

# Springfield Hospital

## Quality Account 2023/24



**Ramsay**  
Health Care

Confidential Patient Information

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# Welcome to Ramsay Health Care UK

## Springfield Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60<sup>th</sup> anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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. 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 and it gives me great pleasure to share our results with you.



**Nick Costa**  
Chief Executive Officer

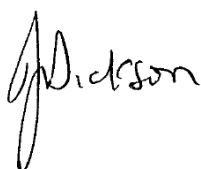
## **Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



**Jo Dickson**  
Chief Clinical and Quality Officer

# Introduction to our Quality Account

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

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



# Part 1

## 1.1 Statement on quality from the Hospital Director

### Mrs Vanessa Childs, Hospital Director Springfield Hospital

Ramsay Springfield Hospital continues to play an important role in the provision of healthcare services for the people of Essex. Our purpose is to continue to strive to improve the lives of the people we serve in Essex and the staff at the hospital have continued to do so throughout the year. We appreciate the support colleagues, patients, our partners, and the public in general have provided us. Our quality report reflects the achievements and progress made during this last year.

Springfield Hospital saw 97,873 outpatients, 10,772 admissions and 939 oncology patients during 2022/23. In keeping with Ramsay ethos, we maintained a relentless focus on best practice standards and service quality. We also implemented improvements in response to feedback and operational audits, the details are highlighted in our report. We achieved the key goals we set out, specifically to maintain high standards of infection prevention and control and to enhance practices shown that impact on safety. We were pleased to have now embedded our electronic patient record which provides us with a strong foundation for long-term improvements both operationally and for use for services planning and development. Additionally, our staff have been instrumental in putting forward ideas for improvement. The clinical and operational teams also received a number of accolades during the year such as BUPA cancer accreditation and Gold JAG accreditation. The management and staff of the hospital are always responding to changes in demand and they remain responsive to patient needs throughout the hospital journey.

We want to continually improve and have therefore set challenging goals for the following year. We are developing our orthopaedic and other clinical services in response to the increased demand and will also focus on our patient reported outcome measures for all specialties. We are committed to using patient feedback to change how patients are prepared for surgery to reduce cancellation rates and to make the patient journey to Springfield a positive experience. To that end we have established a patient participation group which is made up of Springfield patients who meet with the executive and the heads of department to talk about patient experience and comment on changes to that experience.

This quality account document is an accurate reflection of our performance and services we provide which I hope demonstrates that we understand where our priorities for improvement lie. As hospital director for Springfield, I am very proud of the contribution our staff and doctors have made during this period and who all continue to work hard to ensure we continue to provide high-quality patient care for the people in Essex.

## 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 Vanessa Childs, Hospital Director**  
**Springfield Hospital**  
**Ramsay Health Care UK**

**This report has been reviewed and approved by:**

<b><i>Mr Daniel Swallow, MAC Chair</i></b>
<b><i>Mr Simon Trundle, Clinical Governance Committee Chair</i></b>
<b><i>Mr David Munt, Operational Director</i></b>
<b><i>Mrs Angela Reynolds, Mid and South Essex, Commissioner/ICB and other external bodies</i></b>
<b><i>Mrs Denise Baldwin, Patient Participation Group</i></b>

# Welcome to Springfield Hospital

Springfield Hospital opened in 1987 and is one of Essex's leading private hospitals and largest hospitals within the Ramsay Health Group. Springfield Hospital is also well known for its strong, long-standing relationship with the NHS.

The hospital works with over 100 consultants, and we provide a wide range of services including oncology, orthopaedic surgery, ophthalmology, bariatric surgery, paediatrics, cosmetic surgery and many more. We are continually introducing new technology to ensure we provide the best experience for our patients and support for our hard-working teams.

We provide fast, convenient, effective and high-quality treatment for patients of all ages, whether medically insured, self-pay, or from the NHS

Springfield Hospital provide the following services;

- Breast specialists
- Cancer treatment
- Cardiology
- Cosmetic surgery
- Pain relief
- Diagnostics
- Ears, nose and throat
- Audiology
- Eye care
- General medical conditions
- Physiotherapy
- General surgery
- Men's health
- Neurology
- Orthopaedics
- Psychiatry
- Rheumatology
- Skin concerns (Dermatology)
- Urology
- Vascular
- Women's health
- Dietetics
- Gastroenterology
- Oral & Maxillofacial
- Haematology
- Paediatrics/Outpatients

Total numbers of patients treated in the past year

11,106 Daycase/Inpatients

51% private (5,678 pts)



49% NHS (5,428 pts)

*Outpatients would have had treatment as well but no report available for this*

- Details about your staff – overall numbers (Consultants, Nurses, HCAs, Support staff (hotel services/porters etc), admin support, staff/patient ratios, presence of 24 hr RMO etc

Consultants: 198

Direct referrals From:

Mid and South Essex,

Hertfordshire and West Essex ICB

Suffolk and North East Essex ICB

James Paget NHS Foundation Trust

Links with GPs

- Outside activities which show an involvement in the community

We have a link with

- Essex Air Ambulance
- Brain Tumour Trust.
- National Autism Society.
- Alzheimer Society
- Farley's Hospice
- Chelmsford Domestic Abuse.
- The Essex Voluntary First Aid Association
- MacMillan Services

# Part 2

## 2.1 Quality priorities for 2023/24

### Plan for 2023/24

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

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all our 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 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.

Our strategy and vision are led by Putting Patients First.

### Priorities for improvement

#### **2.1.1 A review of clinical priorities 2023/24 (looking back)**

The focus this coming year is enhancement of patient engagement and ensuring patients and their relatives are considered and collaborated with for decisions which involve them.

- We have established a patient participation group with patient ambassadors and we call out patient experiences every morning at our 10@10 as well as feedback to staff. We address all concerns and complaints and use feedback to enhance our service.
- Recruitment and retention of staff is vital to future proof our services

##### **2.1.1.1 Development and training of staff**

We offered a wide range of development opportunities through our Ramsay Academy and managers identified opportunities with their team members during the annual performance development review (PDR) process. Five clinical staff undertook the nurse apprentice

programme. We used our staff forums and training days to promote the opportunities available to staff in their personal and professional development. Staff were also tasked with ensuring that any learning that was completed was shared with colleagues through in service training sessions. There was a focus on ensuring that staff completed their mandatory training in time and the training matrix was completed for all staff which was achieved.

