



One Ashford Hospital Quality Account

1 April 2017 – 31 March 2018

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1. Welcome and Introduction to One Healthcare

Adrian Stevenson
Group Chief Executive Officer

The One Healthcare Group was established in 2015, and is a UK based private healthcare provider in the South of England. Within the One Healthcare Group there are currently two sites; the first facility in Ashford, Kent, opened in March 2016, followed by the second site at Hatfield, Hertfordshire, in December 2017.

The main objectives of both sites are to provide the very best level of care, delivered by specialist Consultants and experienced healthcare professionals, in a modern and well equipped hospital facility. The impact of their professionalism, decision-making, positive attitude and empathy is what makes the difference between good care and excellent care.

One Healthcare offers the newest purpose built hospitals with the latest theatres, luxury en-suite bedrooms, specialist rehabilitation Physiotherapy, Outpatient diagnostic facilities including fast-track access to X-ray, MRI and ultrasound. One Healthcare is unique in providing diagnostic care and treatment for all.

At One Healthcare our values are not just words, they are our corporate DNA, underpinning how we treat patients and those we work with.

- **Care:** we demonstrate care, compassion empathy and respect by listening - so we fully understand and deliver best advice, best treatment and best care for our patients.
- **Quality:** we inspire quality, continually assessing our actions and delivery questioning ourselves and seeking out new innovative ways to deliver first class healthcare.
- **Excellence:** we consistently exceed patient expectations by delivering clinical excellence in an outstanding healthcare environment where safety is our number one priority.
- **Leadership:** we wish to inspire and impress our patients, partners and staff by serving our teams in way that we get extraordinary achievement from our people.
- **Innovation:** as an outcome driven organisation, we learn from best practice, latest research and key influencers to innovate and improve the way we deliver services.
- **Honesty:** if we feel we could do better we will say so and focus on making the right things happen.
- **Value:** we take pride in delivering quality and value for money by eradicating unnecessary waste, duplication or cost and passing on that efficiency to those who choose our services.

One Healthcare plans to expand to future sites, whilst ensuring that the values and quality of the brand is maintained throughout.



2. Introduction to One Ashford Hospital

Richard Evans
Group Chief Operating Officer

One Ashford Hospital Introduces Modern Private Healthcare to Ashford in Kent.

The site has been specifically selected and developed with the customer in mind and benefits from ample parking. It provides access to purpose-built private facilities on a site that is just a short distance from the William Harvey NHS Hospital and situated off Junction 10 of the M20 motorway.

Based on plans from the US and Australasia, One Ashford Hospital introduces the latest technology and design features within the facility, aimed at specifically enhancing the patients' experience and perception of the hospital's facilities.

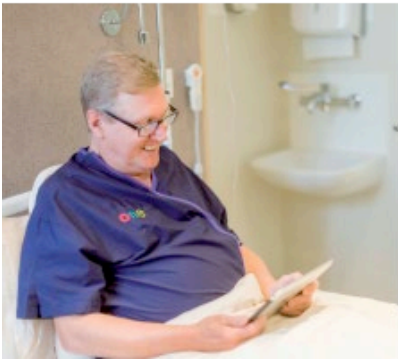
One Ashford Hospital prides itself on high standards of clinical care, a friendly atmosphere and continual investment in staff, training and facilities.

The hospital offers:

- 9 Outpatient Consulting rooms
- 3 Outpatient Treatment rooms
- 10 beds for Day Case patients
- 20 Inpatient en-suite bedrooms
- 3 Theatres / Endoscopy suite
- MRI and diagnostic imaging suites
- Outpatient and Inpatient Physiotherapy Services
- On site Pharmacy
- 24/7 Resident Medical Officer (RMO) on site
- Free parking
- Cafe

We are pleased to be able to offer the following specialties at our hospital:

- Anaesthetics and Pain Management
- Audiology
- Cardiology Diagnostics
- Colorectal
- Cosmetic Surgery
- Dermatology
- Diagnostic Imaging
- Ear Nose and Throat (ENT)
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Gynaecology
- Orthopaedic Surgery
- Paediatrics
- Physiotherapy
- Respiratory Physician
- Rheumatology
- Urology
- Varicose Vein surgery



At One Healthcare our mission is to provide:

- Safety as a priority – inspiring confidence and demonstrating accountability through our quality management systems and well trained resources.
- Outstanding results – delivered by Consultants and experts working together in our modern hospital environment.
- Quality you can trust – underpinned by the highest standards of Governance delivered by our Consultant led teams.



3. Statement on Quality

Thelma Henderson
Hospital Director

I am delighted to be able to present One Ashford Hospital's second Quality Account for April 2017 to March 2018. This Quality Account has been written to demonstrate our commitment to quality and care. In order to monitor and improve, we use measurements including feedback from patients, Consultants and staff, as well as audits, both national and local, and comparative benchmarking figures.

In its second year, One Ashford Hospital has maintained and progressed exceptionally good relationships with our team of Consultants, who have shown a clear commitment to work with the hospital to ensure the best quality healthcare is provided.

We aim to excel in the provision of the best standards and work in partnership with the NHS to ensure that the services delivered result in safe, effective, and bespoke care for each of our patients.

We undertake regular audits to measure external bodies' criteria, such as the Care Quality Commission (CQC) and Clinical Commissioning Groups (CCGs) requirements, to ensure that we are maintaining the excellent standards that have become expected of One Ashford Hospital. I am pleased to report that one of our key achievements during the year was receiving a 'Good' rating in our June 2017 Care Quality Commission (CQC) inspection. A copy of the report can be found here:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7491.pdf

I take great pride in the reputation that the hospital has for its exceptional care, compassion, outcomes and safety. Credit must go to the cohesive team approach and effort that is made to maintain this. We strive to ensure that we are constantly reviewing our processes and procedures in order that we are never complacent, and to guarantee we continue to deliver the highest level of expected healthcare.

One Ashford Hospital endeavours to provide effective leadership to enable a well-led hospital, ensuring all services provided are safe and compliant with regulatory requirements, alongside meeting our customer expectations.

