

The Yorkshire Clinic

Quality Account
2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

The Yorkshire Clinic Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa

Chief Executive Officer
Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting.

The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

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

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is The Yorkshire Clinic 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 Phil Bates, Hospital Director, The Yorkshire Clinic

Our team at Yorkshire Clinic appreciate there is a choice when it comes to healthcare provider and, therefore, we are committed to offering the highest quality of care and outcome for all our patients. We aim to be the leading Healthcare Provider in Yorkshire where clinical excellence, safety, care and quality are at the heart of all we do.

This Quality Account demonstrates our continued commitment to measuring and acting on feedback from all our patients and customers about their experience, with the intention to learn, improve and invest time and effort in all aspects of the services we provide.

We are aware that patients may be anxious about coming into hospital and understand that providing reassurance is very important to the patient and their family. We believe this starts with a reassurance about patient safety, which is always our highest priority. To this end we continually review our clinical care standards, outcomes and feedback, through audit, observation and regular open, analytical review with a 'no blame' approach in investigation which helps promote a healthy learning culture with our team.

We are committed to ensuring patients are kept fully informed about their treatment, which is also a significant factor associated with improving outcomes. We involve our patients in treatment decisions at the earliest stage so that the options and benefits are fully discussed before patients consent to treatment. Our medical and clinical teams recognise the importance of devoting time preparing patients for surgery, which not only reduces risk but also improves patient understanding and confidence, reduces anxiety, improves rates of recovery and shortens lengths of hospital stay. Our care extends to the post discharge period, where we offer post discharge support and guidance 24 hours a day to provide them with ongoing reassurance.

In addition, we recruit, induct and train our team to enable the delivery of the highest standards in all aspects of clinical and customer care. This approach extends to family and visitors in ensuring all are made to feel welcome at The Yorkshire Clinic we call this part of our organisational approach, the Ramsay Way.

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified

and experienced doctors, nurses and other key healthcare professionals; examples of these are detailed further on in this Quality Account.

The Yorkshire Clinic is accustomed to the disciplines of regulatory and contractual requirements to assure Healthcare Commissioners of our clinical performance and to report complaints and serious incidents to Regulators and Commissioners. We also maintain a formulaic tested approach to risk through our Risk Register which we systematically review to ensure specific action is taken to achieve risk reduction.

The Yorkshire Clinic's 'Friends and Family' patient satisfaction scores continually achieve over 99% for 'would recommend to others'. By analysing the results throughout the year, we continuously seek ways to further improve the patient experience. We achieve this through our regular Customer Feedback Forums and our Patient Focus Groups.

Our ongoing commitment to quality, safety and service development will reflect the needs of our local community.

This year we set ourselves the stretch target of taking a journey to transform the Clinic, positioning it in the group as our Northern Flagship: redefining pathways, increasing access and the acuity of our service lines. We will be defining the how we can provide a unique new patient experience in a care setting that reflects our aspiration to be the leading care provider in Yorkshire; where the healthcare population locally requires higher level of acute care and we can open services to meet demands not fully being met. We have set our sights high, driving to achieve an Outstanding CQC rating whilst putting the hospital at the heart of the community.

We have strong ties to both arms of the healthcare community both at commissioning and provider level. We see that partnership as key to our ongoing strategy and we aim to continue to explore and suggest ways of working collaboratively and innovatively to help support the health care economy as it continues to recover from the pandemic.

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.

As the Hospital Director, I confirm that I have reviewed this Quality Account and I agree with the accuracy of the reported data.

I am fully informed and aware of the quality of NHS services that we provide and have a full understanding of any improvements required to the services we provide and the plan to action these.

Phil Bates



Hospital Director

The Yorkshire Clinic

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Mark Steward – Medical Advisory Committee (MAC Chair)

Mr Richard Grogan - Clinical Governance Committee Chair

Nancy O’Neil- Chief Operating Officer- Bradford Distract Health and Care Partnership

Welcome to The Yorkshire Clinic

The Yorkshire Clinic is a private hospital situated in the grounds of Cottingley Hall in Bingley, West Yorkshire. The hospital offers care to patients with private medical insurance, patients who wish to fund their own treatments and patients referred through the NHS Patient Choice Scheme.

The hospital has 56 beds and 4 ambulatory bays. Facilities include five operating theatres, endoscopy unit, angiography suite, physiotherapy, pharmacy, Central Sterile Service Department (CSSD), radiology and out-patient diagnostic facilities. The Lodge is a separate building but is still part of the hospital, it has one theatre, consulting and treatment rooms and is the dedicated Ophthalmology Centre.

The facility is registered with the Care Quality Commission to provide care and treatment for adults, aged 18yrs and over for diagnostic and screening procedures, surgical procedures, treatment of disease, medical disorders and sports injury.

The hospital provides a full range of high quality services, these include, outpatient consultation, pre-assessment, outpatient procedures, investigations / diagnostics, surgery and follow up care.

On-site diagnostic and screening facilities include radiology (ultrasound, general x-ray, fluoroscopy, digital mammography), static MRI (Magnetic Resonance Imaging) and CT (Computed Tomography) scanners, angiography suite, echocardiography, ECG (Electrocardiogram) testing and Ophthalmic diagnostic imaging for the treatment of patients with Wet AMD (Age-related Macular Degeneration). Other on-site support facilities include a Registered Pharmacy and services supported by Resident Medical Officer (RMO) on site 24hours, 7 days a week.

The Yorkshire Clinic provides direct Endoscopy (Gastroscopy) services to support prompt investigations.

During the last **12 months** the hospital has treated **15503 patients**, 81.69% of which were treated under the care of the NHS.

The Yorkshire Clinic has 323 members of contracted staff with a split of 116 operational and 207 clinical.

We have 180 Consultants who work at The Yorkshire Clinic through approved Practising Privileges. We offer a range of services, which include General Surgery, Oncology, Gynaecology, Bariatric Surgery, Urology, Cardiology, Pain Management, Gastroenterology, Cosmetics and Plastic Surgery, Orthopaedic, Dermatology and Medical.

At The Yorkshire Clinic we truly live the Ramsay Values of *'People Caring for People'*. The Yorkshire Clinic has had a huge focus on mental health in the last 2 years. We have two mental health first aiders supported by numerous mental health champions represented in all departments across the hospital.

A key area of focus was raising awareness and ensuring the stigma around discussing mental health issues was reduced. In order to achieve this, a mental health awareness session was added to our yearly mandatory training that all staff complete. We also created a new wellbeing & contemplation room in the hospital, an informal, confidential, safe and secure space for all staff to use.

Nursing and Medical Care at The Yorkshire Clinic

On admission all our patients are allocated a 'named nurse', whose role is to provide coordinated 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. More recently the Francis report investigation into Mid Staffordshire NHS Foundation Trust (2013) highlighted the advantages of having such a system in place but took the requirement further by stating that a 'named nurse' needs to be designated for each shift, this is the model used at The Yorkshire Clinic. This was welcomed by the Royal College of Nursing who believe the 'named nurse' model provides a useful way to organise work around the needs of the patient (RCN 2014).

Care and treatment provided at The Yorkshire Clinic is Consultant led.

We have a RMO who supports the Consultants and together with the nursing team provides round the clock medical support to all our patients.

The hospital has built excellent working relationships with our local Commissioner, Bradford Teaching Hospitals Foundation Trust, Leeds Teaching Hospital NHS Trust and Airedale Foundation Trust in order to deliver a joint approach to patient care delivery across the patient economy.

Our GP Liaison Officer provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, referral processes are developed in order to streamline processes. The GP Liaison Officer's key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services offered at The Yorkshire Clinic, have access to any information that can assist General Practitioners and medical staff when referring into a Secondary Care Provider. Part of the GP Liaison's role is to coordinate the post graduate programme which runs on a monthly basis and covers a range of topics from orthopaedic surgery to cardiology.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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

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

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

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital. At The Yorkshire Clinic the patient experience is at the heart of everything we do within the hospital. We want to know what matters to our patients, their relatives and carers so we can enhance the quality of our services to align to their needs.

People are at the centre of how we ensure we operate safely – all united in a common purpose to achieve zero avoidable harm. To support our employees to achieve this goal, we have mandatory systems and processes across The Yorkshire Clinic to protect and care for all of our patients, members and our own people.

Our vision is to be the Leading Healthcare Provider where clinical excellence, safety, care and quality are at the heart of everything we do, whilst growing our business and profitability.

Our Quality Account seeks to provide accurate, timely, meaningful and comparable measures to allow our partners to assess our success in delivering our vision.

Priorities for Improvement

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

In 2022/2023 we directed our Clinical Priorities using the Care Quality Commissions five key domains:

- Safe.
- Effective.
- Caring.
- Responsive.
- Well led.

Under each domain we provided clear objectives, which demonstrated our commitment to quality improvement and how we would achieve these objectives. Evidence and best practice underpinned all our objectives; having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values determined our quality vision for the year.

Under **Safe: Think Drink- reducing patient fasting time before surgery**

Audit data in 2021-2022 indicated excessive fasting times for patients, an average of 8 hours; this coupled with some negative feedback from patients, saying they were very thirsty and kept without fluid for long periods prior to their surgery.

In response to this The Yorkshire Clinic pledged to actively form a '**Think Drink Project Group**' and deliver the Think Drink initiative which was established in 2015 at Nottingham University Hospitals.

The overall aim of the initiative was to minimise fasting times for patients thus improving patient outcomes and experience, reducing dehydration and morbidity.

We have successfully achieved this key patient safety innovative.

Audits scores showed an average pre procedure fasting time decreased from 8 hours to 3 hours.

Ramsay Policy and national current guidelines directs patients fasting for 2 hours prior to surgery (fluids), we will continue our plan to reduce fasting times further to meet national guidance of 2 hours. Our objective is to launch the 'sip to send' project in 2024.

Our project achievements:

1. Patient fasting patient information leaflets developed, patients provided with written and verbal instruction on fasting (fluids and food). Leaflet provide din patients admission pack and given in pre-assessment.
2. All patients having receive a call from a member of the clinical team 48 hours prior to admission. During the call patients theatre time is reviewed by the healthcare professional and based on the theatre time patient is advised to drink fluids up to 2 hours before surgery time. At the point of the call all

patients' theatre times are finalised enabling patients to receive an accurate time for fasting.

3. 'Think drink' champions on the ward and in theatre who had a clear remit of assessing patients on admission. Think drink champions on the ward who review patients fasting times throughout the day and liaise with the anaesthetists to ensure patients fasting times are kept as close to 2 hours as possible and where theatre lists change the role of the champion sis to communicate to the patients and ensure patients continue to drink up to 2 hours before there procedure time.
4. 'Think Drink', fasting times discussed in theatre briefings in order to enhance decision-making and communication.
5. Drinks list approved by the anaesthetists developed, patients can choose from this list and drink be given until 2 hours prior to surgery, which adds to improved experience.
6. Carry out regular teaching sessions for all staff, nursing, medical and other allied health professional students.
7. Regular Think Drink Educational sessions were held to increase patient and staff awareness and change perceptions, during the course of the programme. Previous rules of nil by mouth of rom Midnight for morning theatre list and nil by mouth from 6am for afternoon list was removed.

The success of the project has been measured through audit and improved patient feedback data; fasting times reduced from 8 hrs to 3 hrs.

Under Effective: Prevention on Venous Thromboembolism (VTE) in elective surgery.

Despite rigorous VTE risk assessment and clear polices on thromboembolism prophylaxis the Yorkshire Clinic had the incidents below:

1. Feb 2021- DVT 2 weeks post knee replacement
2. Feb 2021- DVT 4 weeks post knee replacement
3. March 2022- PE post op following knee replacement

We said we would focus on Venous Thromboembolism (VTE) Prevention.

- VTE Lead and VTE Champions appointed who supported staff education, training, National Thrombosis Survey recommendations (Sept 2021) implementation, development and implementation of VTE strategy to reduce VTE events.

VTE Strategy

The purpose of the strategy is to support clinical staff within the Yorkshire Clinic to make evidence based decisions on VTE prophylaxis in line with NICE guidance in order to promote safety and improve the quality of patient care by minimising the risk of VTE incidents within the Yorkshire Clinic.

1. VTE risk assessments are a mandatory part of the patient journey at the Yorkshire Clinic
2. CM-001 Venous Thromboembolism (VTE) Prophylaxis Policy is in place for all clinicians
3. Clinicians must identify VTE risk factors and contraindications to prophylaxis, they must order risk-appropriate VTE prophylaxis
4. Patient risk factors must be reassessed for the duration of their hospital stay
5. Adverse outcomes (e.g., hospital-acquired VTE and bleeding) must be monitored and a system in place to collect patient and provider data to monitor performance to promote continuous improvement
6. The Yorkshire Clinic has established a VTE committee and have VTE champions in all clinical areas
7. A Consultant Haematologist is available for advice

Departmental VTE Champion

A VTE Champion is a key person to champion Venous Thromboembolism (VTE) prevention & care from each department across the hospital. All clinical staff must ensure that they comply with CM-001 Venous Thromboembolism (VTE) Prophylaxis policy in place to implement and maintain policy, within the clinical areas they work.

