

# Pinehill Hospital

## Quality Account 2022/23



**Ramsay**  
Health Care

# Contents

<b>Introduction Page</b>		
<b>Welcome to Ramsay Health Care UK</b>		
<b>Introduction to our Quality Account</b>		
<b>PART 1 – STATEMENT ON QUALITY</b>		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
<b>PART 2</b>		
<b>2.1</b>	<b>Priorities for Improvement</b>	
2.1.1	Review of clinical priorities 2022/23 (looking back)	
2.1.2	Clinical Priorities for 2023/24 (looking forward)	
<b>2.2</b>	<b>Mandatory statements relating to the quality of NHS services provided</b>	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2022/23 Quality Accounts	
<b>PART 3 – REVIEW OF QUALITY PERFORMANCE</b>		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
<b>Appendix 1 – Services Covered by this Quality Account</b>		
<b>Appendix 2 – Clinical Audits</b>		

# Welcome to Ramsay Health Care UK

## Pinehill Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



### **Nick Costa**

Chief Executive Officer

Ramsay Health Care UK

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

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

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

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



**Jo Dickson**

Chief Clinical and Quality Officer

Ramsay Health Care UK

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on quality from the Hospital Director

### Mr Duncan Barton, Hospital Director

#### Pinehill Hospital

As the Hospital Director of Pinehill Hospital I am passionate about ensuring that we deliver consistently high standards of care to all our patients in a safe environment.

Our Vision is to be a leading healthcare provider in Hertfordshire and surrounding counties.

We are delighted to share the Quality Account 2022/2023 for Pinehill Hospital, Ramsay Healthcare, which details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. This report also highlights our key priorities for 2023/2024.

The Quality Strategy encompasses our priority for patient centred care and the staff remained committed to delivering high quality care; listening to patients and collecting, analysing, and using patient experience data are essential for maintaining and improving the quality and safety of care.

During 2022/23 to date, the Pinehill team have worked closely and in partnership with various stakeholders to identify areas of focus for improvement; the continued hard work and commitment has put Pinehill on a much firmer footing in delivering outstanding care to patients, whilst strengthening its relationships with the local community and beyond.

I am particularly proud of our patients' feedback highlighting the kindness, compassion, and respect with which our staff treat patients and the way in which we support them to get involved in service development and decision-making about their own care and treatment. Feedback continues to be collated via the Friends and Family test, cemplicity.com and reputation.com forums. The data is reviewed monthly and fed into Heads of Department meetings, Clinical Governance and Medical Advisory groups. Our high clinical standards are a given, but it is the care we give that means over 97% of patients recommend Pinehill Hospital.

#### **Quality Accounts 2023**

Looking forward to 2023/2024 the Clinical Heads of Departments at Pinehill Hospital have created a strategy to focus on some key elements within their departments, engaging across

all departments to improve the patient journey, employee and stakeholder experience at Pinehill Hospital.

High quality care would not be possible without having great staff in place to deliver it, and we are committed to attracting, developing, and retaining the wide range of expertise and talent at Pinehill.

Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver. Furthermore, this report has been developed with the involvement of our staff who have been instrumental in developing a systems approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events.

We ended the year in a strong financial position, and this has given us the flexibility to continue to invest in improving patient care and the development of our staff. Our staff feedback cements the requirement to reward and recognise our non-clinical staff roles. Our service provision and scope for service development is restricted, constrained by the existing physical footprint.

We have however now developed a semi-static MRI scanner which provides an opportunity to expand our service provision to more patients within the local community.

Pinehill like the rest of Ramsay, faces significant challenges in recruiting healthcare staff, especially nurses. Attracting skilled, motivated staff and supporting them to develop their careers at Pinehill, continues to be a major focus over the coming year. “The Ramsay Way” recognises that our people are key to our success. Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. “Care” is not just a value statement, but a critical part of the way we go about our daily operations. Pinehill is committed to ongoing improvement of patient care in all areas in order to meet the expectations of our customers – our patients and our staff. We have an excellent record in delivering quality patient care and managing risk, we pride ourselves on listening to and responding to the needs of our patients, staff, and doctors, through our formal and informal feedback processes. Our “open door” policy nurtures open, frank, and transparent feedback.

Our ambition for 2023/24 is to continue to deliver integrated planned health and care to local people both privately and through NHS provision.

My thanks to the Senior Leadership Team and staff across Pinehill, our doctors, service users, and our partners for their support during 2022 and 2023 and I look forward to working with you all to build on this progress over the coming year.

A handwritten signature in black ink, appearing to be 'D. Khan', is written over a light blue grid background.

## 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 Duncan Barton**

**Hospital Director**

**Pinehill Hospital**

**Ramsay Health Care UK**

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

MAC Chair – Mr Vivek Gupta

Clinical Governance Committee Chair – Mr Nick James

Deputy Director of Nursing & Quality, Hertfordshire and West Essex – Mary Emson

# Welcome to Pinehill Hospital



Pinehill Hospital is a beautifully converted former stately home and Prisoner of War hospital. It is set in gardens on the edge of a residential housing estate. Access to Pinehill is via Hitchin and is well signposted.

Pinehill is an acute surgical hospital with 23 inpatient rooms with en-suite facilities, 7-day case pods and a further 6 patient bedrooms.

The facilities and services include:

- 3 Operating theatres (all with laminar flow) with 2 image intensifiers
- 1 minor ops /endoscopy theatres (JAG accredited)
- Outpatient department with 10 consulting rooms including 1 that is set up specifically to deliver a nasoendoscopy service in line with IPC precautions. There are facilities for virtual consultation and 2 additional treatment rooms.
- Radiology and Imaging department with ultrasound and digital mammography In addition, there is an MRI scanner 5 days a week and a CT scanner 1 day a week. Private patients can self-refer for the One Stop Mammography Clinic and without visiting the GP first for a referral.
- Physiotherapy Department that is inclusive of a gym. Virtual and face to face appointments are offered. A Consultant approved physiotherapist-led discharging service is offered to NHS joint replacements.
- Pharmacy department - This service provides medicine optimisation for all patients alongside guidance and education for all departments/employees. Pharmacy lead on the compliance with controlled drugs management.
- Pre-operative assessment service has been working in conjunction with outpatients towards the implementation of the Pre Operative Assessment Triage service. With the roll out due to commence in April 2023.

Pinehill Hospital welcomes NHS patients, insured patients and those choosing to pay for their own treatment. The hospital provides consultations, investigations and treatment in most specialties including orthopaedics, general surgery, women's health, men's health and ophthalmology, as well as specialist services such as cosmetic and spinal surgery.

The East Herts Council has awarded Pinehill Hospital five out of five stars for excellent food hygiene conditions. This measures a very high standard of compliance with food hygiene legislation and very high confidence in the management of safe food processes within the hospital.

Pinehill is rated highly for Patient Reported Outcome Measures (PROMs) for hip, knee and shoulder replacements, septoplasty surgery, breast augmentation, trans-urethral resection of prostate and carpal tunnel surgery. Pinehill have been the pilot site to use the electronic PROMs for hip and knee replacements as well as carpal tunnel surgery. The purpose of PROMs is to measure the average health gain of patients in all hospitals across the country, including both NHS and Independent Healthcare Providers.

The hospital is well-led with robust governance and risk management processes which emphasise 'closing the loop'. Staff members are given the opportunity to engage with the senior leadership team and feel supported and listened to e.g. via staff engagement forums. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their role. The hospital has in place mandatory online training inclusive of additional education and competencies via [clinicalskills.net](https://www.clinicalskills.net). Ramsay Academy also provide strategic and consistent training provision across the Ramsay UK to aid the development and skills of existing employees in line with the Ramsay Values.

The hospital has systems in place to keep our patients safe, including an incident reporting tool, robust investigation tools and opportunities for sharing outcomes with learning. Patient pathways, care and treatment is delivered following national and local guidance, with outcomes for patients monitored on an ongoing basis to ensure that treatment is effective.

Our dedicated workforce is committed to making every patient feel safe and secure. Irrespective of our patients are attending a consultation, diagnostic or surgical pathway, we ensure they are cared for with respect and dignity. Our workforce at Pinehill are committed to embedding the Ramsay Values within their day to day practise and implement a Speak up for Safety culture. Our workforce provide fast, responsive, high quality treatment for patients over the age of 17, ensuring inclusivity of NHS, Self-funding and medically insured individuals. Our permanent and bank workforce include Registered Nurses, Health Care Assistants, Operating Department Practitioners, Physiotherapists, Pharmacists, Radiographers, Administration Staff, Caterers, Housekeepers, Porters, an Engineering team and an employed orthopaedic Consultant.

A breakdown of permanent and bank workforce up to March 2023 follows below:

	Contract 2021	Contract 2022	Contract 2023	Bank 2021	Bank 2022	Bank 2023
<b>Clinical</b>	69	72	72	29	37	27
<b>Support Services</b>	23	27	26	17	17	19
<b>HCA's</b>	28	28	26	6	7	5
<b>Admin</b>	70	50	49	15	11	10
<b>Operational Management</b>	6	6	6	1	0	0
<b>Total</b>	196	183	179	68	72	61

Our wards qualified to non-qualified nursing ratio is a minimum of 70:30 Patient to nurse ratio does not exceed 7:1, which is within the staffing levels suggested by NICE. This year we have treated 1,158 in-patients and 5,099 day cases. Pinehill Hospital bank staff enable flexibility to support high quality service when required. Pinehill does contractually engage with identified external staffing agencies to provide knowledgeable, competent staff to meet short term needs of clinical areas due to sickness absence and responding to changes in acuity needs for safe patient care.

When compared with figures from the previous year, we have seen a decrease in the number of bank employees mainly in the clinical areas. This has been due to a review of our Ramsay Healthcare has a central recruitment team to aid with recruitment across all areas. There has been a national struggle, across all healthcare providers, with recruitment for clinical roles following the Covid-19 pandemic. Pinehill has seen a positive impact from the recruitment team, since April 2023 with successful appointments, particularly in our Theatres department. Recruitment and retention of staff will remain a key focus for Pinehill over the coming year.

Pinehill offers Consultant led care at each step of their patient care pathway. A rigorous vetting procedure ensures that only suitably qualified and experienced surgeons and physicians are granted practicing privileges at the hospital. The service is supported by a qualified and experienced Resident Medical Officer on site 24 hours a day, 7 days a week to provide high quality medical care to patients under the direction of their consultant.

During the previous 12-months we have achieved our aim to expand our services and Consultant body to grow orthopaedic surgical interventions. Pinehill has continued to deliver existing services alongside the growth. Pinehill has continued to work with the local Integrated Commissioning Boards and NHS Trusts.

Last year (April 2022 – March 2023) Pinehill admitted 6,257 patients of which 49.6% were funded by the NHS.

Pinehill Hospital has invested and developed employees, to create a culture of growth and succession planning. This has supported the positive results in the internal appointment of Head of Clinical Services, Ward Manager, Outpatient Manager, Pharmacy Manager, Theatre Manager and Infection Prevention and Control Lead Nurse since February 2023. Pinehill Hospital's commitment to an evolving culture growth is also demonstrated in the engagement of employees resulting in many National committee and working group members.

The GP Liaison Officer maintains close relationships with local GPs, promoting the services that Pinehill offer, alongside arranging the delivery of Basic Life Support to GPs and the wider communities.

Pinehill Hospital works closely with the local ICB in Hertfordshire and the surrounding area to support the delivery of NHS healthcare services for the local population. There are close links to the East and North Herts NHS Trust including Histopathology, Blood Transfusion and Emergency Patient Transfer Provision.

Pinehill works collaboratively as part of the local health economy. We have engaged with our nearest NHS Trusts (East & North Hertfordshire NHS Trust, Bedford, Luton and Milton Keynes NHS Trust and Princess Alexandra Hospital NHS Trust) and have delivered outsource activity for all of them. In 2022-23 most of the outsource work delivered was on behalf of Pinehill's nearest Trust, East & North Hertfordshire NHS Trust. Pinehill delivered 786 surgical admissions across several specialities in this period. In addition to the surgical pathways delivered Pinehill also provided diagnostic and audiology services.

Pinehill Hospital offers a direct access service for diagnostic endoscopy procedures. This pathway enables GPs to refer patients directly to us for their diagnostic examination only with the findings sent back to the GP for further management. In the event that something untoward is found and requires urgent attention, the patient is referred straight into the MDT at the local Trust for further management.

Pinehill Hospital also offers a One Stop Breast Clinic. This pathway enables patients to be referred or to self-refer into a clinic at short notice where they will be seen by a Breast Specialist and undergo diagnostic examinations such as ultrasound and mammography on the same day. A management plan can quickly be put in place with the option of surgery available to be conducted at Pinehill.

Pinehill Hospital has also secured a successful bid to host a semi-static MRI van on our own grounds. The works have started and we aim for this to be up and running in June 2023. This pathway will ensure a streamlined process for patients requiring MRI scans which will support quality and timeliness covering 6 days a week.

## **Community Spirit**

Pinehill Hospital is proud to support a number of local organisations and charities. Over the past year we have supported:

- Charity fundraising for the Garden House Hospice in Letchworth. Two of our physiotherapists took on the climb of Mount Kilimanjaro and successfully reached the summit. To celebrate this achievement they also held a fundraising ball and were well supported in attendance by many local businesses, as well as an in house quiz night to add to the cause.

