

# The Berkshire Independent Hospital

## Quality Account 2024/25



Confidential Patient Information

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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

In 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.

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Nick Costa

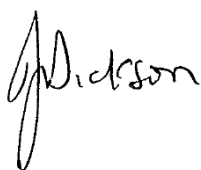
## **Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, cursive script.

**Jo Dickson**

## **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.

Each site within the Ramsay Group 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 Elaine Long, Hospital Director

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, the Royal Berkshire NHS Foundation Trust, in providing services for patients waiting for urology, bariatric and endoscopy procedures.

Our Quality Account has been developed with the involvement of our Clinical Governance Committee that meets monthly and our Medical Advisory Committee that meet on a quarterly basis, to review the clinical and safety performance of the hospital.

This Quality Account details our achievements against our key quality priorities during 2024/25 and highlights some of the service improvements that our staff are proud to share, in addition to identifying areas where we still have improvements to make.

Our key priority continues to be providing safe, high-quality care to all of our patients. As the Hospital Director I am particularly proud that in March 2025 The Berkshire Independent Hospital was presented with a High Commendation Award by the Health Service Journal, in the category of Clinical Innovation, for the creation of the Berkshire, Oxfordshire and Buckinghamshire Shared Learning Network (BOBSLN). Initiated by The Berkshire Independent Hospital, the network brings together seven local healthcare providers to discuss safety incidents and initiatives, designed to share insights, improve communication and enhance patient safety practices. By introducing innovative practices, such as specific risk assessments, the BOBSLN network has seen a significant reduction in incidents. BOBSLN highlights the positive impact of collaboration in improving patient care and making local healthcare operations more efficient. The ethos of the network perfectly reflecting the thought behind starting the group: "There's No Competition in Safety".

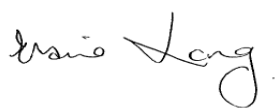
Our achievements include:

- Promoting a positive value driven culture, which fosters listening, learning and driving safer care.
- Encouraging innovation and promoting continuous improvement
- Our annual staff survey results demonstrate that we have a highly engaged and motivated workforce

Our vigorous audit regime, reviewing patient related outcome measures and 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. This relies not only on excellent medical and clinical leadership but also on our commitment to drive year on year improvement.

We also recognise that each member of staff plays a part in the success of the hospital and therefore we also want to provide a great place to work for all our staff. Since joining the hospital in 2018 I have been overwhelmingly impressed by the attitude of our staff and our consultants and their desire to see the hospital's growth and development. Our staff are proud of their hospital and the contributions they all make in ensuring the care delivered to our patients is compassionate, dignified and respectful.

I believe that this report provides an open and honest account. 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.

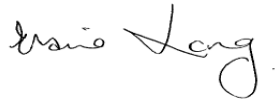
A handwritten signature in black ink, appearing to read 'Elaine Long'.

**Mrs Elaine Long, Hospital Director**  
**The Berkshire Independent Hospital**



## 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:



Dr. Elizabeth Branigan  
MAC Chair



Rachael Corser  
Chief nursing Officer  
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

## 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.

The ward has 34 individual patient rooms (four of which are double rooms). All rooms have en-suite facilities and accommodate both day case and inpatient admissions. Ward facilities include an Extended Recovery Bed for patients that require 1:1 nursing.

The Theatre Suite comprises of three Operating Theatres, two of which are fully integrated and 2 have Ultra Clean Ventilation (UCV) 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 13 consulting rooms with associated examination and treatment facilities as well as a Minor Operating Theatre. The Outpatient facilities include a Physiotherapy Department with a Gymnasium and an Imaging Department with X-ray, Ultrasound, DEXA and a static MRI Scanner and these facilities are situated in the Mansion building which is situated 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
- Bariatrics
- The total number of NHS patients treated between the 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025 was 2716.
- We provide direct referral services for MRI, Bone Density Scans and Ultrasound Scans.
- We regularly organise '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 Buckinghamshire, Oxfordshire and West Berkshire.
- As a hospital, we support both national and local charities.

Locally we have also held fundraising events to support St Mary's & All Saints Primary School, which is situated opposite the hospital to fund books and learning materials. Last year our staff raised the funds to enable one of the child to attend a resilience building trip in Finland. This coming year, we aim to raise enough money to allow 3 children to go. We have held monthly charity events at the hospital and in July, the Senior Leadership Team are running a sponsored 5K park run to help raise the additional funds.

- 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. The Head of Clinical Services at The Berkshire Independent Hospital is currently on the PLACE task and finish group run by a corporate member of staff as The Berkshire Independent has scored particularly highly on the privacy and dignity aspect of the audit.
- We have 120 Consultants with Practising Privileges
- We have 2 Resident Doctors who rotate on a weekly basis, provided on a corporate contract by NES International
- We employ 163 Staff, which equates to 110 contracted and 53 bank staff.
- Our staff mix as of April 2024 was 62 (56.4%) Clinical and 48 (43.6%) non clinical (Contracted staff)

## **Part 2**

### **2.1 Quality priorities for 2025/26**

#### **Plan for 2025/26**

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 Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

## **Priorities for improvement**

### **2.1.1 A review of clinical priorities 2024/25 (looking back)**

#### **Berkshire, Oxfordshire and Buckinghamshire Shared Learning Network**

As a hospital, we could not be prouder of our commitment to patient safety, with our launch of the Berkshire Oxfordshire and Buckinghamshire Shared Learning Network (BOBSLN), which we started back in 2022. BOBSLN, initiated by The Berkshire Independent Hospital, brings together seven local healthcare providers to discuss safety incidents and initiatives, designed to share insights, improve communication, and enhance patient safety practices. By introducing innovative practices, such as specific risk assessments, the BOBSLN network has seen a significant reduction in incidents. BOBSLN highlights the positive impact of collaboration in improving patient care and making local healthcare operations more efficient. The ethos of the network perfectly reflecting the thought behind starting the group: “There’s No Competition in Safety”.

In late 2024, The Berkshire Independent Hospital was nominated for a HSJ award for Excellence in Clinical Innovation and we were absolutely delighted to receive the High Commendation award at the inaugural HSJ Independent Healthcare Providers Awards March 2025, in recognition of an outstanding dedication to support of the NHS and improvement in healthcare services.

The winners were announced during a ceremony held on 20 March 2025. The event was incorporated into the HSJ Partnership Awards and over 1200 attendees gathered to celebrate and recognise the invaluable contributions of independent healthcare providers to the NHS.

The judging panel was made up of a diverse panel of 70+ highly influential and respected figures within the healthcare community. All finalists and winners were judged based on five key criteria: ambition, outcome, spread, value and involvement. The awards not only recognise success but also serve as a platform to shape the future of integrated health and care systems.

Plans for the network in 2025 include the integration of the Independent Health Providers Network (IHPN), inclusion of additional providers in the BOB region and rolling out of the network to the rest of Ramsay to achieve best practice throughout the company.

#### **Clinical Audit**

The importance of clinical audit can never be underestimated. The value of assessing our practice in relation to local and national policy is what enables us to benchmark the quality of our care. Historically at The Berkshire Independent Hospital, whilst audits have been held in high regard, firmly embedding audit completion in each department and compiling workable actions has not always been achieved. However, in 2024/2025, The Berkshire Independent Hospital committed to

making audits a prime focus, recognising that without them, we cannot gain assurance of our own practices and we have seen some great results. As a comparison, this time last year our compliance to audit was only 50%. This meant only half our audits were being completed month on month, even less so, helpful meaningful actions. At this present time, our audit completion is 100% and we use a rolling action plan to demonstrate continuous improvement. Every week, the Head of Clinical Services (HoCS) and the Deputy Head of Clinical Services (DHoCS) compile a list of audits due/complete and share with each department- encouraging a razor-sharp focus on deadlines and completion dates. We discuss them in each daily huddle and HoCS/DHoCS will work clinically to help achieve compliance, with feedback to the department lead.

As a result, our list of actions are being updated and these are discussed at our monthly clinical governance meeting. This promotes ownership of actions and an awareness by all departments of where our challenges lie.

