

The Berkshire Independent Hospital

Quality Account 2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

The Berkshire Independent 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

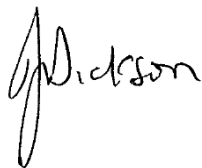
Ramsay Health Care UK

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 Berkshire Independent 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

Mrs Elaine Long, Hospital Director

The Berkshire Independent Hospital

The Berkshire Independent Hospital serves the communities of West Berkshire, Oxfordshire, Buckinghamshire and Frimley. In addition to the patients that we treat via our NHS Standard Contract, throughout the course of this year we have continued to support our local NHS Trust Hospital, Royal Berkshire NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust in providing services for patients waiting for procedures. The Berkshire Independent Hospital also provides accommodation for the Royal Berkshire NHS Foundation Trust's Pre admission service and the Community Midwifery service.

As the Hospital Director of The Berkshire Independent Hospital, I am passionate about ensuring that we deliver a consistently high standard of care to all of our patients. This relies not only on excellent medical and clinical leadership but also on our commitment to drive year on year improvement in clinical outcomes.

Our Quality Account has been developed with the involvement of our Clinical Effectiveness/Clinical Governance Committee and Medical Advisory Committee that meet on a quarterly basis to review the clinical and safety performance of The Berkshire Independent Hospital. The quality account details the actions that we have taken during the past year to ensure that delivering high quality patient care remains the focus for everything we do. Our vigorous audit regime, reviewing patient related outcome measures and by listening to our stakeholders has enabled us to identify areas of good practice and refine some of our processes to make improvements to the service we offer our patients.

At The Berkshire Independent Hospital we believe that each member of staff plays a part in the success of the unit and our dedicated team are very proud of its Care Quality Commission rating of 'Good' across all five domains of the Fundamental Standards of Care; Well Led, Caring, Safe, Effective and Responsive to people's needs. Our continued engagement with the CQC over the last twelve months has helped us continue our momentum of service improvement, with our aim to achieve an 'Outstanding' rating.

I believe that this report provides an open and honest account of where we have moved forward, and where we still have further improvements to make. We will continue to seek out every opportunity to improve the services we provide and we will continue to strive for excellence in all that we do to ensure that the Berkshire Independent Hospital is the hospital of choice for the communities that we serve.

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.



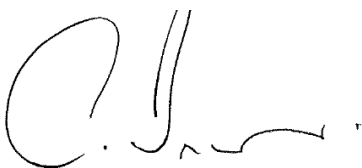
Mrs Elaine Long

Hospital Director

The Berkshire Independent Hospital

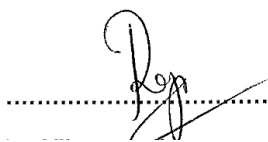
Ramsay Health Care UK

This report has been reviewed and approved by:



Mr Christopher Brown

MAC Chair



Miss Rajee Vijayanand

Clinical Governance Committee Chair

Welcome to The Berkshire Independent Hospital



The Berkshire Independent Hospital opened in March 1993 and is a private hospital with a reputation for delivering high quality healthcare treatments and services. The hospital is registered for 43 beds, with 32 individual patient rooms; four of which are double rooms, all with en-suite facilities, which accommodate both inpatient and day case patients. The ward facilities includes an Extended Recovery Bed for patients that requiring 1-1 nursing. The hospital has three fully equipped Theatres, one fully integrated theatre, 2 Ultra Clean Ventilation (UCV) theatres and a six-bedded Post Anaesthetic Recovery Unit. The hospital also has a separate Endoscopy Unit that has full JAG accreditation.

The Outpatient Department situated on the ground floor of the hospital has 12 consulting rooms with associated examination and treatment facilities as well as a Minor Operating Theatre. The Outpatient facilities also include a Physiotherapy department with a Gymnasium and an imaging department with X-ray, Ultrasound, DEXA and MRI scanning and these facilities are situated in the Mansion adjacent to the hospital.

We provide fast, convenient, effective and high quality treatment for medically insured, self-pay and NHS patients above the age of 18,.

The hospital offers a wide range of specialties and the following services are provided for NHS patients:

- Orthopaedics
- Spinal
- Urology
- General Surgery
- Gynaecology
- Ophthalmology
- Endoscopy

- The total number of NHS patients treated between the 1st April 2022 and 31st March 2023 was 1989
- We provide direct referral services for MRI, Bone Density Scans and Ultrasound Scans.
- Our GP Liaison Officer (GPLO) works closely with both Practice Managers and GPs at our local practices and maintains ongoing contact with surgeries located in the surrounding areas. She regularly organises 'Continuous Professional Development' (CPD) lunches taking consultants into GP practices to offer training and latest development awareness, as well as running Healthcare Professional Training Seminars. We value our contact with GP's as customers and strive to ensure we actively work to enhance patient care.
- We are committed to working closely with our local NHS Foundation Trust to actively assist and reduce waiting times for patients suitable for treatment at our hospital.
- We work closely with our local Integrated Care Board, which covers Berkshire, Oxfordshire and Buckinghamshire.
- As a hospital, we support both national and local charities and currently support Macmillan Cancer Research.
- We have also held fundraising events to support the local school, St Mary's Primary School, to fund books and learning materials
- We provide Urology outreach clinics at The Forbury Clinic, Kendrick Road, Reading.
- Past patients are involved in our 'Patient Led Assessment of the Care Environment 'PLACE' Audit, for which we received favorable outcomes and excellent feedback from both patient and staff assessors.
- We have 115 Consultants with Practising Privileges
- We have 24hour Resident Medical Officer cover
- We employ 151 Staff, which equates to 121 contracted and 45 bank staff.

- Our staff mix as of April 2023:

	Number	WTE
Trained Nurses	21	16.6
Operating Department Practitioners	7	5,3
Healthcare Assistants	11	3.4
Administrators	24	1.5
Support Services	24	1.5
Radiographers	2	18.75
Physiotherapists	4	9.3

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

On an annual cycle, The Berkshire Independent 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 2022/23 (looking back)

Patient Safety

1) Speak Up for Safety

Speak up for Safety: Promoting Professional Accountability (PPA)

The 'Speak Up for Safety' (SUFS) Programme was adopted by Ramsay Health UK in July 2018.

This priority has been carried over year on year since its implementation. This was felt to be necessary to maintain its focus across the hospital. Berkshire Independent has had new staff join the team and it was felt that leaving this priority in for the year would ensure speaking up for safety continued to be embedded across all teams members, regardless of length of service. It also means staff are made accountable for speaking up for safety, as they have all received the same training as each other.

The Speak Up for Safety programme's objectives are to:

- achieve culture change by increasing the ease and motivation for all staff to feel safe to 'speak up for safety'
- develop insights and skills to respectfully raise issues with colleagues when concerned about a patient's safety

Speaking up for Safety promotes and supports development of an organisational culture where all staff feel safe to speak up about any safety issue and the receiver welcomes it.

However, if speaking up face to face is not possible, safe or effective and not related to imminent patient harm, there is an important role for the organisation to represent a staff member and share the message on their behalf.

A rolling training programme for Speaking up for Safety continued in 2022/23; Speaking up for Safety Trainer update sessions were implemented to share learning and provide support for the trainers. Training for additional Speak up for Safety Trainers is scheduled for 2023 as well as update sessions for the current accredited trainers.

Peer Messengers

The Promoting Professional Accountability programme works alongside the Speaking Up for Safety™ programme to embed an organisation-wide speaking up culture and was launched by Ramsay in March 2020.

The Promoting Professional Accountability (PPA) programme provides healthcare organisations with a sustainable, organisation-wide framework to achieve the highest levels of safety and reliability. It helps to identify, engage with and hold accountable staff who demonstrate repeated unprofessional behaviour.

Critical to the success of the PPA programme is its innovative approach of delivering informal conversations about single reported incidents, utilising carefully selected, expert trained peer messengers.

Peer messengers among the clinical staff and consultants were selected and trained as peer messengers. The PPA programme has delivered training to the Berkshire Independent Hospital's management team to provide them with the skills required to support the programme.

Understanding common excuses, rationalisations, denials, and barriers to change prepares leaders to appropriately, consistently and professionally address the real issues related to addressing unprofessional behaviours.

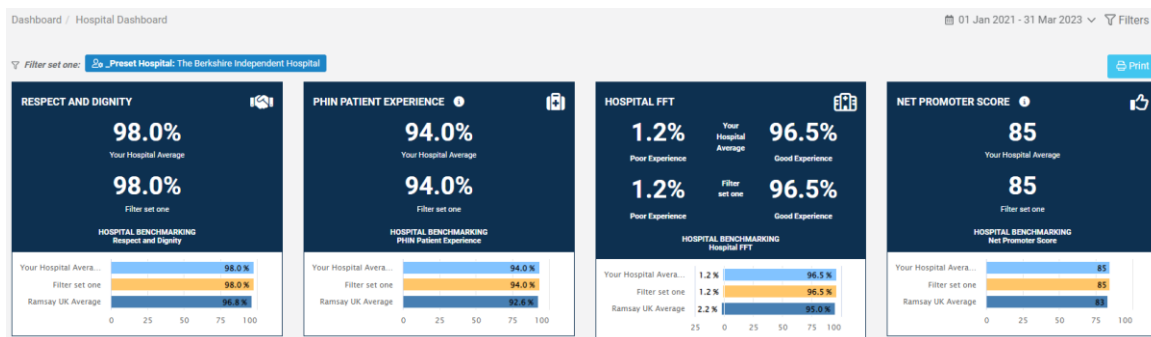
This is linked to the Care Quality Commission's domains Safe, Effective, Responsive and Well led and to the principles of The Ramsay Way 'positive outcomes and People caring for people.