- Sponsorship of Hitchin Girls' School Football Team
- Sponsorship of Hitchin Rugby Club. The Resuscitation leads at Pinehill Hospital also taught the parents of Hitchin Rugby Club's mini youth team basic life support, training 18 parents all together in this life saving skill.

## Care Quality Commission (CQC)

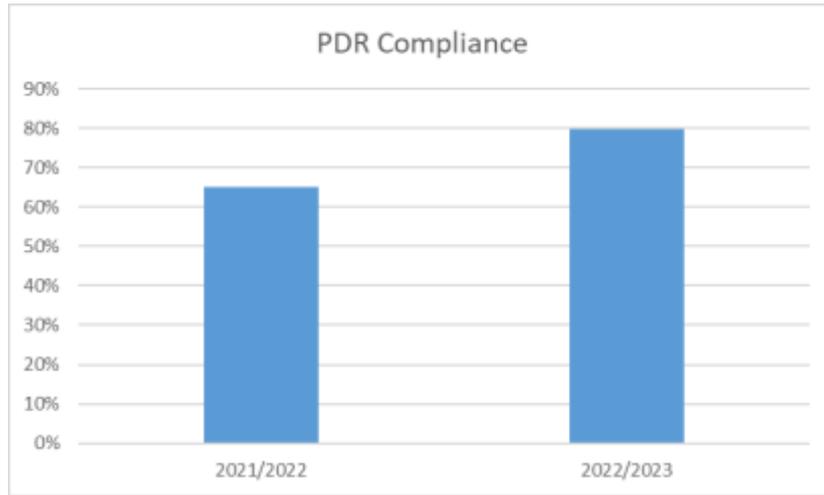
Pinehill is regulated by the CQC. Throughout the past year, we have continued to be responsive to local needs by maintaining close relationships with the CQC Relationship Officer. The last call in January 2023 with the CQC relationship partner had very positive feedback, where they confirmed they currently had no areas of concern and were happy with the progress that was being made at Pinehill.

The hospital achieved a 'Good' rating in the last on site CQC inspection in December 2018, where all care within the hospital was assessed against the 5 domains; caring, safe, well-led, responsive and effective. Areas previously identified in the inspection were staff appraisals, staff requiring further training on post-operative risk assessments and staffing levels if more than 1 ward area was open.

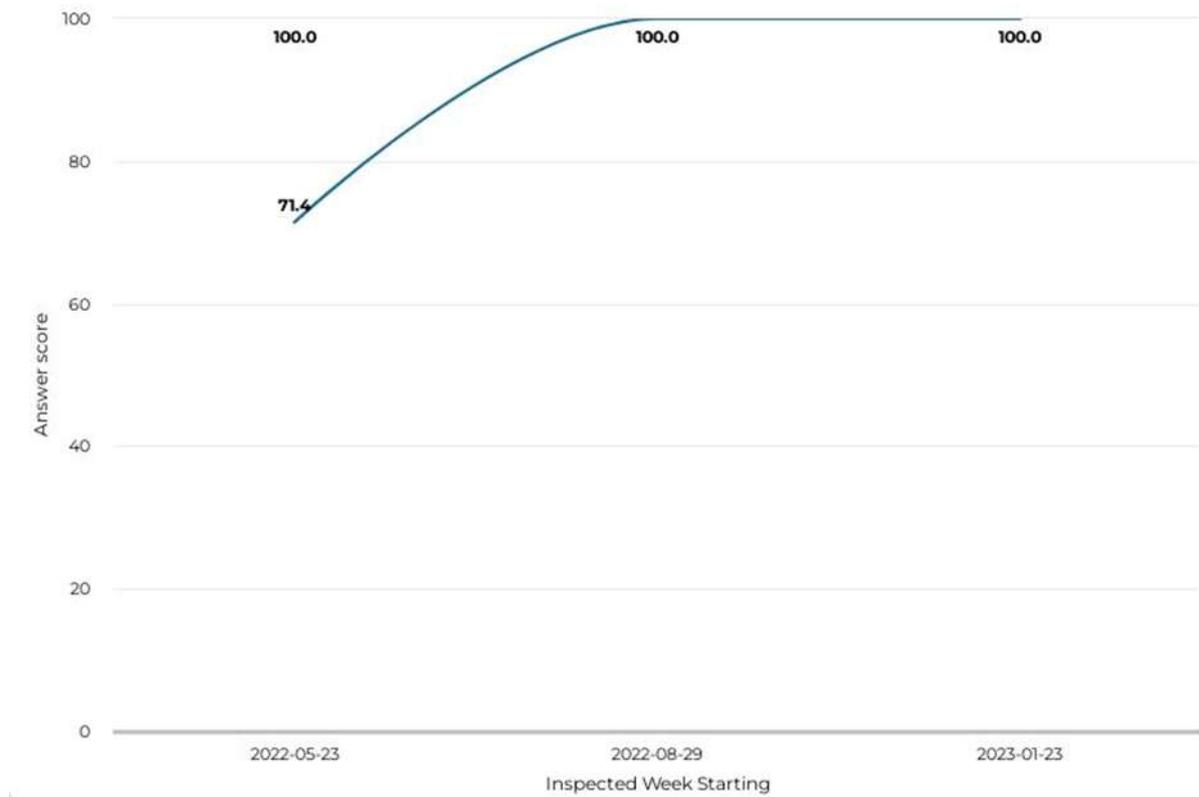
The table below shows the growth that has been made within the areas of concern highlighted and actions to be taken to continue and maintain this stance.

Area of Concern	2021/2022 Progress	2022/2023 Progress	2023/2024 Actions
Staff appraisal completion rate	Increase to 65.1% (Ramsay benchmark 59.6%)	Increase to 79.7% (Ramsay benchmark 80%)	Progression to reach >95% and maintain levels
Post-operative risk assessments	Monitored through Tendable auditing app which showed a drop in compliance.	Increase from 71.4% in May 2022 to 100% in August 2022 and maintained through Jan 2023.	Maintain compliance and monitor through audit programme.
Staffing levels	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of activity.	Continued to monitor staffing arrangements with no breaches reported.	Continue to monitor to ensure no breaches occur.

The below graph shows the increase in the completion of staff appraisals over the past year. To help aid this there has been a focus on ensuring that all employees who undertake appraisals are equipped with the right skills to make this process meaningful to all. There has been additional training available to all employees with line manager or team leader responsibility internally as well as corporate training for all employees with a focus on "getting the best out of your appraisal."



The graph below shows the post-operative risk assessment compliance score from the Wards medical records audit through April 2022-March 2023.



There has been continuous growth with the completion of risk assessments pre and post operatively, demonstrating excellent maintenance for this practise. This highlights that the underpinning knowledge is well embedded within our employees. To continue this improvement there is a focus on the education and engagement of employees during their induction and probation phase of employment.

# Part 2

## 2.1 Quality priorities for 2023/24

### Plan for 2023/24

On an annual cycle, Pinehill Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

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

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

### Priorities for improvement

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

##### **Patient Safety - Growing a Speak up for Safety Culture**

Pinehill has 2 accredited trainers to deliver the Speak up for Safety training. This has enabled us to deliver Speak up for Safety training on a monthly basis to all employees at mandatory training day. This has equipped staff with the underpinning knowledge and tools to apply this initiative and allowed us to promote this culture, maintaining our training compliance at 94% for contracted employees.

This objective has been achieved.

##### **Facilities Assurance – Living with Covid-19 and Business as Usual (BAU)**

National guidance was reviewed frequently by the Ramsay Corporate team who cascaded information to sites. Pinehill Hospital embedded these changes in to operational and clinical

practise. Success is evidenced by the strict protocols from pre admission through to discharge of patients and patient contact with other services, employees understanding and compliance with IPC standards. IPC training has continued to include hand hygiene, donning and doffing of PPE, ANTT, sharps, linen and waste management and blood borne viruses.

As per National guidance from the World Health Organisation, there is no longer a requirement for patients or staff to test for Covid-19. Business as usual is continuing with an initial assessment of covid-19 symptoms for both patients and employees.

This objective has been achieved.

### **Clinical Effectiveness and Quality**

A number of changes have occurred over the last 12 months resulting in partial achievement of the following objectives.

*Perfect Ward App for Clinical Audit Programme- to continue to use this programme to improve clinical standards and reduce surgical cancellations by 50%.*

This has been superseded by Tendable, company wide, which has produced an alternative audit programme. The implementation of the “Evolve” project linked with pre-assessment and outpatients began in it’s infancy in April 2023 which aims to reduce the number of hospital based cancellations.

*‘Closing the Loop’ in the Clinical Effectiveness Forum- learning from good and not so good practice. Sharing lesson learnt with all internal stakeholders, patients, relatives and external stakeholders (ICP, NHS trusts and across Ramsay).*

The Clinical Effectiveness Forum was integrated into a Clinical Heads of Department (CHODs) meeting by a unanimous choice from clinical departments to ensure that lines of communication and escalation are clear.

*GIRFT orthopaedic/spinal programme- this will be achieved by working closely with NHS CCGs and working towards a ‘centre of excellence’ for Orthopaedics. Improving enhanced recovery programme – ensure clinical standards are employed promote patient recovery at home with 24 hours of surgery.*

Although this has not been achieved within this remit, there has been a continuous improvement and expansion of the orthopaedic services at Pinehill. This is set to continue year on year. The average length of stay for inpatients at Pinehill is 1.61 days.

*Increasing Day case joint replacements-, this will be guided by a working group to achieve the best pathways for patients to follow.*

There have been some patients that have met the enhanced recovery criteria and been discharged within 24 hours following joint replacement surgery. Commitment to deliver this length of stay to be admitted and discharged within the same day remains a strategic goal of the Multi-Disciplinary Team.

### **Patient and Staff Experience**

**Patient** – Feedback continues to be collated via the Friends and Family test, cemplicity.com and reputation.com forums. The data is reviewed monthly and fed into Heads of Department meetings, Clinical Governance and Medical Advisory groups. Employees are encouraged to engage with patients and other stakeholders to enhance patient experience.

Consultants are encouraged to continually engage with the Private Healthcare Information Network (PHIN).

These objectives have been achieved.

The objective for the Patient Participation Group has not been achieved. As Pinehill are committed to Public and Stakeholder engagement, going forward, establishing the foundations for success of creating a sustainable PPG over the next 12 months.

**Staff** – Pinehill Hospital has an active Staff Engagement Forum which is run on a monthly basis. The active members review suggestions made by other employees and focus on key areas with the intent to improve employee satisfaction.

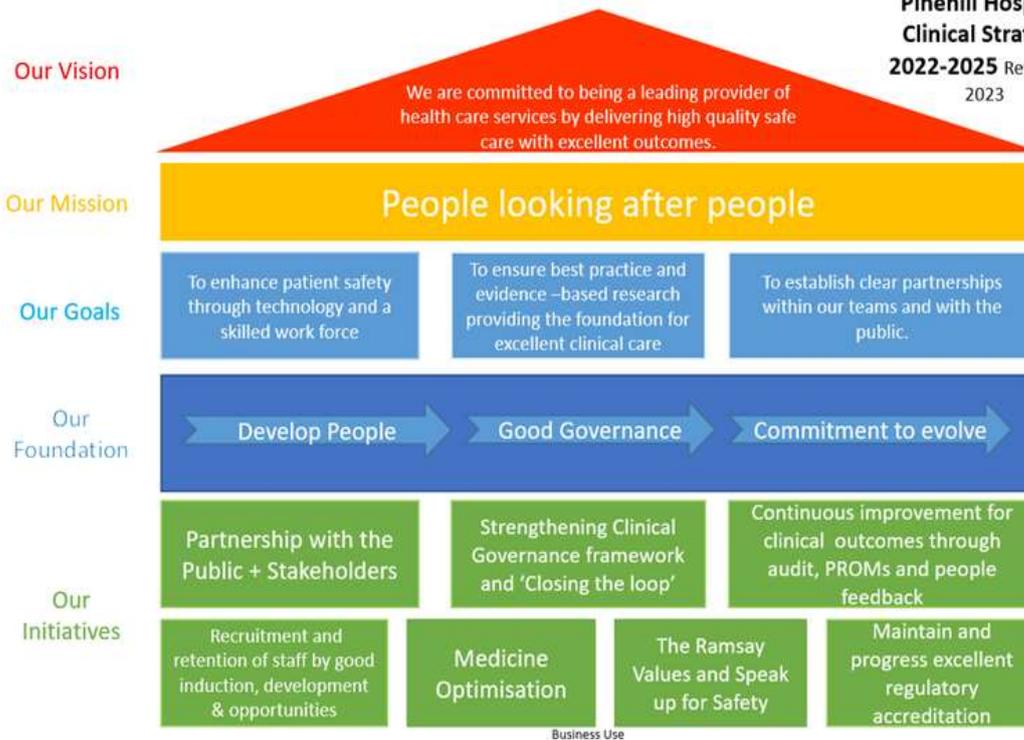
Pinehill remains committed to providing a structured mentorship programme in partnership with the University of Hertfordshire and Anglian Ruskin for the development of our own Apprentices. Pinehill offer educational placements for first, second and third year students, across Outpatients, Wards and Theatres. There are currently 4 apprentice employees within Pinehill, 2 working towards their degree to become registered nurses and 2 working towards a nursing associate diploma.