In recent reports, The Berkshire Independent Hospital has achieved 100% compliance in audits- the best in the company- demonstrated by this extract from the group-wide clinical audit bulletin:

*“9 of our hospitals achieved more than 90% compliance with Berkshire Independent Hospital being the only one to reach 100%”.*

### **Patient engagement Group**

Patient Engagement has been a key part of our quality improvement over 2024/2025. With a much heavier focus on patient feedback, we work to a local rule that patient contact will be made within 1 working day for patients who suggest areas for improvement or who have requested a call back for further conversation via any of our feedback mediums. We have garnered some excellent opinions from service users, both from patient satisfaction questionnaires, online reviews and patient complaints. Although our complaint numbers are low versus the rest of the group (on average 2-3 per month although none received in 3 months of 2024) we have an excellent track-record of acknowledging and responding to patients well within the timeframes set within the Ramsay policy. We have found that by talking personally to patients we reduce the number of complaints being escalated to stage 2 as patients feel listened to on a personal level. We have no stage 2 complaints and we also formally record our patient compliments on our reporting system, Radar.

As a hospital we have discussed the efficacy of patient engagement groups, held face to face, and feel that in these times of busy lives and the desire from service users for digital access to information and services, face to face groups may not be the most effective way forward. Whilst we decide how best to conduct this type of forum, we will continue to use patient feedback from across all mediums to improve our services and listen to our patients.

## **2.1.2 Clinical Priorities for 2025/26 (looking forward)**

- **Patient Safety**

- **ANTT Bronze Accreditation**

ANTT Accreditation is a nationally recognised award, celebrating and rewarding best practice in ANTT and hand hygiene across the hospital, overseen by The Association for Safe Aseptic Practice. The Berkshire Independent Hospital have chosen this initiative, as we recognise the importance of not only demonstrating to colleagues but also our patients, how highly we regard infection prevention and control measures, to keep our patients safe from harm. Overall, best practice in infection control prevents harm, improves patient care and reduces cost. Arguably the three most important aspects of delivering quality care to our patients.

The aim is to ensure we have achieved ANTT Bronze by the end of July 2025 with an aim to go straight on and work towards our Silver award. We have sent a total of 5 staff on the ANTT train-the-trainer course to enable a cross section of team members to teach and assess our staff in the competencies required to gain our accreditation. A total of 20 staff will be required to be trained and assessed so we do feel this is a highly achievable priority for The Berkshire Independent this year. Once we are sure we have achieved the necessary criteria, we will apply for assessment with the hope of being awarded Bronze on our first attempt. We have an action plan in place currently, reflecting the areas of achievement we require, and we are working through these actions currently. A small group of senior leaders within the hospital are monitoring progress with bi-weekly reviews of progress. Once accreditation has been achieved we will report this via our Ramsay corporate clinical team and to the ICB via our quarterly contract review meetings. We are really excited to achieve this at The Berkshire Independent. We feel it is a manageable objective which would really reflect our commitment to patient safety.

- **Clinical Effectiveness**

- **Getting It Right First Time (GIRFT)**

GIRFT is a group wide review of Orthopaedic and Spinal services within our hospitals, undertaken by The Royal National Orthopaedic Hospital (RNOH). GIRFT is a nationally recognised programme, which reviews patient pathways, surgical approaches and patient outcomes with hospital teams- including surgeons and anaesthetists- to ensure any deviations from best practice are explored and areas of good practice are recognised and shared. It requires participation from hospital leaders, hospital multi-disciplinary teams, Surgeons and Anaesthetists and enables a holistic view of patient care. The review for The Berkshire Independent takes place on 19<sup>th</sup> June 2025 and we have spent some considerable time preparing to ensure we get the most out of our time with the RNOH team. There is a huge amount of work to prepare for a GIRFT review- including significant preparation of a presentation to the GIRFT team on the day of the review to introduce them to our hospital and the services we deliver. We have recently received our data pack from the GIRFT team which we are analysing with our surgeons- this



includes over 70 pages worth of data. Initial analysis of our orthopaedic data recognises excellent 90 day mortality rates as well as primary knee revision rates that sit well below the English average for 5 year revision rates, a big improvement from the 10 year revision rates. For spinal data, initial analysis reveals very low 30 day readmission rates for post lumbar decompression and for lumbar surgery within 90 days of lumbar decompression, which are results the team are very pleased with. We look forward to exploring the data in more detail and some really valuable discussion of our surgical approaches and patient outcomes, to better our patient care. If the team recognise any areas where changes to practice or improvements to current measure are needed, these will be incorporated into a hospital based action plan.

- **Patient Experience**

- **Cemplicity Dashboard and PROMs Data- Use of key driver analysis**

Ramsay Healthcare UK uses an external provider for our patient feedback. A platform called Cemplicity has been in place for a number of years now and they utilise a number of ways to obtain patient feedback after their visit to The Berkshire Independent Hospital. From an outpatient perspective, they are provided with a Friends and Family questionnaire after their Outpatient appointment. The results of which are collated into a report which is shared on a monthly basis with hospitals. The Berkshire Independent Hospital's monthly report is shared at Head of Department meetings and Clinical Governance meetings which are both held monthly. This allows Heads of Department to then share the data with their teams via their monthly departmental meetings. We are constantly striving to increase our return rate of patient questionnaires- something which can be a challenge as it would involve patients completing the forms at the end of their appointment rather than leaving the hospital straight away. The patients can also post the questionnaires back, which we encourage where appropriate, to ensure we have as much data as possible. As a hospital, we are committed to ensuring our patient outcomes are as good as they can possibly be and we try and gain feedback on this by using Patient Related Outcome Measures (PROMS). PROMS are a set of questionnaires patients complete before their surgery and in the weeks/months afterwards. The aim is that patients score their pre-operative symptoms and the limitations this puts on their quality of life at the point of pre-assessment via an online form they can complete either on their own smart devices or via a hospital iPad. We then ask them to score their symptoms and ability to complete daily tasks in the weeks and months post-operatively, when we hope to see they have enormously improved (ideally been expelled completely). The results of our PROMs are published on the Cemplicity website which we review on a weekly basis. Any patients who do not note an improvement in symptoms are contacted directly by the HoCS or DHoCS to ascertain if there is a problem and help to resolve this. For example, recent feedback from a patient noted a worsening of symptoms in the weeks post-operatively. So we immediately made contact with the lady, and called her back in for a review with her surgeon. She was extremely impressed that we had acted on her

feedback and that we had expedited a review for her. As a team, we were incredibly happy to be able to use PROMs data in an effective way, making patients feel as though, just because they have left our direct care, we are still concerned for their outcomes and take our duty of care to all our patients very seriously.

After an inpatient stay, patients are sent an electronic questionnaire, which explores their experience in detail, from the care they received, to their Consultant as well as their opinion of how we respected their dignity or treated their relatives. Monthly feedback on their comments and opinions are reviewed and shared at Clinical Governance and Heads of Department and as a hospital. We are benchmarked on our Net Promoter Scores- a scoring system from -100 to +100 reflecting patients opinions on whether they would recommend our hospital to a friend or family member. The Berkshire Independent are incredibly proud to currently have an NPS score of 94 as of May 2025 although we of course aim to score even higher than this in the months ahead with an aim of 95 or above. We log specific compliments from patients on our Radar reporting system so we can demonstrate where patients have written to us or contacted us to feedback in addition to their patient satisfaction questionnaires and we recognise staff who have been singled out within any positive feedback by rewarding them with an Above and Beyond award. We will continue to review our data monthly and look forward to achieving continued positive feedback from our patients.

## 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 2024/25 The Berkshire Independent Hospital provided and/or subcontracted 20 NHS services.

The Berkshire Independent Hospital has reviewed all the data available to them on the quality of care in all 20 of these NHS services.

The income generated by the NHS services reviewed on 1st April 2024 to 31<sup>st</sup> March 2025 represents 55.1% of the total income generated from the provision of NHS services by The Berkshire Independent Hospital.

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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

#### Human Resources

Staff Cost % Net Revenue = 37.7%

HCA Hours as % of Total Nursing = 5.7%

Agency Cost as % of Total Staff Cost = 2.1%

Ward Hours PPD = 4.83

Staff Turnover = 22.8%

Sickness = 2.6%

Lost Time = 4.5

Appraisal = 82.45%

Mandatory Training = 97.9%

Number of Significant Staff Injuries = 0

#### Patient

Formal Complaints per 1000 HPD's = 3.7

Patient Satisfaction Score = 98.2%

Significant Clinical Events per 1000 Admissions = 60

Readmission per 1000 Admissions = 1.4

## Quality

Workplace Health & Safety Score = 95.7%

Infection Control Audit Score = 96%

## Staff Satisfaction Score



Staff engagement is particularly strong at the present time as evidenced by our 'One Voice' survey results, with each of the focus areas scoring better than the previous year.