Patient Experience

Cemplicity

Patient feedback using Cemplicity system has been carried over as a priority from 2020/2021. 2020/2021 was an inconsistent year of patient numbers due to Covid-19. Combined with relying on patients to fill out questionnaire forms once discharged, the return rates within the year were consistently lower than hoped. Therefore, Cemplicity remained a focus in 2022/2023 to enable a more broad data return and resulting in a more accurate reflection of patients' experience as a whole. This priority encompassed review of PHIN and Friends and Family data, allowing us to capture data from many different patient cohorts and not just those who were admitted for surgery.

Below is the dashboard showing Berkshire Independent's Cemplicity patient feedback data from 1st January 2022- 31st March 2023.



Patient Safety

Berkshire Serious Incident Network

The Berkshire Independent Hospital is in a unique position, as we have two other private hospitals within a 2-mile radius. Whilst this can be seen as a competitive neighbouring, we have mutual staff, consultants and patients. We also work closely with our local NHS Trust hospital and with this in mind we felt that there was a benefit in developing a network actively encourages learning from serious incidences, complaints, audit results etc. with an aim to improve safety across all sites.

We made contact with each of the other providers to share this concept and launched the 'Berkshire Serious Incident Network' (BSIN). The first network meeting was held in May 2022 with an excellent response from colleagues from each of the providers, as well as some interesting conversation around lessons learnt from recent incidences. The network openly shared events at their own hospitals whilst simultaneously agreeing that there was no competition in patient safety.

The network will meet on a monthly basis moving forwards and will incorporate different representatives at each meeting, based on the incidences shared, for example, the blood transfusion lead from the local Trust will join to provide feedback on any major haemorrhage etc. As far as we are aware, this is the first of its kind across the independent sector locally and we aim to roll this out to other neighbouring counties as the network expands.

Our Network has grown!

Since we started The Berkshire Serious Incident Network in May 2022, we have had new independent sector providers join our group, from across the BOB network. Therefore, we have renamed our Group:

The Berkshire, Oxfordshire & Buckinghamshire (BOB) Shared Learning Network

We remain focussed on actively sharing learning from serious incidences, complaints, audit results etc. with an aim to improve safety across all sites.

The network openly shared events at their own hospitals whilst simultaneously agreeing that there is no competition in patient safety.

The network continue to meet on a monthly basis, with representation from the Nuffield group, multiple Circle Health hospitals, Spire Group, The New Foscote Hospital as well as multiple Ramsay Healthcare Hospitals and regular representation from the BOB ICB.

We are very proud of how our network has grown in the last year and are excited to continue its development incorporating the ethos and goals of Patient Safety Incident Response Framework (PSIRF) this year.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

Patient Safety Incident Response Framework

Introduction

Implementation and Embedding of Patient Safety Incident Response Framework (PSIRF) throughout the Hospital

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS' approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Aidan Fowler, National Director of Patient Safety, NHS England – “The introduction of this framework represents a significant shift in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen – including the factors which contribute to them.”

Why it was chosen

The Patient Safety Incident Response Framework (PSIRF) is a contractual requirement under the NHS Standard Contract and Independent provider organisations that provide NHS funded secondary care under the NHS Standard Contract are required to adopt this framework. The Berkshire Independent Hospital has chosen the Patient Safety Incident Response Framework (OSIRF) as it will be replacing the current Serious Incident Framework (2015) and The Berkshire Independent Hospital will be implementing PSIRF by September 2023.

Aims

PSIRF represents a significant shift in the way we will respond to patient safety incidents and supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system function and improvement

How we will achieve this

The Berkshire Independent Hospital plans to achieve this clinical priority are:

- To implement training for all staff to understand The Patient Safety Incident Response Framework (PSIRF)
- All new staff will be trained as part of their induction programme
- To continue to discuss all patient safety incidents as an agenda item at Heads of Department Meetings,(HODS), Departmental Team Meetings, Senior Leadership Team Meetings, (SLT), Infection Control and Prevention Committee meetings, (IPC), Clinical Governance Committee meetings (CGC) and the Medical Advisory Committee Meetings (MAC)
- To continue to review all patient safety incidents at weekly incident meetings
- To continue to discuss patient safety incidents at The Berkshire, Oxfordshire & Buckinghamshire (BOB) Shared Learning Network

How we will monitor and measure progress towards achieving this priority

- The Head of Clinical Services will continue to review all open patient safety incidents daily using nationally-defined criteria to ensure that all investigation and reporting timeframes are met
- The number of open patient safety incidents will be discussed at the daily 10@10 huddle
- Training statistics will be reviewed at the monthly Head of Department Meetings
- The number of patient safety incidents reported will be reviewed at the monthly Head of Departments meeting
- Lessons learned will be shared with the hospital teams, Ramsay Healthcare UK and The Berkshire, Oxfordshire & Buckinghamshire (BOB) Shared Learning Network

Reporting Progress

- A review of progress and achievement will be reported in the next years' Quality Account
- Ongoing monthly reviews at Heads of Department will report on progress and achievement

This is linked to the Care Quality Commission's domains Safe, Effective, Responsive and Well led and to the principles of The Ramsay Way 'positive outcomes and People caring for people.

Clinical Effectiveness

Implementation and Embedding of RADAR Healthcare

Introduction

Radar Healthcare Ramsay's latest risk and incident management system will replace the current system 'Riskman'.

Radar is an all-in-one incident, risk and compliance system. All staff are responsible reporting events through Radar. Event reporting includes many facets such as clinical incidents, safety incidents and data protection breaches with many of these reported using one dynamic form.

Why it was chosen

RADAR was chosen as a clinical priority because this system will be replacing Riskman our current risk management system and the Berkshire Independent Hospital will be embedding RADAR into the culture of the hospital.

All staff are responsible for reporting events through RADAR. Event reporting includes many facets such as clinical incidents, safety incidents, data protection breaches, handling complaints, managing legal claims, assessing risk, raising safety alerts (CAS) and non-compliance with many of these reported using one dynamic form.

Aims

- To raise the hospital profile at a corporate level in relation to RADAR
- To allocate hospital RADAR champions
- To implement training for all staff to understand RADAR and how to report risks on the system
- All new staff will be trained as part of their induction programme
- To allocate departmental RADAR champions
- To embed RADAR into the Berkshire Independent Hospital's culture
- To maintain a positive event reporting culture
- To utilise resources to support the use of RADAR

How we will achieve this

- The Berkshire Independent Hospital Director is a key member of the corporate RADAR committee who are leading the implementation of RADAR throughout Ramsay Healthcare UK.
- The Berkshire Independent Hospital has allocated two key members of the team to lead as Radar Champions who will attend Radar training in July.
- Training will then be scheduled for all staff to enable them to use Radar to report safety incidents and accidents that occur at work. Other parts of the Radar system are more relevant to specific job roles.

How we will monitor and measure progress towards achieving this priority

- The Hospital Director will attend the corporate working party meetings and will feedback relevant information to the hospital teams
- Training statistics will be reviewed monthly by the Human Resources Coordinator (HRC) and reported monthly at The Senior Leadership Team meeting and the monthly Head of Department meeting
- All incidents reported on RADAR as an agenda item at Heads of Department Meetings,(HODS), Departmental Team Meetings, Senior Leadership Team Meetings, (SLT), Infection Control and Prevention Committee meetings, (IPC), Clinical Governance Committee meetings, Health and Safety meetings (H&S), (CGC) and the Medical Advisory Committee Meetings (MAC)
- All incidents reported on RADAR will be reviewed at weekly incident meetings
- Patient safety incidents will be discussed at The Berkshire, Oxfordshire & Buckinghamshire (BOB) Shared Learning Network

Reporting Progress

- A review of progress and achievement will be reported in the next years' Quality Account
- Ongoing monthly reviews at Heads of Department will report on progress and achievement

This is linked to the Care Quality Commission's domains Safe, Effective, Responsive and Well led and to the principles of The Ramsay Way 'positive outcomes and People caring for people.

Professional Nurse Advocate (PNA)

Introduction

Professional nurse advocates provide professional clinical leadership within their clinical settings. This includes the facilitation of restorative clinical supervision to other nurses and health care staff, leadership of quality improvement projects and the development of cultures of learning. PNA training is nurse-specific, continuing professional development.

The Professional Nurse Advocate (PNA) Programme is an accredited clinical and professional leadership programme which aims to equip nurses with the skills and knowledge to deliver restorative clinical supervision to their colleagues; lead quality improvement initiatives to improve patient care; and contribute to positive cultures of learning.

Why it was chosen

The Berkshire Independent Hospital is committed to meeting the requirements around the PNA role. Ramsay Healthcare is currently investigating training provision and piloting in a small number of hospitals. We will plan to implement across all hospitals in 2023.

