

# Euxton Hall Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

Euxton Hall Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network 31 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Clinical Commissioning Groups and local NHS Trusts.

*“As Chief Executive of Ramsay Health Care UK, I am passionate about ensuring that high quality patient care is our number one goal. This relies not only on excellent medical and clinical leadership in our hospitals but also upon an organisation wide commitment to drive year on year improvement in patient satisfaction and clinical outcomes.*

*Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance. It is essential that we establish an organisational culture that puts the patient at the centre of everything we do and as a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results.*

*Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.”*

*(Andy Jones, Chief Executive Officer of Ramsay Health Care UK)*

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on quality from the General Manager

“Ramsay Health Care UK continues to establish a patient centred culture in every level of our organisation, and this is a key element of the vision established at Euxton Hall Hospital. That vision is to be safe, effective and deliver a good experience to all, something we strive for every day. Ramsay Health Care UK has a structured clinical governance framework that enables continual review of performance, which allows us to drive improvements for the benefit of all patients. Our CQC inspection towards the end of 2016 highlighted this vision and culture throughout our report and our overall rating of Good, was mirrored within each domain.

This Quality Account not only accurately documents through collated data our achievements in delivering excellent services, but also highlights the areas that we need to improve upon.

Our Quality Account is information for our patients and Commissioners to assure them that we are committed to sharing our progressive achievements year on year.”

**Nick Costa General Manager**

**Euxton Hall Hospital Hospital/Centre**

## 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.

Nick Costa  
General Manager, Euxton Hall Hospital, Ramsay Health Care UK

This report has been reviewed and approved by:

A handwritten signature in black ink, appearing to read 'H White', with a stylized flourish above the 'H'.

**Mrs Helen White**  
Northern Regional Director, Ramsay Health Care UK



Your Ref: RHC Quality Account 17/18  
Our Ref: DG/WH/EHHQA1718

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23 May 2018

Ms Margaret-Ann Worrell  
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Dear Margaret-Ann

## CCG response to RHC Euxton Hall Quality Account 2017/18

NHS Greater Preston Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the Ramsay Health Care (RHC) annual quality account for Euxton Hall Hospital (EHH) during 2017/18.

The CCG reviews the quality of the providers' services in relation to safety, effectiveness and patient experience utilising a variety of methods. These include formal monitoring processes, partnership discussions and a programme of quality assurance visits.

Unfortunately, there was one Never Event reported in 2017/18 under the classification of wrong size implant. Corrective surgery was provided to the patient immediately after the error was identified with full compliance of duty of candour. This incident was investigated by EHH and is currently under review of the CCG Serious Incident (CCG SI) Review group. Changes to practice, as a result of the investigation, will be reviewed during quality assurance visits to provide further assurance of the actions taken.

During 2017/18 EHH has welcomed the opportunity to participate in the CCG SI Review Group to enable an increased level of scrutiny of all incidents, supporting an improved collaborative approach to a rigorous incident investigation. The Matron of EHH also attends the Clinical Incident Review group led by the CCG Lead Nurse to enable all incidents to be discussed in a supportive environment. This group has opened up opportunities for joint working across the health economy to share best practice, in order to identify any particular themes or trends that may be occurring. Support and guidance has been provided in order to ensure that rigorous processes are in place in relation to 'lessons learned' from any serious incidents.



Dr Sumantra Mukerji – Chair  
Denis Gizzi – Chief Officer

EHH has also embraced the opportunity to attend React to Red training, a health economy wide initiative to reduce pressure ulcer prevalence in the CCG locality. Whilst there have been no pressure ulcers at EHH during 2017/18, this demonstrates a commitment to safeguard patients from harm by maintaining best practice in pressure ulcer prevention.

During 2017/18, the CCG has completed announced quality assurance visits at EHH. The hospital has welcomed the visits and the CCG is pleased to note that the hospital has implemented the recommendations made at these visits, where appropriate. This provides further evidence that a collaborative approach to quality improvement is in place.

The national CQUIN schemes for 2017/18 were not appropriate for the services provided at EHH. As a result of this the CCG and EHH agreed to the following local CQUIN schemes:

- Patient Safety – a scheme has been built around the NHS England Sign up to Safety campaign, and a commitment to strengthen patient safety by committing to turn actions into safety improvement plans. It encourages a culture of openness and learning when things go wrong.
- Culture of Care Barometer – a reflective tool that can help a provider assess and understand a workplace's culture of care, to facilitate a consistent culture of care and compassion to support the spread of good practice across organisations.

The CCG is pleased to confirm that the provider has achieved the defined requirements of both of the schemes during 2017/18 and will continue to embed the quality improvement methodology derived from the implementation to the schemes during 2017/18 throughout 2018/19.

CQUIN schemes for 2018/19 will continue to focus on patient care and staff experience. The CCG looks forward to the potential improvements to patient care that will be identified from participation in the following schemes:

- Improving Patient Safety – strengthening the link between culture and patient safety to improve patient safety influenced by the culture within an organisation (bringing together 2017/18 CQUIN schemes).
- National safety standards for invasive procedures (NatSIPPs) - building on the existing WHO Surgical Checklist and promoting the effective performance of the Five Steps to Safer Surgery guidance.

EHH has participated in national audits where these are applicable. Additionally, EHH participates in local audits, which are reported in line with their agreed audit schedule. Where local audits undertaken throughout the year have indicated areas for improvement, EHH has implemented action plans and undertaken interim repeat audits. Clinical audit is also part of the induction process in order to ensure that staff recognise the importance of clinical audit as a quality improvement tool.



Dr Sumantra Mukerji – Chair  
Denis Gizzi – Chief Officer



EHH displays a serious commitment to ensuring that patient feedback is obtained using various methods. Throughout 2017/18 they have experienced a continuously high level of performance from the Friends and Family Test results. March 2018 data indicates that 100% of patients would 'recommend the care received' which is a very commendable achievement. EHH has also utilised social media during 17/18 to facilitate feedback from patients online. The management teams also ensure a personalised, individual response to any complaints that are submitted, furthermore ensuring that the CCG is aware of any potential or identified issues with patient care.

