

# Cobalt Hospital

Quality Account  
2022/23



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Cobalt 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 Cobalt 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 did not 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 Manager

Mr Christopher Dean, Hospital Manager

Cobalt Hospital

I am pleased to present our Quality Account for 2022/23, which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and presents our priorities for 2023/24.

As with all healthcare providers, 2022/23 has focused on finding our “new normal” post pandemic, playing our part in tracking the long NHS waiting lists. We have maintained our commitment to focus on quality, continuous improvement and positive patient experience to ensure we continue to deliver excellent outpatient and day-case services to our patients, as well as showing significant support to the local trust and NHS as a whole

2022/23 has continued to see growth in GP referrals to all our services, and consistently high patient satisfaction levels and low rates of clinical incidents and complaints.

Our team is pivotal to delivering a quality service, we are committed to training, and developing our workforce and ensuring attitudes and behaviour are aligned to the Ramsay values and ‘The Ramsay Way’. We have focussed on our recruitment and increased our staffing levels to support the increased referrals seen over the last year.

Key achievements during 2022/23 include:

- All patient feedback mechanisms continue to show consistently high satisfaction rates of over 97% for satisfaction and recommendation.
- Low incident rates and low number of patient complaints.
- The continued development and enhancement of our safety agenda with the embedding of the Ramsay Health Care UK ‘Speak Up For Safety’ campaign, and the nomination of more members of the team to champion this.
- Maintaining ISO 27001 accreditation for information security.

- Maintaining Joint Advisory Group (JAG) accreditation for endoscopy services, with a successful submission in November of 2022.
- Establishing hospital 'champions' for dementia, mental health and wellbeing, privacy and dignity and health promotion. In addition, we have a Mental Health in the Workplace Champion' who along with 5 other members of staff have completed 'Mental Health in the Workplace Training'. We also have two Mental Health First Aiders, one Domestic Violence Champion and seven Health Advocates
- Continued compliance with Ramsay Health Care UK internal audit programme, which provides internal quality assurance for the services we provide.
- Development of a 3-year hospital strategy which includes a 3-year clinical strategy (2023/2026)
- Successful implementation of a full electronic patient record system, which supports clear pathways and governance of patient care.
- Working closely with NUT has allowed us access to their electronic patient record, giving us more information when assessing patient requirements and providing safe care.
- Registered with the North East 'Better Health at Work Award' achieving the Silver Level Award in 2022/23 with planned progression to Gold Level Award in 2023/24.

Our priorities for 2023/24, which include our response to the challenges we face following the global pandemic, are focused upon ensuring continuous improvement, creating services centred on the patient, getting it right first time and putting patient safety at the heart of everything we do. We will continue to focus on compliance with our internal clinical audit programme through "tendable", a real time audit programme. We will also be rolling out our new risk management tool Radar, which replaces our Riskman tool. Whilst our review of key performance indicators indicates good patient outcomes we will continue to look at other ways to measure health improvement gains with the support of our medical advisory committee which we are expanding to provide a wider input from our consultant colleagues

## 1.2 Hospital Accountability Statement

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

**Mr Christopher Dean**

**Hospital Manager**

**Cobalt Hospital**

**Ramsay Health Care UK**

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

Peter Hodgkinson – Medical Advisory Committee Chair

Jonathan Powell - Clinical Governance Committee Chair

Richard Scott Director of nursing (North) NENC ICB

Health Overview and Scrutiny Committee



# Welcome to Cobalt Hospital

Cobalt Hospital was built in 2005. The hospital is a single level building and is a modern, purpose-built unit designed for the diagnosis, assessment and treatment of conditions on a day case basis. We provide fast, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

## **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 a treatment / procedure room.
- Outpatient physiotherapy service.
- 2 operating theatres (1 dedicated to endoscopy and the other to day case surgical procedures).
- Recovery areas with 2 stage 1 recovery areas for patients having a general anaesthetic and 6 stage 2 recovery bays for ambulatory patients and patients having a local anaesthetic, comprising of 8 recovery areas in total.
- Free on-site parking
- Located within the Cobalt Business Park there is ample free car parking, good public transport links and easy access to main road networks.
- On site Sterile Services Department for the reprocessing of surgical instruments for both Cobalt Hospital and Tees Valley Hospital in Middlesbrough.

Cobalt Hospital currently provides NHS services for the following specialties: gastroenterology, endoscopy procedures, podiatric surgery, general surgery, orthopaedics, vascular surgery and plastic surgery. These specialities are also available to patients with private medical insurance and those who choose to pay for their treatment. We employ a private patient manager to guide patients through this pathway. We have continued to provide direct access services in endoscopy for gastroscopy and flexible sigmoidoscopy.

NENC Integrated Care Board (ICB) ( Newcastle Gateshead) continued to be our lead commissioner of NHS Services for 2022/23, on behalf of neighbouring ICB's, with regular service review meetings held to discuss performance.

Patients were referred and travelled from Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside, Gateshead and North Cumbria.

Referral to the hospital for NHS services is direct from GP via the electronic referral system (eRS) and we have dedicated eRS Co-ordinators and a GP Liaison Officer to facilitate the NHS referral process. We do not currently provide any outreach services.

During 2022/23, we delivered 5,141 - day patient procedures at Cobalt Hospital; the focus of the hospital continues to be on delivering NHS activity equating to 90.1% of admissions. Currently 8.36% of admissions are self-pay patients and 1.5% of our admissions are through private medical insurance.

We have maintained and strengthened our relationships with our local NHS Trusts and increased strategic networking with the local NHS Trusts. During the pandemic, in varying degrees, we have supported Newcastle Upon Tyne Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Gateshead Health NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust in delivery of both outpatient procedures and day case admissions to assist them in reducing their waiting times. Where possible, we will continue to support our local NHS Trusts moving into 2023/24 as part of their recovery plan in tackling waiting times with activity planned for endoscopy, urology and plastics/ dermatology. We will also continue to strengthen existing links and develop new links with our local Trusts, ICBs and referrers.

Our success is dependent on our staff and 2022/23 has seen an increase in the number of in terms of workforce, there are 60 contracted members of staff employed at Cobalt Hospital comprising of 65% clinical posts (excluding sterile services staff) and 35% supporting staff with a mix of full time and part time positions. With 82.75% of all patient facing clinical posts held by registered nurses, we have a registered nurse patient ratio of 2:6. As part of our team, we also directly employ 2 consultants (1 Consultant Gastroenterologist and 1 Consultant Anaesthetist) and have a further 26 visiting consultants with full practising privileges. Cobalt Hospital also employs bank staff to provide a greater flexibility in the workforce, which allows us to flexibly use our capacity and ensure our waiting times are kept to a minimum.

The breakdown of skill mix across the hospital is as follows:

- Ward skill mix RN 62.5%: HCA 37.5%.
- OPD skill mix RN 66%:HCA 33%
- Theatre skill mix RN/ODP 87.5%: HCA 12.5%.
- Endoscopy skill mix RN 75%: HCA 25%.

In addition, to the services we provide to our patients, Cobalt Hospital is also proud to say that we are involved in the local community and in national charities. In 2022/23, we sponsored the following local charities through fund-raising events:

- North East Homeless where we contributed to food bank as well as fund-raising to support the charity.
- Dementia Awareness
- MacMillan Cancer Support.
- “ My Autistic Wonderland Charity”
- Delivered education sessions at a local primary school

We will continue to support some of these charities during 2023/24 with activities being managed and monitored through the hospitals Employee Engagement and Innovation Group.

# Part 2

## 2.1 Quality priorities for 2023/24

### Plan for 2023/24

On an annual cycle, Cobalt 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)**

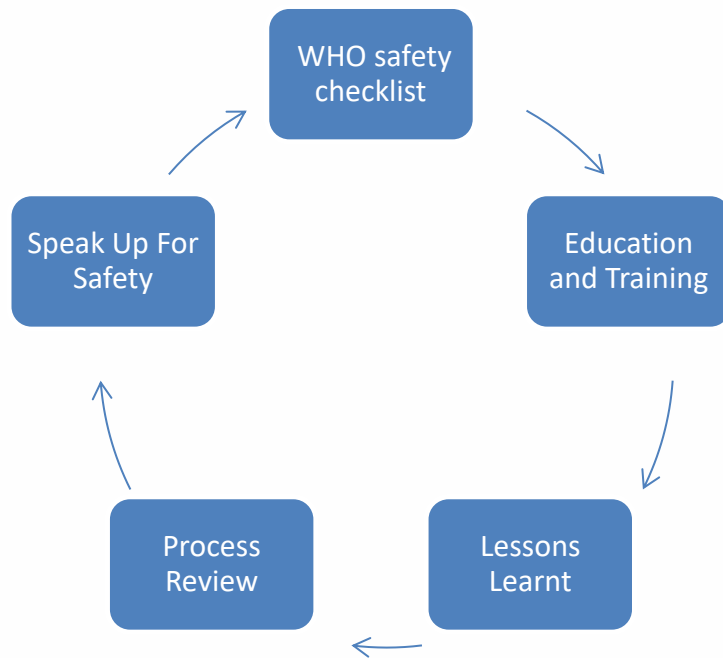
In 2022/23, we have continued to work in partnership to deliver high quality health and care through integrated services by rising to the challenges of restoring services, meeting new care demands and support the NHS and ICB to reduce the care backlogs that are a direct consequence of the pandemic. Securing a sustainable recovery will depend on a continued focus on the health, wellbeing and safety of our staff. While the future pattern of COVID-19 transmission and the resulting demands on healthcare remain uncertain, we know we need to continue to increase our capacity and resilience to deliver safe, high quality services that meet the full range of people's health and care needs. Our ability to fully meet the objectives is set out below and is linked to the ongoing level of healthcare demand from COVID-19.



