

ASHTED Hospital

Quality Account
2021/22

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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

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

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

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

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

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

Case Studies

Electronic Patient Record

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

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

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

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

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

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

Buckshaw Hospital

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

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

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

urology, endoscopy, orthopaedics, gynaecology, ENT and gastroenterology and for private, insured and NHS patients within the local community and further afield.

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

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

Introduction to our Quality Account

This Quality Account is 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

Mr Mark Bounds, Hospital Director - Ashtead Hospital

The last 12 months have been a period of service redesign and restart, as we and other colleagues in healthcare delivery, both in Primary and Secondary care have learned to work in and with Covid being a part of our working environment.

Here at Ashtead Hospital we continue to work with Epsom St Helier NHS Trust to deliver care to Trust patients enabling the waiting lists that have grown during the pandemic to be reduced in a quick, safe and efficient manner.

Ramsay Health Care UK is committed to maintaining an organisational culture that puts the patient at the centre of everything we do. As the Hospital Director, I remain passionate about ensuring that high quality patient care remains our main focus and that care is delivered consistently to a high standard. This relies not only on excellent medical and clinical leadership but also on our overall continuing commitment to drive year on year improvement in clinical outcomes. The support that we receive from our central Clinical Team and our Director of Clinical Services was second to none. Our staff felt supported throughout the pandemic and continue to feel safe and as such we continue to be able to operate day in and day out without disruption.

Ashtead Hospital has a long history of working closely with our Consultant colleagues, Patients, and external stakeholders such as the local Clinical Commissioning Groups (CCG) our local NHS Trust's and General Practitioner (GP) colleagues to work together and ensure the best and most appropriate healthcare is consistently being delivered. It is this history of working collaboratively with ESTH colleagues and our Commissioners that meant we were able to respond quickly in the time of need. We look forward to continue to doing so with the emerging NHS Integrated Care Boards.

Our hospital staff are trained in their areas of work and update regularly, thus maintaining the knowledge and competency. Working within the Department of Health (DH) guidelines we focus on patient safety and cleanliness to minimise infection and reduce risk. As Hospital Director of Ashtead Hospital, I take great pride in the service we offer to our patients; this is achieved through a cohesive team effort and consistent approach

Our Quality Account contains information for our patients and commissioners to provide assurance that we are committed to sharing our programme from one year to the next. As a long standing and major provider for healthcare services across the world, Ramsay has a very strong record as a safe and responsible healthcare provider and we are proud to share our results, openly. Our vision is to ensure patients receive safe and effective care, feel valued and respected in all decisions about their care.

We ensure they are fully informed about their treatment at each step of their pathway from admission through to discharge. We especially value patient's feedback about their stay,

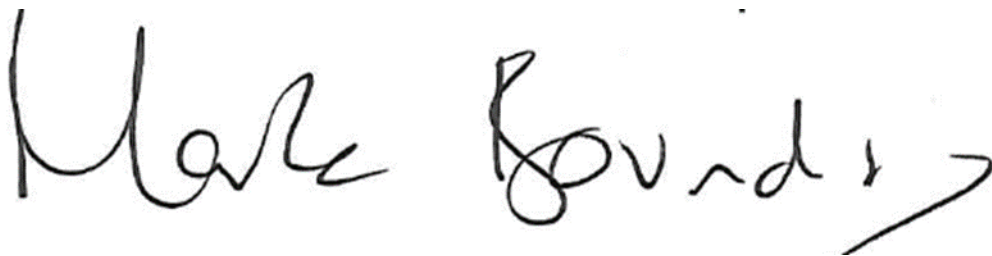
treatment and clinical outcome and we go out of our way to share and act upon feedback wherever necessary.

Patient safety is our highest priority and we provide trained staff to deliver the service in a safe environment. We ensure that our staff are competent through training programmes and a robust recruitment process. We know it is essential to have the right person in the right role at the right time to deliver safe and effective treatment and care. Staff undergo competency based assessments in practice and are approved as competent on all the equipment they are required to use.

This Quality Account highlights areas where Ashtead Hospital has improved the safety and quality of its services, particularly in the areas of infection prevention and control. It also highlights some areas where we need to continue to focus and improve upon. The development of this Quality Account was determined by the Executive Management Team within Ramsay Health Care UK. All professional and management teams at local level have been represented in producing this account.

I would like to take this opportunity to put on record my personal thanks, not just to the team here at Ashtead Hospital and the wider Ramsay group, but also to colleagues at Epsom and St Helier NHS Trust and our local medical community for the support that they have given us during the past year.

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

A handwritten signature in black ink that reads "Mark Bounds". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Mark Bounds, 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: Mr Mark Bounds

Hospital Director Ashted Hospital Ramsay Health Care UK

A handwritten signature in black ink that reads "Mark Boundy". The signature is written in a cursive style with a long, sweeping tail on the final letter.

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

A handwritten signature in black ink, appearing to be "D. Nielsen". The signature is highly stylized and abstract, consisting of several overlapping, sweeping lines.

Welcome to ASHTEAD Hospital

Welcome to Ashtead Hospital

Ashtead Hospital is one of Surrey's leading independent hospitals. The Hospital has 36 en-suite patient rooms, a two bedded closer observation unit, 9 ambulatory care pods and 4-day case en-suite rooms.

