

Tees Valley Hospital

Quality Account 2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Tees Valley Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

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

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

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

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



Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Donna Thornton, Hospital Director, Tees Valley Hospital

I have reviewed the Quality Account for 2022/23 which demonstrates our commitment to delivering high quality care. Our vision remains:

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

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

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

Donna Thornton, Hospital Director

Tees Valley Hospital

1.2 Hospital Accountability Statement

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

Mrs Donna Thornton

Hospital Director

Tees Valley Hospital

Ramsay Health Care UK



This report has been reviewed and approved by:

This report has been reviewed and approved by:

MAC Chair, Mr Anil Reddy

Commissioner/ICB and other external bodies

Welcome to Tees Valley Hospital

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



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

Tees Valley Hospital currently provides services for the following specialties: dermatology, GI endoscopy, general surgery, gynaecology, oral surgery,

orthopaedics, podiatric surgery, plastic surgery and urology. Being purpose built there is ample free car parking available, good public transport links and easy access to main road networks.

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

Hospital Facilities

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

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

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

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

Nursing and Medical Care

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

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

North East and North Cumbria Integrated Care Board (ICB) were our lead commissioner of NHS Services for 2022/23, with regular service review meetings held to discuss performance. Patients were referred and travelled from a variety of localities including Darlington, Durham, Hartlepool, Redcar, Middlesbrough, Stockton and North Yorkshire. NHS services are accessed direct from GP via the electronic referral system (e-RS) and we have dedicated e-RS Co-ordinators and a GP Liaison Officer to facilitate the referral process. Our G.P. Liaison Officer works closely with the G.P.s in the surrounding area creating a link between community services and the hospital.

This year Tees Valley Hospital delivered 8,815 patient procedures which is an increase on the previous year. The focus of the hospital continues to be on delivering NHS activity equating to 93% whilst increasing our admissions in insured or self-pay patients. In terms of work force there are 152 contracted members of staff employed at Tees Valley Hospital comprising of 59% clinical posts and 41% support staff with a mix of full time and part time positions. 46% of all clinical posts are held by registered nurses with a nurse patient ratio of 1:6.

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

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

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

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

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

Priorities for improvement

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

Patient Safety

Infection Prevention & Control Board Assurance Framework (IPC BAF)

As per the 2021/22 Quality Account, we continue self-assessment against the existing 10 criteria as set out in the Health and Social Care Act (2008) Code of Practice on the prevention and control of infection. Use of the framework is not compulsory but as an organisation Ramsay Health Care UK provide the self-assessment template to all hospitals in order to optimise actions and interventions and to assess compliance with current legislation and guidance. The IPC BAF was reviewed regularly through the Infection Prevention & Control Committee (IPCC) to ensure compliance to guidance and recommendation.

Prevention and control of infection is part of the overall risk management strategy within the hospital environment. Continual management, review and assessment of practices and identified risks and control measures are monitored through an annual audit programme, agreed objectives and priorities. The hospital IPCC chaired by a Consultant Microbiologist and supported by the Head of Clinical Services and IPC Link Nurse continues to support IPC initiatives, training delivery and review of audit and compliance. Recommendations for improvements are discussed and agreed where necessary.

Facility Assurance Audit – COVID-19 Response

The COVID-19 Quality Facilities Assurance Audit continued during 2022 until March 2023, monitoring compliance with national guidance and local protocols to maintain patient safety. We did not record any Covid-19 outbreaks in either patient or staff groups in the period and compliance to standards remained high with positive patient feedback on the environment and Covid-19 management guidelines during their visits. Since publication and dissemination of the COVID 19: Ramsay Management Update: March 2023, the routine testing of patients and staff, the wearing of masks and enhanced cleaning has been discontinued, but the requirement to screen those with respiratory symptoms remain. Risk assessments are completed for new and vulnerable staff and are repeated should circumstances change.

‘Speak Up For Safety’ Phase 2 – Promoting Professional Accountability (PPA)

In 2018, Ramsay UK launched ‘Speak Up for Safety’ (SUFS), 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.

We have continued to deliver SUFS training to all of our staff and Consultants, and this now forms part of our mandatory training programme. As such, we are now ready to progress on to the implementation of phase 2 of the program - Promoting Professional Accountability (PPA), specifically targeted for peer to peer engagement for our Consultant users who work at Tees Valley Hospital and within Ramsay Health Care UK. PPA is currently being delivered nationally in some areas, and North East cluster hospitals aim to introduce sessions 2023/2024.

Never Event Programme

Ramsay have developed a programme of initiatives to improve safety so there are no more ‘never events’ in Ramsay Health Care UK, and to support each other in a learning environment in which our staff can thrive and patients are safe. Initially planned for launch early 2021 the pandemic caused some delay in roll out and as such, continues to be a focus going forward. The Never Event Programme was

presented at a national conference where various sites (including Tees Valley Hospital) were able to present their never event findings and share key learning.

Clinical Effectiveness

'Tendable' Clinical Audit Programme

The web cloud based application (app) called 'Tendable' was successfully rolled out in 2022/23. The programme enables an easy interface for staff to input data against set criteria, collate and analyse results in real time, produces exportable reports, facilitates action planning and provides notifications to managers when reviews have been completed. Clinical Managers have embraced the audit tool and have rolled it out within their departments engaging all levels of staff in the audit process.

A newly established Clinical Audit Group was also created in 2022/23 with the primary focus of embedding audit across Tees Valley Hospital, and to ensure the production of robust and meaningful action plans and implementation.

Orthopaedic Centre of Excellence

We have continued to work towards achievement of an Orthopaedic Centre of Excellence status which highlights the 'Model' hospitals Principle by enhancing the quality of care delivered to patients by providing consistent standards aligned to the Getting It Right First Time (GIRFT) model. The objective is to have Gold Standards which direct the Quality Indicators. This will allow us to define our standards and have benchmarks against best practice. Work that has been undertaken (and continues to be ongoing) to achieve this aim includes:

- Improving our response rate for Patient Reported Outcome Measures (PROMs)
- Optimising audit data collection, action planning and clinical effectiveness through the newly established Clinical Audit Group
- Streamlining of processes to improve and enhance the patient's journey and subsequent experience (i.e. day case joint pathway, enhanced recovery pathways)
- Upskilling of staff in relation to orthopaedic rehabilitation through continuous learning, group teaching, face to face direct teaching, and sharing of Nursing and Allied Health Professional expertise/skills.

Patient Experience

Customer Experience Committee

We have relaunched the Customer Experience Committee with an aim of collating, sharing and learning from information received regarding patient feedback,

complaints, compliments and staff engagement. A representative (champion) from each department attends the Committee as a means of promoting high standards and optimal customer service across the hospital.

Cemplicity - External Web Based Patient Experience Survey

The patient experience and feedback survey is now well embedded. Information from a quarterly patient experience dashboard and insights summary is disseminated and displayed to staff at all levels across the hospital.

Ramsay Health Care UK have been working with Cemplicity to drive its patient experience Insight Programme. The patient experience measures programme was launched in 2019 across all hospital sites. We have a dashboard to access our hospital level data in the form of exportable graphs which can be compared to all other Ramsay UK hospitals and against the Ramsay Health Care UK average.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

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

Implementation of PPA - Phase 2 of the Speak Up for Safety initiative was initially delayed during 2020/21 and as noted previously, although delivery has progressed nationally across some Ramsay Health Care UK sites, the North East cluster hospitals (inclusive of Tees Valley Hospital) aim to introduce sessions 2023/2024.

