

The Berkshire Independent Hospital

Quality Account
2023/24



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

The Berkshire Independent Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our Social Impact Report in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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

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



Nick Costa

Chief Executive Officer

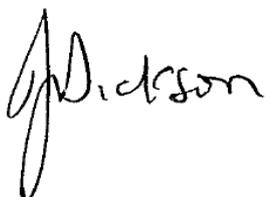
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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

A handwritten signature in black ink that reads "Jo Dickson". The signature is written in a cursive, flowing style.

Jo Dickson

Chief Clinical and Quality Officer

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

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 and endoscopy procedures.

Our Quality Account has been developed with the involvement of our Clinical Governance and Medical Advisory Committees, 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 2023/24 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. At The Berkshire Independent Hospital we 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.

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 in clinical

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.



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:



Mrs Elizabeth Branigan

MAC Chair and Lead Consultant Anaesthetist



Rachael Corser

Chief Nursing Officer

Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB)

Welcome to The Berkshire Independent Hospital



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

The Outpatient Department situated on the ground floor of the hospital has 12 consulting rooms with associated examination and treatment facilities as well as a Minor Operating Theatre. The Outpatient facilities include a Physiotherapy department with a Gymnasium and an imaging department with X-ray, Ultrasound, DEXA and MRI scanning and these facilities are situated in the Mansion 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 1st April 2023 and 31st March 2024 was 2336.
- We provide direct referral services for MRI, Bone Density Scans and Ultrasound Scans.
- Our Business Relations Manager (BRM) works closely with both Practice Managers and GPs at our local practices and maintains ongoing contact with surgeries located in the surrounding areas. She regularly organises 'Continuous Professional Development' (CPD) lunches, taking consultants into GP practices to offer training and latest development awareness, as well as running Healthcare Professional Training Seminars. We value our contact with GP's as customers and strive to ensure we actively work to enhance patient care.
- We are committed to working closely with our local NHS Foundation Trust to actively assist and reduce waiting times for patients suitable for treatment at our hospital.
- We work closely with our local Integrated Care Board, which covers Berkshire, Oxfordshire and Buckinghamshire.
- As a hospital, we support both national and local charities and currently support Macmillan Cancer Research.
- We have also held fundraising events to support the local school, St Mary's Primary School, to fund books and learning materials
- We provide Urology outreach clinics at The Forbury Clinic, Kendrick Road, Reading.
- Past patients are involved in our 'Patient Led Assessment of the Care Environment 'PLACE' Audit, for which we received favorable outcomes and excellent feedback from both patient and staff assessors.
- We have 120 Consultants with Practising Privileges
- We have 24hour Resident Medical Officer cover, provided on a corporate contract by RMO International
- We employ 158 Staff, which equates to 111 contracted and 47 bank staff.
- Our staff mix as of April 2023:

	Number	WTE
Trained Nurses	25	21
Operating Department Practitioners	10	9.6
Healthcare Assistants	7	5.26
Administrators	23	20.05
Support Services	17	12.81
Radiographers	5	4
Physiotherapists	4	3.21

Part 2

2.1 Quality priorities for 2023/24

Plan for 2024/25

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 2023/24 (looking back)

Patient Safety Incident Response Framework

The Berkshire Independent Hospital is very proud to be the creators of the Berkshire, Oxfordshire and Buckinghamshire Shared Learning Network (BOBSLN). Originally created in 2022 (originally named the Berkshire Serious Incident Network), the network set out to promote a joined up approach to incidents, patient safety events, lessons learnt etc. across the local area. Prior to the network being created, there was no particular forum that focussed on the sharing of information across providers to improve patient safety and this is why the network was created. At first, the network was small, focussing on the 3 neighbouring hospitals within the Reading area. As a result, membership to the network diminished and unfortunately, attendance fell away. Therefore, in June 2024, the network was re-launched, this time reaching far across the BOB network and also including the ICB who are an excellent asset, promoting the creation of new relationships and knowledge sharing. This is why the BOBSLN has been included in the 2024 priorities as the re-launch will bring with it new opportunities to grow and with this will come quality, for both staff, patients and stakeholders which we look forward to sharing in the next Quality Account.

Implementation and Embedding of RADAR Healthcare

RADAR has been an integral part of The Berkshire Independent Hospital's incident reporting since the latter half of 2023. The move from Riskman was a corporate decision as it offered an all in one incident, risk and compliance system. Whilst a change from any system can be a challenge, the move to RADAR has been relatively straightforward. The Berkshire Independent Hospital has always, and will always promote an open culture for reporting incidents- importantly including near miss incidents- into our way of learning. Promotion of recording when things do not go according to plan is recognised throughout the teams as an important part of our care delivery and RADAR is the platform used to do this. Review of incidents on a daily basis by the Senior Leadership Team and feedback at Monthly Clinical Governance meetings by the Head of Clinical Services, means that incidents and the corresponding changes in practice are shared throughout the hospital. The Head of Clinical Services also incorporates these incidences onto a monthly dashboard shared through all teams, to ensure the key messages reach all staff. It is clear from the numbers of reports entered per month that the culture of reporting has not diminished during the changeover from Riskman to Radar and this is really positive. Incidents are fed back verbally in the morning hospital safety huddle, attended by all Leads and Heads of Department and these are shared further still via email thereafter to the entire hospital email distribution list on a daily basis.

