

# Renacres Hospital

Quality Account  
2023/24



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Renacres Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60<sup>th</sup> 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

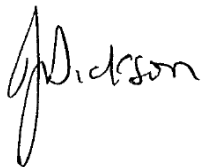
**Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

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

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 Judy Wright, Hospital Director

### Renacres Hospital

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

Renacres Hospital has a long-established tradition of working closely with patients, consultants and external stakeholders including the NHS Clinical Commissioning Groups (ICB) and General Practitioners (GP) to ensure the best quality healthcare is consistently being delivered.

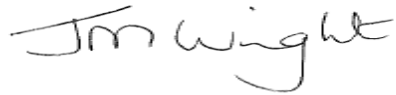
All the staff at Renacres are highly trained and focus on patient safety and cleanliness to minimise infection. As Hospital Director of Renacres Hospital, I take great pride in the outstanding service and level of care we provide to our patients and this is only achieved through a cohesive team effort and through each and every one of us believing in, and living by, Ramsay's motto of "people caring for people."

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

This Quality Account highlights areas where Renacres Hospital has improved the safety and quality of its services. It also highlights some areas where we need to continue to work on and improve upon.

## 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 Judy Wright**

**Hospital Director**

**Renacres Hospital**

**Ramsay Health Care UK**

**This report has been reviewed and approved by:**

- **Mr Neil Buxton**, Consultant Neurosurgeon and Medical Advisory Committee Chair, Renacres Hospital
- **Mr Jeremy Oakley**, *Clinical Governance Committee Chair*
- Cheshire & Mersey ICB



# Welcome to Renacres Hospital

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

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

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



## Hospital Facilities

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



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

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

## Treatments and Services

Renacres Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19), whether medically insured, self-pay or via the NHS. Our full range of high quality services include: outpatient consultations, outpatient procedures, investigations/diagnostics, surgery and follow up care.

Renacres Hospital has over 100 Consultants who work at Renacres Hospital through approved practising privileges providing a wide range of medical and surgical procedures and services including: Orthopedic surgery, Neurosurgery, General surgery, ENT, Gastroenterology, Gynecology, Neurology, Vascular surgery, Colorectal surgery and Urology.

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

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

During the last 12-month period, the hospital has treated 6730 patients, 85.6% of which were treated under the care of the NHS. Renacres Hospital employs 109.99 WTE contracted members of staff with a split of 41.04.2 WTE non-clinical staff and 68.95 WTE clinical staff

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

## **Nursing and Medical Care**

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

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

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

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

## **Working with the Local Community**

Renacres Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, which include local GPs, consultants and

other specialists, we deliver an individual personal service to patients, tailored to meet their needs.

Our Business Relations Manager provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, processes are developed in order to streamline processes. The Business Relations Manager key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Renacres Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider. The Business Relations Manager's role is to coordinate services with local GP practices and provide learning opportunities covering a wide range of topics.

During 2023, Renacres Hospital has continued to work closely with the local Trusts reduce waiting times for elective surgery.

In 2023/24 Renacres Hospital worked closely with charities within the local community by hosting fundraising events in their support including the following:

- Breast cancer Now
- Mind
- Samaritans
- Compassion Acts - local food bank
- Macmillan coffee morning
- The Liberty Centre- Domestic Violence Support charity & refuge.

# Part 2

## 2.1 Quality priorities for 2023/24

### Plan for 2023/24

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

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

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

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

### Priorities for improvement

#### **2.1.1 A review of clinical priorities of 2023/24**

##### **1. Embedding staff training**

In 2022/23 great focus was implemented to embed and enhance staff training across the hospital. The hospital implemented twice monthly mandatory training for operational and clinical staff. The training modules are delivered by specialist hospital leads and allows the opportunity for questions and discussions.

There have been varied approaches implemented including

- Thematic review in the format of table top exercise including relevant specialist roles to identify possible causes of falls. The results of which were shared with staff in departmental meetings and in table form.

- Incident debriefs with staff to highlight areas of good practice and areas for improvement this has given staff a better understanding of good practice and record keeping
- Monthly governance summaries are shared with staff of patient feedback, audit results, incidents and training compliance
- Governance messages of the week to inform staff of specific subjects, standards and expectations
- Specialist external groups have attended to provide staff training and expert advice to enhance patient experience and staff knowledge: LGBTQ+, Alzheimer's Society service users and staff, local domestic abuse refuge for men and women, Disability UK regarding the needs of patient meeting the disability criteria

The training has provided staff unique, tailored information to improve the facilities, services and care provided at Renacres. Staff feedback has been extremely positive as the training has provided the opportunity ask questions specific to their roles and has been beneficial to operational and clinical staff.

The trainers have also been asked to review the facilities to improve and enhance the surroundings for patients. Their recommendations have enabled the hospital to improve the facilities for patient's meeting the above criteria.

The trainers have also provided information to display to enable Renacres patients access to self-referral support services and other resources.

### **Implementation of enhanced recovery**

The introduction of enhanced recovery at Renacres Hospital has greatly improved patient experience and outcomes.

Since the end of 2022 the length of stay for inpatients has reduced from 2.2 days to 1.75 days. There have been several changes in practice including:

- Additional training to improve pre-op fasting including advice regarding oral fluids taken before admission to ensure patients are not fasting for long periods
- Additional training improving nutrition and hydration which has reduced post-operative nausea and vomiting and enables early mobilisation
- Additional training to improve pain management again leading to earlier mobilising
- Robust physiotherapy service with twice daily visits ensuring patients are mobilised at the earliest opportunity
- All ward staff have received training from the physiotherapy team to initiate mobilisation

### **Antimicrobial stewardship**

In 2023/24 the Medical Advisory Committee (MAC) agreed the use of the local Southport and Ormskirk Hospital antimicrobial formulary. Monthly random audits completed across multiple specialities have recorded 100% compliance against the formulary guidance.

In order to capture and monitor wound concerns staff were asked to report the following via the radar incident reporting system:

- Leaking wounds post-surgery
- Patients contacting the ward and reporting wound problems following discharge
- Patients identified to have wound issues when attending physio post discharge
- Patients with confirmed surgical site infection

All patients reported via the above are recorded on a wound tracker and their progress is monitored by the head of clinical services until resolved. Antibiotic therapy is confirmed with sensitivity results to ensure patients are receiving the correct treatment.

Infection prevention and control root cause analysis are completed in the event of infections in all joints and complex cases. The RCA requires the review of practice, person, environment, audit and staff training.

All hospital acquired infections are reported to Surgical Site Infection Service. (SSISS) Renacres hospital has not been identified in 2023/24 as an outlier for wound infections across Ramsay.

The hospital has seen a total hip replacement deep infection reported in December 2023, the patient's progress has been monitored and has recovered fully.

### **Clinical effectiveness**

2023/24 saw the accumulation of the ongoing training and development reflected in the improved management and care of patients. Ramsay health offer employees a wealth of training opportunities to continually develop staff and maintain staff engagement.

Each day the senior leadership team and heads of departments or persons in charge meet to complete a daily safety huddle. The huddle provides an opportunity to confirm the following by department and identify any concerns:

- Safe staffing
- Lead person in charge by department
- Emergency advanced life providers (ALS) on duty
- Emergency alarms system test completed
- Resuscitation equipment checks completed
- Department activity and admissions
- Incidents in previous 24 hours
- Level 4 safeguarding leads of duty
- Mental health first aiders
- Breast feeding and prayer room availability
- Meetings events

There has been an improvement preparation and planning of patients attending the hospital as follows:

- Renacres Hospital has shared the exclusion criteria with GPs to ensure they are aware
- The directory of service has been updated to ensure this is also visible to all referrers.
- Referrals are triaged by the Head of Clinical Services/Matron to ensure patients attending meet the inclusion criteria.