## Patient Safety

### Reduce surgery related harm

One of our key priorities in 2022/23 was to ensure we continuously improve our approach to ensure safer surgery through better use of the checking process. We have successfully introduced an individual surgical brief for each patient to be discussed prior to every patient procedure alongside the use of the WHO Surgical Safety Checklist. This has reduced the risk and encouraged a safer culture by improving teamwork and communication, with every team member feeling confident to speak up and raise concerns on an individual patient perspective. To date we have not reported any never events or SUI's however, but it has raised awareness and resulted in appropriate incidents and near misses being reported, as an indicator of safety awareness. Figure 1 below shows the approach that has been used to support this.



**Figure 1: Projected Approach to Reduce Surgical Related Harm**

Practice was measured using quantitative and qualitative measure and monthly observational and documentation audits will be undertaken and reported on quarterly. Our aim was to have 100% compliance; we achieved 96.2% compliance to the audit programme at the end of quarter 4 in 2022/2023

Themes and examples of learning from incidents, near misses, speak up for safety documentation and observations have been fed back to staff at Head of Department meetings and departmental meetings from both site context and national levels. Site lessons learnt meetings have taken place to review incidents with the relevant staff members in attendance. As a resource for staff information has been displayed in the form of posters regarding the key patient checkpoints across the hospital which has reduced the risk of a never event happening. The posters have identified the four key touch points of the patient journey which highlight areas where lack of triangulation of key information at these key points in the patient journey has the potential to develop into a never event. The four key areas are reception and booking, pre-operative assessment, ward and theatre. Training has been delivered to all staff on the Ramsay Never event programme.

The Ramsay Health Care UK “Speak Up For Safety” campaign facilitated through the Cognitive Institute has played a key part in the success of this initiative and has helped facilitate a number of safety improvements including staff confidence in escalating any safety concerns.

## Clinical Effectiveness

Patient care and treatment was planned and delivered in line with current evidence based guidance, standards and recommendations. Clinical effectiveness can be defined as the extent to which specific clinical interventions achieve what they are intended to achieve, in practice; clinical effectiveness is about developing and delivering high quality care. Ideally, this should involve using the best available research evidence, together with clinical expertise and patient involvement. Our aim was to improve clinical effectiveness through benchmarking, audit, and continuous improvement based on identifying and sharing good practice. Ensuring our clinical workforce possesses the range of skills to audit, action plan and evaluate care across a broad range of specialties is paramount to drive patient improvement plans. There has been an increased focus on delivering improved outcomes that are patient reported. This has been monitored and discussed in the Medical Advisory Committee and the Clinical Governance Committee and sub groups within the hospital. Review of new Policies and the development of standard operating procedures have also been discussed.

### Increased use of digital and IT systems

We want to ensure we are at the forefront in the adoption of technologies that support our patients, consultants and staff. Using digital technologies to transform the delivery of care and patient outcomes and making the most effective use of resources using what we have learnt through the pandemic to rapidly and consistently adopt new models of care that exploit the full potential of digital technologies

There has been a range of opportunities available to us through the use of digital technology and innovation from transforming how we provide outpatient services through to and technological the use of video consultations and remote monitoring, to changing how we provide information to patients about what they can expect from their surgical procedure. Our Digital Strategy describes how we will transform our IT systems across our organisation to improve access to health information. We have used a 'digital first' approach to working beyond our hospital walls. Within the lifetime of this strategy we have become paper-lite with the implementation of Maxims an Electronic Patient Record (EPR) in November 2021 this enables our consultants to have remote access to our patient records increasing efficiencies and information. The implementation of EPR has seen a significant reduction in the time taken to input data, supporting processes that are more effective. Rapid access to information, in one place, as clinical teams need it, wherever they are.

As part of the monitoring of the patient information and increase of user knowledge of Maxims, a business as usual audit has been undertaken for compliance, we have continued to monitor the information compliance during 2022/23. One area of continued monitoring will be with regards to VTE compliance, our aim was to have an overall compliance record of 100% for each month. Changes in our Maxims system regarding the areas and access to VTE meant that we did not always achieve 100% monitoring compliance; however, during Quarter 4 2022/23 we achieved an average of 99% each month.

Other documented compliance factors monitored has been the procedures performed and discharge information capture. This has improved efficiencies and flexibility for our patients, which has enabled us to increase our double theatre utilisation to twice monthly during 2022/23 staffing dependant. This has been discussed weekly at the Capacity meeting from an activity and clinical speciality perspective. Already in place and commenced in 2021 is Health Edge a new track and traceability system for all our endoscopy decontamination and Sterile Services Departments. Medilogic a new endoscopy reporting programme for 2022/23 has been introduced, this is consultant led and has fed directly into the National Endoscopy Data base as well as the hospital EPR system. This has reduced the potential for errors in reports not being attached to the correct patient, as there will be no manual entry required.

We have commenced on site use of CMM for all pharmacy ordering for the hospital in order to achieve this we have a dedicated employed pharmacy technician. We successfully recruited a part time pharmacist to monitor and ensure pharmacy governance and policy compliance.

There are numerous mobile phone digital opportunities available to us and all staff now have access to mobile phone apps and a new organisational HR platform "Workday". This system has been rolled out over 2022/23 it has enabled line mangers to maintain an up-to-date record of staff HR information and access training opportunities/ records and work rosters all in one place.

### Staff training and development

In 2022/23, we have continued to engage with our workforce through face-to-face training sessions, staff forums and the re-launch of our Employee Innovation Group (EIG). We have invested in our workforce and have allocated dedicated protected time every month to have a staff forum, which includes an educational session alongside a Hospital Manager and clinical update. In addition, we have encouraged our staff to attend the monthly GP education events delivered by the surgical consultants who operate at Cobalt Hospital. The latter has enabled staff to increase engagement with the consultants, increasing the information regarding practice, which has led to improved patient outcomes, whilst providing networking opportunities with local GP community.

We have also placed a strong emphasis on staff compliance with mandatory training; maintaining an overall compliance level to over 95% has ensured the hospital is in the top quartile regarding performance against this key performance indicator. We have ensured that all staff who undertake a link nurse role such as IPC and OH have attend the annual updates to ensure best practice is adhered to. We have ensured the best possible care for patients who might require emergency care as all relevant clinical staff have undertaken ILS and another two staff undertaking the ALS course.

We have encouraged shadowing opportunities and cross team/cross profession working to stretch and develop skill-sets, broaden skills and leadership capabilities and increase knowledge to support career progression. We have liaised with Northumbria University to ensure sufficient clinical placement capacity to enable students to be allocated to Cobalt hospital; and ensured that the clinical staff have the training to support the students during their placements.



## Out- Patient Processes

Services have been planned to meet the needs of the local population, which included flexibility and choice, focusing on the needs and expectations of people using our services. All referral times have allowed patients to be seen quickly for appointments and adjustments made to support vulnerable patients. Improvements in communication between clinical, medical staff and patients has ensured that all care needs have been addressed, reducing cancellations and complaints. The gains from working more efficiently has improved the patients care experience, this has been achieved through; increasing the amount of planned/scheduled care by organising service delivery so that a patient need can be met on one visit to a clinical service not multiple visits to different places. Thus, reducing the number of 'handovers' in a patient's pathway and enabling the prediction at an earlier stage which tests will be required. We have continued to expand our reach to the local communities through our reputation for excellence in care, we have equipped ourselves to meet the changing demographics and health challenges in society.