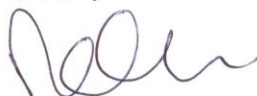
During 2017/18, EHH has been recognised by the national joint registry (NJR), with a certification designed to offer hospitals recognition for reporting against patient safety standards through NJR compliance, and reward those who have met such targets. The award benefits hospitals by helping recognise and reward best practice; increasing engagement and awareness of the importance in quality data collection; and help embed the ethos that better data ultimately equals better care.

The CCG and EHH are working collaboratively to improve data quality in a small number of areas, namely the Secondary User Services (SUS) data, Service Level Agreement Monitoring (SLAM) data, and the return of a complete data set for Referral to Treatment Time waits.

EHH has seen challenges to the senior management team over 2017/18 with the absence of a permanent General Manager (GM). The Matron of the hospital has been a consistent lead at the hospital. Whilst the CCG is assured by the current interim GM, the CCG is keen to see a permanent GM in place to provide the hospital and staff with the stability needed.

In conclusion, the CCG feels that throughout the year a clearly defined, professional relationship has been maintained with the provider and will continue to work with EHH to ensure that patient safety continues to be the priority, and provide opportunity for the CCG and provider to undertake focused improvement work where appropriate. The information reviewed portrays a positive service experience with a clear emphasis upon continuous quality improvement. The CCG values the open and transparent working relationship that is in place with EHH and look forward to working together in 2018/19.

Yours sincerely



**Denis Gizzi**  
Chief Officer



Dr Sumantra Mukerji – Chair  
Denis Gizzi – Chief Officer

## Welcome to Euxton Hall Hospital

Euxton Hall Hospital is one of Lancashire's leading private hospitals situated on the outskirts of Chorley, close to Preston and Wigan. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

The facility is registered for 32 beds all with ensuite facilities to ensure complete privacy. Each room includes a digital television and telephone. Our private patients are automatically allocated a Premium Care single room with ensuite facility, they are also provided with a newspaper of their choice, complimentary robe, slippers, toiletries and an à la carte menu.

The hospital boasts two fully equipped ultra clean air theatres, a JAG accredited endoscopy suite, treatment room and phlebotomy room and by investing in advanced medical technology offers a wide range of treatments and services.

Euxton Hall Hospital specialises in elective surgery, particularly orthopaedics offering procedures such as arthroscopy, hip and knee replacement surgery, upper limb surgery and spinal surgery. Other surgical specialities include general surgery, gynaecology, urology, ENT, and cosmetic surgery. The hospital also offers rapid access to breast care services supported by the X-ray and radiology facilities on site.

Euxton Hall Hospital offers the latest physiotherapy support in a purpose built sports injury centre. The hospital has the latest Cybex Isokinetic equipment and offers electrotherapy, continence clinic, back pain clinic, personal training, aromatherapy, reflexology and acupuncture.

Other services offered at Euxton Hall Hospital include:

- Cardiology
- Dermatology
- Diagnostics
- Gastroenterology
- Neurology
- Pain Management
- Endocrinology

We treated approximately 7000 patients in 2017/1; we provide gynaecology and general surgery outreach clinics at Aspull, Buckshaw Village and Gathurst  
And we provide a one stop service for breast patients.

We work closely with our local GP's and our GP liaison has excellent relationships with them and educational days have recently been set up between the local GP community and the consultants from Euxton Hall.

# Part 2

## 2.1 Priorities for Improvement

### Plan for 2018/19

On an annual cycle, Euxton Hall 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.

As part of clinical priorities for 2018/19 we will be focussing on continuing to improve patient care and staff satisfaction through the work outlined below:

- 1) National Safety Standards for Invasive Procedures(NatSSIPs). This will be through our CQUIN, internal Ramsay theatre audits and our local audit program.
- 2) Building on the work started in 2017/18 with regard to patient safety through Sign Up to Safety and the Culture of Care Barometer. This will be one of our CQUIN's in 2018/19
- 3) The launch nationally within Ramsay of the Speaking Up for Safety Campaign. This will involve all staff having training in communication techniques to give them the tools to speak out if they believe patient safety is about to be compromised. This training is being rolled out through the Cognitive Institute with Ramsay trainers being accredited as part of this program to deliver the training. Promoting professional accountability with our consultant body is also part of this program again with training being put in place.
- 4) Reducing harm to our patients in relation to SSI and infections, this will be supported through our internal audit program and our infection control nurse's input both locally and nationally

## 2.1.1 A review of clinical priorities 2017/18 (looking back)

### Quality Management

In 2016 Ramsay introduced a new role to support the quality agenda working closely with the Matron and department managers to ensure there are continuous improvement processes in place. They have also been key in the delivery of this year's CQUIN's and clinical governance program. The success of the role can be evidenced by the

- Maintenance of regular quality meetings in the hospital
- oversight of action plans to support the audit cycle
- ongoing use of lessons learned cycle and feedback
- Quality account published
- CQUIN's achieved
- Increased numbers of patient feedback form various sources including Friends & Family

The quality lead role has been further supported by the introduction of a Regional Governance lead who started in post in October 2017. This is resource for the Ramsay sites in the North and is there to act as support for investigations, setting consistent standards across the sites and to provide leadership with regard to the quality and clinical governance agendas.

### Staff retention

This area focused on ensuring that all staff had the right training and support to carry out their role and that they had an opportunity to have a voice in the Hospital. Our staff turnover is higher than last year but this is attributed to a number of bank staff being removed from our system who hadn't worked a shift for us in the last 12 months to ensure our staff training figures were accurate.

The success of this objective can be evidenced by the following

- 92% Staff have an annual PDR and we are working with teams to ensure this is 100%
- All staff have access to training required to undertake their role
- Supporting our registered nurses through the revalidation process
- Implementation of Staff engagement group chaired by the general manager
- Achieving a rating GOOD across all domains in our CQC inspection in November 2016.
- Our very low turnover rate of approx. 7% over a rolling 12 months
- The fact that we have only 1 clinical vacancy which has had a good response when advertised
- Our minimal use of agency, Since May 17 we have only used two shifts in radiology due to staff sickness
- Our staff VIP scheme which recognises when staff have gone the extra mile.
- Our feedback in the culture of care staff survey

## Patient Safety

Patient safety is at the heart of all we do at Euxton Hall Hospital and we achieved a rating of GOOD in all domains in our CQC inspection in November 2016. This demonstrates our commitment to safe and effective patient care.

