

Rowley Hall and Beacon Park Hospitals

Quality Account
2022/23



Contents

Welcome to Ramsay Health Care UK		4
Introduction to our Quality Account		6
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	7
1.2	Hospital accountability statement	10
PART 2		
2.1	Priorities for Improvement	13
2.1.1	Review of clinical priorities 2021/22 (looking back)	13
2.1.2	Clinical Priorities for 2022/23 (looking forward)	14
2.2	Mandatory statements relating to the quality of NHS services provided	15
2.2.1	Review of Services	15
2.2.2	Participation in Clinical Audit	17
2.2.3	Participation in Research	18
2.2.4	Goals agreed with Commissioners	18
2.2.5	Statement from the Care Quality Commission	18
2.2.6	Statement on Data Quality	20
2.2.7	Stakeholders' views on 2021/22 Quality Accounts	21
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	26
3.2	Patient Safety	32
3.3	Clinical Effectiveness	38
3.4	Patient Experience	42
Appendix 1 – Services Covered by this Quality Account		45
Appendix 2 – Clinical Audits		47
Appendix 3 – Glossary		54

Welcome to Ramsay Health Care UK

Rowley Hall and Beacon Park Hospitals are part of the Ramsay Health Care Group

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

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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 teamwork is the central foundation in meeting the expectations of our patients.

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Sarah Rush

Hospital Director

As the Hospital Director of Rowley Hall and Beacon Park Hospitals, I am passionate about ensuring that we deliver consistently high standards of care to all our patients.

Our Vision.

“As a committed team of professional individuals, we aim to maintain high standards of services with patient care remaining our focus for everything we do.”

Rowley Hall Hospital has been supporting the local health care since 1987. Beacon Park Hospital opened in May 2020 and has already offered valuable support for day case patients. The Hospitals offer a range of services to private and NHS patients, ensuring that patient care is at the centre of what we do. This is delivered through a commitment to teamwork and professionalism between all parties.

Our Quality Accounts details the actions that we have taken over the past year in order to ensure that our high standards in delivering patient care are maintained and for those areas where we have identified where we can improve, we have implemented changes to our processes in order to be able to deliver the required improvements to the delivery of our patient care.

It has been a challenging year for Rowley Hall and Beacon Park hospitals as we navigated through the ongoing issues that COVID presented. When the COVID pandemic hit in March 2020 the Hospitals formed part of the NHS contract for provision of care and was effectively taken over by the NHS for the delivery and treatment of urgent care NHS patients. This contract ran from 26 March 2020 until 31 March 2021.

The teams at The Hospitals, have worked incredibly hard over the past 12 months to ensure the strong flow of patients through the hospital, in the aftermath of the COVID pandemic. This has been to support the long waiting patients in the NHS and to support the long waiters on our own patient waiting lists.

The Hospital were inspected in March 2023 I am pleased to say we were rated as 'GOOD' in all domains across both Hospitals. This was a pleasing outcome for the Hospitals and well deserved. An action plan following publication of the report has been put together and remains a focus point for the SLT to ensure the standards are maintained with a focus on achieving 'outstanding' with the next inspection. This action plan is continuously reviewed and revisited in line with the CQC regulations in order to ensure that CQC compliance is at the forefront of care delivery at The Hospitals.

Our Quality Account has been produced to provide information about how we monitor and evaluate the quality of the services that we deliver throughout both Hospitals. We hope to be able to share with the reader our progressive achievements that have taken place over the past year. The Hospitals have a very strong track record as a safe and responsible provider of Inpatient and Day Case services, and we are proud to share our results.

At Rowley Hall and Beacon Park Hospitals we believe that each member of staff plays a part in the success of the unit. We have a training and education plan which involves all members of our administrative and clinical teams.

Our Quality Accounts have been developed with the involvement of our staff who have very much involved with developing a systems approach to risk management which focuses on making every effort to reduce the likelihood and consequence of an adverse event or outcome associated with treatment of a patient.

To ensure a coordinated approach to the delivery of care for patients and to monitor the adherence to professional standards and legislative requirements the Clinical Effectiveness Committee/Clinical Governance and Medical Advisory Committee meet on a quarterly basis to review the clinical and safety performance of The Hospitals. These committees have reviewed and commented on the details within these Quality Accounts.

The quality accounts give all parties and providers access to quality activities and patient treatment outcomes at Rowley Hall and Beacon Park Hospitals. If you would like to comment or provide me with feedback, then please feel free to contact me on the following number or via email.

01785 223203 or sarah.rush@ramsayhealth.co.uk

A handwritten signature in blue ink, appearing to read 'Sarah Rush', is positioned above the printed name.

Hospital Director

Rowley Hall and Beacon Park Hospitals

1.2 Hospital Accountability Statement

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

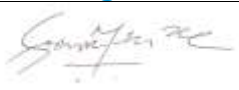

Mrs Sarah Rush

Hospital Director

Rowley Hall and Beacon Park Hospitals

Ramsay Health Care UK

This report has been reviewed and approved by:

Reviewed By	Representing	E Signature
Mr Sabur Malek	MAC Committee (Chair)	
Mr Robin Rees	Clinical Governance Committee (Chair)	

For Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

Peter Axon	Interim Chief Executive
Heather Johnstone	Chief Nursing & Therapies Officer

Welcome to Rowley Hall and Beacon Park Hospitals

Rowley Hall Hospital is situated in the centre of Stafford with easy access to public transport.

The main hospital is housed in a listed building, with a smaller building adjacent to the rear car park which houses our administration team and physiotherapy service.

Beacon Park Hospital opened in May 2020 and is situated 3 miles from Rowley Hall Hospital. This is a dedicated day surgery facility and provides the following services: endoscopy, ophthalmology, pain management, gynaecology, urology, podiatry and foot and ankle procedures and hand surgery along with some outpatient and pre-operative assessment services.

Our Services

Rowley Hall Hospital has two operating theatres both with laminar flow and 11 inpatient bedrooms (13 overnight beds) with en-suite facilities, and a 10 bay Day Surgery Unit.

Beacon Park offers the facility to support and treat patients in a stand-alone unit safely within the two pre assessment rooms, three outpatient's clinic rooms (one being dedicated to ophthalmology) a laminar flow treatment room along with 1 laminar flow operating theatre and 6-day case pods.

Our staff teams have been carefully selected for their friendly and caring approach as well as their efficiency and professionalism. A resident doctor is available 24 hours a day at Rowley Hall and between the hours of 8am-8pm at Beacon Park Hospital.

Rowley Hall Hospital was established in 1987 and has seen a steady growth in its development since this time.

The first floor houses our outpatient service, including X-ray and consists of 6 consulting rooms, 2 pre assessment rooms and a treatment room.

The "Old Schoolhouse" houses our physiotherapy department including a gym and 4 consulting rooms. Our HR, bookings team, medical records and Business office are also located in this area.

We also provide physiotherapy clinics working with our partners at Stafford Rugby Club and use their rooms and gym facility to further enhance care for our patients.

Rowley Hall Hospital provides a comprehensive range of services. These include.

- General Surgery,
- Urology,
- Spinal,
- Orthopaedic,
- Cosmetic services
- Ophthalmology,
- Gynaecology,

The Hospital has mobile CT and MRI service, which is offered to self-funded, insured and NHS funded patients. We offer a direct access service for both MRI service and CT for NHS patients referred by their GP.

Our Staffing

To ensure that patients are at the centre of everything we do and receive the highest standard of care, we have 88 dedicated Consultants, working alongside 190 permanent staff and are able to access 50 bank staff including nursing, radiology, physiotherapy, supported by administration, housekeeping, and maintenance and catering staff.

Our senior leadership team consists of the Hospital Director, Head of Clinical Services, Operations Manager and Finance Manager. Our senior leadership teamwork across both Rowley Hall and Beacon Park, to ensure visibility and support is consistent across both our sites.

Each area within the hospitals is led by a Head of Department and Leads who are a mixture of clinical and non-clinical staff. This ensures there is always consistent, knowledgeable management available across sites.

NHS Partners and GP Communication

At Rowley Hall Hospital we work closely with our colleagues at the Integrated Care Board and local NHS Trust to ensure our services meet the needs of the patients we serve, including shared services such as: pathology, pharmacy, and some diagnostic services.

We also work in partnership with our local GP's, supporting them with educational opportunities by organising specialist training sessions with the help of our consultant body. At Rowley Hall Hospital we feel it is important to maintain excellent links with local GP's and work together for the benefit of all our patients. We have a dedicated GP liaison officer to foster these links and relationships and provide support to GP practices, with access to specialist Advice and Guidance.

We also offer our services to support the University Hospital of North Midlands.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, Rowley Hall and Beacon Park Hospitals develop an operational plan to set objectives for the year ahead.

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

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

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

Priorities for improvement

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

Last year's clinical priorities were as follows:

Patient Safety

PROMS- This was partially achieved. There was a move to ePROMS within the reporting period, which is an electronic data capture which replaced the paper-based PROMS for hips and knees. This has taken a period to embed, and work is ongoing to ensure that every opportunity to capture the data is utilised. The cataract PROMS requires further attention over the coming year, as the goal was not achieved over the previous year. It is likely that additional PROMS will move over to the ePROMS system during 2023.

Clinical Effectiveness

Embedding Tendable audit system was one of our clinical priorities over the last year. The system is now embedded and the number of staff who have registered on the system to complete the audits electronically has increased significantly.

A new governance team was established during 2022 and one of their priority areas has been to monitor and improve audit compliance at Rowley Hall and Beacon Park.

