

Buckshaw Hospital

Quality Account 2022/23



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2021/22 (looking back)	
2.1.2	Clinical Priorities for 2022/23 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2021/22 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Buckshaw Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa

Chief Executive Officer

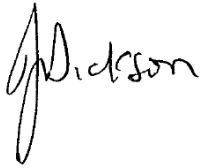
Ramsay Health Care UK

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

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

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

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



Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mr Jonathan Thewlis, Hospital Director

Euxton Hall Hospital & Buckshaw Hospital

2023 marks the 40th anniversary of Euxton Hall Hospital operating as a Hospital in Corley, this is a landmark achievement for the Hospital and one that we are very proud of. It is a testament to the dedication of the staff and Ramsay Healthcare that we will see this significant date. We will also see the second anniversary of Buckshaw Hospital's opening, and together both sites will work alongside each other to provide, standardized, and outstanding healthcare provision for the local community.

I appreciate patients are free to choose their healthcare provider and we continue to be committed to offering the highest quality of care and clinical outcomes for our patients. I am proud of my teams across all areas and for example, how we have managed our RTT times coming out of COVID with the unprecedented levels of operations cancelled due to COVID related factors. Our waiting times for NHS first appointments - for all specialty's - continue to be among the very best in the region ensuring patients are not having to wait longer than necessary to see a Consultant.

Euxton Hall Hospital & Buckshaw Hospital continue to have an open and transparent, long-established tradition of working closely with patients and external stakeholders. These include the local NHS Trusts, NHS Clinical Commissioning Groups (CCGs), General Practitioners (GP), the Care Quality Commission (CQC), the Lancashire and South Cumbria Integrated Care System (ICS) This, of course extends to our Consultants to ensure the best quality healthcare is consistently being delivered. Our Consultants and clinical teams are of the very highest standard with many of our Consultants nationally recognised for the work that they do. We have several NHS Trust Clinical Directors on board with us and this promotes a high level of transparency between Euxton Hall and our NHS Trust partners. These high standards have now been extended to the new Buckshaw Hospital with the majority of our consultants and staff now working across both of the sites. This allows patients to access the most appropriate environment for their procedure with an increased focus on day case procedures being carried out at our Buckshaw facility.

Euxton Hall & Buckshaw Hospital continues to be very proactive and responsive to all national, corporate and local policy changes ensuring safe and effective treatment of patients at all times. To support this strategically we have undergone a transition and consolidation of key service functions, another example being Euxton and Buckshaw Hospitals have one central bookings team based at Euxton. Initiatives such as this enable increased visibility of available capacity between the sites allowing us to treat patients more quickly. We also continue to work closely with local NHS Trust Hospitals supporting them with patient backlogs.

We have stable and established clinical teams at Euxton Hall who work closely with our colleagues at Buckshaw Hospital, including a joined senior clinical team who work closely together across both sites.

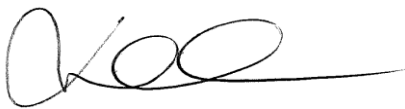
Buckshaw Hospital achieved “Good” in its CQC rating in 2023, this ensures that patient care is at the highest quality and provides consistency across both sites with Euxton Hall also achieving “Good” in its last inspection.

Finally yet importantly, our most important feedback is from our patients. As well as friends and family, we have several channels of patient feedback that is documented later on in the report. I chair a monthly customer focus group and our patient representative on the committee provides us with excellent feedback and honest opinion. As a former Euxton Hall patient, it is of great credit (after two hip replacements) she went on to win the world powerlifting championship for her age group!

1.2 Hospital Accountability Statement

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

Mr Jonathan Thewlis



Hospital Director

Buckshaw Hospital

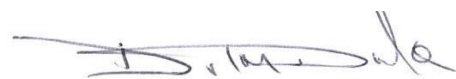
Ramsay Health Care UK

This report has been reviewed and approved by:

Sarah Wakefield, Head of Clinical Services, Buckshaw Hospital



Dr Ian Drake, Consultant Gastroenterologist, MAC Chair and Clinical Lead for JAG Accreditation, Buckshaw Hospital.



Dr Mario Calleja, Consultant Anaesthetist, Clinical Governance Committee Chair,
Buckshaw Hospital



Commissioner/PCT and other external bodies

To be confirmed

Welcome to Buckshaw Hospital



Buckshaw Hospital opened in 2021, it is a private rapid diagnostic and day surgery hospital situated on Buckshaw Village, on the outskirts of Leyland, within close proximity to Chorley and Preston. The hospital offers care to patients with private medical insurance; patients who wish to fund their own treatments (self-pay) and patients referred through the NHS Patient Choice Scheme

The hospital is registered with the Care Quality Commission to provide care and treatment for adults, age 18 years and over.

In the early months, Buckshaw Hospital have continued to meet Ramsay Health Care policy with regards to COVID 19 precautions, reinforced by PHE guidelines, enabling us to continue to support local NHS Trust hospitals in delivering surgical treatment to patients and despite the implementation of ongoing policy changes, We have treated 5,818 surgical admissions, 92% NHS patients and 8% Private patients, both insured and self-funded

There are several additional roles that form part of the shared services between Buckshaw and Euxton Hall Hospitals

These are

- Operations Manager
- Finance Manager
- Private Patient Manager
- GP Liaison Officer
- Medical records team
- Medical secretarial team
- IT lead
- Bookings lead
- Training and Development Coordinator
- HR lead

Care and treatment at Buckshaw Hospital is fully Consultant led. We currently have Consultants approved Practising Privileges in line with Ramsay Healthcare UK Policy, with strict adherence to compliance. Consultants are encouraged to submit data to PHIN which can be accessed by the general public.

We have an RMO (Resident Medical Officer) who supports the Consultants and together with the nursing team provides medical support to all our patients.

The hospital has built and continues to build excellent working relationships with our local Commissioners, Greater Preston CCG (ICB), Lancashire Teaching Hospitals NHS Foundation Trust and East Lancashire NHS Hospitals in order to deliver a joint approach to patient care delivery across the patient economy.