Validate	Ensure all patients have a risk assessment completed
Time	Ensure patients receive both mechanical/chemical prophylaxis in timely manner
Educate	Educate both patients and staff on VTE awareness
Caring	Genuinely cares about the role and wants to make a difference
Harmful	Awareness lack of intervention could be harmful to patient
Accountable	Ensure the accountable practitioner gives clear instructions verbal/written to staff <u>post surgery</u> when chemical prophylaxis is to commence
Motivated	To ensure high standards are maintained will undertake and complete audits as part of role
Pain	Investigate any complains of pain particularly swelling, redness, and pain are some of the signs of deep vein thrombosis. A pulmonary embolism can cause sudden chest pain and shortness of breath.
Implement	Changes to practice in relation to VTE care and treatment
Objective	Willing to be objective and impartial in representing the facts
Nursing	Quality improvement to standardise processes, reduce variation, improve patient outcomes

Key actions taken from 1st April 2022- 31st March 2023 as below:

1. Staff education on VTE prevention
 2. Patient education on VTE prevention through verbal and written leaflets
 3. Risk assessment completion
 4. Action from risk assessment findings
 5. VTE Prophylaxis both mechanical and chemical
 6. Hematologist input anticoagulation and antiplatelet management.
- VTE risk assessment on electronic patient record reviewed and changed to ensure VTE risk assessments completed in line with national standards:
 - Complete VTE risk assessment on admission, reassess post-surgery/within 24 hours of admission and whenever the clinical situation changes (Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. NICE guideline [NG89]. August 2019
 - Audit Tool developed to assess effectiveness of staff and patient education, training, risk assessment, prophylaxis both mechanical and chemical. This audit is completed on a monthly basis and outcomes and actions arising are shared with our clinical teams. This audit consists of 44 questions that explore all intervention relating to VTE during the patient admission, and referencing Ramsay policy, for example;
 - Before the patient has been admitted (in pre-assessment) for their procedure the patients PHQ has been reviewed for VTE risks and Ramsay VTE Risk Assessment completed by a Registered practitioner who has completed the VTE online competency training
 - All elements of the VTE risk assessment has been completed to fully document all VTE and bleeding risks present. Ramsay Policy CM 001 5.1.2
 - Regardless of procedure, the VTE risk assessment has been reviewed by the admitted healthcare practitioner i.e. LA/Sedation/Spinal/GA
 - There is evidence the VTE risk assessment has been reviewed by the patient's Consultant and treatment decisions after taking into account relevant risks and benefits discussed with the patient in line with Ramsay's informed consent policy.
 - If the patient is taking oestrogen-containing oral contraceptives or hormone replacement therapy, they have been advised to stop this 4 weeks before elective surgery. If stopped, advice on alternative contraceptive methods has been provided.
 - There is evidence that the patient has been provided with written information related to VTE prevention in advance of admission. EIDO patient information DP01 Reducing your risk of developing a blood clot'

Audit results:

November 2022	December 2022	January 2023	February 2023
80.8 %	95.2%	91.5%	98.2%

VTE Events 1st April 2022- 31st March 2023- 1

- August 2022- Confirmed DVT Shoulder Arthroplasty

Outstanding action which has been included to the 2023 Clinical Strategy:

The Yorkshire Clinic will apply for VTE Exemplar Centre status by ensuring they meet the Exemplar Centre criteria. The achievement will demonstrate:

- Quality to patients and commissioners
- Recognition of excellence in VTE prevention

Under **Caring: Essence of Benchmarking as directed by the Department of Health (DOH) 2010**

At The Yorkshire Clinic we pride ourselves in providing 'outstanding care and services' that is centered on the patient's needs.

Using the 'Essence of Care 2010', as the national benchmarking system, we have reviewed and improved fundamental care for our patients.

We have done this by:

- Education about the benchmarking process.
- Support for implementation of the benchmarks.
- Direction for future developments.

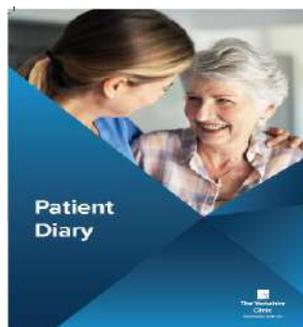
Through Essence of Care (DoH 2001) we have explored the benefits of benchmarking in improving the quality of the fundamental and essential aspects of care. We have identified many areas within each benchmark that can improve our patients care and experience, as such we have included the 'Essence of Benchmarking' and the key focus areas below in our 2023- 2026 clinical strategy, to allow us to focus on all areas of improvement identified and take further action to improve practice and care.

Key benchmarks we focused on 1st Aril 2022- 31st March 2023 and our achievements:

Focus topics and how we can evidence outcomes:

1. **Communication- People and their carers experience effective communication**

We have developed a patient diary.



Patients often have a lot of information given to them during their journey in a hospital. They attend a variety of departments; meet a multitude of staff who all provide information relevant to your care.

Patients also have lots of questions they want to ask, but due to levels of anxiety, increased stress levels, may forget to ask key questions.

When analysing what patients say about their experience in hospitals, four key trends emerge from patient feedback:

- Patients are overwhelmed by information provided by doctors, nurses, administrators, specialists and trying to make sense of who said what, and when.
- Patients' often forget to ask key questions which then leave them with further anxiety, and also forget who's who and their role.
- Patients are unable to remember key contact information.
- Patients want to provide feedback on what we have done well and what areas we need to improve.

The diary will be used to support us to continuously improve our services and communication with our patients.

2. Food and Drink- People are enabled to consume food and drink (orally) which meets their needs and preferences

Factor	Benchmarks of best practice	The Yorkshire Clinic evidence summary
Promoting health	People are encouraged to eat and drink in a way that promotes health	<ul style="list-style-type: none"> • All menus written with dietician input • Health promotion advice offered at pre-operative assessment • Ward based nutritional champions to support inpatients dietary needs.
Information	People and carers have sufficient information to enable them to obtain their food and drink	<ul style="list-style-type: none"> • Ward based nutritional champions to support inpatients. • Choice through menus written by dieticians • Menus available in different formats and languages.

Availability	People can access food and drink at any time according to their needs and preferences	<ul style="list-style-type: none"> • Intentional rounding by Healthcare assistants to ensure needs are anticipated and met at regular planned intervals determined by patient need. • Food and drink available 24/7. onsite kitchen and catering team. Hot meals 07:30-19:00. sandwiches, snacks 24/7 available in serveries when main kitchen is closed.
Provision	People are provided with food and drink that meets their individual needs and preferences	<ul style="list-style-type: none"> • Varied menu choices provided individually for each meal time
Presentation	People's food and drink is presented in a way that is appealing to them	<ul style="list-style-type: none"> • Food served individually on trays to all patients by staff
Environment	People feel the environment is conducive to eating and drinking	<ul style="list-style-type: none"> • Patients supported in advance of meal times to be sitting up and comfortably in their own rooms. • Protected meal times.
Screening and assessment	People who are screened on initial contact and identified at risk receive a full nutritional assessment	<ul style="list-style-type: none"> • All patients have pre-operative assessment appropriate to individual needs • Risk assessment reviewed regularly as needs change. • MUST nutritional assessment in use.
Planning, implementation, evaluation and revision of care	People's care is planned, implemented, continuously evaluated and revised to meet individual needs and preferences for food and drink	<ul style="list-style-type: none"> • Care needs reviewed at each shift • Intentional rounding in place • Risk assessment reviewed regularly as needs change. • MUST nutritional assessment in use
Assistance	People receive the care and assistance they require with eating and drinking	<ul style="list-style-type: none"> • Nutrition champions in place • Staffing levels support individual needs • Individual needs assessed at communicated through effective handover of care.
Monitoring	People's food and drink intake is monitored and recorded	<ul style="list-style-type: none"> • Fluid balance charts • Food charts available for use if required • Ward staff support in meal delivery and collection and are able to identify and action any issues.

3. Prevention and Management of Pain. *People and carers experience individualised, timely and supportive care that anticipates, recognises and manages pain and optimises function and quality of life*

Development ‘Surgical Pain Management Policy.

The Yorkshire Clinic recognises the importance of perioperative pain management and aims to provide a responsive and competent service that monitors and improves all aspects of care, taking into account evidence based best practice guidelines (e.g. NICE, PROSPECT, etc.) and shared decision making with patients.

The purpose of this policy is to provide a framework for the delivery of safe and effective acute pain management standards across perioperative patient journey – from pre-admission to discharge - in collaboration with patients, clinicians, and managers.

The objectives of the policy are to ensure:

- All Yorkshire Clinic staff involved in pain management understand the subjective nature of pain with an up-to-date knowledge of assessment and treatment
- People experiencing pain, or who are likely to experience pain, and carers receive timely and appropriate access to services to manage pain.
- People (where able), carers and staff are active partners in the decisions involving pain management.
- People have an ongoing, comprehensive assessment of their pain
- Assessment of pain must be undertaken using Ramsay ‘Pain Assessment Tool’.

Pain assessment tool:

No Pain		Mild Pain			Moderate			Severe Pain		
0 - 1 - 2 - 3		4 - 5 - 6			7 - 8 - 9		10			
Pain Score 0-3 Mild Pain  0 2		Pain Score 4-6 Moderate Pain  4 6			Pain Score 7-10 Severe Pain  8 10					
IV / PO Paracetamol 1gram QDS (reduce if <50kg and/or hepatotoxicity risk; Section 5.9) AND PO Ibuprofen 400mg TDS (if eGFR>60mL/min/m ²) +/- PO Omeprazole 20mg OD gastroprotection if GI risk factors ITQ Example Patient advised to purchase simple pain relief from pharmacy or supermarket.		As Step 1, but add ONE weak opioid: • PO Codeine 30-60mg QDS • PO Tramadol 50-100mg QDS • PO Dihydrocodeine 30mg 4-6 hourly (max. 240mg/24h) AND PRN opioid as inpatient: PO Morphine 10mg/5mL Soln 10-30mg 2-4hourly PRN (max 120mg/24h). <u>Reduce if elderly.</u>			As Step 1/2, but consider titrating ONE strong opioid: • IV/IM Morphine 5-10mg QR • IV/IM Oxycodone 2-10mg Adjuvants Rectal Diclofenac 50-150mg /24hours in <u>divided doses</u> PO Gabapentin 300mg TDS [unlicensed] Seek early consultant review if severe, uncontrolled pain.					
		ITQ Example Codeine 30-60mg QDS PRN (supply 28tab) PLUS Senna 15mg ON PRN (20tabs)			ITQ Example (plus Step 2) Morphine 10mg/5mL Oral Soln 10mg 4-6hourly PRN; max 60mg/24hours (supply 100mL)					
<p>Prescribing must take into account patient factors (age, co-morbidities, allergies), any interacting medications (e.g. benzodiazepines), and contraindications (e.g. poorly controlled epilepsy). Refer to latest BNF / SmPC for full prescribing information.</p>										

4. Personal Hygiene: *People's personal hygiene needs and preferences are met according to their individual and clinical needs*

Factor	Benchmarks of best practice	The Yorkshire Clinic evidence summary
Assessment	People are assessed to identify the advice and/ or care required to maintain and promote their personal hygiene	<ul style="list-style-type: none"> All patients have pre-operative assessment as appropriate to need Full assessment completed on admission and whenever patient status changes. Care plans tailored to patients individual needs.
Planning, implementation, evaluation and revision of care	People's care is planned, implemented, continuously evaluated and revised to meet needs and preferences	<ul style="list-style-type: none"> All patients have pre-operative assessment as appropriate to need Full assessment completed on admission and whenever patient status changes. Care pathways Care plans tailored to patients individual needs.
Environment	All personal hygiene care and advice is given in an environment that is safe and appropriate to People's needs and preferences	<ul style="list-style-type: none"> All patients have individual rooms and en-suite bathrooms. Named Nurses ensure that individual needs/preferences are established and met.
Toiletries	People have toiletries to meet their needs and preferences	<ul style="list-style-type: none"> Patients are advised at routine pre-operative phone calls of appropriate items to bring for their stay. Hospital has supply of toiletries to support if patient has needs.
Assistance	People receive the care and assistance they require to meet personal hygiene needs and preferences	<ul style="list-style-type: none"> All patients have pre-operative assessment as appropriate to need Full assessment completed on admission and whenever patient status changes.
Knowledge and Skills	People and carers are provided with the knowledge and skills to meet personal hygiene needs and preferences	<ul style="list-style-type: none"> All patients have pre-operative assessment as appropriate to need. Health promotion advice provided. Discharge advice is provided individually to meet individual need.

5. Record Keeping: *People benefit from records that promote communication and high quality care*

Factor	Benchmarks of best practice	The Yorkshire Clinic evidence summary
Access to care records	People are able to access their care records in a format that meets their needs	<ul style="list-style-type: none"> Process in place for SAR request and people provided with their care records as requested. Electronic Patient Record Maxims

		allows Ramsay Health to identify preferences/communication needs.
Single records	People have a single, lifelong, multi-professional and multi-agency (where appropriate) care record which supports integrated care	<ul style="list-style-type: none"> • Ramsay Health has Maxims EPR in place which incorporates contemporaneous patient records relating to all elements/episodes of care at sites. • Site access to System One as needed.
Practice and evidence	People's care records demonstrate that their care is evidence-based	<ul style="list-style-type: none"> • All care pathways are reviewed and updated corporately to ensure adherence to best practice and NICE guidance. • Robust governance framework in place on site and corporately to ensure regular review of all patient pathways
Security	People's care records are safeguarded	<ul style="list-style-type: none"> • All staff have individual log on access to EPR, access is graded relevant to role therefore central safeguarding limiting unnecessary access to patient records.

