

Blakelands Hospital

Quality Account
2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Blakelands Hospital is part of the Ramsay Health Care Group

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

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

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

A handwritten signature in black ink that reads "Jo Dickson". The signature is written in a cursive style with a large, stylized 'J' and 'D'.

Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mr Wagner, Hospital Director

Blakelands Hospital

Blakelands Hospital located in Milton Keynes opened in 2006 and is a purpose built day-case unit that provides convenient, effective and high quality treatment for patients who are medically insured, self-paying and NHS funded.

As the Hospital Director of Blakelands Hospital of several years, I continue to be passionate about ensuring our teams deliver consistently high standards of care to all our patients in a safe and caring environment.

Our Vision is;

“As a committed team of professional individuals we aim to consistently deliver outstanding and holistic care for all our patients across a full range of care services. We are able to achieve this by continually updating key skills and knowledge, enabling us to deliver evidence based clinical practice throughout the hospital.”

We regularly communicate with our local Care Quality Commission inspector since their rating of Blakelands as a “good” hospital in 2017 and they are reassured by the hospital governance that is taking place.

Our Quality Account relates the details of the actions taken over the past year to ensure that our high standards in delivering patient care remain our focus. Listening to our stakeholders and responding to patient feedback, we have been able to identify areas of good practice, but also areas where we can improve on the care that our patients receive. This has enabled us to refine our processes to continuously make improvements to the service we offer our patients.

A robust training and education plan, involving both the administrative and clinical teams allows us to deliver safe and competent excellent patient care. We are delighted to announce we have again achieved JAG accreditation for our Endoscopy service in early 2023.

Reducing and managing the hospital risks is an important aspect of safe delivery of care. Our staff have been instrumental in shaping our approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events. We have strengthened the leadership in the hospital so that greater ownership of the day to day care delivery remains excellent.

Clinical Governance Committee and Medical Advisory Committee help to support the senior leadership team in monitoring the adherence to professional standards and legislative requirements. The committees’ review of the hospital’s clinical performance and activity on a quarterly basis ensures we are working together to support the local healthcare community through the continuance of the National Contract.

Together, the Committee Chairs, Head of Clinical Services and I have reviewed this document. We agree with the content of the report, including the accuracy of all data, and the actions detailed within the Quality Account.

*If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me via email at the following address [**Boris.Wagner@ramsayhealth.co.uk**](mailto:Boris.Wagner@ramsayhealth.co.uk)*

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Mr Wagner

Hospital Director

Blakelands Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Gina Taylor, Head of Clinical Services

Dr Cyril Marek, Medical Advisory Committee Chair

Bedfordshire, Luton & Milton Keynes Clinical Commissioning Group

Welcome to Blakelands Hospital

Blakelands Hospital located in Milton Keynes opened in 2006 as a purpose built Day care unit providing safe, high quality treatment for adult patients who are medically insured, self-paying and patients funded by the NHS via your General Practitioner (GP).

Equipped with an onsite Imaging Department offering X-Ray and Ultrasound with a dedicated Physiotherapy service supporting our wide ranging orthopaedic service, the hospital is perfectly designed for short stay ambulatory care reducing the risks associated with traditional inpatient care.

In addition MRI scanning is available from our 'sister' hospital Woodlands Hospital in Kettering for diagnostic purposes.

Blakelands has also been designed to provide outpatient facilities for the clinical assessment and treatment of adult patients and has two operating theatres for day case short stay surgical procedures, including orthopaedic surgery and gastroenterology services. A 'Direct access' Endoscopy service is available to GPs for rapid and comprehensive diagnostics.

Blakelands Hospital focuses on maintaining the highest standards of quality and safety; being an employer of choice and operating its business according to The Ramsay Way philosophy: "People Caring for People".

Our consultant led services are as follows:

Orthopaedic Surgery

Gastroenterology (including Endoscopy Direct Access)

General Surgery

Ophthalmology

Ultrasound

X-ray

Physiotherapy

To maintain community ties the teams at Blakelands has close links with Milton Keynes University Hospital colleagues that supports us with planned and unplanned blood transfusions as well as emergency transfers if patients need continuing care.

The care, comfort and convenience of our patients are the highest priority for our consultants, and nursing staff, who offer the highest standards of clinical and personal care.

A high percentage of our patients are referred from the NHS sector, patients choosing to use our facility through their local GP. Our GP Liaison Officer collaborates closely with the GP practices in the local community to ensure we keep abreast of what services are required.

Our diagnostic and surgical services help to ease the pressure on Milton Keynes General Hospital and other NHS facilities and we have worked closely with the Hospital Management Team and the Integrated Care Group, to ensure improved access for patients requiring day case surgery, diagnostics and physiotherapy.

As we have close links with GP surgeries, we provide information, training and liaison in order to monitor their needs and the requirement of the local population.

Figure 1. The total number of patients treated for the past year is detailed in the table below:

Patient Type	Patient No.	Activity %	Total Patients Treated 2022/23
NHS	3934	90.23%	4360
Private (Med Ins)	234	5.37%	
Private (Self Pay)	192	4.40%	

The number of NHS patient we have treated has remained fairly static (90.32% previous year). Insured patient rose by just over 1% which is significant given the low numbers and self-pay patients fell by about 1%.

Blakelands Hospital currently employ the following staff to complement their patient services and care delivery:

Role	No Staff
Employed Consultants	2
Senior Leadership (Hospital Director, Head of Clinical Services and Finance Manager)	3
Registered Nursing Staff	15
Operating Department Practitioners	4
Physiotherapists including Bank	2
Healthcare Assistants	9
Admin & Clerical Staff	7
Facilities & Sterile Services	7
Pharmacy Technician	1.
Shared Services with Woodlands Kettering (Pharmacy, HR and Administrative)	0

Blakelands Hospital participates in a number of networking meetings throughout locally which includes BLMK Safeguarding, BLMK Controlled Drugs Intelligence Network and East of England Controlled Drug Accountable Officer meetings.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, Blakelands Hospital develops an operational plan to set objectives for the year ahead so that the whole team understands what we are trying to achieve and aim for the highest standards.

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, effective 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 using our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospital's Senior Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for improvement

2.1.1 A review of clinical priorities 2022/23 (looking back)

The continuing impact of the Covid pandemic was still being felt during 2022, both from a patient perspective and the availability of staff. Accessing health care and clearing waiting lists became a priority to support the NHS.

