge.

Approximately 70% of our patients are admitted for day case procedures.

We have improved the patient's experience by staggering admission times, giving patients estimated times of discharge prior to admission and having dedicated day case management staff. All day case patients are telephoned 48 hours prior to admission to confirm admission and discharge times.

We will measure patient satisfaction via the patient satisfaction survey and from feedback obtained with "we value your opinion" leaflets available for patients to complete during their stay with us.

## **Releasing time to care**

The Productive Ward project was successfully trialled at 5 sites and adjustments made to accordingly to suit the NHS services we provide. An instruction manual has been developed by the project team.

Winfield Hospital commenced this project in May 2011 following rollout sessions held in the first half of the year.

**Never Events'** are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. 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. A Never Events risk register has been developed and there is corporate action to ensure group policy, audit and other documentation incorporates the guidance

No never events occurred at the Winfield Hospital during 2010 – 2011.

### **Slips Trips and Falls – patient safety**

Ramsay Health Care have adopted a corporate approach to the Shattered Lives Campaign. At the Winfield Hospital we have incorporated the guidance into the manual handling training and also display the posters that highlight good practice in preventing slips trips and falls. All slips trips and falls for all staff and visitors are reported through the central risk management reporting network and the Winfield Hospital's actions are monitored centrally and reviewed following any incidents. In addition to this all patient falls are reported to the risk management group where they are collated and reviewed before being reported to the Clinical Governance Committee.

Between March 2010 and April 2011 we had 20 slip trips & falls at the same height.

We are working within our Health & Safety committee to reduce the number of slips trips and falls using a programme of facilities audits such as “ten steps to a safer site”

## 2.1.2 Clinical Priorities for 2011/12 (looking forward)

### Patient safety

#### VTE risk assessment

Of the 2.7m adult patients admitted to NHS funded acute care between July and September 2010 52.5% had a VTE risk assessment carried out on admission. For the same period the average for Ramsay Healthcare was 76.2%.

For the first six months of 2011 the average number of eligible NHS patients who had a VTE risk assessment on admission at the Winfield Hospital was 97%.

Ramsay Healthcare has developed a corporate VTE policy, the purpose of which is to support Consultants in making evidence based decisions on peri operative VTE prophylaxis. The objective is to improve the quality of patient care by minimising risk of VTE within Ramsay. It also aims to reduce the variance of prophylactic methods in order to minimise human errors and allows outcomes to be measured as a result of standardisation.

All patients admitted to the Winfield Hospital are sent an information leaflet regarding the prevention of VTE.

Ramsay Health Care is undertaking a national VTE audit in September 2011 to review the use of the VTE Risk Assessment form and the prophylaxis measures used across the company.

The initial phase of the audit is to undertake a point prevalence survey (snapshot) of activities.

From this data a cohort of patients will be selected to undergo a more in-depth audit primarily focussing upon the prophylaxis used and related clinical outcomes. This will then be reviewed by the Drugs and Therapeutics Committee and the outcomes presented to the Clinical Governance Committee.

#### Meeting endoscopy standards

During 2011 – 2012 we hope to achieve Joint Advisory Group accreditation (JAG) in endoscopy.

The JAG, on behalf of its constituent bodies, the Royal Colleges of Physicians, Surgeons, Radiologists and General Practitioners and in association with the British Society of Gastroenterologists and Royal College of Nursing defines the

standards for the training of all endoscopists, regardless of the professional organisation to which they belong. These include: Physicians, Surgeons, General Practitioners, Radiologists and Nurse Endoscopists.

As a group, the JAG aims:

- To set standards for individual endoscopists
- To set standards for training in endoscopy
- To quality assure endoscopy units for training
- To quality assure endoscopy training courses

Winfield Hospital will also be participating in the endoscopy audit on the Global Rating Score website commencing September 2011. This is the accreditation tool used for JAG.

## **Infection Control**

At the Winfield Hospital we are proud of our low infection rates and high infection control audit results. Audits are undertaken in many areas of infection control including hand hygiene, peripheral intravenous cannula insertion, urinary catheters, patient isolation and surgical site surveillance for hip and knee replacements.

Our aim for 2011 – 2012 is the continuation of our high standards by close monitoring of our patient outcomes and maintaining our excellent infection control measures.

## **National Joint Registry**

National Joint Registry (NJR) was set up in 2002 by the Department of Health and Welsh assembly to collect information on all hip, knee and ankle replacements operations. Its purpose is to define, improve and maintain a quality of care of individuals receiving hip, knee and ankle joint replacements across the NHS and independent healthcare sector.

Providing the patient consents, Winfield registers all patients undergoing this type of surgery with the NJR. The consent rate for Winfield hospital between March 2010 and April 2011 has been between 95 -100%, well above the NJR key performance indicator of 90%.

The data quality between the same periods is 88-96%. The NHS number tracing rate requires improvement to ensure that patients can be traced easily and information from different providers can be collated.

Our aim for 2011 – 2012 is to increase our consent rate to 100% and for this to be consistent each quarter.