- A new process has also been implemented to ensure patients are triaged at time of listing to ensure they are suitable for treatment at Renacres Hospital.
- A weekly clinical bookings meeting has been implemented to review the coming week's admissions.
- The meeting is attended by ward, theatre, pre-op staff and pharmacy and patients are identified via the meeting for contact calls to ensure patients lacking capacity are contacted prior to admission to complete the 'This Is Me' and 'DisDAT' documents to plan their admission. The pharmacist will also call patients to discuss medications and or specialist medications to ensure the patient is appropriately prepared for their admission.
- Patients requiring completion of PROMS are identified to ensure and improve PROMS data
- Send out clinical bookings update including action plan alerts
- Patients are contacted by telephone the day before surgery to confirm admission and fasting times
- During their stay the patient is visited by the Resident Medical Officer and Consultant to ensure their recovery is going to plan
- Patients are visited daily by the Head of Clinical Services/Matron to identify any concerns and share positive feedback with staff
- Patients who have undergone major surgery or surgery under general anaesthetic are contacted 48 hours post discharge to record their progress and act on any concerns
- All patient feedback is reviewed via the various social media platforms, complaints process and post-operative telephone calls and patient reported outcome measures (PROMS)

The implementation of the above actions have significantly reduced on day cancellations as patients are redirected to the trust if not suitable for Renacres and the robust assessments ensure patients receive treatment in the correct place.

Staff and consultants receive monthly summaries on a page providing concise information in a reader friendly format as follows:

- Governance summary
- Audits compliance
- Training compliance
- Patient feedback
- Incidents

Governance messages of the week are also compiled and shared with staff to provide information regarding processes and correct practices.

The following trackers have been implemented to ensure robust overview of patients and their treatment and outcomes and informed staff.

- Wound tracker
- Protected characteristics tracker
- MDT tracker

These provide information and oversight to ensure patients are receiving correct care appropriate to their needs.

## Consultant and staff engagement

The Medical Advisory Committee (MAC) meeting is held quarterly the meeting provides opportunity for senior leadership team and heads of department to meet with consultants to update on progress, incidents, complaints, patients outcomes and nominations and agreement for new Consultant to obtain practicing privileges at Renacres Hospital.

The meeting is led by the MAC Chair a senior consultant is well attended and offers Consultants and the hospital team to discuss any issues and share good practice, inspection and incident outcomes.

A local GP attends the meeting which assists with sharing of information and working collaboratively.

The Arthroplasty meeting consisting of orthopaedic Consultants is held quarterly this enables consultants to review cases in the last quarter, discuss equipment, prosthesis, new practices and peer support.

A full review of safeguarding management has been undertaken to improve the patient's experience. A flowchart has been compiled combining several policies to provide clarity to staff regarding management of patients requiring mental capacity assessments and best interest meetings.

A strategy of patients at risk of harm provides advice on management and pathways meeting protected characteristics criteria provides staff with information regarding management during their attendance. This has greatly improved the service provided to patients with additional needs. Staff have embraced the changes and provide an excellent service to all patients.

In August 2023 Ramsay Health implemented a new incident reporting system. The system reporting of the following:

- complaints/ concerns
- incidents
- alerts
- risk register
- direct reporting to LFPSE with a long term intention to report directly to CQC

In November 2023 Ramsay implemented patient safety investigation framework. (PSIRF) The framework provides an opportunity to focus on good practice and process issues rather than focussing on individuals. The aim is to provide a just and fair approach to investigations.

All relevant staff have received face to face training relating to PSIRF including how to engage patients in the process.



In September 2023 the employee engagement survey reported a significant improvement from the previous year. Staff reported that they felt valued received appropriate training to fulfil their roles and that they had the correct equipment to do this due to investment. Staff felt communication at the hospital was good. Staff were asked how they would like to communicate with the senior leadership team, and they requested their attendance at departmental meetings which have been undertaken individually on a regular basis.

The hospital has made every effort to improve communication and staff morale and providing staff an opportunity to be heard. 2023 saw the growth of the staff wellbeing and engagement group. The groups consist of staff member not managers and offers staff the opportunity to share their thoughts, suggestions, preferences regarding events, charities, work and updating around the hospital. Well-being and safety huddles have been introduced into departments three times per day to ensure staff well-being is confirmed and they are able to manage their workload and enables staff to receive help if they need it.

### **Implementing clinical supervision**

Clinical supervision was implemented in 2023/24 and operates bimonthly. Staff can request supervision in a group setting or individual dependent on their needs. The service is facilitated by staff trained in clinical supervision.

### **Embedding Tenable**

In Quarter 1 2023/24 Ramsay created a task and finish group from across the country to review audits contents, frequency, repetition, and reflection against policy.

The new audit schedule was released in July 2023 completion and compliance is reviewed and managed by the Head of Clinical Services/Matron and the Quality improvement Lead. The audits provide regular reviews of practice, outcomes and promotes the improvement of patient's safety and experience.

The audits have seen a significant improvement in the following areas:

- Nutrition and hydration
- Consent
- Pain management
- Falls
- News2

The improvement has been reflected in patient outcomes and length of stay as complications have reduced.

Audit completion and compliance are discussed in departmental and committee meetings and monthly summaries on a page are provided for staff to view.

### **Patient experience**

The Quality improvement lead monitors patient feedback via Reputation.com, all feedback is responded to if patients request a response.

All PROMS data is reviewed and in the event a patients report outcomes that are not as expected, they are contacted by the Head of Clinical Services/Matron to arrange an earlier review.

Renacres hospital received excellent net promotor scores throughout 2023/24. Patients reported caring, professional and compassionate staff and scores were reported as follows throughout the year:

- Respect and dignity remained above 98.4%.
- Friends and family test above 96.7%
- Net promoter score has averaged 91%.

The Head of Clinical Services/ Matron visits the patients daily to provide them the opportunity to share concerns and positive feedback to the staff and consultants.

There remain some areas to improve regarding parking and communication at times of delays. In relation to parking work is currently underway to improve the site and spaces and a local business has supported the hospital with parking staff to free up further spaces.

Delays is under currently under review to identify cause and management and find resolutions, which specific staff group actions, collaboration with consultants and how we inform patients at times of delays and will be assisted by the patient participation group.

Patient newsletter is now compiled two monthly and shares news relating to the hospital including:

- *you said we did* to assure patients their feedback is heard and acted upon
- local named charities the staff are supporting.
- requests for patients' participation to improve services
- consultant news

In 2023/24 patients were invited to attend the customer focus group meetings with only a minimal number attending.

The Alzheimer's Society services users attended and completed a facility review which provided recommendations to improve the site, all of which have been purchased and implemented, as follows:

- dementia clock
- signage
- variation in colour of seating to flooring
- Mirrors
- blue bedding

## 2.1.2 Clinical Priorities for 2023/24 (looking forward)

### Patient safety

Renacres Hospital will continue to embed the work relating to patients' preparation by:

- Implementing the new pre-operative assessment framework and will support the work relating to better management of RTT. The new framework intends to streamline the time frames from time of listing, to triage, to fit for surgery
- Ensuring the inclusion/exclusion criteria is managed and triaged effectively to reduce delays for patients and referrals to trusts.
- Continue with weekly clinical bookings and send action plan to all relevant teams.
- Maintain early mobilisation.

### Clinical effectiveness

While Renacres hospital is not an outlier in the number of infections reported it is important to maintain training and standards to continue to provide safe patient care.

In order to ensure compliance Renacres Hospital will work towards ANTT accreditation to provide stakeholders assurance that staff are well trained staff and perform to high standards of practice. The ANTT will provide staff and Consultants further knowledge and skills to improve practice and reduce risks of infections to patients.

The accreditation will enable those staff groups less familiar with infection prevention and control gain a better understanding of their roles and responsibilities to ensure infection prevention is understood hospital wide and maintain compliance across the clinical teams.

The introduction of the accreditation will be able to identify any areas of improvement. This will be an ongoing objective as the intention is to continue until reaching and maintain gold accreditation.

### Patient experience

As part of the ongoing improvements to patients experience and their inclusion Renacres Hospital is in the process of creating a patient participation group to support the hospital by sharing their experiences with staff and providing recommendations to improve care and the environment.

The intention is to create an individualised approach to patients while in our care, whether this is in the outpatient's departments, physiotherapy, imaging, theatre or the ward areas. As we have experience in the past year preparation and continual review is paramount for patients' satisfaction and while great improvements have been made there are improvements, we can make relating to waiting while in the hospital and improving communication when there are delays.

In order to address this the following will be reviewed:

- Monitoring late starts to clinics and theatre lists.

- Duration of appointments and surgery to ensure these are appropriate for the appointment/Consultant.
- Start and finish times of clinics and theatre lists.
- Assigning responsibility to specific staff groups to ensure regular updates are provided.
- Working with consultants and teams to improve start and finish times and escalation when issues arise.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2023/24 Renacres Hospital provided numerous services and support to the NHS locally.