Professional Nurse Advocate (PNA)

One of the priorities for 2023 was to ensure the implementation of the Professional Nurse Advocate (PNA) at The Berkshire Independent Hospital. Whilst every effort has been made to access the training for a PNA local to the hospital, there were no courses available to access. This is still very much a priority moving into the latter half of 2024 and this is why the Head of Clinical Services has requested NHS England put The Berkshire Independent Hospital on the mailing list as soon as local training is made available. The hospital continues to be on this waiting list and the selected candidate will access the training as soon as this happens. In the meantime, promotion of the aims of the PNA are still being met in other ways- such a clinical supervision from external sources (such as safeguarding), performance reviews to ensure staff are getting the opportunities to develop in areas of interest to them and improvement of patient outcomes as a result of this.

Cemplicity

Cemplicity was a priority in the 2022/2023 Quality Account and whilst the patient feedback has dropped very marginally in the last year, our patient numbers have grown significantly so overall, this is a positive result. Promotion of patient feedback at the point of pre-assessment and throughout the patient journey has been key to ensuring a good response rate and the use of tablets for patients to easily and quickly complete PROMS questionnaires has also resulted in greater engagement. Moving forwards, access to Cemplicity dashboards will even further enhance our ability to dissect and analyse our patient's feedback which is why Cemplicity has been carried forward once again through to the next year. One of the most important metrics we use to understand if we are improving, is the net promoter score. This indicates whether patients would recommend us to their friends and family. Our 2022- 2023 net promoter score was 83. 2023- 2024 net promoter score will be discussed in the 'looking forward' section of the clinical priorities.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety

Berkshire, Oxfordshire and Buckinghamshire Shared Learning Network

Introduction:

One of the most exciting new initiatives to be launched from The Berkshire Independent Hospital is the Shared Learning Network. As mentioned above, the original format of the network in 2022 did not reach a far enough audience and thus, attendance diminished. The re-launch of the network has seen a really strong response and attendance at our first meeting was excellent- from a variation of other Independent Providers and also the BOB ICB. At this meeting, we agreed Terms of Reference, Agenda, etiquette and rules and shared some learning from recent events. Minutes were logged and actions formulated. These will all be shared with all members of the network and we have agreed to meet every other month- with a view to increase or decrease as the network members feel necessary

Why was it Chosen?

The sharing of knowledge, local intelligence and improvement initiatives can only be viewed as a positive step to improving quality and safety. The growth of the BOBSLN is an absolute priority for The Berkshire Independent Hospital over the coming months and it is therefore listed as a clinical priority.

What's the Aim?

The aim of the network is to have engagement from at least 75% of the invitees at each meeting. This will create a forum where providers from different specialities and backgrounds will share knowledge and over time this will grow exponentially, incorporating other teams to also join. For example, IPC, transfusion etc.

Chairing of each meeting will be rotated through attendees to ensure a fair and broad approach and topics can be suggested in advance of the meeting if there are pertinent things to be discussed.

How will outcomes be shared?

Outcomes of these meetings (only where appropriate) will be shared locally within each attendees' facility to further ensure shared learning. For example, a new process implemented at one site as a result of a patient harm incident will be shared across all relevant sites to enable a standardised practice throughout and a reduction in a similar incident happening in another facility.

Minutes will be shared with all network members after every meeting.

Clinical Effectiveness:

Clinical Audit:

Introduction:

Clinical audit is undertaken on a monthly basis at The Berkshire Independent Hospital. Utilising the clinical audit calendar, each department is assigned a number of audits for completion by team members. The results and associated actions of these audits are then reviewed and discussed at monthly Clinical Governance Meetings.

Why it was chosen?

Clinical audit has been chosen as a priority for the coming year as the importance of audit can never be underestimated. Not only the importance of doing the audit but how we manipulate the results and use them to improve practice is paramount. In keeping clinical audit a priority, teams across The Berkshire Independent Hospital will be highly aware of its importance and will maintain its position as a priority across the year. Great improvements have been seen in the last 7 months with audit compliance which has improved significantly. The focus now is to ensure that robust and achievable action plans continue to be formulated by the teams to guarantee actions are complete and improvements in quality and safety are evident.

How will we achieve it?

Compliance to audit completion is already improving but this will need to continue. Compliance will be reported every week by the Head of Clinical Services to all teams at the morning huddle. Greater, in-depth analysis of the results will take place at monthly clinical governance meetings and review of the action plans will also take place. This will promote accountability to each department for their actions and assure ownership. Where possible, the Head of Clinical Services will endeavour to undertake spot audits to assure herself of the quality of results and identify any areas for improvement that have otherwise been missed. Audit leads in each department will join a weekly audit meeting with the Head of Clinical Services to discuss the audits to be undertaken, those which are complete, and review of the action plans. This will ensure consistent focus and timescales to work to. The action plans will be used as a rolling document and RAG ratings will allow an easy view of actions complete and actions outstanding. Updates on audit will be shared monthly via Clinical Governance and Head of Department meetings which are held monthly.

Patient engagement Group

Introduction:

A patient engagement group is an excellent way to get real time, face to face engagement from patients who are happy and keen to share their feedback and experiences of their journey through the hospital. A cross section of outpatients, inpatients and day patients are included in the group to ensure a range of views and a variation of services accessed. This group was formulated in previous years but Covid-19 meant that the group could not meet face to face. Since then, progress in getting the group re-launched has been slow. Therefore, this will be a clinical priority for 2024/2025.

Why was it chosen?

Patient engagement forums are one of the most effective ways to gain feedback. In line with the PSIRF framework, involvement of patients is paramount and this should be extended to forums such as this, which results in an improvement of service quality to our patients.

How will we achieve it?

