

Cobalt Hospital

Quality Account 2023/24



Ramsay
Health Care

Confidential Patient Information

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Welcome to Ramsay Health Care UK

Cobalt Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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

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



Nick Costa
Chief Executive Officer

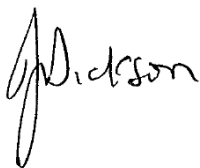
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Cobalt 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 Manager

Mr Christopher Dean, Hospital Manager

Cobalt Hospital

I am pleased to present our Quality Account for 2023/24, which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and presents our priorities for 2023/24.

Our focus has been on continuing our work as an efficient and effective daycase facility, working closely with our NHS Trusts to support with the challenging long waiting lists that the NHS face. We have maintained our commitment to focus on quality, continuous improvement and positive patient experience to ensure we continue to deliver excellent outpatient and day-case services to our patients.

2023/24 has continued to see growth in GP referrals to all our services, and consistently high patient satisfaction levels and 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'. We have focussed on our recruitment and increased our staffing levels to support the increased referrals seen over the last year.

Key achievements during 2023/24 include:

- Achieve a Good rating from the CQC following a visit in January 2024.
- All patient feedback mechanisms continue to show consistently high satisfaction rates of over 97% for satisfaction and recommendation.
- Low incident rates and low number of patient complaints.
- The continued development and enhancement of our safety agenda with the embedding of the Ramsay Health Care UK 'Speak Up For Safety' campaign, and the nomination of more members of the team to champion this.
- Maintaining ISO 27001 accreditation for information security.

- Achieved our re-accreditation from JAG (Joint Advisory Group) for Endoscopy services.
- Establishing hospital 'champions' for dementia, mental health and wellbeing, privacy and dignity and health promotion. In addition, we have a Mental Health in the Workplace Champion' who along with 5 other members of staff have completed 'Mental Health in the Workplace Training'. We also have two Mental Health First Aiders, one Domestic Violence Champion and seven Health Advocates
- Continued compliance with Ramsay Health Care UK internal audit programme, which provides internal quality assurance for the services we provide.
- Development of a 3-year hospital strategy which includes a 3-year clinical strategy (2023/2026)
- Implementation of Digital Dictation which has improved our data security for clinician's dictations.
- Registered with the North East 'Better Health at Work Award' achieving the Gold Level Award in 2023/24.
- Roll out of our new incident reporting system, RADAR, replacing the Riskman system used previously.

Our priorities for 2024/25, 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 focus on compliance with our internal clinical audit programme through "Tendable", a real time audit programme. 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 are expanding to provide a wider input from our consultant colleagues

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.

Mr Christopher Dean

Hospital Manager

Cobalt Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Peter Hodgkinson – Medical Advisory Committee Chair

Jonathan Powell - Clinical Governance Committee Chair

Richard Scott Director of Nursing (North) NENC ICB

Health Overview and Scrutiny Committee

Welcome to Cobalt Hospital

Cobalt Hospital was built in 2005. The hospital is a single level building and is a modern, purpose-built unit designed for the diagnosis, assessment and treatment of conditions on a day case basis. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

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 a treatment / procedure room.
- Outpatient physiotherapy service.
- 2 operating theatres (1 dedicated to endoscopy and the other to day case surgical procedures).
- Recovery areas with 2 stage 1 recovery areas for patients having a general anaesthetic and 6 stage 2 recovery bays for ambulatory patients and patients having a local anaesthetic, comprising of 8 recovery areas in total.
- Free on-site parking
- Located within the Cobalt Business Park there is ample free car parking, good public transport links and easy access to main road networks.
- On site Sterile Services Department for the reprocessing of surgical instruments for both Cobalt Hospital and Tees Valley Hospital in Middlesbrough.

NENC Integrated Care Board (ICB) (Newcastle Gateshead) continued to be our lead commissioner of NHS Services for 2023/24, on behalf of neighbouring ICB's, with regular service review meetings held to discuss performance

Patients were referred and travelled from Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside, Gateshead and North Cumbria.

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.

During 2023/24, we delivered 5,355 - day patient procedures at Cobalt Hospital; the focus of the hospital continues to be on delivering NHS activity equating to 91.5% of admissions. Currently 7.2% of admissions are self-pay patients and 1.3% of our admissions are through private medical insurance.

We have maintained and strengthened our relationships with our local NHS Trusts and increased strategic networking with the local NHS Trusts. During the pandemic, in varying degrees, we supported Newcastle Upon Tyne Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Gateshead Health NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust in delivery of both outpatient procedures and day case admissions to assist them in reducing their waiting times. Where possible, we will continue to support our local NHS Trusts moving into 2023/24 as part of their continued recovery plan, in tackling waiting times with activity planned for endoscopy, urology and plastics/ dermatology. We will also continue to strengthen existing links and develop new links with our local Trusts, ICBs and referrers.

Our success is dependent on our staff and 2023/24 has seen an increase in the number of in terms of workforce, there are 63 contracted members of staff employed at Cobalt Hospital comprising of 54% clinical posts (excluding sterile services staff) and 46% supporting staff with a mix of full time and part time positions. With 71% of all patient facing clinical posts held by registered nurses, we have a registered nurse patient ratio of 2:6. As part of our team, we also directly employ 2 consultants (1 Consultant Gastroenterologist and 1 Consultant Anaesthetist) and have a further 28 visiting consultants with full practising privileges. Cobalt Hospital also employs bank staff to provide a greater flexibility in the workforce, which allows us to flexibly use our capacity and ensure our waiting times are kept to a minimum.

The breakdown of skill mix across the hospital is as follows:

- Ward skill mix RN 75%: HCA 25%.
- OPD skill mix RN 80%:HCA 20%
- Theatre skill mix RN/ODP 87.5%: HCA 12.5%.
- Endoscopy skill mix RN 89%: HCA 11%.

In addition, to the services we provide to our patients, Cobalt Hospital is also proud to say that we are involved in the local community and in national charities. In 2023/24, we sponsored the following local charities through fund-raising events and donations:

- Alzheimer Awareness
- MacMillan Cancer Support.
- “ My Autistic Wonderland Charity”
- St Oswald’s Hospice
- Cleft Lip and Palate Association (CLAPA) where we sponsored a Plastic Surgeon’s to undertake charity work as well as undertaking fundraising activities.
- Giving back days – supporting the community, blood pressure taking and advice for North Tyneside Council staff.

We will continue to support some of these charities during 2024/25 with activities being managed and monitored through the hospitals Employee Engagement and Innovation Group.

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

On an annual cycle, Cobalt 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 2023/24 (looking back)

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 were 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.

Cobalt Hospital - Clinical Strategy 2023 – 2026

Our Clinical Vision

To provide assurance for staff, the public and partners on the direction and key priorities for Cobalt Hospital focusing on the growth of safe and sustainable day case services whilst delivering excellence in patient experience and health outcomes.

Our Priorities

Patients We will value each person as an individual and treat them with dignity and respect

People We will have skilled staff working as one team and recognise we all add value

Partnerships We will invest in integrated and collaborative working relationships to offer high quality accessible health care

Performance We will take responsibility to deliver safe high quality care through a robust governance framework

Our Enablers



Patients

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

Review of patient satisfaction surveys and friends and family results has been disseminated to all staff and discussed at the Customer Focus meeting, thus providing an arena to discuss and identify those areas where corrective action is to be undertaken resulting in a reduction of complaints and to maintain or improve the satisfaction levels of patients and Consultants. We have also enabled staff to have a greater understanding of patient expectations and respond accordingly. In conjunction with this, we have been able to empower and support people to take control of their own health and wellbeing.