Aims

The PNA programme works to embed the four functions of the advocating or education, quality and improvement (A-EUIP) model:

- To facilitate restorative clinical supervision(restorative)
- To develop cultures of learning and development
- To improve, monitor, evaluate and quality control care (normative)

- Personal action for quality improvement
- Education and development (formative).
- To deliver clinical supervision to all registered nurses at The Berkshire Independent Hospital
- To improve patient outcomes

How we will achieve this

- Access resources available to support the PNA Programme – National Website, PNA Regional advisors
- Develop training for PNAs
- Invite nurses to apply to train as PNAs – plan to have at least two PNAs at any one time
- Training on the role of the PNA – E-Learning
- Support PNAs
- Development of implementation and good practice guidance
- PNA post qualification updates
- PNA networks within Ramsay and locally to support and clinically supervise the PNAs
- Ensure all nursing staff have access to restorative clinical supervision

The programme will equip nurses to lead, support, advocate and deliver improvements to patient care and support the development, health, and wellbeing of nurses.

How we will monitor and measure progress towards achieving this priority

- A register of PNAs in the Berkshire Independent Hospital will be compiled
- Protected time will be rostered on allocate healthroster
- Monthly data collection will be reviewed by Head of Clinical Services
- Professional nurse advocate to be discussed as an agenda item at the monthly heads of department meetings
- Professional nurse advocate to be discussed as an agenda item at the quarterly clinical governance committee meetings

Reporting Progress

- Protected time allocated on allocate healthroster will be reviewed annually at the time of the PNAs annual professional development review
- Professional nurse advocate discussion at Heads of department meetings will be minuted and can be reviewed month on month
- Professional nurse advocate discussion at clinical governance committee meetings will be minuted and can be reviewed quarter on quarter

Patient Experience

Cemplicity

Introduction

Patient feedback using Cemplicity system has been carried over as a priority from 2021/2022. 2021/2022 was a challenging year with The Berkshire Independent Hospital returning to business as usual following the COVID pandemic.

This priority encompasses review of PHIN, PROMS, ICHOMS and Friends and Family data, allowing us to capture data from many different patient cohorts and not just those who were admitted for surgery.

Why it was chosen

Combined with relying on patients to fill out questionnaire forms once discharged, the return rates within the year were consistently lower than hoped. Therefore, Cemplicity will continue to be a focus in 2023/2024 to enable a more broad data return and resulting in a more accurate reflection of patients' experience as a whole.

Aims

- To improve knowledge and competence of staff relating to patient feedback routes
- To improve response rates for patient feedback year on year
- To share patient feedback with the hospital team
- To share lessons learned from patient feedback

How we will achieve this

PROMS

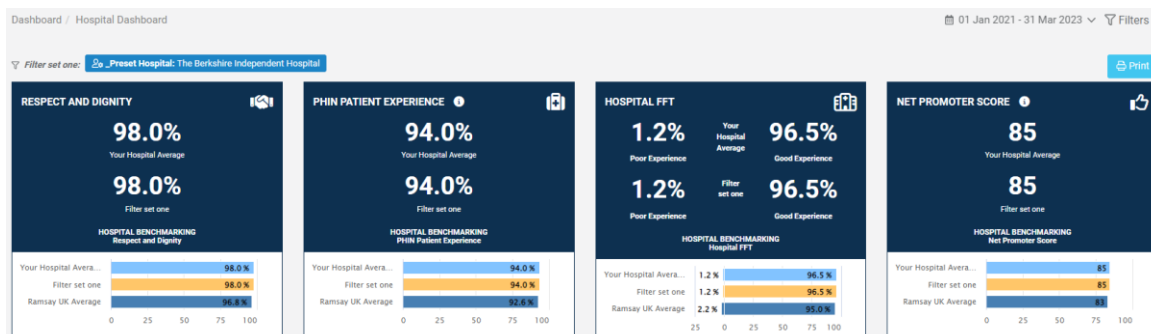
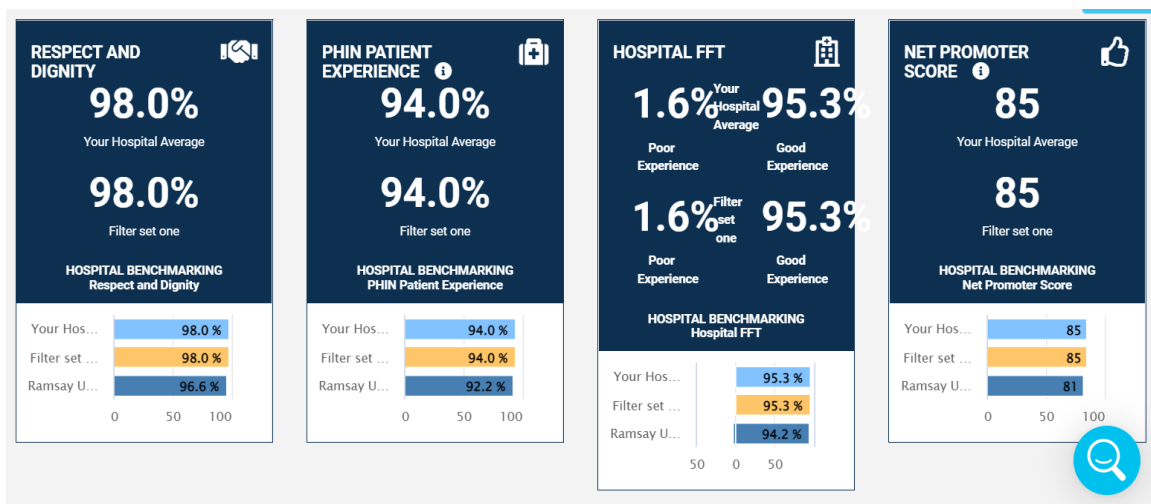
- Further training has been scheduled for the pre-operative assessment and outpatient clinic teams to improve team knowledge and competence with the objective of improving return rates.
- A patient information leaflet explaining PROMS has been introduced and is enclosed with the pre-operative assessment appointment letter so that the patient is informed prior to attendance at the pre-operative assessment clinic.

Friends and Family

- Friends and family cards are accessible in the outpatient reception areas
- Friends and family cards will be made accessible in all outpatient clinic rooms
- Friends and family cards will be enclosed with the outpatient appointment letter

How we will monitor and measure progress towards achieving this priority

Below are the dashboards showing Berkshire Independent's Cemplicity patient feedback data from 1st January 2021 - 31st March 2022 and 1st January 22 – 31st March 2023.



- The dashboards will be reviewed monthly at the Heads of Clinical Services meeting and monthly departmental meetings

Reporting Progress

- This data will be reported in the head of clinical services presentation at the monthly heads of department meetings and at the monthly departmental meetings.
- Patient feedback will be reported monthly at the Heads of Department meetings and communicated to staff by the heads of department
- Patient feedback will be displayed in posters throughout the hospital

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 Berkshire Independent Hospital provided and/or subcontracted 19 NHS services.

The Berkshire Independent Hospital has reviewed all the data available to them on the quality of care in all 19 of these NHS services.

Gynaecology

Orthopaedics - Knee and Hip

Podiatric Surgery

Hand and Wrist - Carpal Tunnel Syndrome

Cataracts

Colorectal Surgery

DEXA Bone Density Scan

Foot and Ankle Surgery

Shoulder and Elbow Surgery

Hernia Surgery

Upper GI

Endoscopy

MSK Physiotherapy

Gall stone, Gall Bladder and Cholecystectomy

Spinal Surgery

Neck and Back Pain

Urology

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 56% per cent of the total income generated from the provision of NHS services by The Berkshire Independent 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 41%

HCA Hours as % of Total Nursing 20%

Agency Cost as % of Total Staff Cost 7%

Ward Hours PPD 5.22

% Staff Turnover = 8.8%

% Sickness = 6.1%

% Lost Time = 6.1%

Appraisal 96%

Mandatory Training 98.4%%

Staff Satisfaction Score

Number of Significant Staff Injuries = 0

Patient

Formal Complaints per 1000 HPD's = 5.8%

Patient Satisfaction Score = 85%

Significant Clinical Events/Never Events per 1000 Admissions = 2.4%

Readmission per 1000 Admissions = 2.2%

Quality

Workplace Health & Safety Score 91.4%

Infection Control Audit Score 98 – 100%

Consultant Satisfaction Score – N/A

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.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 The Berkshire Independent Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Berkshire Independent 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.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	98.8%
National Joint Registry (NJR) ^{2,3}	98.1%
Serious Hazards of Transfusion Scheme (SHOT)	0%
Surgical Site Infection Surveillance Service	100%

Footnotes:

¹ National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

² Project participates in the Clinical Outcomes Publication (COP)

³ Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)
Version: January 2019

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

Our priorities for 22/23 will be to ensure standards are met, and where we identify room for improvement, we have documented action plans with evidence of changes to be implemented.

PROMS

The Berkshire Independent Hospital participates in Patient Reported outcomes Measures Survey for patients undergoing Hip Replacement Surgery, Knee Replacement Surgery, Transurethral Resection of Prostate, Breast Augmentation, Carpal Tunnel and Cataract Surgery pre-operatively and post-operatively. This is reported through Cemplicity.

