

# Tees Valley Hospital

Quality Account  
2017/18



People caring for people



# Contents

|  |  |  |
|--|--|--|
| <b>Introduction Page</b>                                     |  |  |
| <b>Welcome to Ramsay Health Care UK</b>                      |  |  |
| <b>Introduction to our Quality Account</b>                   |  |  |
| <b>PART 1 – STATEMENT ON QUALITY</b>                         |  |  |
| 1.1  | Statement from the General Manager   |  |
| 1.2  | Hospital accountability statement  |  |
| <b>PART 2</b>  |  |  |
| <b>2.1</b>   | <b>Priorities for Improvement</b>  |  |
| 2.1.1  | Review of clinical priorities 2017/18 (looking back)                         |  |
| 2.1.2  | Clinical Priorities for 2018/19 (looking forward)                            |  |
| <b>2.2</b>   | <b>Mandatory statements relating to the quality of NHS services provided</b> |  |
| 2.2.1  | Review of Services   |  |
| 2.2.2  | Participation in Clinical Audit  |  |
| 2.2.3  | Participation in Research  |  |
| 2.2.4  | Goals agreed with Commissioners  |  |
| 2.2.5  | Statement from the Care Quality Commission                                   |  |
| 2.2.6  | Statement on Data Quality  |  |
| 2.2.7  | Stakeholders views on 2010/11 Quality Accounts                               |  |
| <b>PART 3 – REVIEW OF QUALITY PERFORMANCE</b>                |  |  |
| 3.1  | The Core Quality Account indicators  |  |
| 3.2  | Patient Safety   |  |
| 3.3  | Clinical Effectiveness   |  |
| 3.4  | Patient Experience   |  |
| 3.5  | Case Study   |  |
| <b>Appendix 1 – Services Covered by this Quality Account</b> |  |  |
| <b>Appendix 2 – Clinical Audits</b>                          |  |  |

# Welcome to Ramsay Health Care UK

## Tees Valley Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Clinical Commissioning Groups

## Introduction

*“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.*

*Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.*

*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 our teamwork is a critical part of meeting the expectations of our patients.*

*Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.*

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

Dr. Andrew Jones  
Chief Executive Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

This Quality Account is Tees Valley hospital 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 General Manager

Donna Thornton

Tees Valley 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.

**Donna Thornton**

**General Manager**

**Tees Valley hospital**

**Ramsay Health Care UK**

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

Martin Coady, Medical Advisory Group Chair

Richard Jeavons, Clinical Governance Committee Chair

Julie Wrigley, CCG

Healthwatch South Tees

Health Overview and Scrutiny committee

# Welcome to Tees Valley Hospital

Tees Valley Hospital opened in February 2018 and is a modern, purpose-built hospital, designed for the diagnosis, assessment and treatment of conditions for day case and in patients. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19 years), whether medically insured, self-pay, or from the NHS).

The hospital is located within grounds of Acklam Hall, the only Grade I listed building in Tees Valley. In 2008 the ownership of the estate was transferred to Acklam Hall Limited who are focussing on the creation of a bespoke patient centred health village, establishing community based healthcare, providing surgical, medical and assessment services.

## Hospital Facilities

- Welcoming reception and waiting areas to provide more appropriate space and comfort for patients
- Maximise natural light
- Outpatient department with consulting rooms and treatment/ procedure rooms
- Diagnostic imaging department, including X-Ray, ultrasound and mobile MRI
- Physiotherapy Unit with individual treatment bays & a rehabilitation gym
- 3 ultra clean air operating theatres
- Endoscopy Suite
- Recovery areas with 12 day patient pods  
Mary Jacques Ward: 19 in-patient beds (6 x 2 bedded bays and 7 single rooms) all with en-suite bathrooms
- Staff office accommodation
- Free on-site parking
- Discreet central location



Tees Valley Hospital currently provides services for the following specialties: dermatology, GI endoscopy, general surgery, gynaecology, oral surgery, orthopaedics, podiatric surgery, plastic surgery and urology. Being purpose built there is ample free car parking available, good public transport links and easy access to main road networks.

South Tees Clinical Commissioning Group were our lead commissioner of NHS Services for 2017/18, on behalf of neighbouring clinical commissioning groups, with regular service review meetings held to discuss performance. Patients were referred and travelled from Darlington, Durham, Hartlepool, Redcar, Middlesbrough, Stockton and North Yorkshire. NHS services are accessed direct from GP via the electronic referral system (e-RS) and we have dedicated e-RS Co-ordinators and a GP Liaison team to facilitate the referral process. We hold regular e-RS workshops at the hospital inviting medical secretaries from local GP practices. These events give an opportunity to tour the facilities and experience the 'patient pathway' first hand.

This year delivered 7,274 patient procedures between Tees Valley Treatment Centre and Tees Valley Hospital, 1,666 of these procedures have been carried out at the new Tees Valley Hospital since opening in February 2018 up until April 2018. Moving from the Treatment Centre to the new hospital has enabled us to provide services over seven days a week which increases capacity to meet demand. The focus of the hospital continues to be on delivering NHS activity equating to 99% whilst increasing our admissions in insured or self-pay patients. In terms of workforce there are 74 members of staff employed at Tees Valley Treatment Hospital comprising of 59% clinical posts and 41% support staff with a mix of full time and part time positions. 66% of all clinical posts are held by registered nurses with a nurse patient ratio of 1:6. Tees Valley Hospital employs an anaesthetist and has 24hour medical cover provided by a Resident Medical Officer.

We have a G.P. liaison officer who works closely with the G.P.s in the surrounding area creating a link between the community services and the hospital.

# Part 2

## 2.1 Quality priorities for 2017/2018

### Plan for 2017/18

On an annual cycle, Tees Valley 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.

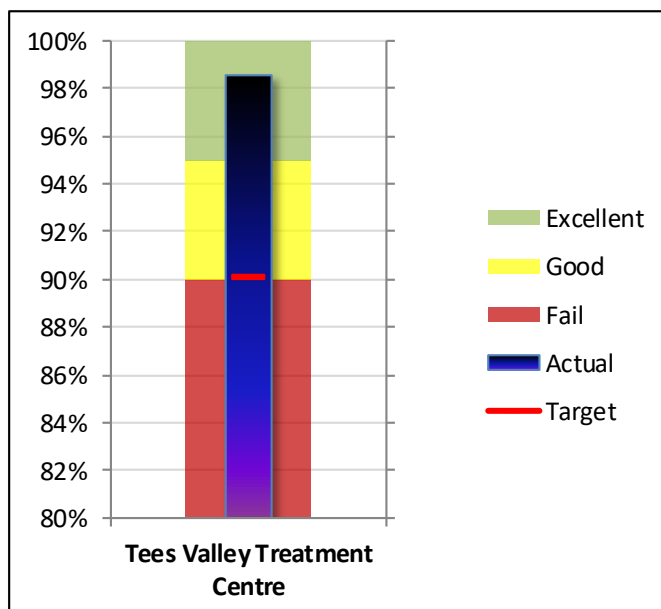
## Priorities for improvement

### 2.1.1 A review of clinical priorities 2017/18 (looking back)

#### Patient Safety

**VTE risk assessment medical compliance** - Venous Thromboembolism (VTE) is a significant patient safety issue in hospital and prevention is key to reducing harm. The aim is that 100% of eligible patients will be assessed to mitigate the risks of developing VTE

We have continued to audit our compliance and submit results to UNIFY and national health database. In addition we monitor compliance on a monthly basis to aim towards a 100% compliance. To ensure monitoring as part of the key performance indicators from ward up to board level areas to address such as poor documentation, have been addressed with individual consultants to ensure improvements with MAC support.



