Ashtead Hospital

Quality Account
2023/24

Ramsay Health Care

Contents

Welcome to Ramsay Health Care UK

Ashtead 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 60th 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

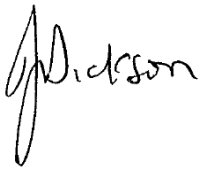
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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 Ashtead 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 Gael Ogunyemi, Hospital Director Ashtead Hospital

The delivery of high-quality care is the priority of the team at Ashtead Hospital. We work closely with consultants and patients to ensure high standards of care and we continue to build a culture of continuous learning to improve the services that we provide.

There is a robust governance structure in place that facilitates this. A Clinical Governance Committee and Medical Advisory Committee support us by reviewing and monitoring our practice, ensuring that policies, procedures, and legislation are shared and that we remain compliant in all these aspects.

The consultants and hospital staff are fully trained in the work they undertake, and an appraisal system ensures practice is monitored.

We monitor and measure patient outcomes and patient satisfaction, to ensure that we are meeting the needs of the people which we serve.

We continue to have good relationships with our NHS partners, and in particular work closely with Surrey Heartlands and Southwest London integrated care boards.

The purpose of this Quality Account is to demonstrate to our patients and other stakeholders that we are committed to quality and progression. Our emphasis is on ensuring patients receive safe, efficient, and effective care; that they feel valued and respected; and that they are involved and informed regarding their treatment options.

A positive culture in our hospital is vital and we are committed to keeping the patient at the centre for everything we do.

As Hospital Director I am proud of the team who I work with. The team is comprised of experienced and highly skilled consultants, nurses, allied health professionals, GP's and operational staff who all work as one to ensure that the services we provide are safe, caring, responsive and effective.

The statement is also an acknowledgement of any issues in the quality of services currently provided.

Gael Ogunyemi, Hospital Director, Ashtead Hospital

1.2 Hospital Accountability Statement

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

This report has been reviewed and approved by: Mrs Gael Ogunyemi

Hospital Director Ashtead Hospital Ramsay Health Care UK

Mr Dominic Nielsen, Orthopaedic Consultant and Chair of Medical Advisory Committee

This report has been reviewed and approved by:

MAC Chair

Clinical Governance Committee Chair

Welcome to Ashtead Hospital

Ashtead Hospital is one of Surrey's leading independent hospitals. Providing fast, convenient, effective, and high-quality treatment for a mixture medically insured self-pay and NHS patients. We treat adults over the age of 18 years old. The Hospital has 35 en-suite patient rooms, a two bedded closer observation unit, 9 ambulatory care pods and 4-day case en-suite pods.

On site there are three fully equipped ultra clean air Theatres, with a 6 bedded recovery area. There is a dedicated Joint Advisory Group (JAG) accredited Endoscopy Unit with its own recovery area.

Ashtead Hospital has an in-house Theatre Sterile Services Unit (TSSU) alongside the theatre suite, used to clean and sterilise all the hospital's surgical instruments.

The Outpatient Unit consists of thirteen consulting rooms, as well as one minor ops room, one treatment room, one plaster room and 2 pre-assessment rooms. Within the departments footprint is the onsite Pharmacy department, which is open Monday – Friday issuing medications for both out-patients and in-patients. There are 6 designated treatment rooms within the Physiotherapy Department.

Our Diagnostic Imaging Department includes X-ray, MRI, CT, Ultrasound and DEXA scanning.

The Hospital offers a wide range of treatments and services. The specialties for which services are provided at Ashtead Hospital include Audiology, Cardiology, Dermatology, ENT, Gastroenterology, General Medicine, General Surgery, Gynaecology, Haematology, Nephrology, Neurology, Neurosurgery, Ophthalmology, Oral and Maxillo-facial, Orthopaedics, Pain Management, Physiotherapy, Plastic Surgery, Psychiatry, Radiology (including MRI and CT), Rheumatology and Urology.

Our service provides fast, convenient, effective and high-quality treatment for patients who are medically insured, self-pay or from the NHS.

During 2023/24 Ashtead Hospital provided and/or subcontracted 38 NHS services.

The income generated by the NHS services reviewed in 1st April 2023 to 31st March 2024 represents 26.3 per cent of the total income generated from the provision of services by Ashtead Hospital.

The figures for admissions from 1st April 2023 – 31st March 2024 was 5739 of which 47.0% (2703) were NHS patients.

During this time, we saw 39,259 patients in outpatients.

We work with the NHS Integrated Care Boards (ICB) to provide a wide range of services to meet the needs of the local healthcare community. We are keen to ensure that patients can have treatment at their local hospital where appropriate.

Ashtead Hospital staff take great pride in their ability to innovate and develop new ways of working, ensuring that all care is delivered in the best and most effective way, whilst also ensuring we deliver consistently good outcomes.

We ensure we work to guidance issued by the National Institute of Clinical Excellence (NICE). NICE provides quality standards and indicators for best available evidence to improve health and social care.

We have a total of 173 Consultants, 46 Anaesthetists, 9 Non-Consultants to include Psychologists and dietitians, and 3 private GP's who practice at Ashtead. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital, and regular reviews through our clinical governance processes to ensure the highest possible clinical care. 24/7 medical care is provided by the onsite RMO.

Ashtead Hospital's Business Development and Engagement Team values contact with the local medical and residential community and strive to ensure they actively work in partnership to enhance patient care. The team organises a variety of educational events for the local community and local GP's. The Hospital Business Relationship Manager invites consultants and other staff for 'Lunch & Learn' training. The hospital sponsors a number of local sports clubs and local initiatives.

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

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

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

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior 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.

Priorities for improvement

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

Patient Safety - Speak up for Safety - phase 2 – Looking Back

Ashtead reignited our Speak up for safety Training across the hospital – we are currently sitting at 68% but would like this to be at >95% so we are keeping this important training and rolling this forward to capture new staff.

RADAR was rolled out in July 2023 and Ashtead were the pilot site for 3 months before Launch. The reporting and data now allow us to see hour by hour any incidents that require immediate action through alerts and cascade to all parties concerned, ensuring a proactive approach to risk management.

This supports our launch and implementation of PSIRF which was launched in November 23. The hospital meets weekly to review any incidents and discuss any themes that maybe emerging this is shared with the wider hospital group.

Patient Experience – Look back 2023/24

In 2023/2024 we said that we would develop a robust patient focus group.

The aim being to improve our feedback through Family and friends and Cemplicity. In addition, we wanted to look at different ways of engaging patients to give feedback.

We said that we would monitor our patient feedback will monthly for trends and where we have implemented change from feedback, we will measure the outcome through Audit.

We aimed to improve on our complaint trends so that they are reduced within each area by 5%

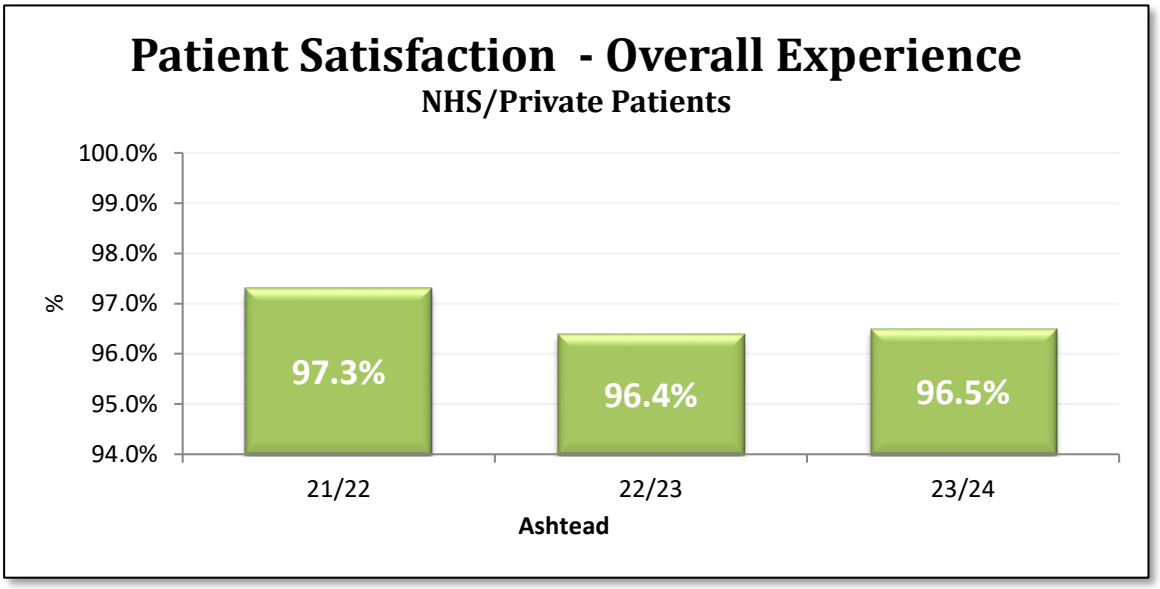
We also planned to deliver customer focus training for staff.

