

Renacres Hospital

Quality Account

2017-18



People caring for people



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Welcome to Ramsay Health Care UK

Renacres 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 of 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 thousands of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Clinical Commissioning Groups, NHS Trusts and NHS referral management and triage services.

Statement from Dr. Andrew Jones, Chief Executive Officer, Ramsay Health Care UK

“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.”

Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.

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

Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.

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

Dr. Andrew Jones
Chief Executive Officer
Ramsay Health Care UK

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 committed to providing continuous evidence based quality care to those people we treat.

It reports on the period 1st April 2017 to 31st March 2018 and presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience. It also 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, developed by our Corporate Office, summarised and reviewed quality activities across every hospital within Ramsay Health Care UK. It was recognised that this didn't provide enough in-depth information for the public and for 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

Statement on Quality

1.1 Statement from the General Manager

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. There has been significant emphasis on organisational culture at Renacres Hospital in the past year and as the hospital's General Manager, I am passionate about ensuring high quality patient care is our main focus and is delivered to a very high standard. 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, external stakeholders including the NHS Clinical Commissioning Groups (CCGs) and General Practitioners (GP), as well as consultants to ensure the best quality healthcare is consistently being delivered.

Renacres Hospital staff are fully trained in the latest procedures and thus maintain the highest standards in all areas. We focus on patient safety and cleanliness to minimise infection. As General Manager 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. The development of this Quality Account was determined by the Executive Management Team within Ramsay Health Care UK. All professional and management teams at a local level have been represented in producing this account.

Margaret-Ann Worrell

General Manager, Renacres Hospital

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.

M Worrell

Margaret-Ann Worrell

General Manager, Renacres Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

- South Sefton, Southport & Formby and Halton CCGs Clinical Commissioning Group
- Mr Simon Jones, Consultant Gynaecologist and Medical Advisory Committee Chair, Renacres Hospital
- Clinical Governance Committee Chair

1.3 Welcome to Renacres Hospital

Renacres Hospital is located near Southport, close to the M58 and M6.

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

Renacres Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children) whether medically insured, self-funding or from the NHS. The Hospital offers a comprehensive range of treatments and services including ENT procedures, Maxillofacial and Dental surgery, Plastic surgery, Gynecology, General Surgery, Orthopaedics and Urological procedures.

Diagnostic facilities include contrast studies, barium studies, ultrasound, MRI and CT, in addition to general Radiology.

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

Our physiotherapy clinic is staffed with chartered, HPC registered physiotherapists. Renacres Hospital has two out-patient outreach services based at The Village Surgery, Formby and Birleywood Surgery, Skelmersdale.

Renacres Hospital is part of the Cheshire and Mersey Critical Care Network and has a Service Level *Agreement* in place for emergency transfer of critically ill patients.

Renacres Hospital supports local charities and other groups. This year we support Incubabies.

Treatments and Services

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



Renacres Hospital has over 117 Consultants who work at Renacres Hospital through approved Practising Privileges providing a wide range of medical and surgical procedures and services including orthopaedic surgery, neurosurgery, general surgery, ENT, gastroenterology, gynaecology, neurology, ophthalmology, vascular surgery, colorectal surgery and urology.

Competitively priced cosmetic surgery is also available from our specialist and highly experienced cosmetic surgeons. .

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.

Renacres Hospital is a BUPA accredited bowel care centre and is one of the leading private providers for services in the North West.

During the last 12 months the hospital has treated 5746 patients, 85% of which were treated under the care of the NHS. Renacres Hospital employs 117 contracted members of staff with a split of 42 non-clinical staff and 75 clinical staff.

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

Nursing and Medical Care

All our patients are allocated a 'named nurse' at the beginning of each shift, the role of the named nurse is to provide co-ordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care. In 1992 the Department of Health issued the Patients Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned.

More recently the Francis report into Mid Staffordshire (2013) also highlighted the advantages of having such a system in place but took the requirement further by stating that a 'named nurse' needed to be designated for each shift, this is the model used at Renacres Hospital. This was welcomed by the Royal College of Nursing that believes the 'named nurse' model provides a useful way to organise work around the needs of the patient (RCN 2014). Care and treatment provided at Renacres Hall Hospital is Consultant led.

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

The hospital has built up excellent working relationships with our local Commissioners - South Sefton, Southport & Formby and Halton CCGs Clinical Commissioning Groups in order to deliver a joint approach to patient care delivery across the patient economy.

Our hospital staff are fully trained in the latest procedures and thus maintain all areas to the highest standards. Any patient who wishes to satisfy themselves on the quality of the hospital and the consultants can be reassured by the Care Quality Commission (CQC) Audits undertaken by the Department of Health which support the hospital's excellent reputation.

Working within the Department of Health guidelines, we screen patients for MRSA, and have a strong focus on patient safety. Cleanliness is vital to minimising infection.

Renacres Hospital works with The Commissioning for Quality and Innovation (**CQUINs**) payments framework which encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient this means better experience, involvement and outcomes.

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 GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links processes are streamlined. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services on offer at Renacres Hospital and have access to any information that can assist General Practitioners and medical staff when referring into a secondary Care Provider.

Part of the GP Liaison's role is to coordinate the post graduate programme which runs on a monthly basis and covers a wide range of topics.

The GP Liaison officer also organises patient forum events where a Consultant will present on topics suggested by the surgeries patient group.

Renacres Hospital also works closely with charities within the local community, hosting events in their support. The hospital supported Queenscourt Hospice last year and raised an amazing £11,645.80..!

This year, in 2018, we are supporting the local charity IncuBabies, which has been set up to fundraise for a new extension of the level 3 neonatal intensive care unit located in Arrowse Park Hospital. This is one of only two level 3 neonatal intensive care units in Cheshire and Merseyside and the only the only level 3 unit in our region to also care for sick mothers and children.

Part 2

2.1 Quality Priorities for Improvement 2017/2018

Plan for 2017/18

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 ongoing 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.

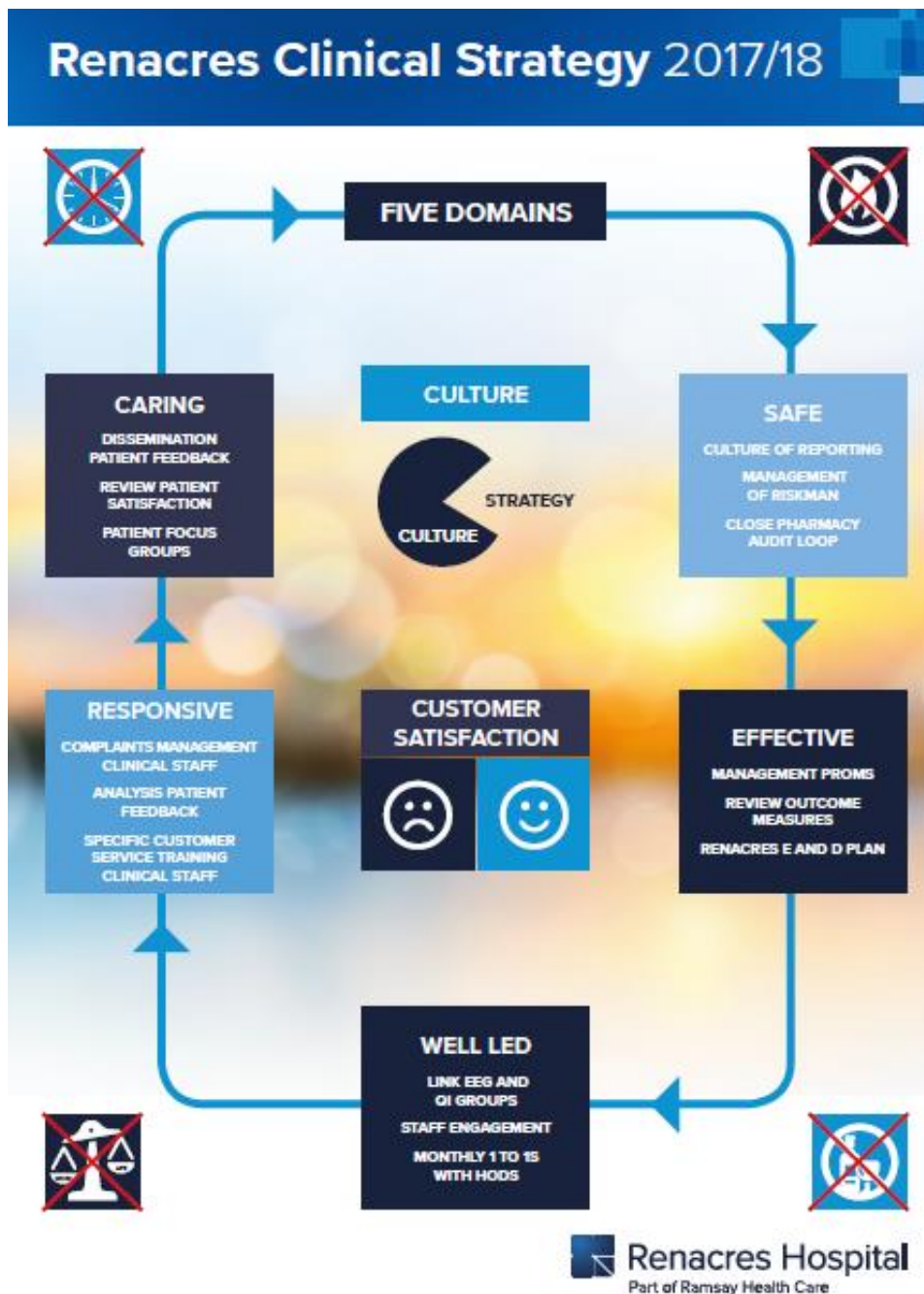
Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Renacres clinical strategy 2017-2018 was developed by the Hospital Matron, in conjunction with the clinical governance and medical advisory committees.

