



The Westbourne Centre

Birmingham

Quality Account 2021/2022



Contents

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

Welcome to Ramsay Health Care UK

The Westbourne Centre is jointly 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.

With an unrelenting focus on excellence in clinical quality and delivery of outstanding patient care, Ramsay UK has continued to operate throughout the pandemic with assurance that our processes and clinical approach to protect patients has been, and continues to be, safe and proper. Through strict infection prevention control and COVID secure pathways, Ramsay has treated over 650,000 patients in a safe, clinical environment, allowing access to vitally needed care.

Our company focus on best practice standards through global initiatives such as the Speaking Up for Safety programme ensures we are continually focusing on maintaining a safe, speak up culture in our hospitals. This was recognised in 2021 as Ramsay UK won the Healthcare Outcomes Award at the LaingBuisson Awards, which identified excellence in the delivery of better healthcare outcomes with a focus on ability to demonstrate those outcomes.

Our flexible and collaborative approach with the NHS, providing assistance and support as required, has been a core part of our operational delivery throughout the pandemic. We are proud of our strong partnership with colleagues in NHS Trusts across England, demonstrating the benefits of a joined up, coordinated system working in partnership between all providers to provide real, tangible outputs for the benefit of patients.

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

Case Studies

Electronic Patient Record

“Good quality records underpin safe, effective, compassionate, high-quality care. They communicate the right information clearly, to the right people, when they need it. They are an essential part of achieving good outcomes for people.”¹

In 2021, Ramsay UK marked an important achievement of implementing a full Electronic Patient Record (EPR) across all 35 hospitals. The successful roll out makes Ramsay the only acute private hospital provider in the UK to operate from a single patient record system across multiple site locations.

Over 11,000 active users now operate from a single system to manage patient information consistently supporting the entire patient journey from referral through to discharge. This accomplishment fulfils the Care Quality Commission regulation for healthcare providers to operate from a single contemporaneous record.

Key functionality of the EPR includes patient admission and discharge information, referral management and triage, scheduling and appointment correspondence, order communications, referral to treatment pathways, real-time bed management and theatre management.

In partnership with IMS MAXIMS, the bespoke system has been designed to be patient-centred to enable the efficient management of information in a consistent, reliable and secure way. Driving efficiencies in the management of the patient pathway and bringing together information in a standardised manner enables robust reporting of outcomes that can be measured and benchmarked in a continuous cycle of clinical and operational improvement

Ramsay has invested over £25m into the project, which has revolutionised the way we operate. It is the first step on the road to digitising our services. We recognise to meet the needs of our patients, referrers, doctors and industry regulators, we must continue to develop, digitise and deliver outstanding care in a person-centred, accurate and quality assured way, utilising suitable technology to enable us to do so. The EPR roll out forms part of Ramsay UK’s i-Care programme strategy, which aims to build an integrated healthcare system to deliver advanced digital health services and facilitate exceptional care.

Buckshaw Hospital

In October 2021, Ramsay Health Care UK hosted the official opening of its brand new, state-of-the-art, day case facility, Buckshaw Hospital, based in Chorley. This is the third day case hospital Ramsay has built and opened within the last two years.

The new hospital has provided additional capacity for both of Ramsay’s already established Fulwood Hospital and Euxton Hall Hospital, building on the excellent reputation of delivering high quality clinical care to patients in the local area. The new facility has further strengthened Ramsay’s ability to offer patients joined up healthcare services in Preston, Chorley and surrounding communities. The hospital offers services including diagnostics, physiotherapy, urology, endoscopy, orthopaedics, gynaecology, ENT and gastroenterology and for private, insured and NHS patients within the local community and further afield.

¹ CQC: [What good looks like for digital records in adult social care](#)

Professor Tim Briggs CBE, National Director of Clinical Quality and Efficiency of NHS England officially opened the hospital, and were joined by representatives from the local referral community. Karen Crockatt, Hospital Director at Buckshaw Hospital said:

“We are delighted to have opened the doors of our new day case hospital, and provide access to high quality healthcare with good outcomes to the local community. Our modern and discreet facility offers patients with access to treatment provided by top class consultants and an experienced team, all delivered in a safe, clean and high quality clinical environment.”

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Sarah Rush
Hospital Director
The Westbourne Centre

As the Hospital Director of the Westbourne Centre I am passionate about ensuring that we deliver consistently high standards of care to all of 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.”

The Westbourne Centre has been established for 12 years. We 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 The Westbourne Centre as we navigated through the ongoing issues that COVID presented and tried to get back to ‘business as usual’. When the COVID pandemic hit in March 2020 The Centre 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 team at The Westbourne Centre, have worked incredibly hard over the past 12 months to ensure the strong flow of patients through the hospital, whilst navigating the restrictions and testing requirements due to COVID. This has been to support the long waiting patients in the NHS and to support the long waiters on our own patient waiting lists. Private activity has remained strong across all specialties at The Centre.

In our last CQC inspection in November 2016 I am pleased to say we were rated as ‘GOOD’. This was a pleasing outcome for The Westbourne Centre. We were rated ‘GOOD’ for caring, effective, responsive and well led. We were rated ‘Requires improvement’ for safety. We were issued requirement notices under 2 of the regulations, and these have all been actioned and remain a focal area since the inspection. An action plan following publication of the report was 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 Westbourne Centre.

Our Quality Account has been produced to provide information about how we monitor and evaluate the quality of the services that we deliver throughout The Westbourne Centre. We hope to be able

to share with the reader our progressive achievements that have taken place over the past year. The Westbourne Centre has a very strong track record as a safe and responsible provider of Day Case services and we are proud to share our results.