We have increased staff awareness of the importance of the employee/patient relationship and provided all staff on a monthly basis with a breakdown of the patient satisfaction report to acknowledge their input and influence on the results.

Cemplicity

We have thoroughly reviewed each quarterly 'Insights' focused report when they are published and circulated. Action plans have been put in place from the recommendations in the report and learnings from our high performing sites; evidence of this has been demonstrated in improvement in our patient feedback scores. As email is the method of communication with patients for our Cemplicity responses, we will aim to increase our response rate by ensuring we capture every patient email, our capture rate at present is for 2022/23 was 74.5%. We have increased our capture rate by 2.2% to achieve a capture rate of 76.7% this demonstrates an improvement and something we will hope to continue to improve on in 2024/25. We now have in place a designated information display board for patients in the hospital reception area with a "you said, we did" section to demonstrate to patients that their feedback is listened to and actioned.

Friends and Family

Month on month we have maintained a constant 99%-100% patient satisfaction in the Friends and Family Test with an average response rate of 42% for day patients and 10% for out patients. Since the continued use of virtual clinics the outpatient activity has reduced, which has affected the response rate in this area. This will be a focus of

the improvements to be made in 2024/25. We achieved this satisfaction score by listening to our patients, keeping them updated and responding to their needs. An example of patient satisfaction for 2023/24 was reflected in the number of patient complaints, we received 2 patient complaints during this time and both were addressed at level 1.

NHS Choices

Our NHS choices star rating has fluctuated from 4-5 stars, all posted reviews were answered. We welcome all patient feedback and an opportunity is offered to speak further about the patient experience.

We have continued to have a multi-disciplinary weekly capacity meeting to discuss all theatre activity and review surgery schedules, as part of this meeting patient requirements are also discussed. The meeting is attended by the pre assessment team who provide valuable information on individual patient needs. We have seen a decrease in cancellations on the day and DNA rates partly due to our 72hrs pre admission patient call, this gives the opportunity for the patient to ask any questions.

National and Local initiatives

Part of the Ramsay UK clinical strategy was to review the patient pre-operative assessment process, this was commenced and continues to be developed. At Cobalt Hospital we reviewed/adapted all our processes and made changes to align to policy and improved the patient pathway by reducing the need for patients to have multiple hospital attendances.

Patient Participation Forum

One objective not achieved in the time scale was to introduce a patient participation forum, this was mainly due to time constraints of hospital staff and little interest shown from our patients when asked if they would like to participate. This is something we would like to provide for our patients, so will remain a focus going forward.

Patient Safety

We have achieved all the objectives set for 2023/24 in relation to patient safety

Audit

One of our key priorities was to ensure we continuously improve our approach to ensure safer surgery. Surgical safety compliance observational audits were undertaken by internal and external staff, compliance was recognised as being very good with no recommendations. This was reported on at the Quarterly Clinical

Governance Committee meeting. With a drive to implement the Patient Safety Incident Review Framework (PSIRF) 100% of staff have undertaken the recommended level(s) of E-Learning. Presentations have been delivered at the bi monthly staff forums. To date we have not reported any never events or SUI's however, but the training has raised awareness and resulted in appropriate incidents and near misses being reported, as an indicator of safety awareness. As part of the daily safety and communication huddle any incidents and learnings from the previous day are highlighted and discussed, the huddle attendees then share with their departments.

Staff education

All staff have had access to the consultant education events, emails of the events were sent to the staff, if relevant then staff have the opportunity to attend. This increases the staff knowledge base of a given speciality and consultant practice and in turn influences the care and information that the clinical staff can share with patients. Where possible we seek to have an external speaker present at the staff forums, one such presentation was on Alzheimer Awareness and the research being undertaken to understand more fully the nature of the condition. We increased the number of registered clinical staff who have Advanced Life Support from 2 to 5 with the aim to increase this further. As her role as the autism champion the ward/OPD team lead was supported to undertake the British Sign Language course and has achieved level 2.

Speak up for Safety

We currently have one staff member trained to deliver Speak Up For Safety. This forms part of the agenda at all staff induction days followed by a designated session on the mandatory training day, 98% of staff have attended this training. The aim moving forward is to continue with the Promoting Professional Accountability (PPA) training, once training is available. Ramsay Health Care UK is continuing with it's Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America'

Speak Up for Safety forms part of the daily safety and communication huddle with a reflection of the previous day.

Implementation of Radar

Radar, the new incident reporting system went live in the autumn of 2023, numerous training sessions were made available to all staff as well as email communications and alerts. All clinical staff at Cobalt are proficient and confident with the new system this was acknowledged in the latest CQC inspection in January 2024 from

observation and talking to staff. All patient Radar incidents are discussed as part of the daily safety and communication huddle with a reflection of the previous day.

People

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

Equipment

We have reviewed the staff satisfaction report and addressed the staff comments regarding having the correct equipment to undertake their role. The hospital has replaced the washers and autoclaves for the Sterile Services Department to improve efficiencies within the processing of surgical instruments. Within endoscopy a new endoscopy stack with clearer images has been installed and a scope guide purchased as a request from the endoscopy consultants. New surgical instruments have been purchased at the request of the staff and surgeons.

Staff rosters

All staff now have sight of their work roster for up to 6 weeks ahead, this has been a major breakthrough for the staff. Team leaders have had any additional training on allocate, (the rostering system) and are using the system efficiently.

Training and development

We have encouraged all staff to undertake additional training and development opportunities, the Ramsay academy is available for all staff to review and identifies any training that might be of interest to them and their role. Staff can enrol on the sessions extra to the e-learning programme. Regular emails were sent to staff when a new opportunity arises outside of the regular programme of events and also displayed on the HR notice board.

Talent management

With a focus on succession planning we have internally promoted staff in different departments within the hospital from theatre – theatre team lead to procurement – stores supervisor. We have a continued commitment to ensure all staff have an up to

date yearly appraisal with SMART objectives, designed to enable the staff to be the best they can and progress.

Improve health and wellbeing

Cobalt has been part of the Better Health at Work Award since 2018, during this time we have achieved Bronze, Silver and Gold award and are currently progressing through the Continuing Excellence award. As part of the criteria and campaigns undertaken to support staff wellbeing; a wellbeing strategy has been developed with an annual action plan. Supporting staff to improve their health and wellbeing is evidenced with reduction in staff sickness, retention and engagement, all of which we have seen at Cobalt, which in turn has a direct impact on commitment to provide excellent patient care. A staff discharge board has been placed at the staff entrance to encourage staff to de brief every day and write comments if they wish, this is actively used by staff.

Professional Nurse Advocate

We have not been able to achieve this objective. We identified a member of staff to undertake this role but unfortunately the training for this has been difficult to source. We will continue to pursue the training going forward.