One of our CQUIN'S this year was the NHS England sign up to Safety program where we made pledges to improve patient safety in 5 key areas. These were:

- Putting Safety first by reducing avoidable harm particularly with regard to Nutrition and Hydration and the deteriorating patient.
- Continually learning through collaborative learning and ensuring our complaints process includes feedback and lessons learned
- Being Honest by fostering a culture of openness and transparency and supporting our teams to ensure duty of candour is undertaken
- Collaborating by developing learning networks and aligning CQUIN's with contractual quality targets
- Being Supportive by helping staff and teams to understand why things have gone wrong, how to prevent it from happening again and learning from mistakes.

We have facilitated training for 100% of staff in patient safety forums, human factors training and Root Cause analysis training for key members of staff. We have seen the numbers of incidents being reported increase and the range of staff reporting has also expanded.

We have joined collaborative forums with NHS England in relation to patient safety and infection control and the network opportunity from these forums has been invaluable.

We have unfortunately had one orthopaedic never event this year where mismatched implants were inserted. The mistake was spotted within 5 mins of the case finishing; the patient was taken back to theatre for it to be corrected. The patient had an effective spinal anaesthetic still working and has had an excellent outcome to her surgery. Our National clinical director and National Governance Lead participated in the initial case review with the Matron and theatre team and what immediate steps needed to be put in place to prevent it from happening again. The input from them was supportive and reassuring and role modelled the open transparent culture when dealing with incidents we are striving for at Euxton Hall. The process for alerting our commissioners and CQC was followed and duty of candour was applied to ensure the patient was fully cognisant of what had happened.

We continue to diligently ensure the WHO safety briefings are undertaken and that NatSSIPs are also in place and followed. Our audit of the use of these tools through 2017/18 has demonstrated a high compliance rate. *Ramsay UK* has also instigated a program of peer theatre reviews in addition to our provider visit audits to demonstrate our continued commitment to patient safety and continually learning.

## Duty of Candour

At Euxton Hall we promote a culture that encourages candour, openness and honesty at all levels. Duty of candour has been an integral part of the lessons learned in the Never event and The SUI

relating to a Gynaecology patient who post operatively developed nerve pain. The patient worked closely with us in the development of the actions in the RCA and the steps being taken with regard to highlighting it as a risk at consent going forward. Duty of candour training has been undertaken this year with our National Governance Lead and disseminated to our teams as part of the training involved with this years CQUIN'S

## **Information Security**

Euxton Hall has achieved the independently audited information security standard ISO 227001 and the audit was undertaken in March 2017. Staff e learning continues to have a high compliance of 87%.

## **Safe Guarding and PREVENT**

Safeguarding vulnerable adults and children remains high on the agenda at Euxton Hall and we continue to liaise closely with our safeguarding partners within the CCG, safeguarding board and local trust. Although we have lost a valuable resource from Ramsay in the form of our Paediatric safeguarding lead, she left us many resources to continue her excellent work and we have a replacement lead in our ward manager who along with the theatre manager also acts as our adult safeguarding lead. Both have undertaken appropriate training and developed network links with the CCG and local Trust safeguarding leads. They have implemented clinical supervision session for all staff and have been use by the staff in the last 3 months especially where we have had 2 distressing safeguarding issues.

An annual action plan is in place and Euxton Hall is heavily involved in the development and roll out of the Safeguarding Champions model. Working closely with the trust, we continue to embed the importance of good safeguarding practice, improve networking, and ensure we are all working in a cohesive and supportive manner. Thereby ensuring practice is up to date and shared with staff at all levels, rising the safeguarding profile within the hospital.

PREVENT links and staff updates remain upheld within the region.

Safeguarding training continues for all employees as part of their annual mandatory training alongside mandatory e-learning modules.

Audit, both internal and external, continues. The process for safeguarding supervision is currently being formalised, to ensure training and support is meeting need and competency maintained.

## **Clinical Effectiveness**

Euxton Hall Hospital has a robust system to receive, review and action all medical alerts from the National Patient Safety Agency (NPSA), central alert system and National Institute for Health and Care Excellence (NICE) guidance is reviewed by our Medical Advisory Committee (MAC) and clinical governance committees.

We track key clinical and performance indicators through our CCG reporting mechanism and through a clinical dashboard. These include readmissions, returns to theatre, infections, medication incidents, cancellations and RTT performance. We have developed a strong relationship with our commissioners and any concerns in relation to these indicators is openly

discussed, reported and where appropriate investigated. Our performance is tracked and formally discussed at our monthly contract review meeting. This information is also reported internally and shared with our teams.

## **Patient Experience**

We continue to encourage patient feedback through our web based satisfaction survey and through the national Friends & Family Test. We also canvas opinions and feedback through our social media activates and hot alerts. We encourage rapid contact with the patients who have requested to be contacted regarding their feedback to learn from their opinions. This remains a key priority for Euxton Hall. The last 6 months has seen a significant improvement in our friends and family response rate in particular those patients attending out patients. We were only achieving a 3% response rate some months and this has now improved to an average response rate of 23%. Our inpatient and day case response rate average approx. 45 – 60%. We continue to drive the outpatient response numbers as we recognise the invaluable feedback from our patients to allow us to improve services. The feedback we receive is shared with staff as it is overwhelming positive and it is important that staff see this.

## **Local CQUIN'S**

Euxton Hall Hospital is on track to achieve both CQUIN's this year, they are the "Culture of Care Barometer" and Sign Up to Safety. These have been well received by the teams as they are providing a vehicle for change for both patients care and staff morale. They have included surveys which 100% of our staff participated in and training for all staff in patient safety issues and human factors. These have both required a change in culture at the Hospital which we recognise takes time to embed and therefore work on both of these will continue into 2018/19. Our regional *Ramsay* strategy is also centred on culture and therefore the work is a joined up approach. We have exciting plans for 2018/19 with regards to staff training, openness and patient safety with *Ramsay UK* driving patient safety with the help of the *Cognitive Institute* and the rollout of "Speaking Up for Safety". This work will give staff the skills to speak up if they are concerned that patient safety may be about to be compromised and it will also train the consultants and give support to them to hear the concerns.