At The Westbourne Centre 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 Westbourne Centre. 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 The Westbourne Centre. 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;

0121 456 0880 or sarah.rush@westbournecentre.com



Hospital Director

Westbourne Values


The Westbourne Centre
Birmingham

Welcoming

We strive to ensure all of our patients, visitors, staff and clinicians feel welcome

Expertise

All of our clinicians are experts in their respective fields and we pride ourselves on our specialist and unique knowledge base

Supportive

We aim to support the individual needs of all of our patients and staff to ensure the best outcomes

Teamwork

We value teamwork to achieve our aspirations and goals through sharing ideas and responsibilities in an environment of mutual respect

Being the Best

We aspire to provide the best possible care and outcomes to all of our patients

Ownership

We take pride and ownership in our work practices, professionalism and service to the community

Unique

We are unique in our approach to healthcare and are invested in providing an exclusive experience

Responsive

We are always looking for ways to improve our service and respond quickly to any feedback or concerns

NICE Compliant

Our quality standards are in line with the National Institute for Health and Care Excellence

Ethical

Our clinical practices are strictly governed and regulated to the highest ethical standards

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.

Sarah Rush
Hospital Director
The Westbourne Centre
Ramsay Health Care UK

This report is pending review:

- **Mr Hiroshi Nishikawa - MAC Chair and Clinical Governance Committee Chair**

The management team at The Westbourne Centre work in partnership with the MAC and the Clinical governance committee to ensure high quality patient care is at the centre of what we do. Regular meetings with the above committees ensure best practice and sharing of results.

Ramsay Health Care Uk – The Westbourne Centre

Quality Account 2021/22

Statement of Assurance from NHS Birmingham and Solihull ICB formally NHS Birmingham and Solihull CCG, July 2022

NHS Birmingham and Solihull Integrated Care Board (ICB), as coordinating commissioner for Ramsay Health Care UK - the Westbourne Centre, welcomes the opportunity to provide this statement for inclusion in the Trust's 2021/22 quality account.

- 1.1 A draft copy of the quality account was received by the CCG on the 20th June 2022 and the review has been undertaken in accordance with the Department of Health and Social Care guidance. This statement of assurance has been developed from the information provided to date.*
- 1.2 The information provided within this account presents a balanced report of the healthcare services that The Westbourne Centre provides. The range of services described and priorities for improvement are representative based on the information that is available to us. The report demonstrates the progress made by the organisation against most of the 2021/22 priorities. It identifies what the organisation has done well, where further improvement is required and what actions are needed to achieve these goals and the priorities set for 2022/23.*
- 1.3 The ICB recognise The Westbournes Centres on going support to the NHS healthcare system in supporting the delivery of patient care throughout the pandemic and during the recovery and restoration work.*
- 1.4 The report describes that the quality priorities for 2021/22 aligned to the CQC's five domains of safe, effective, caring, responsive and well-led. The ICB notes the organisation have continued to strive to improve on all clinical priorities even during what has been an unprecedented and difficult year.*

- 1.5 *The quality priorities for 2022/23 reflect areas where improvement is required and take into consideration areas for improvement the organisation have recognised during the previous year. The ICB is supportive of the priority to embed quality improvements.. The organisation continues to align their clinical priorities against the CQC's five domains; identifying new clinical priorities under the Safe domain, which includes surgical safety checklist.*
- 1.6 *The organisations clinical priorities for 2022/23 not only have a focus on initiatives for quality improvement, but also the requirement to share learning and success. The quality report strengthens the organisations commitment to 'closing the loop' in regards to identified actions for improved patient safety. As well as formally documenting compliments*
- 1.12 *As Commissioners we have worked closely with The Westbourne centre over the course of 2021/22 to review the organisations' progress in implementing its quality improvement initiatives; whilst acknowledging the on-going difficulties COVID-19 has posed with ways of working. We are committed to engaging with the Organisation in an inclusive manner and are pleased with the level of engagement from the Organisation. We hope to continue to build on these relationships as we move forward into 2022/23.*



ACCOUNTABLE OFFICER
BSol CCG

Welcome to The Westbourne Centre

The Westbourne Centre is a day case hospital in the heart of the Edgbaston Medical Quarter in Birmingham. We provide fast, convenient, effective and high quality treatment for patients whether self-funding, medically insured or from the NHS. We treat private and NHS patients from the age of 18 and can consult children over the age of 3 for most specialties.

All of our theatre cases are performed under local anesthetic with or without sedation, which enables patients to be discharged on the same day. We do not have the facilities for general anesthesia so patients requiring general anesthetic are treated at our sister hospital, the West Midlands Hospital, in Halesowen.

Our specialties include:

- Cosmetic surgery
- Restorative dentistry
- Oral and maxillofacial surgery
- Orthodontics
- Ophthalmic surgery
- Orthopaedic surgery
- General and vascular surgery
- Dermatology
- Mohs Clinics
- Vascular surgery

The Westbourne Centre is centrally located with free on-site parking and is easily accessible via public transport. We also have disabled access to The Centre.

Currently we employ a total of 36 contracted staff and this includes a mix of qualified nurses, HCAs, theatre practitioners, administration staff and receptionists. We are supported by a well-qualified and experienced regular bank team.

All Consultants undergo rigorous vetting procedures, ensuring only those who are qualified and experienced are granted practicing privileges. The hospital is strictly regulated and audited by the Care Quality Commission, the governing body responsible for maintaining standards in healthcare, and the latest report can be found on the [CQC Website](#), for which we were rated GOOD.

Additional services

The Westbourne Centre has access to Cavendish Imaging, an independent company based at The Centre. Cavendish Imaging provides a specialist imaging service (x-ray and CT scans) for the dental, oral and maxillofacial, facial, plastic and ENT surgeons.

We also have a physiotherapist who provides treatment for post-operative NHS patients and self-funding patients.