On site there are three fully equipped ultra clean air Theatres, with a 6 bedded 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.

There is a dedicated Joint Advisory Group (JAG) accredited Endoscopy Unit with its own recovery area.

We have thirteen consulting rooms within the Outpatient Unit, as well as one minor ops room, one treatment room and one plaster room. There are 6 designated treatment rooms within the Physiotherapy Department.

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

The hospital has an onsite Pharmacy department which is open Monday – Friday issuing medications for both out-patients and in-patients.

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 2020/21 Ashtead Hospital provided and/or subcontracted 47 NHS services.

The income generated by the NHS services reviewed in 1st April 2020 to 31st March 2021 represents 16.9 per cent of the total income generated from the provision of NHS services by Ashtead Hospital for 1st April 2020 to 31st March 2021 the figures for 2020/2021 admissions from 1st April 2020 – 31st March 2021 was 5597 of which 68.9% (3852) were NHS patients.

During this time, we saw 22,434 patients in outpatients

We work with the NHS Clinical Commissioning Group (CCG) 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 130 Consultants, 57 Anaesthetists, 17 Non-Consultants to include Psychologists and 2 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.

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 GP Liaison Officer 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 2022/23

Plan for 2022/23

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 Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for improvement

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

Speaking Up for Safety

Ramsay Healthcare's aim is to build a culture of safety and quality by empowering staff to support each other and raise concerns, and this is to continue into 2022/2023.

The next phase of Speaking up for Safety was developed at the end of 2019. This was 'Promoting Professional Accountability'. Staff and consultants at Ashted Hospital attended training sessions. This also involved staff and consultants training to become Peer Messengers. This will be continued to be embedded in our everyday working life within Ashted and ensure that all staff are aware of the programme to ensure that we remain a safe hospital to work in.

Update form last year Priority 2021/2022

We continue to ensure Safety remains a priority here at Ashted through our Speak up for safety. We have a relaunch of the programme in September 2022 so this will remain as one of our priorities for 2022/2023. This continues to be embedded into our mandatory training both clinical and on-clinical

Covid-19

In response to COVID – 19, Ashted Hospital provided its full support to the local NHS Trust, Epsom and St Helier NHS Trust (ESTH), offering capacity, staff, equipment and facilities. Senior Leadership agreed that Ashted Hospital and ESTH would collaborate to positively benefit and support the community by working in partnership to treat a greater number of patients as one health system. Ashted Hospital undertook urgent surgical cases across a wide range of specialities, and also provided much needed outpatient/radiology facilities.

We offer a safe and professional environment for all patients visiting us and for staff who work within our hospital. Infection control remains one of our top priorities. We have developed Green and Amber pathways throughout the hospital. These are continuously reviewed to ensure that we meet current guidelines as set out by Public Health England (PHE).

Ashtead Hospital wish to maintain this relationship for the foreseeable future to ensure that patients are continuing to be treated within a timely manner and to assist in whatever way necessary with regards to the current pandemic.

Update from last year prioritie2021/2022.

Ashtead Hospital continued to treat and see patients throughout the recovery out of Covid. This did impact on occasions with staffing as we had an outbreak in March – until June 5th. Most recently on June 10th we have come out of the restrictions that were implemented during the Covid pandemic, including the green and Amber pathways. We continue to support patients and staff through risk assessments whilst planning attendance at Ashtead for treatment. All of our Covid guidance has been delivered under national guidance of NPSA and the hospital continue to work closely with our NHS partners.

Ashtead Hospital provided its full support to the local NHS Trust, Epsom and St Helier NHS Trust (ESTH), offering capacity, staff, equipment and facilities. We continue to offer capacity to our local trust in the form of theatre rental which includes staff and facilities – excluding consultants. We will continue to work on returning to full business as usual and review specialities based on local IPC knowledge and Risk.

Staff Well-being

A healthy engaged work force offers superior care to our client group, and for this reason we will continue to promote staff well-being especially in these ever changing times, and continue with the training of further staff to become Mental Health First Aiders.

To provide a well-being room where staff are able to take time out away from the work environment. Promote healthy life style by continuing with the Cycle to Work Scheme, and offering balanced meals at work.

Work with staff and involve them with the changes/decisions that are required, especially during the uncertain times that we now find ourselves in with regards to Covid-19.

Update from last year 2021/2022 priority

We continue to support the well-being of our staff many of whom were impacted by the staff shortages caused by isolation from Covid. Staff who may have developed long Covid are supported through our employee assistance programme and our occupational health team.

We continue to encourage a healthy workforce and promote healthy balanced meals in our staff restaurant, cycle to work and fruit Fridays.

Patient Safety

In December 2019 we joined Surrey Carer's which is a service provided by the government to recognise and give help to unpaid carers across the country. This can include manual handling training, advice regarding financial services or information on respite care. We were the first independent sector hospital within Surrey to take up this opportunity and it has proved to be a lifeline to some of our patient's relatives.

We wish this to continue into 2022/2023 and for relatives of our patients to understand the help that is on offer and to be able to register with Surrey Carer's. We will continue to train our staff in this area and also invite Surrey Carer's to exhibit within Ashted Hospital to further staff/patients/relatives understanding.