In 2022/23, we have reduced the outpatient attendances with further reductions planned over the next 12 months. To achieve this target we will aim to move away from routine follow-up appointments by offering open access to clinics as and when needed for patients, offer One Stop Clinics to reduce the number of times a patient needs to visit an acute setting by providing advice, guidance and routine screening all on the same visit. We continue to offer choice of appointment and access to digital clinics to assist in patient choice regardless of whether they are at home or in work. We have streamlined patient appointments and care pathways to ensure a more standardisation is established to remove follow-ups where there is no evidence base to suggest that they are needed

In addition to the above, we have created a designated outpatient department and pre assessment team and have provided additional resources / training for both registered nurses and health care assistants in the pre assessment process. This ensured a grow in the substantive workforce and work differently to accelerate plans, providing an opportunity to review the Pre-Assessment process to incorporate a more efficient patient pathway, reducing the need for patient to have multiple appointments when having a telephone assessment will commence. The introduction of EPR has changed the way we staff and manage our services within pre-assessment.

## Patient Experience

Patient satisfaction is a key determinant of the quality of patients care and experience. We are dedicated to providing patients with the opportunity to feedback and this real customer experience and patient feedback is multifaceted and is a very challenging outcome to define. By listening to the thoughts and views of our patients and service users, treating our patients with compassion, dignity and respect, has resulted in a positive effect on recovery and clinical outcomes. Patient expectations of care and attitudes greatly contribute to satisfaction and ultimately influencing patient satisfaction scores.

Review of patient satisfaction surveys and friends and family results has been disseminated to all staff and discussed at the Customer Focus meeting, thus providing an arena to discuss and identify those areas where corrective action is to be undertaken resulting in a reduction of complaints and to maintain or improve the satisfaction levels of patients and Consultants. We have also enabled staff to have a greater understanding of patient expectations and respond accordingly. In conjunction with this, we have been able to empower and support people to take control of their own health and wellbeing.

We have increased staff awareness of the importance of the employee/patient relationship and provided all staff on a monthly basis with a breakdown of the patient satisfaction report to acknowledge their input and influence on the results.

## Cemplicity

We have thoroughly reviewed each quarterly 'Insights' focused report when they are published and circulated. Action plans have been put in place from the recommendations in the report and learnings from our high performing sites; evidence of this has been demonstrated in improvement in our patient feedback scores. As email is the method of communication with patients for our Cemplicity responses, we will aim to increase our response rate by ensuring we capture every patient email, our capture rate at present is for 2021/22 was 59.7%. We have increased our capture rate by 14.8% to achieve a capture rate of 74.5% this is a huge improvement and something we will hope to continue to improve on in 2023/24. We now have in place a designated information display board for patients with a "you said, we did" section to demonstrate to patients that their feedback is listened to and actioned.

## Service Improvements

We believe that for patients and service users to fully understand and participate in quality improvement projects and initiatives we have undertaken a consultant survey in 2022/23 this will provide opportunities for our stakeholders to become involved in enhancing the and improving our services for our patients and experiences for our stakeholders. Working in partnership to make the most effective use of the resources available to us for all of the services we provide to get above pre-pandemic levels of productivity.

We have undertaken an observational audit across site conducted by staff from different departments observing a department they did not work in: department review basis provided a staff overview of the patient perspective regarding the patient journey/experience. This feedback is crucial and allows us to continually improve the services we deliver by helping us to learn how we can do better.

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

Every year we set quality priorities, which represent areas where we would like to see improvement over the course of the next year. For 2023/24, our priorities are aligned to the clinical strategy 2023-2026 with four themes. They are based on the output of our learning from our internal clinical audit programme, national audit data, reviews from adverse events and listening to and reviewing patient feedback. We are confident that our commitment to quality improvement means our staff and leaders have the right skills to lead on improvement and support the clinical priorities.

**Patient experience:** To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support. To provide high quality services through optimising the use of our resources.

**People:** Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

**Partnerships and systems:** Working with partners to provide the right care and support, in the right place, at the right time.

**Performance:** Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm. Ensuring all our patients have access to the care they need to ensure they have the best chance of getting a good outcome.

# Cobalt Hospital - Clinical Strategy 2023 – 2026

## Our Clinical Vision

To provide assurance for staff, the public and partners on the direction and key priorities for Cobalt Hospital focusing on the growth of safe and sustainable day case services whilst delivering excellence in patient experience and health outcomes.

## Our Priorities

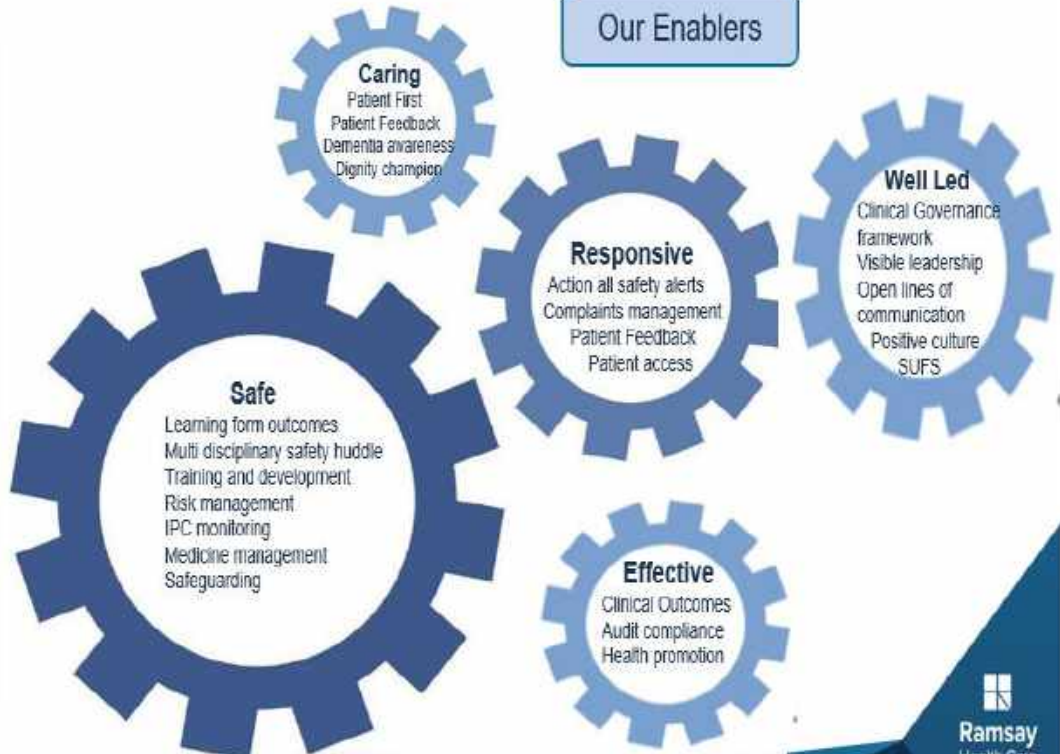
**Patients** We will value each person as an individual and treat them with dignity and respect

**People** We will have skilled staff working as one team and recognise we all add value

**Partnerships** We will invest in integrated and collaborative working relationships to offer high quality accessible health care

**Performance** We will take responsibility to deliver safe high quality care through a robust governance framework

## Our Enablers



## Patient Experience

### Improving overall patient experience as measured by the Friends and Family Test (FFT), Cemplicity, Reputation.com, PROMS and NHS choices

We will always put our patients first so patients can have a positive experience of care and support seeking to understand what our patients want is pivotal to service development. Patient feedback about their care experience and the environment can come in many formats from complaints to compliments, in order to capture this. Cobalt hospital utilises a multi-modal approach from gathering paper surveys (Friends and Family Test), electronic surveys and Quick response (QR) code capture and uniform Resource Locators (URLs) to ensure accessibility and inclusivity for all patients.

#### Objectives

- Improve waiting times through more efficient use of resources.
- Review surgery schedules.
- Review the pre-admission process.
- Review and respond to comments posted on NHS Choices.
- Re-furbish the hospital reception area and outpatient area including upgraded signage (deferred in 2020 due to COVID-19 pandemic).
- Gain/maintain a five star rating.
- Introduce a patient participation forum
- Continue our “you said we did” patient comment action plan

## Patient Safety

### Reduce surgery related harm, staff training and development; reduce harm from unrecognised deterioration, increased hospital communication

Embedding a safety culture within the hospital through implementation of the National Patient Safety Strategy is paramount to sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm. It is imperative that contemporaneous record keeping is practiced and encouragement of timely reporting of incidents on the day of occurring is undertaken to respond and action quickly.

#### Objectives

- Monthly surgical safety compliance observational and document audits undertaken and will be reported on quarterly.
- Implement themes and examples of learning from incidents.
- Staff attendance at the monthly clinical referrer education events.
- Speak Up For Safety – train the trainer
- To successfully implement RADAR a new incident reporting system
- All staff to attend a face-to-face training session on dementia awareness

## People

**To have a compassionate and inclusive workforce where every voice is heard, where training and development opportunities are provided and good work is recognised and acknowledged**

It is accepted that healthy workplace cultures in Health Care organisations are crucial to ensuring the delivery of high quality patient care and that staff are most engaged in their roles when they have a degree of authority and control over their work and environment, as well as the opportunity to stretch themselves and to develop. There are three key areas of focus being undertaken in 2024/25 to help understand and create an inclusive, compassionate and high performing culture where staff can thrive and be their best; an annual staff survey, a staff health needs analysis survey and encouraging the use of the Speak Up For Safety Code.

