

The Berkshire Independent Hospital

Quality Account 2017/18

Berkshire Independent Hospital

CQC rating

Good

28th March 2017

 The Berkshire
Independent Hospital
Part of Ramsay Health Care

Inspected and rated by
 Care Quality
Commission

Author: Jacqueline Capel
Data Classification The Berkshire Independent Hospital Public Use
Issued: June 2018
Version 1

People caring for people



Contents

Welcome to Ramsay Health Care UK		4
Introduction to our Quality Account		6
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the General Manager	7
1.2	Hospital accountability statement	9
	Welcome to The Berkshire Independent Hospital	11
PART 2		
2.1	Quality Priorities	14
2.1.1	Review of clinical priorities 2017/18 (looking back)	15
2.1.2	Clinical Priorities for 2018/19 (looking forward)	18
2.2	Mandatory statements relating to the quality of NHS services provided	23
2.2.1	Review of Services	23
2.2.2	Participation in Clinical Audit	25
2.2.3	Participation in Research	27
2.2.4	Goals agreed with Commissioners	27
2.2.5	Statement from the Care Quality Commission	27
2.2.6	Statement on Data Quality	28
2.2.7	Stakeholders views on 2010/11 Quality Accounts	30
PART 3 – REVIEW OF QUALITY PERFORMANCE		31
3.1	The Core Quality Account indicators	34
3.2	Patient Safety	47
3.3	Clinical Effectiveness	50
3.4	Patient Experience	54
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Author: Jacqueline Capel

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Version 2

Welcome to Ramsay Health Care UK

The Berkshire Independent 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 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Clinical Commissioning Groups

Statement from Dr. Andrew Jones

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 The Berkshire Independent 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

Welcome to The Berkshire Independent Hospital's quality account. I am delighted to have joined the hospital as its new General Manager. I am passionate about ensuring that high quality patient care is at the centre of what we do and how we operate our hospital. We recognise and appreciate the contribution made by all staff and that by building constructive relationships we achieve positive outcomes for patients and staff.

Working with our partners, who include local GPs, Consultants and other specialists, we offer our patients an individual, personal service tailored to their needs.

All professional and management teams at local level have been represented in producing this account.

This report outlines the Hospitals approach to quality improvement progress made in 2016-17 and plans for the forthcoming year.

The hospital has five key principles that underpin everything we do as an organisation in line with "The Ramsay Way"

- Put the patient first
- Work as one team
- Respect each other
- Strive for continual improvement
- Respect environmental sustainability

We fully appreciate that patients can choose their healthcare provider and thus the experience that patients have in our hospital is of the utmost importance to us. We are committed to establishing an organisational culture that puts the patient at the centre of everything we do.

We are focused on ensuring patients receive safe, efficient and effective care, that they feel valued, respected and involved in decisions regarding their care and are fully informed about their treatment throughout their care pathway.

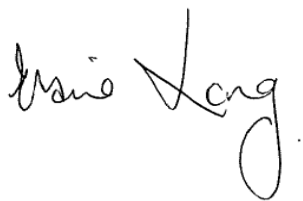
The aim of our Quality Account is to provide information to our patients and commissioners to assure them we are committed to making progressive achievements. As a long standing provider of healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results.

We participate in national Patient Reported Outcome Measures for Hip and Knee replacement, hernia repair and cataracts surgery and the Public Health England Surgical Site Surveillance Service. Our quality activity and measureable outcomes sit alongside our NHS and insured contracts, to continue to provide value for money and high quality services to our community.

The hospital was inspected by the Care Quality Commission in December 2016. Our patients can be assured of the quality of the hospital by referring to the Care Quality Commission Report issued in March 2017 which rated the hospital as Good for all of the services provided in the domains of safe, effective, caring, responsive and well led.

We especially value patient's feedback about their stay, treatment and clinical outcome. In the last year we have received excellent feedback from our internal and external patient surveys. We have also participated in the patient NHS Friends and Family Survey, and have been delighted with the many positive comments we have received.

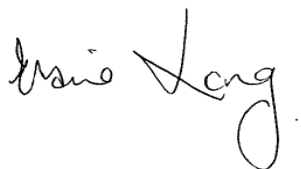
We will continue to grow and sustain our business through transparency and loyalty and showcasing our performance delivering positive outcomes.

A handwritten signature in black ink, appearing to read 'Elaine Long'.

Elaine Long, General Manager
The Berkshire Independent 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.



Elaine Long

General Manager

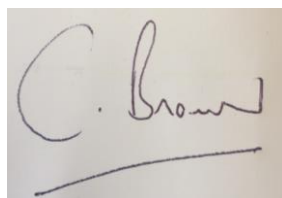
The Berkshire Independent Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Chris Brown.

MAC Chair



Signed

Dated 27/06/18

John Dickinson
Clinical Governance Committee Chair



Signed

Dated 27/06/18

Ms Debbie Simmons, Senior Contract Manager, Berkshire West CCG

Signed

Dated

Welcome to The Berkshire Independent Hospital

The Berkshire Independent Hospital was opened in 1993 and is a private hospital with a reputation for delivering high quality healthcare treatments and services. The hospital, built in 1993 has 43 individual patient rooms all with en-suite facilities which accommodate inpatients and day cases. The hospital has two Extended Recovery Beds for patients requiring 1-1 nursing. There are three fully equipped Theatres, two fully integrated OR1, with a seven-bedded Recovery area; dedicated Day Surgery wing and an Endoscopy unit.

The Outpatient Department on the ground floor of the hospital has 12 consulting rooms with associated examination and treatment facilities, a Gynaecology and Minor Operating Theatre. Outpatient facilities include a large Physiotherapy department with a Gymnasium, Audiology, X-ray, Ultrasound, DEXA and MRI scanning which are situated in the Mansion adjacent to the hospital.

We provide fast, convenient, effective and high quality treatment for patients above the age of 18, whether medically insured, self-pay, or NHS.

The hospital offers a wide range of Specialties including:

- Orthopaedics
- Rheumatology
- Urology
- General Surgery
- Gastroenterology
- Dermatology
- Elderly care
- Gynaecology
- Ophthalmology
- ENT
- Plastic Surgery
- Respiratory Medicine
- Haematology
- Pain management

- The total number of admissions between 1st April 2017 and the 31st March 2018 was 2771 patients, 57.1% of these being NHS patients
- We provide direct referral services for Physiotherapy, MRI, Bone Density Scans and Ultrasound Scans.
- Miss Julie Deadfield, our GP Liaison Officer works closely with both Practice Managers and GP's at our local practices and maintains ongoing contact with surgeries located in the surrounding areas. She regularly organises "Continual Professional Development" (CPD) Lunches taking Consultants into GP Surgeries to offer training and latest development awareness, as well as running Healthcare Professional training seminars. We value our contact with GP's as customers and strive to ensure we actively work in partnership to enhance patient care.
- We also continue to offer Basic Life Support Training and Paediatric Life Support Training to our local GP Practices.
- We are committed to working closely with our local NHS Foundation Trusts to actively assist and reduce waiting times for patients suitable for treatment at our hospital.
- As a hospital we support both national & local charities, we are currently supporting Macmillan Cancer Research.
- We provide an Outreach Clinic in Wokingham.
- Past Patients are involved in our annual "Patient Led Assessment of the Care Environment" (PLACE) Audit which received favourable outcomes and excellent feedback from both patient and staff assessors
- Consultants with Practising Privileges = 110
- We have 24 hour Resident Medical Officer (RMO) cover.
- We employ 114 staff which equates to 99.3 Full Time Equivalent.

Our Staff mix as of May 2018.