6. **Respect and Dignity:** *People experience care that is focused upon respect*

Factor	Benchmarks of best practice	The Yorkshire Clinic evidence summary
Attitudes and behaviors	People and carers feel that they matter all of the time	<ul style="list-style-type: none"> • Customer Care Standards and Quality Plans in place in all clinical departments with patient focus • Ramsay Values modelled by all staff • Individualised care from first point of contact. • Patient feedback actively sought from all departments. • Patient Focus Group In place • Patient Experience Group
Personal world and personal identity	People experience care in an environment that encompasses their values, beliefs and personal relationships	<ul style="list-style-type: none"> • Individualised care plans • Pre-operative assessment appropriate to need completed for all patients • Hospital Dignity Group Dignity Champions in each department
Communication	People and carers experience effective communication with staff, which respects their individuality	<ul style="list-style-type: none"> • Pre-Operative assessment for all patients identifies individual communication needs and directs staff involved in care. • Maxims EPR system captures communication preferences for staff utilisation.
Privacy-	People experience care	<ul style="list-style-type: none"> • All staff have GDPR training

Confidentiality	that maintains their confidentiality	<ul style="list-style-type: none"> • Electronic Patient Records and protection of information • Individual rooms • Handover of care in private environment
Privacy, dignity and modesty	People's care ensures their privacy and dignity, and protects their modesty	<ul style="list-style-type: none"> • Patients have individual rooms • Hospital Dignity Group and Dignity Champions in each department.

Our 3 year Clinical Strategy 2023- 2026 will further assess the above benchmarks to improve practice and care at The Yorkshire Clinic.

Under Responsive: Improving the quality of care provided to patients with diabetes undergoing surgical procedures based on the NCEPOD Guidance-Highs and Lows (A review of the quality of care provided to patients over the age of 16 who had diabetes and underwent a surgical procedure) published Dec 2018.

The Yorkshire Clinic will implement the recommendations made within the NCEPOD quality improvement study with the aim to improve the care for patients with diabetes undergoing surgery.

The Yorkshire Clinic has developed local standard operating policy 'Peri-operative Management of Diabetes In Adults'

The standard operating policy covers all recommendations made within the NCEPOD quality improvement study to improve the care for patients with diabetes.

The Standard Operating Policy aims:

Optimisation for surgery

- ✓ HbA1c
- ✓ Co-morbidities
- ✓ Medications
- ✓ BMI
- ✓ eGFR
- ✓ Risk Rating

Prioritisation on the elective list

1st

To prevent prolonged fasting

Multidisciplinary team involvement

To ensure clinical continuity and input from all relevant healthcare team members

Referral, handover and discharge

PATIENT NOTES

To communicate the patient's status and needs to all in the pathway – especially THE PATIENT

Under Well Led: Developing a 3 year Clinical Strategy

We have developed a 3 year clinical strategy 2023-2026

Our Clinical Strategy 2023-2026 sets out how we will create a culture of continuous improvement to increase and sustain the quality of our services for our patients, people and stakeholders.

We have based our definition of quality on the Care Quality Commission's 2014 framework which draws on a number of key patient safety reviews as well as public consultation. This framework has five domains of quality: Safe, Effective, Caring, Responsive and Well-led.

The Heart of Our 3 Year Plan:

Our 3 Year Clinical Strategy 2023-2026

OUR VALUES: THE RAMSAY WAY

Our Values will be driven by 'The Ramsay Way'. We will bring to life 'The Ramsay Way' in all we do. People are at the heart of our success; as 'people caring for people' there are three key ways we approach our work every day.

We value strong relationships

Healthy working relationships lead to positive outcomes for all. We look out for the people we work with, we respect and recognise them. Strong healthy relationships are the foundation of our stakeholder loyalty.

We aim to constantly improve

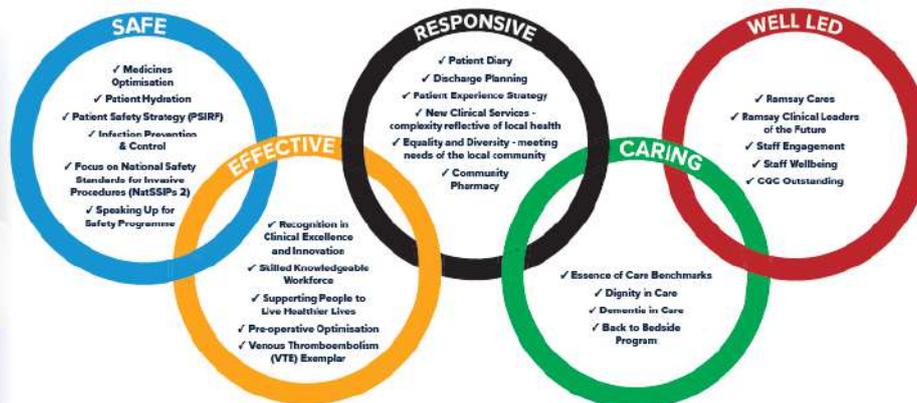
We do things the right way. We enjoy our work and take pride in our achievements. We are not afraid to challenge the status quo to find better ways.

We seek to grow sustainably

Maintaining sustainable levels of profitability are only part of our success. We prioritise long term success over short term financial gains because we care about our people, our community and our planet.

OUR VISION: Our Vision is to be The Leading Healthcare Provider where Clinical Excellence, Safety, Care and Quality are at the heart of everything we do whilst growing our business and profitability.

The Heart of Our Plan



"Igniting the Flame to Outstanding Care."

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Welcome to our Quality Account for 2023-24; in this section we will describe our clinical development plans and ambitions over the next year. We will demonstrate our commitment to providing the highest possible standards of clinical quality, and show how we are listening to our patients, staff and stakeholders, and how we will work with them to deliver services that are relevant to the people who use them.

Our Vision

The Yorkshire Clinic, as the leading Independent Healthcare Provider, makes a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We will go that *'extra mile'* to provide person centred care and ensure our staff are equipped with knowledge and skills, enabling them to deliver safe, effective care that is responsive, caring and well led.

These Five Key domains will direct what we want to achieve in 2023/2024:

- Safe.
- Effective.
- Caring.
- Responsive.
- Well Led.

Under each domain we will provide clear objectives, which demonstrate our commitment to quality improvement and how we will achieve these objectives. Evidence and best practice will underpin all our objectives; having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

Under **Safe** we will focus on: **Patient Safety Strategy (PSIRF)**

One of the most significant *areas* of improvement is through implementing the national NHS Patient Safety Strategy which aims to continuously improve patient safety. A key element within the strategy is the patient safety incident response framework (PSIRF) which, in the coming years, will change how we respond to, learn from, and improve from incidents. The milestones for the PSIRF will include the development, with our internal and external stakeholders, of a patient safety incident response policy and plan, which will define our safety profile and where we wish to focus our improvement.

We will adopt the NHS Patient Safety Strategy recommendations and standards. This will enable us to continuously improve patient safety, building on the foundations of a safer culture and safer systems.

Patient safety is about maximising the things that go right and minimising the things that go wrong.

Strategy will focus on:

1. **Just Culture Guide:** This guide encourages managers to treat staff involved in a patient safety incident in a consistent, constructive and fair way.
2. **Patient Safety Incident Response Framework (PSIRF)** – will replace the current Serious Incident Framework with a new approach to how healthcare organisations respond to patient safety incidents for the purpose of learning and improvement.
3. **Patient Safety Specialists** – Patient safety specialist to provide leadership and oversee and support patient safety activities across the hospital.
4. **Framework for involving patients in patient safety** – Implement the guidance about how The Yorkshire Clinic can involve patients, families and carers in their own safety; as well as being partners, alongside staff, in improving patient safety.
5. **Patient Safety Syllabus** – Complete training and education as set out in the syllabus.

Under Effective we will focus on: Supporting People to Live Healthier Lives

The Yorkshire Clinic undertakes pre-operative assessments for all patients having elective surgery. Pre-operative assessments focus on patients as a 'whole' with the aim of understanding patients' health status to ensure they are medically at 'optimum health' before any planned surgery.

Preoperative assessment aims to minimize patient risk by assessing fitness for surgery, provide information to facilitate informed choice, reduce anxiety about hospital admission and to improve the patient experience. It takes into account the physiological, psychological and social needs of the patient undergoing surgery. During this stage of the patient's journey we will provide education and information to support those live healthier lives.

The Care Quality Commission (2022 framework) asks providers 'How are people supported to live healthier lives, have access to healthcare services and receive ongoing care?'

We will:

- Assess patient health and wellbeing through 'Health MOTs'.
- Provide health promotion and services to support:
 - Smoking Cessation: Every person admitted to hospital who smokes will be offered NHS-funded tobacco dependency treatment.

- Weight Loss - Healthy Eating.
 - Alcohol Consumption.
 - 'Looking after your heart'.
 - 'Looking after your liver'.
 - Mental health and Well-being.
- Provide information about their healthcare and treatment options in a format they understand. Patients will have access to a pharmacist at the pre-assessment stage where they can discuss their medicines.
 - Provide information to patients and carers to support access in the community (care homes, rehabilitation, home care etc...)

Under **Caring we will focus on: **Dignity in Care****

Dignity in Care means providing care that supports the self-respect of the person, recognising their capacities and ambitions, and does nothing to undermine it.

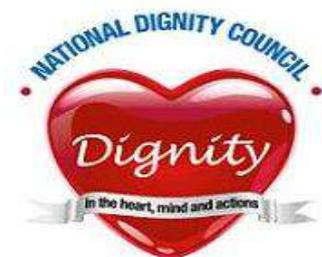
The Yorkshire Clinic will adopt the 'Dignity in Care' Campaign.

The 'Dignity in Care' campaign was launched in November 2006, and aims to put dignity and respect at the heart of UK care services.

The 'Dignity in Care' campaign is led by the National Dignity Council, it operates as a charity, inspiring people to be part of a nationwide movement of champions, working individually and collectively to promote access to dignity as a human right for all.

The campaign's core values are about having dignity in our hearts minds and actions, changing the culture of services and placing a greater emphasis on improving the quality of care and the experience of citizens using services.

- Dignity Champions.
- Dignity training.
- Implement 10-point 'Dignity Challenge'.
- Participate in Dignity awareness events and campaigns.
- Audit to monitor effectiveness.



Under **Responsive we will focus on: **Patient Hydration: Unrestricted drinking before surgery****

The Yorkshire clinic undertakes elective surgery, surgery which is planned where patients can be fully optimised prior to their procedure to minimize risk of postoperative complications, decrease length of stay in the hospital, reduce unplanned re-admissions and enhance patients' overall health and surgical experience.

Historically patients have been kept Nil by mouth from midnight as a patient safety requirement however excessive fasting has a negative effect on patient outcomes and experience. Many studies have shown prolonged fasting triggers a metabolic response that precipitates gluconeogenesis and increases the organic response to trauma. It can cause preoperative discomfort, postoperative nausea and increased pH levels.

Average pre-operative fasting times for clear liquids are many times longer than those specified in national and international guidelines.

Patients who undergo procedures that can cause depression of protective reflexes, such as sedation or anaesthesia, are advised to follow fasting recommendations to minimise the risk of pulmonary aspiration. For clear liquids, international guidelines recommend a 2hr fasting period for adults.

Patients typically fast for clear liquids for an average of 6–10hrs pre-operatively. Prolonged liquid fasting periods not only impact on patient well-being, but can also cause severe postoperative complications.

The Yorkshire Clinic will adopt new research which evidences good patient outcomes when patients have unrestricted drinking until they are called for theatre.

One key study sought to decrease fasting times by applying a quality management tool aimed at continuous improvement. Through the application of iterative 'plan-do-study-act' (PDSA) cycles, tools to reduce pre-operative liquid fasting times were developed and applied, the effects were measured, analysed, interpreted and the conclusions used to inform the next PDSA cycle. The first step was the introduction of unrestricted drinking until the patient was called to the operating theatre, with training of anaesthetic staff, adaption of local standard procedures and verbal information for patients.

In conclusion, after three iterative PDSA cycles, median liquid fasting times were reduced significantly and in a sustained fashion. The unrestricted drinking until called to the operating theatre concept allows patients to continuously drink clear liquids during the day of surgery without limiting the flexibility of the surgical schedule.

The Yorkshire Clinic will actively form a 'MDT Working Group' and deliver on the unrestricted drinking before surgery for patients thus improving patient outcomes and experience, reducing dehydration and morbidity.

Under Well Led we will focus on: Ramsay Cares

Our philosophy of 'People Caring for People' is at the centre of everything we do. We are committed to making a meaningful, positive difference in the world for current and future generations. Ramsay Cares is our approach to sustainability.

Ramsay Health Care have committed to becoming a Net Zero business by 2040.

Our ambition is to become a Net Zero business across Ramsay's global value chain by 2040.

It's a program with three key pillars: healthier people, stronger communities and a thriving planet.

To support Ramsays' Global vision The Yorkshire Clinic will:

- Increase recycling and reduce waste.
- Reduce unnecessary use of single-use items, where safe to do so; improve recycling and reduce waste in our facilities.
- Greener theatres.
- Green team.

Staff Engagement

Front line staff play key roles in improving patient care and new innovations of safe care will be celebrated. Services will be delivered with the full participation of those who use them, staff, patients and external partners will play a key part in directing the future of The Yorkshire Clinic.

Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels will be actively encouraged to speak up and raise concerns. Strong collaboration, team-working and support across all functions will be key with a common focus on improving the quality and sustainability of care and peoples' experiences.

The Yorkshire Clinic will actively seek the views of staff through the annual Ramsay Staff 'Engagement Survey' and through a 'staff engagement' group we will develop actions from feedback from the survey ensuring we have **listened and acted**.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2022/23 The Yorkshire Clinic Hospital provided 36 ERS NHS Services and 4 subcontracted services.

The Yorkshire Clinic Hospital has reviewed all the data available to them on the quality of care in all 36 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 86.6 per cent of the total income generated from the provision of NHS services by The Yorkshire Clinic for 1 April 2022 to 31st March 2023

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

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

Human Resources

	2020-21 (%)
Total Health Care Assistants – whole time equivalent (WTE)	54.6
Total Registered Nurses (WTE)	58.7
Total WTE Nursing (RN and HCA)	113.3
HCA hours as a % of Total Nursing Hours	44.4
Staff Turn Over %	20.87
Sickness %	5.23
Lost Time %	27.3
Agency Cost % of Total Cost	5.8
Staff Cost % Net Revenue	29.2
Rolling Sickness Absence	5.23
Rolling Employee Turnover	20.87
Staff Satisfaction/Engagement Score	55
Mandatory Training %	99
Appraisal %	87
Number of Significant Staff Injuries	0

There were no EMSA (Eliminating Mixed Sex Accommodation) breaches throughout 2022/23.