The objectives set for that period were set out as follows:

Priority 1 'making patients our most important stakeholder' was achieved and continues to be an important item on the hospital's agenda. Seeking feedback from patients enables the senior team to review and reflect on the services we provide and take action where necessary, which we have completed.

Priority 2 Centred on people, community and the environment with a 'green' committee implemented. Led by our Health and Safety Officer and a selection of enthusiastic staff across the hospital with the aim of recycling, reducing waste, so that we could lessen the impact on the environment. We will continue to strive to lessen the negative impact on both people and the environment.

Priority 3 was the agenda of formally implementing clinical supervision (reflective practice) which has had some success but was not fully implemented. Informally supervision is enacted on a daily basis and forms both an individual and group reflection on decisions made and actions taken. Changes in key personal made it difficult to fully utilise this support network for staff however this important aid to staff performance will be continued into 2023/24.

Lastly **priority 4** centred on the actions required following the Paterson report and improved processes in our Consultants' scope of practice, inclusion and collaboration. We appointed a full time dedicated administrative member with full responsibility to ensure robust processes aligned with our partner organisations (NHS) and 'sister' hospitals within Ramsay Health Care in a culture of collaboration.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

1. The general population has suffered from the lock downs and prolonged pandemic effects and has left some people fragile, physically, emotionally and psychologically. For that reason we aim to implement staff safeguarding supervision sessions on a monthly basis, the first Monday in the month. This supervised session is available for all staff in which to participate and to reflect, seek advice or just improve their knowledge of adult safeguarding. The measure of success is that all safeguarding incidents are identified and managed in a timely, collaborative and individual basis.
2. Creating a safety culture is an ongoing process as a number of variables impacts of the Teams' acquired knowledge for example, changes in personnel, change in processes, people's behaviour and the mind set of completing the same tasks day in and day out. As a Team we all need to be alert to the potential risks to patients of hospital life and to prevent complacency. '**Speaking Up for Safety**' is an initiative to promote empowerment of staff to speak up in the moment when they see or feel safety concerns about individuals, tasks or processes and they take their professional accountability to action. This initiative is supported by a

corporate policy and human factors training which is consistent with our values, (The Ramsay Way). A renewed focus will aim to ensure a reduction in the volume of incidents.

Patient Experience

3. We gain insight into service delivery by asking our patients to tell us about their experiences in a number of different ways and then taking action to improve those services. The Friends and Family Test (would you recommend Blakelands to friends and family) has been in hospitals for a number of years. Over the pandemic period there was a reduction in patient's response rates in Blakelands and we would like to reverse that trend in 2023/24 to enable the unit to become more efficient and provide a better experience for patients as a result of their feedback. Currently running at 40% or lower our aspiration would be a NHS response rate of 70% by April 2024.

Clinical Effectiveness

4. Clinical Audit is a long standing tool to support high quality service delivery and the effectiveness of our services. Ramsay has introduced an audit Tendable which is a digital platform by which we can input audit data and complete actions required to improve all aspects of care delivery. The outcomes of the audits completed will provide invaluable information to drive a quality service in all aspects of care provision.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2022/23 Blakelands Hospital provided and/or subcontracted 6 NHS services.

Blakelands Hospital has reviewed all the data available to them on the quality of care in all 6 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 83.4 % of the total income generated from the provision of NHS services by Blakelands Hospital for 1 April 2022 to 31st March 2023

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost 34.06 % Net Revenue

HCA Hours as 27.65 % of Total Nursing

Agency Cost as 4.05 % of Total Staff Cost

Ward Hours PPD-N/A

Sickness 2.5%

Lost Time- 19.42%

Appraisal 76% due to new starters. Ramsay year starts July 2023 so all completed by June end.

Mandatory Training 97.0 %

Turnover 30%

Staff Satisfaction Score. 12 of the 15 questions asked of staff had a positive trend

Number of Significant Staff Injuries- none

Patient.

To maintain and improve upon quality, complaints and incidents themes and trends are reviewed and discussed with the Clinical Governance committee and the Medical Advisory committee. Trends and the outcome lessons of such feedback are also shared with staff within the hospital and a simple poster is a quick and practical way of sharing the learning, example below.



Formal Complaints

Figure 2: shows no Grade 1 serious complains in this period.



Rate Per 1000 admissions

Figure 3. Complaints of all severity.



A review of the complaints in this period against the activity volumes showed that the proportion of private patients' complaints was 1.6% (7) whilst NHS patients was 0.25% (10).

Across both groups' communication and information exchange was a feature trending as follows:

- Inconsistency of information provided by clinical staff/misinterpretation of information provided by staff and a lack of patients understanding of the information provided which staff failed to check.
- Patients delayed or failing to receive information relating to appointments and follow up care.
- Staff /Consultant attitude also featured as part of patient's complaints.
- Human error in booking processes.

There are a number of reasons behind the figures however meeting patients' expectations is a driver for improved services and in 2023/24 meeting those expectations will be a positive focus for the senior and clinical teams which has already commenced within the hospital in the form of continuous improvement.

Figure 4 Clinical Incidents reported.

Figure 4 demonstrates a trend in the reduction of overall incidents for the hospital. This is a result of reviews and action taken, empowering staff to make better decisions and a development of a safety culture.