**Care of the deteriorating patient** - Building on the improvements made in the previous year with the introduction of the National Early Warning System, we continued to audit our compliance regarding completion, documentation and if

required, the escalation of results. Action plans were developed to address areas of poor compliance and the audit time table reviewed and amended as a result.

**WHO** – Focus on the WHO surgical safety checklist remains a priority, and will be one of the main focus areas of 2018 looking forward. Action plans have been developed and updated as required. The allocated List Safety Officer (LSO) has ensured that the daily briefing and debriefing takes place, with all members of the team present, and any problems identified at the beginning of the list, being acted upon immediately.

**Promote Staff Flu Campaign** – In 2017/18 we undertook a campaign promoting the flu vaccine for staff. In order to deliver this to all staff, set sessions were established as well as outreach to individual departments. We trained 2 members of staff to undertake the sessions highlighting the benefits of the flu vaccine, for themselves and their patients. There were posters displaying information around the unit, and one to one sessions for staff who would like this. We vaccinated 83% of staff an improvement of 30% on the previous year.

**Staff Training and Development** - We continued to support our staff with training to help them recognise when patients members or others in our care, may have difficulty in making judgements, or they lack capacity to consent to treatment or are otherwise vulnerable. In 2017/2018 achieved 100% of relevant staff compliant with mental capacity and safeguarding training. All new members of staff received training through specific induction days.

**Dementia awareness** – In order to meet the needs of different people and how we respond to planning services against the changing needs of our member and patient groups, including those with dementia. All staff completed the e learning module to raise awareness of dementia.

Signage and resources required to ensure the safety and comfort for patients remains one of our objectives for 2018.

### Patient Experience

**Satisfaction and recommendation rates** - Using the Friends and Family Test and Ramsay's Patient Satisfaction Survey we continued to seek feedback from patients on their experience. We encouraged patient participation and improved completion rates which ensured a balanced view.

Whilst our complaint rates remains low we are not complacent and will continue to look for ways to further improve patient experience. Complainants are asked

how they would like their complaint to be handled. Our staff make every effort to respond at the time to things that patients are unhappy about. For example, if the complaints team receive a contact about a current inpatient, the matron, manager or ward sister will visit the patient/ family at the earliest opportunity, and will be able to resolve most issues straight away. There will be a focused review of comments posted on NHS Choices to ensure we promote the positive comments and respond timely to any negative responses made. We have maintained a five star rating and aim to keep the standard set.

Feedback was shared with staff via a monthly email and the commencement of a patient focus committee meeting held monthly. This was also an agendered item for discussion at our staff engagement forum.

### **Clinical Audit and Effectiveness**

**Maintaining Endoscopy Standards** – Following successful Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation status for many years we continued to achieve standards to maintain the accreditation. We have invested in new equipment for our new endoscopy unit, to further improve the quality and effectiveness of the endoscopy service. Review of this service was monitored with quarterly endoscopy user group meetings. Service quality was monitored through the national CQUIN number 6 Advice and Guidance (Gastroenterology).

**Infection Prevention and Control**- Our continued focus in this area saw all staff issued with individual hand gel dispensers, infection control link nurses delivered annual hand hygiene training to all members of staff. Peer audit review of compliance took place quarterly. Infection rates were monitored through our incident reporting system with an incident rate of 0.06%. Links continued with the microbiologist and Lead infection and prevention nurse for advice and guidance were sought when required.

### **Benchmark Data**

We provided monthly data to Private Healthcare Information Network (PHIN)

### **The National Joint Registry (NJR)**

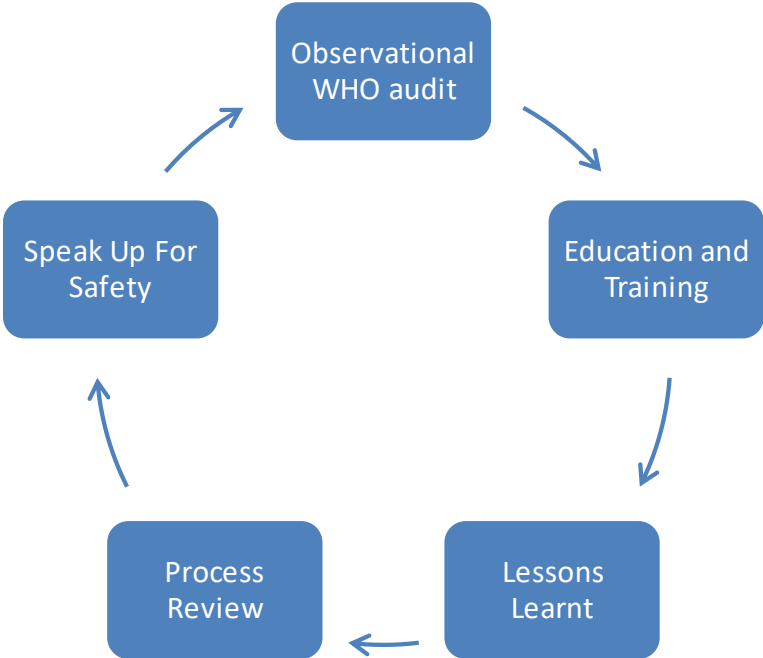
We have provided advice and training for staff from the northern representative for the NJR, successful application has resulted in submitted data to the NJR when needed in order to monitor patient outcomes.

### 2.1.2 Clinical Priorities for 2018/19 (looking forward)

#### Patient Safety

##### Reduce surgery related harm

Our aim is to make surgery safer through better use of the checking process including use of the WHO Surgical Safety Checklist. We aim to reduce risk and encourage a safer culture by improving teamwork and communication, with every team member feeling confident to speak up and raise concerns. We also wanted to see more incidents and near misses being reported, as an indicator of safety awareness. This diagram below shows the project activity to reduce surgery-related harm and increase governance:



WHO surgical safety compliance will be one of our CQUIN quality data indicators, aiming to achieve complete compliance by the end of Quarter 4 2018. Measuring practice will be quantitative and qualitative with monthly observational and document audits undertaken and will be reported on Quarterly.

Themes and examples of learning from incidents, near misses, stand up for safety documentation and observations will be fed back to staff at Head of Department meetings and departmental meetings.

The Ramsay Health Care national launch of the “Speak Up For Safety” campaign facilitated through the Cognitive Institute will aim to be successful in driving forward a number of safety improvements. We are confident that the pledges on honesty, collaboration, and support to staff will be embedded and will be a new approach when aiming to reduce avoidable harm for our patients.