Partnerships/systems

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

During 2023/24 we have successfully engaged with the local ICB's and Trusts to gain their trust and assurance that we can deliver safe effective care for their patients. We negotiated effective pathways of care for their patients through discussion and understanding of our inclusion and exclusion criteria and continue to have patients referred to Cobalt. A quarterly quality report has been produced and sent to the ICB for review, ahead of the quarterly quality meeting. There have not been any actions from the meetings. Although secondary care attendances and admissions have been low, from data supplied this has shown to be reduced. Implementation of the new pre assessment framework and patient optimisation may have accounted for this.

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and

advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

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.

PROMS

During 2023/24 we increased our data collection for both Carpal tunnel and Mammoplasty, although greater improvements can be made with regard to Carpal Tunnel. The introduction of digital PROMS for carpal tunnel has supported this, QR codes are displayed in the admission and discharge bays, and any patient attending a face-to-face pre assessment for such procedures is also informed of the PROMS at this time. We have successfully maintained our data collection for mammoplasty, and are now recording the data on the Outcome Registry Platform with a view to include carpal tunnel onto this platform once it becomes available.

Clinical audit

Cobalt has completed a total of 130 audits = 88% from 1st April 2023-31st March 2024 with 86.92% of audits with a score of 90% or above. Action plans were created for all audits with a score of 90% or less. We did not achieve the completion of 100% of all applicable audits mainly due to the need for more staff to be signed off to undertake audit and the retirement of the audit champion, which has impacted on prompting the staff to complete or to close audits. This will be a continued focus going forward. A local audit was undertaken of the efficiency of the patient 24hr out of hours help line. 62 calls were received for the rolling year. The main patient concerns were; pain and discomfort and wound and dressing issues. The statistics of patient outcomes were 46% of patients were provided with verbal advice, the consultant was contacted for 30% of patients and 21% of patients were advised to attend the hospital.

Pre-assessment process

The Pre-Operative Assessment is a key component to the patient's pathway to confirm that our patients are fit to proceed with a surgical intervention but, importantly, to also engage with individuals to ensure they feel supported, informed and cared for in each step of their pathway. A full review of Cobalt Hospital's pre assessment process has been undertaken in line with the newly developed Ramsay Operational Excellence Pre Assessment Framework. The framework was developed

from a patient electronic record perspective in order that all Ramsay site would be able to use the framework. The changes made so far have been to identify the roles and responsibilities of staff from administrative to nursing and anaesthetics.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

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. Cobalt 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.

Patient satisfaction is a key determinant of the quality of patients care and experience. We are dedicated to providing patients with the opportunity to feedback and this real customer experience and patient feedback is multifaceted and is a very challenging outcome to define. By listening to the thoughts and views of our patients and service users, treating our patients with compassion, dignity and respect, has resulted in a positive effect on recovery and clinical outcomes. We will review monthly the expected capture data for PROMS against the actual capture data to gain an understanding of where improvements can be made. Patient expectations of care and attitudes greatly contribute to satisfaction and ultimately influencing patient satisfaction scores.

We will make greater use of the Cemplicity Dashboard to further use and analyse our data and to better understand the patient experience within our hospital and identify where improvements can be made. This will be discussed in detail at the monthly Senior Leadership and Head of Department meeting as a key driver analysis to improve our statistics with regard to patient experience.

In order to ensure we look at the environment from the patients eyes we will undertake observational audits during 2024/25. This will be achieved with cross departmental environment observations. The member of staff who is undertaking the audit will report back to the team leader for each department with their findings and an action plan will be completed for each audit. Once this becomes established we

aim to ask the patients to complete an observational audit, this will support the national PLACE audit. This feedback allows us to continually improve the services we deliver by helping us to learn how we can do better.

Objectives

- Maintain the response rate for day care admissions and Increase the response rate for out-patients Friends and Family Test
- Introduce a patient participation forum
- Increase the response rate for Carpal Tunnel PROMS
- Increase our capture rate for patient email to improve the Net Promoter Score for Cemplicity
- Review and improve our patient experience

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.

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 '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 are committed to further develop the training for staff and we will ensure we have a hospital representative.

Moving away from a traditional root cause analysis approach to patient incident investigations Ramsay have transitioned to the Patient Safety Incident Response Framework (PSIRF). We have committed to improve patient safety through the Patient Safety Incident Response Framework, supporting a systematic,

compassionate and proficient response to patient safety incidents, ensuring the principles of openness, learning and continuous improvement. Cobalt hospital will comply with policy to transfer the emphasis from the quantity to the quality of patient safety incidents such that it increases our stakeholders' (notably patients, families, carers and staff) confidence in the improvement of patient safety through learning from incidents.

The incident reporting platform Radar is widely used by all the clinical staff, it is important to improve the staff's understanding of quality to be aware that incident data from Radar forms part of the Clinical Data Quality Pack, Senior Leadership Dashboards and PHIN reporting. Occasionally there is a delay in reporting incidents which is mainly due to manager annual leave and the task not being reassigned. A helpful hints for Radar will be circulated to all clinical leaders and extra training sessions will be provided.

Objectives

- Embed speak up For Safety Phase 2 – Promoting Professional Accountability
- Review all patient safety incidents and implement the appropriate response
- Improve the use of Radar across all departments

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 2024/25 to help understand and create an inclusive, compassionate and high performing culture where staff can thrive and be their best; an annual staff survey, PDR compliance and opportunities for increased communication.

Cobalt hospital commenced the Better Health At work Award (BHAWA) in 2020 and has achieved to date the Gold award, focusing on the next award, Continuing Excellence in 2024. The Better Health at Work Award supports and recognises the efforts of employers addressing health and wellbeing in the workplace. To promote a healthy workplace which in turn has considerable benefits for employers and can lead to decreased absenteeism, increased productivity and improved performance. Focus in 2024/25 will be to concentrate on achieving our goals. To empower all staff

at Cobalt Hospital to enable the right environment and behaviours so that individual and organisational wellbeing is embedded in everything we do. Creating a healthy, content, resilient and productive workforce who are able to work to the best of their ability.

SPIRITUAL

Provide an environment to care and act for the welfare of others and the environment by supporting values and purpose

SOCIAL

Build healthy, collaborative, nurturing and supportive relationships with each other

EMOTIONAL

Supporting individuals to better manage their psychological wellbeing and develop resilience



PHYSICAL

Create an environment where people feel empowered and are educated about their physical wellbeing

FINANCIAL

Promote employment practices that avoid low pay, insecure contracts unfair pay gaps and ensure job security

INTELLECTUAL

To provide learning and development opportunities to ensure career progression and job satisfaction

Objectives

- Introduce a monthly “lunch with the Senior Leadership Team”
- Improve the health and wellbeing of staff through increased access to support through the Better Health At Work campaigns
- Ensure timely completion of PDR's
- Training and development opportunities about career development is communicated to all staff

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 2024/25, 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 ICB to reduce the care backlogs that remain as a direct consequence of the pandemic. The objectives will remain the same as 2023/24

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.

Following successful Joint Advisory Group on Gastrointestinal Endoscopy (JAG) re accreditation in February 2023 we achieved unconditional accreditation confirming Cobalt Hospital as a level 1 JAG accredited unit. Several areas were highlighted as examples of excellence in the service including, Impressive documentation about the management of services and services provided, Strong leadership and clear vision for the future development of the unit and service, providing a deep sedation service, and exemplary vetting service and pre-assessment processes as well as a extremely well managed decontamination pathway.