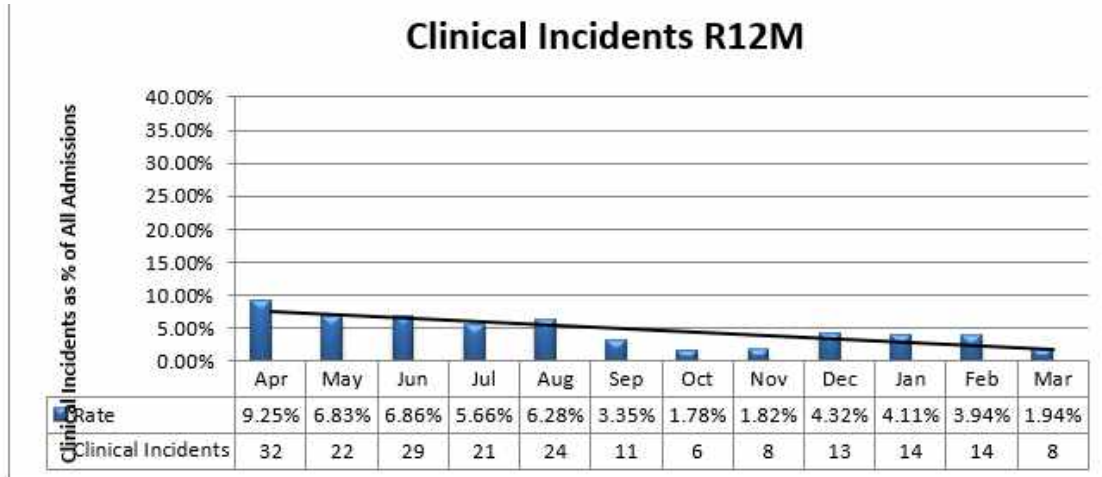
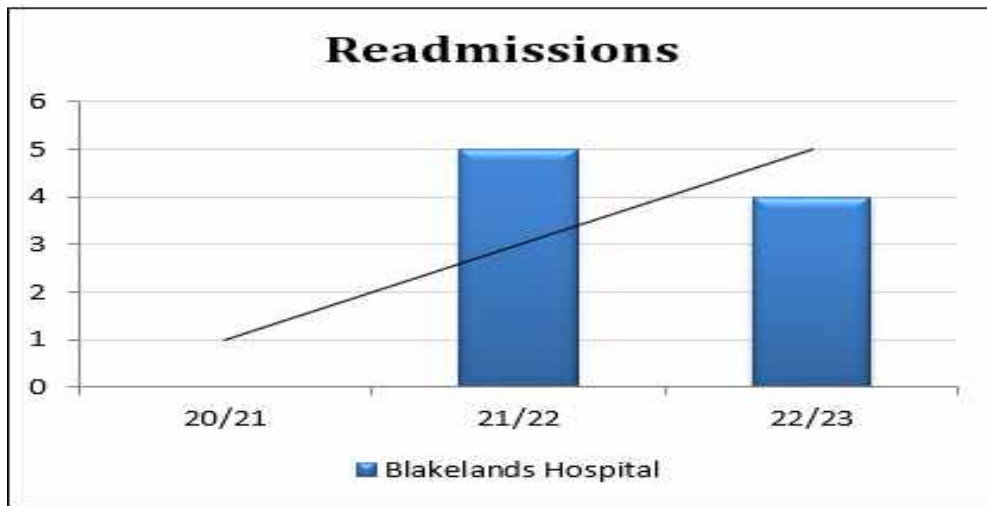


Figure 5: Readmission absolute numbers. (0.1%).

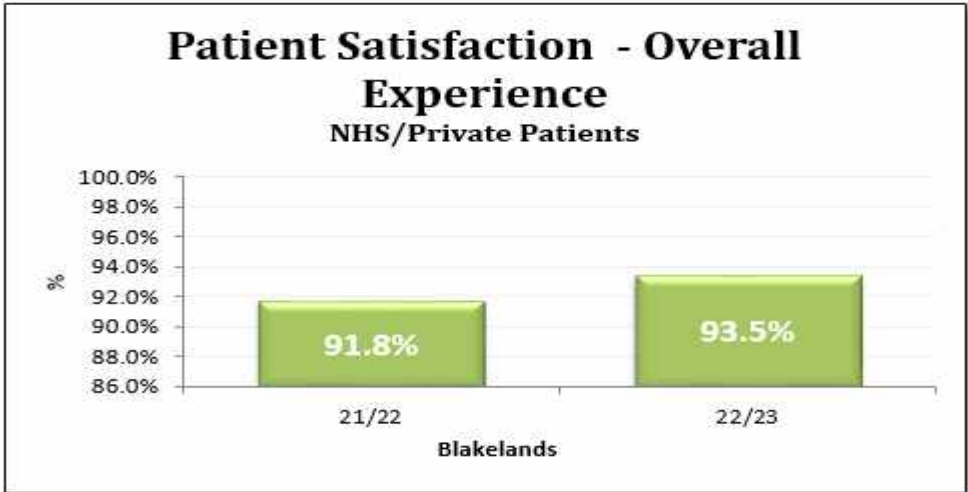


Despite Blakelands being an ambulatory day case hospital we track patients when they develop surgical complications and ensure we are aware of the outcomes of these complications. Because Blakelands closes at 20.00 hours patients' readmission is usually to Milton Keynes General hospital or Stoke Mandeville hospital. Readmissions can be a result of infection or in relation to

cataract surgery, ocular pressure developing. Both these conditions require immediate intervention and our colleagues in the NHS provide this urgent care out of hours.

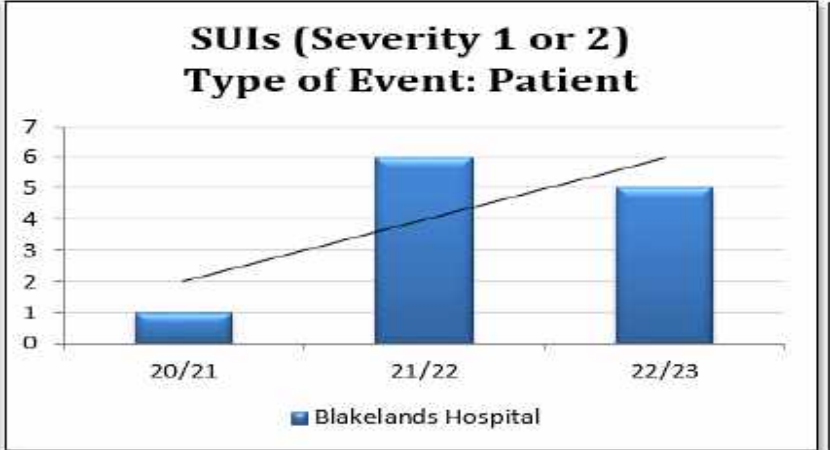
Patient Satisfaction Score

Figure 6. Satisfaction score



We are pleased to demonstrate an increase in patient satisfaction in this period. We do not take this statistic lightly and are striving to further increase patient satisfaction by enhancing the patient experience at every step of their journey with us. Communication was and is a key driver in patient experience and in 2023 this has become a focus for all staff. We are working hard to improve and increase the differentiation for private patients as they are less satisfied than NHS patients. We would hope to further increase in the next period.

