

# Clifton Park Hospital Ltd

Quality Account  
2022/23



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Clifton Park Hospital is part of the Ramsay Health Care Group

### **Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK**

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

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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

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



### **Nick Costa**

Chief Executive Officer

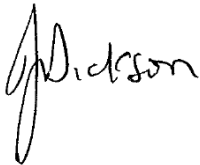
Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

I am looking forward as we continue this journey to support our ongoing commitment to providing high-quality health services to our patients, with continued investment and a focus on utilising digital systems to support the patient journey.



**Jo Dickson**

Chief Clinical and Quality Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

This Quality Account is Clifton Park Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

# Part 1

## 1.1 Statement on quality from the Hospital Director

Sandra Donoghue, Hospital Director

Clifton Park Hospital

I am delighted to introduce our Quality Account for 2022/23, which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and describes our priorities for 2023/24.

As with all healthcare providers, 2022/23 has focused on finding our 'new normal' post pandemic supporting the NHS in reducing elective waiting times for patients. We have maintained our commitment to focus on quality, continuous improvement and positive patient experience to ensure we continue to deliver excellent out-patient, day-case and in-patient services to our patients.

2022/23 saw the development of a long-term strategic partnership with York & Scarborough Teaching Hospitals NHS Foundation Trust successfully bidding for monies from NHSE Target Investment Fund (TIF) to fund an additional modular theatre at site and creation of a new day unit facility to provide additional capacity to support reduction in elective waiting times for Orthopaedic and Ear, Nose and Throat (ENT) patients. This theatre was operationalised in July 2022 and we have seen an incremental increase in activity.

In addition, we continue to pursue our vision of being an 'orthopaedic centre of excellence' delivering high quality outcomes and putting patient safety at the heart of everything we do.

We have consistently received excellent patient feedback with low rates of clinical incidents and complaints.

Our team is pivotal to delivering a quality service, we are committed to training, and developing our workforce and ensuring attitudes and behaviour are aligned to the Ramsay values and 'The Ramsay Way'.

Our key achievements during 2022/23 include:

- All patient feedback mechanisms continue to show consistently high satisfaction rates of over 95% for satisfaction and recommendation.
- Low incident rates and low number of patient complaints.
- High participation rate in PROMS and achieved NJR Quality Data Provider.
- Development of a 3-year hospital strategy which includes a 3-year clinical strategy (2023/2026).
- Installation of a static MRI scanner in the out-patient building to increase diagnostic capability.
- Significant investment in upgrade and replacement of ageing equipment, for example, upgrade of x-ray room and replacement of washer disinfectors and autoclave in our Sterile Services Department.
- We entered into a long-term strategic partnership with York & Scarborough Teaching Hospitals NHS Foundation Trust creating additional capacity on-site to support the reduction in elective waiting lists in the locality.
- Successful implementation of a full electronic patient record system, which supports clear pathways and governance of patient care.
- Working closely with York & Scarborough Teaching Hospitals NHS Foundation Trust has allowed us access to their electronic patient record, giving us more information when assessing patient requirements and providing safe care.
- Continued focus on enhanced recovery programmes and seen a reduction in average length of stay for in-patients.
- The continued development and enhancement of our safety agenda with the embedding of the Ramsay Health Care UK 'Speak Up For Safety' campaign through the delivery of training for all staff and consultants.

- Continued compliance with Ramsay Health Care UK internal audit programme which provides internal quality assurance for the services we provide.

Our priorities for 2023/24, which include our response to the challenges we face following the global pandemic, are focused upon ensuring continuous improvement, creating services centred on the patient, getting it right first time and putting patient safety at the heart of everything we do.

We will continue to work in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to assist them in the delivery of the NHS elective recovery programme. This development has led to the recruitment of additional staff, strengthening the team further and reducing the requirement for agency support within the hospital.

A priority for 2023/24 is to further develop our diagnostic services. The installation of a static MRI scanner within the outpatient department in 2022/23 has enhanced diagnostic services and further supported and streamlined the patient pathway.

We will continue to focus on compliance with our internal clinical audit programme through “Tenable”, a real time audit programme. We will also be rolling out our new risk management tool Radar, which replaces our Riskman tool. Whilst our review of key performance indicators indicates good patient outcomes we will continue to look at other ways to measure health improvement gains with the support of our medical advisory committee which we recently expanded to provide a wider input from our consultant colleagues. We will also be launching a pilot of a Clinical Fellowship programme to attract trainees to the locality and support delivery of services.



## 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.

Sandra Donoghue

Hospital Director

Clifton Park Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

MAC Chair, Mr Nicholas Carrington

Commissioner/ICB and other external bodies

# Welcome to Clifton Park Hospital

Clifton Park Hospital (CPH) was purpose built and opened in January 2006. October 2018, Clifton Park Hospital went into partnership with North Yorkshire Orthopaedic surgeons to form a new registered company – Clifton Park Hospital Ltd (CPHL).

The hospital specialises in orthopaedic services providing a wide range of elective surgical procedures, including treatments for problems with hips, knees, shoulders, hand, wrist and elbow and foot and ankle. The hospital provides a full range of high-quality orthopedic services, which include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care for all patients of 18 years and above.

The main hospital site includes three theatres (all with laminar flow) a 24 bedded in-patient ward, day-case facility, physiotherapy department and on-sit diagnostics. The out-patient building which is near to the main hospital site, has 11 consulting rooms and 2 large treatment rooms and houses the static MRI scanner as well as x-ray facilities.

NHS services are commissioned via NHS Humber and North Yorkshire Integrated Care Board (ICB) with a standard NHS contract in place. Referral to the hospital for NHS services is direct from GP via the electronic referral system (eRS) and we have dedicated eRS Co-ordinators and a GP Liaison Officer to facilitate the NHS referral process. We do not currently provide any outreach services.

In addition, CPHL also has a NHS sub-contract in place with York & Scarborough Teaching Hospitals NHS Foundation Trust for elective orthopaedic and ENT with the potential to expand into other specialities. The hospital is also recognised by most major insurance companies and undertakes both self - pay and insured work.

From 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 the hospital has admitted 3120 patients, 80.3% of which were treated under the care of the NHS. The remaining 19.7% of patients being private patients.

The hospital has a unique structured secondment agreement with York Teaching Hospitals NHS Foundation Trust who provides 15 specialist consultant orthopedic surgeons to work from the facility. A service level agreement is in place with Yorkshire Anesthetic Group to provide consultant anesthetist cover for all operating lists and provide out of hours anesthetic cover and support. The hospital also has a training agreement with York Trust, enabling registrars and extended scope practitioners to work alongside consultants at the hospital. The hospital's Resident Medical Officer is on site 24 hours a day, working alongside our clinical teams. Our staff-to-patient ratios are managed on a daily basis to meet the individual clinical requirements of our patients.

As well as our secondment agreement with York & Scarborough Teaching Hospitals NHS Foundation Trust, we have in place, several service level agreements with them to facilitate our service delivery and ensure continuity of care, to include Blood Transfusion services and Consultant Microbiologist support.

Our success is dependent on our staff and 2022/23 has seen an increase in the number of in terms of workforce, there are currently 133 contracted members of staff employed at Clifton Park Hospital comprising of 65% clinical posts (excluding sterile services staff) and 35% supporting staff with a mix of full time and part time positions. Clifton Park Hospital also employs 33 bank staff to provide a greater flexibility in the workforce, which allows us to flexibly use our capacity. We will continue to review and expand our workforce in line with expansion of services.

Where possible, we will continue to support our local NHS Trusts moving into 2023/24 as part of their recovery plan in tackling waiting times with activity planned for orthopaedics and ENT. We will also continue to strengthen existing links and develop new links with our local Trusts, ICBs and referrers.

In addition, to the services we provide to our patients, Clifton Park Hospital is also proud to say that we are involved in the local community and in national charities which will continue in 2023/24 with activities being managed and monitored through the hospitals Employee Engagement and Innovation Group.

# Part 2

## 2.1 Quality priorities for 2022/23

### Plan for 2022/23

On an annual cycle, Clifton Park Hospital develops an operational plan to set objectives for the year ahead. We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

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

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

### Priorities for improvement

#### 2.1.1 A review of clinical priorities 2022/23 (looking back)

##### Patient Safety

##### **Speaking Up for safety**

As well as consolidating and ensuring, all new staff receive SUFs training, phase 2 which includes Promoting Professional Accountability (PPA) specifically targets peer-to-peer engagement for our Consultant users who work at Clifton Park Hospital and within Ramsay Health Care.

