

The Cherwell Hospital

Quality Account
2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

The Cherwell Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

I am very proud of Ramsay Health Care's reputation in the delivery of safe and quality care. It gives us great pleasure to share our results with you.



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

I am looking forward as we continue this journey to support our ongoing commitment to providing high-quality health services to our patients, with continued investment and a focus on utilising digital systems to support the patient journey.

A handwritten signature in black ink that reads "Jo Dickson". The signature is written in a cursive style with a large, stylized 'J' and 'D'.

Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

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

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Mr Boris Wagner, Hospital Director

The Cherwell Hospital

The Cherwell Hospital located in Banbury opened in 2006 and is a purpose-built inpatient facility that provides convenient, effective and high quality treatment for patients who are medically insured, self-paying and NHS funded.

As the Hospital Director of The Cherwell Hospital, I am passionate about ensuring our teams deliver consistently high standards of care to all our patients in a safe and caring environment.

Our Vision is;

“As a committed team of professional individuals, we aim to consistently deliver outstanding and holistic care for all our patients across a range of specialities, including Orthopaedics, Ophthalmology and Gynaecology. We are able to achieve this by continually updating key skills and knowledge, enabling us to deliver evidence based clinical practice throughout the Hospital.”

We regularly communicate with our local Care Quality Commission inspector since their rating of The Cherwell as a “Good” hospital in 2016 and they are reassured by the hospital governance that is taking place.

Our Quality Account relates the details of the actions taken over the past year to ensure that our high standards in delivering patient care remain our focus. Listening to our stakeholders and responding to patient feedback, we have been able to identify areas of good practice, but also areas where we can improve on the care that our patients receive. This has enabled us to refine our processes to continuously make improvements to the service we offer our patients.

A robust training and education plan, involving both the administrative and clinical teams allows us to deliver safe and competent excellent patient care.

Reducing and managing the hospital risks is an important aspect of safe delivery of care. Our staff have been instrumental in shaping our approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events. We have strengthened the leadership in the hospital so that greater ownership of the day to day care delivery remains excellent.

Clinical Governance Committee and Medical Advisory Committee help to support the senior leadership team in monitoring the adherence to professional standards and legislative requirements. The committees' review of the hospitals clinical performance and activity on a quarterly basis ensures we are working together to support the local healthcare community through the continuance of the National Contract.

Together, the Committee Chairs, Head of Clinical Services and I have reviewed this document. We agree with the content of the report, including the accuracy of all data, and the actions detailed within the Quality Account.

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me via email at the following address Boris.Wagner@ramsayhealth.co.uk

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Mr Boris Wagner

Hospital Director

The Cherwell Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

BOB ICB review requested:

Welcome to The Cherwell Hospital

The Cherwell in Banbury is a modern 40 bedded hospital. It was purpose built in 2006 as a specialist Orthopaedic Treatment Centre and was designed to provide an excellent standard of care for inpatient and day-case patients through modern facilities and the technical equipment that modern medicine demands.

Ramsay Health Care is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008.

The Cherwell is registered as a location for the following regulated services:

- Treatment of disease, disorder or injury.
- Surgical procedures.
- Diagnostic and screening procedures.

The Services we provide include:

- Outpatient Consultation and Consultant led Pre-Operative Assessment within a modern Outpatient Department of 9 Consulting Rooms.
- Dedicated Radiology Department providing x-ray, Ultrasound, and MRI scanning.
- Surgical operations undertaken in a modern theatre suite composed of 3 well equipped theatres all with laminar flow air change as well as a recently built SurgiCube operating theatre.
- Inpatient and day care utilising 40 inpatient beds with en-suite facilities and an ambulatory day care unit.
- Physiotherapy treatments delivered to both inpatients and outpatients from a dedicated department equipped with a large in-house gymnasium.
- Provision of freshly cooked meals, with a relaxing restaurant for staff.
- Onsite decontamination services.

We provide safe, convenient, effective and high quality treatment for adult patients whether privately insured, self-pay, or NHS funded.

Many of our patients choose The Cherwell Hospital for Orthopaedic Surgery. We specialise in hip and knee replacement, sporting injuries, shoulder, spinal, hand, wrist and foot surgery. Gynaecology and Dermatology are procedures also undertaken. Ophthalmology procedures will be commenced in 2023.

A high percentage of our patients come from the NHS sector where patients have chosen to use our facility through 'Choose and Book'.

Our services help to ease the pressures on NHS Trust facilities within Oxfordshire, Northamptonshire, Warwickshire, Buckinghamshire and surrounding counties.

We work closely with neighbouring county NHS Trusts to support Trusts to treat patients within 18 weeks and achieve national referrals to treatment targets (RTT). In addition, we provide diagnostic support assisting NHS Trusts to achieve diagnostic treatment targets.

We work with integrated Care Boards, and General Practitioner practices to ensure patients have improved access to our services by providing information, training and liaison to clinical and administrative staff.

In the last 12 months we have performed 2,923 procedures the majority of these procedures were performed for NHS patients who chose to have their surgery with us. The remaining patients chose to self-fund their healthcare or use private medical insurance policies.

To support the delivery of excellent clinical care, all of our services are led by Consultant Specialists, Consultant Anaesthetists and Consultant Radiologists. We have a Resident Medical Officer who remains on site 24 hours a day, 7 days per week.

In addition to Orthopaedic Surgery, Gynaecological Surgery and Spinal Surgery we offer the following specialties for patients who have private medical insurance or choose to self-fund their treatment:

- Dermatology
- Plastics

Clinical Specialists currently engaged:

- Consultant Orthopaedic Surgeons
- Consultant Spinal Surgeons
- Consultant Anaesthetists
- Consultant Radiologists
- Consultant Dermatologists
- Consultant Gynaecologists
- Consultant Plastic surgeons

The Cherwell Team:

The Hospital Director is supported by a senior leadership team comprising:

- Head of Clinical Services (Matron)
- Operational Manager
- Finance Manager

All departments have a Manager and dedicated teams to ensure that our services run smoothly and efficiently.