Figure 7: Significant Clinical Events/Never Events per 1000 Admissions



We are pleased to show that there were no severity 1 (the most serious) incidents occurring in this period Blakelands however five category 2 incidents occurred. These incidents are usually associated with readmission and possible reoperation.

Three patients (April – June 2022) developed post- operative complications which required additional clinical intervention. Two of these patients were transferred to Milton Keynes General and they all recovered well with no lasting effects.

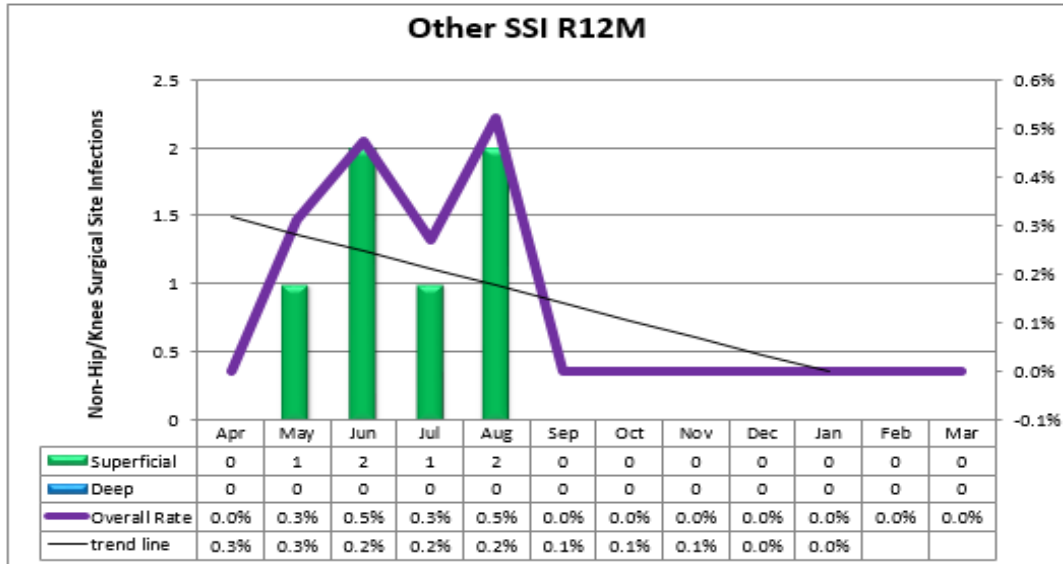
One patient developed an eye infection following cataract surgery. This incident was reported to the Care Quality Commission and a rigorous investigation completed and Duty of Candour observed, this means the patient was fully aware of the incident and the outcome of the investigation. The hospital team learned lessons as the patient had an indwelling urinary catheter which was the cause of the infection but the catheter went undetected by staff as the patient remains in their outdoor clothes within the hospital. If the staff had been aware a urine test may have highlighted an issue before the procedure was carried out. The patient recovered well.

In January 2023 a patient experienced an eye capsule perforation during a cataract procedure. This incident was reported to the Care Quality Commission and an investigation completed. Duty of Candour was observed. This incident occurred due to a needle becoming dislodged when the Surgeon was flushing the eye. Further surgery was required and completed at Milton Keynes General hospital and we are pleased to say that good progress is being made by the patient.

Quality

Infection Prevention and Control

Figure 8. Demonstrates a 12 month rolling data for hospital acquired infections.



A number of hand infections following surgery were reported last summer. These infections are called hospital acquired as the patient has had surgery within Blakelands. We are delighted to demonstrate that after a review of care delivery and remedial action and patient education no further infections have been reported in this time period.

Figure 9. Workplace Health & Safety Score

Date: 15/01/2023
 Site: Blakelands Hospital
 Auditor: Gordon West

The overall audit rating for this facility is:

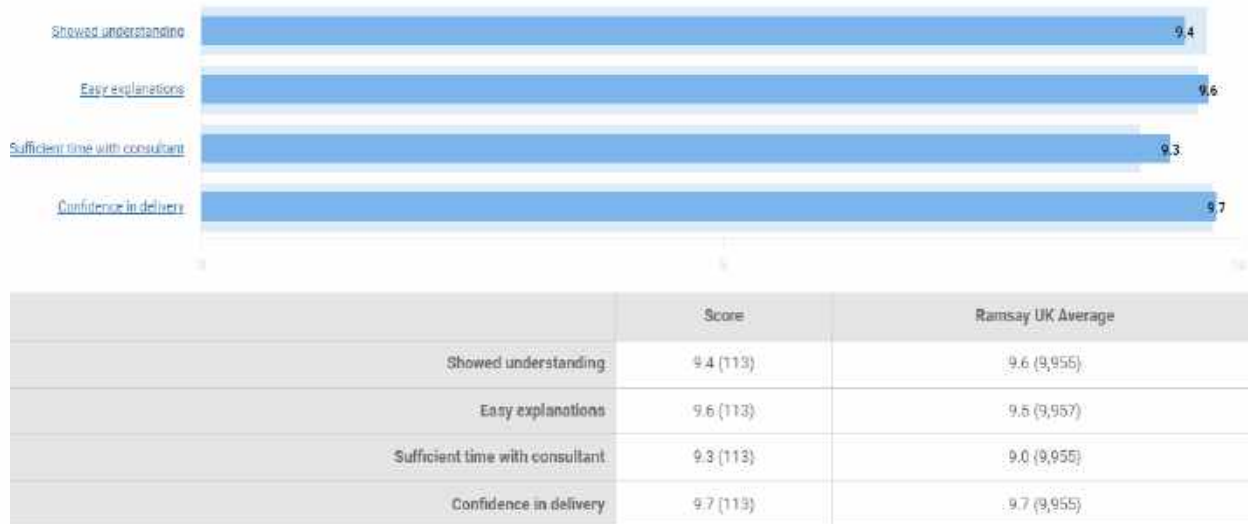
Inadequate	Requires Improvement	Good	Outstanding
			97.0%

Section	Max contribution to audit score	Achieved this audit
Health, Safety and Risk Management	25%	24.3%
Occupational Health	20%	19.0%
Workplace Hazards	15%	14.6%
Facility	16%	15.9%
Fire Safety	24%	23.2%

Section and audit ratings	
Outstanding	97% - 100%
Good	90% - 96%
Requires Improvement	85% - 89%
Inadequate	≤ 84%

Figure 9 demonstrates a committed focus on Health & Safety within the hospital.