These objectives have been achieved.

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

Looking forward to 2023/2024 the Clinical Heads of Departments at Pinehill Hospital have created a strategy to focus on some key elements within their departments, engaging across all departments to improve the patient journey, employee and stakeholder experience at Pinehill Hospital.

The strategy house below identifies the key areas that Pinehill Hospital are focusing on and what we are aiming to achieve. There are 4 main areas that Pinehill Hospital will be focusing on over the coming year which are identified in categories for Patient Safety, Clinical Effectiveness and Patient Experience. We have identified that all of these areas have a common theme of training and education to link them all together and enable a smooth patient journey.



## Training and Education

The Care Quality Commissioner (CQC) state “Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.”

At Pinehill Hospital we recognise that training and education is not just for the benefit of our employees but also our patients and stakeholders. Our aim is to:

- Achieve and maintain a minimum of 95% compliance for all mandatory training for all employees.
- Educate patients by repetition and reinforcement of information

We will achieve this by:

- Encouraging and providing additional “learning at lunch” forums following any trends within incidents, common themes in patient feedback and additional clinical topics at employee request.
- Provide additional training days via an external trainer to cover additional clinical and non-clinical topics e.g. human factors
- Training diary is produced annually and distributed in October for the following year to allow Heads of Departments visibility of planned training days so they can proactively book employees whilst maintaining safe staffing levels in their department.
- Access to clinicalskills.net for reinforcement and easily accessible information
- Competencies completed within induction period and reviewed annually at appraisals.

Training compliance is monitored monthly by Human Resources and the Senior Leadership team. All patient concerns and queries are documented on the patient electronic record. The effectiveness of patient education will be monitored through post-operative telephone activity.

## Patient Safety

### **To enhance patient safety through a skilled workforce – Pre-assessment Triage**

As part of a wider project throughout Ramsay Healthcare, Pinehill Hospital have implemented a new process for triaging patients prior to them being given a date for surgery.

The aim of this process is:

- To ensure that patients who are booked onto theatre lists are suitable for Pinehill Hospital in line with our exclusion criteria, reducing the risk of cancellation further down the line.
- Proactively manage theatre lists by having patients ready to booked
- Ability to fill short notice gaps in lists by having a “pool” of patients deemed fit for surgery by the pre-assessment team

To achieve this we have already set up a pre-assessment triaging clinic within the outpatient department. To develop this service further we will:

- Recruit employees to run the service alongside all outpatient clinic hours
- Train current employees to have the knowledge and skills to cover this service
- Communication with all departments to ensure a smooth process e.g. bookings to ensure the correct letter communication is sent to patients to manage their expectation

The success of this objective will be monitored through reviewing cancellations on a monthly basis which is part of the Ramsay Key Performance Indicators. Daily utilisation of the Triage clinic is monitored as is theatre utilisation on a weekly basis. Successful implementation of the Triage project will see a decrease in cancellations, an increase in the Triage clinic daily and an increase in theatre utilisation.

## Clinical Effectiveness

### **Recruitment and retention of staff by good induction, development and opportunities**

Over the past year there has been a national struggle to recruit Healthcare employees. Turnover of staff is a Key Performance Indicator which is monitored monthly by local site and the corporate team within Ramsay Healthcare. Interviews with leavers have shown that a lack of initial induction and then development opportunities have contributed to employees making the decision to leave Pinehill.

We aim to achieve this objective by:

- Heads of Department being proactive and engaging with the recruitment team.
- Heads of Department being familiar with the IT system used for recruitment and ensuring they have a clear understanding of the process
- Clear induction

- Departmental specific information given to the new starter
- Setting out realistic expectations
- Having appropriate mentors and “buddies”
- Appropriate time allocated with the new starters Head of Department and mentor to review employee performance with good documentation – organisation and planning
- Incorporation of knowledge for wider patient journey
- Competency and development plan
- Given opportunities to deliver responsibilities and education for development
- Set objectives around the pay role progressions so that employees are aware what is required to progress further and move to the next level
- Training opportunities shared with all departments and employees treated fairly for allocation and attendance.

This objective will be measured through the monthly Key Performance Indicator for staff turnover. Successful implementation will show a decrease in the staff turnover percentage.

### **Day case Joint Replacement Surgery**

Pinehill physiotherapy and ward teams have worked well together over the past year to decrease the average length of stay for patients, with a particular focus on hip and knee joint replacements. To progress this further Pinehill Hospital would like to focus on doing joint replacement surgery as a day case procedure for suitable patients.

We aim to achieve this objective by:

- Creating a working group consisting of Physiotherapists, Ward employees, Head of Clinical Services, Outpatient and Pre-assessment triage employees.
- Working group will review the corporate day case pathway that has been trialled within Ramsay Healthcare and plan the process that will be suitable for Pinehill Hospital
- Working group to engage with Consultants and Anaesthetists for patient suitability and pathway to be identified
- Working group will present the pathway and plan to Medical Advisory Committee and Clinical Governance Committee to ensure governance sign off and approval.

The success of this objective will be measured by the amount of joint replacement procedures completed where the patient is successfully discharged home on the same day.

## **Patient Experience**

### **Patient Participation Groups (PPG)**

To increase participation with the public and stakeholders, Pinehill Hospital aims to implement a patient participation group. The aim of this group will be:

- To invite patients to PPG meetings held quarterly to discuss improvements that can be made within our Hospital
- To invite members of the PPG to be involved with audits such as the PLACE audit.

To achieve this objective we aim to:

- Offer the opportunity to all patients, covering a diverse range of the population, to be a member of this group by asking them to complete a consent form for participation
- Engage with patients in quarterly PPG meetings to cover a standard item agenda for any clinical areas that have shown as an area for improvement through audits and clinical incident trend, discuss common themes from friends and family feedback to gain public ideas on how to make the patient journey smoother for all patients across all departments
- Invite members of the PPG to attend the annual PLACE audit
- Discuss the results of the annual PLACE audit and engage with the PPG to create and complete the action plan based on these results

The success of this objective will be measured by the amount of members of the public who give consent to be a part of the PPG. Success will also be measured by how many attendees/participants we have at the PPG meetings and involved in the PLACE audit.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2022/23 Pinehill Hospital provided 20 eRS NHS services.

Pinehill Hospital has reviewed all the data available to them on the quality of care in all 20 of these eRS NHS services.

The income generated by the NHS services reviewed in 1 April 2022 to 31<sup>st</sup> March 2023 represents 37.6% per cent of the total income generated from the provision of NHS services by Pinehill Hospital for 1 April 2022 to 31<sup>st</sup> March 2023.

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

#### **Human Resources**

Staff Cost % Net Revenue – 33.4%

HCA Hours as % of Total Nursing – data not reported. Ratio of Nurses to HCAs is aimed to maintain 70:30.

Agency Cost as % of Total Staff Cost – 8.9%

Ward Hours PPD – 6.89

% Staff Turnover – 11.2%

% Sickness – 6.9%

% Lost Time – 23.3%

Appraisal % - 79.7%

Mandatory Training % - 95.1%

Staff Satisfaction Score – 55% engaged, 63% enabled

Number of Significant Staff Injuries – 0 reported to RIDDOR

## Patient

Formal Complaints per 1000 HPD's - 0

Patient Satisfaction Score – 95.8%

Significant Clinical Events per 1000 Admissions – 1.61

Readmission per 1000 Admissions – 0.32

## Quality

Workplace Health & Safety Score – 91.8%

Infection Control Audit Score- Governance and infrastructure – 100%

Consultant Satisfaction Score – awaiting results from central survey ran in Jan 2023

### 2.2.2 Participation in clinical audit

During 1 April 2022 to 31<sup>st</sup> March 2023 Pinehill Hospital participated in 5 national clinical audits and 0 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 Pinehill Hospital participated in, and for which data collection was completed during 1 April 2022 to 31<sup>st</sup> March 2023, are listed in the table 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.

Count	Programme / work stream (A-Z)	Provider organisation	Comments
5.	Elective Surgery (National PROMs Programme)	NHS Digital	Continuation for Hips, Knees, Shoulder replacements, TURPs, Breast Augmentation, Carpel Tunnel
23.	National Cardiac Audit Programme 1, 2, 3, 4 :	Bart's Health NHS Trust	Unable to participate as no cardiac episodes occurred.
26.	National Comparative Audit of Blood Transfusion 3 :	NHS Blood and Transplant	Unable to participate as not

	<i>a. 2021 Audit of Patient Blood Management &amp; NICE Guidelines b. 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery</i>		enough patients required blood transfusion. Pinehill does not provide services to children.
30.	National Joint Registry 2	Healthcare Quality Improvement Partnership	Ongoing for hip and knees – 100% submission
44.	Serious Hazards of Transfusion	Serious Hazards of Transfusion	Reported via our blood supplier – 0 SHOT reportable events occurred.

The reports of 6 national clinical audits from 1 April 2021 to 31<sup>st</sup> March 2022 were reviewed by the Clinical Governance Committee and Pinehill Hospital intends to take the following actions to improve the quality of healthcare provided.

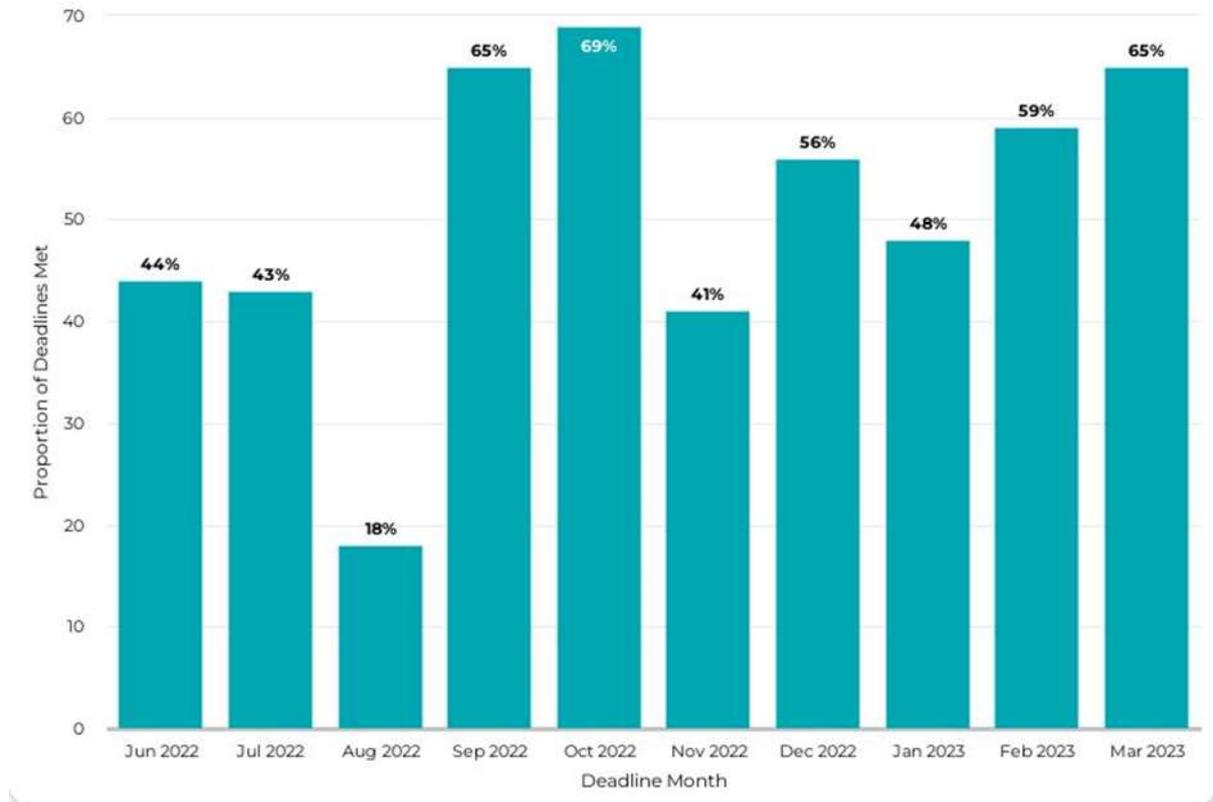
Count	Project name (A-Z)	Provider organisation
3	British Spine Registry	Amplitude Clinical Services Ltd
7	Elective Surgery (National PROMs Programme)	NHS Digital
12	Mandatory Surveillance of HCAI	Public Health England
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

The table below describes the actions that will be taken to ensure compliance for the following national audits.