Clinical Departments:

Outpatient Department

The Outpatient Manager coordinates the clinical pathways to ensure the complex health requirements of all patients are met. The role is supported by Pre assessment specialist Anaesthetist, Registered Nurses, Health Care Assistants and Administrative staff.

Radiology Department

Our Radiology Manager and Radiology staff are provided by Oxford University NHS Foundation Trust, our Outpatient Manager and Radiology lead nurse ensure effective provision of nursing staff to assist with Ultrasound procedures, and manage a bank of Radiographers for sessional use.

Physiotherapy Department

Physiotherapy services are led by a Physiotherapy manager who is supported by a team of qualified Physiotherapists, a Physiotherapy Apprentice and a Physiotherapy Technician. The department also supports the training of external student Physiotherapists from Oxford Brookes and Coventry Universities.

Inpatient Ward & Day Case Unit

The Ward Manager is supported by a team of a Ward sister, Registered Nurses, Bank Registered Nurses, Health Care Assistants, a ward assistant, Ward Clerk, plus a Pharmacist and Pharmacy Technician.

Ophthalmology Suite

Our Ophthalmology suite recently opened (April 2023) and is situated on our first floor. This comprises a purpose built area for admission, surgery and discharge for patients undergoing cataract surgeries in our Surgicube facility. This has been developed in conjunction with OUHFT to support the provision of surgery in the north Oxfordshire area.

Theatre Department

Our theatre suite consists of 3 laminar flow theatres is managed by a Theatre Manager and supported by a deputy theatre manager, Anaesthetic, Recovery and Scrub leads and a team of Registered Theatre Nurses and Operating Department Practitioners and Health Care Assistants, ATPs and a Theatre Porter.

Non Clinical Teams comprise:

- Decontamination Technicians
- Administration Staff
- Receptionists

- Housekeepers
- Chefs and Catering Assistants
- Engineer
- Porter
- GP Liaison
- Medical Secretaries
- Medical Records Clerks
- PA to SLT, plus Credentialing assistant.
- Supplies Team Leader plus supplies assistant.

Primary Care

To ensure good communication and an inclusive patient experience we invest a significant amount of time building on the strong relationships we have with GPs working in Primary Care and providers of Musculoskeletal (MSK) Triage Services.

The GP Liaison lead makes regular visits to surgeries in the local area to engage with staff, provide information and respond to queries. We welcome feedback from our colleagues in primary care as this allows us to respond to issues arising in a timely fashion.

Due to our location in the northern tip of Oxfordshire, we represent a convenient choice of location for patients from several counties, including Oxfordshire, Warwickshire, Wiltshire, Buckinghamshire, Northamptonshire, Gloucestershire, Berkshire and Milton Keynes.

We work extremely hard to provide GP surgeries and Musculoskeletal Triage service teams with up to date information on the services offered at The Cherwell. We constantly revise the information we supply to include more detailed quality data, admission criteria and appointment waiting times.

Community Engagement

Engagement with the local community has been a focus for The Cherwell Hospital to further promote the benefits of choosing to have surgery locally at The Cherwell Hospital whilst continuing to support our NHS colleagues helping to reduce hospital waiting times. Throughout 2020 /21 The Cherwell Hospital provided support to the NHS locally by collaborating with Horton Hospital and Nuffield Orthopaedic Centre, to support the COVID 19 pandemic response. This provided the means to further strengthen our relationship with these bodies, something that we continue to develop to provide our local community with healthcare services. The recent collaboration to develop Ophthalmology services demonstrates this commitment.

The Cherwell Hospital has also supported NHS trusts in Swindon and Buckinghamshire with orthopaedic elective cases to reduce NHS waiting times for these surgeries.

Patient Engagement

We conduct a patient led assessment of our facilities yearly, PLACE audit with patients invited to inspect the hospital.

We review and learn from patient feedback through, compliments and complaints, these are collated and reported via Cemplicity. We engage with patients throughout the entire pathway with one to one consultations, patient information and Consultant ward rounds.

Through 2022 we were able to resume our patient engagement events and hosted two meetings with 6 patients, Matron and the Hospital director. These events deepen our learning from our patients and improve our service as a whole and we are keen to continue providing these events.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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

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

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

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

Priorities for improvement

2.1.1 A review of clinical priorities 2021/22 (looking back)

Patient Safety

- SUFS (Speaking up for Patient Safety) – Promoting Professional Accountability (PPA) –
The Cherwell hospital and Ramsay healthcare is committed to further developing SUFS and PPA. The Senior Leadership team (SLT) attended training staff from the Cognitive Institute in promoting professional accountability. This improves recognition and reporting of patient safety situations, with learning from events disseminated to staff and implementation of Peer messengers to further promote safety. Further training for Trainers and roll out to the wider staff groups is planned from July 2023.

Clinical Effectiveness

- Clinical effectiveness is supported by the widespread use of audit, The Cherwell Hospital and the wider Ramsay business use Tendable App for our Clinical Audit Programme. This provides a programme of audits based on best practice, NICE guidance, AfPP guidance etc to support good clinical practice and measure compliance. Audit and outcome is then supported with actions implemented to improve quality and patient safety.