Buckshaw Hospital offers day case surgical facilities and allied services in the following specialties

- General surgery
- Gastroenterology
- Ear, Nose Throat (ENT)
- Urology

- Gynaecology
- Orthopaedic
- Breast
- Physiotherapy including electrotherapy; acupuncture; continence clinic; back pain clinic; chest clinic and pilates/personal training
- Diagnostic Imaging including a static MRI (Magnetic Resonance Imaging); CT (Computed Tomography); Ultrasound; Breast Tomosynthesis (3D mammography)
- Out-patient department including pre-operative assessment and phlebotomy
- On site Resident Medical Office(RMO) during hospital opening hours
- 24 hour access to senior nurse on call for patient queries following discharge from Buckshaw Hospital

To support the hospital team we have specialist lead nurses:

- **Infection Prevention and Control Lead Nurse** who ensures actions in the Infection Prevention and Control Annual Plan are completed. This evidences compliance with requirements of the 'Health and Social Act 2008 – code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Commission Standard Outcome 8 – Regulation 12
- **Resuscitation Lead** who ensures we meet the required guidance as set by the Resuscitation Council (UK) and that we have safe systems, policies, processes and protocols in place to enable us to care for patients where their condition may deteriorate. This includes working with the Training and Development Coordinator to deliver training- Basic Life Support; Intermediate Life Support, Advanced Life support, Acute Illness Management (Transfer), audit and equipment review. A Resuscitation scenario calendar is in place, ensuring skills and experience are maintained, contributing to our commitment to the delivery of safe patient care.
- **Blood Transfusion Lead** who ensures blood storage, ordering and administration processes are in line with MHRA regulations. Our lead is supported by a Consultant Hematologist within our local trust, who ensures we follow maximum blood ordering schedules. Staff receive annual mandatory training on the management of blood products and the Hemorrhage Policy is audited throughout the year by regular scenario simulation
- **Occupational Health Lead** who ensures all staff wellbeing is supported and monitored including hand surveillance, vaccinations with 67% of Buckshaw Hospital staff receiving a flu vaccine in 2022.
- **Training and Development Lead** who develops training programs and delivers training for the teams. There is bespoke in house training providing appropriate face-to-face training following any training needs analysis that identifies gaps in training requirements of individuals. The Training and Development Lead also monitors compliance to mandatory training and has recently been tasked with completing audit of clinical competency documents to ensure all staff have the required skill to deliver safe, quality patient care. delivered by the Alzheimer's Society to become 'Dementia Friends'

- **Safeguarding Lead and Safeguarding Champions** our lead physiotherapist is trained at Safeguarding Level 4, achieved through external training. We also have 3 Safeguarding champions who have achieved level 3 status and offer support and advice to our patients and staff who may be vulnerable or at risk. All employees within Ramsay Health Care carry out mandatory annual training on safeguarding and complete safeguarding competencies, which enables all staff to recognise signs of abuse and vulnerability and are able to escalate concerns appropriately.

In addition to these Specialist Lead Nurses, we also have Mental Health First Aiders who have completed training to undertake this role, as we believe the Mental Health of our staff is pivotal in enabling a positive working culture where staff feel supported and can have open and honest discussions about their Mental Health and Wellbeing in a safe environment. Improving the mental health of our employees, making them mentally resilient to stress, can improve thinking, decision-making, workflow, and relationships at work. All of these translate to increased productivity.

The role of our mental health first aiders is to provide immediate support for colleagues experiencing mental ill health by:

- Acting as a nominated contact point for individuals experiencing mental ill health.
- Promoting and raising awareness of mental health.
- Offering initial support through non-judgemental listening and guidance.
- Spotting the early signs and symptoms of mental ill health.
- Starting a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress.
- Encouraging the person to access appropriate professional support or self-help strategies

Working with the Local Community

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

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed, and through these links, processes are developed and streamlined. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Buckshaw Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider. Part of the GP Liaison's role is to coordinate a bespoke educational programme for GP Practices across the local community, which are offered on a regular basis, cover a wide range of topics and are relevant to those attending. These would previously have taken place in surgery settings but have now moved to being offered virtually (making access even easier

for clinical colleagues to attend) and still completely free of charge. From April 2022 to March 2023, education events have been delivered by Consultants from Buckshaw Hospital.

Buckshaw Hospital is committed year on year to supporting local charities. The following charities have benefitted during the year:

- £482.80 raised for local charities
- Food parcels donated to the local food bank
- Gift packs provided to a local Barnados charity
- Christmas gift bags donated to a local childrens home
- Sponsorship for the local Disability Football Club
- Support of local schools and Colleges by carrying out work and local events

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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

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

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

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

Priorities for improvement

2.1.1 A review of clinical priorities 2021/22 (looking back)

The following Clinical priorities were planned:

- Staff Engagement to ensure open and honest working relations.
- Patient Safety- Covid 19 related and Speak and Safety.
- Developing a more robust Governance Framework, working in conjunction with the Regional Ramsay Health Care Hospitals to ensure standardisation of best practice.

Patient Safety

We have worked with ever changing pathways and ensured risk assessments and consents relate to relevant Covid 19 risks on an individual basis, ensuring patient safety and delivering quality, effective care.

All of our policies and processes have been underpinned by NICE and PHE Guidelines.

Speak up for Safety is now embedded at Buckshaw Hospital and forms part of our induction process, where we actively encourage our staff to speak up should they have any concerns that a patient or colleague may be unintentionally harmed.

As an organisation, we have been committed to delivering best practice in a standardised way to offer our patients assurance of safe, quality care. Our hospital governance structure has been reviewed and embedded, to ensure robust monitoring and reporting processes. As we deliver shared services with Euxton Hall Hospital, the governance structure has been standardised, to ensure consistency at the highest standard.

