

Renacres Hospital

Quality Account
2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Renacres 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 blue ink that reads "Jo Dickson". The signature is stylized with a large, looped initial 'J'.

Jo Dickson

Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Renacres 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 Judy Wright, Hospital Director

Renacres Hospital

Ramsay Health Care UK is committed to ensuring the organisational culture represents the Ramsay Way values: values that recognise our people are our most important asset and put the patient firmly at the centre of all we do. There has been significant emphasis on organisational culture at Renacres Hospital in the past year and as the hospital's Hospital Director, I am passionate about ensuring high quality patient care is our main focus and is delivered to a very high standard. This requires excellent medical and clinical leadership and a commitment to continuous improvement of quality standards and clinical outcomes.

Renacres Hospital has a long-established tradition of working closely with patients, consultants and external stakeholders including the NHS Clinical Commissioning Groups (ICB) and General Practitioners (GP) to ensure the best quality healthcare is consistently being delivered.

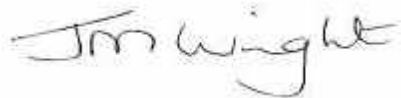
All the staff at Renacres are highly trained and focus on patient safety and cleanliness to minimise infection. As Hospital Director of Renacres Hospital, I take great pride in the outstanding service and level of care we provide to our patients and this is only achieved through a cohesive team effort and through each and every one of us believing in, and living by, Ramsay's motto of "people caring for people."

Our Quality Account provides information for our patients and commissioners and provides assurance that we are committed to sharing our achievements and progress made from one year to the next. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results. Our vision is to ensure patients receive safe and effective care, feel valued and respected in decisions about their care.

This Quality Account highlights areas where Renacres Hospital has improved the safety and quality of its services. It also highlights some areas where we need to continue to work on and improve upon.

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. Judy Wright

Hospital Director

Renacres Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

- **Mr Neil Buxton**, Consultant Neurosurgeon and Medical Advisory Committee Chair, Renacres Hospital
- **Mr Jeremy Oakley**, *Clinical Governance Committee Chair*
- Cheshire & Mersey ICB

Welcome to Renacres Hospital

Renacres Hospital is a private hospital situated near Southport, close to the M58 and M6.

The hospital opened in 1987 and currently has twenty-three single rooms all with ensuite facilities and two, three chaired rooms for ambulatory patients.

The hospital offers care to patients with private medical insurance, patients who wish to fund their own treatments and patients referred through the NHS Patient Choice Scheme.



Hospital Facilities

Diagnostic facilities include ultrasound, Urodynamics, general Radiology, in addition to mobile MRI and CT diagnostic services.



All of the Hospital's consultants are highly experienced and have patient care and comfort as their highest priority. All patients have the reassurance that a resident doctor is available on-site 24 hours/day.

Our physiotherapy clinic is staffed with chartered, HPC registered physiotherapists.

Renacres Hospital supports local charities and other groups. Our charity of the year of 2022 was Breast Cancer Now Stage 4 Deserves More- the GEM Foundation and this year we support Queenscourt Hospice.

Treatments and Services

Renacres Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19), whether medically insured, self-pay or from the NHS. Our full range of high quality services include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care. Renacres Hospital has over 97 Consultants who work at Renacres Hospital through approved Practising Privileges providing a wide range of medical and surgical procedures and services including Orthopedic surgery, Neurosurgery, General surgery, ENT,

Gastroenterology, Gynecology, Neurology, Vascular surgery, Colorectal surgery and Urology.

Competitively priced cosmetic surgery is also available from our specialist and highly experienced cosmetic surgeons - all of which hold substantive posts in NHS teaching hospitals.

All patients at Renacres can be assured that they will only be seen and treated by their chosen operating Consultant throughout their treatment from first consultation to discharge.

During the last 12-month period, the hospital has treated 6419 patients, 83% of which were treated under the care of the NHS. Renacres Hospital employs 107.2 WTE contracted members of staff with a split of 37.2 WTE non-clinical staff and 70.6 WTE clinical staff

Free car parking and disabled access is available at Renacres Hospital.

Nursing and Medical Care

Renacres Hospital provides a Consultant led service and patients attending the hospital for outpatient appointments are seen by Consultants with the support of a nurse. All patients admitted to the ward are admitted under the care of the Consultant during their stay and are allocated a named nurse at the commencement of each shift. The named nurse is a model of nursing which has been in place since its introduction in the Patients Charter in 1992. The named nurse is responsible for the care of the patient and assesses and plans care to meet the patients' individual needs.

Multi-specialty medical care is consultant led and consists of assessments, treatment, post-operative and follow up reviews. The RMO (Resident Medical Officer) provides additional medical care 24 hours per day along with the multi-disciplinary team, nursing, theatre, physio and imaging staff.

The hospital teams work in collaboration with local Commissioners - South Sefton, Southport & Formby and Halton ICB and other health care providers to deliver a seamless service.

Our hospital staff are fully trained in the latest procedures and maintain their skills to the highest standards by completing eLearning, face to face training and competencies.

Working with the Local Community

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

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, processes are developed in order to streamline processes. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Renacres Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider. Part of the GP Liaison's role is to coordinate the postgraduate program which runs on a monthly basis and covers a wide range of topics.

During 2022, Renacres Hospital has continued to work closely with the local Trusts reduce waiting times for elective surgery.

In 2022/23 Renacres Hospital worked closely with charities within the local community by hosting fundraising events in their support including the following:

- Queenscourt Hospice
- Breast cancer now
- Stage four deserves more – GEM foundation
- Mind
- Samaritans
- National Autistic Society
- Compassion acts - local food bank
- Macmillan coffee morning

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, Renacres 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 were as follows:

1. Embedding staff training
2. Implementation of enhanced recovery
3. Antimicrobial stewardship
4. Clinical effectiveness
5. Implementing clinical supervision
6. Embedding Tendable
7. Patient experience

Embedding staff training

Staff training has been the focus for 22/23 and work has been ongoing to develop staff knowledge and skills to provide better care. The intention for this focus was to consolidate classroom training by bringing together theory and practice at the bedside.

Staff eLearning has been in excess of 95% each month throughout 22/23 and there has been an increased focus on the organisation of face-to-face training.

Ramsay has a robust training schedule in place, which also requires competencies for a variety of subjects, which are reviewed annually to ensure staff skills are maintained.

Ramsay has an electronic employee system which contacts staff directly to remind them of their soon to expire training via their workday account.

Renacres has encouraged staff to complete ALs, ILS and level four safeguarding training to enhance the service we provide and the support at all times. The hospital now has the following staff trained.

Areas improved

The areas improved are as follows:

- Management of training compliance.
- Departmental back to basics - care of patients during the patient journey.
- Record keeping and documentation focus.
- Effective discharge and patient information.
- Staff learning from each other to educate patients in self-care, recovery expectations, limits and activity when at home.