Significant Clinical Events:

‘Never Events’ are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

1st April 2022 - 31st March 2023: There has been No Never Events at The Yorkshire Clinic.

2.2.2 Participation in Clinical Audit

During 1 April 2022 to 31st March 2023: National clinical audits that The Yorkshire Clinic participated in, and for which data collection was completed during 1st April 2022 to 31st March 2023, are listed below; alongside the number of cases submitted for each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit.

Name of Audit	Participation (NA, No, Yes)	% cases submitted	Comments
National Joint Registry (NJR) – Per Patient	YES	100%	
JAG Census – Quarterly	YES	100%	All requirements fully met.
Elective surgery (National PROMs Programme) Hips, Knees, Cataracts	YES	100%	
SSI – Surgical Site Surveillance Hip and Knee Arthroplasty (30 day post-surgery wound surveillance programme)	YES	100%	
National Bariatric Surgery Registry (NBSR).	YES	100%	
National Cardiac Audit Programme (NCAP)	YES	NA	
National Ophthalmology Audit.	YES	100%	

¹ National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

² Project participates in the Clinical Outcomes Publication (COP)

³ Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)
Version: January 2019

The reports of national clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the Clinical Governance Committee and The Yorkshire Clinic intends to take the following actions to improve the quality of healthcare provided.

Local Audits

The Yorkshire Clinic participates in the Ramsay Corporate Audit Programme (the schedule can be found in Appendix 2). The audit topic and schedule is set centrally by the Ramsay Health Clinical Governance Committee to allow greater opportunity for benchmarking.

The Yorkshire Clinic also performs a number of local clinical audits determined locally as a result of identified improvements required, all of which go through the Clinical

Governance Committee where actions are taken to improve the quality of the healthcare provided:

Summary of some of the local clinical audits undertaken from 1st April 2022 to 31st March 2023:

Emergency Trolley Audit: To ensure that emergency equipment is ready for immediate use, a routine check of the defibrillator, oxygen and suction is undertaken daily. There is also a weekly audit of the content of the emergency trolley, this provides assurance that all emergency equipment is in date and there are sufficient numbers in each trolley as indicated by the Resuscitation Council (UK) 2021. These audit results are discussed and reviewed at the Resuscitation committee meeting which is held quarterly. Our current hospital compliance to Emergency Trolley checks is 99%.

Crash Bleep Response: To ensure we have a dedicated resuscitation team who have clear roles and responsibilities in the event of a resuscitation event we test our crash bleeps daily and the bleep holders meet to discuss who will undertake what tasks if there was a resuscitation incident. The roles given out are Airway, Circulation, Drugs, trolley etc.

We audit the team response to the test bleep and record the team name, roles and responsibilities. Our current compliance to crash bleep response is 100%

Fluid Balance: Ensuring patients are adequately hydrated is an essential part of nursing care. Maintenance of an adequate fluid balance is vital to health. Inadequate fluid intake or excessive fluid loss can lead to dehydration, which in turn can affect cardiac and renal function and electrolyte management. Inadequate urine production can lead to volume overload, renal failure and electrolyte toxicity. At The Yorkshire Clinic we identified that staff were not completing all elements of the 'fluid balance chart' all the time, we have undertaken numerous methods of ensuring this key aspect of patient care is not overseen, we undertake monthly audits to assess compliance. We have made improvements as our audit score now averages at >90%, which is an improvement from 80% in 2021-2022.

Deteriorating Patient: This audit monitors our staff compliance to recording patients' vital signs and responding to these signs using the NEWS Track and Trigger. The audit provides assurance that where patients are showing a deterioration in their condition timely assessments and treatments are initiated. We have provided our staff with skill and knowledge to manage 'deteriorating patients' through ALS. ILS (Immediate Life Support) and AIMS (Acute Illness Management) training, this is reflected in the audit score which has improved from 80% to >95%

Antimicrobial Audit:

Treatment: Our Pharmacy Manager undertakes a monthly antimicrobial audit to assess whether the prescriber has recorded the reason for antibiotic use with presenting clinical symptoms, the duration, correct antibiotic against formulary. We score >95% for this audit which indicates effective use of antibiotics at The Yorkshire Clinic.

Prophylaxis Audit:

Our use of antibiotic prophylaxis against the antimicrobial formulary audit score is >95%. Through the audit process we have identified consultants are using antibiotics prophylaxis in general surgery (hernia, cholecystectomy ect.) this is not indicated in our formulary. We have taken action to review this against current best practice and our local NHS trusts formerly to identify if prophylaxis is required, we will review our current formulary to reflect the findings and re audit.

2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by The Yorkshire Clinic in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was zero (0)

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

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

The Yorkshire Clinic income from 1 April 2022 to 31st March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework due to Covid 19 suspension.

2.2.5 Statements from the Care Quality Commission (CQC)

The Yorkshire Clinic is required to register with the Care Quality Commission and its current registration status on 31st March 2020 is registered without conditions.

The Care Quality Commission has not taken enforcement action against The Yorkshire Clinic Hospital during 2022/23.

The CQC carried out a 3-day inspection at The Yorkshire Clinic on 18th 19th and 20th October 2016.

Our Rating by the CQC:

The CQC rated The Yorkshire Clinic **'Good Overall'** for Surgery, Children & Young People and Out-Patient & Diagnostic Imaging.

In all the 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
Children and Young People	Good	Good	Not Rated	Good	Good	Good
Outpatient & Diagnostic Imaging	Good	Not Rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Key Highlights from our Report:

- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Staff were encouraged to report incidents and we saw good sharing of learning following incidents. Staff were aware of the two never events and subsequent changes in practice.
- Mandatory training compliance levels were high and we observed good practice in relation to infection prevention and control and medicines.
- Documentation was good, patient care and treatment was evidence based. There were clear pathways of care and staff were able to recognise and respond to signs of deteriorating health.
- Patients were involved in their care and treated with dignity and respect.
- Service provision was focused around the needs of the people using the hospital.
- The provider met National indicators for Referral to Treatment (RTT) waiting times.
- Staff spoke positively about their leaders and managers.
- The governance arrangements in place ensured that quality, performance and risks were managed.

2.2.6 Data Quality

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

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. On induction staff are trained on how to obtain and input data correctly onto our electronic systems and

also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital. All staff at the Yorkshire Clinic complete mandatory training on GDPR via the Ramsay e-learning platform. Training compliance as of 1st April 2023 is 98%

The Yorkshire Clinic data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

NHS Number and General Medical Practice Code Validity

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

Valid NHS Number -

- Admitted Care – 98.1%%
- Outpatient Care – 97.3%%
- Accident and Emergency Care N/A (as not undertaken at Ramsay hospitals).

General Medical Practice Code

- Admitted Care – 99.5%
- Outpatient Care – 99.5%
- Accident and Emergency Care N/A (as not undertaken at Ramsay hospitals).

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

The latest figures can be found at above

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical Coding Error Rate

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

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Yorkshire Clinic	Oct 24	100%	99.5%	100%	100%

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as at March 2023

2.2.7 Stakeholders Views on 2022/23 Quality Account



Scorex House
1 Bolton Road
Bradford
BD1 4AS

Date: 15th June 2023

The Yorkshire Clinic Quality Accounts **2022/2023**

On behalf of NHS Bradford District and Craven Health and Care Partnership (West Yorkshire Integrated Care Board (WYICB)), I welcome the opportunity to feedback to Yorkshire Clinic on its 2022/23 Quality Report.

The Quality Account has been shared with key members across the Bradford and Craven Health and Care Partnership (BCHCP).

In 2022 we all continued to experience the impact of the Covid-19 virus, the associated challenges and consequential effect upon the health and care systems. The Yorkshire Clinic has acknowledged the challenges this presented and continues the stringent adherence to infection control and Covid-19 policies. Yorkshire Clinic continues to support the NHS with waiting lists as our partners in care.

Specific key achievements during the past year include:

- ANTT (Aseptic Non-touch Technique) Bronze accreditation.
- Food Hygiene Certificate – achieving Five Stars.
- NJR (National Joint Registry) Certificate of Quality Data Collection 100%
- Successful implementation of in-patient and outpatient new electronic patient record system (Maxims).
- No Never Event recorded, reported.
- Robust auditing to monitor and evaluate safe care and practices.
- Implementation of the 'Hello My Name Is' Programme.
- Same day discharge (Day Case) following Hip and Knee Surgery.

- Supported the local community- with donations to support a local food bank over the festive period.
- Raising £2000 for the Turkey and Syria earthquake.
- Focus on Staff Mental Health: with the appointment of two Mental Health First Aiders.

Review of 2022/2023 priorities included the following areas in line with CQC areas of focus

Safe: Think Drink- concentrating on reducing patient fasting time before surgery. You have successfully achieved this key patient safety innovative as audit scores showed the average pre procedure fasting time decreased from 8 hours to 3 hours. Ramsay policy and the national current guidelines indicates fasting for 2 hours prior to surgery (fluids). It is also noted you will continue your plan to reduce fasting times further to reflect current guidelines.

Effective: Prevention on Venous Thromboembolism (VTE) in elective surgery.

This has involved appointment of a VTE Lead and VTE Champions to support staff education and training. Furthermore, VTE risk assessment on electronic patient records have been reviewed and changed in line with national standards. In addition, an audit tool has also been developed to assess effectiveness of staff and patient education.

Responsive:

By improving the quality of care provided to patients with Diabetes undergoing surgical procedures based on the recommendations made within the National Confidential Enquiry into Patient Outcome and Deaths (NCEPOD) quality improvement study, with the aim to improve the care for patients with diabetes undergoing surgery.

Caring: Essence of Benchmarking (DOH) 2010

Utilising the 'Essence of Care 2010', as the national benchmarking system, you have reviewed and improved fundamental care for your patients by identifying areas within each benchmark to improve your patients care and experience focusing on;
Communication, Food and Drink- Surgical Pain Management Policy, Respect, Dignity-Record Keeping & Personal Hygiene

Well Led: Development of a 3-year Clinical Strategy

The Clinical Strategy 2023-2026 sets out how you will create a culture of continuous improvement to increase and sustain the quality of our services for your patients, people and stakeholders.

Bradford District and Craven Health Care Partnership acknowledges and welcomes the planned priority areas and improvements with a continued focus on patient experience, safety and clinical effectiveness of care and treatment.

The Yorkshire Clinic quality priorities for 2023/24 includes the same areas of focus these are as follows;

Safe: you will focus on: Patient Safety Strategy – Patient Safety Incident Response Framework (PSIRF)

The Yorkshire Clinic will adopt the NHS Patient Safety Strategy recommendations and standards. This will enable you to continuously improve patient safety, building on the foundations of a safer culture and safer systems in line with the national implementation planned by NHS England for September 2023.

Effective: you will focus on: Supporting People to Live Healthier Lives

During pre-op assessments you will provide education and information to support those to live healthier lives, by assessing patient health and wellbeing through 'Health MOTs' and providing health promotion and services to support them.

Caring: you will focus on: Dignity in Care.

The Yorkshire Clinic will adopt the 'Dignity in Care' Campaign by improving the quality of care and the experience of citizens using services.

Responsive: Patient Hydration: Unrestricted drinking before surgery.

The Yorkshire Clinic will actively deliver on the unrestricted drinking before surgery for patients, consequently improving patient outcomes and experience and reducing dehydration and morbidity post operatively.

Well Led: Ramsay Cares;

This includes the commitment to making a meaningful, positive difference in the world for current and future generations. Ramsay Cares is your approach to sustainability with a commitment to becoming a Net Zero business by 2040.

To note there has been no Never Events at The Yorkshire Clinic during 2022/23 and equally noted that The Yorkshire Clinic has participated in national clinical audits and several local clinical audits, and as a result identified improvements in the quality of the healthcare provided. The inclusion of the patient story included in the quality report, highlights and illustrates the priorities and achievements of your services from a patient-centred angle.

Finally, I am required to confirm that NHS Bradford Districts and Craven Health Care Partnership has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of the Yorkshire Clinic's quality initiatives and activities over the last year.

I would like to thank you and your staff for the achievements made in 2022/23 and your continued commitment to high quality care delivery, despite the exceptional challenges that you have faced this year. The Quality Account demonstrates a high level of commitment to quality in the broadest sense and I support the positive approach taken by the Trust.