Look back 2023/2024 - what we did:

Patient feedback - we have seen an increase in feedback from a variety of mediums across the hospital – with total feedback 6% which is an increase from 5.3% in 22/23.

Our Net Promoter score has increased from 85 in 22/23 to 87 in 23/24.

The hospital has engaged with an independent company called luminous who visited us in April and will be speaking independently with both our inpatients and outpatients.



Look back 2023/24 Complaints – we experienced 33 complaints during 23/24 this was a reduction from 22/23. We introduced a new incident reporting system called RADAR in July 23 – this supports the focus on responding to complaints in a timely Manner. The Hospital Director manages all complaints and is supported by the Head of clinical services for all clinical related complaints.

Themes related to the following areas for our NHS patients

- Communication – delayed consultant correspondence
- Nursing care – discharge related and medicines management information.

Staff wellbeing

Staff wellbeing for our staff is extremely important and valuable. Our aim last year was to train 3% of our workforce in 2023/2024.

This objective had been chosen because in a year of challenges for all staff, cost of living crisis where staff have personal challenges that may impact their work.

We want to be able to listen and deliver on our promise of People caring for People.

During the pandemic staff felt more isolated and worked in their own departments this was highlighted during our unannounced inspection. We wish to develop more team working and sharing some of the challenges of our colleagues through integrated workshops.

We also said we would use the staff engagement group to help support a culture of 'one team' and to share common goals in the delivery of patient care.

Look back 23/24

We now have 4 qualified members of staff who support the mental health and wellbeing of our employees at Ashtead.

Our staff engagement group are now holding regular meetings and they support the culture of one team and represent their colleagues in raising concerns that may affect their work environment.

We have a new induction programme that focusses on establishing a culture of belonging, right from the outset. It is important that we understand how new starters feel on joining the hospital so that we can continuously improve.

Clinical Heads of Departments are encouraged to meet monthly to discuss departmental or hospital wide challenges- this is chaired by Head of Clinical services.

Clinical Effectiveness

Last year Ashtead was in the progress of renewing our clinical strategy.

Whilst many of the objectives from our last strategy still apply we wanted to bring more staff into the development of the strategy with the aim to share and develop with all levels of clinical staff across the hospital. The strategy will reflect our clinical goals and aspirations and align with our corporate goals and objectives.

Look back 2023/2024 –

Ashtead Clinical Heads of department reviewed and developed the next 3-year clinical strategy – based on a root and branch delivery. This has been shared at Town Hall meetings which were also recently introduced to share across the hospital our Clinical and Business strategy. This was implemented in January 2024 and will form our strategy and focus for the next three years. It does also allow for any changes in practice and or external force changes – in policy /process.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Our Key Clinical Priorities are as follows:

Key Priority 1

We will maintain Safe & Effective pathways that support Ashtead hospital and the local community that use our services. This year we will continue to train and develop more staff and by April next year 2025 we aim to have trained 100% of our clinical staff in speak up for safety.
In addition, we will encourage cross collaborative working sharing best practice and supporting each other with clinical incidents and learning from patient safety incidents using our PSIRF process and meeting at our Patient Safety Incident Reporting Group.

Key Priority 2

We will look closely at our patient pathways and ensure that care is Responsive & Accessible to the patient community.

- We will do this by improving our patient feedback for all elements of care but focusing namely on the following areas:
- Medicines management – from admission to discharge to ensure that patients understand the medications they are taking.
- Pain Management – to review and improve the management of pain for our patients through recording and discussing management plans for the patient.

Key priority 3

We will foster a Collaborative & Innovative learning environment.

- We will do this by striving to understand each other's roles and responsibilities and encourage mobility and development of skills.
- This would be integrated into our induction programme and allow some hybrid working

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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 Ashtead Hospital provided and/or subcontracted 38 NHS services.

Ashtead Hospital has reviewed all the data available to them on the quality of care in all 38 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 26% of the total income generated from the provision of services by Ashtead Hospital during the same time period.

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 hospital's 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