## Staff satisfaction survey

Ramsay undertake an annual staff survey (Ramsay pulse) to measure staff satisfaction as it is well known that satisfied, well trained and competent staff will contribute to reducing patient safety risks.

The survey consists of thirty questions covering a wide subject area of working life at Winfield Hospital. The actual survey does not give an overall score as a whole but each individual question does. It is important to us that our staff feel valued and as such we formulated an action plan from the results published in late 2010 and this is below. These three action points were raised from the lowest scoring responses in the questionnaire.

Promote a positive change culture	Successful implementation of projects, including barcoding, ambulatory care	Change Management workshop 17 <sup>th</sup> May for all Heads of Departments
Carry out appraisals annually together with 6 monthly follow up	Implementation of new Personal Development Review. All appraisals to be completed by end of May	Training course led by HR took place in February. All staff appraisals achieved
Staff communication and feedback	Quarterly staff forums together with General Manager/Matron attendance at various team meetings	Staff forums to be held every quarter to disseminate information regarding Ramsay Healthcare and to update on Hospital performance

## Acute Care Competencies / Vulnerable Adult training

These ensure safe, competent staff are available to care for patients.

Ramsay Healthcare will ensure that all nursing staff have the competence to care for Level 1 critical care patients, are able to identify when a patient's condition requires Level 2 care, and can support the safe transfer of a level 2 patient to an appropriate environment within their hospital or to an agreed external provider.

To support this all qualified clinical staff must complete the Ramsay Health Care Competencies for "Recognising and Responding to Acutely Ill Patients in

Hospital” relevant to their area of clinical practice in line with Department of Health competencies (2009).

This is being rolled out across all Ramsay units and is high on this year’s agenda for the Winfield Hospital. Our aim is for 100% of all relevant staff to have accomplished this training by the end of 2011.

All clinical ward staff and a number of theatre personnel have undertaken and have current training in Intermediate Life Support which encompasses recognising the deteriorating patient.

The ward manager has a degree in critical care and is the lead for training within the hospital.

All staff have attended vulnerable adults training within the last twelve months and this is also covered within the induction training day for all new starters.

## Clinical effectiveness

### **Ambulatory Day Care – 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)

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 treated at the Winfield Hospital was 70%. We as a hospital need to ensure that our hospital facilities and patient pathways better meet the case mix that we now deliver.

We will aim to ensure that the majority 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 time and recovery period are reduced etc.

We will monitor this through our clinical governance reporting and patient satisfaction monitors.

Our long term aim will be to have a completely separate facility for day surgery patients to enable them to be treated in the most effective, efficient and appropriate way.

## **Group pre operative assessments for major joint replacements**

Group preadmission is a relatively new concept for the Winfield Hospital. This is led by both the Physiotherapy department and the pre admission nursing staff and we believe that the benefits of this are as follows:

- It allows patients to meet people with similar problems and to share hopes and fears for pending surgery. This also allows patients to meet other patients prior to admission who may be in the ward at the same time and this familiarity can be reassuring.
- It is greater efficiency of time for the hospital and therefore for the patient. It is also more efficient to see groups of 3-6 patients at one time. This allows a more fluid pre assessment process as the patient sees the nurse on the same day
- It encourages group interaction, questions answered that they may have all thought about but were "scared to ask"

Our aim is to increase our group preadmission to 100% of all NHS joint replacements by the end of 2011

Currently statistics are kept within the individual departments and on the Patient Administration System. These will be audited 6 monthly and fed back to Matron for Clinical Governance and heads of department meetings.

Patient feedback forms for the physiotherapy clinic are collated and these will form part of the audit.

## **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:

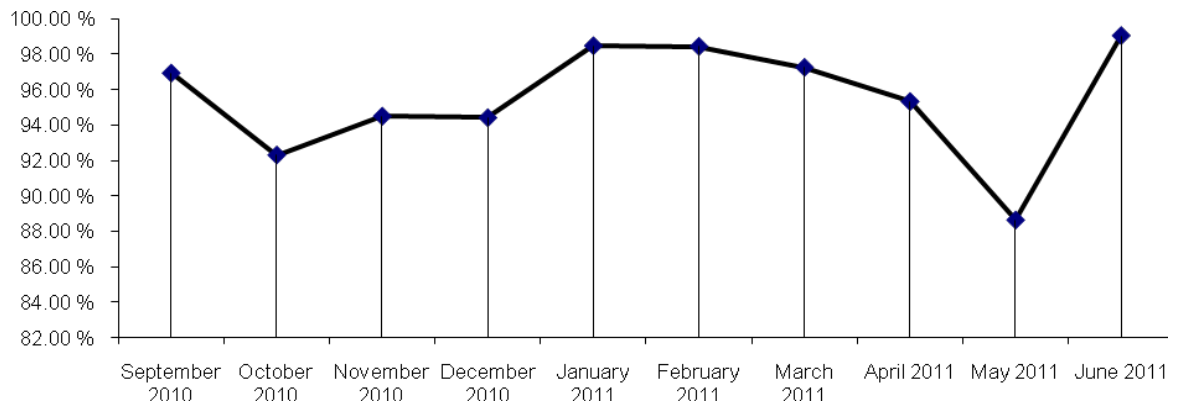
Hellenic

- 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:

Of the 2.7m adult patients admitted to NHS funded acute care between July and September 2010, 52.5% had a VTE risk assessment carried out on admission. These are the latest published statistics from the DOH. Winfield Hospital has gradually increased compliance to 97% in June 2011



This graph was taken from the Department of Health web site. The dip that is shown in May we have reviewed internally and attribute to the change in practice from manual count of patients and the inclusion in this month's figures of patients who did not require a VTE risk assessment in line with Department of Health guidelines. This was quickly addressed and actioned.