Kind regards,



Nancy O'Neill
Chief Operating Officer
Bradford District Health and Care Partnership

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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

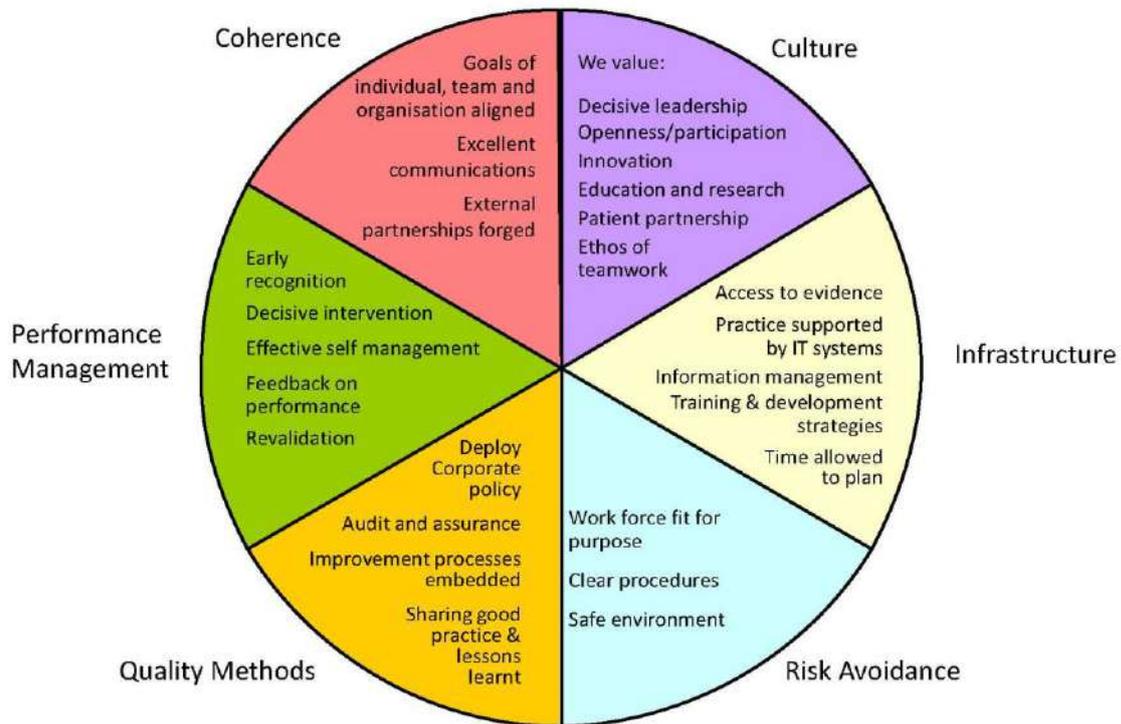
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

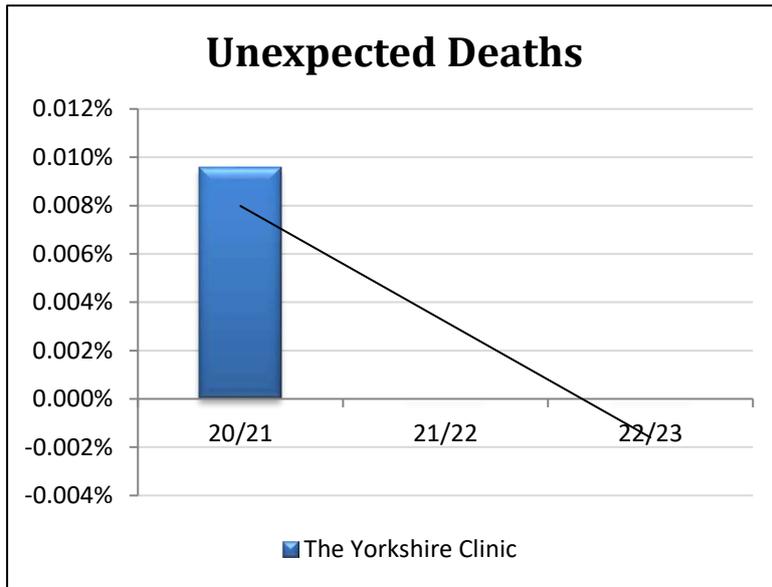
Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

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

3.1 The Core Quality Account Indicators

Mortality

Mortality:	Period	Best		Worst		Average		Yorkshire		
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC20	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC20	0.0000	



Rate per 100 discharges.

National PROMS

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

Period	Yorkshire	
Apr19 - Mar 20	NVC20	21.992
Apr20 - Mar 21	NVC20	17.335

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

Period	Yorkshire	
Apr20 - Mar 21	NVC20	16.577
Apr19 - Mar 20	NVC20	16.736

The Yorkshire Clinic participates in the Department of Health PROM's survey for hip, knee surgery for NHS and private patients. PROMs indicate a patient's health status or health-related quality of life from the patient's perspective, based on information gathered from a questionnaire that patients complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Outlined in the tables above are the patient reported outcomes for The Yorkshire Clinic. This is compared to the National best, worst and average scores from England.

PROMS Hips and Knee: During the data period in the tables above, the PROMS data identifies that our patients' health gain is below National average.

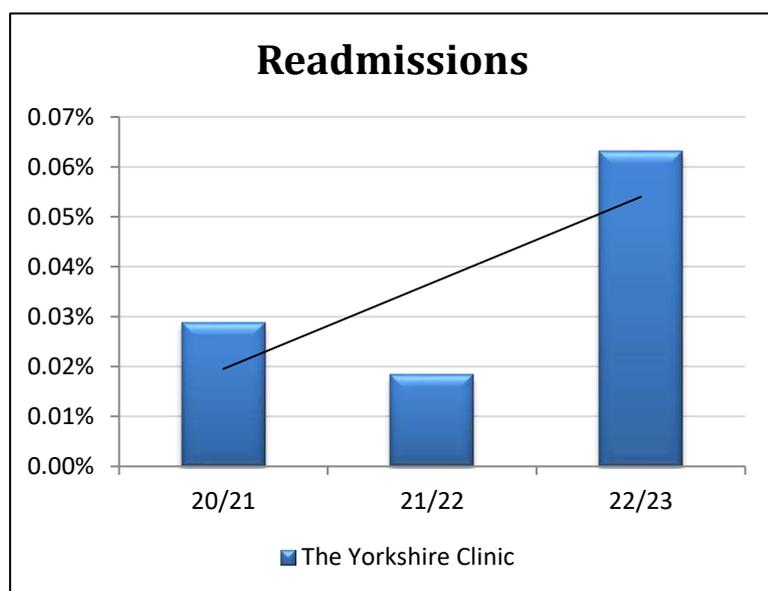
The Yorkshire Clinic intends to take the following actions to improve the score, and so the quality of its services, by:

- Quarterly focus on PROMS outcomes at the Yorkshire Clinic Arthroplasty group meeting (all Orthopaedic hip and knee consultants present at this meeting) and at the Clinical Governance Committee. The members at both these meetings will review pre- and post op PROMS scores and the individual level data for each question to determine what actions can be taken to improve health gain.
- We found the response rate for PROMS is poorer than we would like and this makes interpretation difficult to why our patients Health Gain for Knees is lower than the England average, however the ability to obtain individual surgeon data has been useful in allowing us to reflect on outcomes and share best practice. We will be focusing on improving our patient response rate over 2023-2024.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3
	19/20	N/A	N/A	N/A	N/A	Eng	13.7

Period	Yorkshire	
21/22	NVC20	0.00
22/23	NVC20	0.00



Rate per 100 discharges:

Monitoring rates of readmission to hospital is a valuable measure of clinical effectiveness and outcomes, as evidenced in the table above The Yorkshire Clinic readmission rates have increased in 2022-2023 when compared to 2021 - 2022.

The increase in re-admissions is contributed from our focus in educating our patients to contact the Yorkshire Clinic if they have problems post discharge, and not the Local Trust A&E. We have developed cards which we give to our patients, and this

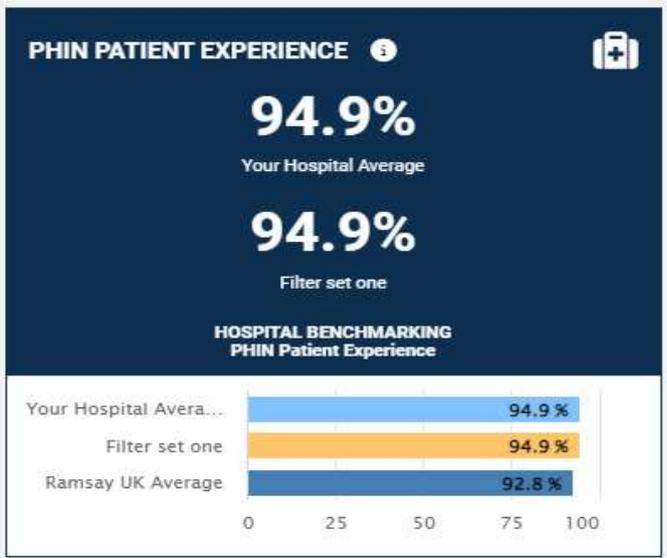
provides them with a key contact number and reminds them to contact us. Where patients are re-admitted they are reviewed by our Resident Medical Officer and the patients' named consultants and a clear care plan is put in place.

We have not seen any trends in the increase in patient re-admissions and continue to report all re-admissions onto our incident reporting tool. Each re-admission is reviewed and scrutinised to identify learnings and action.

Continued work we are undertaking to reduce re-admissions:

- We ensure patients are fully optimised prior to discharge, preventing re-admissions and a detailed assessment of the patient is undertaken by a multidisciplinary team which include Doctors, Nurses, Physiotherapists, Pharmacists and Anaesthetists. Our skilled knowledgeable workforce provide care to patients in their differing state of recovery, ensuring patients are not discharged home too early after treatment.
- Improvements in patient education and communication has also played a key as we start discharge communication early in the patient pathway and ensure they are fully informed of what they can expect at every stage of their recovery.
- Continuity of care after patients are discharged from hospital has been critical in ensuring that the patient's treatment plan is continued at home, and to ensuring that patients have appropriate support at the time of discharge. All our patients are also contacted 48 hours post discharge to ensure they are continuing to recover.

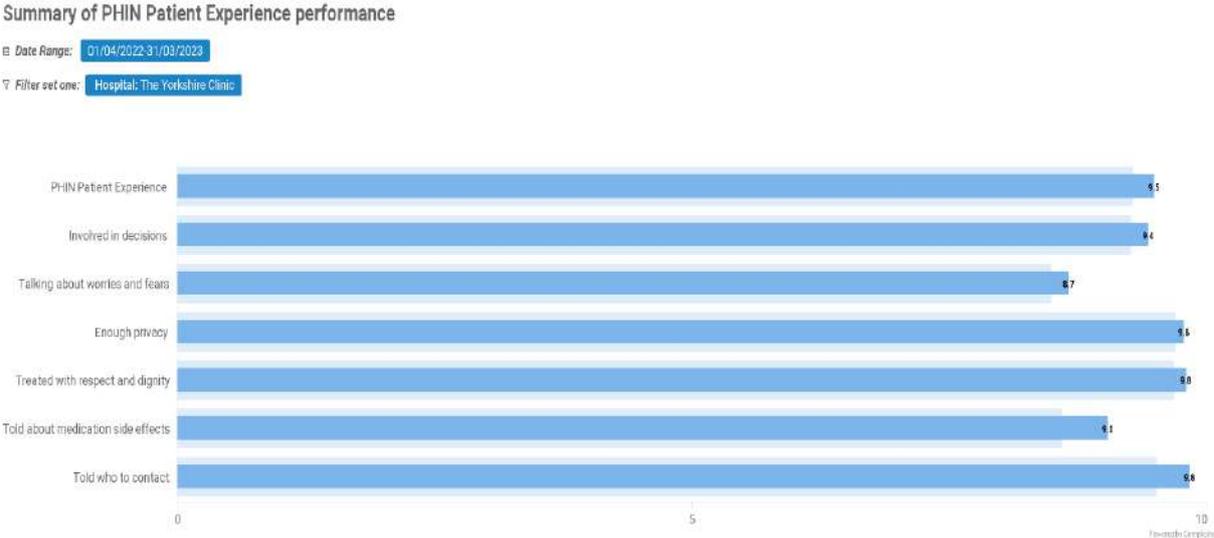
Responsiveness to Personal Needs



The Yorkshire Clinic's PHIN Patient Experience score is displayed above, period 1st April 2022 - 31st March 2023; the score shows our patient experience is above the

Ramsay UK average, The Yorkshire Clinic score 94.9% Vs Ramsay UK average of 92.8% (the dark blue bar shows the Ramsay UK average score and the light blue bar shows The Yorkshire Clinic average score).

The 5 questions we ask our patients when measuring ‘Responsive to Personal Needs’ are below, for each question the Yorkshire Clinic scored above the Ramsay UK average indicating our patients rate their experience at the Yorkshire Clinic.



The tables above shows our patient feedback scores on their ‘experience’ with us at The Yorkshire Clinic.

We value our patient feedback and want to learn from them on where and how we can improve their experience with us. We review all patient feedback and scores through our monthly Patient Experience Group meetings. The group will review and take action on areas where our patients scores indicate improvement is required.

Care and Services at The Yorkshire Clinic are tailored to meet individual patient’s needs. We undertake a robust pre-assessment for all our patients to ensure we can plan safe, effective care that meets the needs of our patients.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Yorkshire	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC20	98.5%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC20	99.0%

VTE Assessment (<https://www.england.nhs.uk/statistics/statistical-work-areas/vte>)

The Yorkshire Clinic considers this data reflects the quality governance in place to enable VTE Assessment and Prevention. The Yorkshire Clinic demonstrate that we are significantly above the National average for VTE risk assessment completion, as

evidenced in the table above, this reflects our commitment to patient safety and risk management.

The Yorkshire Clinic perform VTE risk assessment on all admitted patients as per Ramsay Policy which is based upon the National Institute for Clinical Excellence (NICE) Guidance 2019.

The VTE risk assessment are on the Ramsay Electronic Patient Record System and are completed by Registered Nurses and the patient named Consultant.

In line with the National Institute for Clinical Excellence (NICE, 2019) which recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, patients VTE risk assessment is completed as below:

- At pre-assessment.
- On admission to hospital.
- 24 hours after admission to hospital.
- Whenever patients medical condition changes.
- Before discharge.
- Every patient receives information on how to continue preventative measures at home.

The Yorkshire Clinic VTE risk assessment document indicates whether a particular patient is at high risk of developing blood clots. This may be as a result of their own individual risk factors e.g. age, medical history this is classed as patient related risks, Surgical procedure related risk factors such as arthroplasty surgery, prolonged surgical time and bleeding risk factors such as patient taking anticoagulation. Individual patients are assessed for the risks and chemical, mechanical prophylaxis initiated to prevent VTE incidents.

