

# Euxton Hall Hospital

## Quality Account 2022/23



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Euxton Hall 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.



**Jo Dickson**

Chief Clinical and Quality Officer

Ramsay Health Care UK

# Introduction to our Quality Account

This Quality Account is Euxton Hall 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 Jonathan Thewlis, Hospital Director

#### Euxton Hall Hospital

2023 marks the 40<sup>th</sup> anniversary of Euxton Hall Hospital operating as a Hospital in Corley, this is a landmark achievement for the Hospital and one that we are very proud of. It is a testament to the dedication of the staff and Ramsay Healthcare that we will see this significant date. We will also see the second anniversary of Buckshaw Hospital's opening, and together both sites will work alongside each other to provide, standardized, and outstanding healthcare provision for the local community.

I appreciate patients are free to choose their healthcare provider and we continue to be committed to offering the highest quality of care and clinical outcomes for our patients. I am proud of my teams across all areas and for example, how we have managed our RTT times coming out of COVID with the unprecedented levels of operations cancelled due to COVID related factors. Our waiting times for NHS first appointments - for all specialty's - continue to be among the very best in the region ensuring patients are not having to wait longer than necessary to see a Consultant.

Euxton Hall Hospital & Buckshaw Hospital continue to have an open and transparent, long-established tradition of working closely with patients and external stakeholders. These include the local NHS Trusts, NHS Clinical Commissioning Groups (CCGs), General Practitioners (GP), the Care Quality Commission (CQC), the Lancashire and South Cumbria Integrated Care System (ICS) This, of course extends to our Consultants to ensure the best quality healthcare is consistently being delivered. Our Consultants and clinical teams are of the very highest standard with many of our Consultants nationally recognised for the work that they do. We have several NHS Trust Clinical Directors on board with us and this promotes a high level of transparency between Euxton Hall and our NHS Trust partners. These high standards have now been extended to the new Buckshaw Hospital with the majority of our consultants and staff now working across both of the sites. This allows patients to access the most appropriate environment for their procedure with an increased focus on day case procedures being carried out at our Buckshaw facility.

Euxton Hall & Buckshaw Hospital continues to be very proactive and responsive to all national, corporate and local policy changes ensuring safe and effective treatment of patients at all times. To support this strategically we have undergone a transition and consolidation of key service functions, another example being Euxton and Buckshaw Hospitals have one central bookings team based at Euxton. Initiatives such as this enable increased visibility of available capacity between the sites allowing us to treat patients more quickly. We also continue to work closely with local NHS Trust Hospitals supporting them with patient backlogs.

We have stable and established clinical teams at Euxton Hall who work closely with our colleagues at Buckshaw Hospital, including a joined senior clinical team who work closely together across both sites.

Buckshaw Hospital achieved “Good” in its CQC rating in 2023, this ensures that patient care is at the highest quality and provides consistency across both sites with Euxton Hall also achieving “Good” in its last inspection.

Finally yet importantly, our most important feedback is from our patients. As well as friends and family, we have several channels of patient feedback that is documented later on in the report. I chair a monthly customer focus group and our patient representative on the committee provides us with excellent feedback and honest opinion. As a former Euxton Hall patient, it is of great credit (after two hip replacements) she went on to win the world powerlifting championship for her age group!

## 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 Jonathan Thewlis**



**Hospital Director**

**Euxton Hall Hospital**

**Ramsay Health Care UK**

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

MAC Chair

Dr Mario Calleja



Clinical Governance Committee Chair

Mr Khalil Abdo

KAB 113

Commissioner/PCT and other external bodies

*To be confirmed*

Head of Clinical Services

Dawn Sumner

D Sumner



# Welcome to Euxton Hall Hospital



Euxton Hall Hospital is one of Lancashire's leading private hospitals situated on the outskirts of Chorley, close to Preston and Wigan. We provide fast, safe, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

The facility is registered for 32 beds all with ensuite facilities to ensure complete privacy. Each room includes a digital television. Our private patients are automatically allocated a single room with ensuite facility. They are also provided with a newspaper of their choice, toiletries and an à la carte menu.

The hospital boasts two fully equipped ultra clean air theatres which were newly replaced in December 2019, a pre-operative assessment unit and phlebotomy room and by investing in advanced medical technology offers a wide range of treatments and services.

Euxton Hall Hospital specialises in elective surgery, particularly orthopaedics, offering procedures such as arthroscopy, hip and knee replacement surgery, upper limb surgery and spinal surgery. Other surgical specialities include general surgery, breast surgery, gynaecology, and cosmetic surgery. The hospital, in partnership with the newly opened Ramsay Buckshaw Hospital, also offers rapid access to breast care services supported by the X-ray and state of the art diagnostic radiology facilities.

In the early months, Euxton Hall continued to adhere to Ramsay Health Care policy with regards to COVID 19 precautions, underpinned by PHE guidelines, enabling us to continue to support local NHS Trust hospitals in delivering surgical treatment to patients and despite the implementation of ongoing policy changes, we have treated 3543 patients in 2022/2023; 82% NHS patients and 18% Private patients, both insured and self-funded.

We work closely with our local GP's and our GP liaison officer has developed excellent relationships with them and educational days have recently been set up between the local

GP community and the consultants from Euxton Hall Hospital. GP educational events have been delivered via Zoom by Consultants from Euxton Hall Hospital over the year.

We have specialist lead nurses to support the hospital team:

**Infection Prevention and Control Lead Nurse** who ensures actions in our 2022/2023 Infection Prevention and Control Annual Plan are completed. This evidences compliance with requirements of the 'Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Commission Standard Outcome 8 - Regulation 12 - Cleanliness and Infection Control.

**Resuscitation Lead** who ensures we meet guidance set by the Resuscitation Council (UK) and we have safe systems, policies, processes and protocols, which enable us to care for patients where their condition may deteriorate. This includes training (Basic Life Support, Intermediate Life Support, Advanced Life Support, Acute Illness Management, Transfer), audit and equipment review. A resuscitation scenario calendar is in place, ensuring skills and experience are maintained, contributing to our commitment to the delivery of safe care to our patients.

**Training and Development Lead** who develops training programmes and delivers training for the teams. There is bespoke in house training providing appropriate face to face training following any training needs analysis that identifies gaps in training requirements of individuals. The Training and Development Lead also monitors compliance to mandatory training and has recently been tasked with completing audit of clinical competency documents to ensure all staff have the required skill to deliver safe, quality patient care.

**Blood Transfusion Lead** who ensures our blood storage, ordering and administration processes are in line with MHRA regulations. Our lead is supported by a Consultant Haematologist within our local Trust, who ensures we follow maximum blood ordering schedules. Staff receive annual mandatory training on blood products, prescribing, storage, administration and we have a clear massive haemorrhage policy, which is tested by regular scenario simulation throughout the year.