2.1.1 Review of clinical priorities 2017/18 (looking back)

The key areas of focus were:

- The 5 domains of the CQC
- The principles of the 6C's (Care, Compassion, Courage, Confidence, Communication and Commitment)
- The Northern Blitz Spirit Strategy.
- The values of the Ramsay Way.



Another key focus area was around reducing Surgery Related Harm

- All HODs have undertaken root cause analysis training and risk assessment training to support them investigating and managing incidents. This enables staff in all departments to be involved in any investigations when things go wrong which encourages team engagement to change practice.
- We now have eight members of the theatre team who have completed their ALS training and there is now always an ALS provider in recovery whenever the department is open.
- Sepsis and AKI have been added to the AIM training which all clinical staff complete.
- Additional AKI training has been provided to ward staff and a pocket card and think kidney stamps have been produced.
- There is now Sepsis recognition flowchart in all patient pathways so this is readily available for all patients.
- Flowcharts are available on all resuscitation trolleys relating to Massive Haemorrhage, Adult choking, Anaphylaxis, Anaesthetic toxicity, Asthma, Adult bradycardia, Chest pain, Fitting/ convulsions, Hypoglycaemia, Adult tachycardia and AKI assessment.
- The results from the NEWS audit has improved which evidences that staff are taking on board all the training and responding efficiently to any signs of patient deterioration.

Information Security of Patient Data

Renacres Hospital has achieved the independently audited Information Security quality standard ISO 27001 2012 and we had an internal ISO inspection in 2017 which demonstrated that the high standards have been maintained.

In preparation of the new GDPR regulations a new eLearning module has been introduced as mandatory for all staff.

The Clinical Audit Program

This was reviewed for 2017-2018 with the hospitals able to focus on specific areas relevant to them rather than a prescribed approach to audit. This allowed us to identify clinical priorities and we have focused on key aspects that could be improved.

These include:

- Post operative temperature not documented.
Study day arranged for staff to cover track and trigger, correct scoring and the importance of all observations including temperature. The hospital Critical Care Lead and ward manager will lead this.
- Poor written evidence that appropriate analgesia was administered in line with pain score.
All recovery staff will complete their pain competencies and have them reviewed yearly at PDR. Analgesia ladder is now displayed on training board in recovery.
- Variances and actions are not accurately recorded in the patient pathway in relation to pain management.
Training for all recovery staff to ensure full and accurate patient documentation.

These were some examples of how audit can be used to improve practice.

Commitment to Staff Training

Throughout the hospital during 2017/18 there has been widespread clinical and non-clinical staff training with opportunity for staff to continue with their CPD and career progression.

Examples include:

- Apprenticeship schemes for clinical and non-clinical staff.

This includes apprenticeships in theatre in perioperative practice with:

- 1 member of staff on level 5
- 2 members of staff on level 3
- 2 members of staff on level 2.

Staff Retention and Development.

During 2017/2018 we experienced recruitment issues on the ward. Work was done with the team and issues identified were communication, training opportunities and attitudes. These have now all been addressed and a new leadership structure has been put in place and measures introduced to address the issues raised. We have now successfully recruited to the vacant positions and are looking at ways to ensure retention of both the new starters and the established team.

The focus on staff education remains high and the *Ramsay Academy*, the company's national resource for training, continues to provide learning and development opportunities for all staff in terms of:

- mandatory training to maintain clinical competences
- development of individuals' skills to enable succession planning and career development
- non-clinical training to support the delivery of individuals' roles and career development

Staff underwent a Personal Development Review (PDR) to appraise their performance.

Staff Engagement

Staff engagement and comments are important to us at Ramsay and Renacres and the Employee Engagement group are a collection of staff, with representatives from each department, that have volunteered to meet up on a 4-6 weekly basis to discuss ideas in order to promote staff engagement. As part of the objectives of the group, ideas for continuous improvement are also discussed and then proposed to the senior management team for consideration.

A suggestion box was introduced in the dining room to encourage all staff to put forward ideas for either of the initiatives below:

- Quality Improvement initiatives
- Customer Service award

These were introduced for members of staff that have 'gone over and above' their role. Any staff member can nominate and it is then discussed at the HODs meeting to encourage all to be involved in the decision making.

- Employee of the month

This was introduced for staff that have demonstrated exceptional commitment and positive contribution to their job - a good role model for all.

The Customer Service and Employee of the month awards are acknowledged with a voucher and are celebrated in the dining room on the staff noticeboard. Some of the quality improvement initiatives may be rewarded with a voucher if they prove to significantly improve either staff working environment or patient experience.

Examples of quality initiatives that have been implemented are:

Staff said...

“ there is no provision for hot drinks for people waiting for outpatient appointments “ – a hot drinks machine has now been provided.”

“ patients need a higher chair in reception to facilitate them getting up , especially after hip replacement” – some higher chairs have been provided and located in the waiting area.”

“ staff have to wait for the chef to heat their own meals up using the microwave” – an additional microwave has been provided and sited in the dining room for staff to use.”

“ can we have fruit available to buy” – a bowl of fruit is available in the dining room for a reasonable price.”

“ can staff have more provision of seating area / benches outside for use at lunch breaks” – benches have been provided for staff to use.”

The Employee Engagement Action Group has also been very involved in the planning and organising of hospital social and charity fundraising events, such as a charity ball in 2017 and a recent 12 hour charity bike ride, involving staff and consultants which raised over £450.

Safeguarding

Safeguarding vulnerable adults and children remains high on the agenda at Renacres and we continue to liaise closely with our safeguarding partners within the CCG, safeguarding board and local trust.

An annual action plan is now in place and Renacres is heavily involved in the development and roll out of the Safeguarding Champions model. Working closely with the trust, we are keen 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 raising the safeguarding profile within the hospital.

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

Prevent

Prevent links and staff updates remain upheld within the region. We currently have a regional and a local prevent trainer.

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

Patient Experience

In the period, Renacres continued to encourage patients to provide feedback using various methods which included our:

- Web based satisfaction survey for Inpatients, day case, outpatients, endoscopy show consistent high levels of patient satisfaction.
- Friends and family paper survey – monthly results are consistently circa 100% satisfaction rate and there has been overall improvement in response rates in all areas.
- ‘We Value Your Opinion’ paper surveys – comments shared with staff.

Patient surveys include all departments to ensure the whole hospital was included. Patient feedback is recorded then reported at meetings of the following hospital groups:

- Monthly Heads of Department Meetings
- Clinical Governance Group
- Medical Advisory Committee
- Endoscopy Users Group

Pre-operative Assessment Project

The Hospital Matron and Clinical Teams have continued the pre-operative assessment project this year to further improve efficiency and reduce the number of clinical cancellations.

A number of initiatives were introduced including Anaesthetic Clinics to ensure patients are clinically optimised and fit for surgery.

Never Events

We have had no never events recorded for the period 2017/2018.

2.1.2 Clinical Priorities for 2018/2019 (looking forward)

Renacres Hospital's Clinical Strategy for 2018/19, continues to be driven by our commitment to ensure that quality is at the core of everything we do. As a leading Independent Healthcare Provider we aim to continuously improve; quality, safety and patient experience.

