

Clifton Park Hospital

Quality Account
2024/25



Ramsay
Health Care

Confidential Patient Information

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Welcome to Ramsay Health Care UK

Clifton Park Hospital is part of the Ramsay Health Care Group

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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our

people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.

A handwritten signature in black ink, appearing to read 'Nick Costa', with a stylized flourish at the end.

Nick Costa, Chief Executive Officer, Ramsay Health Care UK

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

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, cursive script.

Jo Dickson

Introduction to our Quality Account

This Quality Account is Clifton Park 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.

Each site within the Ramsay Group 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

I am delighted to introduce our Quality Account for 2024/25, which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and describes our priorities for 2025/26

I am proud to lead Clifton Park Hospital and our continued commitment to measuring and acting on feedback from our patients, customers and colleagues about their experience. 2024/25 has continued to focus on supporting the NHS and the local healthcare community in reducing elective waiting times for patients. We have maintained our commitment to focus on quality, continuous improvement and positive patient experience to ensure we continue to deliver excellent outpatient, day-case and in-patient services to all our patients.

Our priorities for the coming year are focused upon ensuring that we continue on this journey of creating services that are centred on the patient, getting it right first time and putting patient safety at the heart of everything we do.

Sandra Donoghue, Hospital Director

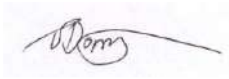
Clifton Park Hospital

Ramsay Health Care UK

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.

Ms Sandra Donoghue,



Hospital Director

Clifton Park Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Nick Carrington, Medical Advisory Committee Chair

Commissioners/ICB and other external bodies

Welcome to Clifton Hospital

Clifton Park Hospital (CPH) was purpose built and opened in January 2006. In October 2018, Clifton Park Hospital went into partnership with North Yorkshire Orthopaedic Specialists to form a new registered company, Clifton Park Hospital Ltd (CPHL).



The hospital provides specialist orthopaedic services for the following musculoskeletal joints: hips, knees, shoulders, hand, wrist, elbow, foot and ankle for patients aged 18 years old and over. In addition, the hospital supports York and Scarborough Teaching Hospitals NHS Foundation Trust in delivery of elective surgery lists in orthopaedics, ear, nose and throat, vascular and pain management.

Hospital Facilities

The hospital provides care over two sites situated within a short walking distance of each other.

Clifton Park Outpatient Department

- 11 Consultation rooms
- 2 Treatment rooms
- Digital Plain film x ray room
- MRI scanner (1.5 Tesla)
- Ultrasound scanner
- Fluoroscopic image intensifier
- Free onsite parking

Clifton Park Hospital (Inpatient/ Day Case Unit)

- 24 Inpatient bedded ward
- Day Unit with 6 trolley spaces and 3 ambulatory chairs
- 3 Laminar Flow theatres (1 modular theatre)
- 2 Theatre recovery areas with 6 bays in total
- Pain management treatment unit
- Physiotherapy providing inpatient and outpatient services
- Sterile Services Department
- Digital plain film x ray room
- Fluoroscopic image intensifier
- Ultrasound scanner
- CT Mobile scanner
- Free onsite parking

Clinical Staff

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

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.

Our staff-to-patient ratios are reviewed daily to meet the individual clinical requirements of our patients in line with relevant safe staffing guidance.

We have a Resident Doctor (RD) on site 24 hours a day 7 days a week supporting the Consultants and providing round the clock medical support to all of our patients.

NHS services are commissioned via NHS Humber and North Yorkshire Integrated Care Board (ICB) with a standard NHS contract in place. Referral to the hospital for NHS services is direct from the patients GP via the electronic referral system (eRS). We have a dedicated eRS Co-ordinators and a Business Relations Manager to facilitate the NHS referral process. We do not currently provide any outreach services.

Clifton Park Hospital also has an NHS sub-contract in place with York & Scarborough Teaching Hospitals NHS Foundation Trust to provide elective orthopaedic, ear, nose and throat, vascular

and pain management services and we continuously work with York & Scarborough Teaching Hospitals NHS Foundation Trust supporting the local health care economy.

The hospital is also recognised by most major insurance companies and undertakes both self - pay and insured work. From 1st April 2024 to 31st March 2025, 83.2% of which were treated under the care of the NHS. The remaining 16.8 %of patients were funded via insurance or self-pay.

The hospital has a unique structured secondment agreement with York Teaching Hospitals NHS Foundation Trust that provide 16 specialist consultant orthopaedic surgeons to work from CPHL. A service level agreement is in place with Yorkshire Anaesthetic Group to provide consultant anaesthetist cover for all operating lists including out of hours anaesthetic cover and support. CPHL works in partnership with York NHS Trust, enabling registrars and extended scope practitioners to work alongside consultants.

CPHL has multiple service level agreements with York & Scarborough Teaching Hospitals NHS Foundation Trust, which includes Blood Transfusion services and Consultant Microbiologist support.

Our success is dependent on our staff, 2024/25 has seen an increase in the workforce establishment. There are currently 152 contracted members of staff employed at Clifton Park Hospital comprising of 61% clinical posts (including sterile services staff) and 39% supporting staff with a mix of full time and part time positions.

Clifton Park Hospital also employs 35 bank staff to provide a greater flexibility in the workforce, and hospital treatment capacity. We will continue to review and expand our workforce in line with any expansion of services.

We will support our local NHS Trusts/ ICB' and refers moving into 2025/26 as part of their recovery plan in tackling waiting times, developing and strengthening our working relationship.

Through our Staff Engagement Group, we have partnered with several local charitable organisations and community groups, with these efforts set to continue into 2025. Our chosen charity of the year is St Leonard's Hospice, a vital local organisation offering exceptional care and support to people with life-limiting illnesses and their families. Many of our staff and patients have experienced first-hand the hospice's compassionate work, and we are committed to supporting their services through fundraising and awareness. Clifton Park Hospital has taken part in several sponsored events including the York Rotary Dragon Boat Race, the Moonlight Walk, and the Yorkshire Marathon, all contributing to the funding of essential care and facilities for those who need it most.

In addition to our charitable partnerships, Clifton Park Hospital actively supports grassroots sport and local education. We are proud to sponsor several sports teams, including Clifton Alliance Cricket Club, Poppleton Men's Football Club, and Rawcliffe Under 15s, helping to promote physical activity and positive local impact. We have also contributed to local schools, most recently supporting Vale of York Academy in sending students on an expedition to Morocco. This opportunity allowed young people to experience a new culture and contribute to a meaningful community project overseas.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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

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

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

Priorities for improvement

2.1.1 A review of clinical priorities 2024/25 (looking back)

People and Culture:

2024/25 saw the ongoing commitment to development of our workforce and in developing high performing teams, focused on Ramsay Care values and behaviours. We continue to invest in leadership and management for all Heads of Departments utilising the Ramsay Academy leadership development programmes. In addition, we continue to invest in apprenticeship programmes, an example of which is investment in a Health Care Assistant to undertake a Nurse Apprenticeship at Derby University.

The annual staff survey took place in the Autumn of 2024 and Clifton Park Hospital saw an excellent 82% response rate to the survey with a staff engagement score of 76%. The action plan focuses on 3 key areas: communication, supporting staff to speak out and signposting to

learning and development opportunities which is now in progress utilising a 'You Said, We Did' approach to communicating actions to all staff within the hospital.

Annual workforce reviews have been completed as part of the annual planning and budget setting process mapped to the anticipated activity. This included a review of skill mix in each department, inclusive of dedicated management time built into the Head of Department working hours.

2024/25 also saw a targeted recruitment process which has resulted in successful recruitment into theatre vacancies which has historically been a hard to recruit to area in the hospital.

Patient Safety and Clinical Excellence:

Clifton Park Hospital strives to deliver excellent clinical outcomes for our patients with evidenced high clinical standards. The Patient Safety Incident Response Framework (PSIRF), 'go-live' for Ramsay Health Care UK was in November 2023. All staff at Clifton Park Hospital undertook training in preparation the launch of PSIRF which is now well embedded across the hospital site. This will be further developed in 2025/26 with the development a local PSIRG - Safety Panel, which has to date, been included as part of Clinical Governance Committee agenda.

Clifton Park Hospital has a positive culture for the reporting of incidents on RADAR allowing thematic analysis of incidents with targeted interventions and quality improvement projects.

Examples of quality improvement initiatives that have been completed during 2024/25 include:-

- Improving patient experience of the discharge process within the hospital standardising the discharge letters and advice given to patients.
- Medicines management which involved ward staff, Resident Doctors and pharmacy staff and has resulted in a reduction in medication errors.
- Pain Management – with staff education and increased intentional rounding with an increased focus on optimisation of pain relief for patients to improve patient outcomes aligned to GIRFT principles and enhanced recovery.

2024/25 also saw the appointment of a full-time member of staff into a full time Quality Improvement Manager role with a focus on patient engagement, staff engagement, quality improvement, PSIRF, incident reviews and learning from patient safety incidents and thematic reviews.