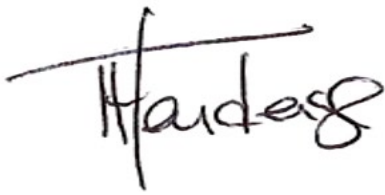
Our Quality Account provides information for our patients, staff, Consultants and commissioners, to assure them we are committed to sharing our progressive achievements from one year to the next. Our emphasis is to safeguard patients, deliver safe, effective care and ensure that they feel valued and respected. We ensure patients are informed and included in decisions about their care at each step of their healthcare journey, from admission through to discharge. Patients' feedback about their stay, treatment and clinical outcome is paramount to us and helps us to continually improve and develop our services.

As the Hospital Director I am proud of our achievements since opening a short time ago, and our developments with our Governance structure and processes, enabling continual development within the organisation. Our Quality Account is an accurate representation of our performance and our commitment to continuously improve the quality of the services provided by One Ashford Hospital.

4. Accountability Statement

4.1 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.



Thelma Henderson

Hospital Director

Date: 5th June 2018

Note:

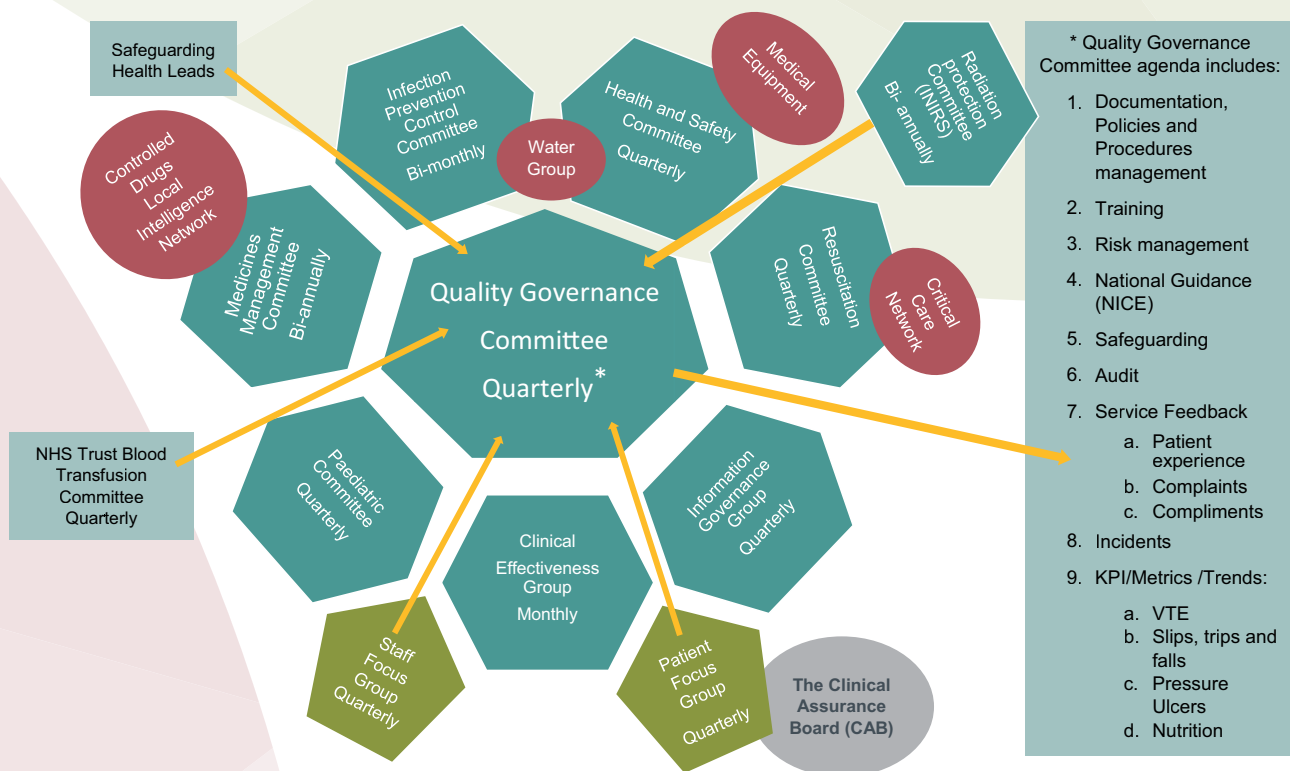
Directors of Organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare Quality Account for each financial year. This report has been prepared based in guidance issued by the Department of Health setting out these legal requirements.

4.2 Quality Account Review

This account has been reviewed and approved by the following:

- Mr Adrian Stevenson, Group Chief Executive
- Mr Richard Evans, Group Chief Operating Officer
- Mrs Sharon Takeda, Director of Clinical Services and Quality and Governance Committee Chair
- Mrs Shalini Gujral, Chief Pharmacist and Governance Lead
- Mr Brian Wise, Consultant Governance Lead (Consultant Uro-gynaecologist)
- Mr Helmut Zahn, Medical Advisory Committee Chair (Consultant Orthopaedic Surgeon)

5. Quality priorities for 2017-2018



5.1 Summary for April 2017 – March 2018

As One Ashford Hospital opened in March 2016, our first two years were focused on developing and embedding a robust Governance framework and structure to ensure the hospital continually provides safe and effective care. In order to accomplish this, focus was placed on developing the following priorities:

1. Setting frameworks, processes and structure
2. Documentation
3. Risk management
4. Audit
5. Key Performance Indicators (KPIs)

For each of these priorities we have undertaken key actions to achieve our goals.

1. Setting frameworks, processes and structure

- Established key responsibilities within the organisation (board and local level)
- Implementation of quality Governance structure and development of key committees
- Communication process and structured flow of information

2. Documentation

- Document management of policies and Standard Operating Procedures (SOPs)
- Production of key clinical pathways to enable and improve the patient journey
- Reporting tools

3. Risk management

- Use of industry known clinical tools (Datix® and HealthAssure) to manage risks, incidents and service feedback within the hospital
- Structured processes to escalate concerns requiring action

4. Audit

- Development of Quality Dashboard highlighting key quality measures, levels of compliance and audit schedule
- Use of national audit tools alongside locally devised tools to ensure review of the services provided and continual development of practice
- Reflection and benchmarking against other national targets and figures to guarantee care provided is in line with and exceeds expected standards

5. Quality priorities for 2017-2018



- Achievement of Commissioning for Quality and Innovation (CQUINs) scheme as required for providers of healthcare services commissioned under an NHS Standard Contract

5. Key Performance Indicators

- Key criteria agreed for assessing measures of standards within the clinical areas
- Continual review from data collected used to streamline requirements

5.2 Key achievements during 2017-18

Over the last year we can also proudly report other achievements, which help to ensure that we are working towards an Outstanding CQC rating. These include:

a) Caring

- Dementia awareness – our dementia champion developed resources for staff to follow. Training was provided to all staff with regards to the resources available to support dementia patients. A 'This is Me' document was adopted for patients with dementia and for those requiring additional care and support. We participated in Dementia Awareness Week (14-20 May 2017).
- Staff listening group – we wanted to ensure that staff have a forum to raise any feedback or areas that could be improved. We have a staff suggestion box and on a quarterly basis the Hospital Director has an open attendance session for staff.