The income generated by the NHS services reviewed in 1 April 2023 to 31<sup>st</sup> March 2024 represents 76% per cent of the total income generated from the provision of NHS services by Renacres Hospital for 1 April 2023 to 31<sup>st</sup> March 2024

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

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

#### **Human Resources**

Staff Cost % Net Revenue 30.5%

HCA Hours as % of Total Nursing 36.1%

Agency Cost as % of Total Staff Cost 6.1%

Ward Hours PPD 4.57

% Staff Turnover 16.4%

% Sickness 3.90%

% Lost Time- 22.1%

Appraisal 90.57%

Mandatory Training 93%

Staff Satisfaction Score's (see below)



Number of Significant Staff Injuries- There have been no significant staff injuries reported in 2023/24.

## Patient

**Formal Complaints** per 1000 HPD's: recorded at 2.62% for 2023/24.

Patient feedback continues to be extremely positive in 2023/24, which is shared monthly with all staff and consultants.

Our Privacy and Dignity score remains steadily high during the same time frame, scoring in excess of 94%.

Our NPS (Net Promoter Score) was maintained at 92% for the entirety of 2023, which meant Renacres Hospital was one of the highest scoring Ramsay sites for 2023.

Patients report excellent care during their stay at Renacres and welcome post op calls to check on their progress and give advice.

In early 2023/24 patient reported difficulty contacting the hospital by telephone. As a result, a full review of telephone systems and options was completed, which has significantly reduced the negative feedback. Work undertaken to address concerns:

- New direct telephone lines to department – reviewed as below
- Review of the answerphone message and guidance given to patient to ensure it is clear and user friendly.
- Relocation of switchboard calls
- A review of parking facilities and update in the grounds to ensure access and maximize parking options.
- Consulting with local company for offsite parking for staff to free up spaces onsite for patients

In 2023/24 patients reported concerns relating to communication while waiting for appointments and procedures. Patients felt there was a lack of updating from staff to estimate waiting times. Patient feedback is continually monitored and discussed with staff at department and committee meetings and customer focus groups.

### Significant Clinical Events per 1000 Admissions

During 2023/24 Renacres Hospital reported 5 serious incidents to ICB & CQC, although we have seen a reduction in intraoperative fractures as previously reported.

Readmission per 1000 Admissions

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

### 2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Renacres Hospital participated in a number of national clinical audits and national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Renacres Hospital participated in, and for which data collection was completed during 1 April 2023 to 31<sup>st</sup> March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project name (A-Z)	Provider organisation
British Spine Registry	Amplitude Clinical Services Ltd

Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
National Joint Registry 2, 3	Healthcare Quality improvement Partnership
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England

The reports of these national clinical audits from 1 April 2023 to 31<sup>st</sup> March 2024 were reviewed by the Clinical Governance Committee and Renacres Hospital intends to take the following actions to improve the quality of healthcare provided.

Renacres hospital has been working closely with consultants to ensure accurate and complete data is submitted to the national registries and databases.

### Local Audits

The reports of all local clinical audits from 1 April 2023 to 31<sup>st</sup> March 2024 were reviewed by the Clinical Governance Committee and Renacres Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

The new audit schedule was implemented July 2023 which had included a review of all audits and their quality. Renacres Hospital has implemented a completion of audits by the 15<sup>th</sup> of every month to ensure completion compliance.

The audit have resulted in purchases and refurbishments around the hospital including the following:

- Staff and patient toilet upgrades
- A new radiology reception
- Waiting rooms chair
- Painting
- Air conditioning on the ward
- Storage area
- New ENT chair
- Second laminar flow installation
- Medicines cabinets replacements
- USS in physio and radiology
- Nurse call/ emergency bell installation
- Static MRI including ground work.
- Staff dining room refurbishment.

- New flooring

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

Renacres Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2024 is registered without conditions.

The Care Quality Commission has not taken enforcement action against Renacres Hospital during 2023/24.

Renacres Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.



## 2.2.5 Data Quality

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

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

Ramsay health has made improvements on the data available to the hospitals and this has been evident in the monthly and quarterly reporting.

There has been a lot of data collection improvements made relating to the following:

- Wound trackers
- Protected characteristics tracker
- RTT data
- MDT referral tracker
- Training and competency tracker

These provide access to information and data for department leads.

Accurate data provides teams with information relating to patient outcomes, incidents and compliance and staff and consultant documentation. And is essential for improving patient care.

### Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2023/2024 submission is due by 30<sup>th</sup> June 2024. This information is publicly available on the DSP website at:

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

### Clinical coding error rate

Renacres 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 Care Sample Episodes Care	Admitted 50 of	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Renacres	2023		100%	99%	98%	99%

## 2.2.6 Stakeholders views on 2023/24 Quality Account

Cheshire And Merseyside Place representatives for the Cheshire and Merseyside Integrated Commissioning Board (ICB) along with NHSE Specialist Commissioning welcomed the opportunity to jointly comment on Renacres (Ramsay Health Care UK) Draft Quality Account for 2024/25.

The ICB appreciate the focus that Renacres have maintained on quality and safety acknowledging that 2023/24 remained a challenging and busy year, impacted by increases in demand for care, focused work on recovery and reduction in waiting lists, compounded by the industrial action. The Sefton Place teams have worked closely with the organisation throughout 2023/24 to gain assurance that services delivered were safe, effective, and personalised for service users.

The feedback from the stakeholders is based upon the Quality Account submitted and the presentation delivered from Renacres leadership team on the 20th May 2024.

The group noted as part of the quality highlights for 2023/24, the number of Quality Improvements that the organisation had embarked on throughout the year. This has supported all compliance with and inclusion in any NICE guidance and is positive in terms of audit practice and improving care as a result.

The stakeholders noted it was positive to see the close working arrangements with Southport and Ormskirk trust continues through support with the waiting list backlog following the pandemic especially in trauma and orthopaedics, diagnostic ultrasound, and endoscopy. This offer was extended to Liverpool University Hospitals Foundation Trust; however, no activity has been offered to the provider.

Stakeholders also noted the implementation of enhanced recovery and the patient safety framework to support pre-operative care and the reduction in patient length of stay, improving pre-operative fasting period, and physiotherapy support. To support the Gram-Negative Bacteraemia and antimicrobial resistance programmes of work all wounds are tracked, and RCAs completed for any wound infections. It was also good to note that this is benchmarked across the Ramsay organisation and Renacres site is not an outlier compared with other sites.

It was noted the improvements with regards to the current Estates and the refurbishment work that is ongoing including to theatres, floors and bathrooms. Further work remains ongoing with the car park.

The focus on the wellbeing of staff with multiple engagement and wellbeing events and the visibility of management across the organisations was positive. It was also positive to note commitment to embedding clinical supervision for staff as restorative support going forward.

### ***Key achievements for 2023/24***

Key achievements for 2023/24 including:

- Safe – which included the implementation of PSIRF, review of incidents daily with lessons learnt, training compliance which is shared directly with the individuals and line management, Face to face training in place from external organisations as well as ad hoc support, good communication/governance.
- Effective – audits both local and national with actions included within the site action plan.
- Well led - including monthly 1:1 with heads of department, staff engagement events, customer focused and employee engagement group which has representatives from every department patient feedback and fund-raising events.
- Responsive – complaints management, feedback from patients is reviewed regularly and customer service training for all staff, Patient newsletter including “you said we did”, further work to increase response rates.

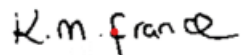
### ***Priorities for 2024/25 included***

- Implement a new process in pre-operative services to improve patient journey and reduce on day cancellations.
- Further development of the tracker which has been implemented to ensure those who meet the protected characteristics criteria are fully prepared and receive the appropriate care and adjustments to meet their needs.
- Continuous improvement and embedding of previous years objectives to maintain patient safety and satisfaction.
- The positive and negative feedback has been shared from any patient experiences feedback received which has supported the development of the overall priorities for 2024/25

During 2024/25 the C&M ICB will continue to monitor the implementation of the national Patient Safety Incident Response Framework (PSIRF) to ensure this is embedded and key themes and learning are acted upon.

We acknowledge the actions that Renacres is taking to improve quality as detailed in this Quality Account report and presentation. It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend Renacres in taking account of new opportunities to further improve the delivery of excellent, compassionate, and safe care for every patient, every time.

