

Tees Valley Hospital

Quality Account 2023/24



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		3-4
Introduction to our Quality Account		5
PART 1 - STATEMENT ON QUALITY		6-10
1.1	Statement from the Hospital Director	6
1.2	Hospital accountability statement	7
PART 2		11-27
2.1	Priorities for Improvement	11
2.1.1	Review of clinical priorities 2023/24 (looking back)	11-16
2.1.2	Clinical Priorities for 2024/25 (looking forward)	16-21
2.2	Mandatory statements relating to the quality of NHS services provided	22
2.2.1	Review of Services	22
2.2.2	Participation in Clinical Audit	23
2.2.3	Participation in Research	23
2.2.4	Goals agreed with Commissioners	23-24
2.2.5	Statement from the Care Quality Commission	24
2.2.6	Statement on Data Quality	25-26
2.2.7	Stakeholders views on 2023/24 Quality Accounts	27-28
PART 3 - REVIEW OF QUALITY PERFORMANCE		29-50
3.1	The Core Quality Account indicators	32-37
3.2	Patient Safety	37-43
3.3	Clinical Effectiveness	43-47
3.4	Patient Experience	47-50
Appendix 1 - Services Covered by this Quality Account		51
Appendix 2 - Clinical Audits		52-61

Welcome to Ramsay Health Care UK

Tees Valley Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa
Chief Executive Officer

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

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

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

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

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



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Tees Valley 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

Mrs Donna Thornton, Hospital Director Tees Valley Hospital

I have reviewed the Quality Account for 2023/24 which demonstrates our continued commitment to delivering high quality care. Our vision remains:

To be the number one choice for patients, employees and doctors.

This Quality Account represents our sixth year at our facility - Tees Valley Hospital, and has been produced to demonstrate our continued commitment to measuring and acting on feedback from all our patients and customers about their experience, with the intention to continually learn and improve on all aspects of the services we provide. It forms a critical part of our hospital strategy, reflections upon the year past shaping our plans for improvement and performance success in the year ahead.

Our priorities for the coming year are focused upon ensuring continuous improvement, creating services centred around the patient and what they tell us, getting it right first time, putting patient safety at the heart of everything we do whilst growing our business successfully to ensure continued investment and long-term sustainability in our local healthcare community.

Donna Thornton, Hospital Director
Tees Valley Hospital

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Mrs Donna Thornton



Hospital Director

Tees Valley Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Anil Reddy, Medical Advisory Committee Chair

Mr Jesuraj, Clinical Governance Committee Chair

Commissioners/ICB and other external bodies

Welcome to Tees Valley Hospital

Tees Valley Hospital opened in February 2018 and is a modern, purpose-built hospital, designed for the diagnosis, assessment and treatment of conditions for day case and in patients. We provide fast, convenient, effective and high quality treatment for patients aged 18 and over, whether medically insured, self-pay, or from the NHS.



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

Tees Valley Hospital currently provides services for the following specialties: dermatology, GI endoscopy, general surgery, gynaecology, oral surgery, orthopaedics, podiatric surgery, plastic surgery and urology. Being purpose built there is ample free

car parking available, good public transport links and easy access to main road networks.

We provide an orthopaedic lower limb outreach service at Brotton Hospital to avoid unnecessary travel for patients who require outpatient services. We also reintroduced our upper GI direct access services that allows GPs to refer directly to test following a set of key criteria.

Hospital Facilities

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

Our physiotherapy unit is staffed with chartered, HCPC registered physiotherapists.

Tees Valley Hospital is part of the North of England Critical Care Network and has a Service Level Agreement in place for emergency transfer of critically ill patients.

Tees Valley Hospital supports local charities and this year has supported both Macmillan Cancer Research and Alice House Hospice via various staff events including a coffee morning, charity bake sale and a sponsored walk. Engaging with our local community and supporting development of our future healthcare workforce is important to us. In conjunction with Teesside University, Tees Valley Hospital is providing work based placements for nursing students and ODPs.

Nursing and Medical Care

All our patients are allocated a 'named nurse' at the beginning of each shift. The role of the named nurse is to provide co-ordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care. In 1992 the Department of Health issued the Patients Charter in

which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned.

We have a Resident Medical Officer (RMO) who supports the Consultants and together with the nursing team, provides round the clock medical support to all our patients.

North East and North Cumbria Integrated Care Board (ICB) were our lead commissioner of NHS Services for 2023/24, with regular service review meetings held to discuss performance. Patients were referred and travelled from a variety of localities including Darlington, Durham, Hartlepool, Redcar, Middlesbrough, Stockton and North Yorkshire. NHS services are accessed direct from GP via the electronic referral system (e-RS) and we have dedicated e-RS Co-ordinators and a Business Relations Manager to facilitate the referral process. Our Business Relations Manager works closely with the G.Ps in the surrounding area creating a link between community services and the hospital.

This year, Tees Valley Hospital delivered 10,098 patient procedures which is an increase on the previous year. The focus of the hospital continues to be on delivering NHS activity equating to 93% whilst increasing our admissions for insured or self-pay patients. In terms of work force, there are 158 contracted members of staff employed at Tees Valley Hospital comprising of 67% clinical posts and 33% support staff with a mix of full time and part time positions. 41% of all clinical posts are held by registered nurses with a nurse patient ratio of 1:6. Tees Valley Hospital also employs clinical bank staff to provide a greater flexibility to our workforce, enabling us to flex our resources when needed to maintain patient safety, and to keep waiting times to a minimum.

Part 2

2.1 Quality priorities for 2024/25

Plan for 2024/25

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

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

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospital's 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 2023/24 (looking back)

Patient Safety:

'Speak Up For Safety' Phase 2 - Promoting Professional Accountability (PPA)

We have continued to facilitate core Speak Up For Safety (SUFS) training for all staff and consultants at Tees Valley Hospital, and as such, forms part of the agenda at induction when commencing in post. In addition, the annual mandatory training programme also includes a designated session. SUFS reinforces Ramsay Health Care UK's commitment to providing outstanding healthcare to our patients and safeguarding against unsafe practice. As part of the hospital's daily huddle, SUFS forms part of the communications, as we reflect and discuss any incidents or issues from the previous day.

Unfortunately, implementation of PPA - Phase 2 of the Speak Up for Safety initiative continues to be delayed. Although, the initiative progressed nationally across some Ramsay Health Care UK sites during previous years, the North East cluster hospitals (inclusive of Tees Valley Hospital) planned to introduce sessions in the 2023/24 period. The Cognitive Institute no longer provide this training, however Ramsay Health Care

UK is continuing with its SUFS Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. PPA training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America. The plan is to continue with the PPA training once available. PPA is specifically targeted for peer to peer engagement for our consultant users who work at Tees Valley Hospital.

Never Event Programme

During the 2023/24 period, numerous initiatives were implemented at Tees Valley Hospital, some of which are outlined within Ramsay Health Care UK's Never Event Programme, and others, as quality improvements. The purpose of these initiatives were to support staff, increase knowledge and understanding, and ultimately, enhance patient safety through shared learning from prior patient safety incidents.

Although the programme is no longer tracked for completion by Ramsay Health Care UK, each hospital takes responsibility for undertaking and implementing various initiatives to ensure optimal care delivery that is safe, efficient and effective. Some of the initiatives and/or specific training implemented at Tees Valley Hospital during the 2023/24 period were as follows:

- Robust staff and consultant induction
- Comprehensive mandatory training programme
- A strong focus on safety culture - Speak Up For Safety programme
- National Safety Standards for Invasive Procedures (NatSSIPs) - with the introduction of Organisational Standards and Sequential Steps, posters were displayed in all clinical areas to promote and reflect the updated changes (NatSIPPs 2) as a means of ensuring that the required proportionate checks recognise the different levels of risk during minor and major invasive procedures.
- Delivery of Human Factors training - with a commitment to quality improvement, training was facilitated as a means of driving forward clinical excellence, empowering staff to understand the importance of human performance by reviewing behaviour, interaction and the environment in which we deliver patient care. In addition, human factors are applied to the identification, assessment and management of patient safety risks, and therefore providing a useful reminder to our senior clinical staff to apply human factors during investigation and analysis of incidents as a means of identifying learning and corrective actions.
- Clinical audit training - delivered not only as a means of promoting Ramsay Health Care UK's Audit Programme, but also, to reinforce the audit process as a core quality improvement initiative. With a key message to implement necessary actions where indicated, staff are encouraged to improve standards through ongoing monitoring and review of service delivery.

- Scenario training - Tees Valley Hospital undertakes clinical simulation/scenario based training as a means of supporting and teaching staff in a realistic environment, whilst providing a 'safe space' to make and learn from errors. Training currently includes: fire safety, major haemorrhage, deteriorating patient and resuscitation training. We plan to progress scenario based training further in 2024/25 with the use of a clinical simulation bay in the recovery area of the hospital.
- Introduction of a daily Outpatient Department 'SNUG' - Safety, Notifications, Us, GIRFT. This revised 'handover' methodology includes: a daily update of any reported incidents, reflections from the previous shift, new or amended protocols, infection prevention and control news, updates or new information to share, staff wellbeing, inductions and essential communications for the shift ahead. Since the introduction of the SNUG, feedback from the Outpatient Department staff has been extremely positive with reports of a greater sense of involvement, oversight, and an awareness of current issues/improvements and work streams.
- Revised daily morning 'Board Round' process implemented on the Mary Jaques Ward to ensure a more robust handover of any patient care concerns (safety/wellbeing/clinical deterioration), essential updates for the shift ahead, sharing of information, staffing/resource issues, and any reported incidents. Attendance at Board Round has also been increased and now includes Ward staff, Physiotherapy staff, Recovery staff, Clinical Coordinator, Clinical Lead and Head of Clinical Services.
- Implementation of a new electronic incident reporting system - Radar. After 'going live' in August 2023, the Radar system is now well embedded at Tees Valley Hospital. With hospital communications beginning in May 2023 outlining the planned changes, training was attended by the clinical Heads of Department, Head of Clinical Services and the hospital's 'Radar Champions' of which there were three. Training, information and guidance was subsequently provided to staff and teams as part of an ongoing process.
- Patient Safety Incident Response Framework (PSIRF) - 'Go live' for Ramsay Health Care UK was in November 2023 with corporate communications commencing in July 2023. All staff at Tees Valley Hospital undertake PSIRF training, the level of which is dependent on their role. PSIRF continues to be embedded across the hospital site with the support of a local Safety Panel commencing May 2024.
- Corporate 'Safety Flashes' - developed as a means of communicating essential information to share with relevant teams, the corporate Safety Flashes are published and distributed to all hospital sites (including Tees Valley Hospital) when concise information is required to be shared quickly for the purposes of learning

- Outcomes with Learning (OWLs) - similarly to the Safety Flashes, OWLs are communicated to all hospital sites (including Tees Valley Hospital) where complex information requires dissemination.