We also provide neurophysiology diagnostics in the form of Electromyography and Nerve Conduction Studies and access to an interventional radiologist for orthopedic patients.

Part 2

2.1 Quality priorities for 2021/22

Plan for 2021/22

On an annual cycle, The Westbourne Centre 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 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 who experience our services.

To achieve these aims, we have various initiatives underway, which remain on going, as we are consistent in our approach.

The priorities are determined by the hospitals Senior Leadership 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.

2.1.1 A review of clinical priorities 2021/22 (looking back)

Last year's clinical priorities were based on the CQC's five domains. Reviewing the priorities from last year please see below for outcomes:

Safe

1. Continued adherence to NICE guidelines has been achieved via Clinical Effectiveness Committee (CEC) and Medical Advisory Council (MAC)
2. Safeguarding training continues to be on an annual basis e-learning platform
3. Speaking Up for Safety education programme, which encourages staff to speak up at any time about any safety issues, is still ongoing.
4. Reporting of SUI's and Never Events plus learnings and any changes to practice.

Effective

1. MRSA zero tolerance continues and no reported cases of MRSA this year.
2. Internal audits continue (see monthly calendar in appendix 1). Audits discussed on a monthly basis at team leader meeting and quarterly at the Clinical Governance Meeting.
3. IPC Audits and Effectiveness continue to be undertaken and actions logged.

Caring

1. Duty of Candour statue followed. During there was one incident that resulted in four formal duty of candour letters to be sent. This was regarding lost specimens by a third party courier.
2. Caring elements from feedback and Patient Satisfaction

Responsive

1. Friends and family feedback continues to be obtained and generally positive staff professionalism, clean facility, great service.
2. Complaints continue to be managed and learning outcomes and themes discussed at both Clinical Governance and MAC meetings

Well-led

1. Senior Leadership Team continues to have overall visibility around the hospital. Risk assessments, incident reporting and lessons learnt discussed with all Heads of Department at monthly team leader meetings and health and safety forums.

2.1.2 Clinical Priorities for 2022/23 (looking forward)

The clinical priorities moving forward:

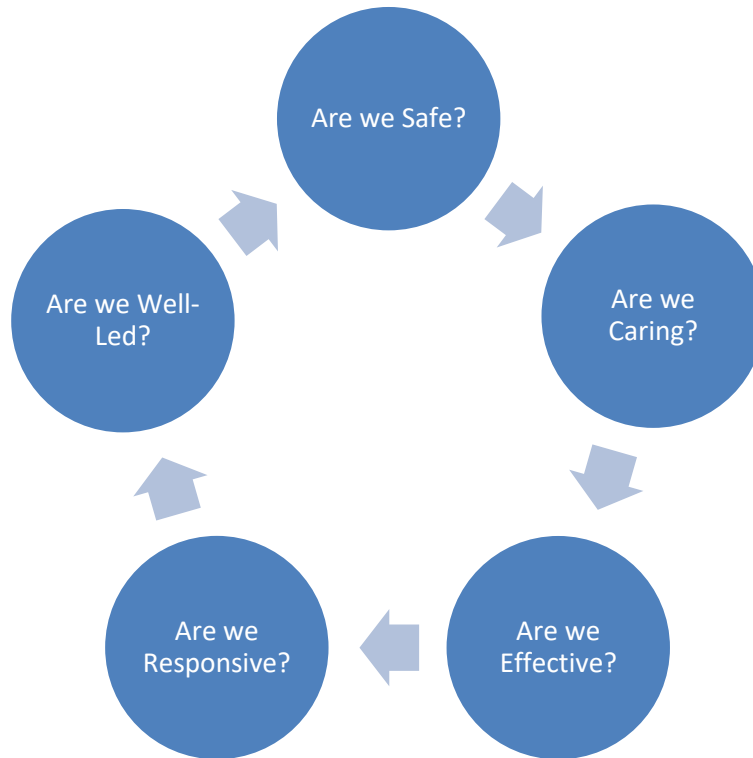


Figure 1 The 5 Domains of the CQC.

Safe

One of the dimensions of quality is that patients come to no harm, meaning that the environment is safe, clean and ‘unavoidable harm’ is reduced.

1. NICE Guidelines

Nice guidance will continue to be reviewed and actioned as appropriate for each discipline. These recommendations will be discussed at Clinical Governance and Medical Advisory Council (MAC).

2. Safeguarding

The Westbourne Centre is committed to ensuring the safety and wellbeing of all its patients. Safeguarding adults is everybody’s business. All staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected, they should act professionally, discreetly and with the maximum possible confidentiality. The hospital operates within *The Department of Health Document Caring for our future: reforming care and support*.

3. Environmental Cleaning

The hospital cleaning standards and schedules will be monitored both internally through the Ramsay Audit Plan and by the Patient Participation group through the PLACE Audit. During the COVID pandemic a lunch time cleaner was recruited to clean all touch point and communal areas. This cleaner will remain in post for the foreseeable future.

4. Hand Hygiene

Infection and prevention control is a priority for no incidents of unavoidable infection. We will continue to perform quarterly audits and participate in national hand hygiene awareness events.

5. Venous thromboembolism (VTE)

NICE guidelines are implemented to ensure patients are assessed and given the appropriate prophylaxis to avoid VTE.

6. Surgical Safety Checklist

As highlighted in our recent Theatre Audit our compliance to the Surgical safety checklist needs to be maintained. Safer surgery is ensured by using a surgical safety checklist based on the tool devised by the World Health Organisation (WHO). This ensures every patient undergoing a surgical/radiological intervention (including local anaesthesia) undergoes a series of safety checks before any treatment. Through a robust clinical governance audit program, training, documented evidence and monitoring quality assurance can be attained.