Our action plan focuses on:

### Meaningful recognition

- Above and Beyond awards
- Recognition tree
- Written appreciation

### Adapting to change

- Encouraging staff to dial into staff forums
- Senior Leadership Team participation in department meetings,
- Monthly newsletter

### Sharing Opinions openly

- Development of a Staff Charter
- Refresher training for Speaking up for Safety

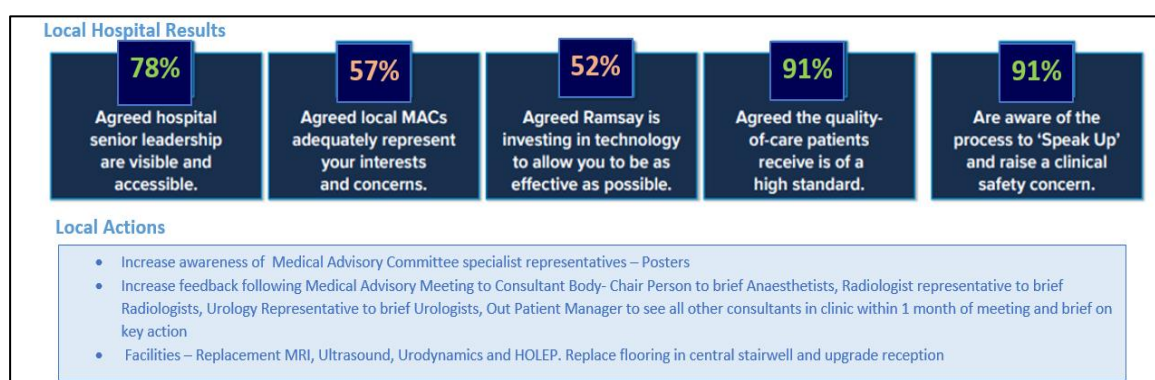
## Consultant Satisfaction Score –

An annual survey is undertaken with the Consultants that practice at the Berkshire Independent Hospital in October each year.

The results of our survey, which can be seen below, were very positive, with the green scores showing results above the Ramsay Health Care UK average and the amber scores being in line with the Ramsay Health Care UK average.

The main focus areas for our action plan were:

- To ensure all consultants were aware who their specialist Medical Advisory Committee Representative is and to ensure that feedback from the meetings is provided in a timely manner using additional mediums to email.
- To present further Capital Expenditure requests to update some of our equipment, which have been approved



### 2.2.2 Participation in clinical audit

During the period from 1st April 2024 to 31<sup>st</sup> March 2025 The Berkshire Independent Hospital participated in 100% of the relevant national clinical audits and 100% national confidential enquiries which it was eligible and appropriate 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 1st April 2024 to 31<sup>st</sup> March 2025, are listed below as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project name (A-Z)	% Cases Submitted
Elective Surgery (National PROMs Programme)	96%
British Spine Registry, Amplitude Clinical Services Ltd	Lumbar = 20/20 (100%) Cervical 6/6 (100%)
Mandatory Surveillance of HCAI	100%
National Joint Registry	100%
Serious Hazards of Transfusion Scheme (SHOT)	0% (none to report)
Surgical Site Infection Surveillance	100%

The reports of these 5 national clinical audits from 1st April 2024 to 31<sup>st</sup> March 2025 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.

- The Berkshire Independent Hospital has worked hard to authenticate all spinal surgeons onto the British Spinal Registry in 2024- 2025 so the hospital is now receiving accurate and contemporaneous data from our Surgeons and patients. We will continue to do so, building a really clear picture of how our spinal surgery benefits patients, although it is in its early stages.
- The Berkshire Independent have significantly improved the interrogation of PROMs data, submitted by patients before and after their procedures. This outcome data has allowed us to identify two important factors:
  - i) The scale of the improvement in symptoms patients have experienced post-operatively and the associated improvement in their quality of life
  - ii) Patients who may not have had a marked improvement in their symptoms allowing us to contact these patients and bring them back for further review and intervention
- This significant focus on PROMs data has enabled us to share our outcomes via the Medical Advisory Committees and local Clinical Governance Committees. As a hospital,

we can demonstrate tangible improvements in our patient's quality of life once they have had their procedure- meaning the care we offer is effective.

- The Berkshire Independent Hospital submits SSISS data in line with national requirements. We have reported 12 surgical site infections (not hip or knee SSIs) over 2024 / 2025. All patients have had a good recovery and have suffered no long term harm. All infections are reported locally via our Radar reporting system and populated on the IPC surveillance spreadsheet. This allows us to monitor the infections for any trends or themes that can be directly linked as contributory factors and addressed within the hospital.
- Ramsay Healthcare UK are very pleased to have been awarded Gold status by the NJR this year for 100% consent compliance across all our sites, The Berkshire Independent Hospital being a part of this. Our certification is displayed in our lobby for all visitors to see and we will maintain this over the next year.

### **Local Audits**

We have made excellent progress on our audit completion over this year and fully intend to maintain this trajectory to garner useable actions and data. The Berkshire Independent was highlighted in the Ramsay Clinical Audit Bulletin as the only hospital in the group to gain 100% compliance in the month of March 2025. The reports of The Berkshire Independent Hospital mandatory local clinical audits from 1 April 2024 to 31st March 2025 (which includes infection prevention control, transfusion, physiotherapy, radiology, theatres and medicines management) were reviewed by the Clinical Governance Committee throughout the year. The clinical audit schedule can be found in Appendix 2. In addition to support this, the HoCS and DHoCS shares a month by month list of audits due by department to ensure all teams are clear on the audits due at that time. Ad hoc audits, those in addition to the mandatory monthly scheduled audits, are undertaken if a theme or trend is noted across our patient events or other feedback mechanism. For example, we have seen an increase in on-the-day cancellations so we have undertaken an extra audit to review booking to pre-assessment to surgery date timelines to ensure we are not undertaking pre-assessment appointments too close to the operation day, leading to an increase in cancellations. This is always a really helpful tool in assessing any gaps in our process or where an additional local operating procedure may need to be implemented to bridge a gap between corporate policy and local hospital processes.



### **2.2.3 Participation in Research**

There were no patients recruited during 2024/25 to participate in research approved by a research ethics committee.

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

The Berkshire Independent Hospital's income from 1st April 2024 to 31<sup>st</sup> March 2025 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 31<sup>st</sup> March 2025 is registered without condition.

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.

Robust reporting measures improve data quality, such as effective use of RADAR, accurate entry onto national registries using local leads within hospital departments and consistent review of data entry by members of the Senior Leadership team.

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. Mandatory training is held yearly which also covers these topics in online modules, including assessment at the end with a minimum pass mark of 80%. These topics can be accessed again at any point, for example, staff who have been involved in a data breach will be asked to re-take their online module to refresh their knowledge base.

### NHS Number and General Medical Practice Code Validity

The Berkshire Independent Hospital submitted records during 2024/2025 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:

- 99.94% for admitted patient care;
- 99.91% for outpatient care; and
- N/A for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 100% 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 status is 'Standards Met'. The 2024/2025 submission is due by 30<sup>th</sup> June 2025.

This information is publicly 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 2024/25 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:

#### **Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2025**

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Berkshire Independent	Completed July 2024	100%	97%	100%	95%	Level 3

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at September 2020*

## 2.2.7 Stakeholders views on 2024/25 Quality Account

NHS Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) is pleased to provide a response to the Quality Account 2024/25 submitted by Berkshire Independent Hospital.

From our review, we believe the Quality Account has clearly set out both the significant achievements of Berkshire Independent Hospital in respect of the quality of its services, and a realistic appraisal of the challenges that face the independent healthcare sector. The Quality Account provides information on the services provided by Berkshire Independent Hospital and progress on the priorities for improvement that were set for 2024/25, giving an overview of the quality of care provided during this period and progress against core quality indicators. It also gives clear evidence of achievements and how the organisation is aiming to maintain or improve the quality of care.

The clinical quality priorities for 2025/26 are also set out in the report. We acknowledge and support the aspiration to maintain high quality services, supported by these priorities. We are pleased to see the inclusion of ANTT bronze accreditation, patient experience and engagement in the GIRFT programme in the priorities for 25/26. The ICB welcomes continued focus on data quality for VTE risk assessments.

The National Quality Board definition of quality includes the dimensions of sustainability and leadership in addition to the established areas of safety, effectiveness, and experience. It is pleasing to see the achievements around staff wellbeing and satisfaction and a positive safety culture.

