

# Renacres Hospital

## Quality Account 2025/2026



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# Welcome to Ramsay Health Care UK

Renacres Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

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



**Nick Costa**

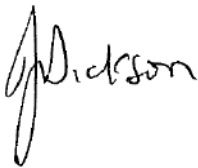
### **Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

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

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

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

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



**Jo Dickson**

# Introduction to our Quality Account

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

Each site within the Ramsay Group develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

## Part 1

### 1.1 Statement on quality from the Hospital Director

#### Mr. Mark Jonker, Hospital Director, Renacres Hospital

Ramsay Health Care UK is committed to ensuring the organisational culture represents the Ramsay Way values: values that recognise our people are our most important asset and put the patient firmly at the centre of all we do. As the Hospital Director, I am passionate to make sure that providing safe, high quality, and efficient patient care to our local healthcare community is our main focus. This requires excellent medical and clinical leadership and a commitment to continuous improvement of quality standards and clinical outcomes.

Renacres Hospital has a long-established tradition of working closely with patients, consultants and external stakeholders including the NHS Clinical Commissioning Groups (ICB) and General Practitioners (GP). We are committed to continuous review of the feedback we receive from all stakeholders, to understand the quality of the service we are providing, and to learn and develop as we strive to continually provide the best quality care.

All the staff at Renacres are highly trained and focus on patient safety and cleanliness to minimise infection. As Hospital Director of Renacres Hospital, I take great pride in the outstanding service and level of care we provide to our patients.



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

This Quality Account highlights areas in which Renacres Hospital has improved the safety and quality of its services. It also highlights areas in which we need to develop and have plans to improve upon.

## 1.2 Hospital Accountability Statement

I have reviewed the Quality Account for 2024/25 and to the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate. The report has also been shared and reviewed by both our Medical Advisory Group (MAC) and Clinical Governance Committee (CGC) Chairs.



**Mr. Mark Jonker**  
**Hospital Director**  
**Renacres Hospital**  
**Ramsay Health Care UK**

# Welcome to Renacres Hospital

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

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

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



## Hospital Facilities

Our diagnostic facilities include a static MRI service, ultrasound, urodynamics, and general radiology, in addition to mobile CT diagnostic services.



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

Our physiotherapy department is staffed with chartered, HCPC registered physiotherapists.

## Treatments and Services

Renacres Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18), whether medically insured, self-pay or via the NHS. Our full range of high quality services include: outpatient consultations, outpatient procedures, investigations/diagnostics, surgery and follow up care.

Renacres Hospital has over 100 Consultants who work at Renacres Hospital through approved practicing privileges providing a wide range of medical and surgical

procedures and services including: Orthopaedic surgery, Spinal surgery, General surgery, ENT, Gastroenterology, Gynaecology, Colorectal surgery and Urology.

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

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

During the last 12-month period, the hospital has treated 7239 patients, 86.0% of which were treated under the care of the NHS. Renacres Hospital employs 109.99 WTE contracted members of staff with a split of 41.04 WTE non-clinical staff and 68.95 WTE clinical staff

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

### **Nursing and Medical Care**

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

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

The hospital teams work in collaboration with local Commissioners at Cheshire & Mersey ICB and other health care providers to deliver a seamless service.

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

### **Working with the Local Community**

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

Our Business Relations Manager provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, developments can be made in order to streamline processes. The Business Relations



Managers key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Renacres Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider. The Business Relations Manager's role is to coordinate services with local GP practices and provide learning opportunities covering a wide range of topics.

In 2024/25 Renacres Hospital has continued to work closely with charities and non-profit organisations within the local community by hosting fundraising events and/or holding staff training sessions to enhance the service we provide to our patients. Charities and organisations we have worked with include:

- Elsie's Story
- The Liberty Centre- Domestic Violence Support Charity & Refuge.
- Lancashire LGBT
- Disability Equality North West- DENW
- Deafness Resource Centre Ltd
- Breast Cancer Now
- Macmillan Coffee morning

# Part 2

## 2.1 Quality priorities for 2025/26

### Plan for 2025/26

On an annual cycle, Renacres Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

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

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

### Priorities for improvement

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

The key priorities for 2024/25 were as follows:

- Embedding and maintaining patient safety
- Clinical effectiveness
- Patient experience

#### **Embedding and maintaining patient safety**

In order to maintain patient safety Renacres Hospital has an exclusion criteria to ensure appropriate patients access the services provided. Patient requiring level 2 or 3 care, cardiology services, specialist wrap around services may not be suitable for treatment at Renacres and this must be assessed and triaged.

In 2024/25 the hospital increased the frequency of face to face mandatory training to two all day sessions per month, these included one clinical and one operational session. The additional training provided the capacity to provide managers and staff the flexibility to arrange training in a timely manner.

The training sessions are led by hospital staff and the content of each session and the related presentations are regularly reviewed and updated to reflect policy and practice changes. The training equips the staff with the knowledge and skills required to support patients and manage their care effectively.

In addition to the mandatory training the hospital enlisted the services of A2E, a national company, to provide all emergency training, including ILS, ALS and deteriorating patients training, scenario management and equipment audits.

The care at Renacres Hospital is consultant led which provides patients assurance and confidence regarding the high level of knowledge, skills and experience they are receiving. The hospital has initiated transfers to local trust in the event patients require additional services not available at Renacres. Transfers are monitored and Renacres remains well within the parameters of transfer percentages across the company. Where appropriate the hospital has enlisted the services of private ambulances in situations requiring transfer and return of patients for planned investigations to reduce the pressure at the ambulance service and trust to perform CTPA, cardiology reviews (services not available at Renacres).

All cases were detected effectively and managed efficiently to ensure patient safety.

The hospital is not an outlier in any quality indicators.

Incidents where harm has been suffered ICB/STEIS, CQC and LFPSE are notified.

The hospital site has a maintenance programme and all regulatory inspections are completed as required to ensure the safety of patients and staff.

The staff are provided with support in and out of hours with an escalation list to guide staff on reporting requirements within the hospital to alert SLT. The hospital provides a SLT member on call daily, a clinical on call daily to provide a senior support and advice for staff out of hours.

The hospital has forged good relationships with ICB Commissioners and access to additional guidance, support and training is available to Renacres. In July 2024 the ICB Safeguarding Commissioners provided guidance for staff affected by the incident in Southport. Staff were guided to services implemented to support those affected and was very much welcomed by the staff and the team at Renacres. In addition, the Management team at Renacres were able to send out comprehensive information to all staff regarding internal and community support available.

### **Clinical effectiveness**

Extensive work has been undertaken corporately to review audit contents and the audit schedule and ensure they are appropriate and fit for purpose. The company provides a very clear audit schedule which is overseen by the corporate clinical quality team.

On a monthly basis the head of clinical services provides a hospital report which is shared with the executive board to ensure a ward to board approach.

The corporate PSIRG meeting is held twice per month to review incidents at an executive level to ensure oversight and offers advice and support to sites and staff.

Each hospital has a designated corporate lead clinical quality partner who provides support to a number sites and is a clinical link to the corporate team and chief nurse.

The radar incident reporting system is reviewed daily by the clinical corporate team to ensure appropriate action is taken and support provided. The clinical corporate team monitors all incident reporting.

In late 23/24 the hospital saw an increase in falls. As a result of this a thematic review of falls was undertaken and the findings and actions were shared. The work proved to be extremely positive and reduced the number of falls dramatically.

The departments complete an extensive auditing schedule which was implemented to ensure compliance across multiple standards. In early 2024/25 Renacres audits identified areas for improvement including:

- OPD environmental audit identified maintenance issues which have since been addressed
- Early 2024/25 audits also identified issues relating to receipt of MDT treatment plans following transfer to local trusts in cases of newly diagnosed cancers. This has been addressed by creating a specific MDT email address and a tracker to monitor progress. Compliance is also audited monthly and has shown great improvement.

The hospital takes great pride in the improvement of services by collaborating with stakeholders including:

- Patients
- Consultants
- GPs
- Local community initiatives

Collaboration has enhanced the services provided by learning from patient feedback, implementing new approaches to care with consultants, adaptation to supplies issues, improving communications with GPs, e.g. we now have a GP attending our medical advisory committee (MAC) and support and guidance from the ICB commissioners. This has included access to training and agreements of services to support patients prior to and following discharge.