Staff Cost % Net Revenue- 36.1%

Agency Cost as % of Total Staff Cost- 8%

Ward Hours PPD- 16 %

% Staff Turnover – 17.6%

% clinical Turnover – 22.1%

% Sickness – 3.16 %

% Lost Time- 20.5%

Appraisal - 57%

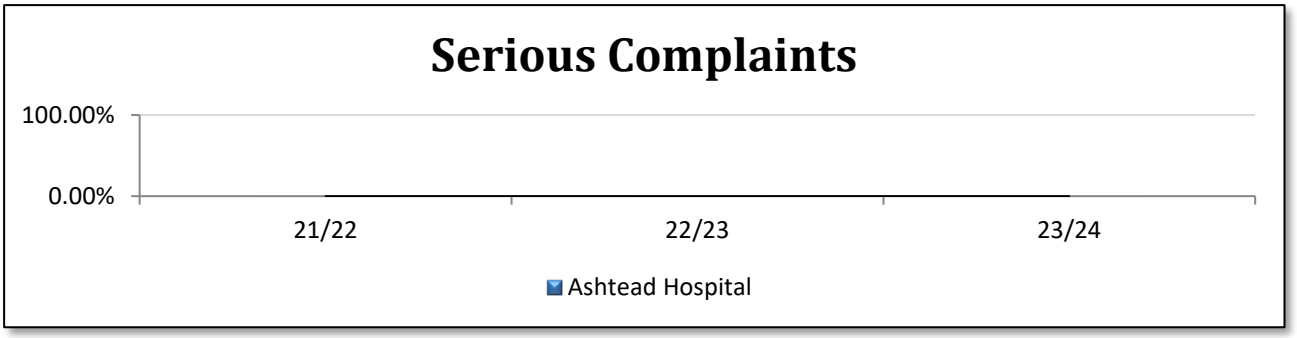
Mandatory Training – 96.6%

Staff Satisfaction Score –72%

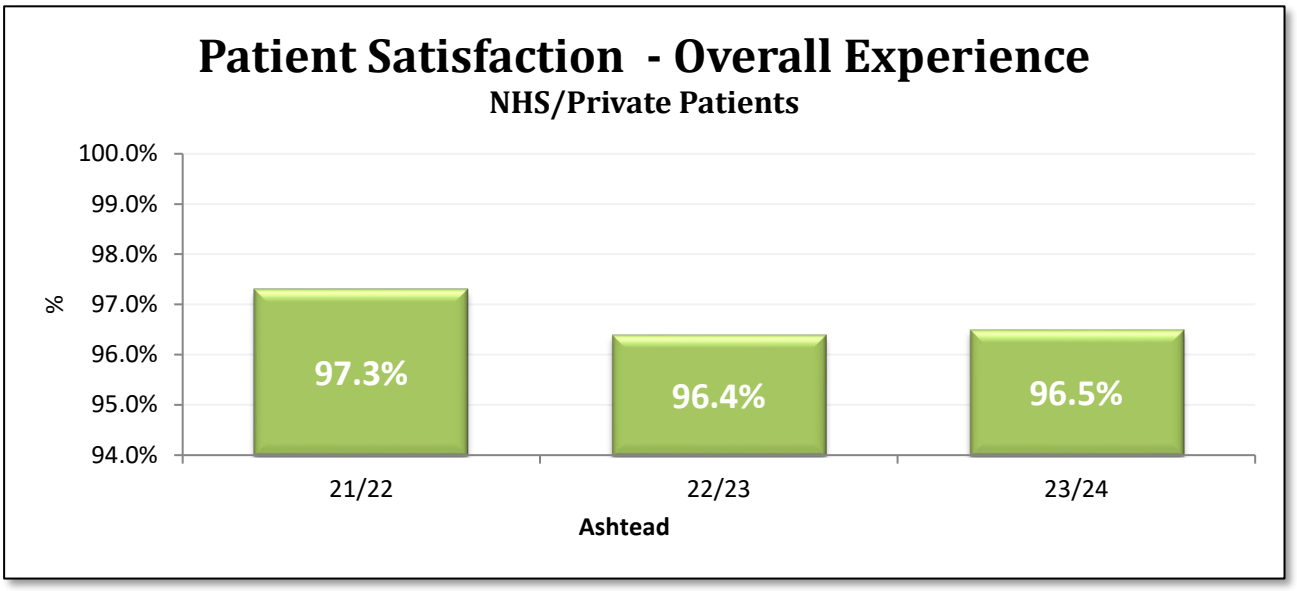
Number of Significant Staff Injuries -0

Patient

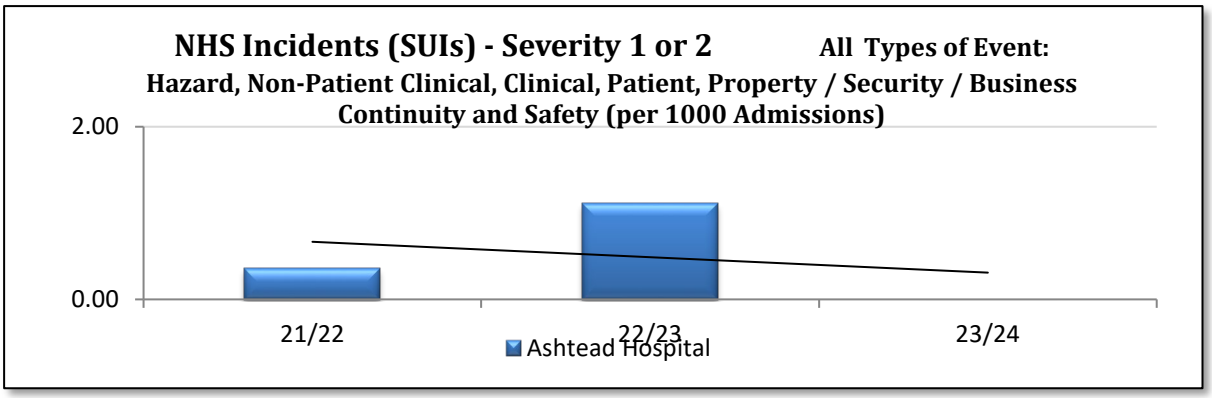
Formal Complaints per 1000 HPD's

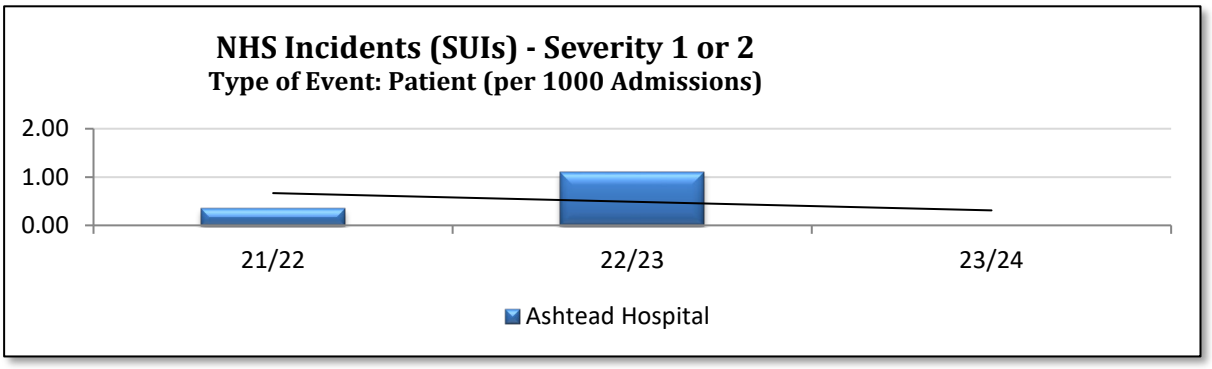


Patient Satisfaction Score

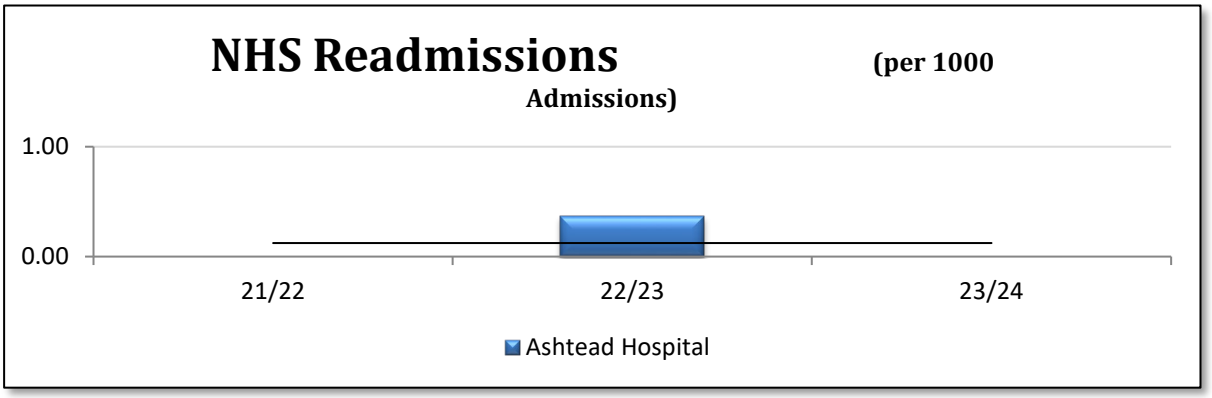


Significant Clinical Events/Never Events per 1000 Admissions





Readmission per 1000 Admissions



Quality

Ashtead Workplace Health & Safety Score Health, Safety & Facilities Audit is completed annually 04/02/2024. – Overall result 96.7%.

Summary is in table below.

2023/24 Facilities/Health and Safety Audit Summary

Instructions

The audit comprises a total of four sections which are weighted to give an overall audit score.
Answer each question in each section.
Responses are 'FC', 'PC', 'NC' or 'N/A'. FC = Fully Compliant; PC = Partially Compliant; NC = Non Compliant and N/A = Not Applicable.
Questions answered 'N/A' do not affect the subsection, section or overall audit scores.
Questions left blank are marked as 'No' and will affect subsection, section and overall audit scores.
This is a template; save your audit as an excel workbook using the facility name and date as the file name.

Date:
Site:
Auditor:

The overall audit rating for this facility is:

Inadequate	Requires Improvement	Good	Outstanding
		96.7%	

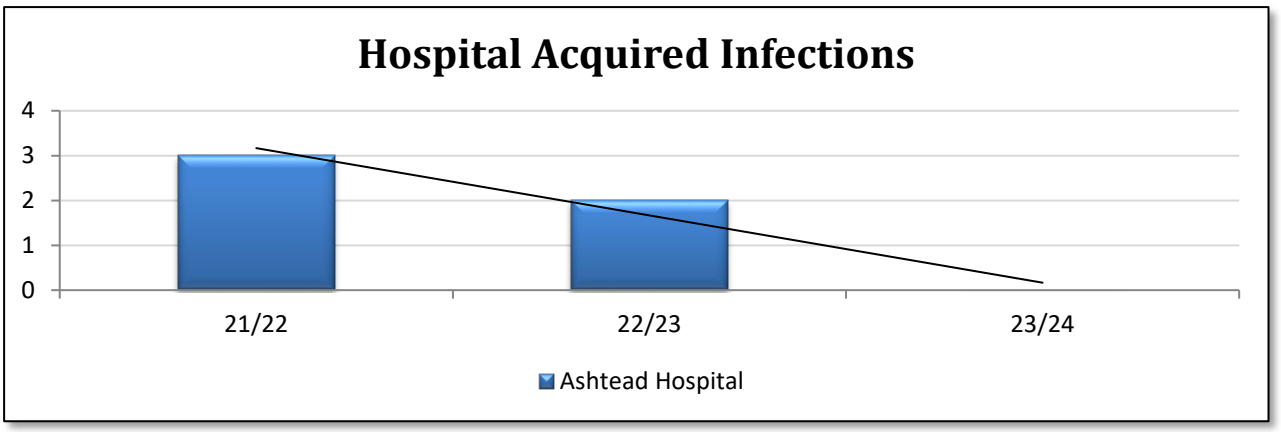
Section	Max contribution to audit score	Achieved this audit
Health, Safety and Risk Management	25%	25.0%
Workplace Hazards	25%	24.5%
Facility	25%	23.8%
Fire Safety	25%	23.4%

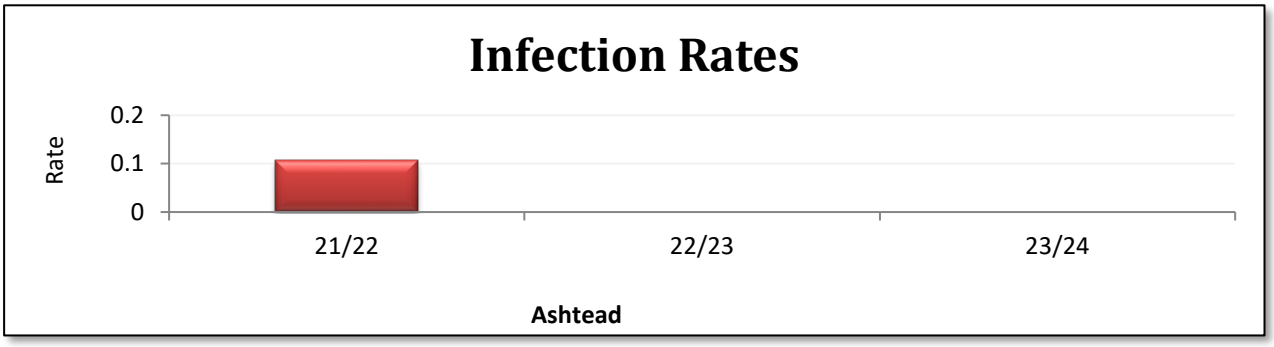
Section Scores	Inadequate	Requires Improvement	Good	Outstanding
1. Health, Safety and Risk Management				100.0%
2. Workplace Hazards				97.9%
3. Facility			95.4%	
4. Fire Safety			93.5%	