Tackling inequalities in health outcomes and experiences is a core priority both nationally and within the BOB Integrated Care System. Our Joint Forward Plan sets out a clear commitment to reducing these disparities, and we are keen to see a strong connection between individual organisational quality priorities and the wider system ambition. The ICB remains committed to working in partnership with your organisation to accelerate progress and build on existing efforts – ensuring sustained improvements and more equitable care for all our populations.

We are satisfied that the Quality Account has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services.

We would like to recognise in particular, improvements and achievements in the following areas:

- Ramsay mobile diagnostic service, which has been awarded the Quality Standard for Imaging (QSI) Quality Mark – the first mobile service to receive this recognition.
- JAG accreditation for all endoscopy services
- High Commendation Award by the Health Service Journal, in the category of Clinical Innovation, for the creation of the Berkshire, Oxfordshire and Buckinghamshire Shared Learning Network (BOBSLN).
- Reduction in return to theatre and reoperation.
- High levels of positive patient experience.
- Patient Engagement Group.
- Implementation of the national patient safety incident response framework (PSIRF).
- Compliance with NICE technology appraisals and national safety alerts.
- Participation in clinical audit.

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

### **Conclusion**

The ICB would like to take this opportunity to acknowledge and praise Berkshire Independent Hospital for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services.

2024/25 has been a challenging year for health and social care and we know that, as a system, we continue to face significant challenges with capacity and demand across a range of pathways, and we value the commitment and expertise that Berkshire Independent Hospital continues to provide in system-wide, regional, and national work to transform services in the face of these challenges.

BOB ICB is looking forward to collaborating with its system partners to develop the national direction of travel for healthcare to future proof the NHS for future generations by working on the following 3 key shifts at the core of the government's health mission:

- From hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- From treatment to prevention – promoting health literacy, supporting early intervention, and reducing health deterioration or avoidable exacerbations of ill health.
- From analogue to digital – greater use of digital infrastructure and solutions to improve care.



**Rachael Corser**  
**Chief Nursing Officer**



## **Part 3: Review of quality performance 2024/54**

### **Statements of quality delivery**

Lucinda England, Head of Clinical Services (Matron), The Berkshire Independent Hospital

## **Review of quality performance 1st April 2024 - 31st March 2025**

### **Introduction**

#### **Ramsay Clinical Governance Framework 2024/25**

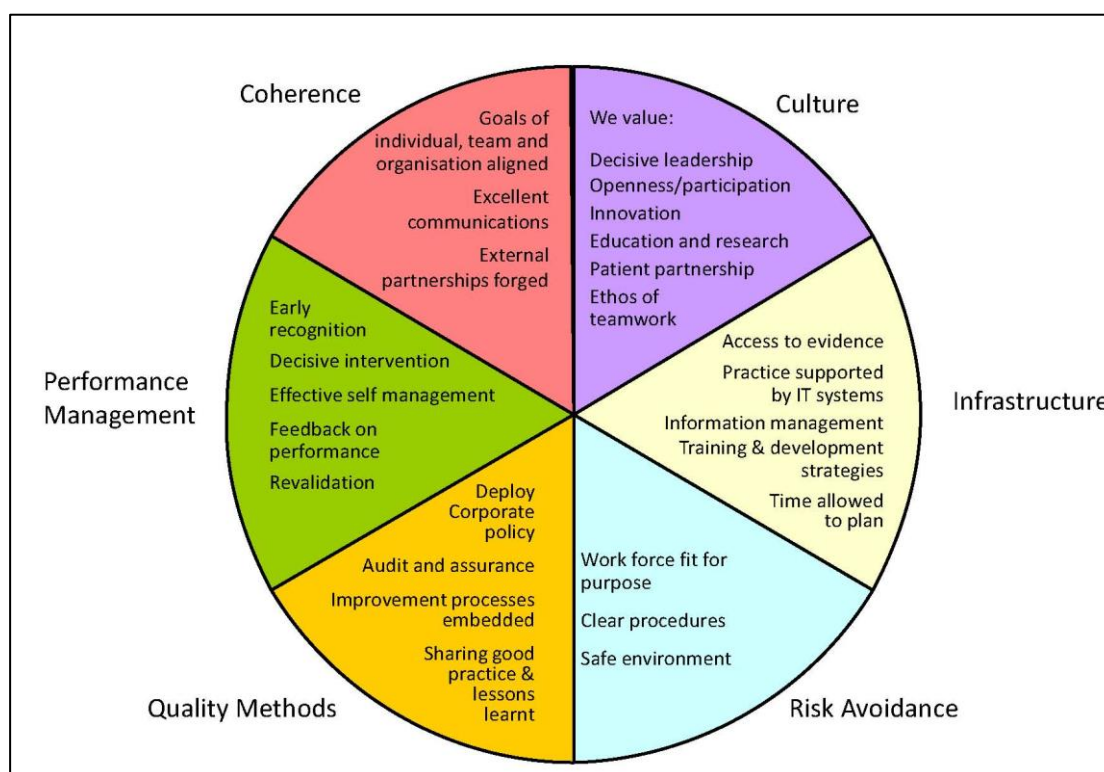
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Berkshire	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC02	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC02	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC02	0.0000

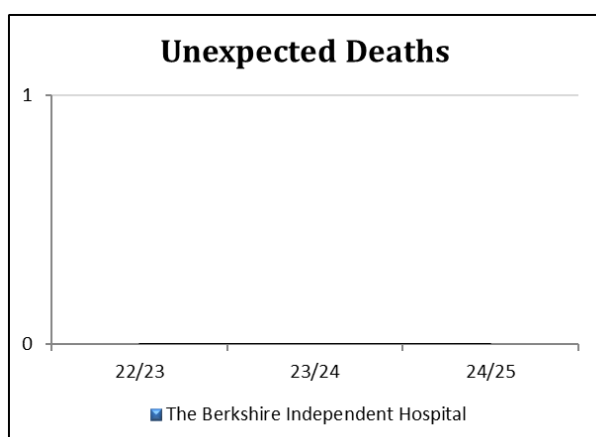
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The hospital provides services for elective care whereby all patients have a form of pre-operative assessment prior to admission
- The hospital has a very specific and clear 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. These assessments are conducted using the acceptance criteria
- 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
- The Berkshire has a robust process for implementing PSIRF where patient events require lessons learnt or an adjustment to current process. As a result, our services become safer and more streamlined.

## Rate per 100 discharges:



## National PROMs

Benchmarking period								Ramsay	
PROMS: Hips	Period	Best		Worst		Average		Period	Berkshire
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC02 *
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC02 *
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar 23	NVC02 *
PROMS: Knees	Period	Best		Worst		Average		Period	Berkshire
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC02 *
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC02 *
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC02 19.568

(Please note, The Berkshire Independent Hospital results are showing as a \* as our return rate Vs the number of patients we treat is low. This means there were a small number of records (less than 30) for the site, so the exact count has been suppressed. Small numbers may return unrepresentative results hence why it has been suppressed by NHS digital.)

**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 completing 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
- Continue to focus on PROMS results in local Clinical Governance committee meetings
- Utilising PROMS results from Cemplicity to keep track of outcomes. Patients who describe an increase in symptoms or a poorer quality of life post- operatively are immediately contacted and recalled to the hospital for a further follow- up appointment.

## Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Berkshire	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC02	0.00360
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC02	0.00096
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC02	0.00037

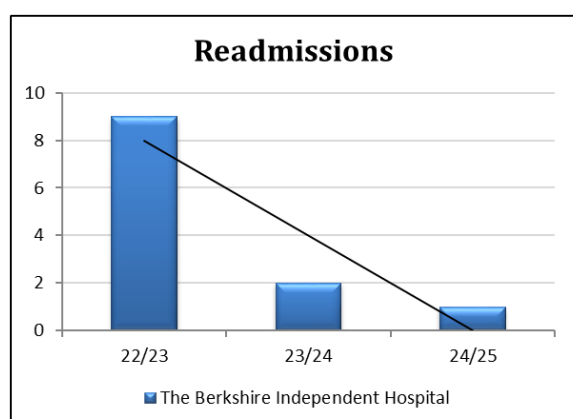
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- 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 once they are at home and patients are encouraged to contact the hospital if they need to speak to a member of staff.
- The hospital carries out 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. This demonstrates transparency and an eagerness to track themes or trends in readmission rates.