A group of staff members at The Berkshire Independent Hospital have already been chosen (through self-nomination) to lead the group. These staff members include a Private Patient Lead, an administrator and a catering assistant. The next meeting has been agreed for July 2024 and a specific date will be set once patients have been selected. There will be a cross section of patients invited to be part of the group. In particular patients who have previously submitted feedback relating to a less favourable experience. For example, a recent outpatient with sight difficulties who had some additional feedback with regards to ways in which we could improve our facilities for those with sight impairments.

What's the aim?

The aim of the patient engagement forum will be to offer patients a chance to give honest open feedback with regards to their experience. From this we will make adjustments to the services we provide to ensure they meet the needs of our patient and also are of the highest standard possible.

How will we achieve this?

We will achieve this by supporting a team of hospital staff to lead the group and holding forums every 6 months.

How will the outcomes be shared?

Outcomes from the forums will be shared with the patients involved. For example, where the group may have given feedback resulting in an improvement being made to a hospital process, the improvement will be shared and participants invited back to the hospital to see these changes in practice. The outcomes will also be shared with the rest of the hospital teams via our local committees and meetings. Such as Head of Department meetings, staff engagement forums, newsletters etc. Significant changes will also be shared via the shared learning network to enable other sites to learn from the feedback we receive.

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 2023/24 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.

Gynaecology

Orthopaedics - Knee and Hip

Podiatric Surgery

Hand and Wrist - Carpal Tunnel Syndrome

Cataracts

Colorectal Surgery

DEXA Bone Density Scan

Foot and Ankle Surgery

Shoulder and Elbow Surgery

Hernia Surgery

Upper GI

Endoscopy

MSK Physiotherapy

Gall stone, Gall Bladder and Cholecystectomy

Spinal Surgery

Neck and Back Pain

Urology

Bariatrics

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 in 1 April 2023 to 31st March 2024 represents 51% of the total income generated from the provision of NHS services by The Berkshire Independent Hospital for 1 April 2023 to 31st March 2024

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 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue = 36%

HCA Hours as % of Total Nursing = 18%

Agency Cost as % of Total Staff Cost = 16%

Ward Hours PPD = 6.1

% Staff Turnover = 10.8%

% Sickness = 3.2%

% Lost Time = 8%

Appraisal % = 65.42%

Mandatory Training % = 92.7%

Staff Satisfaction Score = 82 respondents (73%)

Number of Significant Staff Injuries = 0

Patient

Formal Complaints per 1000 Admissions = 2

Patient Satisfaction Score = 96.5%

Significant Clinical Events per 1000 Admissions = 67

Readmission per 1000 Admissions = 1.5

Quality

Workplace Health & Safety Score = 95.3%

Infection Control Audit Score = 93.4%

Consultant Satisfaction Score = Calculated as a cluster due to response rates:

Consultant 'Pulse' Survey 2023



2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by The Berkshire Independent Hospital in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was zero.

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

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

2.2.5 Statements from the Care Quality Commission (CQC)

The Berkshire Independent Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2024 is registered without conditions. The Berkshire Independent Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Data Quality

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

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

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.

NHS Number and General Medical Practice Code Validity

The Berkshire independent Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.72% for admitted patient care;
- 99.88 for outpatient care; and
- NA 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 2023/2024 submission is due by 30th June 2024. 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 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Berkshire Independent	Completed Oct 2023	92%	73%	100%	100%

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

2.2.7 Stakeholders views on 2023/24 Quality Account

NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has reviewed the Berkshire Independent Hospital (BIH) Quality Account 2023/24, and we believe that it is accurate and meets the requirements of a Quality Account. The account provides a clear picture of the quality of care provided by BIH as well as of the ways in which the organisation seeks to understand the quality of care it provides.

There were four clear priority actions which make up the 2023/24 organisation's quality priorities. The account describes the statement of intent and ambition. The ICB would have welcomed the inclusion of clear improvement key performance measurables for the following year.

The Patient Safety Incident Response Framework (PSIRF) is a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The new framework shifts the focus from looking at harm to understanding where there is potential for learning. The new approach puts patients at the centre and allows the organisation to focus on the areas where improvement is needed. BIH has embraced this change and recognises the approach is evolutionary throughout the organisation, with the formation of a shared learning network across the geography. The ICB commends the continuation of this priority.

BOB ICB recognises the importance of the open culture and the promotion of recording when things do not go according to plan, the ICB is encouraged that this is being recognised throughout the teams as an important part of the care delivery and RADAR is described as the platform used to do this.

Reducing health inequalities is national priority and a key focus for the BOB system. We welcome the focus of BIH in 2024/25 to focus on patient engagement and would welcome an inequalities aspect to this focus; we look forward to seeing the results of work in this area. The ICB would also like to see a clear alignment between the organisation's quality priorities and the overall Integrated Care System goals as set out in the Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan.

The National Quality Board now includes the additional dimensions of sustainability and leadership to its definition of quality in addition to the established areas of safety, effectiveness, and experience. We would encourage the consideration of these additional dimensions in the organisation's quality priorities.

Throughout the Quality Account, the organisation has referred to improvements that have been made within various service lines and the commitment to specific actions detailed within. The ICB would further welcome the linkage between patient feedback and quality improvement initiatives.

The Thirlwall Inquiry has been set up to investigate the events at the Countess of Chester hospital following the conviction of Lucy Letby. BIH has detailed that the annual staff survey results demonstrate that the workforce is highly engaged and motivated. The ICB would welcome the inclusion of reference to the open culture of speaking up, in line with Freedom to Speak Up guidance, and detail of the staff survey triangulated with feedback.

