

Quality Account 2011/12

OAKLANDS
HOSPITAL



Extraordinary care needs
extraordinary people

No reported MRSA Bacteraemia in the past 3 years.

People caring for people



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Welcome to Ramsay Health Care UK

Oaklands Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 22 acute hospitals.

We are also the largest private provider of surgical and diagnostic services to the NHS in the UK. Through a variety of national and local contracts we deliver thousands of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, PCTs and acute Trusts.

“Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of everything we do. As Chief Executive of Ramsay Health Care UK, I am passionate about ensuring that high quality patient care is at the centre of what we do and how we operate all our facilities. This relies not only on excellent medical and clinical leadership in our hospitals but also upon our overall continuing commitment to drive year on year improvement in clinical outcomes.

“As a long standing and major provider of healthcare services across the world, Ramsay has a very strong track record as a safe and responsible healthcare provider and we are proud to share our results. Delivering clinical excellence depends on everyone in the organisation. It is not about reliance on one person or a small group of people to be responsible and accountable for our performance.”

Across Ramsay we nurture the teamwork and professionalism on which excellence in clinical practice depends. We value our people and with every year we set our targets higher, working on every aspect of our service to bring a continuing stream of improvements into our facilities and services.

(Jill Watts, Chief Executive Officer of Ramsay Health Care UK)

Introduction to our Quality Account

This Quality Account is Oaklands 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.

Part 1

1.1 Statement on quality from the General Manager

Helen Rocca, General Manager Oaklands Hospital

Ramsay Health Care UK is committed to establishing an organisational culture that puts the patient at the centre of our hospital's operations. As General Manager of Oaklands Hospital, I am passionate about ensuring that high quality patient care is at the foundation of everything that we do. This relies not only on excellent medical and clinical delivery but also upon continued commitment to driving improvement in clinical outcomes. Ramsay Health Care UK has a structured clinical governance framework that enables continual review of performance. This allows us to drive improvements for the benefit of all patients.

Our Quality Account is information for our patients and commissioners to assure them that we are committed to sharing our progressive achievements year on year.



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.

Helen Rocca, General Manager, Oaklands Hospital

This report has been reviewed and approved by:

A handwritten signature in black ink, appearing to read 'H Maxwell', written on a light-colored background.

Oaklands Hospital Medical Advisory Committee Chair, Mr Henry Maxwell

A handwritten signature in black ink, appearing to read 'S Andrejczuk', written on a light-colored background.

Regional Director Ramsay Health Care UK, Mr Stefan Andrejczuk

Welcome to Oaklands Hospital

Oaklands Hospital is one of Greater Manchester's leading private hospitals with a reputation for delivering high quality healthcare treatments and services. Located in Salford, the hospital is close to the A580 and the M602. The hospital opened in 1990 and currently has 15 single rooms all with en-suite facilities and a six bedded, dedicated day case facility.

Oaklands Hospital provides fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of three years) whether medically insured, self funding or from the NHS. The Hospital offers a comprehensive range of treatments and services including ENT procedures, Dental Surgery, Cosmetic Dentistry, Gynaecology, General Surgery procedures, Orthopaedics and Urological procedures.

In the ten months to April 2012, the Hospital admitted 4162 patients. 38% of these patients were insured or self funding, 62% were from the NHS.

Diagnostic facilities include contrast studies, barium studies, ultrasound, mammography, MRI and DEXA for bone density, in addition to general radiology.

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

Our physiotherapy clinic is staffed with chartered, HPC registered physiotherapists.

Oaklands Hospital is part of the Greater Manchester Critical Care Network and has a Service Level Agreement in place with Royal Manchester Children's Hospital if transfer of a child is required.

Oaklands Hospital supports local charities and other groups. Last year St Anne's Hospice and both Adult and Children's lacrosse teams were supported which tour nationally and internationally.

Part 2

2.1 Quality Priorities

Plan for 2012/13

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

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

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

A hospital Quality Team meets on a regular basis to ensure implementation of quality ideas into the business and review/formulate action plans from patient / staff satisfaction data and any complaints received at the hospital.