2.1.2 Clinical Priorities for 2022/23 (looking forward)

Patient Safety

To develop a local clinical strategy to drive clinical excellence and ensure patient safety in line with PHE and NICE guidance. This will be a 12 month strategy, linking into our quality plan, which will set specific objectives and will be constantly reviewed and measured against national guidelines. When we are developing the clinical strategy, we do it in conjunction with our teams so that it is a strategy that supports what the teams want to achieve and addresses areas for improvement identified by the team.

The development of a dementia strategy will also be included in our clinical priorities for the coming year. This will include the training of staff to deliver holistic, individual care to our patients who have dementia.

Patient improvement projects will continue and include:

- A review of the pre-assessment and triage process for elective surgery.
- Introduction of the Patient Safety Lead Role to meet government requirements.

Clinical Effectiveness

We will continue to develop the shared services alongside Euxton Hall Hospital to ensure the planning and delivery of effective patient care. The one stop breast service has now moved to Buckshaw Hospital in relation to state of the art diagnostics, including a 3D mammography unit, static CT and MRI units. However, the inpatient care will continue to be delivered at Euxton Hall Hospital, where inpatient services are provided.

We will use quality outcome data and PROMS (Patient Reported Outcome Measures), to inform patients and our key stakeholders regarding how we are performing.

Ramsay Health Care has implemented an online platform to improve the clinical audit programme, known as Tendable. Over the next year, this programme will be developed further, to improve the effectiveness of clinical audit and enable action planning and monitoring at both local and corporate level. The local quality plan and clinical governance structure will also monitor audit results and action plans, which will then be reported into the Clinical Audit and Effectiveness Committee and the Clinical Governance Committee.

Patient Experience

We will develop a patient experience strategy with this vision at the core

“The heart of our success as an organisation is the involvement of our patients, their relatives, carers and the community to give them the best experience of care possible”.

Improving patient experience makes good sense for patients because:

- The reduction of anxiety and fear can speed the healing process and shorten a patient’s length of stay.
- The provision of information reduces post-operative complications.
- Good communication / information that enables people to self-manage their illnesses more effectively.
- Effective communication improves treatment and medications compliance.

Improving patient experience makes good business sense because:

- Patients are increasingly using the internet to rate their experience, which affects organisational reputations.

The Francis Public Inquiry (2013) investigated the events that led to patient harm and unnecessary deaths at Mid Staffordshire NHS Foundation Trust. The Government response detailed in ‘Hard Truths’ (2013) included actions for improving patient experience arising from the public inquiry and a further six commissioned independent reviews, including the Berwick Report (2013) and the Keogh Mortality review (2013). These reviews made clear recommendations for healthcare providers that patient feedback was essential.

Recommendations included:

- Preventing and detecting problems early, this includes using diverse means to gather patient feedback and taking appropriate action. Ensuring that the complaints process is more robust and that complaints are heard at Trust Board, published and action taken to improve services.
- Results and analysis of patient feedback needs to be made available to ICB's, regulators and the public, in as near 'real time' as possible and actions taken promptly. Ensuring that Friends and Family Tests (FFT) results are published for every ward within a maximum timescale of five weeks, and having systems to comply with 'Duty of Candour'.
- Ensuring accountability to develop robust processes for understanding the experiences of patients - triangulated with other quality related information. To use FFT as a catalyst for improvement and to use patient stories alongside quantitative data to make the data 'real'.
- Ensuring staff are trained, motivated and understand the positive impact that happy and engaged staff have on patient outcomes – using the NHS staff survey and staff FFT to measure staff experience.

Our Patient Experience Strategy will focus on what our patients, family & carers want & need and we will use patient views backed by research (*What Matters to Patients?*).

The Patient Experience Strategy will aim to enable and empower all staff within our hospital to feel able to put the patient experience at the heart of everything we do. The strategy will launch the start of our journey and cultural shift from 'doing to' patients, to 'working with' patients and carers.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2022/23 Buckshaw Hospital provided and/or subcontracted 9 NHS services.

- General surgery
- Gastroenterology
- Ear, Nose Throat (ENT)
- Urology
- Gynaecology
- Orthopaedic
- Breast
- Physiotherapy including electrotherapy; acupuncture; continence clinic; back pain clinic; chest clinic and pilates/personal training

- Diagnostic Imaging including a static MRI (Magnetic Resonance Imaging); CT (Computed Tomography); Ultrasound; Breast Tomosynthesis (3D mammography)

Buckshaw Hospital has reviewed all the data available to them on the quality of care in all 9 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 100 per cent of the total income generated from the provision of NHS services by Buckshaw Hospital for 1 April 2022 to 31st March 2023.

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

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

Human Resources

Staff Cost % Net Revenue – 37%

HCA Hours as % of Total Nursing – 17.26%

Agency Cost as % of Total Staff Cost – 9%

Ward Hours PPD – 25.7

Staff Turnover – 24%

Sickness – 5.07%

% Lost Time – 31%

Appraisal 82.35%

Mandatory Training 90%

Staff Satisfaction Score - staff satisfaction survey completed but score as a figure not recorded.

Number of Significant Staff Injuries - 0

Patient

Formal Complaints per 1000 HPD's – 0.17

Patient Satisfaction Score – 96%

Significant Clinical Events per 1000 Admissions – 0.37

Readmission per 1000 Admissions – 0.19

Quality

Workplace Health & Safety Score – 94.7%

Infection Control Audit Score - Monthly IPC audits average – 97%

Consultant Satisfaction Score - survey completed and awaiting results

2.2.2 Participation in clinical audit

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

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

Name of Audit	Participation (NA, No, Yes)	% cases submitted	Comments
Elective surgery (National PROMs Programme) Septoplasty	YES	Figures not yet published for Buckshaw Hospital	NHS Digital

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

Local Audits

Ramsay Health Care uses the Tendable platform to carry out local clinical audits. The reports of these local clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Buckshaw Hospital intends to take actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Any audit performed that has a score of 95% or below has an action plan put in place and then shared with the relevant clinical staff. The aim of the action is to improve compliance and practice and provide assurance of safe patient care. It is essential to measure the effectiveness of any action plan by way of re-audit.