	Number	WTE
Trained Nurses	24	95.2
Operating Department Practitioners	5	4.8
Healthcare Assistants	9	78.4
Administrators	42	98.2
Support Services	19	99
Radiographers	5	3,84
Physiotherapists	4	3.5
Other	6	7.8

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/18

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

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

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

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

Priorities for improvement

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

Patient safety

- **JAG Accreditation:** We had our JAG Assessment on Monday 9th June 2013 and passed the Assessment on the day.
- We submitted our annual self-assessment in 2017 following submission of our GRS census and review of the Annual Report Card. We successfully achieved accreditation for 2017/18.

Clinical & other training: The Berkshire Independent ensures that patients at our hospital are cared for by safe and competent staff. The provision of high quality care is a priority and our clinical staff are supported through training and being allocated protected time to achieve the required educational/clinical competencies. The Berkshire Independent Hospital has successfully achieved 90.3% completion in mandatory training for clinical and non-clinical staff.

Appropriate staffing levels: We have continued to ensure that appropriate numbers of staff are available for the care of our patients. We have the ability to flex our staffing levels up when required by using our own trained bank staff. Our staffing ration on the ward is 5 patients to one Registered/Healthcare Assistant during the day and 7 patients to 1 Registered Nurse/Healthcare Assistant at night. There is a minimum of two Registered Nurses on duty at all times.

Safeguarding: We take very seriously our responsibility for the safeguarding of vulnerable members of society. We have continued to ensure that all staff working within the Hospital have the level of DBS check appropriate to their role. We have continued to provide training, reviewed the content and ensured that staff had access to the necessary resources available to manage any concerns appropriately and in a timely manner.

Safeguarding Training Achievement for the year was:

Safeguarding Children Level 1 - 95.3%

Safeguarding Children Level 2 – 95.8%

Safeguarding Children Level 3 – 94.2%

Safeguarding Adults – 97.5%

A member of the team has participated in local safeguarding meetings to ensure we offer the best service to our Patients. The aim to maintain a minimum of 95% staff trained.

Matron is the Safeguarding Lead and Prevent Lead for the hospital and has attended Children's Safeguarding Training Day for Safeguarding Leads and a Prevent/WRAP Train the Trainer Day.

The Berkshire Independent Hospital submitted the Safeguarding Annual Audit to the CCG for 2017/18 and also submitted Quarterly Prevent Return Audits.

Clinical effectiveness

Pre-Operative Assessment

Our continued focus in 2017/18 was for the Pre-Operative Assessment Team to further develop an excellent service to ensure the Patients fitness for surgery is assessed in advance of their admission to reduce the chance of their operation being cancelled on the day of the procedure.

A full review of the Pre-operative Assessment Service was carried out in 2017 and a robust action plan was implemented. The Berkshire Independent Hospital reviewed the staff skill mix, a result of which was the appointment of a dedicated Healthcare Assistant to work alongside the Registered Nurse with the objective of optimising appointments, availability of Clinics, and pre-operative information given to patients.

The NICE Guidance: Routine Pre-operative Tests for Elective Surgery was implemented to ensure tests were completed to meet national guidance and therefore reducing the risk of cancellations due to incorrect testing.

Medical Questionnaire Process: Patients were not returning medical questionnaires, therefore, at times with minor procedures a patient's history was not known. This resulted in patient cancellations as patients having minor procedures could have complex comorbidities. Medical questionnaires are now provided at the first Outpatient Consultation and the patients are advised to present them to the Outpatient nurses before leaving. The result of this is that if the patient proceeds to surgery Pre-operative tests and assessments can be arranged before the patient leaves following their initial consultation.

Effective scheduling of pre-operative clinics to meet the needs of our patients has been reviewed and The Berkshire Independent now offers early morning appointments, evening appointments and occasional Saturday appointments to optimize availability for our patients.

The Berkshire Independent Hospital has gauged our patient's experience utilising our satisfaction questionnaires. Our employed Anaesthetist has been available to review all patients where concerns have been raised by our pre-assessment nurses, and has continued to work closely with the pre-assessment team and the Consultants streamlining our processes to improve patient outcomes.

Patient experience – informing patient choice

- **Patient Satisfaction survey**

We have continued to review all feedback from our Patients and implement any changes necessary to ensure they have the best patient experience and that we have met their expectations.

Our Friends and Family Test response rate and recommends percentage is reviewed monthly and a report is communicated to the staff and the CCG to raise awareness and to continually make improvements. The Berkshire Independent Hospital percentage for patients who would recommend us is between 98 – 100%.

We have introduced a more user friendly version of the Friends and Family Test to encourage patients to respond and this is displayed in patient facing areas of the hospital.

Letters are sent to staff members who are named in patient feedback by the Senior Management Team to raise awareness of positive feedback.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Patient Safety

Appropriate staffing levels:

The Berkshire Independent Hospital's Clinical Staffing Strategy is to ensure that the hospital is staffed with the appropriate number and skill mix of clinical practitioners in order to deliver quality care and to keep patients safe from avoidable harm.

The Berkshire Independent Hospital has a Governance Strategy for skill mix and staffing levels with a focus on patient care and patient safety. Measures are in place to monitor, review and react to ensure that skill mix and staffing level requirements are met.

Staffing levels and skill mix are reviewed daily and are dependent upon patient activity and acuity, our staffing ratio is 5 patients to 1 nurse during the day and 7 patients to 1 nurse at night on the ward.

Our Outpatient Department staffing levels meet clinic requirements with a Registered Nurse on duty when the department is open.

Theatre staffing is reviewed against theatre sessions and the requirements of individual theatre lists

Our Staffing skill mix aim to meet rations of 70/30 trained/untrained on the Ward and in Theatres and 60/40 in the Outpatient Department.

The Berkshire Independent Hospital has a daily huddle meeting to review staffing across the entire hospital.

The Berkshire Independent Hospital will continue to focus on safe staffing levels in 2018/19 by reviewing the Workforce Strategy and Quality Report which was completed in 2017 to meet the requirements of CQC Regulation 18 – Staffing. This is linked to the domains of Safe, Effective and Well-led.

This will be monitored by our Electronic Rostering System Healthroster and by our daily review of man hours per patient day.

The workforce Strategy will be reviewed on an annual basis.

Safeguarding: The Berkshire Independent Hospital will continue to take very seriously our responsibility for the safeguarding of vulnerable members of society. We will continue to ensure that all staff working within the Hospital have the level of DBS check appropriate to their role. We will continue to provide training, review the content and ensure that staff have access to the necessary resources available to manage any concerns appropriately and in a timely manner.

A member of the team will continue to participate in local safeguarding meetings to ensure we offer the best service to our Patients.

The aim to maintain a minimum of 95% staff trained. A member of the team will attend Prevent Train the Trainer training and will carry out PREVENT/wrap Training in-house.

Matron is the Safeguarding and Prevent Champion for The Berkshire Independent Hospital

The Berkshire Independent Hospital will continue to submit the Safeguarding Annual Audit to the CCG for 2017/18 and the Quarterly Prevent Return Audits.

This is linked to CQC domains Safe, Caring and Well led

Speak up for Safety

The Berkshire Independent Hospital is implementing the Speaking Up for Safety™ (SUFS) Programme. Matron has been selected to undertake training to deliver a one hour Speak Up for Safety presentation to all staff and visiting medical officers.

The SUFS programme has been implemented across a large number of public and private organisations internationally. Successful implementation requires commitment from leaders. This is not an initiative; it is a culture change programme and therefore requires your ongoing support.

The Speaking Up for Safety programme will help us:

- achieve culture change by increasing the ease and motivation for all staff to feel safe to 'speak up for safety'
- develop insights and skills to respectfully raise issues with colleagues when concerned about a patient's safety

The Berkshire Independent Hospital will launch Speak Up for Safety on July 2018.