SIGNED –

Handwritten signature in black ink that reads "K.M. France".

Kerrie France

Associate Director of Quality and Safety Improvement

Cheshire and Mersey ICB Sefton Place

DATE - 3 June 2024

*Signed on behalf of the Cheshire & Merseyside ICB Place Associate Directors of Quality and Safety Improvement*

# Part 3: Review of quality performance 2023/24

## Statements of quality delivery

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

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

##### Introduction

##### Ramsay Clinical Governance Framework 2023/24

The aim of clinical governance is to ensure that there is a structured framework in place to provide assurance of accurate, quality data and care and in line with statutory requirements and best practice.

The Ramsay places great emphasis on safety and compassionate leadership and care to encourage a just and fair approach to the services provided.

Renacres hospital governance team promotes sharing of information to enable staff to identify areas for improvement and celebrate positive outcomes and feedback from patients. Patients' safety is our priority and ensuring staff are trained and competent in their work is a priority.

2023/24 focussed on providing staff with practical training from external providers to enhance the care they give to patients. The training enables staff to seek advice specific to their roles in managing diverse situations.

The focus for the year has been preparing for patients prior to their attendance on admission to ensure patients are receiving the best care possible that meets their individual needs.

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

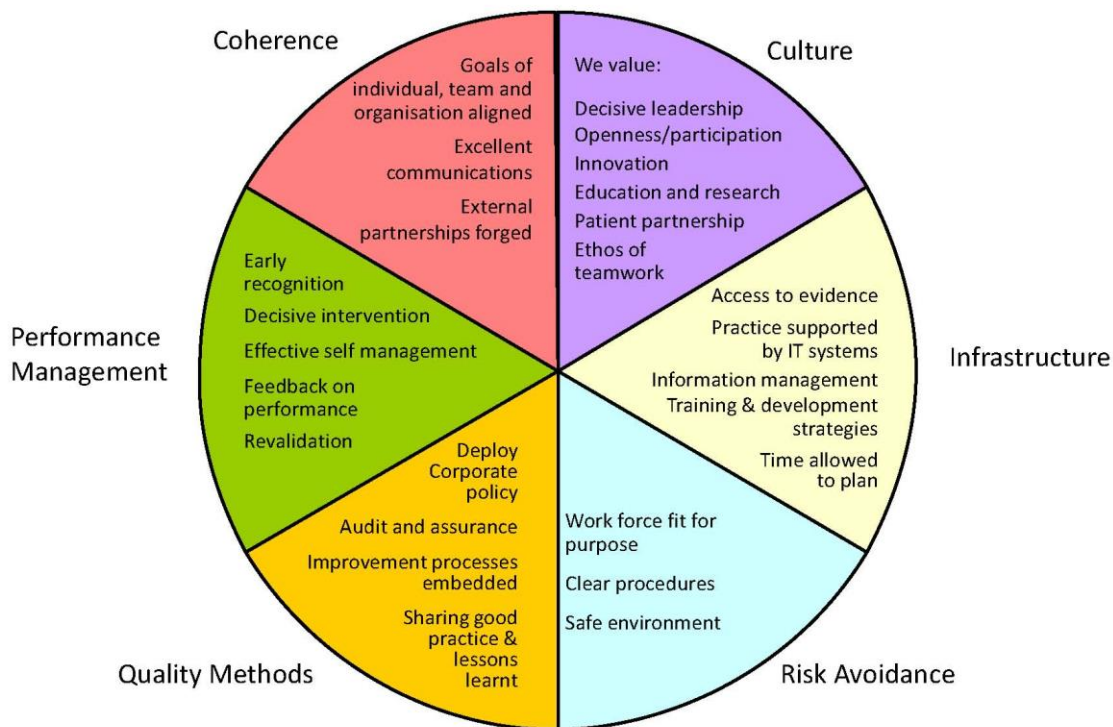
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a "stand-alone" activity. All management systems,

clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

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

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

### Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	Renacres	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC16	0.0002
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC16	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC16	0.0000

#### Caveats

SHMI Figures are not available for Independent Sector Hospitals  
RiskMan data is used to find mortality rate

Publication Date: 14 Mar 2024

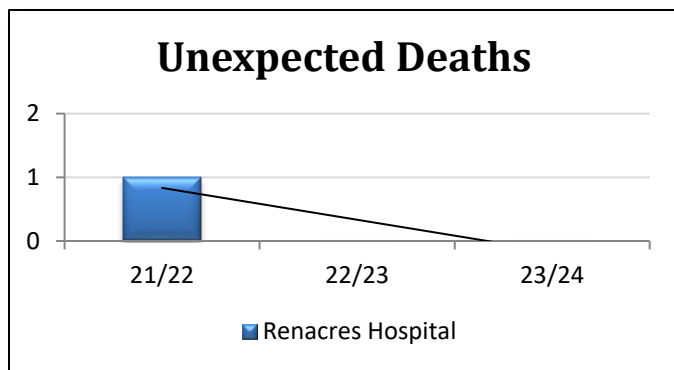
**Renacres Hospital considers that this data is as described for the following reasons:** The referral criteria and the general good health of patients able to attend Renacres Hospital: patients admitted for elective surgery are optimised and managed effectively post operatively.

Renacres Hospital ensures the following:

- Referral criteria are adhered to.
- The service is Consultant led.
- Initial assessment identifies any comorbidities which may impact on patient outcome.
- The patient is suitable for surgery in Renacres and does not require any additional services that are not available on site.
- Necessary investigations are obtained to ensure patient is fit for a procedure.
- The patient is prepared for surgery effectively.
- All equipment is adequately maintained.
- Safe staffing is maintained, and staff are trained appropriately to provide care (AIMS training)
- Appropriate medications are prescribed and administered to ensure the patients safe treatment and care.
- Safe discharge is planned.
- Support is available for advice and review following discharge.
- ILS/ALS trained staff always on duty.

*Rate per 100 discharges:*





Renacres hospital has reported one death 52 day post total hip replacement as reported above. No concerns were identified regarding the treatment and care received by the patient.

### National PROMs

PROMS:	Period	Best		Worst		Average		Period	Renacres	
		Code	Score	Code	Score	Eng	Score		Code	Score
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC16	22.042
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC16	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC16	22.909

PROMS:	Period	Best		Worst		Average		Period	Renacres	
		Code	Score	Code	Score	Eng	Score		Code	Score
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC16	17.118
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC16	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC16	17.640

\*Publication has been paused for 22/23

**Renacres Hospital considers that this data is as described for the following reasons:** Renacres hospital has made great improvement in obtaining response from patients. Any patient reporting unfavourable outcomes via complicity are contacted and a plan is implemented for immediate review, which has been welcomed by both patients' and consultants.

**Renacres Hospital intends to take the following actions to improve this rate, and so the quality of its services, by** continuing to monitor the health gains and in conjunction with the NJR results look at any possible outliers and any actions required to improve these results. Patients are provided with a leaflet on PROM's which includes a QR Code to access the survey. Tablets have also been provided for patients who have been unable to complete prior to admission or require support to access.

### Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Renacres	
		Code	Score	Code	Score	Eng	Score		Code	Score
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC16	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC16	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC16	0.00

### Caveats

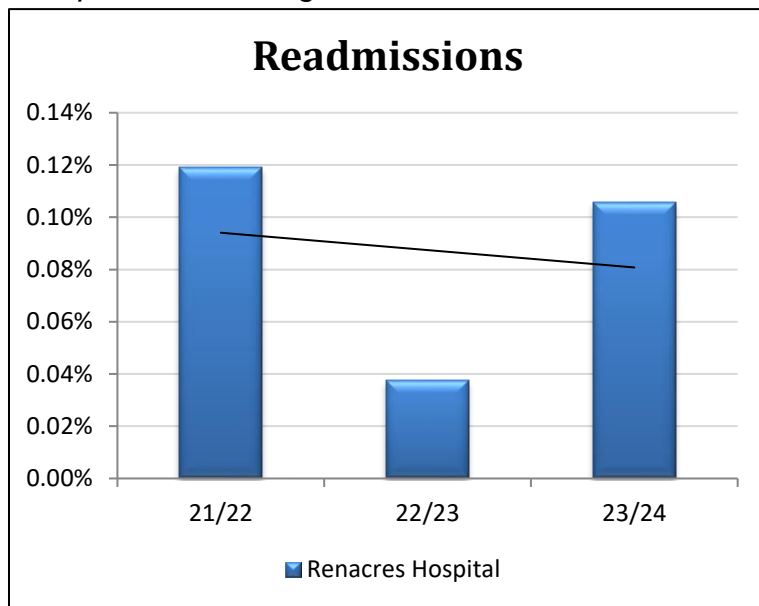
Data no longer reported

There is no data published after 19/20

Publication Date: 17 Mar 2022

Renacres Hospital readmission rates are 0.002%, patients are contacted by our nursing team 48 hours post discharge and are invited in for medical review in the event of any concerns. This provides patients and consultants the reassurance that they remain under our care and receive appropriate review and treatment if required.