The focus is now shifting to support action planning on Tendable over the coming months.

Staff Health & Well Being

A number of positive initiatives to support staff wellbeing are now fully embedded into the hospital's culture and practice and the focus is on moving forward and continuing to improve the support available to our staff teams.

Further mental Health First Aider training has been made available and all initiatives launched have continued to develop.

The exception to this would be the "You said, We did" initiative, which didn't continue as was hoped. The focus is currently to look to the staff to identify what would work for them and to move this forward. Listening to our staff is key.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

In addition to the ongoing initiatives mentioned above, there are a range of initiatives which will be our clinical focus moving forward. These are all linked to improvement of services and patient safety.

Patient Safety

Improvement of VTE Management Compliance:

- Aim to achieve above 95% compliance with completion of VTE assessment.
- Training and education of all relevant staff.
- VTE audit completion and sharing of outcomes and actions.
- Sharing of data from VTE weekly and monthly compliance reports.
- Awareness of updated policy and Maxim's alerts on the system.

Clinical Effectiveness

Tenable

- Training and support to be provided to staff regarding action planning.
- Raise staff awareness of regular training events provided by the corporate clinical team.
- To look at potential audit link nurses in each department.
- Ongoing monitoring of outstanding/completed actions via governance processes.

PROMS/ePROMS

- To revisit PROMS/ePROMS aims and objectives with staff.
- Redevelop the process for cataract PROMS.
- Support and training to be provided to all relevant staff including Consultants to attain improved response.
- Sharing of feedback from PROMS/ePROMS report to assess and share progress.

Drive on Endoscopy Service to attain JAG accreditation.

- Set up a project group.
- Appoint a clinical lead for Endoscopy.
- Appoint a lead clinician to Endoscopy.
- Work to achieve JAG accreditation.

Patient Experience

Patient Forum

- Initial work commenced in 2022 towards establishing a patient forum for Rowley Hall and Beacon Park Hospitals.
- In 2023 we hope to get the forum established and supporting our teams to drive improvement.

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 2022/23 Rowley Hall and Beacon Park Hospital provided and/or subcontracted 48,440 NHS services.

Rowley Hall and Beacon Park Hospital has reviewed all the data available to them on the quality of care in all 48,440 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 74% per cent of the total income generated from the provision of NHS services by Rowley Hall and Beacon Park Hospital for 1 April 2022 to 31st March 2023

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

In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

HUMAN RESOURCES	
Staff Cost % Net Revenue	Rowley Hall Hospital = 31.09%. Beacon Park Hospital = 19.95%
HCA Hours as % of Total Nursing	Rowley Hall = 50.9% Beacon Park = 57.39%
Agency Cost as % of Total Staff Cost	Rowley Hall = 10.07% Beacon Park Hospital = 0.32%
Ward Hours PPD	Rowley Hall =5.97 Beacon Park = 0.38
% Staff Turnover	Rowley Hall = 21.2% Beacon Park = 13.2%
% Sickness	Rowley Hall= 9.12% Beacon Park =5.99%
% Lost Time	Rowley Hall = 26.10% Beacon Park = 16.90%
Appraisal %	Rowley Hall = 91%. Beacon Park = 88%
Mandatory Training %	86%
LearnSpace Training	95%
Staff Satisfaction Score	Participation rate = 60%. Results not provided as a %.
Number of Significant Staff Injuries	1

PATIENT	
Formal Complaints per 1000 HPD's	Beacon Park Hospital = 0.29. Rowley Hall = 0.89
Patient Satisfaction Score	Beacon Park Hospital= 94.1 %. Rowley Hall = 95.7%
Significant Clinical Events per 1000 Admissions	Beacon Park Hospital = 0.05. Rowley Hall Hospital = 0.17.
Readmission	0.18% per 100 discharges.

QUALITY	
Workplace Health & Safety Score	Beacon Park Hospital = 92.9%. Rowley Hall Hospital = 94.4%
Infection Control Audit Score- IPC Governance and assurance:	Rowley Hall = 92%. Beacon Park = 88.9%

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Rowley Hall and Beacon Park Hospital participated in 3 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits which Rowley Hall and Beacon Park Hospital participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, 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.



NHS-England-Quality-Accounts-List-202

Count	Project name (A-Z)	Provider organisation
7	Elective Surgery (National PROMs Programme)	NHS Digital
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership

Local Audits

The reports of 486 national clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and Rowley Hall and Beacon Park Hospital intend to take the following actions to improve the quality of healthcare provided. This reflects a significant increase on audits completed since the last annual report. These have included.

- Sharing of all Departmental Cleaning audits with the Operations Manager and Head of Housekeeping for action, in order to improve hygiene and give rapid response to any concerns highlighted.
- Additional theatre audits completed, over and above the Tendable schedule in order to drive improvement around theatre processes.
- Regular monitoring of audit progress by the Governance team which was established in 2022. This has improved the compliance rates.

2.2.3 Participation in Research

There were no patients recruited during 2022/23 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 Rowley Hall and Beacon Park Hospital's income in from 1 April 2022 to 31st March 2023 was conditional on achieving quality improvement and innovation goals agreed Rowley Hall and Beacon Park 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)

Rowley Hall and Beacon Park Hospitals are required to register with the Care Quality Commission and their current registration status on 31st March is registered without conditions.

Rowley Hall and Beacon Park Hospitals have not participated in any special reviews or investigations by the CQC during the reporting period.

CQC have recently inspected both Beacon Park and Rowley Hall Hospitals. The Inspection reports were published on 6/4/2023. Both sites were rated a Good overall, with Good in all domains.

The reports are embedded below.



6708603f-3e3e-4c13-
bbd9-95b0814148cc.f



b247137b-645e-4f30-
8ec2-e95c0e7cac3e.pr

2.2.6 Data Quality

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

The annual audit program reviews the quality of our data via clinical systems. Review of the outcomes of audits is completed predominantly via the Quality Governance committee with reporting by exception into other relevant committees, such as MAC, SLT, Departmental meetings and Health and Safety Committee.

Data quality is also a feature of any investigation and where an issue is identified, action is taken, and learning shared with all relevant teams.

The overall aim is to continually improve the quality of our data in order that the data can be used to inform improvement and development of our services, to ensure optimum outcomes for our patients.

Rowley Hall and Beacon Park Hospital will be taking the following actions to improve data quality.

- To continue to improve data collection via PROMS/ePROMS and to utilise the reporting mechanisms within the programme to identify opportunities to improve the volume and quality of data.
- To utilise NJR data quality audit results to support improvement in data collection.
- To complete all records/data related audits as per the Tenable schedule and to act upon the findings to support continual improvement.

NHS Number and General Medical Practice Code Validity

The patient's valid NHS number:

- 96.6% for admitted patient care.
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 96.6% for admitted patient care.
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Both Rowley Hall and Beacon Park Hospitals recorded status was *Standards Met* on the toolkits published on 30/6/2022.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Midland	Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
	Rowley Hall	Sept 22	98.3%	95.5%	100%	98.3%

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as of September 2020*

Rowley Hall and Beacon Park was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

2.2.7 Stakeholders views on 2021/22 Quality Account

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) Statement

Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account 2022/2023.

The quality assurance framework that the ICB use reviews information on quality, safety, patient experience, outcomes, and performance in line with national and local contractual requirements. The ICBs Quality team representatives met with the Hospital leaders on a regular basis to identify early warning signs of emerging issues or impacts. Throughout 2022/23 the ICB have worked closely with the Senior Leadership Team including working collaboratively to demonstrate improvement in the implementation of surgical safety processes, increased associated audit reporting and undertaken three ICB led, announced focused, quality assurance visits.

The ICB would like to acknowledge that Rowley Hall and Beacon Park Hospitals have had a challenging year with increased demand on activity and performance reporting, much of which was suspended during the pandemic. There have also been significant changes to the senior leadership team and the ICB have stated to develop effective open relationships and look forward to this growing.

The ICB believe that account accurately reflects key quality improvements that have taken place over the past twelve months. Of particular note:

- The ICB congratulate Rowley Hall following their CQC inspection in February 2023. Both Beacon Park and Rowley Hall Hospitals were inspected. The CQC rated Rowley Hall and Beacon Park Hospitals as Good overall, with Good in all domains.
- A new governance team was established during 2022 and one of their priority areas has been to monitor and improve audit compliance at Rowley Hall and Beacon Park. This has been noted by the ICB who has seen significant improvement in the quality and detail in the governance and quality reports.
- Significant progress has been seen in embedding the Tendable audit system. This was one of Rowley Halls key clinical priorities for 2022. The system has been well embedded and the ICB has been provided with regular detailed surgical safety audits during 2022/23.
- The ICB note continued progress in the focus on staff health and well-being with further mental health first aiders being made available.

The ICB welcomes the Hospitals five priorities for 2023/24 and notes that their focus is appropriate to what has previously been previously identified to the ICB as local clinical priorities. The ICB particularly welcome the focus on:

- To establish patient forums and using patient experience to help drive future improvements.
- Improvement of Venous thromboembolism (VTE) Management Compliance.
- To attain Joint Advisory Group (JAG) accreditation for the Endoscopy Unit.
- The continued focus on clinical Tendable audit.

The ICB also note that the Hospital has appointed a new Infection Prevention and Control (IPC) nurse who will be leading on the IPC agenda in all departments.