Speak up for safety will be discussed at Clinical Governance and Medical Advisory Committees.

This is linked to the CQC domains Safe, Caring, Responsive, Effective and Well led.

Clinical Effectiveness

Pre-Operative Assessment

The Berkshire Independent Hospital will continue to focus on the Pre-Operative Assessment service to further develop an excellent service to ensure the Patients fitness for surgery is assessed in advance of their admission to reduce the chance of their operation being cancelled on the day of the procedure.

We will continue to look at staff skill mix, availability of Clinics and pre-operative information given to Patients. The pre-operative assessment team will undergo further training to improve their knowledge and skills.

Our employed Anaesthetist, who is available to review all patients where concerns are raised by our pre-assessment nurses, will continue to work closely with the pre-assessment team and the Consultants to further streamline our processes and to improve patient outcomes. This will further reduce the risk of cancellation on the day of surgery and enhance our patient journey.

A key focus during 2018/19 is to continue to review and streamline the Pre-Operative Assessment Service to improve the efficiency and effectiveness of this service by reviewing our processes and assessing them against proven processes of other Ramsay Pre-Operative Assessment Teams and the local Trust.

This is linked to CQC domains Safe, Effective and Well led

Patient Cancellations

Cancellations are a missed opportunity; they have both an operational, financial and reputational impact to the business and impact on the patient journey and outcomes. The Berkshire Independent Hospital has identified a need to focus on this key strategy to reduce the number of cancellations which could be avoided.

The aim is to identify key points of the patient journey where due to failure in processes, staff training/education and lack of clear systems cancellations occur.

The Berkshire Independent will instigate a full review of cancellations and the reasons contributing to them.

In order to measure the success of the review the objective will be to reduce the number of avoidable cancellations by 25% using the number of cancellations from April 1st 2017 to March 31st 18 as a baseline.

The following actions will be implemented to achieve this outcome:

- Raising Staff Awareness
- Staff Training/Education
- Accurate recording of cancellations
- Use of a cancellation tracker and the Ramsay Risk Management System
- Establish monthly MDT Cancellations Committee to review cancellations
- Weekly Activity Meetings

The Berkshire Independent Hospital will monitor cancellations monthly and a report will be written and circulated to the Senior Management Team and Heads of Department to communicate to staff in order to continue to raise awareness.

The report will be discussed at the Clinical Governance Committee and Medical Advisory Committee to ensure that awareness is raised to the Consultants.

An annual report will be written to evidence actions taken and outcomes achieved.

This is linked to CQC domains Safe, Effective, Responsive and Well led.

Patient Experience

Patient Satisfaction survey

Patient feedback is taken seriously by The Berkshire Independent Hospital and is used in the continuous improvement of our services in order to ensure positive patient outcomes.

We will continue to review all feedback from our Patients and implement any changes necessary to ensure they have the best patient experience and that we meet their expectations.

We will continue to review our Friends and Family Test responses and aim to increase the response rate by raising awareness among our staff through monthly reports of our results.

The Ramsay patient survey 'We value your opinion' is provided for patients to give feedback and responses will continue to be reviewed monthly and will be communicated to staff through their Heads of Department.

Complaints and compliments will be reviewed and discussed at the monthly Heads of Department meetings and communicated to staff through their departmental meetings.

This is linked the CQC domains Responsive, Caring and Well led

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 the Berkshire Independent Hospital provided and/or subcontracted Outpatient Consultations, Diagnostics and Elective Surgery in 15 services.

The Berkshire Independent Hospital has reviewed all the data available to them on the quality of care in NHS services.

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.

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 18 represents 60% of the total income generated from the provision of NHS services by the Berkshire Independent Hospital for 1 April 2017 to 31st March 18.

Human Resources

Staff Cost % Net Revenue – 36.3%

HCA Hours as % of Total Nursing - 62%

Agency Cost as % of Total Staff Cost – 8.9%

Ward Hours PPD – 4.83

% Staff Turnover – 32.2%

% Sickness – 4.25%

% Lost Time – 22.9%

Appraisal % - 100%

Mandatory Training % - 85.6%

Staff Satisfaction Score Staff satisfaction survey carried out April 2018, awaiting results

Number of Significant Staff Injuries - 0

Patient

Formal Complaints per 1000 HPD's – 0.014

Patient Satisfaction Score – 97%

Significant Clinical Events per 1000 Admissions – 0.009

Readmission per 1000 Admissions – 0.004

Quality

Workplace Health & Safety Score 100%

Infection Control Audit Score – 99-100%

Consultant Satisfaction Score No survey performed in the period

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 The Berkshire Independent Hospital participated in 100% national clinical audits it was eligible to participate in. The hospital was not eligible to participate in any of the national confidential enquiries.

The national clinical audits that The Berkshire Independent Hospital participated in, and for which data collection was completed during 1 April 2017 to 31st 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 or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR)	100%

The report of this national clinical audit from 1 April 2017 to 31st March 2018 was reviewed by the Clinical Governance Committee and The Berkshire Independent Hospital intends to take the following actions to improve the quality of healthcare provided.

Recommendation	Actions required <i>(specify "None", if none required)</i>	Action by date
<i>Medical Director sign off</i>	<i>MD sheet to be signed & dated</i>	<i>Medical Director</i>
Continue to ensure robust systems are in place to guarantee that a MDS form is generated for all eligible NJR procedures	Currently this is the responsibility of one ODP in Theatre – A second member of the team to be trained to input data	June 2018
Pass details of the records on the NJR, but with no corresponding record in the unit extract, to the information/coding dept. as they may have been incorrectly coded	NJR report to be communicated to the clinical coder and the financial manager	May 2018
Continue to reinforce to all Consultants the importance of completing a MDS form for all eligible NJR procedures, including joint replacement performed as a result of acute trauma. (NJR website:	Discuss at Medical Advisory Committee and cascade to Consultants	May 21 st 2018
Include NJR audit in the hospital annual audit plan	Discuss at SMT & HODs Review with POAC and Theatres	June 2018

PROMS

The Berkshire Independent Hospital participates in Patient Reported Outcomes Measures Survey for patients undergoing Groin Hernia Procedures, Hip Replacement Surgery and Knee Replacement Surgery pre-operatively and post-operatively.

Surgical Site Infection

Surgical Site Infection following hip and knee arthroplasty: PHE Surgical Site Infection Surveillance Scheme (SSISS) and reporting of infections on internal Risk Management incident reporting system.

The Berkshire Independent Hospital participates in the Surgical Site Infection Surveillance Scheme (SSISS). This is a national scheme which is mandatory for hip and knee arthroplasty. PHE mandates that all hospitals must undertake at least one full quarters' surveillance in these categories. The Ramsay Surveillance Policy implemented in 2015 stipulates that hospitals undertake continuous surveillance during all 4 quarters. This is to minimise statistical variation in sites that undertake lower numbers of operations.

Local Audits

The Berkshire Independent Hospital participates in the Ramsay Corporate Clinical Audit Programme which between April 2017 and March 2018 comprised 70 separate audits (which includes infection prevention and control, transfusion, physiotherapy and radiology local clinical audits). The results were reviewed by the Clinical Governance Committee and The Berkshire Independent Hospital intends to monitor audit and to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

All audit results showed an excellent degree of compliance – our main priorities for 2018/2019 will be ensuring standards are met, and where we identify room for improvement, we have documented action plans with evidence of changes implemented.

To facilitate improvement and staff participation in audit ongoing audit training will continue to be a focus for 2018/19.

The reports of six local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and The Berkshire Independent Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

The Berkshire Independent Hospital will continue to perform local audits and will implement actions plans where the audits identify a requirement.