The health landscape continues to be an extremely difficult one. Service delivery and finances have been considered in this account and the organisations efforts to mitigate the impact of these challenges is to be commended. High levels of demand, challenges with staffing and constrained resources have increased the need for system working and integration is greater than ever.



Rachael Corser
Chief Nursing Officer

Part 3: Review of quality performance 2023/24

Statements of quality delivery

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

Review of quality performance 1st April 2023 - 31st March 2024

Introduction

Ramsay Clinical Governance Framework 2023/24

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.

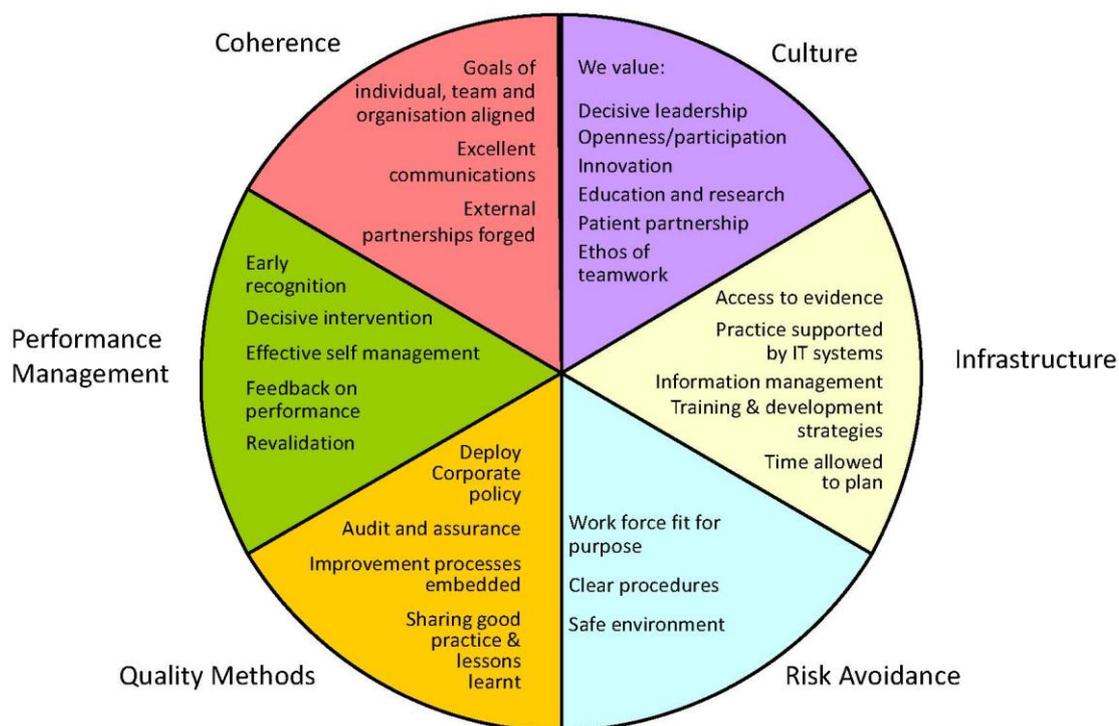
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC02	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC02	0.0000
Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC02	0.0000	

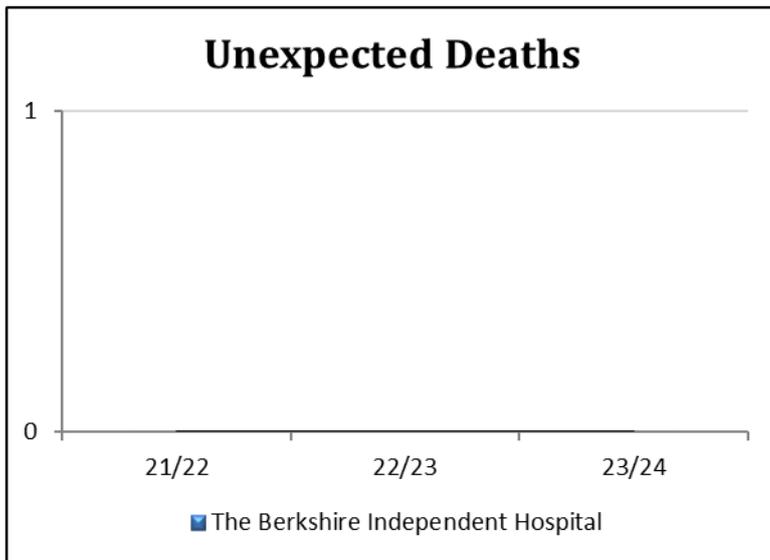
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The hospital provides services for elective care whereby all patients have a form of pre-operative assessment prior to admission
- The hospital has acceptance criteria the objective of which is to maintain patient safety

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

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

Rate per 100 discharges:



National PROMS

PROMS: Hips	Period	Best		Worst		Average	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474

Period	Berkshire	
Apr19 - Mar 20	NVC02	24.212
Apr20 - Mar 21	NVC02	*
Apr21 - Mar 22	NVC02	*

PROMS: Knees	Period	Best		Worst		Average	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247

Period	Berkshire	
Apr20 - Mar 21	NVC02	16.339
Apr19 - Mar 20	NVC02	*
Apr20 - Mar 21	NVC02	*

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

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

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

- Continuing to embed the use of tablets during the pre-operative assessment appointment to support the patient to complete their questionnaire