### Reduce harm from unrecognised deterioration

Unrecognised deterioration is where a patient’s health becomes worse and this is not picked up and acted on quickly. We want to improve early recognition of patients at risk of deterioration and so reduce patient harm. We will introduce the newly adapted NEWS documentation NEWS 2 to improve timely recognition, escalation and management of deteriorating patients. We will make sure that vital signs are being reliably recorded, that escalation to medical, senior nursing staff. With Sepsis, as the most common cause of deterioration, and acute kidney injury (AKI) another factor Ramsay Health Care will be cascading the improved NEWS 2 as a result of learning from nationally reported serious incidents.

Our aim is to improve handovers, National Early Warning Scores, (NEWS) escalation and the use of Situation, Background, Assessment, Recommendation (SBAR). SBAR is a standard, recognised communication tool used in healthcare.

We will focus on

- Improving NEWS scoring and vital sign recording, as the most effective tool for identifying at-risk and deteriorating patients
- Improving the measurement and use of SBAR as a tool to improve timely and effective escalation and response



- Improving the prompt and effective treatment of sepsis as the primary cause of deterioration

This will be achieved through documentation audit, discussion at lessons learnt meetings and clinical training sessions.

## Patient experience

### **Improving overall patient experience as measured by the Friends and Family Test (FFT) and Patient Satisfaction Surveys (PSS)**

Good patient experience has a positive effect on recovery and clinical outcomes, to continue to improve that experience we will continue to ask patients what is important to them. We will listen to patients and will respond to their feedback. This is central to caring for our patients. The Friends and Family Test (FFT) asks patients whether they would be happy to recommend us to friends and family if they needed similar treatment. The Patient Satisfaction Survey (PSS) covers a more generic analysis of overall care provided in our out patients and inpatient areas. We have chosen to focus on FFT because its use is a national requirement.

#### **What we are trying to improve**

We will focus on the same two FFT areas – inpatient/day case and outpatients. As well as the measures of overall experience, we will target specific areas where patients have told us that experience could be improved. These will be discussed monthly at the customer focus meeting and disseminated all departments and Senior Management Team (SMT).

We will aim to improve waiting times through more efficient use of resources e.g. reducing the number of patients who do not attend without telling us and revision of process. In addition, we will aim to improve the experience of patients while they wait. We will develop standards for the waiting experience across the hospital and take action to ensure these are met. This might include improvements such as the availability of refreshments and entertainment and making sure patients are kept informed.

Effective planning of inpatient admissions and efficient discharge planning and pathway progression will be key in providing a seamless service for our patients this will be achieved through daily ward huddles and weekly capacity planning meetings.

## Clinical Effectiveness

## **We will continue to participate in all National Audits**

We aim to increase our data collection for Patient Recorded Outcome Measures (PROMS) and the Breast Implant Registry (BIR) whilst commencing our new data collection for the National Joint Registry (NJR). The NJR is the defined orthopaedic national clinical audit and provides the benchmark information for both the NHS and the independent sector. Following the opening of the new hospital facility and the ability to provide 19 in-patient beds, our expectation will be to extend orthopaedic services to include hip and knee replacement surgery. We will provide data to the NJR in order to monitor patient outcomes.

A dedicated in house physiotherapy service will aim to help patients achieve realistic expectations of post-operative surgery and recovery.

We will seek to benchmark against the relevant independent sector acute providers when comparisons are available through the Private Healthcare Information Network (PHIN).

We will ensure that we act on all the relevant recommendations arising from the reports. Learning will be shared across the Hospital with action plans and non-compliance discussed at the clinical audit and effectiveness committee on a bi monthly basis. This will then be reported quarterly at the Clinical Governance committee

## **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 2017/18 Tees Valley Hospital provided and/or subcontracted 11 NHS services.

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

The income generated by the NHS services reviewed in 1 April 2017 to 31<sup>st</sup> March 18 represents 100% per cent of the total income generated from the provision of NHS services by Tees Valley Hospital for 1 April 2017 to 31<sup>st</sup> March 18

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with Regional and Corporate 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 2017/18, the indicators on the scorecard which affect patient safety and quality were:

| <b>Human Resource</b>   |                               |
|---|-------------------------------|
| Staff Cost % Net Revenue  | 13.20%                        |
| HCA Hours as % of Total Nursing   | 32%                           |
| Agency Cost as % of Total Staff Cost  | 0.9%                          |
| Admitted Care Hours Worked PPD  | 3.30%                         |
| Staff Turnover  | 18.7%                         |
| Sickness  | 2.84%                         |
| Lost Time   | 16.7%                         |
| Appraisal %   | 100%                          |
| Mandatory Training %  | 100%                          |
| Staff Satisfaction Score - a new survey was undertaken in May awaiting results, a staff engagement group has been formed to review and action plan. | 89% response rate             |
| Number of Significant Staff Injuries  | No significant staff injuries |

|                                 |                            |
|---------------------------------|----------------------------|
|                                 | reported                   |
| <b>Patient</b>                  |                            |
| Formal Complaints in year       | 3                          |
| Patient Satisfaction Score      | 98%                        |
| Significant Clinical Events     | 0                          |
| Readmission per 1000 Admissions | 0.1%                       |
| <b>Quality</b>                  |                            |
| Workplace Health & Safety Score | 83% Remedial actions taken |

## 2.2.2 Participation in clinical audit

During 1 April 2017 to 31<sup>st</sup> March 2018 Tees Valley Hospital participated in 1 national clinical audit but did not participate in national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Tees Valley Hospital participated in, and for which data collection was completed during 1 April 2017 to 31<sup>st</sup> March 2018, 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)                     | To commence July 2018 |
| Elective surgery (National PROMs Programme)       | Small patient volumes |

The reports of 1 national clinical audit from 1 April 2017 to 31<sup>st</sup> March 2018 was reviewed by the Clinical Governance Committee and Tees Valley Hospital intends to take the following actions to improve the quality of healthcare we aim to significantly improve participation rates for preoperative surveys for inguinal

hernia repair by consultant engagement with patients preoperatively. However, it has been identified that completion rates for post-operative surveys are low so meaningful data on health improvement outcomes is limited for inguinal hernia repair. We will look at initiatives to capture this data with the surgeons involved in the coming year ahead. The provision of services for in patient care will enable us to provide joint replacement surgery, data for the NJR will be collected and reported.

## Local Audits

The reports of 70 local clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and Tees Valley Hospital intends to take the following actions to improve the quality of healthcare provided. Review of action plans need to be more robust with clear time frames for improvement and responsibilities assigned. The senior clinical team will monitor action plans to ensure effectiveness.

Our focus for 2018/19 is to maintain improvements in record keeping in relation to VTE compliance and compliance with documentation in NEWS 2 charts in the management of the deteriorating patient and compliance with WHO surgical safety checklist and briefing/debriefing.

A review of the new hospital current clinical audit schedule has been undertaken following commencement in March 2018. We will continue to report on mandatory clinical audits and will commence collecting data on surgical site infections and observational WHO safety checklist compliance in addition.

The clinical audit schedule can be found in Appendix 2.