Our intention is to deliver a number of introductory sessions to consultants and staff and then to identify the consultant and clinical peer messengers for our hospital. Once identified, all of our peer messengers will be trained into their roles. Our site will be live on the SUFS reporting platform on our Ramsay Intranet, and we will ensure that all staff and consultants are fully aware how and when to use it.

Never Event Programme

Work is ongoing to implement the initiatives outlined within the Never Event Programme, not least from a patient safety perspective, but also from a shared learning, monitoring and review perspective. The programme includes toolkits to support staff, and to increase knowledge and understanding on a variety of topics including:

- Learning from experience and what has happened in Ramsay before.
- Increasing awareness of Never Events
- Staff Induction and Consultant induction
- Safety Culture – and Speaking Up For Safety
- NatSSIPS Stop controls
- Human Factors training

- Scenario training
- Process, monitoring, feedback and redesign as necessary

Medicines Management Committee

We aim to introduce a new Medicines Management Committee with an aim to review, discuss and implement required actions regarding all aspects of medicines management. The objective of the Committee will be to seek assurance of safe and effective practise in relation to the prescribing, record keeping, procurement, storage and usage of medicines, in addition to controlled drug (CD) management, staff training, policy compliance and incident review/key learning. Current hospital processes relating to medicine management will be reviewed and local improvement actions devised where required.

Clinical Effectiveness

Clinical Audit Group

We aim to continue to promote and embed the clinical audit process across the hospital by ensuring that representatives from all clinical departments are represented at the hospital Clinical Audit Group. There will be a strong focus on the implementation of meaningful action plans, clinical effectiveness and improved patient outcomes. The Clinical Audit Group will also be key to facilitating any required departmental support, promoting shared responsibility within teams, and of having oversight of actions ongoing/achieved. The Group will actively monitor and review the corporate annual audit programme which was reviewed to reduce the number of audits conducted but to ensure that all aspects of the patient journey are covered.

Orthopaedic Centre of Excellence

We aim to continue to work towards achievement of an Orthopaedic Centre of Excellence status by:

- Continuing to improve the quality of patient outcome and patient experience (evidenced by PROMs)
- Enhancing patient safety through robust governance and assurance processes, shared learning, upskilling of staff, monitoring clinical effectiveness and our Speak Up For Safety initiative
- Implementing actions to address unacceptable or wasteful practices and to utilise resources effectively and efficiently
- Delivering care, intervention and treatment in accordance with best practice and which promotes and enhances the best possible outcome for patients
- Encouraging staff to be flexible, adaptive and proactive regarding positive change to processes, facilitation of services and patient focused care interventions.

Patient Experience

Customer Experience Committee

As mentioned, we have relaunched the Customer Experience Committee with a primary aim of promoting a hospital culture that focuses on the continual improvement of delivering an excellent customer experience/service for patients. Although we continue to share feedback with staff through emails, daily huddles, the monthly Head of Department (HOD) Committee and quarterly departmental team meetings, the Customer Experience Committee enables discussion, action planning and implementation from the review of a number of patient experience and feedback tools including 'Friends and Family', 'Reputation' and our patient satisfaction survey 'Cemplicity'.

As we move into the 2023/24 period, we aim to further strengthen our commitment to providing a quality and effective customer experience/service through continued utilisation and monitoring of the feedback tools mentioned above, and specifically, by implementing a 'You Said, We Did' methodology. We plan to display written/visual examples of improvements made (from the feedback received) in our hospital reception areas.

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 Tees Valley Hospital provided ten NHS services.

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

The income generated by the NHS services reviewed in 1 April 2022 to 31st March 2023 represents 100% per cent of the total income generated from the provision of NHS services by Tees Valley Hospital 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:

Staff Cost % Net Revenue	21.4%
HCA Hours as % of Total Nursing	28%
Agency Cost as % of Total Staff Cost	4.7%
Admitted Care Hours Worked PPD	19.6
Staff Turnover	15.2%
Sickness	4.6%
Lost Time	20.8%
Appraisal %	86.2%
Mandatory Training %	96.1%
Staff Satisfaction Score	68% engagement 66% enabled, 70% response rate
Number of Significant Staff Injuries	0
Patient	
Formal Complaints in year	26
Patient Satisfaction Score	94.9%
Significant Clinical Events	10
Readmission in year	13
Quality	
Workplace Health & Safety Score	94.7%

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023 Tees Valley Hospital participated in three national clinical audits.

The national clinical audits and national confidential enquiries that Tees Valley Hospital participated in, and for which data collection was completed during 1 April 2022 to 31st March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	96%
JAG Census	100%
National Joint Registry (NJR)	95.5%

The reports of three national clinical audits from 1 April 2022 to 31st March 2023 were reviewed by the quarterly Clinical Governance Committee.

Local Audits

The reports of local clinical audits and associated action plans from 1 April 2022 to 31st March 2023 were reviewed by the quarterly Clinical Governance Committee and Tees Valley Hospital to improve the quality of healthcare provided. Infection, Prevention & Control associated audits were also shared at the Infection, Prevention & Control Committee.

To promote the timely review of action plans and collaborative working across clinical departments, we have introduced a clinical audit working group to share learning and best practice. The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

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

Tees Valley Hospital's income from 1 April 2022 to 31st March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because there is no contractual requirement for CQUIN schemes. A range of quality initiatives were included as part of the standard contract.

2.2.5 Statements from the Care Quality Commission (CQC)

Tees Valley Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2022 is registered without conditions.

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

Our Rating by the CQC:

The CQC rated Tees Valley Hospital '**Good Overall**' for surgery, Out-patient and Diagnostic Imaging.

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

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

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

2.2.6 Data Quality

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

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

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

NHS Number and General Medical Practice Code Validity

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

The patient's valid NHS number:

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

The General Medical Practice Code:

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

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

Information Governance Toolkit attainment levels

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

Info available on the DSP website at:

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

Clinical coding error rate

Tees Valley Hospital was subject to the Payment by Results clinical coding audit during 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
Tees Valley	June 2023	98.3%	98.6%	100%	98%

2.2.7 Stakeholders views on 2022/23 Quality Account



First floor
14 Trinity Mews
North Ormesby Health Village
Middlesbrough
TS3 6AL

30th June 2023

Mrs Donna Thornton
Hospital Director
Tees Valley Hospital
Church Lane
Acklam
Middlesbrough
TS5 7DX

Dear Mrs Thornton,

**Tees Valley Hospital, Ramsay Health Care UK Quality Account 2022/23
Response on behalf of Northeast and North Cumbria Integrated Care Board
(ICB), Tees Area**

The ICB commissions healthcare services for the population of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-On-Tees. The ICB takes seriously their responsibility to ensure that the needs of patients are met by the provision of safe, high-quality services and therefore welcome the opportunity to submit a statement on the Annual Quality Account for Tees Valley Hospital (TVH), Ramsay Health Care UK.

The ICB feels that the Quality Account is presented in a meaningful way for both stakeholders and users and provides an accurate representation of the services delivered by TVH during 2022/23.