*Rate per 100 discharges:*



### Responsiveness to Personal Needs

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

Summary of PHIN Patient Experience performance

Export

Filter set one: Hospital: Renacres Hospital



**PHIN PATIENT EXPERIENCE**

93.6%

Ramsay UK Average

Renacres H...	95.3 %
Ramsay UK ...	93.6 %

It is important to ensure staff are aware that the patients contact details must be documented on EPR to ensure post-operative data collection continues. Patient email addresses must be provided to ensure patient outcomes can be requested and reported.

We will continue to focus on the data and take actions to ensure response rates improve and staff and consultants are aware of data.

The following action will be taken:

Monthly review of data and patient outcomes to be shared with Heads of Departments.

Continue to share Patient Feedback monthly Summary with Staff and Consultants.

Implement a patient newsletter which is to share examples and themes of comments received.

Patient outcome scores are reviewed via our committee meetings including the following:

- Clinical governance
- Clinical effectiveness
- Arthroplasty meetings
- Medical Advisory Committee
- In 1 to 1 meeting with consultants

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Renacres	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC16	96.7%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC16	97.9%

Caveats

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

The VTE data has improved in 23/24 due to an electronic process and a change in policy mid-year addressing some of the previous issues relating to minor procedures and those not requiring VTE by a consultant.

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Renacres	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC16	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC16	0.0

**Renacres Hospital considers that this data is as described for the following reasons;** due to stringent pre admission controls and our high standards of infection prevention and control processes.

**To ensure we maintain this score, and the quality of our services, Renacres Hospital:**

- Have a Regional IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from each hospital. The Committee meets quarterly to oversee implementation of corporate policies, National Guidance and review clinical audit & practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends which are then actioned.
- Have an Infection Prevention and Control Lead.

- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection.
- Have effective systems of education, audit and surveillance.
- Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.
- Monthly IPC Surgery held by Ramsay’s Lead Clinician for Infection Control.

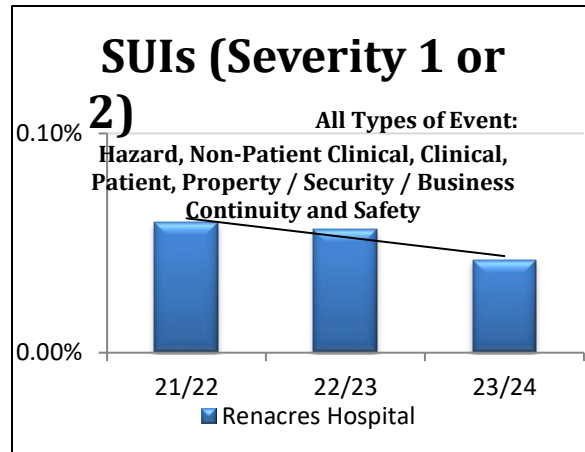
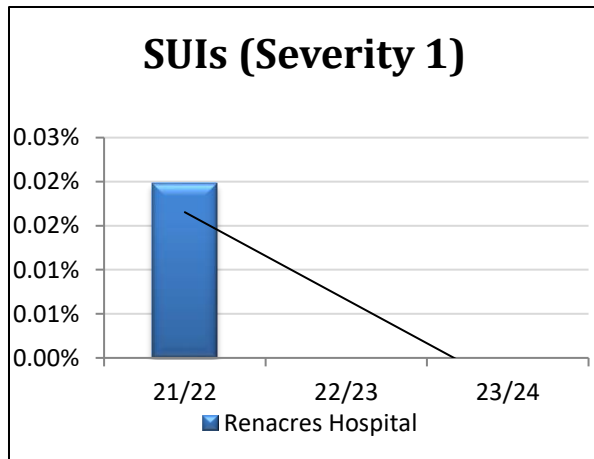
### Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Renacres	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC16	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC16	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC16	0.00

**Caveats**  
 No independent sector data, Ramsay data is from Riskman (Overall Sev 1)  
 Acute Non-Specialist Data From NRLS, England Ave 19/20 was only for the period of Oct19 to Mar20  
 September 2023 update: We have paused the annual publishing of this data while we consider future publications

Renacres Hospital reported 5 cases to CQC in 2023/24 see pages 22-26 of this report  
 Fur of the patient recovered well with no further concerns – see findings and outcomes above.

Rate per 100 discharges:



## Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Renacres	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC16	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC16	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC16	98.9%

Renacres hospital friends and family results have scored consistently high throughout 2023/24.

Patients report friendly, professional, compassionate staff and consultants, clean hospital.

The net promotor score has been consistently high throughout the year with scores in excess of 94%.

The recent drop in NPS has been directly linked to daycase patients and their waits from time of admission to surgery. Patient's admissions are staggered to more frequent times to improve this.

## 3.2 Patient safety

### 3.2.1 Infection prevention and control

***Renacres Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.***

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

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

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

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

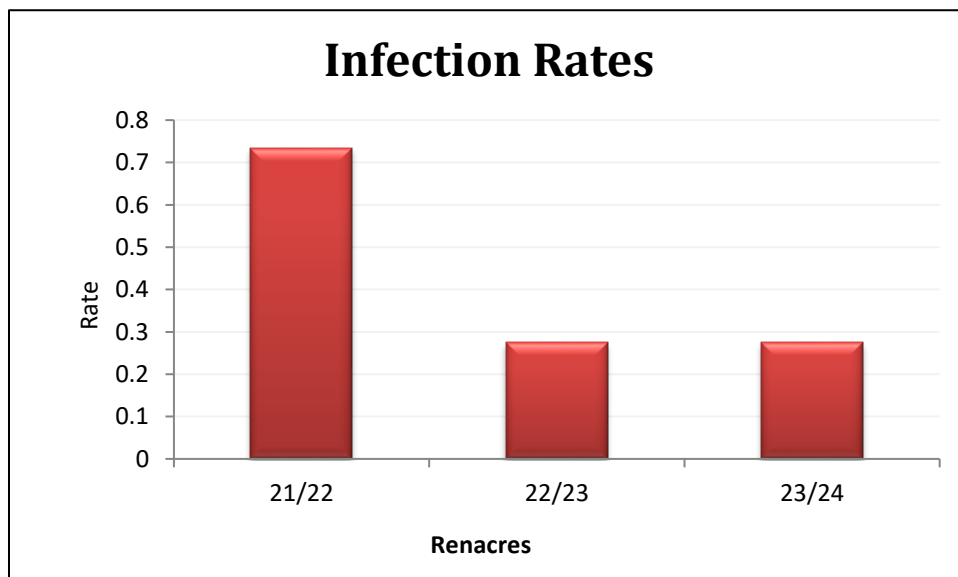
The hospital is aiming for ANTT bronze accreditation this year to continually improve the service.

## Programmes and activities within our hospital include:

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

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

*Rate per 100 discharges:*



As can be seen in the above graph our infection control rate has decreased over the last year. In comparison to the national average, it is staff training compliance.

Cleaning audits and the actions taken as a result of these.

Education of staff relating to infections includes.

- Annual IPC training
- ANTT training

- Cleanliness audits and sharing results.
- Debriefs with staff of specific cases as learning opportunities.