Medicines Management Committee

Tees Valley Hospital has been without a pharmacist for the majority of 2023/24 which has prevented facilitation of committee meetings. Pharmacy support has however been provided by the North East Cluster Pharmacist to promote and ensure safe and effective practise. We have also ensured that medicines management has been included within our Clinical Governance Committee meetings to enable discussion of any key themes and/or pharmacy updates. Tees Valley Hospital have recently, successfully appointed a Lead Clinical Pharmacist who is due to commence in post from May 2024. We therefore continue to aim to introduce the Medicines Management Committee during 2024/25 with the intention of reviewing and implementing any required actions regarding all aspects of medicines management. The objective of the Committee will remain the same in that its core function would be to seek assurance of safe and effective practise in relation to the prescribing, record keeping, procurement, storage and usage of medicines, in addition to controlled drug (CD) management, staff training, policy compliance and incident review/key learning. Current hospital processes relating to medicine management will be reviewed and local improvement actions devised where required.

Clinical Effectiveness:

Clinical Audit Group

The Clinical Audit Group is now well established across Tees Valley Hospital with representation from all clinical departments, in addition to the Head of Clinical Services and Operations Manager. Clinical audits continue to be undertaken by clinical staff following the Ramsay Health Care UK Clinical Audit Programme using the web cloud based application (app) 'Tendable'. Audit results, upcoming audits, and any required departmental support are discussed and reviewed at the Clinical Audit Group.

We have continued to promote and embed the clinical audit process across the hospital by facilitating meaningful action planning, and perhaps more importantly, focussing on the implementation of these action plans with a strong emphasis on clinical effectiveness and improved patient outcomes.

The Clinical Audit Group continue to have oversight of actions ongoing/achieved and promote shared responsibility within the clinical departments for both audit completion (in the first instance) and also, in terms of action implementation and ongoing review.

Orthopaedic Centre of Excellence

We have continued to work towards achievement of an Orthopaedic Centre of Excellence status. Patient reported outcome measures (PROMS) are now in electronic format (ePROMS) for hips, knees and carpal tunnel procedures. Tees Valley Hospital continue to promote patient participation for PROMS not only to evidence the quality of intervention(s) provided but also, to establish the patient's experience. Following the introduction of electronic PROM reporting, we have noticed an increase in the rolling year pre-operative patient response rate for hips and knees, with an increase from 31% 2022/23 to 75% in 2023/24.

Additionally, we have implemented a new process whereby our Physiotherapy Lead or Clinical Lead makes contact with any patient who reports a post-operative decrease in a measure of their health status post procedure. The PROMS patient status data is provided via the 'Cemplicity' reporting portal. On receipt of the patient status update, the patient is contacted for further discussion regarding their noted decrease, and recommendations/advice provided or if required, a further appointment made with the Consultant Surgeon for follow-up.

We remain committed to enhancing the quality of care delivered to patients by providing consistent standards aligned to the Getting It Right First Time (GIRFT) model. This will allow us to define our standards and have benchmarks against best practice. Regarding GIRFT, during 2024/25, 29 Ramsay Health Care UK hospitals performing orthopaedic surgery (including Tees Valley Hospital) will undergo a GIRFT independent sector review. We will also have one hospital that will undergo high volume, low complexity (HVLC) accreditation. We are currently waiting in anticipation with regards to confirmation of the chosen hospital.

Start date for GIRFT review has been delayed (by the GIRFT project team), however, Ramsay Health Care UK do have a Project Manager established to lead and co-ordinate the GIRFT 'deep dive' reviews once a date is confirmed.

GIRFT Independent Sector programme, improves patient care by reducing unwarranted variations in clinical practice. Claimed benefits include:

- Reduction in inappropriate surgery
- Reduction in length of stay (LOS)
- Improved compliance with cemented/uncemented guidelines
- Increased consultant engagement

Patient Experience:

Customer Experience Committee

The Customer Experience Committee is also now well established across Tees Valley Hospital. Membership includes representatives from all departments inclusive of

members of the Senior Leadership Team. Customer experience 'Champions' have been nominated across the hospital site with the aim of increasing staff awareness of promoting an excellent customer/patient service at every opportunity.

Continual improvement of the patient's journey at Tees Valley Hospital also remains a priority with a strong focus on implementing remedial action(s) to our processes and practises (where possible) in response to patient feedback. The Customer Experience Committee provides a forum to review, consider and identify areas in which we feel we need to further improve and enables discussion regarding new initiatives or enhancements to services.

Feedback continues to be monitored daily from our numerous patient experience and feedback tools such as 'Friends and Family', 'Reputation' and our patient satisfaction survey 'Cemplicity'. This feedback is also reviewed at the Customer Experience Committee where potential key themes are identified together with any actions for implementation. We also continue to share feedback with staff through emails, daily huddles and departmental team meetings. Staff engagement is integral to maintaining and improving the satisfaction levels of our patients, and therefore, the sharing of feedback ensures that staff have a greater understanding of patient priorities and expectations.

As part of optimising the patient experience at Tees Valley Hospital, several work streams have been initiated at the Customer Experience Committee. These remain ongoing and are outlined under the *Clinical Priorities for 2024/25 (looking forward)* Patient Experience section of this report.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety:

Patient Safety Incident Response Group (PSIRG) - Safety Panel

As stated previously, Tees Valley Hospital implemented PSIRF in November 2023. In preparation, staff achieved 100% compliance regarding the recommended level(s) of e-learning. PSIRF training has raised awareness across the hospital, and as we move into 2024/25, one of our clinical priorities is to embed the effective management and triangulation of incidents and linked complaints utilising the PSIRF methodology to ensure that all statutory requirements are met and that proportionate learning responses are undertaken with improvements identified. Moving away from the traditional root cause analysis approach to patient safety investigations, we are committed to improving patient safety by providing a supportive working environment that recognises and reduces avoidable harm, whilst acknowledging the variable factors of a 'whole system approach' to providing safe and effective patient care. Through the introduction of a local PSIRG - Safety Panel, we will support a systematic, compassionate response to patient safety incidents, encouraging openness,

transparency and continuous learning and improvement. In addition, we will have greater oversight of all 'open incidents', all ongoing investigations and learning outcomes which we envisage, will enhance stakeholders' confidence in our investigatory processes, and our learning from incidents.

With a drive to introduce a weekly PSIRG - Safety Panel, we will ensure the following:

- A weekly review of all reported incidents to ensure an appropriate impact score (0-5) has been assigned, determined by level of harm, and to ensure the impact score of the incident is appropriate with the information available at the time of review
- Identify any reported incidents that may require a Patient Safety Incident Investigation (PSII)
- Any patient safety incidents potentially requiring a PSII are escalated to the Clinical Quality Partner (CQP) and corporate PSIRG
- All investigations are undertaken with an appropriate, proportionate response
- All learning responses are undertaken based upon the organisational patient safety incident response plan and national and local priorities
- Make recommendations for local/national learning responses to prevent future incidents from reoccurring
- Identify trends and share improvement plans

The PSIRG - Safety Panel will work within the Tees Valley Hospital Clinical Governance Structure, providing feedback to the Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team & Heads of Department Committee. Where required, Safety Panel will initiate relevant improvement work-streams to action or improve identified key themes.

Resuscitation Committee

As we move into 2024/25, another key clinical priority is the introduction of a Tees Valley Hospital Resuscitation Committee. The Committee will have the responsibility for reviewing and assuring local arrangements for resuscitation, providing safe, effective care for patients in line with Ramsay Health Care UK Policy and the Resuscitation Council (UK). The Resuscitation Committee will ensure that resuscitation procedures and guidelines are implemented effectively, ongoing review and monitoring is undertaken, and that essential audits are completed with implementation of robust action plans (where necessary) to improve practice and to provide assurance regarding competent, confident delivery of emergency care.

Education and training will be a core agenda item at the Resuscitation Committee, where staff compliance pertaining to Basic Life Support (BLS), Immediate Life Support (ILS) and Advanced life Support (ALS) will be presented, together with efforts to improve compliance (if necessary). Additionally, all emergency/resuscitation scenario based teaching and clinical simulations will be presented and reviewed to obtain

feedback, assisting our clinical teams to continually improve our approach to emergency care provision. Further information outlining the use of a clinical simulation bay can be found under *Clinical Priorities for 2024/25 (looking forward) Clinical Effectiveness* section of this report.

With the intention to conduct meetings quarterly, the Resuscitation Committee will ensure the following:

- All resuscitation incidents are reviewed inclusive of incident outcome and care delivery
- All patients requiring transfer to an acute hospital are reviewed inclusive of incident outcome and care delivery
- A review of all resuscitation attempt audit forms
- Responsible for planning the adequate provision of training in relation to resuscitation and will undertake a training needs analysis to determine the training needs for hospital staff
- Provide advice regarding the provision of appropriate equipment and drugs for the resuscitation of patients and for training purposes
- Develop and implement local procedures and Standard Operating Procedures (SOPs) relating to the care of deteriorating patients, critically ill patients, including provision and use of equipment
- Communicate and implement change(s) as recommended by the Resuscitation Council (UK), communicating these changes across the clinical teams
- Make recommendations and review resources used within Tees Valley Hospital for critical care provision/transfer
- Review audit data in relation to training, resuscitation practice and the application of Do Not Attempt Resuscitation (DNAR) orders in the hospital

The Resuscitation Committee will work within the Tees Valley Hospital Clinical Governance Structure, providing feedback to the Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team & Heads of Department Committee. Where required, the Resuscitation Committee will initiate relevant improvement work-streams to action or improve identified key themes.