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 The Berkshire Independent Hospital's income from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed The Berkshire Independent Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

2.2.6 Data Quality

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

The Berkshire Independent Hospital will be taking the following actions to improve data quality.

- Audits of data contained in medical records are performed as part of the Ramsay Clinical Audit Programme and action plans are implemented to continuously improve quality.
- Mandatory training includes Data Protection, Information Security and General Data Protection Regulation (GDPR)
- Regular review of the referral data received through The Electronic Referral System (ERS)
- Monthly submission of the Quality Schedule to the CCG
- Review of statistical data to monitor clinical services including:

Referrals received for individual specialty
 Conversion rate from outpatient consultation to procedure
 Initial outpatient consultation to follow up consultation rate
 Day Case/Inpatient ratio
 Staffing ratios

NHS Number and General Medical Practice Code Validity

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

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96 for outpatient care; and
- Accident and emergency care not undertaken at our hospital.

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care not undertaken at our hospital.

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall Score for 2017/18 was 83% 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

This information is publicly available on the DH Information Governance Toolkit website at:

<https://www.igt.hscic.gov.uk>

Clinical coding error rate

The Berkshire Independent Hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

2.2.7 Stakeholders views on 2017/18 Quality Account

Executive Summary

Berkshire West Clinical Commissioning Group (CCG) has reviewed Berkshire Independent Hospital's (BIH) Quality Account and is providing this response on behalf of Berkshire West CCG and associate CCGs across the Thames Valley. The Quality Account 2017/18 provides information across a wide range of quality measures and gives a comprehensive view of quality of care and upcoming priorities to be undertaken by the provider during 2018/19. There is evidence that the provider has relied on internal governance structures to maintain oversight and external assurance mechanisms triangulating the available data to maintain and improve safety, quality and effectiveness of the patient population.

The CCG is satisfied with the accuracy of the data and information contained in the Account. The CCG agrees that the key priorities in 2017/18, within the domains of patient safety, clinical effectiveness and patient experience identified by BIH are ambitious and a true reflection of findings and discussions we have had with them throughout the year.

Quality Account 2017/18

The Quality Account for 2017/18 clearly identified the successes of BIH to date and also highlighted the challenges in addition to areas for continuing focus. The CCG support the providers openness and transparency and is committed to working together to achieve further progression and successes in the areas identified within the document with reference to the Quality Account priorities 2018/19.

Patient Safety Improvement Priorities

The CCG are pleased to note the positive achievements in clinical and other training for staff to ensure patients are cared for by safe and competent staff. It is clear that delivering high quality care is a priority for BIH and clinical staff are supported appropriately. Over the last few years it is apparent that BIH have continued to ensure that appropriate number of staff are available to care for their patients. The CCG recognises the providers achieved its safeguarding training compliance and are pleased that BIH successfully achieved JAG accreditation for 2017/18.

Clinical effectiveness Priorities

The CCG has noted the success and acknowledges the actions implemented following the review of its Pre-operative Services in 2017. It is positive to note the development of the Pre-Operative Assessment Team to ensure Patients fitness for surgery is assessed in advance of admission resulting in a reduction in operations being cancelled on the day of the procedure. The CCG welcomes the appointment of a dedicated Healthcare Assistant to work alongside the Registered Nurse in order to optimise appointments, availability of Clinics, and pre-operative information given to patients.

Patient experience priorities

The provider has continually reviewed all patient feedback and proactively sought to implement changes necessary to ensure patients have the best experience. We note the positive Friends and Family Test results which has remained consistent between 98 and 100%.

Overall

The CCG welcomes and fully support the organisations key priorities for 2018/19, in particular the continued focus on patient cancellations, appropriate staffing levels and patient satisfaction from 2017/18. Additionally, we are pleased that BIH has chosen to focus on implementing the Speaking Up for Safety programme.

Overall, there have been many positive highlights for the provider, outlined above, and with reference to the significant improvement in Pre-operative assessment services and provider achievements the CCG support the on-going delivery. Assurances have been via Contract Review Meetings and we remain positive that the BIH are committed to offering high quality and safe care to our patients. We support the providers in its continuing focus on the results from 2017/18 priorities and the on-going requirement to further those improvement and strengthen priorities over the coming financial year.



Debbie Simmons
Nurse Director - Berkshire West Clinical Commission Group
June 2018

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Matron, Jacqueline Capel

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

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 develop ways of working which assure that the quality of patient care is central to the business of the organisation.

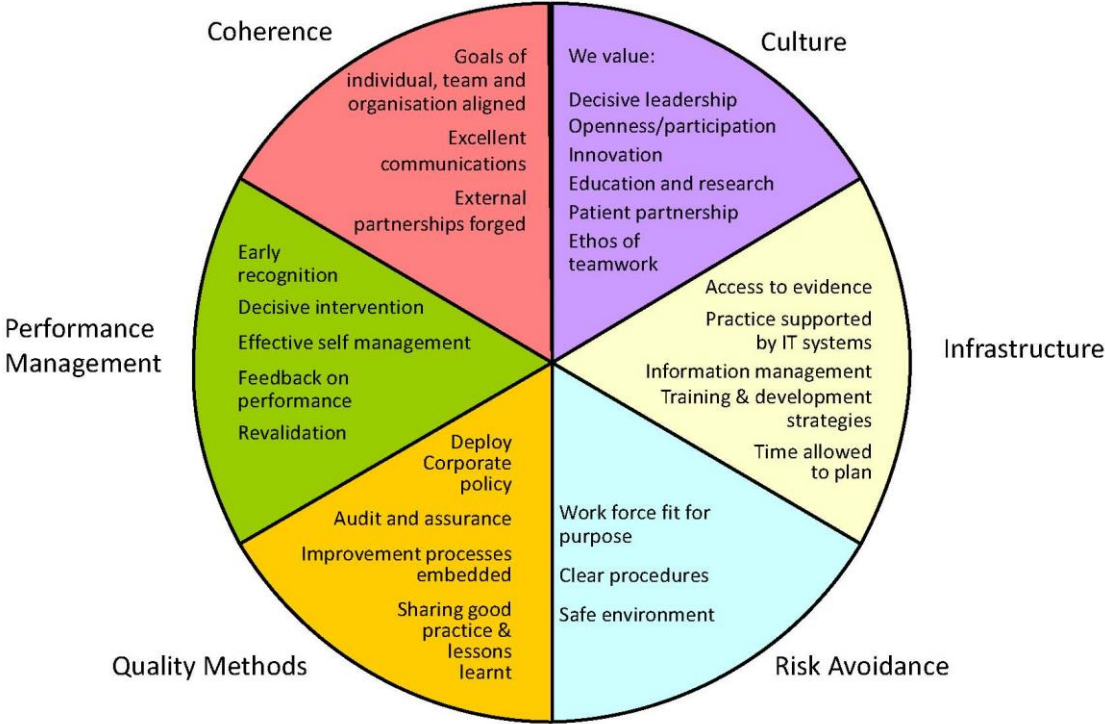
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

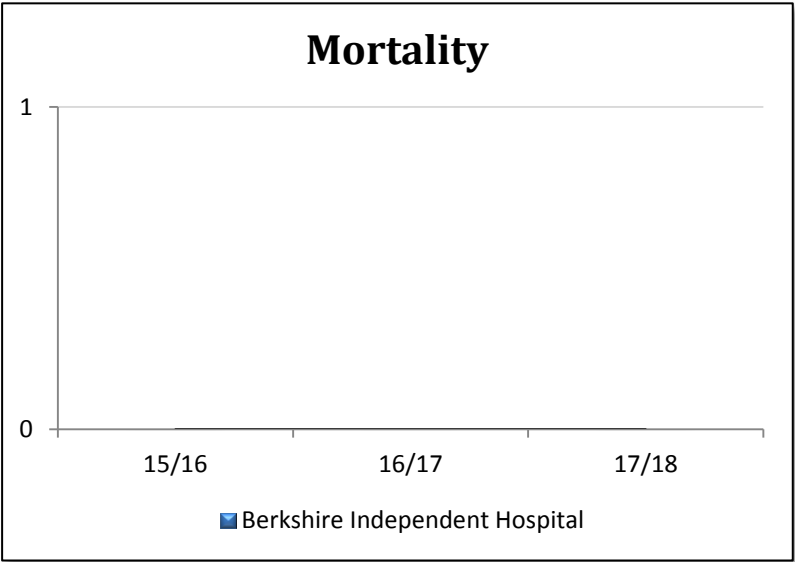
Mortality

Mortality:	Period	Best		Worst		Average	
	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	Berkshire	
2016/17	NVC02	0
2017/18	NVC02	0

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- There are very few patient deaths at or following treatment at this hospital.