Below are a number of examples of improvements in practice following the clinical audit process:

- In July 2022, the VTE audit scored 75%. Following the implementation of an effective action plan, the re-audit 1 months later scored 100%.
- In November 2022, a cleaning (49 steps) audit in a clinical area scored 92%. Following the implementation of an effective action plan, the score improved month on month and the last months have seen consistent audit scores of 96%.

2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Buckshaw Hospital's income from 1 April 2022 to 31st March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of Covid 19 suspension.

2.2.5 Statements from the Care Quality Commission (CQC)

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

Buckshaw 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

Buckshaw Hospital will take action to improve data quality.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other quality data, will thus improve patient care and improve value for money. Throughout the induction period, staff are trained how to obtain and input data correctly onto our electronic system and how to handle these systems confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital.

Buckshaw Hospital data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data, of which we can use to monitor and improve our quality of care and services.

NHS Number and General Medical Practice Code Validity

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

The patient's valid NHS number:

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

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30/06/2022. The status is 'Standards Met'.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Buckshaw was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

2.2.7 Stakeholders views on 2022/23 Quality Account

Awaiting response from ICB at time of publishing.

Part 3:

Review of quality performance 2022/23

Ramsay Clinical Governance Framework 2022/23

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

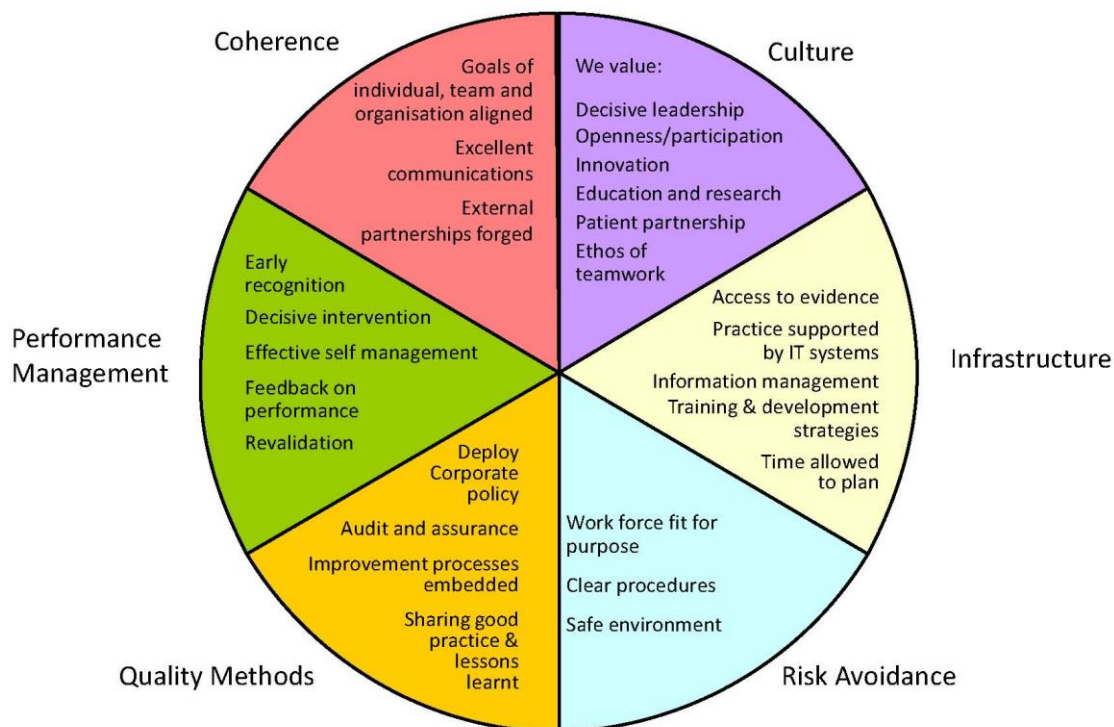
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best	Worst	Average	Period	Buckshaw
	Apr20 - Mar 21	RRV 0.6908	RM1 1.201	Average 0.008	21/22	A4M8P
	Dec21 - Nov22	R1K02 0.2456	RHCH 2.1583	Average 1.097	22/23	A4M8P

Buckshaw Hospital considers that this data is as described for the following reasons: There were no unexpected deaths at Buckshaw within the reporting period.

National PROMs

Buckshaw Hospital participates in the Department of Health PROM's survey for Septoplasty surgery for NHS and Private Patients. PROM's indicate a patients health status or health-related quality of life from a patients perspective, based on information gathered from a questionnaire that patients complete before and after surgery. PROM's offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Buckshaw	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	A4M8P
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	A4M8P	0.00

Data is no longer reported, there is no data published after 2019/20

Buckshaw Hospital considers that this data is as described for the following reasons: Buckshaw Hospital ensure patients are fully optimised prior to discharge, preventing re-admissions and a detailed assessment of the patient is undertaken by a multidisciplinary team which include Doctors, Nurses, Physiotherapists and Anaesthetists. We continue to ensure staff have the skill and knowledge to provide care to patients in their differing state of recovery and ensuring patients are not discharged home too early after treatment.

Improvements in patient education and communication has also played a key part as we begin the discharge communications early in the patient pathway (Pre assessment phase) and ensure they are fully informed of what they can expect at each stage of their recovery. Continuity of care after patients are discharged from hospital has been critical; all our surgical patients are contacted 48 hours post discharge to ensure they are continuing to recover.