**Dementia Champion** – a registered nurse who has undergone external training at a level to offer support and advice to any of our patients who may suffer from dementia. It is vital that we understand and meet the personal needs of all of our patients with the knowledge and skill requires to achieve this. A number of our clinical staff have also attended training delivered by the Alzheimer's Society to become 'Dementia Friends'

**Safeguarding Lead and Safeguarding Champions** – our lead physiotherapist is trained at Safeguarding Level 4, achieved through external training. We also have 3 Safeguarding champions who have achieved level 3 status and offer support and advice to our patients and staff who may be vulnerable or at risk. All employees within Ramsay Health Care carry out mandatory annual training on safeguarding and complete safeguarding competencies, which enables all staff to recognise signs of abuse and vulnerability and are able to escalate concerns appropriately.

**Occupational Health Lead** who ensures staff wellbeing is supported, from up to date vaccinations, to the monitoring skin (hands) surveillance of clinical staff, and delivers staff

education about the importance of flu vaccinations. 71% of our staff received a flu vaccination in 2022.

In addition to these Specialist Lead Nurses, we also have Mental Health First Aiders who have completed training to undertake this role, as we believe the Mental Health of our staff is pivotal in enabling a positive working culture where staff feel supported and can have open and honest discussions about their Mental Health and Wellbeing in a safe environment. Improving the mental health of our employees, making them mentally resilient to stress, can improve thinking, decision-making, workflow, and relationships at work. All of these translate to increased productivity.

The role of our mental health first aiders is to provide immediate support for colleagues experiencing mental ill health by:

- Acting as a nominated contact point for individuals experiencing mental ill health.
- Promoting and raising awareness of mental health.
- Offering initial support through non-judgemental listening and guidance.
- Spotting the early signs and symptoms of mental ill health.
- Starting a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress.
- Encouraging the person to access appropriate professional support or self-help strategies

Care and treatment provided at Euxton Hall Hospital are Consultant led. All of our Consultants have practicing privileges in line with Ramsay Policy. Consultants are encouraged to submit data to PHIN, which can be accessed by the general public.

We have an RMO (Resident Medical Officer) who supports the Consultants and together with the nursing team, provides around the clock medical support to all our patients.

The hospital has built up excellent working relationships with our local Commissioners, Greater Preston CCG (ICB), the local Lancashire Teaching Hospitals NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust, in order to deliver a joint approach to patient care delivery across the patient economy.

Euxton Hall Hospital works with The Commissioning for Quality and Innovation (CQUINs) payments framework, which encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient this means a commitment to ongoing improvements to experience, involvement and outcomes. Unfortunately, the pandemic put CQUIN on hold so there is no new data for the current year, however, the development and implementation of Personalised Health Care Plans for patients, which were implemented during a previous CQUIN, have continued.

## Working with the Local Community

Euxton Hall Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, including local GPs, consultants and other specialists, we deliver an individual personal service to patients, tailored to meet their needs.

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed, and through these links, processes are developed and streamlined. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Euxton Hall Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider.

Part of the GP Liaison's role is to coordinate a bespoke educational programme for GP Practices across the local community, which are offered on a regular basis, cover a wide range of topics and are relevant to those attending. These would previously have taken place in surgery settings but have now moved to being offered virtually (making access even easier for clinical colleagues to attend) and still completely free of charge. From April 2022 to March 2023, education events have been delivered by Consultants from Euxton Hall Hospital.

Euxton Hall Hospital is committed year on year to supporting local charities. The following charities have benefitted during the year:

- MacMillan Cancer Support - £101.76
- Derian House – Local Children's Hospice £1361.55
- Food parcels to local homeless charity

The charities sponsored are selected by Euxton Hall staff through the Engagement and Innovation Group

# Part 2

## 2.1 Quality priorities for 2022/23

### Plan for 2022/23

On an annual cycle, Euxton Hall 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 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 2021/22 (looking back)

The following clinical priorities were planned:

- Patient Safety - Covid 19 related and speak up for safety
- Orthopaedic pathways / GIRFT (best practice) and reducing length of stay
- Developing a more robust governance framework, working in conjunction with the regional Ramsay Health Care hospitals to ensure standardisation of best practice.

### **Patient Safety**

We have worked with ever changing pathways and ensured risk assessments and consents relate to relevant Covid 19 risks on an individual basis, ensuring patient safety and delivering quality, effective care.

All of our policies and processes have been underpinned by NICE and PHE Guidelines. Speak up for Safety is now embedded at Euxton Hall Hospital and forms part of our induction process, were we actively encourage our staff to speak up should they have any concerns that a patient or colleague may be unintentionally harmed.

Orthopaedic pathways and GIRFT – ‘getting it right first time’ and reducing length of stay have been a focus in the last year. Our average length of stay for patients having primary hip and knee replacements has reduced from 2.2 days in the year leading to December 2022 to 2.1 days in the last 5 months. This has been achieved by the education of patients and staff and the development of pre-operative care plans to improve patient outcomes.

As an organisation, we have been committed to delivering best practice in a standardised way to offer our patients assurance of safe, quality care. Our hospital governance structure has been reviewed and embedded, to ensure robust monitoring and reporting processes. As we deliver shared services with Buckshaw Hospital, the governance structure has been standardised, to ensure consistency at the highest standard.

## 2.1.2 Clinical Priorities for 2022/23 (looking forward)

### Patient Safety

To develop a local clinical strategy to drive clinical excellence and ensure patient safety in line with PHE and NICE guidance. This will be a 12 month strategy, linking into our quality plan, which will set specific objectives and will be constantly reviewed and measured against national guidelines. When we are developing the clinical strategy, we do it in conjunction with our teams so that it is a strategy that supports what the teams want to achieve and addresses areas for improvement identified by the team.

The development of a dementia strategy will also be included in our clinical priorities for the coming year. This will include the training of staff to deliver holistic, individual care to our patients who have dementia.

Patient improvement projects will continue and include:

- A review of the pre-assessment and triage process for elective surgery.
- Development of standardised care pathways of spinal patients through a national working party to ensure best practice in line with NICE guidelines and compliance to the British Spinal Registry.
- Introduction of the Patient Safety Lead Role to meet government requirements.

### Clinical Effectiveness

We will continue to develop the shared services alongside Buckshaw Hospital to ensure the planning and delivery of effective patient care. The one stop breast service has now moved to Buckshaw Hospital in relation to state of the art diagnostics, including a 3D mammography unit, static CT and MRI units. However, the inpatient care will continue to be delivered at Euxton Hall Hospital, where inpatient services are provided.

The ongoing improvements in our orthopaedic pathways and GIRFT – ‘getting it right first time’ will continue in the coming year. The objective is to achieve ‘Orthopaedic Centre of Excellence’ accreditation by way of evidencing best practice via a continuous monitoring programme. By working collaboratively with experts, and securing input from our recognised orthopaedic specialist surgeons developing procedures using customised hip and knee prosthesis, we believe we can achieve a standard of excellence which will

ensure our patients receive outstanding care and improved outcomes of hip and knee replacement surgery. We are working to develop a benchmarking tool which will allow us to compare our performance with other Ramsay Health Care sites, and aim to be up near the top with the KPI's that are identified to be used.

We will use this in conjunction with quality outcome data and PROMS (Patient Reported Outcome Measures), to inform patients and our key stakeholders regarding how we are performing. We will continue to monitor our length of stays to ensure these meet the needs of our patients.