### Objectives

- Equipment assessments to ensure everyone has access the right equipment needed to fulfil their role
- Timely completion of rosters to ensure that the staff rota is mindful of a good work life balance
- Training and development opportunities about career development is communicated to all staff
- Developing talent management and succession planning – focussing appraisals on personal development and career planning
- Improve the health and wellbeing of staff through increased access to support through the Better Health At Work campaigns
- Attendance at Speak Up For Safety training so everyone feels safe to speak up for concerns
- To have a dedicated Professional Nurse Advocate
- To encourage use of the “staff discharge board”



## Partnerships/systems

**Increasing capacity and resilience to Work in partnership with the local Trusts and ICB's to deliver safe, high quality services that meet the full range of people's health and care needs.**

It is critical that as an independent health care provider we have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS and Private Health Care, such as increasing population needs, advances in technology, workforce and financial challenges.

Future commissioning requires that services are integrated and of high quality, providing value for money with a focus on prevention as well as innovation. The future transformation in the provision of health care will require providers to identify productivity and value for money arrangements that allow all healthcare providers to meet the demand placed on it by doing more for less whilst improving the quality of service offered to patients. Commissioners will expect providers to play their part in delivering new pathways, supporting preventative strategies and implementing models of care, which improve system efficiency and effectiveness and avoid unnecessary secondary care attendances and admissions.

In 2023/24, we will continue to work in partnership to deliver high quality health and care through integrated services by rising to the challenges of restoring services, meeting new care demands and support the NHS and ICS to reduce the care backlogs that are a direct consequence of the pandemic. Securing a sustainable recovery will depend on a continued focus on the health, wellbeing and safety of our staff. While the resulting demands on healthcare remain uncertain, we know we need to continue to work with our partners to provide the right care and support, in the right place, at the right time.

### Objectives

- Review acuity and capacity to focus on commissioning whole pathways of care to facilitate greater integration
- Engage in regular communications with Trusts and ICB's to improve implementation of pathways
- Attendance at Quarterly Quality meetings
- Continue to improve system efficiency and effectiveness and avoid unnecessary secondary care attendances and admissions.

# Performance

**We will continue to participate in local and national audits and improve the management of our patient journeys through the utilisation of evidence-based practice.**

Reliable high-quality care should be safe, effective, and available for all patients and that there is evidence to demonstrate this. Fundamental to this is having a robust clinical governance framework to enable the monitoring and evaluating of the provision of personal high quality and safe care. We aim to deliver high quality outcomes and an excellent patient experience through managing risk by setting standards, auditing practice, implementing change where indicated and delivering the right care for every individual patient all of the time. Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm.

## Objectives

- Increase/Maintain our data collection for Patient Recorded Outcome Measures (PROMS)
- Maintain our data collection for Breast Implant Registry (BIR).
- Benchmark against the relevant independent sector acute providers through PHIN
- Complete 100% of all applicable clinical audits
- Develop local audits
- Review OPD appointments – one stop assessments
- Improve the pre-assessment process



## 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 Cobalt Hospital provided and/or subcontracted five NHS services. (See appendix 1). Cobalt 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 31 March 2023 represents 100% per cent of the total income generated from the provision of NHS services by Cobalt Hospital for 1 April 2022 to 31 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:

<b>Human Resource</b>	
Staff Cost % Net Revenue	36.6%
HCA Hours as % of Total Nursing	23.3%
Agency Cost as % of Total Staff Cost	1.5%
Admitted Care Hours Worked PPD	11.8%
Staff Turnover	16.7%
Sickness	6.19%
Appraisal %	90.20%
Mandatory Training %	97%
Staff Satisfaction Score – 2022 Survey	Staff engagement 55% enablement score 63%
Number of Significant Staff Injuries	No significant staff injuries reported
<b>Patient</b>	
Formal Complaints in year (NHS)	5
Patient Satisfaction Score (FFT)	99% 46% response rate
Significant Clinical Events	0
Readmission per 1000 Admissions	0
<b>Quality</b>	
Infection Control Audit Score	100%
Consultant Satisfaction Score	Results will be available from the end of June 2023

## 2.2.2 Participation in clinical audit

During 1 April 2022 to 31 March 2023, Cobalt Hospital participated in two national clinical audits and has not participated national confidential enquiries of the national clinical audits and national confidential enquiries, which it was eligible to participate in. The national clinical audits and national confidential enquiries that Cobalt Hospital participated in, and for which data collection was completed during 1 April 2022 to 31<sup>st</sup> 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.

### **Breast and Cosmetic Implant Registry (BCIR)**

Cobalt Hospital submits data to the BCIR as a provider of breast implant surgery. The confidential information allows patients to be traced if they are affected by safety concerns. The Clinical Governance Committee and Cobalt reviewed the reports of the two national clinical audit from 1st April 2022 to 31st March 2023. Cobalt Hospital intends to take the following actions to improve the quality of healthcare provided.

We have significantly improved our participation rates for preoperative surveys for carpel tunnel and breast augmentation by consultant engagement with patients preoperatively. However, it has been identified that completion rates for post-operative surveys are low so meaningful data on health improvement outcomes is limited. We have incorporated the PROMS data collection in the weekly 'Capacity Management Meeting' template to highlight any data required on a daily basis; this is also a feature on the daily morning staff huddle template. PROMS forms are given to patients in the pre-operative assessment clinics so the patients have time to read and digest the information prior to admission. We have also reviewed the hospital data collection in a separate data collection file that acknowledges patients who decide not to enter the PROMS data collection. We will continue to look at new initiatives to capture this data with the surgeons involved in the coming year ahead.

<b>Rolling year 2022/23</b>	<i>Pre op response rate</i>	<i>Post op response rate</i>	<i>Health Gain</i>	<i>?Outlier</i>
<b>Carpel tunnel</b>	71%	14%	28.6	<i>Higher than national average, but not an outlier</i>
<b>Breast Augmentation</b>	90%	82.9%	50.2	<i>Higher than national average, but not an outlier</i>

## Local Audits

The Clinical Governance Committee reviewed the reports of Cobalt Hospital local clinical audits from 1st April 2022 to 31st March 2023 and Cobalt Hospital intends to take the following a number of actions to improve the quality of healthcare provided.

Compliance to the audit programme and review of action plans need to be more robust with clear time frames for improvement and responsibilities assigned. Further staff training in data collection and submission will be provided as required. The senior clinical team and audit champion will monitor action plans to ensure effectiveness

Our focus for 2023/24 is to maintain improvements across all audits, and develop local audits as required and in particular, 'did not attend' (DNA) rate for endoscopy and antimicrobial stewardship with regard to the prescribing of antibiotics for surgical site infections. We will continue to report on mandatory clinical audits. The clinical audit schedule can be found in Appendix 2.

### 2.2.3 Participation in Research

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

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

Cobalt Hospital income from 1 April 2022 to 31<sup>st</sup> March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. Due to COVID -19 all CQUIN data collection ceased. There are no CQUIN schemes for 2023/24 as NHS focus is on the recovery plan.

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

Cobalt Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2023 is registered with the CQC for surgery, outpatients and diagnostics. Cobalt Hospital is not registered for patients under the age of 18 nor as an accident and emergency facility. Cobalt Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

Update calls were held with the CQC relationship manager as part of the 'Transitional Monitoring Arrangement' and in advance of the CQC re-launching its new Direct Monitoring Approach strategy and revised inspection regime for 2023/24 and beyond.

## 2.2.6 Data Quality

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

Reliable information, and the quality of the underlying data that supports it, is fundamental to deliver effective treatment of patients. Cobalt hospital will be taking the following actions to improve data quality.

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.

Cobalt Hospital will be taking the following actions to improve data quality: -

- Review processes to ensure the accuracy of any personal data we obtain in relation to GPDR.
- Commencement of a Data Protection and Information security working group
- Participation in a Business As Usual electronic patient record audit
- Routine audit and management of patient records.
- Ensure the data collected is fit for purpose with timely collection and monitoring.
- All relevant data will be collected with no omissions.
- Implement actions/recommendations from the annual information security review.

### **NHS Number and General Medical Practice Code Validity**

Cobalt 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:

- 99.1% for admitted patient care;
- 98.3% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 99.5% 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#historic-dqmi-publications>

### **Information Governance Toolkit attainment levels**

Ramsay Health Care UK Operations Ltd submitted its response on 21/06/2022. The status is 'Standards Met'. The 2022/2023 submission is due by 30<sup>th</sup> June 2023.