Implementation of enhanced recovery

In 22/23, Renacres implemented the principles of enhanced recovery

The objective provided the following:

- Improved patient experience and outcomes
- Increased patient inclusion and empowerment
- Ensured patients are adequately prepared for surgery and discharge both physically and psychologically
- Nutritionally
- Early mobilisation

The implementation of the principles of enhanced recovery have taken some time to embed, patients expectations differed to care plans and provision and it was important to rectify this with a team approach including pre-op and physio.

Patient education and setting expectation begin in outpatients where staff discuss

- expected recovery
- diet and fluids - pre and post op
- mobility
- length of stay

By involving the consultants and outpatient, teams our patients are now better prepared for their admission and what to expect. Collaboration and communication amongst the medical and hospital teams has improved greatly.

As result of this, we have seen an improvement in patient feedback and outcomes.

Antimicrobial stewardship

In 22/23, the senior clinical team has worked with the consultant body and Pharmacist on the implementation of antimicrobial stewardship. The local trust antimicrobial formulary has been approved and is in use. Compliance in monthly audit remains at 100%

The hospital infection rates are excellent and in order to maintain good practice it is important to ensure treatment and management is clear.

The key improvements made in 22/23 are as follows:

- Agreed antimicrobial treatment plan
- Continued monthly audits ensure compliance
- Robust management of non-compliance
- Information sharing of compliance at hospital and medical staff meetings, monthly summaries
- Improved reporting of wound issues including, leaking wounds, patients attending for review of wound concerns, wound swabs taken, patients attending for multiple wound dressings
- A SSI tracker has been implemented to monitor patients and identify any issues or themes
- A robust management of reporting via – IPC, Clinical effectiveness, medicines management, clinical governance, arthroplasty and MAC meetings

Clinical effectiveness

Collecting and sharing information

In 22/23, the Head of Clinical services reviewed the information shared with hospital and medical staff and as a result of this monthly summaries were developed, which include the following:

- Monthly governance summary
- Monthly training summary
- Monthly audit summary
- Monthly patient feedback summary

In response to incidents or specific themes governance messages of the week have been compiled to update and remind staff of processes.

The summaries and messages of the week provide shortened details of compliance, results and feedback and staff and consultants have welcomed.

The intention for 23/24 is to ensure continuation of appropriate and relevant data collection to support the reporting requirements and provide robust information and evidence.

Implementing clinical supervision

In 2022/23, we have trained 4 staff from two key clinical departments to provide clinical supervision sessions.

Clinical Supervision sessions are made available to staff on a quarterly basis.

Ramsay Healthcare are committed to introducing the professional Nurse Advocate programme. Renacres Hospital have submitted a report on the current position and included an action plan to outline the implementation in 2023/24.

Embedding Tenable

A lead has been identified who is part of the Ramsay Corporate Audit Working Group.

The lead is able to provide on site training and assistance where needed. Tendable actions are monitored by the lead, ensuring compliance with meeting deadlines

Patient experience

Our Matron makes daily visits to the ward to speak with each inpatient to monitor patient experience in real time.

Patient satisfaction response rates require improvement. This is a key focus for all Heads of Department.

Customer Focus group has continued to meet on a bi-monthly basis. The function of this group is to review patient complaints and feedback, identifying key themes and actions to resolve.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Key focus for 23/34 includes:

1. Continuous improvement and embedding of previous years objectives to maintain patient safety and satisfaction
2. Implement a new process in pre-op services to improve patient journey and reduce on day cancellations
3. Further develop the preparation and care of patients meeting protected characteristics criteria
4. Further develop staff engagement and well being

The objectives for 2023/24 intend to continuously improve and embed 2022/23 objectives to maintain patient safety and satisfaction.

This will include the following:

- Ensuring patients are fully prepared for theatre
- Monitoring antimicrobial compliance: infections, tracker, patient follow up
- Monitoring patient feedback and resolving issue
- Maintaining a robust governance framework
- Ensuring staff are trained and competent for their role
- Embedding processes and practices relating to IPC, dementia and safeguarding

Implement a new process in pre-op services to improve patient journey and reduce on day cancellations

- Review of the patient journey
- Identify key points of triage
- Implement a new process at time of listing
- Implement immediate triage of patient at time of listing
- Develop improved communication to ensure patients journey is anticipated, planned and seamless
- Implement clinical bookings meeting to bring all departments together prior to surgery to review and agree safe to continue
- Identify referral process within the pathway to ensure safety and a positive patient experience

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 2021/22 Renacres Hospital provided numerous services and support to the NHS.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 85% of the total income generated from the provision of NHS services by Renacres 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: 30.7%

HCA Hours as % of Total Nursing: 39%

Agency Cost as % of Total Staff Cost: 3.6%

Ward Hours PPD: 4.72%

Staff Turnover: 21%

Sickness: 6.25%

% Lost Time: 23.5%

Appraisal: 95%

Mandatory Training: 97%

Number of Significant Staff Injuries: 1

Patient

Formal Complaints per 1000 HPD's: 2.62%

Patient feedback has been extremely positive in 2022/23, which are shared monthly with staff and consultants.

Privacy and dignity has scored high all year and in excess of 95% and in March 2023 scored 100%

Friends and family has also remained high above 95% and in March 2023 scored 100%.

The net promotor score in Q1&2 scored slightly lower at 88% in the Q3&4 it has remained above 95% with the exception of March 2023 at 100%.

Patients report excellent care during their stay at Renacres and welcome post op calls to check on their progress and give advice.

Some themes have been identified throughout 2022/23 and have been related to telephone access to the hospital and parking availability. Work is ongoing to improve these including:

- new direct telephone lines to department
- review of the answerphone message and guidance given to patient to ensure it is clear and user friendly
- relocation of switchboard calls
- a review of parking facilities and update in the grounds to ensure access
- liaising with local company for offsite parking for staff to free up spaces onsite for patients

Significant Clinical Events/Never Events per 1000 Admissions

During 2022/23 Renacres Hospital reported 4 serious incidents to ICB and CQC

These included:

- 3 x intra-operative fractures during hip replacement

Findings:

The root cause analysis completed concluded all patients involved were female with advanced osteoarthritis and therefore increased risk of fracture.

These were all hairline fractures and were repaired at time of surgery. Slight adaptations were implemented to the physio regime and patients were advised to partially weight bare for 6 weeks. The adaptations had no effects on the patient's long-term recovery.

All patients were discharged on their expected date of discharge and have recovered well. All patients were operated on by different surgeons and there were no concerns linked to the procedure or techniques.

- Patient underwent an amputation of finger following Dupuytren's contracture repair

Findings:

The root cause analysis concluded that the patient suffered a complication of surgery, which was not recorded as a risk at the time of consent.

The patient reported concerns quickly following the onset of signs and symptoms, which resulted in treatment at the earliest opportunity.