Clinical Effectiveness:

Pre-Assessment Optimisation

Ramsay Health Care UK have recently developed the Ramsay Pre-Operative Assessment Framework - the purpose of which is to provide a critical process pathway to ensure consistency without being overly prescriptive, and therefore, improving the likelihood of success. The framework takes into consideration the various Ramsay Health Care UK hospital sites (inclusive of context), and is flexible in that it supports optimising resource utilisation at site via appropriate triage (within an agreed timeline) with an aim of reducing both on-the-day cancellations and the number of face to face

assessments. The intention of the framework is to improve customer experience for patients (ensuring they feel supported, informed and provided with individualised care), whilst also, allowing for a higher volume of patients to potentially be marked as 'Fit to Proceed'.

As pre-assessment is integral to the patient journey, Tees Valley Hospital will undertake a full review of current pre-assessment processes, not only to optimise existing pathways, but also, to re-evaluate resources, service delivery and potential opportunities. Efforts will be directed towards improving communication and documentation processes, and using data/electronic care records to enable teams to be more proactive.

Over recent weeks, work has commenced to develop a Tees Valley Hospital Inclusion/Exclusion Criteria document to support patients who may require an anaesthetic review or a multi-disciplinary team (MDT) meeting (due to existing co-morbidities). Once agreed, we aim to introduce anaesthetic review clinic appointments whereby we can arrange a consultation between patient and an Anaesthetist (face to face and/or verbally) to discuss any ongoing concerns or queries.

Striving for Excellence Programme

Our 'Striving for Excellence Programme' is a new initiative to deliver core but essential awareness training to staff across the hospital (on a wide range of topics). The programme has recently commenced but remains in its infancy as a progressive work stream. Currently, two training presentations have been facilitated (over several sessions):

- Preparing for CQC Inspections (for all staff)
- Record Keeping (for clinical staff)

Attendance at each of the sessions has been excellent with informal feedback extremely positive. The plan going forward is to develop and introduce more sessions to the programme i.e. professionalism in the work place, essentials of infection prevention & control, fundamentals of orthopaedic nursing (to name but a few).

The aim of the programme is to invest in our hospital teams, to provide training that supports the daily responsibilities of our staff, to reinforce key principles, and also, to enable staff to attend training that is pertinent and relevant to their role, strengthening awareness and understanding.

Clinical Simulation Bay

As previously noted, the majority of staff at Tees Valley Hospital are already familiar with scenario based teaching and/or clinical simulation as a means of training delivery. However, we plan to expand this further through the introduction of a clinical simulation bay in the recovery area of the Theatre Department. The aim of the simulation bay is two-fold in that pre-arranged training sessions such as those stated previously (i.e.

management of the deteriorating patient, resuscitation techniques etc.) can be facilitated in this clinical area, enabling staff to undertake teaching/learning in a realistic environment in order to be assessed accordingly. Additionally, the area provides staff with an opportunity to practice specific interventions, techniques and/or skills when not providing direct care to patients - essentially promoting opportunistic ways to learn and develop, and providing a useful resource for students and junior members of the team. We actively encourage all clinical staff to regularly update their clinical and emergency skills and knowledge (rather than rely on annual competency assessments). Not only does this support ongoing professional development, professional accountability and strengthens our commitment to patient safety, but also, promotes clinical effectiveness by having a workforce that is clinically competent and confident to manage potential challenging clinical situations.

Patient Experience:

Customer Experience Committee

As previously mentioned, several specific work streams initiated from discussion at the Customer Experience Committee continue to progress as we move into the 2024/25 period. Ongoing work includes:

- Customer Service/Communications training planned for July 2024. The aim of which is to support our Customer Experience Champions with the ongoing delivery of excellent patient care. By providing staff with appropriate skills and knowledge, we aim to empower our teams to ensure that patients have a positive experience during their hospital journey, and where dissatisfaction may occur, enable staff to respond in a manner that still maintains the therapeutic, empathetic relationship.
- Implementation of a new Patient Participation Group with an aim of acquiring greater insight into the patient journey, and to help promote the core priority qualities of communication and engagement. We recognise that to meet our objective of providing outstanding individualised care, we need to engage with service users in order to obtain the patient's perspective. Advertising for the group has commenced both locally and digitally.
- Revised electronic link for 'Friends and Family' submissions has been circulated to all clinical teams. Staff are continually encouraged to empower patients, visitors and relatives to complete feedback.
- A 'Recognition Tree' and/or 'Shout out Board' is to be introduced and located in the staff dining area. The purpose is to display and encourage positive feedback for colleagues who demonstrate excellent customer service.

Dementia Awareness

A number of training sessions have been delivered across Tees Valley Hospital during 2023/24. Facilitated by Dementia Friends, an Alzheimer's Society initiative, the aim of

the training is to increase staff knowledge and awareness regarding dementia. As we move into 2024/25, our aim is to have nominated 'Dementia Champions' across the hospital with a revised local Dementia Strategy, Ward Information Pack, and dementia friendly aids and resources. Tees Valley Hospital has a nominated Dementia Lead and locally, discussions are underway for the hospital to be part of Dementia Action Teesside, supporting dementia friendly communities. We aim to reduce wherever possible, the potential disparity faced by patients with dementia by learning how to support, offer understanding and provide reassurance to those who access our services.

Ask Listen Do Initiative

Tees Valley Hospital has already adopted the NHS England Ask, Listen Do initiative as part of the NHS Standard Contract - developed to improve the experiences and outcomes of patients who are autistic or who have a learning disability. However, we plan to progress this service improvement programme further to fully embed the Ask, Listen Do principles across all clinical areas. We have nominated an Ask, Listen Do Lead, and have very recently commenced awareness training for Reception staff and Outpatient staff, with a plan to train Physiotherapy and Ward staff in the coming months. We aim to strengthen our obligation to this project by ensuring that staff are familiar with, and can access the relevant resources to support patients and their families/carers to enable them to provide feedback, raise concerns or make a complaint (if required). We are fully committed to ensuring that people with autism or a learning disability who access Tees Valley Hospital receive high quality, safe care, and have equal access to services, including access and support to report a concern or complaint.

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 (DH).

2.2.1 Review of Services

During 2023/24 Tees Valley Hospital provided and/or subcontracted ten NHS services.

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

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

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

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

Human Resources	
Staff Cost % Net Revenue	29.2%
HCA Hours as % of Total Nursing	29%
Agency Cost as % of Total Staff Cost	4.7%
Ward Hours PPD	3.9
Staff Turnover %	2% YTD
Sickness %	7.8%
Lost Time %	22.2%
Appraisal %	62.7%
Mandatory Training %	98%
Staff Satisfaction Score	75% Engagement, 78% Wellbeing, 71% Inclusion, 80% Expectation V Experience
Number of Significant Staff Injuries	0
Patient	
Formal Complaints in year	22
Patient Satisfaction Score	96.6%
Significant Clinical Events	5 (reportable to ICB and CQC - all closed)
Readmission in year	8
Quality	
Facilities - Health & Safety Summary Score	96.6%
Infection Control Environmental Infrastructure Audit Score	99.4%

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Tees Valley Hospital participated in three national clinical audits.

The national clinical audits Tees Valley Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

Local Audits

The reports of local clinical audits and associated action plans from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Audit Group and Clinical Governance Committee. The Clinical Audit Group ensures the timely review and implementation of any action plans and promotes collaborative working across all of the clinical departments at Tees Valley Hospital to improve the quality of healthcare provided.

Additionally, infection, prevention and control associated audits were also shared at the Infection, Prevention & Control Committee (IPCC), and any required actions are reviewed and implemented.

Similarly, endoscopy associated audits were also shared at the Endoscopy User Group (EUG) where results and actions implemented were presented and discussed.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

There were no patients recruited during 2023/24 period to participate in research approved by a research ethics committee.

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

Tees Valley Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for

Quality and Innovation payment framework because there is no contractual requirement for CQUIN schemes. A range of quality initiatives were included as part of the standard contract.

2.2.5 Statements from the Care Quality Commission (CQC)

Tees Valley Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2024 is registered without conditions.

The CQC carried out a two-day unannounced inspection at Tees Valley Hospital on 18th and 19th January 2022.

Our Rating by the CQC:

The CQC rated Tees Valley Hospital ‘**Good Overall**’ for Surgery, Out-patient and Diagnostic Imaging.

In all five CQC domains (Safe, Effective, Responsive, Caring and Well Led) we achieved ‘**Good**’.

	Safe	Effective	Caring	Responsive	Well Led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatient	Good	Inspected but not Rated	Good	Good	Good	Good
Diagnostic Imaging	Good	Inspected but not Rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Tees Valley Hospital has not participated in any special reviews or investigations by the CQC during the 2023/24 reporting period.

2.2.6 Data Quality

Reliable information, and the quality of the underlying data that supports it, is fundamental to deliver effective treatment of patients. Access to data that is accurate, valid, reliable, timely, relevant, complete, unambiguous and unique is crucial in supporting all levels of patient care, management processes, clinical governance, service agreements, remuneration, accountability and future healthcare planning. High quality data provides the tools to make healthcare safer and more effective.

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

- Review processes to ensure the accuracy of all personal data we obtain is aligned to General Data Protection Regulation (GDPR) principles
- Ensure that any data collected is fit for purpose with timely collection and monitoring
- Routine audit and management of patient records
- All relevant data will be collected with no omissions
- Staff have the appropriate training to understand the importance of correct and consistent data input and have the technical competence to facilitate accordingly

NHS Number and General Medical Practice Code Validity

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

The patient's valid NHS number:

- 99.67% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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

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

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

2.2.7 Stakeholders views on 2023/24 Quality Account



19th June 2024
Mrs Donna Thornton
Hospital Director
Tees Valley Hospital
Church Lane
Acklam
Middlesbrough
TS5 7DX

Dear Mrs Thornton,

Tees Valley Hospital, Ramsay Health Care UK Quality Account 2023/24 Response on behalf of NHS North East and North Cumbria Integrated Care Board (ICB).

North East and North Cumbria Integrated Care Board (NENC ICB) takes seriously their responsibility to ensure that the needs of patients are met with provision of safe, high-quality services, and therefore welcomes the opportunity to review and comment on the Quality Account for Ramsay Health Care UK Tees Valley Hospital (TVH) for 2023/24.