Ramsay Health Care has implemented an online platform to improve the clinical audit programme, known as Tendable. Over the next year, this programme will be developed further, to improve the effectiveness of clinical audit and enable action planning and monitoring at both local and corporate level. The local quality plan and clinical governance structure will also monitor audit results and action plans, which will then be reported into the Clinical Audit and Effectiveness Committee and the Clinical Governance Committee.

## Patient Experience

We will develop a patient experience strategy with this vision at the core *“The heart of our success as an organisation is the involvement of our patients, their relatives, carers and the community to give them the best experience of care possible”*.

Improving patient experience makes good sense for patients because:

- The reduction of anxiety and fear can speed the healing process and shorten a patient's length of stay.
- The provision of information reduces post-operative complications.
- Good communication / information that enables people to self-manage their illnesses more effectively.
- Effective communication improves treatment and medications compliance.

Improving patient experience makes good business sense because:

- Patients are increasingly using the internet to rate their experience, which affects organisational reputations.

The Francis Public Inquiry (2013) investigated the events that led to patient harm and unnecessary deaths at Mid Staffordshire NHS Foundation Trust. The Government response detailed in 'Hard Truths' (2013) included actions for improving patient experience arising from the public inquiry and a further six commissioned independent reviews, including the Berwick Report (2013) and the Keogh Mortality review (2013). These reviews made clear recommendations for healthcare providers that patient feedback was essential.

Recommendations included:

- Preventing and detecting problems early, this includes using diverse means to gather patient feedback and taking appropriate action. Ensuring that the complaints process is more robust and that complaints are heard at Trust Board, published and action taken to improve services.
- Results and analysis of patient feedback needs to be made available to ICBs, regulators and the public, in as near 'real time' as possible and actions taken promptly. Ensuring that Friends and Family Tests (FFT) results are published for

every ward within a maximum timescale of five weeks, and having systems to comply with 'Duty of Candour'.

- Ensuring accountability to develop robust processes for understanding the experiences of patients - triangulated with other quality related information. To use FFT as a catalyst for improvement and to use patient stories alongside quantitative data to make the data 'real'.
- Ensuring staff are trained, motivated and understand the positive impact that happy and engaged staff have on patient outcomes – using the NHS staff survey and staff FFT to measure staff experience.

**Our Patient Experience Strategy will focus on** what our patients, family & carers want & need and we will use patient views backed by research (*What Matters to Patients?*).

The Patient Experience Strategy will aim to enable and empower all staff within our hospital to feel able to put the patient experience at the heart of everything we do. The strategy will launch the start of our journey and cultural shift from 'doing to' patients, to 'working with' patients and carers.

## 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 Euxton Hall Hospital provided and/or subcontracted 9 NHS services.

Services offered to both NHS and privately funded patients are:

- Orthopaedic Surgery, lower limb.
- Orthopaedic Surgery, upper limb.
- General Surgery.
- Breast Surgery.
- Urology Surgery.
- Gynaecology.
- Cosmetic Surgery.
- Spinal Surgery.
- Pain Management Service.



Euxton Hall Hospital has reviewed all the data available to them on the quality of care in all 9 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31<sup>st</sup> March 2023 represents 100 per cent of the total income generated from the provision of NHS services by Euxton Hall Hospital for 1 April 2022 to 31<sup>st</sup> 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 – 37%

HCA Hours as % of Total Nursing – 39.49%

Agency Cost as % of Total Staff Cost – 9%

Ward Hours PPD – 39.4%

% Staff Turnover – 19%

% Sickness – 5.07%

% Lost Time – 24%

Appraisal Compliance - 83.06%

Mandatory Training Compliance - 95%

Staff Satisfaction Score – staff satisfaction survey completed but score as a figure not recorded.

Number of Significant Staff Injuries - 0

## **Patient**

Formal Complaints per 1000 HPD's – 0.1%

Patient Satisfaction Score – 95.3%

Significant Clinical Events per 1000 Admissions – 2.42

Readmission per 1000 Admissions – 1.73

## Quality

Workplace Health & Safety Score – 93.6%

Infection Control Audit Score - Monthly IPC audits average – 98%

Consultant Satisfaction Score – survey completed and awaiting results

### 2.2.2 Participation in clinical audit

During 1 April 2022 to 31<sup>st</sup> March 2023, Euxton Hall Hospital participated in a number of national clinical audits and 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 Euxton Hall Hospital participated in, and for which data collection was completed during 1 April 2022 to 31<sup>st</sup> 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	% of Cases Submitted
British Spine Registry	Amplitude Clinical Services Ltd	67%
Elective Surgery (National PROMs Programme)	NHS Digital	Over 70%
National Joint Registry 2, 3	Healthcare Quality improvement Partnership	99%
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	0
Surgical Site Infection Surveillance	Public Health England	100%
AQUA – Hips and Knees	Advancing Quality Alliance	Hips- 100% Knees – 100%

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

## Local Audits

Ramsay Health Care uses the Tendable platform to carry out local clinical audits. The reports of these audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and Euxton Hall Hospital intends to take actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Any audit which scores less than 95% has an action plan devised and this is shared with the relevant clinical staff. The aim of the action plan is to improve compliance and practice and provide assurance of safe patient care. It is essential to measure the effectiveness of any action plan by way of re-audit.

Here are a few examples of improvement in practice following the clinical audit process:

- In November 2022, the VTE audit scored 89%. Following the implementation of an effective action plan, the re-audit 2 months later scored 97%.
- In September 2022, a hand hygiene audit in a clinical area scored 94%. Following the implementation of an effective action plan, the score improved month on month and the last 3 months have seen consistent audit scores of 100%.

### 2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Euxton Hall Hospital's income from 1 April 2022 to 31<sup>st</sup> March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of Covid 19 suspension.

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

Euxton Hall Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2023 is registered without conditions.

Euxton Hall 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

Euxton Hall Hospital will be taking the following actions to improve data quality:

- Further update to our electronic patient record system, Maxims is planned in July 2023 ensuring continued improvements to our electronic patient records. A small number of records will remain as paper documents but electronic data collection of care pathways will ensure improved completion of records within mandatory fields.
- Any employee who scans patient information onto the Maxims system will have appropriate training and a competency document completed.
- The scanning of all paperwork has undergone a two tier checking system and has been externally audited for accuracy. Euxton Hall has achieved 100% in these audits.
- Spot checks completed by Senior Leadership Team are completed to ensure data accuracy.
- Data quality issues are escalated, investigated and actioned; lessons learnt, processes reviewed and sharing with teams as necessary.
- Internal Information Security Audited and action plan devised.
- Information Security ELearning is completed by all employees with 100% compliance.

### NHS Number and General Medical Practice Code Validity

Euxton Hall Hospital submitted records during 2021/22 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:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

## Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30/06/2022. The status is 'Standards Met'.