Section and audit ratings	
Outstanding	97% - 100%
Good	90% - 96%
Requires Improvement	85% - 89%
Inadequate	≤84%

Summary page | 1. H, S & R Management | 2. Workplace Hazards | 3. Facility | 4. Fire Safety

Infection Control





2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Ashtead Hospital participated in 5 national clinical audits and national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Ashtead Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, 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.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery – National PROMs Programme	**100% - Cataracts – recently recommenced under e-proms**
National Bariatric Surgery Registry (NBSR) [2]	**100%**
National Cardiac Arrest Audit (NCAA)	**100 %**

National Joint Registry (NJR) [2, 3]	**100%**
Surgical Site Infection Surveillance Service	**100%**

Footnotes:

[1] National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

[2] Project participates in the Clinical Outcomes Publication (COP)

[3] Projects with multiple work streams are reflected in the HQIP National Clinical Audit and Enquiries Directory

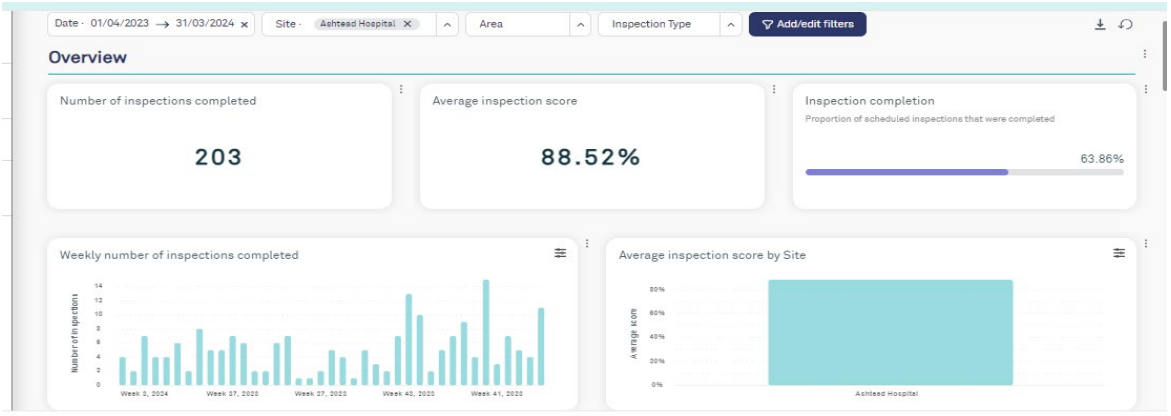
Version: January 2019

The reports of 5 national clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and Ashtead Hospital intends to take the following actions to improve the quality of healthcare provided.

- *Introduction of e-proms*
- *Introduction of quality lead to support collection of data*
- *Working with external support services for collection of data i.e.: opticians*

Local Audits

Ashtead Hospital completed 203 local clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and Ashtead Hospital intends to take the following actions to improve the quality of healthcare provided.



The clinical audit schedule can be found in Appendix 2.

Main focus areas following Audit:

- Cleaning and high dust areas
- Consenting and consultant documentation
- Discharge letters and improvement to clear guidance.
- Management of pain scores when completing observations

2.2.3 Participation in Research

There were no patients recruited during 2023/24 period 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

Ashtead Hospital's income from 1 April 2023 to 31st 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)

Ashtead Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2024 is 'GOOD'.

Ashtead 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

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

ASHTEAD Hospital will be taking the following actions to improve data quality

- Since July 2023 our focus on quality data has been supported by our new Risk and incident Management system called RADAR. We will continue to use this system to manage incident, complaints and risk reporting.
- We will continue to work with our consultants and staff to maximize usage of our EPR system and reporting functionality
- We continue to use our digital patient feedback system to monitor satisfaction and respond to patient feedback.
- All medical questionnaires are now electronic so patients can register online and we can receive the questionnaire well in advance of pre assessment and plan more accordingly- using this data informs our theatre efficiency and safety of the patient journey.

NHS Number and General Medical Practice Code Validity

ASHTEAD 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:

- ASHTEAD for admitted patient care; 100%
- ASHTEAD for outpatient care; and 100%
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- ASHTEAD for admitted patient care; 98.6%
- ASHTEAD for outpatient care; and 98.6%
- NA for accident and emergency care (not undertaken at our hospital).

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted it response on 30.6.22 for 2021/2022. The status is 'Standards Met'.
Info available on the DSP website at:

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

Clinical coding error rate

ASHTEAD Hospital was subject to the Payment by Results clinical coding audit during 2023/24 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:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
South					
Ashtead	Completed Sept 2023	100%	99.6%	100%	100%

2.2.7 Stakeholders views on 2023/24 Quality Account

Ramsay Ashtead Hospital

Quality Account 2023/2024

Commissioner Statement

NHS Surrey Heartlands Integrated Care Board

NHS Surrey Heartlands Integrated Care Board (Surrey Heartlands ICB) welcomes the opportunity to comment on the draft Ramsay Ashtead Hospital quality report 2023/24. The ICB is satisfied that the Quality Account is being developed in line with the national requirements and gives a comprehensive account and analysis of the quality of services.

Surrey Heartlands ICB recognise Ramsay Ashtead Hospital's responsibility to the safety and quality of treatment for all NHS patients, and there is a clear focus on ensuring quality priorities are achieved. This is evidenced by a reduction in complaints in 2023/24 compared with 2022/23 and reporting zero NHS serious incidents, never events, re-admissions or healthcare acquired infections. The 'Speak up for Safety' training demonstrated a compliance rate of 68% which was below the expected benchmark and carrying this forward as a priority into 2024/25 with a pledge to achieve a 100% compliance is reflective of the providers commitment.

Looking back at the 2023/24 quality priorities Surrey Heartlands ICB is pleased to see that Ramsay Ashtead Hospital has improved the patient experience by increasing patient feedback to 6% and achieving 96.6% in the Friends and Family Test (FFT) scores. There has also been a strong focus on building a positive and inclusive workforce culture. The ICB note the introduction of the four mental health support staff, the increase in incident reporting demonstrating an open reporting culture and the inclusion of staff in the clinical strategy development.

Surrey Heartlands ICB supports the new quality priorities for 2024/25 which provide improved outcomes for patients and staff:

- Patient safety - 100% compliance rate for 'Speak up for Safety' training.
- Responsive and accessible patient pathways - Medicines and Pain management.
- Collaboration and learning - developing a skilled and mobile workforce.

Surrey Heartlands ICB are encouraged by the introduction of the Patient Safety Incident Response Framework (PSIRF) in November 2023, coupled with the launch of Radar and Cemplicity which has allowed for responses to patient safety incidents, concerns, and complaints to be addressed in 'real-time'. The ICB will

follow with interest how these systems work to improve quality and safety in 2024/25.

Surrey Heartlands ICB would like to thank Ramsay Ashtead Hospital for sharing the draft 2023/24 Quality Report with us. We commend you for your achievements and successes over the past year. We look forward to continuing to work in partnership with you in 2024/25.

Clare Stone

ICS Director of Multi-Professional Leadership and Chief Nursing Officer

NHS Surrey Heartlands Integrated Care System / NHS Surrey Heartlands

14th June 2024

Part 3: Review of quality performance 2023/2024

Head of Clinical Services (Matron), Sue Coleman

Review of quality performance 1st April 2023 - 31st March 2024

Introduction

Ramsay Clinical Governance Framework 2023/24

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.