- Sending a PROMS patient information leaflet with the pre-operative assessment appointment to advise the patient about PROMS prior to attending the appointment
- Providing further training to the Pre-operative assessment team relating to PROMS
- Continue to focus on PROMS results in local Clinical Governance committee meetings

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Berkshire	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC02	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC02	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC02	0.00

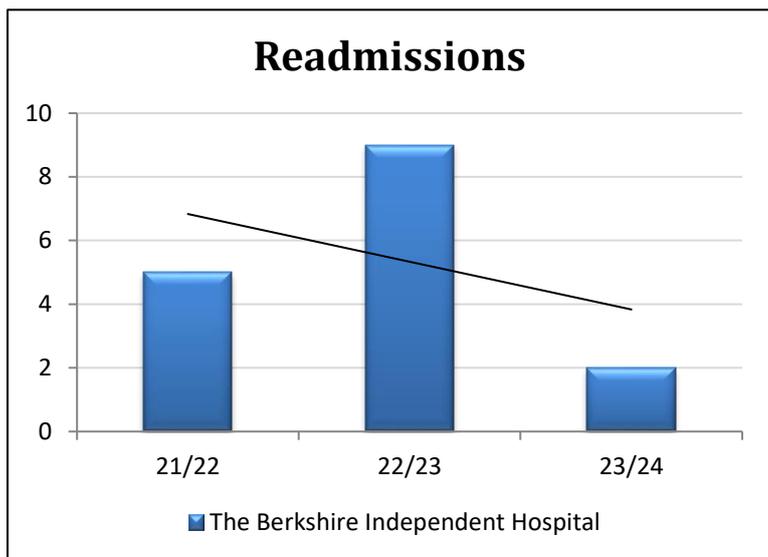
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

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

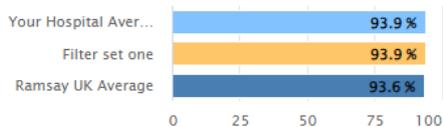
The Berkshire Independent Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

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

Rate per 100 discharges:



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



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Berkshire		
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC02	98.0%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC02	99.1%

Due to Covid this submission was paused. There is no data published after Q3 19/20. In spite of this, local VTE audits reveal improvement in compliance required with assessing risk on 24 hours after admission and when patient conditions change. A local action has been put in place whereby night staff re-assess all inpatients to ensure an assessment has been done within the last 24 hours of each day they are an inpatient. This was based on reviewing a patient's stay revealed the risk assessment had not been completed since the day of admission. This new process has seen a marked improvement in recent months. Audit results are shared with Consultant colleagues at Medical Advisory Committees and with the local Clinical Governance Committees held monthly.

C difficile infection

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

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

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

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

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

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Berkshire	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC02	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC02	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC02	0.00

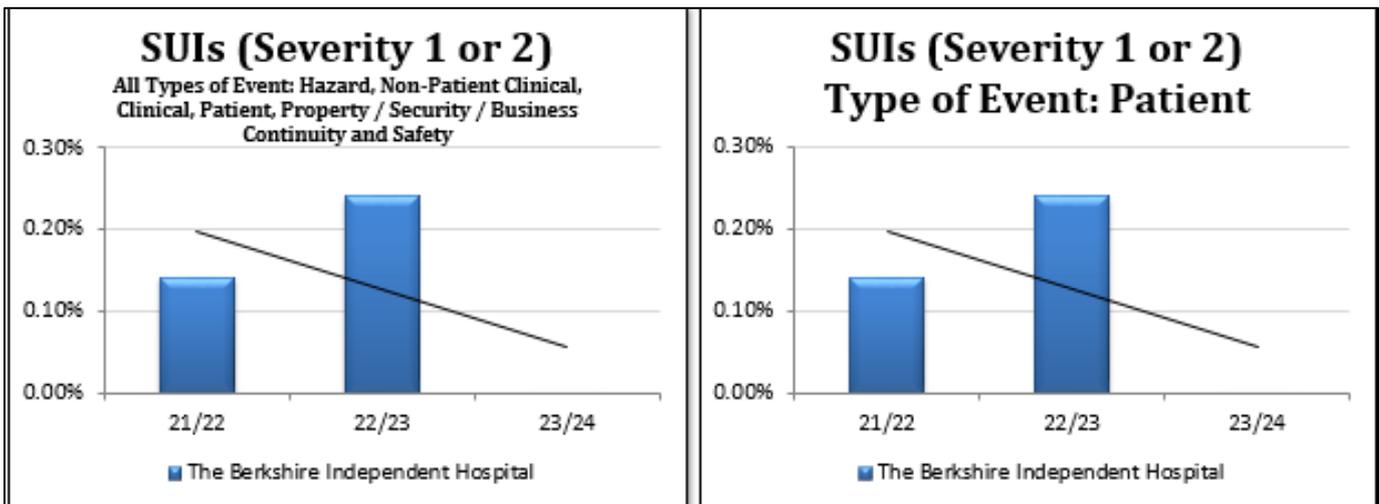
The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The hospital risk assesses all patients and provides them with an appropriate environment which enables risks to be reduced
- The hospital conducts Multidisciplinary Meetings (with the consultant, anaesthetist, head of clinical services, pre-operative assessment nurse, ward manager, theatre manager and physiotherapy manager as the core members of the committee) to review all complex cases prior to scheduling procedures to optimise the patient care pathway and maintain patient safety
- The hospital has a robust escalation process for the deteriorating patient raising concerns to the consultant, clinical on call and senior leadership team member on call.
- We have a rolling training programme in place relating to the reporting of incidents on the Ramsay Risk Management System 'Riskman'
- We review all reported incidents at Clinical Heads of Department meetings monthly and Clinical Governance Committee quarterly
- We have embedded 'Speaking up for Safety' into our culture
- We have a rolling training programme in place relating to Sepsis
- We hold weekly incident review meetings that enable team leaders to explain the outcomes and lessons learnt from their departmental incidences and encourages timely sign off, for fully investigated events.
- The Hospital Director, Head of Clinical Services and Human Resources Co-ordinator deliver presentations at the monthly head of department meeting detailing audit results, lessons learnt, training figures, the hospital top 3 risks etc. for sharing with teams at departmental meetings.

