

Buckshaw Hospital & Euxton Hall Hospital

Quality Accounts
2023/24



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Euxton Hall Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa
Chief Executive Officer

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

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

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

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

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



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Buckshaw and Euxton Hall 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 Mrs Fiona Thornhill, Hospital Director Fulwood Hall Hospital

Welcome to Euxton Hall Hospital and Buckshaw Hospital's Quality Account. 2023/24 has seen the hospital grow from strength to strength across several areas. We continue the excellent work across the hospital teams to improve patient satisfaction and clinical quality outcomes. The hospital's vision remains to be the leading healthcare provider where clinical excellence, safety, care and quality are at the heart of everything we do. The Quality Account outlines our performance over the past year and describes our priorities for the year ahead. I am pleased to report that we have continued to achieve extremely high patient satisfaction scores. By involving and listening to our stakeholders and acting on patient feedback, we have been able to identify areas of good practice and key areas to focus on to improve patient care. Whilst patient and stakeholder feedback is very important, a range of other measures based on patient safety and clinical effectiveness are used to provide assurances that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other healthcare professionals. Further information on these measures and outcomes are evident throughout the Quality Account. As Hospital Director at Euxton Hall and Buckshaw Hospital's, ensuring the delivery of high standards of clinical care for our patients remains my highest priority. The Quality Account is an accurate representation of the hospital's performance and outlines the ongoing initiatives to continuously improve the quality of services that we provide. We are and will remain, a hospital that is totally committed to patient centric care.



Fiona Thornhill
Hospital Director

1.2 Hospital Accountability Statement

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

Mrs Fiona Thornhill

Hospital Director

Buckshaw and Euxton Hall Hospitals

Ramsay Health Care UK



This report has been reviewed and approved by:

Euxton Hall MAC Chair

Dr Mario Calleja



Buckshaw and Euxton Hall Clinical Governance Committee Chair

Mr Khalil Abdo



Buckshaw Hospital Head of Clinical Services

Sarah Wakefield



Euxton Hall Hospital Head of Clinical Services

Dawn Sumner

A handwritten signature in black ink, appearing to read "Dawn Sumner", with a small flourish at the end.

Welcome to Buckshaw & Euxton Hall Hospitals



Buckshaw & Euxton Hall Hospitals are two of Lancashire's premier private hospitals, located on the outskirts of Chorley, near Preston and Wigan. Each facility is registered with the Care Quality Commission to provide safe, convenient, effective, and high-quality treatments for patients of all ages, excluding children under 18. Services are available to those with medical insurance, self-paying patients, and NHS referrals.

Euxton Hall Hospital currently has 32 registered beds, each featuring ensuite facilities for complete privacy, and a digital television. All our private patients are automatically assigned a single room with these amenities. Additionally, they receive a newspaper of their choice, toiletries, and an à la carte menu. Buckshaw Hospital is a state-of-the-art day case facility that opened its doors in October 2021. The hospital has built an excellent reputation for delivering, safe, good quality, effective care.

Each hospital features two fully equipped ultra-clean air theatres and a minor operations room. We specialise in elective surgery, with Euxton Hall primarily focusing on orthopaedics. Procedures offered include arthroscopy, hip and knee replacements, upper limb surgery, and spinal surgery, alongside general surgery, breast surgery, gynaecology, and cosmetic surgery.

Buckshaw Hospital, in partnership, also offers general surgery, breast surgery, and gynaecology, along with specialties in gastroenterology, ear, nose, and throat (ENT) surgery, and urology. Buckshaw boasts comprehensive physiotherapy services, including electrotherapy, acupuncture, a continence clinic, a back pain clinic, a chest clinic, and Pilates/personal training. It also provides diagnostic imaging services, including a static MRI (Magnetic Resonance Imaging), CT (Computed Tomography), ultrasound, breast tomosynthesis (3D mammography), and rapid access to breast care services supported by state-of-the-art diagnostic radiology facilities.

Additionally, both hospitals offer a pre-operative assessment service, allowing for the evaluation and review of patients at the decision point for treatment, thereby providing a better, more streamlined patient experience.

The hospitals have built up excellent working relationships with our local Commissioners, Greater Preston CCG (ICB), the local Lancashire Teaching Hospitals NHS Foundation Trust, and Wrightington, Wigan and Leigh NHS Foundation Trust in order to deliver a collaborative approach to patient care delivery across the patient economy.

Care and treatment provided at Buckshaw & Euxton Hall Hospitals are Consultant led. All of our Consultants have practicing privileges in line with Ramsay Policy. Consultants are encouraged to submit data to Private Healthcare Information Network (PHIN), which can be accessed by the general public.

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

Euxton Hall Hospital collaborates with The Commissioning for Quality and Innovation (CQUIN) payments framework. This framework encourages care providers to share and continuously improve care delivery, ensuring transparency and overall enhancement of healthcare. For patients, this commitment translates to ongoing improvements in their experience, involvement, and outcomes. Although the pandemic has temporarily paused CQUIN, halting new data collection for the current year, the development and implementation of Personalised Health Care Plans for patients, initiated under a previous CQUIN, have continued. Buckshaw Hospital has not yet received a request to participate in a CQUIN.

As Buckshaw & Euxton Hall Hospitals now work closely together, several additional roles have been identified as part of the shared services between the two hospitals:

- Hospital Manager
- Operations Manager
- Finance Manager
- Private Patient Manager
- Business Relations Manager
- IT Lead
- Administration Manager
- Training and Development Coordinator
- HR Lead

We also have specialist lead nurses in place to support the two hospitals:

Infection Prevention and Control Lead Nurse who ensures actions in our 2023/2024 Infection Prevention and Control Annual Plan are completed. This evidences compliance with requirements of the 'Health and Social Care 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 - Cleanliness and Infection Control.

Resuscitation Lead who ensures we meet guidance set by the Resuscitation Council (UK) and we have safe systems, policies, processes and protocols, which enable us to care for patients where their condition may deteriorate. This includes 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 care to our patients.

Training and Development Coordinator who develops training programmes 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.

Blood Transfusion Lead who ensures our blood storage, ordering and administration processes are in line with MHRA regulations. Our lead is supported by a Consultant Haematologist within our local Trust, who ensures we follow maximum blood ordering schedules. Staff receive annual mandatory training on blood products, prescribing, storage, administration and we have a clear massive haemorrhage policy, which is tested by regular scenario simulation throughout the year.

Dementia Champion – a registered nurse who has undergone external training at a level to offer support and advice to any of our patients who may suffer from dementia. It is vital that we understand and meet the personal needs of all of our patients with the knowledge and skill requires to achieve this. A number of our clinical staff have also attended training delivered by the Alzheimer’s Society to become ‘Dementia Friends’. Dementia and disability aids are available to our admitted patients as required.

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 E-learning, which enables all staff to recognise signs of abuse and vulnerability and can escalate concerns appropriately.

Occupational Health Lead who ensures staff wellbeing is supported, from up to date vaccinations, to the monitoring skin (hands) surveillance of clinical staff, and delivers staff education about the importance of flu vaccinations. 84% of our staff received a flu vaccination in the winter of 2023.

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 Well Being 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 access to 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 & Euxton Hall Hospitals continue 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 Business Relations Manager 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 Business Relations Manager'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 our hospitals and have access to any information that can assist General Practitioners and medical staff when referring into a secondary care provider.

Part of the Business Relations Manager'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 2023 to March 2024, successful education events have been delivered by Consultants from Euxton Hall Hospital.

Buckshaw & Euxton Hall Hospitals are committed year on year to supporting local charities. The following charities have benefitted during the year:

- MacMillan Cancer Support - £72.63
- Derian House Children's Hospice - £2305.98

The charities sponsored are selected by the hospitals staff through the Engagement and Innovation Group.

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

On an annual cycle, Buckshaw & Euxton Hall Hospitals develop 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.

At Buckshaw & Euxton Hall Hospitals, the patient experience is at the core of everything we do. We aim to understand what matters most to our patients, their relatives, and carers so that we can continuously improve the quality of our services.

Our Quality Improvement Programme focuses on three key areas: patient experience, patient safety, and the clinical effectiveness of care and treatment. Through our Quality Account, we aim to provide accurate, timely, meaningful, and comparable metrics that enable our partners to assess our progress in achieving our vision.

People are central to ensuring we operate safely. All staff members are united by a common goal and purpose - to achieve zero avoidable harm. To support our employees in this mission, we have implemented mandatory systems and processes throughout the hospitals to protect and care for our patients, members, and staff.

Priorities for improvement

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

The following Clinical priorities were planned;

- To develop a local clinical strategy to drive clinical excellence and ensure patient safety in line with PHE and NICE guidance.
- A review of the pre assessment and triage process for elective surgery.
- To develop a Dementia Strategy to ensure we are delivering holistic, individual care to our patients with dementia.

As an organisation, we are committed to delivering best practices in a standardised manner to ensure patients receive safe, high-quality care. Our local clinical strategy has been reviewed and integrated into our journey towards excellence, with a commitment to continuous improvement and risk management. This ensures patient safety by developing and retaining a knowledgeable workforce.

A review of our pre-assessment and triage process has enabled us to adopt a more collaborative approach to service provision, emphasising a more streamlined and improved patient experience. Patients who receive a decision to treat will now undergo a triage at that point, followed by a face-to-face pre-assessment and any necessary investigations.

We have focused extensively on providing a more holistic, individualised care pathway for our dementia patients when visiting our hospitals. We offer face-to-face Dementia Awareness Training delivered by the Alzheimer's Society to our staff, supplemented by online learning modules. These dementia e-learning modules are designed to equip health and social care staff with approaches to support people living with dementia and their family carers, helping them live as well as possible. These sessions were developed in collaboration with experts by experience - people living with dementia and their family carers.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

Staff Engagement

Our front line staff will play key roles in improving patient care and innovations of safe care will be celebrated. Services will be delivered with the full participation of those who use them, staff and external partners as equal partners.

In our journey to achieving outstanding we realise that 'staff engagement is key'; this is supported by several studies which have shown that employee engagement is one of the top variables correlating to mortality, complications, accidents on the job, patient safety, clinical outcomes, staff turnover, and absenteeism.

Unfortunately, leaders often confuse employee engagement with employee appreciation or staff satisfaction; however, this is setting the bar too low. A satisfied employee may show up to work on time, do the minimum amount of work required, and be somewhat satisfied; however, true engagement is very different. True employee engagement is the emotional commitment employees have to the company and its goals. When employees are truly engaged, they care, give discretionary effort and go the extra mile.