### **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.

This initiative is in its early stages at the Winfield Hospital and we have two very enthusiastic leads for the project.

Areas identified for review so far have been handover between shifts, the storage of laundry within the department, the management of the departmental storage areas and the improvements monitored by the ambulatory care project.

## **Improved patient information**

It was recognised from our patient satisfaction survey results that some of our patients feel they are not receiving adequate written information on discharge. This is important to us. We know that we give all of our patients all the information for discharge that they require and this is also reinforced verbally.

We reviewed how and when we gave our patients their discharge information and recognised that patients take home a lot of information from the hospital when they leave. To ensure that this is not disjointed we ensured that all information is placed into a discharge bag. We also utilise a discharge checklist which is reviewed and signed with each patient to ensure that all areas are covered.

Despite this our patient satisfaction scores remain low with a score of 82% in May 2011 and a slight increase to 84.9% in July for discharge information given. We continue to monitor this and look for methods how these scores can be raised. This is discussed at Clinical governance and quality meetings where patient satisfaction is monitored.

## **Patient experience – informing patient choice**

### **Increasing the use of Patient Reported Outcomes Measures (PROMs)**

We monitor the national PROMs results for Hip, Knee, Varicose Veins and Hernia surgery by offering all patients who undergo this type of surgery the opportunity to complete a questionnaire before and after surgery to monitor an improvement in their quality of life.

Encouraging their use identifies poor outcomes and allows us to review practice where necessary.

We share the results with Surgeons and physiotherapists and encourage them to use them to review their practice by meeting and discussing the results with their teams and benchmarking against other sites.

We are expanding our use of PROMS surveys to cover more procedures to enable better understanding of treatment outcomes from the patients view point.

### **Patient Satisfaction survey**

In addition to the area raised previously in this document an area of our patient satisfaction survey that has been recognised as an area for improvement in our 2010 – 2011 patient satisfaction scores is the written information given to patients regarding their proposed treatment. This has been identified as an area for

improvement within the hospital and as such has been reviewed by clinical members of the staff involved in preadmission.

We have improved our pre admission information with the inclusion of specific procedure patient information leaflets. The leaflets are written in a non jargon format and are easily understandable. They cover all aspects of each procedure from admission to after discharge including benefits and possible complications. These are available in the outpatient department and we are keen that our consultants assist us with the delivery of this information to all patients.

## 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 Winfield Hospital provided and/or subcontracted 10337 NHS services.

The Winfield Hospital has 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 1 April 2010 to 31<sup>st</sup> March 11 represents 100% of the total income generated from the provision of NHS services by the Winfield Hospital for 1 April 2010 to 31<sup>st</sup> 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  
Agency Hours as % of Total Hours  
% Staff Turnover  
% Sickness  
Total Lost Worked Days  
Appraisal %  
Mandatory Training %  
Staff Satisfaction Score  
Number of Significant Staff Injuries

#### **Patient**

Formal Complaints per 1000 HPD's  
Patient Satisfaction Score  
Number of Significant Clinical Events  
Readmission per 1000 Admissions

## Quality

Workplace Health & Safety Score

Infection Control Audit Score

Consultant Satisfaction Score

### 2.2.2 Participation in clinical audit

During 1 April 2010 to 31<sup>st</sup> March 2011, 3 national clinical audits and 1 national confidential enquiries covered NHS services that Winfield Hospital provides.

During that period Winfield Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Winfield Hospital was eligible to participate in during 1 April 2010 to 31<sup>st</sup> March 2011 are as follows:

- Hip, knee and ankle replacements (National Joint Registry)
- Elective surgery (National PROMs Programme)
- O Negative blood use (National Comparative Audit of Blood Transfusion)

The national clinical audits and national confidential enquiries that Winfield Hospital participated in, and for which data collection was completed during 1 April 2010 to 31<sup>st</sup> March 2011, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

Name of Audit	Participation (NA, Yes, No)	% cases submitted
<b>Peri- and Neonatal Children</b>	NA	NA
<b>Acute care</b>		
Cardiac arrest (National Cardiac Arrest Audit)	Yes	None in period
Bariatric surgery	Yes	100%
<b>Long term conditions</b>	NA	
<b>Elective procedures</b>		
Hip, knee and ankle replacements (National Joint Registry)	Yes	
Elective surgery (National PROMs Programme)	Yes	
<b>Cardiovascular disease</b>	NA	
<b>Renal disease</b>	NA	
<b>Cancer</b>	NA	
<b>Trauma</b>	NA	
<b>Psychological conditions</b>	NA	
<b>Blood transfusion</b>		
O neg blood use (National Comparative Audit of Blood Transfusion)	Yes	
Platelet use (National Comparative Audit of Blood Transfusion)	N/A	

The reports of 3 national clinical audits from 1 April 2010 to 31<sup>st</sup> March 11 were reviewed by the Clinical Governance Committee.