The ICB feels that the Quality Account is presented in a meaningful way for both stakeholders and users and provides an accurate representation of the services delivered by TVH during 2023/24.

The ICB congratulate TVH on achieving the quality improvement priorities identified for 2023/24, which were centred around patient safety, clinical effectiveness, and patient experience. To specifically note, the continuous journey of the implementation of the 'Speak Up For Safety' initiative, the extensive Never Event programme including the introduction of a new electronic incident reporting system, and the continuous journey related to becoming orthopaedic centre of excellence.

The ICB has reviewed the key priorities identified for 2024/25 which continue to focus on improving:

Patient Safety Incident Response Group (PSIRG) - Safety Panel, to work within the TVH Clinical Governance Structure, providing feedback to the Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team & Heads of Department Committee. Where required, Safety Panel will initiate relevant improvement work-streams to action or improve identified key themes.

Resuscitation Committee that will have the responsibility for reviewing and assuring local arrangements for resuscitation, providing safe, effective care for patients in line with Ramsay Health Care UK Policy and the Resuscitation Council (UK). The aim of the Committee is to ensure that resuscitation procedures and guidelines are implemented effectively, continuous review and monitoring is undertaken. Additionally, that essential audits are accomplished and the implementation of robust action plans to improve practice and to provide assurance regarding competent, confident delivery of emergency care.

Clinical effectiveness, the implementation of the Pre-Operative Assessment Framework - the purpose of which is to provide a critical process pathway to ensure consistency without being overly prescriptive, and therefore, improving the likelihood of success. Also, the introduction of a clinical simulation bay to further develop staff's training and clinical knowledge especially in relation to emergency situations.

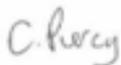
Patient experience, the application of several work streams including Customer Experience Committee, Ask Listen Do Initiative, to improve the experience of patients with Autism and/or learning disability and Dementia awareness training to increase staff knowledge and reduce wherever possible, the potential disparity faced by patients with dementia.

The ICB recognises the National audits TVH have participated in; Elective Surgery - National PROMs Programme, Joint Advisory Group (JAG) Bi-annual Census, and the National Joint Registry (NJR). Furthermore, the extensive local audit work is commended including Duty of Candour, NatSSIPs and a wide range of Medical Records subject matters.

The ICB also acknowledges the ongoing work that TVH continue to undertake in relation to infection control and prevention, VTE, incidents and falls.

The ICB would like to thank TVH for their continued efforts in providing an effective, safe, and high-quality service to their patients and carers, as well as for reflecting their achievements for 2023/24 in the Quality Account for this year. The ICB looks forward to continuing to work in partnership with TVH to assure the quality of services commissioned in 2024/25.

Yours sincerely,



Chris Piercy
Director of Nursing
North East and North Cumbria Integrated Care Board



Jeanette Scott
Director of Nursing
North East and North Cumbria Integrated Care Board

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Mrs Karen Blakemore, Head of Clinical Services Tees Valley Hospital

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

Introduction

Since commencing in post as Head of Clinical Services (HoCS) in April 2023, I have been immensely proud of the achievements attained at Tees Valley Hospital. I have had the pleasure of witnessing daily our staff dedication and commitment to providing excellent patient care, to promoting patient safety, and to embracing a culture of collaborative working in order to deliver and enhance quality outcomes for patients.

The staff at Tees Valley Hospital have not only welcomed a new HoCS during the 2023/24 period, but also, greeted a new Finance Manager (FM). Senior staff replacement was initiated by a staff member promotion and also, by a staff member retiring. The FM and I have been embraced by the hospital culture and 'The Ramsay Way - People Caring for People' ethos. New ideas, opinions and suggestions have been positively received, and hospital staff have been engaging, friendly and approachable.

From a clinical quality perspective, I have been particularly impressed by the staffs' response to suggested quality improvement initiatives, and to the ongoing commitment to providing patient-centred care. It is with this in mind that I present a summary of the review of quality performance from 1st April 2023 to 31st March 2024:

2023 saw the commissioning of the new MRI Unit at Tees Valley Hospital. Although scanning activity began in April 2023, the unit was officially opened in June 2023 by our Chief Executive Officer, Nick Costa. The event was supported by several Ramsay Health Care UK executive staff members, together with representatives from the North of England Commissioning Support Unit (NECSU), and from the local Acute Trust.

Tees Valley Hospital welcomed the Joint Advisory Group (JAG) Inspection Team to site in November 2023 as part of an accreditation assessment. In January 2024, we received confirmation that we had successfully maintained our JAG reaccreditation status for endoscopy services, which is awarded for a 5 year period subject to an annual review. We congratulated the endoscopy team and medical colleagues for the high standard of achievement, and for their hard work during the accreditation process.

The reaccreditation is testimony to the high quality endoscopy services provided at Tees Valley Hospital.

In December 2023, Tees Valley Hospital was named as a National Joint Registry (NJR) Quality Data Provider after being awarded Gold as part of their three-tier award scheme. The NJR, collects information on hip, knee, ankle, elbow and shoulder joint replacement surgery, across both the NHS and independent sector. Now with over 3.7 million procedure records, the NJR is the largest orthopaedic registry in the world with an international reputation. Recognised as a 'global exemplar' of an implantable medical devices registry, the NJR monitors the performance and effectiveness of joint replacement implants in different types of joint replacement surgery, in order to provide an early warning of issues relating to patient safety and improve clinical standards; thus benefiting patients, clinicians and the orthopaedic sector as a whole.

The 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process. To gain Quality Data Provider (QPD) status for 2023, hospitals were required to meet very ambitious targets. The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

In March 2024, we congratulated two members of our registered nursing staff on their successful completion of the Professional Nurse Advocate (PNA) Programme. PNAs were launched in the NHS in March 2021 with an aim of delivering training and restorative supervision to nurses across their respective teams and/or organisation. PNA training provides nurses with the skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. Here at Tees Valley Hospital, the aim of our PNAs is to listen and to understand the challenges and demands of fellow colleagues, and to lead, support and deliver quality improvement initiatives in response - the objective of which is to enhance staff wellbeing, promote retention and to support improved patient outcomes. Our PNAs have commenced monthly 'Drop-in Café' sessions with colleagues, as a means of introducing the PNA role and purpose, and to offer supportive supervision sessions.

In summary, 2023/24 has been a very positive year for Tees Valley Hospital. We have continued to work in partnership with our Commissioners, Integrated Care Board and local Acute Trusts to deliver high quality services and care provision. We have also continued to promote and provide quality improvement initiatives to enhance patient safety and clinical effectiveness together with strengthening our commitment to optimising patients' experience of care received. As we progress into the 2024/25 reporting period, I am confident that Tees Valley Hospital will successfully deliver on the agreed clinical priorities, whilst also, continuing to provide services where our

patients feel valued, listened to, and satisfied. We will continue to optimise pathways inclusive of their underlying processes to deliver quality outcomes whilst maintaining sustainable cost effectiveness, and finally, we will continue to support our staff by providing tools, training and developmental opportunities so they can achieve their best within a hospital environment that is diverse, inclusive and collaborative.

Ramsay Clinical Governance Framework 2023/24

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

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

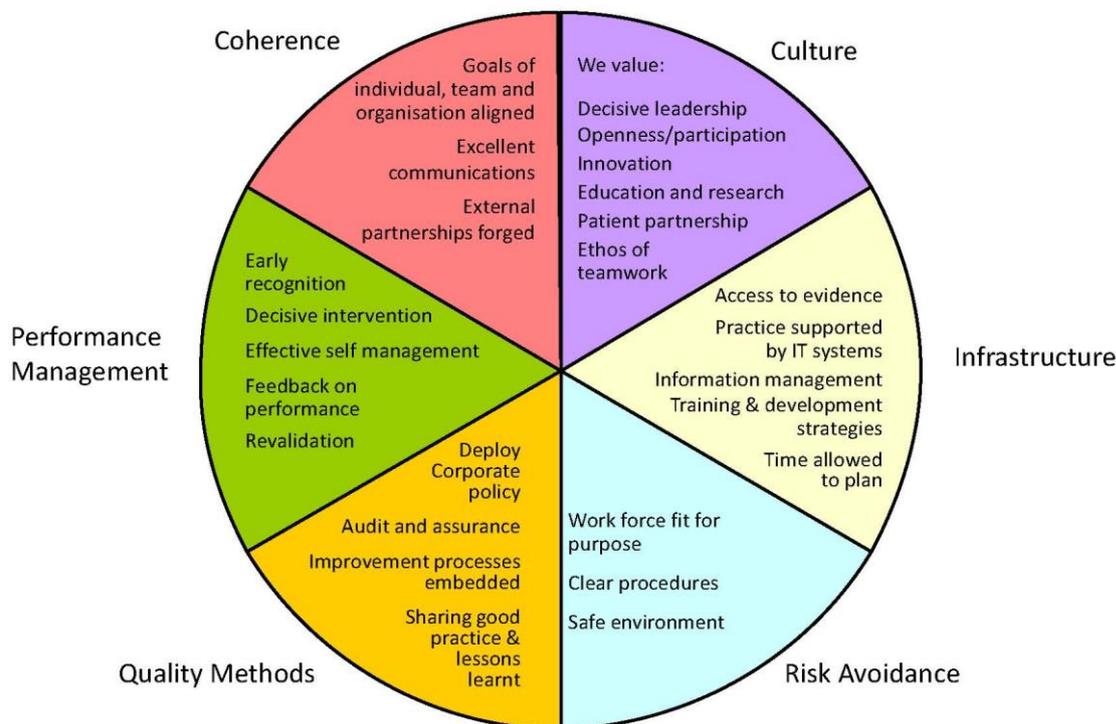
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

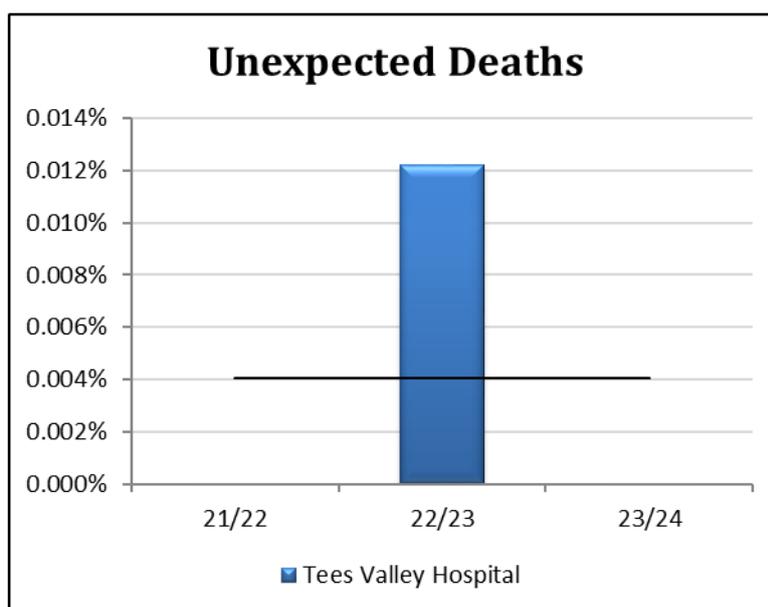
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Tees Valley	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVCOR	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVCOR	0.0001	
Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVCOR	0.0000	

Tees Valley Hospital considers that this data is as described. There have been no unexpected deaths in the period 2023/24.