How Will We Engage Our Staff?

Communicate Our Vision:

Share our vision with all employees through 'staff forums'.

Ensure senior leaders consistently role model this vision.

Involve Staff in Strategy Development:

Engage all staff as stakeholders in developing the hospital strategy.

Conduct Employee Engagement Surveys:

Regularly gather staff feedback through surveys and act on their input with a "You said, we did" approach.

Aim for a response rate exceeding 90% in staff survey completion.

Train and Develop our Senior Leaders:

Provide training for senior leaders on fostering growth, trust, and healthy relationships with employees through compassionate leadership.

Leaders will be driven by a shared purpose, inspiring and motivating staff to succeed.

Through compassionate leadership, leaders will:

Pay close attention to all staff and understand the challenges they face.

Respond empathetically and take thoughtful, appropriate action to support them.

PSIRF

Ramsay has introduced the Patient Safety Incident Response Framework (PSIRF) established by the NHS. This framework aims to develop and maintain effective systems and processes for responding to patient safety incidents, fostering a culture of learning and improvement. PSIRF has replaced the Serious Incident Framework (2015).

This framework represents a significant shift in how we handle patient safety incidents and is a crucial step toward establishing a comprehensive safety management system across our hospitals. It is a key component of our patient safety strategy.

PSIRF supports the development and maintenance of an effective patient safety incident response system by integrating four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learn from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening the response system's functioning and improvement.

Our hospitals responsibilities include ensuring that roles, training, processes, accountabilities, and responsibilities of staff are in place to support an effective organisational response to incidents.

Clinical Effectiveness

Buckshaw & Euxton Hall Hospitals utilise a web-based cloud application called 'Tendable' for their annual clinical audit program. This platform provides staff with an intuitive interface to input data against predefined criteria, analyse results in real time, generate exportable reports, facilitate action planning, and notify managers upon completion of reviews.

Features of the Tendable app include:

User-friendly interface suitable for staff at all levels.

Compatibility with various devices, including work mobiles.

Capability to capture photographs to support evidence against specific criteria.

Automatic notification process for results to both local and central managers.

Real-time reports for the numerous reviews and audits conducted throughout Ramsay UK.

Each department in our hospital appoints an Audit Champion responsible for ensuring the completion of all monthly audits and action plans.

Our objectives for implementing Tendable are:

Streamlining the time required for conducting and reporting quality audits.

Promptly addressing any issues identified through audits.

Enhancing staff engagement with quality audits.

Improving staff understanding of quality standards.

Elevating the overall quality of care provided.

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 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 ICBs, 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 and carers want and 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

Euxton Hall Hospital

During 2023/24 Euxton Hall Hospital provided and/or subcontracted 9 NHS services.

Euxton Hall 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 2023 to 31st March 2024 represents less than 100% of the total income generated from the provision of NHS services by Euxton Hall Hospital for 1 April 2023 to 31st March 2024

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

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

Human Resources

Staff Cost % Net Revenue – 33.7%

HCA Hours as % of Total Nursing – 49.49%

Agency Cost as % of Total Staff Cost – 5.7%

Ward Hours PPD – 33.9%

Staff Turnover – 21.25%

Sickness – 3.1%

% Lost Time – 22.1%

PDR – 76.4%

Mandatory Training E Learning - 97%

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 – 0.1%

Patient Satisfaction Score – 95.9%

Significant Clinical Events per 1000 Admissions – 2.14%

Readmission per 1000 Admissions – 0.86%

Quality

Workplace Health & Safety Score – 93.6%

Infection Control Audit Score - Monthly IPC audits average – 94.9.4%

Consultant Satisfaction Score - survey completed and awaiting results

Buckshaw Hospital

During 2023/24 Buckshaw Hospital provided and/or subcontracted 9 NHS services.

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 2023 to 31st March 2024 represents 92% of the total income generated from the provision of NHS services by Buckshaw Hospital for 1 April 2023 to 31st March 2024.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The

balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Human Resources

Staff Cost % Net Revenue – 39.8%

HCA Hours as % of Total Nursing – 49.49%

Agency Cost as % of Total Staff Cost – 3%

Ward Hours PPD – 19.8%

% Staff Turnover – 17.3%

% Sickness 1.73%

% Lost Time – 18.6%

PDR – 81%

Mandatory Training E Learning – 97%

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 - 0.19

Patient Satisfaction Score – 95.9%

Significant Clinical Events per 1000 Admissions – 3.1%

Readmission per 1000 Admissions – 0

Quality

Workplace Health & Safety Score- 94.7%

Infection Control Audit Score - Monthly IPC audits average – 99.4%

Consultant Satisfaction Score - survey completed and awaiting results

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Buckshaw & Euxton Hall Hospitals participated in a number of national clinical audits, these audits 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.

Euxton Hall

Project name (A-S)	Provider organisation	% of Cases Submitted
British Spine Registry	Amplitude Clinical Services Ltd	67%
Elective Surgery (National PROMs Programme)	NHS Digital	Over 70%
National Joint Registry 2, 3	Healthcare Quality improvement Partnership	100%
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	0
Surgical Site Infection Surveillance	Public Health England	100%
AQUA – Hips and Knees	Advancing Quality Alliance	Hips- 100% Knees – 100%

Buckshaw Hospital

Project name (A-S)	Provider organisation	% of Cases Submitted
Elective Surgery (National PROMs Programme)	NHS Digital	Over 90%
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	0
Surgical Site Infection Surveillance	Public Health England	0

The reports of these national clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and both hospitals intends to take the required actions to improve the quality of healthcare provided.

Local Audits

The reports of 134 local clinical audits combined from both Buckshaw & Euxton Hall Hospitals from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and both hospitals intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Ramsay Health Care uses the Tendable platform to carry out local clinical audits. The reports of these audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and our hospitals are required to take actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Any audit scoring below 95% prompts the development of an action plan, which is then shared with the relevant clinical staff. The goal of these action plans is to enhance compliance and practice, ensuring the provision of safe patient care. It's crucial to measure the effectiveness of these action plans through re-audits.

2.2.3 Participation in Research

There were no patients recruited during 2023/24 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 & Euxton Hall Hospital's income from April 1, 2022, to March 31, 2023, was not contingent upon meeting quality improvement and innovation objectives through the Commissioning for Quality and Innovation payment framework due to its suspension following COVID 19.

2.2.5 Statements from the Care Quality Commission (CQC)

Buckshaw & Euxton Hall Hospitals are required to register with the Care Quality Commission and its current registration status on 31st March 2024 is registered without conditions.

Euxton Hall 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 & Euxton Hall Hospitals will be taking the following actions to continue to improve data quality:

- Further update to our electronic patient record system, Maxims is planned in July 2023 ensuring continued improvements to our electronic patient records. A small number of records will remain as paper documents, but electronic data collection of care pathways will ensure improved completion of records within mandatory fields.
- Any employee who scans patient information onto the Maxims system will have appropriate training and a competency document completed.
- The scanning of all paperwork has undergone a two-tier checking system and has been externally audited for accuracy. Euxton Hall has achieved 100% in these audits.
- Spot checks completed by Senior Leadership Team are completed to ensure data accuracy.
- Data quality issues are escalated, investigated, and actioned; lessons learnt, processes reviewed and sharing with teams as necessary.
- Internal Information Security Audited and action plan devised.
- Information Security E-learning is completed by all employees with 100% compliance.

NHS Number and General Medical Practice Code Validity

Buckshaw & Euxton Hall Hospitals 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:

- 99.7% for admitted patient care;
- 99.9 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is ‘Standards Met’. The 2023/2024 submission is due by 30th June 2024.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Euxton Hall Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Euxton Hall	2023	98%	91%	98%	96%

Buckshaw Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Buckshaw		No results	No results	No results	No results

2.2.7 Stakeholders views on 2021/22 Quality Account

Lancashire and South Cumbria ICB (LSCICB)

Lancashire and South Cumbria ICB (LSCICB) welcomes the opportunity to review and comment on the annual Quality Account from Ramsay Health Care (RHC) for Euxton Hall Hospital and Buckshaw Hospital for 2023/24.

Commentary provided in this response letter relates to services commissioned by LSCICB as well as acknowledging improvement work that RHC has undertaken during 2023/24 and resulting outcomes, where available. We have a continued commitment to commissioning high quality services from RHC and take seriously their responsibility to ensure that patients' needs are met by consistent and high standards of safe care, provision of effective services and that the views and expectations of patients and the public are listened to and acted upon.

It is reassuring to see that Buckshaw Hospital achieved a "Good" rating in its Care Quality Commission (CQC) inspection held in 2023. This is supported by Euxton Hall's "Good" rating from CQC following their inspection in 2016. In 2018, RHC 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. LSCICB are pleased to note that Euxton Hall and Buckshaw have mental health first aiders embedded across the staff team, and currently training up some master trainers to ensure that Speak Up for Safety continues to be embedded as a priority in the organisation.

In relation to the clinical priorities for 2023/24, LSCICB is pleased to see a continued focus on working with the local community, supported through the appointment of a Business Relations Manager, to work with local healthcare professionals within the community to ensure they are fully aware of the services on offer within RHC (Euxton Hall Hospital and Buckshaw Hospital). They will also work with GP practices to co-ordinate a bespoke educational programme to cover a wide range of topics; these will be offered virtually to make access easier for clinical colleagues to attend and remain free of charge.

LSCICB acknowledges the ongoing commitment to patient engagement and feedback and are pleased that RHC at Euxton Hall Hospital and Buckshaw Hospital will be aiming to produce a Patient Experience Strategy. This is reflected in the Friends and Family Test (FFT) response recorded in February 2023, which was 98.8% for Euxton Hall Hospital and 100% for Buckshaw Hospital. Both sites have engaged in a range of audits and quality improvement projects. Up to date information is unfortunately not available, but LSCICB notes the new process for inputting FFT information to improve the responses. Local patient survey's do demonstrate an increasing trend of patient satisfaction across both sites which is positive to see.

Euxton Hall Hospital and Buckshaw Hospital have had no reports of MRSA and no reports of C. Difficile in 2023/24. LSCICB acknowledges the surgical site infection review that has been undertaken and the changes to prophylactic antibiotics now used within joint replacement surgeries, it is noted that these infections were responsible for increase in readmissions at Euxton Hall and acknowledge the further action plans in place to continue to monitor the rates. LSCICB will continue to seek updates and assurance through quarterly Quality Review Meetings with RHC.