Like many organisations across the country, TVH have continued to face a challenging 2022/23 as a result of the COVID-19 pandemic recovery. The ICB would like to again commend TVH and its staff on the commitment and dedication demonstrated during this time. The ICB is also pleased to note the work TVH has undertaken in collaboration with other local providers and ICB to support the local population.

The ICB congratulate TVH on achieving the quality improvement priorities identified for 2022/23, which were centred around patient safety, clinical effectiveness and

patient experience. To specifically note, there were no reported Covid-19 outbreaks in either patient or staff groups; the implementation of the 'Speak Up For Safety' initiative; the continuous journey related to becoming orthopaedic centre of excellence; the launch of the web based patient experience survey and customer experience committee.

The ICB has reviewed the key priorities identified for 2023/24 which continues to focus on improving:

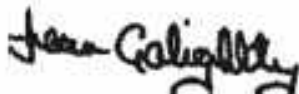
- Patient safety this includes implementation of phase 2 of the 'Speak Up For Safety' initiative building on the learning from phase 1, plus the implementation of the multiple tools incorporated around the Never Events Programme and are pleased to note the focus on medicines management through the new Medicines Management Committee.
- Clinical effectiveness which included continuing the clinical audit group activity which supports the multiple audits and working towards Orthopaedics Centre of Excellence status.
- Patient experience highlighting TVH commitment to providing a quality and effective customer focussed service through gaining customer experience feedback.

The ICB would like to congratulate TVH on the good compliance with some of the quality metrics including staff mandatory training at 98.1% and patient satisfaction score of 94.9% (some of the actual responses from patient reflect a very caring and professional approach by staff), and note the work related to improving data quality through coding and staff training. The ICB note TVH reported nine serious incidents in 2022/23, which included five cases that required the patients to return to theatre. It is acknowledged all the serious incidents have been comprehensively investigated and any lessons learnt /actions have been shared with clinical teams. The ICB will continue to closely monitor the impact of those actions.

The ICB would also commend the work around a robust Clinical Governance Framework with the emphasis on infrastructure, culture, quality methods, poor performance, risk avoidance and coherence. An example of this can be demonstrated by the positive reporting culture where TVH has seen an increase in activity but also the reporting of incidences; the very low healthcare associated infection rates and note in particular, the focus on antimicrobial stewardship; TVH have received no serious complaints in 2022/23; and the robust approach to staff communication related to safety in the workplace.

The ICB fully supports the priorities identified for 2023/24 and looks forward to continuing to work in partnership with Tees Valley Hospital to assure the quality of services commissioned in 2023/24.

Yours sincerely



Jean Golightly
Director of Nursing and Quality
Integrated Care Board – Tees Area

On behalf of

David Purdue
Executive Director of Nursing & Quality
NHS North East & North Cumbria ICB

Part 3: Review of quality performance 2022/2023

Ramsay Clinical Governance Framework 2022/23

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

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

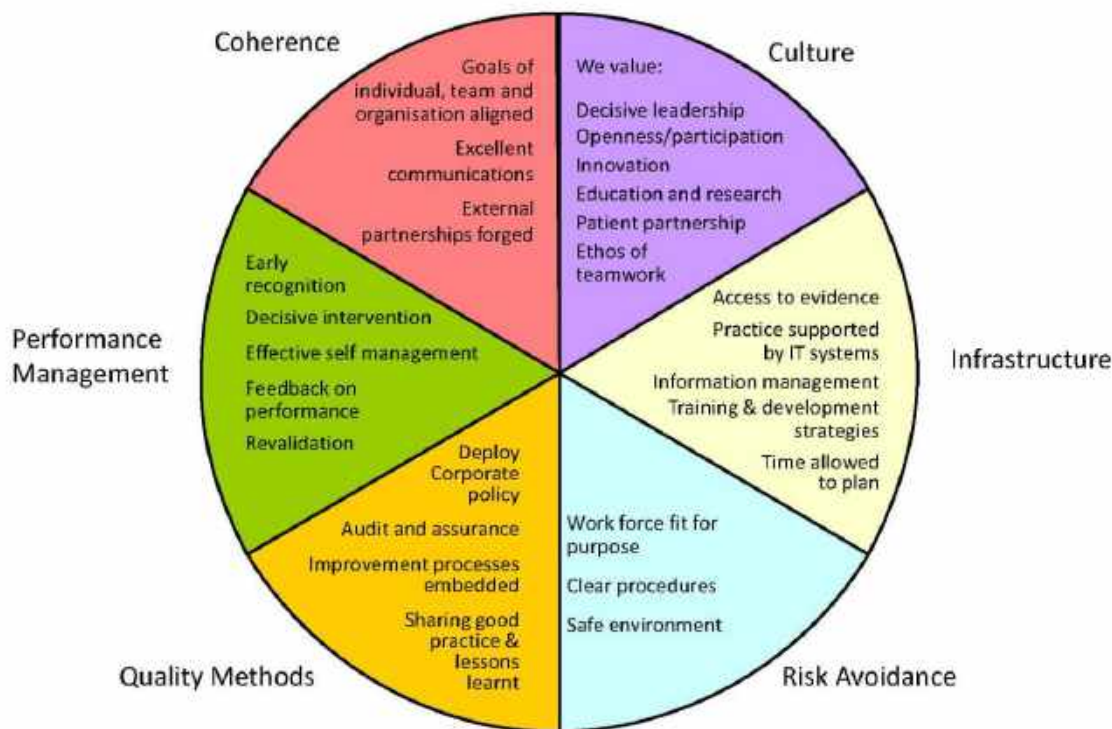
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

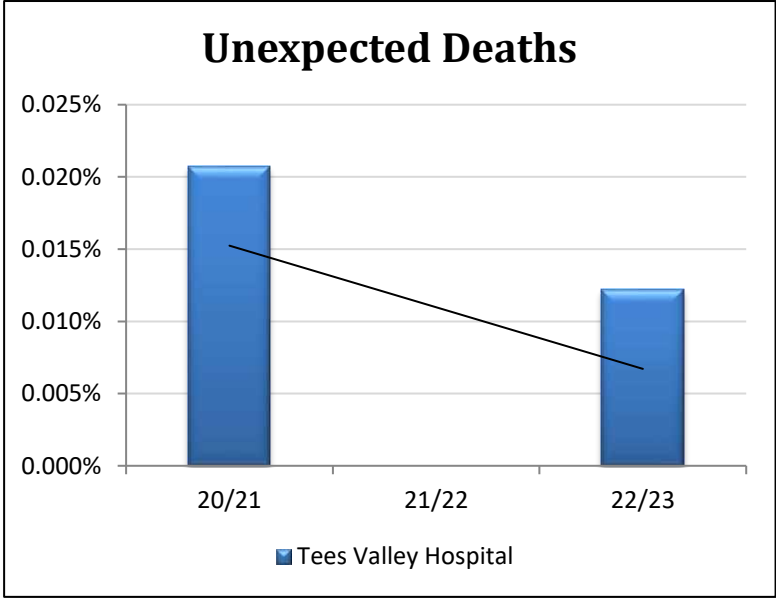
All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide.

Mortality

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

Tees Valley Hospital considers that this data is as described. There has been one unexpected death in the period. This has been fully investigated internally and shared across the organisation. However there has been no lessons learned identified.