#hello my name is...

- We adopted the # "hello my name is" national initiative across the hospital to make patients feel respected and safe whilst in our facility.
- Post discharge calls – in addition to providing the patient with discharge information and a telephone number to call if they have concerns, to enhance their experience we also conduct follow-up telephone calls between 48-72 hours after going home. This improves the patient and family satisfaction, decreases our hospital re-admission rates, and expedites the arrangement of subsequent appointments as required.
- Community events – we feel it is important to be part of the community and raise awareness to the people of Kent that One Ashford Hospital is available to them. Our staff supported charity and public events. This includes the Ashford and District 10K run on 4th February 2018 where the Physiotherapy team provided free sport massages and goodie bags.

5. Quality priorities for 2017-2018

b) Effective

- Infection Prevention and Control (IPC) – this is a key focus for One Ashford Hospital. We developed in conjunction with our Consultant Microbiologist, Infection Control Lead Nurse and an external IPC Advisor, an annual plan. We are pleased that we were able to achieve a lot of our objectives and are continuing to plan improvements. We have an engaged group of IPC Link Practitioners who are committed to maintaining exceptional cleanliness standards in all departments and promoting the prevention of infections. We have had no MRSA, MSSA or Clostridium Difficile bacteraemia infections reported.

0 MRSA	0 MSSA	0 C DIFF
Bacteremias		

- Children and Young Persons service – this service was launched in March 2017, and this year we have had 804 Paediatric patients use our Outpatient, Day Surgery, Radiology and Physiotherapy services. We have an engaged cohort of Paediatric Consultants and staff who are committed to delivering the best care and service to this patient group. We have established a well attended Paediatric Governance Committee, chaired by the Paediatric Lead Nurse. Safeguarding for Children and Young People training up to level 3 is over 90% compliance and there were no safeguarding concerns or formal complaints about this service received during the year.



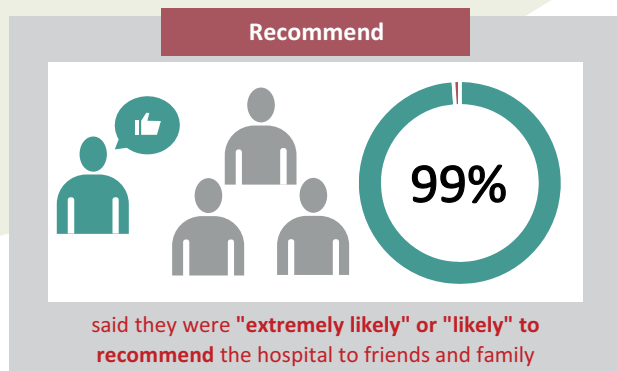
- Adverse events and incidents – we use the nationally recognised incident management and patient safety tool Datix® to record and investigate incidents. We have recently made revisions to the system to ensure ease of reporting and having made changes to the categories, we can provide better trend analysis to implement changes. We have also moved from a paper based system to an electronic method of providing feedback thereby enabling timely and accurate feedback to the staff who report incidents.
- Clinical Effectiveness – we put in place a Clinical Effectiveness group with a key objective of sharing information and learning between teams, and to make sure recommended changes are embedded to improve our patient care. Updates are provided to any ongoing actions and messages from other key committees are circulated through this environment. The reports are also shared with department teams.
- Patient Reported Outcome Measures (PROMs) – this is a national programme that collects information on the effectiveness of care delivered to patients' as perceived by the patient themselves. We undertake these surveys for both private and NHS funded patients for a variety of procedures. The measures are taken pre-operatively and then again at either a three or six month interval, to compare whether the procedure has improved the patient's quality of life.

c) Responsive

- New patient menus – revisions were made to food options in relation to patient feedback and comments received. Our feedback results indicate an improvement in satisfaction with catering services. Our Catering services also received a five star food hygiene rating from Environmental Health.



5. Quality priorities for 2017-2018



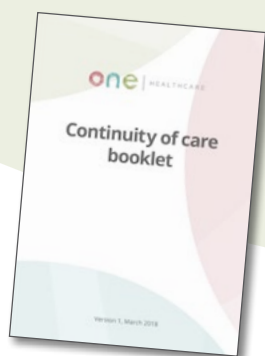
- Service feedback – our patient satisfaction questionnaires are available for Inpatient, Day Surgery, Outpatient (Diagnostic Imaging, Physiotherapy and Consultations) and Paediatric services. We receive consistent high praise and nearly 100% of patients would recommend One Ashford Hospital to their friends and family. We have a low number of formal complaints but where we have received any, they are responded to promptly within our 20 working day timeframe and with empathy.
- Cardiac MRI service – based on requirement of local health need, One Ashford Hospital launched a Cardiac MRI service during the year. This is for both private and NHS funded patients. We hold an NHS England contract to carry out Cardiac MRI scans to prevent local patients having to travel to London for this service.

d) Safe

- Sepsis awareness – we were pleased to host a sepsis survivor who talked about his and his family's personal experience in addition to the 'sepsis six' indicators. It was well attended by both clinical and non-clinical staff to raise the importance of 'thinking sepsis'.
- Medicines Management – this has been high on the agenda for 2017-18. To ensure the most effective service provision to patients, we switched from an external third party supplier to developing our own in house Pharmacy. This ensures a more efficient and, safer service enhancing the patient experience journey. This has been well received by our Consultants, staff and patients alike. The service opened in February 2018.

5. Quality priorities for 2017-2018

- Continuity of Care Handbook for staff – we have implemented a quick reference pocket guide for staff that contains an overview of key messages including: Duty of Candour, whistleblowing, infection control practices, incident reporting, Mental Capacity, Safeguarding and Deprivation of Liberty Standards (DOLS) guidance, as well as Prevent information.