The ICB wishes to state that to the best of their knowledge, the data and information contained within the quality account is accurate. We are committed to continuing to engage with the Hospitals in an inclusive and innovative manner and hope to continue to build on these relationships with the new Senior Leadership Team as we move forward into 2023/24. We would like to take this opportunity to thank all the Hospitals staff for their continued hard work, commitment, and innovation as they treat and care for patients/service users.

PETER AXON

Interim Chief Executive

HEATHER JOHNSTONE

Chief Nursing & Therapies Officer

Part 3: Review of quality performance 2021/22

Statements of quality delivery

Head of Clinical Services (Matron), Rowley Hall and Beacon Park Hospitals

Review of quality performance 1st April 2022 - 31st March 2023

Joining this team in February this year I have realised over the past year how much the teams have sought to improve our performance and activity across both sites, even with daily challenges they have faced. Our employees have still continued to work exceptionally hard and have thrived to deliver high standards of care.

Recruitment has certainly been a challenge here at Rowley Hall and Beacon Park. Time and investment will continue to go into our recruitment and retention processes moving forward. It has been and will continue to be a key objective. Some positive appointments have been made including a Theatre manager and an IPC nurse. We continue to attempt to attract nurses to join our teams through recruitment campaigns. International Recruitment has recently been undertaken here and we are supporting these colleagues through their Objective Structured Clinical Examination (OSCE). We are developing strong partnerships with local universities to enable us to proactively attract students and newly qualified nurses to join our teams here at Beacon Park and Rowley Hall. Recruitment and Retention will certainly remain a priority on our agenda.

We have made some positive changes to our processes, to how we learn from incidents, and this has included changing our Governance processes to strengthen our communication and to share learning. This has been received well and staff are feeling well informed.

There is a continuing focus on processes to mitigate risk to our patients and our employees from these challenges with robust frameworks and planning.

Following our independent reviews from ICB and CQC areas of improvement were identified. Actions identified were completed in a prompt and timely manner by all departments.

That leads me to shout up about our CQC overall rating.....

GOOD was achieved across all domains, across both sites. This offers the assurance that we are performing well and meeting the expectations.

With the challenges these teams have faced over the last 12 months with Vacancy factor and no Head of Clinical services in post for some time, I feel immensely proud of their achievements, for which they should be commended.

Improving quality is always going to be an overarching priority and we will continue to strive to develop future services to improve the quality and safety of patient care and patient outcomes. Patients are at the core of what we do here and always will be.

My key objectives as a new Head of Clinical Services are inclusive leadership, professional standards, and accountability. I will always work alongside my teams in order to achieve the best possible outcomes for our patients.



Katie Shaw- Head of Clinical Services

Ramsay Clinical Governance Framework 2022

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.

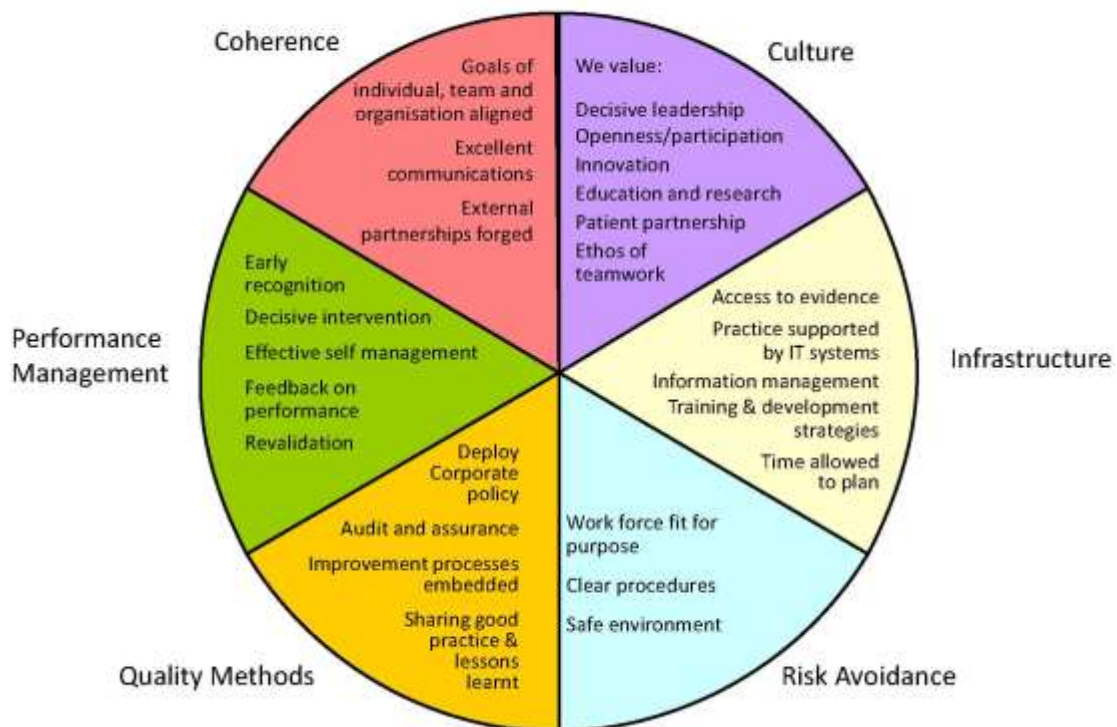
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

Beacon Park

Mortality:	Period	Best		Worst		Average		Period	Beacon Park	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC01	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC01	0.0000	

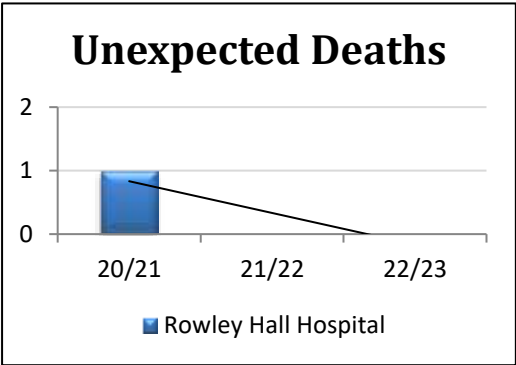
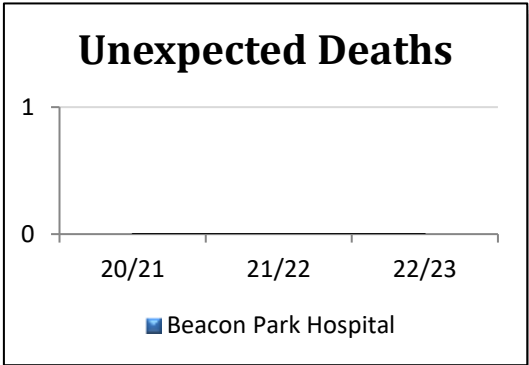
Rowley Hall

Mortality:	Period	Best		Worst		Average		Period	Rowley	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC17	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC17	0.0000	

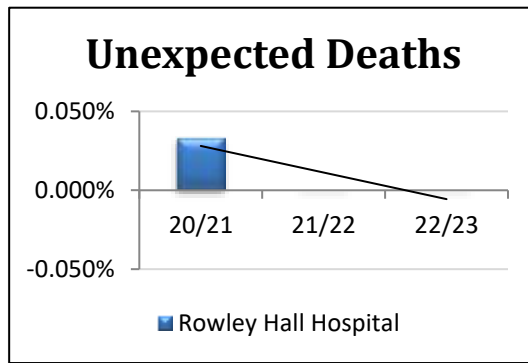
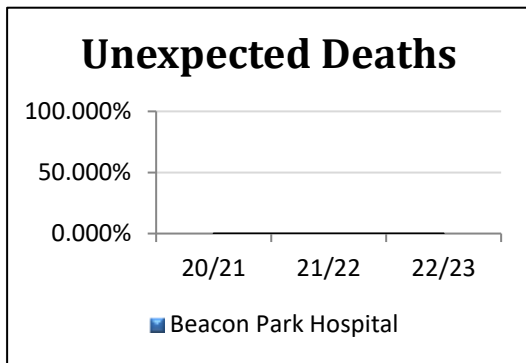
Rowley Hall and Beacon considers that this data is as described for the following reasons.

- There have been no deaths at Rowley Hall and Beacon Park Hospitals during the reporting period.
- This is the most recent data available.

The data below shows that there were no recorded deaths at either site over the past 2 years. This is better than the National Average.



Unexpected Deaths per 100 Discharges



National PROMS

Requirement is for ADJ. Health Gain. Oxford Hip Score - Primary Hip. Publication has been paused for 22/23

Rowley Hall

PROMS:	Period	Best	Worst	Average	Period	Rowley				
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC17	21.699
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC17	*

PROMS:	Period	Best	Worst	Average	Period	Rowley				
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC17	18.669
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC17	*

Rowley Hall and Beacon considers that this data is as described for the following reasons:

- PROMS data is monitored at a corporate level and reports provided to site. The reported data is in line with the reports provided.

Rowley Hall and Beacon Park Hospital is taking the following actions to improve the percentage compliance with PROMS.

- Implementation of ePROMS for hips and knees at Rowley Hall. This has included regular meetings and corporate level support to identify additional catch points for ePROMS and work is ongoing to embed this.
- Ongoing piece of work to capture PROMS for cataract procedures. This is being supported by the corporate team.
- Implementation of further electronic PROMS as they become available.
- Ongoing monitoring of compliance rates to demonstrate improved completion across the year.