Readmission

Readmissions:	Period	Best		Worst		Average	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45

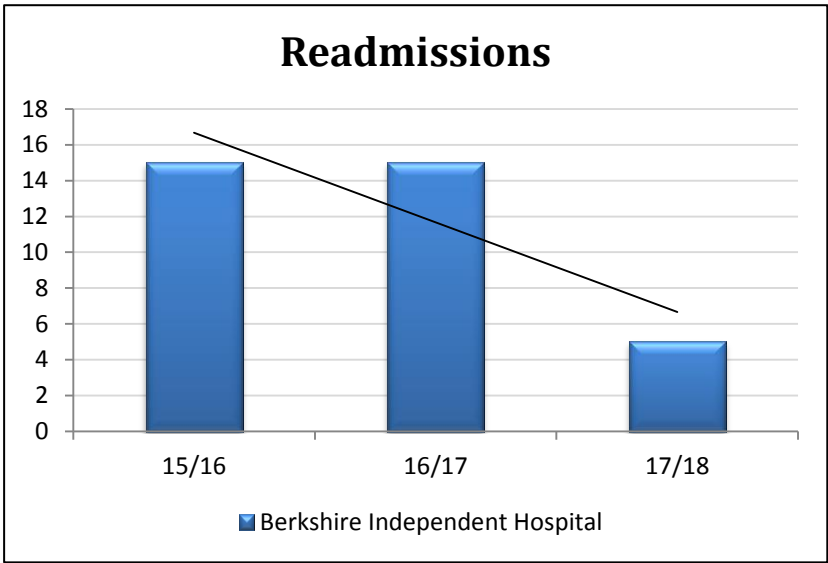
Period	Berkshire	
2016/17	NVC02	0.0013252
2016/17	NVC02	0.0028714

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- There is a safe discharge policy in place and patients are given good aftercare instructions, including a 24 hour follow up call after discharge.
- We have robust clinical pathways which include discharge criteria

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Maintain a system of comprehensive patient assessment and information.
- To improve our awareness of readmissions to other hospitals.



PROMS Hernia

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

Period	Berkshire	
Apr15 - Mar16	NVC02	0.09
Apr16 - Mar 17	NVC02	0.082

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The number of hernia procedures is small

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Monitoring the amount of hernia procedures and increasing submission if the numbers become sufficient.

PROMS Hips

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

Period	Berkshire	
Apr15 - Mar16	NVC02	
Apr16 - Mar 17	NVC02	*

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We have good systems for ensuring pre-op questionnaires are returned and patients understand the importance of returning their post op questionnaire.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Continue and further improve return rates;
- Ensure patients have realistic expectations and appropriate rehabilitation

PROMS Knees

PROMS: Knees	Period	Best		Worst		Average	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	

Period	Berkshire	
Apr15 - Mar16	NVC02	14.593
Apr16 - Mar 17	NVC02	16.160

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We have good systems for ensuring pre-op questionnaires are returned and patients understand the importance of returning their post op questionnaire;
- Patients report good outcomes when returning for follow up.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by

- Continue and further improve return rates;
- Ensure patients have realistic expectations and appropriate rehabilitation.

Responsiveness to Personal Needs

<i>Responsiveness: to personal needs</i>	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	Berkshire	
2013/14	NVC02	92.8
2014/15	NVC02	93.6

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We provide excellent customer service as demonstrated by patient surveys.
- Each patients care is planned on an individual basis.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Continue to ensure patients remain the focus of everything we do.

VTE Assessment

<i>VTE Assessment:</i>	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	Berkshire	
Q3 2016/17	NVC02	100.0%
Q4 2016/17	NVC02	99.3%

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- Our Clinical Pathway documents direct staff to undertake VTE Risk Assessment;
- Staff understand the importance of VTE Risk Assessment.
- VTE Assessment rates are reviewed through audits and monthly reports

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Continue to undertake local audit and ensure risk assessments are completed;
- To work with our Consultants via our Medical Advisory Committee to ensure their understanding of the importance of VTE Risk Assessment.

C.Diff rate per 100,000 bed days

<i>C. Diff rate: per 100,000 bed days</i>	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	Berkshire	
2016/17	NVC02	0.0
2017/18	NVC02	0.0

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The Hospital has an excellent record in infection prevention and control.

There is a low use of anti-microbials and any prescribing is in line with national best practice.

The Berkshire Independent Hospital intends to take the following actions to maintain this rate and so the quality of its services, by:

- To continue to provide all stakeholders with education and information about infection prevention and control practice.

Incident Rate Patient Safety

<i>SUIs:</i> <i>(Severity 1 only)</i>	Period	Best		Worst		Average	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85

Period	Berkshire	
2016/17	NVC02	0.00
2017/18	NVC02	0.00

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We risk assess all patients and provide them with an appropriate environment which enables risks to be reduced.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- To analyse patient safety incidents to identify areas for improvement.
- Ensure our environment is well maintained and risk assessments are in place.

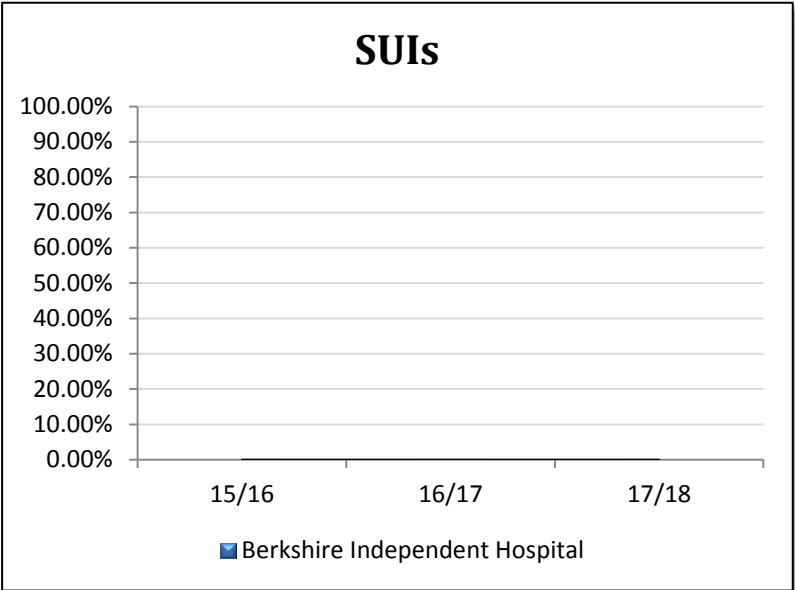
SUI's

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We remain focused on reducing clinical risk to patients by undertaking NEWS Assessments and compliance with the WHO Safer Surgical Checklist and the List Safety Officer.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Maintain a strong focus on the above.