## Clinical Effectiveness

### Orthopaedic Centre of Excellence

Continuation of monitoring Key performance indicators related to the Orthopaedic Centre of Excellence framework.

Key priorities for 2022/2023 include:

- Reduction in average length of stay for Hip and knee replacements
- Attendance to YFT Governance Meeting to discuss quality outcomes & communicate any governance trends/ actions etc.
- Further development of Development & implementation of enhanced recovery pathways with MDT
- Implementation of Pre-operative joint school classes for all Hip and Knee replacements which commenced in September 2022
- Have dedicated Arthroplasty specialist hours to monitor compliance against Key performance indicators.

## Patient Experience

### Pre- Assessment Model

Implementation of new pre-assessment triage model. All patients upon booking of surgery to be triaged and have an initial pre-assessment in order to improve and streamline the patient pathway that will enhance the patient experience. New model has been partially implemented with full implementation by June 2023

### 2.1.2 Clinical Priorities for 2023/24 (looking forward)

Every year we set quality priorities, which represent areas where we would like to see improvement over the course of the next year. For 2023/24, our priorities are aligned to the clinical strategy 2023-2026 with four themes. They are based on the output of our learning from our internal clinical audit programme, national audit data, reviews from adverse events and listening to and reviewing patient feedback. We are confident that our commitment to quality improvement means our staff and leaders have the right skills to lead on improvement and support the clinical priorities.

**Patient experience:** To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support. To provide high quality services through optimising the use of our resources.

**People:** Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

**Partnerships and systems:** Working with partners to provide the right care and support, in the right place, at the right time.

**Performance:** Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm. Ensuring all our patients have access to the care they need to ensure they have the best chance of getting a good outcome.

## Patient Experience

### Improving overall patient experience as measured by the Friends and Family Test (FFT), Cemplicity, Reputation.com, PROMS and NHS choices

We will always put our patients first so patients can have a positive experience of care and support seeking to understand what our patients want is pivotal to service development. Patient feedback about their care experience and the environment can come in many formats from complaints to compliments, in order to capture this. Clifton Park hospital utilises a multi-modal approach from gathering paper surveys (Friends and Family Test), electronic surveys and Quick response (QR) code capture and uniform Resource Locators (URLs) to ensure accessibility and inclusivity for all patients.

### Objectives

- Improve waiting times through more efficient use of resources.
- Review surgery schedules.
- Review the pre-admission process.
- Review and respond to comments posted on NHS Choices.
- Re-furbish the hospital reception area and ward area including upgraded signage (deferred in 2020 due to COVID-19 pandemic).
- Gain/maintain a five star rating.
- Introduce a patient participation forum
- Continue our “you said we did” patient comment action plan

## Patient Safety

### Reduce surgery related harm, staff training and development; reduce harm from unrecognised deterioration, increased hospital communication

Embedding a safety culture within the hospital through implementation of the National Patient Safety Strategy is paramount to sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm. It is imperative that contemporaneous record keeping is practiced and encouragement of timely reporting of incidents on the day of occurring is undertaken to respond and action quickly.

## Objectives

- Monthly surgical safety compliance observational and document audits undertaken and will be reported on quarterly.
- Implement themes and examples of learning from incidents.
- Staff attendance at the monthly clinical referrer education events.
- Speak Up For Safety – train the trainer
- To successfully implement RADAR a new incident reporting system
- All staff to attend a face-to-face training session on dementia awareness
- Implement Pre-assessment triage model.
- ‘SipTilSend’ – a new approach to pre-operative fluids for adult patients. Patients can continuously sip fluids until transfer to theatre with the aim of avoiding prolonged periods of fasting.

## People

**To have a compassionate and inclusive workforce where every voice is heard, where training and development opportunities are provided and good work is recognised and acknowledged**

It is accepted that healthy workplace cultures in Health Care organisations are crucial to ensuring the delivery of high quality patient care and that staff are most engaged in their roles when they have a degree of authority and control over their work and environment, as well as the opportunity to stretch themselves and to develop. There are three key areas of focus being undertaken in 2023/24 to help understand and create an inclusive, compassionate and high performing culture where staff can thrive and be their best; an annual staff survey, a staff health needs analysis survey and encouraging the use of the Speak Up For Safety Code.

## Objectives

- Equipment assessments to ensure everyone has access the right equipment needed to fulfil their role
- Timely completion of rosters to ensure that the staff rota is mindful of a good work life balance
- Training and development opportunities about career development is communicated to all staff
- Developing talent management and succession planning – focussing appraisals on personal development and career planning
- Improve the health and wellbeing of staff through increased access to support through the Better Health At Work campaigns
- Attendance at Speak Up For Safety training so everyone feels safe to speak up for concerns
- To have a dedicated Professional Nurse Advocate
- To encourage use of the “staff discharge board”

## Partnerships/systems

**Increasing capacity and resilience to Work in partnership with the local Trusts and ICB's to deliver safe, high quality services that meet the full range of people's health and care needs.**

It is critical that as an independent health care provider we have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS and Private Health Care, such as increasing population needs, advances in technology, workforce and financial challenges.

Future commissioning requires that services are integrated and of high quality, providing value for money with a focus on prevention as well as innovation. The future transformation in the provision of health care will require providers to identify productivity and value for money arrangements that allow all healthcare providers to meet the demand placed on it by doing more for less whilst improving the quality of service offered to patients. Commissioners will expect providers to play their part in delivering new pathways, supporting preventative strategies and implementing models of care, which improve system efficiency and effectiveness and avoid unnecessary secondary care attendances and admissions.

In 2023/24, we will continue to work in partnership to deliver high quality health and care through integrated services by rising to the challenges of restoring services, meeting new care demands and support the NHS and ICS to reduce the care backlogs that are a direct consequence of the pandemic.

Securing a sustainable recovery will depend on a continued focus on the health, wellbeing and safety of our staff. While the resulting demands on healthcare remain uncertain, we know we need to continue to work with our partners to provide the right care and support, in the right place, at the right time.

### Objectives

- Review acuity and capacity to focus on commissioning whole pathways of care to facilitate greater integration
- Engage in regular communications with Trusts and ICB's to improve implementation of pathways
- Attendance at Quarterly Quality meetings
- Continue to improve system efficiency and effectiveness and avoid unnecessary secondary care attendances and admissions.



## Performance

**We will continue to participate in local and national audits and improve the management of our patient journeys through the utilisation of evidence-based practice.**

Reliable high-quality care should be safe, effective, and available for all patients and that there is evidence to demonstrate this. Fundamental to this is having a robust clinical governance framework to enable the monitoring and evaluating of the provision of personal high quality and safe care. We aim to deliver high quality outcomes and an excellent patient experience through managing risk by setting standards, auditing practice, implementing change where indicated and delivering the right care for every individual patient all of the time. Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm.

### **Objectives**

- Increase/Maintain our data collection for Patient Recorded Outcome Measures (PROMS)
- Maintain our data collection for Breast Implant Registry (BIR) and National Joint Registry (NJR).
- Benchmark against the relevant independent sector acute providers through PHIN
- Complete 100% of all applicable clinical audits
- Develop local audits
- Review OPD appointments – one stop assessments
- Improve the pre-assessment process
- Continue working towards Orthopaedic Centre of Excellence accreditation

### **Orthopaedic Centre of Excellence**

Continuation of monitoring Key performance indicators related to the Orthopaedic Centre of Excellence framework.

Key priorities for 2023/2024 include:

- Continued reduction in average length of stay for Hip and knee replacements.
- Attendance to YFT Governance Meeting to discuss quality outcomes & communicate any governance trends/ actions.
- Further development of Development & implementation of enhanced recovery pathways with MDT.
- Have dedicated Arthroplasty specialist hours to monitor compliance against Key performance indicators.

## 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 2022/23 Clifton Park Hospital provided and/or subcontracted 8 services.

Clifton Park 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 2022 to 31<sup>st</sup> March 2023 represents 100% per cent of the total income generated from the provision of NHS services by Clifton Park Hospital Ltd for 1 April 2022 to 31<sup>st</sup> March 2023.