Responsiveness to Personal Needs

4b Patient experience of hospital care

No longer collected

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

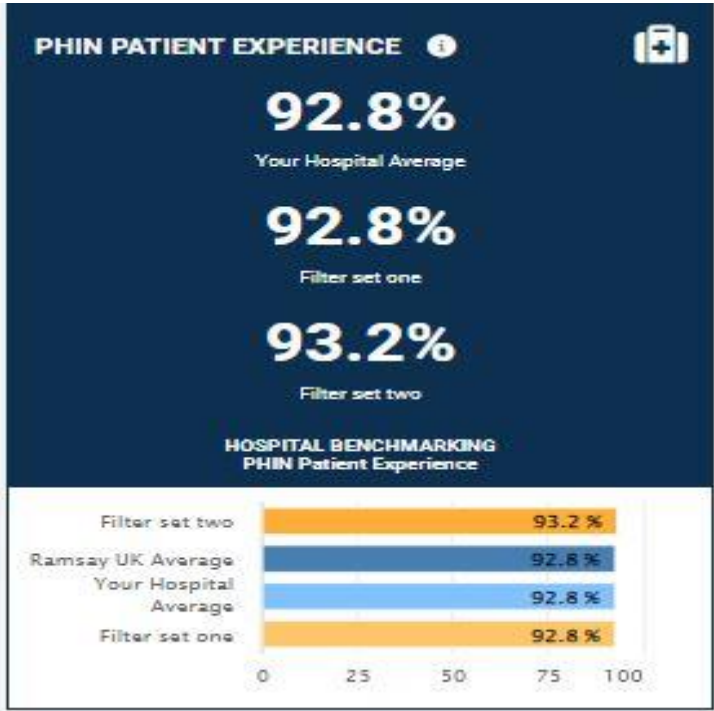
Summary of PHIN Patient Experience performance

Filter set one: Hospital: Buckshaw Hospital X

Export



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2019 - March 2020:



VTE Risk Assessment

VTE Assessment	Period	Best	Worst	Average	Period	Buckshaw
	Q1 to Q4 18/19	Severall	100%	NVCOM 41.6%	Eng	95.6%
	Q1 to Q3 19/20	Severall	100%	RXL 71.8%	Eng	95.5%
					Q1 to Q4 18/19	A4M8P
					Q1 to Q3 19/20	A4M8P

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

Buckshaw Hospital considers that this data is as described for the following reasons: Buckshaw Hospital performs VTE Risk Assessments on all admitted patients as per Ramsay Policy, which is based upon the National Institute of Clinical Excellence (NICE) Guidance 2010.

The National Institute of Clinical Excellence (NICE, 2010) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

- At Pre-Assessment
- On admission to hospital
- 24 hours after admission to hospital
- Whenever their medical condition altered
- Before discharge

- Every patient should receive information on how to continue preventative measures at home

-

To ensure we continue to achieve our goals we:

- Undertake audits to monitor compliance to VTE management
- Ensure all our clinical staff receive adequate training in the completion of VTE Assessments and actions to take
- Report any VTE events to ensure a root cause can be identified, action taken to improve and learn from events

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Buckshaw	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	A4M8P	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	A4M8P	0.0

Buckshaw Hospital considers that this data is as described for the following reasons:
Buckshaw Hospital has no C Difficile Infections to report in this reporting period.

The above demonstrates our high standards of infection prevention and control processes as there have been no cases of Clostridium Difficile Infection in this reporting period. To ensure we maintain our high standards and the quality of our services, Buckshaw Hospital:

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

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Buckshaw	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	A4M8P	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	A4M8P	0.00

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

No Severity 1 incidents to report in this reporting period.

Buckshaw Hospital report all serious incidents to the appropriate bodies for investigation and review by the CQC and Serious Incident panel. A full investigation is completed and any lapses in delivery of care are identified, and action plans formulated to address non-compliance to best practice. Lessons Learned are shared and embedded locally and with the wider organisation to ensure that patient safety is up held within Ramsay Health Care. Safe, effective care, underpinned by NICE and PHE guidance will be at the heart of our hospital strategy.

Friends and Family Test

F&F Test:	Period	Best	Worst		Average		Period	Buckshaw	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	A4M8P
Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	A4M8P	100.0%

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

Buckshaw Hospital continues to drive completion of the Friends and Family surveys with all patients who use the services offered at the hospital.

3.2 Patient safety

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

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

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

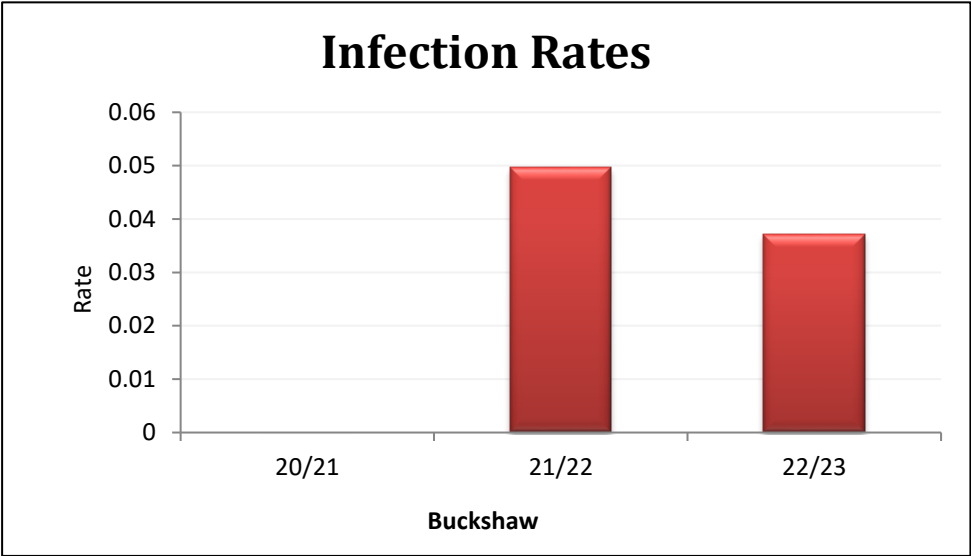
3.2.1 Infection prevention and control

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

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.

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.



As can be seen in the above graph our infection rate has decreased in the last year.

Programmes and activities within our hospital include:

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

There is a defined team responsible for infection prevention and control and clear lines of accountability for infection prevention and control matters throughout the hospital.

Head of Clinical Services (Matron) is responsible for reporting outbreaks of Infection, Serious Untoward Incidents and progress against the IPC annual plan to the Group Infection Prevention Lead of Healthcare Associated Infections.