Readmissions within 28 days

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

Beacon Park

Readmissions:	Period	Best		Worst		Average		Period	Beacon Park	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVCDI	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVCDI	0.00

Rowley Hall

Readmissions:	Period	Best		Worst		Average		Period	Rowley	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC17	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC17	0.00

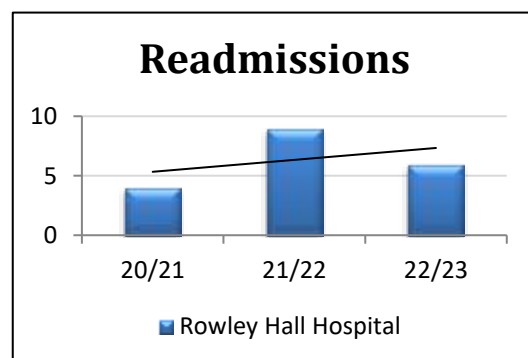
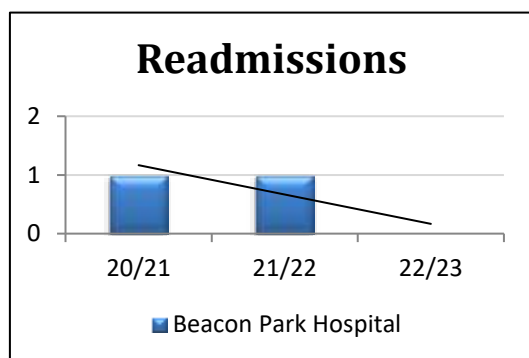
Rowley Hall and Beacon Park Hospital considers that this data is as described for the following reasons.

- This is the most current data available.

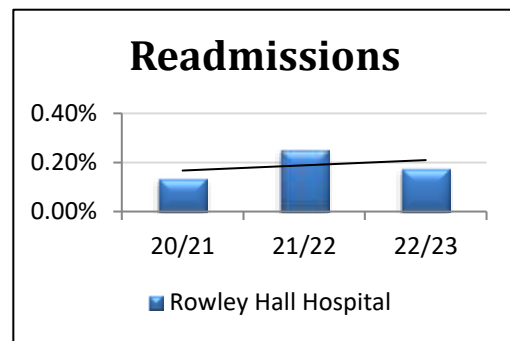
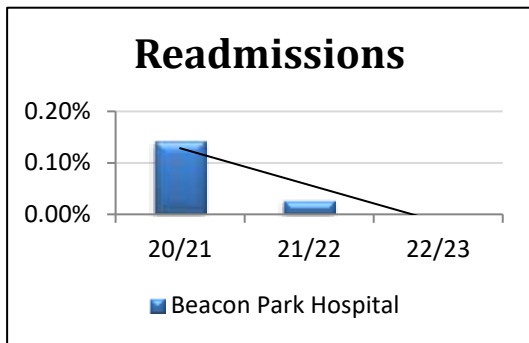
Rowley Hall and Beacon Park Hospital takes the following actions to improve our readmission rates and so the quality of its services, by.

- Readmissions reported on RiskMan (electronic incident reporting system), and review completed before closure of the incident, with any learning shared via the Governance Committee (CGC), Medical Advisory Committee (MAC) and cascaded to relevant departmental meeting.
- Reviewing readmissions as part of the Consultants annual performance review, to support reflection and learning from incidents.

Absolute Numbers

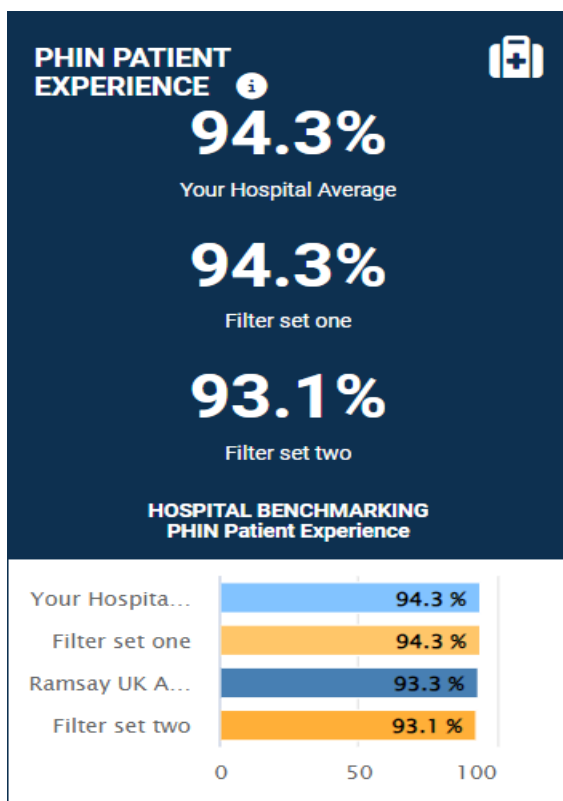


Rate per 100 discharges:



There were 0 readmissions at Beacon Park Hospital during 2022/23. As can be seen by the above tables, readmissions were reduced at both sites in comparison with the 2021/22 data.

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



Summary of PHIN Patient Experience performance

Export



Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period May 2022 - April 2023:

VTE Risk Assessment

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

Beacon Park

VTE Assessment:	Period		Best		Worst		Average		Beacon Park	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC01	N/A
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC01	N/A

Rowley Hall

VTE Assessment:	Period		Best		Worst		Average		Rowley	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC17	98.3%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC17	98.8%

Rowley Hall and Beacon Park Hospital considers that this data is as described for the following reasons.

- The most recent data has been provided.

Rowley Hall and Beacon Park Hospital has taken the following actions to ensure that compliance rates for VTE assessment are above 95%.

- A new VTE report has been launched which will report directly from the Maxim’s patient record system.
- VTE Compliance Data will be obtained via Launchpad to confirm that >95% of patients are VTE assessed.
- Data from the reports will be shared with all relevant clinical teams and Consultants in order to drive compliance.

- Compliance monitored via the Governance and MAC Committees.
- VTE RCA will be completed for any case where a patient develops a PE/DVT, and learning will be shared via the above-mentioned committees.

C Difficile Infection

Benchmarking Data as published up to 2021/22 as at 14/04/23.

Beacon Park

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Beacon Park	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC0I	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC0I	0.0

Rowley Hall

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Rowley	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC17	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC17	0.0

Rowley Hall and Beacon Park Hospital considers that this data is as described for the following reasons,

- There have been no C difficile infections at either site during the reporting period. The rates are better than the National average.

Rowley Hall and Beacon Park Hospitals has taken] the following actions to maintain the positive outcomes with regards to C Difficile infections, and so maintain the quality of its services.

- ICP policies are regularly reviewed in line with best practice and national guidance and implemented accordingly.
- The development and dissemination of the annual HCAI strategy.
- Mandatory requirement for staff training on Infection Prevention and Control
- Robust infection control audits and a strict cleaning schedule.

Patient Safety Incidents with Harm

No independent sector data, Ramsay data is from Riskman (Overall Sev 1)
Acute Non-Specialist Data From NRLS, England Average based on these sites only
for the period of October 2019 – March 2020

Beacon Park

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Beacon Park	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC01	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC01	0.00	

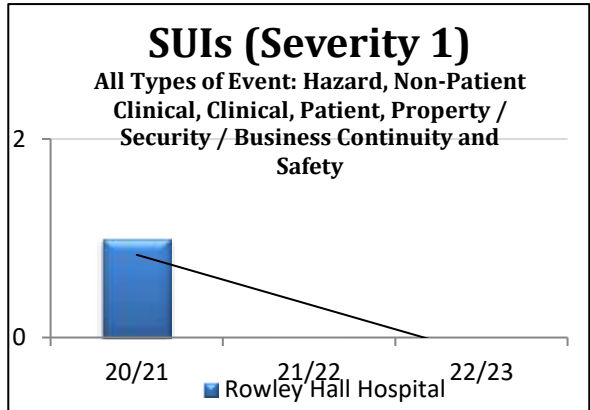
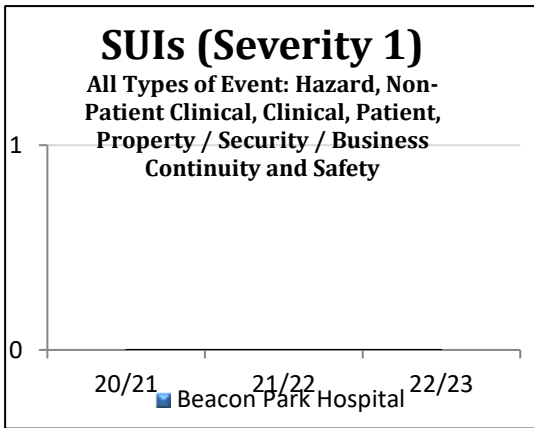
Rowley Hall

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Rowley	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC17	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC17	0.00	