7. Speaking Up for Safety education programme

Speaking Up for Safety is a programme of learning to be introduced to all staff through Ramsay UK over 2018/19. It is a programme to skill health workers to effectively communicate concerns to colleagues that unintended harm to patients or consumers may be about to occur. It will give all staff a 'toolkit' of phrases and actions to effectively and respectfully raise safety concerns.

Effective

1. Informed Consent Process

By gathering information through patient surveys a process for healthcare intervention will ensure the patient has been given all information in terms of what the treatment involves, including benefits and risks. Staff will be retrained in the consent principles and processes as part of mandatory e-learning.

2. MRSA Zero tolerance methicillin-resistant Staphylococcus aureus

The hospital has never had an MRSA outbreak and the hospital plans to maintain this standard in 2022/23. This will be achieved by following the DOH 2010 High Intervention Impact Care Bundles e.g. the surgical site infection

3. Internal Audits

The Westbourne Centre will continue to follow the organisations prescribed clinical and non-clinical audit programme on a monthly basis. To ensure quality and gain assurance these assessments will be reviewed monthly at CEC meetings and action plans agreed if necessary.

4. Equipment Maintenance

The asset register will continue to be maintained as well as the equipment and servicing records to ensure safe and effective care.

Caring

The hospital will continue to ensure the highest standards of care, ensuring the dignity and respect for all patients and maintaining professionalism at all times. Staff are encouraged to be empathetic.

Duty of Candour

1. The organisation has developed a Duty of Candour policy. The Westbourne Centre will continue to ensure all events are reported in line with the regulations as stated in the Health and Social Care Act 2008 Regulations 2014, the Care Quality Commission Regulations 2009.

Responsive

1. Friends & Family

At The Westbourne Centre feedback from our patients is at the very heart of our service. Our friends and family questionnaires and external audits give us the feedback required to improve services. The focus for this 2022/2023 will be to significantly improve our response rates and share the findings hospital staff.

2. Complaints

All complaints will continue to be managed in line with the organisations policy. The lessons learnt from these events are communicated and shared with all colleagues to improve our services and this will be a continual priority for 2022/23.

We operate a complaints process that responds, flexibly, open and honestly to the patients concerns or complaints, which enables us to support complaints effectively and promote public confidence in our service.

3. Compliments

Compliments received verbally or written are recorded on the hospital reporting system. Staff are fed back the information individually or as a group.

Well-Led

The Senior Leadership Team (SLT) will continue to focus on providing clear guidance and leadership with an open door policy. Staff will continue to be encouraged to share ideas and concerns.

The Senior Leadership Team will continue its high level of visibility around the hospital. Communication remains an important aspect and methods to improve communication will be explored. The daily huddle was introduced at the start of the COVID pandemic and will remain in place. Daily walk rounds occur with all SLT members and 'tea and biscuits' was set up as a further means of open communication with no set agenda. Internally notice boards in staff and patient areas to be introduced. In addition, daily huddles to commence by theatre team.

1. Risk assessment and Incident reporting

The SLT will focus on improving the hospital and departmental risk registers with training of staff in the system. A non-blame culture is encouraged.

2. Audit and Lessons Learnt

The SLT will emphasise the 'closing of the loop' from actions identified to improve patient safety and lessons learnt will be discussed and shared with staff.

3. Drop in sessions

The SLT have set up regular drop in session for any staff member to attend. These have been at different times and different days each week so that they are accessible for all staff. The SLT has also been very supportive of the Mental Health First aider – allocated Mental Health aware day to her for the staff to access confidentially throughout the pandemic and as we transition out of the pandemic. Staff mental health has been a very high priority.

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

The Westbourne Centre has reviewed all the data available to them on the quality of care in all 10 NHS services provided.

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

In the period for 2021/22 the indicators on the scorecard which affect patient safety and quality were:

Human Resources

HR statistics 2020-21	Percentage %
Sickness	4%
Appraisal	100%
Mandatory Training	95%
Number of Significant Staff Injuries	0%

2.2.2 Participation in clinical audit

The national clinical audits, national Implant Register and national confidential enquiries that The Westbourne Centre was eligible to participate in during 1 April 2021 to 31st March 2022 are as follows:

- Cataract procedures, ICHOMs (National PROMs Programme)
- Total HES Augmentation Mammoplasty
- Total HES Nasal Septoplasty

Local Audits

The reports of The Westbourne Centre local clinical audits from 1 April 2021 to 31st March 2022 were reviewed by the Clinical Governance Committee and The Westbourne Centre intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Please see below a selection of actions taken following local audits:

Audit name	Result	Action plan	Action needed	Outcome
Hand hygiene Technique	100%	N		
Consent audit - Covid	100%	N		
High Risk AGP PPE	100%	N		
Walkabout Audit	95%	Y	1. Documents to be printed not photocopied	All areas to review documents used in departments
Hand Hygiene Technique	100%	N		
Hand hygiene	100.00%	N		
Consent audit - Covid	100.00%	N		
		Y	2. Local agenda template to be put into CG minutes	Added
Safe and Secure- Medicine Management	87.80%	Y	1. Emergency medicines are maintained a locked	Daily checking and signing checklist
		Y	2. Regular checking and stock rotation	Daily checking
		Y	3. Digi lock codes to be changed every 3 months for medicine cupboards	3 monthly changes
Surgical Site Infection	100.00%	N		
Peripheral Venous Cannula Care Bundle	96.60%	Y	1. Documentation in notes of date and times of removal of cannula	
Consent audit - Covid	100.00%	N		
Sharps Audit	90%	Y	1. Evidence that sharps box is correct type and use	Dental team d/c and education given
		Y	2. Sharps box not to contain extraneous items	Dental team d/c and education given
Hand hygiene Technique	100%	N		
Department Cleaning Audit (49 steps)	91.40%	Y	1. Areas that need extra cleaning high surfaces, sinks and plugholes	Discussion with cleaners- put in book
Hand Hygiene technique	100.00%	N		
Controlled Drug Audit	100%	N		
Standard PPE	100%	N		
Duty of Candour	100%	N		
OPD observation audit	100%	N		
49 steps theatre cleaning	100%	N		
49 steps Dental cleaning	93%	Y	1. Blinds in surgeries / outside windows	Advise cleaners
AGP / PPE	100%	N		
Covid consent audit	100%	N		
Natsipps- list safety officer	100%			
Consent audit - Covid	100%	N		

2.2.3 Participation in Research

There were no patients recruited during 2021/22 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

No CQUINS set for 2021/22 .