Friends & Family Test

F&F Test:	Oct	Best		Worst		Average	
	Feb-18	Several	100%	RJ731/RTFDX	63.0%	Eng	96.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%

Period	Berkshire	
Jan-17	NVC02	95.7%
Feb-17	NVC02	100.0%

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We actively encourage patients to complete the Friends & Family Test.

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Continuing to encourage completion of the test;
- Continuing to reinforce to staff the importance of the completion by all our patients.
- Displaying patient feedback in staff areas to raise awareness
- Writing to staff who have been named in patient feedback

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>

The Berkshire Independent Hospital considers that this data is as described for the following reasons.

- There are very few patient deaths at or following treatment at this hospital.

The Berkshire Independent Hospital intends to take the following actions to improve this proportion and so the quality of its services, by:

- Performing Root Cause Analysis for all patient deaths at this hospital
- Reporting how our investigations and learnings from deaths have informed our quality improvement plans.
- This will be an annual summary of monthly/quarterly Clinical Governance reports on reviewing and learning from deaths

<p>The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust’s patient reported outcome measures scores for—</p> <ul style="list-style-type: none"> (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, <p>during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The number of hernia procedures is small
- The Berkshire Independent Hospital does not perform varicose veins surgery for NHS patient
- We have good systems for ensuring pre-op questionnaires are returned and patients understand the importance of returning their post op questionnaire
- Patients report good outcomes when returning for follow up

The Berkshire Independent Hospital intends to take the following actions to improve this rate, and so the quality of its services, by:

- Monitoring the amount of hernia procedures and increasing submission if the numbers become sufficient.
- Continuing to further improve return rates;
- Ensuring patients have realistic expectations and appropriate rehabilitation

<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— (i) 0 to 14; and (ii) 15 or over, 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>
--	---

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- There is a safe discharge policy in place and patients are given good aftercare instructions, including a 24 hour follow up call after discharge.
- We have robust clinical pathways which include discharge criteria

The Berkshire Independent Hospital intends to take the following actions to improve this rate, and so the quality of its services, by:

- Maintaining a system of comprehensive patient assessment and information.
- Improving our awareness of readmissions to other hospitals

<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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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We provide excellent customer service as demonstrated by patient surveys.

Each patients care is planned on an individual basis

The Berkshire Independent Hospital intends to take the following actions to improve this rate and so the quality of its services, by:

- Continuing to ensure patients remain the focus of everything we do.

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
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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- Our Clinical Pathway documents direct staff to undertake VTE Risk Assessment;
- Staff understand the importance of VTE Risk Assessment.
- VTE Assessment rates are reviewed through audits and monthly reports

The Berkshire Independent Hospital intends to take the following actions to improve this rate], and so the quality of its services, by:

- Continuing to undertake local audit and ensure risk assessments are completed
- Working with our Consultants via our Medical Advisory Committee to ensure their understanding of the importance of VTE Risk Assessment

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
---	---

The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The Hospital has an excellent record in infection prevention and control.

- There is a low use of anti-microbials and any prescribing is in line with national best practice.

The Berkshire Independent Hospital intends to take the following actions to maintain this rate and so the quality of its services, by:

- Continuing to provide all stakeholders with education and information about infection prevention and control practice.

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
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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We risk assess all patients and provide them with an appropriate environment which enables risks to be reduced.
- Remaining focused on reducing clinical risk to patients by undertaking NEWS Assessments and compliance with the WHO Safer Surgical Checklist and the List Safety Officer.

The Berkshire Independent Hospital intends to take the following actions to improve this rate], and so the quality of its services, by:

- Analysing patient safety incidents to identify areas for improvement.
- Ensuring our environment is well maintained and risk assessments are in place.

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	4: Ensuring that people have a positive experience of care
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organisation' for each acute & acute specialist trust who took part in the staff survey.	
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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- The hospital did not participate in a staff survey in the reporting period

The Berkshire Independent Hospital has taken the following actions to improve this ate, and so the quality of its services, by:

- Participating in the Ramsay staff survey in April 2018

Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)	4: Ensuring that people have a positive experience of care This indicator is not a statutory requirement.
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The Berkshire Independent Hospital considers that this data is as described for the following reasons:

- We actively encourage patients to complete the Friends & Family Test.

The Berkshire Independent Hospital intends to take the following actions to improve this rate, and so the quality of its services, by:

- Continuing to encourage completion of the test;
- Continuing to reinforce to staff the importance of the completion by all our patients.
- Displaying patient feedback in staff areas to raise awareness
- Writing to staff who have been named n patient feedback

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

The Berkshire Independent Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 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.

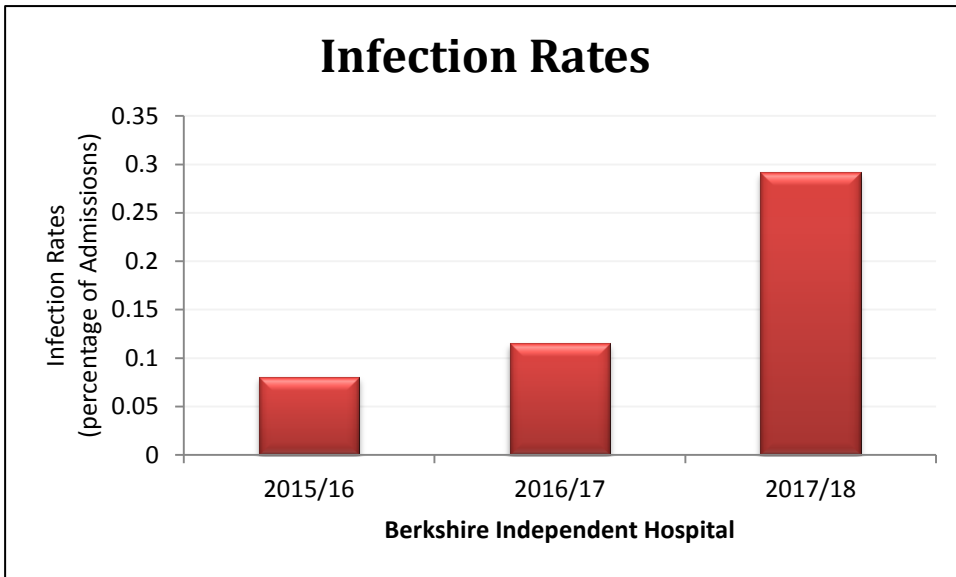
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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.

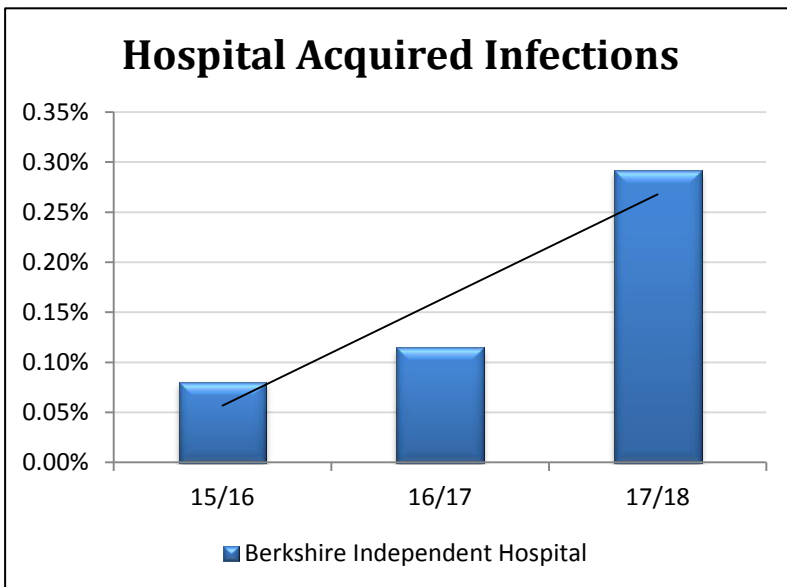
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

- Our Infection and Prevention Control Link Nurse is one of the Senior Registered Nurses working on the ward.
- In addition Clinical staff undertake further training and assessment of competencies in Aseptic No Touch Techniques (ANTT).
- All staff receive education and training in Infection and Prevention Control and Hand Washing.
- Monthly Infection and Prevention Control audits are performed.
- Annual skin surveillance assessments are completed for all relevant staff.
- Annual Hand washing assessments are completed for all relevant staff.
- The cleanliness of the hospital is audited regularly as part of the Ramsay corporate clinical audit programme as well as regular monitoring by Matron and the Operations Manager.
- There is a focus on wearing the correct uniform and personal protective equipment.