This information is publicly available on the DSP website at:

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

## Clinical coding error rate

Euxton Hall 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
Euxton Hall	98.3%	91.2%	98.3%	96.8%

*Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of March 2023*

## 2.2.7 Stakeholders views on 2021/22 Quality Account

*Awaiting response from ICB at time of publishing.*

# Part 3:

## Review of quality performance 2022/23

### **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.

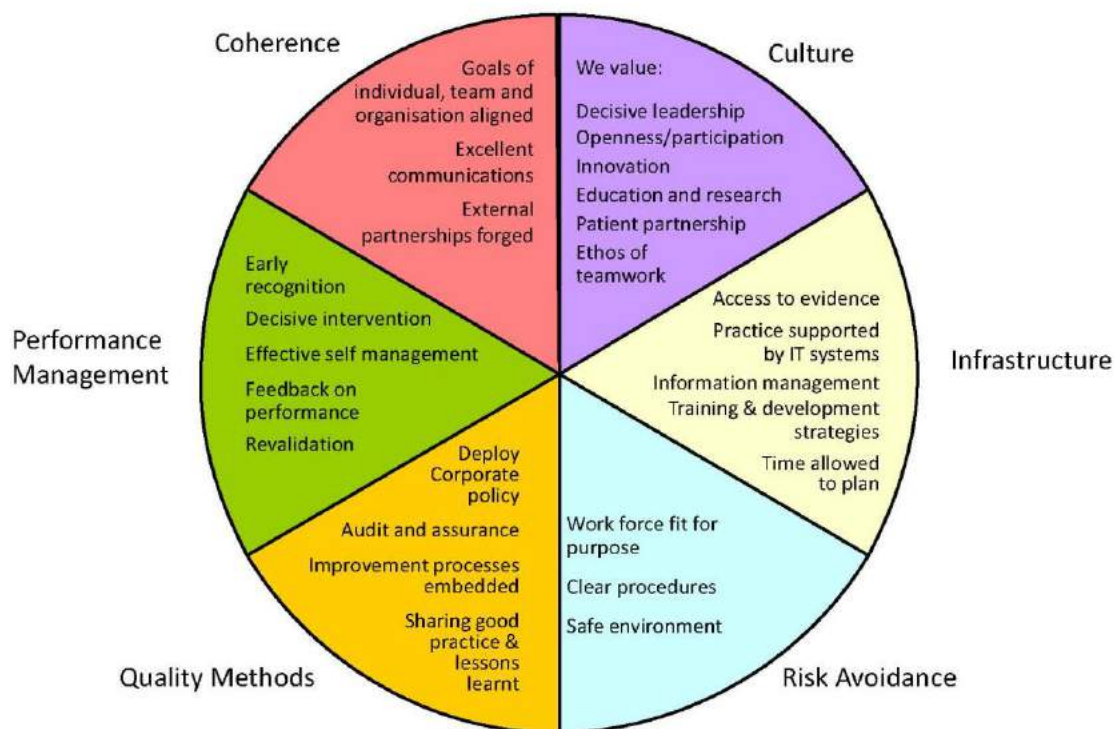
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	Euxton	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC05	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC05	0.0000	

Euxton Hall Hospital considers that this data is as described for the following reasons: there have been no unexpected deaths within the reporting period.

## National PROMS

PROMS: Hips	Period	Best		Worst		Average		Period	Euxton	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC05	21.881
Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC05	25.148	

Health Gain Oxford Hip Score - Primary Hip Publication has been paused for 22/23 been paused for 22/23

PROMS: Knees	Period	Best		Worst		Average		Period	Euxton	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC05	17.832
Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC05	17.610	

Health Gain Oxford Knee Score - Primary Knee Publication has been paused for 22/23

Euxton Hall Hospital considers that this data is as described for the following reasons: Patients admitted to Euxton Hall Hospital are triaged to ensure they meet the strict admission inclusion criteria. This would normally result in patients having a higher health score pre-operatively as we do not accept patients with multiple severe co-morbidities to ensure patients are treated in the safest environment. The outcome of this means post-operative health gain is often slightly below the national average. Rather than comparing health gain, we review the PROMS report in detail and compare post-operative scores as a meaningful comparison.

Despite this, the data above shows that patients having hip or knee replacement at Euxton Hall Hospital have a slightly higher health gain than the national average. It is worth noting that publication of the data has been paused for 2022/23 and the above data is from the previous year.

Euxton Hall Hospital has taken the following actions to improve this number and so the quality of its services: in this reporting period, we have continued with a ward nurse as a PROMS champion, tasked with improving data collection to ensure continued monitoring of patient health gains. We have also introduced ePROMS for hip and knee replacements. The result has proved very positive, with percentage of data collection improved to provide a better comparison to national scores. Close monitoring of NJR results enables us to identify areas of outstanding practice and also highlight any possible outliers to then establish appropriate action plans to improve patient outcomes.

## Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Euxton	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC05	0.00
19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC05	0.00	

Data no longer reported There is no data published after 19/20

Euxton Hall Hospital considers that this data is as described for the following reasons: The graphs below shows an increase in readmissions in comparison to previous years. The absolute number of readmissions in the reporting year is 5, an increase from 3 in the previous year. This is also a percentage increase from 0.07% to 0.17% due to increased volume of more complex procedures and patients with more comorbidities following the Covid 19 pandemic.

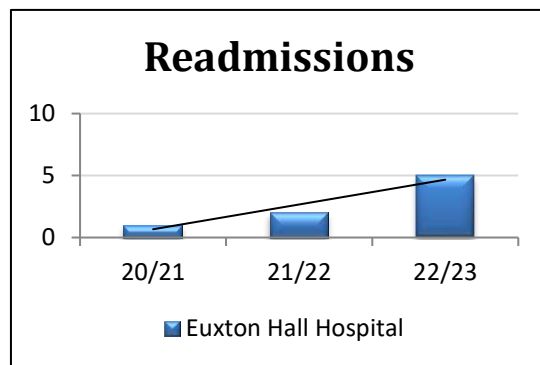
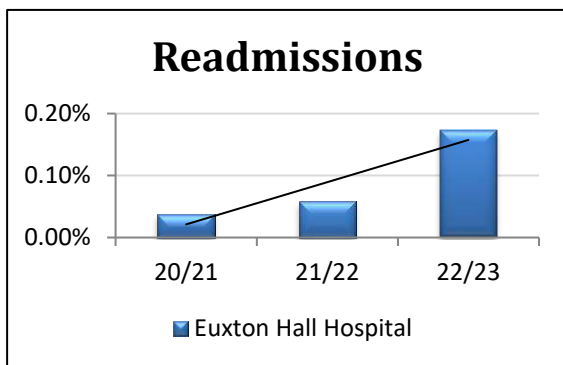


Euxton Hall Hospital has taken the following actions to improve this number and so the quality of its services: remaining committed to providing a high standard of post- discharge care and actively encouraging patients to contact us directly should they develop any complications post discharge. All patients are given the hospital contact details on discharge and advised to ring the ward directly should they have any post discharge complications. All patients receive a 24-48 hours post discharge call from the ward and any patient who requires further review is seen at Euxton Hall Hospital and not sent to the Trust Hospitals, unless they are considered to require emergency treatment.

Euxton Hall Hospital has also improved the pre-assessment process so that patients are triaged for suitability at the point of listing for surgery to ensure patient safety.