### **2.1.2 Clinical Priorities for 2018/19 (looking forward)**

#### **Clinical effectiveness**

##### **CQUIN**

The first locally agreed CQUIN for 2018/19 continues to focus on patient safety and culture building on the work started in 2017/18. This will again include staff surveys and staff engagement to ensure all staff have the opportunity to contribute to the clinical standards in the hospital and raise any constraints or issues they may have which prevents them achieving high quality patient care. It will also continue to further develop our culture of openness and learning to positively impact patient care and experience.

We will be canvassing staff for their opinions as part of the national survey *Ramsay UK* undertakes annually. The Employee *Engagement Action Group* (EEAG) continues to meet and further inform senior management and heads of department on staff issues and suggestions.

The second locally agreed CQUIN is in relation to Theatre safety and NatSSIPPs compliance. Again this CQUIN ties in with work that Ramsay UK have prioritised with additional peer review audits in theatre and the rollout of the *speaking up for safety* training. These streams of work will support Euxton Hall's commitment to safe high standards of patient care developed by committed, motivated and highly trained teams.

Participation in this will encourage a culture of openness and learning from when things go wrong, looking at where current systems have failed to support staff in preventing avoidable harm to patients. It will also help staff with root cause analysis skills and human factors awareness with further training being planned in these areas.

The national rollout within Ramsay of the Speaking Up for Patient Safety and promoting professional accountability will also have a positive impact not only on our teams as it will give them the communication tools called CODE (C)hecks could we check we are doing the right thing (O)ptions I'm worried things seem to be getting worse would another pair of hands help? (D)emands I'm very concerned about this and we need to stop and make sure (E)levates I know we disagree on this but if this was a relative I would not hesitate to call for help) to speak up but it will also make our services safer for our patients.

### NICE Guidance/Alerts

Euxton Hall has a robust system to receive, review and action all NICE guidance. This is shared with our consultant colleagues on an individual basis, through MAC, clinical teams and clinical governance meetings. NHS NPSA alerts are also circulated and this proven method will continue in 2018/19. Medical alerts may cover a wide range of topics, from vaccines to patient information. Types of alerts include Rapid Response Reports, Patient Safety Alerts and Safer Practice Notices

### Patient Safety

#### Lessons Learned

This remains a high area of focus for the Hospital as previous sections of this document demonstrate. We continue to promote an open, no blame culture where we learn from incidents through shared feedback and suggestions for improvement. We have the opportunity to share incidents both internally with our teams and externally with other Ramsay sites at Regional and national meetings. Our teams have adopted a new agenda for their team meetings to ensure lessons learned are shared and fed back to teams. This has been particularly relevant for the SUI's and Never event we have had in 2017/18. This feedback mechanism is crucial in preventing future incidents and is well established within Ramsay sites. We have a lessons learned template that's completed and will be part of our new Corridor of knowledge at Euxton Hall. This is a wall of information accessible to all staff that shares clinical performance, disaster recovery plans, incidents and VIP awards and lessons learned. It's in a prominent area for staff to access and is owned and updated by the teams.



We have put into practice actions from SUI's and other incidents throughout 2017/18. These have included as an example:

- 1) Risk of nerve damage being discussed and documented at consenting for procedures where the patient will be required to be positioned in Lloyd Davis whilst in theatre.
- 2) Implant sizes confirmed at Trial reductions during joint replacements to be recorded on the whiteboard in theatre as a prompt when requesting the actual implants.
- 3) Documentation completed in theatre being triangulated as accurate against 3 forms of documents before the patient leaves recovery to ensure it is all accurate and consistent.
- 4) Additional training for clinical staff on AKI and sepsis

## **Patient Experience**

### **Patient Feedback**

Our Quality meetings continue to provide an opportunity for staff to hear Patient feedback but to also share ideas on how we can improve and increase the response rate of the various surveys used to monitor and review our services and the opinions of our patients and their carers. Our response rate for Friends and Family has significantly increased and is monitored through this group. These meetings are scheduled to meet quarterly with representatives from each of the hospital departments. Our internal quality lead also produces a quarterly report summarising our patient feedback. We also discuss it monthly at clinical governance to identify any issues that may have been raised. The friends and family comments which are overwhelming positive are also shared with our teams so that they can see the impact of the care and attention they give our patients. This improves morale and commitment and demonstrates our Ramsay values.

## 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 2017/18 Euxton Hall Hospital provided NHS services across 8 surgical specialties

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

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 100% per cent of the total income generated from the provision of NHS services by Euxton Hall Hospital for 1 April 2017 to 31<sup>st</sup> March 18.

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 managers together with Regional and 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 2017/18 the indicators on the scorecard which affect patient safety and quality were:

KPIs	Area	Total Apr17– Mar18
<b>Activity</b>	Outpatient Appts including diagnostics:	41312
	Day Case Procedures:	5893
	Inpatient Procedures:	1092
<b>Human Resource</b>	<b>Staff Numbers:</b>	<b>149 Staff 13.5% Bank</b>
	<b>Skill Mix</b>	Euxton: Theatre 65%, Ward 83%, OPD 41%
	<b>Staff Turnover:</b>	<b>8.8%</b>
	<b>Absence:</b>	<b>4.5%</b>

KPIs	Area	Total Apr17– Mar18
Patient	Formal Complaints:	29 (0.4%)
	Significant Clinical Events:	1 Never Events 2 SUI's
	Readmission Rate:	0.1%
Quality	JAG accreditation	accredited
	ISO 27001	Accredited
	CQUIN achievements – 2 Schemes	Expected to achieve 100% of CQUIN

Patient Safety	Result	Outcome
Surgical safety checklist Audits	99%	We remain compliant in this essential area but we are not complacent.
Never events	1	Lessons learnt shared Immediate actions implemented post incident debrief held
Serious untoward incidents	3	Lessons learnt shared both internally and through regional meetings
VTE assessment	98%	
Clinical Effectiveness	Result	Outcome
Infection control	Zero 'MRSA bacteraemia' reported Zero 'C Difficile' reported	
PROMS	Patients said they had an improved outcome: Euxton: Hip – 100% and Knee 75.1%	

Patient Experience	Result	
PLACE assessment		EH
	Cleanliness	99.77%
	Food	96.05%
	Condition	90.65%
	Privacy & Dignity	91.49%
NHS Choices	Euxton Hall – 4.5 star rating	
Patient satisfaction survey -	Average 2017: - 99%	
Friends and Family	Extremely likely/Likely to recommend Euxton Hall - 99%	

## 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018 Euxton Hall Hospital participated in 5 national clinical audits.