Rate per 100 discharges:



National PROMs

PROMS:	Period	Best	Worst	Average	Period	Tees Valley				
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVCOR	20.481
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVCOR	23.614
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVCOR	16.700
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVCOR	15.957

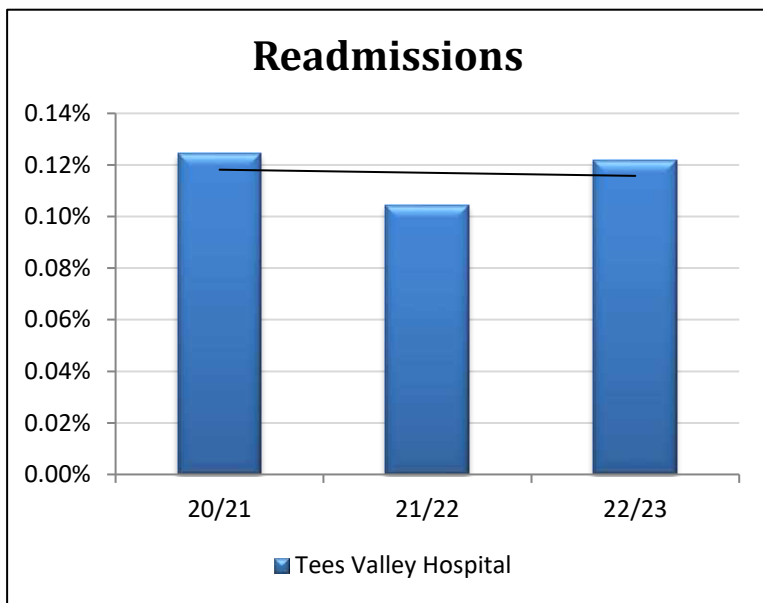
Tees Valley Hospital considers that this data is as described.

Readmissions within 28 days

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

Tees Valley Hospital considers that this data is as described and readmission rates remain very low. Readmissions are regularly discussed and reviewed at quarterly Clinical Governance Committee meetings. No trends have been identified.

Rate per 100 discharges:



Responsiveness to Personal Needs

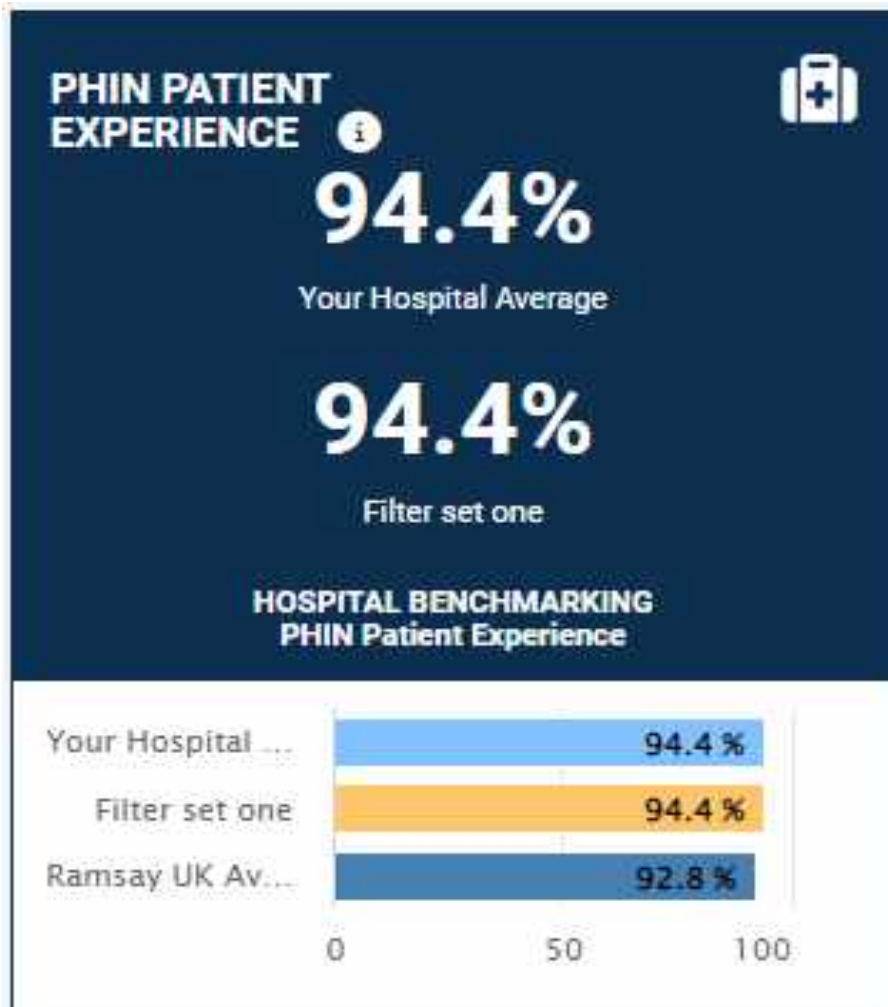
Ramsay Health Care UK are no longer asked to participate in the annual NHS inpatient survey, however, we do collect this data as our PHIN experience score on Cemplicity as detailed below.

Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey. Period April 2022 - March 2023.

Summary of PHIN Patient Experience performance – 1st April 2022 – 31st March 2023



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



C Difficile Infection

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

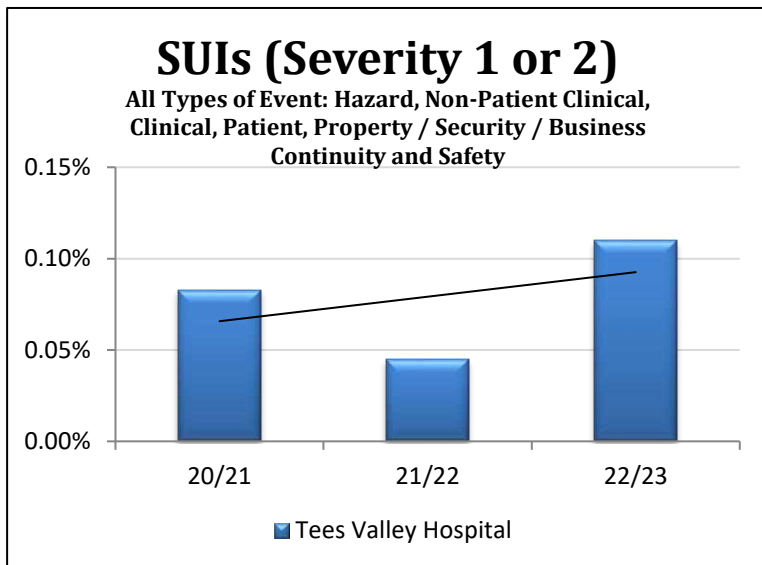
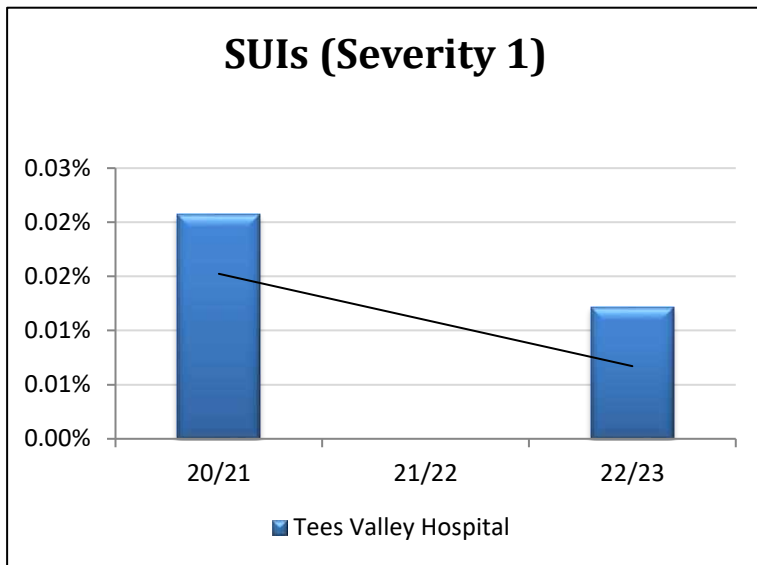
Tees Valley considers this data accurate as there were no reported cases of C Difficile in the reporting period.