There has been an increase in transfers at both sites and an increase in return to theatre rates at EHH. A thematic review has been undertaken, however did not revealed any particular trends but did note that patients have more comorbidities and therefore procedures are more complex when being undertaken. LSCICB would welcome further analysis and improvement actions to enhance pre and post operative care.


There has been an increase in the number of falls reported across both sites. Post falls analysis has been undertaken, and 'call don't fall' signs have been implemented in every patient bedroom, bathroom and toilet facilities within the hospital. LSCICB would encourage cross site working to consider further improvement actions to support sustained reduction in falls.

There have been no serious incidents or Never Events during 2023/24, and no serious complaints for either site. Additionally, RHC are demonstrating their focus on improvement by including the development of a Dementia Strategy within their clinical priorities for this year. This will provide staff with training around delivery of a holistic and individualised care approach for patients with dementia.

It is disappointing to note the higher turnover of staff across both Euxton Hall and Buckshaw (21.25% and 17.3% respectively) LSCICB look forward to seeing the impact of the forward plan to improve staff engagement and see the impact of this in the 2024/25 quality account.

We look forward to working closely with RHC with the 2024/2025 priorities (increasing staff engagement, embedding of Patient Safety Incident Response Framework (PSIRF), improving clinical audit analysis through a web-based cloud application and developing a patient experience strategy) and further developing our collaborative partnerships to continue to improve the quality of care to our patients.

Yours sincerely



Sarah O'Brien

Part 3: Review of quality performance 2023/24

Ramsay Clinical Governance Framework 2023/24

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

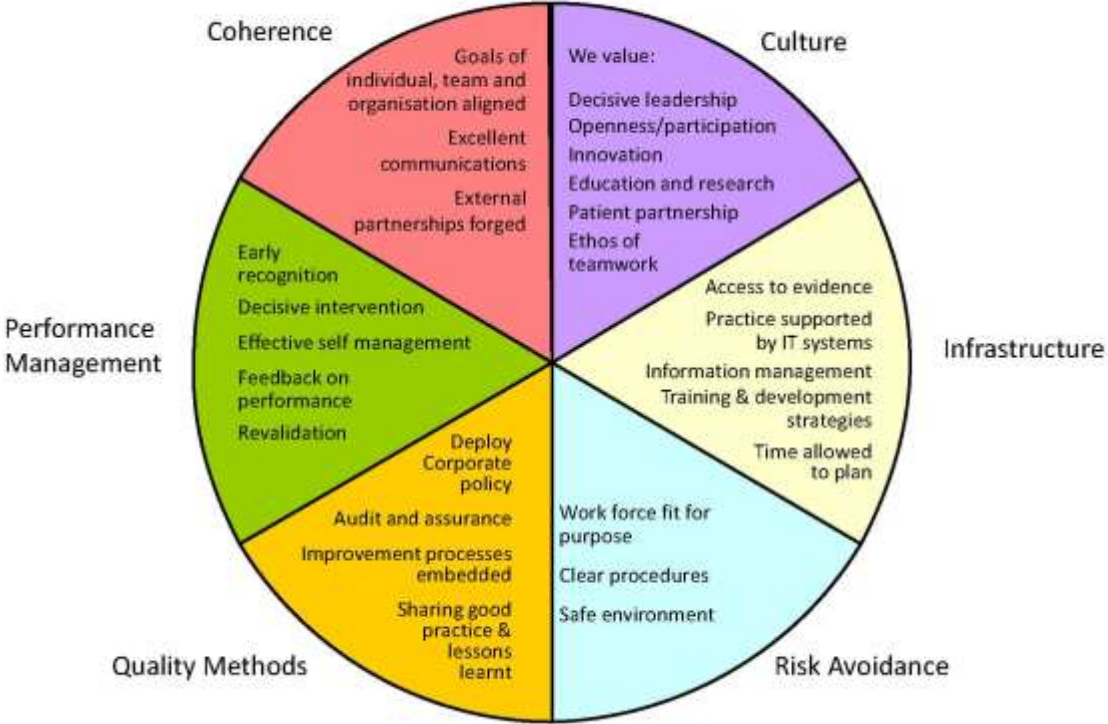
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

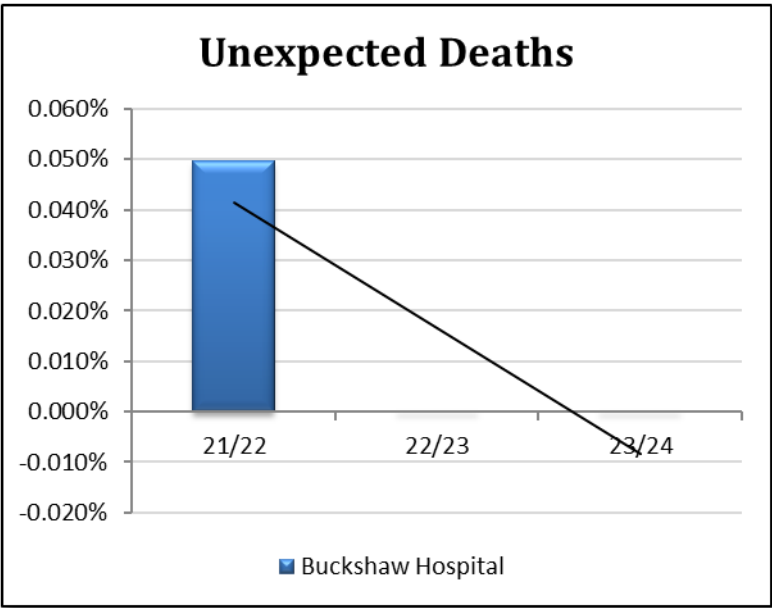
3.11 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Euxton	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC05	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC05	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC05	0.0000

Euxton Hall Hospital considers that this data is as described for the following reasons: there have been no unexpected deaths within the reporting period.

Mortality:	Period	Best		Worst		Average		Period	Buckshaw	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	A4M8P	0.0005
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	A4M8P	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	A4M8P	0.0000



Buckshaw Hospital considers that this data is as described for the following reasons: there have been no unexpected deaths within the reporting period.

National PROMS

PROMS:	Period	Best		Worst		Average		Period	Euxton	
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC05	21.881
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC05	25.148
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC05	24.149

PROMS:	Period	Best		Worst		Average		Period	Euxton	
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC05	17.832
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC05	17.610
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC05	20.297

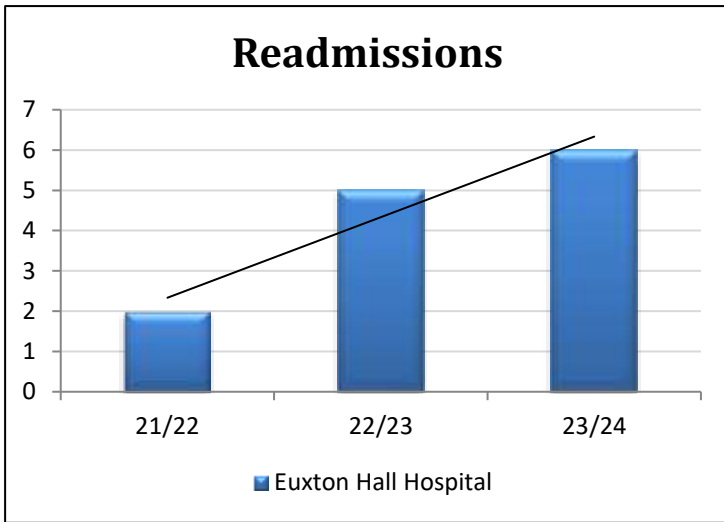
Firstly, patients admitted to the hospital undergo rigorous triage to ensure they meet strict admission criteria. This selective process typically results in patients having a higher pre-operative health score, as those with multiple severe co-morbidities are not accepted, ensuring treatment in the safest environment possible. Consequently, post-operative health gain may appear slightly below the national average. To offer a more meaningful comparison, Euxton Hall Hospital scrutinises the Patient Reported Outcome Measures (PROMS) report in detail, focusing on post-operative scores.

Despite these considerations, the data indicates that patients undergoing hip or knee replacement at Euxton Hall Hospital achieve a slightly higher health gain than the national average. To enhance this outcome and ensure service quality, Euxton Hall Hospital has implemented several measures. During the reporting period, they maintained a ward nurse as a PROMS champion, tasked with improving data collection to sustain the monitoring of patient health gains. Additionally, they introduced ePROMS for hip and knee replacements, resulting in a notable improvement in data collection percentage for better comparison to national scores. Close monitoring of National Joint Registry (NJR) results enables the identification of areas of exceptional practice and highlights any potential outliers, facilitating the establishment of appropriate action plans to enhance patient outcomes.