#### **2.1.1.2 Continued improvement in Infection Prevention and Control Processes**

We introduced training for our LINK nurses and established them as a team with monthly meetings. They are encouraged to attend national conferences and bring back what's new in prevention. The team are led by the IPC sister and the Director of Infection Prevention and control (DIPC) as well as the Consultant microbiologist from the local trust. Our Infection rates for 2023/24 were 0.008%.

#### **2.1.1.3 Improved Response Rate for Friends and Family**

We have improved our processes to gain feedback from patients in this important survey by inviting patient feedback being proactive in finding ways to enhance the patient's experience. The patient feedback database "Cemplicity" also allows us to analyse the feedback and be very specific by involving patients and taking action on what concerns patients and their families the most. We introduced a patient participation group but unfortunately it has been difficult to recruit members to ensure we get a representative body of our patients in all areas.

#### **2.1.1.4 Improve staff wellbeing**

Our staff engagement group who feedback on staff needs. We created a staff wellness clinic with a dedicated room led by a trained Mental Health first aider to support both physical and mental health within our workforce. This is supported by our independent Employee Assistance Online "Care First" help line manned 24 hours a day by trained staff and accessible for all staff. Many staff have benefited from the programme and staff are more comfortable speaking up when they are overwhelmed or feeling stressed. We have also recruited Eight new mental health first aiders for staff to approach when they feel they need support in a confidential and supportive environment.

The hospital has continued to provide an annual flu vaccine immunisation as well as encouraging staff to get the COVID vaccination from the NHS service. We have achieved over 89% uptake for all clinical staff.

### **2.1.2 Clinical Priorities for 2024/25 (looking forward)**

Continued implementation of the clinical strategy and vision Putting Patient's First with the main priorities

1. *Patient safety – Introduction and adaption of the PSIRF methodology to enhance the safety culture*
2. *Developing our people with a focus on Human Factor Training*
3. *Empowering patients shared decision making and giving them an authentic voice*

### **2.1.2.1. Patient safety**

**We have embraced the PSIRF** philosophy and our senior staff have had extensive training to enable them to implement the methodology for safer patient outcomes. We use hot debriefs and After Action reviews for immediate learning and we do patient safety incident investigation (PSII) for more in-depth analysis involving patients and their carers as much as possible at all stages. We are now providing PSIRF training for all our staff in our induction and mandatory training.

**We have introduced a Safeguarding** Committee who focus on any incidents and learning from other providers as well as working with the ICB team. All our clinical staff are trained to Level 3 for Adults and those working with children to level 3 for children. All other staff in the hospital complete level 1 and 2 training.

We work closely with the ICB safeguarding team and are involved in sharing any learning from each other.

**Speak up for safety** we have a SUFS trained champion who delivers training at induction and we are in the process of recruiting a second SUFS lead to support our aim of including consultants. We have several consultants who assist us with our projects and reviews of safety issues like *Sip til Send* and VTE management.

Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America'

**Falls Prevention Strategy** we have a falls prevention group who review any falls and the HOCS and Physiotherapy lead are on the national committee driving the initiative.

**Clinical Audit Programme** we want to maintain our 100% achievement and focus on actions from audit.

**Clinical MDTs** with established proformas and action groups

## 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 2023/24 Springfield Hospital provided and/or subcontracted 5,158 IP/DC NHS services.

Springfield Hospital has reviewed all the data available to them on the quality of care in all 5,158 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31<sup>st</sup> March 2023 represents 42 per cent of the total income generated from the provision of NHS services by Springfield Hospital for 1 April 2022 to 31<sup>st</sup> 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 2023/24, the indicators on the scorecard which affect patient safety and quality were:**

#### **Human Resources**

Direct Staff Cost % Net Revenue 23.6%

HCA Hours as % of Total Nursing (76.24)

Agency Cost as % of Total Staff Cost 15.5%

Ward Hours PPD 3.84

% Staff Turnover 5.01% (average)

#### **% Sickness**

% Lost Time 18.4%

Appraisal 95%

Mandatory Training 98.2%

Number of Significant Staff Injuries 0

## Patient

Formal Complaints per 1000 HPD's 106, 0.9%

Significant Clinical Events per 1000 Admissions ( n =38) /11,435 = 0.03%

Readmission per 1000 Admissions (n=10), 0.0013%

## Quality

Workplace Health & Safety Score 95.9%

Infection Control Audit Score 96%

Consultant Satisfaction Score 98%

## 2.2.2 Participation in clinical audit

During 1 April 2023 to 31<sup>st</sup> March 2024 Springfield 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.



NHS-England-Quality-Accounts-List-202

Count	Project name (A-Z)	Provider organisation
3	British Spine Registry	Amplitude Clinical Services Ltd
7	Elective Surgery (National PROMs Programme)	NHS Digital
12	Mandatory Surveillance of HCAI	Public Health England
23	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
32	National Gastro-intestinal Cancer Programme 1, 2, 3	NHS Digital



33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
37	National Ophthalmology Database Audit <sup>2</sup>	The Royal College of Ophthalmologists
42	NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Public Health England
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

## Local Audits

The reports of **320 Ramsay mandatory clinical audits** from 1 April 2023 to 31<sup>st</sup> March 2024 were reviewed by the Clinical Governance Committee. Springfield Hospital is committed to ensuring actions are taken in a timely manner following audits. We had 100% compliance with the audit program. The clinical audit schedule can be found in **Appendix 2**.

### 2.2.3 Participation in Research

There were no patients recruited during 2023/24 to participate in research approved by a research ethics committee.

### Areas of clinical practice innovation over 2023/24

We have introduced the following areas of clinical practice to enhance clinical care and patient safety:

1. **'Sip Til Send'** an innovation where we encourage patients to sip water until they are sent for by the theatre team. In collaboration with our anaesthetists this has proved a welcome initiative for patients and can contribute to a safer journey in the prevention of VTE and infection.
2. **VTE Discharge Fridge magnet** we send patients home with a fridge magnet which highlights the importance of self-care post discharge for clot prevention. It also states when to ring the ward and when to ring an ambulance. We have had very positive feedback from patients, relatives and other health care professionals.
3. **Falls prevention door hangers** we identify high risk patients usually all those who have had a GA or sedation as at risk of falls and then down grade when the patient gains more independence

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

Springfield Hospital's income from 1 April 2023 to 31<sup>st</sup> March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

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

Springfield Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> May 2024 is registered without conditions and rated.