Infection Control Doctor: A Consultant Microbiologist is our Infection Control Doctor. He has responsibility for working with the Hospital Matron and Infection Control Lead Nurse (ICLN) to support the implementation of the IPC Annual Plan, provide guidance and support in the Microbiology services; he also undertakes staff IPC education sessions.

Hospital Infection Control Lead Nurse assists Matron in the delivery of the local Infection Prevention and Control Annual Plan and undertakes the hospital lead role as the Infection Prevention and Control Lead Nurse. The ICLN provides education and training throughout the hospital, undertakes a programme of audits, Standard Operating Procedure (SOP) formulation, alert organism surveillance, Root Cause Analysis and provides infection control support.

Departmental Infection Prevention and Link Practitioners: These are frontline staff who engage in infection control activities in their area which include completing the frontline engagement audits (hand hygiene, medical devices and environmental assurance) as well as acting as role models and conduits for infection control issues.

Antimicrobial Pharmacist / Guardian: Our Pharmacy Manager is our antimicrobial pharmacist. Key responsibilities of the role are leading and reporting progress on antibiotic prescribing and management in the hospital, supporting antimicrobial stewardship by working closely with clinical teams, performing audits in line with National Guidance, providing training with regard to antimicrobial stewardship to clinical staff, supporting the development and monitoring of antimicrobial policies with the clinical Consultant Microbiologist and clinical teams.

Our Plan 2022-2023 at Buckshaw Hospital.

The IPC lead, link practitioners and key infection prevention committee members have agreed the 2022/2023 actions which will facilitate best practice in Infection Prevention and Control at Buckshaw Hospital. Buckshaw Hospital will continue to maintain and meet the requirements of the Health and Social Care Act (2008) 'Code of Practice on the Prevention and Control of Infections and Related Guidance (*July 2015*)'. Key policies and practices demonstrate compliance with The Health and Social Care Act 2008 however, Buckshaw Hospital accepts further challenges exist to meet and fully evidence compliance. To further enhance infection prevention and control standards at Buckshaw Hospital, which will provide our patients and the public assurance that we are safe, effective, responsive, caring and well led when it comes to ensuring adherence to infection prevention standards. Buckshaw Hospital will focus on areas where standardisation of practice can reduce risk to patients, improve compliance to policy, and increase the effectiveness of training.

IPC Training

The Face-to-Face Training covers

- Hand Hygiene including practical a hand washing assessment.
- Healthcare Acquired Infections.
- Uniform Policy.

- Environmental Hygiene.
- Decontamination.
- Personal Protective Equipment.
- Health Surveillance (skin).
- Safe Handling and Disposal of Sharps.
- Needle/ Sharp Injury Prevention.
- Waste Disposal (linen, sharps etc....).
- The Role, Responsibilities and Contact Information for the ICLN.
- Cleaning Schedules.

Cleaning and Environment:

We undertake quarterly hospital wide environment audits and monthly cleaning audits. Progress has been made in hospital cleanliness and compliance of cleaning schedule completion reviewed at the monthly Infection Prevention Links meetings.

Infection Prevention and Control Audits undertaken during 2022/23

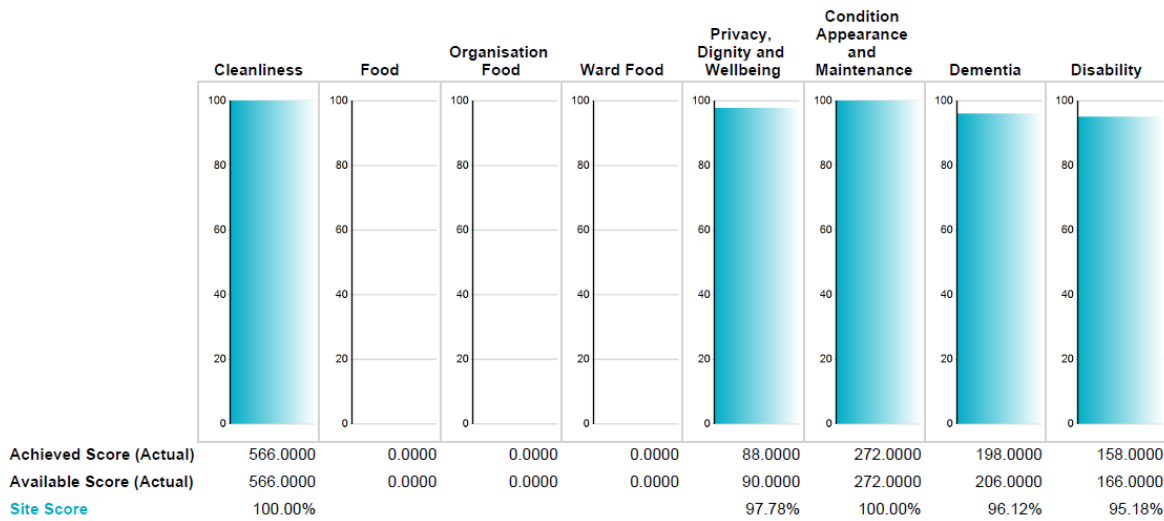
Buckshaw Hospital performed 'objective auditing' to measure compliance of Infection Prevention and Control practices and policy compliance. The audits provided assurance that the training and education are working to safeguard patients from infections. Audits were performed by auditors who took an objective overview of the criteria, where any audit did not meet >95% compliance, SMART action plans were formulated and actions completed by the Head of Department, IPC Lead, and IPC link.

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 Buckshaw 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.