This information is publicly available on the DSP website at:

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

## Clinical coding error rate

Cobalt Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission, 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
Cobalt NHS TC	June 23	100%	98.58%	100%	100%

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

## 2.2.7 Stakeholders views on 2022/23 Quality Account

### Commissioner Statement from North East and North Cumbria Integrated Care Board (NENC ICB) for Cobalt Hospital, Ramsay Health Care Quality Account 2022/23

North East and North Cumbria Integrated Care Board (NENC ICB), is committed to commissioning high quality services from Ramsay Health Care at Cobalt Hospital and take seriously the responsibility to ensure that patients' needs are met by the provision of safe high-quality services and that the views and expectations of patients and the public are listened to and acted upon. The ICB welcomes the opportunity to review and comment on the 2022/23 Quality Account for Cobalt Hospital.

The ICB acknowledges that this has been another challenging year, as the NHS continued its recovery from the pandemic and the impact of unprecedented industrial action. The commissioners have worked collaboratively with Cobalt Hospital and would like to commend them for the invaluable support they have provided to local NHS Trusts as part of the NHS elective recovery programme to reduce waiting times. The ICB would also like to extend their sincere thanks to Cobalt Hospital and their staff for the excellent commitment and dedication demonstrated throughout these difficult times and for ensuring that patient care continued to be delivered to a high standard.

The quality account provides a good description of the quality improvement work undertaken by Cobalt Hospital and an open account of where improvements from the priorities have been made.

The ICB congratulates Cobalt Hospital for achieving their priority for reducing surgery related harm with the successful introduction of an individual surgical brief for each patient discussed alongside the WHO Surgical Safety Checklist. The wider improvements to team working and communication empowering every team member to speak up and raise concerns, and the increased awareness to report incidents and near misses, is to be commended.

Cobalt Hospital's priority for the increased use of digital and IT systems demonstrates their commitment to use digital technologies to transform the delivery of care, improve patient outcomes and use resources effectively. The ability to adopt new models of care to exploit the full potential of digital technologies as described in their quality account is to be praised.

The ICB supports Cobalt Hospital's work through their staff training and development priority and applauds the varied opportunities available to staff to improve their skills and knowledge, whether through the face-to-face training sessions, staff forums Employee Innovation Group, monthly GP education events or shadowing opportunities and cross team/professions working. Cobalt Hospital should be congratulated for providing these opportunities and for their excellent mandatory training compliance.

The changes made through Cobalt Hospital's out-patient process priority is to be commended. The ICB notes the improvements made to offer flexibility and choice in a timely manner, with adjustments made where appropriate. The ICB recognises the steps taken by Cobalt Hospital's staff to change how they work whilst ensuring all care needs are addressed, to ensure that patient care experience improves and to ensure that resources are used efficiently, specifically moving to single visits to a clinical service instead of multiple visits. The ICB supports Cobalt Hospital's plans for the next 12 months and looks forward to hearing the outcome from this work.

The ICB recognises Cobalt Hospital's commitment to obtaining, sharing, and acting on customer experience/patient feedback through their patient experience priority. The impact of this is demonstrated by the reduction in complaints and consistent high satisfaction levels. The ICB notes that Cobalt Hospital achieves high satisfaction scores in the Friends and Family Test, with 100% of patients recommending services to their family and friends in February 2023. The ICB supports Cobalt Hospital's intention to continue to maintain patient satisfaction in their services.

The ICB congratulates Cobalt Hospital for the work completed as part of their service improvement priority and their commitment to continuous improvement, as demonstrated through the use of a structured clinical audit programme and their real time audit programme 'Tenable'. It is noted that Cobalt Hospital continues to submit data to the Private Healthcare Information Network (PHIN) and has participated in two national clinical audits. Cobalt Hospital is also rolling out anew risk management tool, Radar, replacing the current Riskman tool.

The ICB would like to congratulate Cobalt Hospital and their staff for the excellent achievements in 2022/23, including maintaining JAG accreditation for endoscopy services, ISO 27001 accreditation for information security and establishing a range of 'champions' including Mental Health First Aiders and a Domestic Violence Champion. The ICB congratulates Cobalt Hospital for achieving the North East 'Better Health at Work Award' Silver Level Award in 2022/23 and supports their plan to progress to Gold Level Award in 2023/24.

The ICB commends Cobalt Hospital for their involvement with the local community and national charities and note that several local charities will continue to be supported in 2023/24.

The ICB welcomes the four quality priorities set for 2023/24 and considers that these are appropriate areas to target for continuous evidence-based quality improvement and link well with the commissioning priorities.

The ICB can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of Cobalt Hospital's performance for 2022/23. It is clearly presented in the format required and contains information that accurately represents their quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year. The commissioners look forward to continuing to work in partnership with Cobalt Hospital to assure the quality of services commissioned in 2023/24.

Richard Scott Director of Nursing (North)  
NENC ICB

June 2023



# Part 3: Review of quality performance 2022/2023

## Ramsay Clinical Governance Framework 2022/23

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

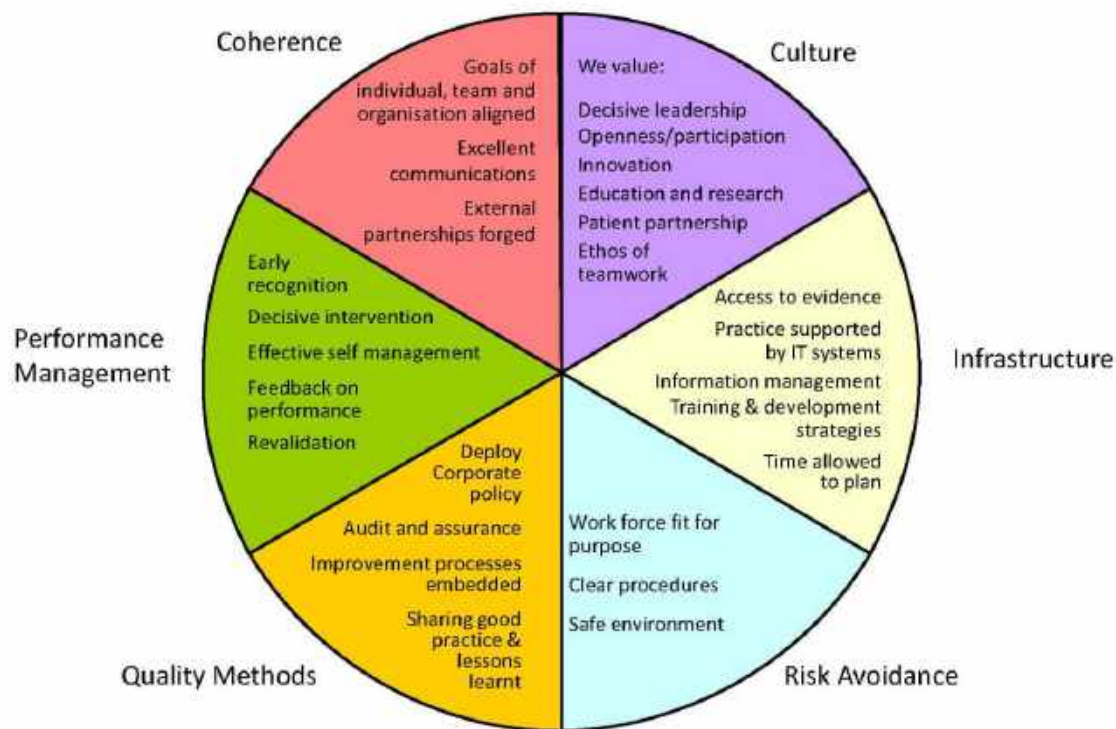
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

## Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

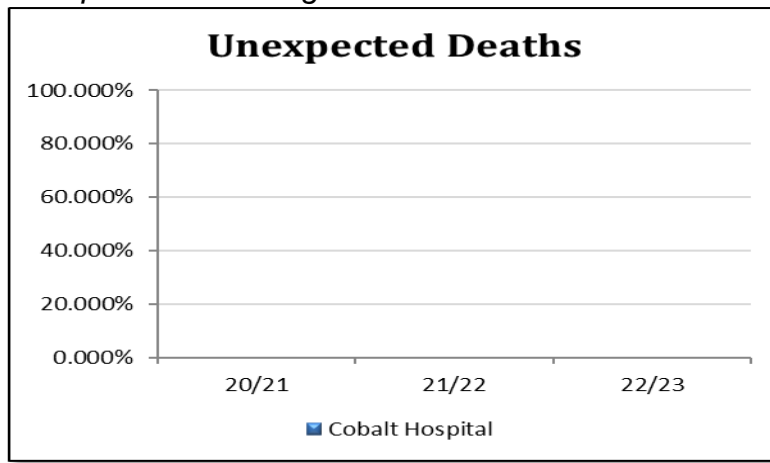
### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best	Worst	Average	Period	Cobalt	
	Apr20 - Mar 21	RRV	0.6908	RM1 1.201	Average 0.0078	21/22	NVC29 0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH 2.1583	Average 1.0965	22/23	NVC29 0.0000

The Cobalt Hospital considers that this data is as described for the following reasons; there have been no deaths at Cobalt Hospital.