Readmissions within 28 days

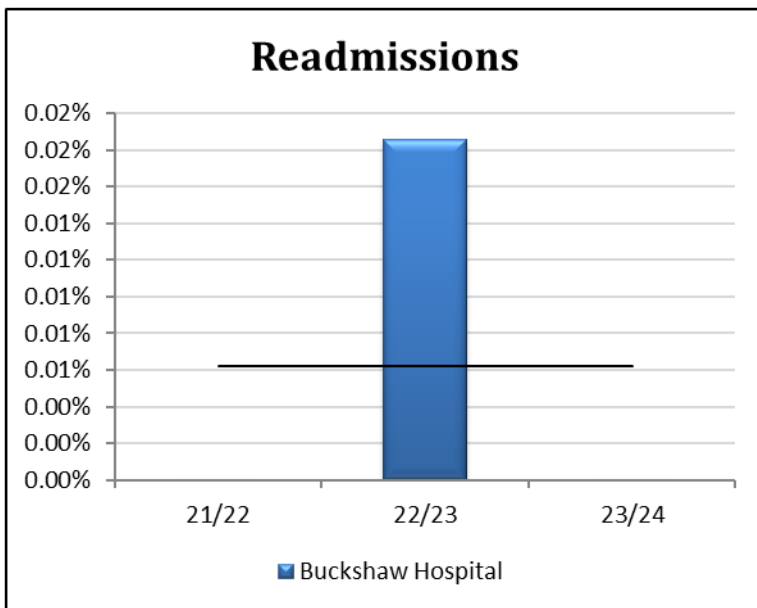
Readmissions:	Period	Best		Worst		Average		Period	Euxton	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC05	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC05	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC05	0.00

Data no longer reported. There is no data published after 19/20



Readmissions:	Period	Best		Worst		Average		Period	Buckshaw	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	A4M8P	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	A4M8P	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	A4M8P	0.00

Data no longer reported. There is no data published after 19/20



Buckshaw & Euxton Hall Hospitals is dedicated to enhancing the quality of its services through the following actions:

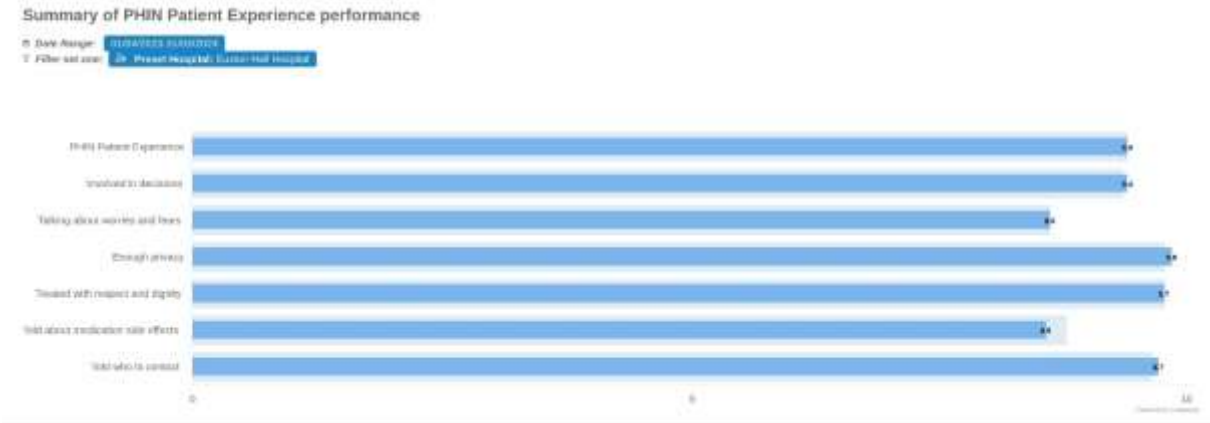
Commitment to a high standard of post-discharge care: The hospital prioritises providing excellent post-discharge care and actively encourages patients to reach out directly in case of any complications post-discharge. Patients receive the hospital's contact details upon discharge and are advised to contact the ward directly if they

encounter any post-discharge complications. Furthermore, all patients receive a follow-up call from the ward within 24-48 hours of discharge. Patients requiring further review are attended to at one of our hospitals rather than being referred to NHS Trust hospitals, unless emergency treatment is deemed necessary.

Improved Pre-Assessment Process: Buckshaw & Euxton Hall Hospital has enhanced its pre-assessment process to triage patients for suitability at the point of listing for surgery, ensuring patient safety throughout the surgical journey.

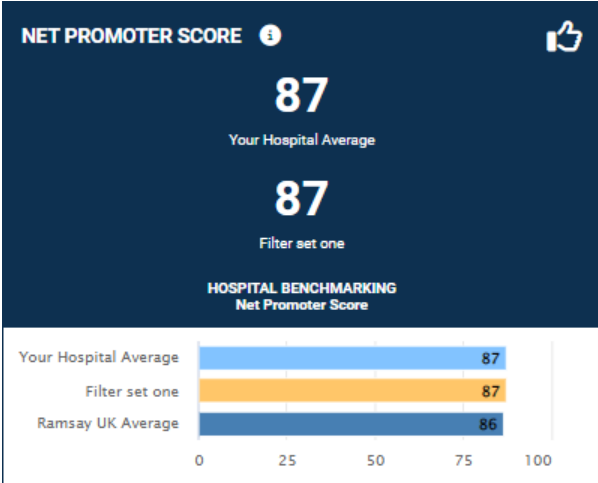
Responsiveness to Personal Needs

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

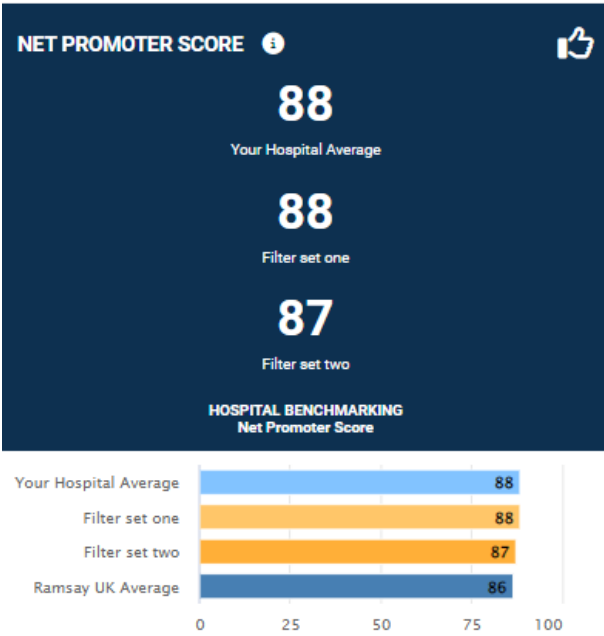


Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period April 2023 - March 2024:

Euxton Hall Hospital



Buckshaw Hospital



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Euxton	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC05	95.8%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC05	94.4%

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

Buckshaw & Euxton Hall Hospital's data aligns with the following considerations:

The National Institute for Health and Care Excellence (NICE, 2018) recommends regular assessment of patients for the risk of developing thrombosis (blood clots) at various stages, including pre-assessment, admission, during hospital stay, upon changes in medical condition, before discharge, and providing information for continued preventative measures at home. Ramsay Health Care policy on VTE prophylaxis adheres to this guidance, utilising a VTE risk assessment document to identify individual patient risk factors and reasons for admission, such as conditions that may lead to immobility. This risk assessment is conducted via the EPR system, with policy updates reviewed during the reporting period.

To enhance service quality, both hospital has undertaken the following measures:

Specific VTE Training: All qualified nurses undergo VTE training through eLearning.

VTE Risk Assessments: VTE risk assessments are conducted for all patients undergoing surgical procedures, initiated by the pre-assessment nurse during triage. The consultant surgeon then reviews the risk assessment before the patient is transferred to the theatre department, prescribing appropriate VTE prophylaxis as necessary. Post-surgery, the risk assessment is reevaluated, and prophylaxis adjusted if needed to ensure patient safety.

Compliance Monitoring: The process is subject to audit to monitor compliance and ensure adherence to established protocols.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Euxton	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC05	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC05	0.0

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

Several measures have been implemented to uphold high standards and further improve service quality:

Mandatory Infection Control and Prevention (ICP) Training: All employees undergo annual ICP training, utilising both E-learning and face-to-face sessions.

Lead Infection Control Nurse Oversight: A designated lead Infection Control nurse monitors and reports all surgical infections, conducting root cause analyses when necessary.

Regular Audits: Monthly ICP audits, including environmental, cleaning, and hand hygiene audits, are conducted to ensure compliance with corporate and local policies. Action plans are developed as needed to address areas for improvement.

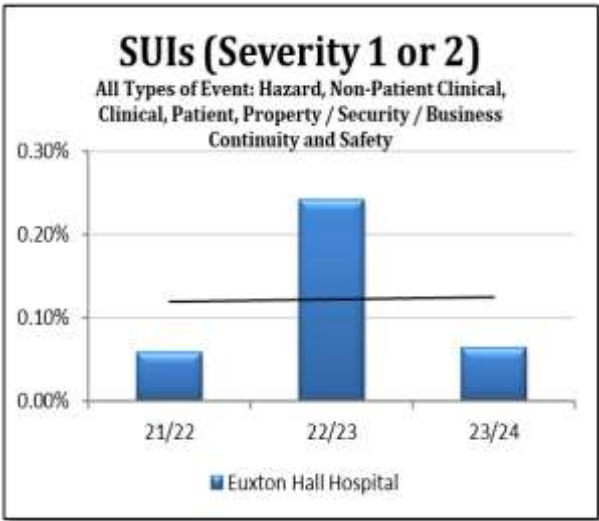
Antimicrobial Stewardship: Antimicrobial prescribing practices adhere to the Ramsay formulary, ensuring compliance with guidelines.

Infection Control Meetings and Consultant Microbiologist Support: Local and regional infection control meetings are held, and a Service Level Agreement is established with a Consultant Microbiologist to provide guidance and support as required.

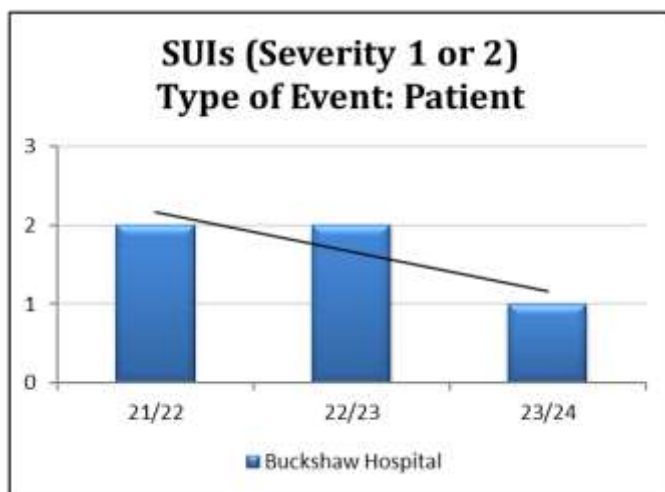
These proactive measures collectively contribute to maintaining a high standard of infection prevention and control, as evidenced by the absence of C. Difficile infections during the reporting period.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Euxton	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC05	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC05	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC05	0.00



SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Buckshaw	
	Oct19 - Mar20	Severall	0.00	Severall	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
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	A4M8P	0.00



Buckshaw & Euxton Hall Hospital confirms the absence of severity 1 incidents during the reporting period. To uphold and enhance the quality of its services, the hospital has implemented the following actions:

Reporting and Investigation: All serious incidents are promptly reported to the appropriate regulatory bodies for thorough investigation and review by the CQC and Serious Incident panel.

Comprehensive Investigation: A comprehensive investigation is conducted for each serious incident to identify any lapses in care delivery. Action plans are then developed to address non-compliance with best practices.