Update from last year Priority

We continued to be an active member of the Surrey Carers and as part of our pre assessment of patients coming to the hospital for surgery we continue to point them in the direction of Surrey Carers. We continue to exhibit this information in all of our departments.

Patient Focus

To continue to encourage the involvement of patients within our organisation, whether this be in the form of the Patient Engagement Group, or assisting with our Environmental PLACE Audit.

Encourage patients to complete feedback forms/questionnaires so we can see what we are doing well or where we can improve. To see a marked improvement in our response rates with regards to the service we offer.

Our clinical priorities for 2022/2023 will be monitored and measured throughout the year, by completing our yearly audit programme, keeping communication open with patients and staff as well as our NHS colleagues. Good communication and established reporting tools to be utilised in order for us to improve on the service we offer, but also by reporting regularly to our clinical governance board within the hospital and Ramsay Head Office.

Update from last year Priority

We were unable to carry out a PLACE audit for our patient focus group due to the restrictions from Covid. However we will keep this as a priority into next year and restart our patient focus groups along with conducting a PLACE Audit.

2.1.2 Clinical Priorities for 2022/23 (looking forward)

Clinical Effectiveness

Ashtead Hospital puts quality at the heart of what we do along with Patient focus and our people. Part of our quality objectives is to ensure we are able to measure against our policy and operating procedures. We do this through our Audit programme called Tendable. This ambitious audit programme allows the hospital to measure several metrics against policy and procedure. The results from the audit dictate our priority and allow us to action areas of noncompliance. Our hospital is also measured against our other Ramsay hospitals. GIRFT Orthopaedic programme and GIRFT Ophthalmology programme are both areas of priority into 2022/2023.

We will continue to work closely with our stakeholders and feedback on our progress. We have chosen Ophthalmology because we are aware that across our hospital there are different levels of service provision which has not always been aligned. The service review and priority will look at equipment, patient pathways and current patient feedback. In addition we will review the theatre efficiency and the training and knowledge of staff and support staff to increase their knowledge and experience through training in both diagnostics and theatre equipment.

The GIRFT Orthopaedic programme commenced at the beginning of the year and is looking at our Orthopaedic pathway to review the total pathway from pre assessment through to Discharge. This involves a number of stakeholders from consultants, physios. Ward nurses, Pharmacy. We know that given the right planning and processes we should expect to see some of our patients have a shorter overnight stay and be discharged sooner than the current average of 2.2 days.

The team meet quarterly and any progress is then fed back to our clinical governance team, MAC and Monthly HODS.

Patient Focus

To continue to encourage the involvement of patients within our organisation, whether this be in the form of the Patient Engagement Group, or assisting with our Environmental PLACE Audit.

Encourage patients to complete feedback forms/questionnaires so we can see what we are doing well or where we can improve. To see a marked improvement in our response rates with regards to the service we offer.

Our clinical priorities for 2022/2023 will be monitored and measured throughout the year, by completing our yearly audit programme, keeping communication open with patients and staff as well as our NHS colleagues. Good communication and established reporting tools to be utilised in order for us to improve on the service we

offer, but also by reporting regularly to our clinical governance board within the hospital and Ramsay Head Office.

In addition we will recommence our Patient focus groups and invite patients who have fed back through our on line portal Cemplicity.

Speaking Up for Safety

Ramsay Healthcare's aim is to build a culture of safety and quality by empowering staff to support each other and raise concerns, and this is to continue into 2022/2023. Speaking up for Safety was developed at the end of 2019. This was 'Promoting Professional Accountability'. Staff and consultants at Ashted Hospital attended training sessions. This also involved staff and consultants training to become Peer Messengers. This will be continued to be embedded in our everyday working life within Ashted and ensure that all staff are aware of the programme to ensure that we remain a safe hospital to work in.

We continue to ensure Safety remains a priority here at Ashted through our Speak up for safety. We have a relaunch of the programme in September 2022 so this will remain as one of our priorities for 2022/2023. This continues to be embedded into our mandatory training both clinical and on-clinical

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 2021/22 Ashted Hospital provided and/or subcontracted 48 NHS services.

Ashted Hospital has reviewed all the data available to them on the quality of care in all 48 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 26 per cent of the total income generated from the provision of NHS services by Ashted Hospital for 1 April 2021 to 31st March 2022

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are

reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Staff Cost % Net Revenue	38.8%
HCA Hours as % of Total Nursing staff	29%
Agency cost as % of Total staff cost	4.0%
Ward Hours PPD	5.48
%Staff Turnover	18.2%
%Staff Sickness	3.33%
% Lost Time	21.2%
Appraisal %	98%
Mandatory Training %	96%
Staff Satisfaction Survey	76% completed
Workforce Race Equality Standard (WRES)	204 staff. 99% staff self-reported their ethnicity. 14.53% of the workforce are of black and ethnic minority background.
Number of significant Staff Injuries	0

2.2.2 Participation in clinical audit

During 1 April 2021 to 31st March 2022 Ashtead Hospital participated in 3 national clinical audits

The national clinical audits and national confidential enquiries that Ashtead Hospital participated in, and for which data collection was completed during 1 April 2021 to 31st March 2022, 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
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	100%
Surgical Site Infection Surveillance Service	100%

Local Audits

The reports of 107 local clinical audits from 1 April 2021 to 31st March 2022 were reviewed by the Clinical Governance Committee and Ashted Hospital intends to take the following actions to improve the quality of healthcare provided.