Getting it Right First Time (GIRFT)

In March 2024, Clifton Park Hospital engaged in GIRFT's independent sector 'deep dive' review of hospitals performing orthopaedic surgery. The premise of which was to identify unwarranted variations across a range of provided orthopaedic procedures at site level (inclusive of type of

procedure, length of hospital stay, infection rates, patient outcomes and care delivery), and understand why any identified variation exists (in order to address). Hosted by the Royal National Orthopaedic Hospital (RNOH), our GIRFT review was very well attended by hospital staff from both clinical and non-clinical departments, bookings, business administration, and members of the Senior Leadership Team. There was also great representation from consultant orthopaedic surgeons and consultant anaesthetists.

The GIRFT orthopaedic review was a useful means of showcasing our orthopaedic services including the quality of care that we deliver, our activity/productivity and also, patient equity of access. Primarily however, the review enabled us to review our delivery of orthopaedic services to ensure they are clinically robust, safe, effective and efficient. Since the review, Clifton Park Hospital has received a local speciality report and action plan. The report outlines areas of good practice, in addition to agreed recommendations that can be used to create action/implementation plans. The action plan will be implemented during the 2025/26 reporting period.

Infection Prevention and Control

Clifton Park Hospital has dedicated Infection Prevention and Control (IPC) link nurse hours with the following responsibilities: -

- Assists the Head of Clinical Services by producing the local hospital annual IPC Report and Plan.
- Attends Infection Prevention Control Committee meetings as a core member.
- Provides training and education to all hospital staff (in relation to IPC).
- Undertakes IPC related audits and oversees implemented actions.
- Develops standard operating procedures (SOPs) where there is an identified need.
- Ensure alert organism surveillance.
- Provides infection control support as required.
- Investigates reported surgical site infections, utilising PSIRF investigation tools as required.

Aseptic Non-Touch Technique (ANTT)

As a healthcare organisation, Ramsay Health Care UK are required to demonstrate effective clinical governance and clinical competence regarding ANTT. Similarly, the Care Quality Commission (CQC) assess organisational requirements for aseptic technique as part of their

regulatory processes. The ANTT accreditation provides healthcare organisations with a means to demonstrate and evidence commitment and competence to robust infection prevention and patient safety, with accreditation criteria being based on the following pre-requisites for best practice: policy, procedural guidelines, education, competency assessment, audit and monitoring.

During the 2024/25 reporting period, Clifton Park Hospital successfully achieved 'Silver' accreditation for ANTT which demonstrates our ongoing commitment to the patient safety agenda.

Patient Experience

Continual improvement of the patient's journey remains a strong focus at Clifton Park Hospital, as too is the priority to implement any remedial action(s) to our processes and practices (where required) in response to patient feedback. To reinforce our commitment to this priority, we re-launched the Patient Participation Group (PPG) in 2024, with the aim of engaging with service users to meet our objective of providing outstanding individualised care by gaining valuable insight from the patient's perspective.

As part of its core membership, the PPG has a number of active patient representatives, in addition to several hospital representatives from a variety of departments and also, members of the SLT. The PPG provides a forum to consider, identify, and review areas in which we feel we need to further improve as a hospital and enable discussion regarding new initiatives or enhancements to services. The patient representatives from the PPG were actively involved in last year's (2024) Patient-Led Assessments of the Care Environment (PLACE) as a means of ensuring that we obtained the patient's perspective as part of our annual review of the hospital environment, facilities and food offered as part of the patient's journey.

In addition to the PPG, Clifton Park Hospital also launched the pilot of the 'Walk With Me' programme, a quality improvement initiative which focuses viewing the patient pathway at all touch points from a patient's viewpoint and interactions with staff. Following this successful pilot, roll-out and further development this will be a key priority for 2025/26.

A "Patient Story" has also become a standard agenda within Medical Advisory Committee (MAC) which provides valuable insight of patient experience to our consultant colleagues.

The 2024/25 reporting period also saw the engagement and involvement of patients PSIRF process. Patients were invited to be involved in a Patient Safety Incident Investigation (PSII), and their valuable feedback was utilised to complete the PSII report and action plan. This was received positively by the patients involved.

Operational Excellence:

Pre-Assessment Optimisation

The new Pre-Operative Assessment Framework was published by Ramsay Health Care UK in March 2024. The purpose of which was to provide an essential process pathway that ensured consistency across the organisation, but with the flexibility of being able to localise for each hospital site, taking into consideration specific resources and requirements.

During 2024/25, Clifton Park Hospital have undertaken a full review of current pre-assessment processes, not only to evaluate resources, service delivery and to optimise current practice, but also, with a view to reducing on-the-day cancellations and additionally, from the perspective of enhancing the customer experience.

Clifton Park Hospitals inclusion / exclusion criteria was reviewed in 2024 which utilises a red, amber and green rating (RAG rating) as a method of easy visual aid to support pre-assessment staff to determine suitability for surgery. Importantly, the criteria document helps to direct pre-assessment staff to gain further advice/opinion, support or guidance from an anaesthetist, consultant or at a multi-disciplinary team (MDT) meeting for patients whose medical history or current health status is categorised as being 'amber'. This has been supported by a quality improvement project with a new theatre scheduling system introduced to ensure patients complete a preoperative assessment prior to being placed on the waiting list. This has resulted in a reduction in the number of on the day cancellations and list changes.

Theatre Utilisation

During 2024/25 reporting period Ramsay Health Care UK introduced a 'Theatre Utilisation Dashboard' as part of the Operational Excellence agenda. The dashboard provides each hospital site to have clear oversight and a comprehensive understanding of their local theatre sessions. We acknowledge the importance of maximising our theatre usage as a means of assisting the NHS waiting list position, particularly with regards to those orthopaedics where there is a substantial wait time for patients. Clifton Park Hospital performs well regarding theatre utilisation of over 80% but this can be improved further and will be an ongoing priority for 2025/26.

Reduction in NHS Diagnostics and Elective Surgery Wait Times

During 2024/25 we continued to see the strategic partnership working between Clifton Park Hospital and York and Scarborough Teaching Hospitals NHS Foundation Trust which enables both parties to work collaboratively and achieving 65% of NHS patients waiting less than 18 weeks for treatment in the locality. This will be an ongoing area of focus for the site.

2024/25 also saw an increase in Consultant Radiologist capacity with employment of additional Consultants through practice privileges and has resulted in a decrease in waiting times for diagnostic and therapeutic ultrasound and allowed the introduction of an MRI arthrogram service. There is further scope to develop and build the MRI service at Clifton Park Hospital with 50% capacity available and this will be an ongoing focus for 2025/26.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clifton Park Hospital, in line with the Ramsay Health Care UK strategy, aims to be a leading orthopaedic healthcare provider and employer of choice whilst delivering excellent patient care and high-quality patient outcomes, putting safety at the heart of everything we do and growing our business in a sustainable manner. Our key areas of focus in 2025/26 include.

Patient Safety - Ensuring patients are cared for safely remains our highest priority by maintaining excellent standards of care, staff are competent and up to date with clinical practice. Utilisation of reporting streams to learn from patient safety incidents, share learning with clinical teams, identify themes/areas for improvement and implement strategies for continued improvement.

Clinical Effectiveness - We are committed to enhancing clinical effectiveness by continuous monitoring of the clinical audit program, ensuring audits are completed and any findings are actioned. We ensure staff are up to date with training and foster a culture of quality improvement, to deliver safe, efficient and patient centred care. Continued implementation of 'Getting it Right First Time' (GIRFT) to promote best practice and structure to improve patient outcomes.

Patient Experience - Working closely with patients and learning from feedback is a priority at Clifton Park. We value feedback from our patients and initiatives such as 'walk with me' have been invaluable for understanding the patient journey and their experience of care. Inviting patients to influence decision making and learning from incidents is a key area for quality improvement projects. The use of Cemplicity and Power BI to identify areas for improvement continue to influence how we improve our services.

Area of Focus	Objective	Measure of Success
Patient Safety	Ensure CPH have a SUFS accredited trainer. Provide a SUFS training session during staff induction.	<ul style="list-style-type: none"> • Member of CPH staff SUFS accredited • SUFS to be a standard agenda on staff induction TOR. • All CPH staff to receive SUFS training session. • Culture that supports staff to feel empowered to speak up.
	Embedding of PSIRF values	<ul style="list-style-type: none"> • Development of a local PSIRG • CPH staff to complete HSSIB systems training • After Action Review following incidents with learnings shared • Quality improvement manager to complete SEIPS framework for understanding systems and interactions within healthcare • Introduce a PSIRG weekly meeting • Shared learning poster to be completed each month and shared with all CPH staff. • Thematic reviews/trends for targeted quality improvement projects
	Embed the new Quality improvement manager role to support the Head of Clinical Services	<ul style="list-style-type: none"> • Complete thematic reviews/trends identified/areas for targeted improvement projects
	Develop wider healthcare learning engagement	<ul style="list-style-type: none"> • Become a member of the Safety improvement from learning outcome group hosted by the ICB.

