

Quality
Account
2011/12

BOSTON
TREATMENT CENTRE

Extraordinary care needs
extraordinary people

No reported MRSA Bacteraemia in the past 3 years.

People caring for people



Contents

Introduction Page		
Welcome to Ramsay Health Care UK and Boston Treatment Centre		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the General Manager	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2011/12 (looking back)	
2.1.2	Clinical Priorities for 2012/13 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2011/12 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	Patient Safety	
3.2	Clinical Effectiveness	
3.3	Patient Experience	
3.4	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		
Appendix 3 – Glossary of Abbreviations		

Welcome to Ramsay Health Care UK

Boston Treatment Centre is part of the Ramsay Health Care Group

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

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

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

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

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

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

Introduction to our Quality Account

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

The first 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 now develops its own Quality Account from last year onwards, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the General Manager

Carl Cottam, General Manager, Boston Treatment Centre

As the General Manager of Boston Treatment Centre I am passionate about ensuring that we deliver consistently high standards of care to all of our patients. Our Treatment Centre Vision is that;-

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

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

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

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

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

Boston Treatment Centre is ranked 7th of all hospitals in the UK according to the recent NHS Choices patient satisfaction survey and Dr Foster report.

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

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

If you would like to comment or provide me with feedback then please do contact me on carl.cottam@ramsayhealth.co.uk. Or contact me on 01733 842329.

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.

Carl Cottam
General Manager
Boston Treatment Centre
Ramsay Health Care UK

This report has been reviewed and approved by:

MAC Chair – Viktor Csok

Clinical Governance Committee Chair – Marian Necas

Regional Director – James Beech

Commissioner/PCT and other external bodies – Lincs PCT, LINK, OSC

Welcome to Boston Treatment Centre

Boston Treatment Centre

Boston Treatment Centre is a purpose built facility which provides services for assessment, diagnosis and treatment of common medical conditions, and has a suite of outpatient rooms, treatment rooms and counseling facilities. A well-equipped modern theatre undertakes a range of surgical procedures and endoscopic (diagnostic) investigations. Support services include a three stage Sterile Services Unit, which meets the stringent standards set by the Department of Health.

The Treatment Centre provides NHS and private day case facilities for the following treatments:

- Orthopaedic Shoulder and Knee Arthroscopy, Foot, Hand and Ankle Surgery
- Gastroenterology - Endoscopy
- General Surgery including Hernia and Varicose Vein Surgery (by EVLT)
- Ophthalmology - Cataract Surgery
- Urology
- Gynaecology
- Pain Management
- Physiotherapy
- Mobile Imaging
- Cosmetic Surgery and Non Surgical Cosmetic Treatments

We provide safe, convenient, effective and high quality treatment for adult patients (excluding children below the age of 18 years), whether privately insured, self-pay, or from the NHS. A high percentage of our patients have come from the NHS sector, patients choosing to use our facility through 'Choose and Book'. Our services help to ease the pressure on Pilgrim and Lincoln County Hospitals and NHS facilities and we have worked closely with the Hospital Management Team and the PCT to ensure improved access for patients requiring day case surgery. We have close links with GP surgeries, providing information, training and liaison in order to monitor their needs and the requirement of the local population.

We have treated a total of 2212 day case patients in the past year. Of those patients 2086 (94.3%) were NHS patients, and 126 (5.7%) private insured and self pay patients.

Boston Treatment Centre has a fully accredited Sterile Services Unit, compliant to the latest decontamination regulations and legislation, available for potential work with GP Practices, private providers, health centres and organisations requiring such services.

We currently employ the following staff at Boston Treatment Centre:

- 1 General Manager (covering 2 hospitals)
- 1 Matron
- 1 Support Services / Admin Manager, 3 Administrators, 1 Clinical Coder, 1 Medical Secretary and 2 part time Ward Clerks (including 1 providing additional part time Medical Secretary cover)
- 1 PA / HR Coordinator
- 2 full time consultants - a Consultant General Surgeon and a Consultant Anaesthetist. We also have a number of other consultants who work with us on a regular sessional basis and 24 consultants with practicing privileges to work with us, the majority of those are from the local trust.
- 6 Registered Nurses (including 1 Cosmetic Specialist Nurse), 3 Operating Department Practitioners, and 3 Health Care Assistants
- 7 Sterile Services Technicians
- 3 Housekeeping Staff
- 1 Supplies / Maintenance Coordinator
- We also have a shared Accountant, Engineer and a Sales and Marketing Manager with another Ramsay Hospital
- We have a number of regular Bank Nursing, ODP and Housekeeping Staff.

The Anaesthetist is on site at all times the unit is in operation with Patient Procedures, along with a minimum of 1 ALS Trained Nurse

We work in close partnership with Lincolnshire Primary Care Trust to deliver day care surgery to the residents of Lincolnshire, and also with the Pilgrim Hospital, United Lincolnshire Hospital Trust (ULHT). Utilising Radiology, Pathology and Occupational Health Services. We have agreements in place for the transfer of critically and non critically ill patients and for direct fast track transfer of patient care into the cancer networks. The majority of Consultants working with us are local and based at the Pilgrim Hospital.

GP's can refer patients to us through Choose and Book services or by paper faxed referral. We have a GP Liaison, visiting GP surgeries and keeping the GP's and Practice Managers up to date with the services we offer and Consultant profiles. We have representation at GP Practice Managers meetings and have held Choose and Book Workshops for GP's in Lincolnshire.

Our nominated charity for support last year was Lincolnshire Air Ambulance and previously St Barnabas, raising over £1574.80 in that year. We have sponsored Blackfriars Theatre and also Boston United Football Club and have had stands on a number of County Shows around Lincolnshire offering free mini health checks. We have organised an Open Day of the Unit in June, welcoming all to attend - the public, GP's and Consultants.

The Treatment Centre also has promoted its services to the community via advertising in local publications and radio. We are currently employing the Royal Mail to distribute flyers to a number of homes within Lincolnshire advertising our NHS services.

Part 2

2.1 Quality priorities for 2012/13

Plan for 2012/13

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

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

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

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

Priorities for improvement

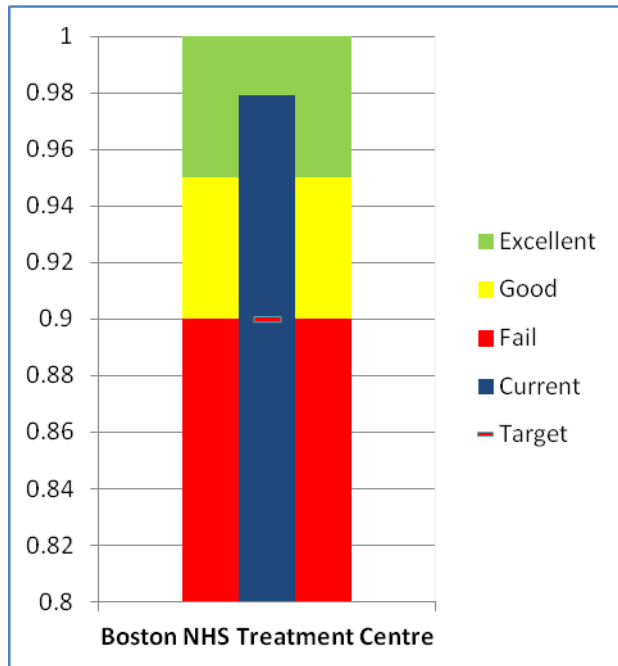
2.1.1 A review of clinical priorities 2011/12 (looking back)

- **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 check lists** – further work was undertaken and three more speciality specific checklists for radiology, cataracts and, more recently, endoscopy 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 0.8%
- **Meeting endoscopy standards** – Boston Treatment Centre was part of the pilot in rolling out GRS and JAG accreditation across the Independent Sector, and gained full 5 years JAG accreditation in May 2009 with excellent feedback from the JAG team. We have been registered with the GRS website since 2008 and our Endoscopy Working Group complete the 6 monthly scoring census, and agree, implement and review action plans to maintain our excellent scores at level A for all measures in all 3 domains.
- **CQC unannounced inspection January 2012** – Boston Treatment Centre was 100% compliant to all outcomes assessed, no recommendations and excellent feedback (to view report go to www.cqc.org.uk)
- **VTE risk assessment** – ref CQC regulation 9 (outcome 4) regulation 13 (Outcome 9) Several bodies - NCCAC (2007) ACCP (2004) NICE (2010a, 2010b) DH 2010, recommend formal risk assessment based on individual predisposing factors and the risk associated with their current illness or procedure to manage the risk of VTE. Prophylaxis is then individually prescribed according to the composite risk estimate. Ramsay Health Care has a DH requirement to report compliance to VTE risk assessment. The objective is to improve the quality of patient care by minimising risk of VTE and reduce variance of prophylactic methods used in order to reduce human errors and allow outcomes to be measured as a result of this standardisation. To achieve this all nurses have to complete online VTE assessment training. Consultants, led by a general surgeon, have been advised on the implementation of this policy via the MAC committee meeting and a formal presentation by the general surgeon. It has been agreed at this unit that all patients undergoing general anaesthetic will be VTE assessed by a nurse at outpatient appointment so that consultants can confirm assessment and prescribe the relevant prophylaxis. Audits are carried out on a 3 monthly basis to measure compliance of surgeons and report back to MAC.