*Rate per 100 discharges:*

*Absolute numbers:*



## Responsiveness to Personal Needs

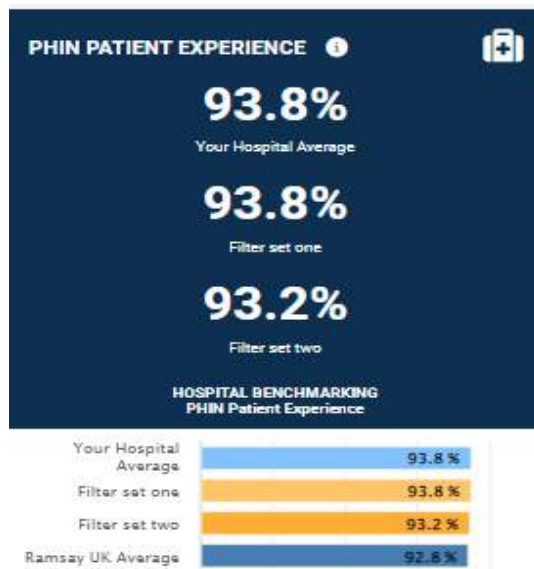
4b Patient experience of hospital care

No longer collected

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



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



## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Euxton	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC05	95.8%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC05	94.4%

*Due to Covid this submission was paused. There is no data published after Q3 19/20*

Euxton Hall Hospital considers that this data is as described for the following reasons: The National Institute for Clinical Excellence (NICE, 2018) recommends that all patients are assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

- At Pre-assessment.
- On admission to hospital.
- 24 hours after admission to hospital.
- Whenever their medical condition changes.
- Before discharge.
- Every patient should receive information on how to continue preventative measures at home.

This guidance underpins Ramsay Health Care policy on VTE prophylaxis and VTE risk assessment document identifies patients' risk of developing blood clots. This may be a result of their own individual risk factors e.g. age, medical history etc. as well as their reason for being admitted to a surgical ward e.g. a condition that may result in them being bed-bound. The VTE risk assessment is carried out on the EPR system and Ramsay policy has been reviewed and updated in this reporting period.

Euxton Hall Hospital has taken the following actions to improve this number and so the quality of its services: all qualified nurses undertake specific VTE training via ELearning. VTE risk assessments are completed for all patients undergoing a surgical procedure, commenced by the pre-assessment nurse at the point of triage. The consultant surgeon then has the responsibility of reviewing the risk assessment prior to the patient being transferred the theatre department and making the decision to prescribe the appropriate VTE prophylaxis for each patient. The risk assessment is also reviewed following surgery and

prophylaxis amended if required, to ensure patient safety. The process is audited to monitor compliance.

All VTE events are reported appropriately, internally and to external commissioners.

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Euxton	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC05	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC05	0.0

Euxton Hall Hospital considers that this data is as described for the following reasons: There have been no reported C.Difficile infections at Euxton Hall Hospital in the reporting period.

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of *C difficile* infection reported within the Trust amongst patients aged 2 years or over during the reporting period.

The above table demonstrates our high standards of infection prevention and control processes as there have been no cases of *Clostridium Difficile* Infection in this reporting period 31st March 2022 - 1st April 2023.

Euxton Hall Hospital has taken the following actions to improve this number and so the quality of its services: All employees complete mandatory annual ICP training, via ELearning and face to face. A lead Infection Control nurse monitors and reports all surgical infections, completing root cause analysis where required.

ICP audits are carried out monthly including environmental audits, cleaning audits, hand hygiene audits. Audits monitor compliance to corporate and local policies and action plans to improve results are formulated when required. Antimicrobial stewardship ensures antimicrobial prescribing is compliant with the Ramsay formulary.

Infection Control meetings are held locally and regionally and there is a Service Level Agreement in place with a Consultant Microbiologist who offers advice and support as required.

## Patient Safety Incidents with Harm

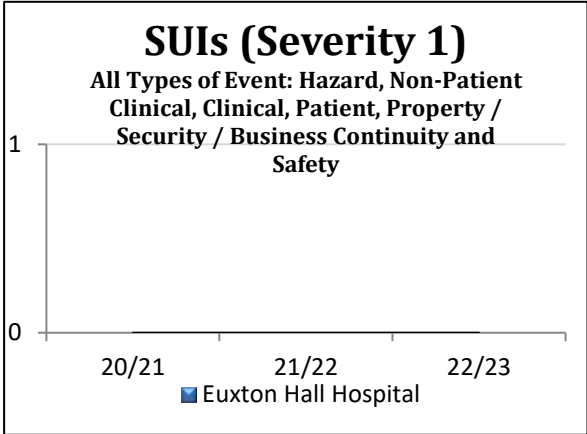
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Euxton	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC05	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC05	0.00

Euxton Hall Hospital considers that this data is as described for the following reasons: There were no severity 1 incidents reported during the reporting period.

Euxton Hall Hospital has taken the following actions to improve the quality of its services: All serious incidents are reported to the appropriate bodies for a full investigation and review by the CQC and Serious Incident panel. A comprehensive investigation is completed for all serious incidents and any lapses in care delivery are identified, and action plans formulated to address non-compliance to best practice. Lessons learned are shared and embedded not only locally, but within the wider organisation to ensure the safe care of all patients treated

within Ramsay Health Care. Safe, effective care, underpinned by NICE and PHE guidance will be at the heart of our clinical strategy.

*Absolute numbers:*



**Friends and Family Test**

F&F Test:	Period	Best	Worst	Average	Period	Euxton
	Feb-22	Several	100%	RTK	77.0%	Eng
Feb-22	Several	100%	RAL	56.0%	Eng	95.0%
	Feb-22				NVC05	100.0%
	Feb-23				NVC05	98.8%

Euxton Hall Hospital considers that this data is as described for the following reasons: we consistently score 98-100% on the Friend and Family patient survey on patients who would recommend or highly recommend Euxton Hall Hospital.

Patient safety and quality of care lies at the centre of everything we do and patient feedback is the most important and relevant feedback the hospital can receive in measuring quality and performance and we are very proud of our consistent scores, confirming our commitment to the delivery of safe, effective and high standards of care delivery.

**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

Euxton Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 14 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 Health Care participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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

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

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

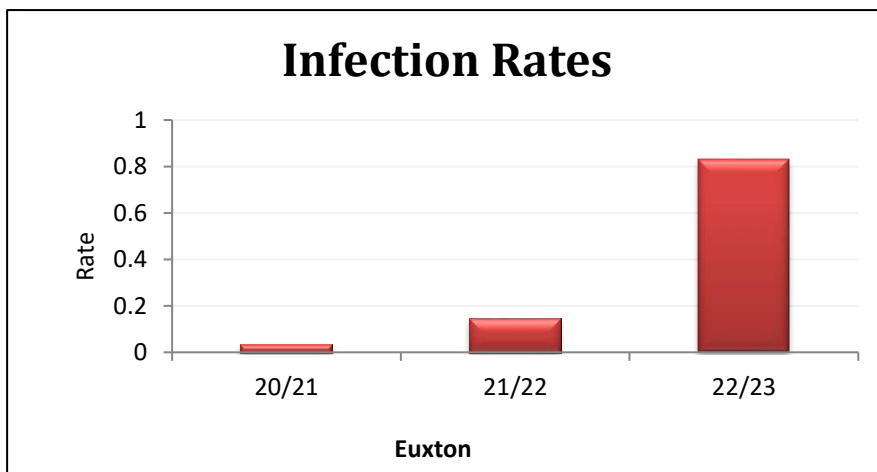
During 2022/2023, we have continued to collect data from our patients who have had Hip and Knee replacement surgery in line with the Public Health England (PHE) 'Surveillance of surgical site infections programme'.