The patient was reviewed by multiple medical staff on a number of hospital sites and all recommended a watch and wait approach as the initial signs provided some hope that the issue may resolve.

The patient reported that the RMO, physio and nurses involved were very caring towards her and she felt looked after.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Renacres Hospital participated in a number of national clinical audits and national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Renacres 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 Programme	Provider organisation
British Spine Registry	Amplitude Clinical Services Ltd
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
National Joint Registry	Healthcare Quality improvement Partnership
Surgical Site Infection Surveillance	Public Health England

The reports of these national clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Renacres Hospital has no actions highlighted to improve the quality of healthcare provided, however there is a plan to review the data monthly, share the information with staff and consultants and act on any issues identified.

Local Audits

The reports of all local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Renacres Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Key focus for 23/24 is:

- Increase number of auditors in each department to support Head of Departments with clinical audit compliance and resolution of audit action plans.
- Environmental self-assessment for the Ward to ensure meets needs of our patients with a dementia diagnosis.
- Continue to resolve maintenance issues in a timely manner as flagged by infection control audits.

2.2.3 Participation in Research

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

2.2.4 Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against Renacres Hospital during 2022/23.

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

2.2.5 Data Quality

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

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

- Processes have been reviewed to fully understand how data is captured and that submission are accurate.
- Ramsay is invested in improving data with the implementation of the corporate digital strategy and there are two strands working in tandem to ensure clinical and business data are available in a correct and usable format.

In 2022/23 the process for capturing data regarding wound issues was inconsistent. As a result of this an SSI tracker has been implemented, this is based on the following:

- Wound concerns during admission
- Wound swabs taken due to wound concerns
- Patients contacting the hospital post discharge with wound concerns
- Patients attending for multiple dressings
- Patients identified in follow up appointments such as physio
- Patients with confirmed wound infections

Ongoing focus from 22/23 into 23/24

- Head of clinical Services continues to work with the corporate team to create accurate reports relevant to information requested.
- External reporting – the information reported will be accurate and provide evidence of compliance and action taken or planned.
- All information gathered will be shared within the hospital in the following formats
- Weekly safety and governance meetings.

NHS Number and General Medical Practice Code Validity

Renacres 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:

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

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30/6/22 for 2021/2022. The status is 'Standards Met'.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Renacres 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
Renacres	100%	99.9%	98.3%	99.2%

2.2.6 Stakeholders views on 2022/23 Quality Account

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.

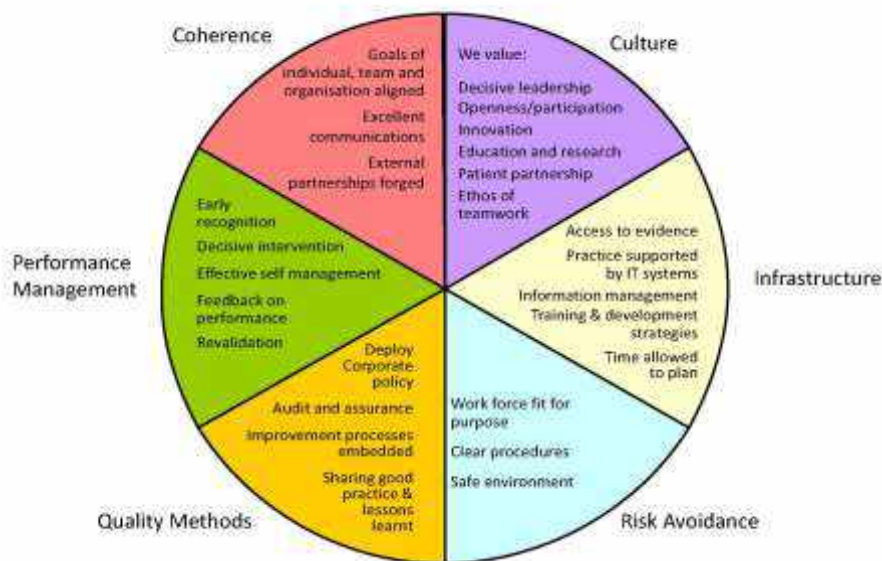
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

The following tables and graphs show comparisons regarding key data between the following:

- The best scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The worst scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The average score for this quality indicator
- Renacres Hospital

Mortality

Mortality:	Period	Best		Worst		Average		Period	Renacres	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC16	0.0002
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC16	0.0000	

Caveats

SHMI Figures are not available for Independent Sector Hospitals

RiskMan data is used to find mortality rate

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

The referral criteria and the general good health of patients able to attend Renacres Hospital: patients admitted for elective surgery are optimised and managed effectively post operatively.

Renacres Hospital ensures the following:

- Referral criteria are adhered to
- The service is Consultant led
- Initial assessment identifies any comorbidities which may impact on patient outcome
- The patient is suitable for surgery in Renacres and does not require any additional services that are not available on site
- Necessary investigations are obtained to ensure patient is fit for a procedure
- The patient is prepared for surgery effectively
- All equipment is adequately maintained
- Safe staffing is maintained and staff are trained appropriately to provide care
- Appropriate medications are prescribed and administered to ensure the patients safe treatment and care
- Safe discharge is planned
- Support is available for advice and review following discharge

Unexpected Deaths



National PROMs

PROMS:	Period	Best	Worst	Average	Period	Renacres
Hips	Apr19 - Mar 20	NTPH1 25.5465	NT411 17.059	Eng 22.6867	Apr19 - Mar 20	NVC16 22.042
	Apr20 - Mar 21	NV302 25.7015	NVC20 17.335	Eng 22.9812	Apr20 - Mar 21	NVC16 *

Caveats

REQUIREMENT is for ADJ. Health Gain
 Oxford Hip Score - Primary Hip
 Publication has been paused for 22/23

PROMS:	Period	Best	Worst	Average	Period	Renacres
Knees	Apr19 - Mar 20	RR7 20.6878	R1K 12.6215	Eng 17.4858	Apr20 - Mar 21	NVC16 17.118
	Apr20 - Mar 21	NVC23 20.2502	RXP 11.9159	Eng 16.8858	Apr19 - Mar 20	NVC16 *

Caveats

REQUIREMENT is for ADJ. Health Gain
 Oxford Knee Score - Primary Knee
 Publication has been paused for 22/23

Renacres Hospital considers that this data is as described for the following reasons: Renacres has strict inclusion criteria which means that the patients will be generally fitter so will be starting at a higher level so there is less scope for improvement in this cohort of patients. The response rates have been improving but these could still be improved further which will improve the quality of the data.