The Department heads will increase the number of audits undertaken to ensure higher compliance with measurement of standards and to ensure actions are taken in a timely manner

The hospital has moved to a digital Audit platform in December called Tendable. There has been teething issues in this period and along with the challenges of Covid and sickness and managing staffing levels this impacted on the number of audits being completed. This involved all registered staff undertaking training so that the Audits can be spread across a wider professional team. This will ensure feedback from different departments.

Audits within Amber are re audited within 3 months and red scores are re audited within 6 weeks, both our red scores mentioned below relate to an administration and transition from paper records to electronic records and these are due for repeat in July 2022 following the embedding of the Electronic records.

Audit	Department Allocation / Ownership	QR Code Allocation	July	August	September	October	November	December	January	February	March
Facility Assurance	HoCS	Whole Hospital			91.1						
Hand Hygiene Technique (Assurance)	Ward	Ward				100%					
Hand Hygiene Technique (Assurance)	Theatres	Theatres				100%			95.8%		
Hand Hygiene Technique (Assurance)	Radiology	Radiology			100%			100%			
Hand Hygiene Technique (Assurance)	Physio	Physio	100%			100%			100%		
Hand Hygiene Technique (Assurance)	Outpatients	Outpatients									
Hand Hygiene Technique (Assurance)	Ambulatory Care	Ambulatory Care									
Hand Hygiene Technique (Assurance)	Pharmacy	Pharmacy					100%				
Hand Hygiene Technique (Assurance)	RDUK	RDUK									
Hand Hygiene observation (5 moments)	Ward	Ward						100%	100%	100%	
Hand Hygiene observation (5 moments)	Theatres	Theatres				100%				97.8%	
Hand Hygiene observation (5 moments)	Radiology	Radiology			100%			100%			
Hand Hygiene observation (5 moments)	Physio	Physio	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hand Hygiene observation (5 moments)	Outpatients	Outpatients				100%					

Urinary Catheterisation Bundle	Theatres	Theatres									100%
Isolation	IPC	Whole Hospital				100%					
NatSSIPS – OPD	OPD	OPD	95%								
NatSSIPS – Radiology	Radiology	Radiology				100					
Patient Journey: Safe Transfer of the Patient	Ward	Ward									89.7%
Patient Journey: Intraoperative Observation	Theatres	Theatres									
Patient Journey: Recovery Observation	Theatres	Theatres			92.3%						92.3%
NatSSIPs LSO	Theatres	Theatres							85.6%		
NatSSIPs Safety Brief	Theatres	Theatres								85.5%	
NatSSIPs Site Marking	Theatres	Theatres									72.7%
NatSSIPs Stop Before You Block	Theatres	Theatres				100%					
NatSSIPs Prosthesis	Theatres	Theatres									
NatSSIPs IOLs	Theatres	Theatres									
NatSSIPs Swab Count	Theatres	Theatres	2022						94.2%		
NatSSIPs Instruments	Theatres	Theatres		2022						90.4%	
NatSSIPs Histology	Theatres	Theatres			2022						89.2%
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital									
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital									
Consent Audit (6 monthly)	HoCS	Whole Hospital			99.1%						
Walkabout	SLT	Whole Hospital									
Walkabout	HoCS	Whole Hospital				81.8%					

Staff Questions	SLT	Whole Hospital			91.4%						
Staff Questions	HoCS	Whole Hospital									
Complaints	SLT	Whole Hospital									
Duty of Candour	SLT	Whole Hospital									
Practicing Privileges - Consultants	HoCS	Whole Hospital	99.1%								
Observation Audits - Physio	Physiotherapy	Physiotherapy				93.3					
Observation Audits - Ward	Ward	Ward							100%		
Observation Audits - OPD	OPD	OPD	97%								
Privacy & Dignity	Ward	Ward					100%				
Medical Records - Therapy	Physiotherapy	Physiotherapy	95.8%								
Medical Records - Surgery	Theatres	Whole Hospital									
Medical Records - Ward	Ward	Ward									
Medical Records - Pre-operative Assessment	Pre-Operative Assessment	Pre-Operative Assessment									
Medical Records - Radiology	Radiology	Radiology	99.1%								
Medical Records - Cosmetic Surgery	OPD	Whole Hospital	63.5%								
Medical Records - Bariatric Services	Bariatric Services	Whole Hospital	96.4%								
Non-Medical Referrer Documentation and Records	Radiology	Radiology						100			
MRI Reporting	Radiology	Radiology			100						
CT Reporting	Radiology	Radiology			99.2						