Area of Focus	Objective	Measure of Success
Clinical Effectiveness	Ensure audits are completed for all areas/departments	<ul style="list-style-type: none"> • A minimum of 95% of all audits are completed • Actions shared and acted on within the agreed time scale • Assign Audit Champions to each department to promote accountability for audits and demonstrate commitment to high standards
	Robust and efficient theatre utilisation is an integral aspect of the Ramsay Health Care UK's Operational Excellence agenda	<ul style="list-style-type: none"> • Use the Dashboard within the theatre scheduling meeting to ensure theatre utilisation is a minimum at 85%
	Ensure staff are trained to use Tendable and understand how to complete actions	<ul style="list-style-type: none"> • All audit champions will receive Tenable training
	Imbedding of GIRFT principles	<ul style="list-style-type: none"> • Complete all actions from the GIRFT action plan following the GIRFT independent review completed in May 2025. To demonstrate that Clifton Park Hospital achieve the GIRFT five domains: The Patient Pathway • Staff and Training • Clinical Governance and Outcomes • Utilisation and Productivity • Facilities and Ring-Fencing
	Launch a national research trial for orthopaedic implants	<ul style="list-style-type: none"> • Within 12 months launch and recruit a minimum of 10 patients to the research trial.

Area of Focus	Objective	Measure of Success
Patient Experience	Improved use and understanding of Cemplicity dashboard.	<ul style="list-style-type: none"> • Use of data to meaningfully drive service improvement projects • Use of all patient feedback measures to improve patient experience.
	Improved patient engagement	<ul style="list-style-type: none"> • Engagement of patients in PSIRF process • Regular engagement with patients to improve services • Utilise Patient Experience Groups (PEG) utilising trends identified from complicity/ Friends and Family and patient concerns raised to support patient focused action plans.
	Sharing of PROMS data	<ul style="list-style-type: none"> • Meaningful sharing of PROMS data to improve patient outcomes • Swift action for patients who experience reduction in measurable data such as oxford scores. • Regular monitoring of PROMS data
	Ensure the hospital environment meets the needs of our patients	<ul style="list-style-type: none"> • Complete a PLACE audit and build an action plan from feedback
	Embed the 'Walk With Me' programme	<ul style="list-style-type: none"> • A minimum of 6 staff to complete the walk with me day over the next 12 months

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 2024/25 Clifton Park Hospital provided NHS services for elective orthopaedics and ENT surgical specialties.

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

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 81% per cent of the total income generated from the provision of NHS services by Clifton Park Hospital for 1 April 2024 to 31st March 2025.

Ramsay Health Care UK uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay Health Care UK 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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	26.3%
HCA Hours as % of Total Nursing	25.4%
Agency Cost as % of Total Staff Cost	7.5%
Ward Hours PPD	5.83
Staff Turnover %	2.1%
Sickness %	2.5%
Lost Time %	20.6%
Appraisal %	76.6%
Mandatory Training %	98.7%
Staff Satisfaction Score	76%
Number of Significant Staff Injuries	0

Patient	
Formal Complaints in year	12
Patient Satisfaction Score	98%
Significant Clinical Events	1
Readmission in year	7
Quality	
Facilities - Health & Safety Summary Score	94.5%
Infection Control Environmental Infrastructure Audit Score	98.4%

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Clifton Park Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits Tees Valley Hospital participated in, and for which data collection was completed from 1 April 2024 to 31st March 2025, 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.

<i>Project name</i>	<i>% Cases submitted</i>
Elective Surgery (National PROMs Programme)	100%
Mandatory Surveillance of HCAI	100%
National Joint Registry (NJR)	100%

Local Audits

The reports of local clinical audits and associated action plans from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee. This committee ensures the timely review and implementation of Clifton Park Hospital to improve the quality of healthcare provided. Additionally, IPC associated audits were also shared at the Infection, Prevention and Control Committee (IPCC), and any required actions are reviewed and implemented.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Clifton Park Hospital in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was none.

There were no patients recruited during 2024/25 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

Clifton Park Hospital's income from 1 April 2024 to 31st March 2025 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)

Clifton Park Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions.

- Last inspected February 2022
- Final report- Good in all areas inspected

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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.

Clifton Park Hospital will be taking the following actions to improve data quality:

- Review processes to ensure the accuracy of all personal data we obtain is aligned to General Data Protection Regulation (GDPR) principles
- Ensure that any data collected is fit for purpose with timely collection and monitoring

- Routine audit and management of patient records
- All relevant data will be collected with no omissions
- Staff have the appropriate training to understand the importance of correct and consistent data input and have the technical competence to facilitate accordingly

NHS Number and General Medical Practice Code Validity

Clifton Park Hospital submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

Clifton Park Hospital is 100% compliant for outpatients and only 0.9% off 100% compliance for admitted NHS numbers submitted, both of which are above the Ramsay Health Care UK national average.

Outpatients

	A4M8P	NVC28
% NHS Numbers missing	0.00%	0.00%
% NHS Numbers submitted	100.00%	100.00%
% GP Practice codes missing	0%	0%
% GP Practice codes submitted	100%	100%

Admitted Patient Care

	A4M8P	NVC28
% NHS Numbers missing	0.31%	0.09%
% NHS Numbers submitted	99.69%	99.91%
% GP Practice codes missing	0%	0%
% GP Practice codes submitted	100%	100%

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30th June 2025.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Clifton Park Hospital was subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were :

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2025.

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Clifton Park	2023	98%	100%	98%	99%	Level 3

2.2.7 Stakeholders views on 2024/25 Quality Account

The NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) welcomes the opportunity to review the 2024/25 Annual Quality Account for Clifton Park Hospital, Ramsay Health Care Group, which as with previous years is reflective of the organisation's values, vision and ambitions for the future.

The Quality Account illustrates the progress made on supporting the NHS and local healthcare community and in the continuous commitment to improving patient safety and quality outcomes whilst reducing NHS elective waiting times.

The ICB would like to congratulate the Group and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include the journey in implementing the Patient Safety Incident Response Framework (PSIRF) and the investment in additional roles to support quality improvement.

We commend your invite to users of the service to be involved in a Patient Safety Incident Investigation and note that their feedback was valuable within the process. Additional training within your organisation, Speak Up for Safety, evidences the commitment to providing safe care noting the alignment to your values. Of interest is the development in 2025/26 of the PSIRG Safety Panel and weekly meetings to ensure staff are kept appraised. Humber and North Yorkshire ICB note the progress made in respect of patient safety and the continuation of this being a clinical priority for the next year is to be congratulated.

It is positive to see safeguarding as part of the audit programme, we look forward to hearing more about this work and how Safeguarding is embedded within Clifton Park, your work with local partnerships and staff training.

We acknowledge the Quality Initiatives specific to your organisation with "Walk with Me" being a key priority, we look forward to gaining further insight from this programme when we have our regular meetings. We thank you for the "Patient Story" shared within your quality account which will resonate with other organisations and patients whilst acknowledging the changes you have made. Having this as an agenda item within your meetings is extremely positive.

The ICB acknowledges the participation in all the required national clinical audits, including the National Joint Registry Audit. We note that you have engaged in using national programmes, Getting it Right First Time programme, to review services within your organisation to highlight success and areas of improvement noting that you achieved staff engagement during the process. We recognise that this is a key element for providing high quality care and provides assurance and insight in informing targeted continuous quality improvement in developing and maintaining high quality patient-centred services.

We commend the organisation for the excellent 82% response rate from the annual staff survey and the identified three key areas which will be actioned using the "You Said, We Did" methodology. Despite the national issues with recruitment, it is pleasing to see that you have successfully recruited both permanent and bank staff to ensure safe staffing levels are achieved.

The ICB notes positive reduction in relation to infections in the last 12 months along with the increase in compliance with standards which shows evidenced improvements in year. It is positive to see the commitment to IPC and that patients are supporting PLACE assessments at Clifton Park Hospital.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Clifton Park Hospital. The Quality Account is a transparent and positive document which demonstrates the organisations continued commitment to co-production and quality improvement.

Humber & North Yorkshire Integrated Care Board remain committed to working with the organisation and its regulators to improve the quality and safety of services available for the population to improve patient care, patient safety and outcomes. We note the transformational nature of the Quality Priorities identified and look forward to seeing the outcomes of this work.

Deborah Lowe,

Director of Nursing (Quality, Safety and Patient Experience), NHS Humber and North Yorkshire Integrated Care Board

27TH June 2025

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron): Clifton Park Hospital

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

Reflecting on the last year, we continue to be tremendously proud of the achievements attained at Clifton Park Hospital, in addition to the ongoing quality improvement work-streams currently being undertaken. Our staff remain dedicated and committed to providing excellent patient care, whilst also promoting patient safety, and delivering optimal outcomes for patients.

Our hospital culture is positive, proactive and adopts a 'can do attitude' whilst also reinforcing 'The Ramsay Way - People Caring for People' ethos. We continue to embrace change and service improvement which enables us as a hospital site to actively influence quality performance. We also continue to encourage staff to share new ideas, opinions and suggestions by means of supporting our hospital philosophy of collaborative working as a 'whole team approach'.

In June 2024, Clifton Park Hospital welcomed members of the clinical corporate team as part of an internal peer review. The purpose of the peer review was to assist the hospital with assurance regarding adherence to Ramsay Health Care UK policy and national regulatory requirements (depending on the specific area of focus). The peer review was part of a national Ramsay programme developed to support hospital sites by providing peer expertise from the clinical central team. The team reviewed all clinical departments including our electronic record keeping processes, policy adherence, safeguarding mechanisms, preassessment practices, theatre procedures, pharmacy ordering, storage and documentation, medicines management, minutes from various meetings (e.g. clinical governance committee, departmental meetings etc), in addition to customer experience feedback, local governance arrangements, hospital leadership and evidence of the CQCs five key lines of enquiry/domains.