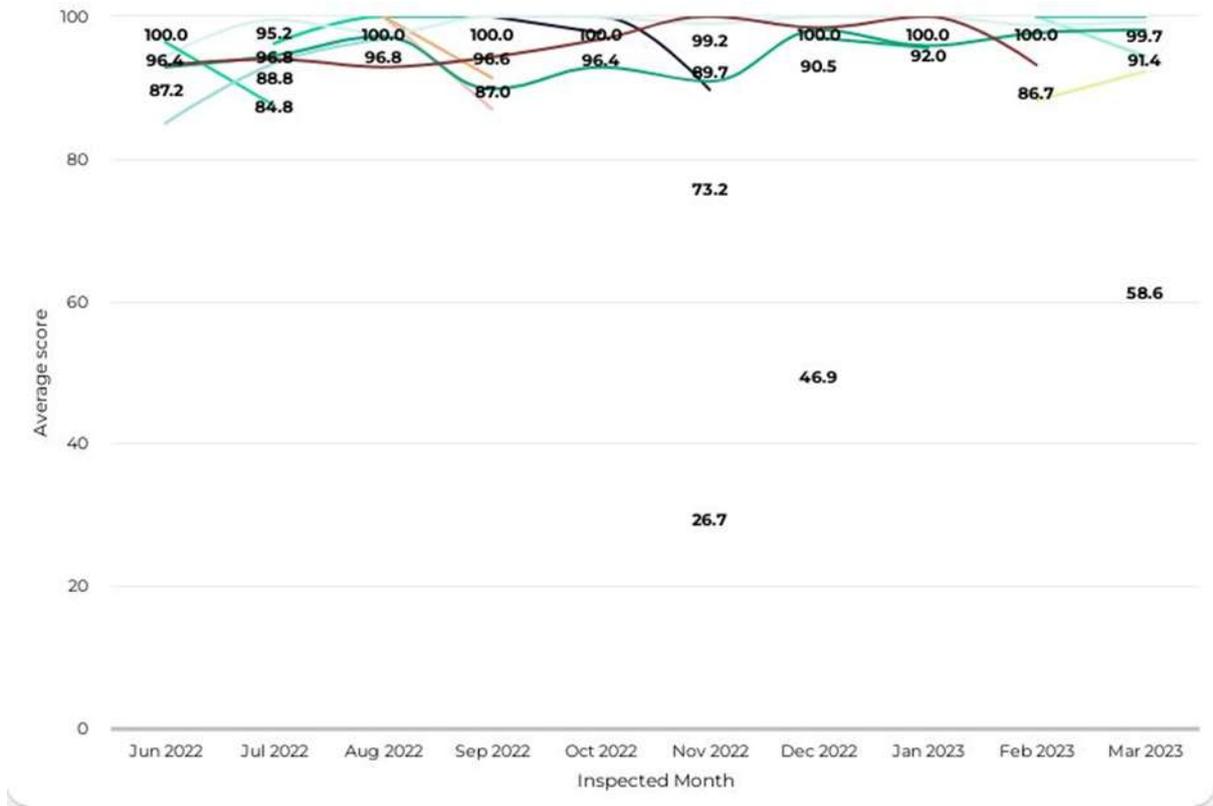
Count	Project name (A-Z)	Actions
3	British Spine Registry	MDT service to be formulated Consultant engagement
7	Elective Surgery (National PROMs Programme)	Continuation of ePROMS for hips, knees and carpal tunnel. Continuation of paper PROMs for septoplasty, breast augmentation, TURP Implementation of iCHOMS for cataract surgery.
12	Mandatory Surveillance of HCAI	Continuation of reviewing and reporting HCAI
33	National Joint Registry 2, 3	Continuation for hips and knees
48	Serious Hazards of Transfusion Scheme (SHOT)	Reporting managed by blood supplier. Continuation of monitoring and reporting adverse incidents in relation to blood products
50	Surgical Site Infection Surveillance	Continuation of monitoring, managing and reporting signs of infection

## Local Audits

Due to a number of changes within the senior leadership team the completion of audits against the monthly deadlines has varied. Since the new Head of Clinical Services took over in February 2023 there has been a steady increase in this completion. Audits are reviewed at clinical governance committee meetings as well as a focus area in Clinical Heads of Department meetings.



A total of 274 inspections have been undertaken during 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023, with an average score of 95.1%. The clinical audit schedule can be found in Appendix 2. Audit results can be identified in the graph below.



Action Plans are created from each standard that is not met in all audits and reviewed within governance meetings.

The graph below shows the average score for each department against the key CQC themes for March 2023.

	Area Name						
	Pinehill Hospital Amb Care/Day Case	Pinehill Hospital Pharmacy	Pinehill Hospital Physiotherapy	Pinehill Hospital Radiology	Pinehill Hospital Theatres	Pinehill Hospital Ward	
Key Theme							
Caring					100.0		
Effective					100.0	100.0	
Responsive					100.0		
Safe	100.0	100.0	95.5	94.7	99.5	97.1	
Well-Led	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Pinehill Hospital intends to take the following actions to improve the quality of healthcare provided:

- Implementation of MDT Compliance for all specialties. Currently this is done on an ad hoc basis. The aim is to implement on a regular basis to ensure formal documentation is completed and to allow MDTs to ensure there is a clear management plan for all complex patients. Compliance and improvement will be reviewed through further audit completion and review of the results.
- VTE Compliance is monitored on a weekly and monthly basis alongside the audits on tendable. VTE compliance is reviewed by the Head of Clinical Services, ward staff, theatre staff and pharmacy staff for VTE to ensure that assessments are complete and compliance with national guidance is maintained in line with patient safety standards. To increase compliance, VTE knowledge and awareness is vital and is included in induction training and supported via e-learning.
- Monthly review of Infection Control for hand hygiene and 49 cleaning steps to ensure safety throughout the patient journey and prevent the spread of possible infection. The 49 cleaning steps reviews all clinical environments to ensure that all areas are compliant with Infection Prevention and Control legislation and Health and Safety Standards.

During 2022/2023 Pinehill Hospital has also undergone a local Quality Assurance Visit from East and North Hertfordshire Integrated Care Board, a focused visit in Pharmacy from the Ramsay Corporate Clinical team and a focused visit in all clinical areas from the Ramsay Corporate Clinical team.

Following these reviews, Pinehill Hospital has taken the following actions to improve patient experience and safety:

- Focus on sharing of audit scores and reviews of action plans to implement changes required
- Specific focus on VTE compliance
- Link roles to be identified clearly in particular a learning disability link nurse
- Robust drug key management process especially for out of hours and when the hospital is closed
- Implementation of a Pre-assessment triage process for all surgical patients following their outpatient consultation where a decision to treat has been maintained
- Review of patient hydration status prior to their admission time to ensure that patients are maintaining hydration to enhance their recovery period post operatively

### 2.2.3 Participation in Research

There were no patients recruited during 2022/23 to participate in research approved by a research ethics committee.

#### Innovation

Physiotherapy discharge process for NHS orthopaedic patients – Our physiotherapy department have developed the initiative of leading a physio-led discharge process for NHS major orthopaedic services. This has enhanced the quality of care delivered for patients who are now following an evidence based physiotherapy program to support their rehabilitation and recovery. There is a streamlined pathway of communication between the physiotherapists and Consultants to discuss any concerns that may have been raised during this process.

Basic Life Support to the Community – Our resuscitation officers have delivered basic life support training to the parents of the mini youth team for the local rugby club. They have trained 18 members to date with a view to expand into the wider community moving forward.

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

Pinehill Hospital's income from 1 April 2022 to 31<sup>st</sup> March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. This is due to the Covid-19 suspension continuation.

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

Pinehill Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March is registered without conditions

Pinehill Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

## 2.2.6 Data Quality

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

The data below is a percentage of Ramsay Healthcare compliance. Improving data quality and clinical coding can deliver clinically meaningful information that can be used to demonstrate quality, patient safety and act as an early warning system for poor or declining performance. This is particularly important following the events at Mid Staffordshire where the Francis Inquiry recommended, "All healthcare provider organizations should develop and publish real time information on the performance of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction, and on the performance of each team and their services against the fundamental standards." (Mid Staffordshire Inquiry Feb 2013)

On induction, our staff are trained in how to obtain and input data correctly into our electronic systems and how to handle it confidentially. Staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital.

Data is monitored through:

- Clinical records audit divided into Pre-assessment records, surgical theatre records and medical records from the ward.
- Reports are reviewed weekly and monthly on operation note completion and VTE compliance.
- Missing visit worklists are closed down daily to ensure that all episodes of care are linked to a referral, with a corporate dashboard league table published and shared monthly. This is reviewed at monthly Head of Department meetings.

### NHS Number and General Medical Practice Code Validity

Ramsay Healthcare submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

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

The General Medical Practice Code:

- 96.6% for admitted patient care;
- 96.6% 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 submitted it's response on 30/06/2022. The status is 'Standards Met'. The 2022/2023 submission is due by 30<sup>th</sup> June 2023.

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

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

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Pinehill	Aug 22	98.3%	94.1%	100%	99.1%

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at March 2022*

## 2.2.7 Stakeholders views on 2021/22 Quality Account



### **NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Pinehill Hospital for 2022 /2023.**

**NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB)** welcomes the opportunity to provide this statement on the Pinehill Hospital Quality Account for 2022/23. The ICB would like to thank the hospital for preparing this Quality Account, developing future quality assurance priorities and acknowledging the importance of quality at a time when Pinehill Hospital continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from Pinehill Hospital. During the year HWE ICB have been working closely with Pinehill Hospital gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Pinehill Hospital Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

When reviewing the progress highlighted against the 2022/23 priorities, the ICB notes the progress in development of a Speak up for Safety Culture, engagement with the Private Healthcare Information Network (PHIN), and delivery of structured mentorship programmes. The ICB acknowledges the partial achievement of some objectives for clinical effectiveness and patient experience due to changes in technology or approach. We are pleased to see that focus on length of stay in the hospital, promoting patient recovery at home and patient engagement will continue in 2023/24.

The Account outlines the wide range of approaches through which Pinehill Hospital has maintained focus on infection prevention and control throughout 2022/23 and the areas for improvement over the coming year. The ICB would like to encourage the hospital to continue the reflective learning mechanisms and governance in this area and continue the zero Clostridium difficile (C. diff) infections.

The ICB is pleased to observe the reduction in readmission, patient falls and return to theatre rates. Pinehill Hospital's efforts on increasing patient feedback response by providing multiple opportunities and methods for feedback is welcomed. Patient participation groups will further enable patient engagement and feedback led improvements.

Looking forward to 2023/24, the ICB supports Pinehill Hospital's quality priorities and are pleased to see emphasis on improving the patient journey and staff experience. Clinical priorities around pre-triage assessments and day care joint replacement surgeries will support better outcomes and experience for patients. The ICB recognises the challenges experienced by Pinehill Hospital in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.

**Mary Emson**  
Deputy Director of Nursing & Quality, Hertfordshire and West Essex ICB

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



# Part 3: Review of quality performance 2022/23

## Statements of quality delivery

### Head of Clinical Services (Matron), Clare Granada

#### Review of quality performance 1st April 2022 - 31st March 2023

##### Introduction

Pinehill Hospital is now working towards “business as usual” following the Covid-19 pandemic. We maintain comparison to previous years in both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our record of accomplishment as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospital and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open, transparent and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients. We deliver our care within our company values and practice high quality compassionate care ‘The Ramsay Way’.

##### Ramsay Clinical Governance Framework 2023

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.

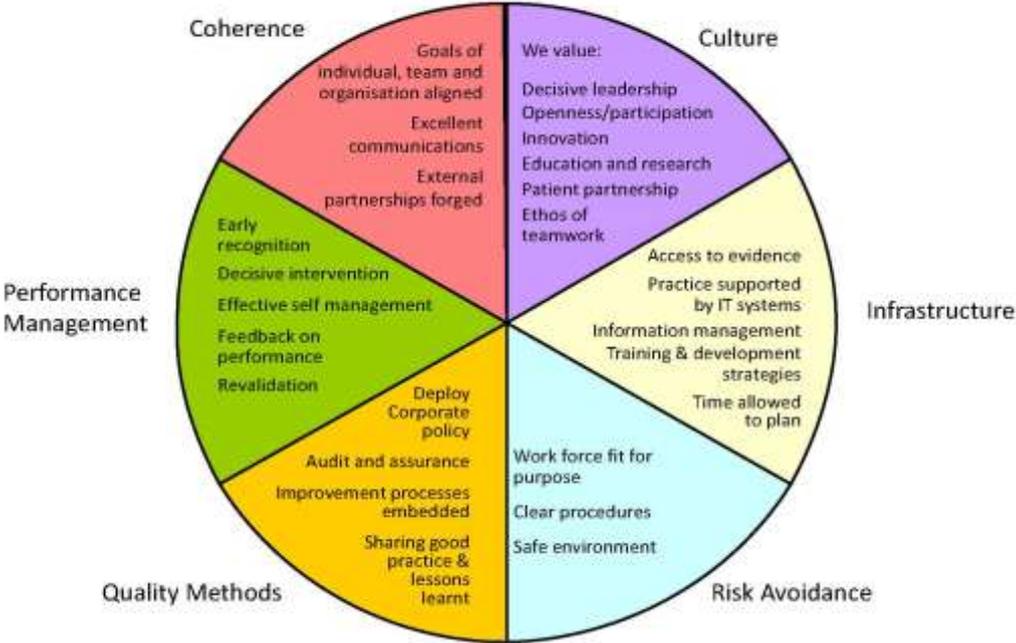
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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	Pinehill	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC15	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC15	0.0000

Pinehill Hospital considers that this data is as described for the following reasons:  
There have been no deaths at Pinehill within the past 12 months.

Pinehill Hospital intends to take the following actions to maintain this rate, and so the quality of its services, by:

- Maintaining annual training compliance for basic life support for all employees
- Maintaining annual training compliance for intermediate life support training for all registered nurses, ODPs and MRI radiographers
- Tri-annual Acute Illness Management training for all registered nurses, ODPs and HCAs working in the Wards, Theatres, Outpatients and Pre-assessment.
- Encourage employees within recovery, Anaesthetic ODPs and ward nurses to complete Advanced Life Support.