Non Radiologist Reported Imaging	Radiology	Radiology				75%					
MRI Safety	Radiology RDUK	Radiology, RDUK			94.1						
Safe & Secure (Whole Hospital)	Pharmacy	Whole Hospital		95.3%						100%	
Prescribing & Medicines Reconciliation	Pharmacy	Pharmacy			90.8						
Controlled Drugs	Pharmacy	Pharmacy	97.9%				98.5%				
Governance - Pharmacy	Pharmacy	Whole Hospital	96.3%								
Operational (Ward)	Ward	Ward								99.1%	
Operational (Theatre)	Theatres	Theatres		91.2%					100%	88.4%	
Operational (Physio)	Physio	Physio		100%							
Operational (OPD)	OPD	OPD		100%							
Decontamination - Sterile Services	Decontamination	Decontamination									
Decontamination - Endoscopy	Decontamination	Decontamination					100%				
Management of Linen (previously within Environmental Assurance)	Ward	Ward				100%				92.9%	
Department Kitchen (previously within Environmental Assurance)	Housekeeping	Whole Hospital									

2.2.3 Participation in Research

There were no patients recruited during 2021/22 to participate in research approved by a research ethics committee.

Ashtead do not participate in Research

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

Ashtead Hospital's income from 1 April 2021 to 31st March 2022 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 2020 is registered without conditions as '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

- From June this year our focus on quality data will be supported by an EPR system that is paper light- this means we will have access to live data reporting rather than having to look through large amounts of paper records.
- We have a focus on consenting to include extra COVID – 19 related risks as part of the consent process.
- Ashtead will be part of the NAP7 national yearly audit that looks at peri cardiac arrest.

The latest published figures, as per the NHS Digital published figures at the below site, are as follows

The patient's valid NHS number:

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

The General Medical Practice Code:

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

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#historic-dqmi-publications>

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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

	Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
	Ashtead Hospital	July 22	100%	100%	100%	100%

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

2.2.7 Stakeholders views on 2021/22 Quality Account



Ramsay Healthcare UK Ashtead Hospital - Quality Account 2021/22

Commissioner statement from NHS Surrey Heartlands Clinical Commissioning Group

Surrey Heartlands Clinical Commissioning Group (SH CCG) welcomes the opportunity to comment on Ramsay Healthcare UK Ashtead Hospital Quality Account 2021/22 in respect of the portfolio of NHS services commissioned from the group.

SH CCG is content that the document gives an overall accurate account and analysis on the quality of services provided and that the report meets the Department of Health's National Guidance on quality account reporting.

Ramsay Healthcare UK Ashtead Hospital has continued, as part of the NHS Elective Care Recovery, to support the local NHS Trust during what has been a challenging year. The infectious nature of Covid-19 has meant that the pandemic has continued to affect patients and service providers alike, but it was good to note their Infection, Prevention and Control measures have enabled them to continue to deliver safe and effective care throughout this time.

We recognise that Ramsay Healthcare UK Ashtead Hospital works in partnership with other hospitals in the Ramsay Healthcare network and see sharing information as key to strengthening both their safety culture and the operating model. We were particularly interested to read about how the work around 'Speaking up for safety' has evolved over the last few years, with the introduction of the Safety C O D E (check, option, demand, elevate), encouraging and enabling staff of any level to raise concerns in a psychologically safe environment. We were also encouraged to see that Ramsay Healthcare UK Ashtead Hospital has rolled out a fully electronic patient record, ensuring staff have access to relevant information as it is needed. This will also not only help staff to promptly identify any potential variance in care and intervene at an early stage, but also help accurately collate documented clinical outcomes.

It was pleasing to note their commitment to their local audit programme, and it would have been helpful to have further information on the three national clinical audits. We further commend them on having achieved a high percentage of compliance with staff appraisals and mandatory training, and their safeguarding themed case study demonstrated excellence in practice.

As a CCG, we acknowledge the 2022/23 priorities outlined in this quality account. We believe these priorities will help ensure they continue to deliver safe, effective, well-led, sustainably resourced, and equitable care which offers all those who access the services, an ongoing, positive experience and we look forward to continuing to work with them.

Clare Stone
Director of Multi-Professional Leadership
NHS Surrey Heartlands Clinical Commissioning Group

27 June 2022

Part 3: Review of quality performance 2021/22

Statements of quality delivery

Head of Clinical Services (Matron), ASHTEAD

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

Introduction

“This publication marks the twelfth successive year since the first edition of Ramsay Quality Accounts. It has been a difficult and landmark year due to the global pandemic, and through it all we have continued to analyse our performance on many levels, month on month. We compare to previous years and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open, transparent and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients. We deliver our care within our company values and practice high quality compassionate care ‘The Ramsay Way’”

(Vivienne Heckford, National Director of Clinical Services, Ramsay Health Care UK)