Renacres Hospital intends to take the following actions to improve this rate, and so the quality of its services, by continuing to monitor the health gains and in conjunction with the NJR results look at any possible outliers and any actions required to improve these results. Patients are provided with a leaflet on PROM's which includes a QR Code to access the survey. Tablets have also been provided for patients who have been unable to complete prior to admission or require support to access.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Renacres	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC16
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC16	0.00

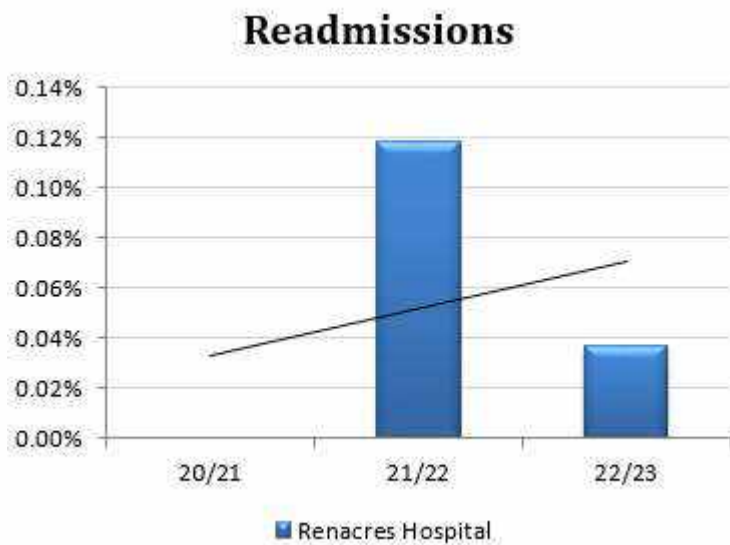
Caveats

Data no longer reported

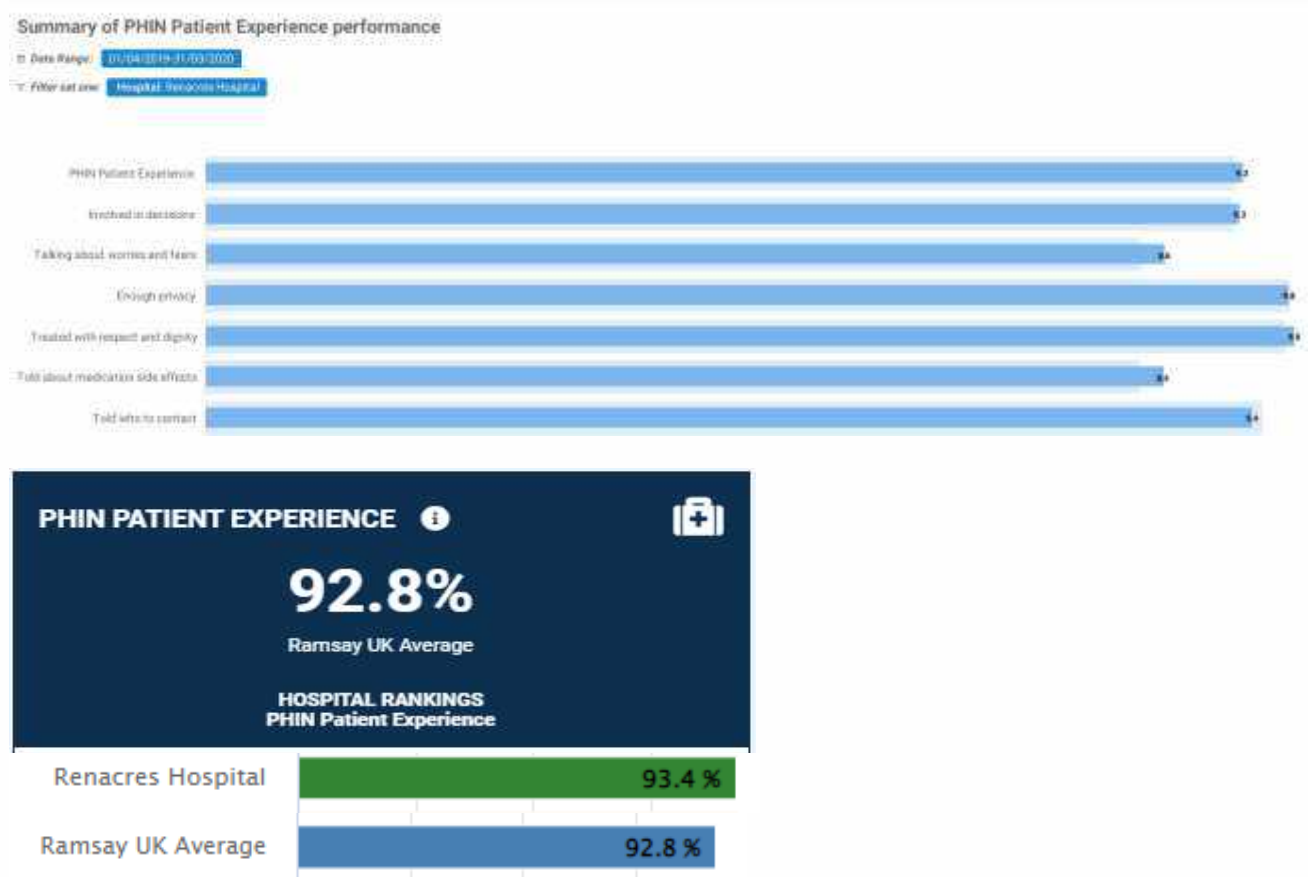
There is no data published after 19/20

Renacres Hospital considers that this data is as described for the following reasons: Robust optimisation and high quality post-operative care and timely response to post discharge complications. Elective surgery only with specific referral criteria.

Rate per 100 discharges:



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



It is important to ensure staff are aware that the patients contact details must be documented on EPR to ensure post-operative data collection continues. Patient email addresses must be provided to ensure patient outcomes can be requested and reported.

We will continue to focus on the data and take actions to ensure response rates improve and staff and consultants are aware of data.

The following action will be taken:

- Monthly review of data and patient outcomes to be shared with Heads of Departments.
- Continue to share Patient Feedback monthly Summary with Staff and Consultants.
- Implement a patient newsletter which is to share examples and themes of comments received.
- Monthly reports will be shared in Governance meetings and MAC.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Renacres	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC16	96.7%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC16	97.9%

Caveats

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

The VTE data has improved in 22/23 due to an electronic process and a change in policy mid-year addressing some of the previous issues relating to minor procedures and those not requiring VTE by a consultant.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Renacres	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC16	0.0
2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC16	0.0	

Caveats

Benchmarking Data as published up to 2021/22 as at 14/04/23

Renacres Hospital considers that this data is as described for the following reasons; due to stringent pre admission controls and our high standards of infection prevention and control processes.