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

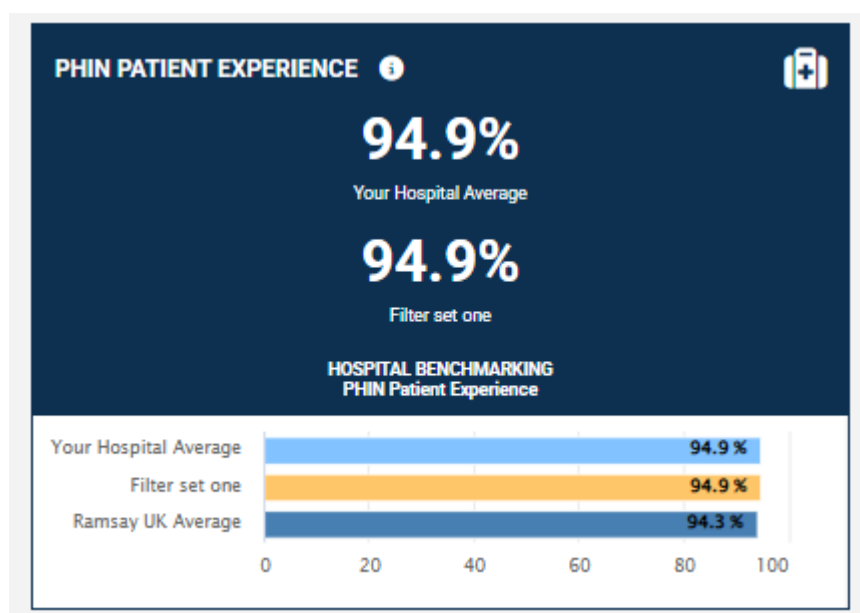
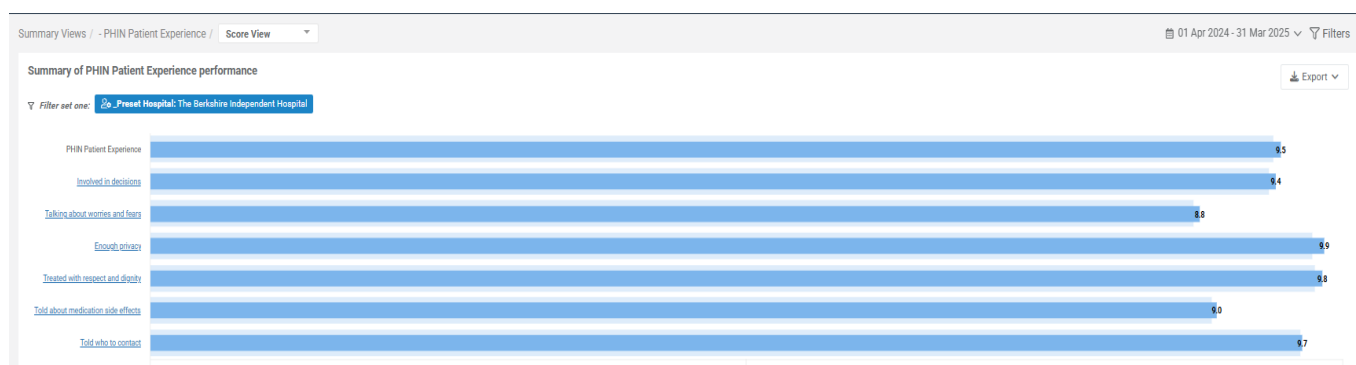
- Continuing to review all unplanned readmissions to identify trends, to improve patient outcomes and to communicate lessons learnt

## Rate per 100 discharges:



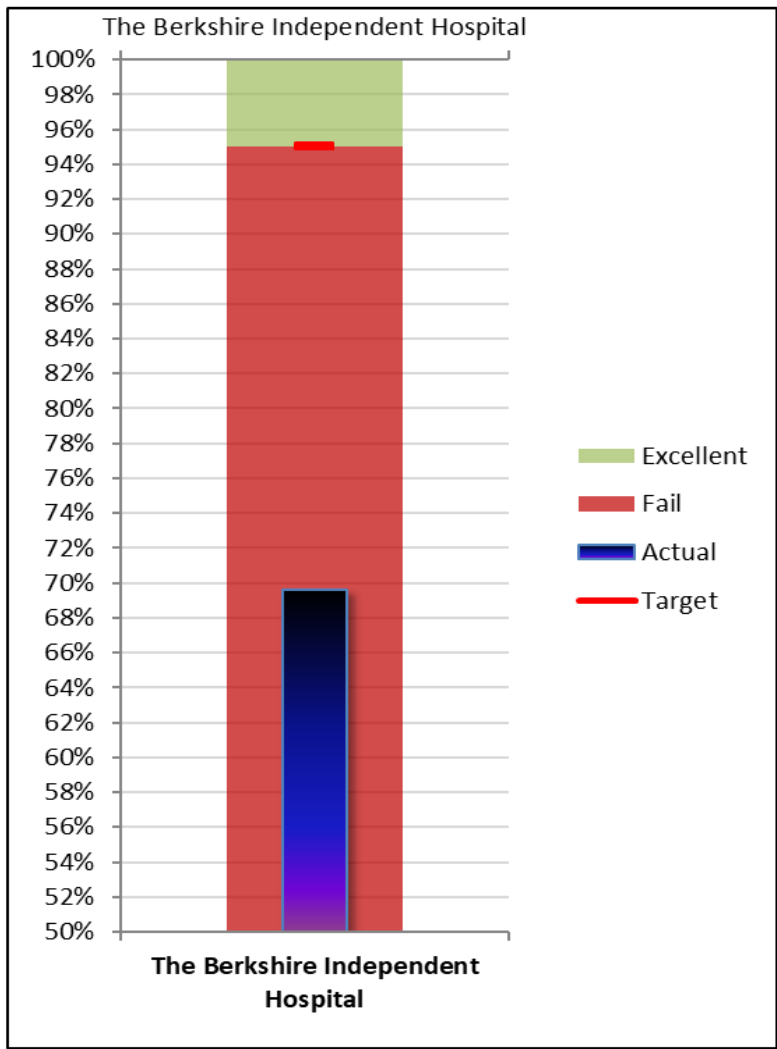
## Responsiveness to Personal Needs

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



VTE Risk Assessment

Name	Fail	Excellent	Actual	Target	Name2
The Berkshire Independent Hospital	95%	5%	69.63%	95%	The Berkshire Independent Hospital



As a hospital that takes VTE/DVT prevention very seriously, it was disappointing to see such a drop in VTE risk assessment completion rates versus last year and versus our own local audit. However, on deeper investigation, it was established that this could be attributed to a user error with the Maxims Electronic Patient Record system. When risk assessments are complete, staff need to press save *and* complete. However, a lot of staff were only clicking 'save' so the risk assessments appear incomplete. Hence the drop in compliance. This does not match our internal, local risk assessment audit, which shows an almost 100% compliance to VTE risk assessment completion, and does not base compliance on whether the assessor has clicked



'complete'. This message has been shared with staff and a focus on the 'complete' section of the risk assessment has come in to force.

## 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	2022/23	NVC02	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC02	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC02	0.000

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. This 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.
- Achievement of Bronze ANTT Award

## Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Berkshire	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC02	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC02	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC02	0.000

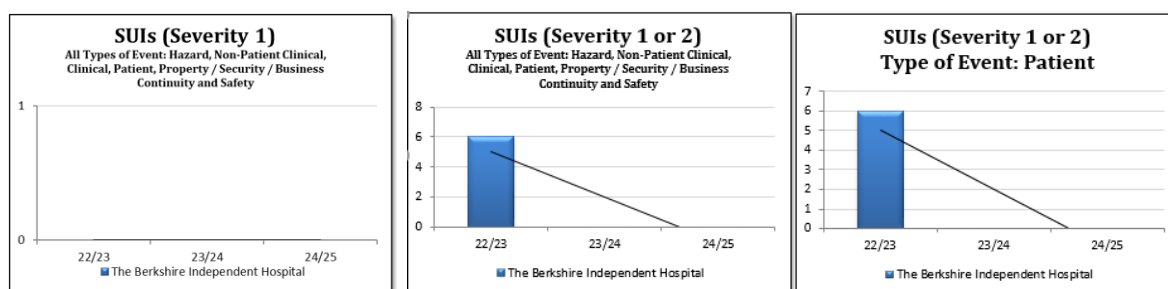
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- 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 'Radar'.
- Reported incidents are reviewed each day by the Hospital Director and Head of Clinical Services
- Reported incidents are discussed each morning at our safety huddle to ensure that they are thoroughly investigated in a timely manner.
- We also review all reported incidents and outcomes at Clinical Heads of Department meetings monthly and Clinical Governance Committee monthly.
- 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:

- Continue to fully embed 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-23	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC02	100.0%
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC02	100.0%
	Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	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, documenting both types on Radar and sharing at morning hospital safety huddles.
- We respond to complaints within the policy timeframe

- We make contact with every complainant directly to ensure they have a chance to talk their complaint through. It very often helps patients to feel a more personal approach to their feedback and confirms they are being listened to.