Patient Experience

- Feedback received from patients and their families enables The Cherwell Hospital to review processes and improve the overall patient experience. We receive feedback from a number of sources, Friends and Family, Reputation.com, Cemplicity and PROMS, these are reviewed locally and shared with staff.
We are committed to increase the reach of modalities for customer feedback and have introduced tablets within the hospital and access to QR codes supporting us to develop and improve our patient experience.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

- Creating a safety culture is an ongoing process as a number of variables impact the Teams' acquired knowledge for example, changes in personnel, change in processes, people's behaviour and the mind set of completing the same tasks day in and day out. As a Team we all need to be alert to the potential risks to patients of hospital life and to prevent complacency. **'Speaking Up for Safety'** is an initiative to promote empowerment of staff to speak up in the moment when they see or feel safety concerns about individuals, tasks or processes and they take their professional accountability to action. This initiative is supported by a corporate policy and human factors training which is consistent with our values, (The Ramsay Way). A renewed focus will aim to ensure a reduction in the volume of incidents.
- As a population many people have suffered from the prolonged pandemic effects and this has left some people fragile, physically, emotionally and psychologically. For that reason our safeguarding lead has implemented staff safeguarding supervision sessions on a monthly basis, the first Monday in the month. This supervised session is available for all staff in which to participate and to reflect, seek advice or just improve their knowledge of adult safeguarding. The measure of success is that all safeguarding incidents are identified and managed in a timely, collaborative and individual basis.

Clinical Effectiveness

- Clinical Audit will continue to be widely used to measure the quality of service delivery and the effectiveness of our services. Improving the quality of auditing and outcomes of the audits completed will provide us with the means to drive a quality service in all aspects of care provision. These outcomes will be measured against our Ramsay hospitals and used to benchmark national outcomes. Scrutiny through local and national clinical governance will provide the means to drive improvement.

Patient Experience

- We gain insight into service delivery by asking our patients to tell us about their experiences, we are committed to increasing the opportunities for patients to feedback this information. Patient participation groups are a means of having a real conversation and responding to issues raised by patients. The Cherwell hospital will continue to provide these forums and engage with patient groups locally.

The above quality improvement priorities were chosen to facilitate an improved culture within the unit where senior leadership changes have occurred in the past year.

Staff are empowered to Speak up and advocate appropriately for themselves and patients and the incumbent leadership team actively support staff engagement in the provision of safe care for our patients.

The means by which we can measure success for SUFs programme is attendance at training and behaviour changes. The incident reporting system has the facility to input SUFs actions, this can be reviewed quarterly.

The updated clinical audit programme success will be measured in actions taken and outcomes from these actions. Audit must remain relevant and the updated programme will provide clinical staff with an improved means of measuring clinical compliance to national and local policy. Audit will be actively included in committee reviews and Governance reporting.

Patient experience will define our success in all aspects of care and the improved interaction with patients and feedback to staff will provide the hospital and staff with the means to make continuing improvements.

• 2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2022/23 The Cherwell Hospital provided and/or subcontracted 4 NHS services.

The Cherwell Hospital 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 2021 to 31st March 2022 represents 88% per cent of the total income generated from the provision of NHS services by The Cherwell Hospital for 1 April 2022 to 31st March 2023

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue – 33.52%
HCA Hours as % of Total Nursing – 30.34%
Agency Cost as % of Total Staff Cost – 13.04%
Ward Hours PPD – 10.11
23.8% Staff Turnover
3.27 % Sickness
% Lost Time – 23.8%
Mandatory Training 95%
Number of Significant Staff Injuries - None