In previous years the channels of patient feedback were varied. Ramsay implemented Cemplicity to enable hospitals to view all patient feedback via one portal. This enables a clearer view of themes, across all patient groups and channels.

In the first half of 2024/25 Renacres Net Promoter Score was in excess of 92% each month and was the highest in Ramsay. There was a decline to 83% - 88% and this was confirmed to be directly reflective of the administrative issues encountered related to cancellations. Work is ongoing to improve the cancellation issue and the NPS has recently returned to 90% in recent months.

In 2023/24 a weekly clinical bookings meeting was implemented to review the patients admitted the following week. The meeting content has developed over time and has seen significant reduction in on day cancellations and improvement in the preparation of patients prior to admission by reviewing the following:

- Procedure
- Investigations and results
- Appropriate preparation
- Comorbidities
- Medications
- Weight
- Allergies
- PROMS completion
- Dementia
- Protected characteristics
- Alerts

The meeting provides a review of patients and alerts staff to any requirements prior to or on admission:

- Pharmacy review or contact
- “This is me” completion prior to admission
- PROMs on admission
- Weigh on admission
- Alerting Consultant surgeon or anaesthetist of any issues
- MRSA swab testing results
- Octenisan compliance
- Home circumstances may require support
- Safeguarding concerns
- Family support required

Patients are also telephoned prior to admission to provide information of admission time, preparation and advised to drink a glass of water 2 hours prior to the start of the operating list, to ensure patients have not fasted from the previous evening as many do.

### **Patient Experience**

As reported earlier in previous years the channels of patient feedback were varied and as a result Ramsay have implemented Cemplicity to enable hospitals to view all patient feedback via one portal. This enables a clearer view of feedback, themes, across all patient groups and channels.

In the first half of 2024/25 Renacres Net Promotor Score (NPS) was in excess of 92% each month and was the highest in Ramsay for 6 months. In late autumn of 2024 there was a decline to 83% - 88% and this was confirmed to be directly reflective of the administrative issues encountered related to poor administration of appointments and telephone access.

Work is ongoing to improve the cancelation issue and the NPS has recently returned to 92% in recent months and a new phone service has been implemented recently which can be monitored and provides data of compliance.

Patients report of compassionate, professional, caring staff who put them at ease and show great kindness and support during their stay and a calm therapeutic environment.



In 2023/24 patients reported issues with their day case journey and limited information particularly related to endoscopy and the related conditions. As a result of this in 2024/25 staff created leaflets providing patients with information not found in some of the national leaflets. These were approved by the Ramsay reading group. Patients have reported how helpful the information leaflets have been, particularly at home after their procedures.

In order to improve the patient journey in day case we have implemented nurse cannulation training to improve the efficiency of lists and patients experience. This has also been welcomed by Consultants and the team approach to the care of the patients. Patients in the inpatient setting raised concerns regarding the timeliness of discharges. This was largely related to awaiting blood results prior to discharge. As a result of this Renacres has implemented bloods completed by 9am and an additional courier collection at 09:30, this enables results by 11:30 and patients leaving for home in a timely manner.

The clinical bookings meeting has also provided an improvement in patient experience particularly in their preparation prior to admission with the following initiatives:

- A new pharmacist referral process has been implemented which alerts the pharmacist to enable direct contact prior to admission to discuss medicines, ensure availability of medicines, ensure adequate supplies of specialist medicines and liaise with patients community teams to ensure a seamless admission and discharge particularly for those patients with addictions or specialist medicines programmes
- Patients at risk including those suffering with dementia, have learning disabilities/difficulties, "a this is me" document is completed, relatives support is discussed and encouraged to stay with patients who may benefit from this. Specialist resources required are arranged
- Patients who are transgender who may require adjustments such as preferred name
- Patients are contacted by the physio team prior to major surgery to assess their level of activity and discuss their home circumstances to ensure all equipment and physio needs are managed effectively and available when discharged
- The hospital Chef is also alerted to any special dietary requirements and will contact the patient prior to admission and during their stay

The meeting provides an improvement in the experience of patients and reduces on day cancellations.

Patient reported outcomes (PROMS) are managed well and patients report improved health gains. Renacres saw the return of 6 patients in 2024/25 all patients were contacted and arrangements are made for them to return to see their consultants. All patients concerns were resolved and they were reassured of their progress, no patient's required further surgery as a result.

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

The priorities for the coming year 2025/26 are as follows:

- Developing an in-house clinical skills training programme to develop and support staff
- Provide an inclusive pathway for patients to enjoy a positive experience
- Further develop service with GIRFT recommendations

### **Developing an in-house clinical skills training programme to develop and support staff**

Renacres Hospital has recognised the need for an in-house clinical skill straining programme. The intention of the programme is as follows:

- To identify the clinical training needs of the staff across the hospital
- Identify staff wishing to undertake train the trainer programmes
- Reduce travel times for staff by facilitating training on site
- Provide an ongoing programme of education and skills relevant to the services provided
- Provide training and clarity on wound reviews, care and management

There has been an increase nationally in post-operative wound infections and this was experienced at Renacres. The hospital remained within safe parameters and was not an outlier for infections based on the number of cases performed however there was an increase in reported cases of 2 deep infections post joint replacement.

All cases were subject to PSII, reporting to LFPSE, ICB/STEIS, CQC and SSISS.

A thematic review was undertaken to identify themes or trends which may have contributed to this. There were no significant findings considered to be contributory factors.

### **Provide a well prepared and inclusive pathway for patients to enjoy a positive experience**

Renacres Hospital plans to continue to develop the preparation of patients attending while continually improving the safeguarding agenda and services for patients by:

- Engaging with external trainers and societies to provide training and insight to staff
- Implement changes in practice to improve the services
- Developing the clinical bookings meeting to identify patients' needs and initiate contact
- Identify and purchase resources when required to enhance the services provided
- Inviting the dementia bus on site to provide sensory experiences to staff
- Considering inviting the autism bus on site to provide sensory experiences to staff
- Review and update the patients at risk of harm strategy and continue to liaise with the safeguarding commissioners to develop services

### **Further develop service with GIRFT recommendations**

Implement the properties of *getting it right first time* (GIRFT) in orthopaedic surgery.

GIRFT is a national programme intended to implement best practice, improve the efficiency and experiences for patients.

In April 2025 Renacres underwent an external review with the national GIRFT team. The hospital consultants showed great engagement in the programme and are keen to develop services at Renacres further. While the review results were very positive

relating to the work currently undertaken, there were areas identified to improve, these included:

- Further improving the wait time for surgery
- Further developing the enhanced recovery programme
- Further improving early mobilisation
- Maintaining a MDT approach to patient care the very positive length of stay patients experience at Renacres with minimal readmissions
- Providing comprehensive data relating to patient experience and outcomes by improving PROMS compliance particularly following discharge

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2024/25 Renacres Hospital provided NHS services and supported other providers with subcontracts.

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

The income generated by the NHS services reviewed in 1 April 2024 to 31<sup>st</sup> March 2025 represents 111 per cent of the total income generated from the provision of NHS services by Renacres Hospital for 1 April 2023 to 31<sup>st</sup> 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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

#### Human Resources

- Staff Cost % Net Revenue **30.5%**
- HCA Hours as % of Total Nursing: **31.78%**
- Agency Cost as % of Total Staff Cost **2.2%**
- Ward Hours PPD **4.21**
- % Staff Turnover **18.64 %**
- % Sickness: **6%**
- % Lost Time **20.8%**
- Appraisal: **86.7%**
- Mandatory Training: **89%**
- Staff Satisfaction Score: Engagement-**79%**, Wellbeing- **84%**, Inclusion- **71%**, Burnout Indicator-**71%** *\*All percentage scores are favorable.*
- Number of Significant Staff Injuries- **Nil**

## Patient

Formal Complaints per 1000 HPD's: **3.7%**

Patient Satisfaction Score: **97.6%**

In 2024/25 the hospital reported a total of 6 cases to the ICB, LFPSE and CQC as follows:

- 2 infections post joint replacement
- 1 infection post spinal decompression
- 1 PE post spinal decompression
- 1 deterioration prior to spinal decompression
- 1 foot drop following spinal decompression

There are no themes relating to the incidents and the increase in spinal cases is reflective of the increase in consultants and activity and remains within accepted range. The hospital is not an outlier for serious incidents

Readmission per 1000 Admissions

Renacres Hospital reported a total of 0.001% readmission rate and is not an outlier.