Following review of the audit outcome The Berkshire Independent Hospital has taken the following actions to improve this percentage, and so the quality of its services, by:

- Focus on complicity as one of our clinical priorities for the coming year with the objective of improving the percentage of responses

National Joint Registry

The Berkshire Independent Hospital participates in the NJR, which records, monitors, analyses and reports on performance outcomes in joint replacement surgery in a continuous drive to improve service quality and enable research analysis, to ultimately improve patient outcomes.

The Berkshire Independent Hospital achieved the Quality Data Provider (QDP) status award for the audit period 2021/2022.

Surgical Site Infection

The Berkshire Independent Hospital participates in the Surgical Site Infection Surveillance Scheme (SSISS). This is a national scheme which is mandatory for hip and knee arthroplasty. PHE mandates that all hospitals must undertake at least one full quarters' surveillance in these categories. The Ramsay Surveillance policy implemented in 2015 stipulates that hospitals undertake continuous surveillance during all 4 quarters. This is to minimise statistical variation in sites that undertake lower numbers of operations.

In the period 2022-2023 The Berkshire Independent Hospital undertook 134 Knee Replacements and 95 Hip Replacements with a total of 0.0% SSIs.

Local Audits

The reports of The Berkshire Independent Hospital mandatory local clinical audits from 1 April 2022 to 31st March 2023 (which includes infection prevention control, transfusion, physiotherapy, radiology, theatres and medicines management) were reviewed by the Clinical Governance Committee and [The Berkshire Independent Hospital](#) intends to monitor audit and to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Our priorities for 23/24 will be to ensure standards are met, and where we identify room for improvement, we have documented action plans with evidence of changes to be implemented.

2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by The Berkshire Independent Hospital in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was zero.

DEXA

Whilst the Berkshire Independent Hospital does not have any research projects on site, we become part of the Radiant trial launched by the Royal Berkshire NHS Trust. Berkshire Independent in 2021 and we supply pre-treatment DEXA scans for all eligible participants of the trial, prior to their oncological treatment starting. There is an anticipated number of approximately 12 patients per year.

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

The Berkshire Independent Hospital's income from 1 April 2022 to 31st March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this framework was suspended at the point of COVID-19 starting. They have not been resumed at this current time.

2.2.5 Statements from the Care Quality Commission (CQC)

The Berkshire Independent Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2023 is registered without conditions.

The Berkshire Independent 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

Accurate data quality provides detailed information, which demonstrates quality, patient safety, positive outcomes and will evidence trends in relation to performance.

One of the recommendations of the Francis report was:

‘All healthcare provider organisations should develop and publish real time information on the performance of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction and on the performance of each team and their services against the fundamental standards’
(Mid Staffordshire Inquiry Feb, 2013)

All staff receive training during induction relating to data input, GDPR, Information Security and confidentiality. Outcome data is also monitored through our clinical governance framework via audit, internal reports and regular review.

NHS Number and General Medical Practice Code Validity

The Berkshire Independent 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:

- 98.1% for admitted patient care;
- 97.3% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 99.5% 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 2022/2023. The status is ‘Standards Met’.

Info available on the DSP website at:

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

Clinical coding error rate

The Berkshire Independent 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
Berkshire Independent	100%	91%	100%	100%

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

2.2.7 Stakeholders views on 2022/23 Quality Account

Commissioner response – The Berkshire Independent Hospital Quality Account 2022/23

This statement has been prepared on behalf of Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB).

The ICB welcomes the opportunity to comment on the Berkshire Independent Hospital (BIH) Ramsay Healthcare Quality Account 2022/23. The Quality Account provides information across a wide range of quality measures and gives a comprehensive view of quality of care and upcoming priorities undertaken during the reporting period. The ICBs are committed to working with BIH to support further improvement in the areas identified within this Quality Account.

The ICB is satisfied that the Quality Account gives an overall accurate account analysis of the quality of services provided. Ramsay continues to provide high quality care and treatment for our NHS patients and continue to show commitment and support to our local Foundation Trust. BIH remains registered with the Care Quality Commission without conditions.

Patient Safety

Looking back over 2021/22 patient safety priorities and the success of the launch of Speak Up for Safety programme embedded within the organisational culture and we are pleased that this remains a priority for 2023/24. The Promoting Professional Accountability Programme launched alongside the Speak Up for Safety programme providing a platform in supporting its staff to acknowledge behaviours and time for reflection. We recognise the commitment to support staff health and wellbeing alongside these interventions.

Patient Experience

We acknowledge that patient feedback remains one of BIH a priority for 2023/24 due to low response rates in patient feedback forms following discharge in 2021/22. Although patient satisfaction remains high overall it is positive to note that BIH are committed to collate feedback to improve services.

Berkshire Serious Incident Network

The ICB would like to praise the ongoing and positive work with other independent providers from BOB ICB to share learning from serious incidents / complaints / audits with a focus to improve patient safety across the locality. We welcome the opportunity for this work to be rolled out to neighbouring counties as the network expands.

Priorities for improvement for 2023/24

For 2023/24 BIH have decided to keep the same priorities for improvement as in previous years, focusing on patient safety and patient experience.

We welcome the implementation of the RADAR Healthcare system to replace the previous incident reporting system and introduction of the professional nurse advocates to facilitate restorative clinical supervision.

The ICB look forward to receiving the next quality account to review and reflect on performance and feedback, to assess what measures have had the greatest impact in helping to deliver quality improvements in each of the above areas. We hope to see a continual improvement, on an already highly positive quality account

Rachael Corser

Chief Nursing Officer

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.

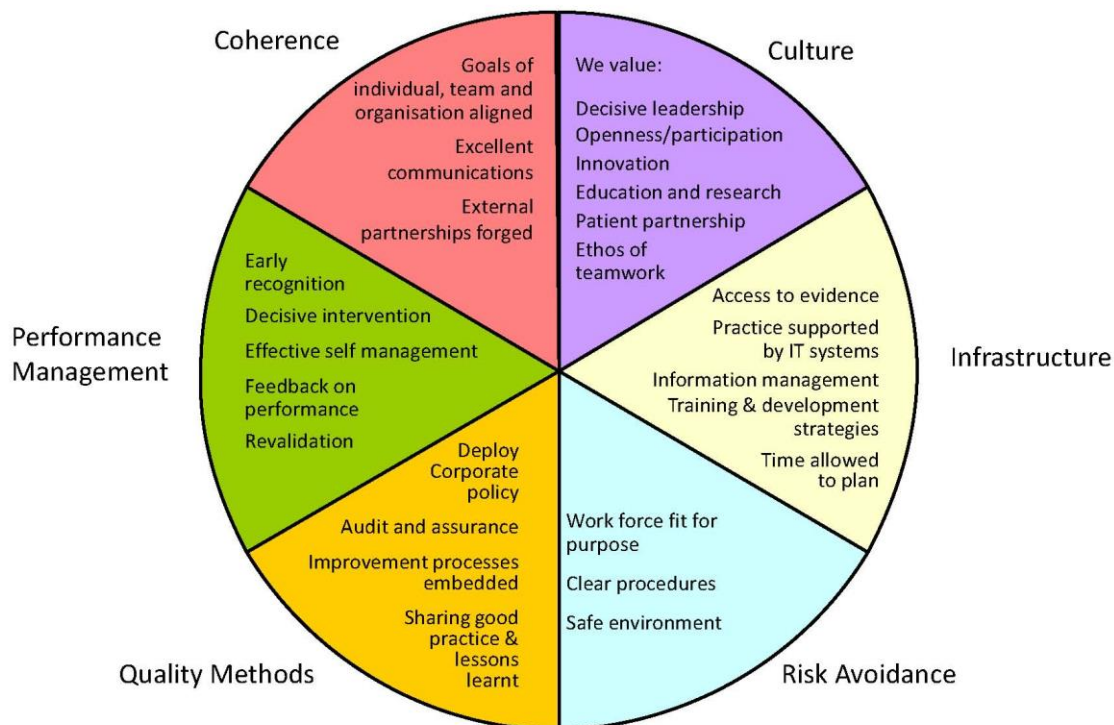
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	Berkshire	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC02	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC02	0.0000	

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

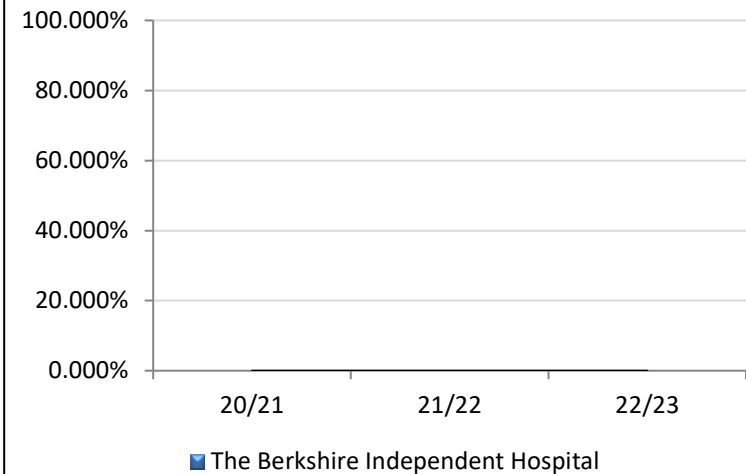
- The hospital provides services for elective care
- The hospital has acceptance criteria the objective of which is to maintain patient safety

The Berkshire Independent Hospital has taken the following actions to improve this percentage, and so the quality of its services, by:

- The hospital continues to run an Anaesthetist Led Pre-operative Assessment Clinic to review referrals the objective of which is to maintain patient safety
- The hospital conducts Multidisciplinary Meetings (with the consultant, anaesthetist, head of clinical services, pre-operative assessment nurse, ward manager, theatre manager and physiotherapy manager as the core members of the committee) to review all complex cases prior to scheduling procedures to optimise the patient care pathway and maintain patient safety
- The hospital has trained additional nurses to manage pre-operative assessment clinics to ensure that appointments can be offered in appropriate timescales to maintain patient safety

Rate per 100 discharges:

Unexpected Deaths



National PROMS

PROMS:	Period	Best		Worst		Average		Period	Berkshire	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC02
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC02	*

PROMS:	Period	Best		Worst		Average		Period	Berkshire	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC02
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC02	*

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

- The hospital has robust systems for ensuring that pre-operative questionnaires are returned and patients understand the importance of returning their post-operative questionnaire
- The hospital has implemented the use of tablets in the pre-operative assessment clinic to support the patients when completing the questionnaire

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to embed the use of tablets during the pre-operative assessment appointment to support the patient to complete their questionnaire
- Sending a PROMS patient information leaflet with the pre-operative assessment appointment to advise the patient about PROMS prior to attending the appointment
- Providing further training to the Pre-operative assessment team relating to PROMS

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Berkshire	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC02
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC02	0.00

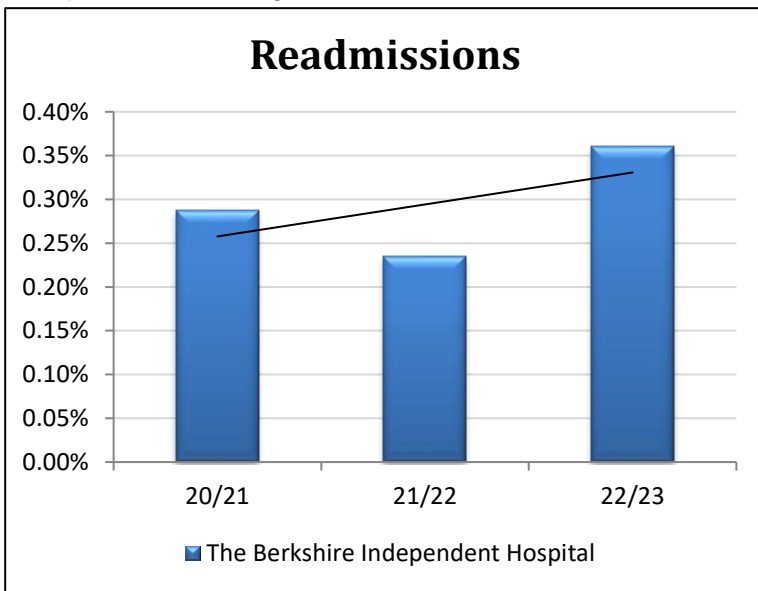
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The hospital has a good culture of reviewing patients on site rather than referral to A&E or the GP
- The hospital provides the patients with a contact number on discharge should they have concerns or worries and patients are encouraged to contact the hospital
- The hospital carries 24 hour follow up telephone calls to review the patients welfare and recovery
- Readmission figures include those patients who attend the hospital late at night resulting in it being inappropriate to send them home

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to review all unplanned readmissions to identify trends, to improve patient outcomes and to communicate lessons learnt

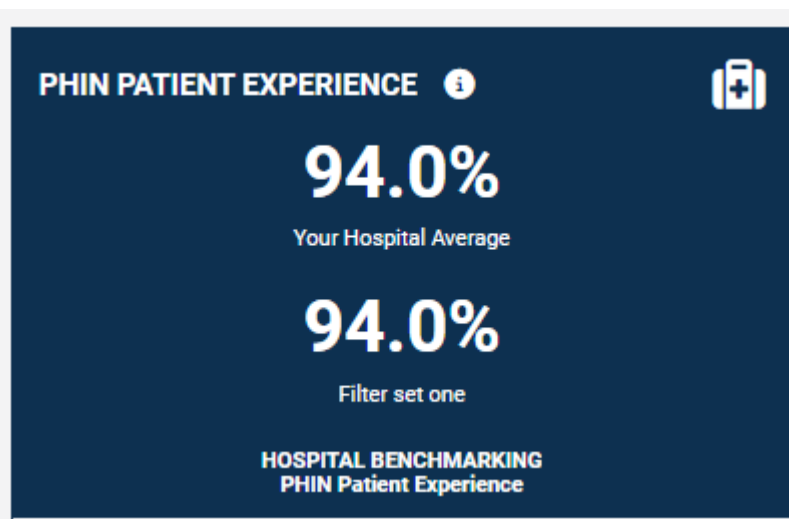
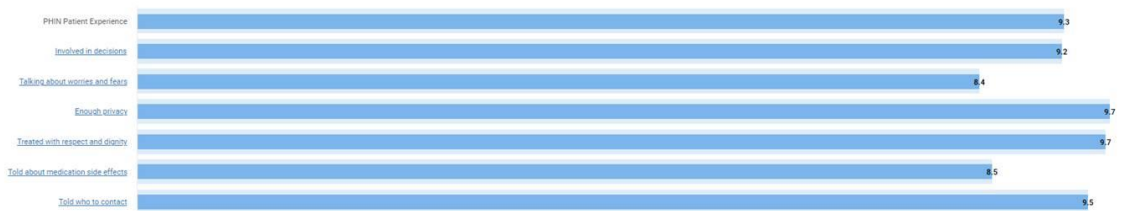
Rate per 100 discharges:



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

Summary of PHIN Patient Experience performance

Export



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

VTE Risk Assessment

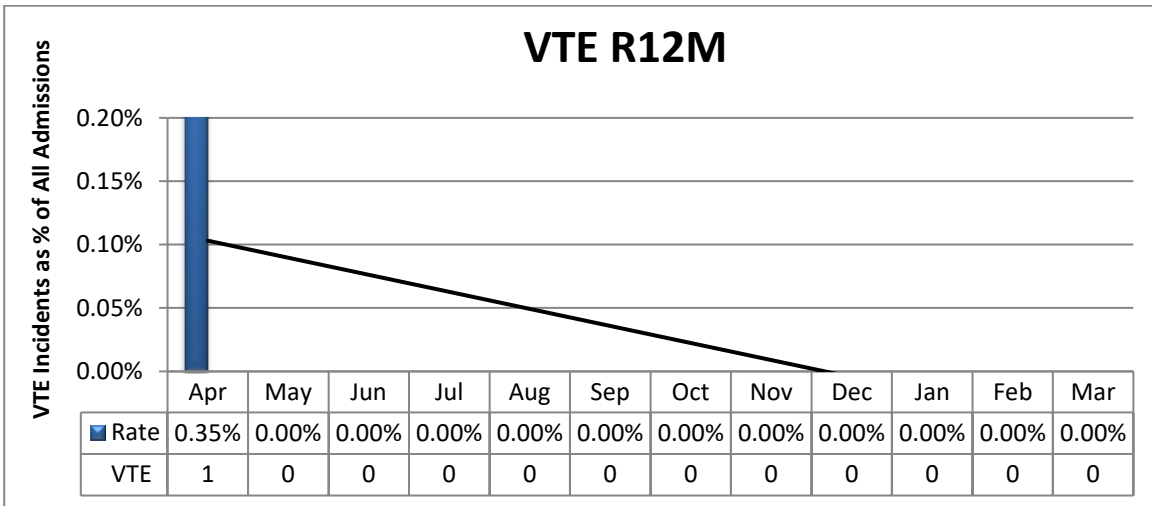
VTE Assessment:	Period	Best		Worst		Average		Period	Berkshire	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC02	98.0%
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC02	99.1%	

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

- The hospital’s Electronic Patient Records direct staff to undertake VTE Risk Assessment at pre-operative assessment and on admission
- The hospital has a robust pre-operative assessment service
- Staff understand the importance of VTE Risk Assessment
- VTE Risk Assessment rates are reviewed through audits and reports
- Audits are reviewed at monthly Heads of Department Meetings

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to undertake local audit and ensure risk assessments are completed
- Working with our Consultants via our Medical Advisory Committee to ensure their understanding of the importance of VTE Risk Assessment
- Pre-operative triage and risk assessment



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Berkshire	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC02	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC02	0.0

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

- The Local IPC Committee is chaired by our Infection Prevention and Control lead and consists of representatives from all key areas of the hospital and includes a Consultant Microbiologist. The committee meets quarterly to oversee implementation of corporate policies and National guidance and review clinical audit and practice.
- All staff undertake mandatory infection prevention and control (IPC) training annually
- Completion of corporate clinical audits, incident reporting, identifying trends and identification of further training requirements
- Individual patient rooms and appropriate implementation of IPC measures
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Also through local Medical Advisory Committee and Senior Leadership Team meetings.
- The Berkshire Independent Hospital has an Anti-Microbial Policy in place, which prohibits the use of restricted antibiotics.

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to provide all stakeholders with education and information about infection prevention and control practice.
- Continuing to provide annual mandatory training for all staff in infection prevention and control.