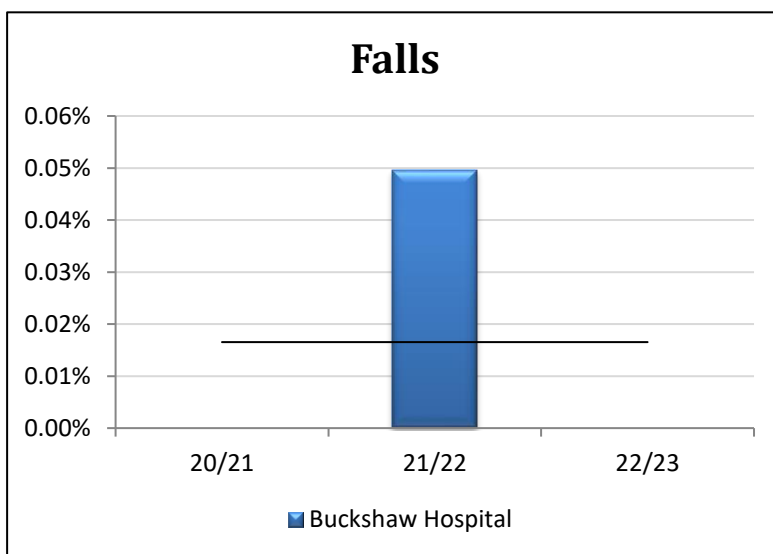


3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety.

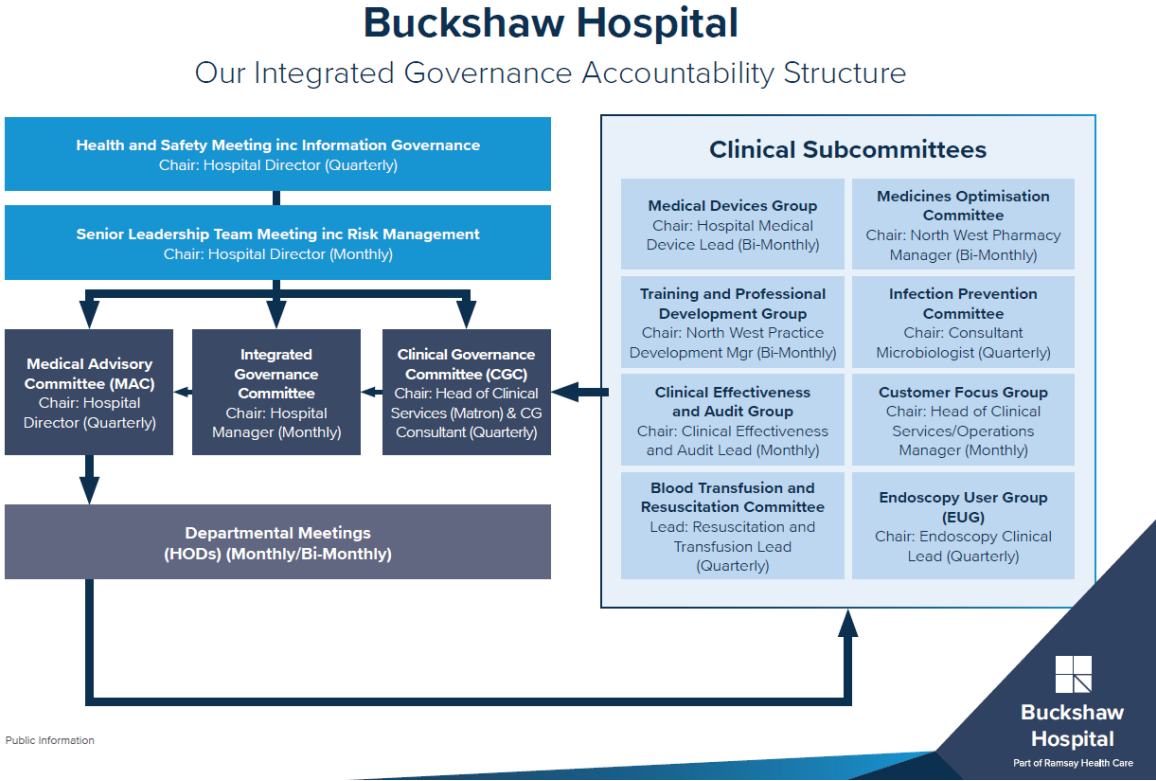
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

Rate per 100 discharges:



3.3 Clinical effectiveness

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

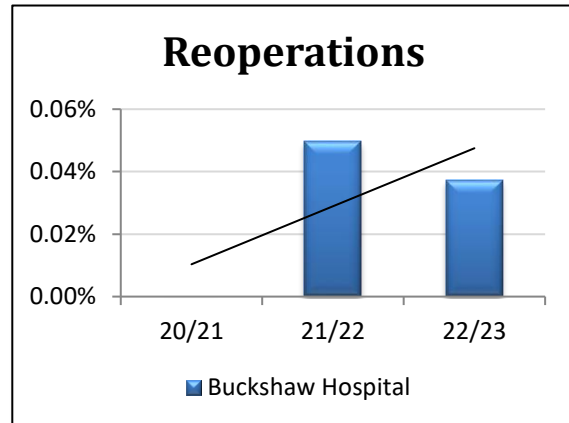
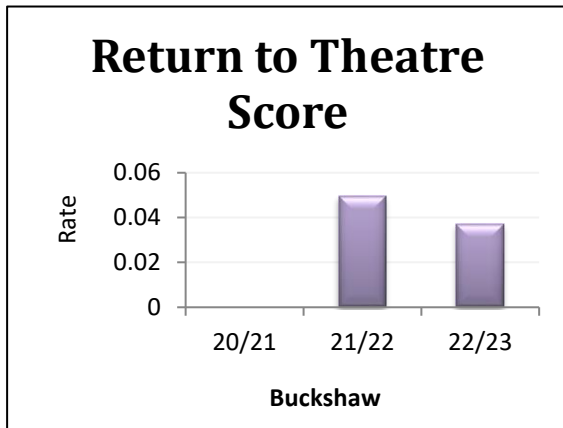