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

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

Rate per 100 discharges:



Ramsay moved over from Riskman to Radar in late 2023.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Berkshire	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC02	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC02	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	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.

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 below.

3.2.1 Infection prevention and control

The Berkshire Independent Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia or C. Diff in the past 4 years.

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

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

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

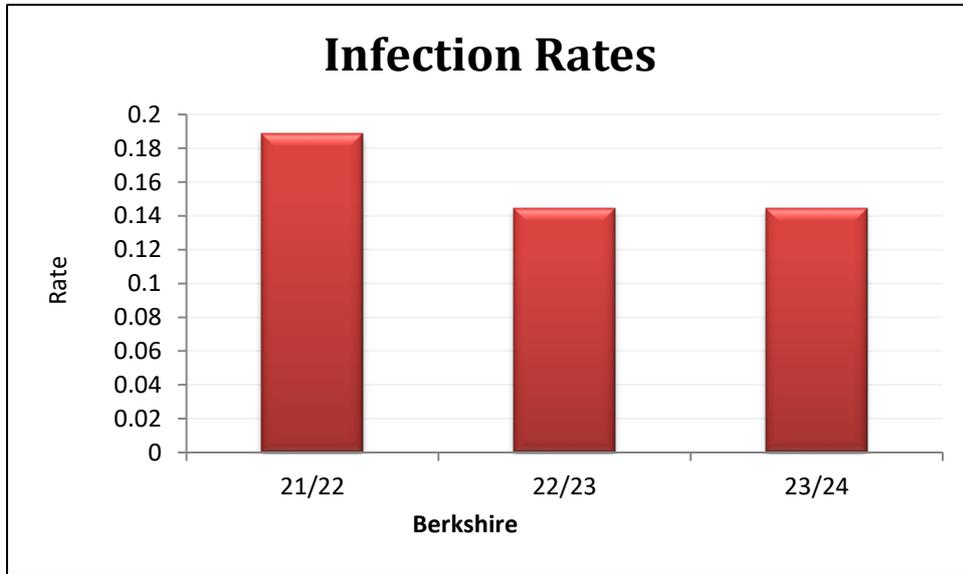
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

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

- Our Infection Prevention Control Link Nurse (IPCLN) is our Head of Department for outpatients.
- The Infection Prevention Control Link Nurse coordinates audits relating to Infection Prevention Control throughout the hospital.
- The Infection Prevention Control Link Nurse performs mandatory IPC Training for all staff in the hospital.
- Infection Prevention Control (IPC) Training is offered to external medical secretaries and the Berkshire Partnership of Anaesthesia administrative staff who attend the hospital.
- Clinical staff also undertake further training and assessment of competencies in Aseptic No Touch Techniques (ANTT).
- All staff receive education and training in Infection and Prevention Control and Hand Washing.
- Monthly Infection Prevention Control audits are performed.
- Annual skin surveillance assessments are completed for all relevant staff.
- Annual Hand washing assessments are completed for all relevant staff.
- The cleanliness of the hospital is audited regularly as part of the Ramsay corporate clinical audit programme as well as regular monitoring by The Head of Clinical Services (Matron) and the Operations Manager.

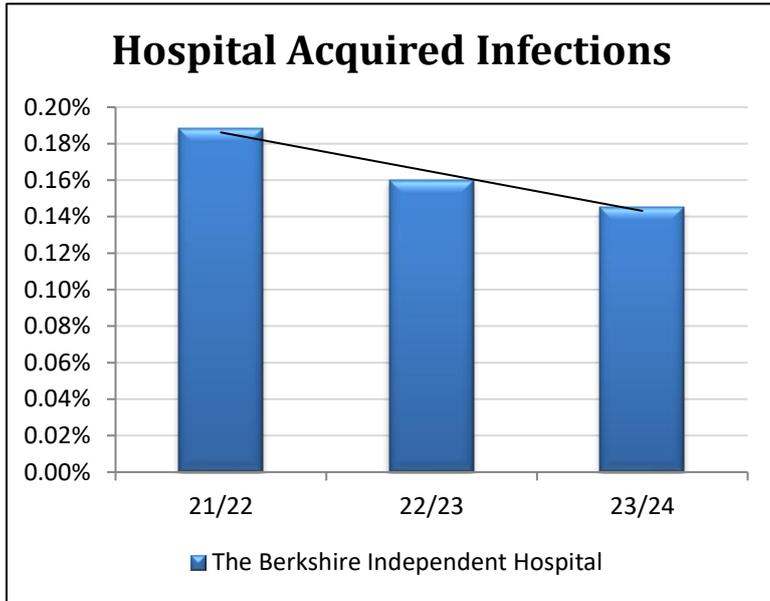
- There is a focus on wearing the correct uniform and personal protective equipment.
- There is a focus on Bare below the Elbows and there are posters displaying this strategy featuring members of The Berkshire Independent Hospital's staff.
- We have introduced individual hand hygiene wipes which are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



As can be seen in the above graph our infection control rate has remained the same over the last year at 0.14.