Rate per 100 discharges:



#### National PROMS

PROMS: Hips	Period	Best	Worst	Average	Period	Cobalt	
	Apr19 - Mar 20	NTPH1	25.5465	NT411 17.059	Eng 22.6867	Apr19 - Mar 20	NVC29 no data
	Apr20 - Mar 21	NV302	25.7015	NVC20 17.335	Eng 22.9812	Apr20 - Mar 21	NVC29 no data

PROMS: Knees	Period	Best	Worst	Average	Period	Cobalt	
	Apr19 - Mar 20	RR7	20.6878	R1K 12.6215	Eng 17.4858	Apr20 - Mar 21	NVC29
	Apr20 - Mar 21	NVC23	20.2502	RXP 11.9159	Eng 16.8858	Apr19 - Mar 20	NVC29

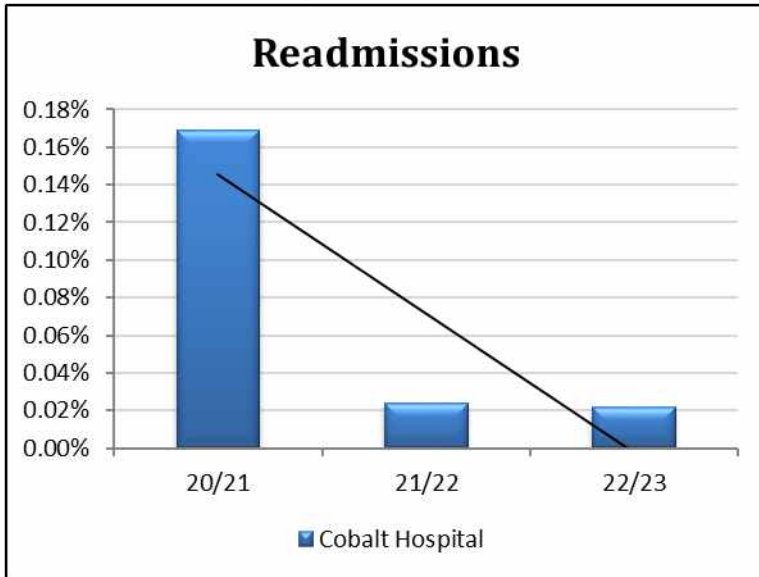
The Cobalt hospital considers that this data is as described for the following reasons. Currently no hip or knee replacement surgery is undertaken.

## Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Cobalt	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC29	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC29	0.00

The Cobalt hospital considers that this data is as described for the following reason, Cobalt hospital is a day-case facility, the data is no longer reported and there is no data collected after 2019/20

Rate per 100 discharges:



## Responsiveness to Personal Needs

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

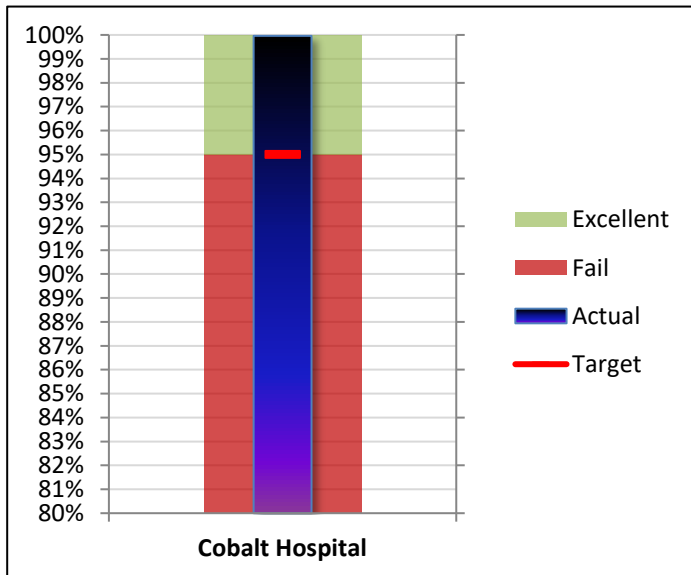




Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period April 2022 - March 2023:

### VTE Risk Assessment

VTE Assessment:	Period	Best	Worst		Average		Period	Cobalt	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC29
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC29	100.0%



The Cobalt Hospital has taken the following actions to improve this percentage and so the quality of its services, by training all clinical staff to monitor and submit data according to patient need and VTE assessment requirement. The Head of Clinical Services on a monthly basis will monitor this.

**C difficile infection**

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Cobalt	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC29	0.0
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC29	0.0

The Cobalt Hospital considers that this data is as described for the following reasons; there have been no reported cases of Clostridium Difficile in the hospital.

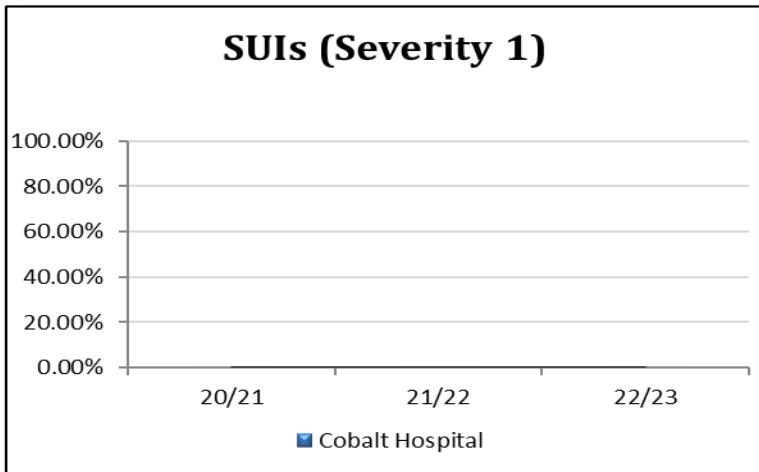
The Cobalt Hospital has taken the following actions to maintain this percentage, and so the quality of its services, by continued levels of infection prevention and control surveillance and continued promotion of hand hygiene.

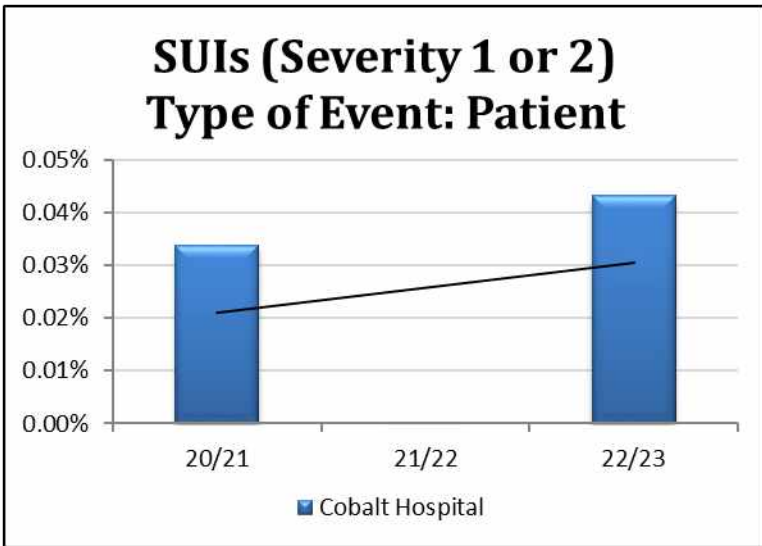
**Patient Safety Incidents with Harm**

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Cobalt	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC29	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC29	0.00

The Cobalt Hospital considers that this data is as described for the following reason, no SUI severity 1 incidents have occurred during this reporting period. The Cobalt Hospital intends to take the following actions to maintain this number, and so the quality of its services, by ensuring compliance to policy procedure and guidance. Through disseminating and sharing learning from all national lessons learned.

*Rate per 100 discharges:*





### Friends and Family Test

F&F Test:	Period	Best	Worst		Average		Period	Cobalt	
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC29
Feb-22	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC29	100.0%

The Cobalt Hospital considers that this data is as described for the following reasons; the results reflect the monthly data received, Cobalt Hospital has had a drive to encourage patients to complete a scorecard.

The Cobalt Hospital intends to take the following actions to maintain this percentage, and so the quality of its services through continuing to encourage patients to complete the documentation whilst visiting the hospital. Ensuring that patients have been asked to complete the documentation in a timely manner. The F&F Test has been made available to all patients to access via a mobile device using a QR code.

### 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 become known 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

Cobalt 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 monitored.