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

Priorities for improvement

2.1.1 A review of clinical priorities set in 2011/12

- Safer Surgery Checklists. Further work on this initiative has been undertaken and two more speciality specific checklists for radiology and cataracts have been implemented to further reduce the risk of wrong site surgery.
- Cleanliness – Further infection prevention and control audits have been introduced as planned and these are now being undertaken at all Ramsay

sites and action plans developed locally where necessary to ensure the standards are met.

- Infection Control – a bar coding system is being trialled at present in Ramsay so that an audit trail can be followed to ensure traceability of medical equipment.
- ANTT (Aseptic Non Touch Technique) is a unique and contemporary practice framework for aseptic technique and is now the standard aseptic technique used at Oaklands Hospital to further reduce the risk of HCAI.
- Safeguarding is high priority at Oaklands Hospital and we have specially trained staff who represent Ramsay on the local Safeguarding Children's Board and Safeguarding Adults Local Networks. Robust protocols are in place to ensure all staff are aware of action to take if necessary.
- VTE - No patient goes to theatre without a VTE risk assessment being completed and signed off by the consultant.

2.1.2 Clinical Priorities for 2012/13 (looking forward)

Patient safety

- **“Never Events”** are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented for example:
 - Wrong site surgery
 - Retained instrument post-operation
 - Wrong route administration of chemotherapy
 - Misplaced naso or orogastric tube not detected prior to use
 - Intravenous administration of mis-selected concentrated potassium chloride

The Department of Health lists twenty five “never events”, twenty one of which are relevant to Ramsay and the hospital is assessed on these under the Standard Acute Contract. The hospital continually reviews safety measures to ensure that the incidence of such events never happens.

- **VTE risk assessment** is one of the national CQUIN indicators of the Standard Acute Contract. It is a nationally implemented indicator which all hospitals are mandated to address. Oaklands Hospital follows corporate policy in line with Department of Health and NICE guidelines and its compliance results are benchmarked at 95%.

Local CQUINS

- **Alcohol and smoking cessation and weight management**

Through the MECC (Making Every Contact Count) programme, alcohol cessation and weight management initiatives will be introduced. Smoking cessation continues as introduced during 2011/12.

- **NHS Thermometer**

The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Oaklands will improve collection of data in relation to pressure ulcers, falls and urinary tract infection in those with a catheter.

- **Patient Experience**

As part of CQUIN measures, patient experience will be monitored in five areas around the overarching theme of "responsiveness to personal needs of patients". The elements are: 1) Involvement in decisions about treatment/care, 2) Hospital staff being available to talk about worries/concerns, 3) Privacy when discussing condition/treatment, 4) Being informed about side effects of medication, 5) Being informed who to contact if worried about condition after leaving hospital.

Clinical effectiveness

1. Ambulatory Day Care – better outcomes and improving patient experience

Ambulatory Care (or Day Surgery Care) is the admission of selected patients (both medical and surgical) to hospital for a planned procedure, returning home the same day i.e. the patient does not incur an overnight stay. Over recent years, partly due to medical advances the number of day surgery patients has increased compared to those requiring inpatient care.

2. Improving National Benchmarking

It was recognised that Oaklands Hospital needed more transparency between the Hospital and other independent sector providers and the NHS in order to monitor and improve services. This is even more important now that the Hospital is working in partnership with the NHS.

Examples of benchmarking initiatives are:

- **Hellenic**
Hellenic will provide national benchmark figures for key performance indicators eg. activity volumes, mortality, day case rates, unplanned readmissions, average length of stay, unplanned transfers and returns to theatre.
- **VTE risk assessment compliance**
Measured and benchmarked through the national statistics website.
- **PROMS results**
Measured and benchmarked through the national PROMS program.
- **Patient satisfaction figures**
Using CQUIN indicators common to both the NHS patient satisfaction survey and Ramsay Health Care UK's independent survey taken by The Leadership Factor.

3. The Productive Ward (PW) Project

This is a NHS Initiative developed by the Institute for Innovation and Improvement (2008). It focuses on the way ward teams work together and organise themselves, in order to reduce the burden of unnecessary activities, and releasing more time to care for patients in a reliable and safe manner within existing resources. The approach is very much 'bottom up' with all ward staff suggesting ideas and ways in which they could improve their environment and processes.

4. Improved Patient Communication

Patient communication is important to us and we review the information we give to our patients on a yearly basis. All patient information is reviewed and signed off by the General Manager before it goes out to the patient.