Lessons Learned: Lessons learned from these incidents are shared and integrated not only within the local facility but also across the wider organisation of Ramsay Health Care. This ensures the safe care of all patients treated within the healthcare system.

Clinical Strategy: Safe and effective care, guided by NICE and PHE (Public Health England) recommendations, forms the cornerstone of the hospital's clinical strategy, emphasising continuous improvement and adherence to best practices.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Euxton	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC05	100.0%
	Feb-23	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC05	98.8%
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC05	*

F&F Test:	Period	Best		Worst		Average		Period	Buckshaw	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	A4M8P	N/A
	Feb-23	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	A4M8P	100.0%
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	A4M8P	*

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

Buckshaw & Euxton Hall Hospitals have a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia over the 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 Health Care 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.

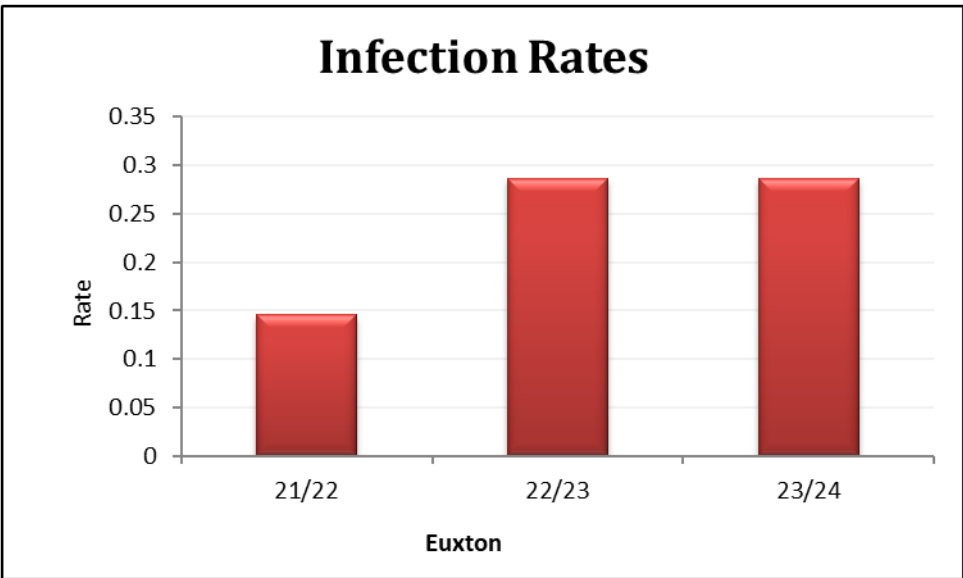
Programmes and activities within our hospital include:

During 2023/2024, Euxton Hall Hospital has continued to collect data from our patients who have had Hip and Knee replacement surgery in line with the Public Health England (PHE) ‘Surveillance of surgical site infections programme’.

We have a nominated nurse ensuring our processes enable us to identify any patient who may develop a post-operative wound infection and allow us to report and manage this effectively and in line with current PHE guidance.

In the reporting period, Euxton Hall Hospital has continued with the Corporate IPC policy in regards to pre-operative decolonisation for all patients undergoing primary joint replacement or spinal surgery. This decolonisation is in the form of a body wash and application of a nasal gel, used for 5 days prior to admission. Evidence (NICE guidance NG25) has shown that this process can reduce the risk of post-operative wound infection. Patients are given verbal instruction, supplied with the body wash and nasal gel at pre-assessment stage, with a written information leaflet also provided.

All staff across both hospitals receive annual mandatory training on Infection Control and the clinical audit schedule for 2023/24 includes IPC audits throughout the clinical areas of the hospital, providing assurances that IPC measures are implemented.



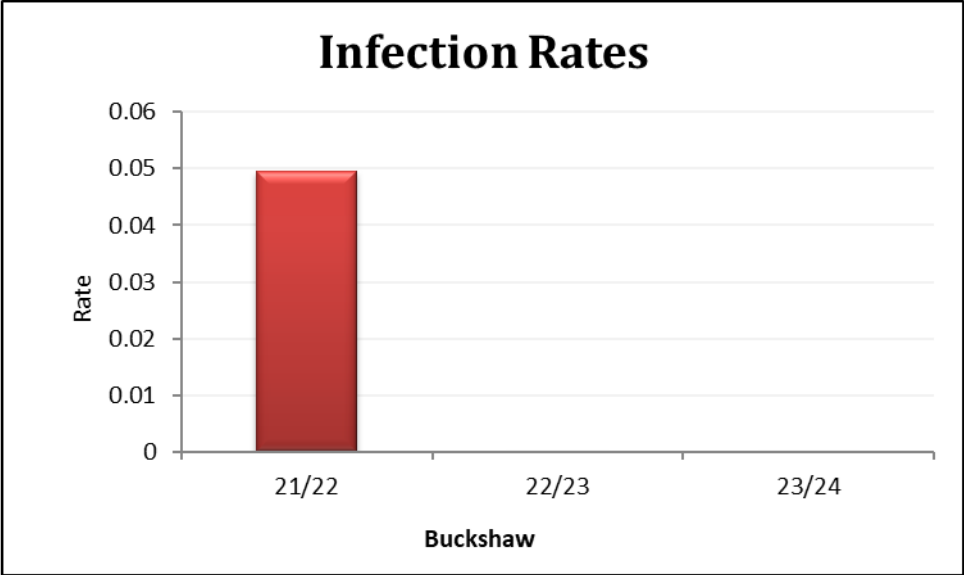
As can be seen in the above graph, Euxton Hall Hospital's infection control rate has not decreased over the past year. Compared to the national average, it remains higher than expected. This figure, measured over 12 months, has prompted the following actions to identify trends and necessary interventions:

Root Cause Analysis: A comprehensive root cause analysis of all infections has been conducted by our infection control lead nurse and reviewed by our Consultant Microbiologist.

Antibiotic Formulary Review: The findings from last year's investigation led to a review of our antibiotic formulary and a change in the prophylactic antibiotics used in joint replacement surgeries. This change was advised by the Consultant Microbiologist, who noted that antibiotic resistance can vary by locality over time.

Ongoing Monitoring and Reporting: Euxton Hall Hospital will continue to monitor infection rates closely and report all infections both internally and externally as appropriate.

By taking these steps, the hospital aims to identify any underlying issues and implement effective measures to improve infection control rates.



As can be seen by the graph Buckshaw Hospital has not seen any infections in the last 12 months.

3.2.2 Cleanliness and hospital hygiene

Euxton & Buckshaw Hospitals PLACE Assessment Results 2024

PLACE Assessment 2023	Cleaning %	Combined Food %	Organisation Food %	Ward Food %	Privacy / Dignity / Wellbeing %	Condition / Appearance %	Dementia %	Disability %
Euxton Hall	100%	93.21%	90%	97.22 %	81.48%	98.65%	76.83 %	75%
Buckshaw	100%	N/A	N/A	N/A	92%	97.56%	79.07 %	81.58 %

Overall, the highest national average domain score was for cleanliness, at 98.1%.

Both hospitals achieved a successful 100% for the standard of cleaning observed and assessed on the day of the assessment. Assessment of food services were found by both assessors to be to a high standard. Improvements from patient feedback to be considered:

Is there a separate area, away from the bedside, where patients can take their meals if they choose to do so?

- There is provision for this service however, some patient bedrooms are smaller than others to accommodate the amount of space patients would like. Overall, most patients were satisfied to eat from the comfort of their bed.

Use of a digital menu option.

- This is currently not an option and may apply to only a small cohort of patients.

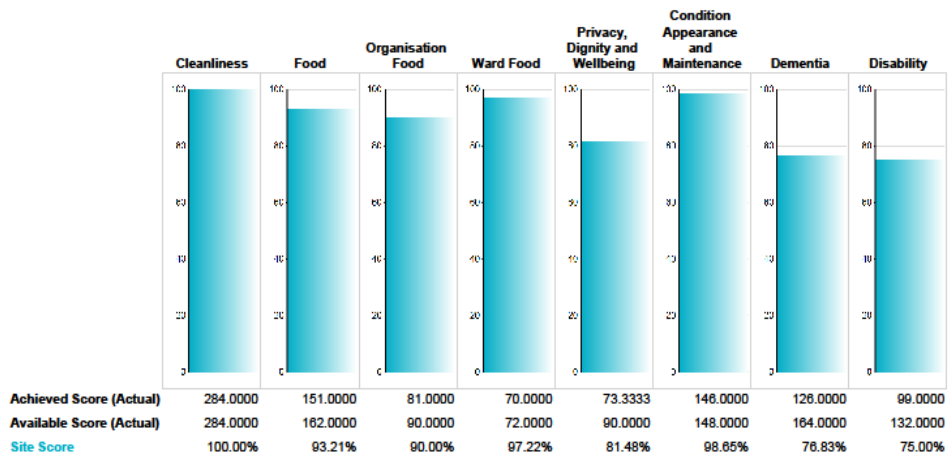
Timing of menu presented to the patient for re-order the next day.

- Patients may not always have an appetite for when the menu choice is required. The catering assistants facilitate this to the convenience of our patients may not feel able to make a choice at a particular time and will be revisited with the menu at a later time.

Increase Dementia and disability facilities.

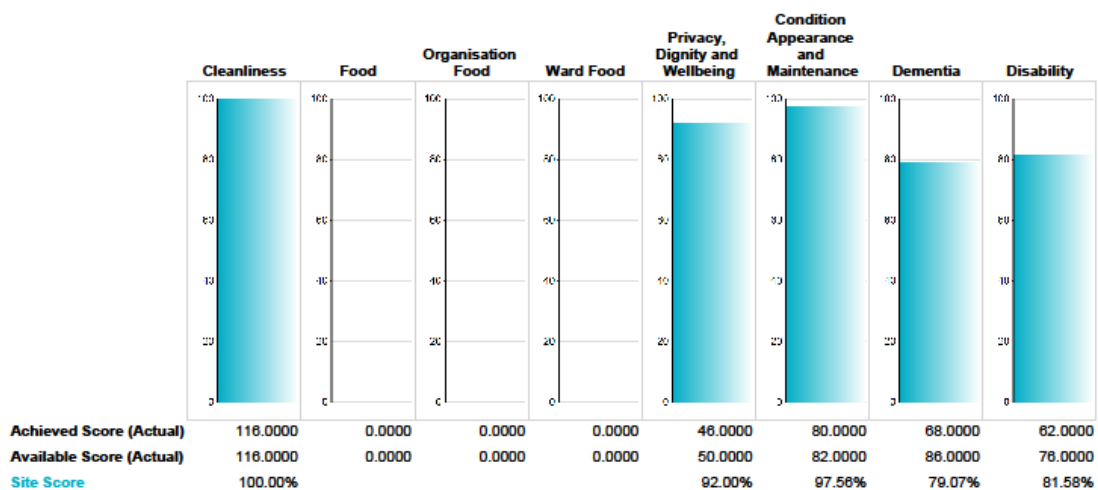
- Areas noted at both sites have simple and quick measures including provision of large wall clocks, use of coloured paint on doors and toilet handrails. Clear signage of unit facilities i.e. toilets. Hearing support for patients at reception.