The national clinical audits that Euxton Hall Hospital participated in, and for which data collection was completed during 1 April 2017 to 31<sup>st</sup> March 2018 are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	49%%
Antibiotic point prevalence NHS England audit	100%
JAG	100%
Blood Safety and quality Regulations audit	100%

The reports of national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and recommendations and actions were monitored through this committee. We were awarded the National Joint Register Quality Data Provider and we were reassessed by JAG and our endoscopy unit remains compliant. We do however, need to review our PROMS collection processes to improve our return rate particularly in hip and knee replacements.

## Local Audits

The reports of 70 local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and the following actions to improve the quality of healthcare provided were taken. The clinical audit schedule can be found in Appendix 2.

- ANTT training now part of mandatory training and training also available on an individual basis if required.
- Local training by Ramsay chief pharmacist given
- Nutrition and Hydration awareness promoted
- Hand hygiene awareness promoted
- Continued NatSIPPS applied and monthly audits show high compliance levels
- RCA training for all HODS
- Human factors training rolled out
- 

### 2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a research ethics committee.

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

A proportion of Euxton Hall Hospitals income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. The two CQUIN's participated in this year were

- Sign up to Safety
- Culture of care Barometer

At the time of drafting this quality account we have achieved the first 3 quarters and have just submitted our evidence for quarter 4.

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

Euxton Hall is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2018 is registered without conditions.

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

Euxton Hall Hospital underwent a full CQC inspection in November 2016 and achieved a rating of GOOD in all domains.

## 2.2.6 Data Quality Statements

### NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2017/18 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

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**The General Medical Practice Code:**

- 100% for admitted patient care
- 99.99% for outpatient care
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

## Ramsay Health Care IG Requirement 505 Attainment Levels as at May 2017

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Euxton Hall	June 18	96.6%	95.8%	95.0%	90.2%

### Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall score for 2016/17 was 82% and was graded 'green' (satisfactory).

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

### 2.2.7 Stakeholders views on 2017/18 Quality Account

Greater Preston Clinical Commissioning Group

Awaiting comments

## Part 3: Review of quality performance 2017/2018

### Statements of quality delivery

Matron, Liz Zano

### Review of quality performance 1st April 2017 - 31st March 2018

#### Introduction

*“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action,*

*learn, improve and implement the change and deliver great care and optimum experience for our patients.”*

*Vivienne Heckford*

*Director of Clinical Services*

## Ramsay Clinical Governance Framework 2017

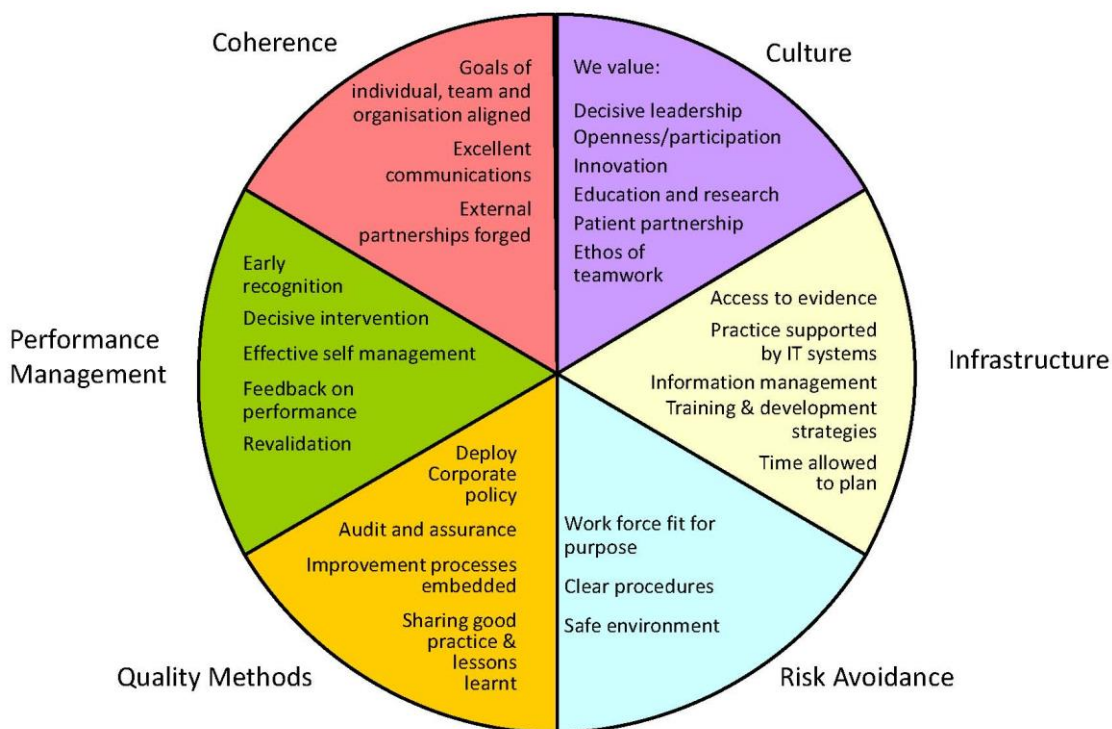
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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

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

Finally it is integral to our clinical governance agenda that we actively promote a no blame culture where we can learn from incidents to prevent them from happening again and to share that learning across Euxton Hall Hospital teams and other Ramsay hospitals in the North through established forums.