2.2.5 Statements from the Care Quality Commission (CQC)

The Westbourne Centre is required to register with the Care Quality Commission and its current registration status on 31st March 2022 is registered without conditions

The Westbourne Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Data Quality

The Westbourne Centre submits both national and quality data at required reporting periods. Examples include:

- Mixed sex breaches
- VTE
- Duty of Candor
- Preventing people dying prematurely (recording of smoking status)
- Ensuring people have a positive experience of care (patient questionnaires)

Quarterly performance indicators are also submitted to PHIN (Private Healthcare Information Network)

We consistently achieve 100% in most of our quality measures and aim to continue this for 2020/2021

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2020/21 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 98.1% for admitted patient care;
- 97.3% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 99.5% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Data Security & Protection Toolkit attainment levels (previously IG Toolkit)

NHS Digital Data Security and Protection Toolkit
Ramsay Healthcare UK Operations Ltd

Account Logout
News Help

Assessment Report an Incident Admin

Assessment

Data Security and Protection Standards for health and care (opens in a new tab) sets out the National Data Guardian's (NDG) data security standards. Completing this Toolkit self-assessment, by providing evidence and judging whether you meet the assertions, will demonstrate that your organisation is working towards or meeting the NDG standards.

- 1 Personal Confidential Data
- 2 Staff Responsibilities
- 3 Training
- 4 Managing Data Access
- 5 Process Reviews
- 6 Responding to Incidents
- 7 Continuity Planning
- 8 Unsupported Systems
- 9 IT Protection
- 10 Accountable Suppliers

Progress

Progress dashboard and reports

100 of 100 mandatory evidence items provided

40 of 40 assertions confirmed

Your assessment status (if you were to publish now)

Standards Met

Publish Assessment

View previous publications

Filter by:

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 21/06/2021. The status is 'Standards Met'. The 2021/2022 submission is due by 30th June 2022.

This information is publicly available on the DSP website at:
<https://www.dsptoolkit.nhs.uk/>

Clinical coding 2021/22

The Westbourne Centre was subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

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

Westbourne Centre	June 22	98.3%	94.9%	96.6%	95.7%
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2.2.7 Stakeholders views on 2021/22 Quality Account

Pending approval from Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) and NHS England.

Part 3: Review of quality performance 2020/2021

Statements of quality delivery

Catherine Limbrick, Head of Clinical Services

Review of quality performance 1st April 2021 - 31st March 2022

Introduction

“This publication marks the eleventh successive year since the first edition of Ramsay Quality Accounts. It has been a difficult and landmark year due to the global pandemic, and through it all we have continued to analyse our performance on many levels, month on month. We compare to previous years and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act 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, transparent 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. We deliver our care within our company values and practice high quality compassionate care ‘The Ramsay Way’”
(Vivienne Heckford, National Director of Clinical Services, Ramsay Health Care UK)

Vivienne Heckford
Director of Clinical Services
Ramsay Health Care UK

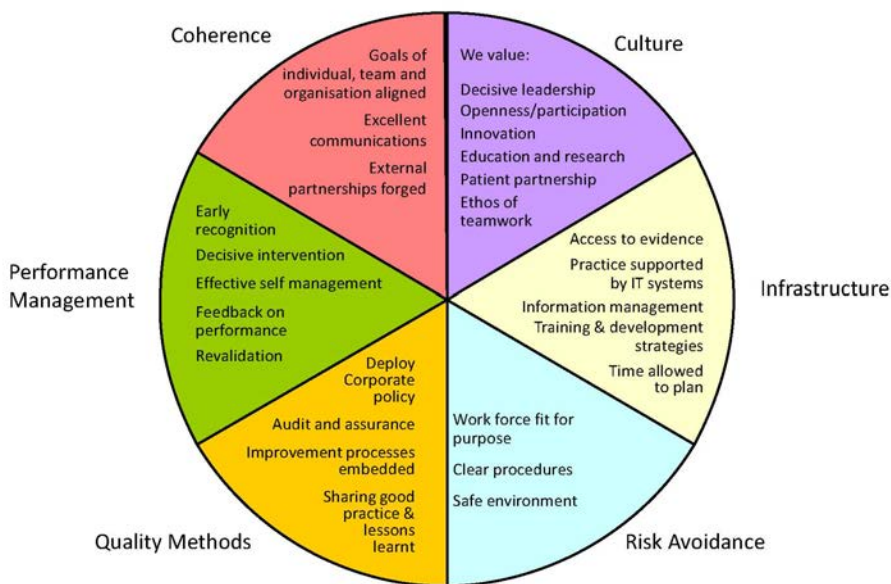
Ramsay Clinical Governance Framework 2022

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



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.

The Core Quality Account Indicators

Mortality

Mortality:	Period	Best		Worst		Average		Westbourne		
	19/20	RRV	0.6851	RFR	1.1997	Average	1.0019	20/21	NVC44	0.0000
	20/21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC44	0.0000

The Westbourne Centre considers that this data is as described for the following reason:
There were no expected deaths as we do not have patients requiring palliative or long term care.