Ramsay Clinical Governance Framework 2022

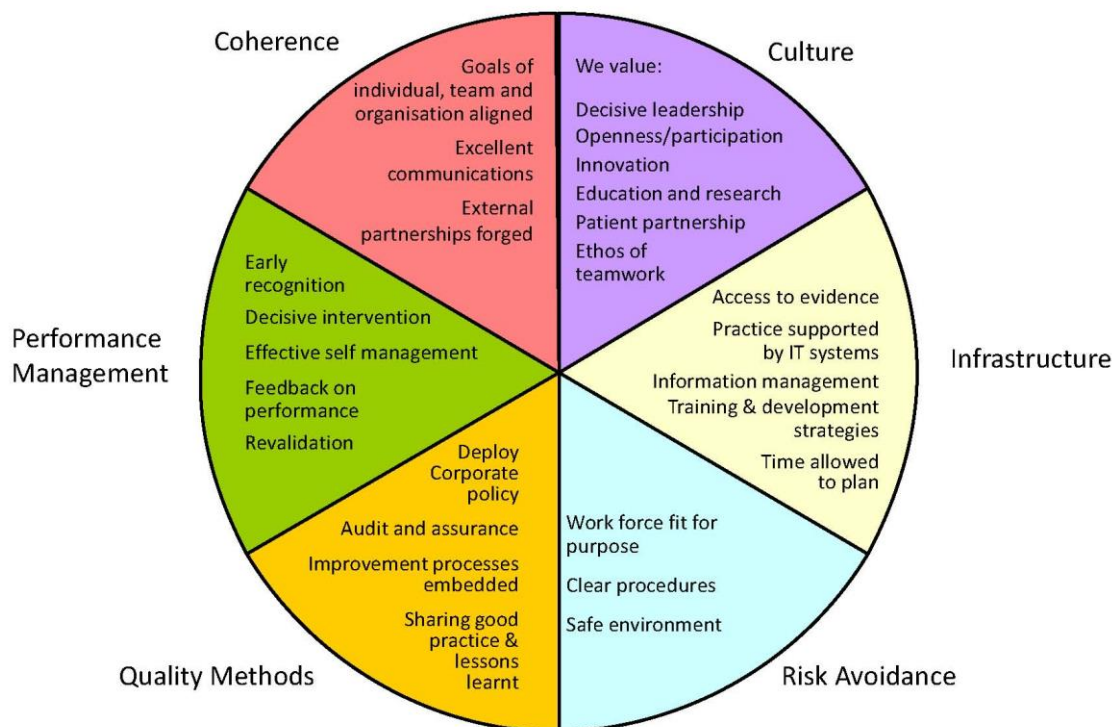
The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

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

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc., are inter-dependent with actions in one area impacting on others. Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

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

- **Ramsay Health Care Clinical Governance Framework**



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Ashtead	
	19/20	RRV	0.6851	RFR	1.1997	Average	1.0019	20/21	NVC01	0.0000
20/21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	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. We have trained more of our nurses this year to ensure that we are able to quickly identify risks which require consideration. Our Recovery staff, Anaesthetic staff and Senior Ward Staff have an Advanced Life Support (ALS) qualification.

Rate per 100 discharges:

National PROMs

PROMS:	Best		Worst		Average		Ashtead			
	Period						Period			
Hips	Apr18 - Mar 19	NTPH1	25.3762	RVY	18.7518	Eng	22.567	Apr18 - Mar 19	NVC01	*
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC01	*

PROMS:	Best		Worst		Average		Ashtead			
	Period						Period			
Knees	Apr18 - Mar 19	NTPH1	20.011	RTP	13.773	Eng	17.278	Apr18 - Mar 19	NVC01	*
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC01	*

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

- The periods stated above we had fewer than average cases, therefore there are none recorded Ashtead.

Readmissions within 28 days

Rate per 100 discharges:

Ashtead Hospital considers that this data is as described for the following reasons we had 4 patients return to theatre over the period of the last year, all were related to complication of surgery. 2 had blocked catheter following urology surgery, 1 patient has post op nausea and vomiting. Fourth patient was readmitted for debridement of wound following a surgical site infection. All patients made a full recovery

Readmissions:	Period	Best		Worst		Average	
	18/19	N/A	N/A	N/A	N/A	Eng.	14.3
	19/20	N/A	N/A	N/A	N/A	Eng.	13.7