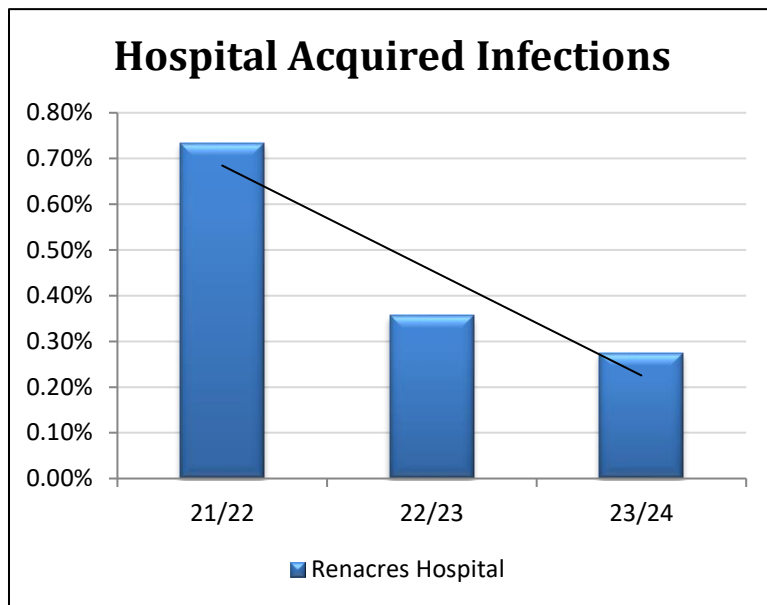
Monthly summaries sharing outcomes with staff.

Staff monthly summaries are provided of the following:

- Governance
- Incidents and complaints
- Audit
- Training
- Patient feedback

There are monthly IPC surgeries led by the Ramsay IPC Lead

Monthly regional meetings are held to discuss incidents and view any themes or outbreaks in the region.



### 3.2.2 Cleanliness and hospital hygiene

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

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

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



Our scores are as follows:

### Ramsay UK Average Scores

Organisation Code	Organisation Name	Commissioning Region	Organisation Type	NHS or Independent Organisation
NVC	RAMSAY HEALTHCARE UK OPERATIONS LIMITED	EAST OF ENGLAND COMMISSIONING REGION	INDEPENDENT SECTOR	Independent Sector

CLN Score %	Combined Food Score %	Org Food Score %	Ward Food %	PDW Score %	CAM Score %	DEM Score %	DIS Score %
98.36%	93.99%	91.92%	96.23%	87.06%	95.95%	87.54%	88.60%

### Renacres Hospital Scores

Site Code	Site Name	Organisation Type	NHS or Independent	PLACE Site Type
NVC16	RENACRES HOSPITAL	INDEPENDENT SECTOR	Independent Sector	Acute/Specialist

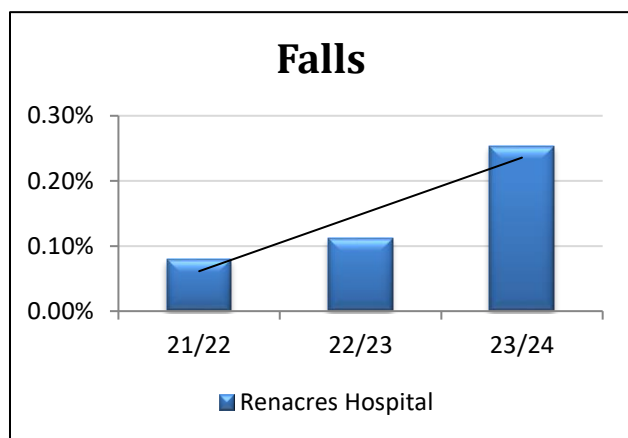
Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.44%	93.98%	91.67%	97.14%	84.78%	97.78%	94.57%	96.00%

### 3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

*Rate per 100 discharges:*



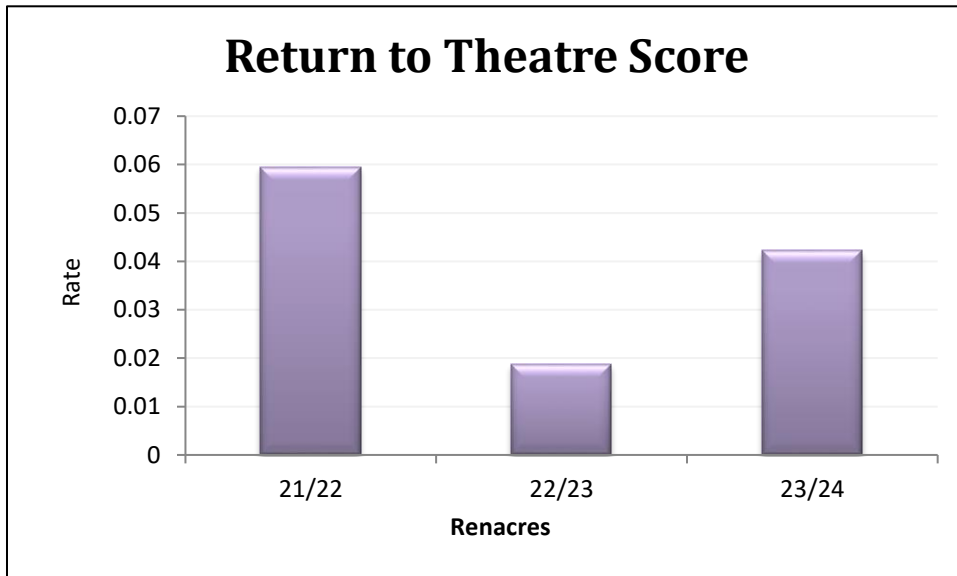
### 3.3 Clinical effectiveness

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

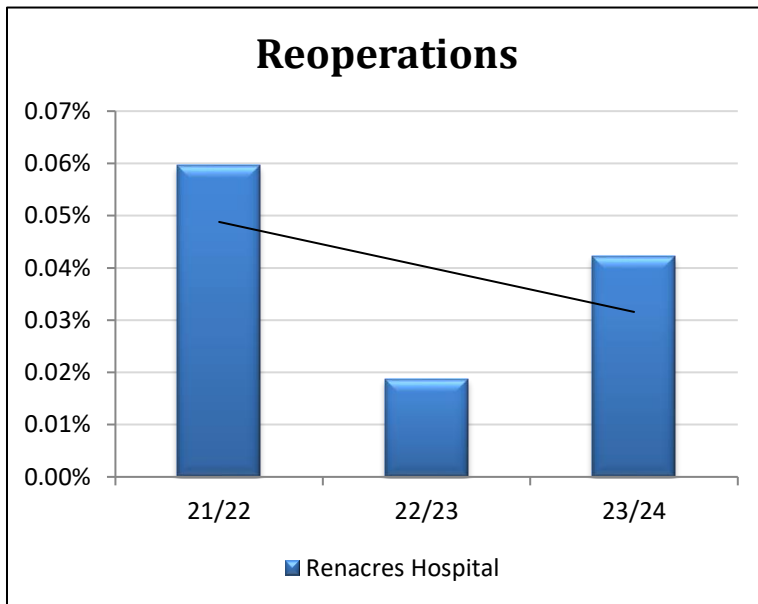
#### 3.3.1 Return to theatre

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

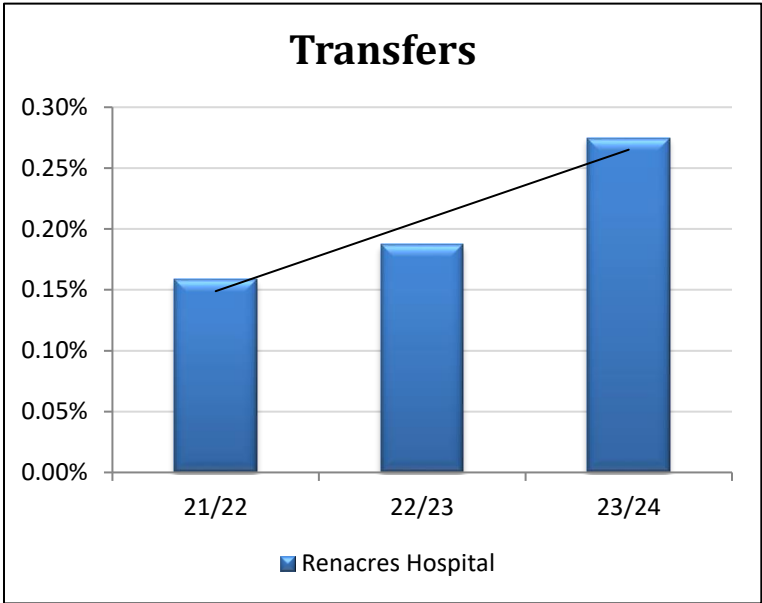
surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



The percentage of case returning to theatre at Renacres is 0.002% this includes two private patient data. The hospital is not an outlier for cases returning to theatre.