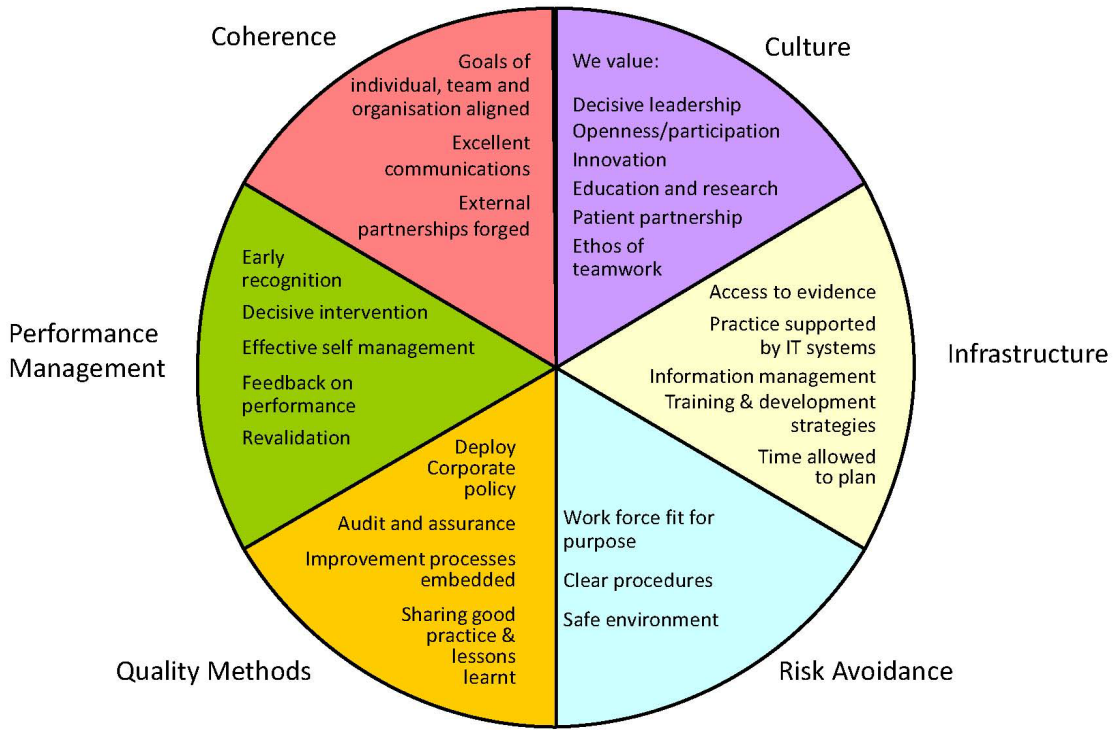
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

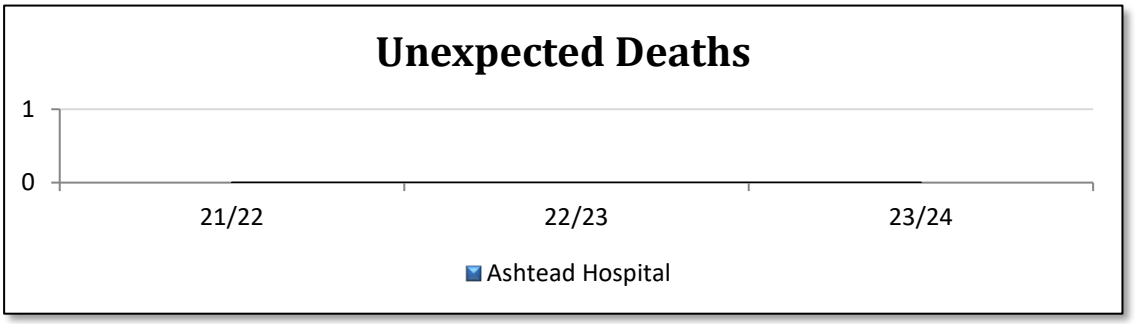
Mortality

	Benchmarking period							Ramsay		
Mortality:	Period	Best		Worst		Average		Period	Ashtead	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC01	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC01	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC01	0.0000

Ashtead Hospital considers that this data is as described for the following reasons. The services commissioned at Ashtead Hospital are planned surgical

procedures and as such remain low risk. Ashtead Hospital has an extensive and effective pre-operative screening process ensuring patient co morbidities can be managed.
Our Recovery staff, Anaesthetic staff and Senior Ward Staff have an Advanced Life Support (ALS) qualification.

Rates per 100 Discharges



National PROMs

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

Period	Ashtead	
Apr19 - Mar 20	NVC01	*
Apr20 - Mar 21	NVC01	*
Apr21 - Mar 22	NVC01	*

REQUIREMENT is for ADJ. Health Gain

Oxford Hip Score - Primary Hip

Publication has been paused for 22/23

Oxford Knee Score - Primary Knee

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

Period	Ashtead	
Apr20 - Mar 21	NVC01	*
Apr19 - Mar 20	NVC01	*
Apr20 - Mar 21	NVC01	*

REQUIREMENT is for ADJ. Health Gain

Oxford Knee Score - Primary Knee

Publication has been paused for 22/23

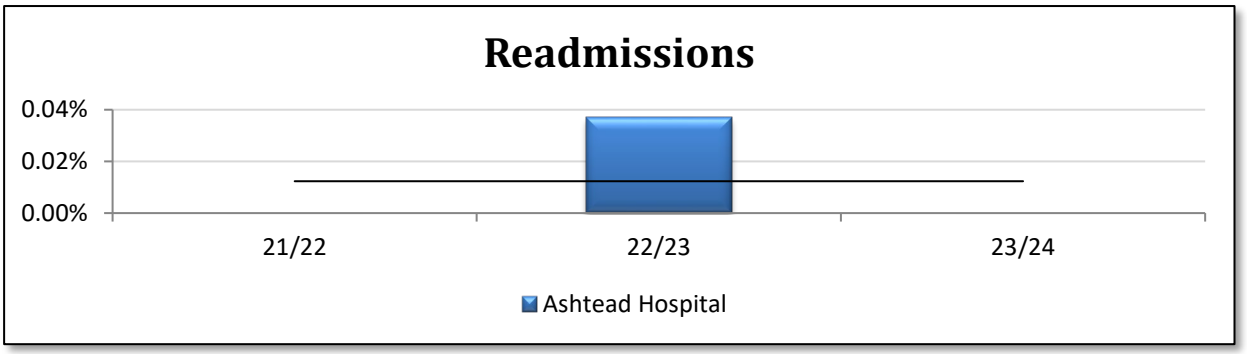
Oxford Knee Score - Primary Knee

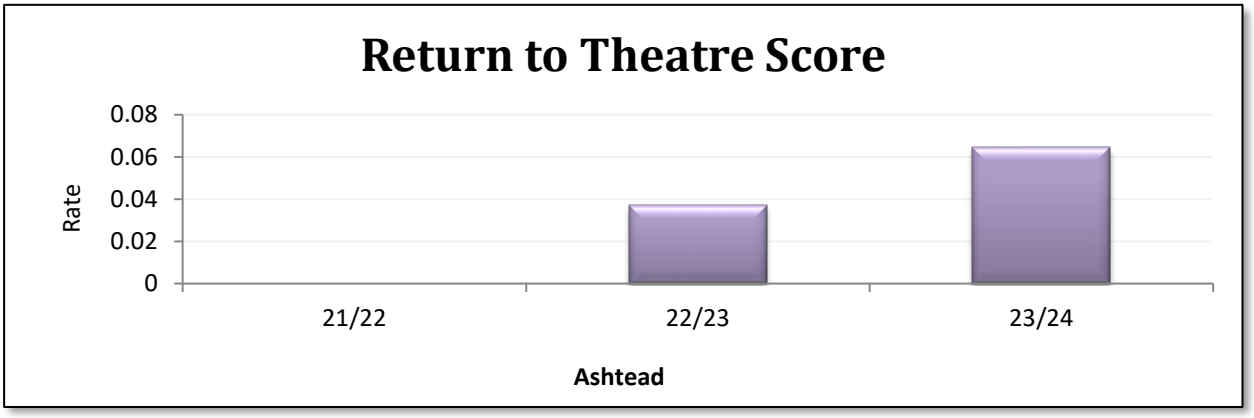
ASHTEAD Hospital continues to improve on data collected for PROMS – this has recently moved onto E-proms. We hope by having electronic Proms for patients this will improve our collection of data at source, without the need for chasing paper.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Ashtead	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC01	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC01	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC01	0.00

Rate per 100 discharges:

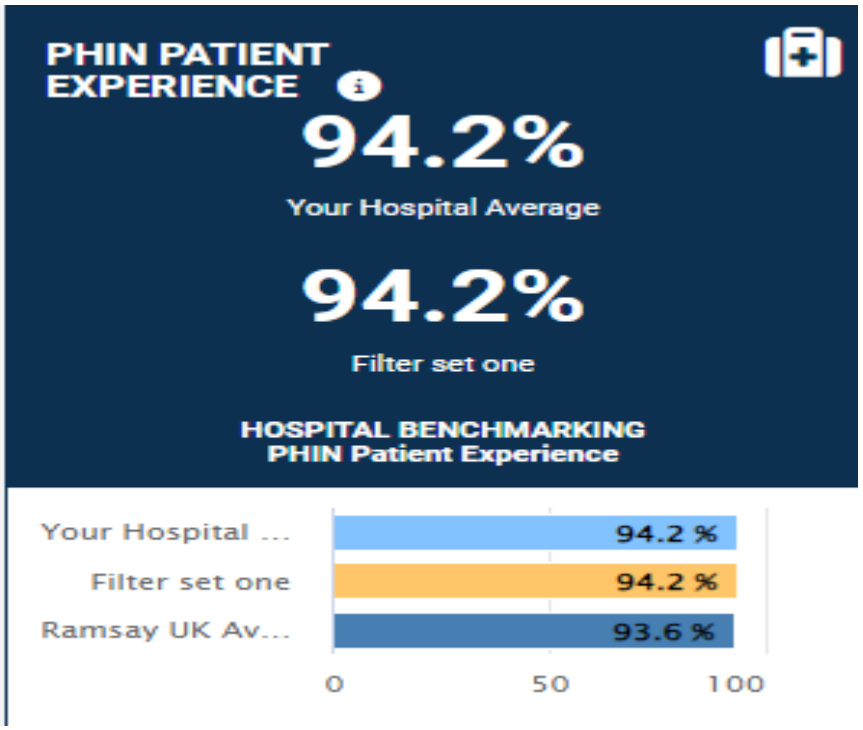




Responsiveness to Personal Needs

F&F Test:	Period	Best		Worst		Average		Period	Ashtead	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC01	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC01	94.4%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC01	96.6%

PHIN Experience score – Ashtead Hospital 01/04/23 to 31/03/24



An increase of 2 % points from last year (22/23)

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Ashtead	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC01	93.8%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC01	97.9%

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

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Ashtead	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC01	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC01	0.0

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

No data published since 21/22

Ashtead Hospital considers that this data is as described for the following reasons:

Ashtead Hospital has low infection rates due to the patient demographic treated at the hospital, the effective infection prevention controls in place, the primarily single patient bedrooms, and the comprehensive pre-assessment screening in place.