Freedom to speak up

- We have a nominated Freedom to Speak Up Guardian and staff have been notified. The Guardian has attended the required training.

e) Well-led

- Communication – we implemented a daily communication meeting 'Comm cell' that all staff are welcome to attend. The key topics focused on are activity in departments (Inpatients, Day Surgery, Pre-Assessment, Outpatients, Physiotherapy, Diagnostic Imaging), and also notifies staff of any contractors on site. All staff are given the opportunity to raise any other key concerns, including staffing issues. This has helped to ensure that there is an open and transparent culture across the hospital and a forum to highlight any concerns for the day. The Hospital Director sends out a weekly email on Fridays to outline key messages to staff and update on events that have happened. We want to promote information sharing, from top down to bottom up, so we have implemented the Governance framework set out for 2017-18, and adapted processes to ensure this is done in the most effective and efficient way.

- Recruitment – to ensure our team is effective and we can deliver the best level of care, we have reviewed our recruitment processes and appointed a Director of Clinical Services. We have appointed staff into key positions in the Inpatient, Outpatient and Day Surgery departments. We are pleased that we have been able to reduce the use of agency staff and have a stable workforce and low sickness and turnover rates.
- Staff survey – we undertook our first Staff Survey in May 2017 to obtain views on what elements we can improve to enhance the experience of working at One Healthcare. We have an ongoing action plan and have a board in a central location to provide feedback on our progress.
- Meeting programme – we have a meeting planner that outlines the dates and times of all committee meetings throughout the year to guarantee good attendance.
- Cross-site Governance Board meetings – we have recently implemented monthly meetings with senior staff from both One Ashford and our sister hospital One Hatfield, with the goal of sharing learning from incidents, as well as reviewing regulatory compliance and agree standard practices for the One Healthcare vision.

6. Quality priorities and visions for 2018 – 2019

We are committed to continually improving the services and care provision at One Ashford Hospital and looking ahead for the forthcoming year, we have several objectives that we are working towards.

a) Caring

- Patient involvement and patient forum – with patients being at the centre of the services we provide, we want meaningful engagement with our patients and want to explore and encourage candid patient feedback. Our aim will be to hold a patient forum 3 times a year.
- Fundamental Standards of Care – formalise and launch the 6 C's initiative and embed and drive forward the CQC Fundamental Standards of Care.
- Menu redesign – revision of existing menu to show nutrition and dietary information to all patients.

b) Effective

- Review of Patient Satisfaction survey – we plan to undertake a review of the current contract provider for our Patient Satisfaction Survey.
- Training for staff, including induction – we want to streamline the mandatory training programme for new starters and make certain staff are given the required time to complete mandatory face to face and e-learning training modules to consistently achieve over 90% compliance.
- Documentation and patient pathways – we plan to revise our patient documentation further and create holistic pathways of care for Inpatient surgical, Day Surgery/23 hour stays, minor procedures and blood transfusion care pathways.
- National Breast and Cosmetic Implant Registry – we will retrospectively obtain and provide data where possible and will be making submissions during the upcoming year.

c) Responsive

- Consultant Survey – we plan to undertake a survey to obtain information from Consultants on how they view the services provided by One Ashford Hospital.
- Back to the floor – this involves Heads of Department and members of the Executive team going to work in another department for part of a day to experience how other teams function and the challenges they encounter on a day to day basis. This can then be fed back as a group and actions taken forward to determine where departments can improve.
- Early Warning Scores – it is recognised from our audit results that we can improve on our compliance with the Early Warning Score (EWS) completion; this will be focused on and a review undertaken in line with the new Patient Safety Alert for EWS issued in April 2017.

d) Safe

- Medicines Management NHS Safety Thermometer – we undertake the national Classic NHS Safety Thermometer and want to expand our compliance with other national safety initiatives.
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – we plan to start reviewing the reports from NCEPOD to incorporate any learning from national reports to improve our clinical practice.
- Advanced Life Support (ALS) Course – it was identified that a number of clinical staff are due their update of the ALS during 2018-2019. We are working with an external Resuscitation company to organise this course onsite.
- Embedding of Quality Dashboard – the Governance Team developed a Quality Dashboard during quarter 4 which is a central repository for recording data under patient, Consultant and staff statistics, Key Performance Indicators, Quality and Compliance, and Audit requirements.

6. Quality priorities and visions for 2018 – 2019

- Step Up to Safety initiatives – One Ashford Hospital will provide key staff with training centred around ‘Human Factors’ to promote awareness of patient safety. This programme will aim to explore safety behaviours and engage staff to understand their own role in our safety culture. A survey on the culture of patient safety at the hospital will also be undertaken by the Governance Team to obtain baseline data. This survey can then be carried out on an annual basis with action plans to effect a year on year improvement.

e) Well-led

- Data Security and Protection Toolkit and GDPR compliance – the Data Security and Protection Toolkit replaces the Information Governance Toolkit and we are working with our staff to update the new requirements within the toolkit. Part of this is to ensure we are compliant with the new General Data Protection Regulations (GDPR) that come into effect on 25 May 2018.

- Review of new Key Lines of Enquiry (KLOEs) for the Independent Sector to move towards achieving an ‘Outstanding’ CQC rating – we use the system HealthAssure to review the KLOEs that have been revised for the independent sector. It is our aim that for our next CQC inspection we will work towards achieving an ‘Outstanding’ rating.
- Chief Operating Officer (COO) open forum – our Group COO will hold a drop in session once a month in which staff can attend at any time to provide reflections, concerns and ideas in an open but confidential forum.
- Governance Structure – review of the implemented structure to ensure that meeting frequencies are in line with requirements.
- Cross-site Governance Board meetings – we want to continue to embed the cross site processes to ensure that we have consistency with the One Healthcare style and continue to promote and provide the best standards of care

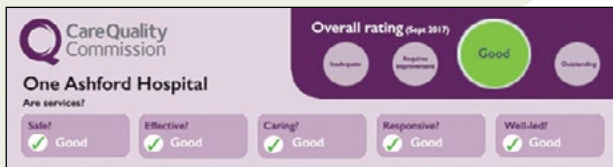
“Had 2 hip replacements at the One. First in October, second in January. First class treatment both times. Would not hesitate to go there again if ever need be.”