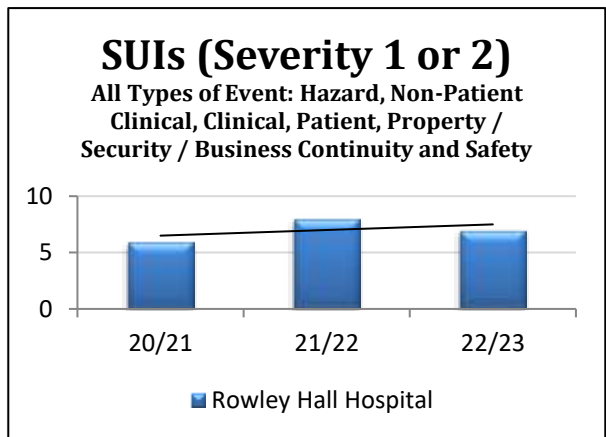
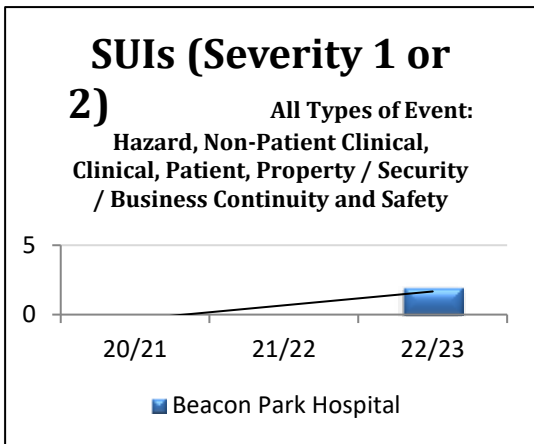
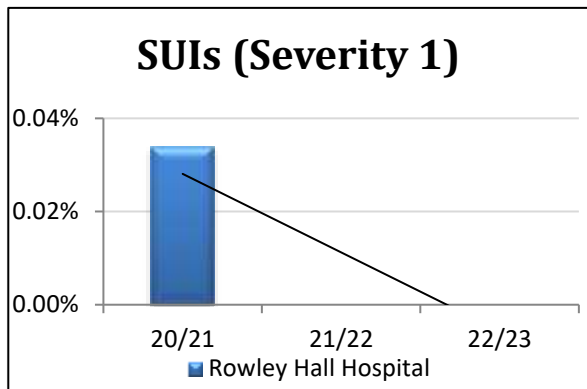
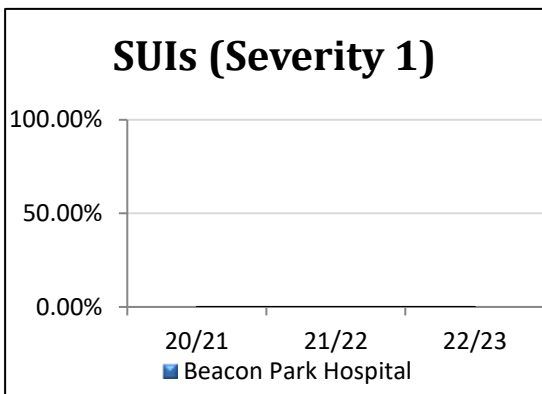
- **Rowley Hall and Beacon Park Hospital considers that this data is as described for the following reasons.**
- There have been no incidents reported at Severity 1 at either site during the reporting period.
- The RiskMan system reports incidents directly to the corporate Risk Management Team allowing for identification of trends and themes. No such incidents have been recorded at either site during the reporting period.

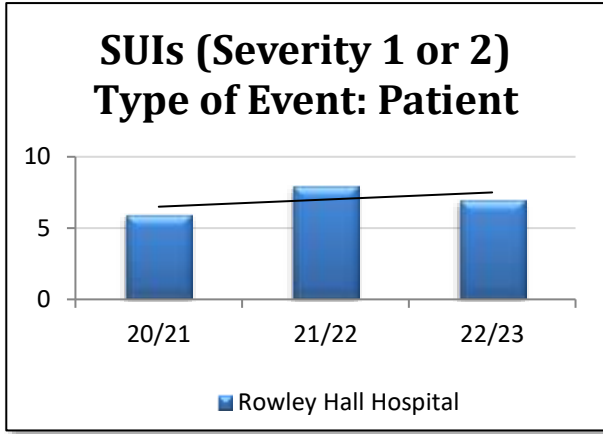
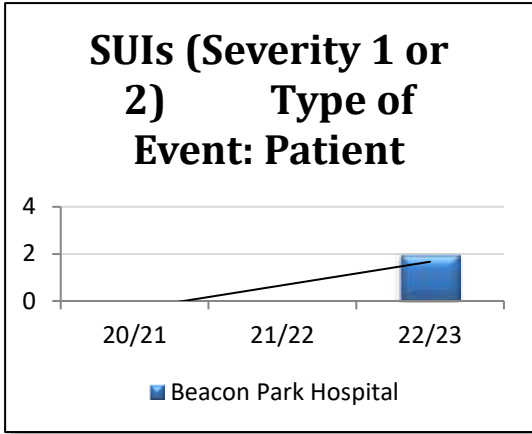
Rowley Hall & Beacon Park Hospitals has taken the following action to maintain this score and so the quality of its services by:

- Full oversight from the SLT on incidents and allocation of the appropriate person to complete investigations/RCAs to ensure open, honest, and transparent approach.
- Development of action plans in response to the findings of investigations with progress monitored via SLT, MAC and governance committees.
- The sharing of learning from incidents with all members of the staff team via the Governance and MAC Committees, Departmental meeting, debrief sessions supervision.
- Incident reporting will move over to the Radar system from RiskMan in Autumn 2023.



Rate per 100 discharges:





Serious untoward incidents are classified as severity 1, 2, 3 or 4. Severity 1 being the most serious and 4 being lowest level of harm.

The severity is based upon the impact of the incident, level of care needed, and any treatment required. This is entered into a matrix to establish the severity.

Friends and Family Test

Percentage Positive

Beacon Park

F&F Test:	Period	Best		Worst		Average		Period	Beacon Park	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC01	100.0%
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC01	N/A

Rowley Hall

F&F Test:	Period	Best		Worst		Average		Period	Rowley	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC17	*
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC17	95.8%

Rowley Hall and Beacon Park Hospital considers that this data is as described for the following reasons.

- The data is the most recent data available.
- There was an issue with uploading of F&F feedback at Beacon Park Hospital during the first period of 2023 which impacted on the availability of data.

Rowley Hall Hospital has taken the following actions to maintain this percentage and so the quality of its services by:

- The issue with uploading of responses from Beacon Park Hospital has been resolved, and the responses can now be seen on the reports.
- All patients are actively encouraged to participate in the survey in all areas.
- Regular review and analysis of feedback to identify trends and themes and identify opportunities for service development.
- Responsiveness to patient concerns identified through all feedback systems.
- Monitoring of feedback identified trends and opportunities via SLT, MAC and Governance committees and cascaded to staff.

3.2 Patient safety

We are a progressive hospital and committed to safe care, high standards and continual improvement in order to achieve optimum outcomes for our patients.

We aim to monitor and identify any areas of risk identified through a range of routes including incident investigation, patient feedback, and audit, and to take actions to manage and mitigate any risks.

3.2.1 Infection prevention and control

Rowley Hall and Beacon Park Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years at Rowley Hospital and since the opening of Beacon Park in 2020.

We comply with mandatory reporting of all alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery. Surgical site infection RCA is completed for all infections which are related to hip or knee surgery and learning is shared via the governance structures.

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.

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:

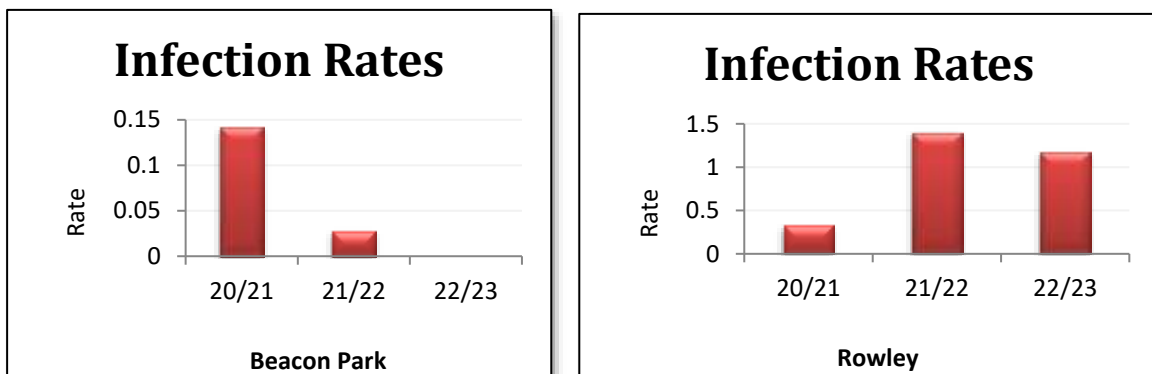
A newly appointed IPC nurse will be leading on the IPC agenda commencing 5/6/2023 supported by IPC links in every department. The agenda is driven via the Infection Prevention and Control meetings, which subsequently feed into the Quality Governance Committee.

The hospital is compliant with IPC audits in accordance with the annual Tendable audit schedule.

All infections are reported via the RiskMan incident reporting system and will move to the new RADAR system in Autumn 2023.

Monthly analysis of all confirmed infections is undertaken and reported into the monthly quality governance meetings. SSI RCA is completed where indicated and lessons learned shared, in order to continue the improvement in infection rates.

Infection Rates



As can be seen in the above graphs our infection rate has decreased over the last year at both sites.

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 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. Only Rowley Hall had a PLACE audit in 2022 – results below:

Domain	Rowley Hall Score %	National Average %
Cleanliness	99%	98.39%
Condition, Appearance and Maintenance	97.27%	97.57%
Food	93.80%	90.23%
Privacy, Dignity and Wellbeing	87.5%	91.38%

Overall, the scores compared favourably with the National average, although there are opportunities for improvement, particularly around the Privacy, Dignity and Wellbeing domain. We will utilise patient feedback from this and other sources, to work to improve this score over the coming months.

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.