As part of the national CQUIN for last year Boston Treatment Centre continuously over achieved on VTE risk assessment compliance against the benchmark month on month, scoring 98% overall.

VTE Risk Assessment Compliance Graph



Acute care competences (DH 2005c) (IHAS 2002a) CQC regulation.

Boston Treatment Centre is a Day case facility and we screen all patients prior to admission to identify the level of care they will require during their stay. Some are deemed too complex for treatment at this site and are referred to a more appropriate facility to meet their needs. Others are admitted with their level of care already defined and the necessary skilled staff, equipment and facilities available for them. Occasionally a patient who has appeared to require a low level of post-op care may become unwell and require a higher level of critical care. It is therefore essential that members of staff within the unit are able to identify and care for such patients.

By the nature of the facility at Boston it is paramount that staff are trained and competent in this area. (DH 2009) and that competency is assessed. Agreed standard competencies will enable providers and commissioners to identify whether staff are skilled, trained and equipped to provide care in an increasingly demanding situation. (DH2005g) To attain this standard Ramsay has set up a critical care group. This unit has one member who is an AIM Trainer and also has ALS providers on duty at all times. There are a total of 6 trained ALS providers available. All trained practitioners have been provided with competency folders and it is expected that they will be assessed and confirmed as competent by the end of May 2012 following the necessary training/updates. In order to help them achieve these competences, all trained practitioners have completed ILS and AIM courses.

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.

Our score was at 97%. We had a review of all written discharge information leaflets to ensure we had all current corporate documentation within the unit. We have also created a private discharge room within 2nd stage recovery to provide privacy and maintain confidentiality whilst fully explaining all discharge advice. Not only has this improved privacy and dignity for patients, it has allowed discharge to be carried out in a more timely and thoroughly manner.

Our score has now improved to 100%. In addition to discussing the drug and dosage, the patient leaflet within the medicine pack is now shown to the patient, highlighting any side effects etc. We are maintaining a score of 100% on enough explanations of medicines.

Two other focus areas last year have improved to 100% - always washed hands/used gel (from 98.4%), and if a problem

2.1.2 Clinical Priorities for 2012/13 (looking forward)

Patient safety

CQUIN

As part of our Standard Acute Contract (SAC) 2011/12 a number of national and local CQUIN's were agreed, of which Boston Treatment Centre participated. These were VTE, Patient Responsiveness, Smoking Cessation and BMI weight management. We achieved against target for all CQUIN's for 2011/12 and are taking Smoking Cessation, BMI and VTE forward into 2012/13. We are also introducing the Net Promoter – Family and Friends.

Safeguarding of vulnerable adults

Safeguarding vulnerable adults in the care of Boston Treatment Centre is a legal requirement under the Health and Social Care Act Regulation 11 (Regulated Activities Regulations) and Outcome 7: a professional requirement under professional codes of conduct as well as a moral and ethical requirement on all those working with the organisation. It is a responsibility the Group takes seriously and all staff working for, or within Ramsay Health Care UK are required to have a current enhanced CRB check. Equality, diversity and human rights are a theme running through Ramsay Health Care UK integrated governance framework and Group policies and practice comply with current legislation. All policies ensure that customers have the full information and knowledge required to make informed decisions. All staff undertake a formal induction process which includes the need to treat service users with consideration and respect, promoting their autonomy, independence and community involvement with due regard to their age, sex, religious persuasion, sexual orientation, culture and linguistic

background and any disability they may have. All staff are required to undertake the 'Equality, Human Rights and Workplace Diversity' Level 1 e-learning program. Level 2 and Level 3 training is currently being developed for roll out to all units. All staff at Boston Treatment Centre receive in house safeguarding vulnerable adult training and contact numbers for help and advice are displayed throughout the unit, and are also within our local policy.

Staff Satisfaction Survey

The results from staff surveys continue to be important as satisfied, well trained and competent staff will ensure patient safety risks are reduced. Staff satisfaction surveys are undertaken annually and reviewed by a dedicated working group.

Ramsay Health Care UK took part in the Sunday Times Best Companies national survey for the first time late 2011. This measured employee engagement across organisations from all industry sectors across the United Kingdom. The results of the survey placed Ramsay Health Care UK in the 'Ones to Watch' category.

Boston Treatment Centre's results were in line with Ramsay's average score. Staff at Boston Treatment Centre felt very strongly that the organisation provides a great service to its customers and that providing a quality service is at the heart of everything we do. They also feel well rewarded for delivering a great service.

The areas highlighted requiring focus is within individual teams and across teams, to improve a sense of family, caring for each other and going out of their way to help each other. This will be achieved through staff involvement in a dedicated working group represented by all departments.

Real time incident reporting

In order to improve the reporting mechanisms Ramsay has purchased a new system called RISKMAN. The new system which will be in place in all units this year will input the relevant data more efficiently and make reporting tools more widely available in order to improve patient safety outcomes.

Clinical effectiveness

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.

Productive Ward Ramsay Healthcare has piloted Productive Ward end of 2009 into 2010 – a total of 10 months to complete. (Institute of Innovation and

improvement 2008) The recommendation following the pilot is that all sites would benefit as it can be used as evidence that we are striving towards improving patient quality and staff involvement when bidding for NHS work or as part of our quality report

The aim will be for ward staff to focus on the efficiency of their direct patient care by examining and altering their key ward processes so that they can deliver the highest standards of nursing care within the existing resources.

As a team we have build a ward vision as one of the first processes of Productive Ward.

‘ We strive to be a harmonious group, delivering a high quality of care by a team who are motivated, efficient and highly valued.’

Since commencing Productive Ward the clinical team have been working at the foundation modules.

- Knowing how we are doing
- Well organised ward

By holding meetings within the clinical team we have discussed the working environment and the processes we use, audited and evaluated key processes and looked at how we can make changes to free up time to care.

We have also looked at key areas throughout the unit for well organised ward and restructured these areas to ensure things are immediately where they should be, thus ensuring everything is in the right place at the right time and ready to go.

Although we still have work to do on productive ward there have been discussions throughout the unit to introduce into Administration areas and Theatres to promote efficiency and productivity.

Improve national benchmarking

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. We will be benchmarking in the following areas;

- Hellenic – will provide national benchmark figures for key performance indicators(activity/volumes, mortality, day case rates, unplanned readmissions, average length of stay, unplanned transfers, reoperations, etc)
- VTE risk assessment compliance – benchmarking through the national stats website. Link;
<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications/Publicationstatistics/DH122283>
- PROMS results – benchmarking through national PROMS website. Link:
<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer/siteID=1937&categoryID=1295>

Patient experience – informing patient choice

Patient Satisfaction survey

Boston Treatment Centre focused on 3 areas last year, improving scores to and maintaining 100% in all 3 measures –

- 1) 'Nurses and Doctors always washed hands / used gel',
- 2) 'If raised a problem it was resolved to your satisfaction', and
- 3) 'Given written post discharge advice about how to look after yourself at home'.

Although our scores are excellent and Boston Treatment Centre is currently rated top in Ramsay Health Care UK for Excellent (96.7%), we must always keep a focus on patient satisfaction and how we can further improve and maintain our scores. We will be focusing on the on the following measures, listed below with our current scores:

- Consultant explained treatment fully 98.4% (down from 100%)
- Waiting time from admission to procedure 93.5% (down from 97.1%)
- Shared room or bay with a patient of the opposite sex 98.4% (maintaining same score)
- Received copies of letters sent from hospital Dr to GP 92.5% (up from 91.3% but further room for improvement)
- Sufficient involvement in discussions about treatment 96.7% (up from 96% but further room for improvement)

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 2011/12 Boston Treatment Centre provided and/or sub contracted a wide case mix of day case surgery NHS services.

Boston Treatment Centre has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 1 April 2011 to 31st March 12 represents 94.3% of the total income generated from the provision of NHS services by Boston Treatment Centre.