Patient Safety Incidents with Harm

The Francis Report (2013) emphasised the need to put patients first at all times, and that they must be protected from avoidable harm. In addition, the Berwick report (2013) recommended 4 guiding principles for improving patient safety, including: placing the quality and safety of patient care above all other aims for the NHS, engaging, empowering, and hearing patients and carers throughout the entire system, and at all times. Incident reporting supports clinicians to learn about why patient safety incidents happen within their own service and organisation and what they can do to keep their patients safe from avoidable harm.

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Berkshire	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC02	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC02	0.00

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

- The hospital risk assesses all patients and provides them with an appropriate environment which enables risks to be reduced
- The hospital conducts Multidisciplinary Meetings (with the consultant, anaesthetist, head of clinical services, pre-operative assessment nurse, ward manager, theatre manager and physiotherapy manager

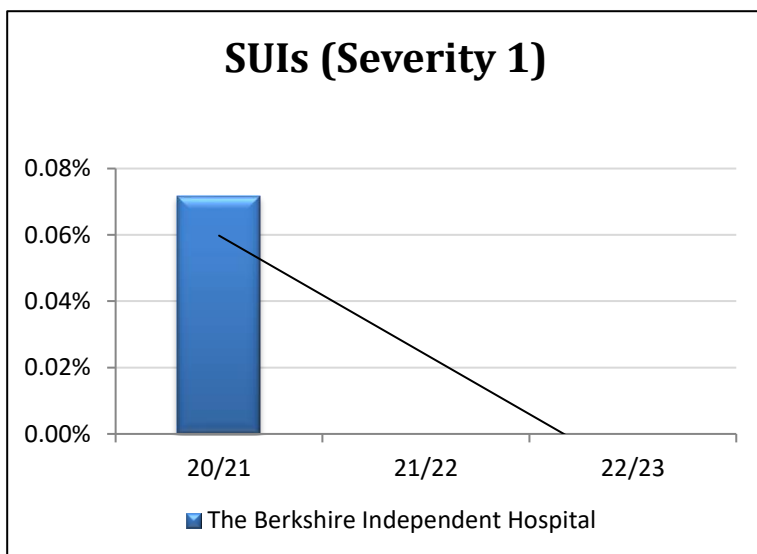
as the core members of the committee) to review all complex cases prior to scheduling procedures to optimise the patient care pathway and maintain patient safety

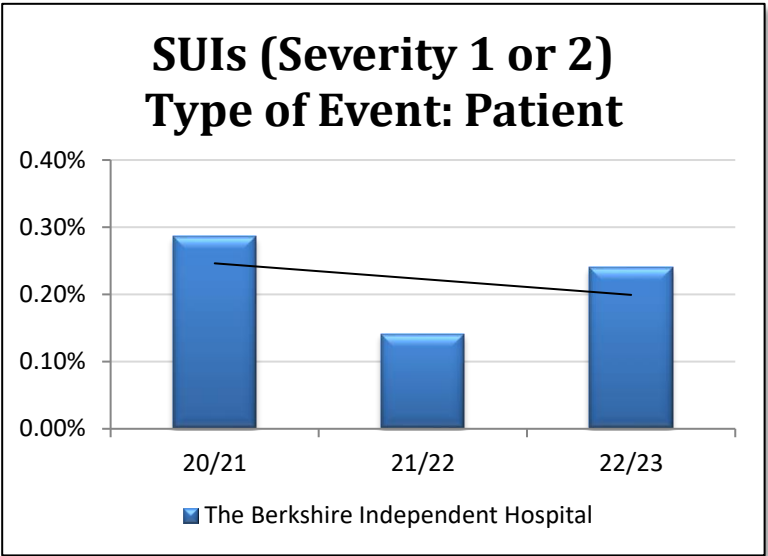
- The hospital has a robust escalation process for the deteriorating patient raising concerns to the consultant, clinical on call and senior leadership team member on call.
- We have a rolling training programme in place relating to the reporting of incidents on the Ramsay Risk Management System 'Riskman'
- We review all reported incidents at Clinical Heads of Department meetings monthly and Clinical Governance Committee quarterly
- We have embedded 'Speaking up for Safety' into our culture
- We have a rolling training programme in place relating to Sepsis
- We hold weekly incident review meetings that enable team leaders to explain the outcomes and lessons learnt from their departmental incidences and encourages timely sign off, for fully investigated events.
- The Hospital Director, Head of Clinical Services and Human Resources Co-ordinator deliver presentations at the monthly head of department meeting detailing audit results, lessons learnt, training figures, the hospital top 3 risks etc. for sharing with teams at departmental meetings.

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Implementing and embedding the new risk management system – Radar Healthcare
- Implementing and embedding The Patient Safety Incident Response Framework (PSIRF)
- Continuing to review audit results, lessons learnt, training figures, the hospital top 3 risks etc. monthly at the heads of department meeting and with the teams at departmental meetings.

Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period	Best			Worst			Average		Period	Berkshire	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC02	100.0%		
Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC02	100.0%			

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

- The hospital actively encourages patients to complete the Friends and Family Test Survey
- The hospital has Friends and Family Test Champions in each department
- The hospital analyses data received from the survey monthly and communicate the results to our staff
- The hospital uses Workday (Human Resources Management System) commending individual members of staff who have been named quoting positive feedback received
- We take both positive and negative feedback seriously and use this to continually improve our services

The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to raise staff awareness of the importance of patient feedback by highlighting results through Clinical Governance meetings, Patient Experience Committee, Department meetings and Customer Care Excellence training
- Continuing to raise patient awareness of the importance of patient feedback by displaying results in patient facing areas of the hospital
- Continuing to raise staff awareness by posting feedback on Workday

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

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

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

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

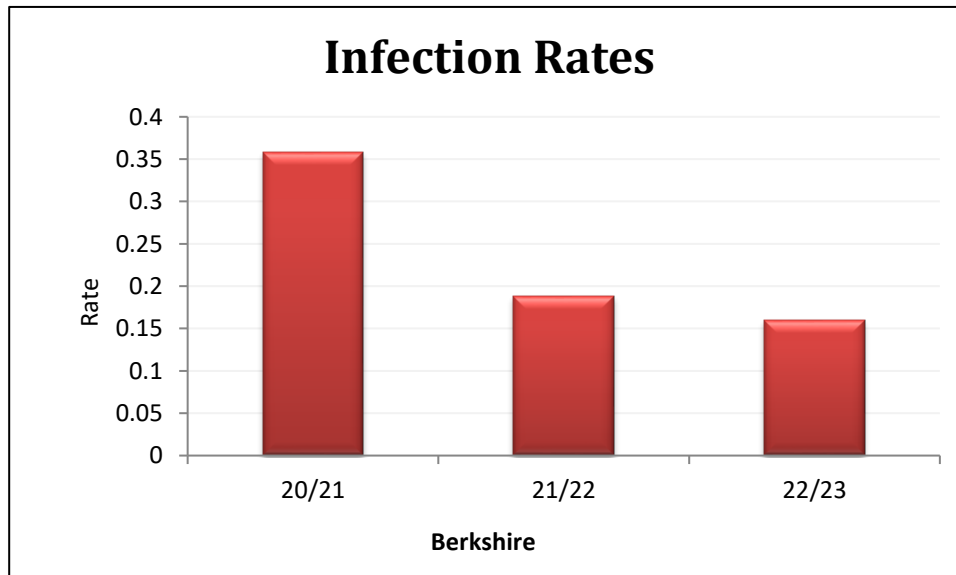
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

The Berkshire Independent Hospital understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.

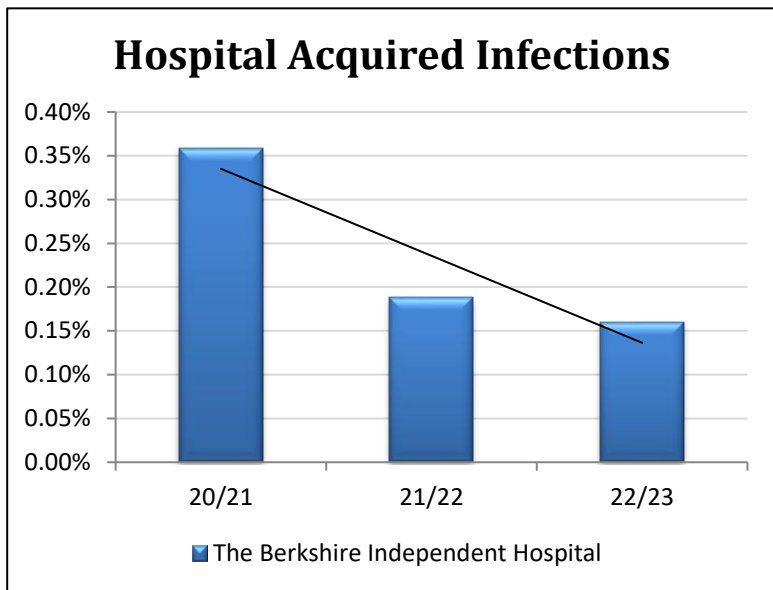
- Our Infection Prevention Control Link Nurse (IPCLN) is our Head of Department for outpatients.
- The Infection Prevention Control Link Nurse coordinates audits relating to Infection Prevention Control throughout the hospital.
- The Infection Prevention Control Link Nurse performs mandatory IPC Training for all staff in the hospital.
- Infection Prevention Control (IPC) Training is offered to external medical secretaries and the Berkshire Partnership of Anaesthesia administrative staff who attend the hospital.
- Clinical staff also undertake further training and assessment of competencies in Aseptic No Touch Techniques (ANTT).
- All staff receive education and training in Infection and Prevention Control and Hand Washing.
- Monthly Infection Prevention Control audits are performed.
- Annual skin surveillance assessments are completed for all relevant staff.
- Annual Hand washing assessments are completed for all relevant staff.