As part of the review, an action plan was formulated with recommendations of suggested improvements and ways to employ creative ways of celebrating good practice. We were delighted with the feedback from the corporate clinical team. Clifton Park Hospital were recognised and acknowledged for the number of examples of outstanding practice observed throughout the hospital.

In this reporting period Clifton Park Hospital was named as a National Joint Registry (NJR) Quality Data Provider after being awarded 'Gold' as part of the three-tier award scheme. As the largest orthopaedic registry in the world with an international reputation, the 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory NJR data submission quality audit process. The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement

and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

In summary, 2024/25 has been another very successful year for Clifton Park Hospital. We have continued to work in partnership with our Commissioners, Integrated Care Board and local Acute Trusts to deliver high quality services and care provision. Ongoing initiatives continue to promote and provide quality improvements to enhance patient safety and clinical effectiveness together with our commitment to enhancing patients' experience of care received. As we progress into the 2025/26 reporting period, I remain confident that Clifton Park Hospital will successfully deliver on the agreed clinical priorities, whilst also, continuing to provide services that deliver quality outcomes for patients, maintain cost effectiveness, and ensure safe, individualised patient care.

Ramsay Clinical Governance Framework 2024/25

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

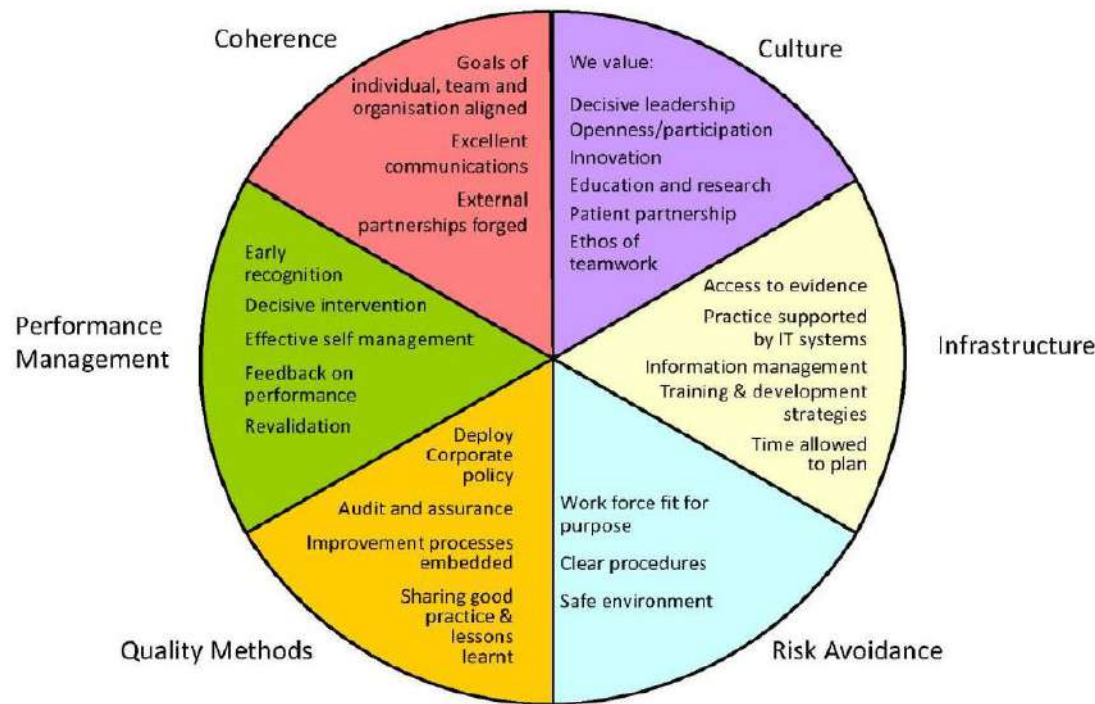
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

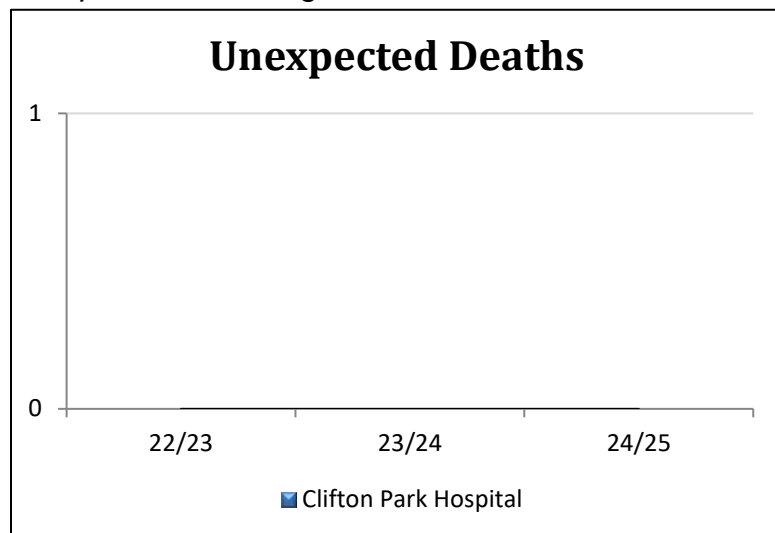
Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Clifton Park	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC28	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC28	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC28	0.0000

Clifton Park Hospital has had no patient deaths in 2024/25 and aspires to do so in 2025/26
Rate per 100 discharges:



National PROMS

PROMS: Hips	Period	Best		Worst		Average		Period	Clifton Park	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC28	23.028
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC28	23.970
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC28	18.009
PROMS: Knees	Period	Best		Worst		Average		Period	Clifton Park	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC28	18.086
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC28	15.461
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC28	17.841

Clifton Park Hospital is undertaking the following actions to improve this score and so the quality of services.

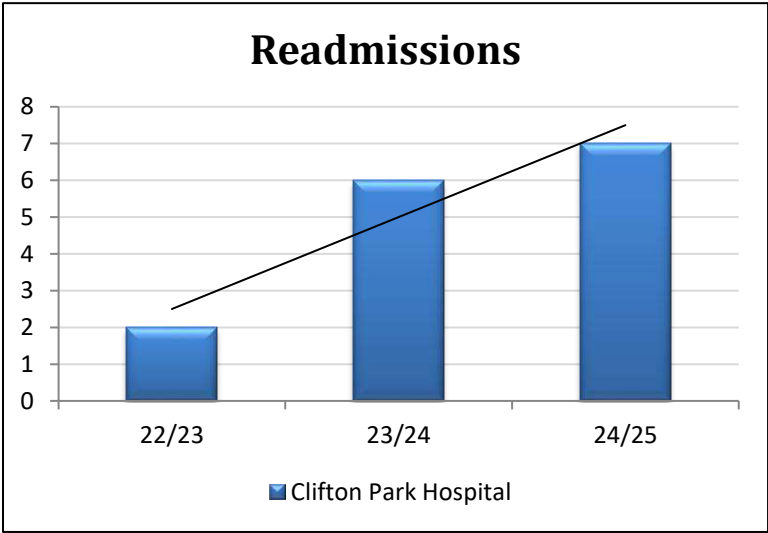
- Introduced a new PROMS lead at site.
- Embedding PROMS process through all departments with a focus on patients treated in the day unit and Pre Operative Assessment.
- Ensuring all patients who respond with a decreasing post-operative score are contacted by Clifton Park Hospital clinical team within 7 days of submitting their response, to provide support and intervention if required.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Clifton Park	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC28	0.00081
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC28	0.00203
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC28	0.00200

Clifton Park Hospital has a static readmissions rate in 2024/45, which is proportionate to the increase in admissions to Clifton Park Hospital in year 2024/25.

Rate per 100 discharges:

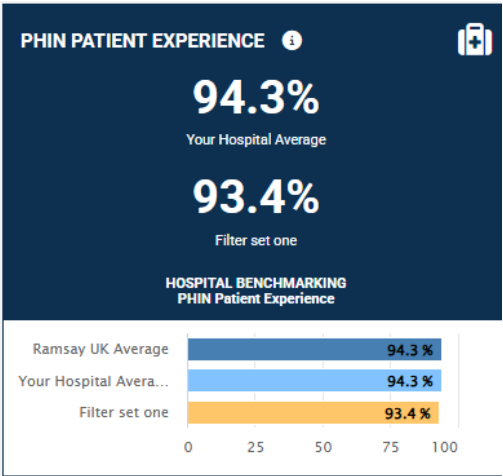
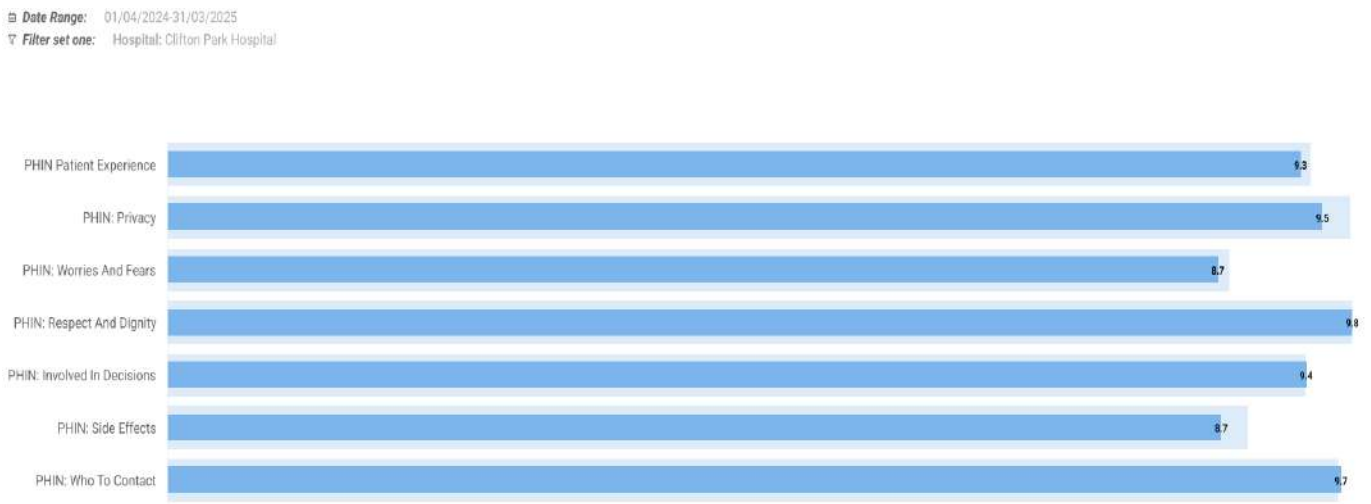


Responsiveness to Personal Needs

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 2024 - March 2025.

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



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Clifton Park	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC28	91.8%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC28	99.4%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC28	84.7%

Clifton Park Hospital VTE assessment has recommenced in Q3 of 24/25 and is lower than the national average. Clifton Park Hospital has put the following actions in place to improve VTE compliance.

- No patients will enter the operating theatre department until a VTE assessment is completed
- Additional training given to consultant surgeons to support with VTE assessment documentation.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Clifton Park	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2022/23	NVC28	0.000
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC28	0.000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC28	0.000

Clifton Park Hospital continues not to have any patients with a C difficile infection.

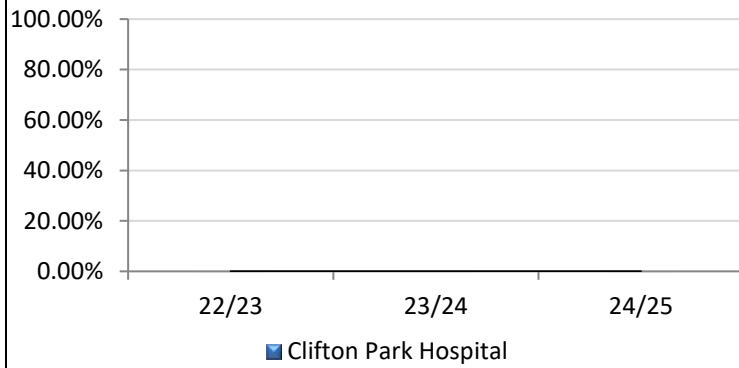
Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Clifton Park	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC28	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC28	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC28	0.000

Clifton Park Hospital considers that this data is as described with no impact score 5 incidents having occurred in the 2024/25 reporting period.

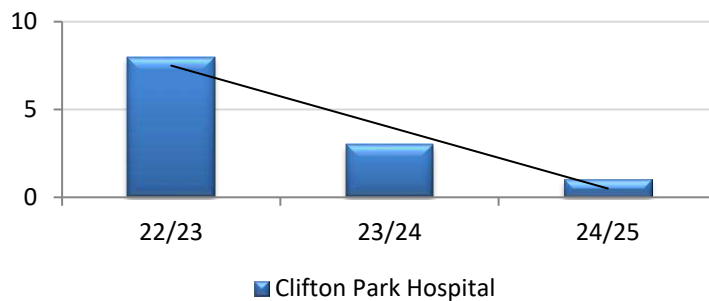
Rate per 100 discharges:

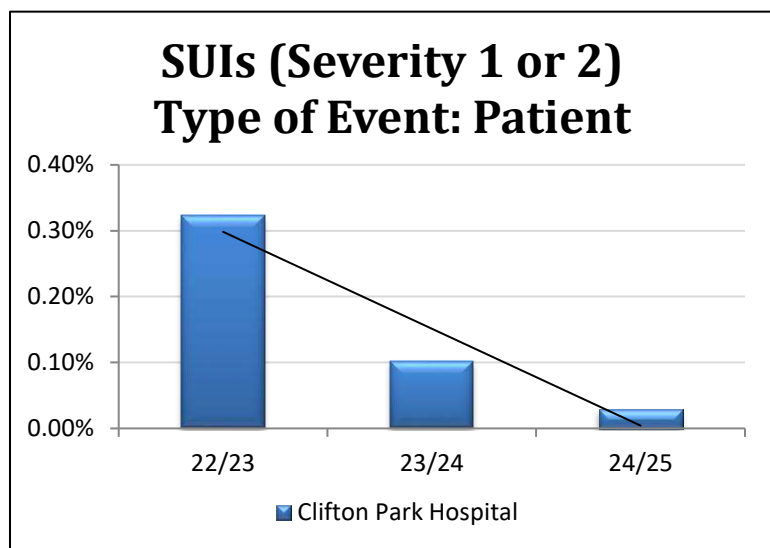
SUIs (Severity 1)



SUIs (Severity 1 or 2)

All Types of Event: Hazard, Non-Patient Clinical, Clinical, Patient, Property / Security / Business Continuity and Safety





There is a clear decrease of severity 1 and 2 incidences within the 2024/25 reporting period. All reported incidents are investigated and any lessons learned shared with staff through departmental meetings, daily huddles as well as our relevant hospital groups and committee meetings. Any incidents with harm are also reviewed and outcomes of learnings shared at quarterly Clinical Governance Committee meetings.

Friends and Family Test

F&F Test:	Period		Best		Worst		Average		Period		Clifton Park	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC28	100.0%		
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC28	100.0%		
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC28	100.0%		

There is a strong focus at Clifton Park Hospital to encourage patients to complete the Friends and Family scorecard. QR codes are available for patients to access via a mobile device (or alternatively via a hospital tablet device). There are also paper scorecards for patients to complete should they prefer.

3.2 Patient safety

We are a progressive hospital focussed on improving our performance every year with a focus on 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

Clifton Park Hospital has a very low rate of hospital acquired infection and has had no reports of 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.

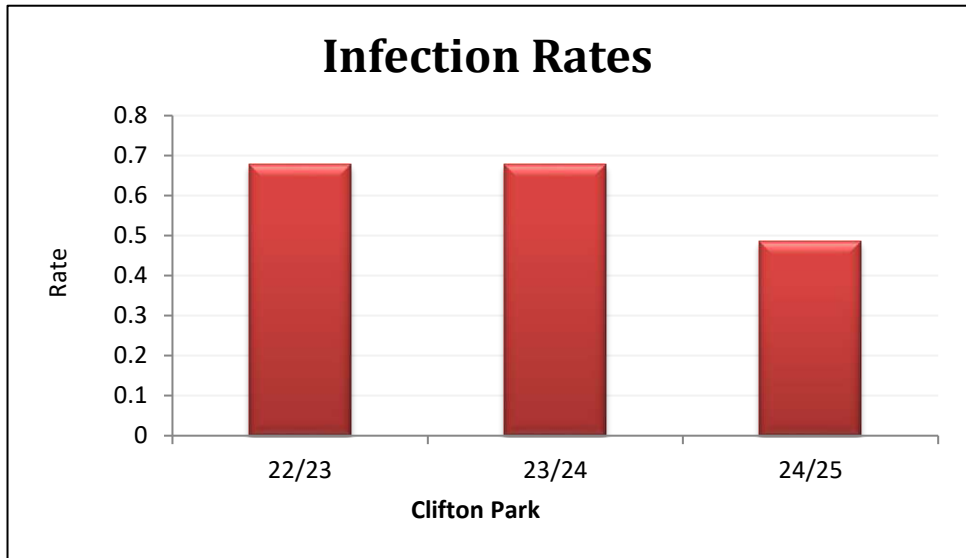
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

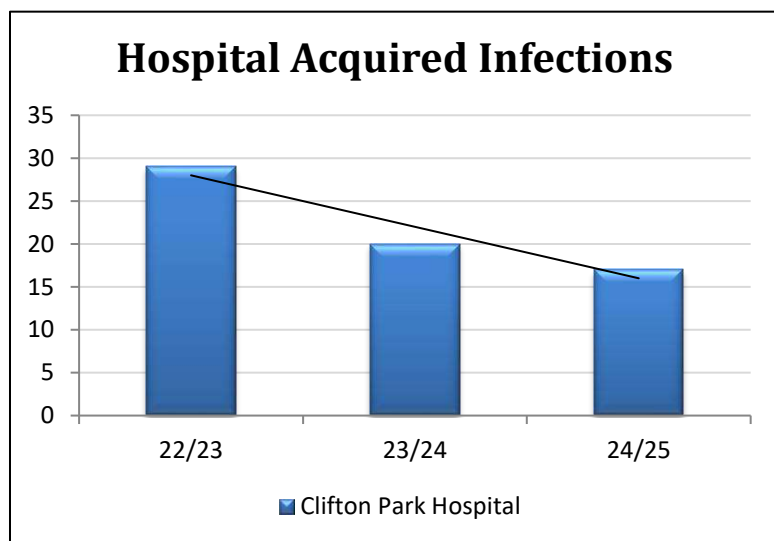
Infection, prevention and control programmes and activities within our hospital for 2024-25 include:

Area	Objective	Actions	Status
Surveillance	To reduce surgical site infection	<p>Submit rolling data to SSISS.</p> <p>Formal IPC training for site IPC leads.</p> <p>All positive microbiology results are reviewed including recommendations for treatment by the IPC lead and Consultant Microbiologist.</p> <p>All SSI captured and reported on RADAR</p> <p>PSIRF review of all infections as per local Ramsay policy</p>	<p>Completion of PSIRF reviews with trend analysis.</p> <p>Action plans completed.</p>
Education and Training	To ensure all staff have completed IPC mandatory training. IPC Leads are trained and competent in their role	<p>Training records to evidence IPC training.</p> <p>IPC Lead to ensure all staff undertake Hand Hygiene assessments.</p> <p>IPC link nurse to attend all IPC study days.</p> <p>Compliance with audits and actions.</p>	On-going
Audit	Maintain IPC policy standards on Ramsay Health Care group audit program	Ensure audits are performed as per the audit programme.	<p>Completed audits</p> <p>SMART Actions</p> <p>Discussion and documentation in IPC meetings</p>
Cleaning	Provide and maintain a clean environment that facilitates the prevention and control of infections.	Standardised cleaning schedule template in each area.	Standardised cleaning in line with NHS cleaning standards on Ramsay Agenda.
Antimicrobial Stewardship	To Continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing	<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>Use 'Start Smart - Then Focus' Full compliance to guidelines with evidence. Posters in key Clinical areas.</p> <p>Collaboration with Pharmacist and Microbiologist</p> <p>Appropriate prescribing to treat infection. https://www.gov.uk/.../antimicrobialstewardship-start-smart-then-focus</p>	<p>Posters in key Clinical areas.</p> <p>Antimicrobial usage data – discussed at IPC Committee (Consultant use and trends).</p> <p>Antimicrobial Stewardship Toolkit to audit practices.</p> <p>Audit of antibiotic use in-patient and outpatient</p> <p>Audit to determine prophylaxis antibiotic use against York NHS</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>Engage local teams to improve empowerment to challenge antibiotic prescribing practice.</p> <p>Staff education and awareness</p>	Formulary and National guidance
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As can be seen in the above graph our infection rate has decreased over the last year this is due to the actions described in the table over, diligence from the IPC lead and monitoring of trends through RADAR reporting and thematic reviews of Surgeons and Theatres.



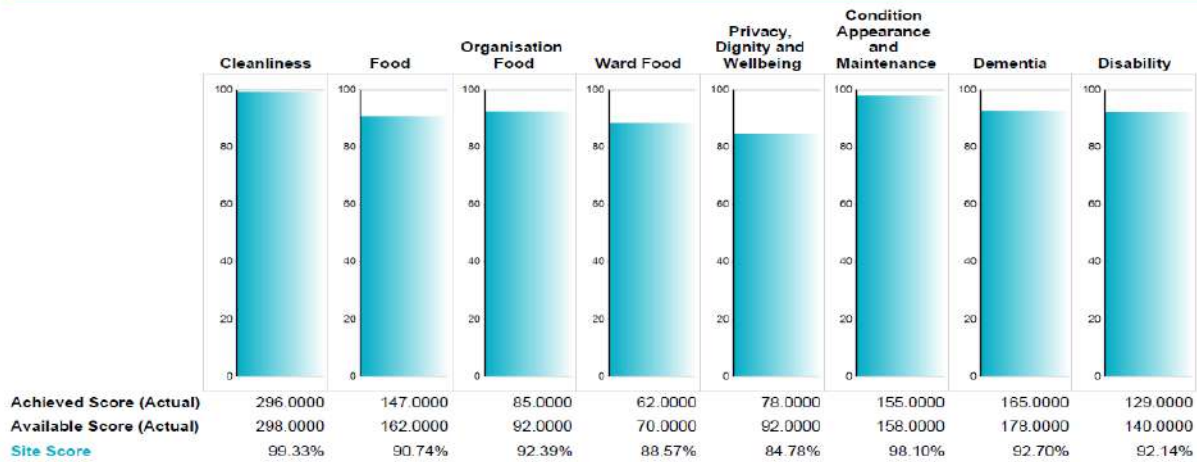
In comparison to the national average Clifton Park Hospital has a lower rate of hospital acquired infections. All actions are discussed in quarterly IPC meetings and Clinical Governance meetings

3.2.2 Cleanliness and hospital hygiene

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

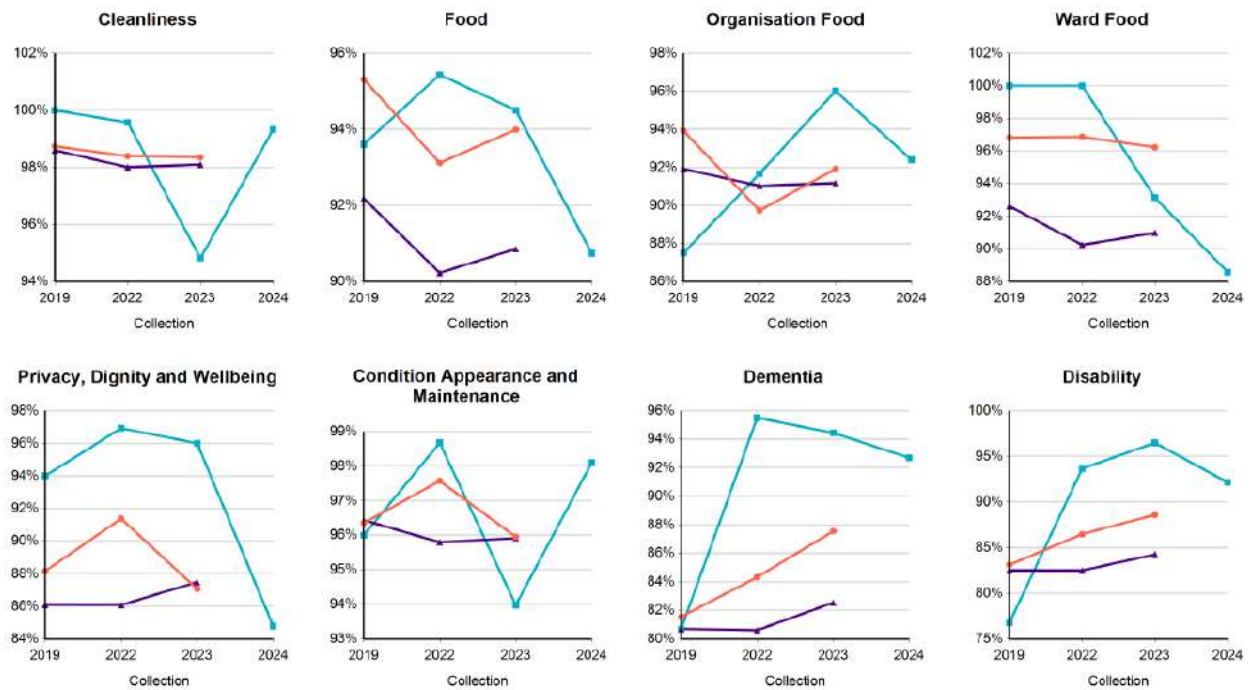
PLACE assessments occur annually at Clifton Park Hospital, providing us with a patient's view of the buildings, facilities and food we offer. The feedback is used to in the hospitals action plan for improvements.

CLIFTON PARK TREATMENT CENTRE- Collection: 2024



CLIFTON PARK TREATMENT CENTRE

Site Scores Organisation Average National Average



The above graphs is data from the PLACE visit November 2024, utilising a patients view of our hospital. The below comments reflect the changes made following the visit

- A reduction in score for patient privacy and dignity was due to the number of hearing loops in place, CPH have complete an action to install hearing Loops at the reception's desks.
- A reduction in food satisfaction was due to the layout of the menu which was not patient friendly to read. Since the visit a member of the catering team supports all patients to complete their daily food menu.

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.

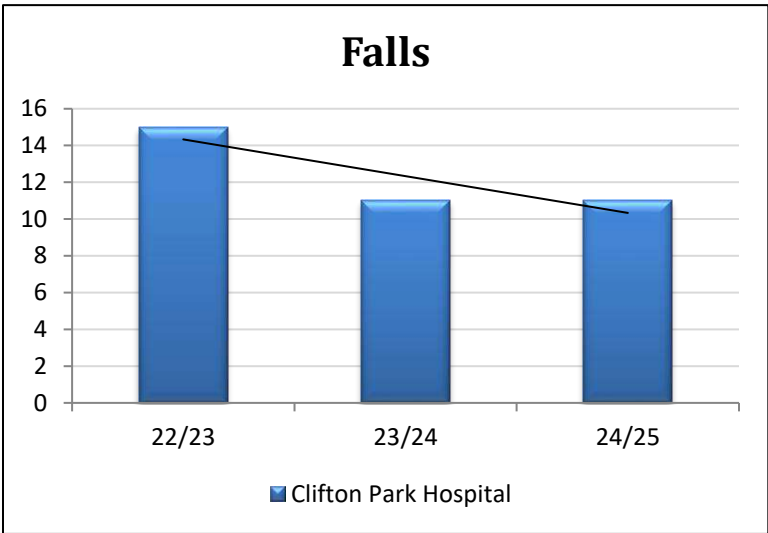
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls, 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.