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 2011/12, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

HCA Hours as % of Total Nursing	12.2%
Agency Hours as % of Total Hours	0%
% Staff Turnover	35.29%
% Sickness	2.06%
Total Lost Worked Days	1390
Appraisal %	100%
Mandatory Training %	99%
Number of Significant Staff Injuries	0

Patient

Formal Complaints per 1000 HPD's	2.93
Patient Satisfaction Score	98.4% No 1 in Ramsay Group (91.8% excellent, 100% excellent or very good)
Number of Significant Clinical Events	0
Readmission per 1000 Admissions	2.93

Quality

Workplace Health & Safety Score 90%

Infection Control Audit Score 96% Surgical Site Infection
91% PEAT

2.2.2 Participation in clinical audit

During 1 April 2011 to 31 March 2012 Boston Treatment Centre participated in 2 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Boston Treatment Centre was eligible to participate in during 1 April 2011 to 31st March 2012 are as follows:

Elective surgery (National PROMs Programme) – Hernia and Varicose Vein

The national clinical audits and national confidential enquiries that Boston Treatment Centre participated in, and for which data collection was completed during 1 April 2011 to 31st March 2012, 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.

	Participation Rate	Response Rate
All Procedures	46.2%	71.4%
Groin Hernia	46.4%	75%
Varicose Veins	45.8%	66.7%

National Clinical Audits for Quality Accounts 2011-2012

For information/reports on audits participated in please go to the following link:

<http://www.hqip.org.uk/ncas-for-qa-introduction/>

Name of Audit	Participation (NA, Yes, No)	% cases submitted
<i>Peri- and Neonatal</i>	NA	NA
<i>Acute care</i>	NA	NA
<i>Long term conditions</i>	NA	NA
<i>Elective procedures</i>	NA	NA
Hip, knee and ankle replacements (National Joint Registry)		
Elective surgery (National PROMs Programme)		
Hernia	Yes	75%
Varicose Vein	Yes	66.7%
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	NA	NA
Liver transplantation (NHSBT UK Transplant Registry)	NA	NA
Coronary angioplasty (NICOR Adult cardiac interventions audit)	NA	NA
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	NA	NA
Carotid interventions (Carotid Intervention Audit)	NA	NA
CABG and valvular surgery (Adult cardiac surgery audit)	NA	NA
<i>Cardiovascular disease</i>	NA	NA
<i>Renal disease</i>	NA	NA
<i>Cancer</i>	NA	NA
<i>Trauma</i>	NA	NA
<i>Psychological conditions</i>	NA	NA
<i>Blood transfusion</i>	NA	NA

Local Audits

The reports of 15 (which includes 6 infection prevention) Ramsay mandatory clinical audits in addition to a range of local audits to satisfy JAG and GRS requirements including clinical and safety indicators (to meet level A in GRS), tracking and traceability and annual decontamination audits from 1 April 2011 to 31st March 12 were reviewed by the Clinical Governance Committee and Boston Treatment Centre intends to take the following actions to improve the quality of healthcare provided:

A focus on consent training for new consultants with practicing privileges to the Treatment Centre as part of their induction has now brought our scores up to has improved audit scores. This will continue to stay a key focus for new and current consultants. New consultants are audited and the results are fed back, with a follow up audit 1 month later. Newly implemented e-learning consent training has been completed by all clinical staff, and consultants with practicing privileges are being encouraged to complete this training.

Standards for consultant operation notes were highlighted and discussed at our local MAC. Audit scores are being maintained at 96%, however, further emphasis on the attention to detail (eg timing of records and full operation notes) continue with all consultants.

Recently implemented audits to highlight compliance to new corporate policies include pain, management of the deteriorating patient and nutrition and hydration. Focus on action plans to improve compliance have been put in place and re audits demonstrate much improvement in compliance, including correct completion of the Early Warning Score and pain assessment score on the observation chart.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

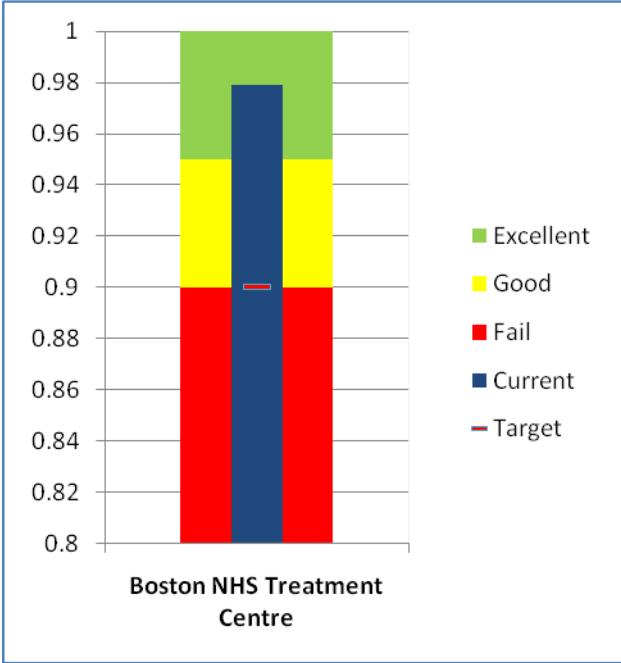
There were no patients recruited during 2011/12 to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

A proportion of Boston Treatment Centre's income in from 1 April 2011 to 31st March 2012 was conditional on achieving quality improvement and innovation goals agreed Boston Treatment Centre 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.

National and locally agreed CQUIN's have been in place as part of the standard acute contract since July 2011, as follows:

- 1. Reducing avoidable death, disability and chronic ill health from venous thrombo-embolism (VTE)
- 2. Improving responsiveness to patients
- 3. Smoking cessation – identification of risk, education and referral
- 4. Weight management – identification of risk, education and referral



The above graph demonstrates excellent compliance to VTE risk assessment for all patients, at 98%.

2.2.5 Statements from the Care Quality Commission (CQC)

Boston Treatment Centre is required to register with the Care Quality Commission and its current registration status on 31st March is registered with conditions.

Boston Treatment Centre has the following conditions on registration:
To treat adults over the age of 18 years

The Care Quality Commission has not taken enforcement action against Boston Treatment Centre during 2011/12.

Boston Treatment Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Data Quality

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

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

- Our Clinical Coder has undertaken the Foundation Coding Qualification.
- Consultants have been given training documentation and are aware of the corporate policy for record keeping in clinical records and operation notes
- Monthly medical record keeping audits are completed; results and actions required are discussed with the relevant consultants.
- Bi annual anaesthetic standards audits are completed, results and actions required are discussed with the relevant consultants.
- Coding take place from the medical records, a procedure coding form is completed within the patient record throughout the patient journey.
- There is a weekly data report which highlights any identified areas which are addressed by the coder. This is addressed before the data is submitted.

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2011/12 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:

99.66% for admitted patient care;
99.3% for out patient care; and
0% for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code was:

99.96% for admitted patient care;
99.82% for out patient care; and
0% 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 2011/12 was 77% and was graded 'green' (satisfactory).

Clinical coding error rate

Boston Treatment Centre was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

2.2.7 Stakeholders views on 2011/12 Quality Account

Copies of this Quality Account were sent to the Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and lead commissioning primary care trust (PCT) for comment prior to publication. These comments have been included in the published Quality Account here:

NHS Lincolnshire Commentary for Ramsay Boston Quality Account 2011/12

NHS Lincolnshire's main priority is to ensure that services are safe and of a high quality. The Boston Treatment Centre Quality Account highlights areas of service that demonstrate high quality care using the three key areas of effectiveness, safety and patient experience. NHS Lincolnshire particularly welcomes the focus placed on Safer Surgery Checklists, Cleanliness, including infection prevention and control, meeting standards for JAG accreditation for Endoscopy maintenance of excellent scores at level A for all measures in all 3 domains. Further, As part of the national CQUIN for last year Boston Treatment Centre continuously over achieved on VTE risk assessment compliance against the benchmark month on month, scoring 98% overall.

NHS Lincolnshire notes that the Trust's current registration status with the Care Quality Commission which is registered to treat adults over the age of 18 years

The Care Quality Commission has not taken enforcement action against Boston Treatment Centre during 2011/12. Boston Treatment Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

In January 2012 the CQC performed an unannounced inspection and Boston Treatment Centre was 100% compliant to all outcomes assessed, with no recommendations and excellent feedback.

In terms of performance against the CQUIN scheme for 2011/12 Boston Treatment Centre achieved the following:

- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
- Improve responsiveness to personal needs of patients
- Weight management and smoking cessation advice and referral

NHS Lincolnshire endorses the areas identified for improvement for 2012/13 and the associated initiatives as detailed within the Ramsay Boston Treatment Centre Account in particular: VTE assessment and introduction of the Net Promoter – Family and Friends test, which form part of the NHS Lincolnshire CQUIN scheme for 2012/13 to achieve the following:

- Reduce avoidable death, disability and chronic ill health from Venous thromboembolism (VTE) – to be maintained/stretch target
- Improve responsiveness to personal needs of patients
- NHS Safety Thermometer
- Encouraging healthy lifestyles

NHS Lincolnshire welcomes the Boston Treatment Centre's staff survey results which demonstrated that staff felt very strongly that the organisation provides a great service to its customers and that providing a quality service is at the heart of everything they do. Further, that they also feel well rewarded for delivering a great service. There is acknowledgement however that there is more work to be done to address the increased number of adverse events by improving training in manual handling and sharps awareness.