## Local Audits

The reports of 26 (which includes 9 infection prevention and control, 4 transfusion, 3 physiotherapy and 2 radiology) local clinical audits from 1 April 2010 to 31<sup>st</sup> March 11 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following action to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

## **Two stage consent process**

One of the clinical audits undertaken quarterly within the hospital covers the topic of patient consent to treatment.

For interventions requiring written consent it is Ramsay Healthcare policy that consent will be initiated at the earliest stage and evidenced by the first stage of the consent form being completed with the patient confirming receipt of information to allow him/her to make an informed choice of whether to proceed with the procedure and satisfactory period of time to ask further questions or be provided with further information.

Prior to the patient transfer to the procedure/operating suite, the patient will be asked by a healthcare professional if they have any further questions regarding the procedure and if there have been any changes in their medical condition since receiving the information regarding their procedure.

A positive response to either of these questions will prompt the healthcare professional to request the clinician performing the procedure to revisit the patient and reassess if the patient has been provided with appropriate information for the procedure to proceed.

The patient will also be asked at this stage if they have received information on risks, benefits and alternatives regarding their anaesthesia and opportunity to discuss this with the Anaesthetist and if they require further clarification/information.

When a confirmation response to the 3 questions stating no further clarification or input is required, this will allow the healthcare professional to sign off stage two of the consent form and for the patient to proceed with their procedure as planned.

Some Consultants are continuing to complete the consent form with their patients on the day of surgery rather than using this two stage process and this is an area of concentration for us as a hospital in 2011 via the Clinical Governance and Medical Advisory Committees.

### **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**

Winfield Hospital income from 1 April 2010 to 31<sup>st</sup> March 2011 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because we were using the ECN Contract which did not have quality targets attached.

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

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

The Care Quality Commission has not taken enforcement action against Winfield Hospital during 2010/11.

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

## **2.2.6 Data Quality**

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

Winfield Hospital will be taking the following actions to improve data quality

- Continue to audit and review clinical documentation including operation notes.
- Weekly audit reports identify data errors and missing information from our PAS system.

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

Winfield 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:

98.57% for admitted patient care;  
98.38% for outpatient care; and  
0% for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code was:

99.98% for admitted patient care;  
99.63% for outpatient care; and  
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**

Winfield Hospital 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



### Statement for Quality Account Winfield Hospital 2010/11

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account prepared by Winfield Hospital, part of Ramsay Health Care UK for 2010/11.

We are very pleased to see the development of Quality Accounts for individual hospitals which can reflect shared national ambitions in addition to locally agreed priority areas. NHSG endorses the proposals set out in the Quality Account set out for 2011/12 and welcomes the reflection on quality improvement areas during 2010/11.

Through their Quality Account for 2010/11 Winfield Hospital has been seen to improve the safety, effectiveness and patient experience of their services across a wide range of areas.

In a shared vision to maintain and continually improve the quality of services, NHSG and Winfield Hospital will work in collaboration to establish a comprehensive quality framework that includes nationally mandated quality indicators alongside locally agreed quality improvement targets.

We will be further developing robust arrangements with Winfield Hospital to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and patient experience of care.

NHS Gloucestershire can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services that Winfield Hospital provides to the residents of Gloucestershire and beyond.

Signed:

A handwritten signature in black ink, appearing to read "J Crook".

Name: Jill Crook, Director of Clinical Development and Engagement  
Date: 15/09/2011

# Part 3: Review of quality performance 2010/2011

## Statements of quality delivery

Helen Martin, Matron,

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.