Patient

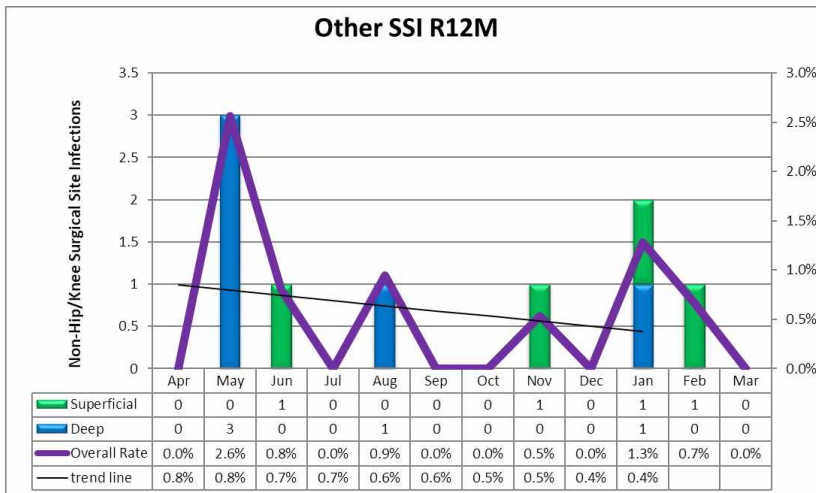
Formal Complaints per 1000 HPD's: 0.47

Patient Satisfaction Score: 95.4%

Significant Clinical Events/Never Events per 1000 Admissions: 6.75

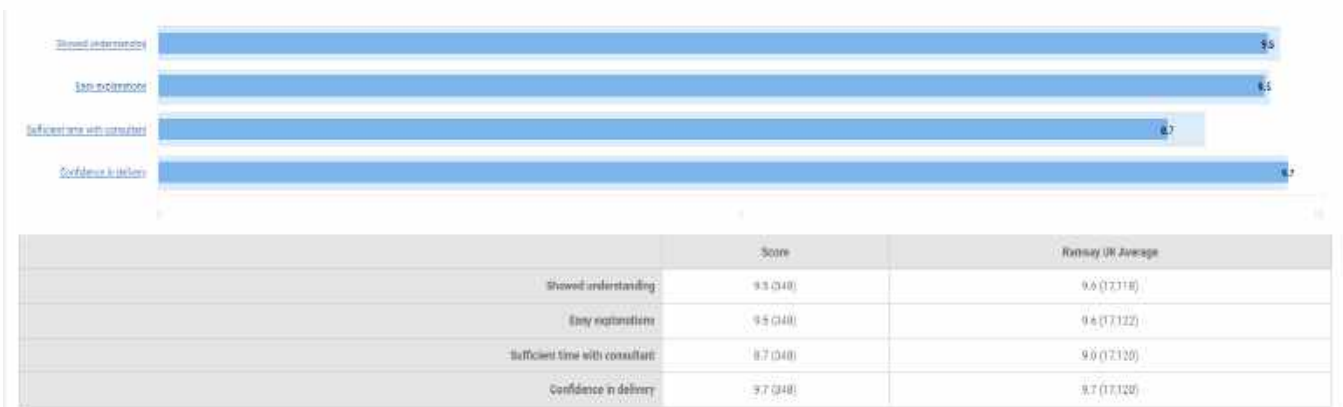
Readmission per 1000 Admissions: 5.25

Infection Control:



Demonstrates a 12 month rolling data for hospital acquired infections.

Consultant Satisfaction Score:



The patients' satisfaction with Consultant care is strong and features well against the national average for Ramsay.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 The Cherwell Hospital participated in a number national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that [The Cherwell Hospital](#) participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project name (A-Z)	Provider Organisation
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England
National Joint registry (NJR)	NJR

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

PROMs participation as follows;

- Commence participation of cataract patients in PROMS data
- Ensure all patients are captured on e-PROMS.
- Maintain 100% success with NJR audit data
- Commence NOD (National Ophthalmology Database Audit) data input for Ophthalmology patients

Local Audits

The reports of local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and The Cherwell Hospital intends to take the following actions to improve the quality of healthcare provided. Departmental audits are also discussed at departmental meetings and feedback is provided to staff. Audits requiring any improvement has an action plan attached. The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

There were no patients recruited during 2022/23 period to participate in research approved by a research ethics committee.

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

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

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

2.2.6 Data Quality

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

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

- Auditing scanning into medical records to ensure accuracy.
- Clinical coding surgical operation note compliance audit.
- Comorbidity/complication checklist compliance to improve completion.
- Point of Care testing accuracy auditing.

NHS Number and General Medical Practice Code Validity

The Cherwell Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 100% for admitted patient care;
- 100% for out patient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.76% for admitted patient care;
- 98.65% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top>

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30.6.22 for 2021/2022. The status is 'Standards Met'.

Info available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

The Cherwell Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Cherwell	100%	97.9%	100%	100%

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at September 2020*

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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.

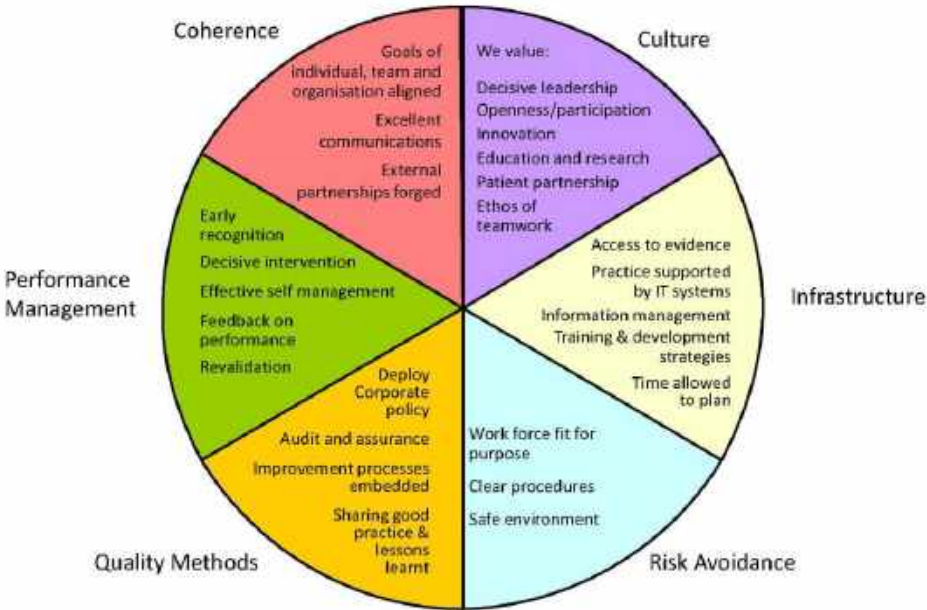
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

Mortality

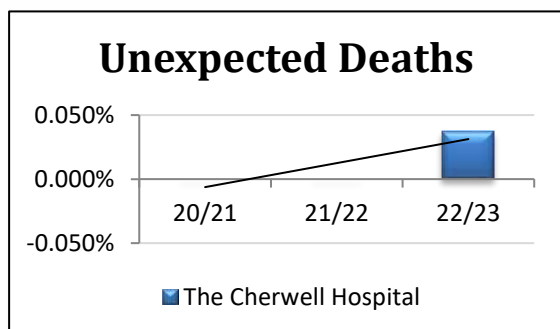
Mortality:	Period	Best		Worst		Average		Period	Cherwell	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC25	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC25	0.0004	

The Cherwell Hospital considers that this data is as described for the following reasons;

One unexpected death in the period following joint surgery replacement, this mortality was reviewed with the trust hospital the patient was transferred to on becoming unwell and a full serious incident investigation completed.

The Cherwell hospital mortality data reflects the nature of services delivered which is planned elective surgery rather than urgent or complex care. Nevertheless an extremely robust pre-assessment process is in place where we

assess and involve patients individually to identify the most appropriate anaesthetic and treatment to minimise risks.