Springfield Hospital has not participated in any special reviews or investigations by the CQC during the reporting period until 31<sup>st</sup> March 2024.

## 2.2.6 Data Quality

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

Springfield Hospital will be taking the following actions to improve data quality.

- VTE prevention risk assessments full completion
- Hand hygiene monitoring and surveillance audits
- Anti-Microbial resistance and stewardship audits
- Recognition of the deteriorating patient especially with regards to Sepsis
- Medicine Management with emphasis on the use of Controlled Drugs
- Medical records completion and content within MAXIMS.
- Safeguarding including informed consent

## NHS Number and General Medical Practice Code Validity

Springfield Hospital submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.0% for admitted patient care;
- 99.5 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

### Clinical coding error rate

Springfield Hospital was subject to the Payment by Results clinical coding audit during 2023/2024 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:

Springfield	March 2023	95.0%	97.5%	100%	99.1%
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### Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as at March 2023

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Springfield	2023	95%	97%	100%	99%

### Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted it's response on 21/06/2023. The status is 'Standards Met'. **The 2032/2024 submission is currently available.**

This information is publicly available on the DSP website at:

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

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at September 2020*

## 2.2.7 Stakeholders views on 2023/2024 Quality Account

PT to send to Sally Hatt when complete

# Part 3: Review of quality performance 2023/2024

## Statements of quality delivery

### Head of Clinical Services (Matron), Springfield

#### Review of quality performance 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024

##### Introduction

We are entering the second year of our three year clinical strategy to deliver safe, effective high quality care in response to our patient's needs. The strategy "putting patients first" is a dynamic strategy which is reviewed monthly to analyse our performance on six main objectives: Patient Safety| Empowering Patients| Developing our people| Future proofing our services| Enhancing Communications| Embracing Technology. Priorities are set each month and enablers and blockers identified. We have written over 600 "we quality statements" to evidence our commitment to delivering the CQC 32 quality statements and discuss these with our patient participation group. 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 to understand and learn as part of our safety culture and have adapted the PSIRF methodology to support this.

Through our rigorous auditing system we can assure our patients and ourselves that we are continuously improving and developing our clinical services within our company values and practice high quality compassionate care 'The Ramsay Way'

**Patricia Turner, RGN, BSc (Hons), MSc, MBA Head of Clinical Services  
Springfield Hospital**

##### Ramsay Clinical Governance Framework 2023

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

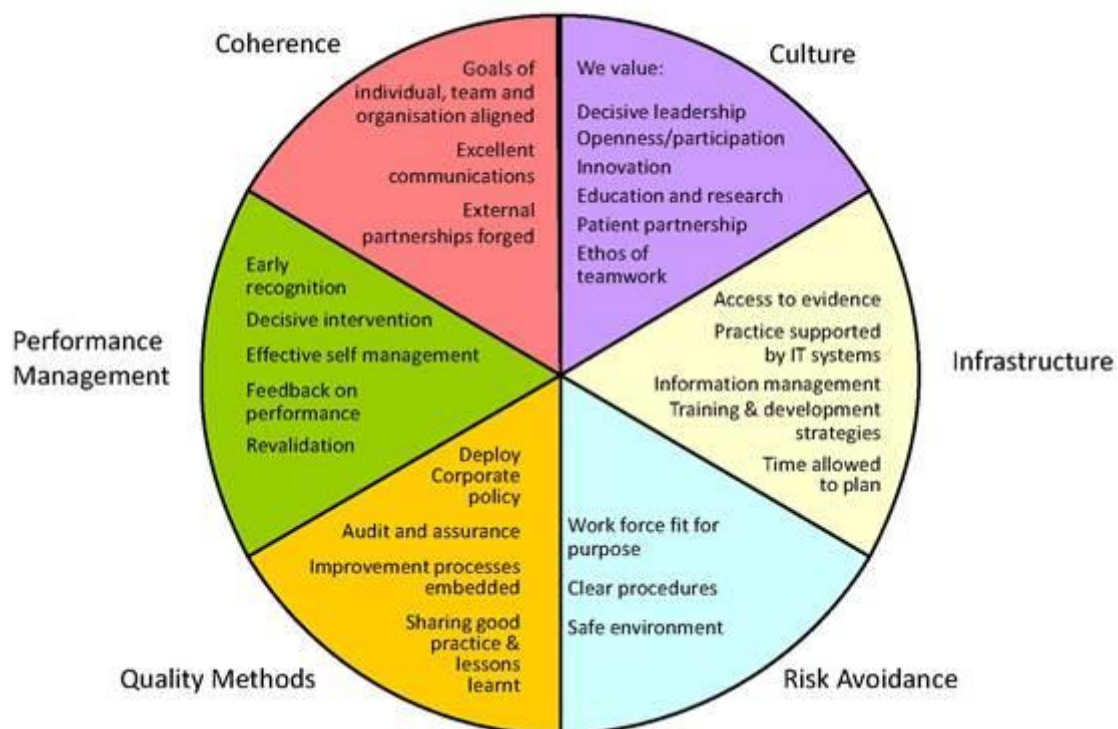
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

### Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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



## 3.1 The Core Quality Account indicators

### Mortality

Mortality:	Period	Best		Worst		Average		Period	Springfield	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC18	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC18	0.0004
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC18	0.0000

Springfield Hospital considers that this data is as described as we monitor and investigate all mortality issues.

Rate per 100 discharges (0.00017): 11,543 discharges and 2 deaths which were fully investigated and reported in a coroner's inquest please see case study section 3.5

### National PROMS

PROMS: Hips	Period	Best		Worst		Average		Period	Springfield	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC18	23.469
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC18	24.668
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC18	25.029