Ramsay Health Care UK uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

<b>Human Resource</b>	
Staff Cost % Net Revenue	30%
HCA Hours as % of Total Nursing	24.1%
Agency Cost as % of Total Staff Cost	6.0%
Admitted Care Hours Worked PPD	6.19
Staff Turnover	17%
Sickness	4.5%
Appraisal %	93%
Mandatory Training %	98.4%
Staff Satisfaction Score – 2022 Survey	Response Rate = 80% Staff engagement Score = 60% Enablement Score = 64%
Number of Significant Staff Injuries	No significant staff injuries reported
<b>Patient</b>	
Number of Formal Complaints	8
Patient Satisfaction Score (FFT)	97%
Significant Clinical Events	0
Readmission per 1000 Admissions	0.81%
<b>Quality</b>	
Infection Control Audit Score	100%
Consultant Satisfaction Score	Results will be available from the end of June 2023

## 2.2.2 Participation in clinical audit

During 1 April 2022 to 31<sup>st</sup> March 2023 Clifton Park Hospital participated in 100% national clinical audits and 100% 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 Clifton Park Hospital participated in, and for which data collection was completed during 1 April 2021 to 31<sup>st</sup> March 2022, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	100%
National Joint Registry (NJR)	99.3%

## Local Audits

The reports of Clifton Park Hospital local clinical audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and actions implemented to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

## 2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Clifton Park Hospital's income from 1 April 2022 to 31<sup>st</sup> March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. Due to COVID -19 all CQUIN data collection ceased. There are no CQUIN schemes for 2023/24 as the NHS focus is on the recovery plan.

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

Clifton Park Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2023 is registered with the CQC for surgery, outpatients and diagnostics. Clifton Park Hospital is not registered for patients under the age of 18 nor as an accident and emergency facility. Clifton Park Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

- CQC unannounced Visit 1st & 2nd February 2022
- 3 areas inspected : Out-Patients, Surgery (surgical pathway - pre-assessment; theatre; ward) and Diagnostics
- Final report received – **Good** in all areas inspected.

### Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## 2.2.6 Data Quality

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

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

- Qualified clinical coder to improve accuracy of capturing and recording data
- Ensure staff have the appropriate training to understand the importance of correct and consistent data input and have the technical competence to facilitate this.

### NHS Number and General Medical Practice Code Validity

Clifton Park Hospital submitted records during 2022/23 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:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 98.9% for admitted patient care;
- 98.9% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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

### Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30.6.22 for 2021/2022. The status is 'Standards Met'.

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

### Clinical coding error rate

Clifton Park Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Clifton Park NHS TC	98.3%	100%	98.3%	99.5%

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at March 2023*

## 2.2.7 Stakeholders views on 2022/23 Quality Account

We have received feedback from Humber and Yorkshire Integrated Care Board on this Quality Account and the comments received are presented verbatim below:

*The Humber & North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Ramsay Health Care UK's Quality Report for 2022/23. We note the Quality Account provides an informative overview of the ongoing work across the last year in relation to the services provided at Clifton Park Hospital and we would like to take this opportunity to thank all the staff for their continued hard work and dedication during what has been another challenging year. We are pleased to see the continued progress made with the delivery of evidenced based, high quality care to people accessing Clifton Park Hospital that provides an extensive range of orthopaedic procedures as well as ENT, maxillo-facial, vascular, urology and diagnostic services.*

*The Quality Account appears to reflect the progress made towards the quality priorities identified for 2022/2023 and we particularly note the way in which Ramsay Health Care UK have embraced a culture of continuous improvement which has been adopted across the leadership and staff teams. We particularly commend how positive feedback is provided to staff and how more negative feedback is transformed in to learning lessons to make improvements for future practice. We note the Ramsay Health Care values and how there is investment into the training, support and education of the workforce with a culture that encourages staff to raise concerns. Examples of this are noted that include the Safety C.O.D.E toolkit which has Executive Board sponsorship and the organisations' "Speak up for Safety" campaign which includes training for all staff and consultants.*

*The ICB notes the amount of positive work undertaken in listening to and responding to patient experience with the achievement of over 95% satisfaction and reported low rates of patient safety incidents and complaints. The Account provides a helpful insight into the comprehensive range of methods that are used to gather information relating to patient experience and we look with interest as the organisation develops the Patient Participation Forum and undertakes further work to make waiting time improvements.*

*In terms of the achievements across 2022/2023 we commend the development of closer collaborative working relationships with York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) with the attainment of funding to create additional theatre and day unit capacity. We welcome the support of the partnership working and strategic vision with our NHS partners in addressing the challenges associated with the NHS elective recovery programme and thank Ramsay Health Care UK for their continued support across 2023/2024. We also note the investment into additional staffing to create a strengthened and more stable workforce. The support in the delivery of NHS care under your services at Clifton Park Hospital across 2022/2023 is noted at 80.3%.*

*We note the information provided in the Account regarding the 3 year hospital strategy which incorporates a clinical strategy for 2023-2026. We will look with interest in how the*

*outcomes of the strategic aims will help to build on the delivery of excellent care and continued delivery of services at Clifton Park Hospital. We note the innovations and developments with the electronic patient record system and the integration of the system with our NHS partners YSTHFT with the aim of improving the safe governance of patient care and clinical pathways, and, how Clifton Park Hospital move to the full implementation of the new pre-assessment model as we progress across 2023/2024.*

*The ICB are pleased to see the positive outcomes in relation to the orthopaedic services noting that there is a continued ambition to be an Orthopaedic Centre of Excellence in line with the Key Performance Indicator's set out in the associated Framework. We commend the progress associated with reduced length of stay for people having undergone hip and knee replacement surgery and note the clear objectives for the year ahead to further achieve this ambition.*

*We note the information set out in the 2022/2023 scorecard which provides Clifton Park Hospital with a benchmark across a number of quality measures. Participation in the 2022/2023 National Clinical Audits is acknowledged and we will look with interest with regards to the approach to maintain oversight of outcomes in line with Ramsay Health Care's clinical strategy. It is positive to see the information relating to the participation in the PROM's and National Joint Registry Programmes noting the compliance data against PROM's for 2019/2020 and 2020/2021. We also note the information provided in relation to the organisation's internal audit programme for internal quality assurance purposes.*

*The Account provides an insightful overview of how the management of risk is addressed with the use of various Tool's to look at ways in which to measure health improvements.*

*As commissioners involved in how we support our Providers to achieve the implementation of the new approach in how we respond to patient safety incidents under the Patient Safety Incident Response Framework (PSIRF) we are interested to hear of Ramsay Health Care UK's objectives for the coming year as they move to full delivery of the National Patient Safety Strategy.*

*We note that Clifton Park Hospital's last CQC inspection visit was in February 2022 with a rating of "good" across all inspection areas.*

*We note the section which provides a detailed review of quality performance across the 2022/2023 period particularly highlighting:*

- The Clinical Governance Framework model used by Ramsay Health Care UK ensuring all elements are successfully embedded, implemented and monitoring mechanisms are in place.*
- The assurance associated with 100% compliance against Infection Prevention and Control (IPC) on the 2022/2023 scorecard and also noting 0.0 per 100,000 bed days for C.DIFF rates. We note the work of the IPC Committee with reviewing arrangements in place for the IPC policy. The information set out in the Account describes the IPC programmes of work which is welcoming to see.*

- *We note the low rate of incidents relating to patient safety with no reportable Serious Incidents across 2022/2023. The ICB is assured to see that patient safety is central to all systems and processes in place.*
- *The PLACE assessment provides helpful information regarding how patients are involved in reviewing the services provided at Clifton Park Hospital. It is good to see that food quality is monitored and that specific needs are taken in to account including for people with dementia and disability.*

*Clifton Park Hospital provide additional assurance that good governance processes are in place to further ensure safe, effective quality care with oversight of their internal Health and Safety and the Clinical Governance Committees.*

*The ICB agrees that the Quality Account is presented as a transparent and balanced picture of Clifton Park Hospital's performance across 2022/2023 and we can confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Ramsay Health Care UK in York and that the data and information contained in the report is accurate.*

*The Humber and North Yorkshire ICB would like to finally take the opportunity to thank colleagues at Clifton Park Hospital in continuing to work towards further improving the quality and safety of services available in order to improve and strive to excellent quality and safe care in to 2023/2024.*

Provided by:

Michelle Carrington, Director of Nursing, North Yorkshire and York Healthcare Partnership/ICB

Nikki Henderson, Senior Nursing, Quality and Clinical Governance Manager, North Yorkshire Healthcare Partnership/ICB