Rate per 100 discharges:



National PROMS

PROMS:	Period	Best		Worst		Average		Period	Tees Valley	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVCOR
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVCOR	23.614
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVCOR	22.188
PROMS:	Period	Best		Worst		Average		Period	Tees Valley	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVCOR
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVCOR	15.957
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVCOR	18.718

Tees Valley Hospital considers that this data is as described.

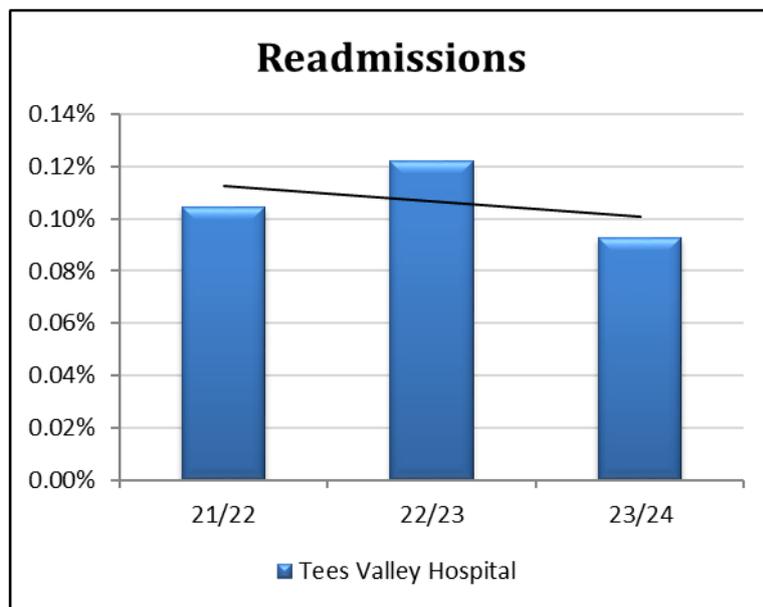
Readmissions within 28 days

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

There is no data published after 2019/20
Publication Date: 17 Mar 2022

Tees Valley Hospital considers that this data is as described with readmission rates remain very low. Readmissions are regularly discussed and reviewed at quarterly Clinical Governance Committee meetings. No trends have been identified. Readmission rates at Tees Valley Hospital have decreased in the period 2023/24.

Rate per 100 discharges:



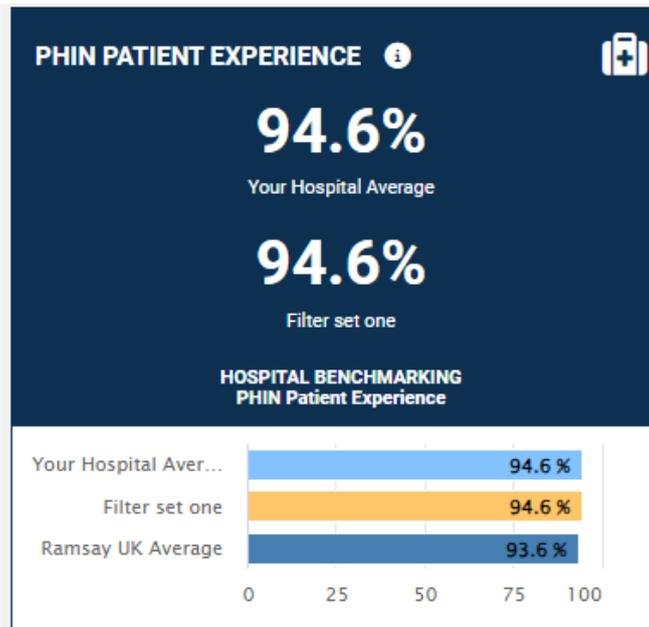
Responsiveness to Personal Needs

Ramsay Health Care UK are no longer asked to participate in the annual NHS inpatient survey, however, we do collect this data as our PHIN experience score on Cemplicity as detailed below.

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

Summary of PHIN Patient Experience performance – 1st April 2023 – 31st March 2024





VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Tees Valley	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVCOR	87.5%
Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVCOR	97.3%	

There is no data published after Q3 2019/20

Tees Valley Hospital considers that this data is as described. During the 2023/24 reporting period, greater emphasis has continued to promote staff completion of VTE risk assessments. The Clinical Lead and Ward Manager continue to monitor compliance.

C difficile infection

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

Benchmarking Data as published up to 2021/22 as at 14/04/23

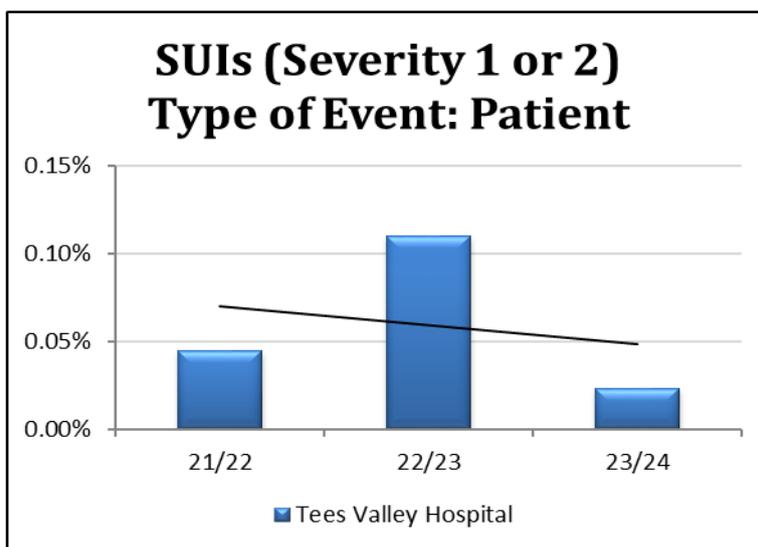
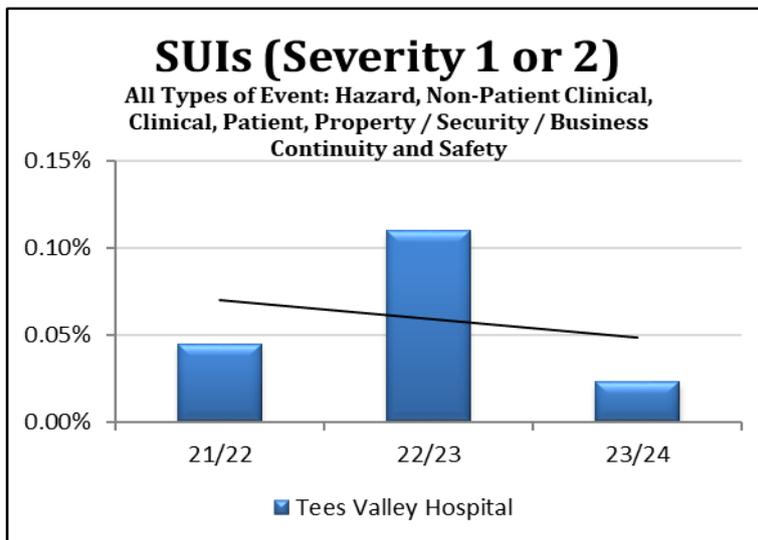
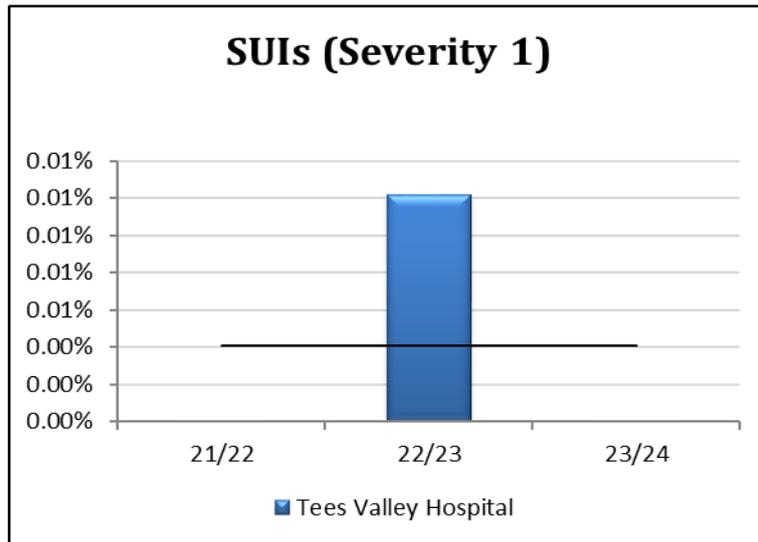
Tees Valley Hospital considers that this data is as described. There were no reported cases of C Difficile in the reporting period 2023/24.

Patient Safety Incidents with Harm

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

Tees Valley Hospital considers that this data is as described with no severity 1 incidents having occurred in the 2023/24 reporting period.