We have an Infection Prevention and Control Lead dedicated to the hospital who will continue to monitor results to ensure that we have robust controls to maintain this level.

Patient Safety Incidents with Harm

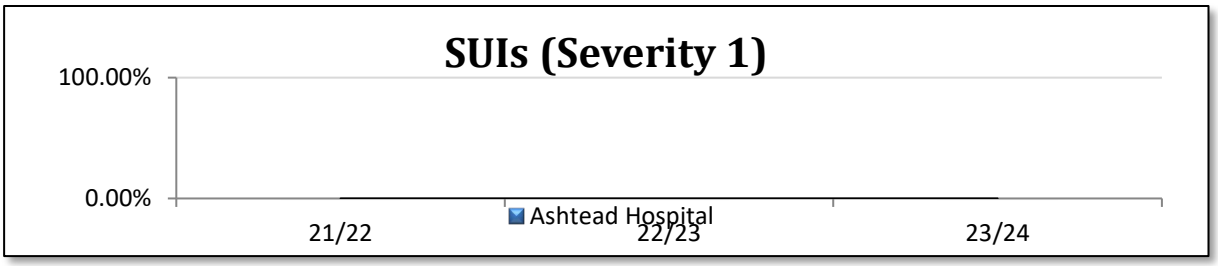
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Ashtead	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC01	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC01	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC01	0.00

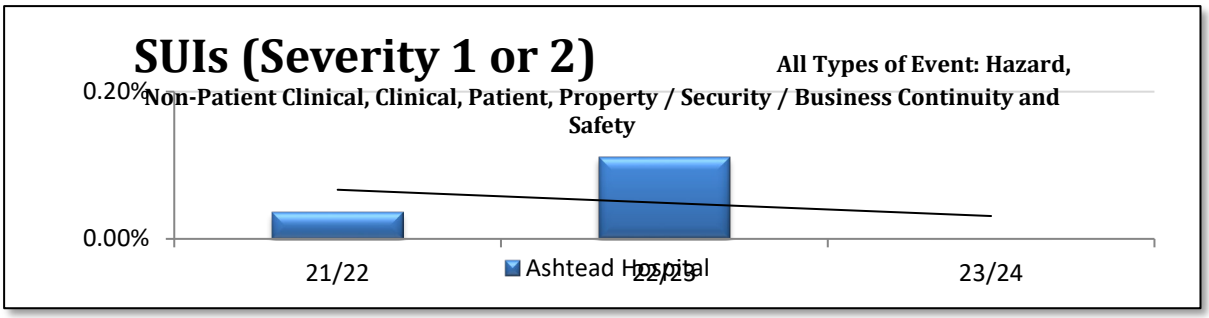
Ashtead Hospital has scored lower than the national average on serious incident rates regarding patient safety and remains low over the last 3 years.

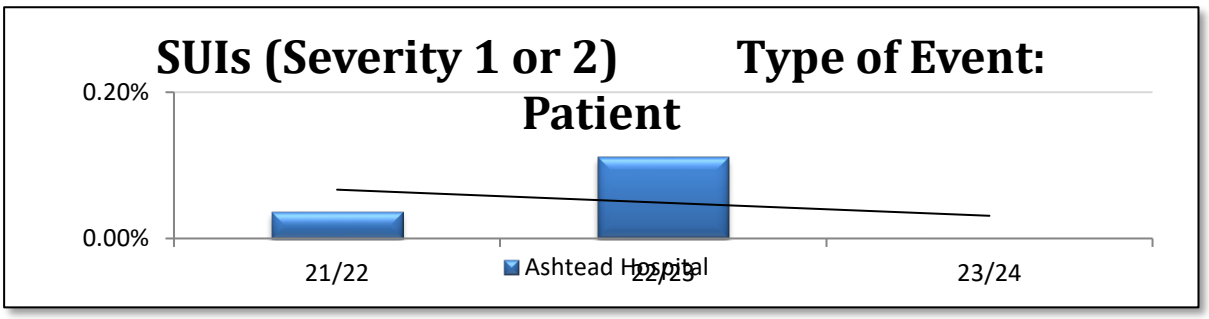
This shows the Hospitals commitment to patient safety. Risk assessments are in place for patients (when clinically indicated) to undergo prior to or on admission.

In the event of a serious incident occurring, Ashtead Hospital adheres to the professional duty of candour as we do with all patient concerns. Our staff are trained to be open and honest with patients if something goes wrong with their treatment or care which causes or has the potential to cause harm or distress.

Rate per 100 discharges:







There were 184 incidents in 2023/2024 which equates to 0.4% of all patients visits. The charts above relate to NHS Serious Incidents only. We have seen an increase in reporting of incidents due to the new system RADAR which allows all staff to be able to report.

Ashtead encourage an open reporting culture so that all staff feel empowered to speak up for safety and have a just culture.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Ashtead	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC01	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC01	94.4%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC01	96.6%

Ashtead Hospital has worked hard to ensure we are continually improving our patient's experience. We aim to maintain high satisfaction by continuing to encourage all service users to complete the Friends and Family survey.

There are now several ways for Ashtead to gain feedback and we have expanded accessibility to include the use of QR codes.

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 regard 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

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

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

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

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed at 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.

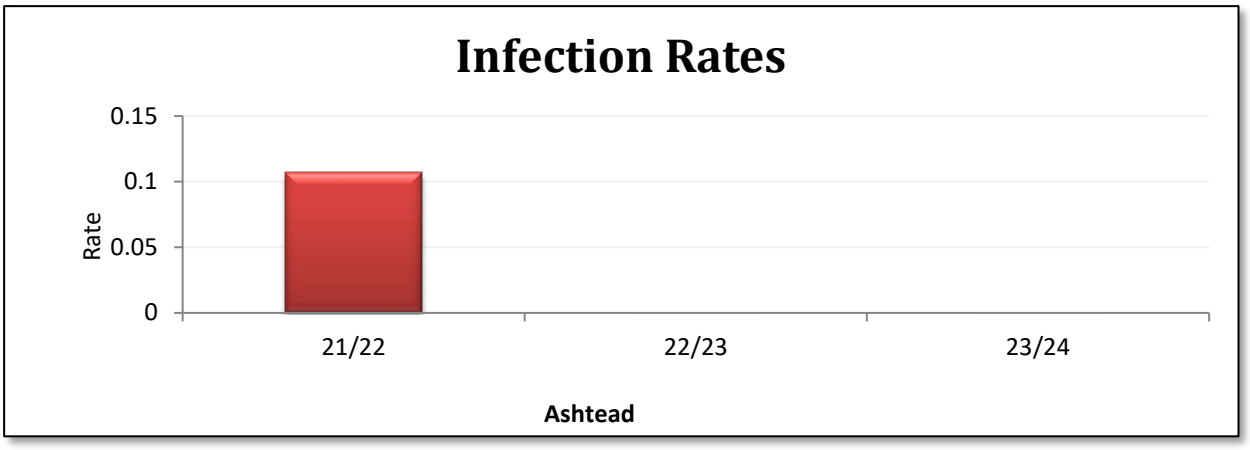
Ashtead continue to use our audit tool Tendable to measure against national standards especially in relation to the 2021 standards in Infection control. Staff are trained on carrying out the Audits across departments to ensure an open culture of measuring our cleanliness throughout the hospital. Risk assessments are conducted to identify potential infection risks and implement appropriate control measures. The infection control Lead reports into our Clinical Governance committee and Audit results and actions are shared as a hospital wide action plan .

This is to ensure compliance against our own Ramsay policy on infection and prevention and demonstrate a commitment to maintaining a clean and safe environment which is fit for purpose for our patients and staff.