In 2024/25 we will continue to maintain standards and further develop the service to maintain the accreditation and fulfil the aim off a complete standalone service for endoscopy, managed by the endoscopy staff from triage, pre assessment and admission with a view to patient discharge by December 2024. Enabling endoscopy patients to have care delivery and expertise from specialist dedicated staff.

In order to improve quality of care through audit cycles a focus will be for each department to complete 100% of their allocated audits. The annual audit programme will be broken down by department and placed in their individual audit folders for ease of access to data. Performance in all clinical audit activity is routinely fed back to the clinical teams as part of the quality governance process to ensure that any shortfalls in performance feed into the improvement priorities and that progress with actions taken to improve are monitored. Compliance to the audit programme will be reviewed/discussed at the monthly SLT/HoDs meeting and the quarterly Clinical Governance Committee meetings.

Objectives

- Successfully implement phase 2 of the pre-assessment process
- Develop local audits
- Progress to a full endoscopy stand-alone service
- Complete 100% of all applicable clinical audits

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2023/24 Cobalt Hospital provided and/or subcontracted five NHS services.

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

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 100% per cent of the total income generated from the provision of NHS services by Cobalt Hospital for 1 April 2023 to 31st March 2024

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

In the period for 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resource	
Staff Cost % Net Revenue	28.4%
HCA Hours as % of Total Nursing	38.7%
Agency Cost as % of Total Staff Cost	2.79%
Admitted Care Hours Worked PPD	20.2%
Staff Turnover	15.1%
Sickness	5.2%
Appraisal %	88%
Mandatory Training %	98%
Staff Satisfaction Score – 2023 Survey	Staff engagement 77% wellbeing 88%
Number of Significant Staff Injuries	1
Patient	
Formal Complaints in year (NHS)	2
Patient Satisfaction Score (FFT)	99% 54% response rate
Significant Clinical Events	0
Readmission per 1000 Admissions	0
Quality	
Infection Control Audit Score	100%

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Cobalt Hospital participated in two national clinical audits and has not participated 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 Cobalt Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Breast and Cosmetic Implant Registry (BCIR) / Outcome Registry Platform (ORP)

Cobalt Hospital as a provider of breast implant surgery submitted data to the BCIR until March 2024 when the platform closed. The registry re opened on the new ORP and all subsequent data was entered on to this. The confidential information allows patients to be traced if they are affected by safety concerns. The Clinical Governance Committee and Cobalt reviewed the reports of the two national clinical audit from 1st April 2023 to 31st March 2024. Cobalt Hospital intends to take the following actions to improve the quality of healthcare provided.

We have significantly improved our participation rates for preoperative surveys for carpal tunnel and breast augmentation 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. We have incorporated the PROMS data collection in the weekly 'Capacity Management Meeting' template to highlight any data required on a daily basis; this is also a feature on the daily morning staff huddle template. PROMS forms for mammoplasty are given to patients in the pre-operative assessment clinics so the patients have time to read and digest the information prior to admission. We have introduced a digital PROMS entry for carpal tunnel, a QR code is accessible to patients on admission and in the discharge bays. We have also reviewed the hospital data collection in a separate data collection file that acknowledges patients who decide not to enter the PROMS data collection. We will continue to look at new initiatives to capture this data with the surgeons involved in the coming year ahead and monitor this on the PROMS dashboard available on our Cemplicity platform

Carpal Tunnel

Pre-surgery response rates

Rolling year 61.9%

Post-surgery response rates

Rolling year 27.7%

Health Gain

Rolling year 25.9%

Local Audits

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

Compliance to the audit programme and review of action plans need to be more robust with clear time frames for improvement and responsibilities assigned. Further staff training in data collection and submission will be provided as required. The senior clinical team and audit champion will monitor action plans to ensure effectiveness

Our focus for 2024/25 is to maintain improvements across all audits, and develop local audits as required and in particular, 'did not attend' (DNA) rate for endoscopy and antimicrobial stewardship with regard to the prescribing of antibiotics for surgical procedures and surgical site infections. We will continue to report on mandatory clinical audits. The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

There were no patients recruited during 2023/24 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

Cobalt Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. There are no CQUIN schemes for 2023/24 as NHS focus is on the recovery plan.

2.2.5 Statements from the Care Quality Commission (CQC)

Cobalt Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2024 is registered with the CQC for surgery, outpatients and diagnostics. Cobalt Hospital is not registered for patients under the age of 18 nor as an accident and emergency facility. Cobalt Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC carried out an unannounced focused inspection in January 2024 during the inspection, the CQC spoke with staff including, nurses, managers, and administrative staff. They reviewed sets of patient records and looked at a range of policies, procedures and other documents relating to the running of the services.

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people’s needs?		Good	
Are services well-led?		Good	

2.2.6 Data Quality

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

Reliable information, and the quality of the underlying data that supports it, is fundamental to deliver effective treatment of patients. Cobalt hospital will be taking the following actions to improve data quality.

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 provides the tools to make healthcare safer and more effective.

Cobalt Hospital will be taking the following actions to improve data quality: -

- Review processes to ensure the accuracy of any personal data we obtain in relation to GPDR.
- Commencement of a Data Protection and Information security working group
- Participation in a Business As Usual electronic patient record audit
- Routine audit and management of patient records.
- Ensure the data collected is fit for purpose with timely collection and monitoring.
- All relevant data will be collected with no omissions.
- Implement actions/recommendations from the annual information security review.

NHS Number and General Medical Practice Code Validity

Cobalt Hospital submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.91 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2024.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Cobalt Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of May 2024

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Cobalt	2023	100%	98%	100%	100%

2.2.7 Stakeholders views on 2023/24 Quality Account

Commissioner Statement from North East and North Cumbria Integrated Care Board for Cobalt Hospital, Ramsay Health Care Quality Account 2023/24

North East and North Cumbria Integrated Care Board (NENC ICB), is committed to commissioning high quality services from Ramsay Health Care at Cobalt Hospital and has a responsibility to ensure that the healthcare needs of patients are safe, effective and patient centred. The ICB welcomes the opportunity to review and comment on the 2023/24 Quality Account for Cobalt Hospital.

The ICB acknowledges that this has been another challenging year, as the NHS managed increasing service demands and unprecedented industrial action. The ICB would like to commend Cobalt Hospital for the invaluable support they have provided to local NHS Trusts to reduce waiting times. The ICB would also like to extend their sincere thanks to Cobalt Hospital and their staff for the excellent commitment and dedication demonstrated throughout these difficult times ensuring that patient care continued to be delivered to a high standard.

The quality account provides a good description of the quality improvement work undertaken by Cobalt Hospital and an open account of where improvements from the priorities have been made.

The ICB congratulates Cobalt Hospital for the progress made against their patient experience priority which aimed to provide outstanding health care quality by ensuring people have a positive experience of care and support. The ICB acknowledges the excellent results from patient satisfaction surveys. The dissemination of results to all staff at various meetings, enabling discussion and identification of areas for learning, is commendable. Of note is the reduction in complaints following corrective actions, increases in the Cemplicity capture rate to 76.7%, designated patient information boards with a "you said, we did" section, consistently high FFT patient satisfaction scores (between 99% and 100%) and achieving 4 to 5 stars on NHS choices. In addition, initiatives to decrease cancellations/DNA rates and reduce the need for multiple hospital attendances, are admirable. The ICB notes that Cobalt Hospital was unable to introduce a patient participation forum and supports continued focus on this and the wider priority in 2024/25.