## Quality

Workplace Health & Safety Score – 95.6%

Antimicrobial Audit Score 57%

We have recently seen a change in the antimicrobial audit and have identified variances in consultant practice particularly related to perception of second and third doses of antibiotics which is not reflective of the local Southport Antimicrobial Formulary.

This has been raised with Consultants and we have seen an improvement in the compliance and understand that other Consultant NHS base trusts have now changed their formularies in line with Cheshire and West Lancashire Trust and we expect to see a further improvement in compliance in administering one dose only.

## Consultant Satisfaction Score

Consultant satisfaction survey in 2025, reported that Consultants are happy with the services provided at Renacres Hospital.

There were comments relating to the administrative management of their annual leave which the SLT were aware of and actions have been implemented to resolve these issues. The SLT is also taking action to raise the profile of the MAC, and SLTs visibility to the consultant base. The hospital has seen an increase in the number of consultants applying for practicing privileges.

Consultants have welcomed the investments made in medical equipment and upgrade of the site.

### 2.2.2 Participation in clinical audit

Throughout 2024 - 2025 Renacres Hospital participated in national clinical audits and 92 audits national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Renacres Hospital participated in, and for which data collection was completed during 1 April 2024 to 31<sup>st</sup> March 2025, 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.

Project name (A-Z)	Provider organisation
British Spine Registry	Amplitude Clinical Services Ltd
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
National Joint Registry 2, 3	Healthcare Quality improvement Partnership
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine
Surgical Site Infection Surveillance	Public Health England

All national clinical audits from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Governance Committee and Renacres Hospital has taken action to improve the quality of healthcare provided.

#### Local Audits

All local clinical audits from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Governance Committee and Renacres Hospital intends has taken the following actions to improve the quality of healthcare provided:

- Site upgrades
- Staff training
- Sharing information
- 

The clinical audit schedule can be found in Appendix 2.

### 2.2.3 Participation in Research

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

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

Renacres Hospital's income from 1 April 2024 to 31<sup>st</sup> March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

### 2.2.5 Statements from the Care Quality Commission (CQC)

Renacres Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2025 is registered without conditions/registered with conditions.

Renacres 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**

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

2024/25 Ramsay health invested in improved AI supported data particularly relating to patient data. All hospitals have access to live clinical excellence data, which provides real time information. This has improved the hospitals ability to report accurate data in a timely manner.

In the past, patient feedback was received in varying formats. The recent update of Cemplicity has enabled the information to be changed via one portal. The move of all patient feedback to one system Cemplicity has enabled a central point for information and an ability to identify themes and action improvements.

The radar reporting system has also improved the following:

- the submission of incidents
- the submission of complaints, concerns
- the submission of compliments
- the management of the risk register
- the submission of CAS alerts
- the ability to report serious incidents to the learning from patient's safety events (LFPSE)

The implementation of PSIRF in 2023 has initiated the introduction of corporate PSIRG meetings held twice monthly. This has enhanced the inclusion of the corporate clinical team and the oversight, management and action planning of serious incidents.

The data confirms a safe hospital with a healthy reporting culture at Renacres Hospital.

### **NHS Number and General Medical Practice Code Validity**

RENACRES 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:

- 99.0% for admitted patient care;
- 99.5 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;
- 88.6% for outpatient care;
- NA for accident and emergency care (not undertaken at our hospital).

### **Information Governance Toolkit attainment levels**

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30<sup>th</sup> June 2025.

This information is publicly available on the DSP website at:

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

## Clinical coding error rate

Renacres hospital was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
<b>South</b>						
Ashtead	Completed Sept 2023	100%	99.6%	100%	100%	Level 3
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%	Level 3
West Valley	Completed Oct 2023	96%	88%	100%	98%	Level 2
Berkshire Independent	Completed July 2024	100%	97%	100%	95%	Level 3
Cherwell	Completed Nov 2023	96%	91%	98%	100%	Level 2
<b>Southwest</b>						
Duchy	Completed Nov 2023	98%	98%	98%	99%	Level 3
Exeter Medical	Completed Feb 2024	98%	100%	100%	100%	Level 3
Mount Stuart	Completed Feb 2024	100%	100%	100%	100%	Level 3
New Hall	Completed July 2024	96%	97%	100%	95%	Level 3
Winfield	Completed March 2024	100%	100%	100%	100%	Level 3
<b>Midlands</b>						
Westbourne	Completed Aug 2024	96%	84%	92%	95%	Level 2
Woodland	Completed Aug 2024	98%	98%	98%	99%	Level 3
Glendon Wood	Completed Aug 2024	96%	98%		100%	Level 3
Woodthorpe	Completed Aug 2024	100%	100%	100%	100%	Level 3
Beacon Park	Completed October 2024	98%	96%	98%	97%	Level 3
Rowley Hall	Completed October 2024	96%	96%	100%	90%	Level 3
West Midlands	Completed November 2024	96%	95%	96%	90%	Level 3
Stourside	Completed November 2024	98%	91%	100%	100%	Level 3
<b>Northwest</b>						
Buckshaw	Completed	100%	100%	100%	100%	Level 3

	November 2024					
<b>Fulwood Hall</b>	Completed April 2025	98%	99.5%	100%	98%	Level 3
<b>Renacres</b>	2023	100%	99%	98%	99%	Level 3
<b>Euxton Hall</b>	2023	98%	91%	98%	96%	Level 3
<b>Oaklands</b>	2023	100%	99%	98%	90%	Level 3
<b>Northeast</b>						
<b>Clifton Park</b>	2023	98%	100%	98%	99%	Level 3
<b>Cobalt</b>	2023	100%	98%	100%	100%	Level 3
<b>Park Hill</b>	2023	100%	99%	100%	100%	Level 3
<b>Tees Valley</b>	2023	98%	98%	100%	98%	Level 3
<b>Yorkshire Clinic</b>	2023	100%	99%	100%	100%	Level 3
<b>East</b>						
<b>Oaks</b>	2023	98%	94%	98%	100%	Level 3
<b>Rivers</b>	2023	98%	90%	98%	100%	Level 3
<b>Pinehill</b>	2023	98%	94%	100%	99%	Level 3
<b>Springfield</b>	2023	95%	97%	100%	99%	Level 3
<b>Fitzwilliam</b>	2023	96%	98%	96%	99%	Level 3
<b>Boston</b>	2023	95%	94%	98%	98%	Level 3
<b>Blakelands</b>	2023	97%	92%	98%	99%	Level 3

## 2.2.7 Stakeholders views on 2024/25 Quality Account

NHS Cheshire & Merseyside welcomes the opportunity to comment on Renacres Hospital's Quality Account for 2024/25 and recognise the achievements made with regards to quality throughout the year.

We would like to congratulate Renacres Hospital on your PLACE assessment; this highlights the dedication you have to your patients journey and offering a high standard of facilities during their stay. Achieving the recognition of these results being shared across Ramsey Healthcare is an accomplishment.

We appreciate the transparency and continued engagement with patients, families, and local stakeholders throughout the year. Renacres Hospital provides important links to General Practice, local healthcare professionals within the community, whilst also working closely with the ICB and our safeguarding teams. The ICB commend this enthusiastic collaboration to work as a system, which supports to local population.

Renacres Hospital's participation in the clinical audit programme has been described within the account and assures oversight of clinical effectiveness. Renacres audits identified areas for improvement within the Antimicrobial Audit in 2024/25. There are identified variances in consultants' practice and the perception of second and third doses of antibiotics, which do not reflect the Cheshire & Merseyside Antimicrobial Formulary. We will be keen to see the improvement work on this in line with the correct formulary and we will support this as an ICB.

We applaud Renacres Hospital on the review of the quality priorities for 2024/25. The implementation of PSIRF and ongoing work supports patient safety. Your demonstration with staff training, visibility in leadership, and escalation processes in out of hours are clear examples of Renacres Hospital supporting the 2024/25 priority *of embedding and Maintaining Patient Safety*.