Patient Safety Incidents with Harm

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

Tees Valley Hospital considers that this data is as described.

Rate per 100 discharges:



Although there is an increase of incidences within the period, we consider increased activity and increased reporting to be contributing factors. All reported incidents are investigated and any lessons learned shared with staff through departmental meetings, daily huddles as well as our relevant hospital groups and committee meetings. Serious incidents are also reviewed and monitored at quarterly Clinical Governance Committee meetings.

Friends and Family Test

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

Tees Valley Hospital considers that this data is as described the results reflect the monthly data received.

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

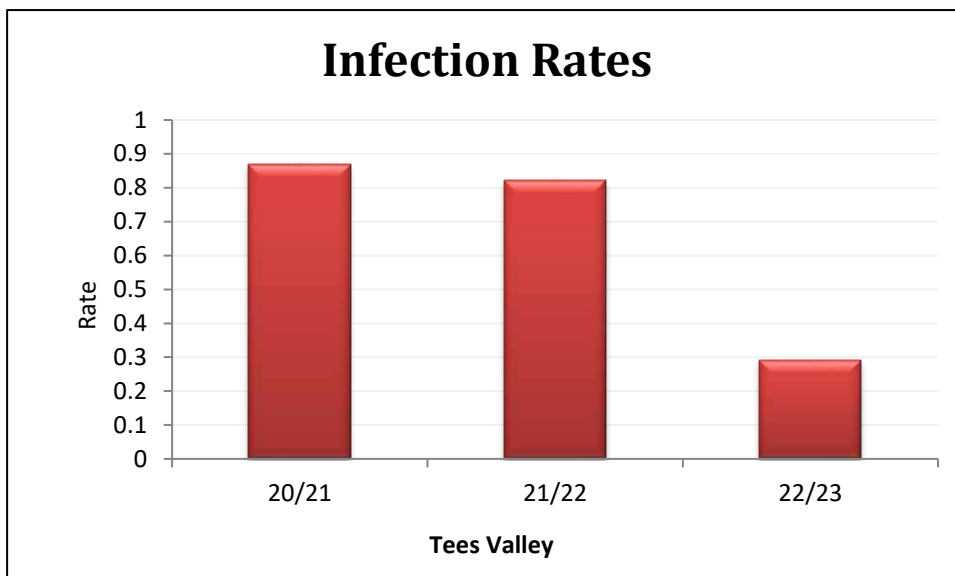
Tees Valley Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

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

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

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

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



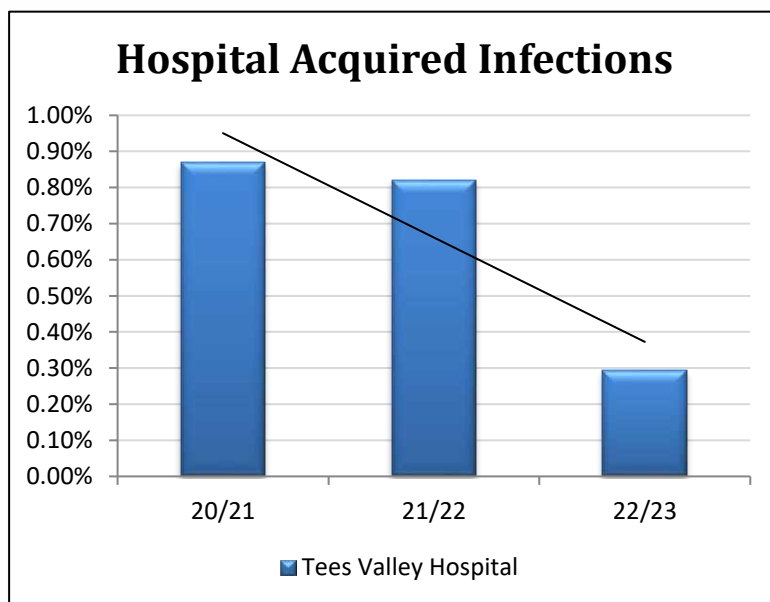
Programmes and activities within our hospital include:

Area	Objectives	Actions	Status
Surveillance	To reduce surgical site infection.	<p>Collect rolling data to PHE SSISS standard.</p> <p>SSI training for RGNs (signs and symptoms of SSI- definition).</p> <p>All SSI captured and reported on Riskman.</p> <p>RCA for SSI to be reviewed by Matron and IPC Committee.</p>	<p>100% data submission.</p> <p>RCA completion.</p> <p>Trends and themes actioned.</p>
Education and Training	To ensure all staff are up to date with IPC Mandatory training and ensure all IPC area links are trained and competent in role	<p>Accurate training records to show all staff have had annual IPC training.</p> <p>IPC Lead who is adequately resourced and trained annual hand hygiene assessments.</p> <p>Attendance at study days.</p> <p>Training sourced and attendance records maintained evidence of content of training and competency.</p>	On-going
Audit	Maintain IPC policy standards on group audit programme.	Ensure audits are performed as per the Ramsay audit programme. Any clinical areas achieving	Completed Audits.