The ICB acknowledges the achievements made via the Patient Safety priority, including Cobalt Hospital's surgical safety compliance which was observed to be very good, and implementation of the Patient Safety Incident Review Framework (PSIRF) with 100% of staff trained. It is notable that PSIRF training has raised awareness and resulted in appropriate incidents and near misses being reported. Cobalt Hospital's commitment to staff education, and 'Speak up for Safety', which forms part of staff induction days and mandatory training (98% compliance), is commendable. As is the aim to continue with the Promoting Professional Accountability training and the inclusion of Speak Up for Safety as part of the daily safety and communication huddle. The ICB notes that the new incident reporting system, Radar, went live in Autumn 2023, and that incidents are discussed in the daily huddle. The ICB supports the continuation of this priority in 2024/25.

The ICB notes the achievements made through the people priority which aimed to create an inclusive, compassionate, and high-performing culture where staff can thrive and be their best self at work. The steps taken to achieve this included listening to staff feedback/requests to ensure that they have the correct equipment to undertake their role, and staff rostering planned six weeks in advance providing greater work life balance. In addition, supportive staff training and development opportunities with access to the Ramsay Academy and a focus on succession planning promoting staff from within, is admirable. The ICB congratulates Cobalt Hospital who received the Better Health at Work Gold Award in 2023/24, and fully support their progression through the Continuing Excellence award. As part of this work Cobalt Hospital developed their Wellbeing Strategy, and can evidence the positive impact on staff sickness, retention, and engagement. It is disappointing that Cobalt Hospital could not access the training for the Professional Nurse Advocate role. The ICB fully supports the continuation of this priority in 2024/25.

The ICB recognises the progress made through the partnerships/systems priority which aimed to work with partners to provide the right care and support, in the right place, at the right time. It is noted that Cobalt Hospital has maintained and strengthened their relationships and increased strategic networking with the local NHS trusts. However, it is disappointing that secondary care attendances and admissions have reduced; it is understood that this might have been impacted by the new pre assessment framework and patient optimisation. The ICB fully supports local trusts accessing the services provided by Cobalt Hospital to create efficiencies in the whole system and looks forward to receiving updates.

The ICB recognises the progress made through the performance priority which aimed to work collaborative to achieve outstanding clinical outcomes while ensuring all patients have access to the care they need. Of note is the continued collection for mammoplasty data, now recorded on the Outcome Registry Platform, with a view to include carpal tunnel data when available. As is the signposting of PROMS QR codes to patients attending face to face pre-assessments. It is commendable that Cobalt Hospital has completed a total of 130 audits (88%), with 86.92% attaining a score of 90% or above, although staffing issues prevented completion of all applicable audits. The review of the Pre-Operative Assessment, a key component of the patient pathway, against the newly developed Ramsay Operational Excellence Pre-Assessment Framework is admirable.

The ICB commends Cobalt Hospital for their commitment to continuous quality improvement, as demonstrated through the use of a structured clinical audit programme with plans to ensure compliance is more robust supported by further staff training. It is noted that Cobalt Hospital continues to submit data to the Private Healthcare Information Network and has participated in two national clinical audits. The commitment to maintain improvements across all audits, and develop local audits as required for 2024/25 is admirable.

The ICB would like to congratulate Cobalt Hospital for receiving an overall rating of 'Good' following an unannounced CQC focused inspection in January 2024. It is noted that during the inspection, the CQC spoke with staff, reviewed patient records, and looked at a range of policies, procedures and other documents relating to the running of the services.

The ICB would like to congratulate Cobalt Hospital and their staff for the excellent achievements in 2023/24, including maintaining JAG accreditation for endoscopy services, ISO 27001 accreditation for information security and establishing a range of 'champions' including Mental Health First Aiders, Domestic Violence Champion.

The ICB commends Cobalt Hospital for their involvement with the local community and national charities and notes that several local charities will continue to be supported in 2024/25.

The ICB welcomes the five quality priorities set for 2024/25 and considers that these are appropriate areas to target for continuous evidence-based quality improvement and link well with the commissioning priorities.

The ICB can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of Cobalt Hospital's performance for 2023/24. It is clearly presented in the format required and contains information that accurately represents their quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The ICB looks forward to continuing to work in partnership with Cobalt Hospital to assure the quality of services commissioned in 2024/25.

Richard Scott Director of Nursing (North) NENC ICB June 2024

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Julie Davidge

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

Introduction

In 2023-24 we have worked hard to make sure we continue to offer the best care in the best way possible and continued to make progress on our agreed Quality Priorities during this time we have successfully delivered on all four of our priority areas Patients, People, Partnerships and Performance

Patient safety, clinical effectiveness and quality care remain at the heart of our clinical and hospital strategic vision. I am proud that every day, our staff demonstrate their commitment to providing outstanding patient-focussed care, as they strive to do their very best and are committed to continuously learning and improving. This dedication is firmly embedded within our People and our culture. This has been demonstrated through our staff satisfaction survey engagement results, patient experience scores, low level of complaints and successful patient outcomes.

Achieving a rating of Good across all areas inspected by the CQC following an unannounced compliance visit in January 2024 is testimony to the care and commitment of our staff. During 2024/25 we will continue with our aspiration to be rated as outstanding overall by the Care Quality Commission (CQC). We understand this represents an ever-increasing challenge as we learn to balance rising demand in healthcare alongside financial, quality and workforce risks.

We have been successful maintained our JAG accredited status for endoscopy services following a full reaccreditation assessment in January 2024. The re accreditation is recognition that we are providing high quality endoscopy services for our patients.

Ramsay Clinical Governance Framework 2023/24

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

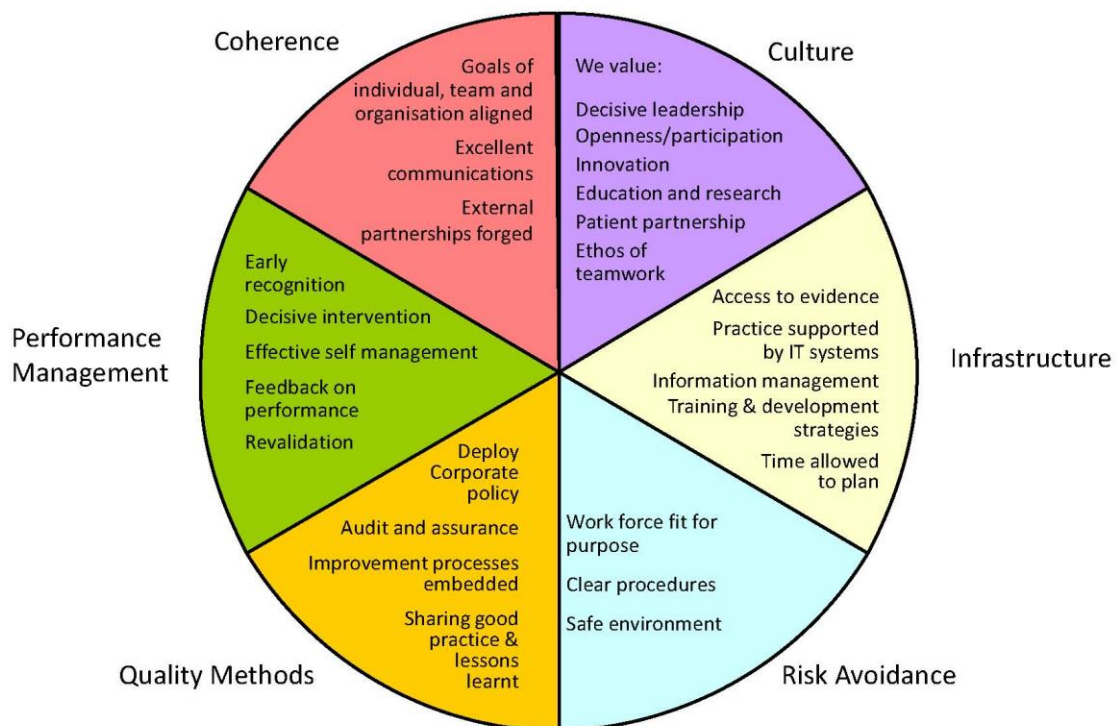
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Cobalt	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC29	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC29	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC29	0.0000