Figure 10. Consultant Satisfaction Score.



The patients' satisfaction with Consultant care is strong and features well against the national average for Ramsay.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Blakelands Hospital participated in a number of National audits which we are eligible to participate in outlined below:

Project name (A-Z)	Provider Organisation
Elective Surgery (National PROMs Programme)	NHS Digital
National Ophthalmology Database Audit	The Royal College of Ophthalmologists
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England

The national clinical audits and national confidential enquiries that Blakelands Hospital participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Footnotes:

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

² Project participates in the Clinical Outcomes Publication (COP)

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

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

PROMs participation as follows;

- Increase participation of cataract patients
- Ensure all carpal tunnel patients are captured.

Local Audits

A yearly programme of clinical audits is implemented, see appendix 2. These reports of clinical audits from 1 April 2022 to 31 March 2023 were reviewed by the Clinical Governance Committee. Following the audits a number of key actions have been undertaken to improve the patient experience and make service improvements, an example of these are highlighted below:

- Clinical discharge staff must ensure that patients and particularly men have passed urine before discharge and are provided with advice should they develop difficulties at home.
- Patients communicating or presenting with symptoms following cataract /eye surgery must have clear and unambiguous instructions.
- Ensure differentiation is identified for private and self-pay patients (PP's).
- Release pre-assessment nursing hours from other tasks in the department to focus and prioritise pre-assessment completion
- Key Cupboard to be relocated to Theatre Office space with enhanced security.
- Review appropriate segregation of linen and waste.

Departmental audits are also discussed at departmental meetings and feedback is provided to staff. Audits requiring any improvement has an action plan attached.

2.2.3 Participation in Research

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

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

Blakelands Hospital's income from 1 April 2022 to 31st March 2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

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

Blakelands 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

Blakelands Hospital audits the following to improve data quality.

- Scanning accuracy into medical records
- Clinical coding surgical operation note compliance
- Comorbidity/complication checklist compliance
- Point of Care testing accuracy

Because of these audits, Blakelands Hospital has

- Streamlined scanning systems to ensure greater accuracy, and improved audit results.
- Fed back to individual consultants in regards to surgical operating note completion and
- Improved completion of comorbidity checklists
- Point of care auditing and system correction.

NHS Number and General Medical Practice Code Validity

Blakelands Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

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

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 99.5% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top>

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30.6.22 for 2021/2022. The status is 'Standards Met'.

Info available on the DSP website at:

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

Clinical coding error rate

Blakelands Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Blakelands	97.1%	92.9%	98.5%	99.3%

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels.*

2.2.7 Stakeholders views on 2022/23 Quality Account



Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB) to Blakelands Hospital Quality Account 2022–2023

The Bedfordshire, Luton & Milton Keynes Integrated Care Board-BLMK ICB acknowledges receipt of the 2022/2023 Quality Account from Blakelands Hospital. The Quality Account was shared with BLMK's Executive Directors, Contract, Performance & Quality Teams and systematically reviewed by key members of the ICB's Quality Committee & Performance as part of developing our assurance statement.

Blakelands Hospital is a privately owned hospital operating in the Milton Keynes area. It provides diagnostic and surgical services to help ease pressure on Milton Keynes Acute Trust and to ensure improved access for patients requiring day case surgery, diagnostics and physiotherapy.

The hospital demonstrates a good commitment to safety and quality through the implementation of a systematic governance model that focuses on risk management, audit and feedback.

BLMK ICB acknowledges and accepts the quality priorities for 2023-2024 set out in their 2022-2023 Quality Account namely the improvement in detecting and managing of Adult Safeguarding incidents, improving safety through the Ramsay speak-up for safety campaign, enhancing patient feedback rate and improving completing actions arising from clinical audits.

Although there is no mention of the new Patient Safety Incident Response Framework-PSIRF in the Quality Account document, BLMK ICB is aware that Blakelands hospital is fully prepared for the implementation of PSIRF and for that, receives regular updates through the Contracts and Quality meetings with the hospital.

Blakelands Hospital recorded a low rate of complaints that declined even further for NHS funded patients. Also recorded is a reduction of overall incidents and an improvement in patient satisfaction. The Hospital has a very low rate of hospital acquired infection and demonstrates a swift and effective response to any increase in infection rates or Infection Prevention & Control issues.

BLMK ICB commends Blakelands hospital for their focus on training and educational plans, the JAG reaccreditation of their Endoscopy services and the investment in electronic platforms that helps to audit services and facilitate the implementation of required actions.

As the Integrated Care system continues to adapt to meet the expectations and needs of the people of Bedfordshire, Luton and Milton Keynes, we look forward to further developing the relationship with Blakelands Hospital to better serve the local population.

Sarah Stanley
Chief Nurse/Executive Director Nursing & Quality
BLMK Integrated Care Board

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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