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

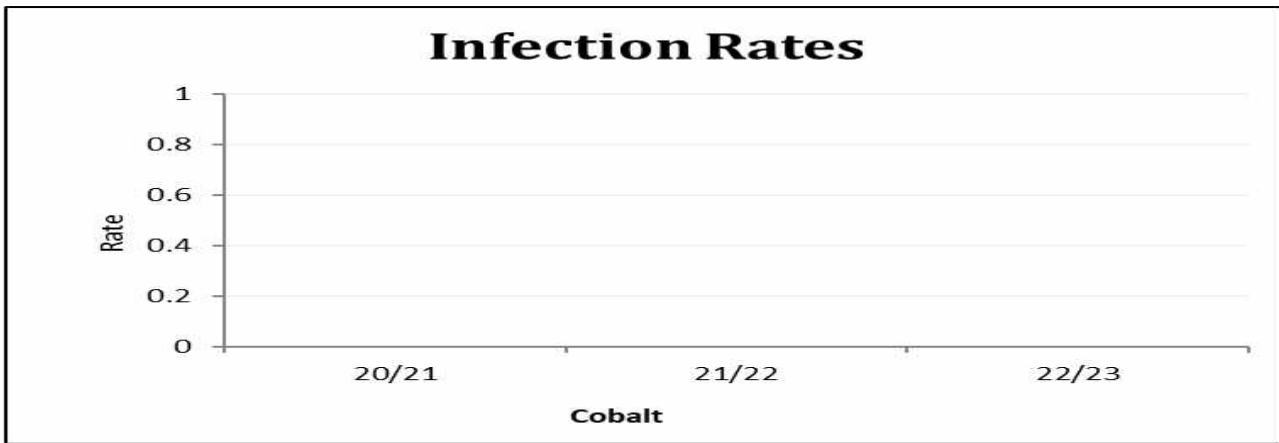
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

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

The infection control link nurse has provided training in hand hygiene to all staff and completes a hand hygiene training session during staff induction days for all new staff. Hand hygiene monthly audits are undertaken to monitor compliance. The consultant microbiologist will continue to provide training sessions for the infection control link nurse and relevant staff on a number of subjects including effective observational audit techniques in relation to hand hygiene. We hold a quarterly infection prevention and control committee meeting attended by the microbiologist.

- We have an infection prevention and control development-monitoring group, which meets monthly, ensuring there is a constant focus on guaranteeing the basics of infection prevention are communicated and understood.
- Ensuring a detailed risk assessment is in place and monitored regularly which is based on learning from incidents and national guidance.
- Continuing focus on antibiotic stewardship to optimise practice and patient outcome through audit, monitoring antibiotic prescribing.





The above graph demonstrates the infection rates based on only NHS patients, previously both NHS and private patient infection rates were recorded as numbers were very low. Patients presenting with signs of an infection are logged on our reporting system and is reviewed by the infection control link nurse and a root cause analysis completed to determine any possible trends. Results are presented at our monthly infection prevention and control development group as well as at our quarterly infection control committee meetings. There have not been any trends identified in the period.

### 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 Cobalt Hospital, however due to COVID-19 there was no PLACE assessment during 2020/21. The PLACE assessment programme recommenced in September 2022 with PLACE Lite. The main purpose of a PLACE assessment is to get the patient view; assessments provide 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 table below highlights the results from the most recent PLACE assessment

	Cobalt	Ramsay UK
Cleanliness	100%	98.39%
Privacy	72%	91.38%
Condition, maintenance, appearance	100%	97.57%
Dementia	97.83%	84.33%
Disability	95%	86.48%

2023/24 refurbishment work will be undertaken regarding the privacy element of the PLACE audit with the installation of a third admission bay to maximise the admission efficiencies and reduce waiting times for each patient during the admission process. In addition, we plan to introduce patient participation forums the first of which is planned with endoscopy patients with a focus on privacy and dignity.

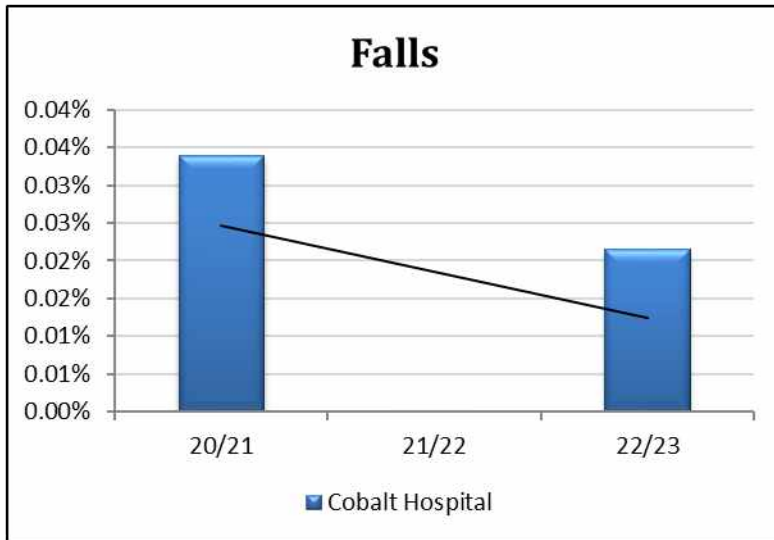
### 3.2.3 Safety in the workplace

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.

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

The hospital has a Health and Safety Committee, which meets every two months. The membership of the Health and Safety Committee was reviewed during 2022/23 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). An annual Health and safety report is completed for Cobalt Hospital and discussed at the Health and Safety committee.

Training undertaken at Cobalt 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 been provided by visiting corporate health and safety representative, this ensures that Cobalt Hospital is compliant to Health and Safety Standards. Standard Operating Policies (SOP) have been developed regarding health and safety to meet requirements of the hospital.



As demonstrated above as an indication of health and safety compliance to SOP's, Cobalt Hospital has had a decrease in the incidence of patient falls.

### 3.3 Clinical effectiveness

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

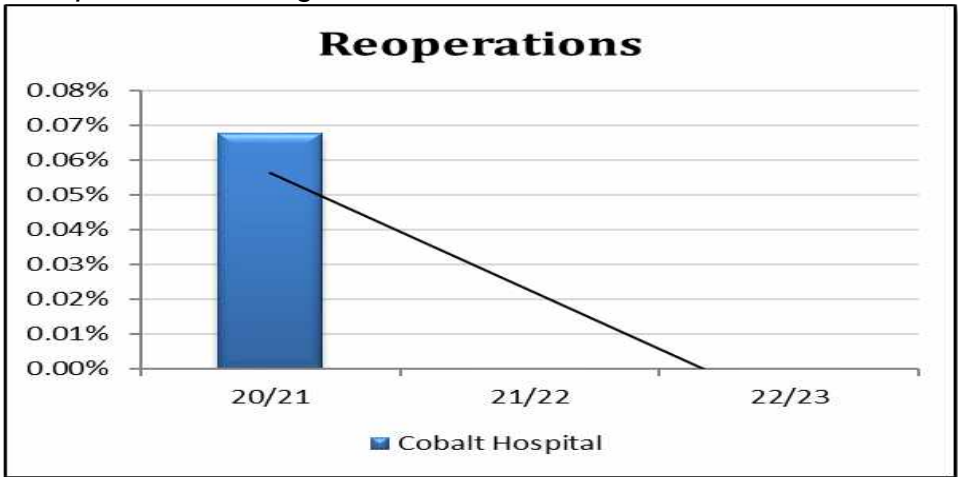
#### 3.3.1 Return to theatre

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.

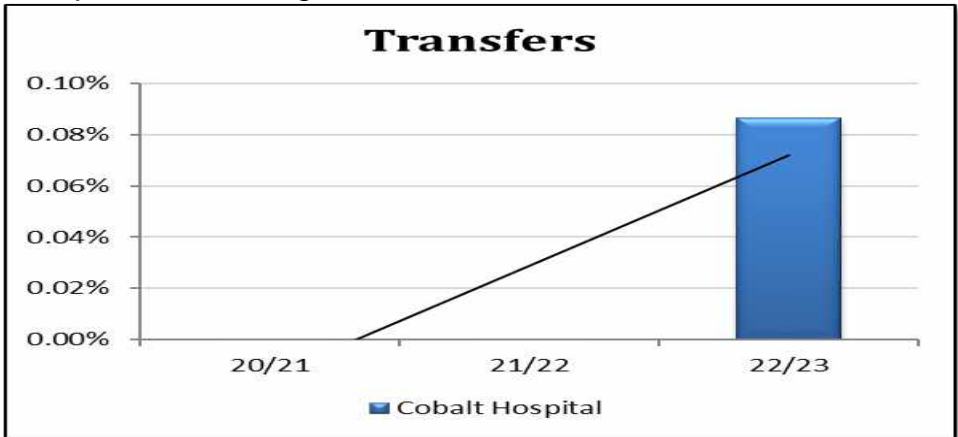


Patient optimisation for theatre is paramount this will be reviewed with the revision of the pre admission processes.