Patient experience – informing patient choice

Patient Reported Outcomes Studies (PROMs)

Oaklands Hospital is continuing its use of the national PROMs results for Hip, Knee, Varicose Veins and Hernia surgery, encouraging their use to gain a better understanding of treatment outcomes from the patients view point. Results are shared with Consultants and physiotherapists and they are encouraged to use them to review their practice in discussion at the regular Clinical Governance and MDT meetings.

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 2011/12 Oaklands Hospital provided NHS services across six surgical specialties.

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

The income generated by the NHS services reviewed in 1 April 2011 to 31st March 2012 represents 100 per cent of the total income generated from the provision of NHS services by Oaklands Hospital.

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 managers. 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 2011/12, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	Patient
HCA Hours as % of Total Nursing	Formal Complaints per 1000 Hospital Patient Days
Agency Hours as % of Total Hours	Patient Satisfaction Score
% Staff Turnover	Number of Significant Clinical Events
% Sickness	Readmission per 1000 Admissions
Total Lost Worked Days	
Appraisal %	Quality
Mandatory Training %	Workplace Health & Safety Score
Staff Satisfaction Score	Infection Control Audit Score
Number of Significant Staff Injuries	Consultant Satisfaction Score

2.2.2 Participation in clinical audit

During 1 April 2011 to 31st March 2012, 7 national clinical audits and national confidential enquiries covered NHS services that the Hospital provides.

During that period Oaklands Hospital participated in 5 national clinical audits/confidential enquiries.

The national clinical audits and national confidential enquiries that the Hospital participated in, and for which data collection was completed during 1 April 2011 to 31st March 2012, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits (NA = not applicable to the services provided)

Name of Audit	Participation (NA, Yes, No)	% cases submitted
Acute care		
Cardiac arrest (National Cardiac Arrest Audit)	Yes	0
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100
Elective surgery (National PROMs Programme)	Yes	100
Blood transfusion		
O neg blood use (National Comparative Audit of Blood Transfusion)	No	Volumes too small
Platelet use (National Comparative Audit of Blood Transfusion)	No	Volumes too small
Additional Audits		
National Surveillance Programme	Yes	
PEAT Audit	Yes	

The reports of five national clinical audits from 1 April 2010 to 31st March 2011 were reviewed by the Clinical Governance Committee to identify areas for improvement.

Local Audits

The reports of 26 (which includes 9 infection prevention and control, 4 transfusion, 3 physiotherapy and 2 radiology) local clinical audits from 1 April 2011 to 31st March 2012 were reviewed by the Clinical Governance Committee and Oaklands Hospital has set the following three actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

- Working with medical staff regarding compliance with consent audit
- Ensuring documentation of all relevant information given to patients as part of procedure
- Ensuring time is being recorded on operation notes

2.2.3 Participation in Research

There were no patients recruited during 2011/12 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

Oaklands Hospital's income from 1 April 2011 to 31st March 2012 was 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)

The Hospital is required to register with the Care Quality Commission and its current registration status on 31st March is registered with conditions.

Oaklands Hospital has the following conditions on registration:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

The Care Quality Commission has not taken enforcement action against the Hospital during 2011/12.

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

2.2.6 Data Quality

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

Oaklands Hospital will be taking the following actions to improve data quality:

- Regular training to ensure staff understand the importance of accurate data input and have sufficient technical competence
- Employment of clinical coder to improve accuracy of recording
- Supporting national projects to ensure data accuracy

NHS Number and General Medical Practice Code Validity

Oaklands Hospital submitted records during 2011/12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics and are included in the latest published data. The percentage of records in the published data included:

- the patient's valid NHS number was:

100% for admitted patient care

100% for outpatient care

0% for accident and emergency care (not undertaken at our hospital)

- the General Medical Practice Code was:

100% for admitted patient care

100% for outpatient care

0% for accident and emergency care (not undertaken at our hospital)

Information Governance Toolkit attainment levels

The Ramsay Group Information Governance Assessment reported an overall score for 2011/12 of 79% and was graded 'green' (satisfactory).

2.2.7 Stakeholders views on 2011/12 Quality Account

Feedback from the Hospital's lead commissioning primary care trust (PCT) is as follows:

Commentary from NHS Salford 2011/12

NHS Salford on behalf of associate commissioners is pleased to have an opportunity to comment on this quality account.