To ensure we maintain this score, and the quality of our services, Renacres Hospital:

- Have a Regional IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from each hospital. The Committee meets quarterly to oversee implementation of corporate policies, National Guidance and review clinical audit & practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends which are then actioned.
- Have an Infection Prevention and Control Lead.
- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection.
- Have effective systems of education, audit and surveillance.
- Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Renacres	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC16	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC16	0.00	

Caveats

No independent sector data, Ramsay data is from Riskman (Overall Sev 1)
Acute Non-Specialist Data From NRLS, England Ave 19/20 was only for the period of Oct19 to Mar20

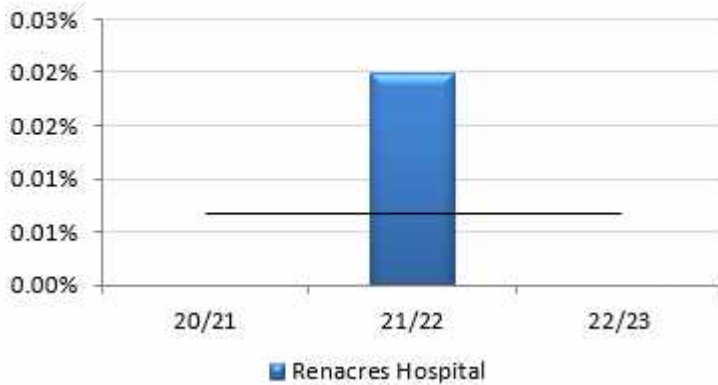
Renacres Hospital considers that this data is as described for the following reasons: All serious incidents were reported appropriately and were investigated appropriately. Any requiring presentation to the PSIRF panel were presented within the designated timeframe.

- All incidents were shared with staff and consultants
- Duty of candour was applied in all cases within the timeframes
- All actions have been completed

The three intra-operative fractures were all female and in all cases pre-operative imaging reports confirmed advanced osteoarthritis

In the case of the amputation post Dupuytren's contracture repair whilst the patient was being reviewed regularly there was a lack of escalation to senior management. An escalation list has been compiled to provide guidance to staff.

SUIs (Severity 1)



SUIs (Severity 1 or 2)

All Types of Event: Hazard, Non-Patient Clinical, Clinical, Patient, Property / Security / Business Continuity and Safety



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Renacres	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC16	100.0%
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC16	100.0%

Caveats

Percentage Positive

While providing clinical excellence and safe care, patient experience is the key measure of quality. Renacres analyses the information received from our patients in this survey in order to improve the services and care we provide.

Renacres continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at Renacres. Our commitment to provide care with compassion and confidence is reflected by this score. We see patient feedback received from the Friends and Family test as pivotal to shaping the future services to ensure they meet the needs of our patients, we learn from the feedback and take action where improvements are required.

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

Renacres 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:

We have continued collecting data from our patients who have had Hip & Knee replacement surgery in line with Public Health England (PHE) ‘Surveillance of Surgical Site Infections Programme)

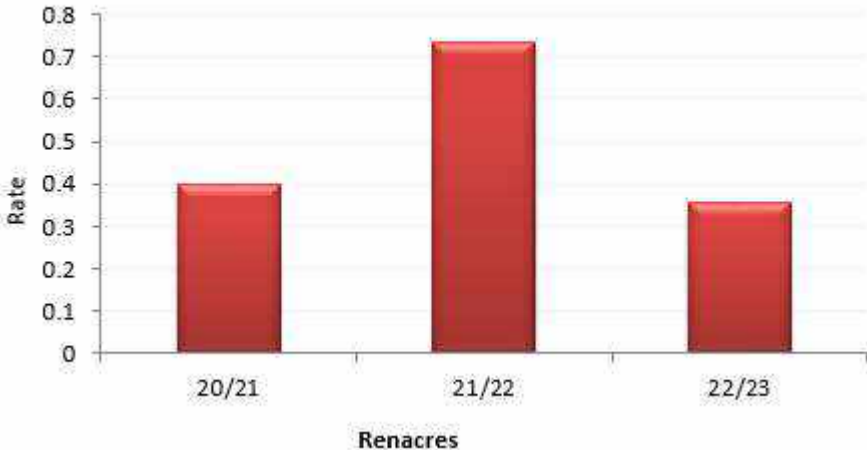
Continued to perform monthly departmental cleaning and hand hygiene audits.

Our Infection Prevention & Control hospital committee has continued to meet on a quarterly basis. The committee reviews Renacres IPC action plan, IPC audits and actions, relevant incidents, training compliance etc.

Improved reporting of wound issues including, leaking wounds, patients attending for review of wound concerns, wound swabs taken, patients attending for multiple wound dressings

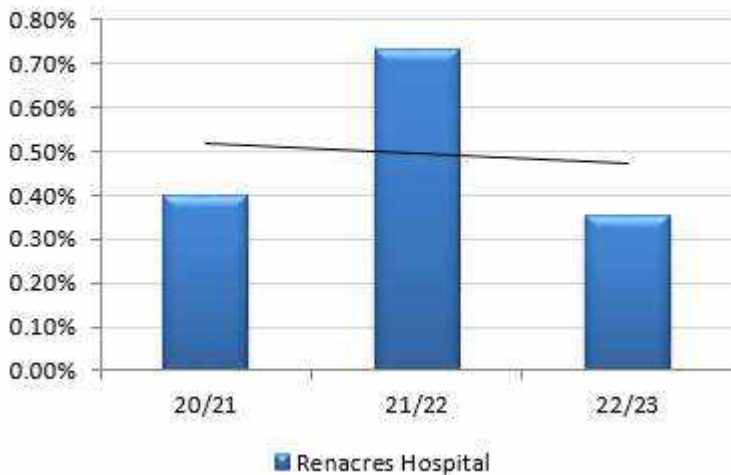
An SSI tracker has been implemented to monitor patients and identify any issues or themes.

Infection Rates



As can be seen in the above graph our infection control rate has very slightly decreased over the last year and is being closely monitored by our ICLN to ensure accurate reporting. In comparison to the nationals statistics it is below average and this is due to stringent screening and infection prevention measures within the hospital.

Hospital Acquired Infections



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 Renacres Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

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

The place review conducted in 2022 was not accepted for submission via the portal as the required patient and staff numbers on the day were not achieved. The inspection paperwork went ahead with one patient. A PLACElite audit will be completed in June 2023.

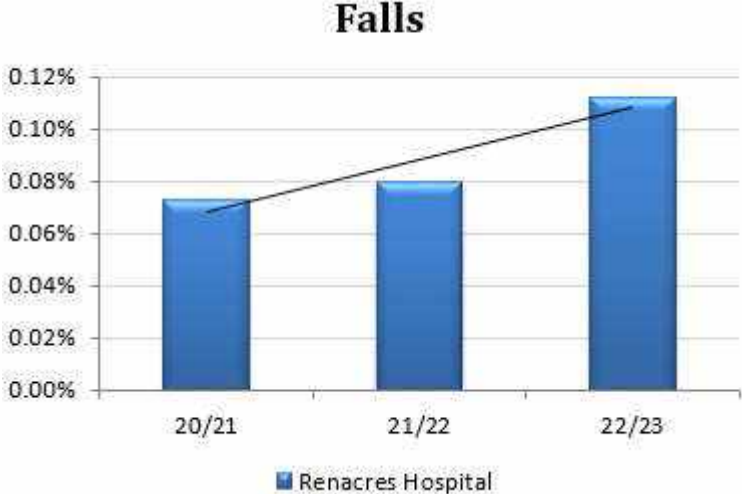
3.2.3 Safety in the workplace

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

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

Renacres Hospital has an Occupational Health Link Nurse on site who is linked to the Wellbeing programme ensuring staff are supported and there is robust reporting of incidents. All clinical staff complete skin surveillance assessments which is directly

accessed through the Riskman reporting system, and where any staff have any 'issues' they are supported through our Well-being team. All staff complete a health screening questionnaire before employment commencement; through this they are supported to ensure they are safe and fully equipped to undertake their role. Mental health first-aiders are available on site and mental health is accepted as important as physical health for staff.