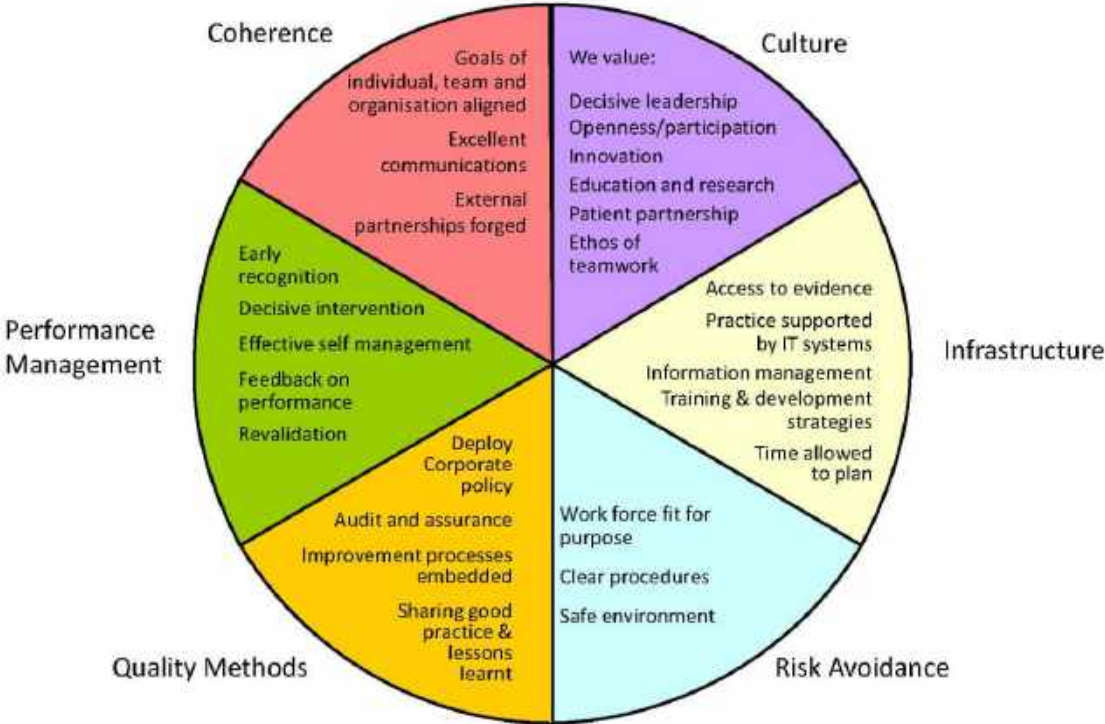
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

.Mortality

Mortality:	Period	Best		Worst		Average		Period	Blakelands	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC31	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC31	0.0000	

Blakelands Hospital mortality data is better than average, this is in part a reflection of the nature of surgery performed, which is planned elective surgery

day case surgery rather than urgent or complex care. Nevertheless an extremely robust pre-assessment process is in place where we assess and involve patients individually to identify the most appropriate anaesthetic and treatment to minimise risks.

Rate per 100 discharges:

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Blakelands	
		18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC31
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC31	0.00

Blakelands Hospital data demonstrates an exceptionally low readmission rate which reflects the excellent care delivered by the team.

Rate per 100 discharges:

PHIN (private patients) Experience score (suite of 7 questions giving overall Responsive to Personal Needs score):



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2022 - March 2023: All patients NHS and Private receive care and treatment of the highest clinical safety however an area of focus is to identify differentiation between private and NHS care provision.

VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period		Blakelands	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC31	90.1%		
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC31	98.1%		

Blakelands Hospital considers the real improvement this data demonstrates in assessing patients for this risk post -surgery. We will continue to provide individual risk assessment for our patients to ensure a further increase in the percentage assessed.

C difficile infection

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Blakelands	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC31	0.0		
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC31	0.0		

Blakelands Hospital considers that this data is as described for the following reasons: a robust patient screening process prior to admission and excellent infection control process.

Patient Safety Incidents with Harm

SUIs: Severity 1 only)	Period		Best		Worst		Average		Period		Blakelands	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC31	0.00		
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC31	0.00		

Blakelands Hospital considers that our safety culture is reflected in the data shown reflecting no severity 1 incidents.

Rate per 100 discharges:

Friends and Family Test

F&F Test:	Period		Best		Worst		Average		Period		Blakelands	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC31	100.0%		
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC31	100.0%		

Blakelands Hospital considers that this data is as described for the following reasons: a quality service delivered by staff to patients. The focus for 2023/24 is to improve the response rate provided by patients.

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

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

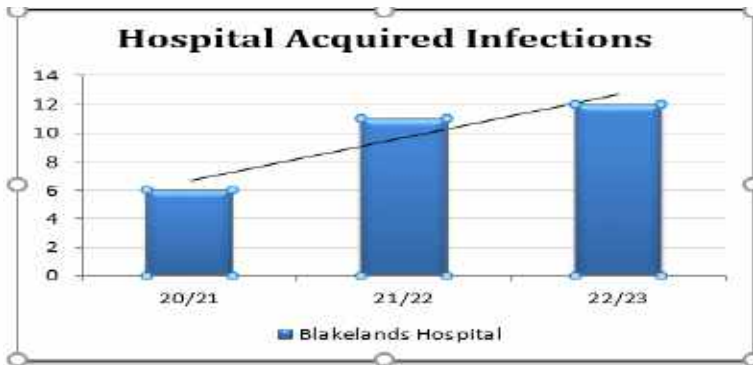
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

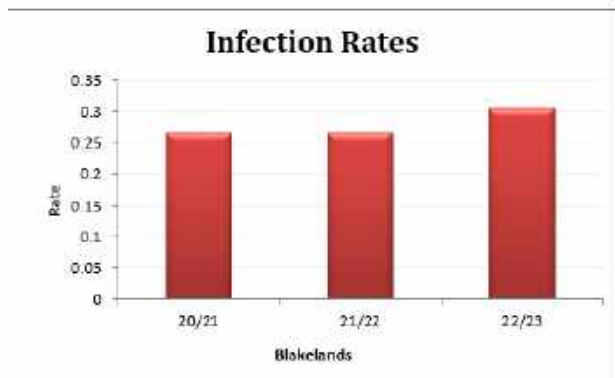
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored. Blakelands hospital does not undertake joint replacement surgery.

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.

Figure 11 and 11A: Infections actual and rate.





As can be seen in the above graph our infection control rate has slightly increase over the last year. To address this a review of the infections over this period was undertaken and a decision to appoint a new IP&C lead to the role was made. This staff member is undetrgoing specific training and competencies to ensure a robust foundation to the activity undertaken. Patient education is also an important aspect of aftercare and we have reviewed out leaflets to ensure patients are aware of whats expected. In addition our theatres were inspected for any minor faults and these corrected to ensure air flows were in keeping with national guidelines. I am pleased to report a significant reduction in infections with these actions in 2023.

Rate per 100 discharges:

3.2.2 Cleanliness and hospital hygiene

We take pride in our environment and recycle as far as we are able to do so safely. We hold a contract with CS Cleaning who has strengthened their support to Blakelands with the appointment of a compliance officer. Monthly audits take place with narrative and photographs to ensure appropriate communication. Excellent standards of cleanliness are maintained with a healthy and robust cleaning programme.