## Part 3: Review of quality performance 2022/2023

### Ramsay Clinical Governance Framework 2022/23

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

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

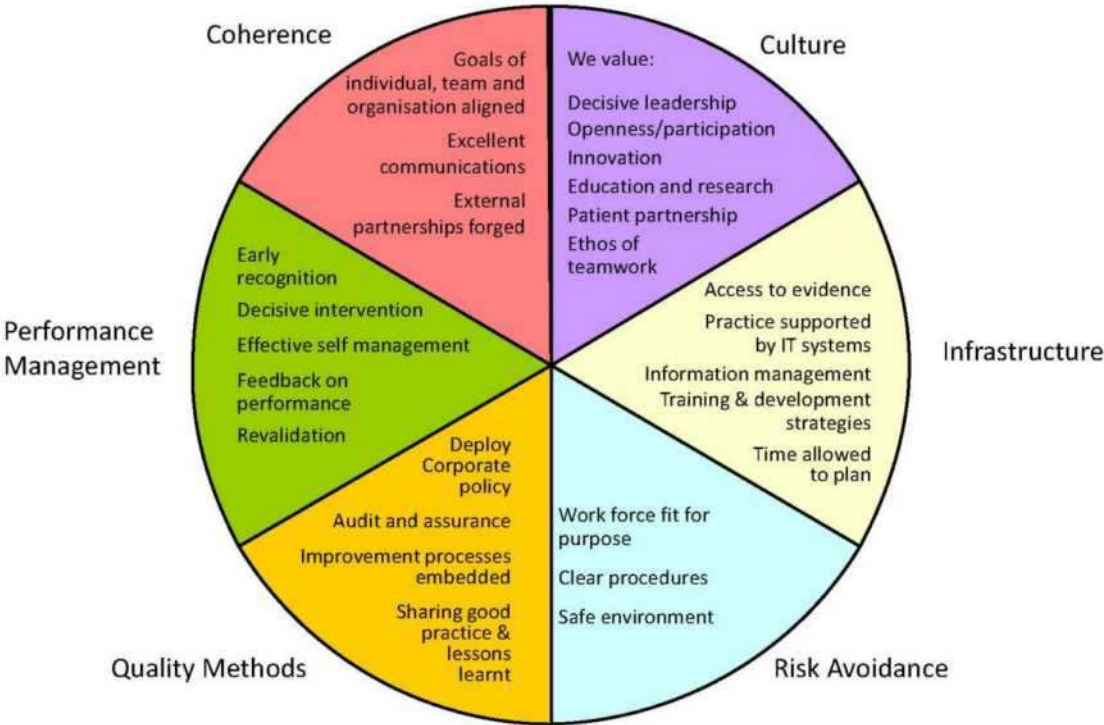
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance.

The domains of this model are:

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

# Ramsay Health Care Clinical Governance Framework



## National Guidance

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

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

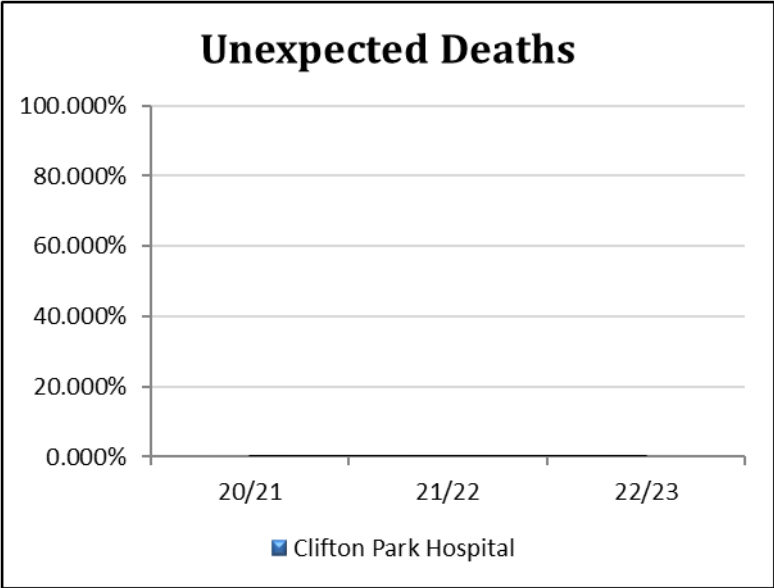
## 3.1 The Core Quality Account indicators

### Mortality

Mortality:	Period	Best		Worst		Average		Period	Clifton Park	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC28	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC28	0.0000	

The Clifton Park hospital considers that this data is as described for the following reasons – No reportable deaths recorded in 2022/23

Rate per 100 discharges:



National PROMs

PROMS:	Period	Best	Worst	Average	Period	Clifton Park
Hips	Apr19 - Mar 20	NTPH1 25.5465	NT411 17.059	Eng 22.6867	Apr19 - Mar 20	NVC28 23.031
	Apr20 - Mar 21	NV302 25.7015	NVC20 17.335	Eng 22.9812	Apr20 - Mar 21	NVC28 23.028
Knees	Apr19 - Mar 20	RR7 20.6878	R1K 12.6215	Eng 17.4858	Apr20 - Mar 21	NVC28 18.422
	Apr20 - Mar 21	NVC23 20.2502	RXP 11.9159	Eng 16.8858	Apr19 - Mar 20	NVC28 18.086

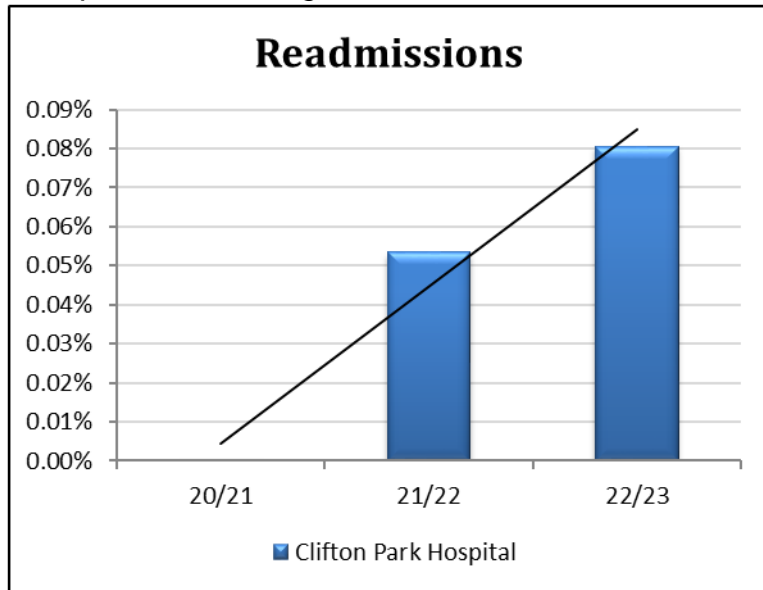
Clifton Park hospital has taken the following actions to improve this score and so the quality of its services, by implementing an enhanced recovery program and ensuring all patients are given full details of expected patient pathway prior to surgery.

Readmissions within 28 days

Readmissions:	Period	Best	Worst	Average	Period	Clifton Park
	18/19	N/A	N/A	Eng 14.3	21/22	NVC28 0.00
	19/20	N/A	N/A	Eng 13.7	22/23	NVC28 0.00

This data is no longer reported, therefore no data published after 19/20.