It is the aim of The Berkshire Independent Hospital to achieve ANTT bronze status in 2024.

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.

CLEANLINESS	FOOD	PRIVACY DIGNITY WELLBEING	CONDITION APPERANCE MAINTENANCE	DEMENTIA	DISABILITY
98.85%	95.88%	97.78%	98.31%	94.25%	92.36%

A group of 3 assessors undertook the PLACE audit in November 2023. Overall, they were very happy with the areas they inspected. Feedback about the hospital, staff and food was very positive. They had some constructive feedback in relation to the parking at the hospital. Although parking is abundant at The Berkshire Independent Hospital, they found that specific patient parking is not well signposted and may cause confusion for first time visitors. There were also areas within the hospital which required some new paintwork to refresh marked walls etc. Ceiling tiles requiring changing due to being marked was also noted. All actions from the audit were placed onto a hospital action plan for resolution.

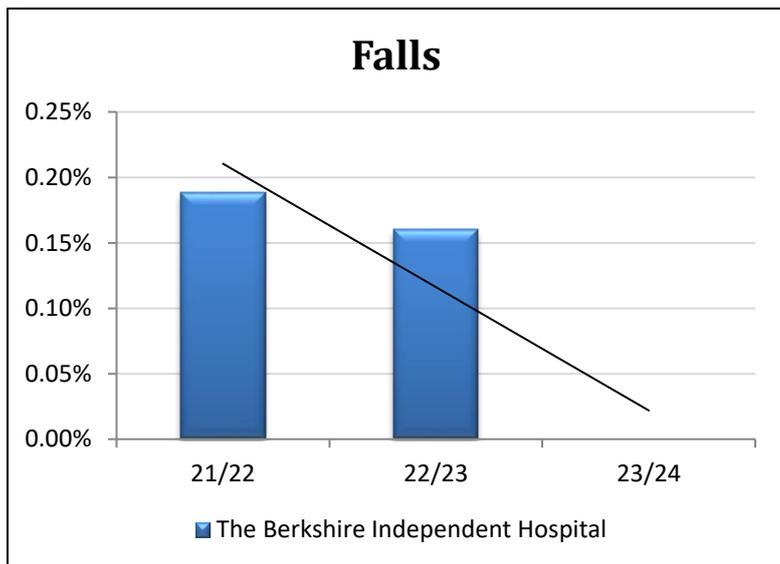
3.2.3 Safety in the workplace

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.

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

Rate per 100 discharges:

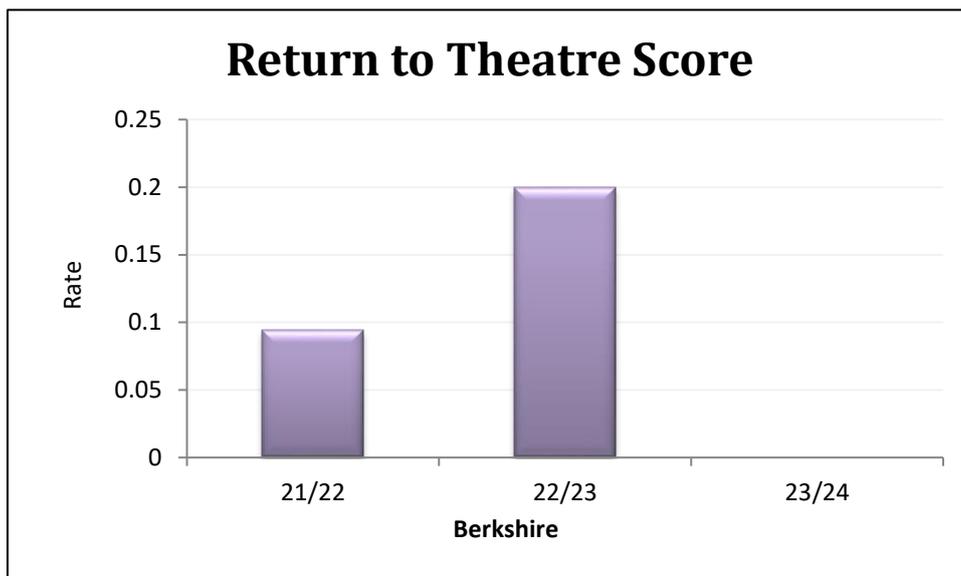


3.3 Clinical effectiveness

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

3.3.1 Return to theatre

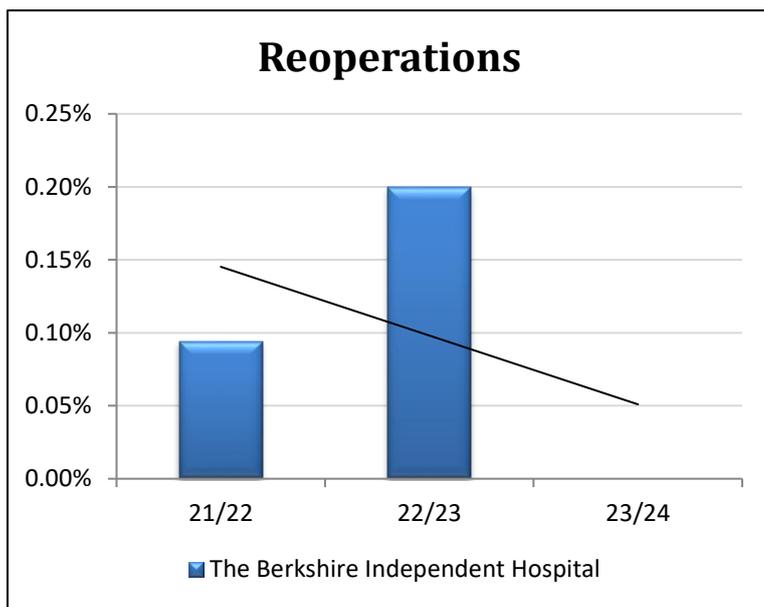
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