Rate per 100 discharges:

National PROMs

PROMS:	Period	Best		Worst		Average		Period	Cherwell	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC25
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC25	23.989
PROMS:	Period	Best		Worst		Average		Period	Cherwell	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC25
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC25	17.623

The Cherwell Hospital considers that this data is as described for the following reasons:

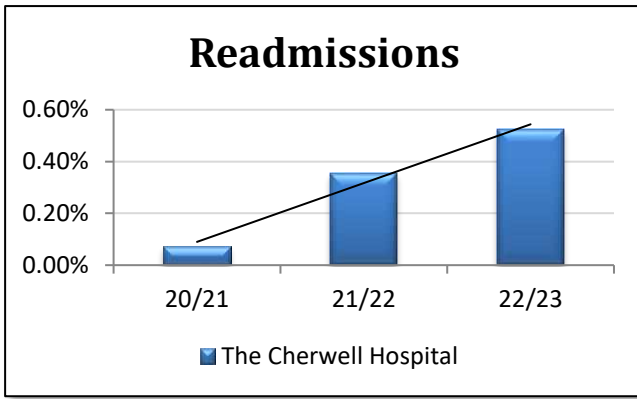
The Cherwell hospital National PROMs data is in line with national averages, however, there is a focus on improving this response with the introduction of ePROMS, and this will continue to be monitored.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Cherwell	
		18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC25
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC25	0.01

The Cherwell Hospital considers that this data is as described due to a small rise in readmissions for clinical care in the period.

The Cherwell Hospital readmission rate is reviewed as part of our Clinical Governance and Local infection control committee agendas. We have identified a small rise in readmissions.



Rate per 100 discharges:

Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best	Worst	Average	Period	Park Hill				
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):



Summary of PHIN Patient Experience performance



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2022 – March 2023:

The Cherwell hospital maintains good ratings on this scale and benchmarks within or above national Ramsay average.

Patient feedback is managed by the senior clinical team to review and address patient comments.

Feedback is regularly shared with staff through meetings and governance processes.

VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period		Cherwell	
		Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC25	95.1%	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC25	99.4%		

The Cherwell Hospital considers that this data is as described. The Cherwell Hospital continues to work to achieve a 100% compliance to VTE assessment, our current submission scores do however exceed the national average in the sample above.

C difficile infection

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Cherwell	
		2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC25	0.0	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC25	0.0		

The Cherwell Hospital considers that this data is as described. The Cherwell Hospital continues to maintain a zero clostridium difficile rate, well below the national average.

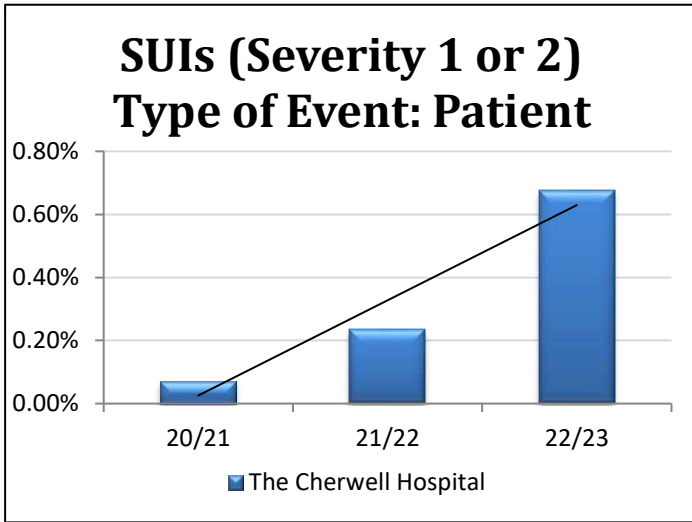
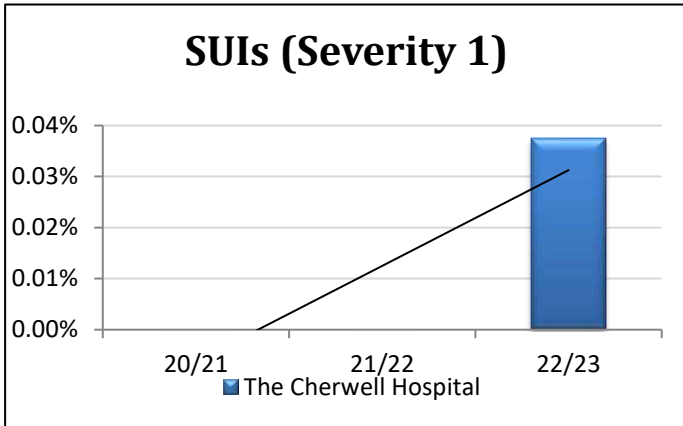
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period		Best		Worst		Average		Period		Cherwell	
		Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC25	0.00	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC25	0.00		

The Cherwell Hospital considers that this data is as described.

The Cherwell Hospital have reported 1 SUI level incident. We are continuing to work hard to support and empower our staff to raise patient safety concerns in a timely manner by utilising the Speaking Up for Safety model.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Cherwell	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC25	100.0%
Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC25	99.4%	

The Cherwell Hospital considers that this data is as described for and is above the national average.

The Cherwell Hospitals friends and family satisfaction scores are consistently high and above the national average. Going forward we are working on improving our response rate in all departments to allow us to gain a better understanding of the views of our patients throughout their patient journey.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

The Cherwell Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 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 and works to remain compliant with The National Standards of Healthcare Compliance.