This Clinical Strategy from last year continues into 2018/19. The core elements in which the strategy is based around are:

1. Culture of Care and Human Factors including the roll out of the '**Speak up for Safety**' campaign across Ramsay.
2. Improving Customer service across the whole hospital
3. Engaging with all the staff to encourage a culture of reporting and minimising risk.

Most of the elements continue into the next year with a continued focus on the 5 domains of the CQC with priorities linked to the domains of:

- Patient safety
- Clinical effectiveness
- Patient experience
- Well Led
- Caring

We work closely with our local CCG to constantly review our practice and any incidents and our clinical priorities reflect this.

CQUINS 2017/18

NHS England have decided that the National CQUINs are not applicable to Independent Providers and therefore the 2.5% should be made up entirely of locally agreed CQUIN schemes.

There are two local CQUINs for 2018/19:

1. Advancing Quality (HK2016)– Hip and Knee Replacement Continues

Advancing Quality is a programme that aims to improve the quality of healthcare and the patient experience of healthcare across the North West.

The CQUIN focuses on the Appropriate Care Score (ACS) which aggregates the delivery of several underlying clinical interventions into a single measure of quality.

The underlying clinical process measures for Hip & Knee Replacement are:

- Prophylactic antibiotic received within one hour prior to surgical incision.
- Temperature taken within 1 hour of surgical incision.
- Tranexamic acid administered during surgery.
- Received appropriate VTE prophylaxis within 12 hours of surgery end time.
- Patient walking within 24 hours of surgery end time.
- A regular prescription of analgesia and laxative on the day of surgery.

2. Staff Health and Wellbeing

2.2 Mandatory Statements Relating to the Quality of NHS Services Provided

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 Renacres Hospital provided eight NHS services.

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

The income generated by the NHS services reviewed in 1st April 2017 to 31st March 2018 represents 100% of the total income generated from the provision of NHS services by Renacres Hospital for 1st April 2017 to 31st March 2018.

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 hospital's senior managers together with Regional and Corporate 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 unchanged and as follows:

Human Resources

- Staff Cost % Net Revenue
- HCA Hours as % of Total Nursing
- Agency Cost as % of Total Staff
- Cost
- Ward Hours PPD
- % Staff Turnover
- % Sickness
- % Lost Time
- Appraisal %
- Mandatory Training %
- Staff Satisfaction Score
- Number of Significant Staff Injuries

Patient

- Formal Complaints per 1000 HPD's
- Patient Satisfaction Score
- Significant Clinical Events per 1000 Admissions
- Readmission per 1000 Admissions

Quality

- Workplace Health & Safety Score
- Infection Control Audit Score

2.2.2 Participation in Clinical Audit

During 1st April 2017 to 31st March 2018, Renacres Hospital participated in four national clinical audits.

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

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	Hip 94.7% Knee 91.5% Hernia 43.8% (all the PROMs figures are the scores for Improvement percentages)
National Safety thermometer	100% compliant
Medicines Safety thermometer	100% compliant

The reports of these national clinical audits were reviewed by the hospital's Clinical Governance Committee.

The hospital has also started Cataract PROM's and also are submitting data to the national breast registry.

Local Audits

The reports of local clinical audits from 1st April 2017 to 31st March 2018 (schedule attached in Appendix 2) were also reviewed by the hospital's Clinical Governance Committee.

2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research.

2.2.4 Goals agreed with our Commissioners using CQUINs

A proportion of Renacres Hospital's income from 1st April 2017 to 31st March 2018 was conditional on successfully achieving CQUIN measures.

2.2.5 Statements from the Care Quality Commission (CQC)

Renacres Hospital underwent inspection by the CQC on 19th and 20th July 2016. The report has been received and Renacres has been rated as Good.

Renacres Hospital is required to register with the Care Quality Commission and its current registration status on 12th May 2016 is registered without conditions.

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

2.2.6 Data Quality

Renacres Hospital continues to take the following actions to improve data quality:

- Regular training to ensure staff understand the importance of accurate data input and have sufficient technical competence.
- Spot checks completed by Senior Management Team to ensure data accuracy.
- Employment of a clinical coder to improve accuracy of recording.
- Supporting national Ramsay projects to ensure data accuracy.

NHS Number and General Medical Practice Code Validity

Renacres Hospital submitted records during 2017/18 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data 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).

Information Governance Toolkit Attainment Levels

IG data quality audit scores

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

This information is publicly available on the DH Information Governance Toolkit website at: <https://www.igt.hscic.gov.uk>

Clinical Coding Error Rate

Renacres hospital was not subjected to the payment by results clinical coding audit during 2017/2018 by the Audit Commission.

2.2.7 Stakeholders' Views on Renacres Hospital

Awaiting response by CCG.

Part 3: Review of Quality Performance

1st April 2017 – 31st March 2018

Introduction

Statement from Vivienne Heckford

“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 Health Care UK

Ramsay Clinical Governance Framework 2018

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

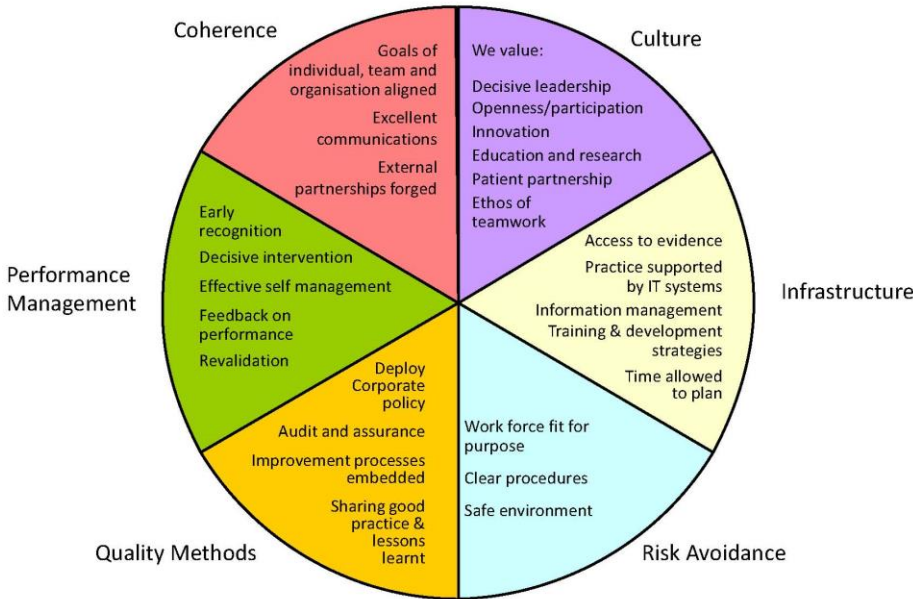
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care. Clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account Indicators

The following tables and graphs show comparisons regarding key data between the following:

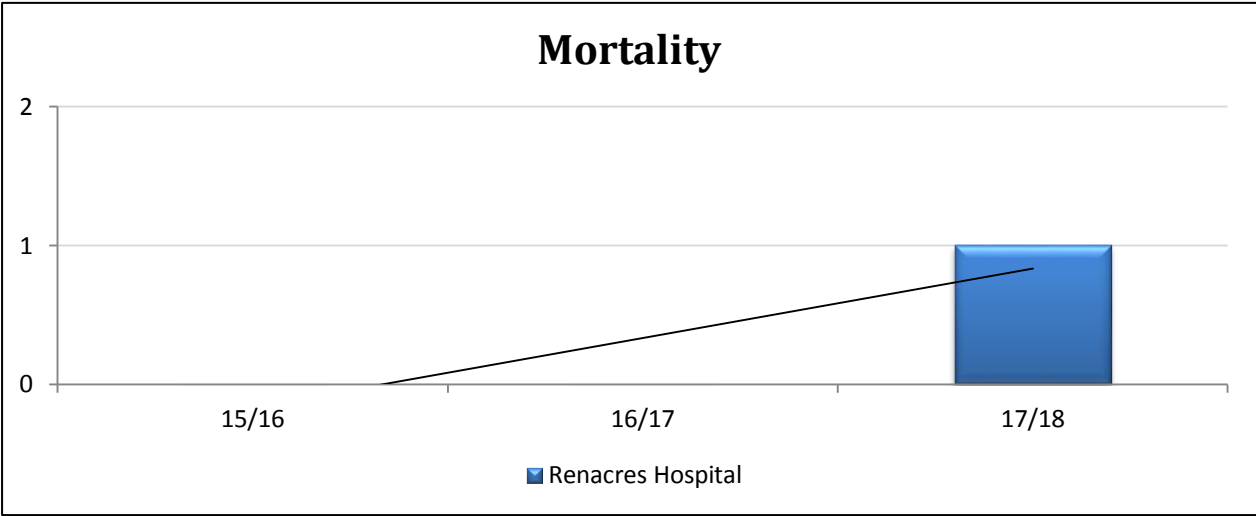
- The best scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The worst scoring hospital for this quality indicator based on all England hospitals providing NHS services
- The average score for this quality indicator
- Renacres Hospital

Mortality

Period	Best		Worst		Average	
Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1
Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1

Period	Renacres	
2016/17	NVC16	0
2017/18	NVC16	0.0001668

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



Prescribed Information	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to—</p> <p>(a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p> <p>*The palliative care indicator is a contextual indicator.</p>	<p>1: Preventing People from dying prematurely</p> <p>2: Enhancing quality of life for people with long-term conditions</p>

Renacres Hospital considers that this data is as described for the following reason – only 1 patient death recorded for the period which was 14 days following surgery and cause of death as per Coroners report was not related to the surgery.