**The Berkshire Independent Hospital intends to take the following actions to maintain 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 throughout this report.

### **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 5 years.

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

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

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.

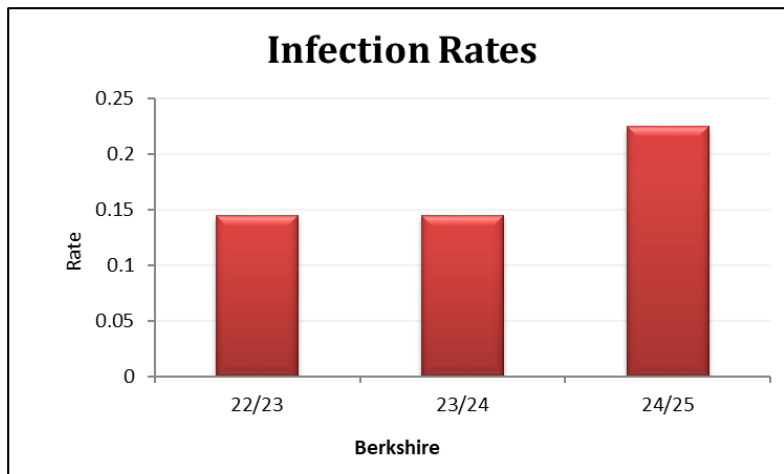
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

**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.

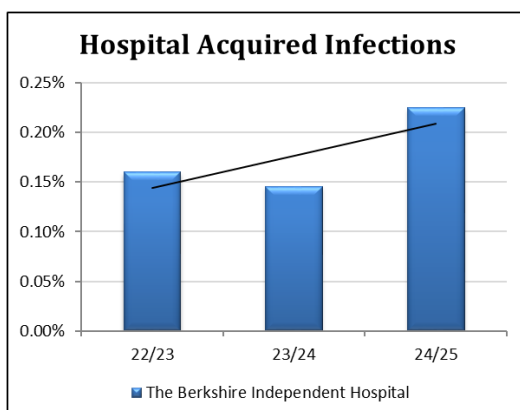
- Our Infection Prevention Control Link Nurse (IPCLN) is our Head of Department for Outpatients.
- The Infection Prevention Control Link Nurse coordinates audits relating to Infection Prevention Control throughout the hospital.
- The Infection Prevention Control Link Nurse performs mandatory IPC Training 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 Non 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 increased over the last year. This is for a number of reasons. Firstly, all patients who present back to the hospital with a possible infection are entered onto Radar- before an infection is even confirmed. This is for tracking purposes by the National IPC Lead for Ramsay and the local IPC Lead at site. If the wound is found not to be infected, after a negative swab results etc., staff need to access the Radar report and downgrade it. This can cause an anomaly in results if this is not carried out in a timely fashion. Secondly, our patient activity has seen an increase over the last year. Therefore, we anticipate a small increase in infection related data as we have undertaken more surgeries. As shown in the graph, there is a 0.1% increase in infections. However, we do not alert as an outlier on our clinical KPIs nationally, in relation to the number of patients we have treated. All confirmed infections are entered onto an infection surveillance spreadsheet. This enables direct comparison of every infection- from which theatre the surgery took place in, to skin prep analysis and patient temperature monitoring. To date, no trends or themes have been established in any of our surgical site infections. We have not had any hip or knee SSIs. Therefore, The Berkshire Independent Hospital will continue to monitor all infection related data with escalation to our Consultant Microbiologist and National IPC Lead if any trends are noted at any point.

Rate per 100 discharges:

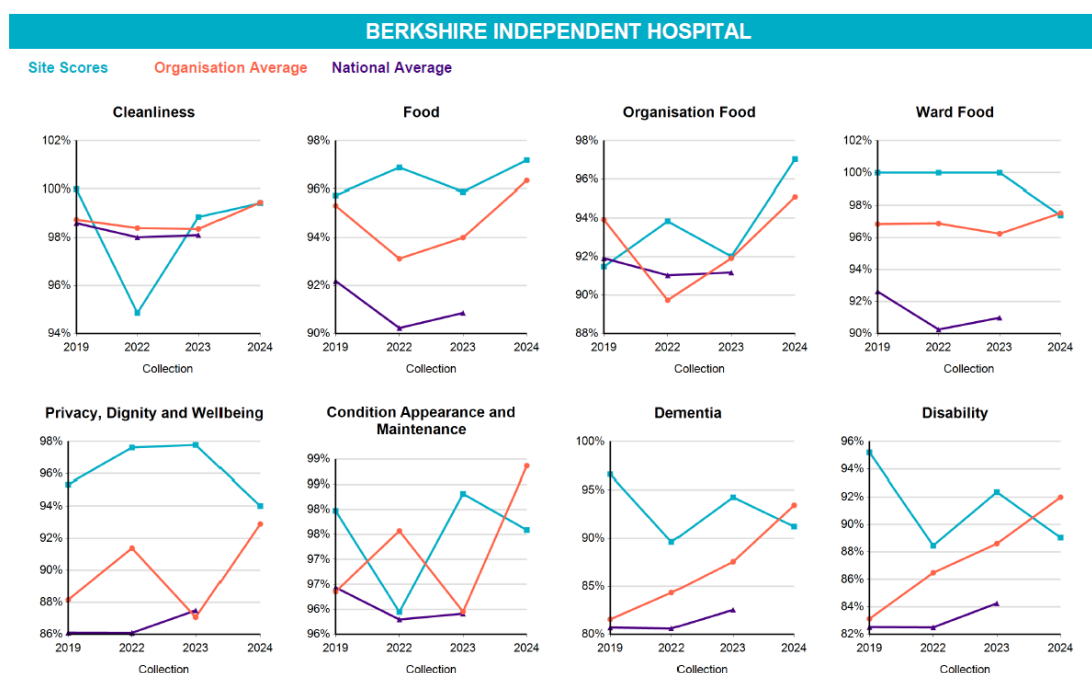
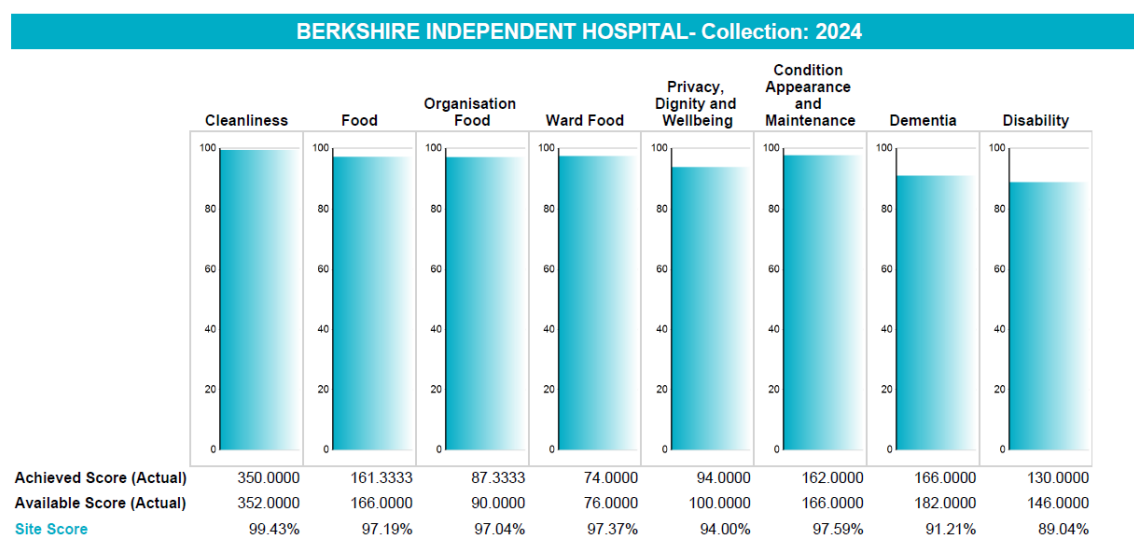


### 3.2.2 Cleanliness and hospital hygiene

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.