		<p><95% compliance produce a remedial action plan. Ensure all audits are performed objectively. Any audit scores <95% actions to be discussed at IPC Committee and departmental meetings.</p>	<p><i>Tenable Action plans in place. Improvement in scores. Audit scores >95%. Departmental and IPC Committee Minutes.</i></p>
Cleaning	<p>Provide and maintain a clean environment that facilitates the prevention and control of infections.</p>	<p>Standardised cleaning schedule template in each area which will be localized departmentally to determine:</p> <ul style="list-style-type: none"> • The functional area. • Elements requiring cleaning. • Frequency. • Lead. • Standard and method. <p>Agreed Housekeeping SLA in place for all departments within the hospital</p>	<p>SLA agreed and completed Standardised cleaning in line with NHS cleaning standards</p>
Antimicrobial Stewardship	<p>To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing</p>	<p>Implement NICE guideline [NG15] Published date: August 2015 'Antimicrobial Stewardship: Systems and Processes for Effective Antimicrobial Medicine Use'.</p> <p>NICE IPC Quality Standard 61 – April 2014 (Compliance) Standard 1.</p> <p>Display Antibiotic Guardian Posters and Posters to promote non use of antibiotics.</p> <p>Antimicrobial usage data – discuss at IPC Committee (Consultant use and trends).</p> <p>Use 'Start Smart - Then Focus' Antimicrobial Stewardship Toolkit to audit practices. https://www.gov.uk/.../antimicrobial-stewardship-start-smart-then-focus</p> <p>Antimicrobial ward round by pharmacist - all patients prescribed antibiotics to be reviewed by pharmacist to check duration, reason for prescribing recorded and sensitivities.</p> <p>Audit to determine prophylaxis antibiotic use against York NHS Formulary and National Guidance.</p> <p>Engage local teams to improve local empowerment to challenge antibiotic prescribing practice.</p>	<p><i>Full compliance to guidelines with evidence.</i></p> <p><i>Posters in key Clinical areas.</i></p> <p><i>Audit of antibiotic use in-patient and out-patient.</i></p> <p><i>Audit findings and actions.</i></p> <p><i>Appropriate prescribing to treat infection. Awareness of antibiotic resistance Audit</i></p> <p><i>Appropriate surgical prophylaxis in line with guidelines.</i></p>

Policy	Ongoing 3 yearly review of all relevant policies Review IPC related national guidelines	Undertake a 'Gap' analysis of all IPC Policies and where there are Gaps in practice, training, processes identified and a local action plan developed for implementation through IPC monthly meeting and IPC Committee.	<i>Gap Analysis document. Actions from Gaps identified (Action Plan). Improvements through action completion.</i>
Practice	Promoting Infection Prevention and Control <i>'It's everybody's business.'</i>	Glove awareness week 29 th April and 3 rd May	Display in all departments.
Assurance and Local Effectiveness	To provide assurance that IPC Strategy is compliant with Health and Social Care Act 2008 (2015) and actively minimise risk of infection	Completion of local action plans Discuss annual action plan at quarterly Infection prevention committee meetings.	On-going

Rate per 100 discharges:

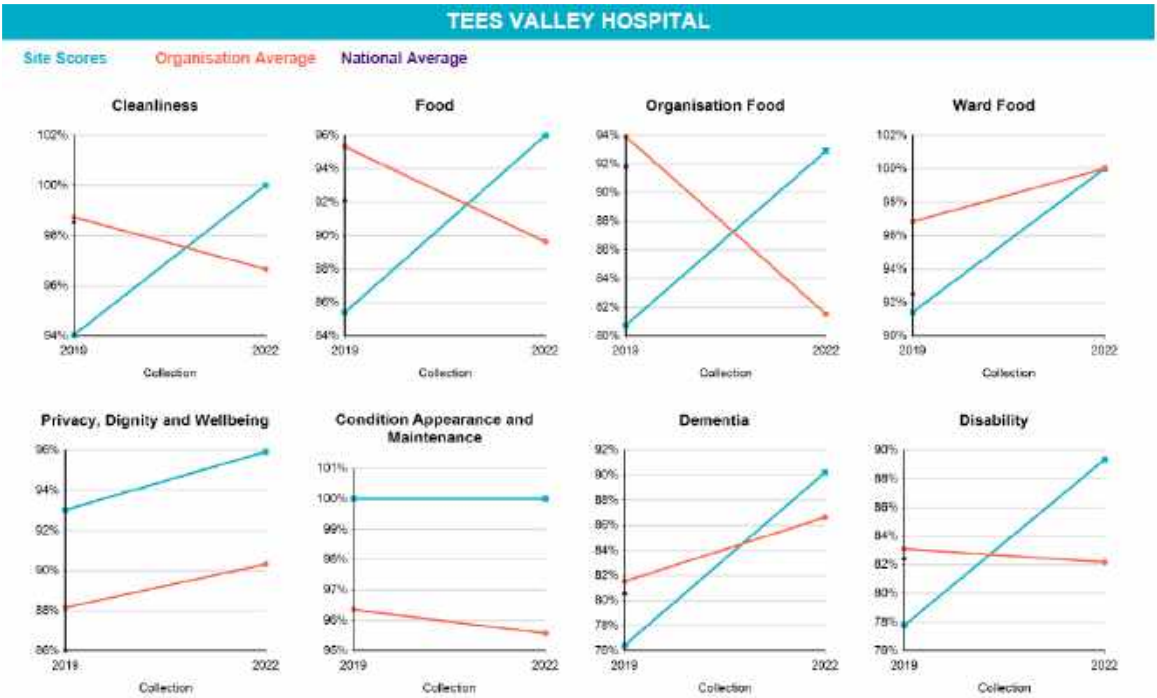
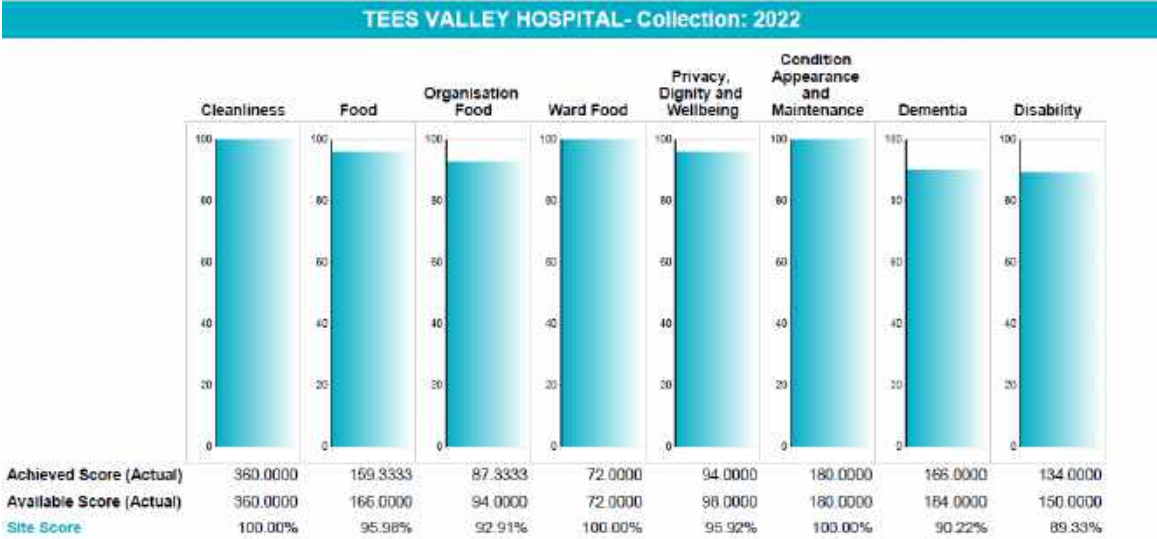