Infection Prevention and Control management is 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:

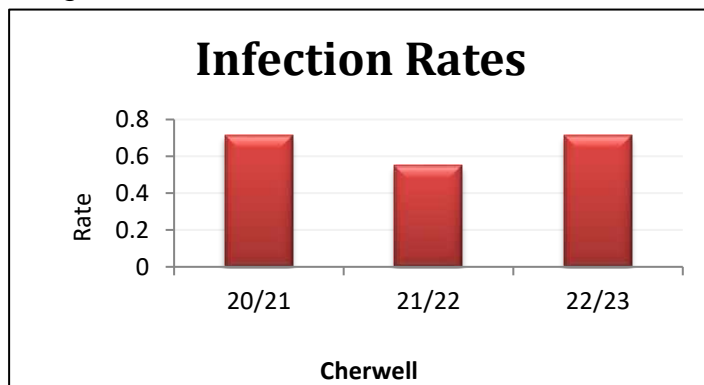
These include:

- Monthly Hand Hygiene, with local actions monitored by the department heads. Average compliance across the year: 95%
- Monthly Departmental cleaning audits, with local actions monitored by the department heads. Average compliance across the year 93%
- Management of Linen Audit – 95.5%
- Surgical Site Infection (One together) – 100%
- IPC environmental Infrastructure audit – 91.2% - Actions: Training and support with high level cleaning included for housekeeping teams.

- IPC Governance and assurance – 88.5% - Actions: Hand hygiene fell below 90% compliance, therefore staff were provided with training and re-audits completed to raise compliance. Completed.
- Peripheral vascular venous care bundle - 100%
- External audit to assess Sharps compliance – 98.19% Compliant
Recommendations: a) On-going sharps awareness training. b) Re-audit within one year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.
Training compliance for IPC is 95.4% (June 2023)

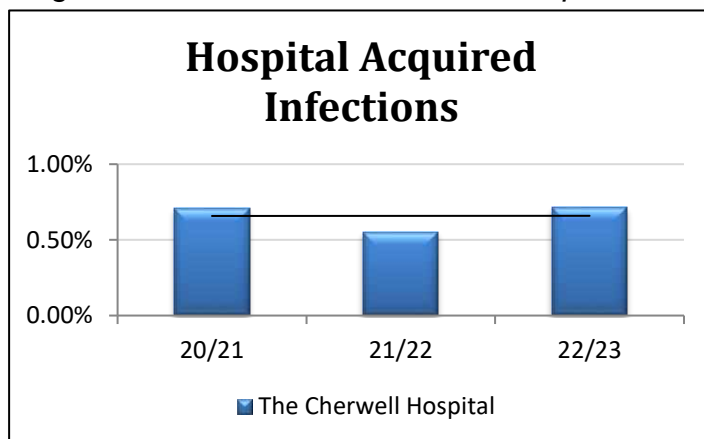
-Surgical Site Infections – absolute numbers



As can be seen in the above graph our infection control rate has slightly increased over the last year. All cases of infection are thoroughly investigated and shared with the Oxfordshire Joint Infection Control Committee for learning.

Actions recently undertaken to address the 0.2% rise in superficial infections has included increased monitoring of post-operative hand surgery wounds and the correct application of dressings. The use of a wound spray for Carpal Tunnel patients to act as a barrier instead of the regular dressing to minimise risk of infection is currently being trialled and will be reviewed in the next 6 months.

Surgical site infections – all areas Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at The Cherwell Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

	Cleanliness	Food / Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
The Cherwell	95.09%	97.15%	90.20%	95.57%	77.58%	78.38%
National Ave	98%	90.2	86.1%	95.8%	80.6%	82.5%

The Cherwell PLACE results demonstrate above national average scores in two elements, but slightly below average for Cleanliness, Condition, Dementia and Disability.

These areas have been identified and actions taken to improve: high dusting of doorframes, wheelchair accessibility to toilets by moving position of baby changing facilities, Dementia action plan, and ongoing programme of hospital maintenance.

3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our Hospital Director which ensures we keep up to date with all safety issues.

Workplace Health & Safety Score:

Date: 10/02/2023
 Site: Cherwell Hospital
 Auditor: Gordon West

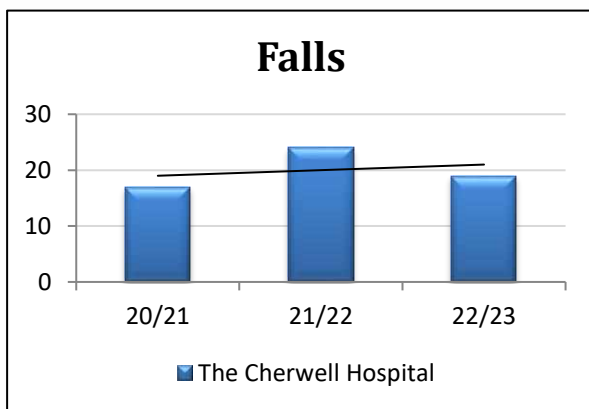
The overall audit rating for this facility is:

Inadequate	Requires Improvement	Good 33.3%	Outstanding
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Section	Max contribution to audit score	Achieved this audit
Health, Safety and Risk Management	25%	23.3%
Occupational Health	20%	17.0%
Workplace Hazards	15%	14.8%
Facility	16%	15.3%
Fire Safety	24%	22.3%

Section and audit ratings	
Outstanding	97% - 100%
Good	90% - 96%
Requires Improvement	85% - 89%
Inadequate	≤ 84%

Rate per 100 discharges:



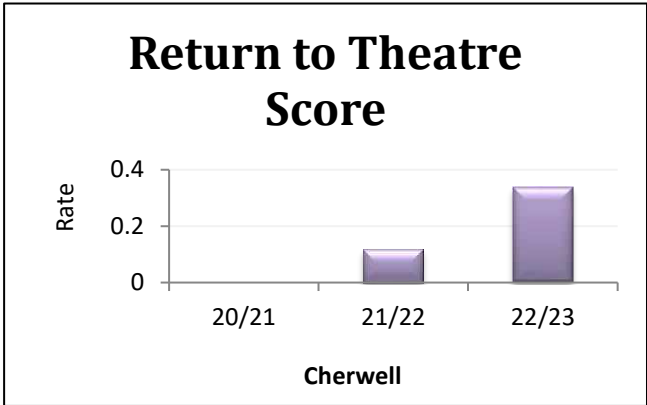
Initiatives to reduce falls within the unit, intentional rounding, Pre-operative Joint school, and visual cues for patients in their rooms have helped to limit the fall rate within the unit for our elective patient cohort. Patients are also being categorised via a traffic light system for risk assessment identification, this appear in the room and is assessed by the ward staff. Most reported falls are without harm, or supervised incidents where a patient feels unwell and is managed accordingly. All faints and falls are reported and provide learning for staff to manage patient safety.