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**Some feedback from the PLACE assessors:**

- Everything was good and the assessment covered everything.
- The road can cause confusion coming in, signage needs to be clearer which road to take into the hospital
- All the staff I met were helpful, professional and courteous.
- Reception staff very welcoming and helpful.
- Nursing staff are attentive and supportive.
- Patients are provided with good quality menus and all are appropriately supported at all times, setting out meals and services including beverages available for that week (or longer)

**Sustainability**

During our last PLACE audit, we were able to share with our assessors our goals as a company for sustainability (to be net zero by 2040) but also our own efforts to contribute to the sustainability plan. In 2024, The Berkshire Independent Hospital had a new generator installed. This generator- the first of its kind within the company- runs on hydrogenated vegetable oil, instead of the typical diesel. By emptying out all the diesel within the generator, and replacing with environmentally friendly vegetable oil, which can take around 1 hour to complete, CO2 emissions are reduced by up to 90%. This scalable project will be rolled out to all Ramsay hospitals by 2026.

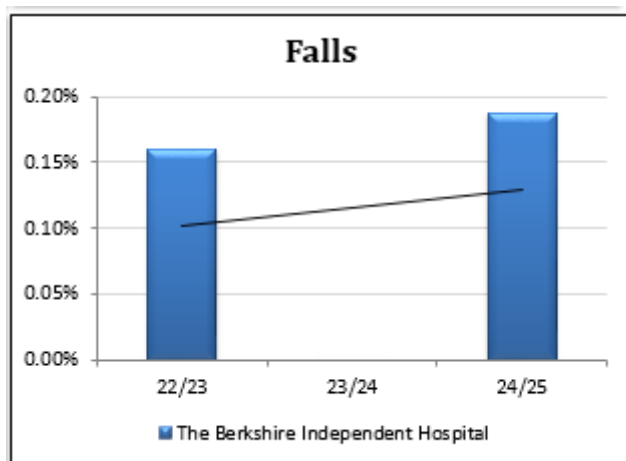
### 3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives. Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our Hospital Director which ensures we keep up to date with all safety issues.

A small rise in falls as shown below, is indicative of our growth in activity. Undertaking more procedures overall, but also, undertaking more orthopaedic procedures than ever before.

Orthopaedic patients are more prone to fainting than many other patient groups, by the nature of their procedure. Patients undergo a falls risk assessment at the point of pre- assessment and on admission. Post- operatively the risk assessments are reviewed when a patient's condition changes. All falls are reported via the local Clinical Governance committee and Health and Safety which is held bi-monthly.

Rate per 100 discharges:



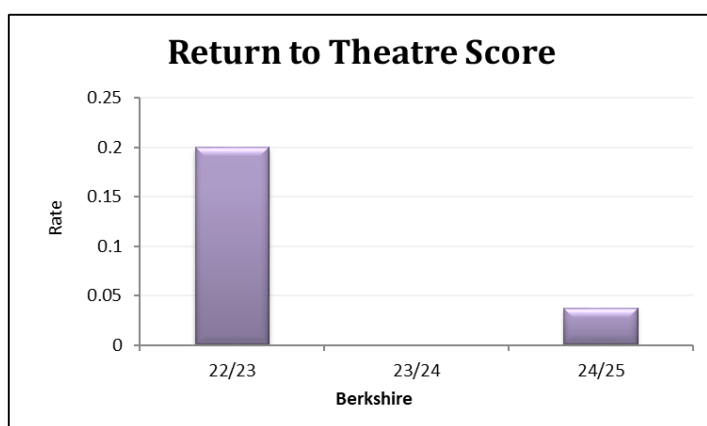
### 3.3 Clinical effectiveness

The Berkshire Independent Hospital has a Clinical Governance committee that meet monthly 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. As of 2024, hospital Clinical Governance meetings have been held monthly. The Head of Clinical Services firmly believes that these meetings are of such value, the data should be delivered in real time. Therefore, every meeting is held on the last working day of the month- so the data reflects the last four weeks at the very most. This helps the committee to understand the data explained to them and also helps with engagement. If meetings are held any further apart, the sheer volume of information covered results in poorer engagement.

The Patient Safety Incident Response Framework (PSIRF) continues to be applied to all events which either generate effective learning or where patients have experienced harm. Ramsay Healthcare UK implemented PSIRF in November 2023 and whilst it has been a successful roll out over the last 18 months at The Berkshire Independent Hospital, we continue to learn how to adopt PSIRF when faced with an event where it can be applied. Focus has been predominantly on promoting Head of Departments or shift leads to undertake huddles, hot debriefs etc. and this comes over time and experience. PSIRF will continue to be a main focus across the hospital and it is included in our local induction programme so all staff, regardless of length of service, are familiar with the framework and how it should be applied in practice. PSIRF has not been included in the hospitals' quality initiatives for this year as it is now accepted as embedded process, however, the focus undoubtedly remains to ensure its application where appropriate.

### 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.

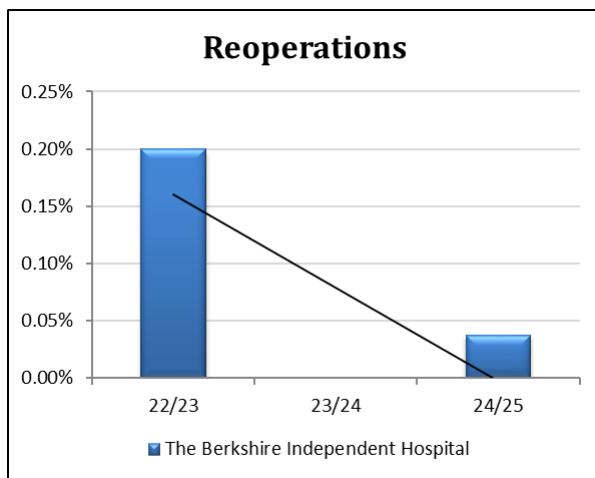


As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is zero.

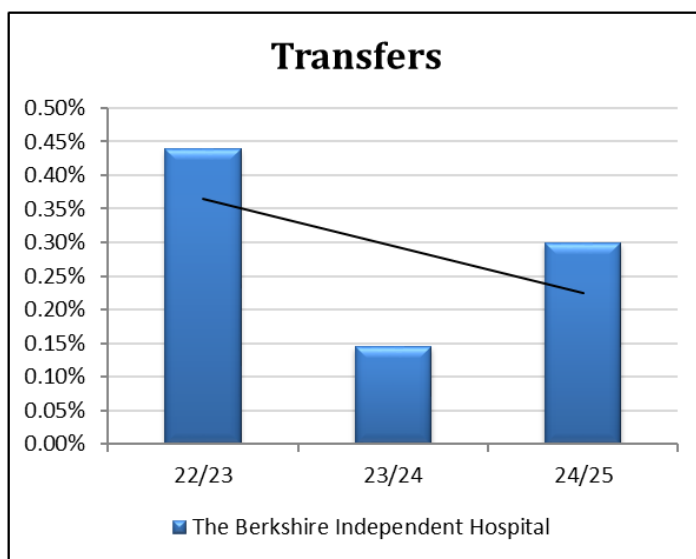
This is due to:

- 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:



Our reoperations and transfer numbers have both seen a decline versus 22/23. Transfers have increased slightly on last year, but the total number of patients we have treated has also increased.

The declines in both metrics can be attributed to robust preadmission assessment procedures, including Anaesthetist Led clinics for our higher risk patients, to ensure patient safety is maintained at all times. We have a strict admission criteria which the Anaesthetists use to assess the suitability of patients for surgery at The Berkshire Independent Hospital, in view of no High Dependency or Intensive Care Unit being on site.

Pre-operatively, every patient undergoes some form of pre – operative assessment. Whether it be a telephone call for the minor procedures or a full face to face assessment with bloods, ECGs etc. for the major procedures. By doing this, we can be assured that the patients we are operating on are suitable for our facilities.

Of the 10 patients that required transfer during the reporting period, 100% of them were assessed for the need for transfer prior to calling for an ambulance. This was undertaken either by the Consultant and the Resident Medical Officer (RMO), or by the RMO and senior nursing staff.

There is a senior leader on call at all times who supports any decision to transfer a patient out of the hospital or back to theatre, should be event arise.