Oaklands Hospital has successfully achieved the CQUINs set for 2011/12. The hospital has demonstrated that the high standards for patients relating to quality, safety and effectiveness have been maintained and that patients accessing care provided have expressed a positive experience.

NHS Salford has worked in partnership with Oaklands Hospital to develop and agree a number of quality indicators (CQUINs) for 2012/13. Included is the North West Advancing Quality CQUIN relating to Hip and Knee surgery which will ensure standardisation of care and enable benchmarking across the various organisations in the North West providing this type of surgery.

We look forward to continue to work in partnership with Oaklands to continue to improve the quality of care and patient experience for NHS patients.

Part 3: Review of quality performance 2011/2012

Statements of quality delivery

Matron, Helen Rocca

Review of quality performance 1st April 2011 - 31st March 2012

Introduction

“Ramsay operates a quality framework to ensure the organisation is accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

(Jane Cameron, Director of Safety and Clinical Performance, Ramsay Health Care UK)

Ramsay Clinical Governance Framework 2012

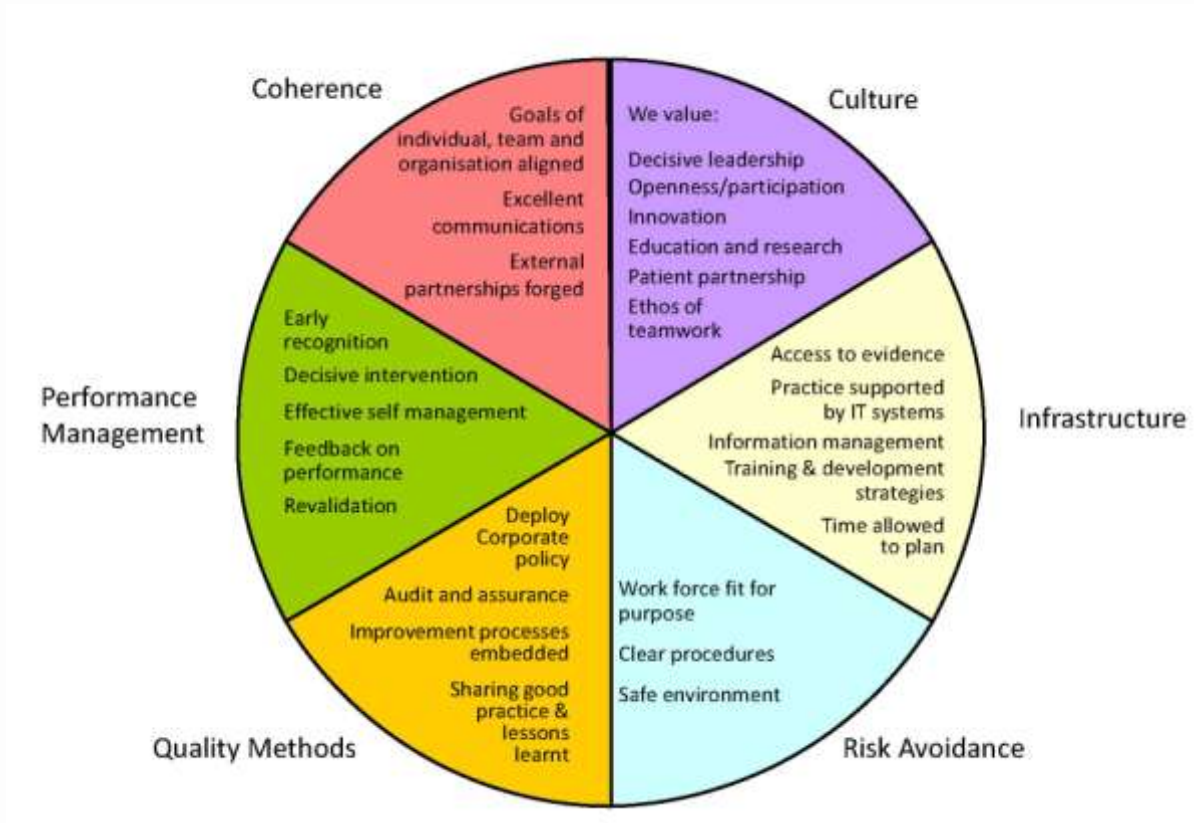
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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



NICE / NPSA 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 National Patient Safety Agency (NPSA).