Patient Reported Outcome Measures (PROMS)

Hernia

Period	Best		Worst		Average	
Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088
Apr16 - Mar17	RD3	0.135	RXL	0.006	Eng	0.086

Period	Renacres	
Apr15 - Mar16	NVC16	0.069
Apr16 - Mar17	NVC16	0.076

REQUIREMENT is for ADJ. Health Gain. EQ-5D

Veins

Period	Best		Worst		Average	
Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597
Apr16 - Mar17	RBN	2.117	RCF	-18.076	Eng	-8.248

Period	Renacres	
Apr15 - Mar16	NVC16	
Apr16 - Mar17	NVC16	no data

REQUIREMENT is for ADJ. Health Gain. Aberdeen Score.

Hips

Period	Best		Worst		Average	
Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617
Apr16 - Mar17	NTPH1	25.068	RAP	16.427	Eng	21.799

Period	Renacres	
Apr15 - Mar16	NVC16	20.208
Apr16 - Mar17	NVC16	20.747

REQUIREMENT is for ADJ. Health Gain. Oxford Hip Score. Primary Hip.

Knees

Period	Best		Worst		Average	
Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368
Apr16 - Mar17	NTPH1	19.849	RAN	12.508	Eng	16.547

Period	Renacres	
Apr15 - Mar16	NVC16	16.055
Apr16 - Mar17	NVC16	16.086

REQUIREMENT is for ADJ. Health Gain. Oxford Knee Score. Primary Knee.

The data made available to the National Health	3: Helping people to recover from
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Service trust or NHS foundation trust by NHS Digital with regard to the trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	episodes of ill health or following injury
---	--

Renacres Hospital considers that this data is as described for the following reasons-Renacres does not provide an NHS service for varicose veins. All other PROMS scores are close to the England average and reflect the comorbidities of the patients that are suitable for surgery at the site.

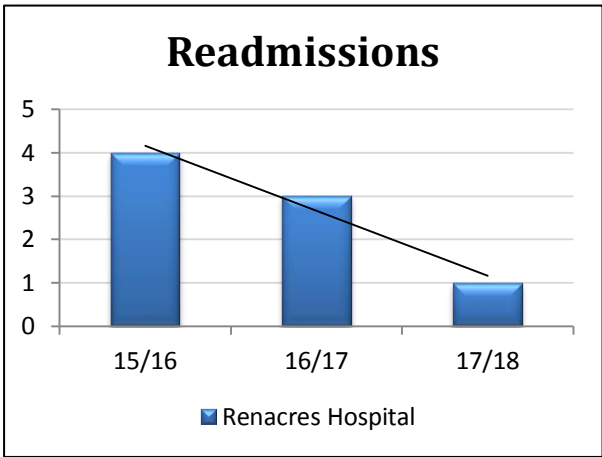
Readmissions

Period	Best	Worst	Average
2010/11	Multiple	5P5	Eng 11.43
2011/12	Multiple	5NL	Eng 11.45

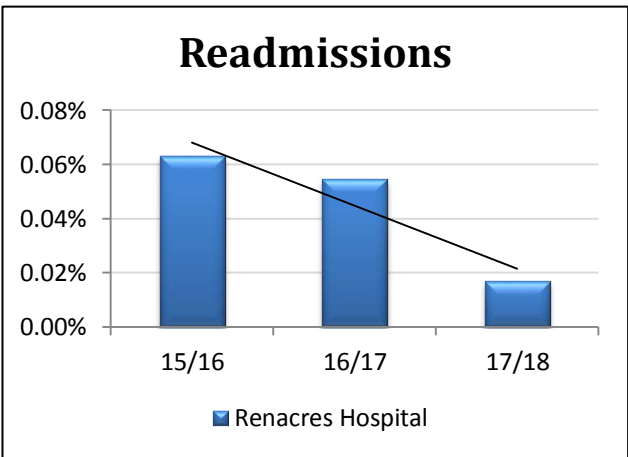
Period	Renacres
2016/17	NVC16 0.0001668
2016/17	NVC16 0.0005454

Data no longer reported.

Absolute Numbers



Rate per 100 discharges



<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged—</p> <p>(i) 0 to 14; and</p> <p>(ii) 15 or over,</p> <p>Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
--	---

Renacres Hospital considers that this data is as described for the following reasons- we have a very low rate of readmissions due to the case mix of surgery we offer.

Responsiveness to Personal Needs

Period	Best		Worst		Average	
2012/13	RPC	88.2	RJ6	68.0	Eng	76.5
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9

Period	Renacres	
2013/14	NVC16	93.2
2014/15	NVC16	94.4

4b Patient experience of hospital care. No longer collected, data as last year.

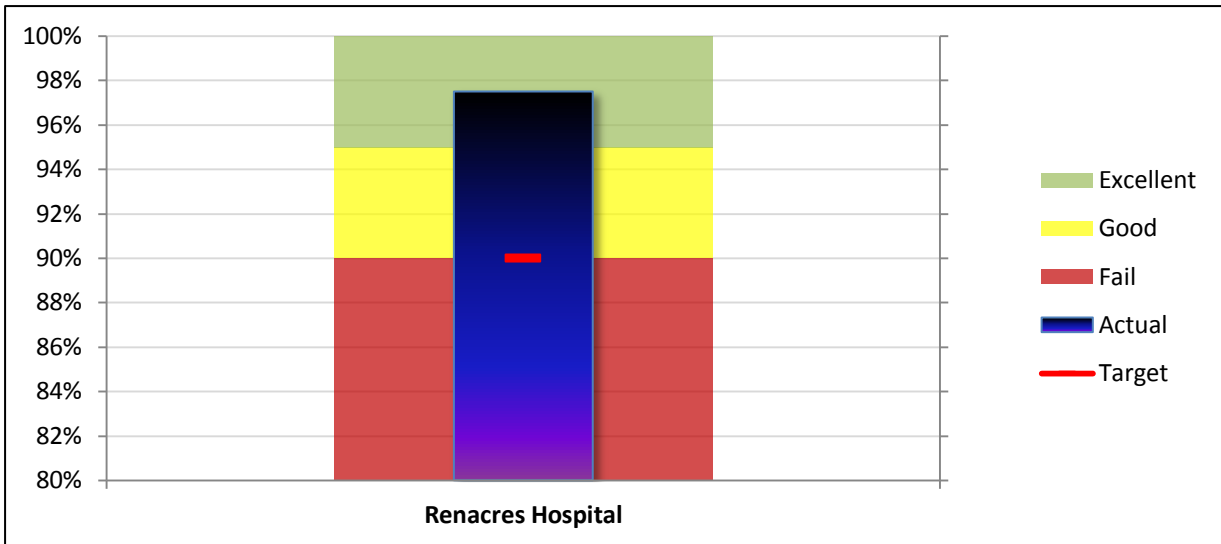
<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.</p>	<p>4: Ensuring that people have a positive experience of care</p>
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Renacres Hospital considers that this data is as described for the following reasons- we have a very high patient satisfaction score in comparison to the England average.

Venous Thromboembolism (VTE) Assessment

Period	Best		Worst		Average	
16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%
16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%

Period	Renacres	
Q3 2016/17	NVC16	97.7%
Q4 2016/17	NVC16	97.7%



The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Renacres Hospital considers that this data is as described for the following reasons- Renacres has a very low incidence of VTE in comparison to the England average.