3.3 Clinical effectiveness

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

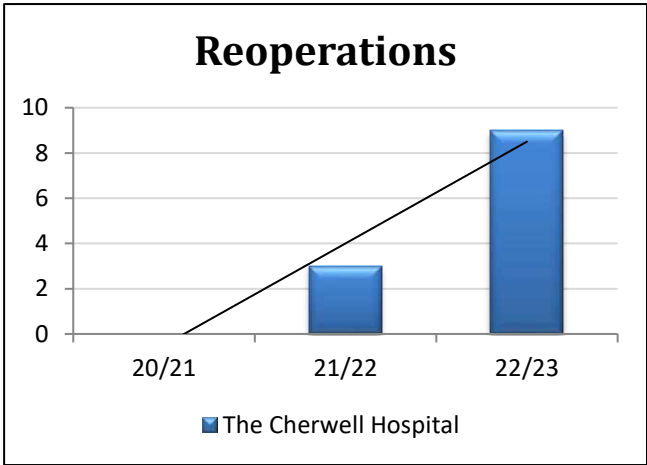
3.3.1 Return to theatre

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

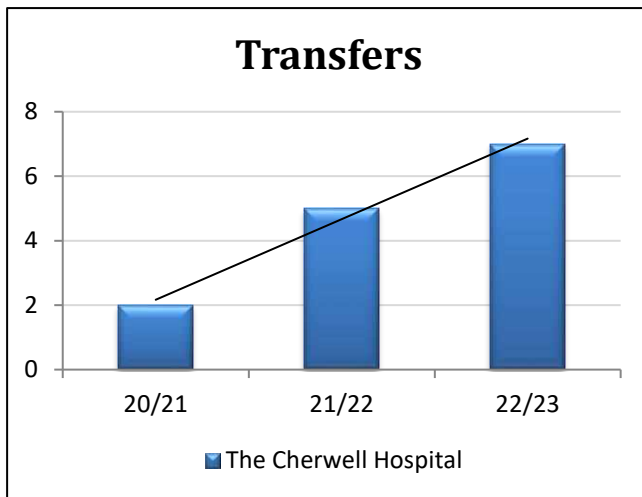


Rate per 100 discharges:

As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average it is reflected in the increased volume of orthopaedic cases compared to the previous two years activity. Transfers out are also increased on the previous years. Patients are presenting with increased comorbidities and where medical concerns arise The Cherwell hospital transfers to the local trust via the service level agreement in place.



Rate per 100 discharges:



3.3.2 Learning from Deaths

Serious incidents and never events are investigated by the Head of Clinical Services with oversight from the Consultant Surgeons and Consultant Anaesthetists if an opinion relating to anaesthetic risks or surgical practices is required.

All serious incidents and deaths are presented to the Clinical Quality Partner and the Ramsay Mortality and Morbidity committee, as well as the Patient Safety officer within the ICB. These are then reviewed as part of the Clinical Governance Committee agenda as well as through Health and Safety Committee meetings and departmental meetings. The Hospital Director also reviews serious incidents and never events to ensure full visibility of incidents and the investigation process.

During the period April 2022 – March 2023 one death occurred following transfer to the local trust. This was fully investigated by The Cherwell and Trust collaboratively, with Duty of Candour with the family as a joint intervention.

This provided learning for both parties and actions to improve individual hospital processes and the Service level agreement processes are currently being actioned.

The impact on staff was also recognised as patient deaths are a rare occurrence for The Cherwell Hospital.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to

provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

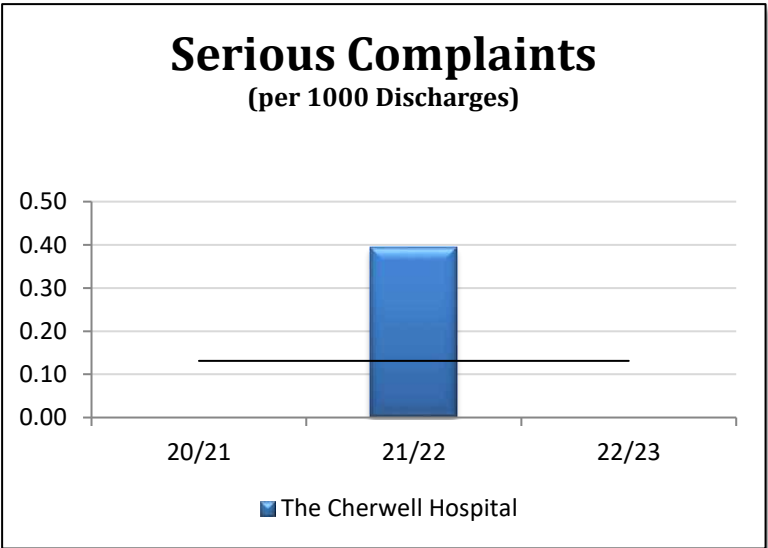
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at The Cherwell Hospital and within Ramsay Health Care.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.



Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

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

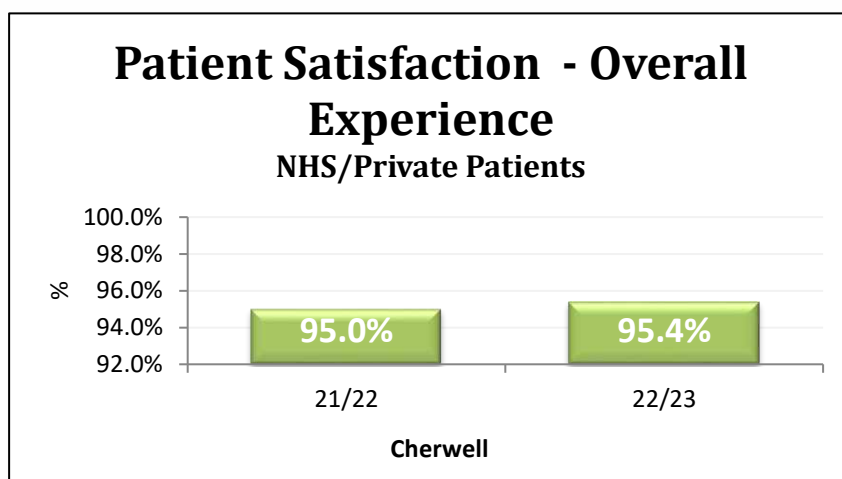
- Continuous patient satisfaction feedback via a web based invitation

- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average it is slightly higher, we are still committed to work to amend the aspects of service delivery and the environment that will make a real difference to the satisfaction of our patients.

Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder or Injury	Cosmetics, Physiotherapy, Orthopaedic, General surgery, Spinal surgery, Allergy testing, Dermatology, Pain management, Choose and Book 'Outreach' Orthopaedic Outpatient Service	All adults 18 yrs and over
Surgical Procedures	Orthopaedic, Cosmetic, General surgery, Spinal surgery . Ambulatory, Day and Inpatient Surgery	All adults excluding: <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 • BMI > 40
Diagnostic and screening	MRI, Imaging services, Ultra sound Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over

Appendix 2 – Clinical Audit Programme 2022/23.

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, utilising an 'app' base programme called Tendable. Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Clinical Audit Programme 2022/23 Schedule & QR Code Allocation v2 – 19/07/22

Audit	Department Allocation / Ownership (may be delegated)	QR Code Allocation	Frequency (subject to review)	Deadline for Completion
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	July, October, January, April	By month end
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Surgical Site Infection (One Together)	Theatres (IPC)	Theatres	October, April	By month end
IPC Governance and Assurance	IPC, RDUK	Whole Hospital, RDUK	July, January	By month end
IPC Environmental infrastructure	IPC, RDUK	Whole Hospital, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August <i>February (as required)</i>	By month end
Sharps	IPC	Whole Hospital	August, December, April	By month end
High Risk PPE	IPC	Whole Hospital	August, February	By month end
Standard PPE	IPC	Whole Hospital	July, January	By month end
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Central Venous Catheter Care Bundle	Oncology	Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Theatres, Ambulatory Care, Paediatric, Oncology	Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Surgical Site Infection	IPC	Theatres	October, April	By month end
Urinary Catheterisation Bundle	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December

Isolation	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient	Ward	Ward	July/August, January/February	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September, February/March	End of September End of March
Patient Journey: Recovery Observation	Theatres	Theatres	September/October, March/April	End of October End of April
NatSSIPs LSO	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
NatSSIPs Stop Before You Block	Theatres	Theatres	November/December, May/June	End of December End of June
NatSSIPs Prosthesis	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
NatSSIPs IOLs	Theatres	Theatres	July January/February	End of July End of February
NatSSIPs Swab Count	Theatres	Theatres	July/August, February/March	End of August End of March
NatSSIPs Instruments	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April	End of September End of April
NatSSIPs Histology	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May	End of October End of May
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September	End of October
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	NA
Walkabout	SLT / HoCS	Whole Hospital	As required	NA
Staff Questions	SLT / HoCS	Whole Hospital	As required	NA
Complaints	SLT	Whole Hospital	November	By month end
Duty of Candour	SLT	Whole Hospital	January	By month end
Practicing Privileges - Non-consultant	HoCS	Whole Hospital	October	By month end
Practicing Privileges - Consultants	HoCS	Whole Hospital	July, January	By month end
Practicing Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (as applicable)	NA
Observation Audits - Physio	Physio	Physio	July/August January/February (as required)	End of August NA
Observation Audits - Ward	Ward	Ward	August/September March/April (as required)	End of September NA

Observation Audits - OPD	Outpatients	Outpatients	July/August <i>January/February (as required)</i>	End of August NA
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Medical Records	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	July/September January/March (as required)	End of December NA
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	By month end
Medical Records - VTE	Ward	Whole Hospital	July, November, March	By month end
Medical Records - Patient Consent	HoCS	Whole Hospital	March September	End of April End of October
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	By month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	By month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	By month end
No Report Required	Radiology	Radiology	August, February	By month end
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	By month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February	By month end
Prescribing	Pharmacy	Pharmacy	September, March	By month end
Medicines Reconciliation	Pharmacy	Pharmacy	September, March	By month end
Controlled Drugs	Pharmacy	Pharmacy, RDUK	September, December, March, June	By month end
Governance - Pharmacy	Pharmacy	Whole Hospital, RDUK	July	End of July
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December	End of January
Operational - Safeguarding	SLT / HoCS	Whole Hospital	July	End of August
Decontamination - Sterile Services	Decontamination (Corporate)	Decontamination	June	NA

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
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
NVC25	Code for The Cherwell Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

The Cherwell Hospital

Ramsay Health Care UK

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

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

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