EUXTON HALL HOSPITAL- Collection: 2023



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BUCKSHAW HOSPITAL- Collection: 2023



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3.2.3 Safety in the workplace

The following measures are in place at Euxton Hall Hospital to ensure workplace safety and enable staff to feel confident in working in a safe environment:

Health and Safety Committee: This committee reviews all topics related to workplace safety.

Governance Coordinator: Monitors compliance within the clinical governance structure.

CAS Alerts Review Process: A robust process to review and take action on Central Alerting System (CAS) alerts.

Occupational Health Nurse: Leads monitoring of staff immunisation and administers annual flu vaccines.

Incident Reporting Tool: A robust internal tool where all employees can report incidents, and are encouraged to do so.

Risk Registers: Live departmental and facility risk registers are maintained.

Departmental Champions: Champions in Control of Substances Hazardous to Health (COSHH), Provision and Use of Work Equipment Regulations (PUWER), and Infection Prevention and Control (IPC).

Mental Health First Aiders: Available to support staff - which has been invaluable in the current climate.

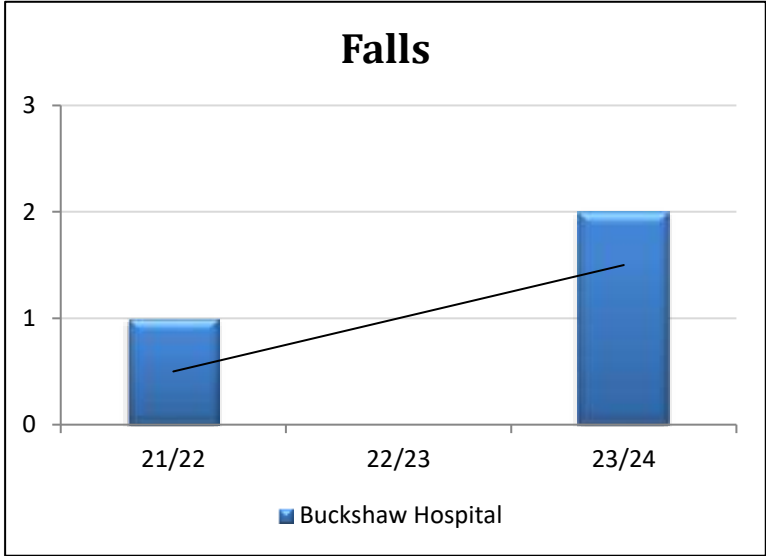
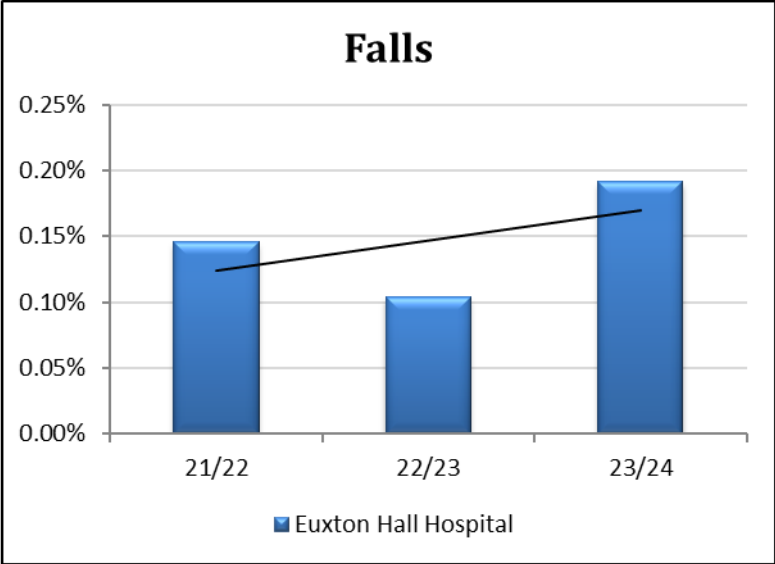
Policies and SOPs: Ensure all employees have the guidance required to maintain safety at work.

Annual Mandatory Training: Face-to-face and E-learning training to maintain knowledge and skills for all staff.

Annual Competency Reviews: Conducted for all clinical staff to ensure they are competent to deliver safe, effective care to patients.

Despite these measures, incidents can still occur, affecting both patients and staff. To learn from these incidents, reporting is essential, and staff are encouraged to report all incidents via our internal reporting system. All reported incidents are investigated to determine root causes, required actions to mitigate recurrence, and to identify lessons learned or training needs.

Outcomes from these investigations are shared within the facility through various communication platforms and, where appropriate, are also shared with the wider organisation for national learning.



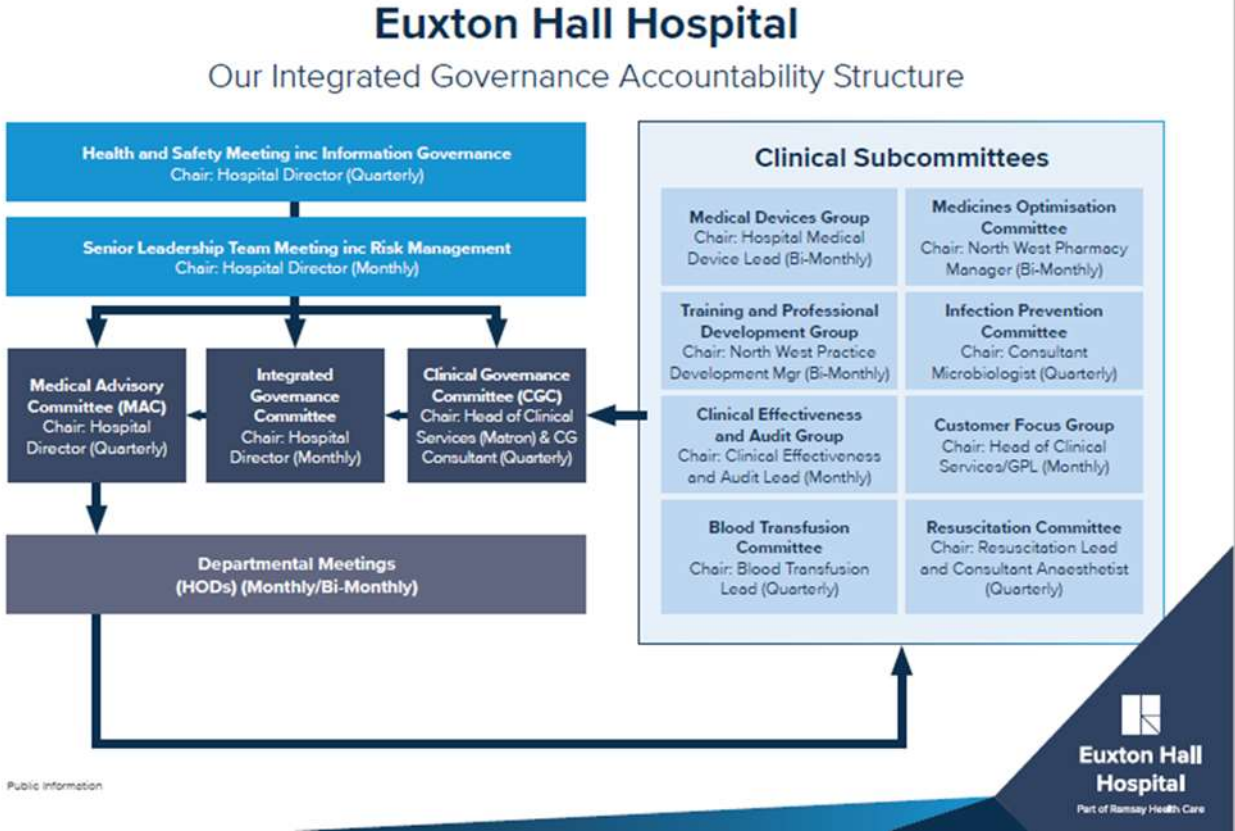
Over the last 12 months, our hospitals as a whole have seen an increase in patient falls. Following a review, a post falls analysis tool was devised to be completed for

every patient who had a fall to enable us to see if there were any theme or trends that contributed as to why the patient fell. There has been the implementation of “call don’t fall” signs in every patient bedroom, bathroom and toilet facilities within the hospital.

3.3 Clinical effectiveness

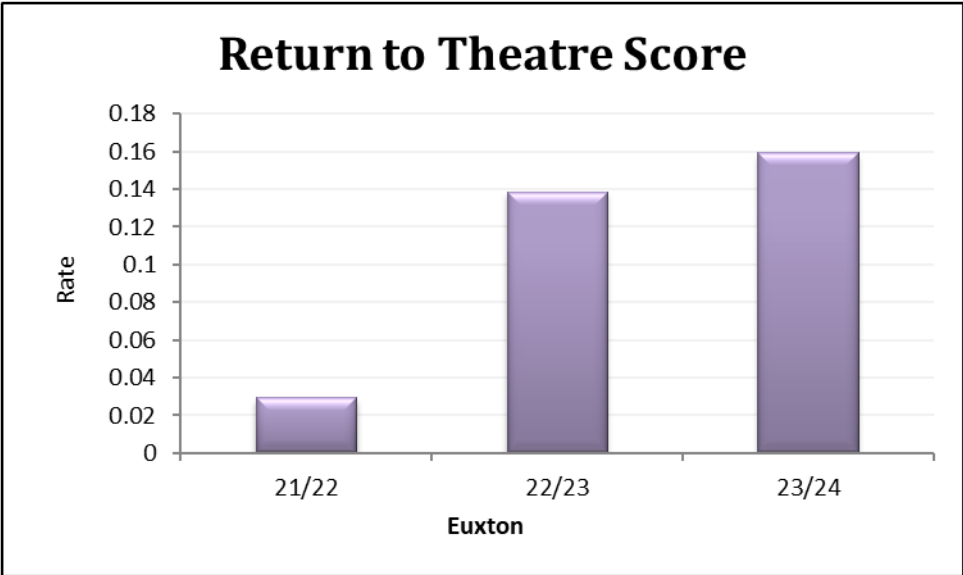
Buckshaw & Euxton Hall Hospitals have a Clinical Governance team and committee that meet regularly throughout the year to monitor the quality and effectiveness of care. The team systematically reviews clinical incidents, patient feedback, and staff feedback to identify any trends that require further analysis or investigation.