C. Difficile Rate: per 100,000 bed days

Period	Best		Worst		Average	
2015/16	Several	0	RPY	67.2	Eng	14.92
2016/17	Several	0	RPY	82.7	Eng	13.19

Period	Renacres	
2016/17	NVC16	0.0
2017/18	NVC16	0.0

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Renacres Hospital considers that this data is as described for the following reasons- no C. Diff for the period.

Serious Untoward Incidents (SUIs): (Severity 1 Only)

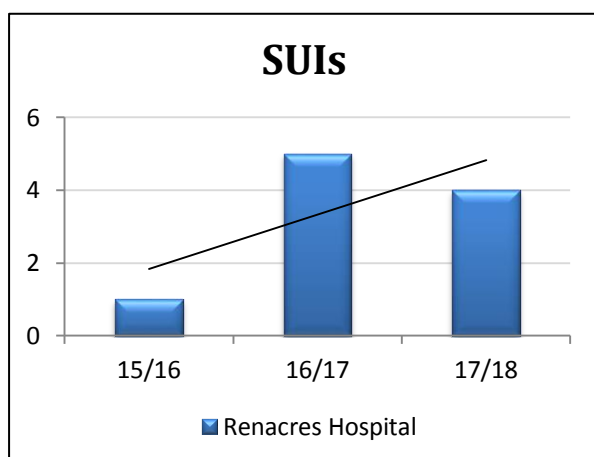
Period	Best	Worst	Average
Oct 16 - Mar 17	Severall 0.01	RNQ 0.53	Eng 0.15
April 17 - Sep 17	Severall 0	RJW 0.64	Eng 14.85

Period	Renacres
2016/17	NVC16 0.00
2017/18	NVC16 0.00

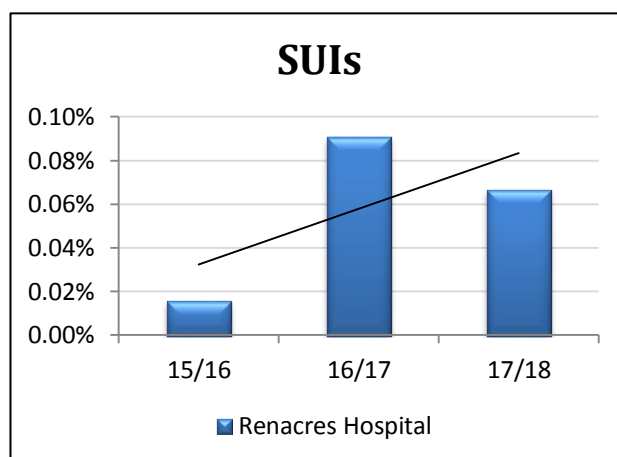
No ind sector data, pulled from RM (Overall Sev 1).

Acute Non-Specialist Data From NRLS, England Average based on these sites only

Absolute Numbers



Rate per 100 discharges



The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

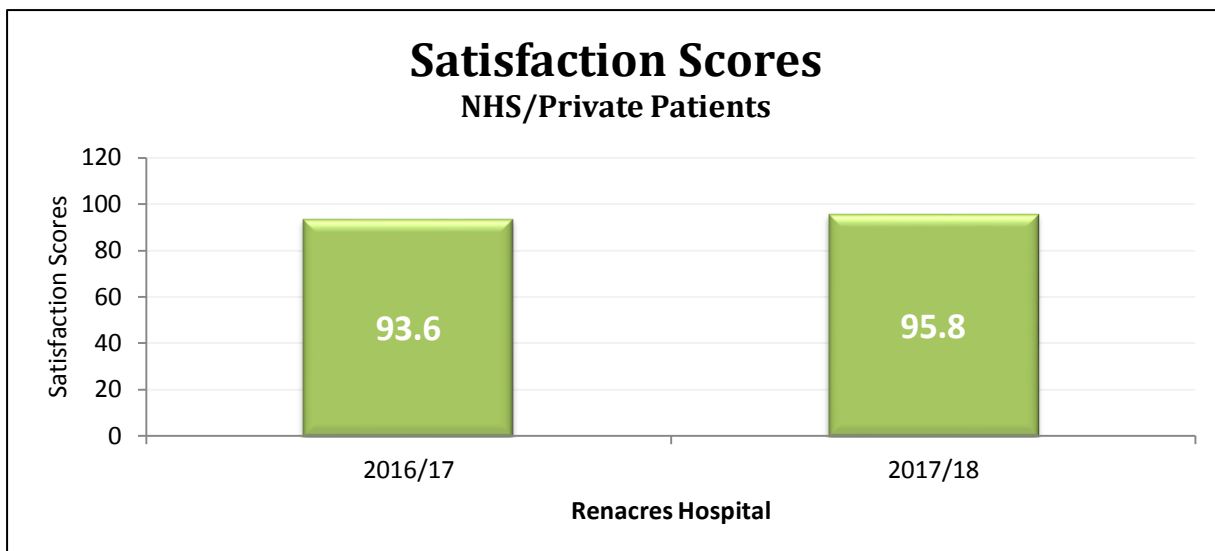
Renacres Hospital considers that this data is as described for the following reasons- no reported SUI for the period.

Friends and Family Test

Oct	Best	Worst	Average
Feb-18	Severall 100%	RJ731/RTFDX 63.0%	Eng 96.0%
Mar-18	Severall 100%	R1H13 83.0%	Eng 96.0%

Period	Renacres
Feb-18	NVC16 99.7%
Mar-18	NVC16 100.0%

Percentage Recommended.



This graph relates to: Q32 Please give your overall opinion of the quality of your care.

<p>Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey.</p>	<p>4: Ensuring that people have a positive experience of care</p>
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Renacres Hospital considers that this data is as described for the following reasons- high patient satisfaction score in comparison to the England average and improvement in comparison to 2016/17 data.

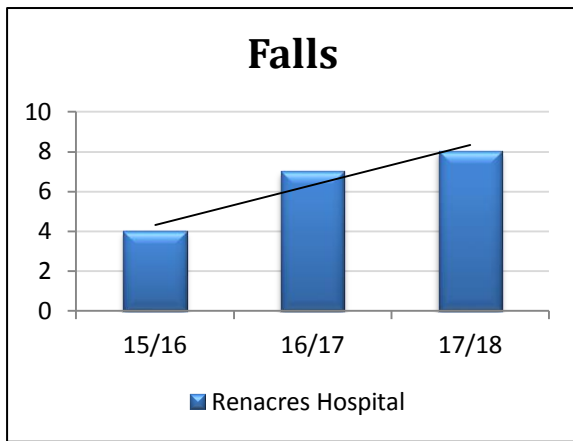
3.2 Patient Safety

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.

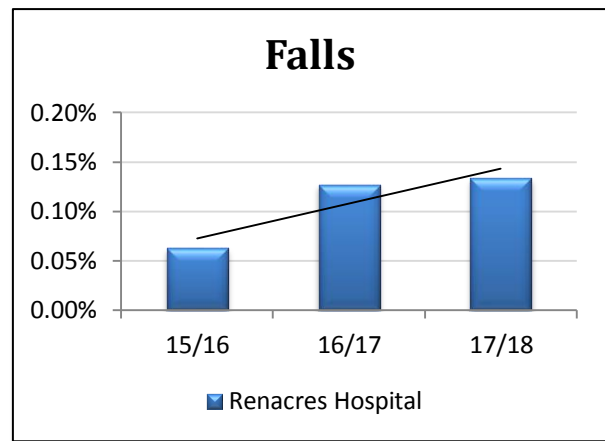
Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

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

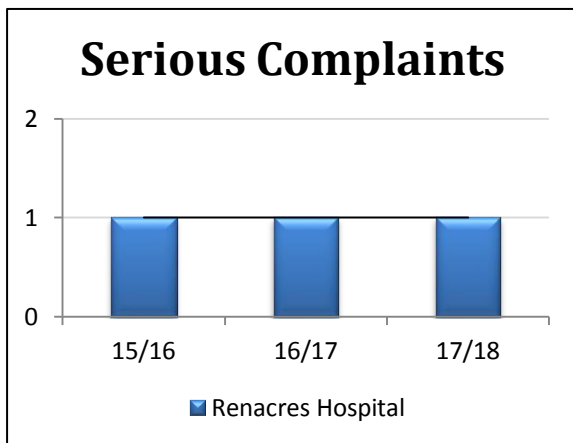
Absolute Numbers



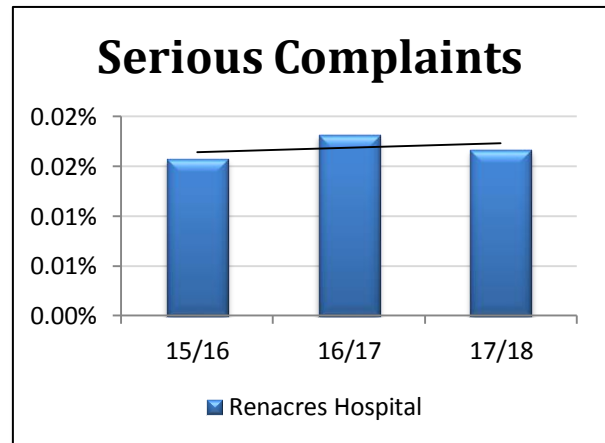
Rate per 100 discharges



Absolute Numbers



Rate per 100 discharges



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 9 years.