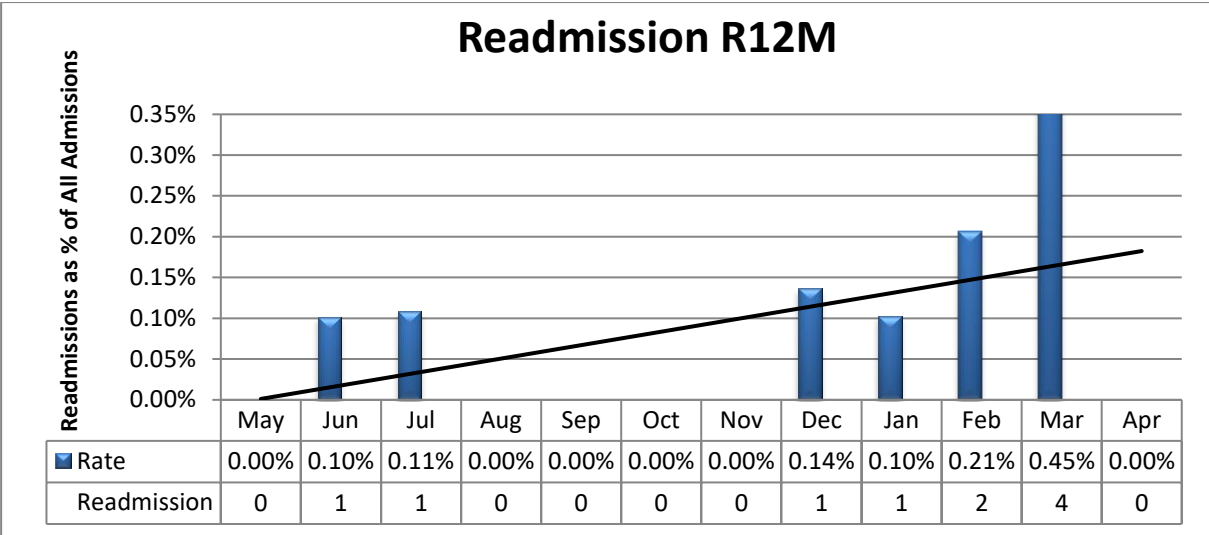
PROMS: Knees	Period	Best		Worst		Average		Period	Springfield	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC18	18.320
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC18	14.418
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC18	18.840

Springfield Hospital has taken the following actions to improve the scores, and so the quality of its services, by having a senior Clinical HOD lead on the PROMS administration and enhance the information we give to our patients.

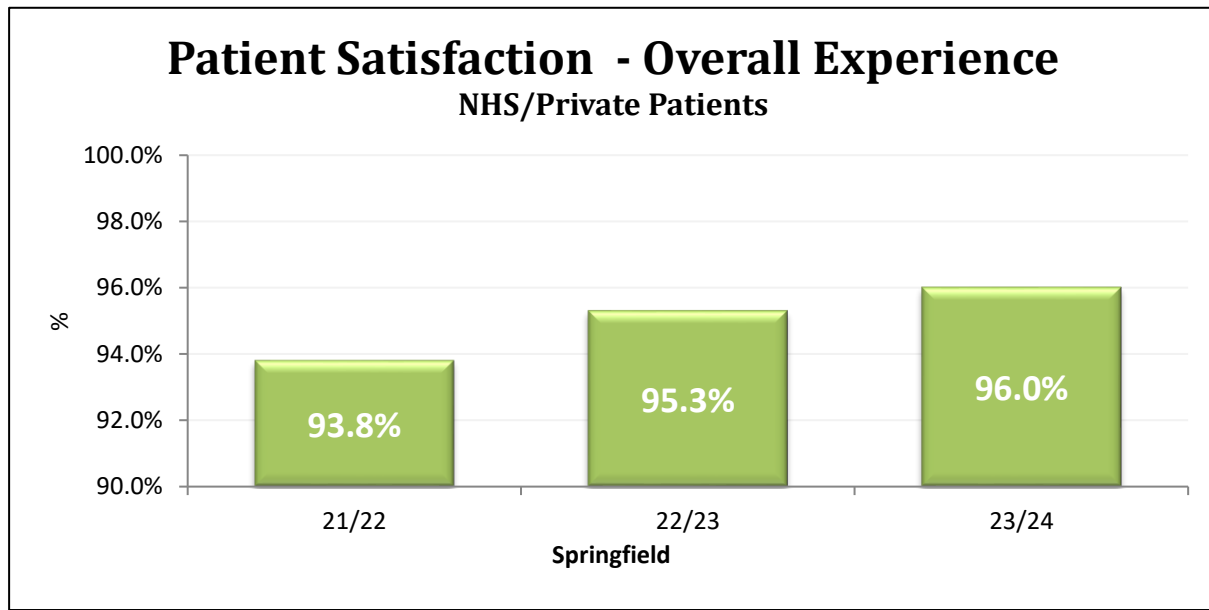
### Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Springfield	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC18	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC18	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC18	0.00

Springfield Hospital considers that this data is as described for the following reasons our policy is to readmit any patient with a clinical problem.



:



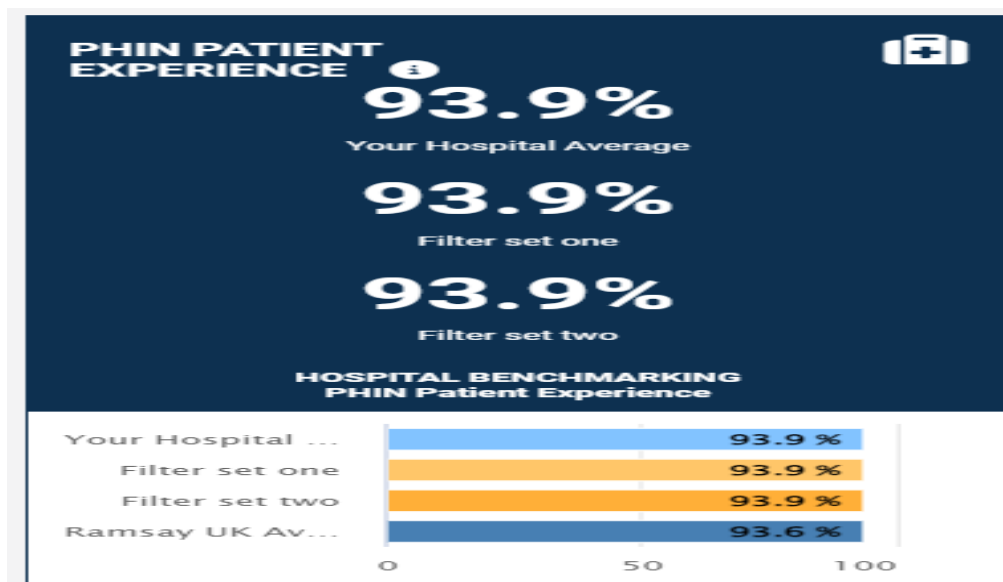
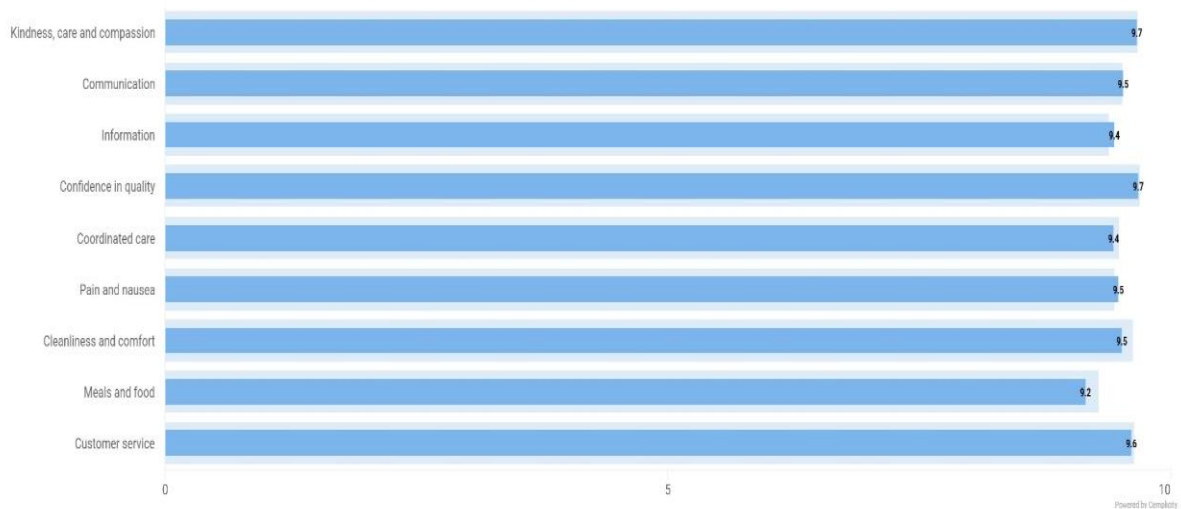
## Responsiveness to Personal Needs