As can be seen in the above graph our infection control rate has increased over the last year, however this remains low. This is due to our reporting structure, training and audit processes. The increase can be attributed to our increased focus on reporting.



3.2.2 Cleanliness and hospital hygiene

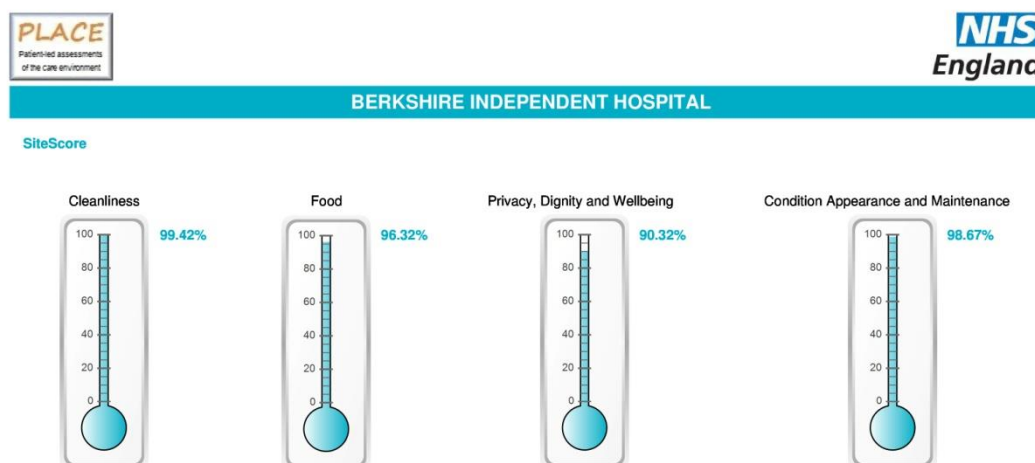
Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at The Berkshire Independent 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.

The Berkshire Independent Hospital is very proud to have achieved above average in all domains as shown below in 2016, and will continue to strive to maintain if not improve.

The PLACE Audit was not performed in 2017; however the PLACE Audit for 2018 was performed in April 2018.



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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.

Activities during 2017/18

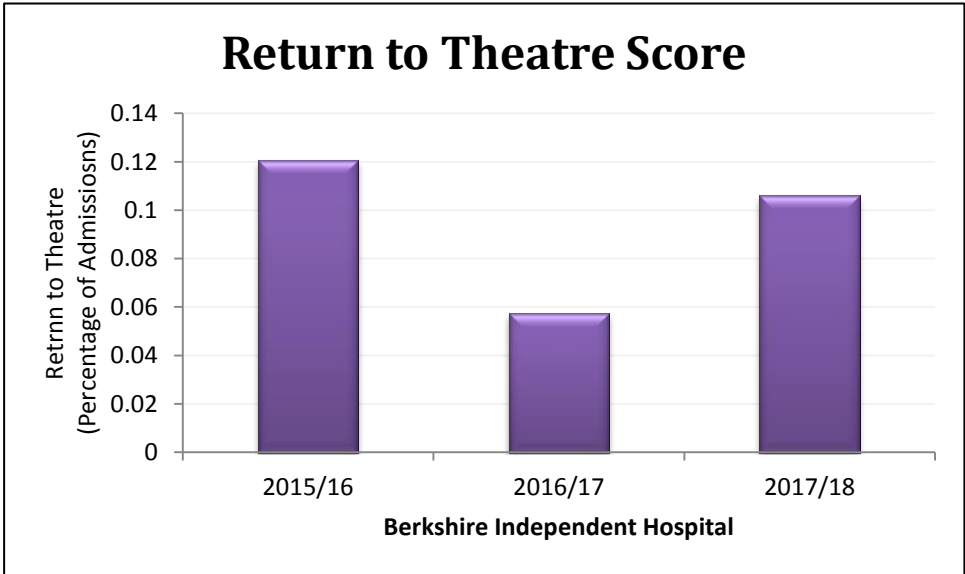
- The Berkshire Independent Hospital reports all incidents on our electronic risk management system 'Riskman' and are analysed by matron and our Clinical Governance, Health and Safety, Infection Prevention Control, and Medical Advisory Committees. This enables The Berkshire Independent Hospital to identify trends and areas of concern.
- The Berkshire Independent Hospital participates in CQUINs one of which was 'Patient Safety Incidents' which included further training for all staff relating to the reporting of incidents, the definition of harm and audits of incidents reported and actions taken with lessons learned being shared.

3.3 Clinical effectiveness

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

3.3.1 Return to theatre

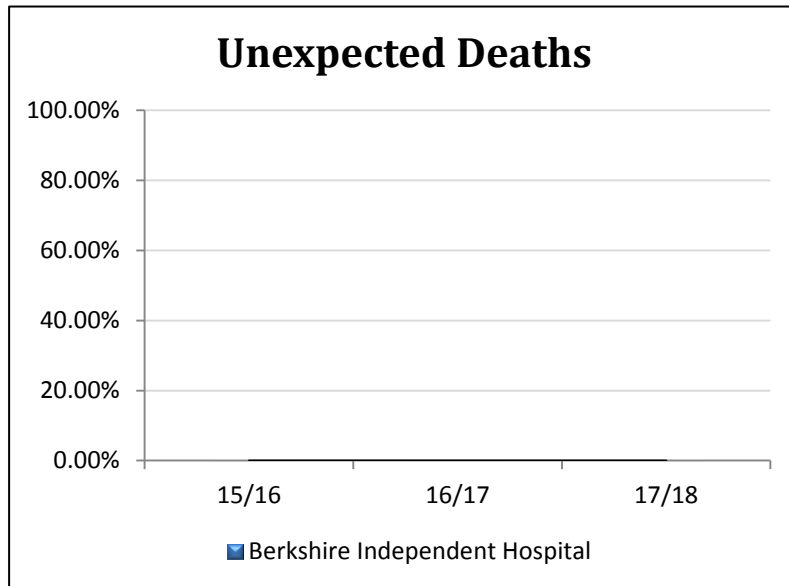
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



As can be seen in the above graph our returns to theatre rate has increased over the last year, although it remains low. This is due our ongoing focus on reporting and a result of our focus on recognition of a deteriorating patient in which staff have received increased training.

3.3.2 Learning from Deaths

The Berkshire Independent Hospital has not experienced any deaths in the reporting period.



3.3.3 Priority Clinical Standards for Seven Day Hospital Services

The Berkshire Independent Hospital is implementing the Seven Day Clinical Standards

1 Patient Experience

- The Berkshire Independent treats patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty at all times.
- Information appropriate to the patient's needs is provided using EIDO Information Leaflets, Ramsay Clinical Pathways and Policies and NICE Guidance.
- Patients are encouraged to provide feedback using the Friends and Family Test, the Ramsay survey 'We value your opinion' and the QA Satisfaction Survey.
- Patient feedback is displayed in patient facing areas.
- Patient feedback both positive and negative is reviewed and communicated to staff through our Clinical Governance Framework.