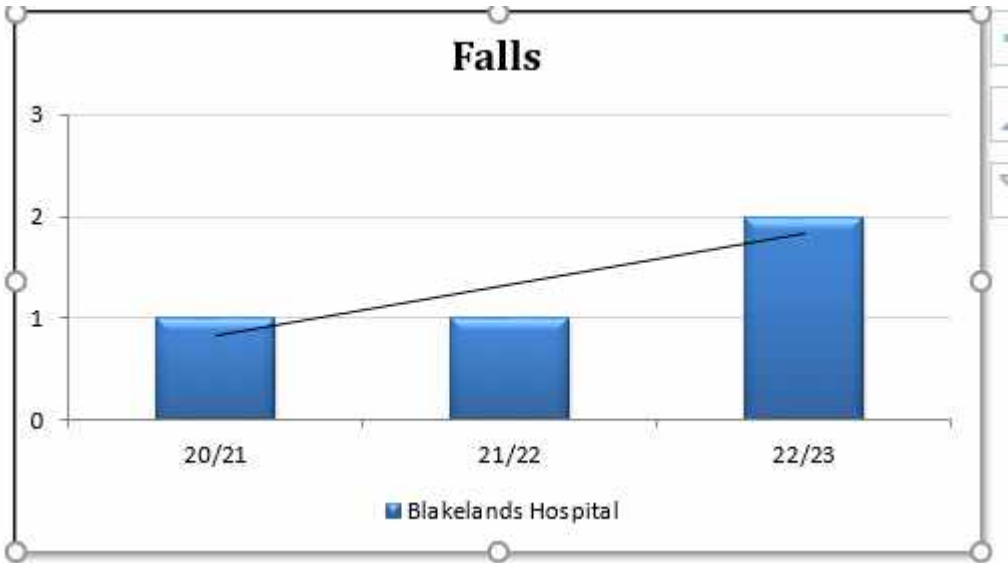
3.2.3 Safety in the workplace

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 personal and patient safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Effective and ongoing communication of key safety

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

We capture slips trips and falls to ensure we are constantly review the environment and the potential for accidents.

Figure 12: Falls



Rate per 100 discharges:

Figure 12 shows two falls in the year:

No 476168: Patient lowered himself to the floor because as he attempted to walk he realised the nerve block was still effective - No harm

No 390542: patient in waiting area wen to sit down and missed the chair- no harm.

3.3 Clinical effectiveness

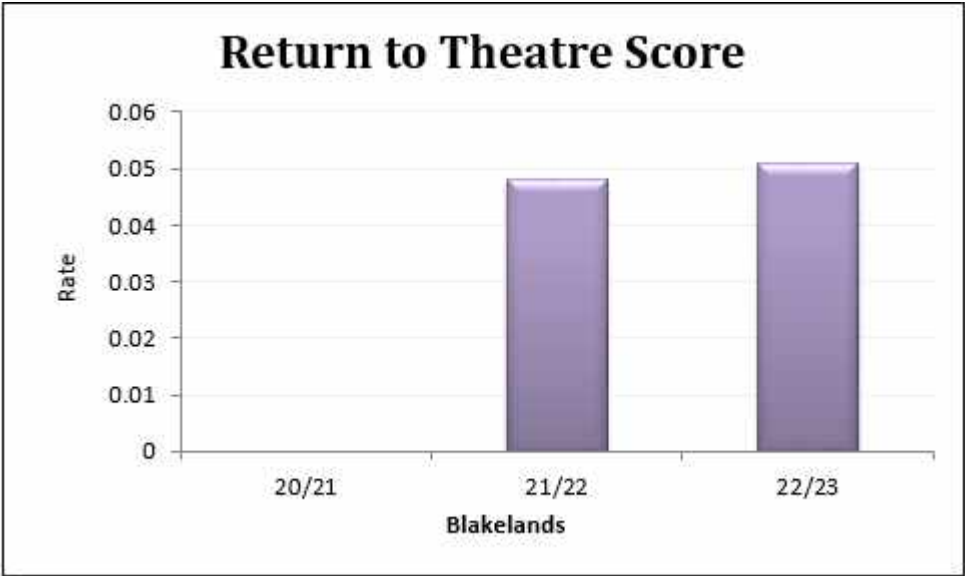
Blakelands Hospital has a Clinical Governance Committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trends that requires further analysis or investigation. More importantly, 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. In addition the hospital acquired a new Head of

Clinical Services in January 2023 who undertook reviews in all aspects of care provision and made recommendations as necessary. The outcome of these reviews have been positive changes to 'patient flow' and improved communication across the departments.

3.3.1 Return to theatre

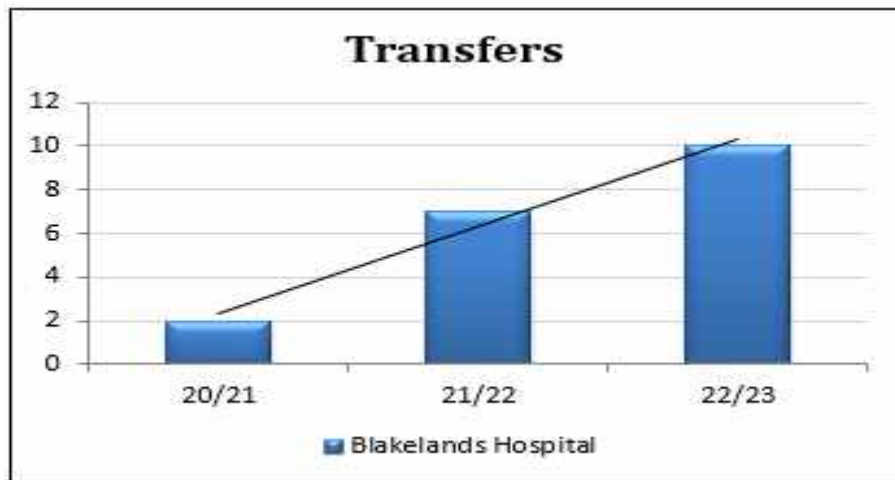
Ramsay generally is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical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

Figure 13. Returns to Theatre



As can be seen in Figure 11 there has been returns to theatre rate has increased slightly over the last year. Two patients No 361175 required a cataract lens implant a week after the initial cataract removal. No 395340 the patient required further surgery as a result of a serious incident perforation of the eye capsule.