Anonymous, NHS Choices Feb 2018

“I was treated with dignity and respect by very professional staff.”

Patient Experience Survey Q4 2017-18

7. Statements from The Care Quality Commission



	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

It is a requirement of all hospitals to be registered with the national regulatory body the Care Quality Commission (CQC). One Ashford Hospital as a service provider is required to maintain registration with the CQC under the Health and Social Care Act 2008.

Certificate number:	CRT1-3020775322
Certificate date:	27/10/2016
Provider ID:	1-2306619331

We are registered to provide the following services:

- Diagnostic or Screening Procedures
- Family Planning
- Surgical procedures
- Treatment of disease, disorder or injury

The CQC have not issued any special reviews or investigations, and no enforcement actions have been placed on One Ashford Hospital.

We underwent a full CQC inspection in June 2017 and achieved a 'Good' overall rating as well as 'Good' for each of the domains and service areas inspected.

From our CQC report the below are some examples of the areas noted for good practice:

- The hospital had a positive incident reporting culture, which encouraged staff to report incidents and raise concerns. Staff were able to give examples of lessons learned from incidents.
- The hospital took complaints seriously. We saw evidence of learning from complaints and changes to practice to help services improve.

- The hospital had reliable systems to prevent and protect people from healthcare-associated infections and took a pro-active approach to monitoring for surgical site infections (SSIs). With patient consent, the hospital contacted patients' GPs 30 days after surgery to help detect SSIs.
- Services had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Patients received care and treatment in line with evidence-based guidance. This included guidelines and publications from the National Institute for Health and Care Excellence (NICE), the World Health Organisation (WHO) and the Department of Health (DH).
- The hospital had effective systems for the granting and renewing of practicing privileges. This ensured patients received care and treatment from competent medical staff who worked to the hospital's values.
- The hospital monitored and met patients' nutrition, hydration and pain relief needs.
- The hospital participated in national audits to benchmark patient outcomes following surgery against other hospitals. The hospital also collected internal data to measure their performance.
- Staff in all departments treated patients with kindness and compassion, and involved patients in decisions about their care. Staff protected the privacy and dignity of patients throughout the hospital.
- The hospital was responsive to patients' individual needs. This included patients living with dementia and learning disabilities.
- The hospital had an effective Governance structure that proactively reviewed performance, identified areas of risk, and took action to mitigate risks and drive improvement.

7. Statements from The Care Quality Commission

There were also some areas during the inspection that the CQC felt we could improve on. We are pleased to report all of these were resolved either at the time or shortly following the inspection visits.

- On the resuscitation trolley in the theatre recovery area, we found one drug was in the wrong drawer and another medicine was missing from the trolley, despite being available elsewhere in the recovery area. We raised this issue immediately, and staff restocked the trolley with the correct medication straightaway. During our unannounced visit a week later, we reviewed all of the resuscitation bags in the hospital and found they were in order. This meant the hospital took prompt action to keep patients safe.

- We saw staff wearing uncovered theatre scrubs outside of the theatre department. This meant theatre scrubs could be contaminated while outside theatres.
- Despite being within its review date, the hospital consent policy did not reflect that the hospital treated children and young people. It stated, "One Healthcare hospitals do not treat children under 18 years of age". This was incorrect as the hospital began treating children in April 2017. However, we reviewed three patient consent forms for children and young people, which showed staff had obtained consent appropriately in line with the appropriate legislation and guidance.

"I would have no hesitation or concerns about having further treatment at The One Ashford Hospital. Having received such excellent treatment on my first visit, further treatment would not bother me at all!"

Patient Experience Survey Q4 2017-18

8. Statements on Data Quality

8.1 Data Quality

Data quality is exceptionally important to One Healthcare and at One Ashford Hospital we recognise that good quality information underpins the effective delivery of patient care and is a main driver for improvement.

Our Information Governance procedures ensure we deliver a high standard of record keeping and that data integrity is monitored and validated on a monthly basis which makes sure our data is complete and accurate.

We focused on the following items over the last year to advance our data quality and integrity:

- Appointment of Head of Commercial Projects overseeing Secondary Uses Services (SUS) data to correct omissions and errors in data
- Monthly and quarterly reviews of NHS tracker data to ensure accuracy
- External professional clinical coders attend onsite regularly to code NHS cases to meet requirements and ensure robust data
- Upgrades of Patient Administration System (CompuCare) to ensure the correct fields are included when entering patient information

"I have recommended this hospital to a friend who has now been seen there. The care has been efficient, the staff are extremely caring, compassionate and competent."

Patient Experience Survey Q3 2017-18

8.2 Information Governance Toolkit (IGT) attainment levels

The Information Governance Toolkit is an online system which allows organisations to assess themselves, or be assessed, against Information Governance policies and standards.

We have republished our Information Governance Statement of Compliance (IGSoC) and attained an acceptable grading. One Ashford Information Governance Assessment overall score for 2017-2018 was 66% and was graded GREEN for the IGT Grading Scheme.

Version 14.1 (2017-2018)	
Headlines:	
Assessment Ref:	ASS/246903
Status:	Published (View History)
Audited:	No
Score:	
Final Score:	66% ? Satisfactory ?

This achievement has enabled us to keep our N3 connection, and we access NHS patients via the electronic Referral (ERS) system with key staff having NHS SmartCards.

Our Hospital Director is our Caldicott Guardian and is passionate about our privacy and accountability of data. We have made strides with regards data security and availability, and are working closely with our Consultants and their secretaries, to highlight the importance of maintaining patient confidentiality when interacting with One Ashford Hospital.

9. Statements of Assurance and Compliance: Achievements 2017-2018

9.1 Goals agreed with Commissioners

One Ashford Hospital were involved in undertaking the Commissioning for Quality and Innovation (CQUINs) scheme. The scheme is intended to demonstrate how quality improvement and innovation is achieved by meeting certain goals and requirements. The Clinical Commissioning Group (CCG) provided their requirements to us, and our teams worked throughout the year to deliver against the specified goals, which included:

- Improving staff Health and Wellbeing
- NHS eReferrals
- Reducing the Impact of Serious Infections

Our submission schedule ran quarterly:

- Q1 April – June 2017
- Q2 July – September 2017
- Q3 October – December 2017
- Q4 January – March 2018

Our staff have worked diligently over the past year making every effort to ensure that we fully comply with the CQUIN requirements outlined by the CCG for One Ashford Hospital. At the time of publishing this quality account, we are awaiting confirmation from the CCG of performance over the last year, and the financial reward for achieving the CQUIN requirements is pending agreement.