## 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:	Period		Best		Worst		Average		Period		Euxton	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC05	0		
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC05	0		

## PROMS

Euxton Hall Hospital has taken action to improve the return rate of PROM's questionnaires and so the quality of it service by actively involving consultants in the process to encourage patient participation.

PROMS : Hernia	Period		Best		Worst		Average		Period		Euxton	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC05	0.09		
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC05	0.039		

PROMS : Veins	Period		Best		Worst		Average		Period		Euxton	
	Apr15 - Mar16	RTH	3.060	RTE	- 18.020	Eng	-8.597	Apr15 - Mar16	NVC05			
	Apr16 - Mar 17	RBN	2.117	RCF	- 18.076	Eng	-8.248	Apr16 - Mar 17	NVC05	no data		

PROMS : Hips	Period		Best		Worst		Average		Period		Euxton	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC05	21.139		
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC05	22.360		

PROMS Knees	Period	Best		Worst		Average		Period	Euxton	
	Apr15 - Mar16	NTPH 1	19.92 0	RQX	11.960	Eng	16.36 8	Apr15 - Mar16	NVCO 5	17.056
Apr16 - Mar 17	NTPH 1	19.84 9	RAN	12.508	Eng	16.54 7	Apr16 - Mar 17	NVCO 5	17.084	

(\* volumes were too low to be reported)

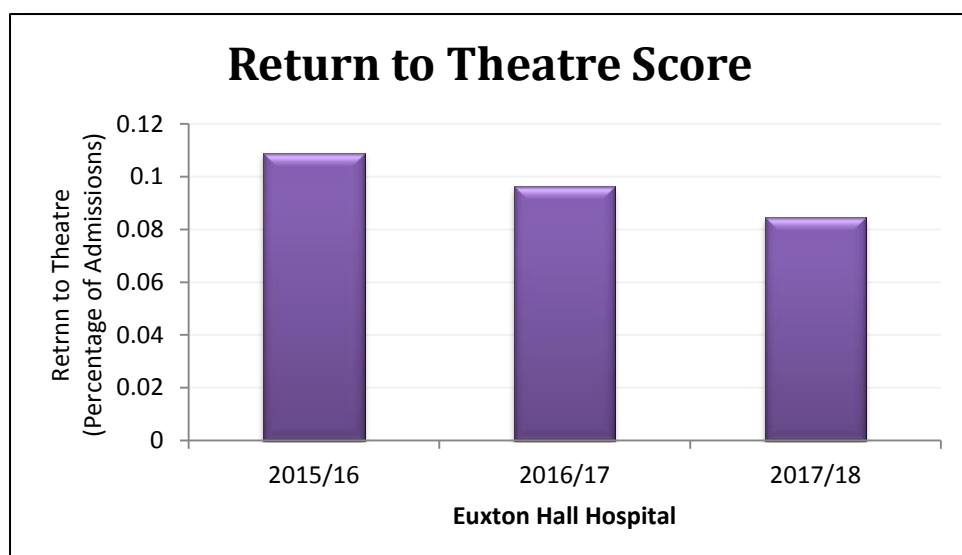
Euxton Hall Hospital considers this data is as described. We have a low level of incidents and an open culture which encourages reporting to ensure incidents are investigated and lessons are learned and shared. Euxton Hall ensures a safe environment is maintained with all staff undertaking training and competency assessments and robust audit cycle. All incidents and accidents are reviewed at Clinical Governance meetings, Health & Safety meetings and the hospital MAC. Any action plans developed and lessons learned are shared.

### 3.2 Patient safety

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

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

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



#### 3.2.1 Infection prevention and control

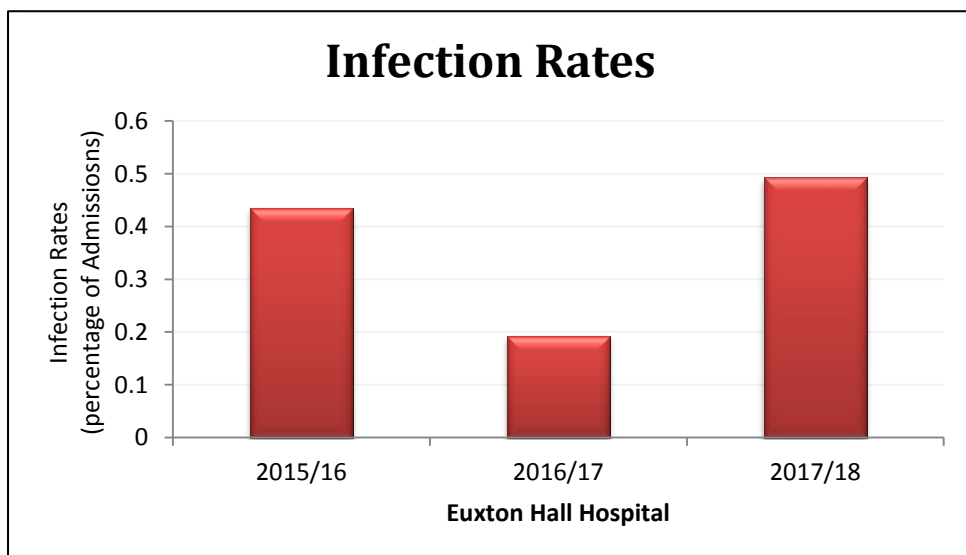
Euxton Hall hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 9 years.

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.