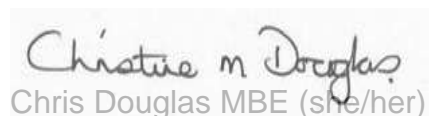
*Clinical effectiveness* priority for 2024/25 has been presented within the quality account focuses work around audit schedules, regular review of incidents in PSIRG meetings, and in particular the thematic review of falls leading to improvement work showing a reduced number of falls.

We acknowledge the current challenges within retention of staff workforces within healthcare, and we note the staff turnover for 2024/25 with your organisation was 18.64%. As an ICB we will be keen to understand the improvement work and strategies for 2025/26 to ensure staff retention is a high priority and staff wellbeing is a focus.

The ICB support the 2025/26 quality priorities set out for Renacres Hospital, we are keen to see the further development of your Get it Right First Time (GIRFT) programme, as there were areas identified to improve, following an external review. The organisations inhouse clinical skills improvement work and assurance will be gained via quality meetings with the ICB.

Finally, it is recognised that the individual effort of staff and teams within Renacres Hospital make a huge impact to patient care for the local population. This is strongly recognised within the account describing the ongoing programmes and improvement work and we appreciate to strong relationship the ICB has with the organisation.

Yours sincerely



Chris Douglas MBE (she/her)

Executive Director of Nursing & Care

NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Kerrie France



# Part 3: Review of quality performance 2024/25

## Statements of quality delivery

### Head of Clinical Services (Matron), Renacres

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

##### **Introduction**

The senior leadership team at Renacres are committed to providing excellent care to its patients. The team provide a visibility at the hospital that enables patients and staff the ability to share aspirations and raise concerns in an open culture.

The hospital continues to have a healthy reporting culture and maintains transparent external reporting to ensure an openness and learning culture.

Renacres has been able to collaborate with external agencies in a supportive approach which has improved the quality of reporting and shared learning. The team at Renacres has been supported throughout the year by the commissioners to continually improve patient's services and their care.

The team works closely with community groups to provide support and share training opportunities. The hospital has a real family approach to the services delivered and patients report compassionate staff who go the extra mile.

While there have been incidents and events at the hospital there has been a network of support both in and outside the hospital.

The SLT and staff are continually striving for excellence and committed to ensuring patients safety and experience is at the centre of everything we do.

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

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

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

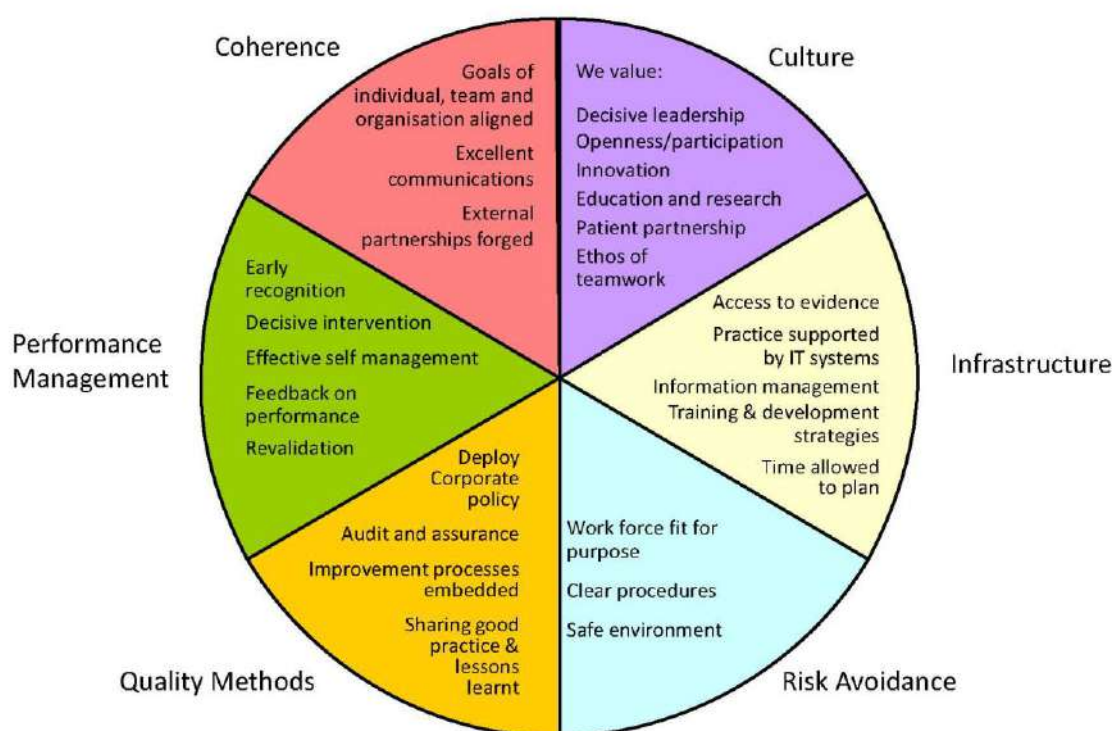
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a "stand-alone" activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

## Ramsay Health Care Clinical Governance Framework



## National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority. Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

## 3.1 The Core Quality Account indicators

### Mortality

Mortality:	Period	Best		Worst		Average		Period	Renacres	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC16	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC16	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC16	0.0002

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

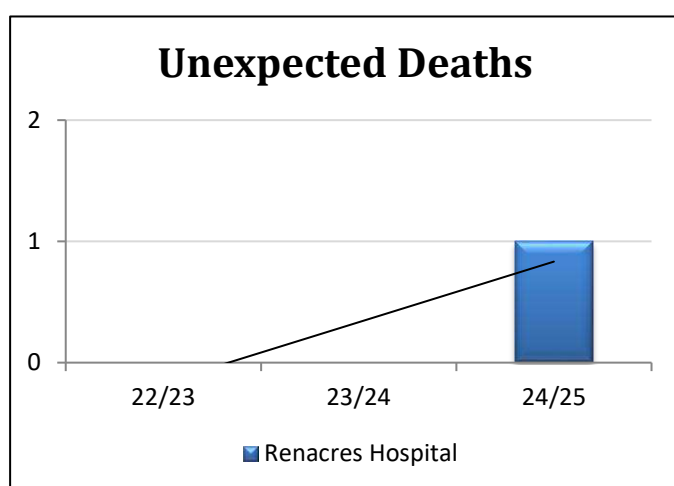
- Consultant led services

- Healthy incident reporting culture
- Patients with fewer comorbidities due to the inclusion criteria
- Post discharge calls
- Ward/OPD attendance for review at any time

Renacres Hospital has improved the following:

- Reviewed wound pathways.
- Review of all cases.
- Thematic review to identify trends/themes.
- Quarterly arthroplasty meeting with Orthopaedic consultants to review cases and discuss changes, issues and agree actions.
- Quarterly medical advisory committee to discuss policies, changes in practice, data and quality standards.

The hospital is not an outlier for any national KPIs.



The hospital reported 2 deaths in excess of 30 days post-surgery. Both cases were subject to coroner's inquest. The hospital was not required to attend either inquest and both returned a verdict of misadventure.

## National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Renacres	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC16	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC16	22.909
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar 23	NVC16	22.883

PROMS: Knees	Period	Best		Worst		Average		Period	Renacres	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC16	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC16	17.640
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC16	17.667

Renacres Hospital considers that this data is as described for the following reasons is due to a number of factors:

- Lower volumes of cases than NHS colleagues therefore reduced waits
- Patient group and comorbidities at Renacres – due to available services
- Consultant led services

Uptake of PROMs has shown great improvement in 2024/25 due to:

- Electronic PROMS
- Investment in more IT equipment
- Weekly clinical bookings to identify cases to complete PROMS on admission

Renacres Hospital has a live electronic data system to retrieve compliance in real time and provide direct focus on particular groups.

In 2024/25 6 patients reported unfavourable outcomes following joint replacement. Those patients were invited to see their consultant and any additional treatment plans were provided, in all cases there issues were resolved with physiotherapy and all patient went on to make full recoveries.