Patients are assessed on their need for an environment of higher acuity monitoring, or access to CT scanning or other diagnostic resources that are not available at The Berkshire Independent.

For each transfer that takes place, either The Head of Clinical Services or the Deputy Head of Clinical Services will call the receiving department each day after transfer to get an update on the patient's condition. Where appropriate, The Berkshire Independent Hospital will take patients back in their care once they have been assessed as fit for transfer and at no further risk of deterioration, to continue their rehabilitation.

Where patients are discharged directly home, they will be followed up with a telephone call by nursing staff within 48 hours of discharge.



### 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

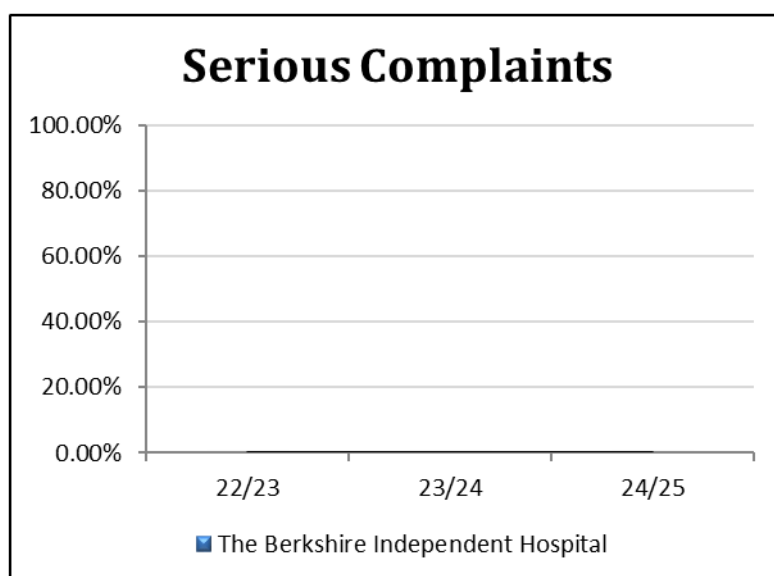
provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

### 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. The Senior Leadership Team 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 and we aim to make contact with patients within 1 working day to ensure they have had the chance to talk about this dissatisfaction with a senior member of staff.



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:

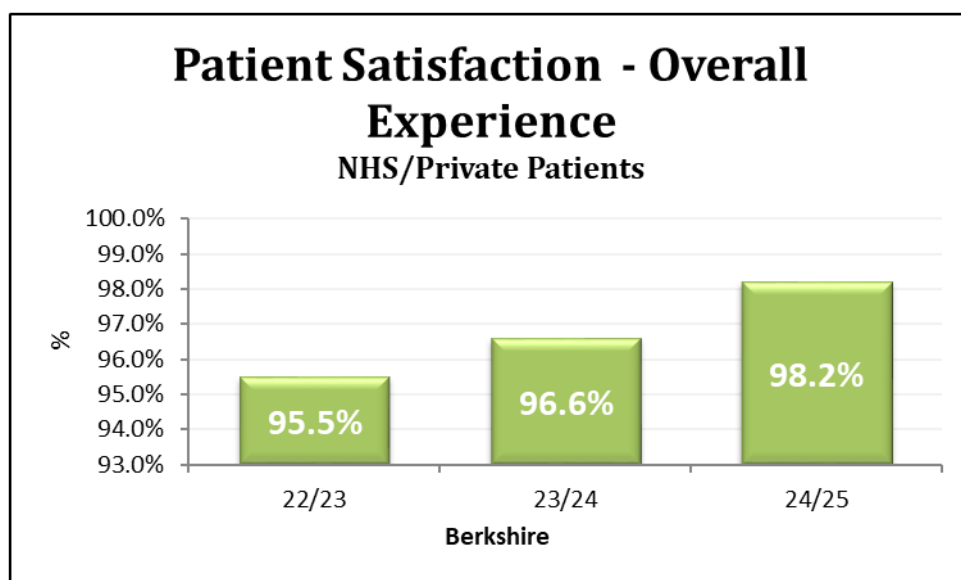
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay 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

At the point of any referral received by the hospital which identifies the patient as having accessibility needs- for example, physical, sensory or cognitive loss- and based on the intervention the patient is having, additional steps are put into place to ensure we support the patient throughout their journey. Typically for inpatients, a multidisciplinary team meeting is held to ensure all aspects of care are discussed and what modifications need to be considered to offer safe, holistic care. The presence of family members for emotional support, translators, sign language interpreters, dementia friendly pathways, all male or all female staffing teams, to name but a few, can all be considered to help patients access our services safely whilst promoting equality. Inclusion of patients' opinions and experiences are also promoted to ensure inclusivity and to ensure an all-encompassing reflection of the patient's needs. For outpatients, alerts on patients' records with regards to accessibility needs are discussed interdepartmentally at the point of referral to ensure a smooth patient journey, including all necessary outpatient services- such as radiology or physiotherapy. Our approach to this is reflected well within our patient compliments and feedback.

### 3.4.1 Patient Satisfaction Surveys

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. This is due to a high level of engagement with our patients. As noted earlier in this report, the staff take all patient feedback very seriously. Early engagement with patients who are not happy with the service provided is vital in ensuring patients are listened to. If they are inpatients, staff escalate to a senior member of staff who will engage with the patient whilst they are still in the hospital. This keeps our complaint numbers low and allows local involvement of staff in resolving issues, rather than escalating to formal or stage 2 complaints process. Use of Cemplicity, PROMs, online Reputation and Google Reviews allows patients a variety of feedback forums. The Senior Leadership Team monitors these platforms daily to ensure contact is made with patients within 24 hours of receipt. Recruitment of staff at The Berkshire Independent Hospital is based on good quality staff. This results in good staff retention as they feel a sense of belonging in a team that has a common goal- patient safety. With this in mind, the hospital has staff who have been employed there for 30 years! With this level of loyalty to the hospital and the patients, there is a notable effect on patient satisfaction. The patients feel safe being looked after by staff

who are fully engaged and invested in the outcomes of our patients. Patients are looked after in clean facilities, by staff who care and our Consultants are clear on our expectation of their conduct. We respect patients' dignity, we offer them as much information about their procedure and post- operative care as possible and we follow patients up once they are at home. All of these factors, and more, lend themselves to our excellent patient satisfaction rates.

## 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"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilator support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed and we will only exclude patients if 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.

### Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

#### Ramsay Health Care UK - Clinical Audit Programme 2024-2025 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres,  IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	



IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August  No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	

<b>50 Steps Cleaning (FR6)</b>	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
<b>Peripheral Venous Cannula Care Bundle</b>	HoCS (to delegate)	Whole Hospital	July to September	End of October	
<b>Urinary Catheterisation Bundle</b>	HoCS (to delegate)	Whole Hospital	July to September	End of October	
<b>Patient Journey: Safe Transfer of the Patient</b>	Ward	Ward	August, February	Month end	
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
<b>LSO and 5 Steps Safer Surgery</b>	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	September/October March/April	End of October End of April	
<b>NatSSIPs Prosthesis</b>	Theatres	Theatres	November/December May/June	End of December End of June	

NatSSIPs Swab Count	Theatres	Theatres	July/August	End of August	
			January/February	End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October	End of October	
			March/April	End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December	End of December	
			May/June	End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	

<b>Privacy &amp; Dignity</b>	Ward	Ward	May/June, November/December	End of June  End of December	
<b>Essential Care: Falls Prevention</b>	HoCS (to delegate)	Whole Hospital	September / October	End of October	
<b>Essential Care: Nutrition &amp; Hydration</b>	HoCS (to delegate)	Whole Hospital	September / October	End of October	
<b>Essential Care: Management of Diabetes</b>	HoCS (to delegate)	Whole Hospital	TBC	TBC	
<b>Medical Records - Therapy</b>	Physio	Physio	July/August  November/December (if req)  March/April	End of August  No December deadline  End of April	
<b>Medical Records - Surgery</b>	Theatres	Whole Hospital	July/August  November/December (if req)  March/April	End of August  No December deadline  End of April	
<b>Medical Records - Ward</b>	Ward	Ward	July/August  November/December (if req)  March/April	End of August  No December deadline  End of April	
<b>Medical Records - Pre-operative Assessment</b>	Outpatients, POA	Outpatients, POA	July/August  November/December (if req)  March/April	End of August  No December deadline  End of April	

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	

Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	



## 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
VC02	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
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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