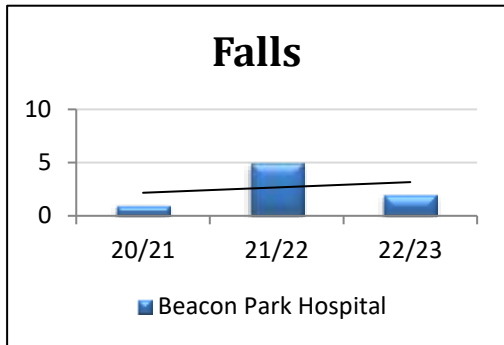
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls, 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.

There have been a number of safety initiatives undertaken at Rowley Hall Hospital within the last year including.

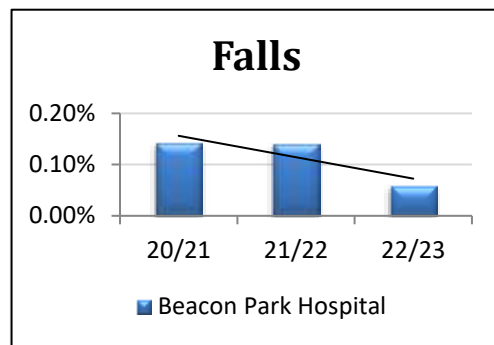
- Fire compartmentation upgrade across the attic and cellar areas.
- Resurfacing of all pavements
- New doors fitted in Theatre 1 and 2, the anaesthetic rooms in both theatres.
- White rock in both theatres.
- Reconfiguration of the theatre layout, including relocation of the male theatre changing room.
- Relocation of the nurse's station on the ward and relocation of the sluice.

There have been no major works at Beacon Park Hospital as this is a purpose-built development, only opened 3 years ago.

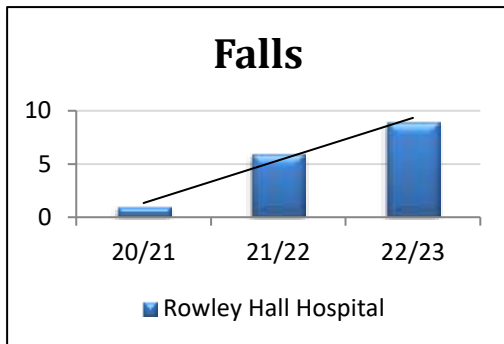
Falls – Actual



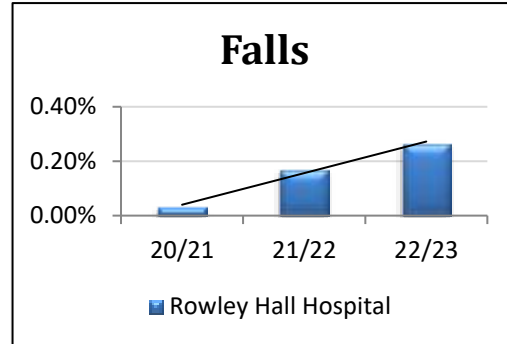
Falls rate per 100 discharges



Falls – Actual



Falls rate per 100 discharges



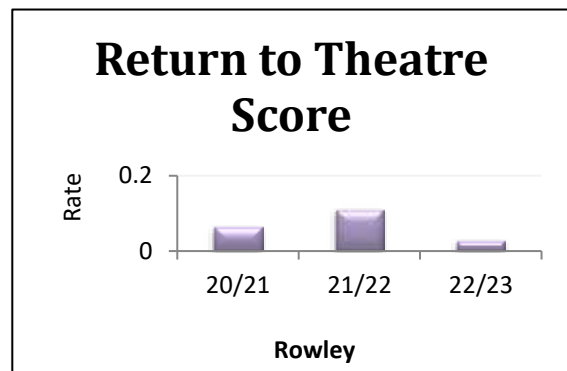
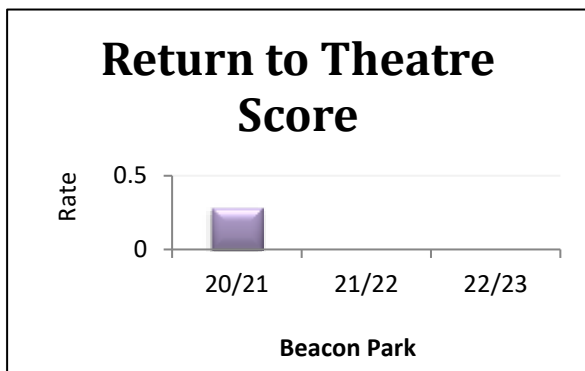
There was an increase in falls at Rowley Hall Hospital but a decrease at Beacon Park Hospital. Patients at Rowley Hall have generally had more complex procedures, for example hip or knee replacements, than the patients at Beacon Park, who have less complex, day case procedures. On analysis, there are no particular trends noted and although increased at Rowley Hall, still remain relatively low in number. The increase could also be attributed to an increased number of patient's being seen as there was an increase in admissions following the pandemic.

3.3 Clinical effectiveness

Rowley Hall and Beacon Park 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 trends 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

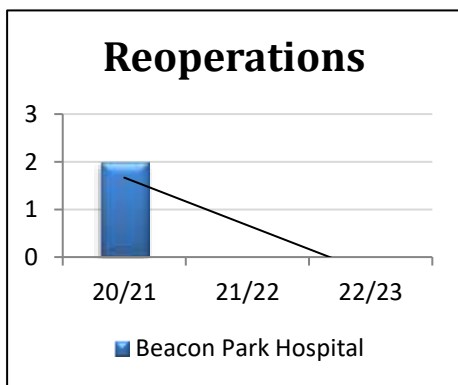
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



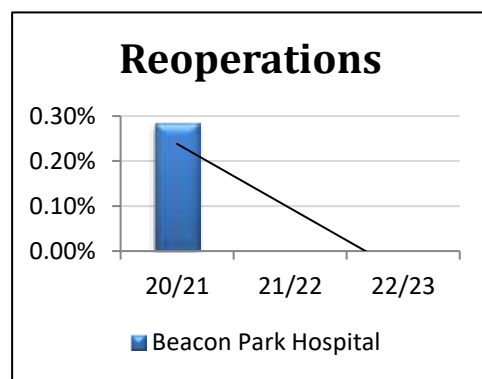
As can be seen in the above graph, at Rowley Hall our returns to theatre rate has decreased over the last year.

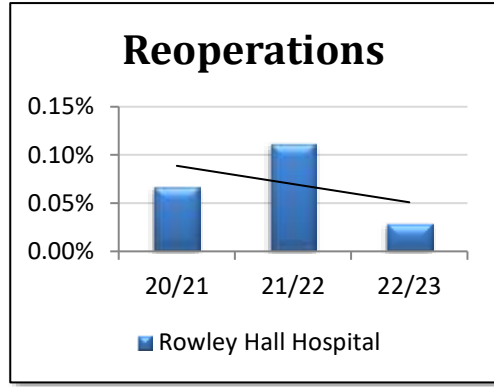
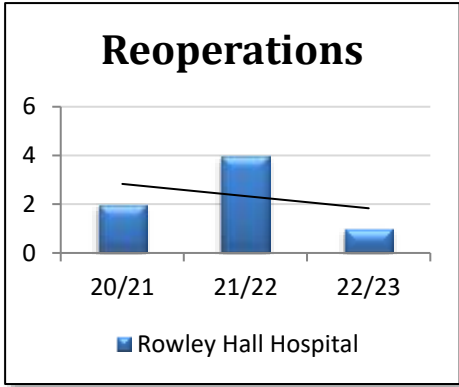
Our returns to theatre at Beacon Park Hospital were zero for the 2nd consecutive year.

Absolute numbers



Rate per 100 discharges:

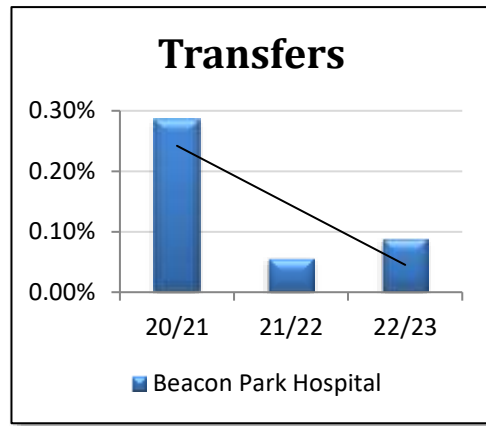
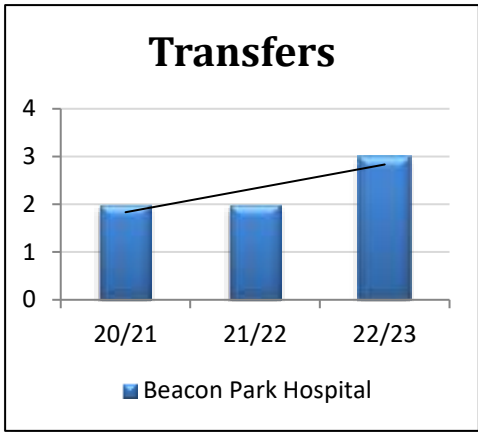




Transfers

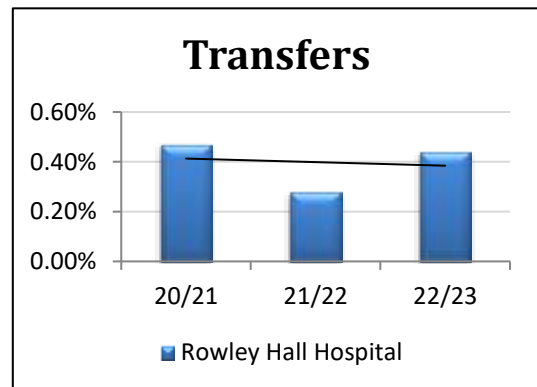
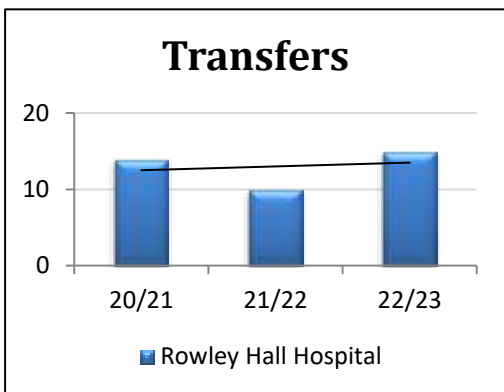
Absolute numbers

Rate per 100 discharges:



Absolute numbers

Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been no deaths at either Rowley Hall or Beacon Park Hospital within the 2022/2023 reporting period.