NHS Lincolnshire endorses the accuracy of the information presented within the Ramsay Boston Treatment Centre Quality Account and the overall quality programme performance will be reviewed through the formal contract quality review process and triangulation through patient experience surveys.

LINK Commentary for Ramsay Quality Account 2011/12

No comments received.

The Health Scrutiny Committee for Lincolnshire's Commentary for Ramsay Quality Account 2011/12



Sue Harvey, Matron
Ramsay Health Care UK
Boston NHS Treatment Centre,
Boston West Business Park,
Sleaford Road,
Boston
PE21 8EG

County Offices
Newland
Lincoln
LN1 1YL

14 June 2012

Dear Matron .

BOSTON TREATMENT CENTRE QUALITY ACCOUNT

I am grateful to you for sending me a copy of the Boston Treatment Centre's *Quality Account* for 2011/12.

The Health Scrutiny Committee for Lincolnshire does not have knowledge of the services provided by Ramsay Health Care in Boston, and so for this reason we cannot make a detailed statement on the content of the *Quality Account*.

There may be an opportunity for the Committee to engage with Ramsay Health Care over the coming year to enable the Committee to become more familiar with the services provided.

Yours Sincerely,
Christine Talbot

Councillor Mrs Christine Talbot
Chairman of the Health Scrutiny Committee for Lincolnshire



County Offices, Newland, Lincoln LN1 1YL
www.lincolnshire.gov.uk

Part 3: Review of quality performance 2011/2012

Statements of quality delivery

Matron, Sue Harvey

Review of quality performance 1st April 2011 - 31st March 2012

Introduction

'Our 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'.

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

Ramsay Clinical Governance Framework 2012

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.

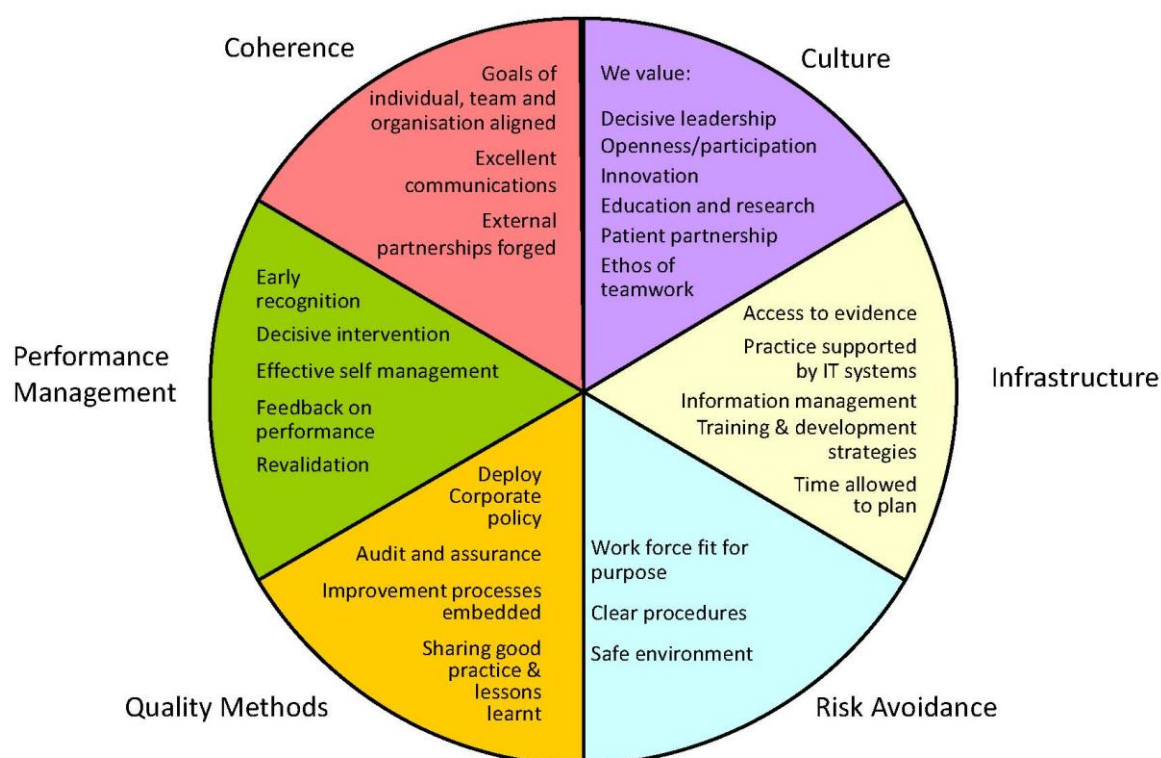
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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 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

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

We have systems in place to manage and monitor the prevention and control of infection. These systems use risk assessment and consider how susceptible service users are and any risks other users may pose. All patients are assessed for infection risk and all patients admitted for day-case surgery are screened for MRSA pre-operatively. These results are monitored by the Primary Care Trust locally and fed back via the Director of the Infection Prevention Committee to the Department of Health. Regular contact is made within these teams through regular meetings and update sessions. Meeting CQC, Essential Standards Criterion 1-10.

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.

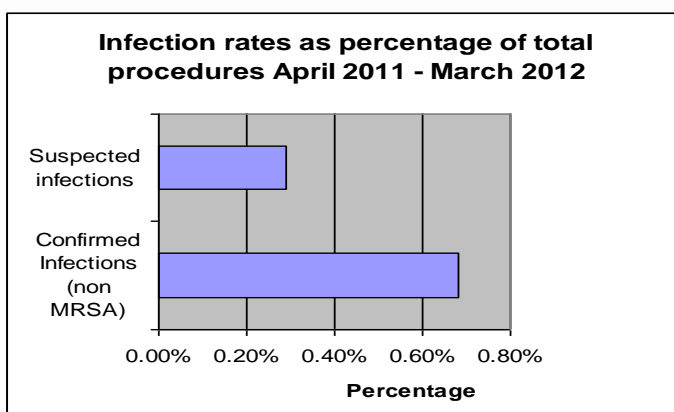
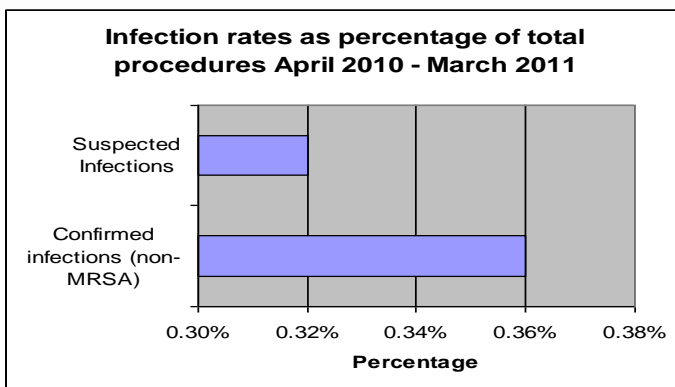
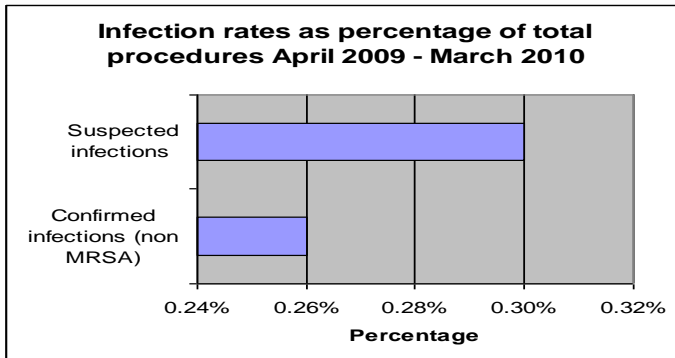
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

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

Programmes and activities within our hospital include:

- Mandatory face to face training programmes in hand washing and use of PPE at least yearly.
- ANTT training included within mandatory training package.

- Online E-Learning training package for all staff.
 - Local Infection Control Link Nurse to coordinate all infection control initiatives.
 - Regular local IPC meetings and dissemination of information.
 - Regular corporate IPC meetings.
 - Audit programme throughout the year, hand hygiene, surgical site infection surveillance and preventing the spread of infection.
 - Participate in Corporate and National hand hygiene promotion including Ramsay Healthcare Hand Hygiene day.
- **Infection Rates for Years April 2009 – March 2012**



As seen in the above graphs the percentage of infection within Boston NHS Treatment Centre is very low, remaining at less than 1% for the last 3 years, and

no reported MRSA Bacteraemia in the last 3 years. In comparison to the Ramsay national average it is slightly higher. This could be due to increased case mix and speciality range, and also improved reporting.