Rate per 100 discharges:

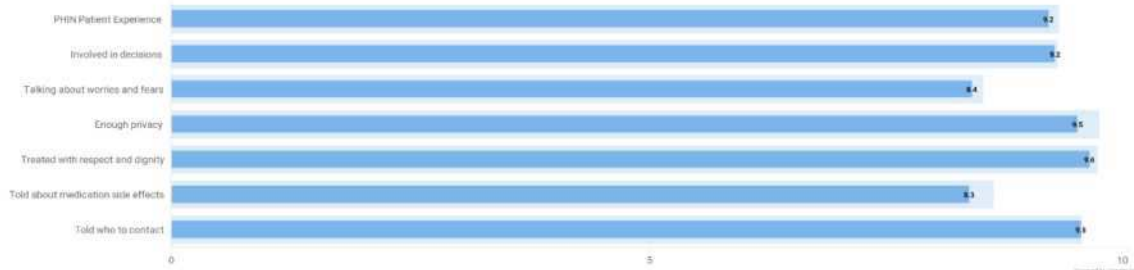


PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of PHIN Patient Experience performance

Date Range: 01/04/2022-31/03/2023

Filter set one: Hospital: Clifton Park Hospital



**PHIN PATIENT EXPERIENCE** ⓘ

92.8%

Ramsay UK Average

91.7%

Filter set one

HOSPITAL RANKINGS  
PHIN Patient Experience

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Clifton Park	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC28	91.8%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC28	99.4%

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

## C difficile infection

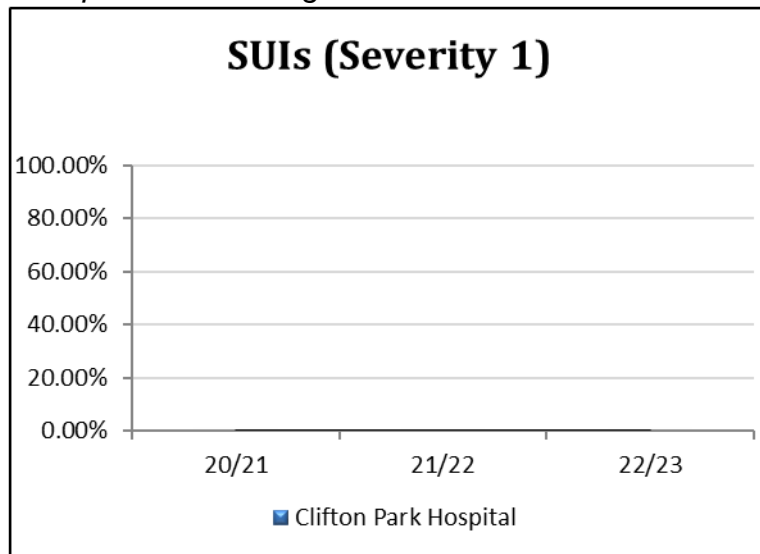
C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Clifton Park	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC28	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC28	0.0

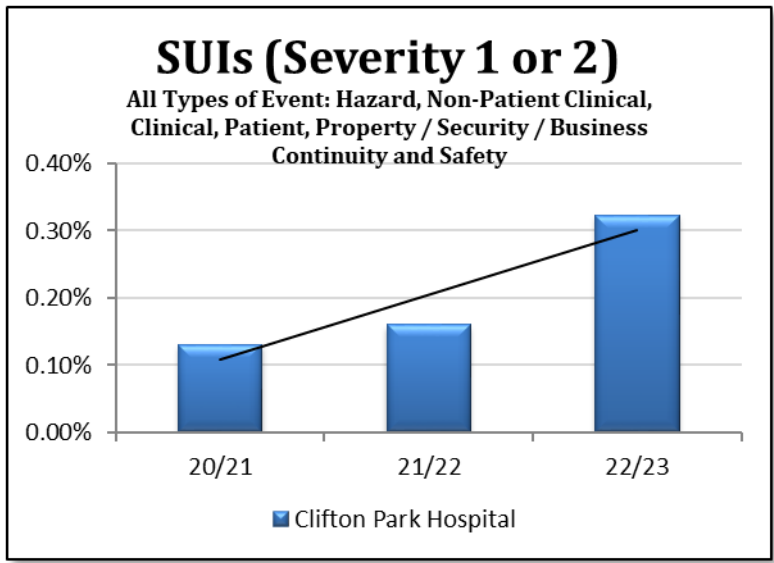
The Clifton Park hospital considers that this data is as described for the following reasons. Nil to actions as no cases recorded.

## Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Clifton Park	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC28	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC28	0.00

Rate per 100 discharges:





**Friends and Family Test**

F&F Test:	Period	Best		Worst		Average		Period	Clifton Park	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC28	100.0%
Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC28	100.0%	

The Clifton Park hospital considers that this data is as described for the following reasons – No actions to report as 100% compliance.

**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

Clifton Park 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.

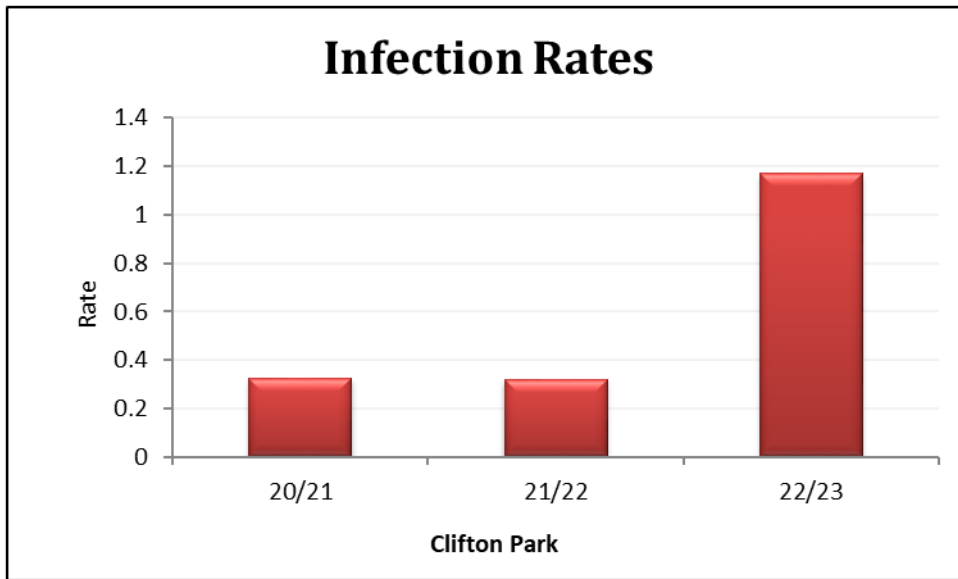
#### Programmes and activities within our hospital include:

Area	Objectives	Actions	Status
<b>Surveillance</b>	To reduce surgical site infection.	<p>Submit rolling data to PHE SSISS.</p> <p>PHE training for IPC lead</p> <p>SSI training for RGNs (signs and symptoms of SSI-definition).</p> <p>All positive Microbiology results are reviewed by microbiologist and IPC lead to confirm SSI type.</p> <p>All SSI captured and reported on Riskman.</p> <p>RCA for SSI to be reviewed by Matron and IPC Committee.</p> <p>Gap analysis of Policy and compliance to 'IPC 14 Healthcare Acquired Infections (HCAI) Surveillance'.</p>	<i>RCA completion. Trends and themes actioned.</i>

<b>Education and Training</b>	To ensure all staff are up to date with IPC Mandatory training and ensure all IPC Leads are trained and competent in role	<p><i>Accurate training records to show all staff have had IPC training.</i></p> <p><i>IPC Lead who is adequately resourced and trained annual hand hygiene assessments.</i></p> <p><i>Attendance at study days.</i></p> <p><i>Training sourced and attendance records maintained evidence of content of training and competency.</i></p>	On-going
<b>Audit</b>	Maintain IPC policy standards on group audit programme.	Ensure audits are performed as per the Ramsay audit programme. Any clinical areas achieving <95% compliance produce a remedial action plan. Ensure all audits are performed objectively. Any audit scores <95% actions to be discussed at IPC Committee and departmental meetings.	<p><i>Completed Audits.</i></p> <p><i>SMART Action plans in place.</i></p> <p><i>Improvement in scores.</i></p> <p><i>Audit scores &gt;95%.</i></p> <p><i>Departmental and IPC Committee Minutes.</i></p>
<b>Cleaning</b>	Provide and maintain a clean environment that facilitates the prevention and control of infections.	<p>Standardised cleaning schedule template in each area which will be localized departmentally to determine:</p> <ul style="list-style-type: none"> <li>• The functional area.</li> <li>• Elements requiring cleaning.</li> <li>• Frequency.</li> <li>• Lead.</li> <li>• Standard and method.</li> </ul> <p>Agreed Housekeeping SLA in place for all departments within the hospital</p>	SLA agreed and completed Standardised cleaning in line with NHS cleaning standards on Ramsay agenda 2021-22
<b>Antimicrobial Stewardship</b>	To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing	<p>Implement NICE guideline [NG15] Published date: August 2015 'Antimicrobial Stewardship: Systems and Processes for Effective Antimicrobial Medicine Use'.</p> <p>NICE IPC Quality Standard 61 – April 2014 (Compliance) Standard 1.</p> <p>Display Antibiotic Guardian Posters and Posters to promote non use of antibiotics.</p> <p>Antimicrobial usage data – discuss at IPC Committee (Consultant use and trends).</p> <p>Use 'Start Smart - Then Focus'</p>	<p><i>Full compliance to guidelines with evidence.</i></p> <p><i>Posters in key Clinical areas.</i></p> <p><i>Audit of antibiotic use in-patient and out-patient.</i></p> <p><i>Audit findings and actions.</i></p> <p><i>Appropriate prescribing to treat infection.</i></p>