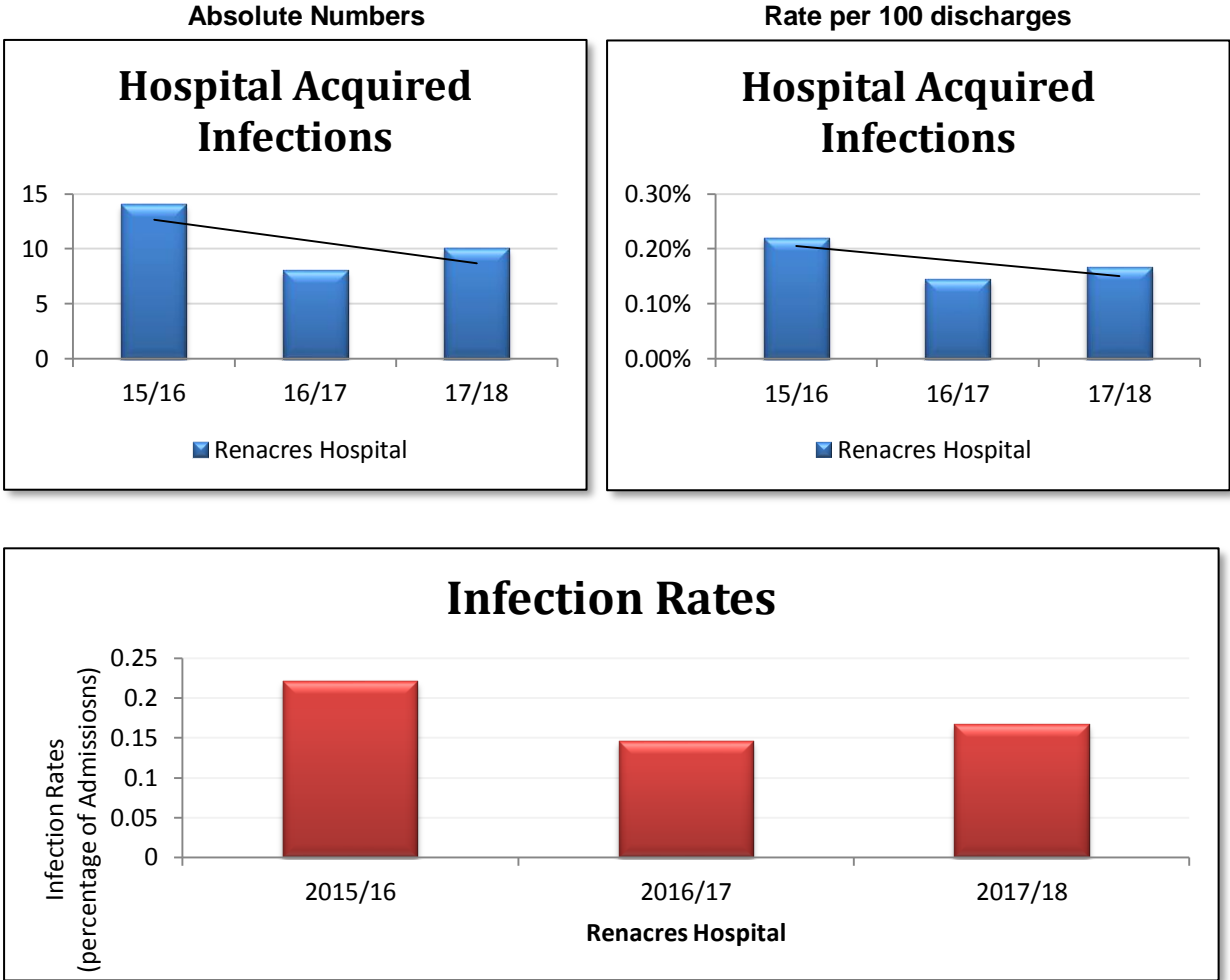
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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.



Programmes and activities within our hospital include:

The Infection Control Link Nurse provides mandatory training in different areas of infection control on an annual basis to all staff. We encourage all patients to return to the hospital if they have any concerns regarding post-operative wound infections rather than using their own GP.

Hand hygiene awareness days are led by the Infection Control Link Nurse involving staff, patients and visitors and information in waiting areas.

Observational hand hygiene audits are also undertaken by the Infection Control Link Nurse.

As can be seen in the above graph our infection control rate remains very low.

Any patient presenting signs of an infection is reported on Riskman and then reviewed by the Infection Control Link Nurse and a root cause analysis completed to determine any possible trends. All results and any lessons learnt are presented at the hospital Health and Safety meetings, governance meetings and our quarterly infection control committee meetings. There have not been any trends identified in the period.

3.2.2 Cleanliness and Hospital Hygiene

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

The results for 2017 Audit were:

- The National Average for Cleanliness was 98.33%; **RH 99.46%**
- The National Average for Food and Hydration was 89.68%; **RH 93.93%**
- The National Average for Privacy Dignity and Wellbeing was 83.68%; **RH 96.55%**
- The National Average for Condition Appearance & Maintenance was 94.02%; **RH 94.38%**
- The National Average for Dementia was 76.71%; **RH 81.70%**
- The National Average for Disability was 82.56%; **RH 85.15%**

The results were generally extremely positive trending above the national average.

PLACE assessments occur annually at Renacres Hospital and the next one is scheduled for 15th May 2018, this provides a patient perspective and observation of the buildings and facilities, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

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 a 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.

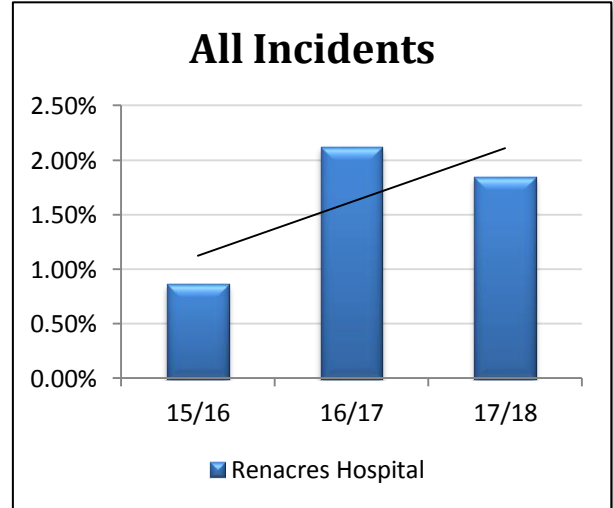
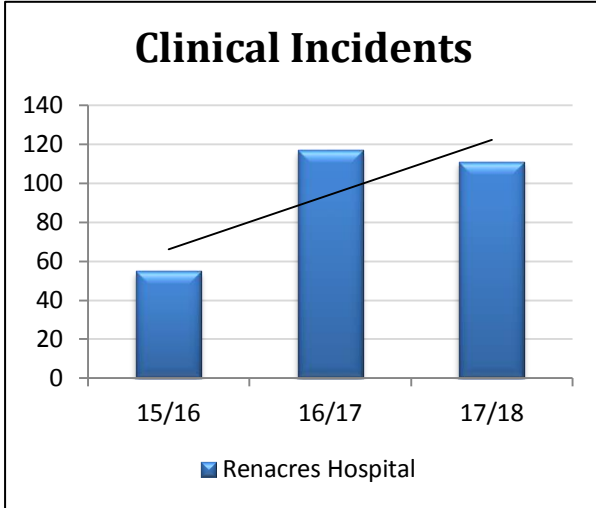
In addition to mandatory training the Health and Safety Coordinator delivers a session on health and safety which is a revision for staff. There is a hospital Health and Safety board which covers a different topic every month helping to raise staff awareness and spot audits carried out monthly. The hospital Health and Safety coordinator is IOSH trained and we have an additional member of staff with the IOSH qualification.