A Resident Medical Officer (RMO) works on site covering 24 hours a day, 7 days a week, on a weekly rotational post. All RMOs undergo a thorough induction following successful completion of the Advanced Life Support course.

Rate per 100 discharges:



#### National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Pinehill	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC15	22.012
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC15	*

PROMS: Knees	Period	Best		Worst		Average		Period	Pinehill	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC15	18.207
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC15	*

Pinehill Hospital considers that this data is as described for the reason being there is no publication on the NHS digital website for April 2020 – March 2021 as publication has been paused.

For hip replacements the oxford hip score indicates that Pinehill is slightly lower than the national average for adjusted health gain. This can be due to lower volumes of patients being operated on. Pre-operative scores for hip replacements are much higher than the national average. This can indicate that patients who are undergoing this procedure at Pinehill are generally in better health and receiving their treatment quickly which results in a decreased health gain.

Knee replacements indicate the same pre-operative response as hip replacements but show an adjusted health gain in line with the national average.

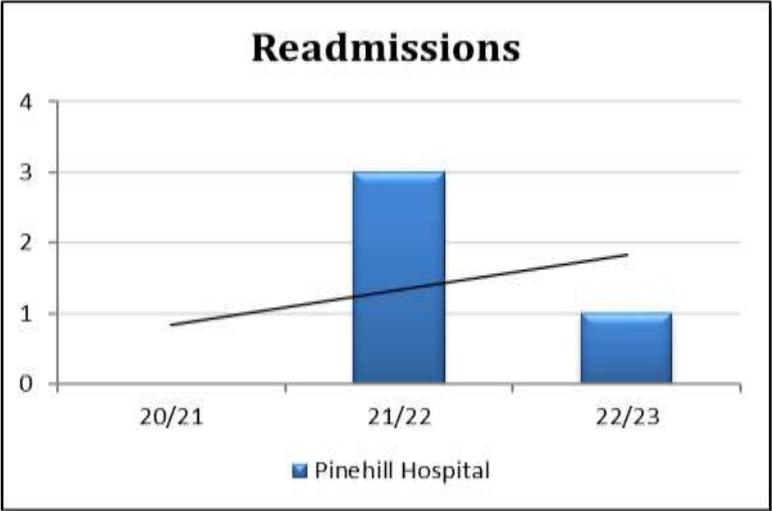
**Readmissions within 28 days**

Readmissions:	Period	Best		Worst		Average		Period	Pinehill	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC15
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC15	0.00

Pinehill Hospital considers that this data is as described for the following reasons: There has only been 1 readmission over the past 12 months. The trend line is showing that there is a decrease in readmissions which implies that patients are discharged at an appropriate time when they are deemed medically fit by Consultants, physiotherapists and nurses.

All patients are discharged home with the direct telephone number for a point of contact for both in and out of hours should they need advice, support and reassurance. This compliance is replicated in the complicity survey for the PHIN question “were you told who to contact if you were worried after leaving”

*Rate per 100 discharges:*



**Responsiveness to Personal Needs**

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

Summary of PHIN Patient Experience performance

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

Filter set one: Hospital: Pinehill Hospital



**PHIN PATIENT EXPERIENCE**

**94.1%**

Your Hospital Average

**94.1%**

Filter set one

**HOSPITAL BENCHMARKING**  
PHIN Patient Experience

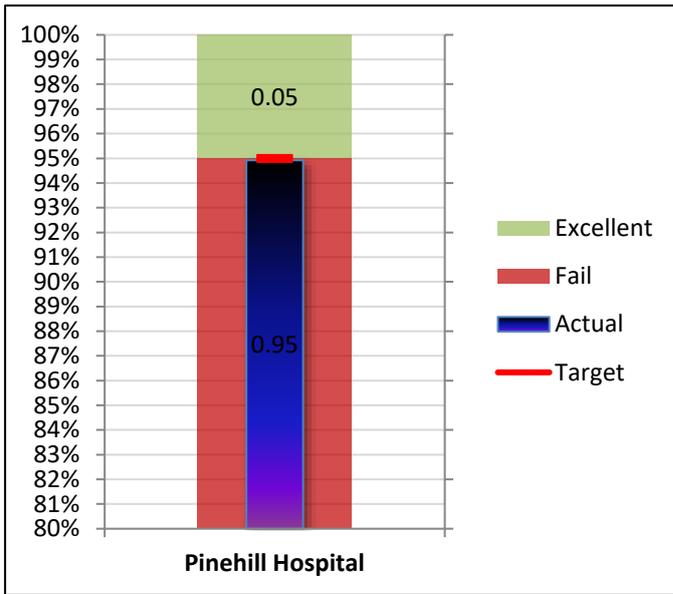
Pinehill H... 94.1 %

Ramsay U... 92.8 %

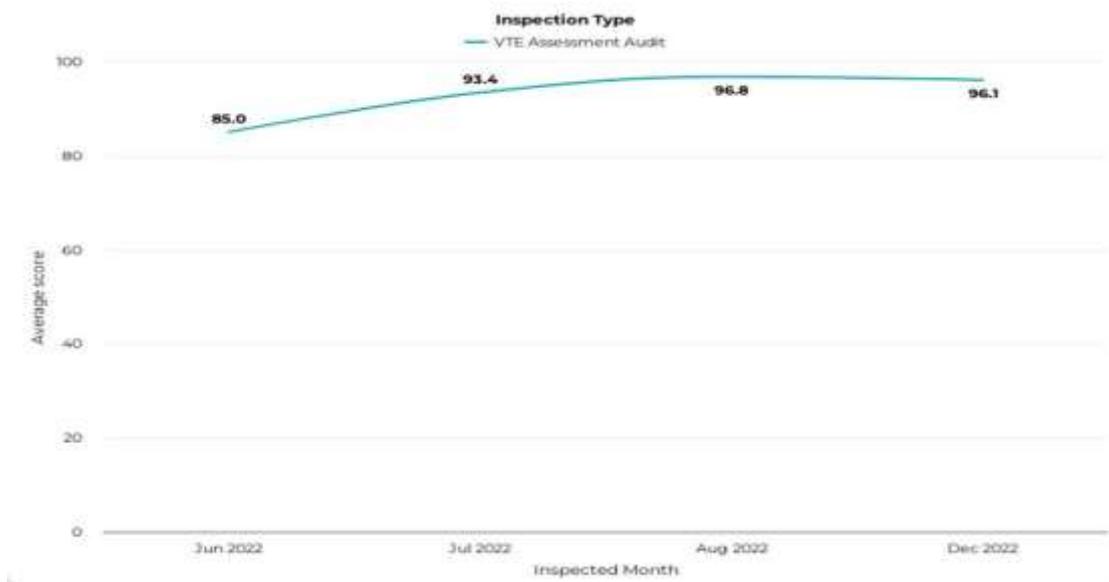
VTE Risk Assessment

VTE Assessment:	Period	Best	Worst	Average	Period	Pinehill
	Q1 to Q4 18/19	Severl	100%	NVCOM 41.6%	Eng 95.6%	Q1 to Q4 18/19 NVC15 89.8%
	Q1 to Q3 19/20	Severl	100%	RXL 71.8%	Eng 95.5%	Q1 to Q3 19/20 NVC15 94.9%

Pinehill Hospital considers that this data is as described for the following reasons: due to Covid this submission was paused. There is no data published after Q3 19/20.



Pinehill Hospital intends to continue monitoring VTE assessment internally through our local audit program with the aim to ensure that there is 95% compliance or greater. This was identified as an area for improvement in 2021/2022. The graph below shows the improvement scores within our local audit program over this period.



### C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Pinehill	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC15	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC15	0.0

Pinehill Hospital considers that this data is as described for the following reasons: Pinehill Hospital has succeeded in protecting its patients from the harms of C difficile and has had zero cases in the past 4 years.

Pinehill Hospital intends to maintain compliance with the following actions:

- Our Infection Prevention Control Lead chairs the Local IPC Committee which consists of representatives from all key areas of the hospital, and includes a Consultant

Microbiologist. The committee meets quarterly to oversee implementation of corporate policies and National guidance and review clinical audit & practice.

- All staff undertake mandatory infection prevention and control (IPC) training annually.
- Completion of corporate clinical audits, incident reporting, identifying trends and identification of further training requirements.
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Also through local Medical Advisory Committee and Senior management meetings.
- Pinehill has an Anti-Microbial Policy & Anti-Microbial Prescribing Regime in place, which prohibits the use of restricted antibiotics and is in line with that of the Local Trust, East & North Herts NHS Trust. Compliance is monitored through the local Prescribing audit at Pinehill. Compliance with antimicrobials over 2021/2022 has been 100%.

### *Patient Safety Incidents with Harm*

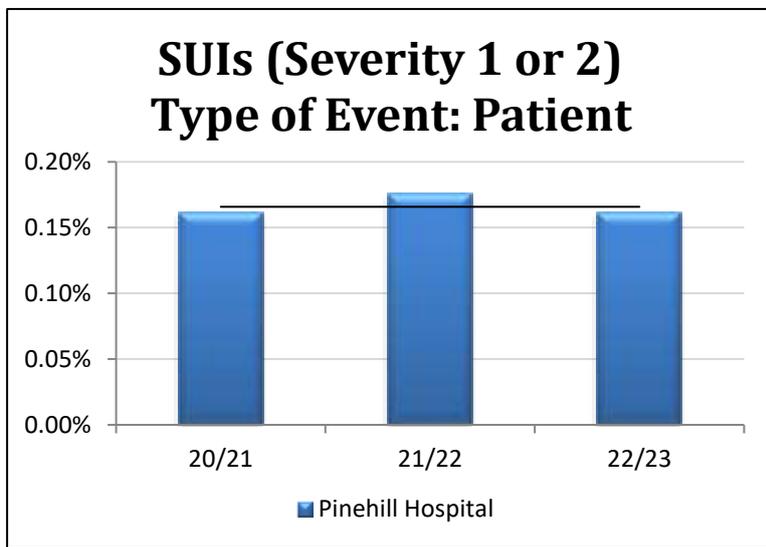
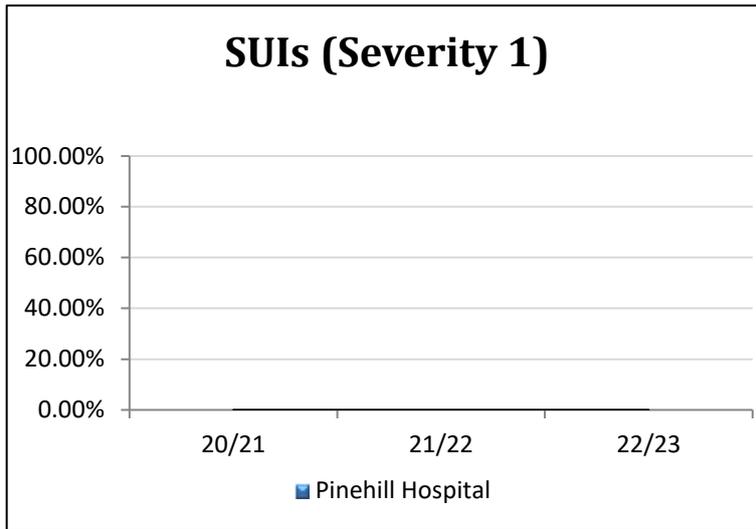
SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Pinehill	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC15	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC15	0.00	

Pinehill Hospital considers that this data is as described for the following reasons: There were no incidents reported for severity level 1.

Pinehill Hospital intends to continue to take the following actions to maintain this rate, and so the quality of its services, by:

- Continuing to promote the importance of accurate reporting of all incidents.
- Training staff on the incident reporting system during induction
- Maintaining staff knowledge and awareness for the completion of risk assessments incorporating falls, waterlow score, MUST score and dementia score for patients over the age of 65 years.
- Sharing outcomes with learning at all levels through the governance framework
- Annual Speak up for Safety training
- Additional training in Human factors available to all staff
- Continuing to promote the Ramsay behaviours and values.

### *Rate per 100 discharges*



## Friends and Family Test

F&F Test:	Period	Best	Worst	Average	Period	Pinehill	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%
	Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%
	Feb-23	NVC15	100.0%		Feb-23	NVC15	100.0%

Pinehill Hospital considers that this data is as described for the following reasons; NHS England is now calculating and presenting the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family. It can be seen that Pinehill has achieved above 100% average 12 month rolling percentage.