2 Time to first Consultant review

- All patients are assessed by a suitable consultant who initiates a diagnostic and treatment plan
- All patients have a National Early Warning Score established at the time of admission
- All patients admitted are reviewed by the Resident Medical Officer and by the consultant

3 MDT Review

- The Berkshire Independent Hospital provides services for elective admissions and emergency readmissions. Patient needs are assessed by a multi-disciplinary team who implement their care pathways. Patients with complex needs are directed to an appropriate facility by the responsible Consultant

4 Shift Handovers

- Shift handovers take place on the ward at the start and end of each shift across seven days a week
- Shift handovers involve multi-professional participation including nursing staff, the Resident Medical Officer, the Physiotherapist and Matron

5 Diagnostics

- The Berkshire Independent Hospital provides seven-day access to:
Radiology – There is an on call Radiographer available 24/7
Microbiology -
- The Berkshire Independent Hospital provides five day access to Ultrasound and MRI.
- The Berkshire Independent has a formally agreed networked arrangement with the local trust to access diagnostics which are not available on site seven days a week
- The Berkshire Independent Hospital has a formally agreed networked arrangement with The Doctors Laboratory to access pathology services which are not available on site seven days a week
- The Berkshire Independent Hospital has a formally agreed networked arrangement with the local trust to access microbiology services which are not available on site seven days a week

6 Intervention/Key Services

- The Berkshire Independent Hospital provides timely 24 hour access, seven days a week to key consultant directed interventions that meet the relevant specialty guidelines either on-site or through formally agreed networked arrangements with the local trust.

7 Mental Health

- The Berkshire Independent Hospital does not provide a mental health service.

8 Ongoing review

- The Berkshire Independent Hospital does not provide a High Dependency Unit service.

9 Transfer to community, primary and social care

- The Berkshire Independent Hospital provides access to appropriate senior clinical expertise is available via phone call
- The Berkshire Independent Hospital reviews discharge requirements prior to admission to optimise the patient pathway and outcomes.

10 Quality Improvement

- The Berkshire Independent Hospital is committed to care quality improvement which is driven through our Clinical Governance Framework.
- Review of patient outcomes focuses on the three pillars of quality care: patient experience, patient safety and clinical effectiveness.

3.4 Patient experience

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

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

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

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

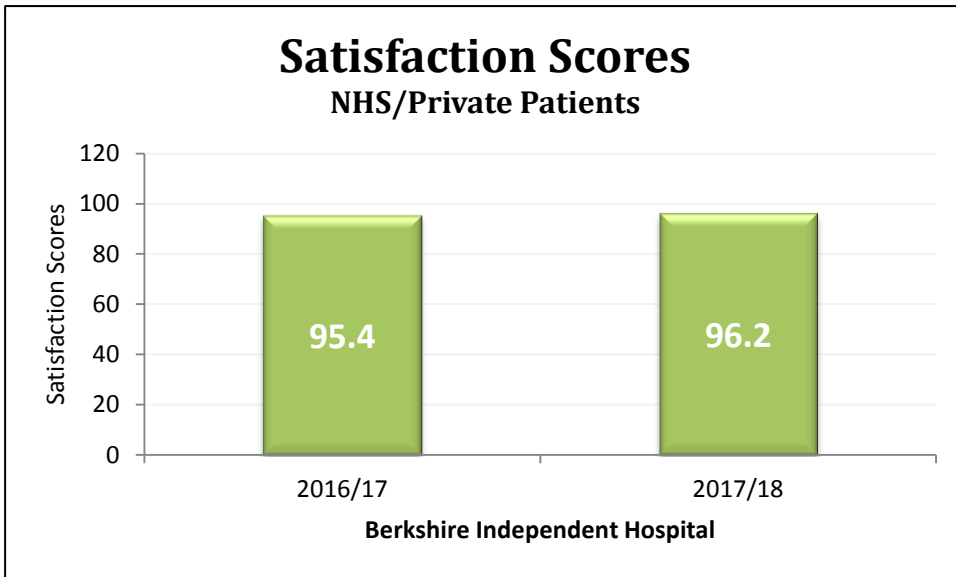
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received of a patient making a comment on their web survey
- 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
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. This is due to our focus on patient feedback and by increasing staff awareness on patient feedback by displaying feedback in staff areas. We will continue to monitor all responses and adapt processes in place to ensure our patient's expectations are met.

Services covered by this quality account

Regulated Activities – Berkshire Independent Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Allergy Testing, Cosmetics, Dermatology, Dietetics, ENT, Gastroenterology, Geriatric Medicine, General Surgery, Medico Legal, Neurology, Orthopaedics, Psychology, Psychiatry, Physiotherapy, Rheumatology, Sports Medicine, Urology, Women's Health Outreach Wokingham Medical Centre Private GP service	All adults over 18 years. Outreach clinic consultation only
Surgical Procedures	Bariatric Surgery, Colorectal, Cosmetics, Dermatological, Endoscopy, Ear Nose and Throat, (ENT), General Surgery, Gynaecological, Maxillofacial / Oral Surgery, Ophthalmic, Orthopaedic, Plastic Surgery, Pain Management, Spinal Surgery, Upper GI Surgery, Urology, Ambulatory, Day and Inpatient Surgery	All adults excluding the following: <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 ventilator 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	Clinical Chemistry, Cytology and Histopathology, Diagnostic Radiology, GI Physiology, Haematology, Microbiology, MRI, Phlebotomy, Transfusion, Ultrasound, Urinary Screening and Specimen collection, Urological Screening	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. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Audit Programme v10.0 2017/18 Hospital Name: _____ 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	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Patient Journey	Patie Journey	→	→	→	→	→	→	→	→	→	→	→
Ward	Ward Operational	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD M Rec	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD Operational	→	→	→	→	→	→	→	→	→	→	→
Controlled Drugs			Control Drugs		Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs	Controlled Drugs
Prescribing / Medicines Management				Medicine Management	Prescribing	Prescribing	Prescribing	Prescribing	Prescribing	Medicine Management	Prescribing	Prescribing
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure
Medicine Medical Records	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs
Medicine Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose
Radiology	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Radiology	Operational	→	→	→	→	→	→	→	→	→	→	→
Radiology - MRI / NRR		MRI Report	NRR		MRI Report			MRI Report	NRR		MRI Report	
Radiology - CT		CT Report			CT Report			CT Report			CT Report	
Physiotherapy	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Physiotherapy	Operational	→	→	→	→	→	→	→	→	→	→	→
TSSU	Operational	→	→	→	→	→	→	→	→	→	→	→
Decontamination	TSSU	→	→	→	→	→	→	→	→	→	→	→
Decontamination	Endoscopy	→	→	→	→	→	→	→	→	→	→	→
Theatre	Operational	→	→	→	→	→	→	→	→	→	→	→
Theatre	Observation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Infect Control	→	→	→	→	→	→	→	→	→	→	→
IPC - CVCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Hand Hygiene	→	→	→	→	→	→	→	→	→	→	→
IPC - Hand Hygiene Action			Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action
IPC - Environmental	Environ	→	→	→	→	→	→	→	→	→	→	→
IPC - Cleaning Schedules	Clean Sched	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Compliance	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Autologus	→	→	→	→	→	→	→	→	→	→	→
Bariatric Services (if applicable)	Bariatric Services	→	→	→	→	→	→	→	→	→	→	→
Childrens Services (if applicable)	Childrens Services	→	→	→	→	→	→	→	→	→	→	→

Traffic light score

	Green	95%*
	Amber	70% - 94%
	Red	69% and under

* or above previous audit score if 95% or more, or s

The Berkshire Independent 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.

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