3.3 Clinical Effectiveness

Renacres hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical KPIs, incidents together with patient and staff feedback are systematically reviewed to determine any trends that require further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and the hospital's Medical Advisory Committee to ensure results are visible and tied into actions required by the organisation as a whole.

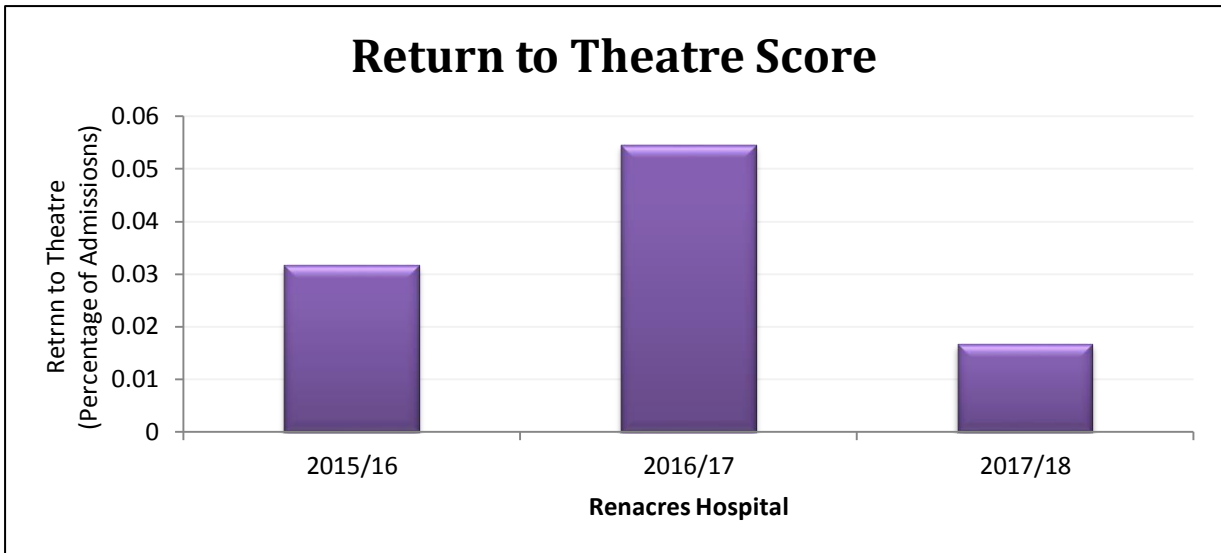
Absolute Numbers

Rate per 100 discharges

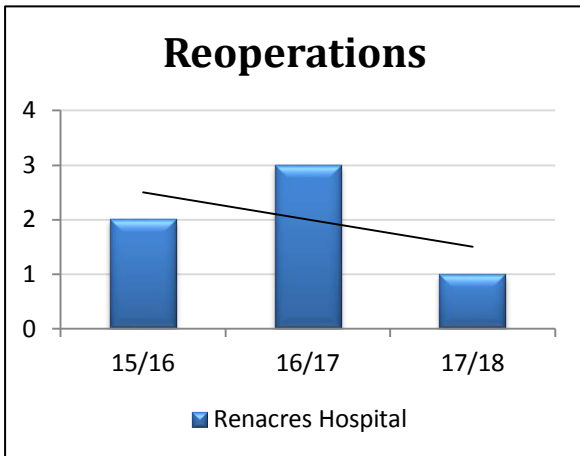


3.3.1 Return to Theatre

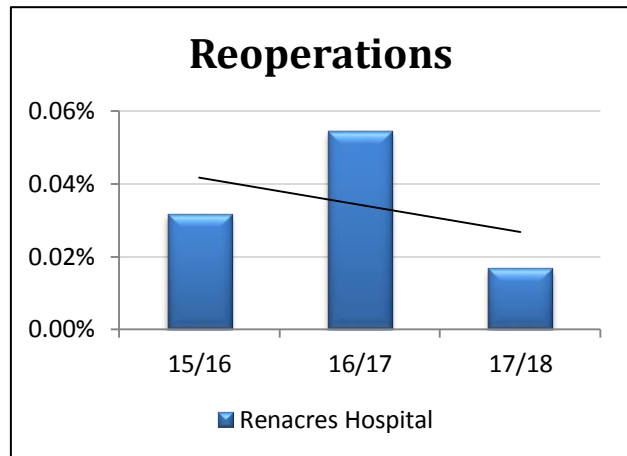
Ramsay is treating significantly higher numbers of NHS patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical 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.)



Absolute Numbers



Rate per 100 discharges



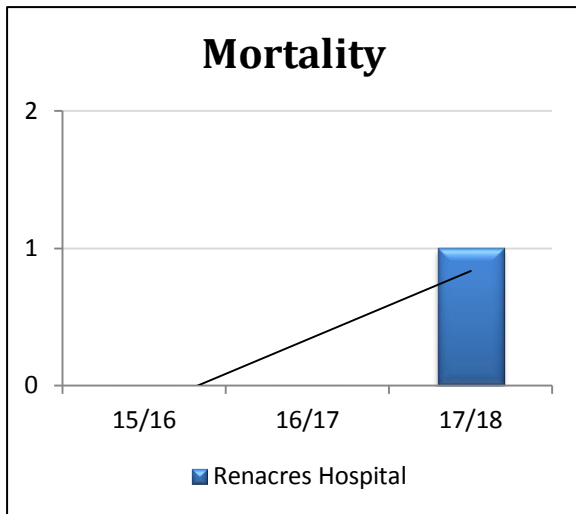
Return to theatre and reoperation rate remains low due to the case mix of the service we provide with over 80% day case admissions.

3.3.2 Learning from Deaths

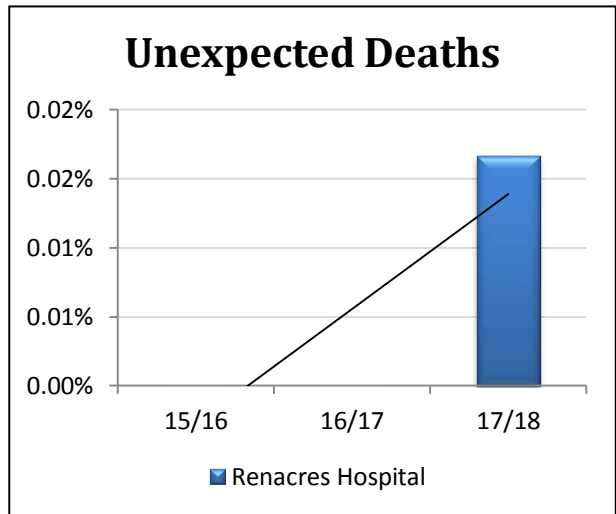
There have been no deaths for the period 2017/2018.

Renacres had a patient death reported 14 days post discharge and this was reported by the Coroners office as “cause of death was a massive MI with predisposing factors of hypertension and high cholesterol”. The verdict was “natural causes” with no relation to surgery.

Absolute Numbers



Rate per 100 discharges



3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Renacres Hospital only provides elective services and only accepts existing post-operative patients as emergency re-admissions. All our patients receive Consultant led care and practising privileges are only issues to Consultants that can get to the hospital within one hour and they arrange alternative Consultant cover for any occasions that they are not available. This ensures that we comply with seven day services clinical standards.

We have on-call radiology and theatre services to ensure that where appropriate our patients have access to the treatment required.

We have a service level agreement with Wigan Wrightington and Leigh for pharmacy, and a corporate contract with TDL and Unilabs for blood transfusion and pathology services which are all available 24 hours a day 7 days a week.