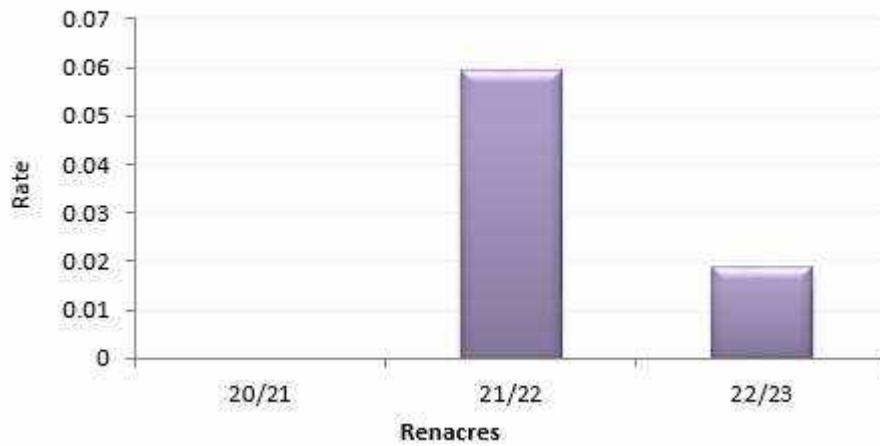
3.3 Clinical effectiveness

Renacres 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

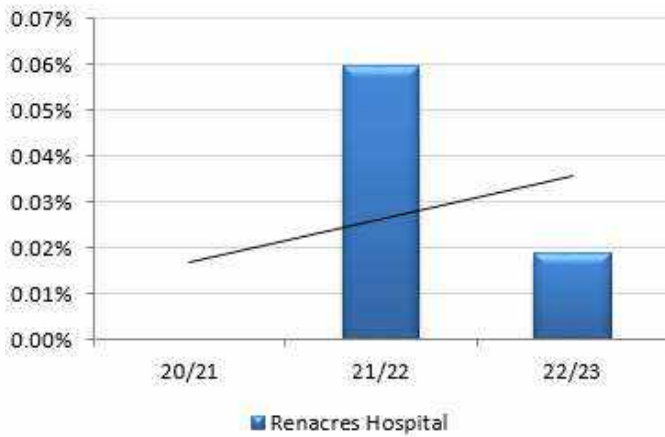
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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

Return to Theatre Score

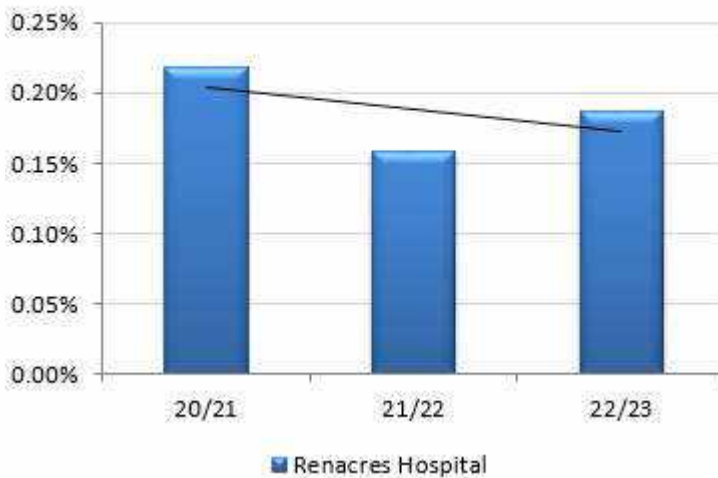


As can be seen in the above graph our returns to theatre rate has decreased.

Reoperations



Transfers



3.3.2 Learning from Deaths

There have been no deaths reported at Renacres this is largely due to the robust selection process for surgical intervention. The service is consultant led and therefore the patient is being treated by experienced, clinically and surgically skilled specialists.

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 whistle-blowers). 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.

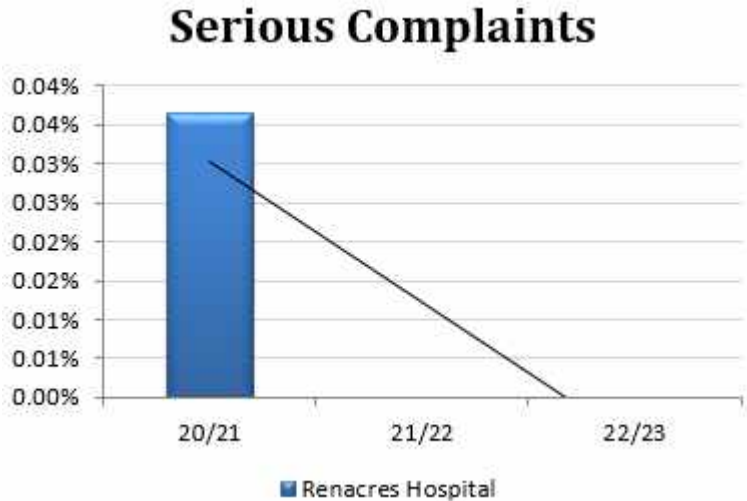
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Renacres Hospital and within Ramsay Health Care.

3.4 Patient experience

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

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

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



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

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys

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

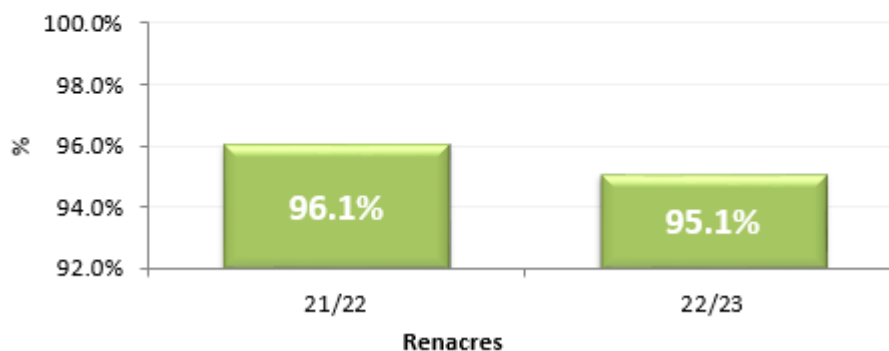
3.4.1 Patient Satisfaction Surveys

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

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

Patient Satisfaction - Overall Experience

NHS/Private Patients



The results above indicate a slight reduction in satisfaction. This has largely been due to the following:

- Telephone access
- Car parking
- Cancellations due to covid sickness

This has not affect patients discharged following surgery as they are provided with a direct number to the ward for emergency advice and contact.