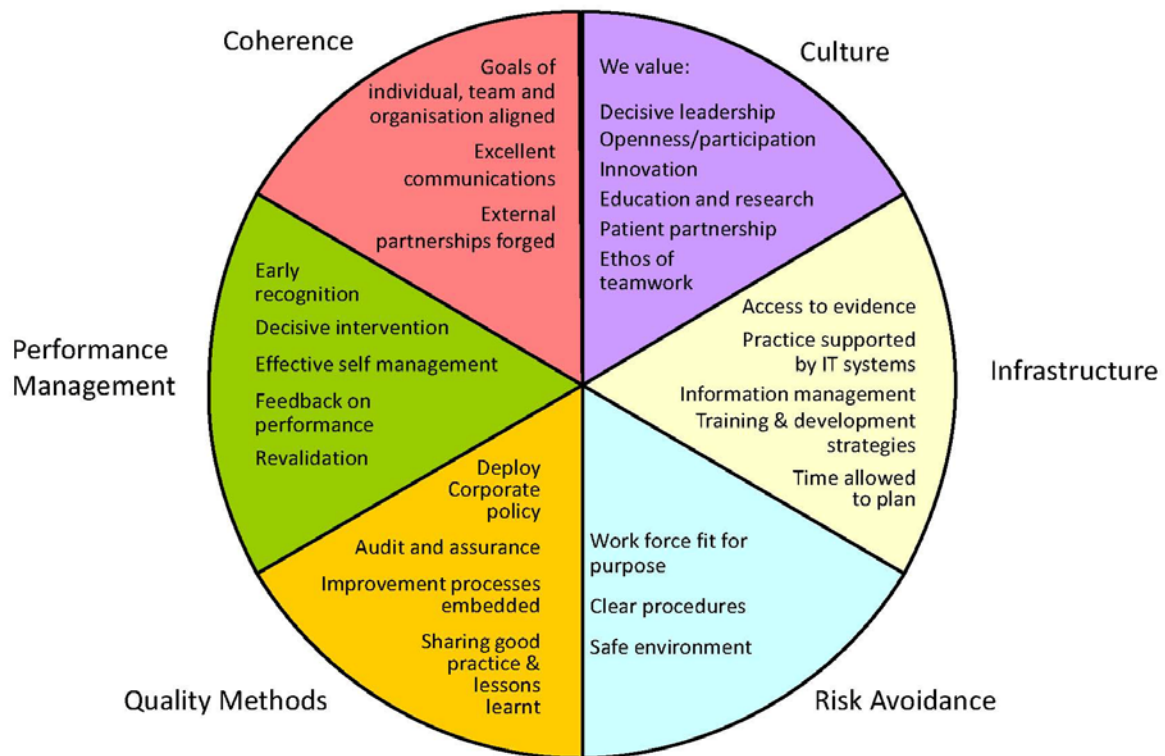
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

***Winfield 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.

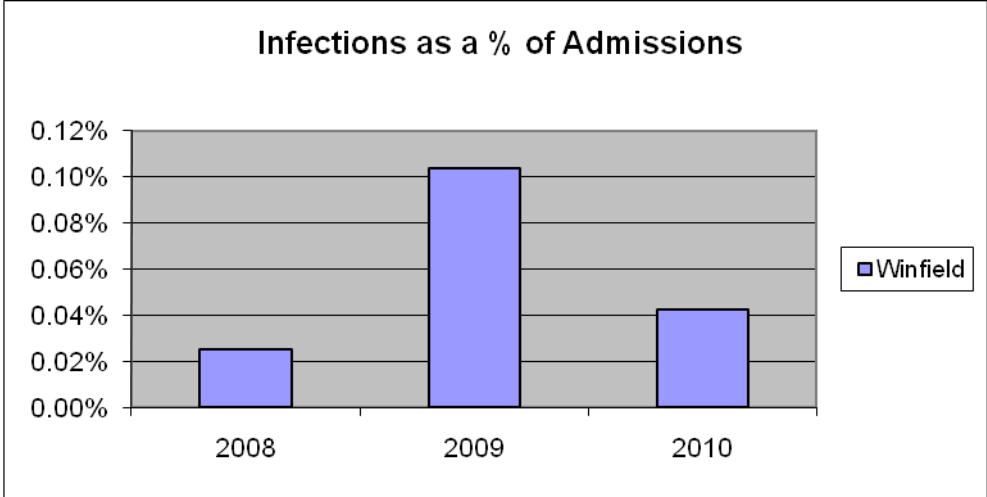
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Infection control audits are reviewed and reported through Infection control and prevention meetings held for all link nurses throughout Ramsay Health Care and through the Clinical Governance reporting framework.

#### **Programmes and activities within our hospital include:**

Winfield has an in house infection control team led by an infection control link nurse involving staff members from every department and a Consultant Microbiologist from the local Trust. The infection control team meet bi monthly to review all aspects of infection control including audits, training, infection control issues etc. 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 hand washing training and audits as per the infection control audit programme as seen in appendix 2. The results of all audits are discussed at Infection control meetings, Clinical Governance Committee and Heads of Department meetings.



As can be seen in the graph above Winfield Hospital has very low rates of reported infections.

Our infection rates have decreased from 2009 – 2010 but the increase in 2009 we attribute to the changes in reporting.

As can be seen the actual percentage of patients admitted to the Winfield Hospital who develop infection is very low.

### 3.1.2 Cleanliness and hospital hygiene

Audits to ensure safe healthcare environments include Patient Environment Assessment Team (PEAT) audits, in-house environmental audits and mattress auditing.

Theatres have developed their own internal infection control team to ensure all standards of cleanliness are met within this critical environment.