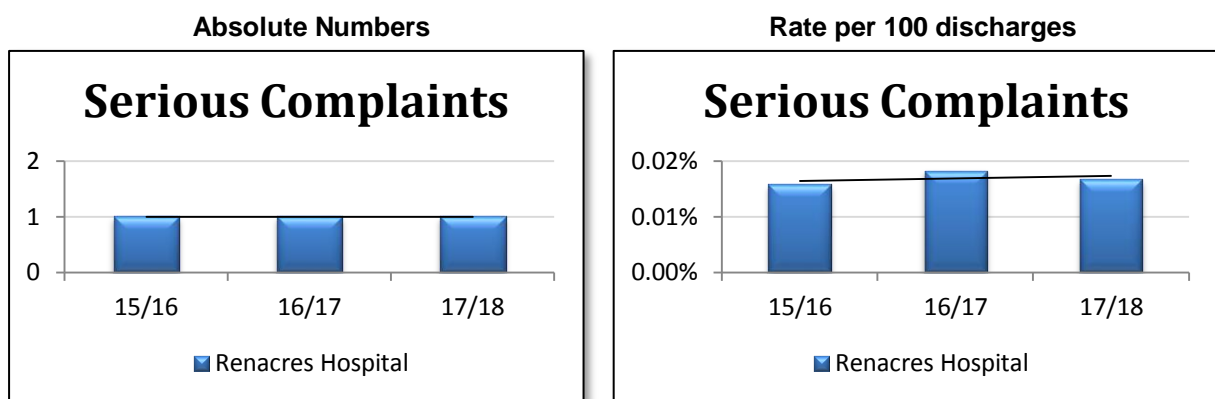
All of the above allows us to provide a seven day hospital service as required.

3.4 Patient Experience

All feedback from patients regarding their experiences with Ramsay Health Care is 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 directly. 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 standard agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and NHS England bodies occurs as required and according to NHS policy.

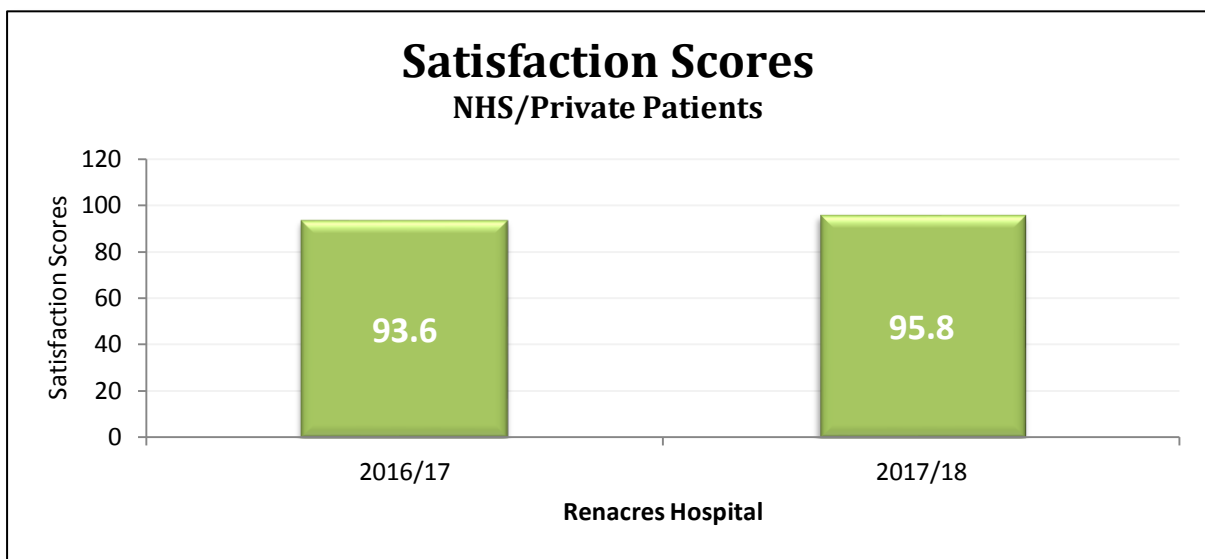
Feedback regarding the patient's experience is encouraged in various ways via:

- 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.

3.4.1 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 patients' 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.



The way the surveys are now shared with the Hospitals has changed and we are currently looking at improved ways to share this information with all the staff and how we respond.

Score demonstrate improved satisfaction compared to 2016/17 reporting period.

Appendix 1 -Services covered by this Quality Account

Regulated Activities – Renacres Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Audiology, Cardiology, Cosmetics, , Dermatology, Ear, Nose and Throat (ENT), General Medicine, General surgery, Gynaecological, Nephrology, Neurology, Neurosurgery, Ophthalmic, Orthopaedic, Pain Management, Podiatry,, Psychology, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular.	All adults 18years and over
Surgical Procedures	Cosmetic/Plastic Surgery, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecological, Ophthalmic, Orthopaedic, Spinal and Neuro Surgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery,	<p>All adults 18 years and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and Screening	Audiology, GI physiology, Imaging services, Nerve conduction studies, Mobile MRI and CT, Phlebotomy, Urodynamics, Urinary Screening and Specimen collection.	All adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 Clinical Audit Programme 2017/18

Audit Programme v10.0 2017/18												
Hospital Name: Renacres											Implemented: July 2017	
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald											For review: June 2018	
Use arrow symbol to locate required audit												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Medical Records - POA, admission, theatre, discharge	96%	→	→	98%	NA	NA	96%	NA	NA	96%	NA	NA
Patient Journey	96%	→	→	n/a	NA	NA	96%	n/a	n/a	n/a	n/a	local audit
Ward	100%	→	→	NA	NA	NA	99%	n/a	n/a	n/a	n/a	local audit
Outpatients	ref oct17	→	→	93%	NA	NA	98%	NA	NA	n/a	n/a	local audit
Outpatients	97%	→	→	NA	NA	NA	Operational audit	NA	NA	n/a	n/a	n/a
Controlled Drugs			98%	na	na	100%	na	na	98%	n/a	n/a	Controlled Drugs
Prescribing / Medicines Management				100%	80%	n/a	n/a	n/a	n/a	99%	92%	local audit
Medicine Safe and Secure	100%	100%	100%	100%	100% ward	Recovery 100%	Endoscopy	94%	99%	100%	100%	Safe and Secure
Medicine Reconciliation	100%	100%	100%	95%	100%	96%	96%	100%	96%	92%	100%	Med Rec
Medicine Missed Dose	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	Missed Dose
Radiology	98%	→	→	→	Image quality Knees 98%			Finger dose audit		records audit 98%	Image quality pelvis	NATSSIPS AUDIT
Radiology	81%	→	→	→			94%				OBS audit 96%	
Radiology - MRI / NRR		100%	100%		100%			100%	100%			MRI Report
Radiology - CT		87%			85%			88%				CT Report
Physiotherapy	81%	→	→	Records Oct 17 - 79%	→	→	95% medical records	NA	NA	Med Records	N/a	NA
Physiotherapy	90%	→	→	→	N/A	N/A	93% operational	NA	NA	Operational	N/A	NA
TSSU	Operational N/A	→	→	NA	NA	NA	NA	NA	NA	NA	NA	NA
Decontamination	TSSU N/A	→	→	na	na	na	na	na	na	na	na	na
Decontamination	99%	→	→	NA	NA	NA	Decontamination Jan	n/a	n/a	local audit	local audit	local audit
Theatre	96%	→	→	na	na	na	92%	n/a	n/a	local audit	local audit	local audit
Theatre	95%	→	→	na	na	na	theatre observations Jan 95%	n/a	n/a	local audit	local audit	local audit
Infection Prevention and Control*	100%	→	→	na	na	na	Infection Prevention and Control	n/a	n/a	n/a	n/a	local audit
IPC - CVCCB (if applicable)	n/a	→	→	na	na	na	na	na	na	NA	n/a	n/a
IPC - Isolation (if applicable)	n/a	→	→	na	na	na	na	n/a	n/a	n/a	n/a	n/a
Infection Prevention and Control*	100%	na	na	na	na	na	99%	n/a	n/a	n/a	n/a	local audit
IPC - Hand Hygiene Action			Ward 100%	Radiology 100%	Physio 100%	OPD 100%	Theatre 90%	90%	Radiology	Physio	OPD	Theatre
IPC - Environmental	96%	→	→	NA	NA	NA	Environmental	n/a	n/a	n/a	n/a	Environmental Jan
IPC - Cleaning Schedules			89%	93%	89%	91%	89%	91%	91%	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	98%	→	→	na	na	na	Transfusion Jan	n/a	n/a	n/a	local audit	local audit
Transfusion (if applicable)	Autologous N/A	→	→	na	na	na	na	na	na	na	na	na
Bariatric Services (if applicable)	Bariatric Services N/A	→	→	na	na	na	na	na	na	na	NA	na
Childrens Services (if applicable)	Childrens Services N/A	→	→	na	na	na	na	na	na	na	na	na

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 General Manager using the contact details below.

For further information please contact:

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