3.2.2 Cleanliness and hospital hygiene

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

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

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



3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management

programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

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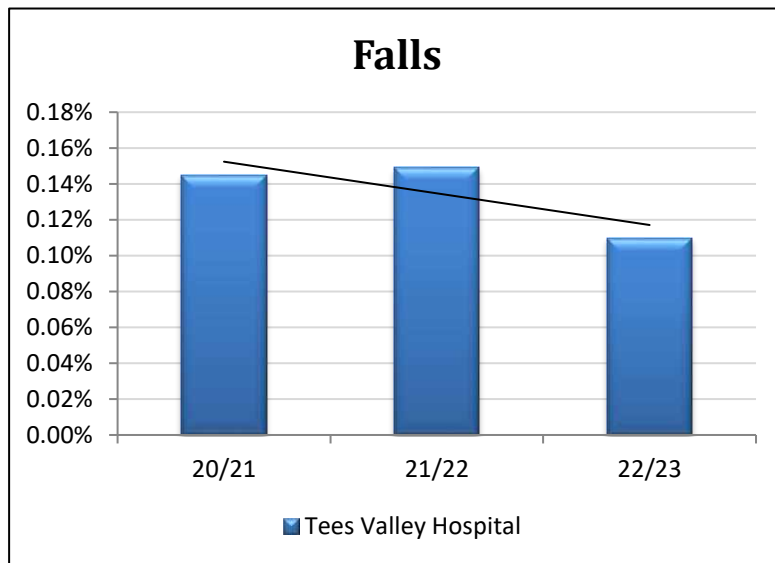
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The hospital Health and Safety Committee, which meets bimonthly. Chaired by the Hospital Director membership includes staff representatives from each department, which helps to embed the health and safety culture within the hospital.

Training undertaken has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, major haemorrhage and retrieval and return of blood products. A number of new staff have joined the committee and undertaken representative training and risk assessment to equip them in the role. In addition members of the team have completed IOSHH.

The number of patients falls in the period have reduced though one fall resulted in a fracture requiring transfer out and surgery. The patient was recovering well from surgery as day case and fell on standing though had been advised to wait for assistance. The investigation found no further actions that could have been taken to avoid the occurrence.

Rate per 100 discharges:

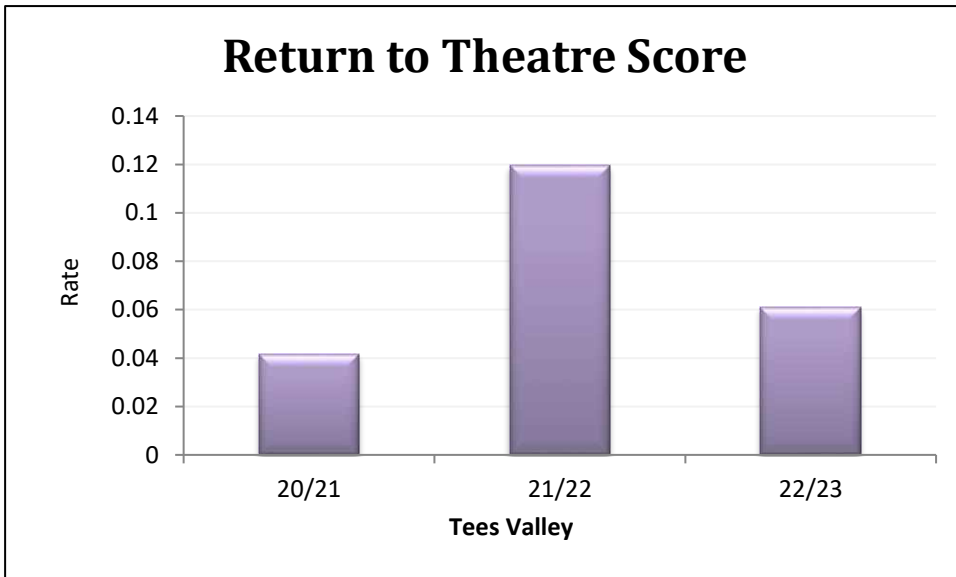


3.3 Clinical effectiveness

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

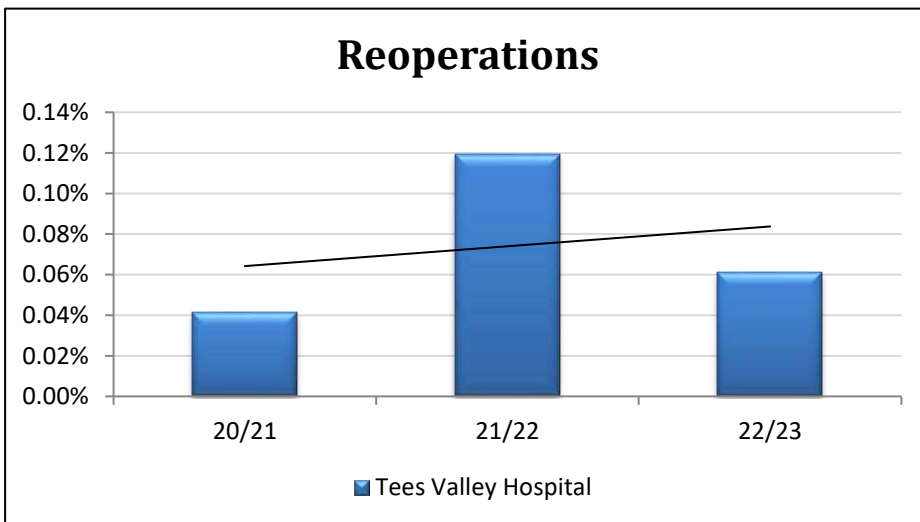
3.3.1 Return to theatre

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

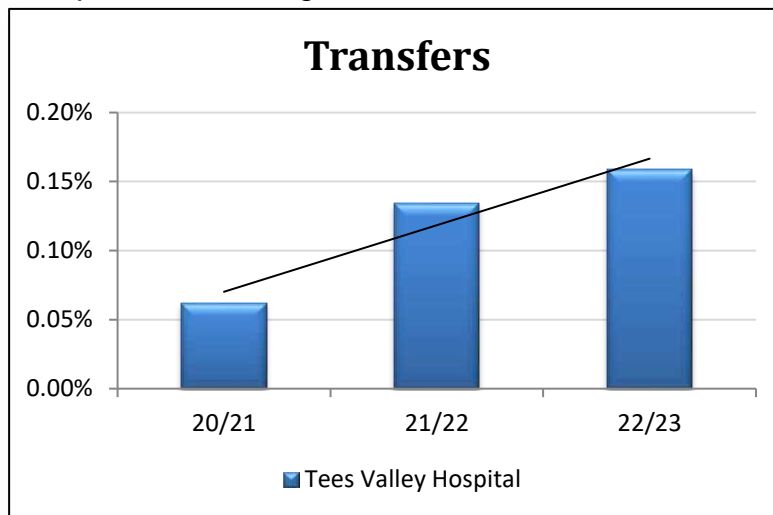


As can be seen in the above graph our returns to theatre rate has decreased over the last year.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There has been one unexpected death in the period. This has been fully investigated internally and shared across the organisation. However there has been no lessons learned identified as part of the investigation.

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.