Clifton Park Hospital has a monthly Clinical governance meeting; attendees include representation from all departments and medical representation. The meeting focuses on PSRIF principles and includes a review of all level 3 incidents and any themes of other incidents are discussed with appropriate actions tracked through this meeting. Audit action plans are tracked in this meeting alongside SOP's, Policies, nationally disseminated information.

The hospital has a Health and Safety Committee, which meets every two months. The membership of the Health and Safety Committee is reviewed annually and now has staff representatives from each department, which has helped to further embed the health and safety culture within the hospital (this was previously attended by heads of department). A Health and Safety Audit and Health and Safety Report are completed annually for Clifton Park Hospital and are both discussed at the Health and Safety Committee along with any required action plans. Training undertaken at Clifton Park Hospital has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, major haemorrhage and retrieval and return of blood products. COSHH and risk assessment training has also been provided by visiting corporate health and safety representative, this ensures that Clifton Park Hospital is compliant

with Health and Safety Standards. Standard Operating Policies (SOP) have been developed regarding health and safety to meet requirements of the hospital.

Rate per 100 discharges:



The number of patient falls at Clifton Park Hospital has slightly increased during the 2024/25 reporting period although no common cause or key themes have been identified. Ramsay Health Care UK have introduced a national Falls Prevention Working Group. The purpose of the group is to review any clinical incidents across the organisation that are reported as a fall with harm, and to implement prevention strategies to reduce the risk of falls with harm from occurring. The Falls Prevention Working Group will also review policy and training to ensure best practice is reflected.

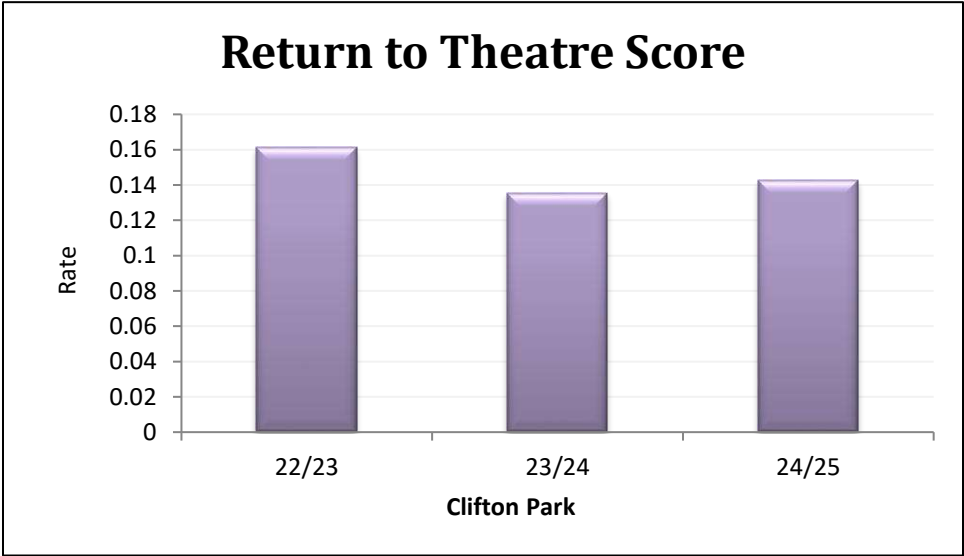
3.3 Clinical effectiveness

Clifton Park Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are

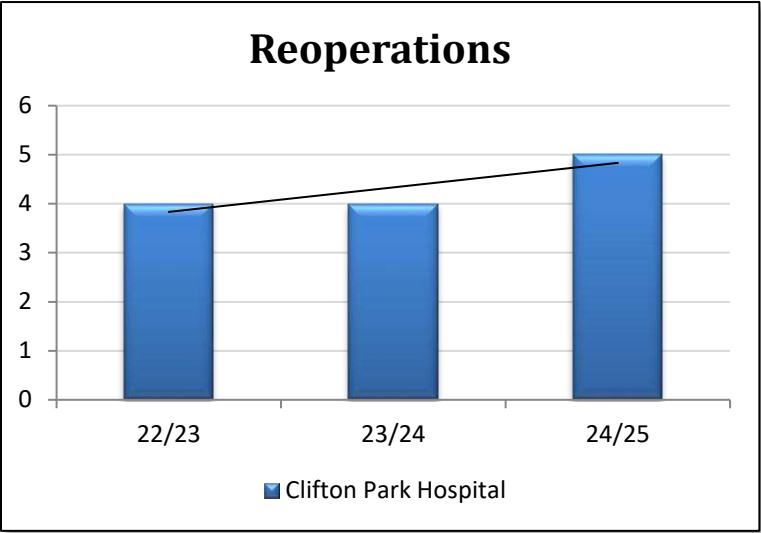
systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

3.3.1 Return to theatre

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

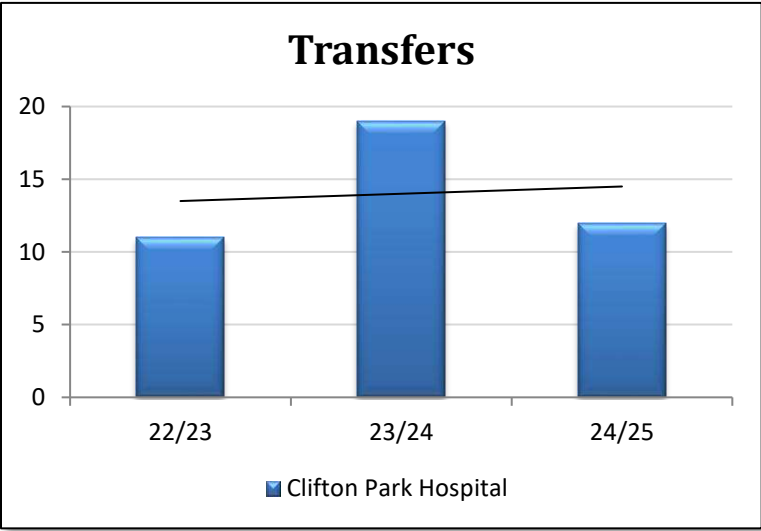


As can be seen in the above graph our returns to theatre rate have increased over the last year, this is comparative to the increase in activity and complexity of patients however in comparison to the national average it remains lower than the national average.



As can be seen in the above graph, our reoperations rate has also increased over the 2024/25 reporting period and correlates with our return to theatre rate.

Rate per 100 discharges:



Clifton Park Hospital has seen an increase in transfers in 2023/24 and rates are slightly higher than the national average. A PSIRF thematic review has been completed. Only 0.2% of total

transfers out were transferred to a higher level of care. A new inclusion/exclusion criterion has been implemented in 2024 and all transfers to the acute Trust have been to ensure patient safety.

Thematic reviews highlighted AKI as a cause of transfer, we are working closely with the renal team at the local trust to implement a management plan and identify high risk patients. There has been a decrease in patient transfers over the 2024/25 reporting period. All patient transfers are fully investigated internally and discussed and reviewed at the monthly Heads of Department meeting and Clinical Governance Committee.

3.3.2 Learning from Deaths

There have been no reported unexpected deaths in the 2024/25 period.

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

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

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistle-blowers). 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 Health Care UK has an exceptionally robust integrated governance approach to clinical care and safety and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

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

Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and has an accredited SUFS representative providing education and empowerment to staff at induction and regular updates to ensure that speaking up for safety continues to be a priority within the organisation.

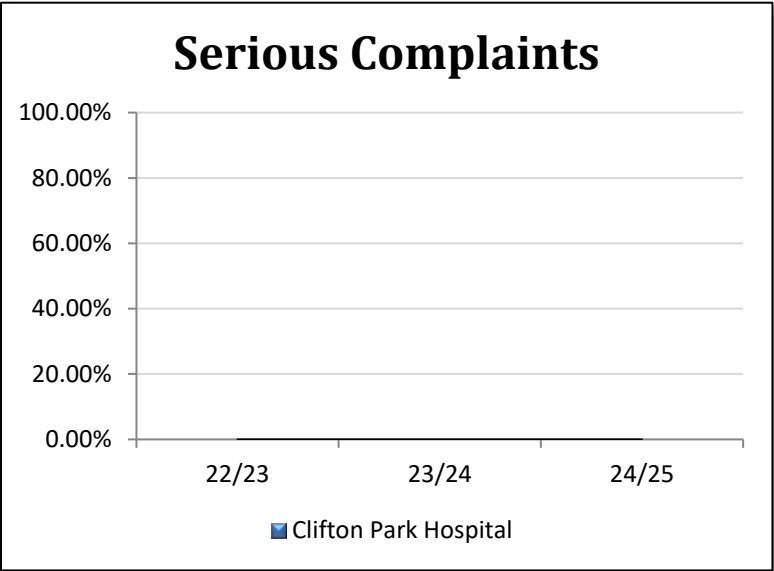
Clifton Park Hospital embodies just culture and PSIRF values.