Figure 14. Transfers out



Rate per 100 discharges:

2022/23 saw an increase in the volume of transfers out to the NHS. Due to the day case nature of the hospital, it is critical that should patients' conditions deteriorates a full range of clinical support is available and this is one of our partnerships with the NHS General Hospital.

A review of these cases showed the following:

No 370546 patient unwell on arrival to hospital and prior to any treatment – following examination the decision to transfer was made –chest infection noted, treated and recovered well.

No 354639 Patient experienced a complication of General anaesthetic – managed initially at Blakelands and stabilised. Transferred for further review. Patient recovered well and discharged home.

No 359019 Immediate heart complication. Patient stabilised and transferred for further review. Recovered well with no further treatment and discharged home.

No 367647 Patient developed irregular heart beat during and after procedure. Transferred for further review. Follow up with GP and cardiac tests. Patient recovered well.

No 397673 Patient experienced respiratory problems, treated and stabilised. Further review sought at Milton Keynes General. Patient discharged home with advice concerning life style changes.

No 349222. Patient became hypotension on receiving drugs for her procedure. Patient had recently come off medication from GP. Further review at MK General and patient discharge home with GP follow up.

No 364907. Direct access patient for cystoscopy. Patient rapidly deteriorated on admission and was transferred due to the possibility of developing sepsis. Remained in hospital 7 days but recovered well thereafter.

No 368450 patient developed retention of urine following a procedure and after discharge. Patient treated at MK General with good outcome.

No 362695. Patient developed symptoms 48 hours after discharge. Initially came to Blakelands however on examination the treatment required greater range so transferred to MK General. Sepsis diagnosed and treated successfully.

No390346 Post-operative cataract complication after discharge of increased ocular pressure. Reviewed at Blakelands and transferred and treated at MK General. Recovered well

Staff are trained to expect the unexpected and a review of these patients' transfers out and their management was reassuring in that each case. Staff identified patient problems quickly and each transfer was clinically appropriate. Care provision by Blakelands staff in the first instance was of an excellent standard. Due to the nature of the unit i.e. ambulatory care, transfer of patients will happen and it is how these are managed that is important.

3.3.2 Learning from Deaths

Ramsay shares information and investigations from hospital deaths regardless of the hospitals in which they occur and this is considered best practice. This is to ensure that any lessons learned are shared with the wider teams so that all hospitals benefit from reviewing their own practices and any service gaps highlighted and amended.

We are pleased to state that Blakelands had no deaths in the reporting period.

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, and Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

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

3.4 Patient experience

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

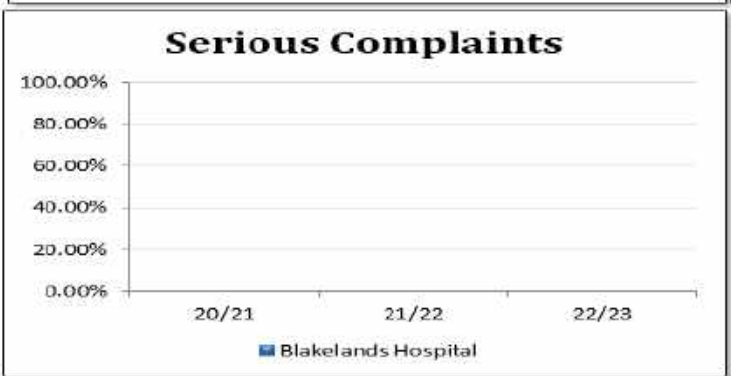
All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and

notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

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

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

Figure 15. Serious Complaints



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

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

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked

are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As previously shown in **Figure 6** the above graph demonstrates our Patient Satisfaction rate has increased over the last year. In comparison to the national average it is lower than we would like however we are working hard to amend those aspects of service delivery and the environment that will make a real difference to the satisfaction of our patients.

3.5 Blakelands Hospital Case Study

Our patients do not stay with us very long due to the nature of day surgery and the fact we are an ambulatory unit. We were pleased to demonstrate a very positive experience for a lady patient undergoing surgery who was a tetraplegic patient in a wheelchair and with reduced feelings and control in her arms. Prior to admission the nursing team were planning her care and journey through the hospital so that every aspect of care delivery and the equipment required to ensure a safe environment had attention. A specific trolley in the theatre was used to ensure controlled access during surgery and to reduce the pressure on her limbs, as she was having a foot procedure. She participated in her aftercare prior to discharge and verbally fed back that she was delighted with the experience, being included and remaining in control whilst still feeling well care for.

Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or Injury	Physiotherapy, Breast cancer, Endocrinology Gastroenterology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, urology Outreach Services: Orthopaedic Service at Ravenscroft Healthcare Ltd and Circle Bedfordshire MSK service, Sexual health clinic	All adults 18 yrs and over
Surgical Procedures	Ambulatory and Day Surgery only Breast Cancer surgery, Sentinel node biopsy(inserted at Trust) Gastroenterology, General surgery including Laparoscopic inguinal hernia repair Ophthalmic Orthopaedics Colorectal Endoscopy Ophthalmology & YAG Laser, Podiatric surgery Urology ENT	<p>All adults excluding: Exclusion Criteria Patient who have any of the following Blakelands will not be a suitable site for treatment: Zero tolerance to abusive or aggressive patients, No suitable support at home. . Unstable ASA 3 and above. Blood disorders (haemophilia, thalassaemia). On Renal dialysis. A history of malignant hyperpyrexia/hyperthermia A psychiatric history or have severe mental health A need for ventilatory support post operatively. Any requirement for planned high dependency care. Limited mobility due to breathlessness. Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months. Patients with a BMI 40 or above will not be considered for a General anaesthetic An MI (heart attack) in the last 6 months. Stents(cardiac) inserted in the last year CVA (stroke) in the last 6 months. Angina classification 3-4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) 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 All patients must meet social/clinical criteria for day surgery</p>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection, Urodynamics	All adults 18 yrs and over

Appendix 2 – Clinical Audit Programme 2022/23. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

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



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

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

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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
NVC 31	Code for Blakelands Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor

ULHT
VTE

United Lincolnshire Hospitals Trust
Venous Thromboembolism

Blakelands 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:

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01908 334 200

Hospital website

www.blakelandshospital.co.uk

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