3.3.1 Return to theatre

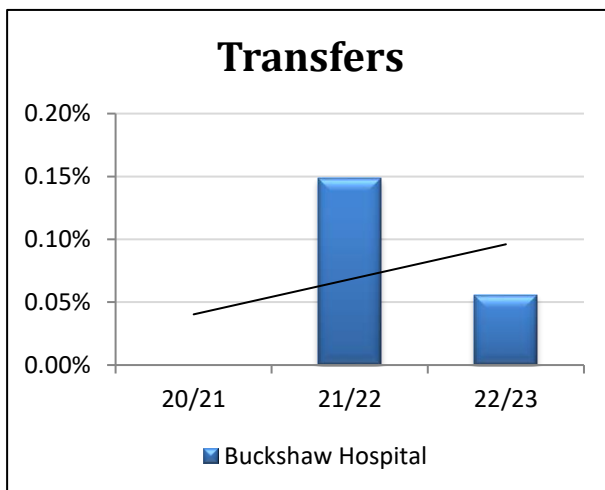
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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

As can be seen in the above graphs our returns to theatre rate has decreased over the last year.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been no patient deaths at Buckshaw Hospital in this reporting period.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistle-blowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure

should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

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

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

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

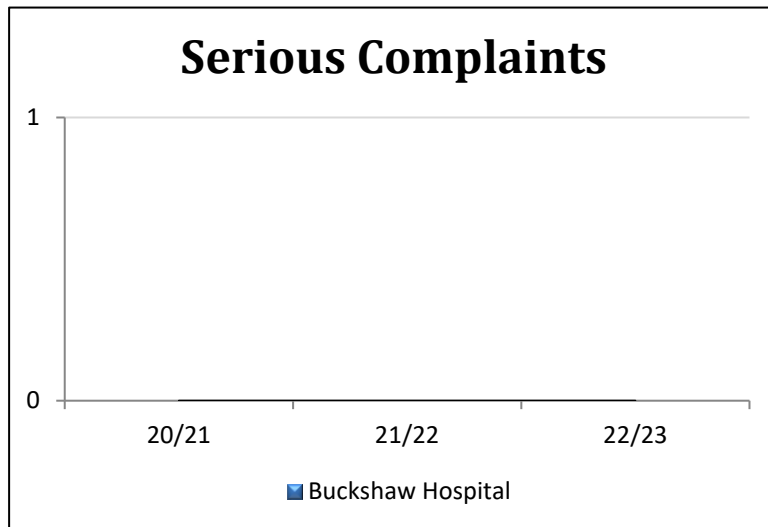
3.4 Patient experience

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

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

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

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



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

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

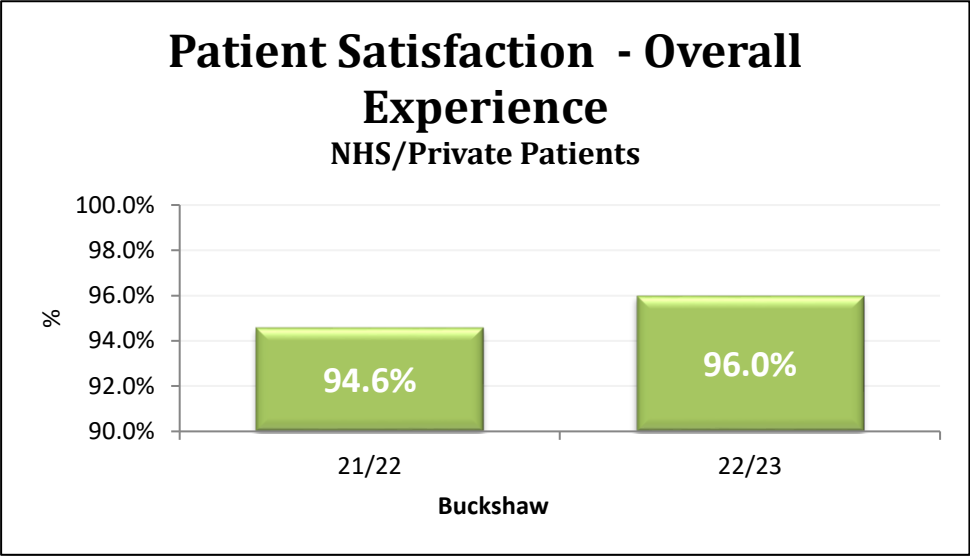
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay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

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on

their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



Appendix 1

Services covered by this quality account

Regulated Activities – Buckshaw Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Dermatology, General Surgery, Orthopaedics, Urology, ENT, Gynaecology, Gastroenterology	All adults 18 yrs. and over
Surgical Procedures	Ambulatory and Day Surgery only General surgery including Laparoscopic inguinal hernia repair & breast surgery Orthopaedics Gynaecology Urology ENT Gastroenterology	All adults excluding: <ul style="list-style-type: none"> • Exclusion Criteria • Patient who have any of the following will not be a suitable for treatment at the unit : • Zero tolerance to abusive or aggressive patients. • No suitable support at home. . • Unstable ASA 3 and above. • Blood disorders (haemophilia, thalassaemia). • On Renal dialysis. • A history of malignant hyperpyrexia/hyperthermia • A psychiatric history or have severe mental health • A need for ventilator support post operatively. • Any requirement for planned high dependency care. • Limited mobility due to breathlessness. • Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months. • Patients with a BMI 40 or above will not be considered for a General anaesthetic • An MI (heart attack) in the last 6 months. • Stents(cardiac) inserted in the last year • CVA (stroke) in the last 6 months. • Angina classification 3-4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest). • However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment <p>All patients must meet social/clinical criteria for day surgery</p>
Diagnostic and screening	GI physiology, Imaging services- static MRI, CT, Ultrasound, 3D Mammography & Breast screen, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 yrs. and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

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

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



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

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

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Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLTL	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
LIN	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
A4M8P	Code for Buckshaw 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

Buckshaw Hospital

Ramsay Health Care UK

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

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Hospital Director using the contact details below.

For further information please contact:

Hospital phone number

01257 449999

Hospital website

www.buckshawhospital.co.uk

Hospital address

Buckshaw Hospital

Matrix Park

Eaton Avenue

Buckshaw Village

Lancashire

PR7 7NA