### 2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a research ethics committee.

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

A proportion of Tees valley Hospitals income in from 1 April 2017 to 31<sup>st</sup> March 2018 was conditional on achieving quality improvement and innovation goals agreed Tees Valley Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at

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

Tees Valley Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March is registered without conditions. Tees Valley Hospital has not participated in any special reviews or investigations by the CQC during the reporting period. In order to open as a new hospital Tees Valley Hospital was granted operational rights following a CQC building inspection.

## 2.2.6 Data Quality

### Data Quality

Reliable information, and the quality of the underlying data that supports it, is fundamental to deliver effective treatment of patients.

Access to data that is accurate, valid, reliable, timely, relevant, complete, unambiguous and unique is crucial in supporting all levels of patient care, management processes, clinical governance, service agreements, remuneration, accountability and future healthcare planning. High quality data provide the tools to make healthcare safer and more effective.

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

- Review processes to ensure the accuracy of any personal data we obtain
- Routine audit and management of patient records
- Feedback on CQUIN indicators and milestones
- Ensure the data collected is fit for purpose with timely collection and monitoring.
- All relevant data will be collected with no omissions

### NHS Number and General Medical Practice Code Validity

Tees Valley Hospital submitted records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

## Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall score for 2017/18 was 83% and was graded 'green' (satisfactory).

| Assessment               | Stage     | Overall Score | Self-assessed Grade ? | Reviewed Grade ? | Reason for Change of Grade ? |
|--------------------------|-----------|---------------|-----------------------|------------------|------------------------------|
| Version 14.1 (2017-2018) | Published | 83%           | Satisfactory          | n/a              | n/a                          |

This information is publicly available on the DH Information Governance Toolkit website at: <https://www.igt.hscic.gov.uk>

## Clinical coding error rate

Tees Valley Hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.



## 2.2.7 Stakeholders views on 2017/18 Quality Account

Statement from NHS South Tees Clinical Commissioning Group (ST CCG) and NHS Hartlepool and Stockton-on-Tees CCG regarding the Quality Accounts 2017/18 for Tees Valley Hospital, Ramsay Health Care UK

The CCGs welcomes the opportunity to review and comment on the Ramsey Health Care

UK Quality Account 2017/18 for Tees Valley Hospital (TVH) and would like to provide the following commentary.

The CCGs are committed to commissioning high quality services from Tees Valley Hospital and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Overall the CCG feels that the Quality Account is presented in a meaningful way for both stakeholders and users and provides an accurate representation of the services delivered by Tees Valley Hospital during 2017/18

The CCGs recognise the hard work undertaken by Ramsay Health Care UK to drive quality improvements throughout the year, culminating in the opening of the new, purpose built Tees Valley Hospital in February 2018, designed for the diagnosis, assessment and treatment of conditions for day case and in patients.

The CCGs are pleased to note that the Tees Valley Hospital Senior Management Team has based the quality priorities for 2018/19 on patient safety, reducing harm from unrecognised deterioration, improving patient experience and clinical effectiveness through participation in national audits. These will focus on (1) reducing surgery related harm through better use of the WHO surgical Safety Checklist and increased learning from reporting of incidents and near misses and the "speak up for safety" campaign; (2) improving early recognition of patients at risk of deterioration through implementation of NEWS 2, improved handovers, and use of SBAR (Situation, Background, Assessment, Recommendation); (3) improving overall patient experience by reducing waiting times and improving the experience of patients while they wait, monitored through the Friends & Family Test (FFT); and (4) improved clinical effectiveness through participation in clinical audits, including data collection for the National Joint Registry (NJR).

Reviewing the quality priorities that have been in place for 2017/18, the CCGs are pleased to note that over 98% of patients at risk of Venous Thromboembolism (VTE) were assessed to identify and reduce harm by preventative intervention and the hospital continues to strive for 100% compliance through work from ward to board level, including work with individual consultants.

The CCGs commend the TVH for a successful staff flu campaign which achieved an impressive 83% of staff being vaccinated. This was a considerable (30%) increase on the previous year's rate and achieved through training two members of staff who undertook set sessions, highlighting the benefits to both staff and patients. Focus has also been maintained on dementia awareness with all staff completing the e-learning module and infection prevention & control, with all staff being issued with individual hand gel dispensers and training delivered by infection control link nurses. This has led to the very low incident rate of 0.06%.

Patient experience has been gained through the Friends & Family Test, Ramsay Patient Satisfaction Survey or a phone call following discharge from hospital, and this feedback, together with any learning from complaints, is shared via "hot alerts" to the Hospital Manager; monthly staff bulletins and the through monthly patient focus committee meetings.

The CCGs are pleased to note that the average satisfaction score for 2017/18 achieved 96, which is an increase from 93.9 in 2016/17.

TVH also participated in one national clinical audit, for which it was noted that the response rate for elective surgery (National PROMs Programme) was very low and TVH will be looking at initiatives to improve ways of obtaining meaningful data on health improvement outcomes. 70 local clinical audits took place from which it was identified that the review of action plans needs to be more robust with clearer time-frames and responsibilities identified to ensure an improved quality of healthcare.

The CCGs welcome the specific clinical priorities for 2018/19 which are highlighted within the Quality Accounts and consider that they are appropriate areas to target for continued improvement. The CCGs look forward to continuing to work in partnership with Tees Valley Hospital to assure the quality of services commissioned in 2018/19.

Yours sincerely

Amanda Hume

Chief Officer

# Part 3: Review of quality performance 2017/2018

## Statements of quality delivery

Julie Davidge Matron

Review of quality performance 1st April 2017 - 31st March 2018

### Introduction

*“This publication marks the fifth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen 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 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.”*

*(Vivienne Heckford, Director of Safety and Clinical Performance, Ramsay Health Care UK)*

## Ramsay Clinical Governance Framework 2018

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.