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

3.1 Patient Safety

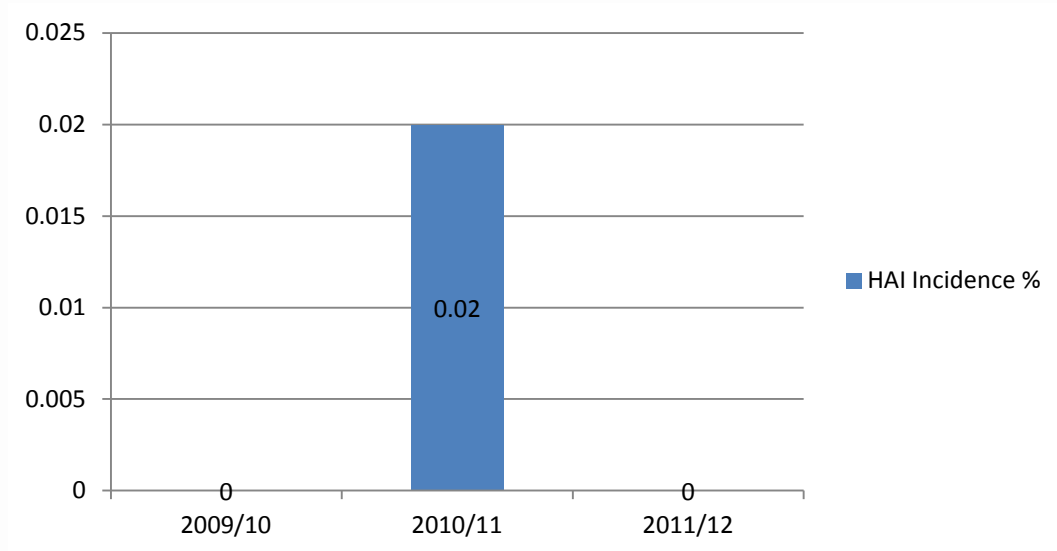
We are a progressive hospital and focused on stretching our performance every year in all respects and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raised 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.

3.1.1 Infection prevention and control

Oaklands Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia.



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

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

Infection prevention and control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years to create a local infection plan with tailored initiatives. 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:

- All staff undertake mandatory, annual infection control training.
- As per Appendix 2 regular Infection Control and Prevention audits have been completed.
- Following patient satisfaction survey results, a proactive initiative has been implemented to demonstrate to patients the importance of hand washing, the frequency with which staff undertake hand washing and raise general awareness.

3.1.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include Patient Environment Assessment Team (PEAT) audits.

These assessments include rating of privacy and dignity, food and food service and patient environment.

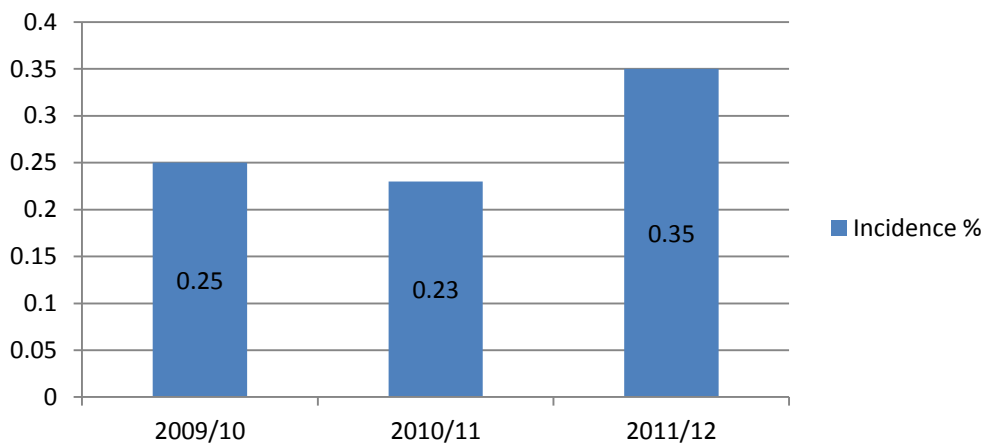
In 2012 Oaklands received 'Good' grades for 'Environment' and 'Food' and received an 'Excellent' grade for 'Privacy & Dignity'.