Rate per 100 discharges:



Rate per 100 discharges:



### 3.3.2 Learning from Deaths

Even though we have not experienced any patient deaths, learning from deaths will improve safety and patient care. As a national priority, NHS England is promoting a common, systematic approach to potentially avoidable deaths. In order to comply with this Cobalt Hospital will: -

- Aim to support and engage with bereaved families and carers if they have any concerns about the care of their loved one.
- Identify the skills required and deliver training.
- Set up systems to ensure that we are learning as much as possible from deaths to improve safety and care.

### 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 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, and 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.

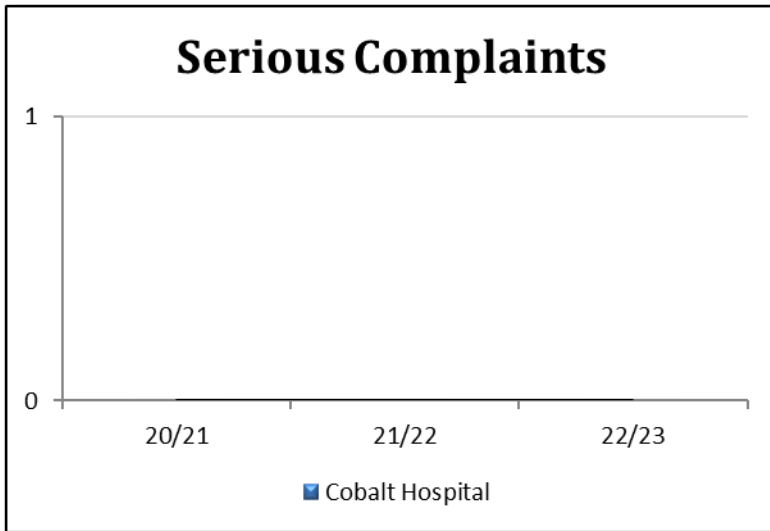
Ramsay UK is currently embedding the second phase of the programme, which focuses on Promoting Professional Accountability, specifically targeted for peer-to-peer engagement for our Consultant users who work at Cobalt Hospital and within Ramsay Health Care.

### **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.



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

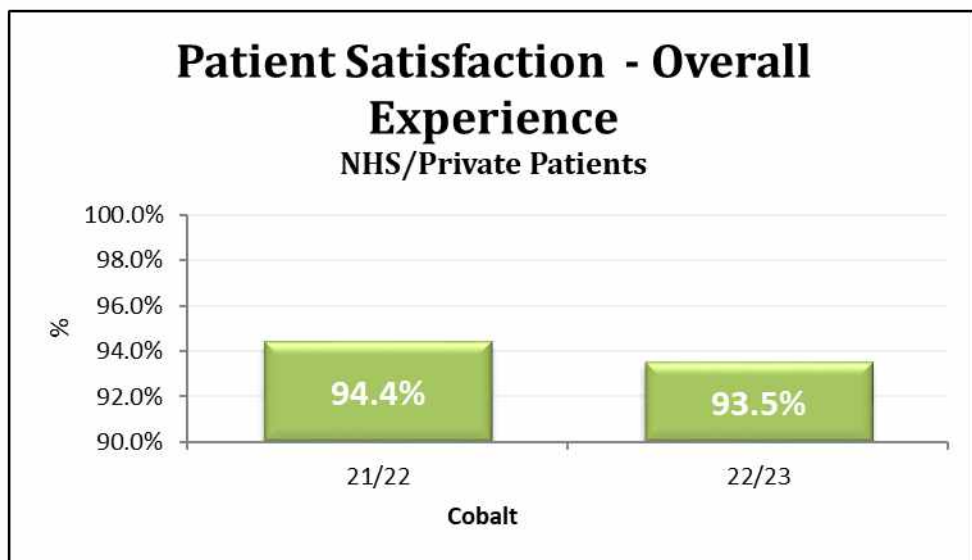
Feedback regarding the patient's experience is encouraged in various ways via:

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

### 3.4.1 Patient Satisfaction Surveys

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

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



We are pleased that our average satisfaction score remains high in 2022/23 despite a small fall in percentage scores from the previous year. This is a continued area of focus and we will continue to encourage patients to complete the survey to ensure we achieve a balanced view and are actively promoting the results monthly with our teams to ensure their engagement. Patient expectations of care and attitudes greatly contribute to satisfaction and ultimately influencing patient satisfaction scores. All staff are kept informed about what our patients say with regard to their care experience, this highlights to staff what our patients feel is important to them. This enables us to take a “you said, we did” approach to the comments. It is important we are aware of our patients experiences to **continue** doing what we do, **stop** what we are doing or **start** something new.



A monthly communication to all staff is sent with regard to the verbatim comments made by our patients in the Friends and family Test. Below do our patients write some of the comments.

*"Everyone professional and very kind kept updated at all times. Made to feel at ease, before, throughout the procedure and after. Good advice given and paperwork ref after procedure"*

*"Everything was honest and transparent."*

*"Very hygienic felt safe"*

*"Professionalism at its peak, made me feel welcome and relaxed."*

*"Clean, efficient friendly, professional, courteous, calm atmosphere"*

*"Lovely and friendly staff; ensuring I was aware of what was happening at every step of the way"*

*"The staff were friendly and knowledgeable - it was a positive experience"*

*Everyone was lovely and very kind to me very efficient, clean, and tidy and a pleasure to visit*

*"From reception right through to surgery and discharge the service, kindness and professionalism has been first class"*

*"I was treated with respect and kindness, would definitely have treatment here again."*

## Services covered by this quality account

### Appendix 1

#### Services covered by this quality account:

Specialty	Service
General Surgery & Vascular Surgery	Minor Skin Varicose Veins Hernia Repair Rectal Surgery
GI Endoscopy	Colonoscopy Flexible Sigmoidoscopy Gastroscopy
Orthopaedic Surgery	Hand Knee Shoulder Wrist Feet
Plastic Surgery	Cosmetic Surgery BCC Skin lesions/cysts Hand
Podiatric Surgery	Podiatric

Outpatient services include new and review outpatient clinics for all of the above specialities as well as for gastroenterology and outpatient physiotherapy services.

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 2022/23  
Schedule & QR Code Allocation v1

Audit	QR Code Allocation	Department Allocation / Ownership	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	Theatres (IPC)	October, April	By month end
IPC Governance and Assurance	Whole Hospital, RDUK	IPC, RDUK	July, January	By month end
IPC Environmental Infrastructure	Whole Hospital, RDUK	IPC, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August February (as required)	By month end
Sharps	Whole Hospital	IPC	August, December, April	By month end
High Risk PPE	Whole Hospital	IPC	August, February	By month end
Standard PPE	Whole Hospital	IPC	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	Theatres	IPC	October, April	By month end
Urinary Catheterisation Bundle	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
Isolation	Whole Hospital	IPC	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	Whole Hospital	Blood Transfusion	July/September	End of October
Blood Transfusion – Autologous	Whole Hospital	Blood Transfusion	July/September	End of October
Blood Transfusion – Cold Chain	Whole Hospital	Blood Transfusion	As required	NA
Walkabout	Whole Hospital	SLT / <a href="#">HoCS</a>	As required	NA
Staff Questions	Whole Hospital	SLT / <a href="#">HoCS</a>	As required	NA
Complaints	Whole Hospital	SLT	November	By month end
Duty of Candour	Whole Hospital	SLT	January	By month end

Practicing Privileges - Non-consultant	Whole Hospital	<a href="#">HoCS</a>	October	By month end
Practicing Privileges - Consultants	Whole Hospital	<a href="#">HoCS</a>	July, January	By month end
Practicing Privileges - Doctors in Training	Whole Hospital	<a href="#">HoCS</a>	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	Whole Hospital	Outpatients	July/September January/March (as required)	End of December NA
Medical Records - Bariatric Services	Whole Hospital	Bariatric Services	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	Whole Hospital	Ward, Ambulatory Care, Theatres	October, February, June	By month end
Medical Records - VTE	Whole Hospital	Ward, Ambulatory Care, Theatres	July, November, March	By month end
Medical Records - Patient Consent	Whole Hospital	HoCS	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	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	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, RDUK	Pharmacy	July, October, January, April	By month end
Governance - Pharmacy	Whole Hospital, RDUK	Pharmacy	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	Whole Hospital	SLT / HoCS	July	End of August
Decontamination - Sterile Services	Decontamination	Decontamination (Corporate)	June	NA
Decontamination - Endoscopy	Decontamination	Decontamination (Corporate)	June	NA

## Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC29	Code for Cobalt 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

# Cobalt 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 manager using the contact details below.

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