Hips

PROMS: Hips	Period	Best		Worst		Average		Westbourne		
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC44	no data
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC44	no data

The Westbourne Centre considers that this data is as described for the following reason:
The Westbourne Centre does not undertake this type of procedure.

Knees

PROMS: Knees	Period	Best		Worst		Average		Westbourne		
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC44	no data
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC44	

The Westbourne Centre considers that this data is as described for the following reason:
The Westbourne Centre does not undertake this type of procedure.

Readmission

Readmissions:	Period	Best		Worst		Average		Westbourne		
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	20/21	NVC44	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	21/22	NVC44	0.00

The Westbourne Centre considers that this data is as described for the following reasons:
 Nil readmission over period

VTE Assessment

VTE Assessment:	Period	Best		Worst		Average		Westbourne		
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC44	93.8%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC44	95.9%

The Westbourne Centre considers that this data is as described for the following reasons:
 Due to Covid-19 this submission was paused. There is no data published after Q3 19/20

C.Diff

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Westbourne		
	2020/21	Several	0	RPY	51.0	Eng	13.6	2020/21	NVC44	0.0
	2021/22	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC44	0.0

The Westbourne Centre considers that this data is as described for the following reason:
 The Westbourne Centre has no cases to report. IPC practices are in place and monitored. Patients are requested to not come to the hospital should they have any illness including diarrhoea and/or vomiting

SUIs

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Westbourne		
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2020/21	NVC44	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2021/22	NVC44	0.00

The Westbourne Centre considers that this data is as described for the following reason:
 The Westbourne Centre has no cases to report.

F&F Test

F&F Test:	Period	Best		Worst		Average		Westbourne		
	Feb-21	Several	100%	RAP	48.0%	Eng	95.0%	Feb-21	NVC44	N/A
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC44	100.0%

The Westbourne Centre considers that this data is as described for the following reason:
 The Westbourne Centre take part in the F&F test but the numbers are not included in the national average as we are a day case hospital only.

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 Westbourne Centre has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 10 years.

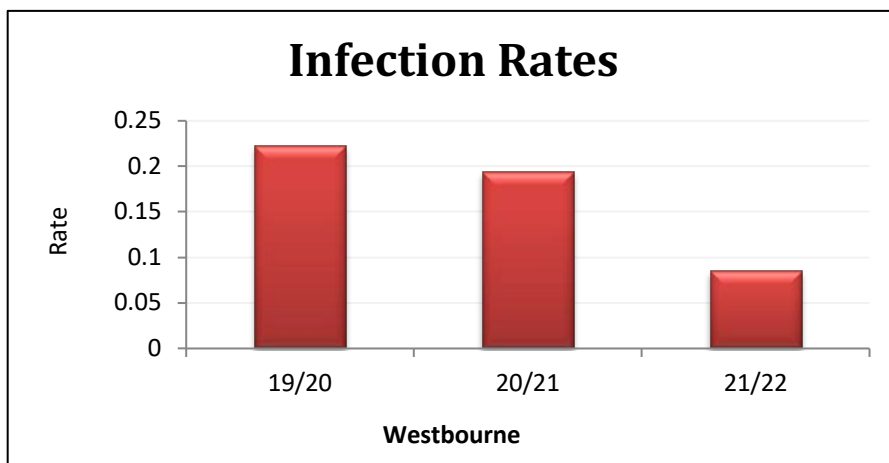
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to minimise potential incidents year on year.

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.

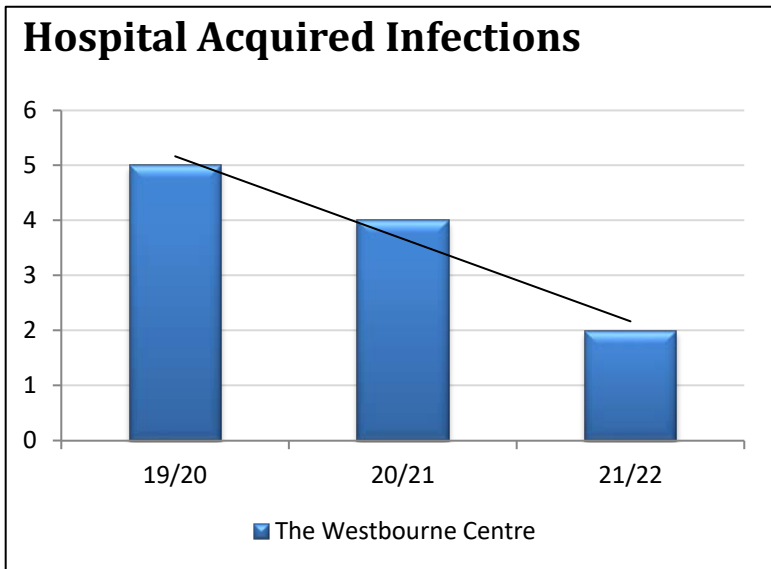
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

- Quality Lead Partner, Link personnel from Ramsay corporate team, supports our own lead IC nurse at The Westbourne Centre and we have access to a Consultant Microbiologist within the West Midlands Cluster.
- E-Learning and Mandatory training sessions held for all clinical staff.
- Actively involving the infection control nurse in working in the clinical environments to audit and advise staff members and consultants in infection control issues including hand hygiene.
- Our lead Infection control nurse advises staff on reporting mechanisms for infections /wound problems using examples of reporting tools and policies available.



The Westbourne Centre is proud of the low figure of less than 0.12% of all admissions and will aim to continue with such vigilance in monitoring and auditing infection control, in the forthcoming year.



As can be seen in the above graph our hospital acquired infection rate has decreased over the last year. In comparison to the national average it is below this. We have a robust culture of learning from root-cause analysis that have taken place.

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 Westbourne Centre, 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.