3.3.3 Staff Who Speak up.

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

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

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

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

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

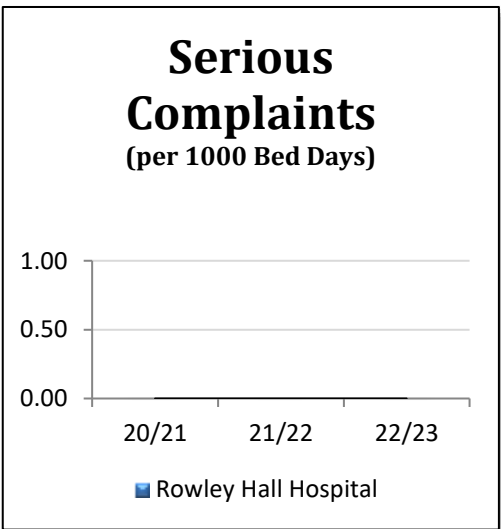
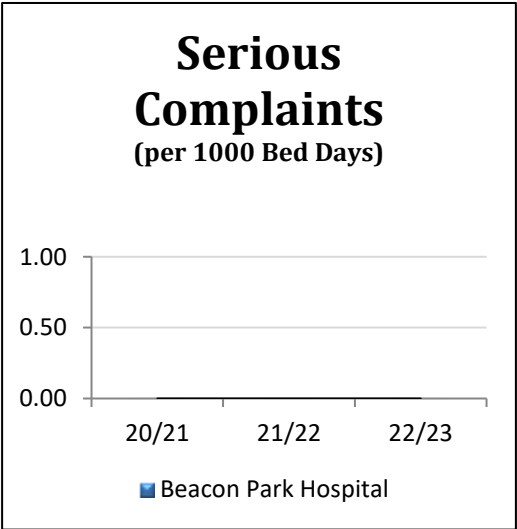
3.4 Patient experience

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

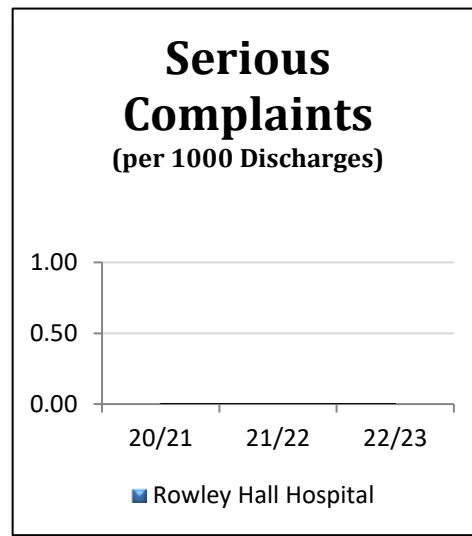
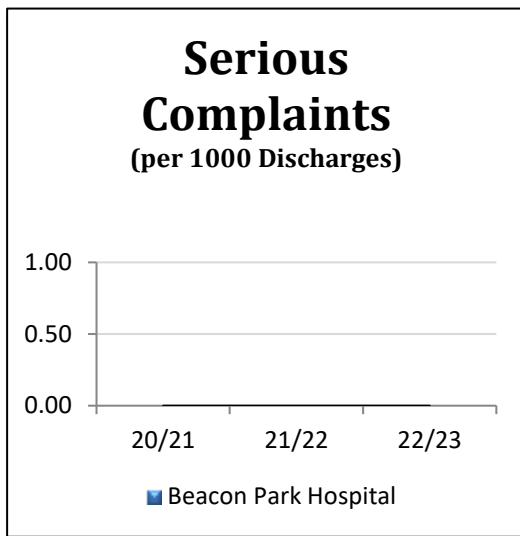
All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised, and any individuals mentioned are praised accordingly.

Feedback is also provided with regards to any negative feedback or suggestions for improvement in order to identify opportunities for service improvement. All staff are aware of our complaint procedures should our patients be unhappy with any aspect of their care.

Rate per 1000 Bed Days:



Rate per 1000 Discharges:



No serious complaints have been received at either Beacon Park or Rowley Hall Hospital within the last 3 years.

Patient experiences are an important part of our quality assurance and improvement activities. These are included within our meeting agendas and are also communicated to the teams via daily huddles and monthly quality updates. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

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

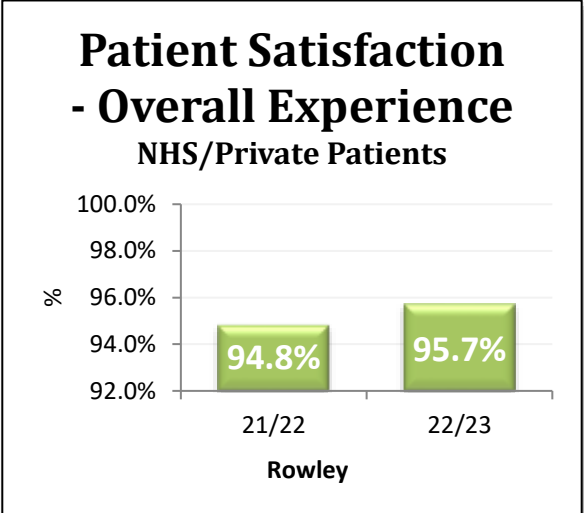
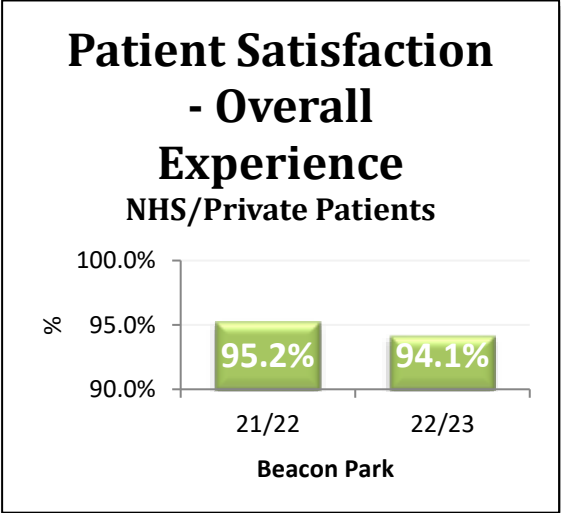
- Continuous patient satisfaction feedback via a web-based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey.
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge.
- 'We value your opinion' leaflet.
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails.
- PROMs surveys
- Care pathways – patients 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 at Rowley Hall has increased over the last year.

There has been a slight decrease at Beacon Park, and we will be analysing all the feedback from our patient feedback systems to identify any areas where we can improve our services. One area already being looked into to improve our service for patients is the provision of food at Beacon Park.

We are also looking to implement a patient forum during 2023, which will also help us to involve patients in development of our services.

Services covered by this Quality Account

Beacon Park Hospital



Beacon Park Hospital

Beacon Park Hospital has day case facilities including, one theatre combined with endoscopy, 6-day case pods, outpatient / pre-assessment rooms and a treatment room. The day unit is developed for the assessment, diagnosis, and treatment of conditions on a day case basis for both NHS and private patients locally. The hospital opened in May 2020 and is one of eleven centres across the UK where Ramsay is working in partnership with the NHS. Our aim is to combine the experience of providing quality healthcare with that of our NHS partners.

Location address :
 Beacon Park Hospital
 Beacon Business Park
 Brereton Road
 Stafford
 ST18 0XF
 Tel: Awaiting numbers
 Registered Manager_ Sarah Rush
 sarah.rush@ramsayhealth.co.uk

Regulated Activities – Unit Name

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Dermatology, Endocrinology Gastroenterology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, urology	All adults 18 yrs and over
Surgical Procedures	Ambulatory and Day Surgery only Gastroenterology, General surgery including Laparoscopic inguinal hernia repair Ophthalmic Orthopaedics Colorectal Endoscopy Ophthalmology & YAG Laser, Podiatric surgery Urology ENT	All adults excluding: Patient who has any of the following will not be a suitable for treatment at the unit Zero tolerance to abusive or aggressive patients. No suitable support at home. Unstable ASA 3 and above. Blood disorders (haemophilia, thalassaemia). On Renal dialysis. A history of malignant hyperpyrexia/hyperthermia A psychiatric history or have severe mental health A need for ventilatory support post operatively. Any requirement for planned high dependency care. Limited mobility due to breathlessness. Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months. Patients with a BMI 40 or above will not be considered for a general anaesthetic An MI (heart attack) in the last 6 months. Stents(cardiac) inserted in the last year CVA (stroke) in the last 6 months. Angina classification 3-4 (limitations on normal activity e.g.1 flight of stairs or angina at rest). 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 All patients must meet social/clinical criteria for day surgery
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, 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



Rowley Hall Hospital

Rowley Hall Hospital has 13 overnight beds, and 10 day case PODs. 2 theatres (with laminar flow). Patients requiring level 2 care are treated and cared for by a well-trained team of staff within the Hospital prior to transfer to a critical care facility. Rowley Hall Hospital provides care and treatment for adults. On site facilities include, Radiology, Physiotherapy/ Mobile MRI.