Cleaning matrix's are held in each department together with cleaning records

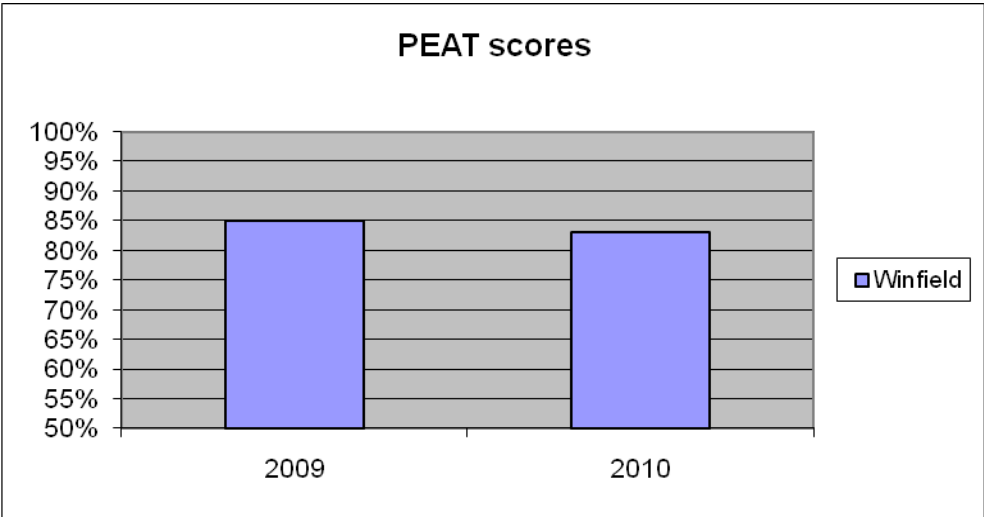
Infection control training takes place on induction and then yearly. Ad hoc training sessions also take place when issues are raised from audit or to cascade new initiatives for improvement of standards or policies.

Results of any audits are discussed and actioned via the various meetings such as clinical governance and health and safety

Measures to maintain standards include environmental audits. These took place 4 times from August 2010 - June 2011 achieving results of between 96-97%. Quarterly infection control meetings take place both with the local NHS Trust infection control team followed by in-house with representatives from each department. These ensure all new initiatives and any issues are cascaded throughout the hospital. Mattresses on hospital beds are audited between each patient for integrity and records kept. Any worn or damaged mattresses are replaced immediately.

Our PEAT audit score has not changed over two years. These assessments include rating of privacy and dignity, food and food service, access issues such as signage, bathroom / toilet environments and overall cleanliness.

On close review of the scores it was acknowledged that the upgrading of the patient bathrooms and a replacement programme of some of the room furniture would address this and a rolling programme of refurbishment has commenced. Winfield Hospital has an in house housekeeping team who take great pride in the cleanliness of the hospital and carry out self audits to ensure standards of cleanliness in relation to infection control. The catering department is also on site which allows patient's access to a wide range of appetising and nutritious meals appropriate to their needs. All staff are aware of the absolute requirement to treat all patients with dignity and respect and this is monitored via our external and internal patient questionnaires.



The breakdown of our 2010 audit is below.

	Actual Score	Possible Score	Final Environment %
Organisation Policy	2	4	79.41%
Specific Cleanliness	152	195	
Toilet and Bathroom Cleanliness	235	290	
Infection Control	30	30	
Environment	209	255	
Access and External Areas	70	105	
<b>Totals</b>	<b>698</b>	<b>879</b>	
			<b>Final Food Result</b>
Food	52	69	75.36%
			<b>Final P&amp;D Result %</b>
Privacy & Dignity	95	95	100.00%

Information regarding PEAT audits can be found on the National Patient Safety Agency web site.

<http://www.nrls.npsa.nhs.uk/patient-safety-data/peat/>

### 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.

Winfield Hospital has a Health & Safety committee that meets monthly to discuss all matters relating to health and safety and to review any adverse events that have occurred.

There is a comprehensive system in place for routine testing of all equipment and building structure.

Health and safety training is mandatory for all staff and forms part of both induction and the e learning programme.

All staff undertake fire training and manual handling training (clinical and non clinical).

COSHH awareness is raised via the general health and safety delivered in staff induction.

Awareness training for the prevention of sharps injuries is undertaken yearly by clinical staff.

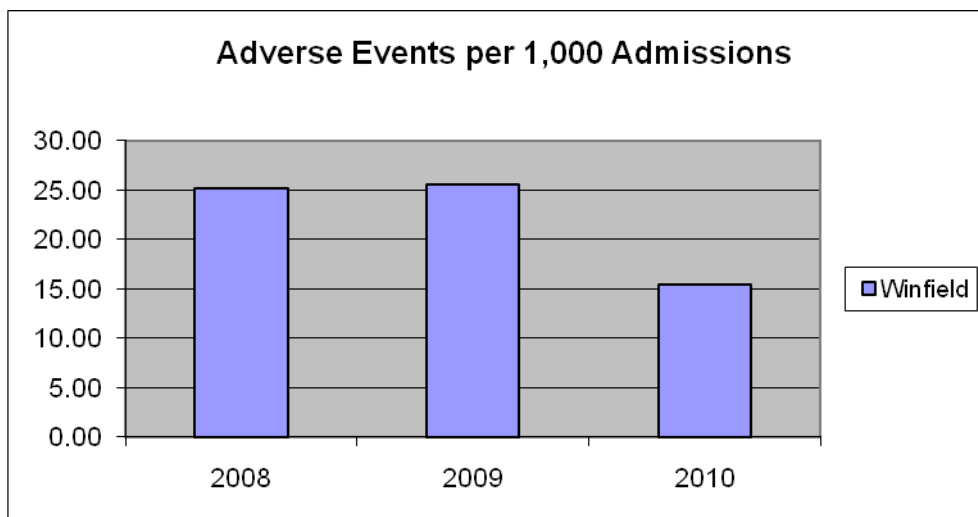
The reporting of adverse events, or serious untoward incident, is an important part of Ramsay Health Care UK's Risk Management Strategy.