9.2 NHS service provision

We are delighted to be working with the NHS to provide excellent care to patients. At present, the following specialties are available for NHS e-Referrals:

- General Surgery
- Gynaecology
- Upper and Lower gastrointestinal (GI)
- Urology

We are continually evaluating the services we can offer, and hope to bring more e-Referral availability for GPs and patients in the future.

9.3 Audits

At One Ashford Hospital we participate in a number of National Clinical Audits.

a) National Registries

Source: Local Audit data

We have been submitting data to the National Joint Registry since the hospital opened.

	
Number of Submissions (2017-2018)	447

b) PROMs

Source: Quality Health PROMs data reports

One Ashford Hospital started participating in the Patient Reported Outcome Measures (PROMs) for NHS funded patients in May 2017 and private patients in November 2017. These measures assess general health improvement from the patient's perspective, and calculate the health gains after surgical treatment using pre and post-operative surveys. We have also recently started collecting data for QPROMs for Cosmetic Surgery.

We collect data from both private and NHS funded patients and the submission made during 2017-18 are outlined below.

NHS PROMs

Name of Audit	Number of Submissions
Hip	113
Knee	162

"I would certainly recommend my family and friends to use The One Hospital because of the very high standards in patient care, friendliness and helpfulness."

Patient Experience Survey Q3 2017-18

9. Statements of Assurance and Compliance: Achievements 2017-2018

Private PROMs

Name of Audit	Number of Submissions
Hip	84
Knee	92
Groin Hernia	12
Rhinoplasty	1
Shoulder Replacement	3
TURP	7

Private Cosmetic PROMs

Name of Audit	Number of Submissions
Breast Surgery	3
Liposuction	2
Abdominoplasty	3

c) NHS Safety Thermometer Compliance



We are registered to participate in the Classic NHS Safety Thermometer. Our submissions during the year were regrettably not consistent. We submitted for 7 of the 12 months which has affected our overall submission compliance figure. Submissions made were fully compliant with no red flags. We identified these omissions in January 2018 and measures have been implemented to ensure that the monthly submissions are completed within the required timescales.

Audit	Overall submission percentage compliance
NHS Safety Thermometer (classic)	58%

d) Local audits

Source: Local audit data

Our Clinical Effectiveness group was developed to promote shared learning across the organisation, with the results and areas for improvement highlighted by non-compliance from clinical audit, key performance indicators, lessons learnt from incidents and complaints, and other relevant information to be disseminated to the hospital departments.

Audit	Overall percentage compliance*
Clinical Records Audit	69%
Controlled Drugs	90%
Early Warning Score (EWS)	65%
Hand hygiene	99%
Health Record keeping standards	79%
Imaging safety and compliance	98%
Infection Prevention and Control Environmental standards	95%
Patient Consent	98%
Peripheral Vascular Cannula Devices	85%
Physiotherapy record keeping	83%
Resuscitation	100%
Sepsis	100%
Transfusion compliance	69%
Urinary Catheter	91%
World Health Organization (WHO) checklist compliance	93%

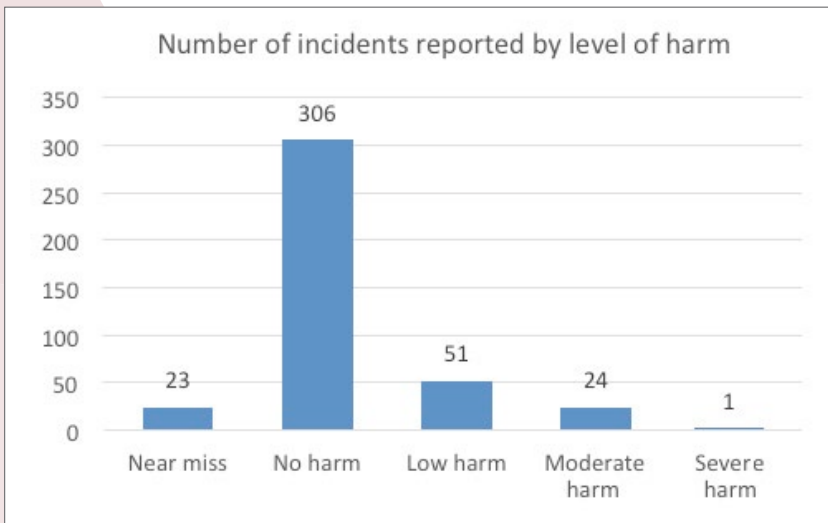
*Based on average compliance for audits undertaken from April 2017 - March 2018. The frequency of audit varies from monthly to yearly and the overall compliance percentage reflects this.

9.4 Key Performance and Quality Indicators

a) Incidents

Source: Data obtained from Datix® incident management and reporting system

We had a total of 405 incidents reported over the year. We encourage staff to report incidents as they happen, and our incident numbers show that we have a good reporting culture with low numbers of moderate or severe harm incidents. We have provided Datix® training for existing staff and when the mandatory training is reviewed we plan to include reporting of incidents through Datix® as a session.



“Knowledgeable and friendly, felt perfectly at ease while simultaneously confident in the quality of treatment and advice. A difficult but extremely valuable combination!”

Patient Experience Survey Q2 2017-18

9. Statements of Assurance and Compliance: Achievements 2017-2018

Our Governance reports provide monthly data for specific key performance indicators, and these are reported up to board level through the new Quality Dashboard.