Rate per 100 discharges:



### 3.3.2 Learning from Deaths

Renacres hospital reports quarterly to the ICB regarding learning from patients' deaths. The hospital is not an outlier for patient deaths.

### 3.3.3 Staff Who Speak up

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

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to

break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

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

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

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

### **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 feedback is shared with consultants and staff.

In 2023/24 staff have worked tirelessly to improve the response rates from patients.

Patient feedback is reported via a number of social media platforms

- Google
- Renacres Facebook and website
- Cemplicity

All patient experiences are regular agenda items on all committee meeting agendas. Feedback is also monitored by the corporate quality team.

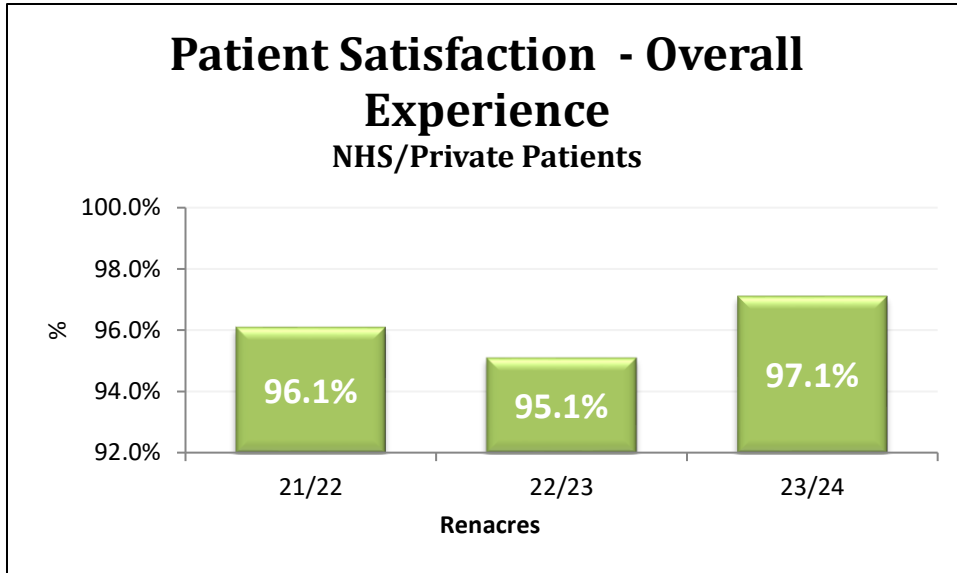
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 is encouraged to read and participate in their plan of care
- Contact with patient reporting concerns via complicity relating to outcomes are contacted directly.
- The hospital also has access to Reputation.com and where possible contacts patient reporting concerns.

### **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.



In 2023/24 Renacres Hospital received excellent feedback from patients regarding the care, staff, consultant, food, environment, and cleanliness of the hospital.

The staff are our biggest asset and show compassion and professionalism at all times.

Renacres has scored consistently high regarding patient feedback across other Ramsay sites.

This is reflected in the feedback from the staff survey. Staff feel informed, included and safe in their work.

## Appendix 1

# Services covered by this quality account.

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



## Appendix 2

**Clinical Audit Programme 2023/24.** Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### Clinical Audit Programme

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

### Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	
IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	

<b>50 Steps Cleaning (Functional Risk 1)</b>	HoCS, Theatres	Theatres	Fortnightly	Month end	
<b>50 Steps Cleaning (FR2)</b>	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
<b>50 Steps Cleaning (FR4)</b>	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
<b>50 Steps Cleaning (FR4)</b>	RDUK	RDUK	July, October, January, April	Month end	
<b>50 Steps Cleaning (FR5)</b>	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	
<b>50 Steps Cleaning (FR6)</b>	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
<b>Peripheral Venous Cannula Care Bundle</b>	HoCS (to delegate)	Whole Hospital	July to September	End of October	
<b>Urinary Catheterisation Bundle</b>	HoCS (to delegate)	Whole Hospital	July to September	End of October	
<b>Patient Journey: Safe Transfer of the Patient</b>	Ward	Ward	August, February	Month end	
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
<b>LSO and 5 Steps Safer Surgery</b>	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	September/October March/April	End of October End of April	
<b>NatSSIPs Prosthesis</b>	Theatres	Theatres	November/December May/June	End of December End of June	
<b>NatSSIPs Swab Count</b>	Theatres	Theatres	July/August January/February	End of August End of February	
<b>NatSSIPs Instruments</b>	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
<b>NatSSIPs Histology</b>	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December May/June	End of December End of June	
<b>Blood Transfusion Compliance</b>	Blood Transfusion	Whole Hospital	July/September	End of September	

<b>Blood Transfusion – Autologous</b>	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
<b>Blood Transfusion - Cold Chain</b>	Blood Transfusion	Whole Hospital	As required	As required	
<b>Complaints</b>	SLT	Whole Hospital	November	Month end	
<b>Duty of Candour</b>	SLT	Whole Hospital	January	Month end	
<b>Practising Privileges - Non-consultant</b>	HoCS	Whole Hospital	October	Month end	
<b>Practising Privileges - Consultants</b>	HoCS	Whole Hospital	July, January	Month end	
<b>Practising Privileges - Doctors in Training</b>	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
<b>Privacy &amp; Dignity</b>	Ward	Ward	May/June, November/December	End of June End of December	
<b>Essential Care: Falls Prevention</b>	HoCS (to delegate)	Whole Hospital	September / October	End of October	
<b>Essential Care: Nutrition &amp; Hydration</b>	HoCS (to delegate)	Whole Hospital	September / October	End of October	
<b>Essential Care: Management of Diabetes</b>	HoCS (to delegate)	Whole Hospital	TBC	TBC	
<b>Medical Records - Therapy</b>	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
<b>Medical Records - Surgery</b>	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
<b>Medical Records - Ward</b>	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
<b>Medical Records - Pre-operative Assessment</b>	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	
<b>Medical Records - Radiology</b>	Radiology, RDUK	Radiology, RDUK	July/August November/December (if req) March/April	End of August No December deadline End of April	
	Outpatients	Whole Hospital	July/August	End of August	

Medical Records - Cosmetic Surgery			November/December (if req) March/April	No December deadline End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	
Safe & Secure	Pharmacy	Outpatients, SACT Services,	August, February	Month end	

		Radiology, Theatres, Ward, Ambulatory Care, Pharmacy			
<b>Safe &amp; Secure (RDUK)</b>	Pharmacy	RDUK	August, February	Month end	
<b>Prescribing</b>	Pharmacy	Pharmacy	October, April	Month end	
<b>Medicines Reconciliation</b>	Pharmacy	Pharmacy	July, October, January, April	Month end	
<b>Controlled Drugs</b>	Pharmacy	Pharmacy	September, December, March, June	Month end	
<b>Pain Management</b>	Pharmacy	Pharmacy	July, October, January, April	Month end	
<b>Pharmacy: Medicines Optimisation</b>	Pharmacy	Pharmacy	November	Month end	
<b>Pharmacy: Medicines Optimisation</b>	Pharmacy	RDUK	November	Month end	
<b>SACT Services</b>	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
<b>Departmental Governance</b>	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
<b>Departmental Governance (RDUK)</b>	RDUK	RDUK	October to December	End of December	
<b>Safeguarding</b>	SLT	Whole Hospital	July	Month end	
<b>IPC Governance and Assurance (RDUK)</b>	RDUK	RDUK	July, January	Month end	
<b>IPC Environmental infrastructure (RDUK)</b>	RDUK	RDUK	August, February	Month end	
<b>Decontamination - Sterile Services (Corporate)</b>	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
<b>Decontamination - Endoscopy</b>	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
<b>Medical Records - SACT consent</b>	SACT Services	SACT Services	May	Month end	
<b>Occupational Delivery On-site</b>	HoCS	Whole Hospital	November to January	End of January	
<b>Managing Health Risks On-site</b>	Corporate OH	Whole Hospital	As required	No deadline	