Programmes and activities within our hospital include:

Robust Audit across the Hospital in all departments

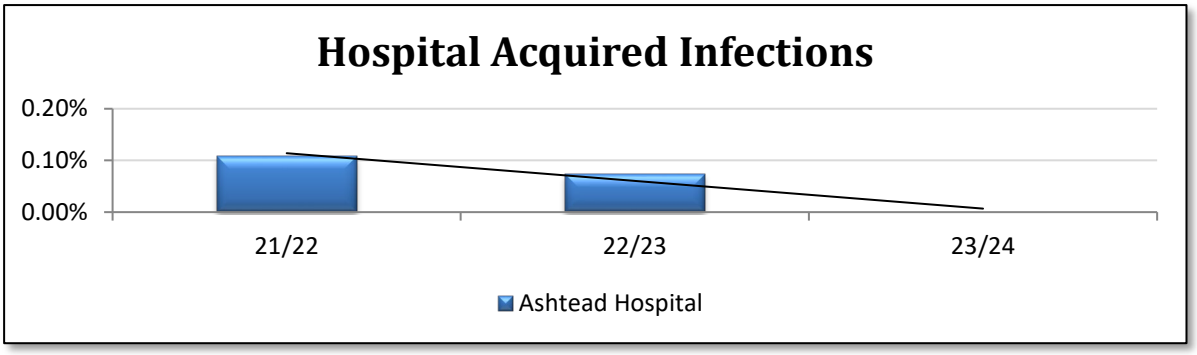
Mandated training which includes face to face training IPC as well as e learning – current compliance as of March 2023 – 96.4%



As can be seen in the above graph our infection rates have remained at 0. Whilst we have seen an increase in activity of 11% this has not reflected negatively in our infection control rates.

We have had no Hospital acquired infections in 2023/2024

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **P**atient-**L**ed **A**ssessments of the **C**are **E**nvironment (**PLACE**)

PLACE assessments occur annually at ASHTEAD 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.

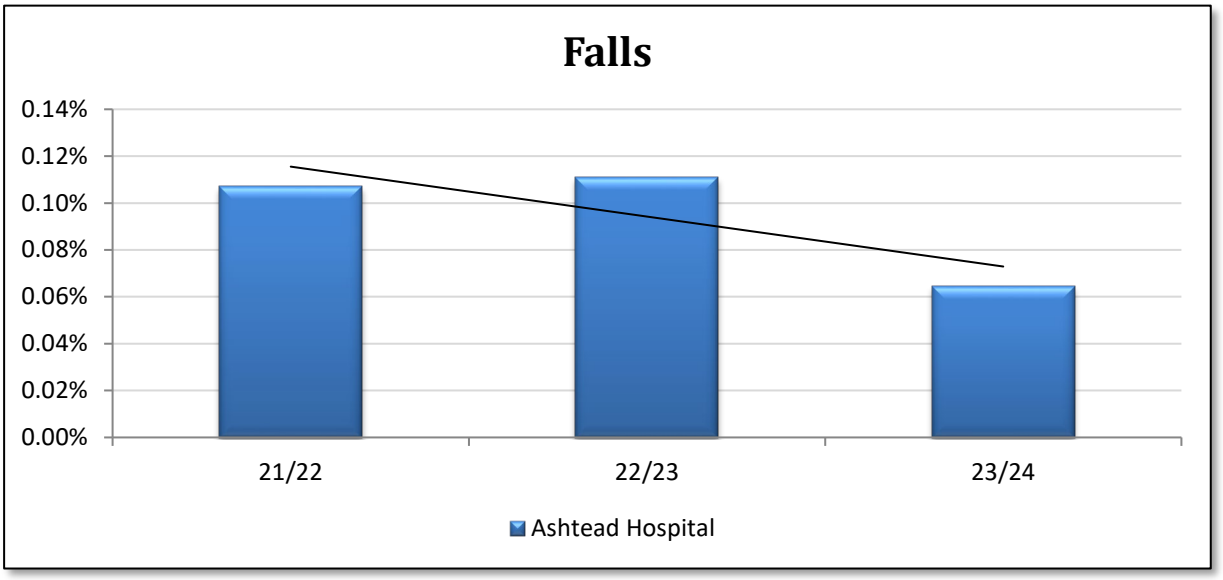
Our PLACE Audit will take place by Year end 2024 – we have engaged with an independent provider called Luminous who will support us with independent feedback. This will focus on our inpatients and outpatients. The results of this review are expected in August 2024

3.2.3 Safety in the workplace

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

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

Rate per 100 discharges:



3.3 Clinical effectiveness

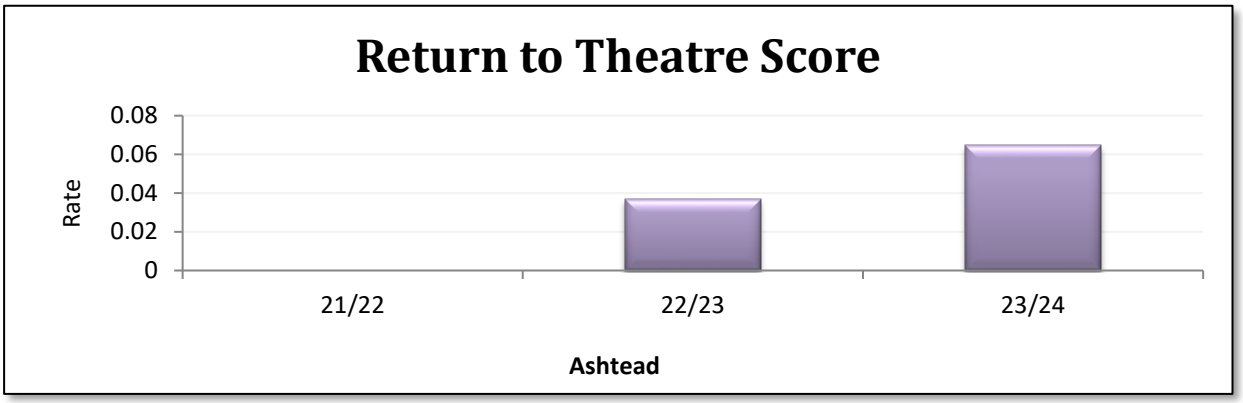
ASHTEAD Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, 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.

The hospital further introduced PSIRF in November 2023 and the hospital has now embedded this process across all departments.

3.3.1 Return to theatre

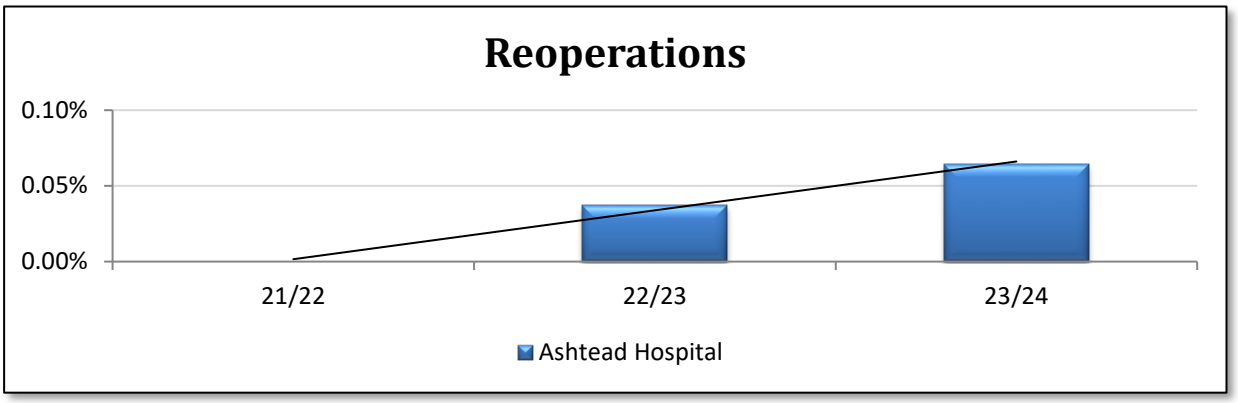
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures

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

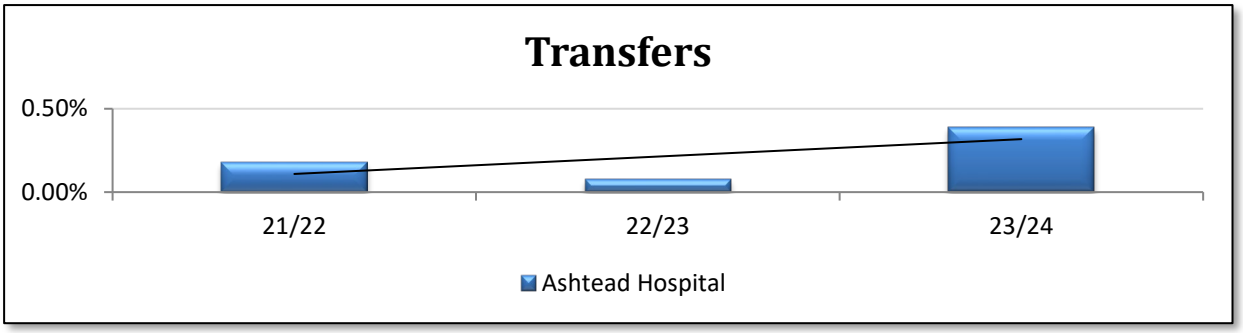


As can be seen in the above graph our returns to theatre rate have increased over the last year. This was one patient who returned to theatre due to increased pain in recovery – this was a precautionary procedure to ensure there were no leaks in surgery. The patient was returned to theatre and discharged the next day.
A second patient returned to theatre due to a dislocation of Hip following surgery. The hip was relocated correctly and the patient continued their care pathway and discharged successfully 2 days later.
In comparison to the national average, it remains extremely low

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

From 1st April 2023 -31st March 2024, Ashtead Hospital reported 0 unexpected deaths. Ramsay Health UK is aware of the National Learning from deaths programme and complete lessons learned for all serious incidents. These are circulated within the group to ensure all sites review and implement the outcomes to prevent reoccurrence.