Pinehill Hospital intends to take the following actions to maintain this percentage and so the quality of its services by;

- Promoting patient feedback to all patients who use any service within Pinehill
- Create multiple opportunities, including electronic, for patients to give feedback throughout their Pinehill journey
- Continue to promote discussion following patient feedback in all governance forums

- Enhance staff knowledge by discussing outcomes and any learning through mandatory and clinical excellence training days

## 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

***Pinehill Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.***

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

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

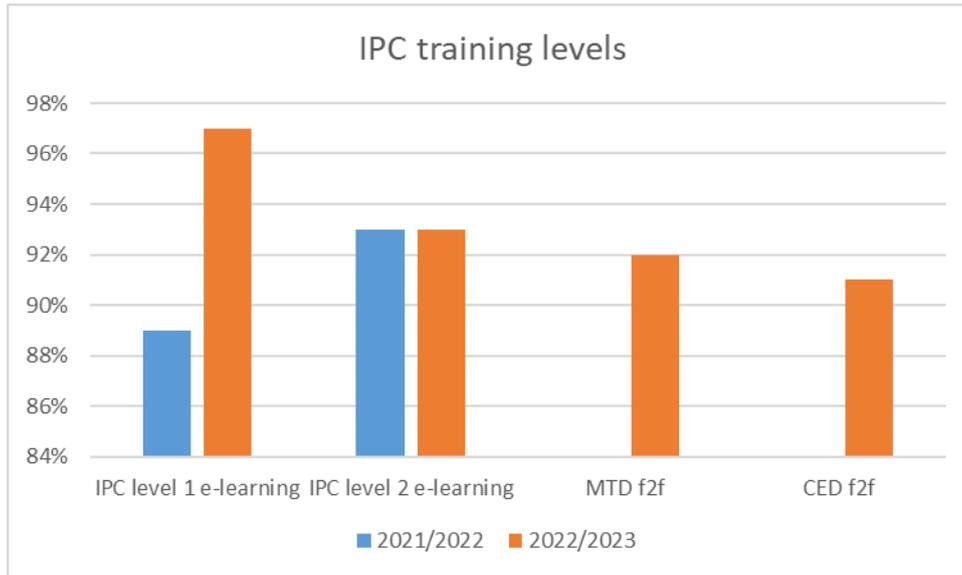
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

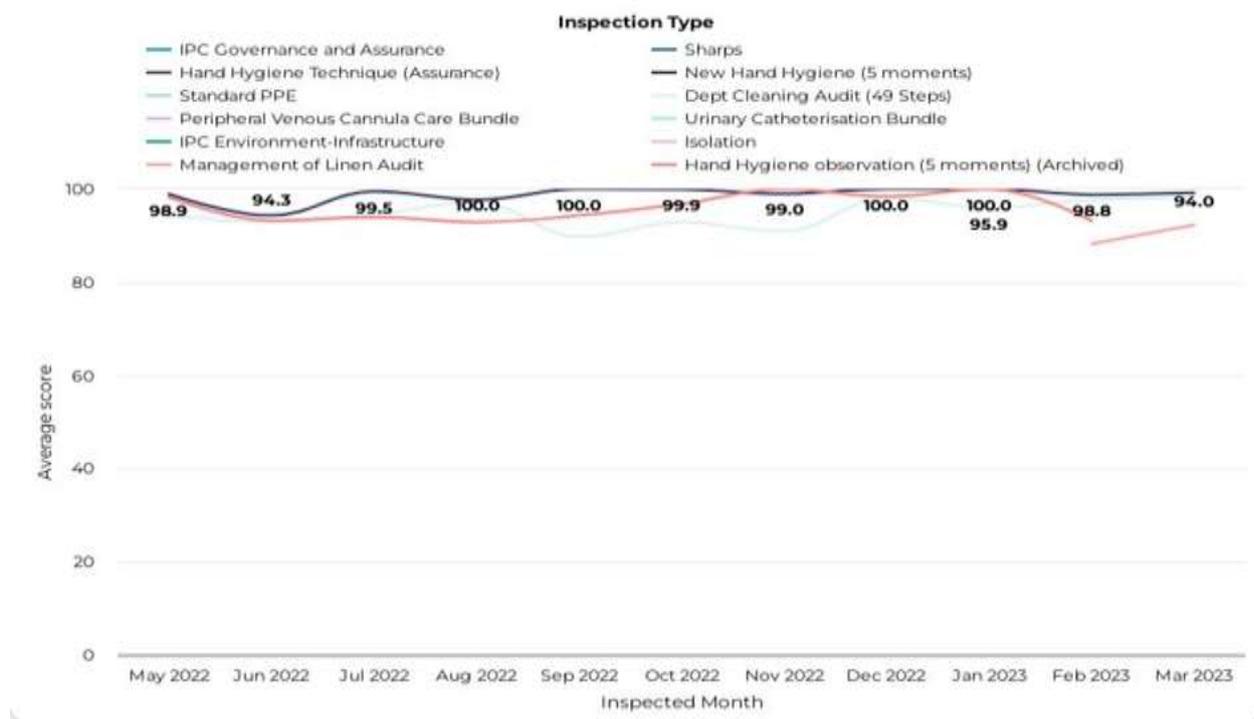
#### **Programmes and activities within our hospital include:**

Pinehill Hospital understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.

Infection Prevention and Control has a dedicated IPCN who runs the local IPC meetings, training and any initiatives. All staff members undertake mandatory annual e-learning and practical training sessions for Infection Prevention, focusing on hand hygiene and skin integrity for all employees. Clinical employees also attend further mandatory clinical excellence training which focuses on donning and doffing, waste and sharps management and aseptic non-touch technique. The compliance rate for Infection prevention and control, both e-learning and face to face training, are highlighted in the graph below.



A comprehensive Infection Control Audit Programme was maintained throughout 2022/2023. During the past year there have been 189 infection, prevention and control audits completed with an average score of 96.1%. The graph below identifies the elements of infection control that are audited.



Pinehill Hospital retain their Silver accreditation from ANTT Patient Protection Accreditation Programme.

ANTT® Patient Protection Accreditation Programme



Awarded to:

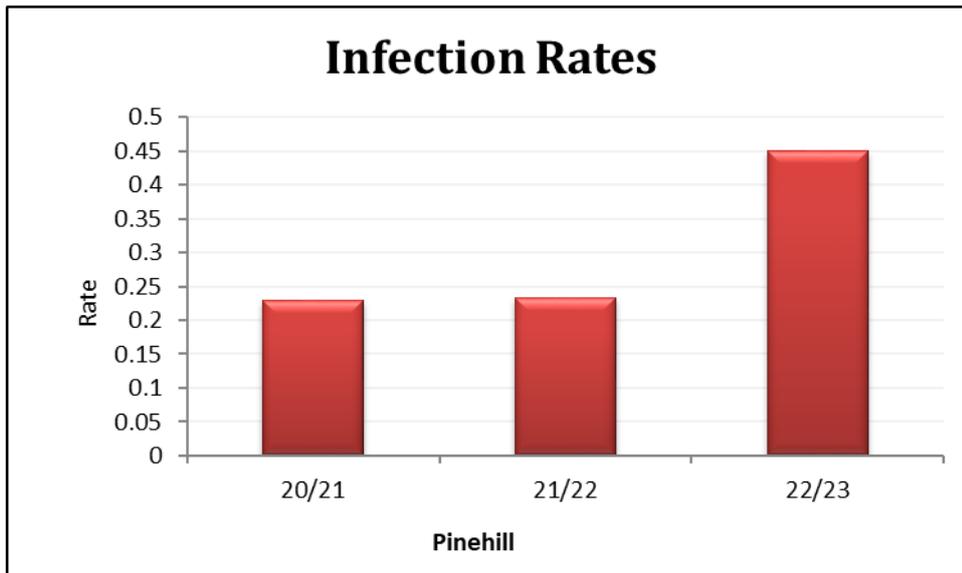
**Pinehill Hospital - Part of Ramsay Health Care**

In recognition of attaining

Silver Level ANTT® Accreditation

Valid from March 2022 to April 2025

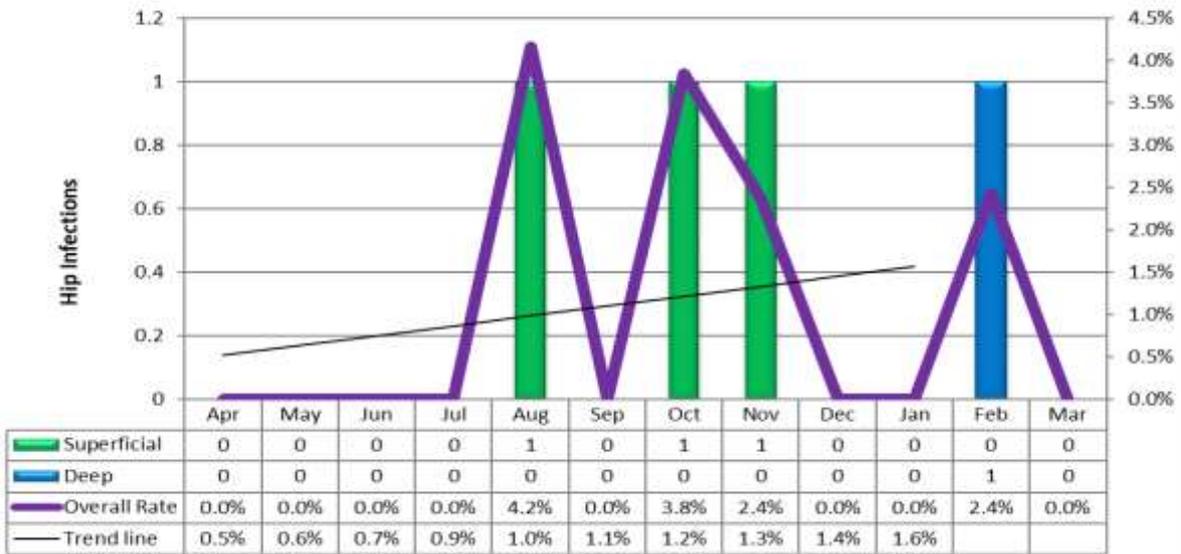
The main action for 2023/2024 is for Pinehill to maintain this accreditation whilst focusing on the assessments required to strive for gold.



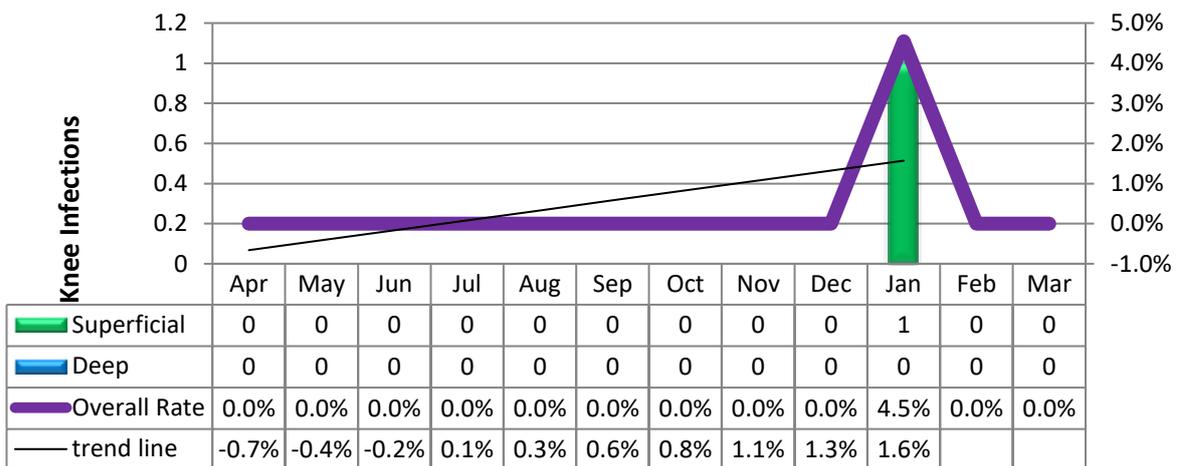
As can be seen in the above graph our infection rates have increased over the last year. The increase appears to be related to better surveillance and reporting for wound concerns across all clinical teams. Each issue identified is reviewed by our Infection Control Link Nurse and trends identified and outcomes shared for learning. There have been no trends identified for the issues raised in 2022/2023.

The graphs below identify the rates for surgical site infections for Pinehill, to identify the trends for this increase. The surgical site infection graphs below show some spikes throughout the year with a decreasing trend in 2023. Pinehill's infection rate remains below national average. Pinehill has robust processes in place to capture any patient who presents with infection clinical symptoms, which include monitoring and management, reporting and investigating and sharing outcomes with learning.