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardiology services, Dermatology, General Medicine, Haematology, Nephrology, Physiotherapy, Pain Management, Rheumatology, Sports Medicine	All adults 18years and over
Surgical Procedures	Cosmetic/Plastic Surgery, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Spinal and Neuro Surgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and Screening	GI Physiology, Imaging Services, Phlebotomy, Urinary Screening and Specimen collection.	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 2022/23. 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)	Deadline for Completion
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	July, October, January, April	By month end
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Surgical Site Infection (One Together)	Theatres (IPC)	Theatres	October, April	By month end
IPC Governance and Assurance	IPC, RDUK	Whole Hospital, RDUK	July, January	By month end
IPC Environmental infrastructure	IPC, RDUK	Whole Hospital, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August <i>February (as required)</i>	By month end
Sharps	IPC	Whole Hospital	August, December, April	By month end
High Risk PPE	IPC	Whole Hospital	August, February	By month end
Standard PPE	IPC	Whole Hospital	July, January	By month end
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Central Venous Catheter Care Bundle	Oncology	Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Theatres, Ambulatory Care, Paediatric, Oncology	Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Surgical Site Infection	IPC	Theatres	October, April	By month end

Urinary Catheterisation Bundle	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
Isolation	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient	Ward	Ward	July/August, January/February	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September, February/March	End of September End of March
Patient Journey: Recovery Observation	Theatres	Theatres	September/October, March/April	End of October End of April
NatSSIPs LSO	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
NatSSIPs Stop Before You Block	Theatres	Theatres	November/December, May/June	End of December End of June
NatSSIPs Prosthesis	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
NatSSIPs IOLs	Theatres	Theatres	July January/February	End of July End of February
NatSSIPs Swab Count	Theatres	Theatres	July/August, February/March	End of August End of March
NatSSIPs Instruments	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April	End of September End of April
NatSSIPs Histology	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May	End of October End of May

Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September	End of October
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	NA
Walkabout	SLT / HoCS	Whole Hospital	As required	NA
Staff Questions	SLT / HoCS	Whole Hospital	As required	NA
Complaints	SLT	Whole Hospital	November	By month end
Duty of Candour	SLT	Whole Hospital	January	By month end
Practicing Privileges - Non-consultant	HoCS	Whole Hospital	October	By month end
Practicing Privileges - Consultants	HoCS	Whole Hospital	July, January	By month end
Practicing Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (as applicable)	NA
Observation Audits - Physio	Physio	Physio	July/August <i>January/February (as required)</i>	End of August NA
Observation Audits - Ward	Ward	Ward	August/September <i>March/April (as required)</i>	End of September NA
Observation Audits - OPD	Outpatients	Outpatients	July/August <i>January/February (as required)</i>	End of August NA
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Medical Records	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	July/September January/March (as required)	End of December NA
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/September January/March (as required)	End of December NA
Medical Records - Bariatric Services	Bariatric Services	Whole Hospital	July/September January/March (as required)	End of December NA
Medical Records - Paediatrics	Paediatrics	Paediatrics	August February	End of September

				End of March
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	By month end
Medical Records - VTE	Ward	Whole Hospital	July, November, March	By month end
Medical Records - Patient Consent	HoCS	Whole Hospital	March September	End of April End of October
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	By month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	By month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	By month end
No Report Required	Radiology	Radiology	August, February	By month end
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	By month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	By month end
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	By month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	By month end
RDUK - PVCCB	RDUK	RDUK	July, January	By month end
RDUK - Walkabout	RDUK	RDUK	October	By month end
RDUK - Staff Questions	RDUK	RDUK	October	By month end
Paediatric Services	Paediatric	Paediatric	July, January	By month end
Paediatric Outpatients	Paediatric	Paediatric	September	By month end
Paediatric Radiology	Paediatric	Paediatric	October	By month end
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February	By month end
Prescribing	Pharmacy	Pharmacy	September, March	By month end

Medicines Reconciliation	Pharmacy	Pharmacy	September, March	By month end
Controlled Drugs	Pharmacy	Pharmacy, RDUK	September, December, March, June	By month end
Governance - Pharmacy	Pharmacy	Whole Hospital, RDUK	July	End of July
SACT	Pharmacy	Pharmacy	January/February	End of February
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December	End of January
Operational - Safeguarding	SLT / HoCS	Whole Hospital	July	End of August
Decontamination - Sterile Services	Decontamination (Corporate)	Decontamination	June	NA
Decontamination - Endoscopy	Decontamination (Corporate)	Decontamination	June	NA