To ensure we continue to achieve a high score we:

- Undertake audits to monitor compliance to VTE management.
- Train all our clinical staff about how to complete a risk assessment and actions to take.
- Report any VTE events (deep vein thrombosis, pulmonary embolism) to ensure a root cause can be identified, action taken to improve and learn from these events.

C Difficile Infection

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

Period	Yorkshire	
2021/22	NVC20	0.0
2022/23	NVC20	0.0

C Diff Rate per 100,000 bed days. Benchmarking Data as published up to 2021/22 as at 14/04/23

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged 2 years or over during the reporting period.

The above table demonstrates our high standards of infection prevention and control processes as there have been no cases of Clostridium Difficile Infection in this reporting period 1st April 2022—31st March 2023.

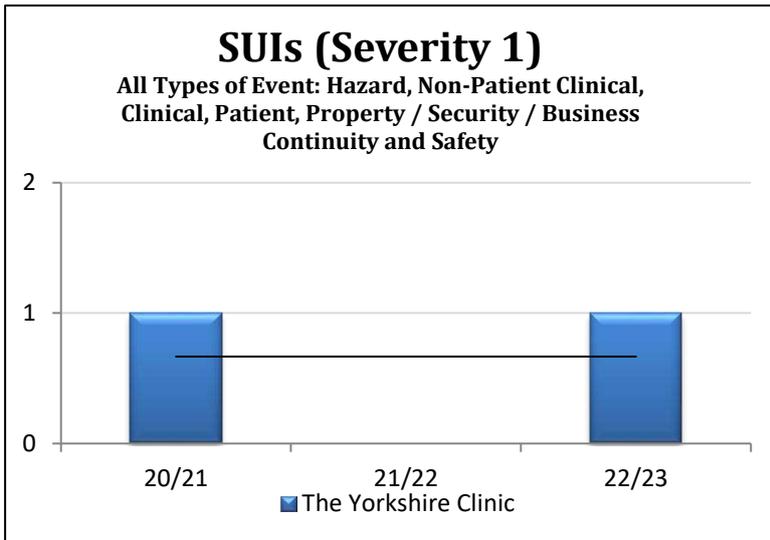
Healthcare Associated Infections (HCAI) are acquired as a result of healthcare intervention. High standards of Infection Prevention and Control practice minimise the risk of occurrence of HCAs.

To ensure we maintain this score, and the quality of our services, The Yorkshire Clinic:

- Have a Local IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from all areas of the hospital. The Committee meets quarterly to oversee implementation of Corporate policies, National Guidance and review clinical audit and practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends which are then actioned.
- Have a dedicated Infection Control Lead Nurse.
- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection
- Have effective systems of education, audit and surveillance. Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.
- Are actively working on ways to adhere to antimicrobial stewardship and ensure antimicrobial prescribing is compliant with the Ramsay formulary.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Yorkshire	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC20	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC20	0.00



Absolute numbers

SUI Summary:

Upper GI endoscopy performed for anaemia on 17 September 2021 showed a gastric lesion, and biopsy was reported as inactive chronic gastritis with iron pigment accumulation. This diagnosis was found to be inaccurate as when the biopsies were later reviewed in December 2022 the lesion was found to be of a malignant melanoma.

Friends and Family Test

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

Period	Yorkshire	
Feb-22	NVC20	99.8%
Feb-23	NVC20	99.9%

All patients at The Yorkshire Clinic are routinely invited to take part in this anonymous survey by completing a simple questionnaire asking whether they would recommend our hospital to their family and friends.

Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. The Yorkshire Clinic use the information received from our patients in this survey in order to improve the services and care we provide.

The Yorkshire Clinic continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at The Yorkshire Clinic. Our commitment to provide care with compassion and confidence is reflected by this score, in February 2023 we scored 99.9% an increase compared to February 2022 where we scored 99.8%.

At The Yorkshire Clinic we see patient feedback received from the Friends and Family test as pivotal to shaping the future services to ensure they meet the needs of

our patients, we learn from the feedback and take action where improvements are required.

We hold monthly Patient Experience Group meetings where the Friends and Family Test results are discussed and analysed, key focus for the group is to:

- Increase FFT response rates.
- Action points where our patients have indicated dissatisfaction in our care or services.
- Commend staff that have received positive feedback on the care they have provided.
- Communicate our Friends and Family feedback to our teams to ensure they are fully informed of 'what our patients are saying about our care and services'.

The Yorkshire Clinic Hospital considers that this data reflects the quality of the care and services provided.

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

The graphs below show The Yorkshire Clinic has a very low rate of hospital acquired infection. There has been a decrease in number of infections reported in 2022-2023 when compared to 2021- 2022. This is credit to the work carried out by the hospital IPC lead nurse and champions who monitor IPC standards and ensure compliance to all criteria set with the Health and Social Care Act 15 criteria. Surgical site infection and hand hygiene have been a key focus over 2022-2023, compliance to practice is audited to ensure 100% at all times.

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.

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; 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.

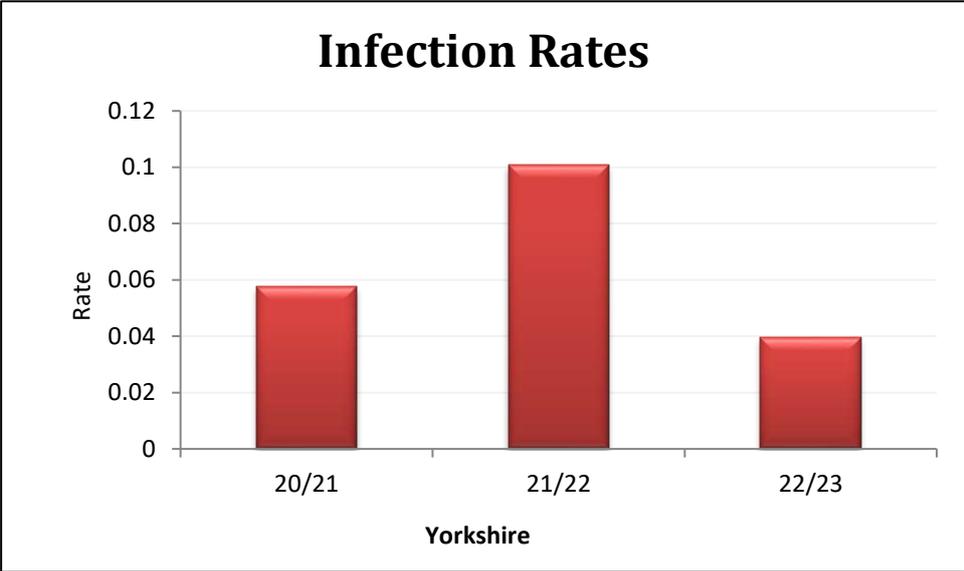
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

The Yorkshire Clinic 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.

Our Infection rates including Clostridium Difficile remain well below the England Average as evidenced in the table below:

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

We have improved our processes to ensure we receive information about all our patients' wounds at 30 days post discharge, this enables us to report any wound infections; through investigation and analysis we can learn and improve our practices.



Rate per 100 discharges:

Programmes and activities within our hospital include:

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

There is a defined team responsible for infection prevention and control and clear lines of accountability for infection prevention and control matters throughout the hospital.

Head of Clinical Services (Matron) is responsible for reporting outbreaks of Infection, Serious Untoward Incidents and progress against the IPC annual plan to the Group Infection Prevention Lead of Healthcare Associated Infections.

Infection Control Doctor: A Consultant Microbiologist is our Infection Control Doctor. He has responsibility for working with the Hospital Matron and Infection Control Link Nurse (ICLN) to support the implementation of the IPC Annual Plan, provide guidance and support in the Microbiology services; he also undertakes staff IPC education sessions.

Hospital Infection Control Lead Nurse assists Matron in the delivery of the local Infection Prevention and Control Annual Plan and undertakes the hospital lead role as the Infection Prevention and Control Link Nurse. The ICLN provides education and training throughout the hospital, undertakes a programme of audits, Standard Operating Procedure (SOP) formulation, alert organism surveillance, Root Cause Analysis and provides infection control support as required by the Care Quality Commission's 'Criterion 8 on Cleanliness and Infection Control and the 'Code of Practice for the Prevention and Control of Healthcare-Associated Infections' (DH,2010).

Departmental Infection Prevention and Link Practitioners: These are frontline staff who engage in infection control activities in their area which include completing the frontline engagement audits (hand hygiene, medical devices and environmental assurance) as well as acting as role models and conduits for infection control issues.

Antimicrobial Pharmacist / Guardian: Our Pharmacy Manager is our antimicrobial pharmacist. Key responsibilities of the role are leading and reporting progress on antibiotic prescribing and management in the hospital, supporting antimicrobial stewardship by working closely with clinical teams, performing audits in line with National Guidance, providing training with regard to antimicrobial stewardship to clinical staff, supporting the development and monitoring of antimicrobial policies with the clinical Consultant Microbiologist and clinical teams.

Our Annual Infection Prevention and Control Plan 2022-2023 focus is on:

- Meeting Compliance with The Health and Social Care Act 2008: 'Code of Practice on the Prevention and Control of Infections' and related guidance (July 2015) and the IPC Board Assurance Framework and specifically meeting compliance with Criterion 8.
- ANTT - principles of asepsis, training, competencies and audit.
- One-Together - improving infection prevention practice across the surgical pathway - the 7x areas of care that are fundamental to best practice in minimising the risk of surgical infection.
- EPIC 3 - Compliance to recommendations and evidence in practice.
- Normothermia - implementation of NICE Guidance CG65.

- Surveillance - develop a Surgical Working Group to monitor compliance and practices.
- Education and Training - Mandatory and eLearning specifically urinary catheter care; Antibiotic prescribing and SSI, accessing external training and ad-hoc training in relation to incidents and lessons learnt.
- Five Moments of Hand Hygiene- Campaign to educate staff and ensure adherence in practice.
- Audit antibiotic prescribing in practice in outpatient setting.
- Antibiotic Guardian nominated individual within the hospital setting.
- Patient Forum and engagement - seeking patient feedback related to IPC.
- Promoting IPC 'Its Everyone's Business'.

Flu Vaccinations:

The Yorkshire Clinic can report a successful staff influenza campaign for 2022 with **97%** of frontline staff being vaccinated. The successful strategy included planned visits to clinical areas including during the evening and at weekends in order to maximise the uptake of the vaccine.

Hand Hygiene:

Throughout 2022-2023 the Yorkshire Clinic continued to have an enhanced focus on Hand Hygiene:

- Regular cleaning in all departments of touch points
- Additional alcohol dispensers throughout the hospital
- Provided staff with personal hand Gel devices
- Regular reminders at the daily huddle about washing hands using hand sanitiser
- Provide staff with "5 Moments of Hand Hygiene" pocket cards to enable prompt reference

Our Hand Hygiene Technique Training Compliance was 100% in 2022.

The Yorkshire Clinic celebrated Infection Prevention week.

There were various signs and posters around the Hospital to help staff practice good handwashing technique. Goody bags were available with hand sanitiser, pens, post it notes and sweets. There was various quizzes, word jumbles, word searches and germ matching activities throughout the week.

Due to the pandemic there was no public involvement as visitors were not allowed on site.



Cleaning and Environment:

We continue to undertake quarterly hospital wide environment audits and monthly cleaning audits. Progress has been made in hospital cleanliness through the monthly Infection Prevention Links meetings. We had a 'Declutter and Dump the Junk' day where we united all departments to use the opportunity to review the contents in their departments and 'dump' unused items and declutter.

Our Environment audit score is 95%

Our Cleaning audit is 96%

Infection Prevention and Control Audits undertaken during 2021-2022

The Yorkshire Clinic performed 'objective auditing' to measure compliance of Infection Prevention and Control practices and policy compliance. The audits provided assurance that the training, education and our plans are working to safeguard patients from infections. Audits were performed by auditors who took an objective overview of the criteria, where any audit did not meet >95% compliance, SMART action plans were formulated and actions completed by the Head of Department, IPC Lead, and IPC link.

Infection Prevention and Control Audits undertaken during 2021/2022 achieved average scores of:

Audit	Audit Score
Hand Hygiene	100%
Peripheral Venous Catheter Care Bundle	96%
Urinary Catheter Care Bundle	99%
Surgical Site Infection	99%
Cleaning schedules	97%

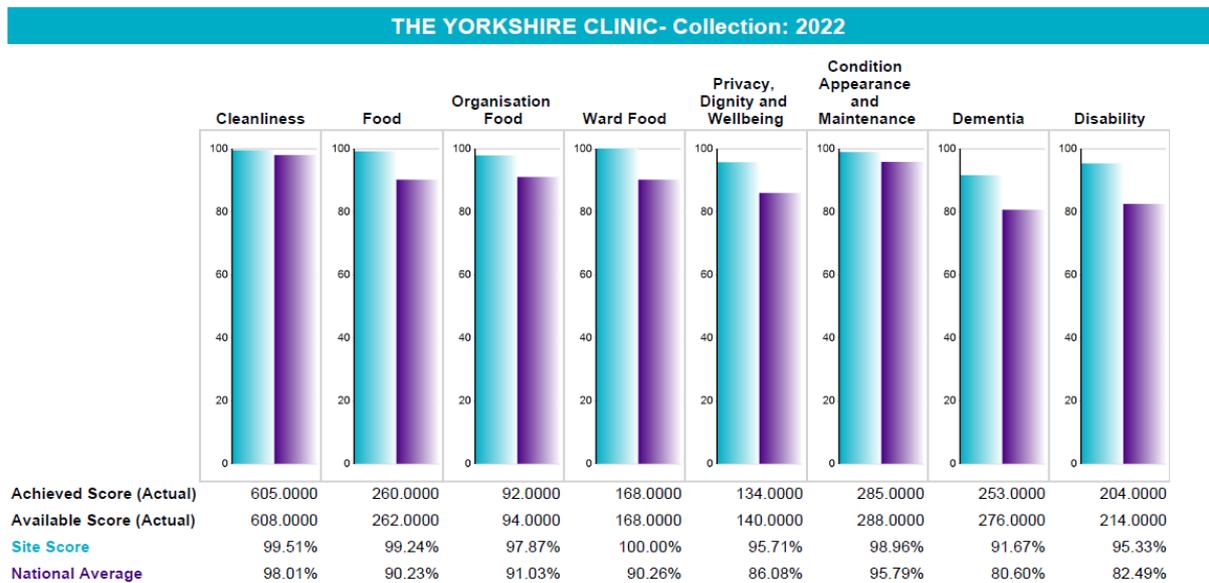
3.2.2 Cleanliness and hospital hygiene

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

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

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

The Patient Led Audit of the Care Environment (PLACE) was undertaken November 2022.