The hospital is not an outlier for proms

### Readmissions within 28 days

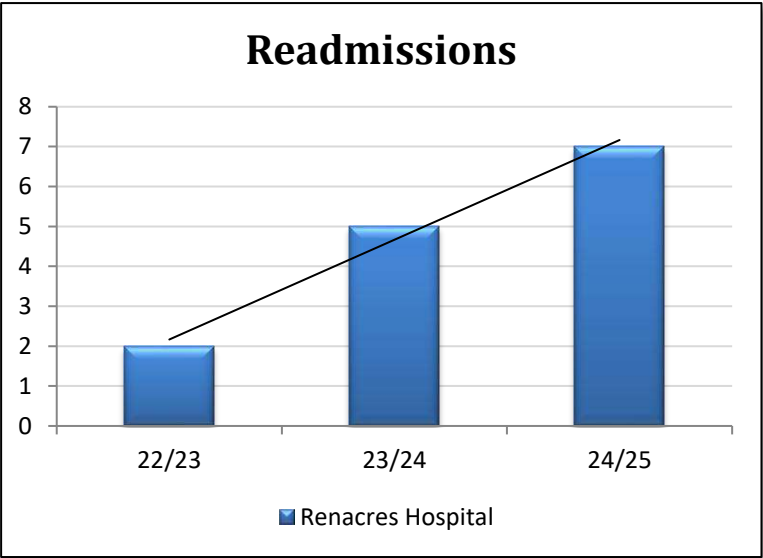
Readmissions:	Period	Best		Worst		Average		Period	Renacres	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC16	0.00037
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC16	0.00106
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC16	0.00115

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

- Consultant led service
- Early monitoring at consultant level

Renacres Hospital has implemented a wound review pathway to ensure:

- Close monitoring
- Early review
- Clear guidance of management of wounds
- Improved escalation to ensure Consultants/ Head of Clinical Services discussions on management of patients



### Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score) the next 2 graphs are from the Cemplicity dashboard)







Renacres Hospital patients report very positive feedback particularly related to staff professionalism, compassion and kindness and those staff who continually go the extra mile to make them feel at ease and reduce their anxiety.

Patient respect and dignity scores are consistently above 98%

### VTE Risk Assessment

VTE Assessment:	Period	Best	Worst	Average	Period	Renacres
	Q1 to Q4 18/19	Several	100%	NVCOM 41.6%	Eng	95.6%
	Q1 to Q3 19/20	Several	100%	RXL 71.8%	Eng	95.5%
	Q3 24/25	Several	100%	RCB 13.7%	Eng	90.3%
	Q1 to Q4 18/19	NVC16	96.7%			
	Q1 to Q3 19/20	NVC16	97.9%			
	Q3 24/25	NVC16	72.7%			

The hospital VTE compliance has been above the national average IN 24/25 with the exception of Q4. This has been addressed with staff by updates, education and auditing and has seen a significant improvement on Q1 25/26.

### C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best	Worst	Average	Period	Renacres
	2020/21	Several	0	RPC 81.0	Eng	15.0
	2021/22	Several	0	RPY 54.0	Eng	16.0
	2023/24	Several	0	RPY 56.6	Eng	18.8
	2022/23	NVC16	0.000			
	2023/24	NVC16	0.000			
	2024/25	NVC16	0.000			

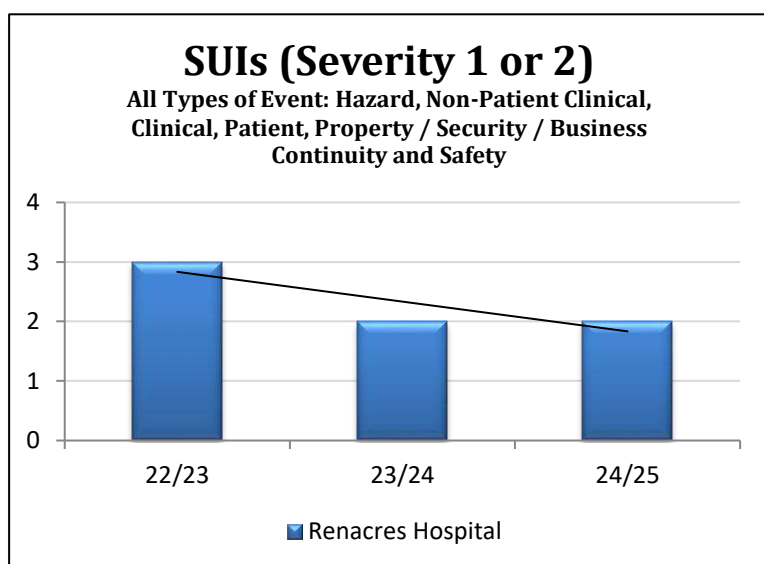
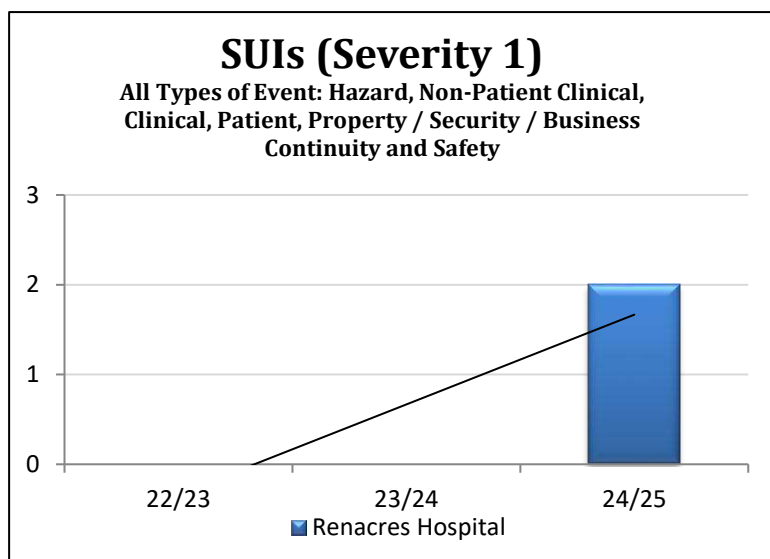
There have been no cases of C Diff reported at Renacres Hospital

### Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best	Worst	Average	Period	Renacres
	2021/22	RAX 0.03	RJR 1.08	Eng 0.30	2022/23	NVC16 0.000
	2022/23	N/A	N/A	N/A	2023/24	NVC16 0.000
	2023/24	N/A	N/A	N/A	2024/25	NVC16 0.000

In 24/25 Renacres Hospital reported 6 serious cases to ICB, LFPSE and CQC all cases have been investigated and findings shared with patient's staff and consultants

Rate per 100 discharges:



## Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Renacres	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC16	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC16	98.9%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC16	99.0%

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

- Single patient rooms
- Professional compassionate staff
- Acceptable RTT
- Consultant led service

Renacres Hospital [has completed the following based on patient feedback:

- Staggered admission
- Improved post discharge information following general surgery and endoscopy
- Dedicated day case area to provide further efficiency
- Enhanced recovery

- Extensive physio service
- Early mobilisation
- Improvement in nutrition hydration
- Clinical bookings to improve preparation of patients prior to admission
- Post discharge phone calls
- Contact and review at any time

## 3.2 Patient safety

Patient safety is paramount, we continue to report, escalate and learn lessons from incidents. We have a strong training programme for staff and are committed to the audit schedule which reviews compliance and to improve practice and facilities.

We are a progressive hospital and focussed on stretching our performance every year in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

### 3.2.1 Infection prevention and control

Renacres Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

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

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

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

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

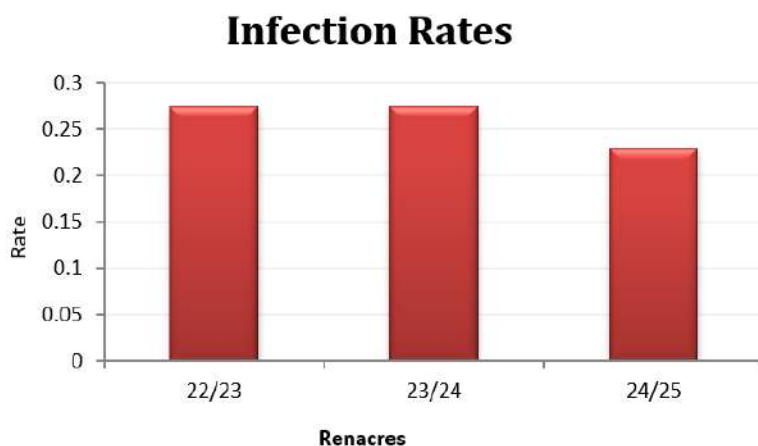
### Programmes and activities within our hospital include:

Renacres hospital has a robust monitoring process in place to ensure patient and staff safety at all times including:

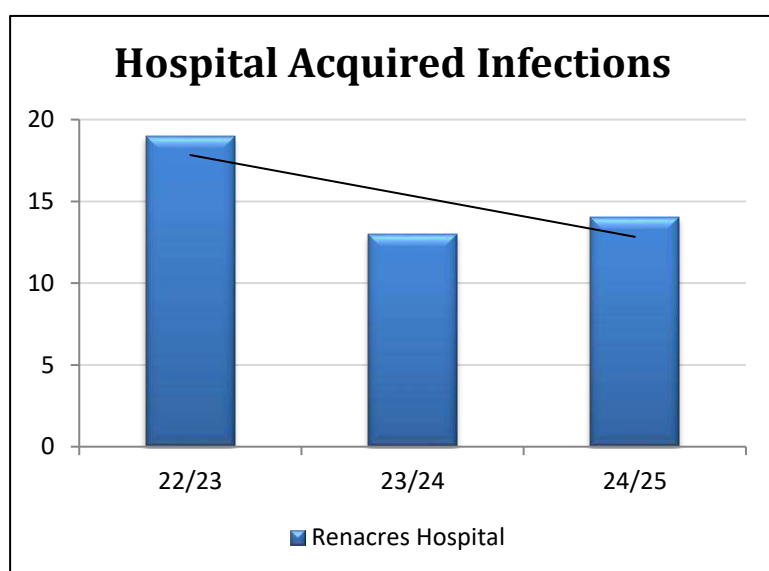
- Pre-op screening
- Antimicrobial stewardship
- Prophylactic management
- Robust cleaning/ housekeeping
- Nutrition and hydration
- Sepsis pathway training
- Audit
- Quarterly deep theatre cleans.
- Hospital refurbishments

- Annual maintenance programme
- PLACE assessment

*Rate per 100 discharges:*



As can be seen in the above graph our infection control rate has reduced in 2024/25 and remains below national average.



### 3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

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

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

Renacres participated in the annual PLACE assessment in 2024, and our scores are as follows:

- **CLN Score % (Cleanliness Score):** *This measures the cleanliness of the healthcare environment, including patient areas, bathrooms, and communal spaces combined. Renacres scored 100% (National average score 98.31%)*
- **Food Score %:** *This is an overall score that combines the results of the organisational food score and the ward food score to give a comprehensive view of the food quality and service. Renacres scored 91.88% (National average score 91.32%)*
- **Org Food Score % (Organisational Food Score):** *This assesses the quality, taste, and nutritional value of the food provided by the healthcare organisation, including the variety and suitability for different dietary needs. Renacres scored 87.78% (National average score 92.17%)*
- **Ward Food Score %:** *This focuses specifically on the food provided to patients on the wards, evaluating aspects such as presentation, temperature, and portion size. Renacres scored 97.14% (National average score 91.38%)*
- **PDW Score % (Privacy, Dignity, and Wellbeing Score):** *This measures how well the environment supports patients' privacy, dignity, and overall wellbeing, including aspects like personal space and the ability to maintain dignity during care. Renacres scored 90.32% (National average score 88.22%)*
- **CAM Score % (Condition, Appearance, and Maintenance Score):** *This evaluates the physical condition of the healthcare premises, including the maintenance of buildings, fixtures, and fittings. Renacres scored 98.48% (National average score 96.36%)*
- **DEM Score % (Dementia Score):** *This assesses how well the environment caters to the needs of patients with dementia, including clear signage, appropriate lighting, and the overall dementia-friendly design. Renacres scored 89.47% (National average score 83.66%)*
- **DIS Score % (Disability Score):** *This measures how accessible and accommodating the environment is for patients with disabilities, including wheelchair access, adapted facilities, and support for sensory impairments. Renacres scored 92.22% (National average score 85.20%)*

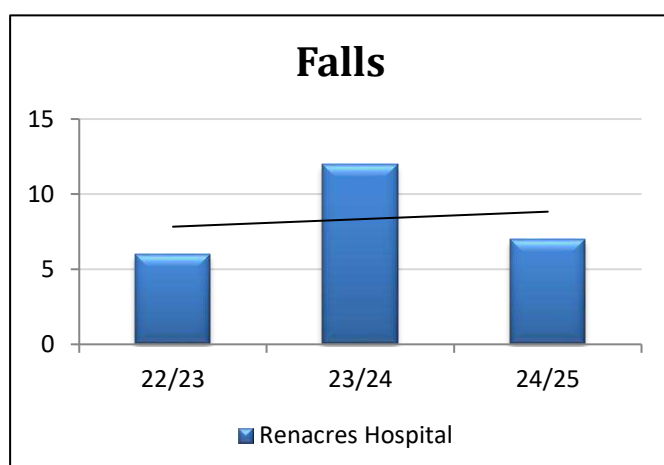
Due to Renacres' high PLACE audit results, we have been invited to be a representative at newly formulated Ramsay's PLACE working group. Renacres has been asked to participate to share insights on our strengths in disability friendliness, dementia care, and privacy.

### 3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of a 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 are 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 SLT which ensures we keep up to date with all safety issues.



### 3.3 Clinical effectiveness

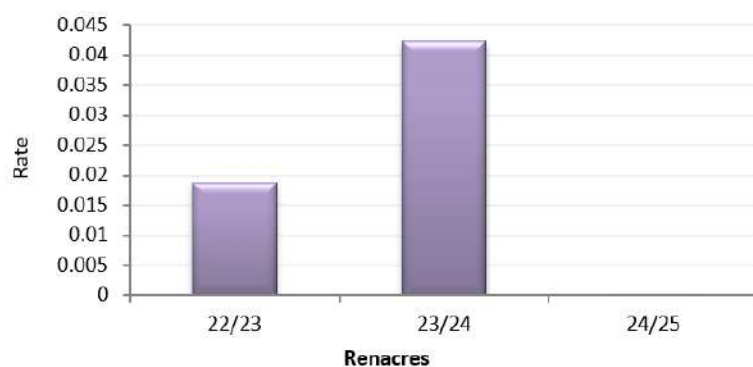
Renacres Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,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

#### 3.3.1 Return to theatre

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

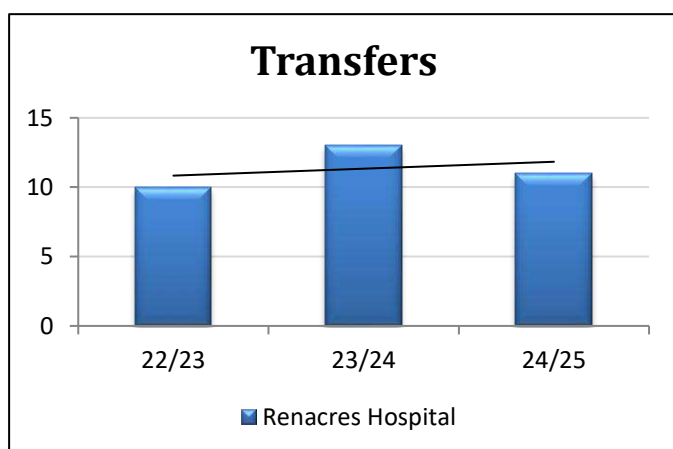
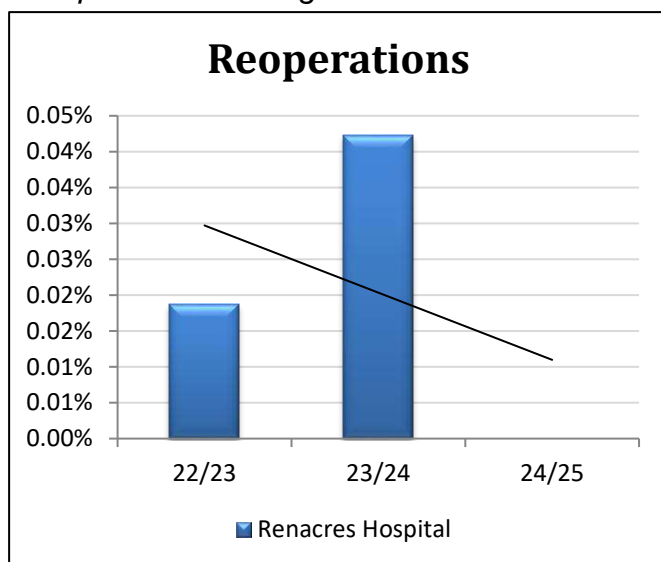


## Return to Theatre Score



As can be seen in the above graph our returns to theatre rate increased in 2024 due to an increase in washouts following joint surgery however Renacres remains below national average and Ramsay outlier status.