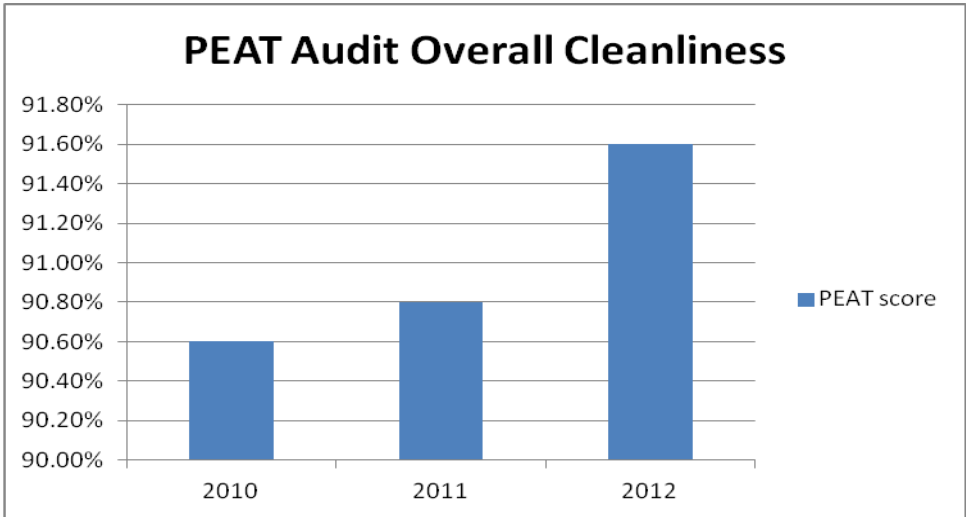
These results show we are performing above the National average in regards to infection rates. We believe this is due to a collaboration of thorough risk assessment, screening processes and a complex Housekeeping matrix ensuring the environment is thoroughly sanitised at all times.

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.

All members of the housekeeping team are subject to mandatory training programmes, including hand hygiene, infection control and waste management. PEAT audits are done bi-annually to ensure continuation of standards and environmental audits are carried out quarterly and reported corporately. Random swabbing is taken in all clinical areas to ensure bacteria is kept to minimal acceptable levels and reported on locally and action taken where necessary.



As can be seen in the above graph our overall cleanliness rates have increased over the last three years. In comparison to the Ramsay national average it is higher. This is due to implementation of a structured cleaning matrix and also through stricter recording, reporting and controls.

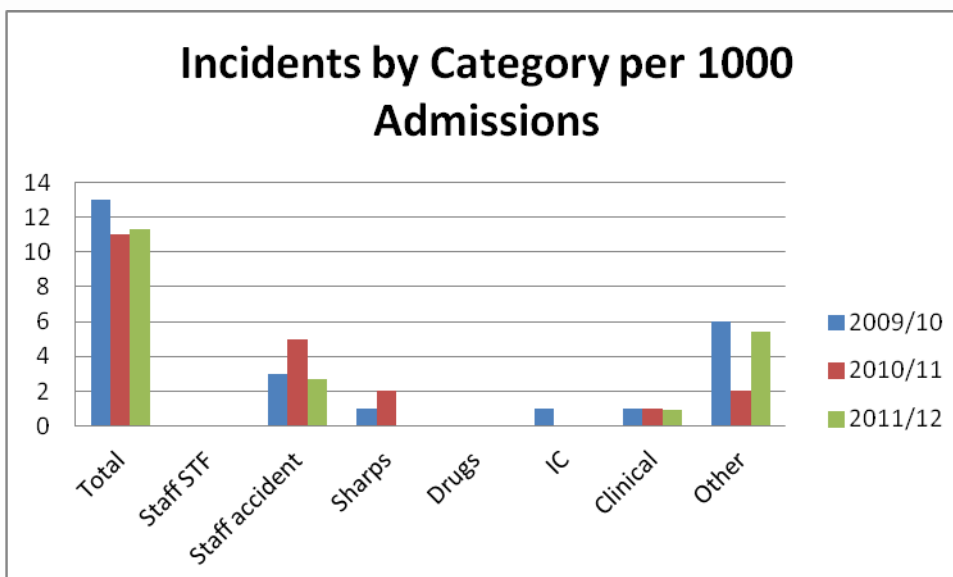
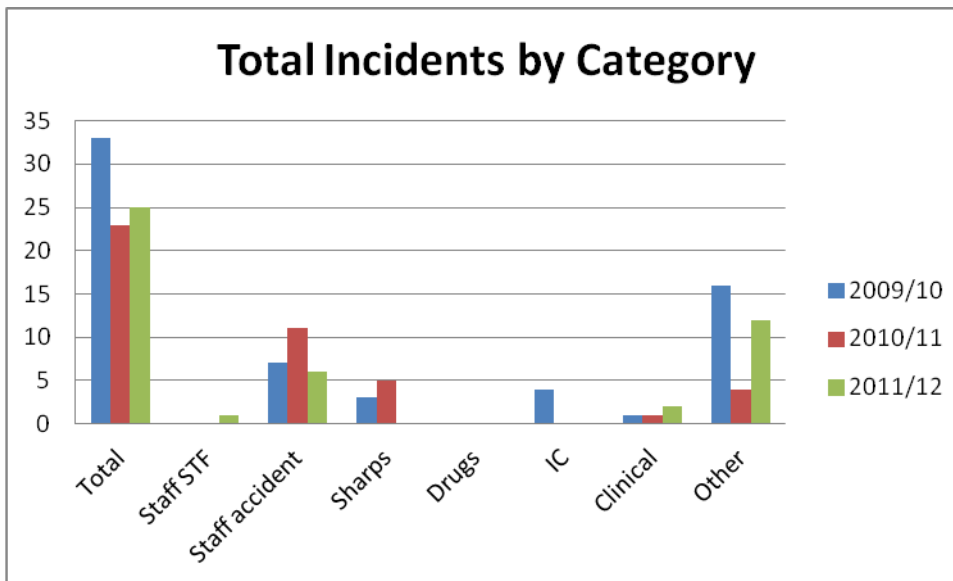
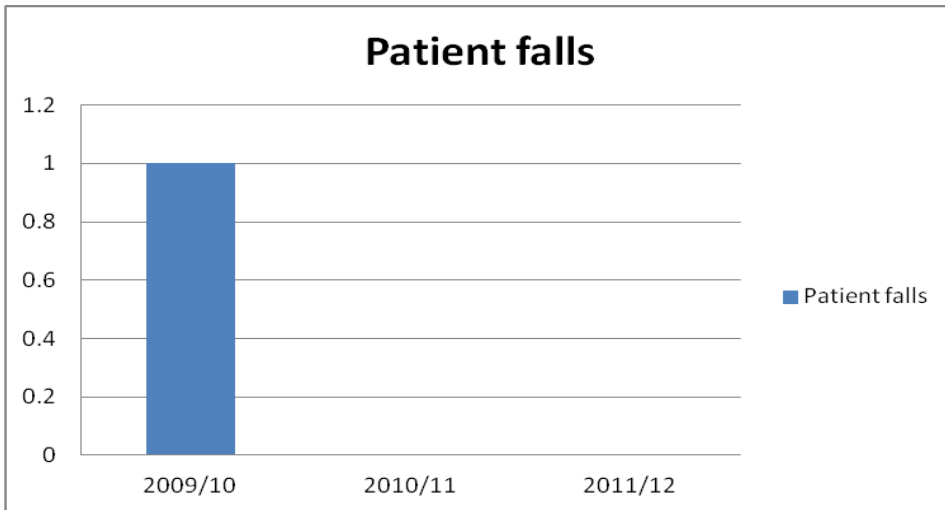
3.1.3 Safety in the workplace

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.

Local safety initiatives include:

- Mandatory face to face training programmes in H&S, risk assessment and fire at least yearly for all staff.
- Mandatory online E-Learning H&S and fire training package for all staff to complete annually.
- Regular local H&S meetings and dissemination of information.
- Regular corporate H&S meetings.
- Audit programme throughout the year – H&S facilities annual audit, quarterly environmental audit, annual DDA audit and annual PEAT audit.
- Local H&S Coordinator ensures completion of risk assessments across all departments and regular review.
- Participate in Corporate and National safety initiatives – Shattered Lives, STF and sharps action plans.
- RIMS (Risk Information Management System) for reporting all incidents and accidents online and enabling the review of trends locally and corporately. This will be further enhanced by the implementation of RISKMAN real time electronic reporting, being rolled out over this year, replacing RIMS.
- Implementation of Corporate Slips, Trips and Falls policy, incorporating risk assessment on admission of all patients highlighted as at risk



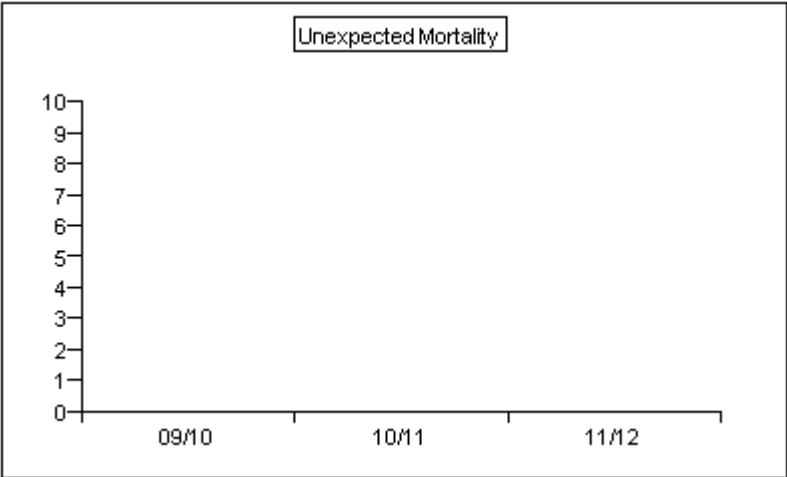
Of those 81 incidents in the last 3 years, there was only 1 serious untoward incident (SUI), which is much lower than Ramsay national average.