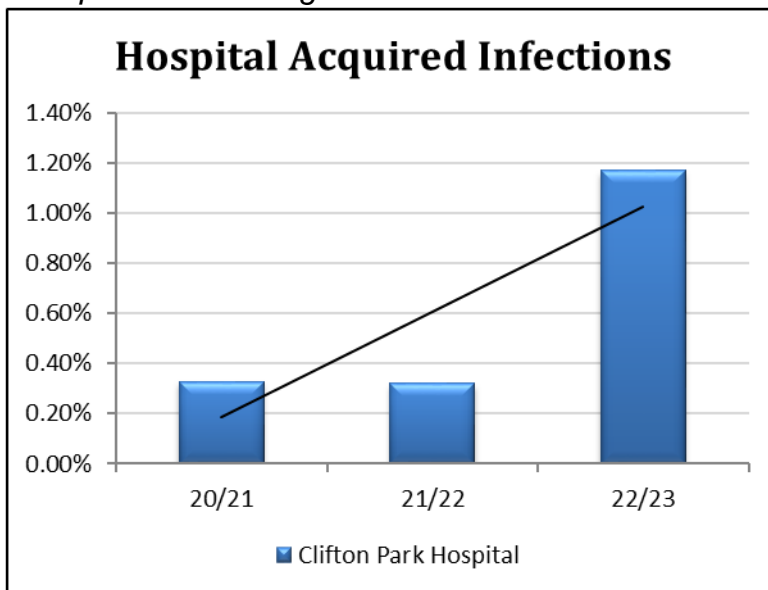


		<p>Antimicrobial Stewardship Toolkit to audit practices.  <a href="https://www.gov.uk/.../antimicrobial-stewardship-start-smart-then-focus">https://www.gov.uk/.../antimicrobial-stewardship-start-smart-then-focus</a></p> <p>Antimicrobial ward round by pharmacist - all patients prescribed antibiotics to be reviewed by pharmacist to check duration, reason for prescribing recorded and sensitivities.          Audit to determine prophylaxis antibiotic use against York NHS Formulary and National Guidance.          Engage local teams to improve local empowerment to challenge antibiotic prescribing practice.</p>	<p><i>Awareness of antibiotic resistance Audit</i></p> <p><i>Appropriate surgical prophylaxis in line with guidelines.</i></p>
<b>Policy</b>	<p>Ongoing 3 yearly review of all relevant policies</p> <p>Review IPC related national guidelines</p>	<p>Undertake a 'Gap' analysis of all <b>IPC Policies</b> and where there are Gaps in practice, training, processes identified and a local action plan developed for implementation through IPC monthly meeting and IPC Committee.          Sop in place for skin preparation NICE NG125.</p>	<p><i>Gap Analysis document.</i>  <i>Actions from Gaps identified (Action Plan).</i>  <i>Improvements through action completion.</i></p>
<b>Assurance and Local Effectiveness</b>	<p>To provide assurance that IPC Strategy is compliant with Health and Social Care Act 2008 (2015) and actively minimise risk of infection</p>	<p>Completion of local action plans          Discuss annual action plan at quarterly Infection prevention committee meetings.</p>	<p>On-going</p>



As can be seen in the above/ below graphs our infection control rate has increased over the last year due to further improvements to surveillance processes. No specific trends were identified and all infections were discussed at quarterly IPC committee meetings and Clinical Governance Committee meetings.

*Rate per 100 discharges:*



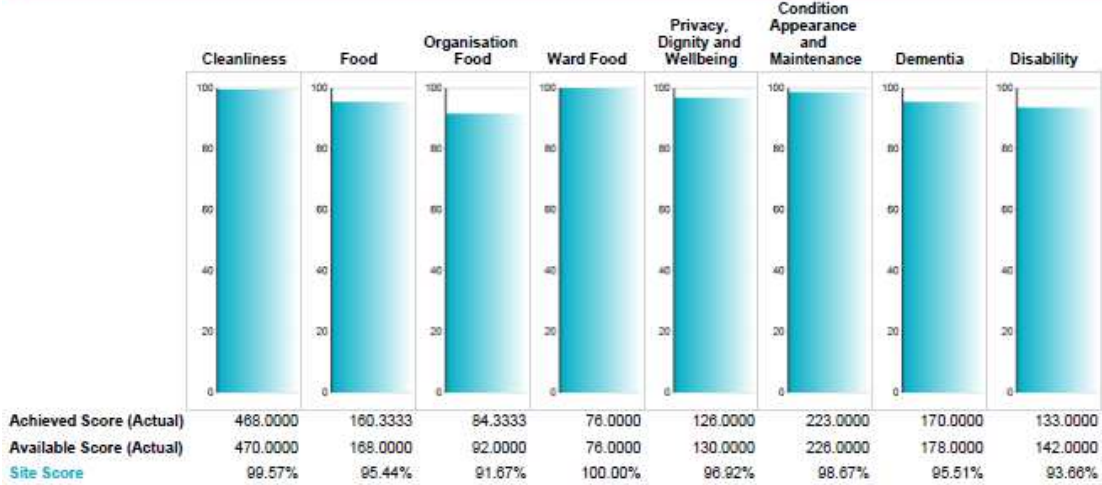
### 3.2.2 Cleanliness and hospital hygiene

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

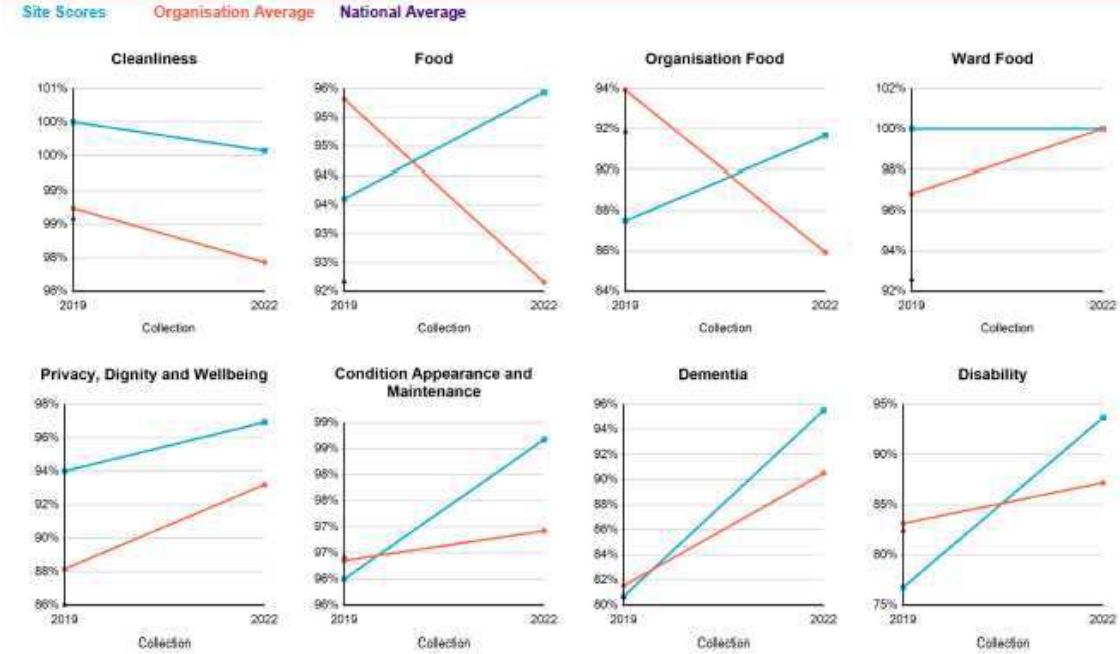
PLACE assessments occur annually at Clifton Park Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