The Cobalt Hospital considers that this data is as described for the following reasons; there have been no deaths at Cobalt Hospital.

National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Cobalt	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC29	no data
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC29	no data
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC29	no data

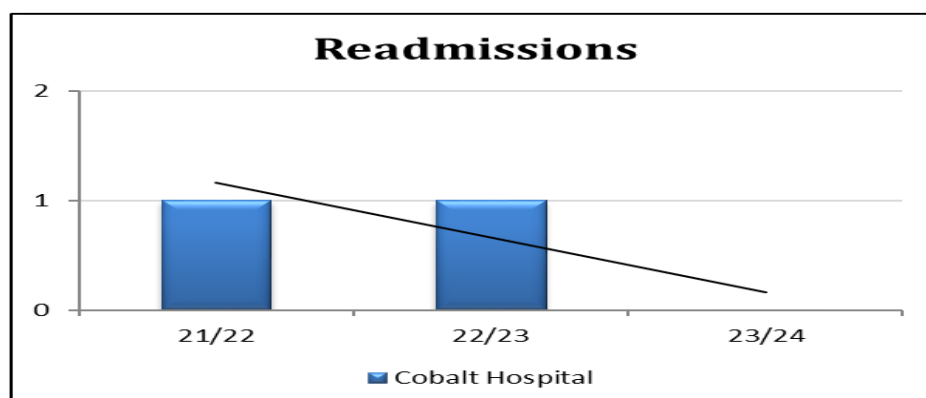
PROMS: Knees	Period	Best		Worst		Average		Period	Cobalt	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC29	no data
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC29	no data
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC29	no data

The Cobalt hospital considers that this data is as described for the following reasons. Currently no hip or knee replacement surgery is undertaken.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Cobalt	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC29	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC29	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC29	0.00

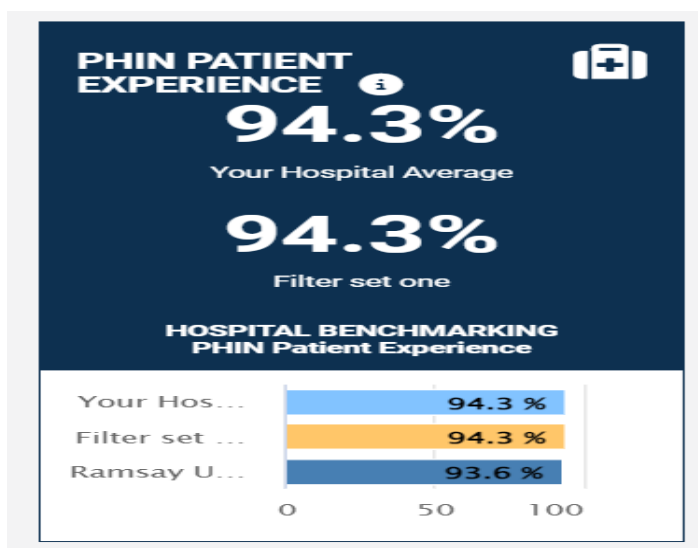
The Cobalt hospital considers that this data is as described for the following reason, Cobalt hospital is a day-case facility, the data is no longer reported and there is no data collected after 2019/20



Responsiveness to Personal Needs

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

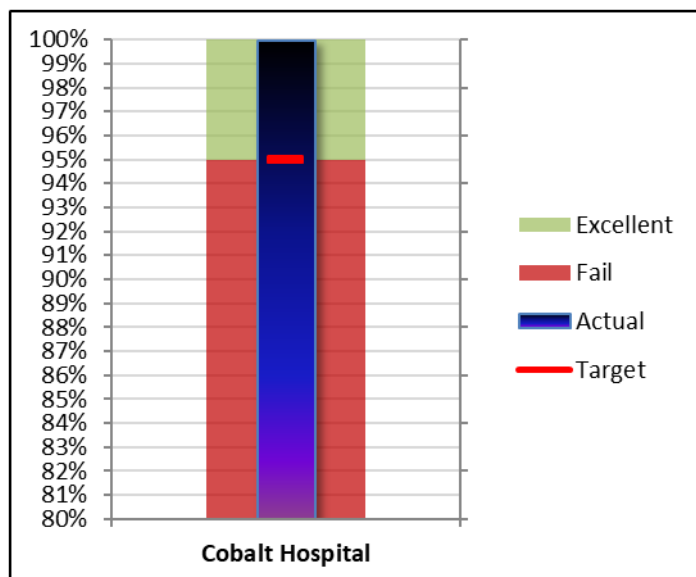
Filter set one: Hospital: Cobalt Hospital x



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2023 - March 2024:

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Cobalt	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC29	99.1%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC29	100.0%



The Cobalt Hospital has taken the following actions to maintain this percentage and so the quality of its services, by training all clinical staff to monitor and submit data according to patient need and VTE assessment requirement. The Head of Clinical Services on a monthly basis will monitor this.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Cobalt	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC29	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC29	0.0

The Cobalt Hospital considers that this data is as described for the following reasons; there have been no reported cases of Clostridium Difficile in the hospital.

The Cobalt Hospital has taken the following actions to maintain this percentage, and so the quality of its services, by continued levels of infection prevention and control surveillance and continued promotion of hand hygiene.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Cobalt	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC29	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC29	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC29	0.00

The Cobalt Hospital considers that this data is as described for the following reason, no SUI severity 1 incidents have occurred during this reporting period. The Cobalt Hospital intends to take the following actions to maintain this number, and so the quality of its services, by ensuring compliance to policy procedure and guidance. Through disseminating and sharing learning from all national lessons learned.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Cobalt	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC29	99.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC29	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC29	100.0%

The Cobalt Hospital considers that this data is as described for the following reasons; the results reflect the monthly data received, Cobalt Hospital has had a drive to encourage patients to complete a scorecard.

The Cobalt Hospital intends to take the following actions to maintain this percentage, and so the quality of its services through continuing to encourage patients to complete the documentation whilst visiting the hospital. Ensuring that patients have been asked to complete the documentation in a timely manner. The F&F Test has been made available to all patients to access via a mobile device using a QR code.