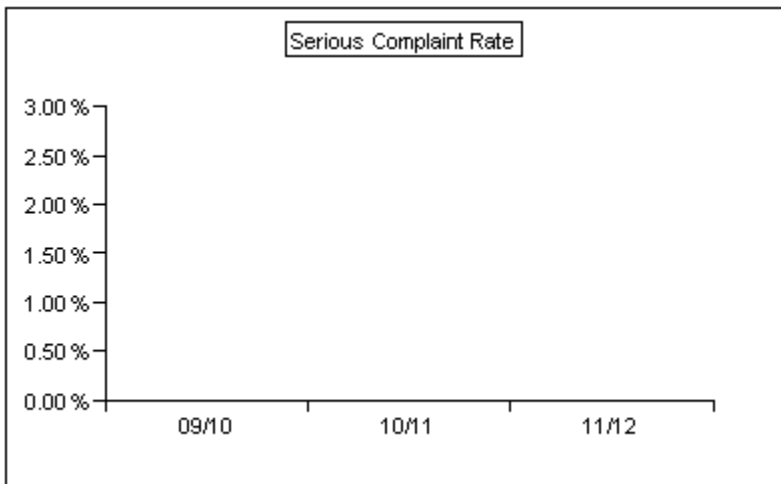
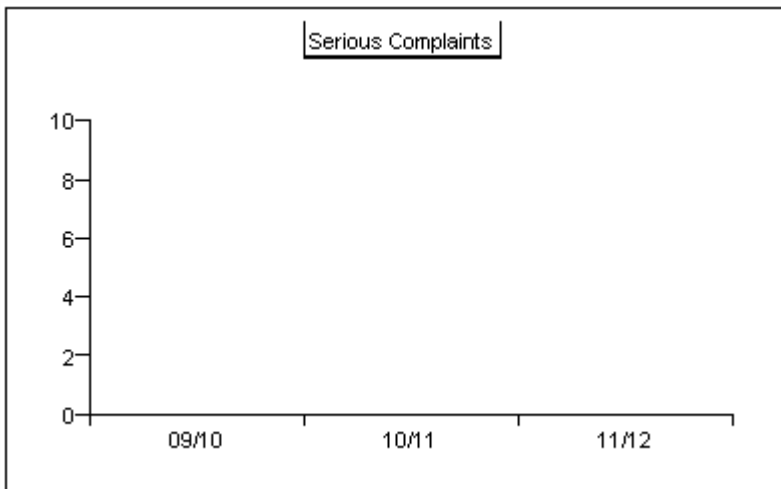
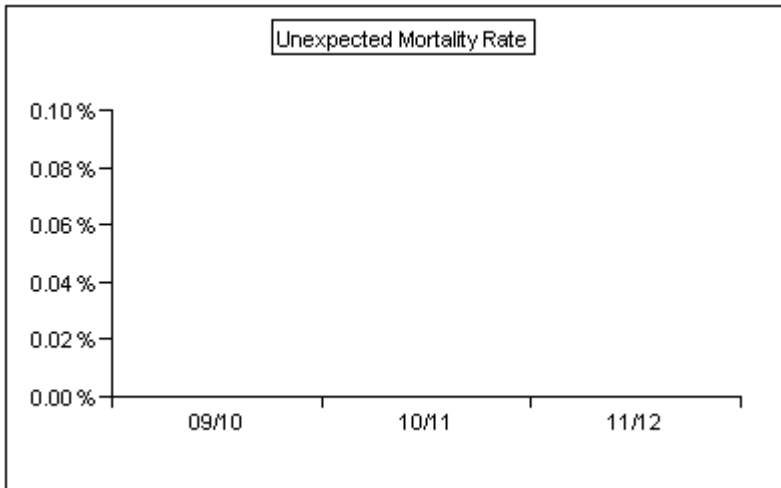
As can be seen in the above graphs our total adverse events rates have remained fairly static. However in the previous years' Quality Accounts it was highlighted that our staff accidents and sharps injuries had increased. These incidents had mainly occurred within our sterile services department and were addressed in this last year by further risk assessment and review, in addition to further staff training in manual handling and sharps awareness. This has seen a reduction in staff accidents and eradication of sharps injuries for 2011/12.

3.2 Clinical effectiveness

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

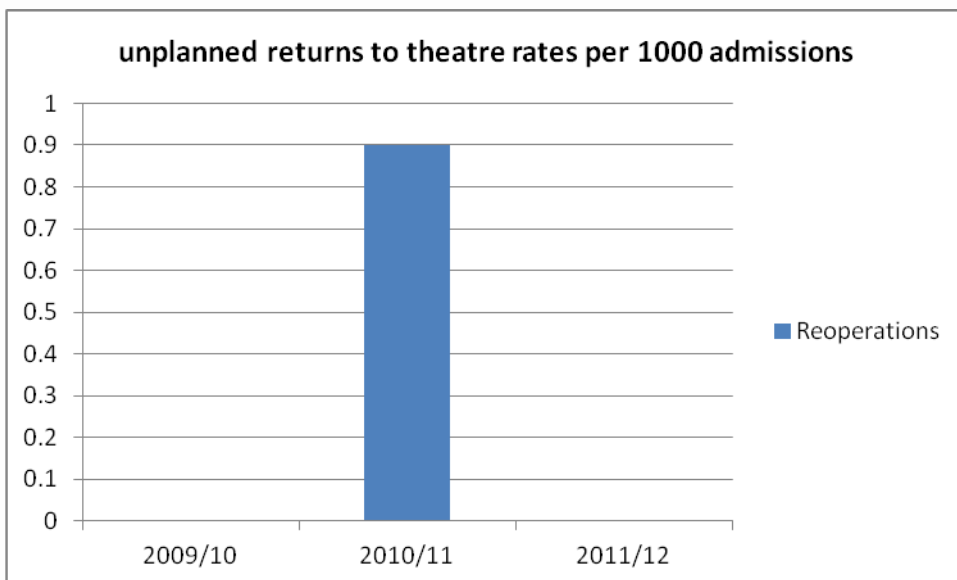
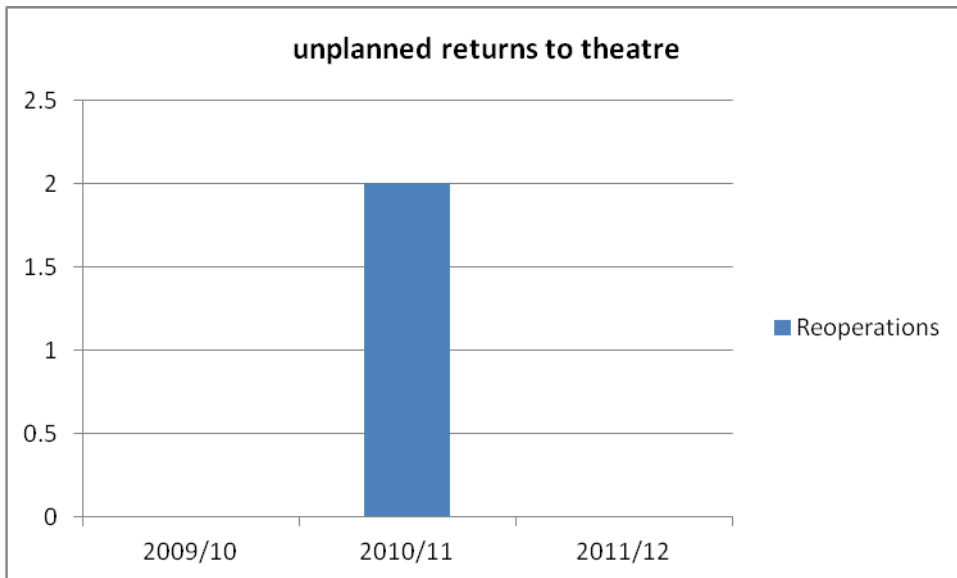
The results highlighted in the graphs demonstrate the effectiveness of this approach over the last three years.