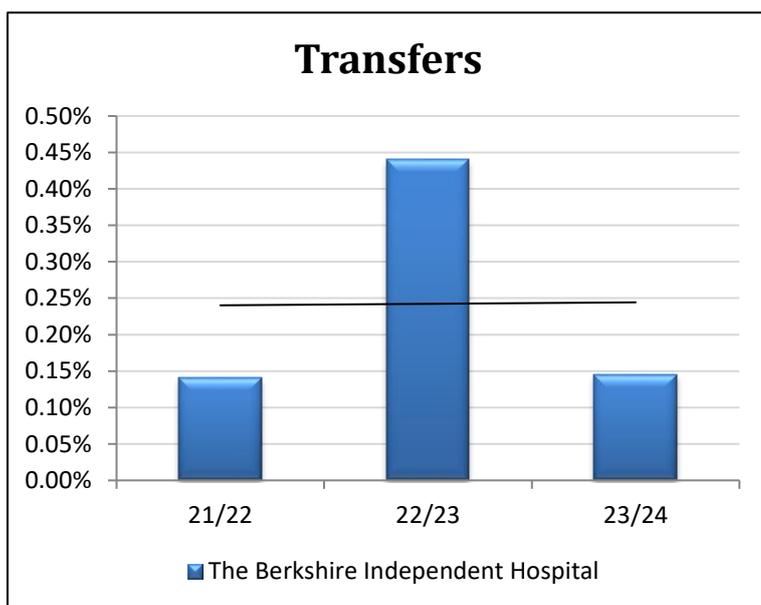
As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is zero. this is due to:

- 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:



3.3.2 Learning from Deaths

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

This was reinforced by the findings of the Care Quality Commission (CQC) report Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England. It found that learning from deaths was not being given sufficient priority in some organisations and consequently

valuable opportunities for improvements were being missed. The report also pointed out that there is more we can do to engage families and carers and to recognise their insights as a vital source of learning.

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

During the last 12month period there have been no deaths at The Berkshire Independent Hospital.

3.3.3 Staff Who Speak up

Ramsay Health Care UK is continuing with it's Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America

3.4 Patient experience

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

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

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



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

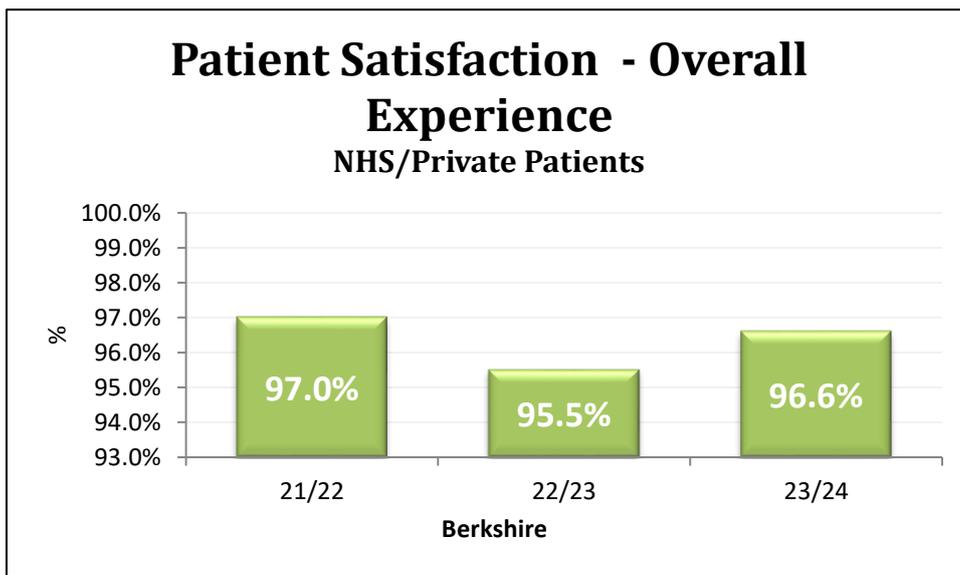
Feedback regarding the patient's experience is encouraged in various ways via:

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

3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average it is 96.6%. This is due to increased focus on patient feedback and promotion of completion of questionnaires. We also have higher patient numbers which has helped to increase our response 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"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilator support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Clinical Chemistry, Cytology and Histopathology, Diagnostic Radiology, GI Physiology, Haematology, Microbiology, MRI, Phlebotomy, Transfusion, Ultrasound, Urinary Screening and Specimen collection, Urological Screening	All adults 18 years and over.
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

[Appendix 2 – Clinical Audit Programme 2023/24](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an ‘app’ base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to “Tendable.” Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (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	

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

NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December May/June	End of December 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	

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	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 November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline 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
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC02	Code for The Berkshire Independent Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
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.

For further information please contact:

Hospital phone number

0118 902 8000

Hospital website

www.theberkshireindependenthospital.co.uk

Hospital address

The Berkshire Independent Hospital

Swallow's Croft, Wensley Road, Coley Park, Reading Berkshire RG1 6UZ