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

Cobalt Hospital has a very low rate of hospital-acquired infection and has had no reported MRSA Bacteraemia in the past 6 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.

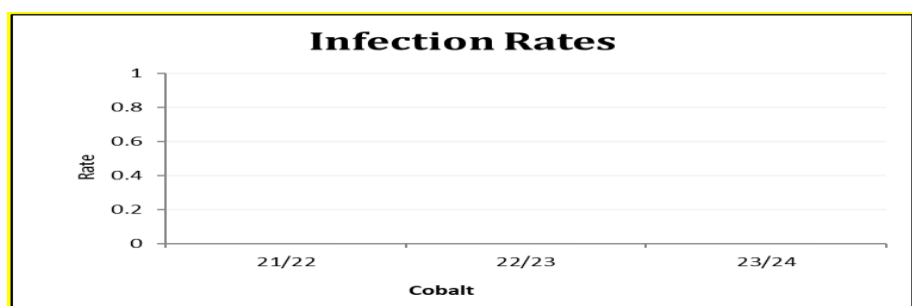
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements 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. Hand hygiene monthly audits are undertaken to monitor compliance. 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.

- 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.



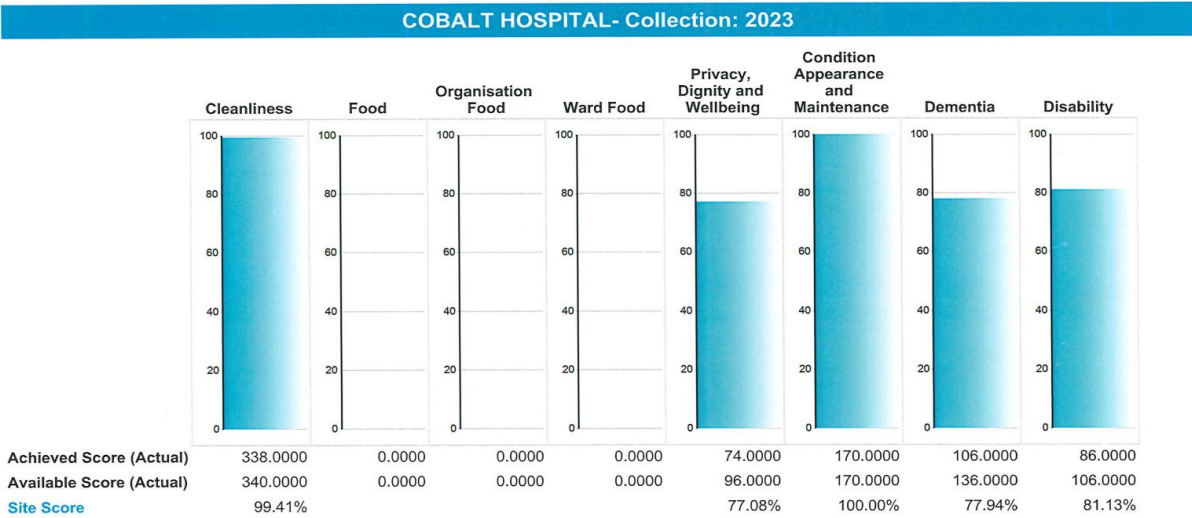
The above graph demonstrates the infection rates based on only NHS patients, previously both NHS and private patient infection rates were recorded as numbers were very low. Patients presenting with signs of an infection are logged on our reporting system and is reviewed by the infection control link nurse and a root cause analysis completed to determine any possible trends. Results are presented at our quarterly infection control committee meetings. Due to zero number of HCAI's an action plan has been undertaken to assess and monitor preventative measures in order to address any incidents if reported and manage key risks.

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 Cobalt 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 table below highlights the results from the most recent PLACE assessment



	Cobalt	National Average
Cleanliness	99.41%	90.01%
Privacy	77.08%	87.5%
Condition, maintenance, appearance	100%	95.9%
Dementia	77.94%	82.5%
Disability	81.13%	84.3%

During the PLACE audit all areas noted to address were actioned i.e. no clear area where to stand when waiting to book in, privacy of the admission and discharge pods, clearer signage for toilets in the reception area and hand rails in the corridor. The focus for 2024/25 will surround the privacy and dementia elements within the action plan.

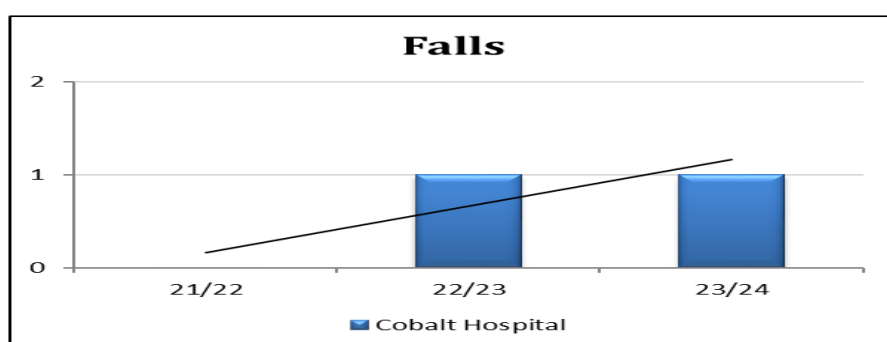
3.2.3 Safety in the workplace

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

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our Hospital Manager 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 2023 and now has staff representatives from each department, and a designated Falls Champion which has helped to further embed the health and safety culture within the hospital (this was previously attended by heads of department). An annual Health and safety report is completed for Cobalt Hospital and discussed at the Health and Safety committee.

Training undertaken at Cobalt 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 been provided by visiting corporate health and safety representative, this ensures that Cobalt Hospital is compliant to Health and Safety Standards. Standard Operating Policies (SOP) have been developed regarding health and safety to meet requirements of the hospital. As demonstrated above as an indication of health and safety compliance to SOP's.

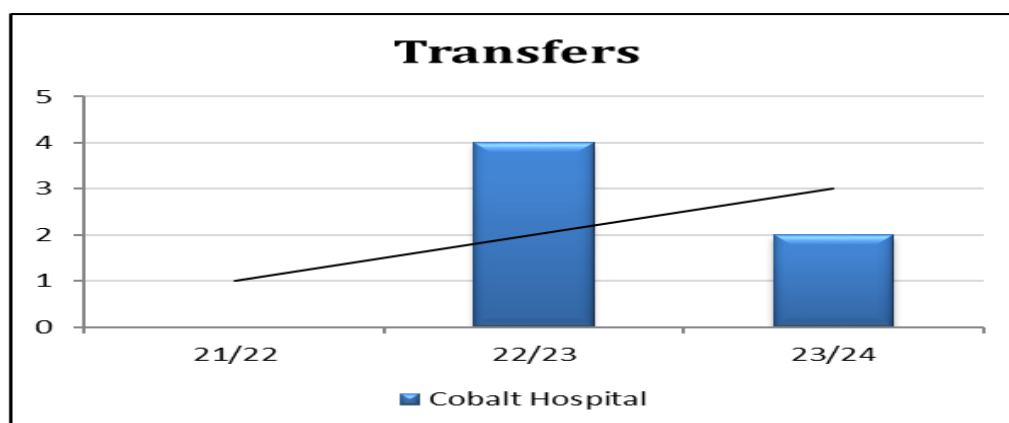
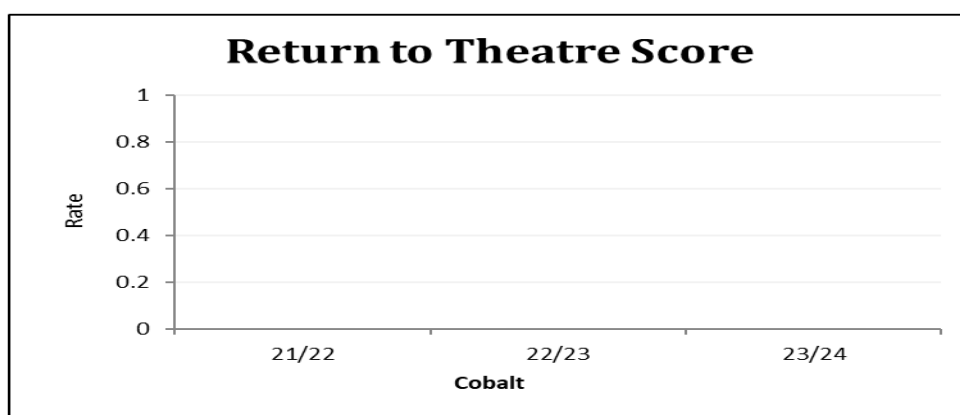