3.3.3 Staff Who Speak up

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

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

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking

up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

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

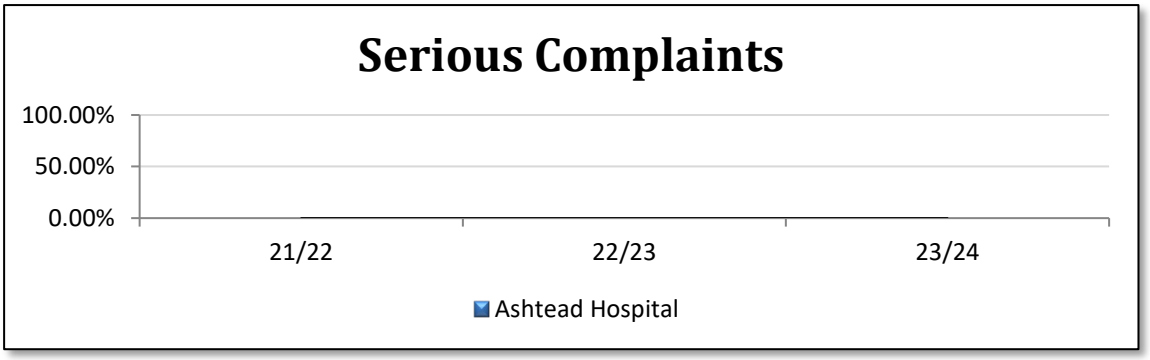
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer-to-peer engagement for our consultant users who work at Ashtead Hospital and within Ramsay Health Care.

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 fedback to the relevant staff using direct feedback. All staff are aware of our complaint's 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.

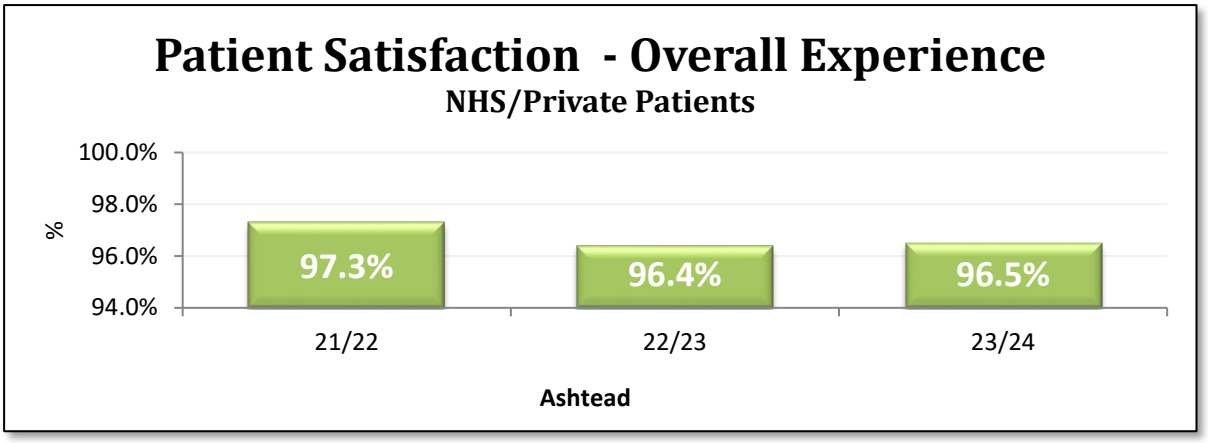
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 is 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 for 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 seen a slight % increase in our satisfaction scores. We gain our feedback from several sources which support and frame our clinical strategy.

Some areas of focus this year have been.

- Medicines management discharge information,
- Waiting times during day case surgery.
- Communication between administration and patients in relation to waiting times and appointment scheduling.

We are also reviewing and continue to focus on closing the Gap between our day case patients and our inpatients to ensure the patient experience is the same regardless of where the patient pathway starts.

3.5 ASHTEAD Hospital Case Study

In December 2023 – we experienced an incident affecting 2 patients on the same list.

During a routine cataract surgery list – 2 patients experienced a cloudy lens during the administration of a new product of 1% lidocaine at the beginning of surgery.

The product was used on the eye list on Friday 9/12/2023 and Saturday 10/12/2023 a total of 9 patients 2 patients experienced clouding. Consultant was same for both lists.

As we were new into our PSIRF process we used this method of review this incident.

We started with a hot debrief followed by an after-action review.

Initial findings were that on the Friday 09/12/2023 the usual product was used for 5 cases Braun 1% lidocaine, but not enough of the 5ml plastic vial was available, so scrub nurse checked in with pharmacy and asked if same product was available. A different company but same product name was used. The pharmacy technician stated it was 1% lidocaine. As Hameln replaced the Braun product because of supply issues. Both consultant and scrub checked the product but as they were reassured from the pharmacy, they felt safe to proceed for the Saturday list. No clouding was experienced on the Friday list.

- Incident immediately identified.
- Discussed with whole team on second case – reverted to larger vial of Braun product.
- Product immediately washed out by consultant on both cases.
- Escalation of the incident Theatre Manager and SLT.
- Swarm Huddle/Hot Debrief with full team within 1 hour of the incident being notified to HOCS on 12/12/2023 (details below).
- ALL patients contacted on 12/12/2023 from both lists who had surgery to ascertain vision – all patients reported no visual anomalies.
- Safety Flash was immediately issued to all hospitals as possibility of other hospitals being affected.
- Reported to manufacturers.
- Shared with ICB for cross healthcare service users – included in patient safety meetings and sharing of PSIRF Groups,

Patients doing well with no adverse effects – full duty of Candour delivered.

Learning from first hot debrief and After-Action review – great input from staff concerned to adapt to new process.

Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Aesthetics, Audiology, Clinical Immunology and Allergy Testing, Cosmetics, Dermatology, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General Medicine, General Surgery, Genitourinary Medicine, Gynaecology, Haematology (Non-Clinical), Nephrology, Nurse Led Sclerotherapy, Ophthalmic, Orthopaedic, Orthoptic, Pain Management, Physiotherapy, Rheumatology, Sports Medicine, Urology, Vascular, Day and Inpatient Surgery	All adults 18 yrs and over

Surgical Procedures	Bariatric, Breast, Colorectal, Cosmetic, Dermatology, Ear, Nose and Throat (ENT), Endoscopy, Gastroenterology, General Surgery, Gynaecology, Maxillofacial/Oral, Nephrology, Neurosurgery (limited to spines), Ophthalmology, Orthopaedic surgery, Podiatric surgery, Urology, Vascular, Day and Inpatient Surgery	All adults excluding: Pregnant patients Patients with neuromuscular disorders (MS, MND) Patients with blood disorders (haemophilia, sickle cell, thalassemia) Patients on renal dialysis Patients with difficult airways Patients with history of malignant hyper pyrexia Patients who are currently MRSA positive Patients who are likely to need ventilator support post operatively. Significant Cardiac Disease Untreated Hypertension Uncontrolled substance abuse Patient requiring Gender reassignment. All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment .
Diagnostic and screening	GI physiology, Cardio physiology, CT, Dexa scanning, Health screening, Imaging services, MRI, Urodynamics, Allergy Screening, Endoscopy, , Echocardiology, EMG.	All adults 18 yrs. and over

Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2023/24. 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.

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors	Whole Hospital	July, January	Month end	

50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPS Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June	
NatSSIPs Swab Count	Theatres	Theatres	July/August	End of August	

			January/February	End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December May/June	End of December End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	

Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August November/December (if req)	End of August No December deadline	

			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	

CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	

Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	

IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

Clinical Audit Programme

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Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	
IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	

50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors	Whole Hospital	July, January	Month end	
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Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
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Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	

Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
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Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August	End of August	

			November/December (if req) March/April	No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
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Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline End of April	

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RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
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Paediatric Radiology	Paediatric	Paediatric	October	Month end	
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Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	

Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
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Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
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IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	

Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
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Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

ppendix 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
NVC01	Code for ASHTEAD 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
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

ASHTEAD 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:

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