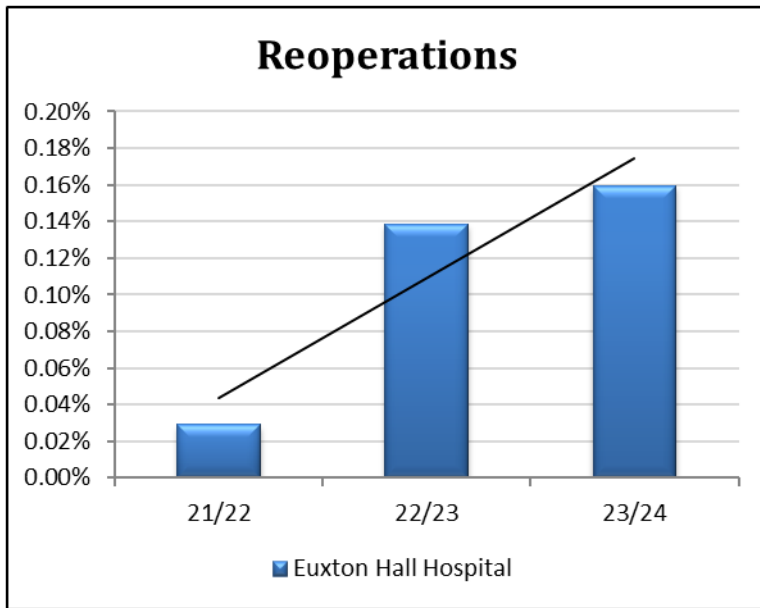
More importantly, the team presents recommendations for action and improvement to hospital management and medical advisory committees. This ensures that results are visible and that necessary actions are taken by the organisation as a whole.



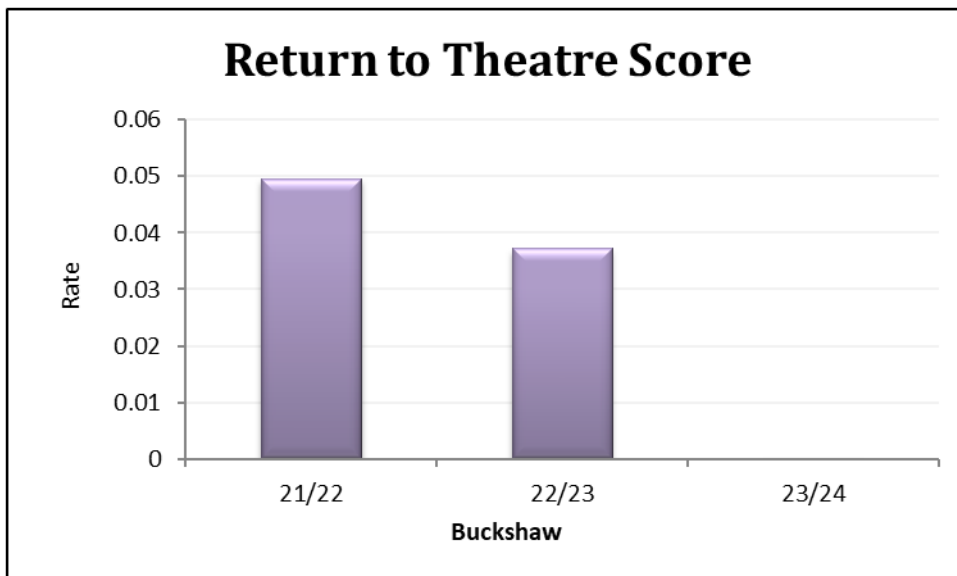
3.3.1 Return to theatre

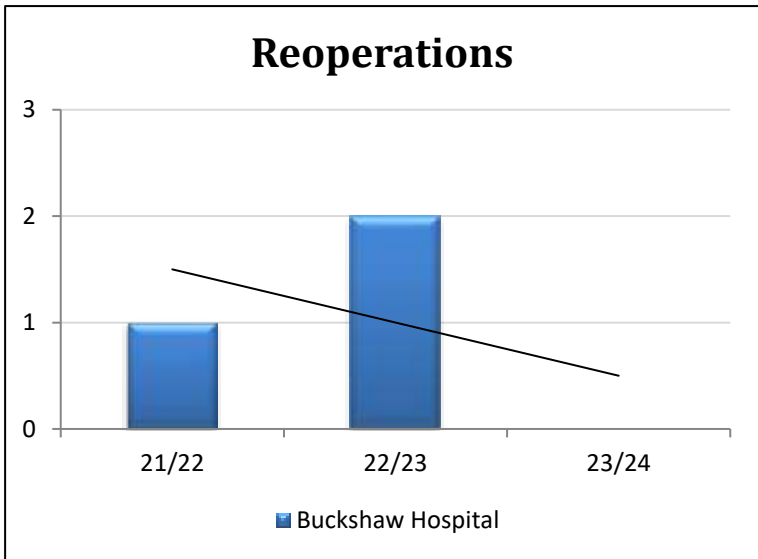
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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





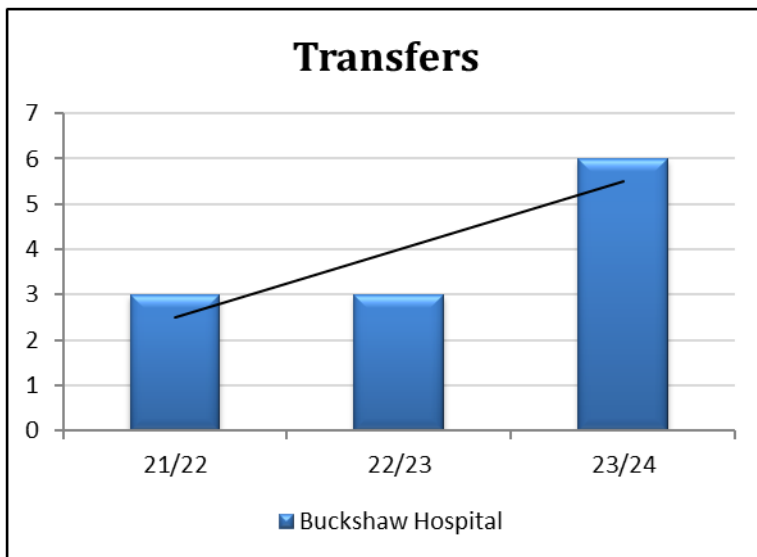
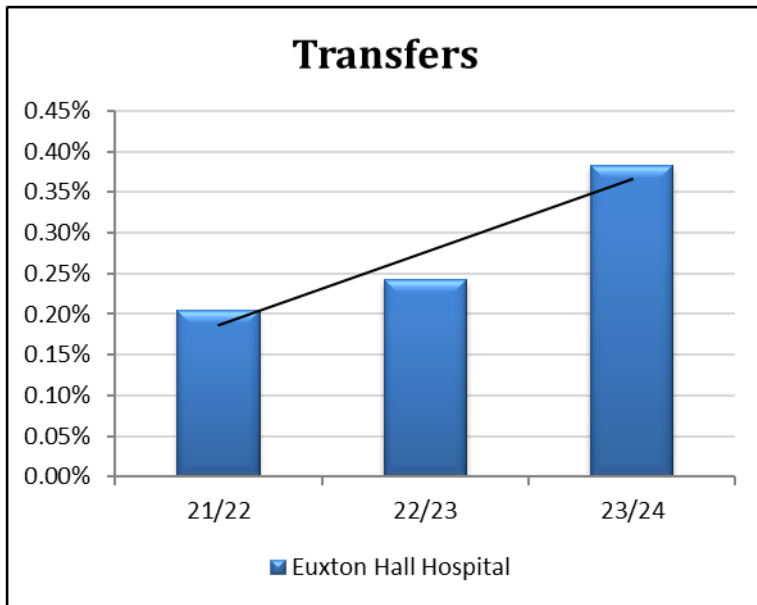
As can be seen in the above graph, the return to theatre rate for Euxton Hall Hospital has increased over the past year. The reasons for this rise are challenging to pinpoint, as investigations have not identified any specific trends. It is important to recognise that, since the pandemic, patients tend to have more comorbidities, and the progression of some diseases has become more advanced. Consequently, this has led to more complex procedures being performed.





As can be seen in the graph above, there have been no return to theatres for Buckshaw Hospital

As seen in the graph below, the transfer of patients from Euxton Hall Hospital has increased slightly in the reporting year. Patients who may deteriorate post-surgery and require a higher level of care are transferred to local trust hospitals to ensure the patient receives the appropriate care dependent on the individual needs. All registered nurses at Euxton Hall are trained to Immediate Life Support and Acute Illness Management level and patients requiring level 2 care can be treated at Euxton Hall. All patients are screened against our admission inclusion criteria at the time of referral and at triage. Patients who are identified as having a higher anaesthetic risk are referred to the local trust hospital for safety reasons.



3.3.2 Learning from Deaths

There have been no patient deaths at Euxton Hall and Buckshaw Hospitals in this reporting year.