An adverse event is an actual occurrence or incident that has caused harm to a patient, member of staff, visitor or contractor, caused damage to property, or a breach of security.

All adverse events are reviewed by both the Health and Safety and Clinical Governance Committee. All events have a root cause analysis and lessons learnt documented. Trends are looked for and any common themes investigated.

People who use our services benefit from a service that will inform them or others acting on their behalf, if an adverse event, incident or error has occurred in their care, treatment or support that has caused, or may result in harm and offers a full explanation of what happened along with an appropriate apology or expression of regret.

Ramsay Health Care will ensure the integrity of any adverse event investigation, is conducted in an open, honest, and professional manner



As can be seen in the above graph our adverse events rates have decreased in 2010.

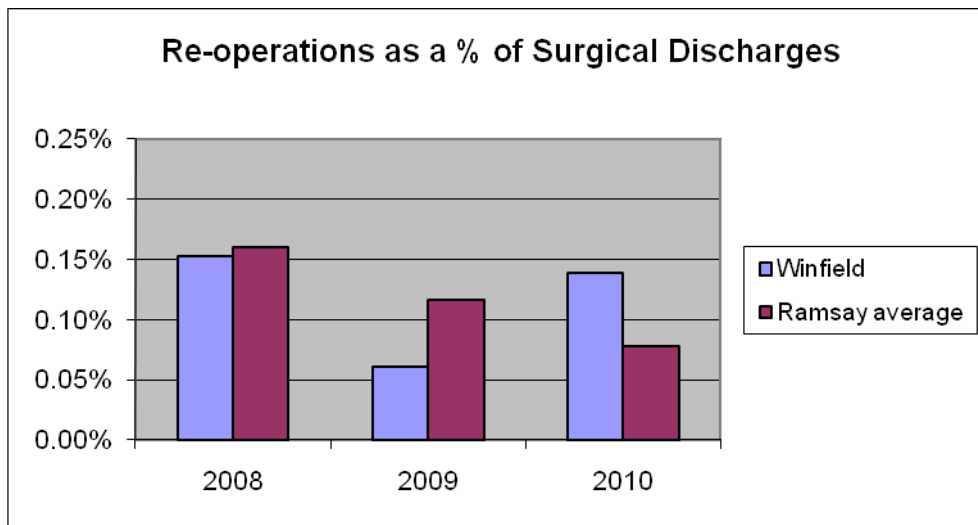
### 3.2 Clinical effectiveness

Winfield Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback, complaints, 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

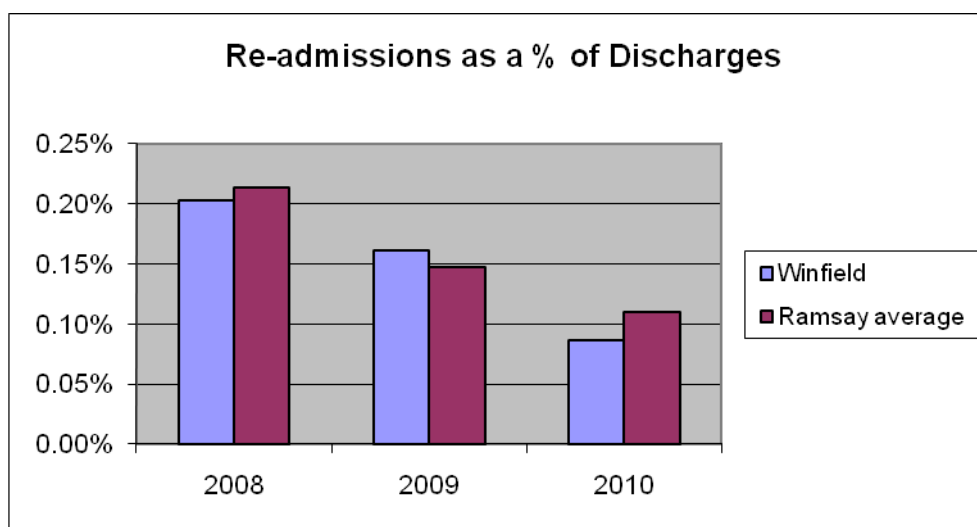
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



As can be seen in the above graph, our rates for returns to theatre are low. The graph for 2010 represents an actual figure of 138 patients across Ramsay Health Care with 8 of these patients being the Winfield Hospital.

### 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.



As seen in the graph above our readmission to hospital rate is low and has dropped year on year.