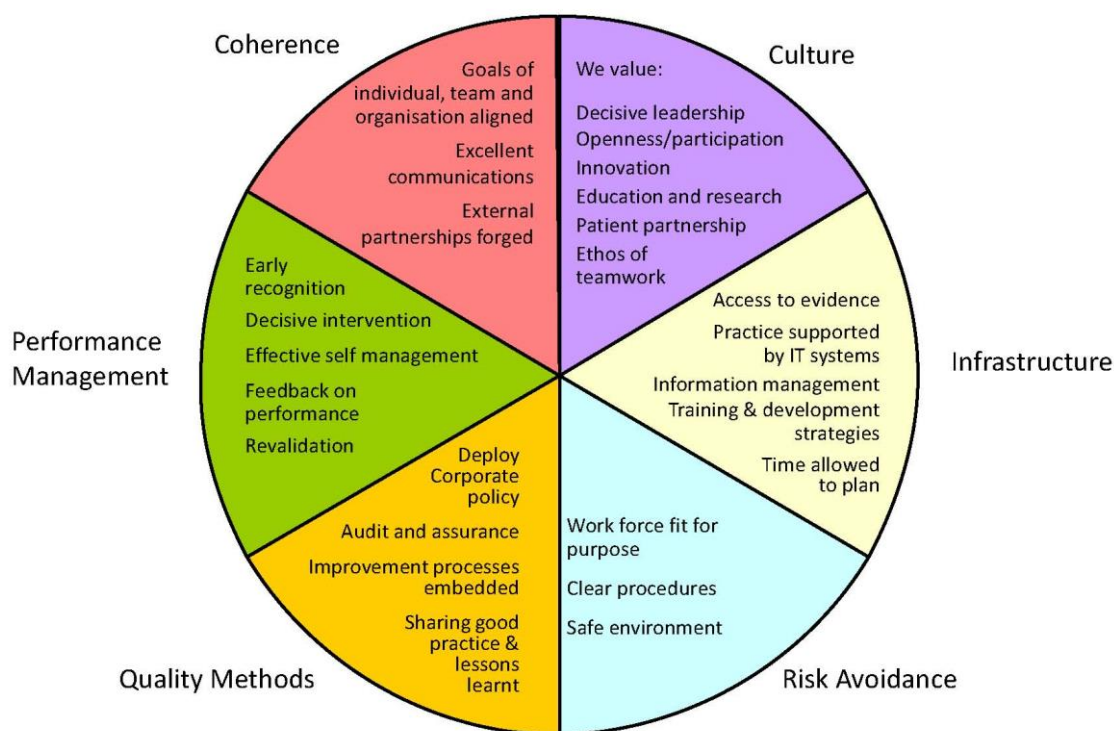
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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: | Period          | Best |      | Worst |      | Average |         | Period  | Tees Valley |        |
|------------|-----------------|------|------|-------|------|---------|---------|---------|-------------|--------|
|            | Apr 16 - Mar 17 | RKE  | 0.72 | 61    | RLQ  | 1.23    | Average | 1       | 2016/17     | NVC 35 |
| Apr 17 -   | RKE             | 0.72 |      | RLQ   | 1.25 | Average | 1       | 2017/18 | NVC         | 0      |

|        |  |   |  |  |    |  |  |    |  |
|--------|--|---|--|--|----|--|--|----|--|
| Mar 18 |  | 7 |  |  | ge |  |  | 35 |  |
|--------|--|---|--|--|----|--|--|----|--|

| PROMS: | Period          | Best      |           | Worst |           | Average |           |
|--------|-----------------|-----------|-----------|-------|-----------|---------|-----------|
| Hernia | Apr 15 - Mar 16 | NT43<br>8 | 0.15<br>7 | RVW   | 0.02<br>1 | Eng     | 0.08<br>8 |
|        | Apr 17 - Mar 18 | RD3       | 0.13<br>5 | RXL   | 0.00<br>6 | Eng     | 0.08<br>6 |

| Period          | Tees Valley |       |
|-----------------|-------------|-------|
| Apr 15 - Mar 16 | NVC<br>35   | 0.075 |
| Apr 17 - Mar 18 | NVC<br>35   | 0.038 |

| PROMS: | Period          | Best |           | Worst |                 | Average |                |
|--------|-----------------|------|-----------|-------|-----------------|---------|----------------|
| Veins  | Apr 15 - Mar 16 | RTH  | 3.06<br>0 | RTE   | -<br>18.0<br>20 | Eng     | -<br>8.59<br>7 |
|        | Apr 17 - Mar 18 | RBN  | 2.11<br>7 | RCF   | -<br>18.0<br>76 | Eng     | -<br>8.24<br>8 |

| Period          | Tees Valley |   |
|-----------------|-------------|---|
| Apr 15 - Mar 16 | NVC<br>35   | * |
| Apr 17 - Mar 18 | NVC<br>35   | * |

| PROMS: | Period          | Best      |            | Worst |            | Average |            |
|--------|-----------------|-----------|------------|-------|------------|---------|------------|
| Hips   | Apr 15 - Mar 16 | RYJ       | 24.9<br>73 | RBK   | 16.8<br>92 | Eng     | 21.6<br>17 |
|        | Apr 17 - Mar 18 | NTPH<br>1 | 25.0<br>68 | RAP   | 16.4<br>27 | Eng     | 21.7<br>99 |

| Period          | Tees Valley |         |
|-----------------|-------------|---------|
| Apr 15 - Mar 16 | NVC<br>35   | 23.215  |
| Apr 17 - Mar 18 | NVC<br>35   | no data |

| PROMS: | Period          | Best      |            | Worst |            | Average |            |
|--------|-----------------|-----------|------------|-------|------------|---------|------------|
| Knees  | Apr 15 - Mar 16 | NTPH<br>1 | 19.9<br>20 | RQX   | 11.9<br>60 | Eng     | 16.3<br>68 |
|        | Apr 17 - Mar 18 | NTPH<br>1 | 19.8<br>49 | RAN   | 12.5<br>08 | Eng     | 16.5<br>47 |

| Period          | Tees Valley |         |
|-----------------|-------------|---------|
| Apr 15 - Mar 16 | NVC<br>35   |         |
| Apr 17 - Mar 18 | NVC<br>35   | no data |

| Readmissions: | Period  | Best         |     | Worst |           | Average |           |
|---------------|---------|--------------|-----|-------|-----------|---------|-----------|
|               | 2010/11 | Multi<br>ple | 0.0 | 5P5   | 22.7<br>6 | Eng     | 11.4<br>3 |
|               | 2011/12 | Multi<br>ple | 0.0 | 5NL   | 41.6<br>5 | Eng     | 11.4<br>5 |

| Period  | Tees Valley |               |
|---------|-------------|---------------|
| 2016/17 | NVC<br>35   | 0.0003<br>856 |
| 2017/18 | NVC<br>35   | 0.0010<br>22  |

| Responsiveness:      | Period  | Best |      | Worst |      | Average |      |
|----------------------|---------|------|------|-------|------|---------|------|
| to personal<br>needs | 2012/13 | RPC  | 88.2 | RJ6   | 68.0 | Eng     | 76.5 |
|                      | 2013/14 | RPY  | 87.0 | RJ6   | 67.1 | Eng     | 76.9 |

| Period  | Tees Valley |     |
|---------|-------------|-----|
| 2013/14 | NVC<br>35   | 0.0 |
| 2014/15 | NVC<br>35   | 0.0 |

| VTE<br>Assessment | Period | Best |  | Worst |  | Average |  |
|-------------------|--------|------|--|-------|--|---------|--|
|-------------------|--------|------|--|-------|--|---------|--|

| Period | Tees Valley |  |
|--------|-------------|--|
|--------|-------------|--|

|  | 17/18 Q2 | Sever<br>al | 100<br>% | NT490 | 65.9<br>% | Eng | 95.6<br>% |
|--|----------|-------------|----------|-------|-----------|-----|-----------|
|  | 17/18 Q3 | Sever<br>al | 100<br>% | NT414 | 60.8<br>% | Eng | 95.6<br>% |

| Q2<br>2017/18 | NVC<br>35 | 99.7% |
|---------------|-----------|-------|
| Q3<br>2017/18 | NVC<br>35 | 97.2% |

| C. Diff rate: | Period  | Best        |   | Worst |      | Average |           |
|---------------|---------|-------------|---|-------|------|---------|-----------|
| per 100,000   | 2015/16 | Sever<br>al | 0 | RPY   | 67.2 | Eng     | 14.9<br>2 |
| bed days      | 2016/17 | Sever<br>al | 0 | RPY   | 82.7 | Eng     | 13.1<br>9 |