We have a nominated nurse ensuring our processes enable us to identify any patient who may develop a post-operative wound infection and allow us to report and manage this effectively and in line with current PHE guidance.

In the reporting period, Euxton Hall Hospital has continued with the Corporate IPC policy in regards to pre-operative decolonisation for all patients undergoing primary joint replacement or spinal surgery. This decolonisation is in the form of a body wash and application of a nasal gel, used for 5 days prior to admission. Evidence (NICE guidance NG25) has shown that this process can reduce the risk of post-operative wound infection. Patients are given verbal instruction, supplied with the body wash and nasal gel at pre-assessment stage, with a written information leaflet also provided.

All staff receive annual mandatory training on Infection Control and the clinical audit schedule for 2022/202 includes IPC audits throughout the clinical areas of the hospital, providing assurances that IPC measures implemented.

Euxton Hall Hospital maintained its 'Green' status throughout the Covid 19 pandemic, as there have been no Covid 19 positive patients identified during an inpatient stay. All patients continue to be screened, as per Ramsay policy and PHE guidance. This has allowed us to provide ongoing assurances that we continue to deliver safe, effective elective surgical procedures. There have also been no reported Covid 19 outbreaks among staff at Euxton Hall in the year.



As can be seen in the above graph our infection control rate has increased over the last year. In comparison to the national average it is higher than expected. This figure is measured over 12 months and the following action has taken place to identify any trends and actions required. A robust root cause analysis of all infections has been carried out by our infection control lead nurse and reviewed by our Consultant Microbiologist. The findings of our investigation led to a review of our antibiotic formulary and a change in prophylactic antibiotics used in joint replacement surgery. The consultant microbiologist advised that antibiotic resistance can change by locality over a period of time. Since our action plan has been implemented we are starting to see a reduction in infections over the last 2 months. Euxton Hall Hospital will continue to monitor infection rates and report all infections internally and externally as appropriate.

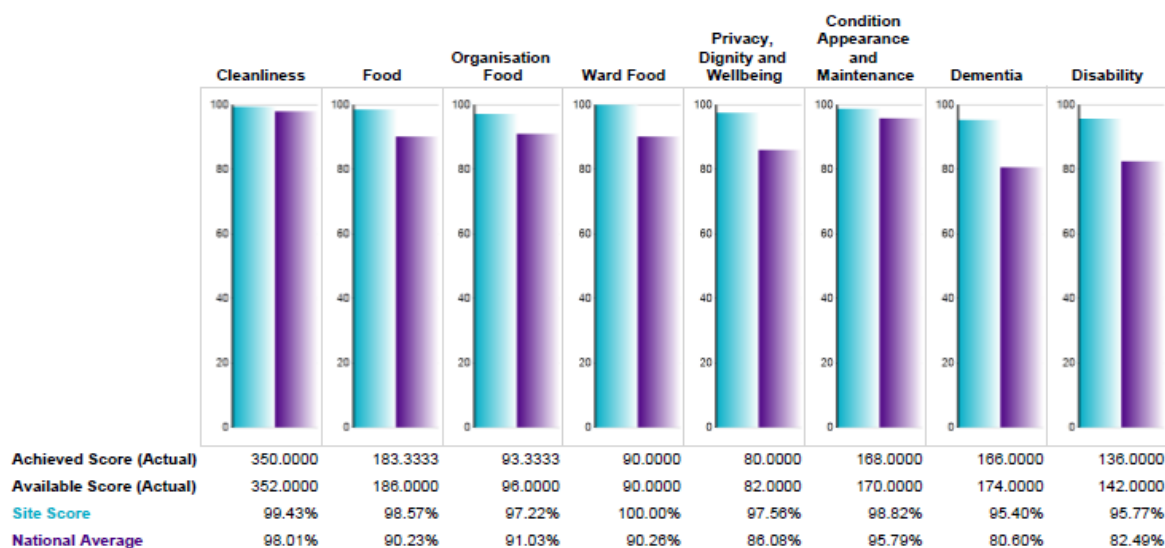
### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Euxton Hall 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.

The table below shows scores for Euxton Hall PLACE audit carried out in November 2022. All recorded measures are above the national average.



### 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 General Manager which ensures we keep up to date with all safety issues. The Head of Clinical Services attends the Local Intelligence Network and receives regular updates to ensure awareness of safety concerns regarding drug issues within the local area.

The following measures are in place at Euxton Hall Hospital to ensure safety in the workplace and enable staff to have the confidence in coming to work in a safe environment:

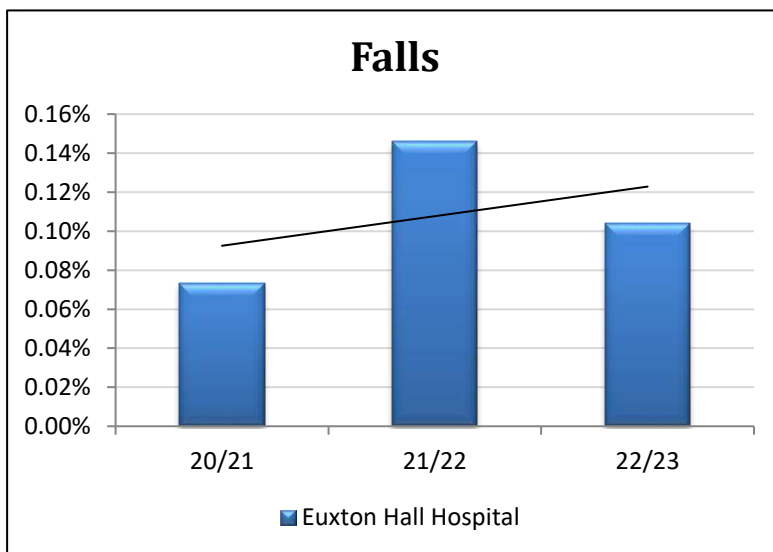
- A Health and Safety Committee that reviews all topics relating to safety in the workplace
- A Governance coordinator who monitors compliance within the clinical governance structure
- A robust process to review and action CAS Alerts
- A lead Occupational Health Nurse who monitors staff immunisation and administers annual Flu vaccines
- A robust internal incident reporting tool which all employees can report into and are encouraged to do so
- Live departmental and facility risk registers

- Departmental champions in COSHH, PUWER and IPC
- Mental health first aiders to offer support to staff. This has proved invaluable in the current climate
- Policies and SOP's to ensure all employees have the guidance required to maintain safety at work
- Annual mandatory face to face and ELearning training to maintain knowledge and skills for all of our staff
- Annual competency reviews of all clinical staff to ensure staff are competent to deliver safe, effective care to our patients

Despite all of the above measure, incidents do occur, affecting both patients and staff. In order to learn from incidents, reporting is essential and staff are encouraged to report all incidents via our internal reporting system, Riskman. All reported incidents are investigated, to determine any root cause, any actions required to mitigate recurrence and identify any lessons learned or any training needs.