Rate per 100 discharges:



There is a clear decrease of severity 1 and 2 incidences within the period 2023/24. All reported incidents are investigated and any lessons learned shared with staff through departmental meetings, daily huddles as well as our relevant hospital groups and committee meetings. Any incidents with harm are also reviewed and monitored at quarterly Clinical Governance Committee meetings.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Tees Valley	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVCOR	100.0%
	Feb-23	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVCOR	100.0%
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVCOR	100.0%

Tees Valley Hospital considers that this data is as described as the results reflect the monthly data received. There is a strong focus at Tees Valley Hospital to encourage patients to complete the Friends and Family scorecard. QR codes are available for patients to access via a mobile device (or alternatively via a hospital tablet device). There are also paper scorecards for patients to complete should they prefer.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

Tees Valley Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

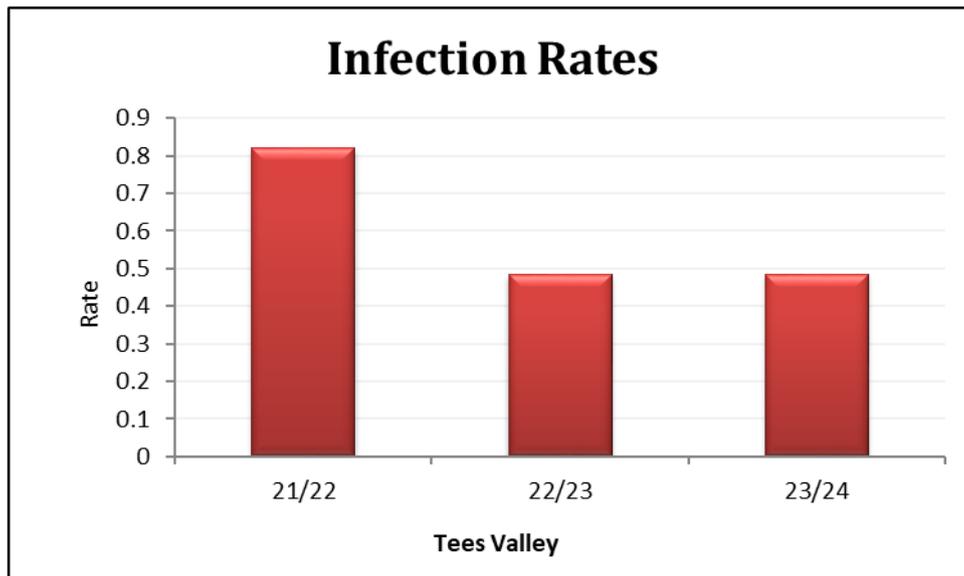
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

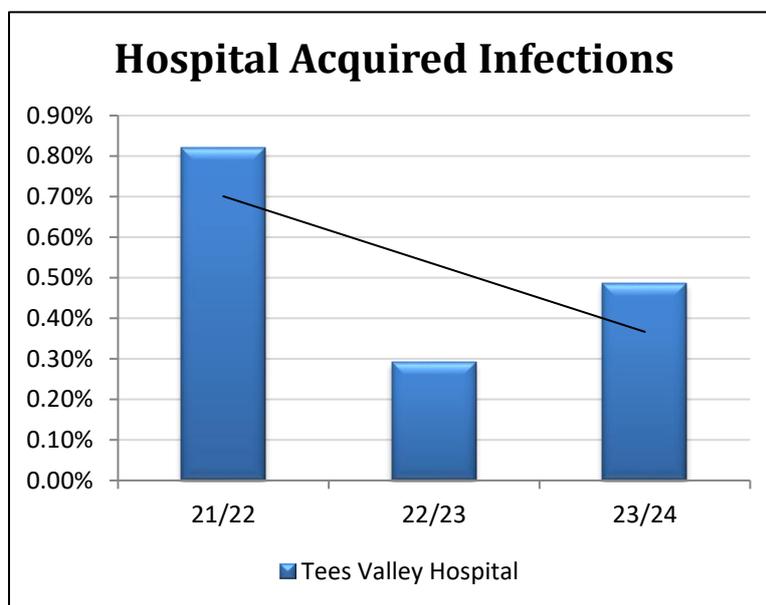
Infection prevention and control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control

(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.



Rate per 100 discharges:



As can be seen in the above graphs, our infection control rate has remained the same since the last period, however, there is a noted increase in hospital acquired infections (rate per 100 discharges) for the 2023/24 period. Despite this increase, we consider increased activity and increased reporting to be contributing factors. All reported

incidents are investigated and presented/discussed at the Infection Prevention and Control Committee meetings. Any lessons learned and/or required actions to implement are shared with staff through departmental meetings and daily huddles.

Infection, prevention and control programmes and activities within our hospital for 2023-24 include:

Area	Objectives	Actions	Status
Surveillance	To reduce surgical site infection.	<ul style="list-style-type: none"> - Collect and monitor rolling data in line with PHE SSISS - Report infection to Riskman and conduct RCA where appropriate. - SSI training for RGNs (signs and symptoms of SSI-definition). - To comply with Surgical Site Infection Policy IPC-23 for best practice and surgical care pathways to ensure surgical skin prep recommendations reflect current guidance and Minimising Surgical Site Infection Policy IPC-23 To implement Minimising Surgical Site Infection Policy IPC-23 in order to bring best practice together in one place and provide standard across Ramsay. 	<p><i>100% of suspected infections reported and data collected. RCA completed for relevant infections.</i></p> <p><i>Trends and themes monitored and actioned.</i></p> <p><i>Ongoing training programme for RNs.</i></p> <p><i>100% compliance in place for Skin preparation in theatre.</i></p>
Education and Training	To ensure all staff are up to date with IPC mandatory training and ensure all IPC area links are trained and competent in role	<ul style="list-style-type: none"> - Attend regular national study days for Infection Prevention and Control Link Nurses. - IPC Lead Nurse to undertake ANTT train the trainer with ANTT Link Nurse. - All staff to complete ANTT e-learning and Face to face training with ANTT Link Nurse or IPC Lead nurse. - All staff to complete ANTT competencies. 	<p><i>100% attendance by IPC link nurse to IPC study days.</i></p> <p><i>Two new ANTT trainers trained bringing total to three.</i></p> <p><i>ANTT e-learning completed by all clinical staff.</i></p> <p><i>ANTT face to face training and competency completion ongoing.</i></p>
Audit	To ensure national audits are undertaken and any	- Carry out annual antimicrobial point prevalence (AMPPS) survey	<i>AMPPS not completed due to lack of employed Pharmacist- review ongoing.</i>

	<p>recommendations acted up.</p> <p>To ensure compliance with internal audit programme and actions are taken where results fall below compliance standard</p>	<ul style="list-style-type: none"> - Carry out annual urinary catheterisation point prevalence (UCPPS) survey - Action plans on internal audits where results fall below compliance. 	<p><i>UCPPS no longer required as advised by Corporate IPC Lead unless concern noted.</i></p> <p><i>Completed Audits. Tenable Action plans in place. Audit scores >95%. Departmental and IPC Committee Minutes.</i></p>
Decontamination & Cleaning	<p>Provide and maintain a clean environment that facilitates the prevention and control of infections.</p>	<ul style="list-style-type: none"> - Standardise Cleaning Standards and Practice-on Ramsay annual plan 2022/2023 to Standardise across Group to reflect NHS Cleaning Standards. - To have annual review of individual cleaning Service Level Agreement (SLA) in place - Annual theatre deep clean 	<p><i>Standardised cleaning in line with NHS cleaning standards.</i></p> <p><i>SLA agreed and completed</i></p> <p><i>Annual Theatre Deep clean performed.</i></p>
Antimicrobial Stewardship	<p>To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing</p>	<ul style="list-style-type: none"> - Ensure we are compliant with current Formulary - Carry out annual antimicrobial point prevalence (AMPPS) survey 	<p><i>Appropriate surgical prophylaxis in line with guidelines.</i></p> <p><i>Lack of employed pharmacist resulting in reduction in Audit completion. on-going</i></p>
Occupational Health and Wellbeing	<p>To ensure staff with skin issues are identified and appropriately supported</p> <p>Monitor sharps related and slash injuries</p>	<ul style="list-style-type: none"> - Ensure skin surveillance programme is implemented and that referred staff are appropriately supported. - Report to IPCC any sharps and splash injuries for review, recommendations and actions taken. 	<p><i>Skin surveillance implemented and ongoing. Staff reviewed and referred when appropriate.</i></p> <p><i>BBV exposures reported on Riskman/Radar and reviewed by Corporate OH. Discussed at Health and safety committee and IPCC.</i></p>
Policy	<p>Ongoing 3 yearly review of all relevant policies</p> <p>Review IPC related national guidelines</p>	<ul style="list-style-type: none"> - Maintain IPC policy standards on group audit programme. - Undertake review of all newly issued IPC policies and ensure full compliance. 	<p><i>Updated IPCC policies shared with all staff. Any change to practice identified and staff fully informed.</i></p>