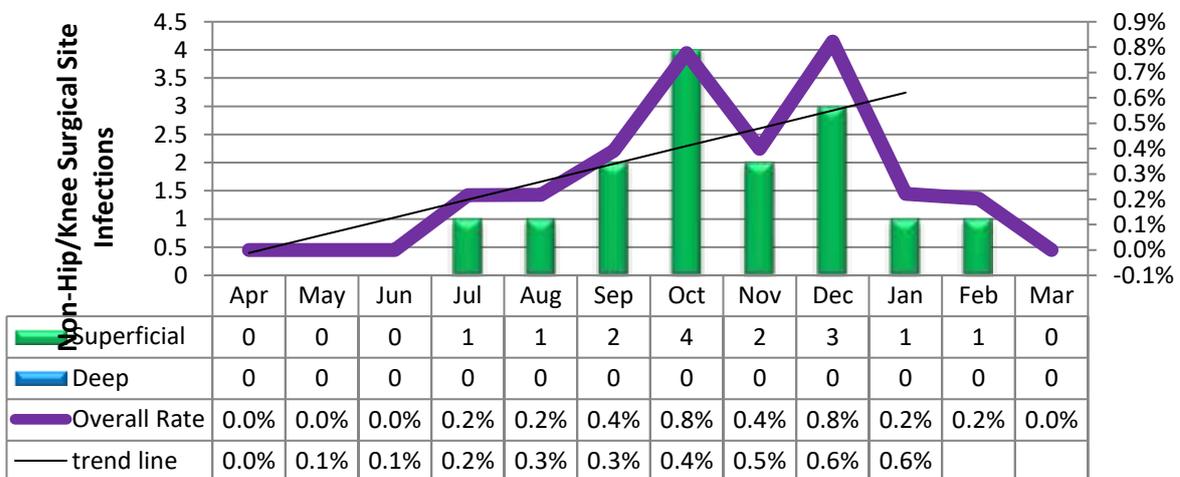
### Hip Infections R12M



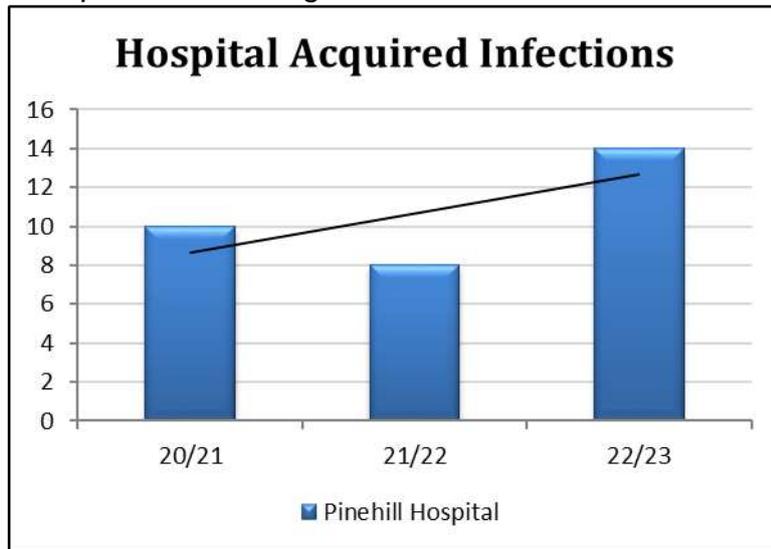
### Knee Infections R12M



### Other SSI R12M



Rate per 100 discharges:



The graph above shows the slight increase in Hospital Acquired Infections. At the time of this report, the 2022/2023 data is yet to be validated. There is potential that this may be decreased in the following years quality account once this data has been validated. We have seen this happen to the reported infections for 2021/2022.

### 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 Pinehill 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.

Site Name	Cleanliness	Food	Org Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
PINEHILL HOSPITAL	97.99%	97.29%	97.04%	97.56%	89.13%	98.00%	95.12%	96.43%
National Average	98.28%	91.86%	91.02%	92.93%	88.88%	95.64%	84.80%	85.11%
Independent Sector	98.28%	83.52%	90.74%	75.91%	77.44%	84.74%	79.42%	81.42%
Ramsay Average	98.65%	94.74%	92.98%	96.72%	87.33%	96.66%	82.58%	83.67%

On the whole Pinehill hospital scored highly across the board in all areas audited by PLACE. Pinehill achieved higher than National, Independent and Ramsay Organisational scores in every domain except for Cleanliness where the score (97.99%) was still close to all averages. The hospital cleanliness is audited by clinical teams as well as regular housekeeping audits where any areas of non-compliance is rectified, checked and evidenced within 48 hours of discovery.

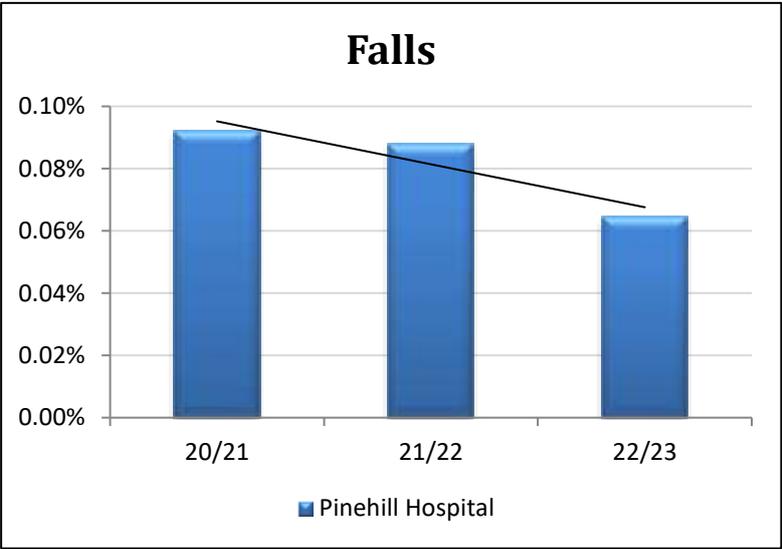
### 3.2.3 Safety in the workplace

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

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

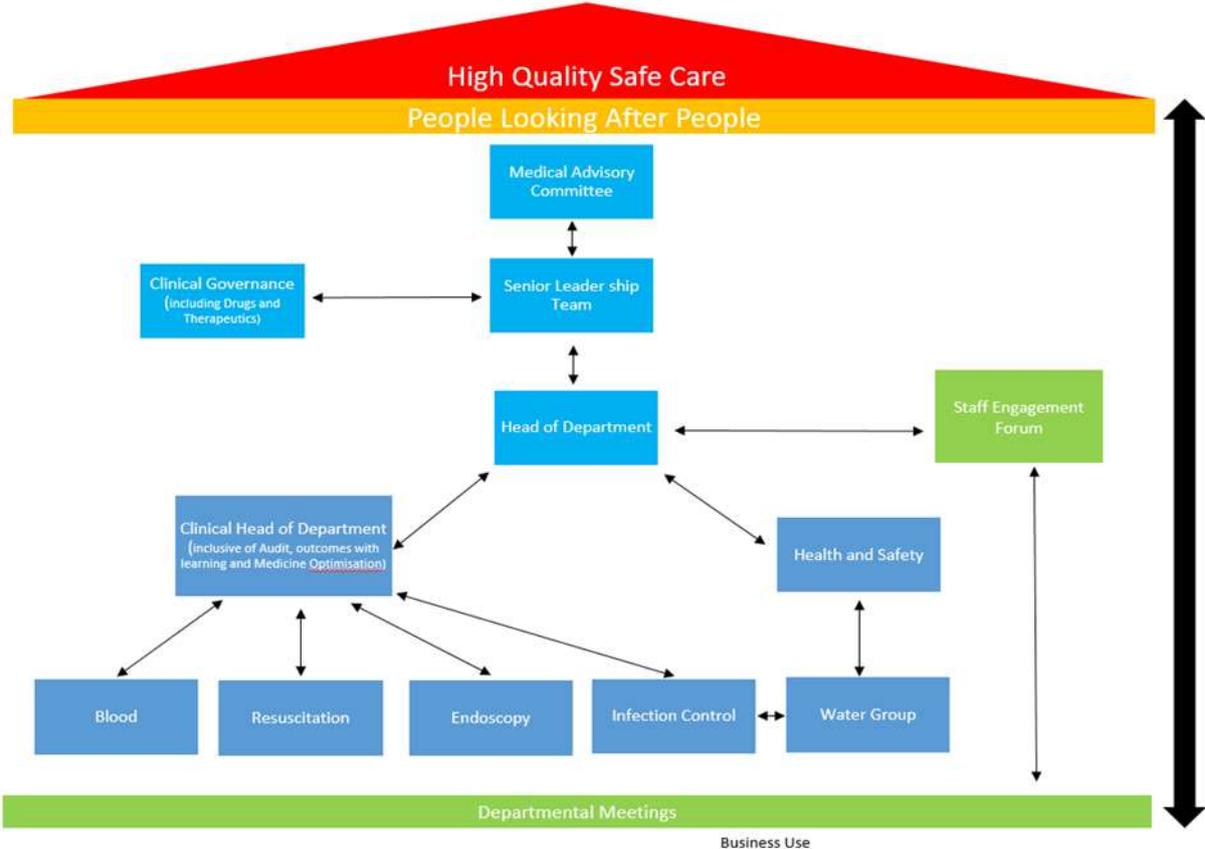
For all inpatients an intentional-rounding form is used to ensure that the patients environment is safe and hazard free. The initiative around the intentional-rounding form is to ensure that patients are monitored frequently throughout the day and night and ensure that all necessary equipment is accessible. Inpatients are also risk assessed for risks of falls on admission. There are rooms on the ward that are close to the nurses station so that patients who are at a high risk of falling can be monitored more closely. The Health and Safety Facilities audit shows a compliance of 99% for falls within Pinehill.

*Rate per 100 discharges:*



### 3.3 Clinical effectiveness

Pinehill 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

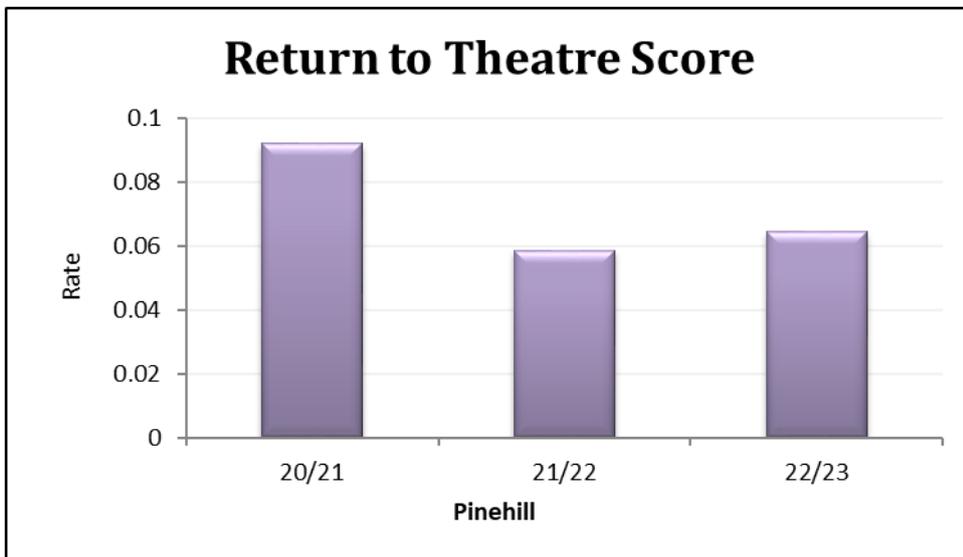
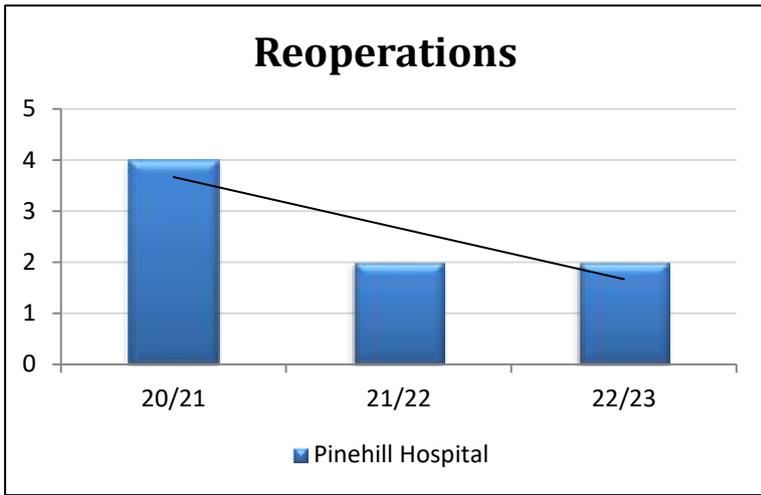


Clinical Governance Framework

#### 3.3.1 Return to theatre

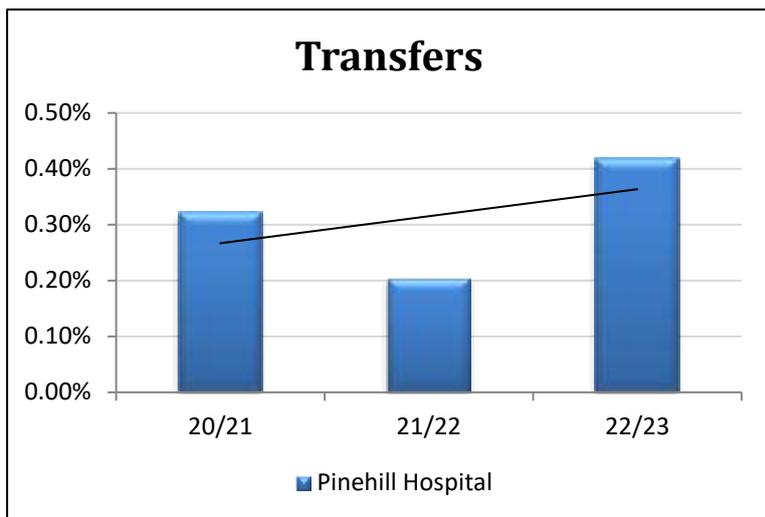
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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.

Rate per 100 discharges:



As can be seen in the above graphs our returns to theatre rate has remained very similar over the last year. This is much lower than the national average, Pinehill have a low threshold for being responsive to deteriorating patients. Training for all employees on Acute Illness Management enables all employees to recognise symptoms of deterioration early which encourages an early review by the Consultant and a management plan to be implemented early. This can result in a return to theatre if required with an on call team for both the wards and theatres available at all times.