Period	Ashtead	
20/21	NVC01	0.00
21/22	NVC01	0.00

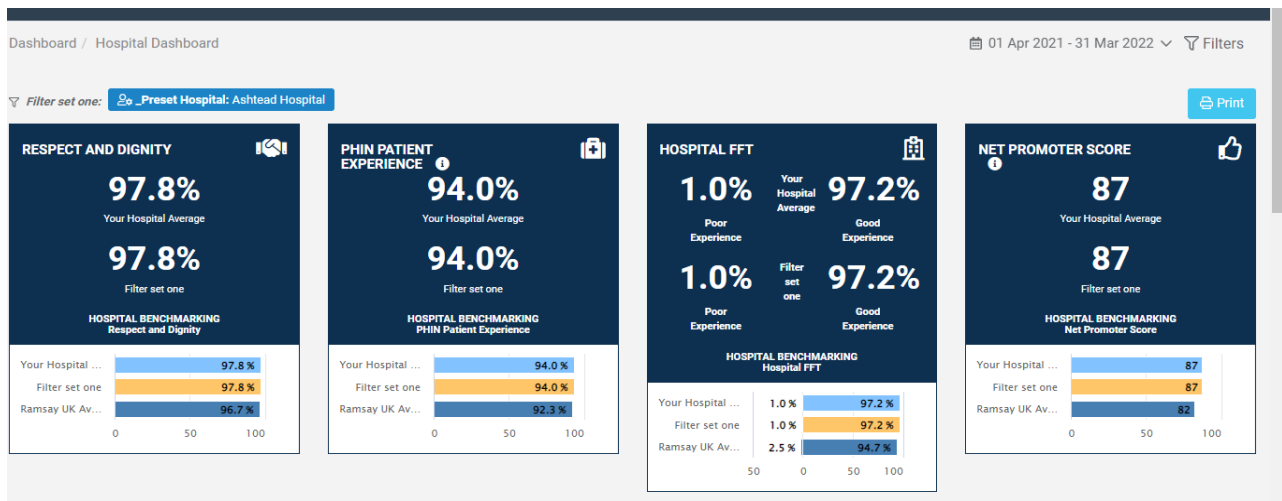
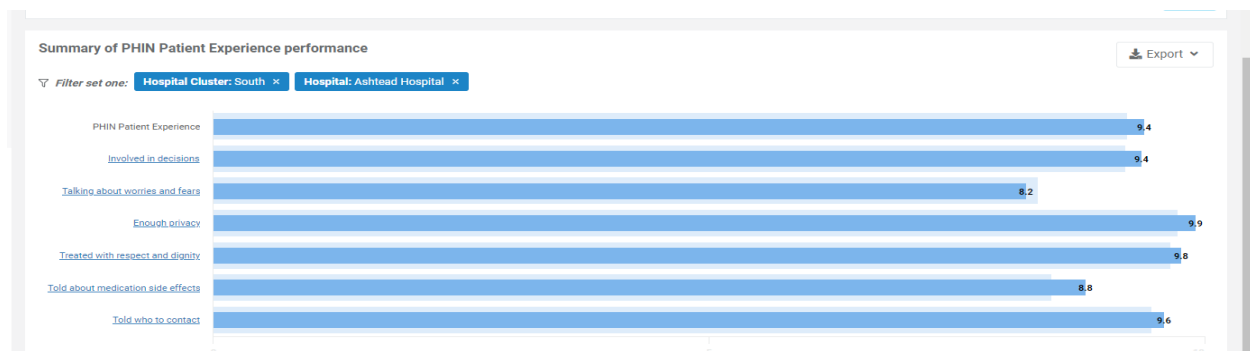
Responsiveness to Personal Needs

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

4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score): This shows Ashtead sitting above the Ramsay UK average of 9.2 – Ashtead score is 9.4



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2021 - March 2022:

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Ashtead	
	Q1 to Q4 18/19	Several	100%	NVCOM	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	RPY	51.0	Eng.	13.6	2020/21	NVC01	0.0
	2021/22	Several	0	RPC	81.0	Eng.	15.0	2021/22	NVC01	0.0

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	2020/21	NVC01	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng.	0.30	2021/22	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 Hospital's commitment to patient safety. Risk assessments are in place for patients (when clinically indicated) to undergo prior to or on admission. All Clinical Heads of Department have undergone Root Cause Analysis Training. Should a serious untoward incident occur this training will enable the department manager to undertake a thorough investigation into the incident using the correct methodology to provide a detailed report with actions and recommendations to avoid re-occurrence?

We have continued to see a reduction in level 2 incidents which may cause moderate harm. The Hospital works hard on learning from others and other sites as part of our clinical safety workshops and the distribution of O.W.L.S Outcomes with learning sessions.

In the event of a serious incident occurring, Ashtead Hospital adheres to the professional duty of candour as we do with all patient concerns. All of our staff are 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.

All consultants are trained in Duty of Candour and this is audited as part of our improvement and practice

Serious Untoward Incident rates – Ashtead Hospital

Rate per 100 discharges:-

Ashtead had no serious untoward incidents in 2021/2022 – level 1 is our most serious

Ashtead had 4 patient related untoward incident at level 2 in 2021/2022 which is a reduction from 2020/2021– the details as follows:

Patient 1- Patient readmitted for debridement of infected spinal surgical wound in August 2021 following spinal surgery in June 2021 –. Full Root cause analysis completed. Duty of candour given 11/08-

Patient reports attending A&E, having a scan which showed presence of infection Staphylococcus and discharged with antibiotics to review with consultant.

03/08- Patient attended OPD-Ashtead to see (receiving consultant), where back wound was swabbed. Swab taken which when later resulted showed to be positive for Staphylococcus Aureus.

07/08- IPC nurse Spoke with consultant- who reported when seen in clinic patient was taking antibiotics. Wound although delayed healing present no clinical signs of infection from wound, patient then went to see originating consultant at a sister Ramsay site.

Readmitted under consultant on 11/08 for debridement and washout.

Discharged with antibiotics follow up with consultant 01/09/2021
 Patient 2- Patient developed post op infection in July 2021– Patient attended Ashtead for urgent consultant review on 30/07/2021 due to progressive swelling following shoulder surgery on 26/07/2021 referred for U/S completed by consultant on 03/08/2021 who diagnosed presence of infection and sent patient to A&E for immediate treatment of symptomatic post-operative infection including washouts x 2. not related to patient one. Full root cause analysis completed. Duty of candour given

Patient made full recovery following 6/52 of antibiotics – swab result showed

Patient 3- Patient bleed heavily during gynaecology surgery – major haemorrhage plan put into place – patient received transfusion at Ashtead, transferred to Trust hospital for overnight monitoring – patient discharge home the next day. Duty of candour given.