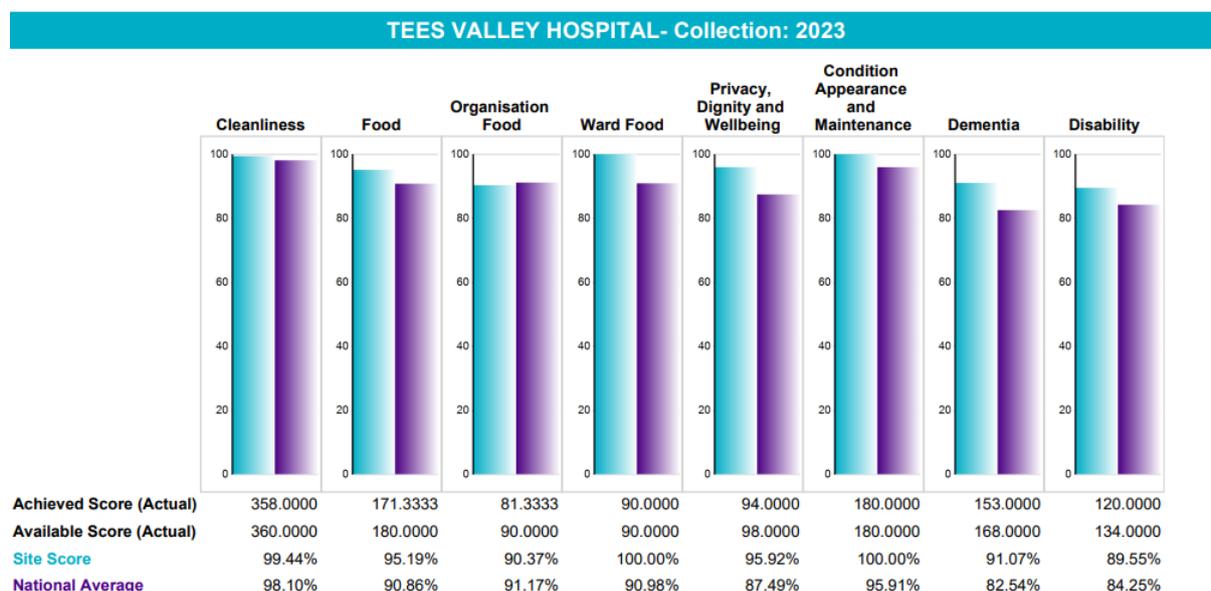
Practice	To ensure practice to minimise the risk of infections is promoted.	<ul style="list-style-type: none"> - Focus on Hand Hygiene to improve compliance, including exploration of novel approaches and equipment. - Promote compliance with ANTT programme 	<p><i>Hand hygiene training compliance improved. Mandatory training package changed and adhoc sessions provided.</i></p> <p><i>Increased ANTT trainers and competency assessment.</i></p>
Assurance and Local Effectiveness	To provide assurance that IPC Strategy is compliant with Health and Social Care Act 2008 (2015) and actively minimise risk of infection.	- Produce Annual Report and Plan 2023/2024	<i>Completed.</i>

3.2.2 Cleanliness and hospital hygiene

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

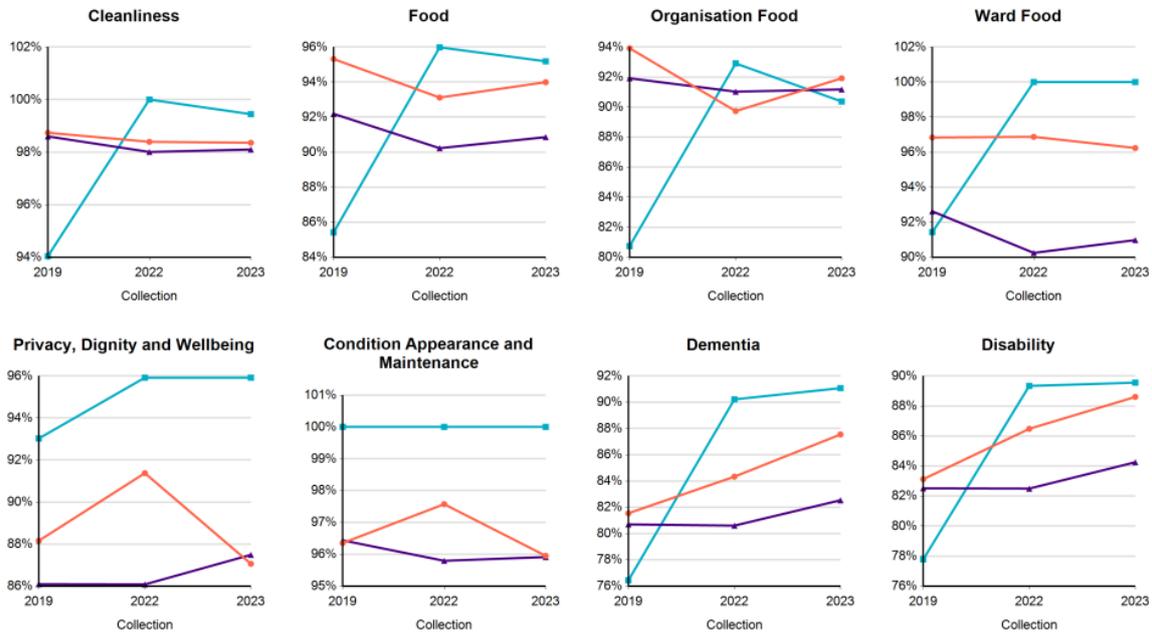
PLACE assessments occur annually at Tees Valley Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

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



TEES VALLEY HOSPITAL

Site Scores Organisation Average National Average



Tees Valley Hospital scored higher than the national average in all domains other than organisation food (in which we <1% below the national average). However, over recent months, Tees Valley Hospital has introduced a new breakfast menu with a greater variety of options.

3.2.3 Safety in the workplace

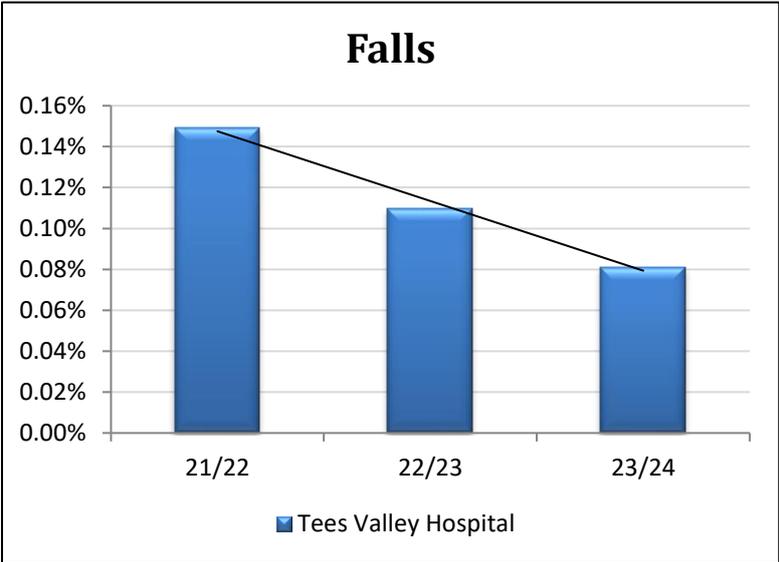
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

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

Tees Valley Hospital's Health and Safety Committee meets bi-monthly. Chaired by the Hospital Director, membership includes staff representatives from each department, which helps to embed the health and safety culture within the hospital.

Training undertaken has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, major haemorrhage and retrieval and return of blood products.

Rate per 100 discharges:



The number of patient falls at Tees Valley Hospital during the 2023/24 period has continued to reduce. In addition, Ramsay Healthcare Care UK have recently introduced a national Falls Prevention Working Group, of which the Physiotherapy Manager at Tees Valley Hospital is the North East Cluster Representative. The purpose of the group is to review any clinical incidents across the organisation that are reported as a fall with harm, and to implement prevention strategies to reduce the risk of falls with harm from occurring. The Falls Prevention Working Group will also review policy and training to ensure best practice is reflected.

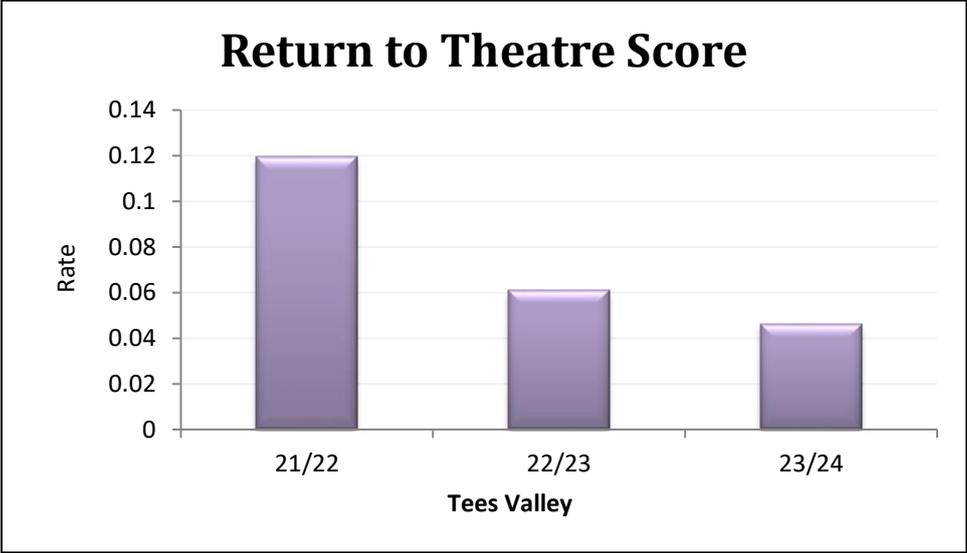
3.3 Clinical effectiveness

Tees Valley Hospital has a Clinical Governance Committee that meet quarterly to monitor the 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 the Medical Advisory Committee (MAC) to ensure results are visible and tied into actions required by the organisation as a whole.

3.3.1 Return to theatre

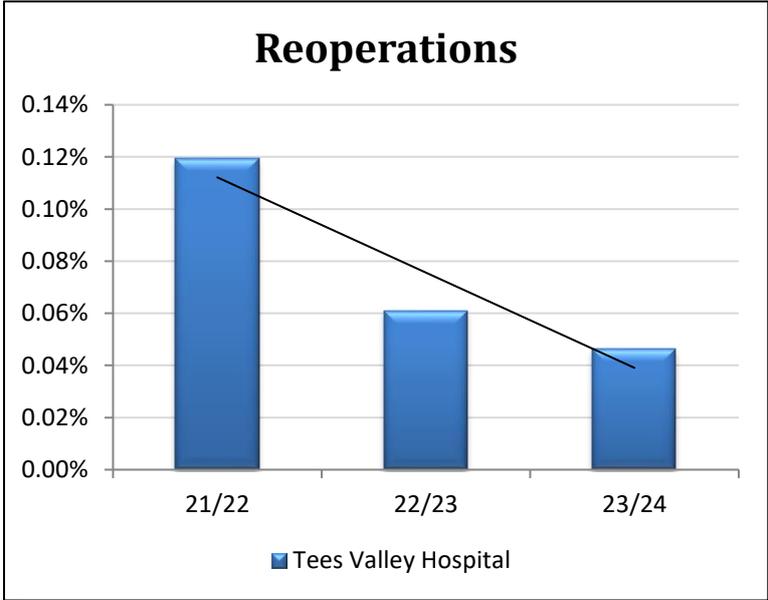
Ramsay Health Care UK is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures

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 Health Care UK's rate of return is very low consistent with our track record of successful clinical outcomes.