### 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:

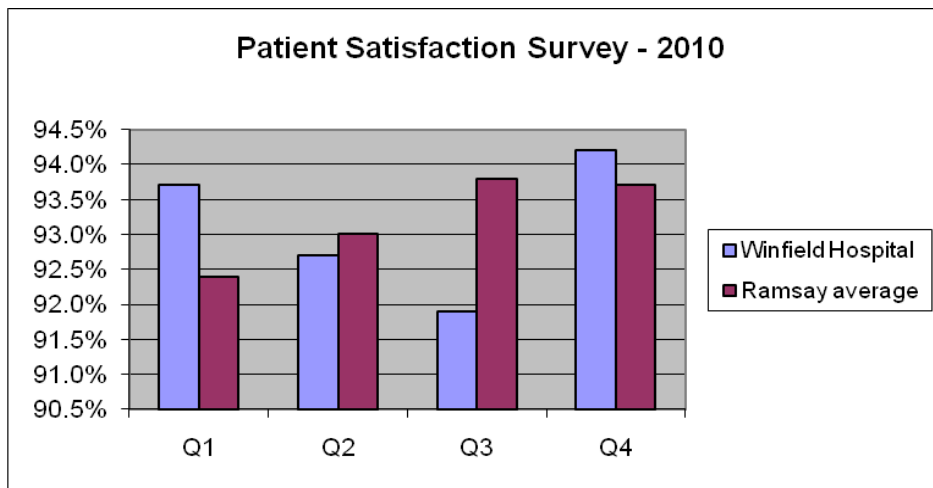
- Patient satisfaction surveys
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – 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 Winfield Hospital. To record a satisfaction index over 90%, 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%.



Our results as a hospital are high and measure favourably against the Ramsay average.

### 3.3.2 Patient Reported Outcome Measures (PROMs)

Winfield Hospital participates in the Department of Health's PROMs surveys for hip and knee surgery, hernias and varicose veins for NHS patients. The sample sizes are small and survey results are evolving. Indications so far are that Winfield Hospital patients report excellent outcomes and results compare favourably with other providers.

In future Quality Accounts it is our intention to publish these results.

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

## 3.4 Winfield Hospital Case Study

During 2010 we experienced an increase in the number of NHS patients who did not attend for their procedure on the day of surgery.

This had a huge impact on the costs and efficiency of the hospital as a whole with unused theatre time, administration time and consultant satisfaction.

We reviewed the patient data for those not arriving for admission and found no trends except for it appeared to be prevalent among patients who were booked for day case procedures.

As part of the ambulatory care project the process of day case pathways through the hospital was under review and we took the decision to include an action plan for reducing DNA's (patients who did not attend) as part of this.

A working party was set up which included a consultant, nurse, bookings administrator and NHS co-ordinator. We agreed that as patients waiting to come in for procedures we would expect the hospital to have a process in place to enable patients who did not intend to arrive for admission to be replaced with others who were waiting for admission.

It was agreed that all patients would be telephoned by the hospital 48 hours prior to admission to confirm the time of admission and discharge, any starving preparation that the patient may have been instructed on in their admission letter and to give the patient the opportunity to ask any further questions they may have.

We have found that our DNA's have reduced considerably, in fact to zero most weeks because of this process.

We do occasionally capture patients via this process who have not received their admission information or state that they are not able to attend on the date and this does enable us to offer their slot to someone else.

On the whole this has been a very positive project as patients appreciate a courtesy call to remind that their admission is imminent and we have demonstrated good customer service to our patients and consultants.

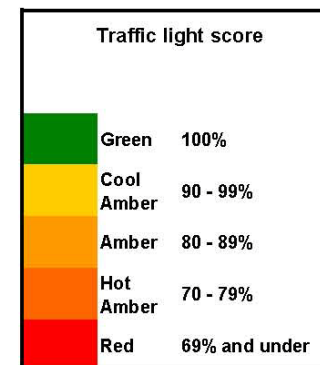
## Appendix 1

# Services covered by this quality account

<b>Accommodation for people who require nursing or personal</b>	Cardiology, Chiropody and podiatry, Cosmetics, Dermatology, Ear, nose and throat (ENT), Elderly care, Endocrinology, Gastroenterology, General medicine, Genito-urinary medicine, Gynaecology, Neurology, Ophthalmology, Orthopaedic medicine, Pain management, Paediatric medicine, Psychology, Physiotherapy, Rheumatology, Sports medicine, Urology	All adults 18 yrs and over Children - 3 yrs and above outpatients only
<b>Surgical Procedures</b>	Ambulatory, Day and Inpatient Surgery, Colorectal, Cosmetics/plastics, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Urology	All adults and children 16-18yrs excluding: <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months             <ul style="list-style-type: none"> <li>• BMI &gt; 35 (individual cases will be reviewed by an anaesthetist)</li> <li>•</li> </ul> </li> </ul> <p>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>
<b>Diagnostic and screening</b>		All adults 18 yrs and over All children 3 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:										
Use arrow symbol to locate required audit		Implemented: July 2010 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 →	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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# Winfield Hospital Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the General Manager using the contact details below.

For further information please contact:

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[www.winfieldhospital.co.uk](http://www.winfieldhospital.co.uk)