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

### Summary of performance across 0 - 10 ratings questions

Date Range: 01/06/2023-31/05/2024

Filter set one: Hospital Cluster: East Preset Hospital: Springfield Hospital Hospital: Springfield Hospital



Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Springfield	
	Q1 to Q4 18/19	Severall	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC18	91.4%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC18	94.3%

Springfield Hospital considers that this data is as described as every patient has a VTE risk assessment and preventative treatment provided.

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Springfield	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC18	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC18	0.0

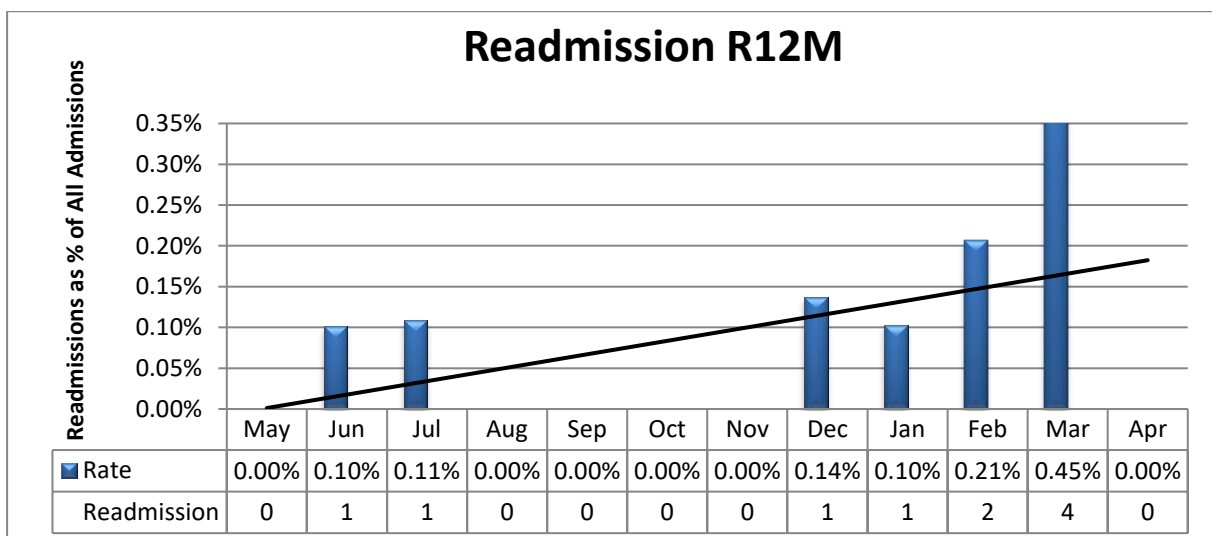
Springfield Hospital considers that this data is as described due to our strict IPC systems in place.

## Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Springfield	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC18	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC18	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC18	0.00

Springfield Hospital is now following the PSIRF methodology for investigation and learning.

Rate per 100 discharges:



## Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Springfield	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC18	98.1%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC18	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC18	98.9%

Springfield Hospital considers that this data is as described as we have employed a concierge and our patient participation group help us to improve the patient experience.

## 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

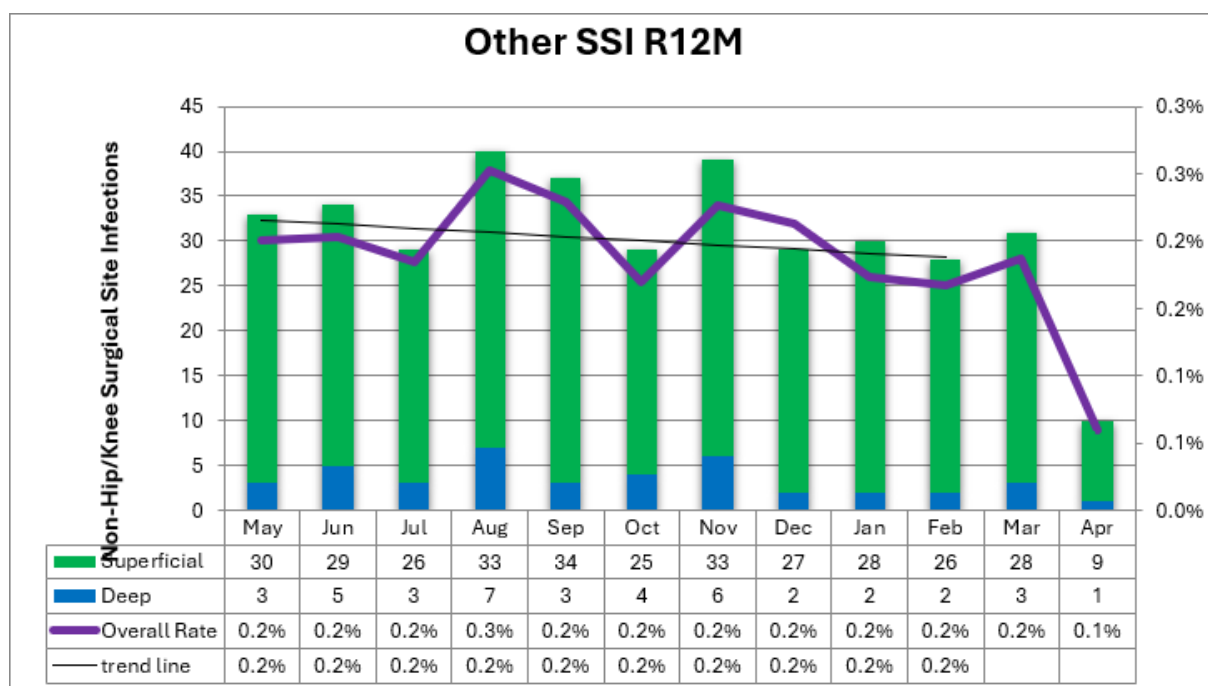
Springfield Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past five years.