3.2.1 Return to theatre

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

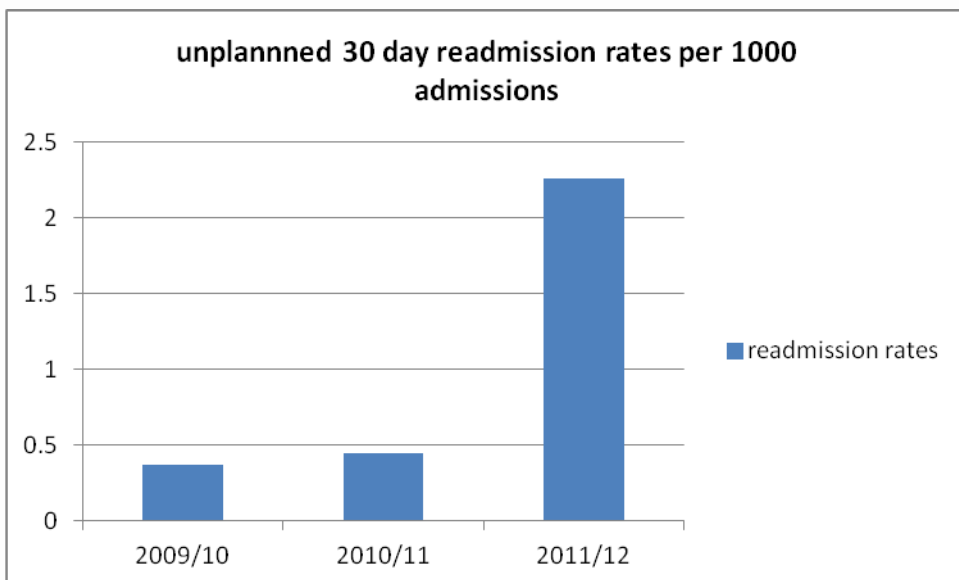
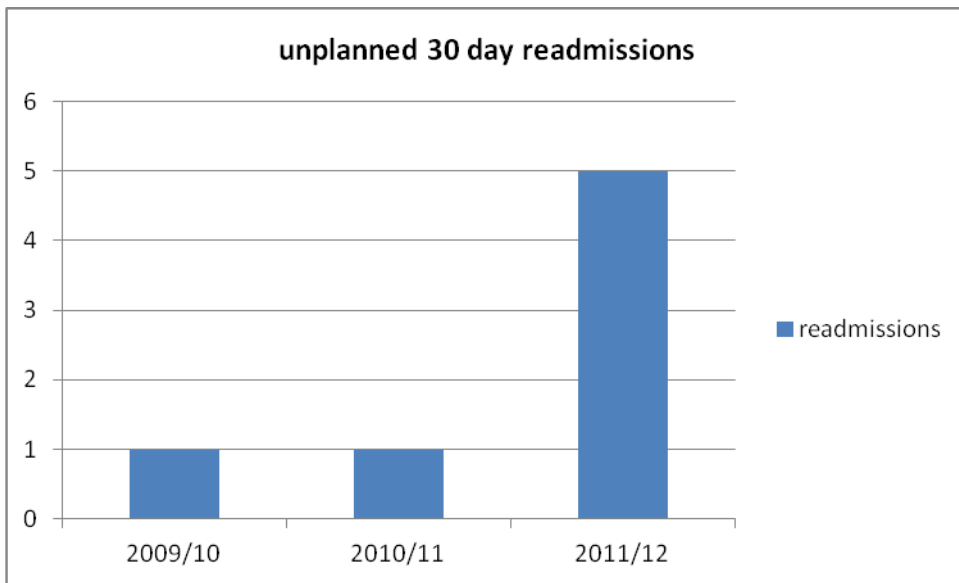


- As can be seen in the above graphs our returns to theatre rate have increased 2010/11. In comparison to the Ramsay national average it is much lower. Both returns to theatre were post operative EVLT for varicose veins that bled in recovery requiring further suturing. This may be due to

the implementation of a new corporate VTE policy on prophylaxis around that time. It has been addressed by additional suturing at the time of surgery, demonstrating no further issues in 2011/12.

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 can be seen in the graphs our 30 day unplanned readmission to hospital rates have increased significantly over the last year. Although none of these patients were readmitted to Boston Treatment Centre, information on unplanned readmissions within 30 day to any provider is now gathered by Lincs PCT and disseminated to all SAC service providers. Therefore, we now have visibility of unplanned patient readmissions to any other provider within 30 days of surgery at Boston Treatment Centre. Previously this information would have been unknown to us.

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 comments or suggestions for improvement are also fed back 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 fed back 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:

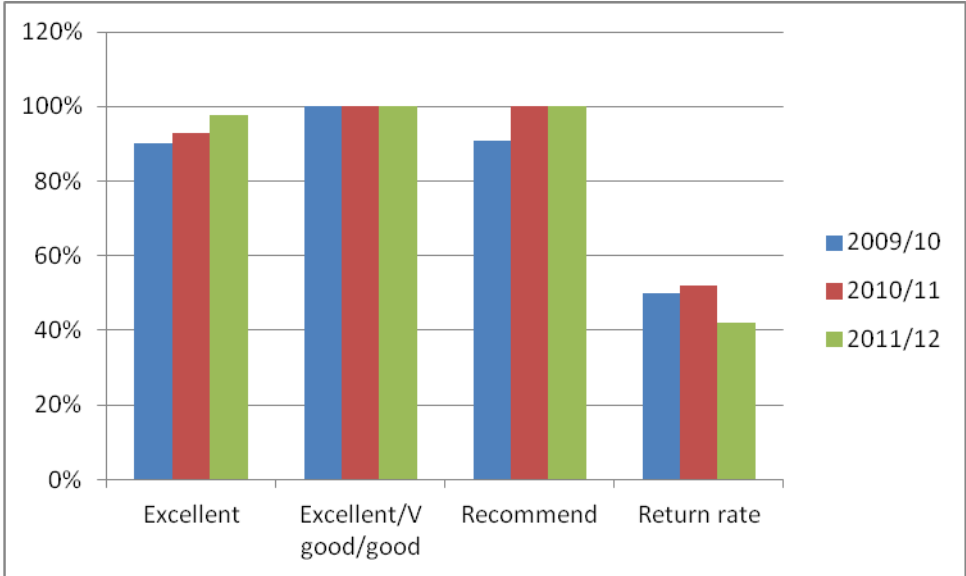
- Patient satisfaction surveys
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider (Compliance)/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care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

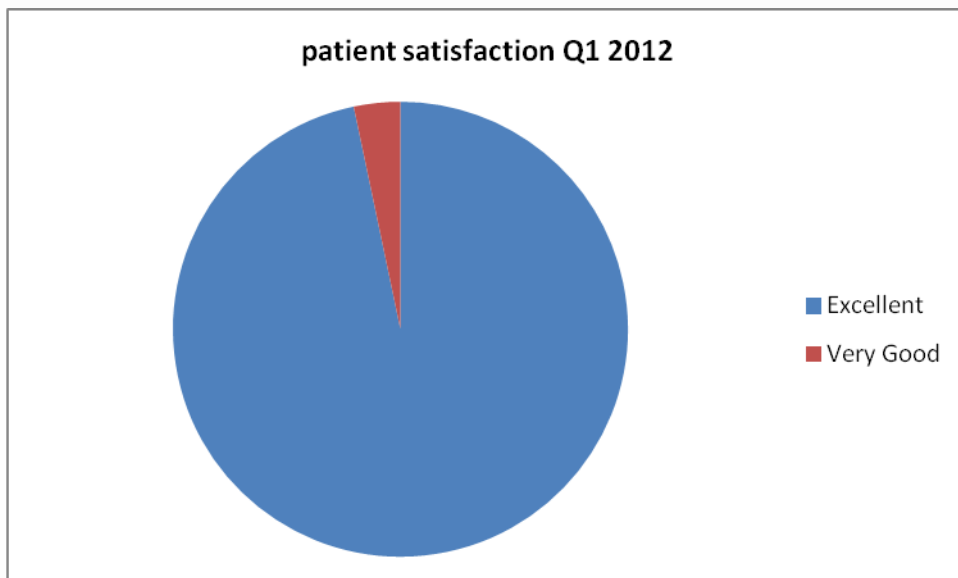
3.3.1 Patient Satisfaction Surveys

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 envelope 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 Boston Treatment Centre. To record a satisfaction index of 100%, 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%.





As can be seen in the first graph above our Patient Satisfaction rate has increased over the last year. In our most recent survey we scored 100% excellent or very good alone, with 96.7% excellent. 100% of patients would recommend Boston Treatment Centre.