**CLIFTON PARK TREATMENT CENTRE- Collection: 2022**



**CLIFTON PARK TREATMENT CENTRE**

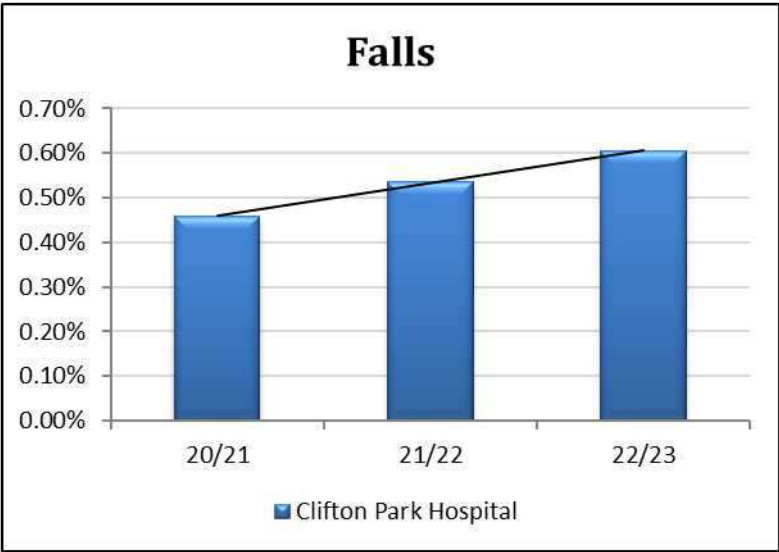


### 3.2.3 Safety in the workplace

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 Hospital Director which ensures we keep up to date with all safety issues.

The hospital has a Health and Safety Committee, which meets every two months. The membership of the Health and Safety Committee was reviewed during 2022/23 and now has staff representatives from each department, which has helped to further embed the health and safety culture within the hospital (this was previously attended by heads of department). A Health and Safety audit and Health and Safety Report are completed annually for Clifton Park Hospital and are both discussed at the Health and Safety Committee along with any required action plans. Training undertaken at Clifton Park 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. COSHH and risk assessment training has also been provided by visiting corporate health and safety representative, this ensures that Clifton Park Hospital is compliant with Health and Safety Standards. Standard Operating Policies (SOP) have been developed regarding health and safety to meet requirements of the hospital.



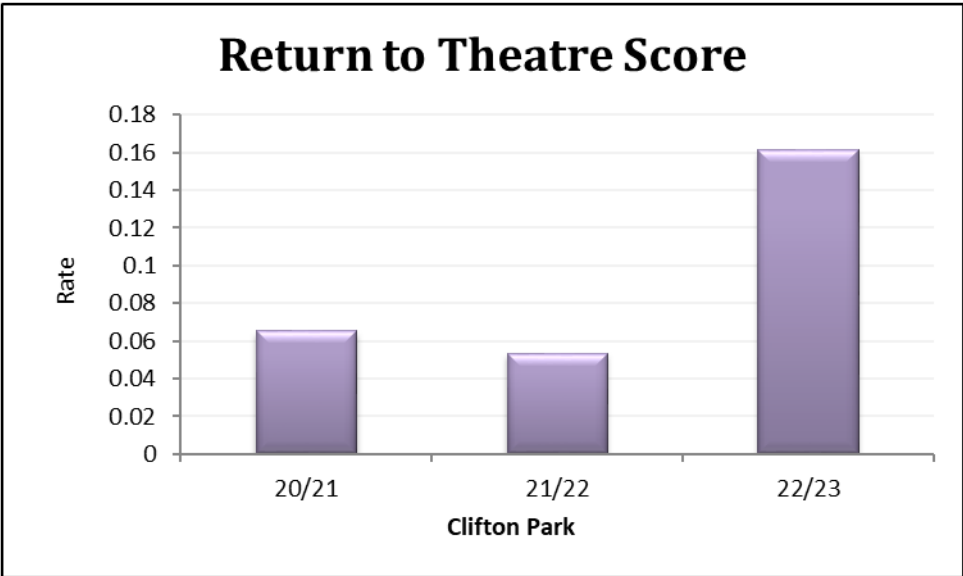
As illustrated in the graph above, there has been an increase in the number of reported falls in the period 2021/22. A tend analysis has been undertaken and 50% of the total were vaso-vagal episodes and not falls. Each incident has been reviewed at the bi-monthly Clinical Governance meetings and compliance to risk assessment 100%. No significant injuries recorded.

### 3.3 Clinical effectiveness

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

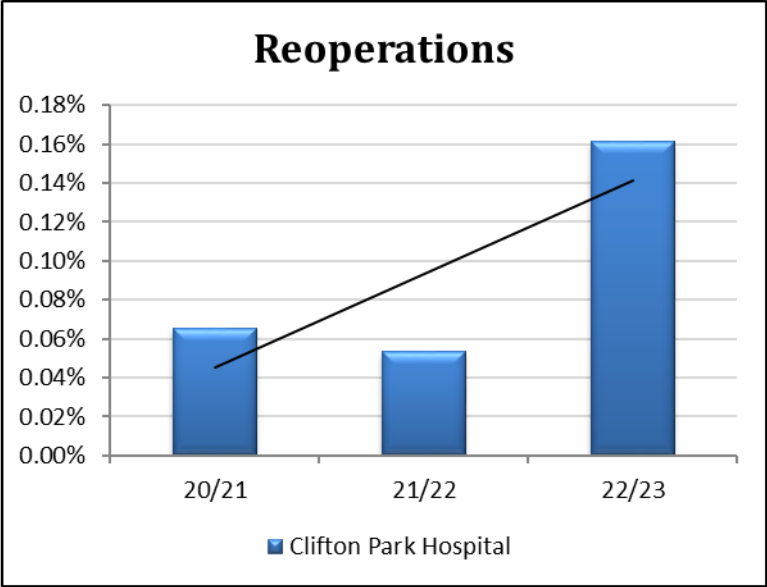
#### 3.3.1 Return to theatre

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

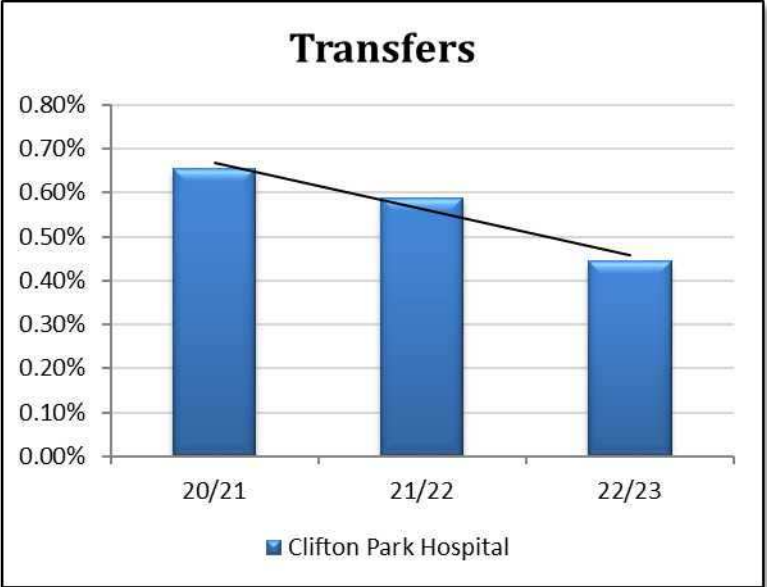


As can be seen in the above graph our returns to theatre rate has increased over the last year. All returns to theatre are investigated and discussed at Clinical Governance meeting and no trends identified.

Rate per 100 discharges:



Rate per 100 discharges:



### 3.3.2 Learning from Deaths

In the reporting period there were no deaths recorded.

### 3.3.3 Staff Who Speak up

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

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

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

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

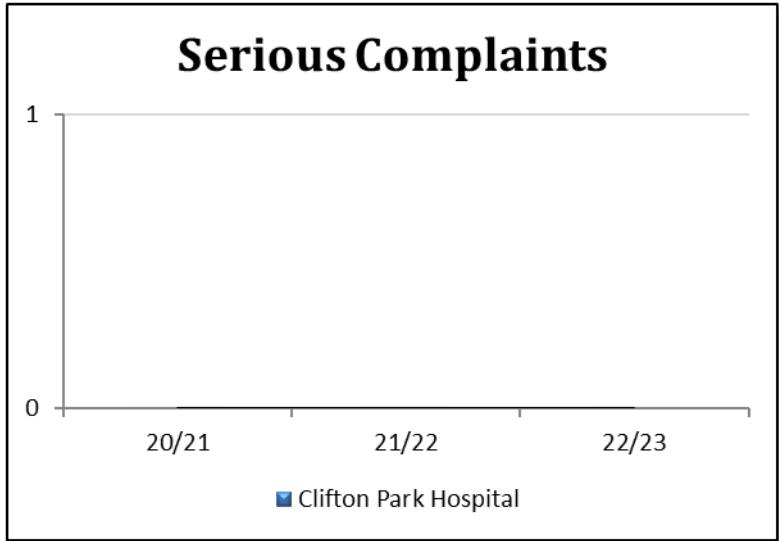
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Clifton Park Hospital and within Ramsay Health Care.