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

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

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

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



### Programmes and activities within our hospital include:

Infection control clinical training, face to face and part of mandatory training for all clinical staff.  
Skin surveillance promotion for world hand hygiene day May 2024.

IPC is governed by an IPC Committee Chaired by a Consultant microbiologist and we have departmental link nurses who support the IPC Lead and Matron DIPC in maintaining excellent IPC standards.

As can be seen in the above graph our infection control rate has decreased over the last year. We continue to monitor infection surveillance throughout the hospital to include patients and share learning where necessary.

### 3.2.2 Cleanliness and hospital hygiene

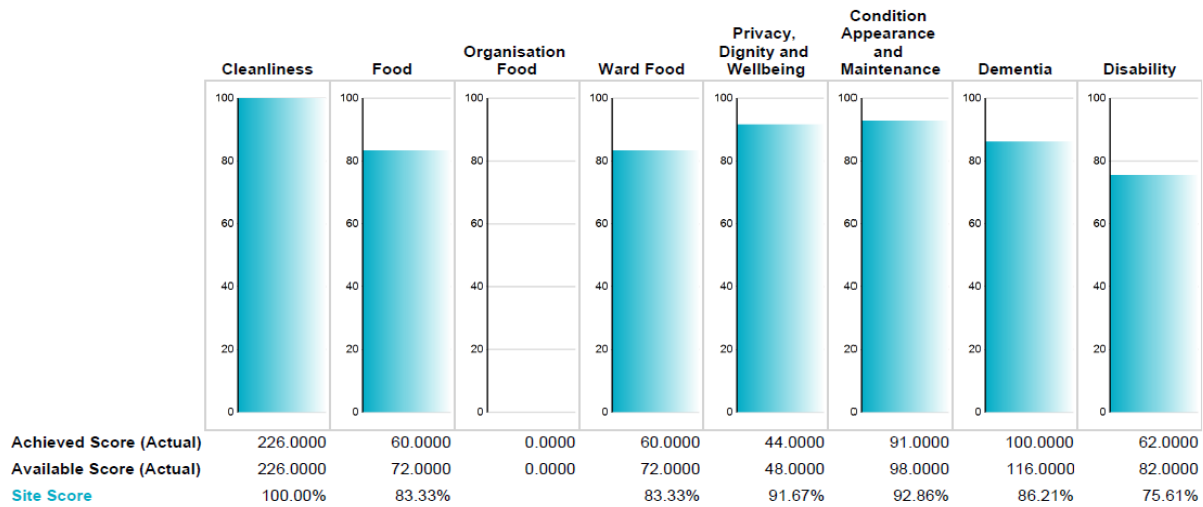
Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur at Springfield Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.



## SPRINGFIELD HOSPITAL- Collection: 2023

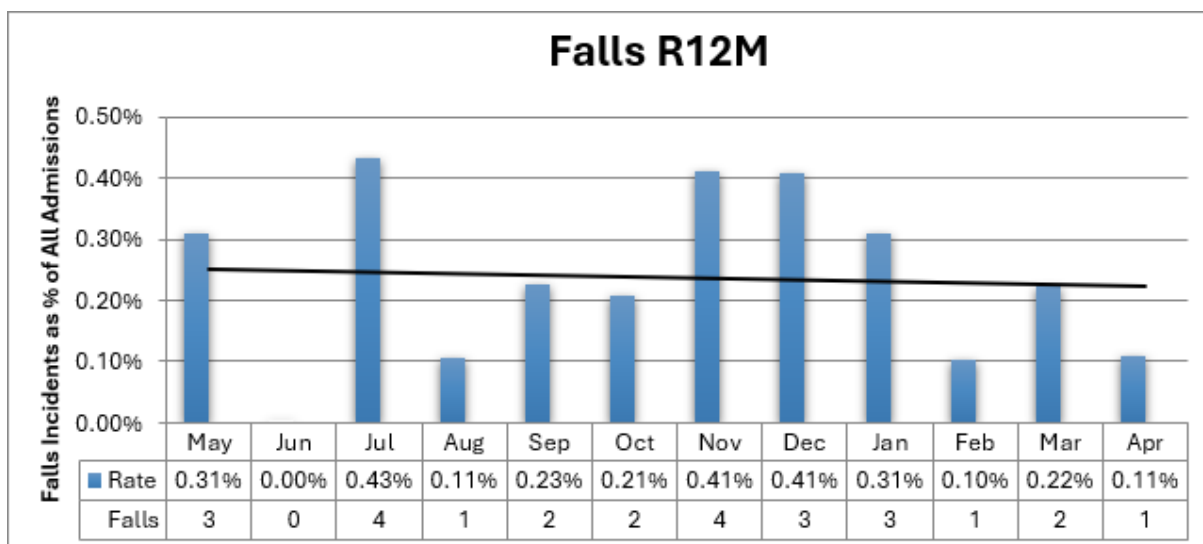


### 3.2.3 Safety in the workplace

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.

We use the Royal College of Physicians fall safe programme to prevent falls which has decreased year on year.