Renacres Local Audit Programme 2022-2023

Ramsay Health Care UK - Clinical Audit Programme v15 2022-2023										Hospital / Unit:				Renacres Hospital			
Audit	Department / Directorate	IP Code / Resource	July	August	September	October	November	December	January	February	March	April	May	June	Frequency		
C. GOV TEAM																	
Medical Records - Patient Consent	MedS	Whole Hospital			SF						SF				March, September		
IPC Governance and Reviews	IPC	WH	SF						SF						July, January		
IPC International Accreditation	IPC	WH		SF						SF					August, February		
Outpatients	OT	Whole Hospital	SF			SF				SF					March, July, October		
IPC Walkabout (Staff Questionnaire)	IS	Whole Hospital			SF						SF	SF			April, May, September		
Complaints	MT	Whole Hospital					SF/SD								November		
Day of Care	IS	Whole Hospital							SF/SD						January		
Practising Prescribers - Non-consultants	MedS	Whole Hospital				SO									October		
Practising Prescribers - Consultants	MedS	Whole Hospital	SD						SD						January, July		
Library & Display	Ward	Ward					SF						SF		May/June, November/December		
Department (Ward)	Ward	Ward					SF/SD								October to December		
Department (Theatre)	Theatre	Theatre					SF/SD								October to December		
Department (Physio)	Physio	Physio					SF/SD								October to December		
Department (DPO)	DPO	DPO					SF/SD								October to December		
Department (Radiology)	Radiology	Radiology					SF/SD								October to December		
Department - Pharmacy	Pharmacy	Whole Hospital	SF												July		
SAFEGUARDING LEAD																	
Department (Outpatient)	MedS/OTs	Whole Hospital	SF												July		
IPC LEAD																	
IPC Site Reviews (One Day/Three)	Theatre (IPC)	Theatre					TS								October, April		
IPC	IPC	WH		TS				TS				TS			August, December, April		
High Risk IP	IPC	WH	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	(MONTHLY during COVID-19, as dictated by activity)		
Standard IP	IPC	WH	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	(MONTHLY during COVID-19, as dictated by activity)		
Referrals	IPC	Whole Hospital				TS									October		
Food Hygiene Technique (Assessors)	Ward	Ward	TS			TS			TS		TS				July, October, January, April		
Food Hygiene Technique (Assessors)	Theatre	Theatre	TS			TS			TS		TS				July, October, January, April		
Food Hygiene Technique (Assessors)	Physio	Physio	TS			TS			TS		TS				July, October, January, April		
Food Hygiene Technique (Assessors)	Radiology	Radiology	TS			TS			TS		TS				July, October, January, April		
Food Hygiene Technique (Assessors)	Outpatients	Outpatients	TS			TS			TS		TS				July, October, January, April		
Food Hygiene Technique (Assessors)	Pharmacy	Pharmacy	TS			TS			TS		TS				July, October, January, April		
BT LEAD																	
Blood Transfusion - CMI Desk	Ward	Whole Hospital													As required		
Blood Transfusion Compliance	Ward	Whole Hospital		ED											July to September		
WARDS																	
Chemotherapy Safety - Ward	Ward	Ward		SD/SF						SF					September/August March/April (as required) July/September January/March (as required)		
Medical Records - Ward	Ward	Ward		LG					LG						Monthly		
Food Hygiene Observations (Assessors)	Ward	Ward	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	Monthly		
Cleaning IP (Sign)	Ward	Ward	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	Monthly		
Personal Security - Safe Transfer of the Patient	Ward	Ward		LG					LG						July/August, January/February		
IPC Management of Inset	Ward	Ward		TS					TS						August, February (as required)		
Delivery Defect/Incident Bundle	Ward	Ward		TS/LS											July to September (yearly)		
Respiratory System Clinical Data Bundle	Ward	Ward		TS/LS											July to September (yearly)		
Medical Records - OP	Ward	Whole Hospital	LG				LG			LG					July, November, March		
Medical Records - MEDS	Ward	Whole Hospital				LG			LG				LG		October, February, June		
THEATRES																	
Food Hygiene Observations (Assessors)	Theatre	Theatre	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	TS	Monthly		
Medical Records - Theatre	Theatre	Whole Hospital		ES/NW					ES/NW						July/September January/March (as required)		
Cleaning IP (Sign)	Theatre	Theatre	NW	NW	NW	NW	NW	NW	NW	NW	NW	NW	NW	NW	Monthly		
Personal Security - Management of Disturbance	Theatre	Theatre		ES					ES						August/September, February/March		
Personal Security - Security Observation	Theatre	Theatre		ES					ES						September/October, March/April		
MedS/OTs List	Theatre	Theatre	ES						NW						July/August, January/February		
MedS/OTs History	Theatre	Theatre			NW					NW		NW			September/October, April/May		
MedS/OTs Safety Audit	Theatre	Theatre			NW					NW					August/September, February/March		
MedS/OTs Site Working	Theatre	Theatre				ES					ES				October/November, April/May		

Rad/SPS Sign Before You Book	Theatre	Theatre							EB						EB	November/December, May/June	
Rad/SPS Position	Theatre	Theatre							EB						EB	December/January, June/July (23)	
Rad/SPS Sign	Theatre	Theatre	NW							NW						July, January/February	
Rad/SPS Desk Count	Theatre	Theatre		EB							EB					July/August, February/March	
Rad/SPS Instruments	Theatre	Theatre			NW							NW				August/September, March/April	
Rad/SPS Sign In, Time Out & Sign Out	Theatre	Theatre											EB			September/October, March/April	
Decommissioned - Collimator	Decommission Unit	Decommission Unit													NW	June	
Peripheral Vascular Catheter Care Bundle	Theatre	Theatre			EB/NW											July to September	
Urinary Catheterisation Bundle	Theatre	Theatre	N/A													July to September	
Surgical Site Infection	IPC	Theatre							EB						EB	October, April	
Medical Records - CX	Theatre	Whole Hospital	EB										EB			July, November, March	
Medical Records - NW/JS	Theatre	Whole Hospital								NW					NW	October, February, June	
PHYSIOTHERAPY																	
Medical Records - Therapy	Physiotherapy	Physiotherapy							PC						PC	July/September January/March (as required)	
Hand Hygiene observation (5 minutes)	Physio	Physio	FC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	Monthly
Observance Audit - Physio	Physiotherapy	Physiotherapy													PC		July/August January/February (as required)
Cleaning (10 Steps)	Physio	Physio	FC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	Monthly
RADIOLOGY																	
Medical Records - Radiology	Radiology	Radiology															July/September January/March (as required) July, January
New Medical Referral Documentation and Records	Radiology	Radiology															July, January
MR Reporting	Radiology	Radiology														KS	July, November, March
CT Reporting	Radiology	Radiology														KS	August, December, April
Rad/SPS ISO	Radiology	Radiology														KK	July/August, January/February
Rad/SPS Safety Brief	Radiology	Radiology														KK	August/September, February/March
Rad/SPS Sign In, Time Out & Sign Out	Radiology	Radiology														KK	September/October, March/April
Rad/SPS Site Marking	Radiology	Radiology														KK	October/November, April/May
Rad/SPS Instruments	Radiology	Radiology														KK	August/September, March/April
Rad/SPS Histology	Radiology	Radiology														KK	September/October, April/May
Xr Report Request	Radiology	Radiology														KK	August, February
CT Last Manual Patient	Radiology	Radiology														KK	July, October, January, April
Hand Hygiene observation (5 minutes)	Radiology	Radiology	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	Monthly
Cleaning (10 Steps)	Radiology	Radiology	KK	KK	PC	KK	KK	PC	KK	KK	PC	KK	KK	PC	KK	PC	Monthly
LOCAL RISKY - IMAGE QUALITY	Radiology	Radiology														KK	Quarterly
PHARMACY																	
Care & Secure (PDR)	Pharmacy	OPD														RN	August, February
Care & Secure (Radiology)	Pharmacy	Radiology														RN	August, February
Care & Secure (Theatre)	Pharmacy	Theatre														RN	August, February
Care & Secure (Ward)	Pharmacy	Ward														RN	August, February
Care & Secure (PDA)	Pharmacy	PDA														RN	August, February
Care & Secure (Pharmacy)	Pharmacy	Pharmacy														RN	August, February
Prescribing	Pharmacy	Pharmacy														RN	September, March
Medication Reconciliation	Pharmacy	Pharmacy														RN	September, March
Controlled Drugs	Pharmacy	Pharmacy														RN	July, October, January, April

Appendix 3

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
NVC16	Code for Renacres 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

Renacres 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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