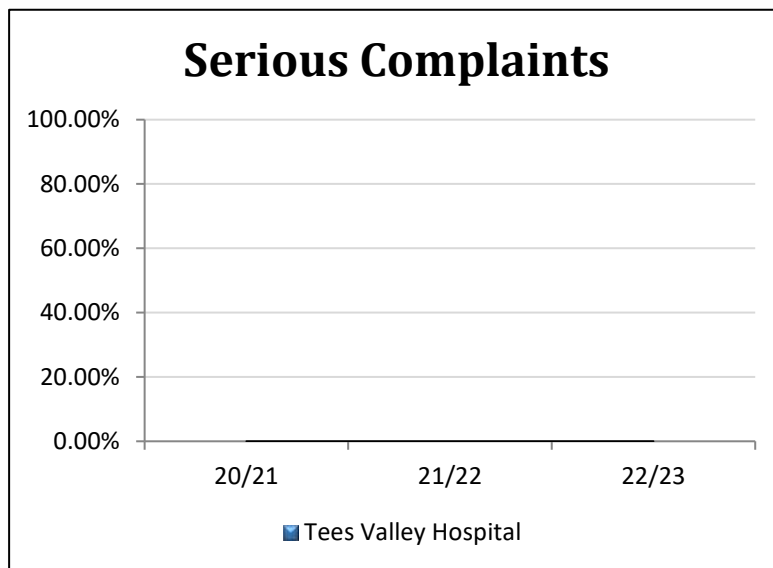
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Tees Valley Hospital and within Ramsay Health Care.

3.4 Patient experience

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

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

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



There were no serious complaints received in the period.

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

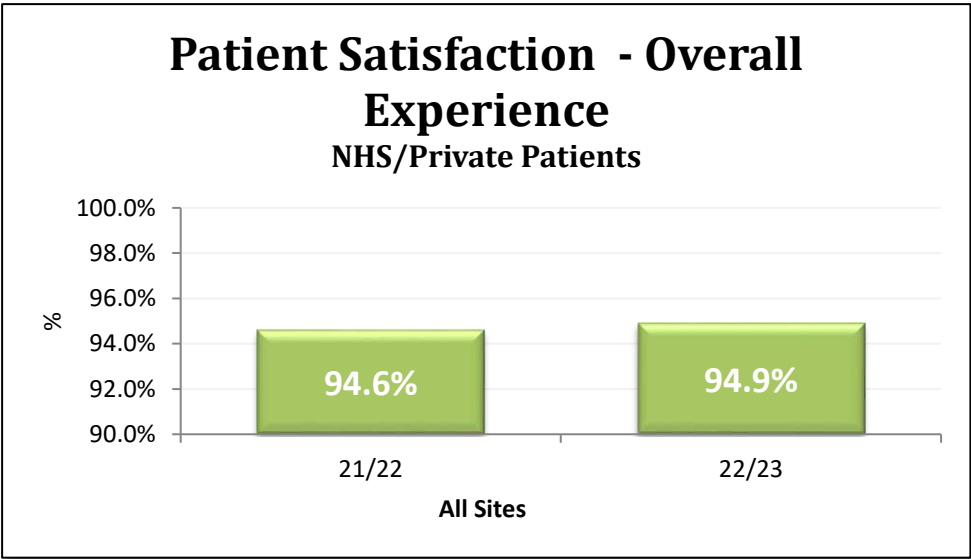
Feedback regarding the patient's experience is encouraged in various ways via:

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

3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has increased slightly over the last year. We continue to review and monitor local processes for encouraging patients to provide their email address, and for inputting this information onto our electronic patient record Maxims. This enables a patient satisfaction survey invitation to be emailed to the patient on discharge.

What Our Patients Say:

"I found the staff so helpful and friendly. Hospital very clean"

"Reassured me and got on with the job in hand despite my nerves. All over very quickly. Felt looked after in recovery."

"Staff were very polite and great with my son who is autistic, he said everyone was nice and kind and explained everything to him. Lovely and clean rooms"

"Treated excellent with compassion and dignity, everyone truly professional".

"Very professional very polite and very informative staff, every member of staff made me welcome and calm".

"Exceptional, friendly and very professional staff, both inside and out of theatre."

"Lovely caring staff very friendly and put you at ease, I cannot thank you all enough for such excellent care you are all a credit to the nursing and medical profession".

"Lovely staff very professional including pre op nurses, very friendly and spotlessly clean"

"Staff are great, professional, and friendly, made me feel very at ease. I would come back - Thank you all for everything".

"Superb treatment from coming in to going home, could not give enough thanks to everyone concerned enough praise, well done to all."

"The level of care is above and beyond what was expected".

"Very smooth from start to finish. Looked after very well. Thank you."

"Everyone has been so friendly and helpful. I was terrified of needles. Everyone made me feel calm."

"Everyone was so kind and professional staff are extremely helpful and everything was explained to me at each stage"

"Everyone was very friendly and helpful, putting me at ease. And they were very professional and efficient."

"From my first visit to today everyone has been fantastic. Explained every procedure in detail and with humour. All contact by phone and letter has been really positive."

Appendix 1

Services covered by this quality account

Regulated Activities – Tees Valley Hospital

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

Appendix 2

Clinical Audit Programme 2022/23

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

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. In 2022 the 'app' base audit programme was rebranded to 'Tendable'. Staff access the app through iOS devices available within each clinical department.

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

Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Peripheral Venous Cannula Care Bundle	Theatres, Ambulatory Care, Paediatric, Oncology	Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
Surgical Site Infection	IPC	Theatres	October, April	By month end
Urinary Catheterisation Bundle	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
Isolation	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient	Ward	Ward	July/August, January/February	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September, February/March	End of September End of March
Patient Journey: Recovery Observation	Theatres	Theatres	September/October, March/April	End of October End of April
NatSSIPs LSO	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
NatSSIPs Stop Before You Block	Theatres	Theatres	November/December, May/June	End of December End of June
NatSSIPs Prosthesis	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
NatSSIPs IOLs	Theatres	Theatres	July January/February	End of July End of February

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

Observation Audits - Ward	Ward	Ward	August/September March/April (as required)	End of September NA
Observation Audits - OPD	Outpatients	Outpatients	July/August January/February (as required)	End of August NA
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Medical Records	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Pre-Op Assess, Radiology, RDUK	July/September January/March (as required)	End of December NA
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/September January/March (as required)	End of December NA
Medical Records - Bariatric Services	Bariatric Services	Whole Hospital	July/September January/March (as required)	End of December NA
Medical Records - Paediatrics	Paediatrics	Paediatrics	August February	End of September End of March
Medical Records - NEWS2	Ward, Ambulatory Care, Theatres	Whole Hospital	October, February, June	By month end
Medical Records - VTE	Ward, Ambulatory Care, Theatres	Whole Hospital	July, November, March	By month end
Medical Records - Patient Consent	HoCS	Whole Hospital	March September	End of April End of October
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	By month end

MRI Reporting for BUPA	Radiology	Radiology	July, November, March	By month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	By month end
No Report Required	Radiology	Radiology	August, February	By month end
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	By month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	By month end
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	By month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	By month end
RDUK - PVCCB	RDUK	RDUK	July, January	By month end
RDUK - Walkabout	RDUK	RDUK	October	By month end
RDUK - Staff Questions	RDUK	RDUK	October	By month end
Paediatric Services	Paediatric	Paediatric	July, January	By month end
Paediatric Outpatients	Paediatric	Paediatric	September	By month end
Paediatric Radiology	Paediatric	Paediatric	October	By month end
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February	By month end
Prescribing	Pharmacy	Pharmacy	September, March	By month end
Medicines Reconciliation	Pharmacy	Pharmacy	September, March	By month end

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

Appendix 3

Glossary of Abbreviations

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

Tees Valley Hospital

Ramsay Health Care UK

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

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

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