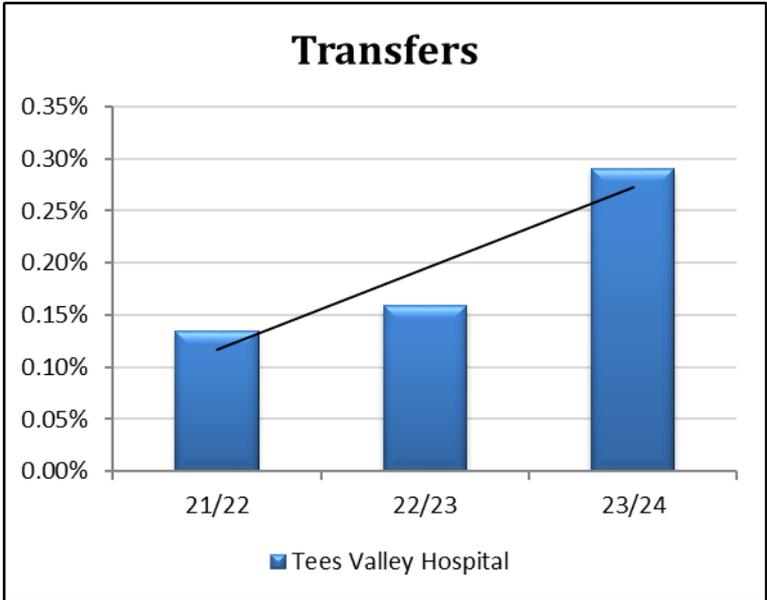
As can be seen in the above graph, our returns to theatre rate has continued to decrease over the 2023/24 period.

Rate per 100 discharges:



As can be seen in the above graph, our reoperations rate has continued to decrease over the 2023/24 period.

Rate per 100 discharges:



There have been an increase in patient transfers over the 2023/24 period. All patient transfers are fully investigated internally and discussed at the Senior Leadership Team/Heads of Department Committee, Clinical Governance Committee and Medical Advisory Committee, with any lessons learned communicated accordingly. For the 2024/25 period, all patient transfers will also be discussed at Tees Valley Hospital's Resuscitation Committee and our local PSIRG - Safety Panel meeting.

3.3.2 Learning from Deaths

There have been no reported unexpected deaths in the 2023/24 period.

As outlined by NHS England, learning from deaths of patients can help providers improve care, quality and safety. Although Tees Valley Hospital have had no reported unexpected deaths during the period, we are committed to:

- Prioritising meaningful engagement to support bereaved families/carers
- Communicating with compassion, honesty and empathy with clarity and transparency
- Promoting a positive, open learning culture that identifies good practice, in addition to what needs to be improved
- Ensuring that staff have the correct skills, resources, training and support
- Maintaining positive relationships and working in collaboration with partner organisations

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 Health Care 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 Health Care 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

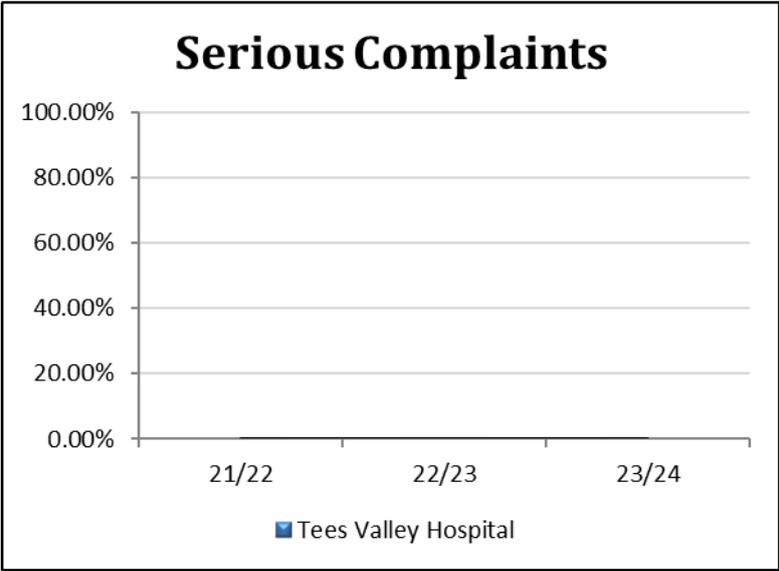
confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care UK 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 fed back 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.



There were no serious complaints received in the 2023/24 period.

Patient experiences are fed back via the various methods below, and are regular agenda items at local governance committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Health Care UK 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:

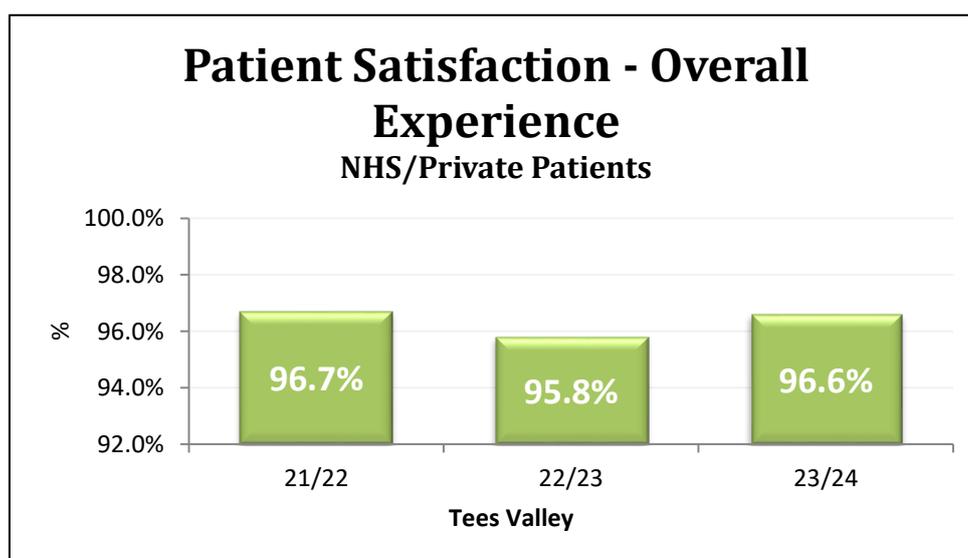
- Continuous patient satisfaction feedback via a web based invitation

- 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 continue to be managed by a third party company called 'Cemplicity'. 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, Tees Valley Hospital's patient satisfaction rate has increased over the last year. We aim to continue to receive positive overall patient

experience ratings, enhanced by the ongoing work streams initiated at our Customer Experience Committee. As a continued area of focus, we actively encourage patients to complete feedback in order for us to ascertain the patients' perspective, and to help us to recognise where there is a further need for improvement. We appreciate that clear communication, high standards, meeting (or indeed exceeding) expectations leads to a more positive patient journey and experience, which ultimately contributes to improved patient satisfaction ratings.

We continue to review and monitor local processes for encouraging patients to provide their email address, and for inputting this information onto our electronic patient record Maxims. This enables a patient satisfaction survey invitation to be emailed to the patient on discharge. Monthly communication is disseminated to staff from the responses received from the Friends and Family feedback and Heads of Department are expected to share comments at team meetings - to congratulate staff on positive feedback, and also, to discuss potential improvements/actions should this be required.

What Our Patients Say:

“Excellent service and treatment from every staff member - professional, informative, attention to every detail of your care plan. Tees Valley Hospital is a credit to the caring professional. Highly recommend.”

“I've just had a colonoscopy here and I must give praises to all the staff, receptionist, nurses and consultants - they were so professional but so caring with me, helped me over my fear explained everything to me so I understood what was happening. I can't thank them enough thank you again.”

“From cleaner, nurse, physio, reception and consultant - all played a part in making my admission comfortable and pleasant all friendly and approachable.”

“I recently had knee surgery here. My stay was comfortable and was taken care of in a caring manner. Staff were wonderful. I cannot fault the place, from appointments to surgery everything is so efficient, never had to wait past appointment times. From examination of my knee, I was in surgery within a month. I actually felt like a person and not just a number. I was given advice on other medical issues, which I thought was very good as I wouldn't have picked up any issues otherwise. Brilliant place all round. Absolutely recommend this Hospital.”

“Although I was very nervous about my surgery, all the staff really looked after me. The hospital is very well equipped and managed. Thank you to an excellent team.”

“My time spent in Tees Valley hospital was great, the nurses and auxiliary staff were the best I have ever had in a hospital stay.”

“Tees Valley Hospital is a lovely place, with a friendly and calm environment along with helpful receptionists and caring staff.”

“I was really impressed with the standard of care and cleanliness - nothing was too much trouble. All the staff treated me with kindness and respect.”

“I was taken good care of by everyone at the hospital. From coming in to leaving each and every member of staff was lovely and reassuring to me, they treated me with kindness and were professional.”

“The two nurses who welcomed me in were very warm and welcoming and made me feel at ease. The anaesthetist was very friendly and fully explained what would happen/was happening. The anaesthetic nurse was very friendly, she put me well at ease when I was visibly anxious/upset. The two nurses that brought me round after surgery were again, friendly and put me at ease. Finally, the nurse who looked after me on the ward was amazing and again really friendly, personable and explained everything really well. I would definitely recommend Tees Valley Hospital.”

Appendix 1

Services covered by this quality account

Regulated Activities - Tees Valley Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cosmetic Surgery, Dermatology, Gastroenterology, General Surgery, Gynaecology, Oral Surgery, Orthopaedics, Urology, Plastic surgery , Podiatry	All adults 18 years and over.
Surgical Procedures	Ambulatory, day and inpatient Surgery. Cosmetic Surgery, General Surgery, Gynaecology, Oral Maxillo Facial Surgery, Orthopaedic Surgery, Plastic Surgery, Urology	<p>All adults 18 years and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilatory support post operatively. • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery. • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services including X ray, a static MRI and CT Unit and Ultrasound. GI Endoscopy, Phlebotomy, Urinary Screening and Specimen collection, Urology	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 2023/24

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)
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AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	

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

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

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

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

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

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

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

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

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

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
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
NVCOR	Tees Valley 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

Tees Valley Hospital

Ramsay Health Care UK

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

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

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