3.3 Clinical effectiveness

Cobalt 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.



Patient optimisation for theatre is paramount this will be continually reviewed with the revision of the pre admission processes.

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 Cobalt 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.
- Set up systems to ensure that we are learning as much as possible from deaths to improve safety and care.

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%.

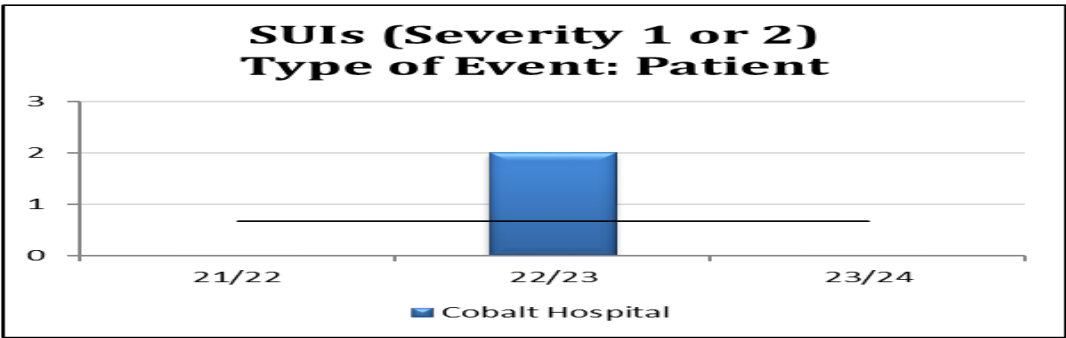
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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.

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.

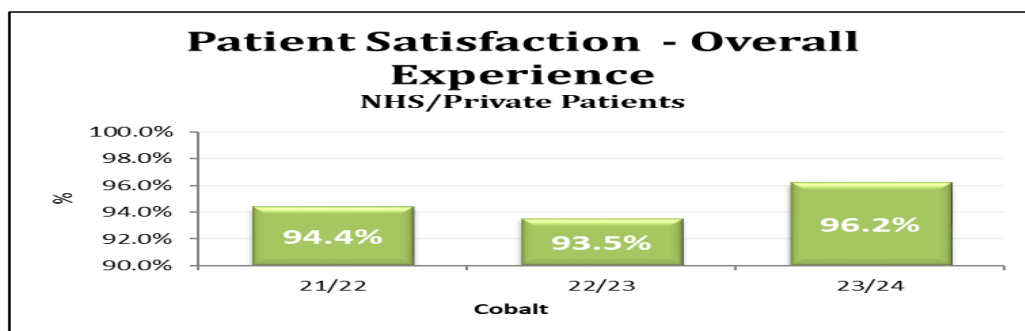
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- 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 2023/24 and is reported to have seen an increase from previous years. 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. This enables us to take a “you said, we did” approach to the comments. Either it’s important we are aware of our patients experiences to **continue** doing what we do, **stop** what we are doing or **start** something new. Patients can also see how we have listened to their comments via a “you said we did” notice board in the hospital reception.

A monthly communication to all staff is sent with regard to the verbatim comments made by our patients in the Friends and family Test, this is also displayed on the quality notice board.

What our patients say:

Dignity and Respect

"Could not have been treat with more respect, good caring staff"

"Feel relaxed talked to me, treated me like a human and not a number"

"I was given individualised, warm treatment and Care"

"Excellent staff, kept fully up to date throughout".

"Professional and treat with the utmost respect."

"Treated quickly and with respect and dignity."

"Consultation regarding procedure excellent, staff kind, courteous, professional."

Compassion

"From reception through to the end of my procedure staff were fantastic! Made me feel less anxious"

"Absolutely brilliant in and out quickly. All the staff were so friendly and made me feel so well looked after. Couldn't have been better"

"Explained everything thoroughly throughout.

"Amazing staff every step of the way, everything was explained clearly and I was put at ease and very well looked after."

"Made to feel so comfortable and relaxed through my whole visit, would def recommend this cobalt nothing too much trouble :)"

One Team

"All staff were excellent in their expertise and care. Went above and beyond expectations."

"From reception, nursed and surgeon, all very friendly, comforting and happy."

"The care and treatment was very good. From front of house to the procedure from doctors and nurses - all excellent!"

"Everyone has been absolutely lovely during every stage - from assessment to surgery to aftercare. Your team are kind, compassionate, funny and caring - Thank you. You put me at total ease."

"Friendly and supportive staff from the receptionist - health assistant nurses and doctors. Calm and professional and engaged in chatting and explanation of procedure."

Safety and Quality

"Lovely staff, nice facility, clear expectations and lots of opportunity to ask questions."

"Friendly knowledgeable staff. kept informed about what as going on. Caring and professional at all times. Felt safe and comfortable to ask anything."

"On time, plenty of staff, very clean, kept informed of what was happening all the way through."

"Everything is joined together - the whole procedure process works well and such nice friendly staff too!"

"Fantastic service/staff - Very happy which made me smile. Very very clean and tidy hospital."

"The various phases of the procedure were conducted efficiently, compassionately and with the due medical expertise. The checking and cross checking of patient details and operation procedures was note"

Appendix 1

Services covered by this quality account

Specialty	Service
General Surgery & Vascular Surgery	Minor Skin Varicose Veins Hernia Repair Rectal Surgery
GI Endoscopy	Colonoscopy Flexible Sigmoidoscopy Gastroscopy
Orthopaedic Surgery	Hand Knee Shoulder Wrist Feet
Plastic Surgery	Cosmetic Surgery BCC Skin lesions/cysts Hand
Podiatric Surgery	Podiatric

[Appendix 2 – Clinical Audit Programme 2023/24](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

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

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

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

50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October	End of October	

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

Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req)	End of August No December deadline	

			March/April	End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	

Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req)	End of August No December deadline	

			March/April	End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	

SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	

Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

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
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC29	Code for Cobalt Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Cobalt 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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