Outcomes are shared within the facility via numerous communication platforms and are also shared with the wider organisation for national learning where appropriate.

*Rate per 100 discharges:*



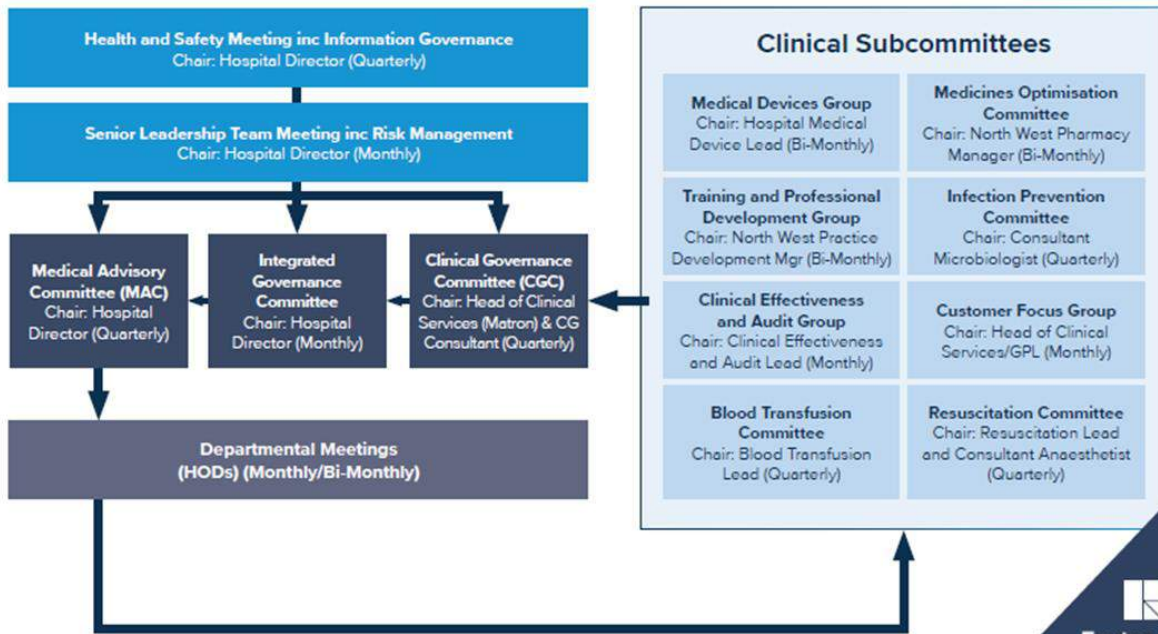
### 3.3 Clinical effectiveness

Euxton Hall 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.



# Euxton Hall Hospital

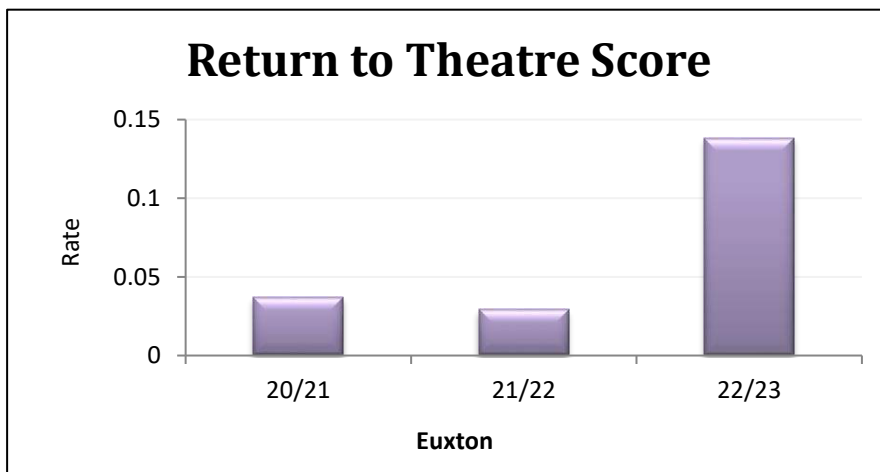
## Our Integrated Governance Accountability Structure



Public Information

### 3.3.1 Return to theatre

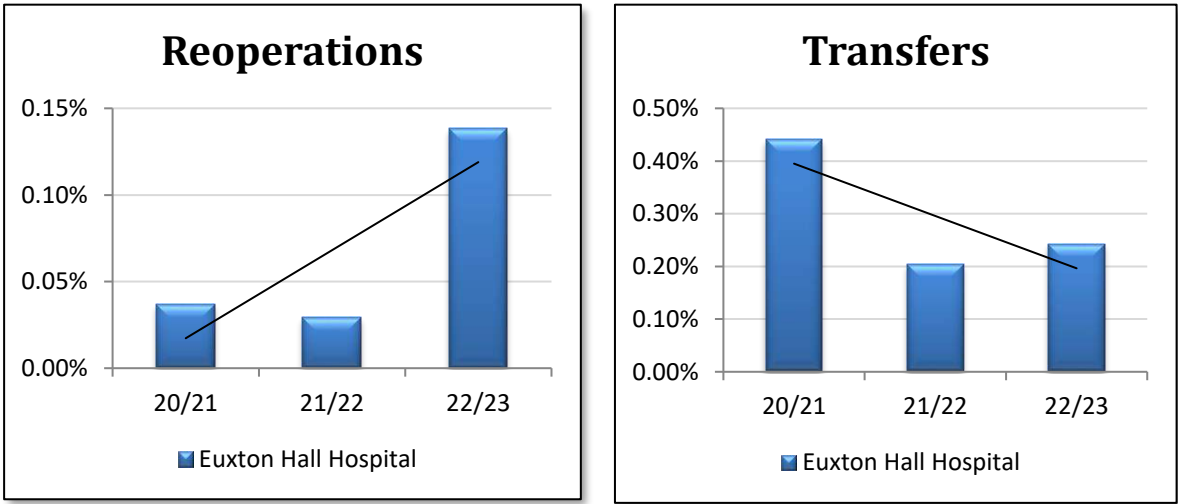
Ramsay Health Care is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical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



As can be seen in the above graph our returns to theatre rate has increased over the last year. The reasons for this increase are difficult to explain as investigation has not identified any trends. It should be recognised that since the pandemic, patients have increased comorbidities and the disease process in some conditions has become more advanced, resulting in procedures becoming more complex.

As seen in the graph below, the transfer of patients from Euxton Hall Hospital has increased slightly in the reporting year. Patients who may deteriorate post-surgery and require a higher level of care are transferred to local trust hospitals to ensure the patient receives the appropriate care dependent on the individual needs. All registered nurses at Euxton Hall are trained to Immediate Life Support and Acute Illness Management level and patients requiring level 2 care can be treated at Euxton Hall. All patients are screened against our admission inclusion criteria at the time of referral and at triage. Patients who are determined as having a higher anaesthetic risk are referred to the local trust hospital for safety reasons.