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 complaint's procedures should our patients be unhappy with any aspect of their care.



Patient experiences are fed back 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.

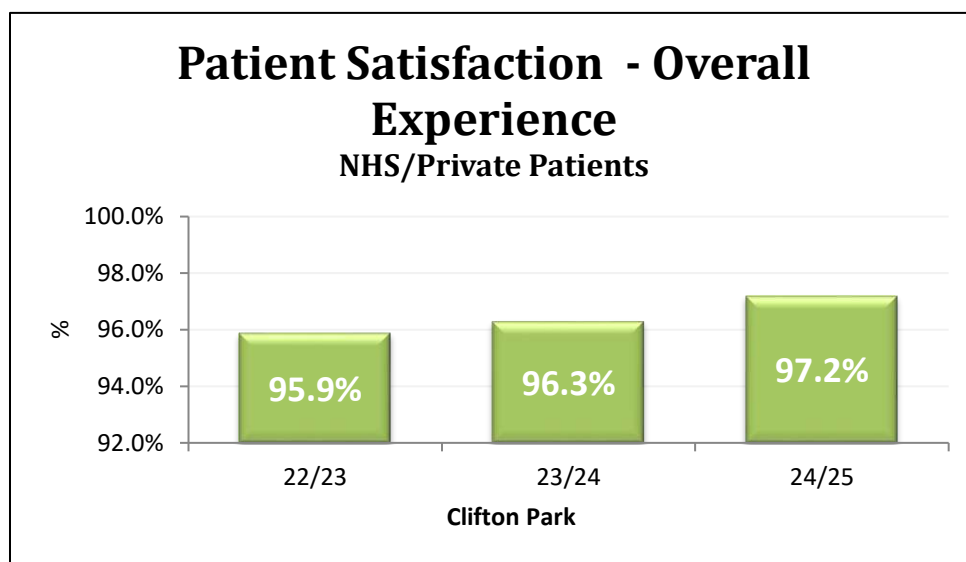
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 – patients are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

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 of the last year. This is due to encouraging patient engagement with feedback systems and patient participation.

As a continued area of focus, we actively encourage patients to complete feedback in order for us to ascertain the patients' perspective, and to help us to recognise where there is a further need for improvement. We appreciate that clear communication, high standards, meeting (or

indeed exceeding) expectations leads to a more positive patient journey and experience, which ultimately contributes to improved patient satisfaction ratings.

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

3.5 CLIFTON PARK Hospital Case Study

Clifton Park is committed to utilising patient feedback to guide quality improvement projects.

Patient X completed the Cemplicity feedback following surgery on the Day Unit.

They shared a poor experience of pain management due to Autism and misunderstanding of the VAS pain scores.

Clinical Governance contacted the patient to discuss their experience and during the course of the conversation the patient shared that they had felt discriminated against due to them being transgender.

The patient was transitioning from female to male, had completed 'top' surgery but still had female genitalia.

Following the telephone conversation the patient was invited into Clifton Park Hospital to discuss their patient journey and for us to learn from their experience.

The Clinical Governance Lead was unable to find any policy regarding the care of the Transgender patient for guidance and researched various resources prior to the meeting.

The patient was keen to assist in the development of an SOP for the care of transgender patients at Clifton Park Hospital and together they highlighted areas of psychological and physical safety that were missed during the patient's episode of care.

This included the area that the patient would be admitted to- the patient felt unhappy in the male bay, despite identifying as male as they still had female genitalia and a soft voice. They were concerned that other male patients may be uncomfortable hearing a feminine voice in the male area. They also felt uncomfortable using the toilet facilities in the male area.

The patient felt that being cared for in the female bays may be confusing and upsetting for elderly female patients.

During the admission process the Nurse did not ask if the patient was menstruating, if there was any possibility of pregnancy or if they had a tampon insitu. These are all vital safety questions that were never considered due to lack of understanding and education for the care of the transgender patient.

Patient X helped with the development of guidelines/SOP to ensure the emotional and safety needs of the transgender patient will be prioritised in the future.

Patient X also agreed to join our patient participation group to assist with the patient experience at Clifton Park Hospital and improve services.

The SOP has been developed and shared with the clinical team.

Appendix 1

Services covered by this quality account

Regulated Activities – Clifton Park Hospital Ltd

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Orthopaedic, Physiotherapy Cosmetics ENT and Plastic surgery Oral and Maxillo facial, Urology, Pain Management Vascular General surgery	All adults 18 yrs and over
Surgical Procedures	Ambulatory, Day and, Inpatient Surgery: - Orthopaedics; Plastic Surgery; General Surgery (hernia repairs); Oral and Maxillo-Facial, Pain Management Urology, Vascular & ENT	<p>All adults</p> <p>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, static MRI, On site plain x-ray, Phlebotomy POCT, Ultrasound Mobile, Urinary Screening and mobile CT Specimen collection.	All adults 18 yrs and over

Appendix 2

Clinical Audit Programme 2024/25

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme V17.3 July 2024 to June 2025 (list version) Adapted for Clifton Park Hospital

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Day Case Unit, Outpatients, Theatres, Physiotherapy, Radiology, MRI	Ward, Ambulatory Care, Theatres, Whole Hospital	Monthly	Month End	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month End	

IPC Governance and Assurance	IPC	Whole Hospital	July - September	End of September	
IPC Environmental Infrastructure	SLT	Whole Hospital	October - December	End of December	
IPC Management of Linen	Ward	Ward	August, February	End of August End of February	
Sharps	IPC	Whole Hospital	August, December, April	Month End	
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14 th and 28 th of Each Month	
50 Steps Cleaning (FR2)	Ward, Day Case Unit, Outpatients,	Ward, Ambulatory Care, Outpatients	Monthly	Month End	
50 Steps Cleaning (FR4)	Physiotherapy, Radiology, MRI	Physio, Pharmacy, Radiology	July, October, January, April	Month End	
50 Steps Cleaning (FR5)	SLT (Patient facing - reception, waiting rooms, corridors)	Whole Hospital	July - September	End of September	

50 Steps Cleaning (FR6)	SLT (Non-patient facing - offices, stores, training Rooms)	Whole Hospital	July - September	End of September	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July - September	End of September	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	October - December	End of December	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month End	
Patient Journey: Intraoperative Observation	Theatres	Theatres	July - September January - March (if required)	End of September No March Deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October - December April - June (if required)	End of December No June Deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July - September January - March	End of September End of March	
NatSSIPs Stop Before You Block	Theatres	Theatres	July - September January - March	End of September End of March	
NatSSIPs Prosthesis	Theatres	Theatres	July - September January - March	End of September End of March	

NatSSIPs Swab Count	Theatres	Theatres	July - September January - March	End of September End of March	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October - December April - June	End of December End of June	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October - December April - June	End of December End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October - December	End of December	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As Required	As Required	
Complaints	SLT	Whole Hospital	August - September February - March	End of September End of March	
Duty of Candour	SLT	Whole Hospital	August - September February - March	End of September End of March	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	Month End	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month End	

Privacy & Dignity	Ward	Ward	May - June (as required)	No Deadline	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September - October (as required)	No Deadline	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September - October	End of October	
Essential Care: Wound Management to be developed	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Resuscitation and Emergency Response	HoCS (to delegate)	Whole Hospital	July, October, January, April July - September January – March July - September January – March	Month End	
Medical Records - Therapy	Physio	Physio		End of September End of March	
Medical Records - Surgery	Theatres	Whole Hospital		End of September End of March	
Medical Records - Ward	Ward	Ward			

			July - September January - March	End of September End of March	
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July - September January - March	End of September End of March	
Medical Records - Radiology	Radiology	Radiology	July - September January - March	End of September End of March	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - NEWS2	Ward	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - VTE	Ward	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - Patient Consent	HoCS	Whole Hospital	October - December April - June	End of December End of June	

Medical Records - MDT Compliance	HoCS	Whole Hospital	July - September January - March	End of September End of March	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month End	
MRI Reporting for BUPA	MRI	Radiology	July, November, March	Month End	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month End	
No Report Required	Radiology	Radiology	August, February	Month End	
MRI Safety	MRI	Radiology	January, July	Month End	
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July - September January - March	End of September End of March	
Prescribing Supply and Administration	Pharmacy	Pharmacy	October - December April - June	End of December End of June	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month End	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month End	

Pain Management	Pharmacy	Pharmacy	October, April	Month End	
Medicines Governance	Pharmacy	Pharmacy	January - March	End of March	
Departmental Governance	Ward, Day Case Unit, Theatre, Outpatients, Physiotherapy, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October - December	End of December	
Safeguarding	SLT	Whole Hospital	December	Month End	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No Deadline	
Occupational Delivery On-site	HoCS	Whole Hospital	November - January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As Required	No deadline	
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April		
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	Month End	
Health & Safety and Facilities	SLT	Health & Safety	January - February	End of February	

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC28	Code for Clifton Park Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract

SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Clifton Park 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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