*Rate per 100 discharges:*



In 2024/25 Renacres Hospital reported 8 transfers to local trusts:

- 3 for investigations and were returned to Renacres the same day
- 1 for further treatment
- 4 for monitoring and specialist review

### 3.3.2 Learning from Deaths

Renacres Hospital reports quarterly to the ICB regarding learning from patient deaths and is not an outlier for patient deaths.

Renacres Hospital reported 2 patients' deaths in 2024/25, both cases were subject to Coroners inquests. The hospital was not required to attend either inquest.

There were incidental findings identified during the investigation none of which were contributory factors in the patients deaths.

### 3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality patient centred care.

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 identifying risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training

across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

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

There had been a lack of train the trainer modules available to develop staff at site. This has now been resolved and new training courses were implemented. In 2024/25 two staff members have completed phase 1 of the training and will complete phase 2 in July 2025. This will provided onsite training as part of the mandatory training programme. In the interim all staff have viewed a SUFs video and face to face training will be commenced from September 2025 onwards.

### 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.

Renacres has maintained an average NPS score of 90 throughout the year. 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 fed back via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

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

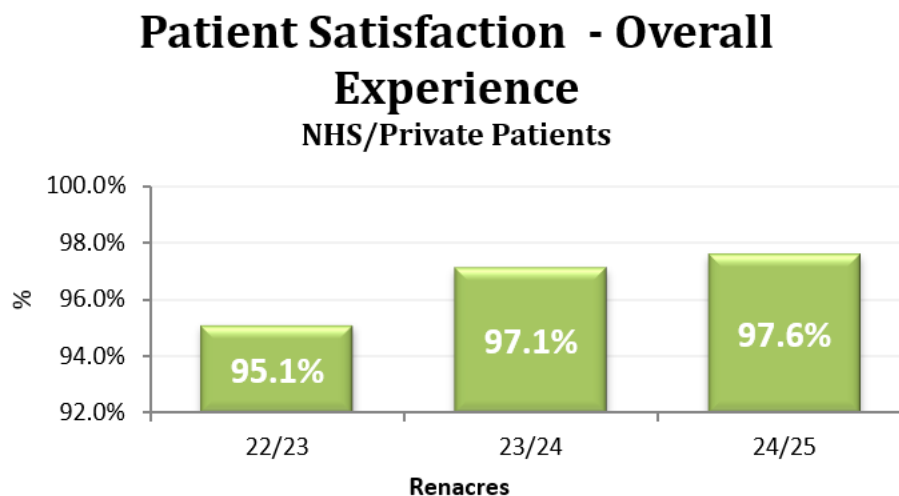
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet

- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

There has been an increase in complaints which is largely due to changes in Ramsay's criteria of reporting. All complaints are responded to by the Hospital Director within the specified timeframe.

### 3.4.1 Patient Satisfaction Surveys

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average Renacres patients consistently feedback positive experiences.

## Appendix 1

# Services covered by this quality account

Services Provided		Peoples Needs Met For:
<b>Treatment of Disease, Disorder Or injury</b>	Audiology, Cardiology, Plastics, Dermatology, Ear, Nose and Throat (ENT), General Medicine, General surgery, General Physician, Gynaecological, Nephrology, Neurology, Neurosurgery, Orthopaedic, Pain Management, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular	All adults 18 yrs. and over
<b>Surgical Procedures</b>	Plastics, Colorectal Day and Inpatient Surgery, Dermatology, Gastroenterology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, Neurosurgery, Oral maxillofacial surgery, Orthopaedic, Urology, Vascular	<p>All adults 18 yrs. and over excluding:</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
<b>Diagnostic &amp; Screening</b>		All adults 18 yrs. and over
<b>Family Planning Services</b>		All adults 18 yrs. and over as clinically indicated

## Appendix 2 – Clinical Audit Programme 2024/25.

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### Clinical Audit Programme

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

<b>Audit</b>	<b>Department Allocation / Ownership</b>	<b>QR Code Allocation</b>	<b>Frequency</b>	<b>Deadline for Submission</b>
Hand Hygiene observation (5 moments)	Ward	Ward	Monthly	Month end
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	Monthly	Month end
Hand Hygiene observation (5 moments)	SACT	SACT	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	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 to September	End of September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December
IPC Management of Linen	Ward	Whole Hospital	August, February	End of August End of February
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required
Sharps	IPC	Whole Hospital	August, December, April	Month end
50 Steps Cleaning (FR1)	SACT	SACT	Weekly	Month end
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14th & 28th of each month
50 Steps Cleaning (FR2)	Ward	Ward	Monthly	Month end
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly	Month end
50 Steps Cleaning (FR2)	POA	POA	Monthly	Month end



50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end
50 Steps Cleaning (FR5)	SLT	Whole Hospital	July to September	End of September
50 Steps Cleaning (FR6)	SLT	Whole Hospital	July to September	End of September
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	July to September	End of October
Urinary Catheterisation Bundle	HoCS	Whole Hospital	October to December	End of December
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	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 to December April to June (as required)	End of December No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	July to September January to March	End of September End of March
NatSSIPs Stop Before You Block	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Prosthesis	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Swab Count	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Instruments	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Instruments	Outpatients	Outpatients	October to December April to June	End of December End of June
NatSSIPs Instruments	Radiology	Radiology	October to December April to June	End of December End of June
NatSSIPs Histology	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Histology	Outpatients	Outpatients	October to December April to June	End of December End of June
NatSSIPs Histology	Radiology	Radiology	October to December April to June	End of December End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December

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	August/September February/March	End of September End of March
Duty of Candour	SLT	Whole Hospital	August/September February/March	End of September End of March
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline
Privacy & Dignity	Ward	Whole Hospital	November/December (as required)	No deadline
Essential Care: Falls Prevention	HoCS	Whole Hospital	September / October (as required)	No deadline
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September / October	End of October
Essential Care: Wound Management (TBC)	HoCS	Whole Hospital	TBC	TBC
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of month
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	POA	POA	July to September January to March	End of September End of March
Medical Records - Radiology	Radiology	Radiology	July to September January to March	End of September End of March
Medical Records - Radiology	RDUK	RDUK	July to September January to March	End of September End of March
Medical Records - Plastic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March	End of September End of March
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June

Medical Records - SACT Consent	SACT	SACT	May	Month end
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March
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	Radiology	January, July	Month end
MRI Safety	RDUK	RDUK		
CT Last Menstrual Period	Radiology	Radiology	July, October, January, April	Month end
CT Last Menstrual Period	RDUK	RDUK	July, October, January, April	Month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end
RDUK - PVCCB	RDUK	RDUK	July, January	Month end
RDUK - Walkabout	RDUK	RDUK	October	Month end
RDUK - Staff Questions	RDUK	RDUK	October	Month end
Bariatric Services	Bariatric Services	Whole Hospital	July to September January to March (as required)	End of September No deadline
Paediatric Services	Paediatric	Paediatric	July, January	Month end
Paediatric Outpatients	Paediatric	Paediatric	September	Month end
Paediatric Radiology	Radiology	Radiology	October	Month end
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December April to June	End of December End of June
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March	End of September End of March
Safe & Secure (SACT)	Pharmacy	SACT	July to September January to March	End of September End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September January to March	End of September End of March
Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March	End of September End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March	End of September End of March
Safe & Secure (Ambulatory Care)	Pharmacy	Ambulatory Care	July to September January to March	End of September End of March
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	July to September January to March	End of September End of March
Prescribing, Supply & Administration (previously Medical Prescribing)	Pharmacy	Pharmacy	October to December April to June	End of December End of June
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end

Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
Pain Management	Pharmacy	Pharmacy	October, April	Month end
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March	End of March
SACT Services	Pharmacy	Pharmacy	September/October	End of October
Dept Governance (Ward)	Ward	Ward	October to December	End of December
Dept Governance (Ambulatory)	Ambulatory Care	Ambulatory Care	October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres	October to December	End of December
Dept Governance (Physio)	Physio	Physio	October to December	End of December
Dept Governance (OPD)	Outpatients	Outpatients	October to December	End of December
Dept Governance (Radiology)	Radiology	Radiology	October to December	End of December
Dept Governance (RDUK)	RDUK	RDUK	October to December	End of December
SACT Services	SACT	SACT	September/October	End of October
Safeguarding	SLT	Whole Hospital	December	Month end
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required	No deadline
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	No deadline
Occupational Health Delivery On-site	HoCS	Whole Hospital	November to January	End of January
Occupational Health Delivery On-site	RDUK	RDUK	November to January	End of January
<del>Managing Health Risks On-site</del>	<del>Corporate OH</del>	<del>Whole Hospital</del>	As required	No deadline
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	End of month
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of month
H&S Fire Safety	Ops Managers	Health & Safety	January, July	End of January End of July (25)
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March
H&S Management	Ops Managers	Health & Safety	April	End of April
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May
H&S Work at Height	Ops Managers	Health & Safety	June	End of June

H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)
H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)

## Renacres Clinical Audit Schedule 2024/25

Ramsay Health Care UK - Clinical Audit Programme v17 2024-2025										Hospital / Unit:		Renacres Hospital				
Audit	Department Allocation / Ownership	QR Code Allocation	July	August	September	October	November	December		January	February	March	April	May	June	Frequency
C. GOV TEAM & SLT	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun	Frequency
Dept Governance (Physio)	Physio	Physio														Annual
Dept Governance (Theatre)	Theatre	Theatre														Annual
Dept Governance (Ward)	Ward	Ward														Annual
Dept Governance (Radiology)	Radiology	Radiology														Annual
Dept Governance (OPD)	OPD	OPD														Annual
Practising Privileges - Consultants	HoCS	Whole Hospital														July, October, January, April
Practising Privileges - Non-Consultant	HoCS	Whole Hospital														July, October, January, April
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital														September / October
Resuscitation & Emergency Response	HoCS	Whole Hospital														July, October, January, April
Medical Records - Patient Consent	HoCS	Whole Hospital														October to December April to June
Medical Records - MDT Compliance	HoCS	Whole Hospital														July to September January to March
Occupational Health Delivery On-site	HoCS	Whole Hospital														November to January
Catering (Kitchen)	Ops Managers	Health & Safety														July, October, January, April
Catering (Ward)	Ops Managers	Health & Safety														July, October, January, April
H&S Fire Safety	Ops Managers	Health & Safety														January, July
H&S Legionella	Ops Managers	Health & Safety														February, August
H&S PUMPER/LOLER	Ops Managers	Health & Safety														March
H&S Management	Ops Managers	Health & Safety														April
H&S Moving & Handling	Ops Managers	Health & Safety														May
H&S Work at Height	Ops Managers	Health & Safety														June
H&S Slips Trips & Falls	Ops Managers	Health & Safety														September (25)
H&S COSHH	Ops Managers	Health & Safety														October (25)



Health & Safety: Violence at Work	SLT	Health & Safety															December
Duty of Candour	SLT	Whole Hospital															August/September February/March
Complaints	SLT	Whole Hospital															August/September February/March
50 Steps Cleaning (FRS Patient facing: reception, waiting rooms, corridors)	SLT	Whole Hospital															July to September
50 Steps Cleaning (FR6 Non-patient facing: Offices, Stores, Training Rooms)	SLT	Whole Hospital															July to September
<b>SAFEGUARDING LEAD</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
Safeguarding	SLT	Whole Hospital															December
<b>IPC LEAD</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
Hand Hygiene observation (5 moments)	IPC	Whole Hospital															Monthly
IPC Aseptic Non-Touch Techniques: Standard	IPC	Whole Hospital															as required
IPC Governance and Assurance	IPC	Whole Hospital															July to September
IPC Environmental Infrastructure	SLT	Whole Hospital															October to December
Sharps	IPC	Whole Hospital															August, December, April
<b>BT LEAD</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital															October to December
Blood Transfusion: Cold Chain	Blood Transfusion	Whole Hospital															As required
<b>WARD</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
Hand Hygiene observation (5 moments)	Ward	Ward															Monthly
Hand Hygiene observation (5 moments) (Downstairs Ward)	Ambulatory Care	Ambulatory Care															Monthly
IPC Management of Linen	Ward	Ward															August, February
50 Steps Cleaning (FR2)	Ward	Ward															Monthly
50 Steps Cleaning (FR2) (Downstairs Ward)	Ambulatory Care	Ambulatory Care															Monthly
Patient Journey: Safe Transfer of the Patient	Ward	Ward															August, February
Privacy & Dignity	Ward	Ward															November/December (as required)
Medical Records - Ward	Ward	Ward															July to September January to March
Medical Records - NEWS2	Ward	Whole Hospital															July to September January to March
Medical Records - VTE	Ward	Whole Hospital															July to September January to March
Essential Care: Falls Prevention	HoCS	Whole Hospital															September / October (as required)
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital															July to September
Urinary Catheterisation Bundle	HoCS	Whole Hospital															October to December
Medical Records - Patient Consent	HoCS	Whole Hospital															October to December April to June
<b>THEATRES</b>	Dept Ownership	Week	July	Aug	Sept	October	Nov	Dec	Week	Jan	Feb	Mar	Apr	May	Jun		Frequency
50 Steps Cleaning (FR1)	Theatres	Week 1															Fortnightly
Hand Hygiene Observation (5 moments)	Theatres	Week 2															Fortnightly
Surgical Site Infection (One Together)	Theatres	Theatres															Monthly
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres															October, April
Patient Journey: Intraoperative Observation	Theatres	Theatres															As required
Patient Journey: Recovery Observation	Theatres	Theatres															August/September February/March (if required)
LSO and 5 Steps Safer Surgery	Theatres	Theatres															October to December April to June (as required)
NatSSIPs Stop Before You Block	Theatres	Theatres															July to September January to March
NatSSIPs Prosthesis	Theatres	Theatres															July/August December/January
NatSSIPs Swab Count	Theatres	Theatres															July/August December/January
NatSSIPs Instruments	Theatres	Theatres															July/August December/January
NatSSIPs Histology	Theatres	Theatres															October to December April to June
Medical Records - Surgery	Whole Hospital	Theatres															July to September January to March
<b>PHYSIOTHERAPY</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
50 Steps Cleaning (FR4)	Physio	Physio															July, October, January, April
Medical Records - Therapy	Physio	Physio															July to September January to March
<b>RADIOLOGY</b>	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun		Frequency
50 Steps Cleaning (FR4)	Radiology	Radiology															July, October, January, April



LSO and 5 Steps Safer Surgery	Radiology	Radiology														July to September January to March
NatSSiPs Instruments	Radiology	Radiology														October to December April to June
NatSSiPs Histology	Radiology	Radiology														October to December April to June
Medical Records - Radiology	Radiology	Radiology														July to September January to March
Non Medical Referrer Documentation and Records	Radiology	Radiology														July, January
No Report Required	Radiology	Radiology														August, February
MRI Safety	MRI	Radiology														January, July
MRI Reporting for BLIPA	MRI	Radiology														July, November, March
CT Last Menstrual Period	Radiology	Radiology														July, October, January, April
CT Reporting for BUPA	Radiology	Radiology														August, December, April
LOCAL AUDIT - IMAGE QUALITY (Dept Average Score)	Radiology	NA														Quarterly
PHARMACY	Dept Ownership	QR Code Allocation	July	Aug	Sept	October	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun	Frequency
Safe & Secure (OPD)	Pharmacy	Outpatients														July to September January to March
Safe & Secure (Radiology)	Pharmacy	Radiology														July to September January to March
Safe & Secure (Theatres)	Pharmacy	Theatres														July to September January to March
Safe & Secure (Ward)	Pharmacy	Ward														July to September January to March
Prescribing, Supply & Administration	Pharmacy	Pharmacy														October to December April to June
Medicines Reconciliation	Pharmacy	Pharmacy														July, October, January, April

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

# Renacres Hospital Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the

Hospital Director using the contact details below.

For further information please contact:

**01704 841133**

**[www.renacreshospital.co.uk](http://www.renacreshospital.co.uk)**

Renacres Hospital

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