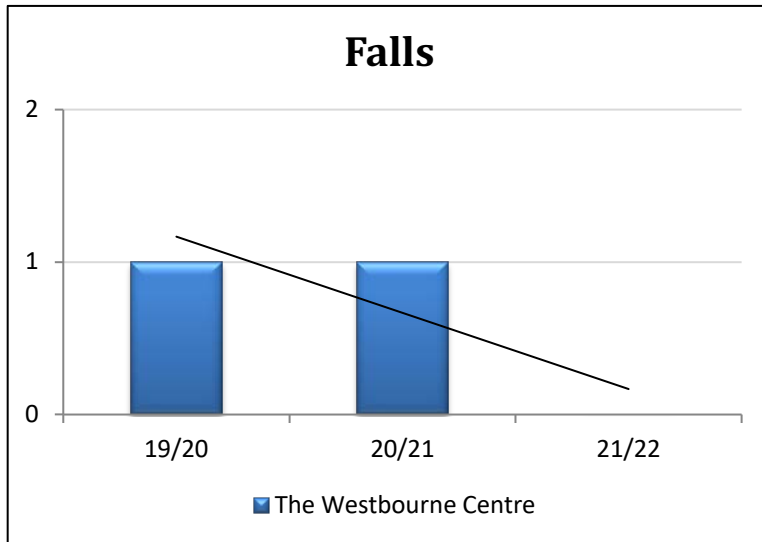
Due to COVID-19 restrictions the PLACE audit was unable to be carried out for 2021/22. As soon as NHS England advise this can recommence a PLACE audit will be undertaken.

3.2.3 Safety in the workplace

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

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

Rate per 100 discharges:



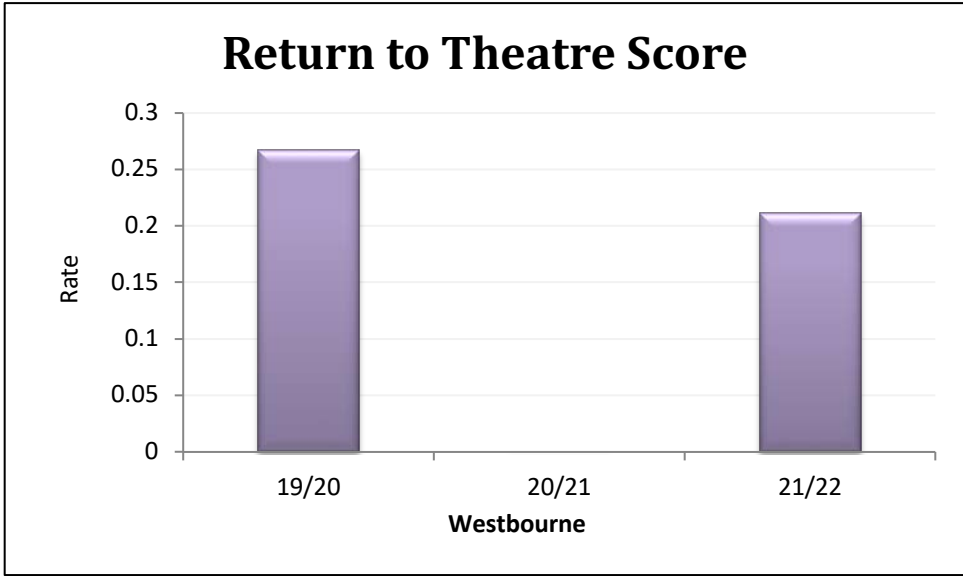
3.3 Clinical effectiveness

The Westbourne Centre 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

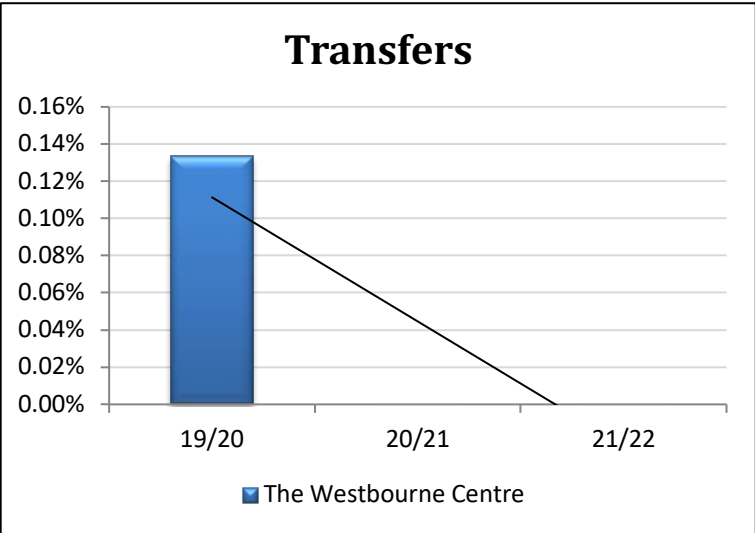
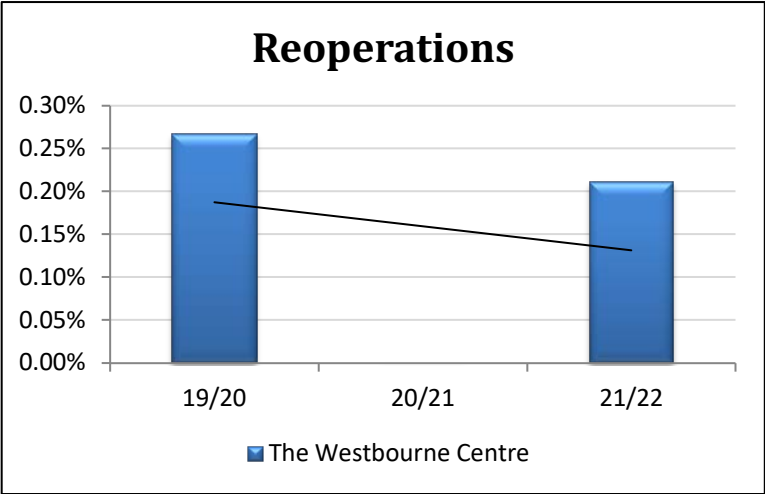
The Westbourne Centre is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre/reoperations for supplementary treatment is an important measure. Surgical intervention carries a risk of complication with some procedures carrying a higher incidence of bleeding post operatively which may require the patient to return to theatre.