Criteria	Number	Comments and actions to improve quality
Patient deaths (unexpected and expected)	1	There was one expected patient death. This patient was on our End of Life care pathway and was kept comfortable at all times. We reported this to the CQC under Regulation 16 Death of a Service User, as required. <i>NB. We are aware of the Royal College of Physicians National Mortality Case Review Record Programme (NMCRR), however each occurrence is reviewed on a case by case basis, and investigated through our incident reporting system Datix®. The findings and outcomes are shared upwards through our Governance meetings</i>
Safeguarding Referrals to local Safeguarding team	1	Concerns raised regarding a patient's wellbeing upon discharge. Referred to Kent County Council for review as per local hospital protocols.
Serious incidents and never events	0	We will continue to monitor incidents reported via Datix® for any trends and keep staff aware through regular updates at Clinical Effectiveness meetings.
Unplanned readmissions within 28 days	11	Each incident is reviewed by a senior clinical team member to identify learning and actions to prevent reoccurrence.
Unplanned returns to theatre (same stay)	4	We continue to work with the Consultants to ensure low levels of returns to theatres. All instances are reported on Datix® to evaluate and learn from.
Unplanned transfers to another hospital*	15	Reviews undertaken to establish any trends, of which it was noted that 3 of these have been related to bowel management. A new process for the management of patients who may need to be transferred out has been agreed and patients are routinely prescribed laxatives on admission, unless contraindicated.
Venous Thromboembolism (VTE) cases	3	Our investigations into these showed they were unavoidable and not related to procedures the patient had undergone. We had 2 Pulmonary Embolisms (1 could not be confirmed but was treated as a PE) and 1 Deep Vein Thrombosis. All patients were high risk and relevant risk assessments and relevant prophylaxis was administered where indicated.

*At One Ashford Hospital we do not have high dependency or intensive care facilities. Any patient requiring level 2 or 3 care, will require a transfer out. We have an excellent affiliation with the local NHS Trust, which is opposite our site.

9. Statements of Assurance and Compliance: Achievements 2017-2018

Key learning and changes to practice from incidents:

- Pathways and documentations – extensive review of clinical forms and documentation to enable higher standards of record keeping.
- Discharge information - specific discharge booklet and folder for all information produced for patients to take home. The folder allows dressings to be kept with all information making it easier for the patient to take away.
- Daily bookings meeting – booking meeting established every week day to ensure that admissions are reviewed and approved to prevent issues with bed availability and any requirements for admission are highlighted in advance.
- Safety checks in theatre – new processes reinforced in theatres for ensuring continuity of staff for mandatory WHO checks. Training by external provider for Human Factors delivered.
- Wound care management – review of documentation and surgical site infection form to make it easier to report suspected infections and purchase of camera and development of consent form for taking medical photographs.
- Datix® training – following staff feedback and reviews of reported incidents, further training was provided, in addition to changes to the categories and subjects, to ensure the data entered is robust and staff are aware of reporting requirements.
- On-site Pharmacy opened – due to some extended stays and delayed discharges waiting for take home medication, we opened an on-site Pharmacy and ceased using an external provider.
- Skin preparation – review with Consultant microbiologist of infections leading to agreement at Medical Advisory Committee (MAC) to change skin preparation solutions.
- Implementation of Consultant-led Anaesthetic Clinic – regular clinics established to review high risk patients prior to surgery.

b) Infection Prevention and Control

Source: Local Infection Prevention and Control databases and Datix® incident managing and reporting system

At One Ashford Hospital we ensure that we comply with all mandatory reporting requirements; this includes Public Health England (PHE) for reporting of alert organisms. We are working to ensure that we reduce any occurrences year on year. We also undertake mandatory surveillance for orthopaedic joint surgical site infections (SSIs). We have low rates of infection across all specialties, and no reports of MRSA, MSSA and Clostridium Difficile Bacteraemias.

We scrupulously monitor any hospital acquired or SSIs. There were a total of 20 infections reported for the whole year across all specialities, 17 of these were superficial infections. This equates to 0.9% of all surgical procedures undertaken during the year. We had to report 1 E. coli bacteraemia to PHE, which was a result of a urinary catheter insertion in a high risk patient.

Our Infection Prevention and Control Committee have the full support of the Executive Team in prioritising Infection Prevention and Control within One Ashford Hospital. Under the Committee's remit they have established an annual plan, designed to effect improvements in performance and practice across the site.

There is a rolling programme of training for hand hygiene, aseptic non-touch technique (ANTT) and sepsis, supported by both e-learning and face to face general infection control modules.

We have a robust audit programme for infection control, including hand hygiene, 49 steps, mattress, environmental and sharps bin audits. In Q4, our Infection Prevention and Control Lead Nurse was on a period of leave and subsequently resigned from the post. The Director of Clinical Services stepped up to ensure that this vital element of patient safety and care was overseen. Working alongside the Consultant Microbiologist and hospital IPC Link Practitioners prevented the service from being compromised in any way. Priority has been given to ensuring this post is filled during Q1 2018-19.

9. Statements of Assurance and Compliance: Achievements 2017-2018

c) Complaints

Source: Datix® incident reporting and management system

One Ashford Hospital we encourage feedback both formally and informally. Patients are supported through a structured complaints procedure. The stages are as follows:

Stage 1	Local resolution
Stage 2	Internal review
Stage 3	Referral to Independent External Adjudication

During the year we received 17 formal complaints, which is 0.2% against the number of patients seen (n=7451). Each complaint was reported and managed in line with our Complaints policy and processes, and were responded to within the prescribed 20 working day timeframes. None of these complaints were escalated to Stage 2 and none were referred to the Independent Sector Complaints Adjudication Service (ISCAS) which is our Stage 3 service.

Our complaints are recorded on Datix®, however the way in which the system was set up initially does not easily allow for trend analysis on subjects and issues highlighted. Datix® has since been revised to allow for better categorisation of the key subjects raised in formal complaints.

Key learning and changes to practice following complaints:

- Communication of clinical requirements – Pre-assessment team and Consultants to ensure the relevant teams are notified of any special requirements the patient may have for admission. Pre-assessment send an email to key members of staff with any specific instructions.
- Management of patient expectations – ensuring all patients are kept informed with regards to their patient pathway, particularly if there will be any delays.
- Discharge process (Day Surgery Unit) – discharge checklist reviewed as part of the complaint, highlighting concerns over the management of their discharge. The new checklist will prompt staff in ensuring all patients needs and criteria for discharge are met before leaving the hospital.
- Doors too heavy for patients post operatively (en-suite bathrooms) – to avoid risk to patients post-surgery, the doors have been reviewed and the opening/closing mechanism changed.
- Additional clarity required regarding fees - appointment letters altered to explain Consultant fees and Hospital charges.
- Timely reporting of images – Imaging administration staff check the work list every day and action any unreported images.

d) Patient Experience and Satisfaction

Source: Quality Health Patient Satisfaction Reports

Patient satisfaction is at the core of our hospital, with patient feedback being high on our agenda to inform us of how we are doing, and to highlight areas for improvement. In 2017-18 we offered feedback surveys to be completed either online or in paper format.