### 3.4 Patient experience

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

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

All negative feedback or suggestions for improvement are also 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.

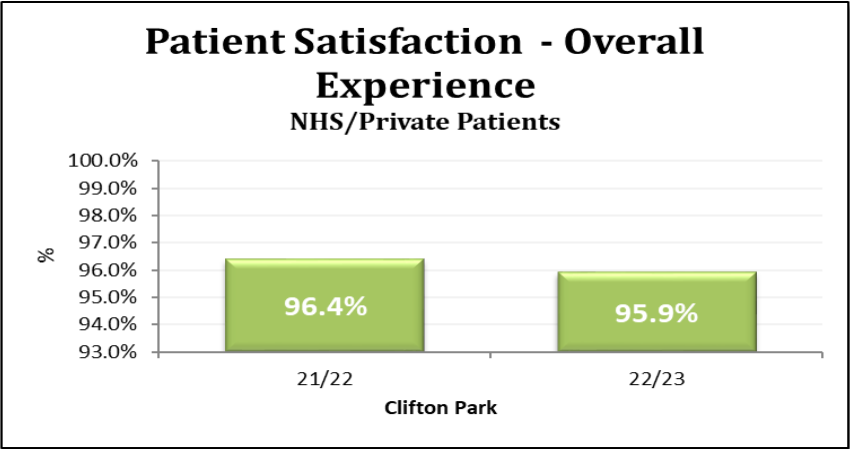
Feedback regarding the patient’s experience is encouraged in various ways via:

- 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, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

### 3.4.1 Patient Satisfaction Surveys

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

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



We are pleased that our average satisfaction score remains high in 2022/23 despite a small fall in percentage scores from the previous year. This is a continued area

of focus and we will 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. Patient expectations of care and attitudes greatly contribute to satisfaction and ultimately influencing patient satisfaction scores. All staff are kept informed about what our patients say with regard to their care experience, this highlights to staff what our patients feel is important to them. All methods of patient feedback are discussed in quarterly Customer Focus Group with actions identified to improve the patient experience where possible.

## Appendix 1

# Services covered by this quality account

### Regulated Activities – Clifton Park Hospital Ltd

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder  Or injury	Orthopaedic, Physiotherapy. Cosmetic/Plastic surgery, Oral & Maxillo facial, Urology, Pain Management, Vascular surgery & General surgery	All adults 18 yrs and over
Surgical Procedures	Ambulatory, Day and, Inpatient Surgery  Orthopaedic surgery, , Cosmetics, General Surgery (hernia repairs) Oral and Maxillo facial, Pain Management Urology, Vascular	All adults  Excluding:- <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services, static MRI, On site plain x-ray, Phlebotomy POCT, Ultrasound Mobile, Urinary Screening and mobile CT Specimen collection.	All adults 18 yrs and over

Appendix 2 – Clinical Audit Programme 2022/23. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme 2022/23  
Schedule & QR Code Allocation v1

Audit	QR Code Allocation	Department Allocation / Ownership	Frequency (subject to review)	Deadline for Completion
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	July, October, January, April	By month end
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Surgical Site Infection (One Together)	Theatres	Theatres (IPC)	October, April	By month end
IPC Governance and Assurance	Whole Hospital, RDUK	IPC, RDUK	July, January	By month end
IPC Environmental infrastructure	Whole Hospital, RDUK	IPC, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August February (as required)	By month end
Sharps	Whole Hospital	IPC	August, December, April	By month end
High Risk PPE	Whole Hospital	IPC	August, February	By month end
Standard PPE	Whole Hospital	IPC	July, January	By month end

Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
Central Venous Catheter Care Bundle	Oncology	Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Theatres, Ambulatory Care, Paediatric, Oncology	Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Surgical Site Infection	Theatres	IPC	October, April	By month end
Urinary Catheterisation Bundle	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
Isolation	Whole Hospital	IPC	October	By month end
Patient Journey: Safe Transfer of the Patient	Ward	Ward	July/August, January/February	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September, February/March	End of September End of March
Patient Journey: Recovery Observation	Theatres	Theatres	September/October, March/April	End of October End of April
NatSSIP <sub>2</sub> LSO	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
NatSSIP <sub>2</sub> Safety Brief	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March

NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
NatSSIPs Stop Before You Block	Theatres	Theatres	November/December, May/June	End of December End of June
NatSSIPs Prosthesis	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
NatSSIPs IOLs	Theatres	Theatres	July January/February	End of July End of February
NatSSIPs Swab Count	Theatres	Theatres	July/August, February/March	End of August End of March
NatSSIPs Instruments	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April	End of September End of April
NatSSIPs Histology	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May	End of October End of May
Blood Transfusion Compliance	Whole Hospital	Blood Transfusion	July/September	End of October
Blood Transfusion – Autologous	Whole Hospital	Blood Transfusion	July/September	End of October
Blood Transfusion - Cold Chain	Whole Hospital	Blood Transfusion	As required	NA
Walkabout	Whole Hospital	SLT / HoCS	As required	NA
Staff Questions	Whole Hospital	SLT / HoCS	As required	NA
Complaints	Whole Hospital	SLT	November	By month end
Duty of Candour	Whole Hospital	SLT	January	By month end

Practicing Privileges - Non-consultant	Whole Hospital	HoCS	October	By month end
Practicing Privileges - Consultants	Whole Hospital	HoCS	July, January	By month end
Practicing Privileges - Doctors in Training	Whole Hospital	HoCS	July, January (as applicable)	NA
Observation Audits - Physio	Physio	Physio	July/August January/February (as required)	End of August NA
Observation Audits - Ward	Ward	Ward	August/September March/April (as required)	End of September NA
Observation Audits - OPD	Outpatients	Outpatients	July/August January/February (as required)	End of August NA
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Medical Records	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	July/September January/March (as required)	End of December NA
Medical Records - Cosmetic Surgery	Whole Hospital	Outpatients	July/September January/March (as required)	End of December NA
Medical Records - Bariatric Services	Whole Hospital	Bariatric Services	July/September January/March (as required)	End of December NA
Medical Records - Paediatrics	Paediatrics	Paediatrics	August February	End of September End of March

Medical Records - NEWS2	Whole Hospital	Ward, Ambulatory Care, Theatres	October, February, June	By month end
Medical Records - VTE	Whole Hospital	Ward, Ambulatory Care, Theatres	July, November, March	By month end
Medical Records - Patient Consent	Whole Hospital	HoCS	March September	End of April End of October
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	By month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	By month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	By month end
No Report Required	Radiology	Radiology	August, February	By month end
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	By month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	By month end
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	By month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	By month end
RDUK - PVCCB	RDUK	RDUK	July, January	By month end
RDUK - Walkabout	RDUK	RDUK	October	By month end
RDUK - Staff Questions	RDUK	RDUK	October	By month end

Paediatric Services	Paediatric	Paediatric	July, January	By month end
Paediatric Outpatients	Paediatric	Paediatric	September	By month end
Paediatric Radiology	Paediatric	Paediatric	October	By month end
Safe & Secure	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	Pharmacy	August, February	By month end
Prescribing	Pharmacy	Pharmacy	September, March	By month end
Medicines Reconciliation	Pharmacy	Pharmacy	September, March	By month end
Controlled Drugs	Pharmacy, RDUK	Pharmacy	July, October, January, April	By month end
Governance - Pharmacy	Whole Hospital, RDUK	Pharmacy	July	End of July
SACT	Pharmacy	Pharmacy	January/February	End of February
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December	End of January
Operational - Safeguarding	Whole Hospital	SLT / HoCS	July	End of August
Decontamination - Sterile Services	Decontamination	Decontamination (Corporate)	June	NA
Decontamination - Endoscopy	Decontamination	Decontamination (Corporate)	June	NA

## Appendix 3

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LIN	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC28	Code for Clifton Park Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism



# Clifton Park Hospital

## Ramsay Health Care UK

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

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

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