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 and consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has decreased to zero. However, it needs to be noted that we did not have our usual case mix of patients due to the Covid - 19 pandemic.

Rate per 100 discharges



We did not have any transfers in the period 2021-2022.

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.

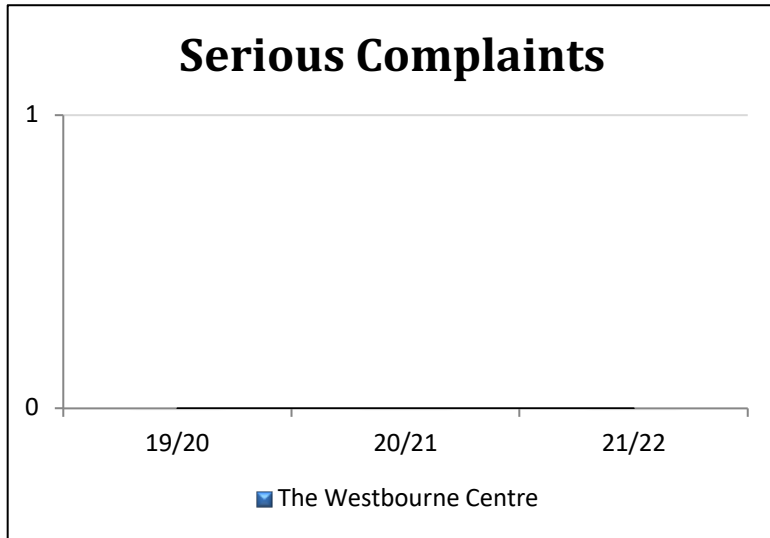
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at The Westbourne Centre and within Ramsay Health Care.

3.4 Patient experience

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

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

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



We have had no serious complaints for the period. We have had 3 minor complaints for the period that have all been closed.

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

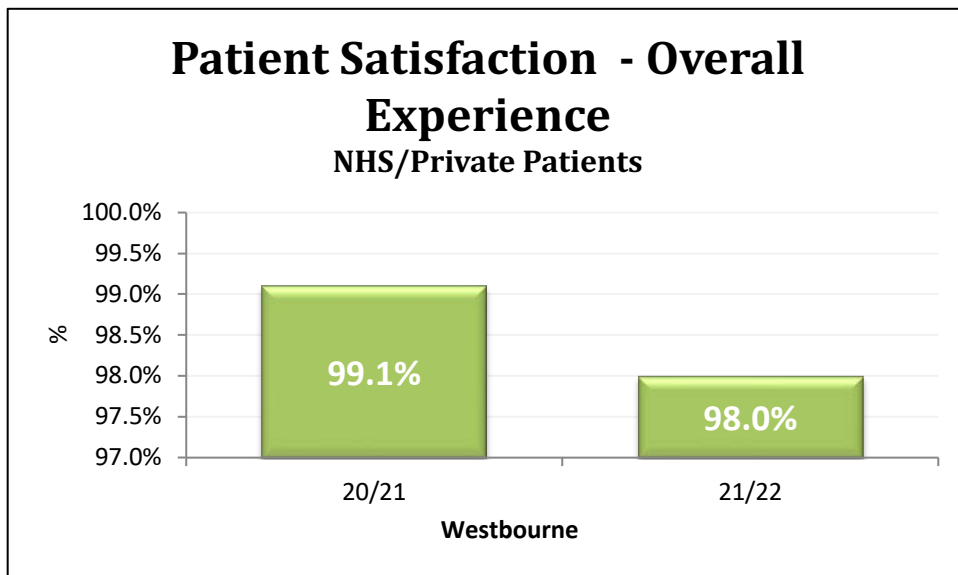
Feedback regarding the patient’s experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a NHS UK services website rating and reviews
- Online @ Reviews.co.uk
- CQC patient surveys during inspections
- Friends and family questions asked on patient discharge
- In –House feedback Cards Feedback Cards leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails/cards
- Care pathways – patient are encouraged to read and participate in their plan of care
- The Westbourne centre can also be access via Google listings and their Facebook page

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 Director 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 slightly decreased over the last year.

Appendix 1

Services covered by this quality account

Treatment of Disease, Disorder or Injury:
Vascular/Pigmented Lesions

Surgical Procedures :
Dental implants
Minor oral/periodontal surgery
Cosmetic
Dermatological
Ophthalmic
Minor Orthopedic
General

Diagnostic :
Phlebotomy
Specimen collection
Histology
Nerve conduction studies
MOHs

Appendix 2 – Clinical Audit Programme 2021/22.

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.

Please note- this is the national timetable for audits. The Westbourne Centre use the audits that are applicable to the clinical area.

Audit	Audit Group / Area (where applicable)	Department Allocation / Ownership (may be delegated)	QR Code Allocation	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 dictated by activity)	By month end
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 February (optional)	End of December
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	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August

(not live yet)					
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/1st Floor)	Monthly	End of month
Neuro: Respirator Y	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Catheter	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Epilepsy	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: PEG	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: MCA & DoLS	Neuro	Neuro	Neuro (G/1st 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

THE WESTBOURNE CENTRE

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:

0121 456 0880

www.westbournecentre.com