| Period  | Tees Valley |     |
|---------|-------------|-----|
| 2016/17 | NVC<br>35   | 0.0 |
| 2017/18 | NVC<br>35   | 0.0 |

| SUIs:<br>(Severity 1<br>only) | Period               | Best        |      | Worst |      | Average |           |
|-------------------------------|----------------------|-------------|------|-------|------|---------|-----------|
|                               | Oct 16 -<br>Mar 17   | Sever<br>al | 0.01 | RNQ   | 0.53 | Eng     | 0.15      |
|                               | April 17 -<br>Sep 17 | Sever<br>al | 0    | RJW   | 0.64 | Eng     | 14.8<br>5 |

| Period  | Tees Valley |      |
|---------|-------------|------|
| 2016/17 | NVC<br>35   | 0.00 |
| 2017/18 | NVC<br>35   | 0.00 |

| F&F Test: | Oct    | Best        |          | Worst           |           | Average |           |
|-----------|--------|-------------|----------|-----------------|-----------|---------|-----------|
|           | Feb-18 | Sever<br>al | 100<br>% | RJ731/RT<br>FDX | 63.0<br>% | Eng     | 96.0<br>% |
|           | Mar-18 | Sever<br>al | 100<br>% | R1H13           | 83.0<br>% | Eng     | 96.0<br>% |

| Period | Tees Valley |        |
|--------|-------------|--------|
| Jan-17 | NVC<br>35   | 100.0% |
| Feb-18 | NVC<br>35   | 99.3%  |

Tees Valley Treatment Centre/ hospital considers that this data is as described.

## 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

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

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

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

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

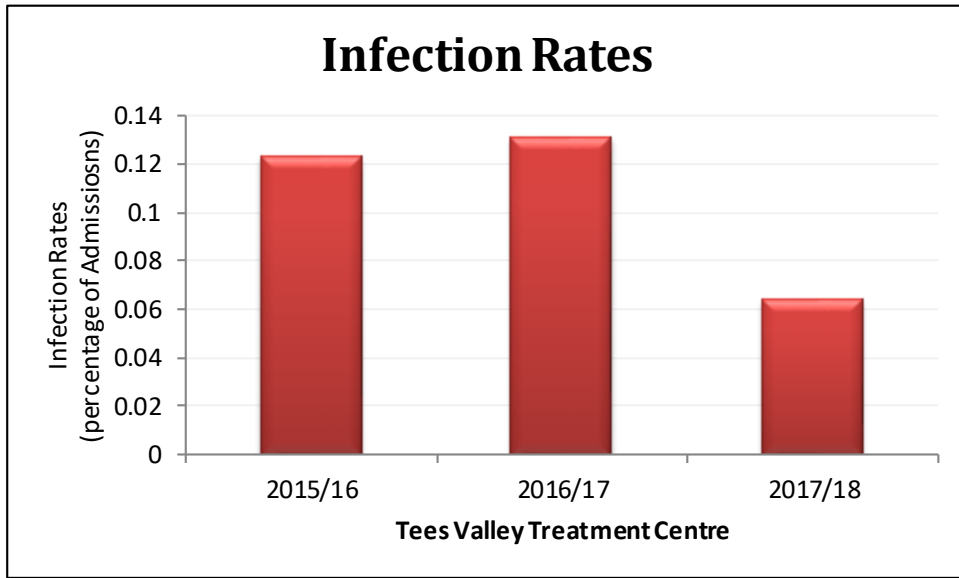
#### **Programmes and activities within our hospital include:**

The infection control link nurse has provided training in hand hygiene to all staff and completes a hand hygiene training session during staff induction days for all new staff. The consultant microbiologist will continue to provide training sessions for the infection control link nurse and relevant staff on a number of subjects including effective observational audit techniques in relation to hand hygiene. We hold a quarterly infection prevention and control committee meeting attended by the microbiologist.

- We have commenced an infection prevention and control development group which meets monthly, ensuring there is a constant focus on guaranteeing the basics of infection prevention are communicated and understood
- Ensuring a detailed risk assessment is in place and monitored regularly which is based on learning from incidents and national guidance
- Continuing focus on antibiotic stewardship to optimise practice and patient outcome through audit, monitoring antibiotic prescribing.



- We will continue to undertake a Point Prevalence Survey on Urinary Catheters and Antibiotic use



The above graph suggests a gradual decrease in infection rates over the last 3 years with actual numbers remaining very low. Patients presenting with signs of an infection are logged on our reporting system and is reviewed by the infection control link nurse and a root cause analysis completed to determine any possible trends, results are presented at our monthly infection prevention and control development group as well as at our quarterly infection control committee meetings. There have not been any trends identified in the period.

### 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 Tees Valley 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.

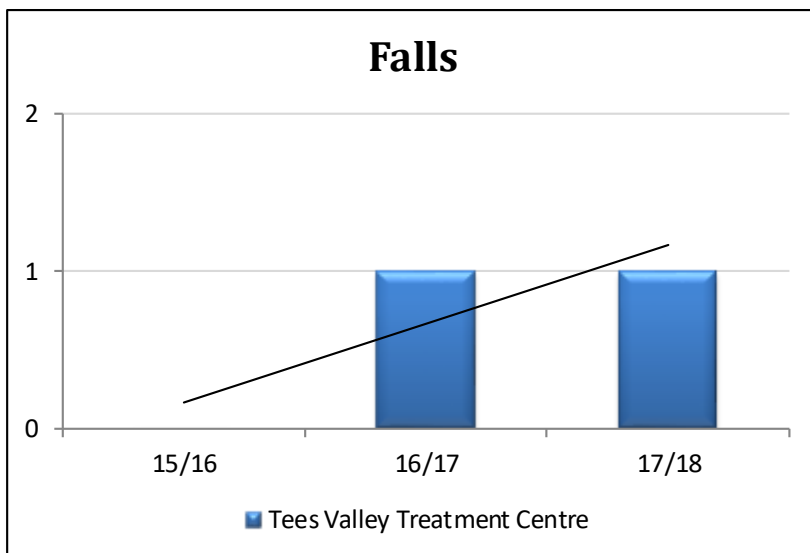
The annual PLACE audit was undertaken in April 2017, at the Tees Valley Treatment Centre prior to the opening of our new hospital facility. Two patient assessors attended and were overall impressed with their findings. Tees Valley Hospital underwent its PLACE audit on 17<sup>th</sup> May 2018 and results will be documented in next year's Quality Account.

The results were reported as follows:

**Cleanliness: Pass, Condition, Appearance and Maintenance: Pass, Privacy, Dignity and Wellbeing: Pass, Dementia: Pass.** Areas to consider included flooring and signage which have been considered and during planned decoration and facility upgrades will be replaced. In terms of patient safety patients are accompanied into clinical areas by clinical staff and individual risk assessment undertaken as appropriate. Patient's length of stay is very short and relatives/carers are encouraged to accompany patients throughout their journey where this is in their best interests. Training in dementia awareness for staff was undertaken in mandatory training.