3.1.3 Readmission, Return To Theatre and Transfer Rates

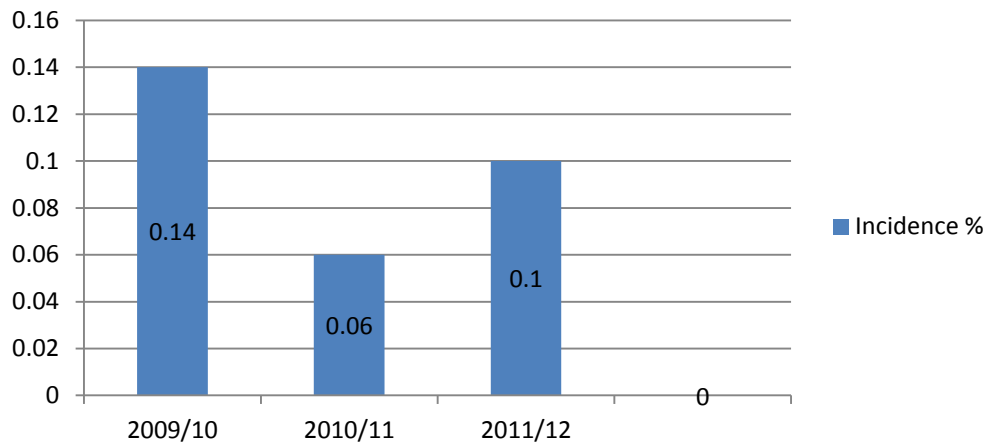
Monitoring rates of readmission to hospital is a valuable measure of clinical effectiveness. As with return to theatre, any emerging trend with specific surgical operation or surgical team in common may identify contributory factors to be addressed. Ramsay rates of readmission remain very low and this, in part, is due to sound clinical practice ensuring patients are not discharged home too early after treatment and are independently mobile, not in severe pain etc.

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

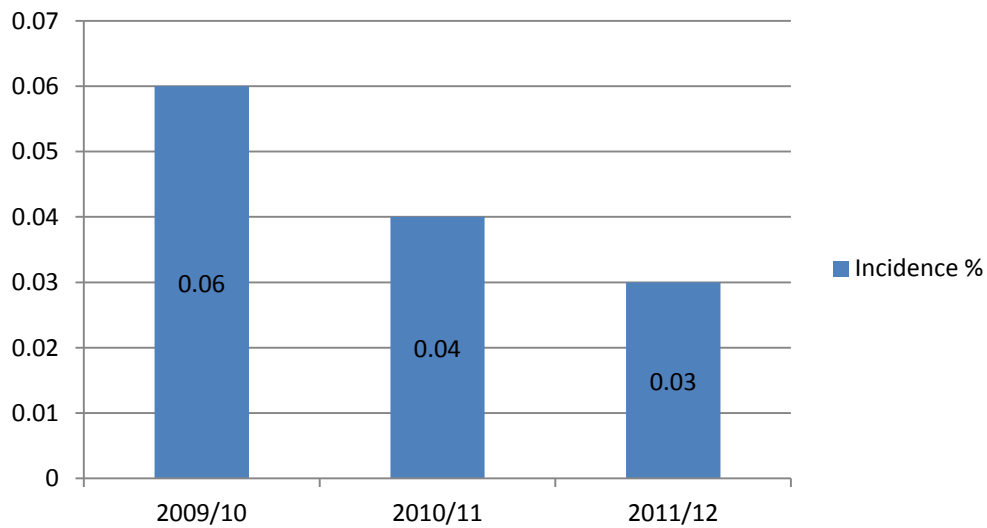
Unplanned Readmissions (%)



Returns To Theatre (%)



Unplanned Transfers to Level 1 and 2 (%)



3.2 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 on 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. Staff are involved in the management of relevant complaints to ensure lessons are learnt.