Patient 4- Patient sustained a bladder injury during gynaecology procedure - Urologist attended to assist, the original surgeon had repaired the bladder – patient had a longer recovery time by 2 weeks as required monitoring and needed a catheter in for a longer period to help support healing of the bladder. Patient made a full recovery. Duty of candour given by originating consultant.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Ashtead	
	Feb-21	Several	100%	RAP	48.0%	Eng.	95.0%	Feb-21	NVC01	100.0%
	Feb-22	Several	100%	RTK	77.0%	Eng.	94.0%	Feb-22	NVC01	100.0%

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.

Our percentage has slightly fallen in the year reported above and we have put more reporting tools in place for patients to present feedback to us in order for us to improve on this figure against the number of admits. We are pleased to see that we have attained a 100% positive feedback.

3.2 Patient safety

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

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

ASHTEAD Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 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 by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

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

Programmes and activities within our hospital include:

As can be seen in the above graph our infection control rate has increased slightly over the last year. In comparison to the national average it is still below the national parameters.

The increase has been noted due to increase in monitoring and reporting .

Ashtead Hospital is fortunate to have a dedicated Infection Control Lead who supports and works with a group of infection control link nurses. Their role is to maintain a clean hospital environment. In addition to ensure that staff are adhering to best practice- in the last year this has included adapting to the changing advice regarding the management of Covid with different pathways and cleaning regimes. Ashtead has a comprehensive annual action plan. This includes:

- Policy and procedure compliance
- Maintenance of a comprehensive reporting system of IPC related incidents
- Education and training
- Maintenance of a safe and clean environment
- Maintenance of a decontamination service in line with national and hospital policy and regulations

Rate per 100 discharges:

3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at 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.

The place Audit will be conducted next year as it was important that we allow our patient focus group to attend the hospital and to be involved in person with our PLACE audit.

3.2.3 Safety in the workplace

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

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

A number of risk assessments are carried out during the course of the year and these include Venous Thromboembolism (VTE) for every patient admitted to Ashted. A falls risk assessment is carried out especially for patients who are vulnerable, both surgical and medical patients, to ensure that patients are safe when they are admitted and during their stay with in Ashted.

Health and Safety meetings take place every 2 months and if problems are reported or identified actions are taken and reported accordingly. Clinical staff meet with a local NHS Trust that supply the Blood Bank every 3 months and complete audits accordingly for review and incidents if any occur.

Covid 19 Risk assessment remain in place for our clinically vulnerable patients. This is reviewed regularly as guidance changes.

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.

.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 has decreased over the last year. In comparison to the national average it remains below

Rate per 100 discharges:

Rate per 100 discharges:

3.3.2 Learning from Deaths

From 1st April 2021 -31st March 2022, Ashted 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.

3.4 Patient experience

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

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

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

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

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

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

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

As can be seen in the above graph our Patient Satisfaction rate has increased over the last year for the second year in a row. In comparison to the national average it is above the national average of 95% this is due to an increase focus on receiving feedback through family and friends test. Ashtead welcome all forms of feedback which allows us to improve the service to all of our patients

3.5 ASHTEAD Hospital Case Study

Case Study. We recently received a safeguarding concern from a patient who had attended for a procedure and was returning to the hospital for some physio follow up. It was during this appointment that they disclosed that they had a partner who was verbally abusing them and they had tolerated this for 38 years but no longer wanted to put up with it but didn't know what to do. Along with our safeguarding lead they contacted the MASH team and sought advice, they advised the police be involved as the abuser had also been violent. The patient although was just attending the hospital for a 30 minute appointment, the team kept the patient at the hospital to await the police and assessment. The patient was scared to what may happen to their partner but relieved that they were able to share this information in a trusted environment. The police arrived and took a detailed statement, the patient was given full support and advise as to what to do if they felt vulnerable. The hospital arranged for the patient to have a direct safe phone contact number. The MASH team and the police had also arranged to visit over the next 48 hours and an appointment was arranged for the hospital to see the patient again 3 days later. The patient went home feeling secure in the knowledge that the hospital and local authority would look after them. The patient thought as they were 86 years of age it would not be of interest. The following day the patient called to say they had a full open and honest conversation with their partner, that the partner agreed to seek further help via their GP regarding their anger issues and that the partner was aware that all services knew that the patient felt vulnerable. 3 days later both the patient and their partner came for the appointment. The partner apologised for making the patient feel vulnerable, they admitted that they were struggling at home to look after their partner and this had been exacerbated by Covid and isolation. The partner explained that they had sought help from their own GP and had picked some support leaflets on talking therapies which they would attend. The patient came for their follow up a few weeks after the incident and was full of praise for the physio for listening and getting help and then the hospital for coordinating the services to support the patient.

This was multiagency sharing at its best with a great outcome.

Appendix 1

Services covered by this quality account

Regulated Services offered at Ashted Hospital as per our Statement of Purpose

	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 Patient who test positive for COVID -19. .
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
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[Appendix 2 – Clinical Audit Programme 2021/22](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

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

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

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

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

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

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

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

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
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
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.

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