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

The following measures are scored at 100%:

- Written information about proposed treatment before admission
- Risks and benefits explained
- Friendly welcome
- Enough nurses
- Cleanliness
- Treated with dignity and respect
- Contact details on discharge
- Everything possible to control pain
- Told who to contact after discharge
- * Always washed hands
- * Post discharge advice
- *If raised a problem, resolved to patient satisfaction

* The last 3 listed have shown an improvement from our previous patient satisfaction report through giving those measures focus in our action plan.

We need to focus on and make further improvement on the following measures:

- Consultant explained treatment fully 98.4% (down from 100%)
- Waiting time form admission to procedure 93.5% (down from 97.1%)

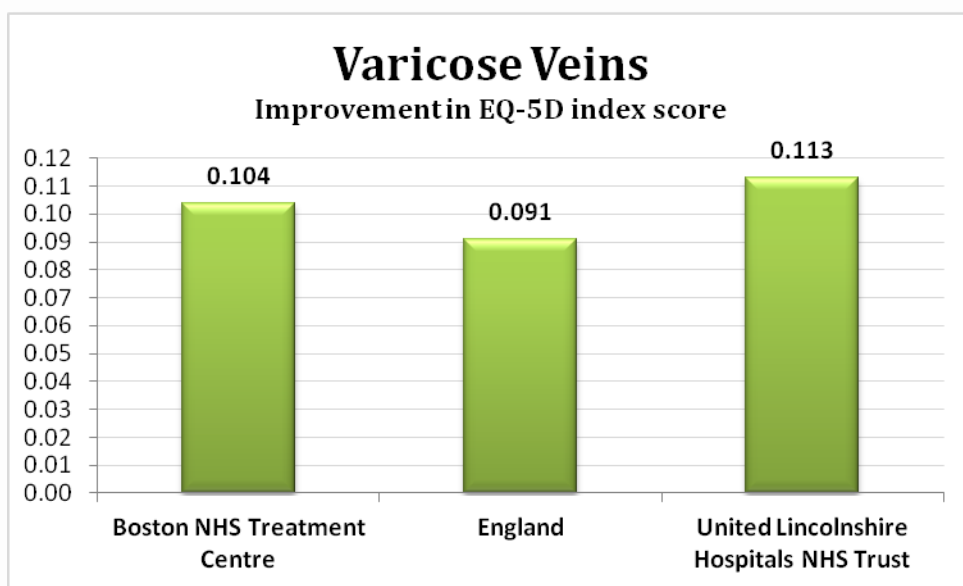
- Shared room or bay with a patient of the opposite sex 98.4% (maintaining same score)
- Received copies of letters sent from hospital Dr to GP 92.5% (up from 91.3% but further room for improvement)
- Sufficient involvement in discussions about treatment 96.7% (up from 96% but further room for improvement)

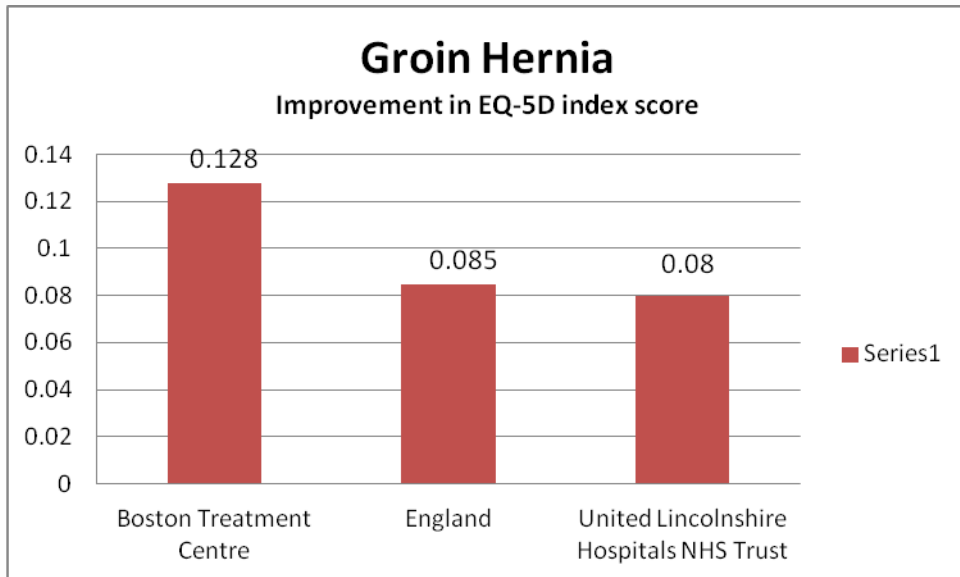
3.3.2 Patient Reported Outcome Measures (PROMs)

Average reductions in disability scores over post-operative period

Boston Treatment Centre continues to participate in the national PROMS data collection for Varicose Veins and Hernia surgery for NHS patients. The results are shared with the medical and clinical staff through the Medical Advisory Committee and Clinical Governance Committee. Reviewing this data also provides the opportunity to identify poor outcomes and examine practice if and when it exists.

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





As can be seen in the two graphs our PROMs EQ-5D index scores for Hernia and Varicose Vein in comparison to the national average it is higher.

3.4 Boston Treatment Centre Case Study

Case study for improved patient care: Expansion of Urology Services

Urology services have been provided at the Boston Treatment Centre since opening in 2005, initially under the GC4 contract, and since then the services have been provided through Choose and Book.

In 2011 the 2 Independent Urology Consultants providing this service put forward a proposal to expand the current operative procedures carried out at Boston Treatment Centre.

Within the past year the new expansion of the urology service has included day surgery Bladder Neck Incisions (BNI), Trans Urethral Vaporisation of Prostate (TUVP) and our first Retrograde Pyelogram and Insertion of a double J-Stent.

Ramsay Health Care provided a considerable financial investment to ensure a safe, well equipped environment for the new procedures.

The feedback received from local GP'S has been very positive and our high standard of care ensured patient satisfaction.

We are due to be offering a new outpatient urology 'One Stop' diagnostic clinic service. Patients will have a consultation and diagnostic tests in the same visit and will leave with a diagnosis and treatment plan from that one appointment. This will further enhance urology services provided to patients, improving the patient experience and quality care.

Appendix 1

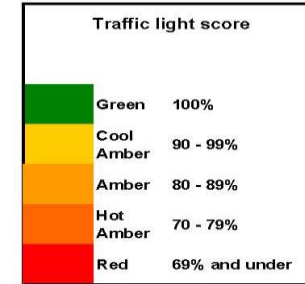
Services covered by this quality account

Regulated Activities – Boston Treatment Centre

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Laser hair removal, Micro derm, Physiotherapy, Skin rejuvenation Tattoo removal	All adults 18 yrs and over
Surgical Procedures	Cosmetics, Dermatological, Gastroenterology, General surgery, Gynaecology, Laser treatment for varicose veins (EVLTV), Ophthalmic, Orthopaedic, Pain management injections, Urology, Ambulatory and Day Surgery	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • 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> <p>All patients must meet social/clinical criteria for day surgery.</p>
Diagnostic and screening	GI physiology, Image Intensifier, Mobile MRI, Phlebotomy, Ultrasound, Urinary Screening and Specimen collection.	All adults 18 yrs and over

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

Audit Programme v4.0 2011/2012		Hospital Name:										Implemented: July 2011	
Authors: R. Saunders / A. Shannon / N. Carre / E. Anderson												For review: June 2012	
Use arrow symbol to locate required audit													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
Anaesthetic Standards		→						→					
Medical Records	→	→	Det Pt →	→		N & H →	→	→	Det Pt →	→	→	N & H →	
Consent			→			→			→			→	
Discharge	→						→						
Care Pathways and Variance tracking					→						→		
Controlled Drugs			→			→			→			→	
Prescribing					→					→		→	
Medicines Management			→						→				
Radiology	→		MRI →	→		MRI →	→		MRI →	→		MRI →	
Physiotherapy			Records →	Service Standards →					Records →	CPD (ongoing) →			
Theatre						→						→	
Infection Prevention and Control*	Hand hygiene →	Isolation →	PVCCB →	UCCB →	SSI →	Hand hygiene →	CVCCB →	SSI →	PEAT →	Hand hygiene →	PVCCB →	UCCB →	
Infection Prevention and Control - Environmental Audit		Environ →			Environ →			Environ →			Environ →		
Transfusion				Compliance →							Allogenic Traceability →	Autologous Traceability →	



***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
Det Pt = Deteriorating Patient
N&H = Nutrition and Hydration

Copyright © 2011 Ramsay Health Care UK

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PEAT	Patient Environmental Action Team
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SAC	Standard Acute Contract
SMT	Senior Management Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

Boston Treatment Centre 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:

01205 591860

www.bostontreatmentcentre.co.uk