Action: Dementia 91.67%- The Yorkshire Clinic has undertaken an audit to assess how ‘dementia friendly’ its facilities are, carried out by the Alzheimer’s society. The Yorkshire Clinic 3 year clinical strategy 2023-2026 directs what actions we will take to achieve the ‘dementia friendly hospital mark’.

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.

The Yorkshire Clinic has an occupational health link nurse on site who is linked to the wellbeing programme ensuring staff are supported and there is robust reporting of incidents. All clinical staff complete skin surveillance assessments which is directly accessed through the RiskMan reporting system, and where any staff have any 'issues' they are supported through our well-being team. All staff complete a health screening questionnaire before employment commencement; through this they are supported to ensure they are safe and fully equipped to undertake their role.

A comprehensive Health, Safety and Facilities audit was carried out at The Yorkshire Clinic by the Ramsay Group Health & Safety Manager February 2023. This audit returned score of 97.4% which is Outstanding.

In July 2015 The Yorkshire Clinic were successfully recertified for compliance with Information security ISO27001 following an in-depth audit. ISO27001 is the International Standard describing best practice for Information Security Management. There were some minor non-conformities and several observations for improvements including further increased awareness amongst staff, changes to the layout and security of some of the internal rooms which have been completed over the years following the audit.

Additional training in COSHH awareness both knowledge based and practical use of chemical spill kits has been undertaken in 2022 to further safeguard patients and staff.

At the Yorkshire Clinic we introduced monitoring of exposure to anaesthetic gases in Theatre and Endoscopy, where external validation (provided by Cairn Technology)) determines level of exposure to nitrate oxide and anaesthetic agents. The results from the external audit show that staff exposure to nitrous oxide and anaesthetic agent was well below the workplace exposure limit. The Yorkshire Clinic was compliant with the COSHH Regulations 2002

Staff awareness in the safe use, transport and storage of medical gases both e-learning and practical face to face training has been delivered to all clinical staff. We have invested in new Crash System which enables uniformity in the system across the hospital including the lodge. A light system and pagers which clearly displays location of the crash allows prompt response to any emergency situations in the hospital regardless of location.

3.3 Clinical Effectiveness

The Yorkshire Clinic has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,

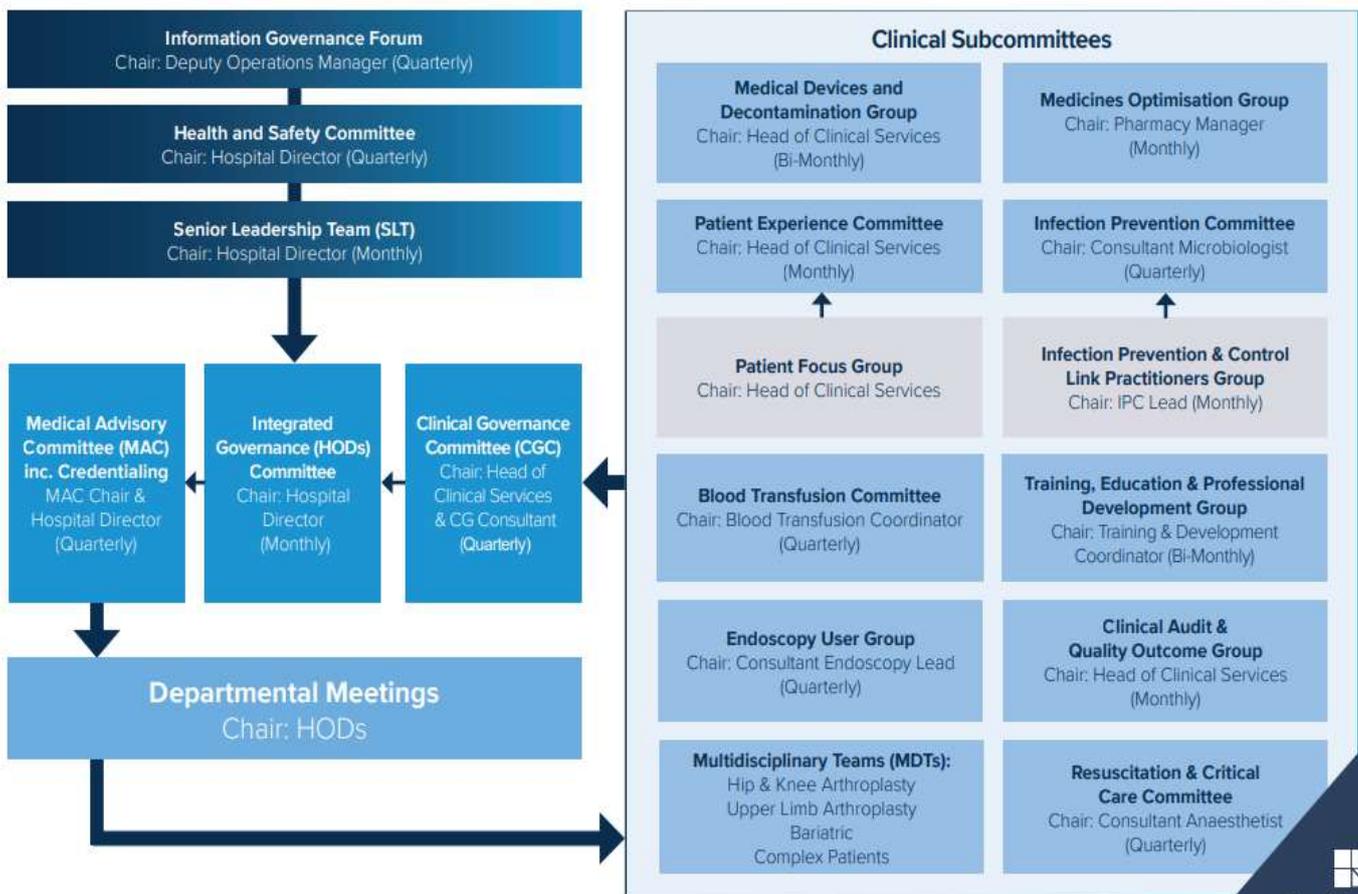
recommendations for action and improvement are presented to hospital management and Medical Advisory Committees to ensure results are visible and linked into actions required by the organisation as a whole.

The Clinical Governance framework below:

- Provides assurance that The Yorkshire Clinic has an effective and responsive structure in place for Clinical Governance, which is supporting the organisation’s programme for quality improvement and informing the Board about quality and performance.
- Provides assurance that The Yorkshire Clinic has effective processes in place for quality improvement in clinical services. In turn continuously monitoring safety and quality of care.
- Provides focus on accountability arrangements, strategic planning, reporting

The Yorkshire Clinic

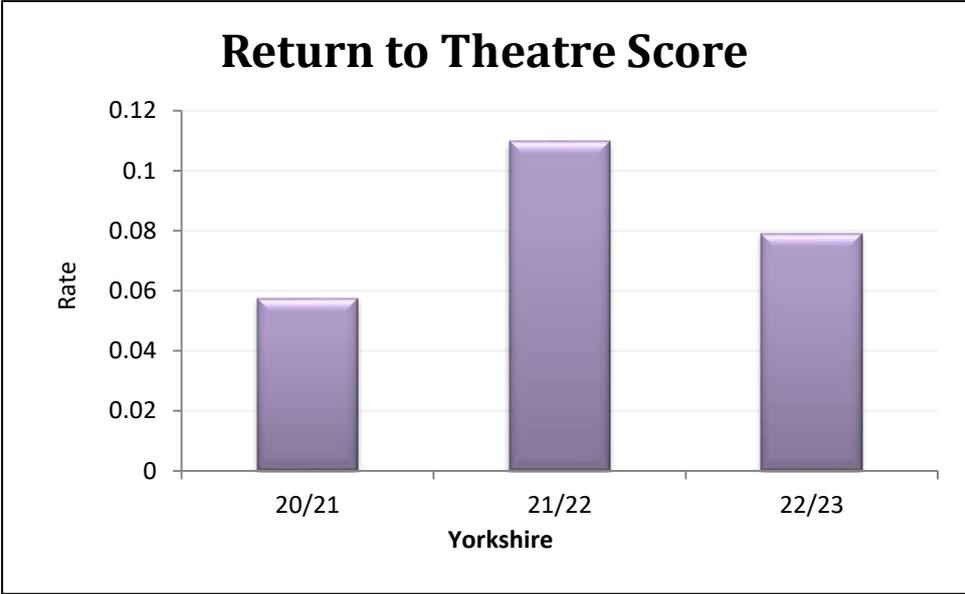
Our Integrated Governance Accountability Structure



Public Information



3.3.1 Return to Theatre



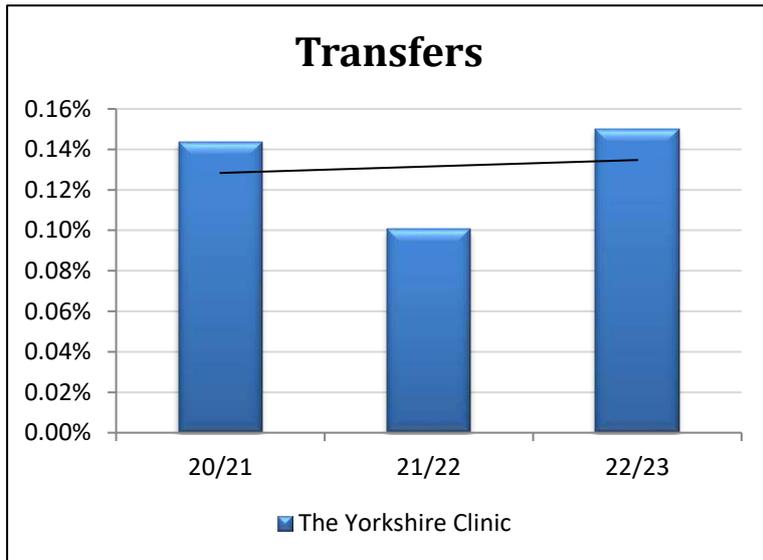
Rate per 100 discharges:

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

The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay’s rate of return is very low consistent with our track record of successful clinical outcomes.

The graph below shows that our return to theatre score has decreased in 2022-2023 compared with 2021-2022, this was as a result of ensuring every return to theatre was captured and monitored to identify any trends; we worked in collaboration with our Consultants to improve where trends were identified. We report every return to theatre on our Riskman reporting tool and investigate to ensure we can assure ourselves that all risks were minimised to prevent patients return to theatre. In the cases below for 2022-2023 we did not find any trends for patients return to theatre in this reporting period, all cases were individual, related to patients risk factors or unexpected complications. There were no themes with regards surgeons or specialities. Consent forms reflected discussion by the surgeon with the patients with regards to the risks of re-operation. We continue to monitor and ensure learning where we can make improvements to prevent any returns to theatre.

Transfers



Rate per 100 discharges:

There has been an increase in the number of transfers out; as we continue to encourage reporting to ensure learning we can see the majority of transfers are as a result of patients developing complications due to the body's response to surgery and anaesthetic. To ensure we prepare our patients safely for surgery patients undergo a robust pre-assessment process and anaesthetic assessment ensuring they are fully optimised for surgery which reduces the risk of complications and subsequent transfers for higher level of care. When we cannot provide care safely in our hospital we transfer our patients to our local NHS Trust who has facilities to provide higher levels of Care (HDU and ICU). We have a service level agreement with our local Trust which confirms their support in caring for patients who require transfer. All our patient transfers are reviewed and discussed at our Resuscitation and Critical Care Committee, chaired by a Consultant anaesthetist. Our transfers over 2022-2023 were due to patients requires level of care that could not be provided at the Yorkshire Clinic i.e HDU, ICU, Specialist Cardiology or Medical input.

3.3.2 Learning from Deaths

In the reporting period, 1st April 2022- 31st March 2023 there was no unexpected deaths reportable in this quality account at the Yorkshire Clinic.

3.3.3 Staff Who Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of

ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

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

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

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

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

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

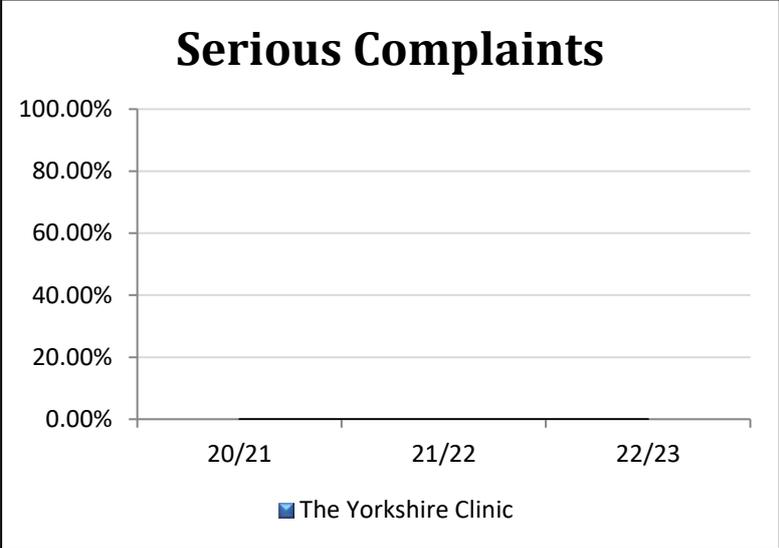
3.4 Patient Experience

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

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

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

There were no serious complaints at The Yorkshire Clinic in the last 3 years.