- The cleanliness of the hospital is audited regularly as part of the Ramsay corporate clinical audit programme as well as regular monitoring by The Head of Clinical Services (Matron) and the Operations Manager.
- There is a focus on wearing the correct uniform and personal protective equipment.
- There is a focus on Bare below the Elbows and there are posters displaying this strategy featuring members of The Berkshire Independent Hospital's staff.
- We have introduced individual hand hygiene wipes which are provided on all meal trays in order that patients can ensure good hand hygiene prior to eating their meals
- Each department has an SLA with the housekeeping department which is reviewed annually
- The Infection Prevention Control Link Nurse (IPCLN) or representative attends an update training day annually
- The IPCLN attends a monthly IPC Surgery via Teams.



As can be seen in the above graph our infection control rate has decreased over the last year. In comparison to the national average it is 0.15%

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 Berkshire Independent 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.

“ PLACE-Lite is recommended by NHS England and Improvement as good practice to complement the annual collection and is a useful way of assessing those areas identified in action plans as requiring improvement.”

The results for Berkshire Independent are tabled below:

CLEANLINESS	FOOD	PRIVACY DIGNITY WELLBEING	CONDITION APPERANCE MAINTENANCE	DEMENTIA	DISABILITY
94.85%	96.89%	97.62%	95.9%	89.61%	88.46%

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, 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 Manager ensuring we keep up to date with all safety issues.

The Berkshire Independent Hospital has a designated Occupational Health Link Nurse who liaises with the wellbeing programme. This ensures the needs of staff are met locally and facilitates close monitoring and robust reporting. All staff members complete a health surveillance programme on appointment of position. Any occupational health issues during employment are tracked through the 'Cohort' reporting system.

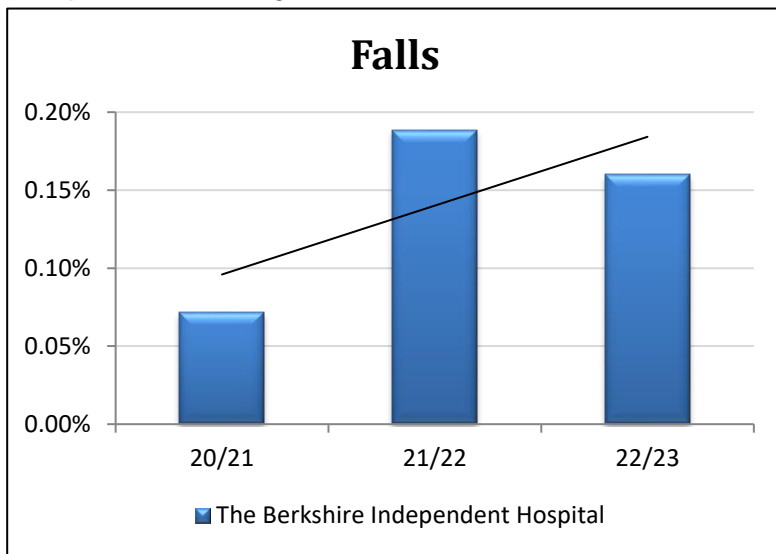
We are also continuing to train a second Occupational Health Link Nurse in order to succession plan, as the current OHLN is due to step down in the coming years.

All safety incidents are reported in line with the Clinical Governance Framework to the Health & Safety Committee and Clinical Governance Committee.

All staff at The Berkshire Independent Hospital attend annual mandatory training, which includes:

- Fire, Health and Safety
- Manual Handling
- Infection Prevention Control including Hand Hygiene and Hand surveillance

Rate per 100 discharges:



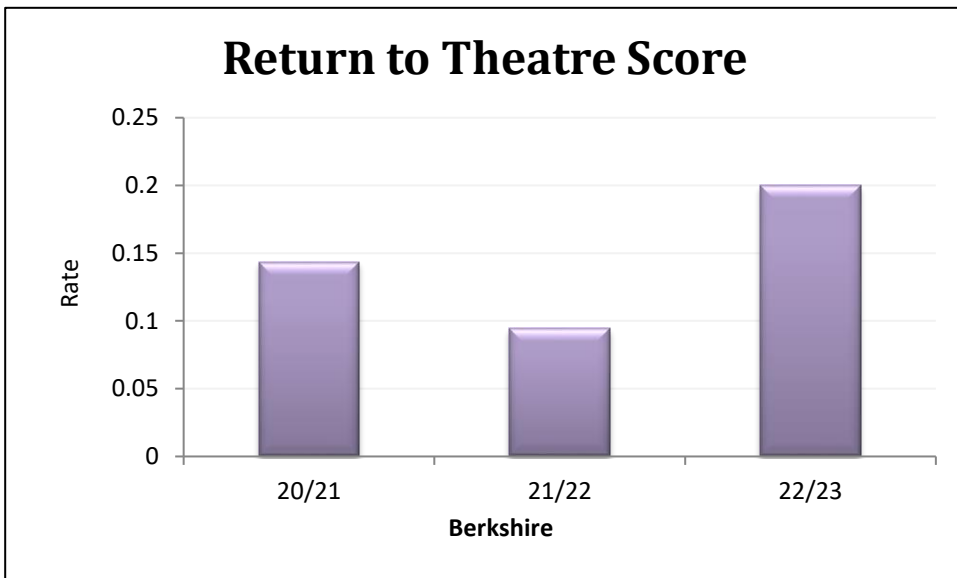
- All patients undergo a falls risk assessment on admission and when their condition requires further assessment
- Falls posters were introduced in all bedrooms and bathrooms advising patients 'To call before you fall'
- All patients are sent a falls leaflet in their admission pack which advises on falls prevention
- All patients are assessed in relation to mobilising and supervised until able to mobilised independently

3.3 Clinical effectiveness

The Berkshire Independent 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.



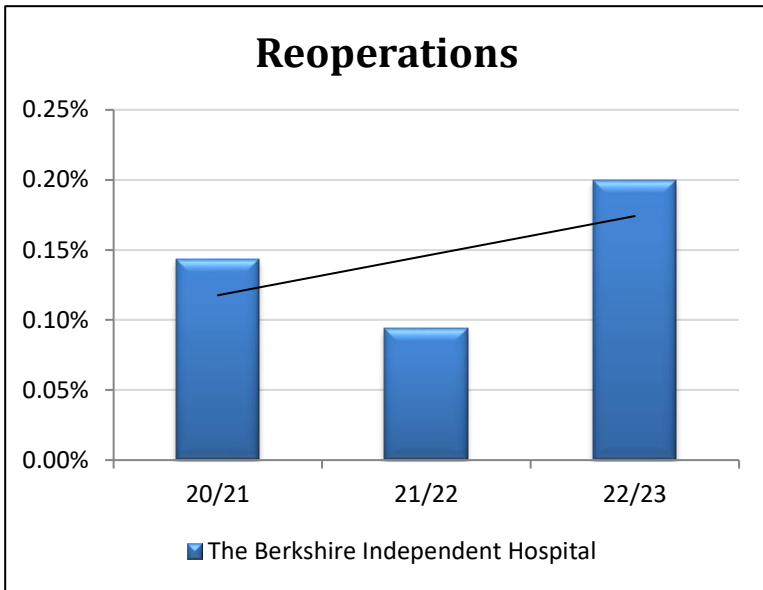
As can be seen in the above graph our returns to theatre rate has increased over the last year.

During the period 1st April 2021 to 31st March 2022 there were 5 reoperations compared to 1st April 2022 to 31st March 2022 when there were 8 reoperations.

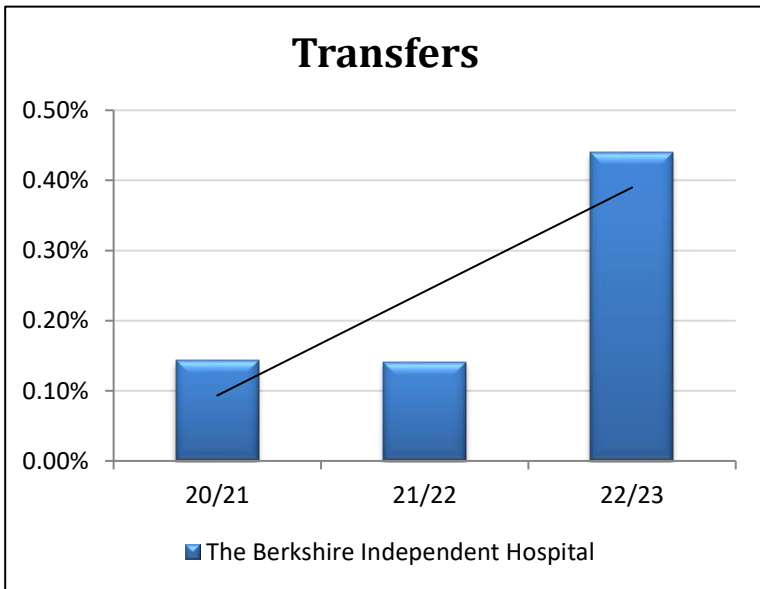
In comparison to the national average it is 0.2%, this is due to:

- 1) A steady growth in theatre staffing providing consistent staffing and knowledge of procedures
- 2) Daily theatre huddles improving communication
- 3) Good adherence to WHO surgical checklist
- 4) Implementation of List Safety Officers
- 5) Teams who feel comfortable to speak up when they feel something is not right- protecting patients' safety and outcomes
- 6) Good relationships with Consultants so happy to escalate a patient who is unwell
- 7) Effective RMO rotation providing safe care in the absence of a Consultant.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

Following events in Mid Staffordshire, a review of 14 hospitals with the highest mortality noted that the focus on aggregate mortality rates was distracting Trust boards “from the very practical steps that can be taken to reduce genuinely avoidable deaths in our hospitals”.