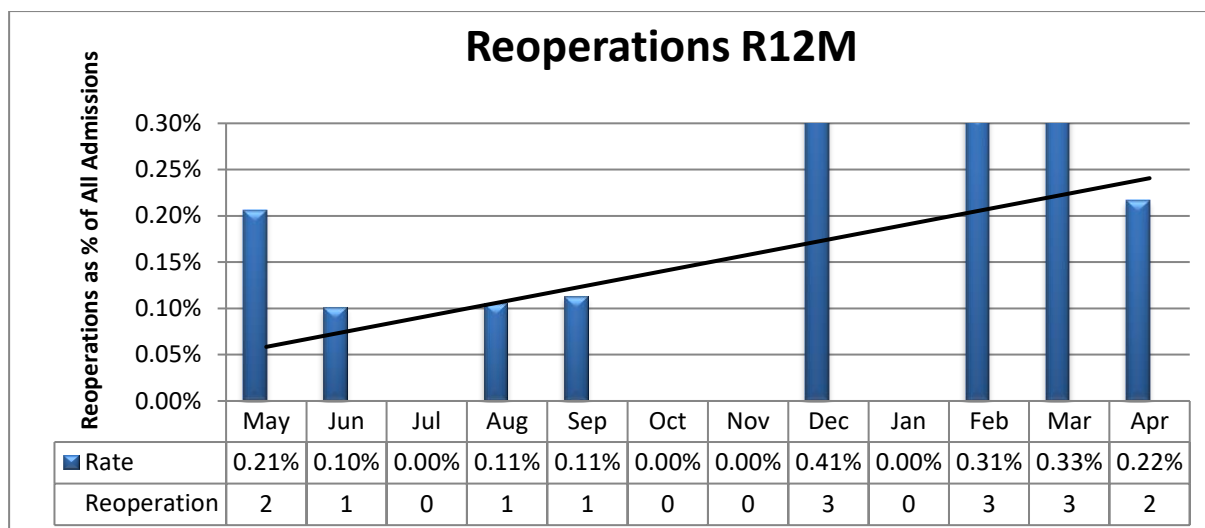


### 3.3 Clinical effectiveness

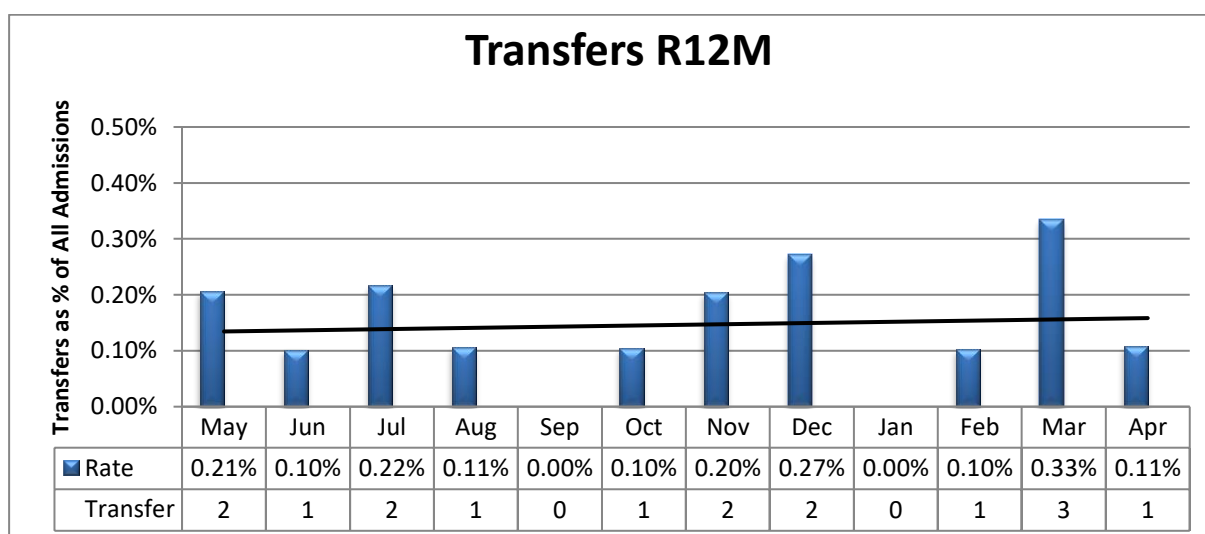
Springfield Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More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

#### 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. Early identification of a complication is paramount to the outcome for the patient. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has slightly decreased with the higher number of patients over the past year. In comparison to the national average it is not remarkable.



As can be seen in the above graph our returns to theatre rate has slightly decreased with the higher number of patients over the past year. In comparison to the national average it is not remarkable.

### 3.3.2 Learning from Deaths

There were 2 VTE related deaths following surgery 2023-2024 both cases had in-depth review and were referred to the coroner and the inquest which followed was attended by hospital team. The findings from the coroner's inquest were that the deaths were not as a consequence of care failings.

Patient safety measures are paramount and Lessons learnt following the deaths were implemented immediately.

-VTE completion on Maxims electronic care pathway was audited and patients are not allowed to enter theatre unless an updated assessment on admission has been completed.

The nursing handover sheet was changed and in bold red writing at top of every page it is written that VTE must be completed for every patient.

The theatre sending slip was also changed:

There has been a continuous campaign for patient safety which will remain ongoing. The introduction of *sip to send* has been very successful in reduction of fluid fasting time's pre-operatively, following on from our Think Drink campaign.

The Head of Clinical services designed a sign for patient's to take home and put on the fridge which gives information how to lower your risk of blood clots and what to do if they are concerned. This has been greatly received by Ramsay Corporate team and has now been successfully implemented throughout Ramsay hospitals UK.

### 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 whistleblowers). 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%.