*Rate per 100 discharges:*



The graph above shows an increase in external transfers over the past year. This can be attributed to the increase in admissions that we have seen as well as the increase in patients with existing co-morbidities that we are treating. Patients get transferred to the local Trust when there are clinical concerns beyond the scope of Practise at Pinehill. Over the past year patients have been transferred due to the following reasons:

- Uncontrolled diabetes
- Deterioration in patients clinical status indicating sepsis
- Complications from surgery that cannot be rectified at Pinehill

### 3.3.2 Learning from Deaths

The team at Pinehill review all patient deaths which take place to identify if there is any learning. Over the last 12-month period there have been no unexpected deaths at the hospital and no expected deaths for patients who had elected to spend their last days at Pinehill when on an 'end of life pathway'.

### 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%.

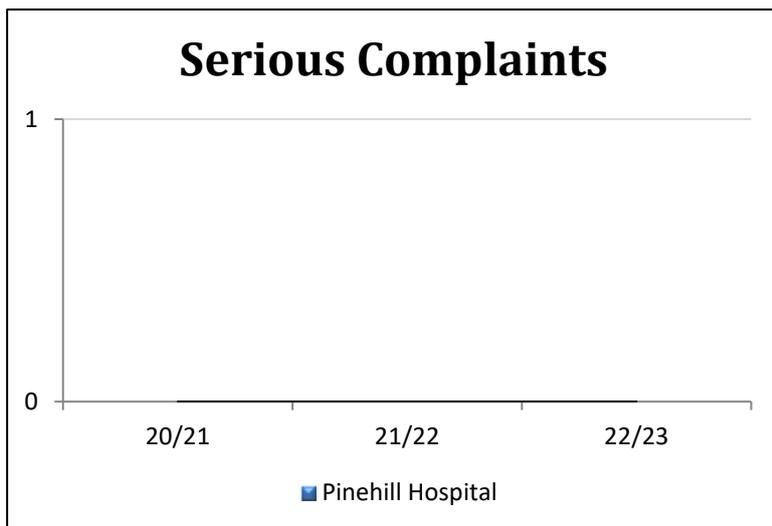
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace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

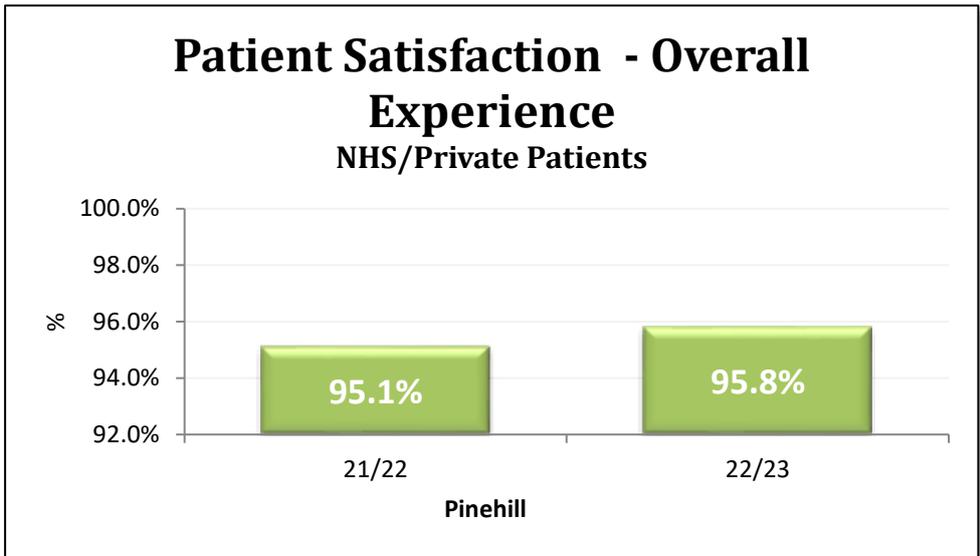
Feedback regarding the patient’s experience is encouraged in various ways via:

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

### 3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average for inpatients in February 2023 was 95%, Pinehill is slightly over this average. This is due to a focus on offering all patients the opportunity to provide feedback at every point of care.

To improve this Pinehill Hospital has implemented patient satisfaction as a standard item agenda at all governance meetings and has implanted a training session to discuss outcome and share learning in our monthly mandatory clinical excellence training day.

# 3.5 Pinehill Hospital Case Study

No case study submitted

## Appendix 1

# Services covered by this quality account

### Regulated activities – Pinehill Hospital

	Services Provided	People needs met for
Treatment of disease, disorder and injury	Cardiology, Dermatology, Diabetes, Endocrinology, Ears, Nose and Throat (ENT), Gastrointestinal, General Medicine, Gynaecology, Ophthalmic, Orthopaedic, Pain Management, Physiotherapy including acupuncture, Rheumatology, Sports medicine, Satellite outpatient clinics, Urology	All Adults 18 years and over
Surgical Procedures	Colorectal, Cosmetics, Day case and Inpatient surgery, Ears, Nose and Throat (ENT), General Surgery, Gynaecology, Maxillofacial, Ophthalmic, Orthopaedic, Vascular, Urology	<p>All Adults 18 years and over excluding:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• No suitable support at home in the 24hrs post GA, sedation or cataract.</li> <li>• Any requirement for planned high dependency care.</li> <li>• Patients without mental capacity, in the absence of a Power of Attorney (Health and Welfare).</li> <li>• Patients currently detained under the provisions of the Mental Health Act</li> <li>• Patients with a BMI &gt; 40 for G.A/Sedation/Spinal – see overleaf for patients for LA</li> <li>• Chronic breathlessness of any origin, where the patient is on oxygen therapy <b>and/or</b> has had a hospital admission in the last three months for this symptom.</li> <li>• Implanted cardioverter defibrillator (ICD).</li> <li>• Unrepaired Abdominal Aortic Aneurism (AAA).</li> <li>• Thalassaemia or haemophilia.</li> <li>• An MI (heart attack) in the last 6 months.</li> <li>• Stents (cardiac) inserted in the last 12 months-</li> <li>• CVA/ TIA (stroke) in the last 9 months.</li> <li>• Recent DVT / PE in the last 3 months</li> <li>• Angina at rest or angina with minimal exertion +/- exertion</li> <li>• Surgical patients, GA &amp; LA with HbA1c of 69mmols or above. HbA1c must be within 3/12 of procedure.</li> <li>• On Renal dialysis.</li> <li>• Patients for Picolax / Moviprep / Plenvu with an eGFR &lt; 30. U&amp;E result must be within 3/12 of procedure.</li> <li>• Radiotherapy or non-maintenance chemotherapy within the last 6 months.</li> <li>• Active hepatitis.</li> <li>• Active acute infection</li> <li>• A history of malignant hyperpyrexia/hyperthermia for any GA/sedation.</li> <li>• Narcolepsy or cataplexy for GA/sedation.</li> </ul> <p>However, all patients will be individually assessed and will only be excluded if we are unable to provide an appropriate and safe clinical environment</p>
Diagnostic and Screening	Audiology, Echo Cardiography, GI physiology, Health screening, Imaging services, MRI/CT, phlebotomy, Ultrasound, urinary screening, Specimen collection	All Adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All Adults 18 years and over as clinically indicated

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

### Clinical Audit Programme

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

Audit	Department Allocation / Ownership (may be delegated)	QR Code Allocation	Frequency (subject to review)	Deadline for Completion
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	July, October, January, April	By month end
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, RDUK	Monthly	By month end
Surgical Site Infection (One Together)	Theatres (IPC)	Theatres	October, April	By month end
IPC Governance and Assurance	IPC, RDUK	Whole Hospital, RDUK	July, January	By month end
IPC Environmental infrastructure	IPC, RDUK	Whole Hospital, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August <i>February (as required)</i>	By month end NA
Sharps	IPC	Whole Hospital	August, December, April	By month end
High Risk PPE (when using)	IPC	Whole Hospital	<i>August, February (as required)</i>	NA
Standard PPE	IPC	Whole Hospital	July, October, January, April	By month end
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio,	Ward, Theatres, Radiology, Physio,	Monthly	By month end

	Outpatients, Amb Care, Pharmacy, RDUK	Outpatients, Amb Care, Pharmacy, RDUK		
<b>Central Venous Catheter Care Bundle</b>	Oncology	Oncology	July to September	End of December
<b>Peripheral Venous Cannula Care Bundle</b>	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
<b>Urinary Catheterisation Bundle</b>	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
<b>Isolation</b>	IPC	Whole Hospital	October	By month end
<b>Patient Journey: Safe Transfer of the Patient</b>	Ward	Ward	July/August, January/February	End of August End of February
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	August/September, February/March	End of September End of March
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	September/October, March/April	End of October End of April
<b>NatSSIPs LSO</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
<b>NatSSIPs Safety Brief</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March
<b>NatSSIPs Sign In, Time Out &amp; Sign Out</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
<b>NatSSIPs Site Marking</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	November/December, May/June	End of December End of June

NatSSIPS Prosthesis	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
NatSSIPs IOLs	Theatres	Theatres	July January/February	End of July End of February
NatSSIPs Swab Count	Theatres	Theatres	July/August, February/March	End of August End of March
NatSSIPs Instruments	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April	End of September End of April
NatSSIPs Histology	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May	End of October End of May
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September – <i>As required</i>	NA
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	NA
Walkabout	SLT / HoCS	Whole Hospital	As required	NA
Staff Questions	SLT / HoCS	Whole Hospital	As required	NA
Complaints	SLT	Whole Hospital	November	By month end
Duty of Candour	SLT	Whole Hospital	January	By month end
Practicing Privileges - Non- consultant	HoCS	Whole Hospital	October	By month end
Practicing Privileges - Consultants	HoCS	Whole Hospital	July, January	By month end
Practicing Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (as applicable)	NA
Observation Audits - Physio	Physio	Physio	July/August <i>January/February (as required)</i>	End of August NA

<b>Observation Audits - Ward</b>	Ward	Ward	August/September <i>March/April (as required)</i>	End of September NA
<b>Observation Audits - OPD</b>	Outpatients	Outpatients	July/August <i>January/February (as required)</i>	End of August NA
<b>Privacy &amp; Dignity</b>	Ward	Ward	May/June, November/December	End of June End of December
<b>Medical Records</b>	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Outpatients, Radiology, RDUK	July/September January/March (as required)	End of December NA
<b>Medical Records - Cosmetic Surgery</b>	Outpatients	Whole Hospital	July/September January/March (as required)	End of December NA
<b>Medical Records - Bariatric Services</b>	Bariatric Services	Whole Hospital	July/September January/March (as required)	End of December NA
<b>Medical Records - Paediatrics</b>	Paediatrics	Paediatrics	August February	End of September End of March
<b>Medical Records - NEWS2</b>	Ward	Whole Hospital	October, February, June	By month end
<b>Medical Records - VTE</b>	Ward	Whole Hospital	July, November, March	By month end
<b>Medical Records - Patient Consent</b>	HoCS	Whole Hospital	March September	End of April End of October
<b>Medical Records – MDT Compliance</b>	HoCS	Whole Hospital	December	End of January
<b>Non-Medical Referrer Documentation and Records</b>	Radiology	Radiology	July, January	By month end
<b>MRI Reporting for BUPA</b>	Radiology	Radiology	July, November, March	By month end
<b>CT Reporting for BUPA</b>	Radiology	Radiology	August, December, April	By month end
<b>No Report Required</b>	Radiology	Radiology	August, February	By month end

<b>MRI Safety</b>	Radiology, RDUK	Radiology, RDUK	January, July	By month end
<b>CT Last Menstrual Period</b>	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
<b>RDUK - Referral Forms - MRI</b>	RDUK	RDUK	August, October, December, February, April, June	By month end
<b>RDUK - Referral Forms - CT</b>	RDUK	RDUK	July, September, November, January, March, May	By month end
<b>RDUK - Medicines Optimisation</b>	RDUK	RDUK	October, March	By month end
<b>RDUK - PVCCB</b>	RDUK	RDUK	July, January	By month end
<b>RDUK - Walkabout</b>	RDUK	RDUK	October	By month end
<b>RDUK - Staff Questions</b>	RDUK	RDUK	October	By month end
<b>Paediatric Services</b>	Paediatric	Paediatric	July, January	By month end
<b>Paediatric Outpatients</b>	Paediatric	Paediatric	September	By month end
<b>Paediatric Radiology</b>	Paediatric	Paediatric	October	By month end
<b>Safe &amp; Secure</b>	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February	By month end
<b>Prescribing</b>	Pharmacy	Pharmacy	September, March	By month end
<b>Medicines Reconciliation</b>	Pharmacy	Pharmacy	September, March	By month end
<b>Controlled Drugs</b>	Pharmacy	Pharmacy, RDUK	September, December, March, June	By month end
<b>Governance - Pharmacy</b>	Pharmacy	Whole Hospital, RDUK	July	End of July
<b>SACT</b>	Pharmacy	Pharmacy	January/February	End of February
<b>Operational (Ward)</b>	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December	End of January
<b>Operational - Safeguarding</b>	SLT / HoCS	Whole Hospital	July	End of August

<b>Decontamination - Sterile Services</b>	Decontamination (Corporate)	Decontamination	June	NA
<b>Decontamination - Endoscopy</b>	Decontamination (Corporate)	Decontamination	June	NA

## Appendix 3

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC15	Code for Pinehill 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

# Pinehill 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.

For further information please contact:

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**[www.pinehillhospital.co.uk](http://www.pinehillhospital.co.uk)**

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