Patient experiences are fed back 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:

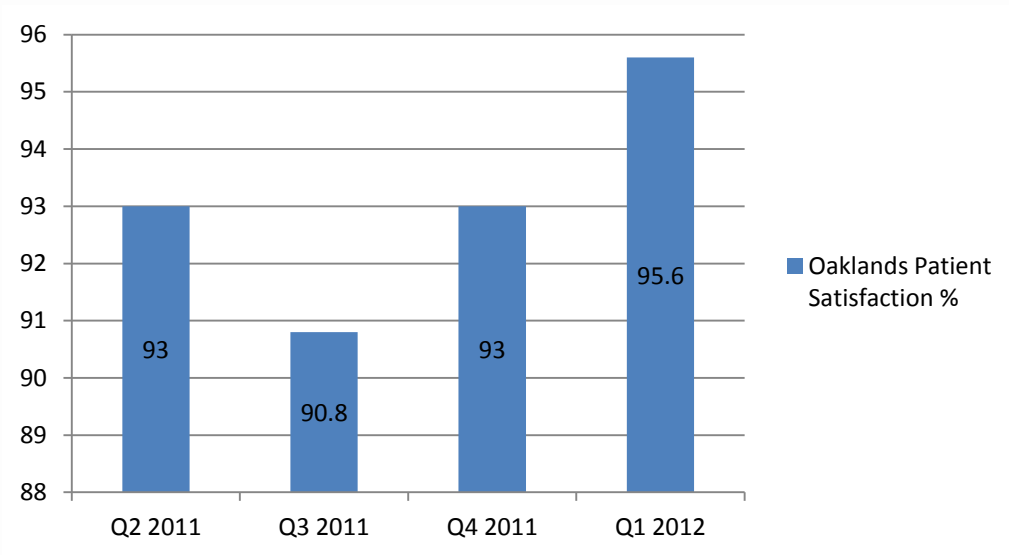
- Patient satisfaction surveys
- The 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons, General Managers whilst visiting patients and via Provider/CQC visit feedback
- Written feedback via letters/emails
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.3.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by an independent company called 'The Leadership Factor'(TLF). They print and supply a set number of questionnaire packs to our hospital each quarter which contain a self addressed envelope addressed directly to TLF for each patient to use. Results are produced quarterly.

Patient satisfaction scores for overall quality show the majority of patients feel they receive excellent quality of care and service in Oaklands Hospital. To record a satisfaction index over 97%, a very high proportion of our patients have scored 9 or 10 out of 10 for their satisfaction with all the requirements. This is underlined by

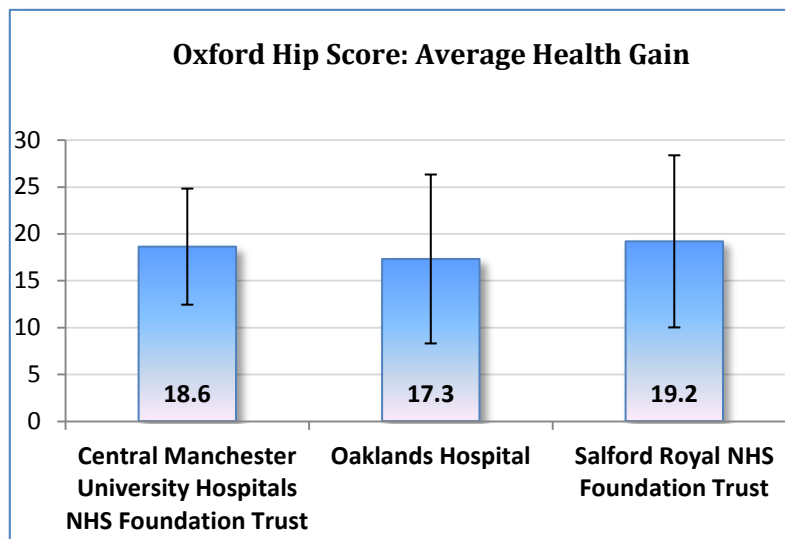
comparing our hospitals Satisfaction Index against those achieved by other organisations across all sectors of the UK economy where the full range of customer satisfaction is 50% to 95% with the median just below 80%.