One Ashford Hospital Inpatient survey response rate has improved from 10% reported in the last Quality Account, to above 50% by Q4 of 2017-18. More work is required to increase Outpatient and Day Surgery Unit collection and responses, as these are currently below our target figures.

Our Friends and Family Recommendation average score for 2017-18 was 98%.

“My treatment, stay and discharge were all managed in a caring professional way. All the staff were helpful and nothing was too much trouble”

Patient Experience Survey Q1 2017-18

9. Statements of Assurance and Compliance: Achievements 2017-2018

Following feedback and comments on the patient satisfaction surveys, we have made the following changes:

- Revised menus for Inpatient and Day Surgery units
- Amended food service methods to ensure patients food is hot on delivery
- Increased discharge information including medication side effects and provision of more information at pre-assessment in preparation for discharge
- Increased availability in the car park by moving staff parking to another local area
- Improved signage in car park
- Creation of a patient discharge lounge to provide a comfortable and welcoming space
- Development of in-house Pharmacy following comments around waiting times for take home medication (TTAs)
- Comfort packs readily available for patients including eye masks and ear plugs
- Designated area for clinical observation folder to allow more room on patient desktop area

e) Staff Satisfaction Survey

Source: Quality Health Staff Satisfaction Reports

Also high on our agenda is ensuring that staff working at One Healthcare feel valued and motivated, which helps us deliver exceptional standards of care. We also want to ensure we maintain good levels of staff health and wellbeing thereby reducing sickness and also focus on staff motivation and satisfaction whilst at work. To measure these areas, a staff satisfaction survey was undertaken in May 2017. We were delighted that 79% of our staff completed the survey, giving integrity to the results.

The question of how likely staff are to recommend One Ashford Hospital to friends and family members was asked. Our staff reported that 90% would be happy with the standard of care if a friend or relative needed treatment.

Following the results, the Senior Management Team engaged a working group consisting of staff members from all areas, with the agenda to address some areas where improvement would be beneficial to the working environment. The tasks arising from the working group include:

- Staff forums and staff listening group to improve engagement
- Initiatives to provide staff recognition and achievements. We have recently implemented 'employee of the month' for staff to nominate other staff who have gone above and beyond during the month
- A weekly communication email sent out on Fridays from the Hospital Director in which key messages and events from the week are conveyed and an overview of any important upcoming events for the next week
- New Human Resources system 'Croner' implemented to allow managers better and easier access to record staffing elements including appraisals, sickness/absence and annual leave monitoring
- Daily communication 'Comm cell' meeting which is attended by key heads and leads in departments



f) Staff Turnover and Absences

Source: Local HR database

As an organisation we closely monitor staff absences and turnover to ensure that we have a healthy and stable workforce. This data is collated by our HR Team.

During 2017-18 our figures indicate an average turnover of 2%. A review against Skills for Care document *1 for 2014-2017 indicate an estimated 25% turnover in healthcare sectors.

Our absence rate during this timeframe was an average of 5%. Upon review of average data on NHS Digital website *2 for absence across England ranges between 3-5%, therefore our figures are within the upper bracket of the national average.

9. Statements of Assurance and Compliance: Achievements 2017-2018

g) Staff Training

Source: Local HR database

One Ashford Hospital provides a variety of training modules for staff, both through e-learning and face to face modules.

The e-learning modules are provided via the Skills for Health website and the HR team monitor and provide regular updates to Heads of Departments to ensure that dedicated time is provided to staff to complete the mandatory requirements.

The face to face training includes:

- Mandatory induction for new starters – covering introduction to One Ashford and our Hospital values, health and safety briefing, information Governance overview, infection prevention and control basic principles, quality and Governance overview.
- Resuscitation training – Adult and Paediatric Basic Life support, Adult and Paediatric Immediate Life Support Training and Recognition of Acute Deterioration and Response in the Adult Patient (RADAR) courses.
- Moving and handling – for both non-clinical staff for inanimate objects and for clinical staff for moving patients.
- Datix® – training provided for the planned revisions to the system including changes to categories and sub-categories and the importance of reporting all incidents including near misses.

“At an extremely difficult time for me, I felt valued, respected, understood and treated as an individual, something I believe helps to aid recovery.”

Patient Experience Survey Q1 2017-18

- Prevent – several sessions were available to staff to cover the principles of the government strategy Prevent to ensure the frontline healthcare staff are aware of the indicators.



Prevent Strategy

- Pain Management – patient controlled analgesia training for ward and theatre staff.
- Clinical skills – we had an external trainer who provided clinical staff with training for Haemodynamics, Fluid management, Intravenous infusions and drug calculations, and Early Warning scores.
- End of life/hospice – training was provided to some key ward staff for advanced communication skills, which are transferrable to other areas of clinical care.

Overall our training compliance scores are 71% for face to face and 84% for e-learning at the end of the year. A key objective for 2018-19 is to aim to improve both of these training figures to be consistently over 90% for the year.

h) Health and Safety

Source: Local Health and Safety data and audit

In April 2017, we undertook a Safety, Health and Environmental (SHE) audit and our score was 75%. This audit was overseen by our external Health and Safety Auditor. There were several actions that were undertaken throughout the year, however the score is reviewed on an annual basis. We are due complete the audit again in April 2018.

*1 <https://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/State-of-2014-ENGLAND-WEB-FINAL.pdf>

*2 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/nhs-sickness-absence-rates-july-2017-to-september-2017>

10. External perspectives on Quality of Services

We invited our local Clinical Commissioning Group (CCG) NHS South Kent Coast to provide comments and an external perspective on our Quality of Services. Regrettably, at the time of publishing we had not received a reply.

"Although a little nervous, the staff have made me feel relaxed and comfortable. They explained the procedure and talked to me, asking how I was and was I alright. Everything was perfectly clean and also in pleasant surroundings. They treated me with dignity and respect in a very safe and hygienic surrounding. Excellent."

Patient Experience Survey Q2 2017-18

11. Closing remarks

Thank you for taking the time to read One Ashford Hospital's Quality Account.

Your comments are always welcome and we would be pleased to hear from you if you have any comments, questions or wish to provide feedback.

You can contact us in a variety of ways:

Via email: ashford.info@onehealthcare.co.uk

Via telephone: 01233 423000 (ask for the Hospital Director)

Write to us: Hospital Director
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