This was reinforced by the findings of the Care Quality Commission (CQC) report *Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England*. It found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements were being missed. The report also pointed out that there is more we can do to engage families and carers and to recognise their insights as a vital source of learning.

For these reasons the team at The Berkshire Independent Hospital review all patient deaths which take place to identify if there is any learning.

During the last 12month period there have been no deaths at The Berkshire Independent 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 Berkshire Independent Hospital and within Ramsay Health Care.

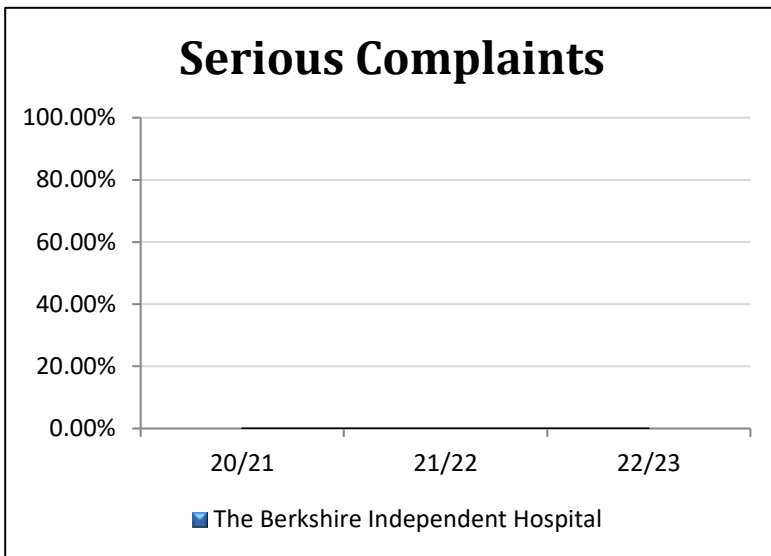
3.4 Patient experience

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.

Compliments and complaints are shared daily at the team huddle at 10:00 that involves all departmental leads, senior leadership team and departmental representatives. The communication from this huddle is then shared through every employee via email to try to increase effective communication through the hospital.



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.

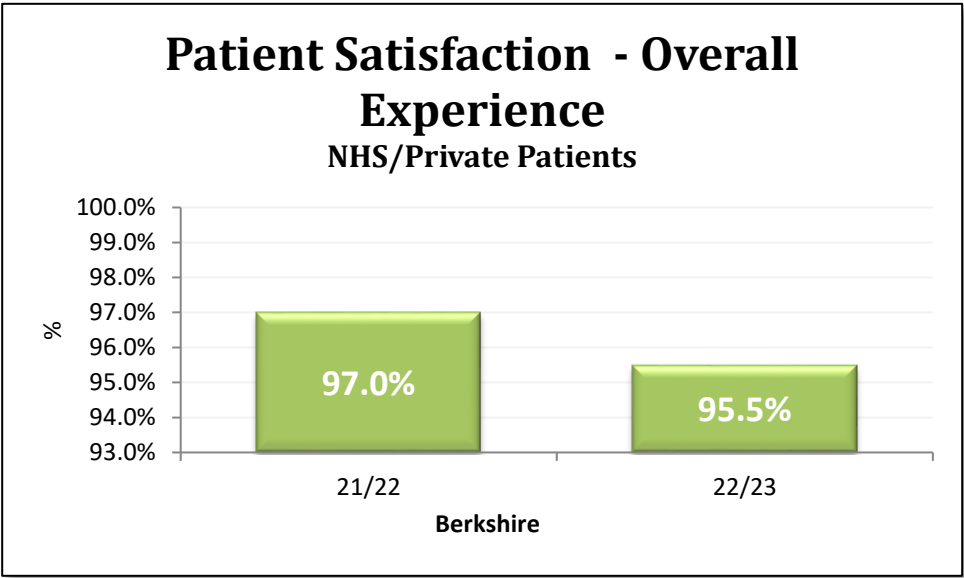
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 48 hours 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 decreased slightly over the last year. This is due to a lack of questionnaire returns

Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Allergy Testing, Cosmetics, Dermatology, Dietetics, ENT, Gastroenterology, Geriatric Medicine, General Surgery, Medico Legal, Neurology, Orthopaedics, Psychology, Psychiatry, Physiotherapy, Rheumatology, Sports Medicine, Urology, Women's Health Outreach Wokingham Medical Centre Private GP service	All adults over 18 years. Outreach clinic consultation only
Surgical Procedures	Bariatric Surgery, Colorectal, Cosmetics, Dermatological, Endoscopy, Ear Nose and Throat, (ENT), General Surgery, Gynaecological, Maxillofacial / Oral Surgery, Ophthalmic, Orthopaedic, Plastic Surgery, Pain Management, Spinal Surgery, Upper GI Surgery, Urology, Ambulatory, Day and Inpatient Surgery	All adults excluding the following: <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 ventilator support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Clinical Chemistry, Cytology and Histopathology, Diagnostic Radiology, GI Physiology, Haematology, Microbiology, MRI, Phlebotomy, Transfusion, Ultrasound, Urinary Screening and Specimen collection, Urological Screening	All adults 18 years and over.
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 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

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

Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September, February/March
Patient Journey: Recovery Observation	Theatres	Theatres	September/October, March/April
NatSSIPs LSO	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May
NatSSIPs Stop Before You Block	Theatres	Theatres	November/December, May/June
NatSSIPs Prosthesis	Theatres	Theatres	December/January, June/July (23)
NatSSIPs IOLs	Theatres	Theatres	July January/February
NatSSIPs Swab Count	Theatres	Theatres	July/August, February/March
NatSSIPs Instruments	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April
NatSSIPs Histology	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September – <i>As required</i>
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required
Walkabout	SLT / HoCS	Whole Hospital	As required
Staff Questions	SLT / HoCS	Whole Hospital	As required
Complaints	SLT	Whole Hospital	November
Duty of Candour	SLT	Whole Hospital	January
Practicing Privileges - Non-consultant	HoCS	Whole Hospital	October
Practicing Privileges - Consultants	HoCS	Whole Hospital	July, January

Practicing Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (as applicable)
Observation Audits - Physio	Physio	Physio	July/August <i>January/February (as required)</i>
Observation Audits - Ward	Ward	Ward	August/September <i>March/April (as required)</i>
Observation Audits - OPD	Outpatients	Outpatients	July/August <i>January/February (as required)</i>
Privacy & Dignity	Ward	Ward	May/June, November/December
Medical Records	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Outpatients, Radiology, RDUK	July/September January/March (as required)
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/September January/March (as required)
Medical Records - Bariatric Services	Bariatric Services	Whole Hospital	July/September January/March (as required)
Medical Records - Paediatrics	Paediatrics	Paediatrics	August February
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June
Medical Records - VTE	Ward	Whole Hospital	July, November, March
Medical Records - Patient Consent	HoCS	Whole Hospital	March September
Medical Records – MDT Compliance	HoCS	Whole Hospital	December
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January
MRI Reporting for BUPA	Radiology	Radiology	July, November, March
CT Reporting for BUPA	Radiology	Radiology	August, December, April
No Report Required	Radiology	Radiology	August, February
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January,

RDUK - Medicines Optimisation	RDUK	RDUK	October, March
RDUK - PVCCB	RDUK	RDUK	July, January
RDUK - Walkabout	RDUK	RDUK	October
RDUK - Staff Questions	RDUK	RDUK	October
Paediatric Services	Paediatric	Paediatric	July, January
Paediatric Outpatients	Paediatric	Paediatric	September
Paediatric Radiology	Paediatric	Paediatric	October
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February
Prescribing	Pharmacy	Pharmacy	September, March
Medicines Reconciliation	Pharmacy	Pharmacy	September, March
Controlled Drugs	Pharmacy	Pharmacy, RDUK	September, December, March, June
Governance - Pharmacy	Pharmacy	Whole Hospital, RDUK	July
SACT	Pharmacy	Pharmacy	January/February
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December
Operational - Safeguarding	SLT / HoCS	Whole Hospital	July
Decontamination - Sterile Services	Decontamination (Corporate)	Decontamination	June
Decontamination - Endoscopy	Decontamination (Corporate)	Decontamination	June

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
NVC02	Code for The Berkshire Independent 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 Berkshire Independent 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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