## Renacres Local Audit Programme 2023-2024

Ramsay Health Care UK - Clinical Audit Programme v16 2023-2024											Hospital / Unit:				Renacres Hospital	
Audit	Department Allocation / Ownership	QR Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency	
<b>C, GOV TEAM/SLT</b>																
Practising Privileges - Consultant	HoCS	Whole Hospital	★	★	★	★	★	★	★	★	★	★	★	★	★	July, January
Practising Privileges - Non-Consultants	HoCS	Whole Hospital				★					★					October
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital			★											September / October
Medical Records - Patient Consent	HoCS	Whole Hospital	★					★					★			July, December, May
Medical Records - MDT Compliance	HoCS	Whole Hospital						★								December
50 Steps Cleaning (FR5 Patient facing: reception, waiting rooms, corridors)	SLT	Whole Hospital	★						★							July, January
50 Steps Cleaning (FR6 Non-patient facing: Offices, Stores, Training Rooms)	SLT	Whole Hospital		★												August
Complaints	SLT	Whole Hospital					★									November
Duty of Candour	SLT	Whole Hospital							★							January
Dept Governance (Ward)	Ward	Ward				★										October to December
Dept Governance (Theatre)	Theatres	Theatres				★										October to December
Dept Governance (Physio)	Physio	Physio					★									October to December
Dept Governance (OPD)	OPD	OPD				★										October to December
Dept Governance (Radiology)	Radiology	Radiology				★										October to December
<b>SAFEGUARDING LEAD</b>																
Safeguarding	SLT	Whole Hospital	★													July
<b>IPC LEAD</b>																
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	★	★	★	★	★	★	★	★	★	★	★	★	★	Monthly
IPC Governance and Assurance	IPC	Whole Hospital	★													July
IPC Environmental infrastructure	IPC	Whole Hospital		★						★						August, February
Sharps	IPC	Whole Hospital		★				★				★				August, December, April

<b>SAFEGUARDING LEAD</b>																
Safeguarding	SLT	Whole Hospital	★												July	Month End
<b>IPC LEAD</b>																
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	★	★	★	★	★	★	★	★	★	★	★	★	Monthly	Month End
IPC Governance and Assurance	IPC	Whole Hospital	★												July	Month End
IPC Environmental infrastructure	IPC	Whole Hospital		★						★					August, February	Month End
Sharps	IPC	Whole Hospital		★				★				★			August, December, April	Month End
<b>BT LEAD</b>																
Blood Transfusion - Cold Chain	BT Lead	Whole Hospital	★												July/September	End of September
Blood Transfusion Compliance	BT Lead	Whole Hospital	★												July/September (where applicable)	No deadline

WARD			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Hand Hygiene observation (5 moments)	Ward	Ward	*	*	*	*	*	*	*	*	*	*	*	*	Monthly	Month End
IPC Management of Linen	Ward	Ward		*						*	*				August, February (if required)	End of Aug
50 Steps Cleaning (FR1) inc. Pharmacy Room	Ward	Ward	*	*	*	*	*	*	*	*	*	*	*	*	Monthly	Month End
Patient Journey: Safe Transfer of the Patient	Ward	Ward		*						*					August, February	Month End
Privacy & Dignity	Ward	Ward					*	*					*		May/June, November/December	Month End
Medical Records - Ward	Ward	Ward	*	*			*	*		*	*				July/August November/December (if req) March/April	Month End
Medical Records - NEWS2	Ward	Ward				*				*				*	October, February, June	Month End
Medical Records - VTE	Ward	Ward	*				*			*					July, November, March	Month End
Essential Care: Falls Prevention	HoCS	Whole Hospital			*	*									September / October	End of October
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	*	*	*										July to September	End of Sept
Urinary Catheterisation Bundle	HoCS	Whole Hospital	*	*	*										July to September	End of Sept

THEATRES			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Hand Hygiene observation (5 moments)	Theatres	Theatres	*	*	*	*	*	*	*	*	*	*	*	*	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres				*					*	*			October, April	Month end
50 Steps Cleaning (FR1)	Theatres	Theatres	*	*	*	*	*	*	*	*	*	*	*	*	Weekly	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres		*	*					*	*				August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres				*	*				*	*			October/November April/May (if required)	End of November No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	*	*					*	*					July/August January/February	End of August End of February
NatSSiPs Stop Before You Block	Theatres	Theatres			*	*					*	*			September/October March/April	End of October End of April
NatSSiPs Prosthesis	Theatres	Theatres					*	*					*		November/December May/June	End of December End of June
NatSSiPs Swab Count	Theatres	Theatres	*	*					*	*					July/August January/February	End of August End of February
NatSSiPs Instruments	Theatres	Theatres			*	*					*	*			September/October March/April	End of October End of April
NatSSiPs Histology	Theatres	Theatres					*	*					*		November/December May/June	End of December End of June
Medical Records - Surgery	Theatres	Whole Hospital	*	*			*	*		*	*				July/August November/December (if req) March/April	No December deadline End of April
Decontamination - Endoscopy	Decontamination (Comm)	Decontamination													As required	No deadline

PHYSIOTHERAPY			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
50 Steps Cleaning (FR4)	Physio	Physio	★			★			★			★			July, October, January, April	Month end
Medical Records - Therapy	Physio	Physio	★				★				★				July/August November/December (if req) March/April	End of August No December deadline End of April
RADIOLOGY			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
50 Steps Cleaning (FR4)	Radiology	Radiology	★			★			★			★			July, October, January, April	Month end
LSO and 5 Steps Safer Surgery	Radiology	Radiology	★						★						July/August January/February	End of August End of February
NatSSIPs Instruments	Radiology	Radiology			★						★				September/October March/April	End of October End of April
NatSSIPs Histology	Radiology	Radiology					★						★		November/December May/June July/August	End of December End of June End of August
Medical Records - Radiology	Radiology	Radiology	★				★				★				November/December (if req) March/April	No December deadline End of April
Non-Medical Referrer Documentation and Records	Radiology	Radiology	★						★						July, January	Month end
No Report Required	Radiology	Radiology		★						★					August, February	Month end
MRI Safety	Radiology	Radiology	★						★						January, July	Month end
CT Last Menstrual Period	Radiology	Radiology	★			★			★			★			July, October, January, April	Month end
MRI Reporting for BUPA	Radiology	Radiology	★				★				★				July, November, March	Month End
CT Reporting for BUPA	Radiology	Radiology		★				★				★			August, December, April	Month End
LOCAL AUDIT - IMAGE QUALITY	Radiology	Radiology													Quarterly	End of each quarter

PHARMACY			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Safe & Secure (OPD)	Pharmacy	Outpatient s		★						★					August, February	Month end
Safe & Secure (Radiology)	Pharmacy	Radiology		★						★					August, February	Month end
Safe & Secure (Theatres)	Pharmacy	Theatres		★						★					August, February	Month end
Safe & Secure (Ward)	Pharmacy	Ward		★						★					August, February	Month end
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy		★						★					August, February	Month end
Prescribing	Pharmacy	Pharmacy				★						★			October, April	Month end
Medicines Reconciliation	Pharmacy	Pharmacy	★			★			★			★			July, October, January, April	Month end
Controlled Drugs	Pharmacy	Pharmacy			★			★			★			★	September, December, March, June	Month end
Pain Management	Pharmacy	Pharmacy	★			★			★			★			July, October, January, April	Month end
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy					★								November	Month end

OUTPATIENTS / POA			July	Aug	Sept	October	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
50 Steps Cleaning (FR2)	OPD	OPD	★	★	★	★	★	★	★	★	★	★	★	★	Monthly	Month end
LSO and 5 Steps Safer Surgery	OPD	OPD	★						★						July/August January/February	End of August End of February
NatSSIPs Instruments	OPD	OPD			★						★				September/October March/April	End of October End of April
NatSSIPs Histology	OPD	OPD					★						★		November/December May/June July/August	End of December End of June End of August
Medical Records - Pre-operative Assessment	OPD	OPD	★				★				★				November/December (if req) March/April July/August	No December deadline End of August End of April
Medical Records - Cosmetic Surgery	OPD	Whole Hospital	★				★				★				November/December (if req) March/April	No December deadline End of April
50 Steps Cleaning (FR2)	POA	POA	★	★	★	★	★	★							Monthly	Month end
Medical Records - Pre-operative Assessment	POA	POA	★				★				★				July/August November/December (if req) March/April	End of August No December deadline End of April



## Appendix 3

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC16	Code for Renacres Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

# Renacres Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

### Hospital phone number

**01704 841133**

### Hospital website

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

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