*Rate per 100 discharges:*



**3.3.2 Learning from Deaths**

There have been no patient deaths at Euxton Hall in the reporting year.

**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.

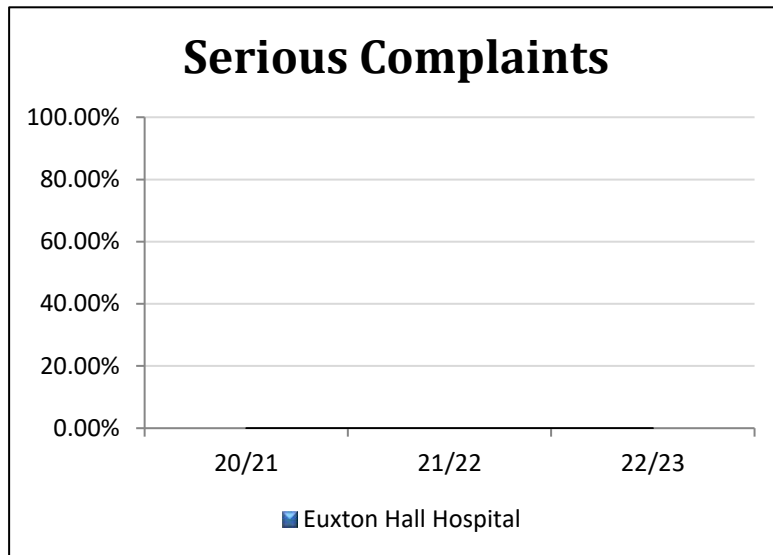
### 3.4 Patient experience

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. Euxton Hall Hospital has had no serious complaints in the reporting period.



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.

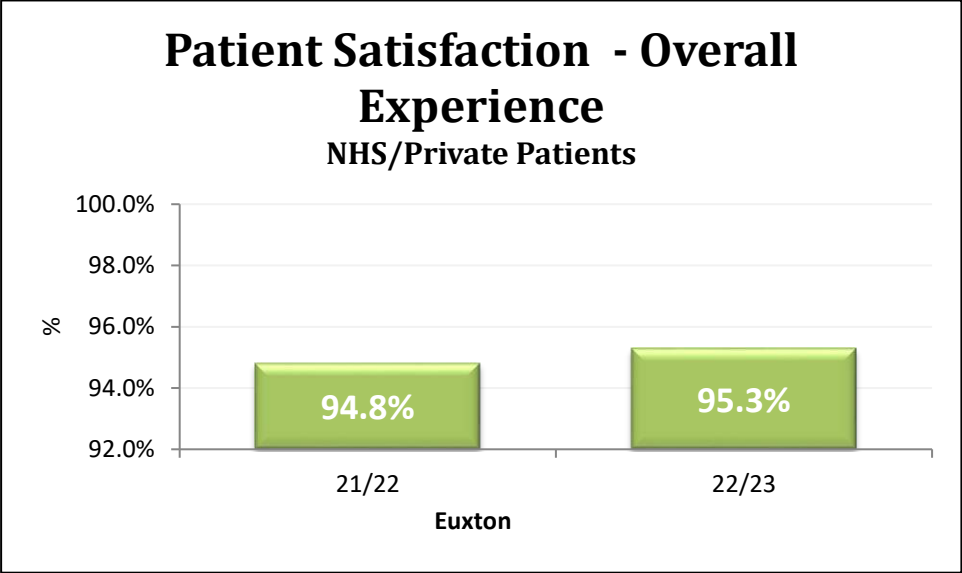
Feedback regarding the patient's experience is encouraged in various ways via:

- 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.




## Appendix 1




# Services covered by this quality account




## Regulated Activities – Euxton Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	General medicine, Orthopaedic medicine, Physiotherapy, Psychology, Rheumatology, Sports Medicine	All adults
Surgical Procedures	Breast surgery, Colorectal, Cosmetic, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Maxilo-facial/oral surgery, Orthopaedic, Urological, Sports medicine and cardiology, Ambulatory, Day and Inpatient Surgery	<p>All adults excluding:</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed and we will only exclude patients if</p> <p>we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

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.

Audit Programme v12.1 2019/20		Hospital Name:										Implemented: July 2019 For review: June 2020			
Authors: S. Haney / A. Hemming-Allen / S. Needham / H. King / A. Adebayo															
Use arrow symbol to locate required audit															
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN			
Head of Clinical Services	Consultants PPs	→	→	→	local audit	Non CC PPs	Complaints	Duty of Conscience	local audit	local audit	local audit	local audit	local audit		
Ward	Medical Records	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Operational	→	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Observational	→	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Medical Records	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Operational	→	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Observational	→	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Pre-Operative Assessment	Medical Records	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Controlled Drugs			Controlled Drugs	local audit	local audit	Controlled Drugs	local audit	local audit	Controlled Drugs	local audit	local audit	Controlled Drugs	local audit		
Prescribing / Medicines Management				Medicines Management	Prescribing	local audit	local audit	local audit	local audit	Medicines Management	Prescribing	local audit	local audit		
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure		
Medicine Reconciliation	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec		
Radiology	Medical Records	→	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology	Operational	→	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Radiology - MRI / NRR		MRI Report	NRR	local audit	MRI Report	local audit	local audit	local audit	MRI Report	NRR	local audit	MRI Report	local audit		
Radiology - CT		CT Report	local audit	local audit	CT Report	local audit	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit		
Physiotherapy	Medical Records	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Operational	→	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Observational	→	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
TSSU	Operational	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	TSSU	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	Endoscopy	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Medical Records	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Operational	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Observational	→	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Infection Prevention and Control*	Infection Control	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - CVCCB and Isolation (if applicable)	CVCCB	local audit	local audit	local audit	Isolation	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Infection Prevention and Control*	Hand Hygiene	local audit	local audit	local audit	local audit	local audit	local audit	Hand Hygiene	local audit	local audit	local audit	local audit	local audit		
IPC - Hand Hygiene Action	Hand Hygiene Action	local audit	local audit	local audit	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		
IPC - Environmental	Environ	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - Cleaning Schedules				Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched		
Transfusion (if applicable)	Compliance	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Transfusion (if applicable)	Autologous	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Bariatric Services (if applicable)	Bariatric Services	→	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Childrens Services (if applicable)	Childrens Services	Paed Pain	Paed OPD	Paed Xray, MRI, CT	local audit	local audit	local audit	Childrens Services	Paed Pain	local audit	local audit	local audit	local audit		

Traffic light score - All except CD's		
	Green	95%
	Amber	80 - 94%
	Red	79% and under

Traffic light score - CD's		
	Green	100%
	Amber	80 - 99%
	Red	79% and under

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## 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
NVC05	Code for Euxton Hall 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
VTE	Venous Thromboembolism



# Euxton Hall 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.

For further information please contact:

### Hospital phone number

**01257 276261**

### Hospital website

**[www.euxtonhallhospital.co.uk](http://www.euxtonhallhospital.co.uk)**

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