3.3.3 Staff Who Speak up

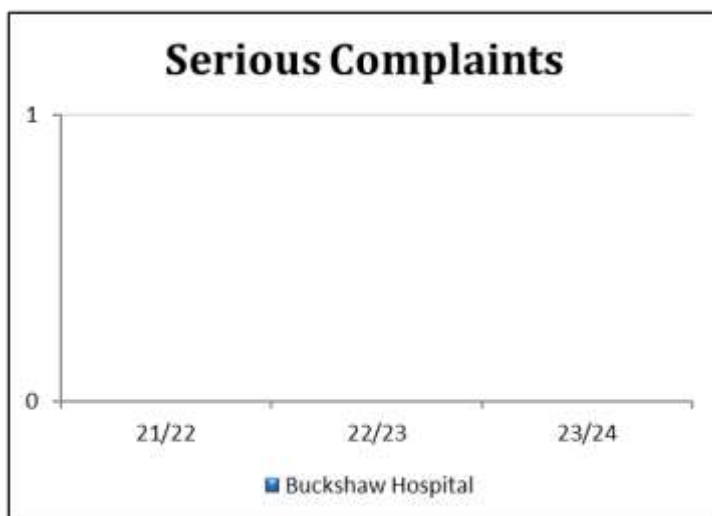
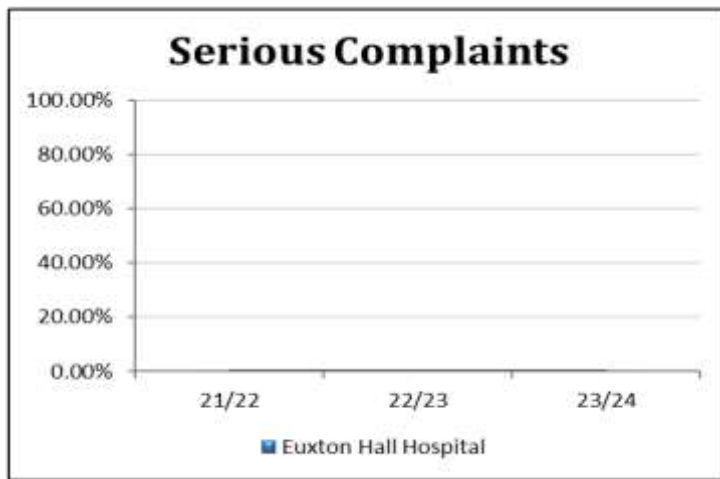
Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison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

3.4 Patient experience

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

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

All negative feedback or suggestions for improvement are also fed back 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

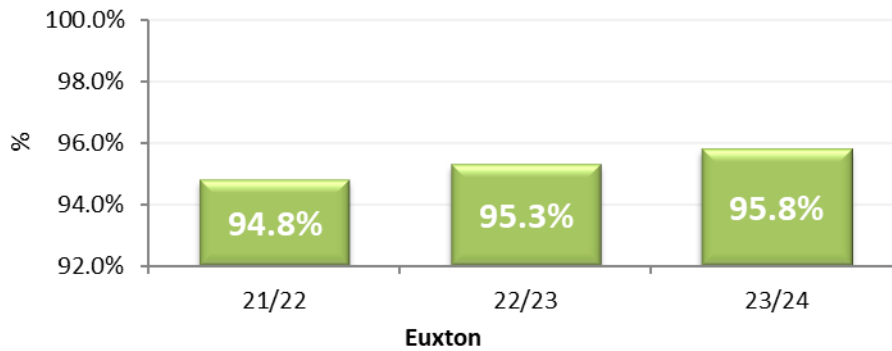
3.4.1 Patient Satisfaction Surveys

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.

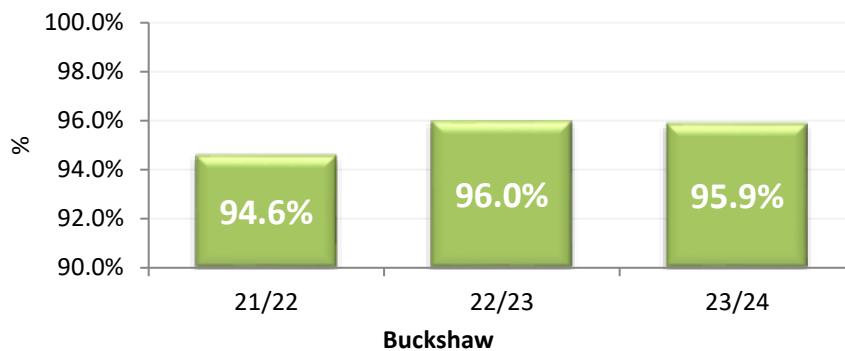
Patient Satisfaction - Overall Experience

NHS/Private Patients



Patient Satisfaction - Overall Experience

NHS/Private Patients



Appendix 1

Services covered by this quality account

Regulated Activities – Euxton Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	General medicine, Orthopaedic medicine, Physiotherapy, Psychology, Rheumatology, Sports Medicine	All adults
Surgical Procedures	Breast surgery, Colorectal, Cosmetic, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Maxilo-facial/oral surgery, Orthopaedic, Urological, Sports medicine, Ambulatory, Day and Inpatient Surgery	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if</p> <p>We are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults
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

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	<p>Ambulatory and Day Surgery only</p> <p>General surgery including Laparoscopic inguinal hernia repair & breast surgery</p> <p>Orthopaedics</p> <p>Gynaecology</p> <p>Urology</p> <p>ENT</p> <p>Gastroenterology</p>	<p>All adults excluding:</p> <ul style="list-style-type: none"> • 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). <p>However, all patients will be individually assessed to provide an appropriate and safe clinical environment</p> <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 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v16 2023-2024

Hospital / Unit: **EUXTON HALL**

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
50 Steps Cleaning (FR1)	Ward, Theatres, OPD, Pre-op, Radiology	Ward, Theatres, OPD, Pre-op, Radiology	Monthly	Month end
50 Steps Cleaning (FR5) - PATIENT FACING: Reception, waiting rooms, corridors	SLT	Whole Hospital	July, January	Month end
50 Steps Cleaning (FR6) - NON PATIENT FACING: Offices, Stores, Training Rooms	SLT	Whole Hospital	August	Month end
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September
Complaints	SLT	Whole Hospital	November	Month end
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
Dept Governance (OPD)	Ward, Theatres, OPD, Radiology	Ward, Theatres, OPD, Radiology	October to December	End of December
Duty of Candour	SLT	Whole Hospital	January	Month end
Essential Care: Falls Prevention	HoCS to Delegate	Whole Hospital	September / October	End of October
Essential Care: Management of Diabetes	HoCS to Delegate	Whole Hospital	September / October	End of October
Essential Care: Nutrition & Hydration	HoCS to Delegate	Whole Hospital	September / October	End of October
Hand Hygiene observation (5 moments)	Ward, Theatres, OPD, Pre-op, Radiology, Pharmacy	Ward, Theatres, OPD, Pre-op, Radiology, Pharmacy	Monthly	Month end
IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end

IPC Governance and Assurance	IPC	Whole Hospital	July	Month end
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July/August January/February	End of August End of February
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, April	Month end
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Radiology	Radiology	Radiology	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end
NatSSIPs Histology	Theatres	Theatres	November/December May/June	End of December End of June
NatSSIPs Instruments	Theatres	Theatres	September/October March/April	End of October End of April
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April
NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February
No Report Required	Radiology	Radiology	August, February	Month end
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end
Peripheral Venous Cannula Care Bundle	HoCS to Delegate	Whole Hospital	July to September	End of October
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end

Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end
Prescribing	Pharmacy	Pharmacy	October, April	Month end
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Safe & Secure (OPD)	Pharmacy	OPD, Pharmacy, Radiology, Theatres, Ward	August, February	Month end
Safeguarding	SLT	Whole Hospital	July	Month end
Sharps	IPC	Whole Hospital	August, December, April	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
Urinary Catheterisation Bundle	HoCS to Delegate	Whole Hospital	July to September	End of October

Ramsay Health Care UK - Clinical Audit Programme v16 2023-2024

Hospital / Unit:

BUCKSHAW HOSPITAL

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
50 Steps Cleaning (FR1)	Ambulatory, Theatres, OPD, Physio, Radiology	Ambulatory, Theatres, OPD, Physio, Radiology	Monthly	Month end
50 Steps Cleaning (FR5) - PATIENT FACING: Reception, waiting rooms, corridors	SLT	Whole Hospital	July, January	Month end
50 Steps Cleaning (FR6) - NON PATIENT FACING: Offices, Stores, Training Rooms	SLT	Whole Hospital	August	Month end
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September
Complaints	SLT	Whole Hospital	November	Month end
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
CT Last Menstrual Period	Radiology	Radiology	July, October, January, April	Month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	No deadline
Dept Governance	Ambulatory, Theatres, OPD, Physio, Radiology	Ambulatory, Theatres, OPD, Physio, Radiology	October to December	End of December
Duty of Candour	SLT	Whole Hospital	January	Month end

Essential Care: Falls Prevention	HoCS to Delegate	Whole Hospital	September / October	End of October
Essential Care: Management of Diabetes	HoCS to Delegate	Whole Hospital	September / October	End of October
Essential Care: Nutrition & Hydration	HoCS to Delegate	Whole Hospital	September / October	End of October
Hand Hygiene observation (5 moments)	Ambulatory, Theatres, OPD, Pre-op, Physio, Radiology, Pharmacy	Ambulatory, Theatres, OPD, Pre-op, Physio, Radiology, Pharmacy	Monthly	Month end
IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February
LSO and 5 Steps Safer Surgery	Theatres, OPD, Radiology	Theatres, OPD, Radiology	July/August January/February	End of August End of February
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, April	Month end
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Radiology	Radiology	Radiology	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end
MRI Safety	Radiology	Radiology	January, July	Month end
NatSSIPs Histology	Theatres	Theatres	November/December May/June	End of December End of June
NatSSIPs Instruments	Theatres	Theatres	September/October March/April	End of October End of April
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April
NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February

No Report Required	Radiology	Radiology	August, February	Month end
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end
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Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end
Peripheral Venous Cannula Care Bundle	HoCS to Delegate	Whole Hospital	July to September	End of October
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end
Prescribing	Pharmacy	Pharmacy	October, April	Month end
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Safe & Secure	Pharmacy	OPD, Pharmacy, Radiology, Theatres, Ambulatory	August, February	Month end
Safeguarding	SLT	Whole Hospital	July	Month end
Sharps	IPC	Whole Hospital	August, December, April	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
Urinary Catheterisation Bundle	HoCS to Delegate	Whole Hospital	July to September	End of October

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC05	Code for Euxton Hall Hospital used on the data information websites
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

Euxton Hall 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:

Buckshaw Hospital

01257 449999

Hospital website

www.buckshawhospital.co.uk

Hospital address

Buckshaw Hospital
Eaton Avenue
Matrix Park
Chorley

Euxton Hall Hospital

01257 276261

Hospital website

www.euxtonhallhospital.co.uk

Hospital address

Euxton Hall Hospital
Wigan Road
Euxton
Chorley
PR7 6DY