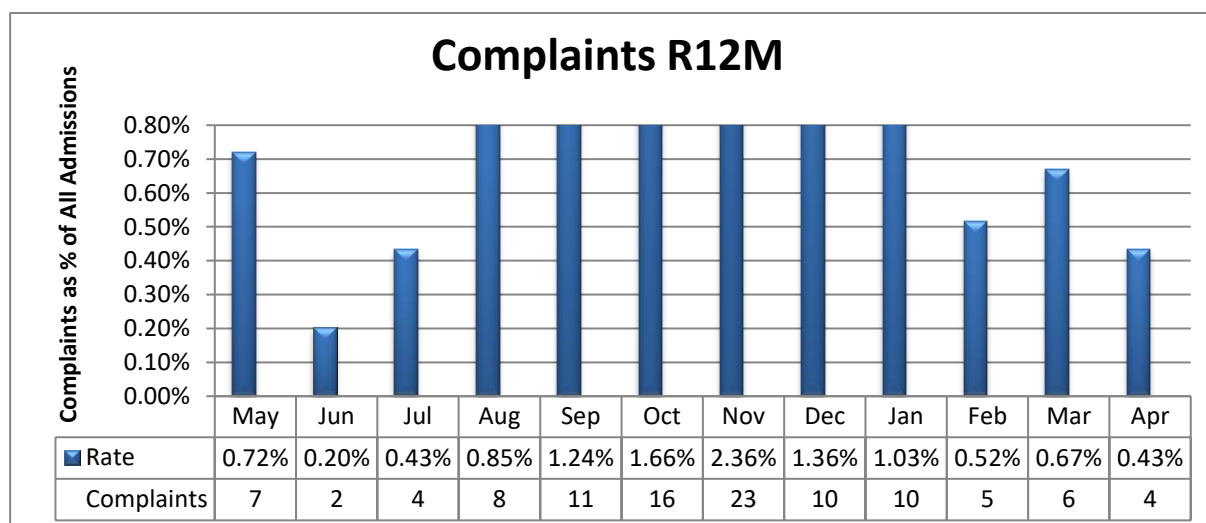
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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.

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



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

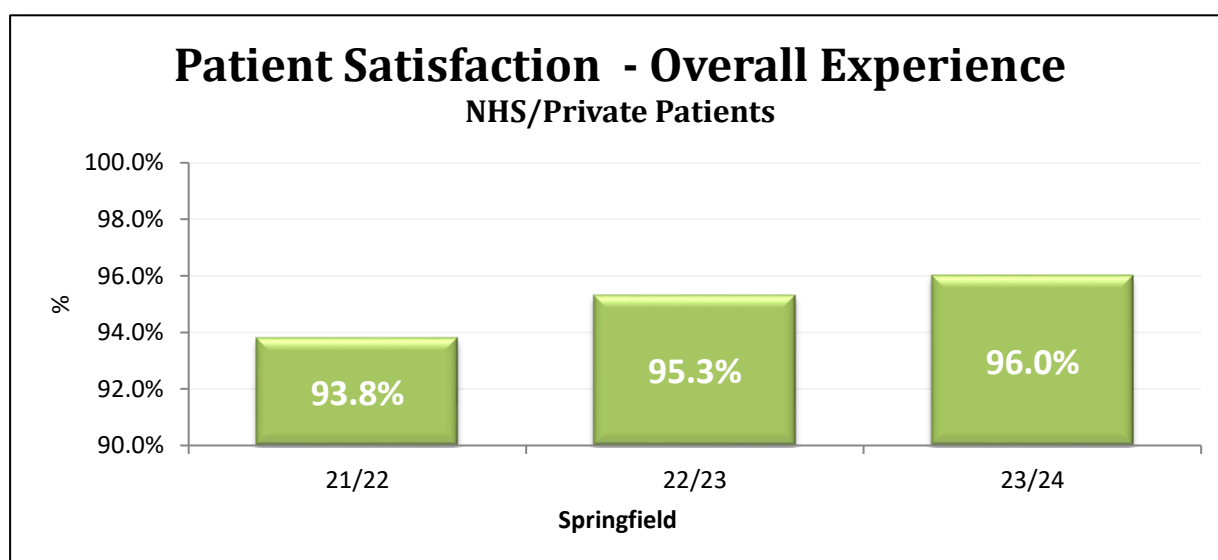
Feedback regarding the patient's experience is encouraged in various ways via:

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

### 3.4.1 Patient Satisfaction Surveys

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

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



*As can be seen in the above graph our Patient Satisfaction rate has slightly increased in the past year with a focus on participation with our patient participation group and introduction of the concierge*



## 3.5 Springfield Hospital Case Study

There were 2 VTE related deaths following surgery 2023-2024 both cases had in-depth review and were referred to the coroner and the inquest which followed was attended by hospital team. The findings from the coroner's inquest were that the deaths were not as a consequence of care failings.

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**DO NOT SEND FOR PATIENT UNTIL VTE COMPLETED BY CONSULTANT ON MAXIMS**

Date of Procedure	Consultant	Theatre Number	Time Sending

Patient Name	
Patient Number	
Date of Birth	

# **Please follow these four simple steps to lower your risk of a blood clot:**



**Keep Hydrated**



**Keep Moving**



**Keep Taking Deep Breaths**



**Take Your Medications**

## **Symptoms of a blood clot include:**

**Cramping, Ache or Tightness type pain or increased swelling in one leg:  
Ring the ward 01245 234 114.**

**Breathless, chest pain fainting, coughing blood: Ring 999**

# Appendix 1

## Services covered by this Quality Account



Springfield Hospital has 58 beds/day case facilities with 6 theatres three with laminar flow Plus 15 ambulatory/endoscopy unit beds and a minor operation unit in OPD. We have a separate Oncology unit.

Patients requiring enhanced recovery care are treated and cared for by a well-trained team of staff in a dedicated facility. Springfield Hospital provides treatment for children over the age of 3 years..

People who use our hospital services will recommend us to their family and friends because of our excellent patient outcomes. Springfield provides the following services Springfield Hospital provide the following services;

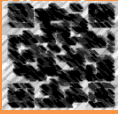
- Breast specialists
- Cancer treatment
- Cardiology
- Cosmetic surgery
- Pain relief
- Diagnostics
- Ears, nose and throat
- Audiology
- Eye care
- General medical conditions
- Physiotherapy
- General surgery
- Men's health
- Neurology
- Orthopaedics
- Psychiatry
- Rheumatology
- Skin concerns (Dermatology)
- Urology
- Vascular
- Women's health
- Dietetics
- Gastroenterology
- Oral & Maxillofacial
- Haematology
- Paediatrics/Outpatients

## Appendix 2 – Clinical Audit Programme 2023/2024.

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

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

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

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

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



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

<b>Neuro: Epilepsy</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
<b>Neuro: PEG</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
<b>Neuro: MCA &amp; DoLS</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
<b>Neuro: Enhancing Lives</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
<b>Neuro: Spinal</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
<b>Neuro: NSEWS</b>	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month

## Appendix 3

### 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
EVLT	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
NVCXX	Code for Springfield Hospital used on the data information websites
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

# Springfield 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

**01245 234 000**

### Hospital website

<https://www.ramsayhealth.co.uk/hospitals/springfield-hospital>

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