Responsiveness: to personal needs	Period		Best		Worst		Average		Period		Euxton	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVCO5	94.1		
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVCO5	93.9		

VTE Assessment:	Period		Best		Worst		Average		Period		Euxton	
	16/17 Q3	Sever al	100 %	NT490	65.9 %	Eng	95.6 %	Q3 2016/17	NVCO5	98.5%		
	16/17 Q4	Sever al	100 %	NT414	60.8 %	Eng	95.6 %	Q4 2016/17	NVCO5	98.4%		

C. Diff rate: per 100,000	Period		Best		Worst		Average		Period		Euxton	
	2015/16	Sever al	0	RPY	67.2	Eng	14.92	2016/17	NVCO5	0.0		

bed days	2016/17	Sever al	0	RPY	82.7	En g	13.19	2017/18	NVCO 5	0.0
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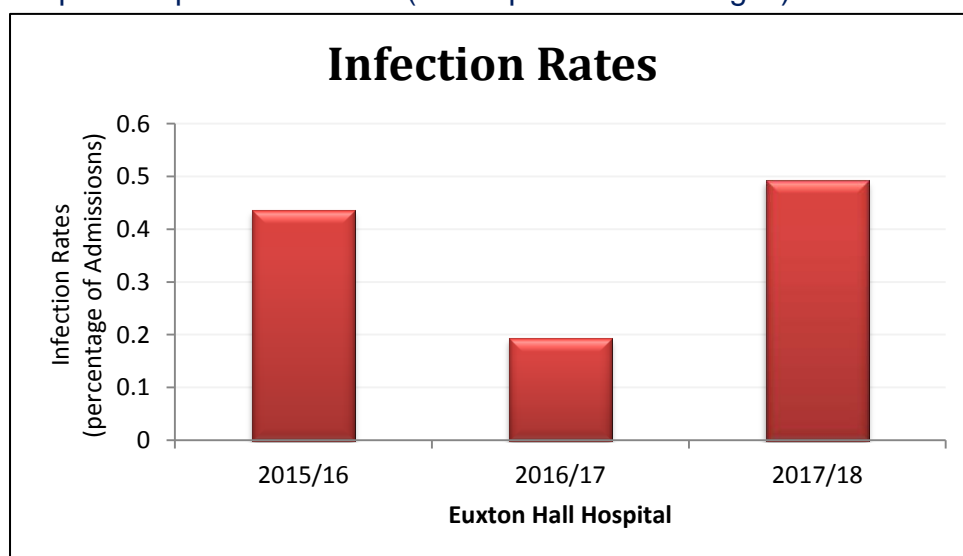
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Euxton	
	Oct 16 - Mar 17	Sever al	0.01	RNQ	0.53	En g	0.15	2016/17	NVCO 5	0.00
	April 17 - Sep 17	Sever al	0	RJW	0.64	En g	14.85	2017/18	NVCO 5	0.00

F&F Test:	Oct	Best		Worst		Average		Period	Euxton	
	Feb-18	Sever al	100%	RJ731/RTF DX	63.0%	En g	96.0%	Jan-17	NVCO 5	100.0%
	Mar-18	Sever al	100%	R1H13	83.0%	En g	96.0%	Feb-17	NVCO 5	99.4%

### Programmes and activities within our hospital include:

- The Infection Prevention and Control lead (IPC) provides mandatory training in hand hygiene, aseptic non touch technique (ANTT) and hand surveillance at monthly mandatory training sessions. Local ANTT training is being delivered in clinical areas.
- Audits are carried out monthly for hand hygiene compliance, quarterly for the environment and bi annually for peripheral venous catheters, urinary catheters and surgical site infections. Improvement actions are put in place when there are compliance issues.
- A robust programme of weekly rinse water testing is in place within the endoscopy department.
- Surveillance of surgical site and urinary catheter infection is carried out by the IPC lead and root cause analysis is completed for any hospital acquired infections to identify any trends. Results are presented at the quarterly IPC committee meeting.
- Safety sharps have been introduced in all clinical departments and risk assessments are in place where non safety sharp replacements are not available.
- The OneTogether audit programme has been introduced in theatre to assess compliance with best practice.

### Hospital Acquired infections (Rates per 100 discharges)



As this graph demonstrates our infection rates have continued to fall year on year. The Graph includes any infection acquired in the hospital including surgical site infections (SSI) urinary tract infections and blood borne.

### 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 Euxton Hall 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.

2018 PLACE results:

2018	Euxton Hall Hospital %	National Average %
Cleanliness	99.77	98.33
Food	96.05	89.68
Privacy and Dignity	91.49	83.68
Condition	90.65	94.02

All the scores with the exception of condition appearance and maintenance are above the national average although the score has increased since 2016 (87.85%). Euxton Hall Hospital is a Grade 2 listed building this continues to provide challenges in maintaining the environment. Our assessors were able to see marked improvements in the Hospital with recent refurbishment of patient rooms and the endoscopy suite.

### 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 General Manager which ensures we keep up to date with all safety issues.

Local safety initiatives include:

- Safety sharps compliance reviewed and compliance maintained
- Very low numbers of staff injuries in the work place

- Low sickness absence % which is below the Ramsay target
- Mandatory training compliance high

### 3.3 Clinical effectiveness

Euxton Hall 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.

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. Our rates for patients requiring a return to theatre are falling year on year and are below the national average.

### 3.3 Patient experience

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

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

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

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

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

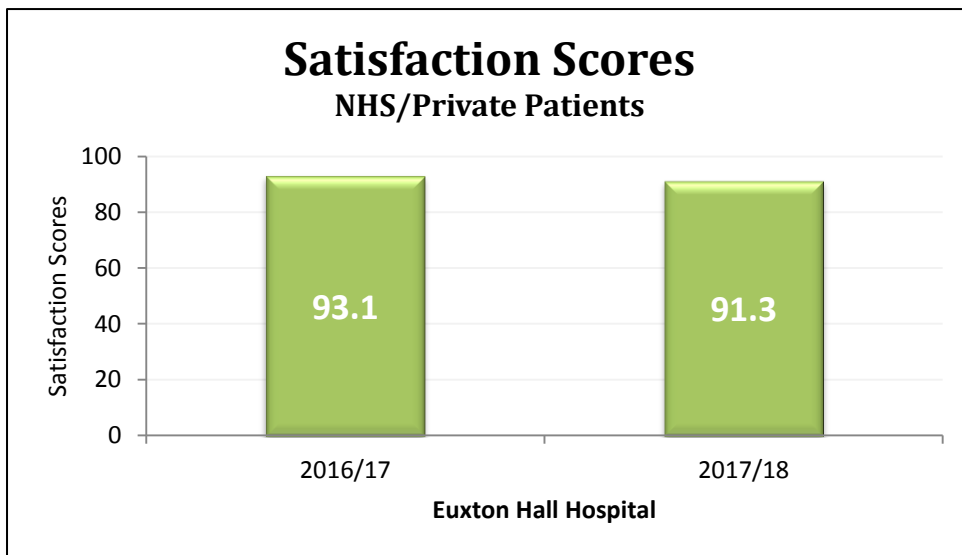
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.

- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

### 3.3.1 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.



Our patient satisfaction remains high although our patient participation in the various surveys available to them to participate in fluctuates. This issue remains a standing agenda item at our governance meetings to try and address and find ways to increase response rates. Our rating on NHS choices remains high at 4.5 out of 5 stars

Below is a summary of the patient satisfaction scores for 2017.

# Patient Satisfaction Survey

Inpatients

Outpatients

Specialities

Data over time



TOTAL Respondents for selected time period: **157**

\* indicates questions not based on All Respondents

■ indicates VERY LOW respondent base (<50)

CLICK on the selector below to view a single month, quarter or year. The default view is current MONTH.

### Reporting Period

2017

Survey Response Rate

31.3 %

Patient Response Rate

3.3 %

### Region

North

### Hospital/Treatment Centre:

Euxton Hall

### Speciality:

All specialities

### Patient Type:

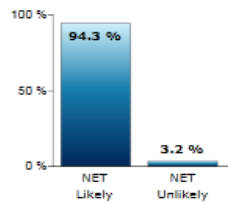
All patient types

### Payment Type:

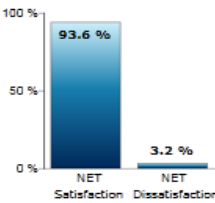
All payment types

## KEY MEASURES

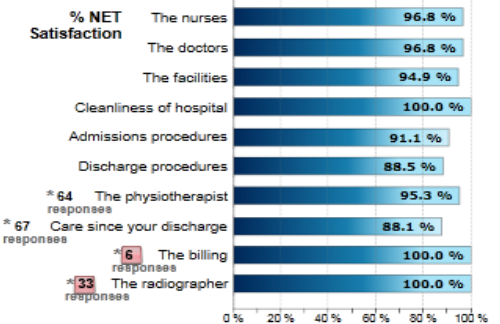
Q1. How likely are you to recommend our hospital to friends and family if they need similar care or treatment?



Q3. Please tell us how satisfied or dissatisfied you were OVERALL with your care during this visit to hospital.

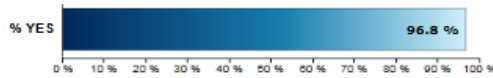


Q3. Please tell us how satisfied or dissatisfied you were with each of the following aspects of your care during this visit to hospital...



## OTHER QUESTIONS

Q4) On arrival at the Ramsay Health Care hospital or treatment centre, did you receive a friendly welcome?



## CLINICAL QUALITY KPIs

% Yes / Net Yes





Appendix 2 – Clinical Audit Programme 2017/18. Each arrow links to the audit to be completed in each month.



File Home Insert Page Layout Formulas Data Review View

Clipboard: Cut, Copy, Paste, Format Painter

Font: Arial, 14, Bold, Italic, Underline, Text Color, Background Color

Alignment: Wrap Text, Merge & Center

Number: General, Percentage, Decimals

Styles: Conditional Formatting, Format as Table, Cell Styles

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

A1 fx Audit Programme v10.0 2017/18

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
15	<b>Radiology</b>	Med Rec	→	→	local audit	local audit	Med Rec	local audit	local audit	local audit	local audit	local audit	local audit							
16	<b>Radiology</b>	Operatio	→	→	operatio	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit							
17	<b>Radiology - MRI / NRR</b>		MRI Report	NRR	MRI report	MRI Rep	local audit	local audit	MRI	NRR	local audit	MRI Report	local audit							
18	<b>Radiology - CT</b>		CT Report	local audit	CT report	CT Report	local audit	local audit	CT report	local audit	local audit	CT Report	local audit							
19	<b>Physiotherapy</b>	Record keeping	→	→	N/A	N/A	record keeping	N/A	Record Keeping	local audit	local audit	local audit	local audit							
20	<b>Physiotherapy</b>	Operation	→	→	N/A	N/A	operatio	N/A	Operatio	local audit	local audit	local audit	local audit							
21	<b>TSSU</b>	Operation	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit							
22	<b>Decontamination</b>	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit							
23	<b>Decontamination</b>	Endosco	→	→	Endosco	local audit	endosco	local audit	local audit	endosco 100%	local audit	local audit	local audit							
24	<b>Theatre</b>	Operati	→	→	theatre	theatre	local audit	theatre	theatre operation	local audit	local audit	local audit	local audit							
25	<b>Theatre</b>	Observat	→	→	observat	observat	Observat	Observat	observat	local audit	local audit	local audit	local audit							
26	<b>Infection Prevention and Control*</b>	Infection control	→	→	IPC	local audit	IPC	IPC	local audit	local audit	infect control	local audit	local audit							
27	<b>IPC - CVCCB (if applicable)</b>	CVCCB	→	→	local audit	local audit	local audit	local audit	CVCCB	local audit	local audit	local audit	local audit							
28	<b>IPC - Isolation (if applicable)</b>	Isolation	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit							
29	<b>Infection Prevention and Control*</b>	Hand hygiene	hand hygiene	hand hygiene	hand hygiene	Hand hygiene	local audit	Hand Hygiene	operatio	hand hygiene operational	operatio	local audit	local audit							
30	<b>IPC - Hand Hygiene Action</b>		Hand hygiene	Hand hygiene	Hand hygiene	Hand Hygiene	Hand Hygiene	Hand Hygiene	Hand hygiene	Hand Hygiene Action 90%	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action							
31	<b>IPC - Environmental</b>	Environ A	→	→	local audit	local audit	Environ	Environ A	Envir	local audit	Environ	local audit	local audit							
32	<b>IPC - Cleaning Schedules</b>		Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched							
33	<b>Transfusion (if applicable)</b>	Complia	→	→	local audit	local audit	local audit	transfus audit	local audit	local audit	local audit	local audit	local audit							
34	<b>Transfusion (if applicable)</b>	Autolog	N/A	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit							
35			→																	
36																				

# EUXTON HALL Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

**Hospital phone number**

**01257 276261**

**Hospital website**

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