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

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

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

3.4. Patient Satisfaction Surveys

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

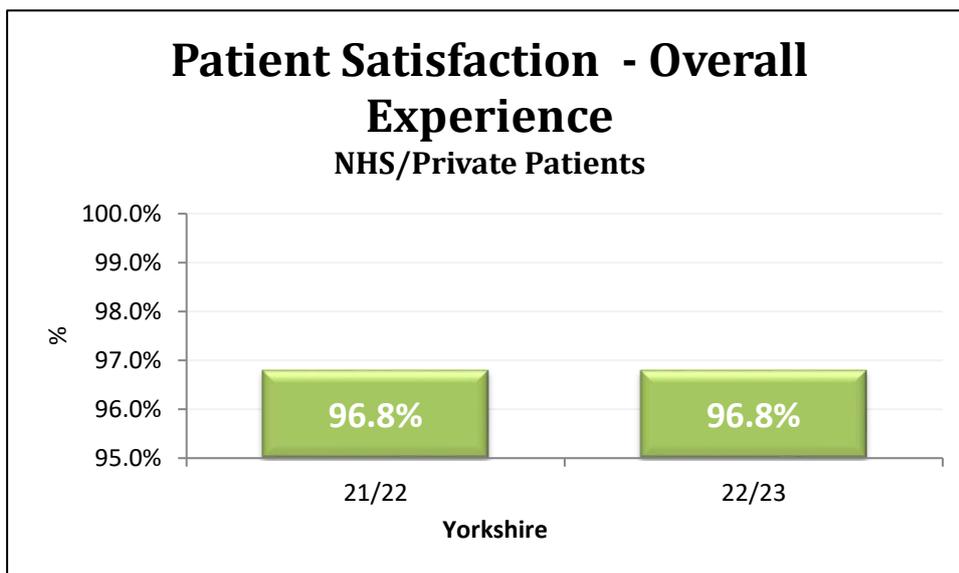
Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as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

The table below shows the Patient Satisfaction score from 2022-2023 remained the same when compared to 2021- 2022. The Yorkshire Clinic continues to Customer Care Training to all our hospital staff. The training focuses on the patients experience and how we can '**go the extra mile**'. Care, Compassion, Confidence and Competence are key to how we interact with our patients. Every patient is treated as an individual and we strive to personalise the care we provide to meet their needs.

We review all our patient feedback through our 'Patient Experience Group'. This group is made of up of members from all our hospital departments Clinical and non-Clinical and includes a patient member. The aim of the group is to review all our patient feedback and continually learn and change practices by acting on the feedback from our patients as follows:

- Review all feedback provided by our patients, action key themes and identified trends.
- Ensure all our staff work in line with our 'Customer Care Standards' and Ramsay Values.

- Continually use our patients to inform improvement in our patient experience.
- Ensure all our care and services are individualised to meet our patient’s needs, ‘see the person in the patient.’



3.5 Patient Story

Patient after having a Hip Replacement at The Yorkshire Clinic who got back to dancing after surgery and rehabilitation.



“I began dance and theatrical training when I was 3 years old, and since then I have loved dance more than anything. Although I loved all aspects of dance as the years went by, I tended to focus my studies on Classical Ballet and Contemporary Dance. I literally gave my whole life to dance, working every evening, Saturdays and quite often Sundays. By the time I was 14 years old I had begun to develop pain in my hip. I saw a specialist who told me the pains were the result of my rigorous training and the standard of dance I had reached. He said my muscles had grown quicker than my bone and the pain would cease after a while. Therefore, I continued to practice with the same amount of enthusiasm. When I reached the age of 18 years, I was given the opportunity to train for musical theatre in London. Training was vigorous, to say the least, dancing for 5 days a week from 9am until 6pm in all different styles. When I started my second year and remember I was in the middle of a class and felt something in my hip pop as I jumped up from the floor, coincidentally after

feeling that I was in excruciating pain and could hardly walk. I was sent to see a specialist hip surgeon in London who told me I had a cyst in my joint coupled with wear and tear. The surgeon proceeded to sort out the problems through keyhole surgery. After my surgery I was informed I had also ruptured the ligament holding my hip socket together, and this could be rectified by physio, and I should then be able to return fully to dancing. However, if as in the rarest of cases I was still struggling, a new type of surgery was being practised whereby they could implant a synthetic ligament.

For the next 6 months I underwent vigorous physiotherapy while trying to get back into dance but unfortunately, I still experienced major pain. After many conversations I was referred to the top hip surgeon in London to discuss the new surgery and how it would benefit me in terms of getting back to a normal life and returning to dance. The main point, however, was that I would be the first person this surgery would be performed on. I decided to take the surgery being desperate to return to my old way of life. It was an extremely lengthy recovery process involving nearly a year of physio and walking with a crutch. Meanwhile I was monitored closely for research purposes.

I stayed in London for a while, working and then decided to move back home. Once home I began to teach dance again, primarily ballet, contemporary, and Zumba. I was then given the opportunity to attend Leeds Beckett as a mature student on the Contemporary Dance Degree course. After nearly 2 years I did not see myself going back into full time education and dancing 9am - 5pm everyday once again. However, I felt a great need to prove to myself and see if it was possible to achieve higher things despite the surgery I had been given.

Throughout my time back at university I was also teaching and going to the gym, so I was working my joint to full capacity to reach my goal. When I had graduated, I took on the role as Dance for Life coordinator at Bradford Council. At first my role was mainly teaching dance in schools and within the community, I was also teaching for private dance schools in the evenings and at weekends.

When Covid arrived I completely had to stop everything in terms of teaching for at least 3 months. As society finally adapted to the pandemic, we began delivering sessions out in the parks or on streets. Unfortunately, this is when I started to notice something was amiss with my hip.

10 years later I found myself returning to hospital. I was referred through the Yorkshire Clinic to Mr Grogan and Mr Schilders. Scans revealed signs of wear and tear in my hip and the presence of another cyst. I had also developed tendinitis in my hip flexor. I was given a few steroid injections, which did not work and then a PRP injection as a last resort. This did not work either. At 32 I found myself with no other option other to have a hip replacement. I was shocked as for someone of my age this was virtually unheard of. I was prepared and sent for my replacement in May 2021. As we were still under the threat of Covid it was not possible to receive the required amount of physio to get me back to the standard I would have liked. After 3 months I gradually started to go back to some teaching but, this was purely the result of mind over matter. This was my work which I enjoyed doing but consider how extremely scared I was that I would end up doing something to damage my hip. The last thing I wanted was to return to square one and be effectively inoperative.

In 2022 I started to develop pain down the scar from my operation whenever I walked for long periods of time. It also began to happen when I was seated or driving, and eventually even while I slept. I returned to the clinic to see Mr Grogan. An ultrasound confirmed I had bursitis in my hip, and he considered steroid injections would be the way to resolve this. Unfortunately, they did not help at all, so I was sent for physio at The Yorkshire Clinic in January 2023. When I had attended physio, I would probably say I had no confidence in myself and was extremely disheartened. After nearly 2 years I found myself back at what I felt was square one and I was feeling worse than before I had the hip replacement. My physiotherapist explained to me that this was not going to be easy, but the muscles needed to be rebuilt to reduce the pain and this would also release my mind from worries that I would break my hip or damage it in anyway. My main goal throughout physio was getting myself pain free in the first instance but also building my confidence back up to get dancing again. It really was a battle of mind over matter and putting in a lot of hard work every day to get myself to a point where I felt confident enough to perform. Every year I organise an event for a project I manage in Broadway, Bradford, as a celebration for older adults. We have over 100 older adults dancing as part of what we call a flash mob. For the past 3 years I hadn't taken part and just watched from the side-lines, and I had intended to do the same in 2023. However, the confidence I had built up through working with my physiotherapist Daniel at The Yorkshire Clinic made me push myself to perform, and I managed to do a 5-minute routine, pain free! My next goal is to take weekly lessons at a dance class as well as continuing teaching my own classes”

3.6 Our Achievements:

- ANTT Bronze accreditation



- Food Hygiene Certificate – Five Stars.
- NJR Certificate of Quality Data Collection 100%
- Successful implementation of in-patient and outpatient new electronic patient record system (Maxims).
- No Never Events.
- Robust auditing to monitor and evaluate safe care and practices.

- Implementation of the 'Hello My Name Is' Programme.
- Same day discharge (Day Case) following Hip and Knee Surgery.
- Supporting the local community- Over Christmas, we supported a local food bank with numerous boxes of donations.
- We raised £2000 for the Turkey and Syria earthquake.
- **Focus on Staff Mental Health:** We have appointed two **Mental Health First Aiders** who have completed training to undertake this role as we believe the Mental Health of our staff is pivotal in enabling a positive working culture where staff feel supported and can have open and honest discussions about their Mental Health and Wellbeing in a safe environment. Improving the mental health of our employees, making them mentally resilient to stress, can improve thinking, decision-making, workflow, and relationships at work. All of these translate to increased productivity.

The role of our mental health first aiders is to provide immediate support for colleagues experiencing mental ill health by:

- Acting as a nominated contact point for individuals experiencing mental ill health.
- Promoting and raising awareness of mental health.
- Offering initial support through non-judgemental listening and guidance.
- Spotting the early signs and symptoms of mental ill health.
- Starting a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress.
- Encouraging the person to access appropriate professional support or self-help strategies.

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

Appendix 1

Services covered by this quality account

Regulated Activities – The Yorkshire Clinic and The Lodge

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Breast care, Cardiology, Cosmetics, Dermatology, Ear, nose and throat (ENT), Fertility clinic, Gastroenterology, General medicine, Gynaecology, Haematology, Nephrology, Oncology, Ophthalmology, Orthopaedic medicine, Pain management, Pathology Services, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Bariatrics, Breast surgery, Colorectal, Cosmetics/plastics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Nephrology, Ophthalmic, (including Cataract surgery, injection of Lucentis, ARGON & YAG laser, ALT & SLT laser and OCT assessment) Oral maxillo facial, Orthopaedic, Urology, Vascular Weight loss	All adults 18 yrs and over excluding: Patients with blood disorders (haemophilia, sickle cell, thalassaemia) Patients requiring renal dialysis Patients with history of malignant hyperpyrexia •Patients who are likely to need level 2 or 3 critical care support immediately post operatively.- (Based on the Intensive Care Society 'Levels of care for Adult patients'). •Patients who are above a stable ASA 3. •Patients with serious mental health illness All patients will be individually risk assessed prior to admission and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection, Visual fields. x-ray, Ultrasound, MRI, CT, Fluoroscopy, mammography, ECG, echocardiography, lung function, spirometry, allergy testing, OCT for AMD	All adults 18 yrs. and over.
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	

Appendix 2

Clinical Audit Programme 2021/22

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Audit Programme v12.1 2019/20

Hospital Name:

Implemented: July 2019

Authors: S. Harvey / A. Hemming-Allen / S. Needham / H. King / A. Adebayo

For review: June 2020

Use arrow symbol to locate required audit



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Head of Clinical Services	Consults PP's	→	→	local audit	Non Co PP's	Complaints	Duty of Candour	local audit	local audit	local audit	local audit	local audit
Ward	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Ward	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Ward	Observational	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
OPD	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
OPD	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
OPD	Observational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit
Pre-Operative Assessment	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Controlled Drugs			Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs
Prescribing / Medicines Management				Medicines Management	Prescribing	local audit	local audit	local audit	local audit	Medicines Management	Prescribing	local audit
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure
Medicine Reconciliation	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec
Radiology	Medical Records	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Radiology	Operational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit
Radiology - MRI / NRR		MRI Report	NRR	local audit	MRI Report	local audit	local audit	MRI Report	NRR	local audit	MRI Report	local audit
Radiology - CT		CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit
Physiotherapy	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Physiotherapy	Operational	→	→	Walkabout	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Physiotherapy	Observational	→	→	Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
TSSU	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Decontamination	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Decontamination	Endoscopy	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Theatre	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Theatre	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Theatre	Observational	→	→	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit
Infection Prevention and Control*	Infection Control	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
IPC - CVCCB and Isolation (if applicable)	CVCCB	local audit	local audit	Isolation	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Infection Prevention and Control*	Hand Hygiene	local audit	local audit	local audit	local audit	local audit	local audit	Hand Hygiene	local audit	local audit	local audit	local audit
IPC - Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action
IPC - Environmental	Environ	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
IPC - Cleaning Schedules				Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	Compliance	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Transfusion (if applicable)	Autologous	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Bariatric Services (if applicable)	Bariatric Services	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit
Childrens Services (if applicable)	Childrens Services	Paed Pain	Paed OPD	Paed Xray, MRI, CT	local audit	local audit	Childrens Services	Paed Pain	local audit	local audit	local audit	local audit

Traffic light score - All except CDs		
	Green	95%
	Amber	80 - 94%
	Red	79% and under

Traffic light score - CD's		
	Green	100%
	Amber	80 - 99%
	Red	79% and under

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC16	Code for The Yorkshire Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

The Yorkshire Clinic 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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