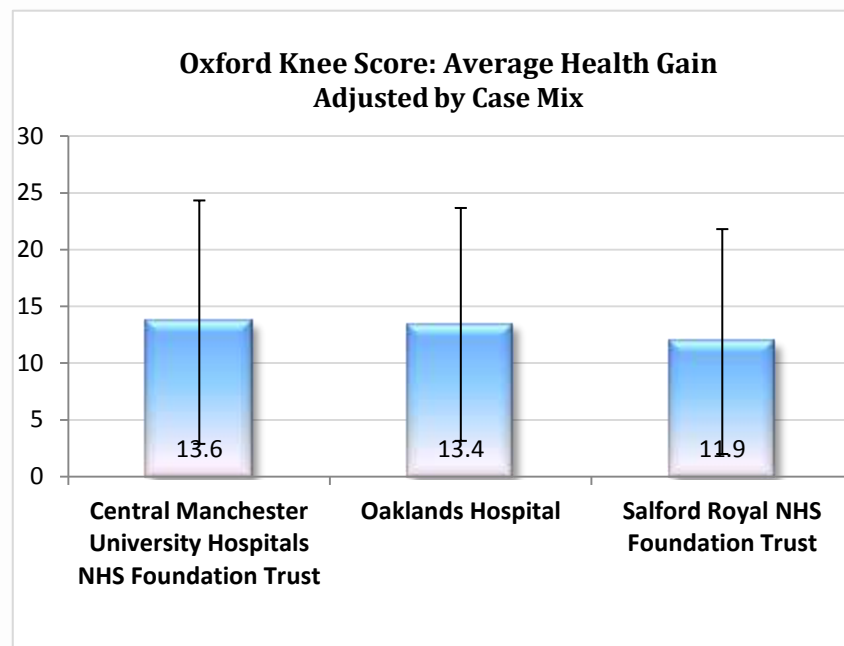
3.3.2 Patient Reported Outcome Measures (PROMs)

Oaklands Hospital participates in the Department of Health's PROMs surveys for NHS patients. April 2010 – March 2011:

Hip



Knee



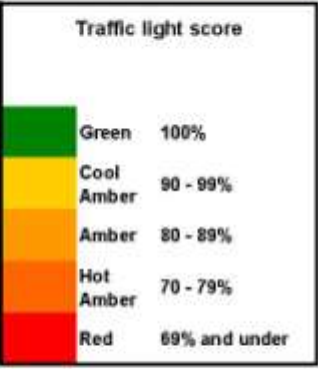
Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cosmetics, Dermatology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, General medicine, Ophthalmic, Orthopaedic, Physiotherapy (including satellite clinic), Rheumatology, Sports medicine, Urology	All adults 18 yrs and over Children 3 years and above
Surgical Procedures	Breast surgery, Cosmetics, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, Ophthalmic, Oral maxillofacial surgery, Orthopaedic, Urology	All adults 18 yrs and over excluding: <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment. Children 3 years and above</p>
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over Children 3 years and above

Appendix 2 – Clinical Audit Programme. Each arrow links to the audit to be completed in each month.

Audit Programme v3.0 2010/2011		Hospital Name:										
Use arrow symbol to locate required audit		Implemented: July 2010 For review: June 2011 Authors: A. Shannon / R. Saunders										
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Anaesthetic Standards		→						→				
Medical Records	→	→	→	→	→	→	→	→	→	→	→	→
Consent			→			→			→			→
Discharge	→						→					
Care Pathways and Variance tracking					→						→	
Controlled Drugs			→			→			→			→
Prescribing					→						→	
Pharmacy			→						→			
Radiology	→		MRI	→	→		MRI	→	→	→		MRI
Physiotherapy			Records	Service Standards					Records	CPD (ongoing)		
Theatre						→						→
Infection Prevention and Control*	Hand Hygiene	SSI	Isolation	PVCCB	Hand Hygiene	UCCB	CVCCB	SSI	PEAT	Hand Hygiene	PVCCB	UCCB
Infection Prevention and Control - Environmental Audit		Environ			Environ			Environ			Environ	
Transfusion				→		Blood Usage					Antigen Traceability	Autologous Traceability



***Infection Prevention and Control Key:**

CVCCB = Central Venous Catheter Care Bundle
SSI = Surgical Site Infection
PVCCB = Peripheral Venous Catheter Care Bundle
PEAT = Patient Environment Action Team
UCCB = Urinary Catheter Care Bundle
PVCCB = Peripheral Venous Catheter Care Bundle

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Oaklands Hospital Ramsay Health Care UK

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

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the General Manager using the contact details below. Similarly for further information please contact:

Telephone: 0161 787 7700

Web: www.oaklands-hospital.co.uk