Rowley Hall Hospital, is dedicated to providing patients with the highest level of care and service, whilst respecting individual needs.

Rowley Hall Hospital provide a satellite physio clinic at Stafford Rugby Club, Blackberry Lane, Stafford, Staffordshire, ST16 2TT.

Location: Rowley Hall Hospital, Rowley Park, Stafford, Staffordshire ST17 9AQ

Tel: 01785 223203

Registered Manager: Sarah Rush
sarah.rush@ramsayhealth.co.uk

Regulated Activities – Rowley Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardiology, Cosmetics including, laser treatments, Dermatology, Dietetics, Gastroenterology, Gynaecology, Ophthalmic (inc. laser), Orthopaedic medicine, Pain management, Physiotherapy, Respiratory medicine, Urology and an out reach clinic at Stafford Rugby Club.	All adults 18 yrs and over
Surgical Procedures	Ambulatory, Day and, Inpatient Surgery, Breast surgery, Colorectal, Cosmetics, Dermatology, Gastrointestinal, General surgery, Gynaecology, Ophthalmic-inc laser, Orthopaedic, Plastic Surgery, Podiatry, Urology, Vascular	<p>All adults 18 yrs 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	Endoscopy, Imaging services, Mole screening,	All adults 18 yrs and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Statement of Purpose 2022
Last reviewed April 2023 v 131

Ramsay Health Care UK

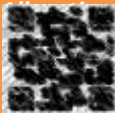
50

Public

[Appendix 2 – Clinical Audit Programme 2022/23](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Audit	Audit Group / Area (where applicable)	Department Allocation / Ownership (may be delegated)	QR Code 	Frequency (subject to review)	Deadline for completion
Facility Assurance	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Facility Assurance (Neuro)	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Hand Hygiene Technique (Assurance)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	January, April, July, October	By month end
Hand Hygiene observation (5 moments)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Monthly	By month end
IPC Governance & Assurance	IPC	IPC	Whole Hospital	January, July	By month end
IPC Environmental Infrastructure	IPC	IPC / RDUK	Whole Hospital / RDUK	August / February	By month end
IPC Management of Linen	IPC	Ward	Ward	August / February	By month end
Sharps	IPC	IPC / RDUK	Whole Hospital / RDUK	August, December, April	By month end
High Risk PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as	By month end

				dictated by activity)	
Standard PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as dictated by activity)	By month end
Cleaning (49 steps)	IPC Practice Standards	All Departments	Each Department, RDUK, Neuro	Monthly	By month end
Central Venous Catheter Care Bundle	IPC Practice Standards	IPC	Oncology	July to September (yearly)	End of December
Peripheral Venous Cannula Care Bundle	IPC Practice Standards	IPC	Amb Care/Day Case, Oncology, Paediatrics, Ward, Theatres	July to September (yearly)	End of December
Surgical Site Infection	IPC Practice Standards	IPC	Theatres	October, April	By month end
Urinary Catheterisation Bundle	IPC Practice Standards	IPC	Paediatrics, Theatres, Ward	July to September (yearly)	End of December
Isolation	IPC	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient to Theatre	Ward	Ward	Ward	July, October, January, April	By month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	Theatres	August (optional), November, February (optional), May	By month end
Patient Journey: Recovery Observation	Theatres	Theatres	Theatres	September (optional), December, March (optional), June	By month end
NatSSIPs LSO	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	July, January	By month end
NatSSIPs Safety Brief	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	August, February	By month end
NatSSIPs Site Marking	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	September, March	By month end

NatSSIPs Stop Before You Block	Theatres	Theatres	Theatres	October, April	By month end
NatSSIPs Prosthesis	Theatres	Theatres	Theatres	November, May	By month end
NatSSIPs IOLs	Theatres	Theatres	Theatres	December, June	By month end
NatSSIPs Swab Count	Theatres	Theatres	Theatres	January (July 2022)	By month end
NatSSIPs Instruments	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	February (August 2022)	By month end
NatSSIPs Histology	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	March (September 2022)	By month end
Blood Transfusion Compliance	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Consent Audit - Covid 19 (weekly)	Consent	HoCS	Whole Hospital	Weekly (COVID-19 specific)	Weekly
Consent Audit (6 monthly)	Consent	HoCS	Whole Hospital	March, September	End of April, October
Walkabout (Optional)		SLT/HoCS	Whole Hospital	March, July, October	By month end
Staff Questions (Optional)		SLT/HoCS	Whole Hospital	April , May, September,	By month end
Complaints		SLT	Whole Hospital	November	By month end
Duty of Candour		SLT	Whole Hospital	January	By month end
Practicing Privileges - Non-consultant	PPs	HoCS	Whole Hospital	February, August,	By month end
Practicing Privileges - Consultants	PPs	HoCS	Whole Hospital	January, July	By month end
Doctors In Training	PPs	HoCS	Whole Hospital	December, June	End of January, July
Observation Audits - Physio		Physiotherapy	Physiotherapy	October, April (optional)	End of December
Observation Audits - Ward		Ward	Ward	July to August, January to	End of December

				February (optional)	
Observation Audits - OPD		OPD	OPD	July to August, January to February (optional)	End of December
Privacy & Dignity		Ward	Ward	May, November	By month end
Medical Records - Therapy	Medical Records	Physiotherapy	Physiotherapy	July to September, January to March (optional)	End of December
Medical Records - Surgery	Medical Records	Theatres	Whole Hospital	July to September, January to March (optional)	End of December
Medical Records - Ward	Medical Records	Ward	Ward	July to September	End of December
Medical Records - Pre-operative Assessment	Medical Records	Pre-Operative Assessment	Pre-Operative Assessment	July to September, January to March (optional)	End of December
Medical Records - Radiology	Medical Records	Radiology	Radiology	July to September	End of December
Medical Records - Cosmetic Surgery	Medical Records	OPD	Whole Hospital	May, November	End of June, December
Medical Records - Bariatric Services	Medical Records	Bariatric Services	Whole Hospital	July to September	End of December
Medical Records – NEWS2 (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Medical Records – VTE (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Non-Medical Referrer Documentation and Records	Radiology	Radiology	Radiology	January, July	End of February, August

MRI Reporting	Radiology	Radiology	Radiology	March, July, November	End of April, August, December
CT Reporting	Radiology	Radiology	Radiology	April, August, December	End of May, September, January
Non Radiologist Reported Imaging	Radiology	Radiology Theatres (where there is no imaging dept)	Radiology	February, August	End of March, September
MRI Safety	Radiology	Radiology RDUK	Radiology, RDUK	January, July	End of month
RDUK - Referral Forms - MRI	Radiology	RDUK	RDUK	February, April, June, August, October, December	End of month
RDUK - Referral Forms - CT	Radiology	RDUK	RDUK	January, March, May, July, September, November	End of month
RDUK - Medicines Management	Radiology	RDUK	RDUK	March, October	End of month
RDUK IPC Environmental	Radiology	RDUK	RDUK	January, July	End of month
RDUK - PVCCB	Radiology	RDUK	RDUK	January, July	End of February, August
RDUK - Medical Records	Radiology	RDUK	RDUK	July	End of August
RDUK - Walkabout	Radiology	RDUK	RDUK	October	End of month
RDUK - Staff Questions	Radiology	RDUK	RDUK	October	End of month
RDUK - Observational	Radiology	RDUK	RDUK	July	End of month
Paediatric Services	Paediatric	Paediatric	Paediatric	January, July	End of month
Paediatric – Medical Records	Paediatric	Paediatric	Paediatric	February, August	End of month
Paediatric Outpatients	Paediatric	Paediatric	Paediatric	September	End of month

Paediatric Radiology	Paediatric	Paediatric	Paediatric	October	End of month
Safe & Secure	Pharmacy	Pharmacy	OPD, Radiology, Theatres, Ward, RDUK, Neuro	February, August	End of month
Prescribing & Medicines Reconciliation	Pharmacy	Pharmacy	Pharmacy, Neuro	March, September	End of month
Controlled Drugs	Pharmacy	Pharmacy	Pharmacy, RDUK, Neuro	July, September, January, April	End of month
Governance - Pharmacy	Pharmacy	Pharmacy	Whole Hospital, RDUK, Neuro	July	End of September
SACT	Pharmacy	Pharmacy	Pharmacy	July to August	End of month
Operational (Theatre, Ward, OPD, Physio)		Theatre, Ward, Physio, OPD	Theatre, Ward, Physio, OPD	July to September	End of December
Decontamination - Sterile Services	Decontamination	Decontamination	Decontamination	July to September	End of month
Decontamination - Endoscopy	Decontamination	Decontamination	Decontamination	July to September	End of month
Neuro Medical Records	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Diabetes	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: End of Life	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Respiratory	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Catheter	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Epilepsy	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: PEG	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: MCA & DoLS	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month

Neuro: Enhancing Lives	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Spinal	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: NSEWS	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month

Glossary of Abbreviations

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

Rowley Hall and Beacon Park Hospital

Ramsay Health Care UK

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

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

For further information please contact:

Hospital phone number: 01785 238 600

Hospital website: www.rowleyhallhospital.co.uk