### 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.

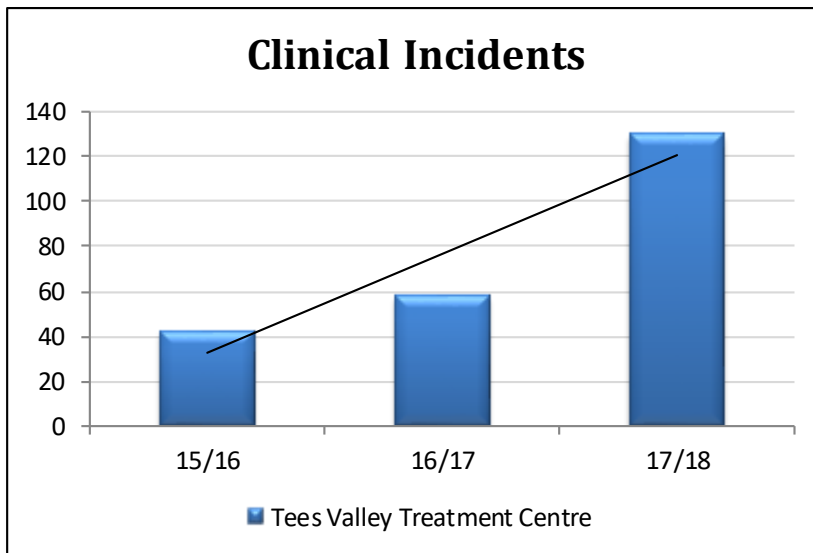


Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls 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.

Training undertaken at Tees Valley Hospital has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, major haemorrhage and retrieval and return of blood products. Standard Operating Policies have been developed regarding health and safety to meet requirements of the new hospital.

### 3.3 Clinical effectiveness

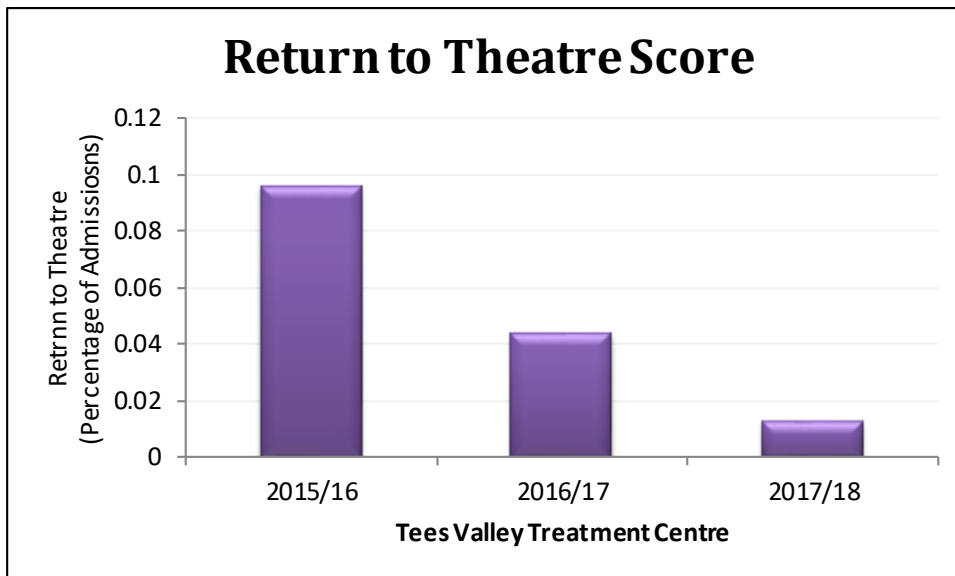
Tees Valley Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More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



We have seen a rise in clinical incidents over the reporting period, this is due to increased staff awareness and training about incident reporting. We have increased our work force by 50% which has resulted in an increase in employee availability to report incidents.

### 3.3.1 Return to theatre

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

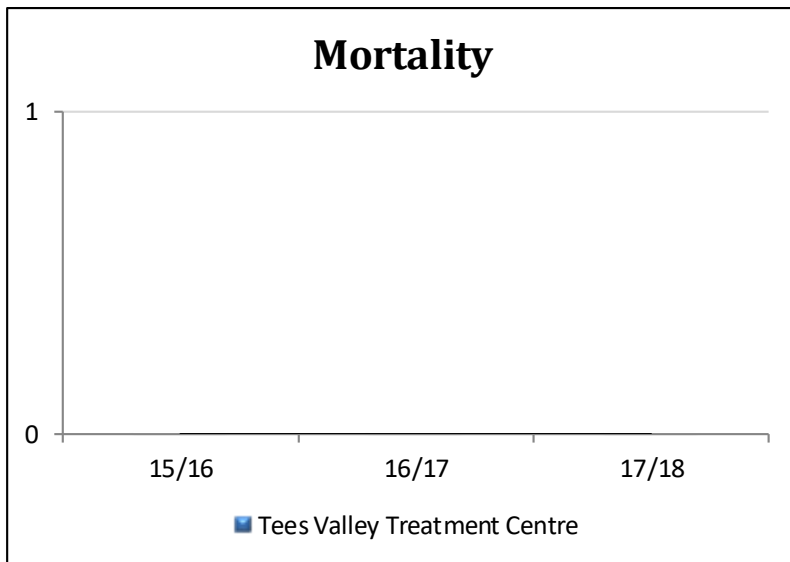


Tees Valley Treatment Centre continues to have a very low return to theatre rate as a percentage of overall admissions. Patient optimisation for theatre is paramount this has been reflected reduced score data. There were no trends identified and the rate remains below the national average.

### 3.3.2 Learning from Deaths

Even though we have not experienced any patient deaths, learning from deaths will improve safety and patient care. As a national priority NHS England is promoting a common, systematic approach to potentially avoidable deaths. In order to comply with this Tees Valley Hospital will

- Aim to support and engage with bereaved families and carers if they have any concerns about the care of their loved one
- Identify the skills required and deliver training
- Publish this information in our 2018/19 quality report
- Set up systems to ensure that we are learning as much as possible from deaths to improve safety and care.



### 3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Clinical standards have been developed to define what seven day services should achieve, no matter when or where patients are admitted. Tees Valley Hospital will implement the priority standards by actively including all patients in shared decision making. Patients will have access to a dedicated staff member with whom they can discuss treatment option, recovery timescales and any aspect of their care pathway. This will be monitored and evaluated through the patient satisfaction survey. Patients are given contact details of who to contact for advice once discharged patients will receive a 24hr post discharge follow up call.

Provision of a Resident Medical Officer (RMO) ensures that all re admissions will be seen and assessed once admitted. All consultants will be asked to provide details of an alternative consultant representative if they are not able to attend to assess patients at that given moment to delegate patient care. In accordance with policy consultants will visit each patient daily liaising with hospital staff regarding on going care of their patients.

To ensure accurate patient information is communicated senior clinical staff will lead on patient care handovers. Tees Valley hospital will ensure that a senior clinical member staff are on duty every day, duty rosters ensure that a skill mix of 70:30 ratio in favour of clinical qualified staff is in place. All healthcare professionals have competencies appropriate to their role.

Collection of clinical data and submission to national audits will ensure feedback on patient outcomes, through the clinical audit and effectiveness meeting this will be disseminated to all staff. In order to supply access to diagnostic services an on call rota will be developed to allow for imaging to be undertaken when the department is closed. As part of the Northern Critical Care Network established links are in place for transfer of patients who may require intensive monitoring.

### 3.4 Patient experience

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

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

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

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

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

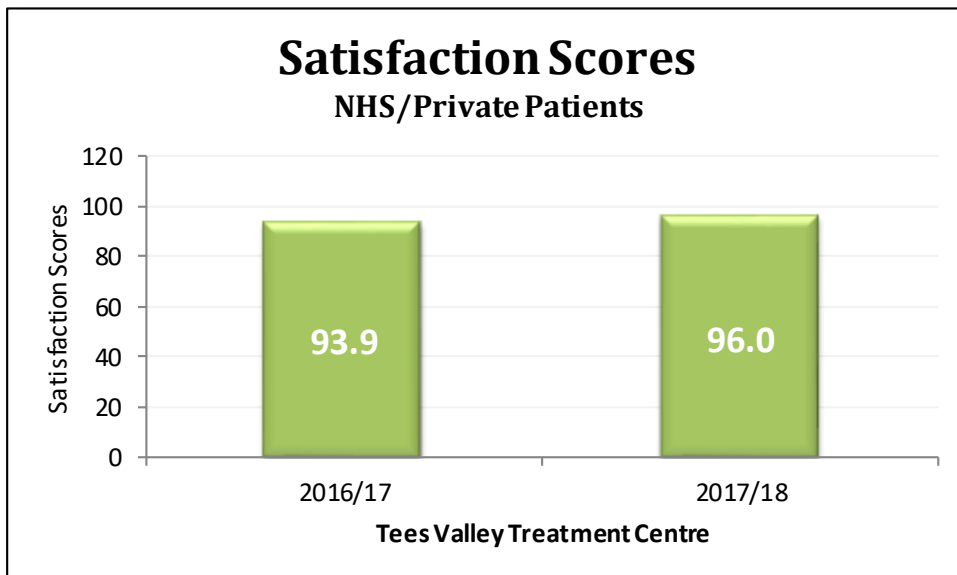
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet

- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers 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.



We are pleased that our that our average satisfaction score remains high and we have made progress from the previous year. We have continue to encourage patients to complete the survey to ensure we achieve a balanced view and are actively promoting the results monthly with our teams to ensure their engagement.

**What our patients say:**



*“Efficient, professional, organised, informative throughout the Procedure”*

*“First class, very friendly. Excellent. Will call again.”*

*“From reception to after care staff, I was treated with politeness, care and consideration. Modern and hygienic hospital, will highly praise my experience here today.”*

*“Friendly staff. Efficient hospital. Skilled personnel.”*

*“Lovely staff, very reassuring, clean pleasant hospital, efficient and free parking.”*

*“Extremely helpful polite, on time, professional and very informative. Excellent service from all. Thank you.”*

## Appendix 1

### Services covered by this quality account

| <b>Specialty</b>    | <b>Service</b>  |
|---------------------|---|
| Dermatology         |   |
| General Surgery     | Minor Skin<br>Varicose Veins<br>Hernia Repair<br>Rectal Surgery   |
| GI Endoscopy        | Colonoscopy<br>Flexible Sigmoidoscopy<br>Gastroscopy  |
| Gynaecology         | Diagnostic and Therapeutic<br>Hysteroscopy  |
| Oral Surgery        | Tooth extraction<br>Mouth lesion  |
| Orthopaedic Surgery | Hand<br>Knee<br>Shoulder<br>Wrist<br>Feet   |
| Plastic Surgery     | BCC<br>Skin lesions/cysts   |
| Urology             | Bladder Dysfunction<br>Erectile Dysfunction<br>General Urology<br>Female Incontinence<br>Urinary and Prostate Assessment<br>Vasectomy |
| Podiatric Surgery   | Podiatric   |

Appendix 2 – Clinical Audit Programme 2017/18. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

**Audit Programme v10.0 2017/18** Hospital Name: \_\_\_\_\_ Implemented: July 2017  
 Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald For review: June 2018  
 Use arrow symbol to locate required audit



|  | JUL                | AUG           | SEP                 | OCT                 | NOV                 | DEC                 | JAN                 | FEB                 | MAR                 | APR                 | MAY                 | JUN                 |
|--|--------------------|---------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Medical Records - POA, admission, theatre, discharge | Med Rec            | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Patient Journey                                      | Patie Journey      | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Ward   | Ward Operational   | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Outpatients  | OPD M Rec          | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Outpatients  | OPC Operational    | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Controlled Drugs                                     |                    |               | Control Drugs       |                     | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    | Controlled Drugs    |
| Prescribing / Medicines Management                   |                    |               |                     | Medicine Management | Prescribing         | Prescribing         | Prescribing         | Prescribing         | Prescribing         | Medicine Management | Prescribing         | Prescribing         |
| Medicine Safe and Secure                             | Safe & Secure      | Safe & Secure | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       | Safe & Secure       |
| Medicine Medical Records                             | Med Recs           | Med Recs      | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            | Med Recs            |
| Medicine Missed Dose                                 | Missed Dose        | Missed Dose   | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         | Missed Dose         |
| Radiology  | Med Rec            | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Radiology  | Operational        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Radiology - MRI / NRR                                |                    | MRI Report    | NRR                 |                     | MRI Report          |                     |                     | MRI Report          | NRR                 |                     | MRI Report          |                     |
| Radiology - CT                                       |                    | CT Report     |                     |                     | CT Report           |                     |                     | CT Report           |                     |                     | CT Report           |                     |
| Physiotherapy  | Med Rec            | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Physiotherapy  | Operational        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| TSSU   | Operational        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Decontamination                                      | TSSU               | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Decontamination                                      | Endoscopy          | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Theatre  | Operational        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Theatre  | Observation        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Infection Prevention and Control*                    | Infect Control     | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| IPC - CVCCB (if applicable)                          | CVCCB              | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| IPC - Isolation (if applicable)                      | Isolation          | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Infection Prevention and Control*                    | Hand Hygiene       | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| IPC - Hand Hygiene Action                            |                    |               | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action | Hand Hygiene Action |
| IPC - Environmental                                  | Environ            | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| IPC - Cleaning Schedules                             | Clean Sched        | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Transfusion (if applicable)                          | Compliance         | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Transfusion (if applicable)                          | Autologus          | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Bariatric Services (if applicable)                   | Bariatric Services | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |
| Childrens Services (if applicable)                   | Childrens Services | →             | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   | →                   |

**Traffic light score**

|  |       |               |
|--|-------|---------------|
|  | Green | 95%*          |
|  | Amber | 70% - 94%     |
|  | Red   | 69% and under |

\* or above previous audit score if 95% or more, or 5

# Tees Valley Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

01642 087333

[www.teesvalleyhospital.co.uk](http://www.teesvalleyhospital.co.uk)

