

NORTH DOWNS Hospital

Quality Account 2023/24



Ramsay
Health Care

Confidential Patient Information

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Welcome to Ramsay Health Care UK

North Downs Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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



Nick Costa

Chief Executive Officer

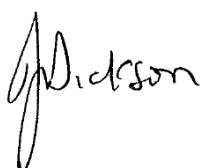
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Here at North Downs Hospital we offer a range of services to patients, whether funded privately or through the NHS. We endeavour to provide a high standard of care, and are delighted to receive excellent feedback. It's important to us to hear about patient experiences so that we can maintain and improve the quality of the care we give.

This Quality Account demonstrates to our patients and other stakeholders that we are committed to reflection and improvement, as we look back on the past year and plan ahead for the future.

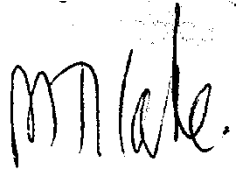
Having reviewed this Quality Account, I am satisfied with the accuracy of the data and the statements made.

Monica Clarke, Hospital Director

North Downs Hospital

1.2 Hospital Accountability Statement

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



Monica Clarke

Hospital Director

North Downs Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr K J Drabu, Consultant Orthopaedic Surgeon

MAC Chair



Mr B Anand, Consultant Orthopaedic Surgeon

Clinical Governance Committee Chair



NHS Surrey Heartlands Integrated Care Board

Welcome to North Downs Hospital



North Downs Hospital was established 50 years ago and is one of Surrey's leading private hospitals. Located in a quiet residential area of Caterham, it provides a comprehensive range of surgical and medical services together with the highest standards of patient care. 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.

The Hospital currently has 1 double and 14 individual inpatient bedrooms, all with en-suite facilities to ensure complete privacy. We also have a 5-bay day procedure section.

We have two operating theatres, one with laminar flow. Our second theatre is used for endoscopy procedures.

Services provided at North Downs Hospital include both medical and surgical specialities including Orthopaedics, Endoscopy (JAG accredited), General Surgery, Urology, Dermatology, Cosmetic Surgery and Gynaecology. The out-patient department consists of five consulting rooms, an ophthalmic diagnostic room and also a minor procedures room.

Our pre-operative assessment team ensures a risk-based approach to individual patient optimisation prior to admission.

Our physiotherapy department provides specialist physiotherapy services including orthopaedic, sports injury, hand therapy, and also acupuncture.

We provide on-site x-ray and ultrasound services with MRI, CT and DEXA scans being provided by our sister hospital in Ashted. TDL (The Doctor's Laboratory) and Unilabs provide pathology services to North Downs Hospital.

Our pharmacy, decontamination and supplies services continue to be provided by Ashted Hospital. Our Business Office and Accounting functions work across both sites. Having this close working relationship ensures that we regularly share best practice.

Total number of patient admissions in the last year to April was 3702 of which 2412 were NHS patients.

The hospital is regulated by the Care Quality Commission; our latest report can be viewed at www.cqc.org.uk or by request to the Hospital Director. Our current rating is 'GOOD'.



The hospital is well led with a robust governance and risk management framework in place, supported by a Clinical Quality Partner and the corporate Clinical Team. We had our JAG assessment in December 2023 and are pleased to have been awarded re-accreditation for Endoscopy Services. Staff are given the opportunity to engage with the Senior Leadership Team and feel supported and listened to. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their roles. The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the organisation. Ramsay Health Care is committed to the Apprenticeship Scheme and North Downs Hospital is very proud that its first Nurse Apprentice graduated with a 1st in December and has re-joined our team as a Staff Nurse.

Training needs analysis is identified at PDR annual review and the necessary resource applied to facilitate further professional development, guided by the Heads of Department. External training is also accessible to our teams.

We have a dedicated workforce that is committed to making each and every patient feel safe and secure. Whether our patients are attending a consultation, day surgery or undergoing a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours per day. Over the past 50 years our establishment has grown from strength to strength. From our friendly Reception staff to our highly skilled Surgeons, patient care and their opinions

are what matters most; and our positive feedback from our patients gives our entire team great pride. The service is supported by experienced Resident Medical Officers providing 24-hour cover for patients.

We have a total of 89 Consultant Surgeons and Physicians and 32 Consultant Anaesthetists who practise at North Downs. This is an increase on the previous year which is testament to our reputation as being a pleasant place to work. All our Consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular review through our clinical governance framework to ensure the highest possible clinical care. Consultant credentials are maintained to ensure indemnity, training, appraisals and DBS (Disclosure and Barring Service) are current and that they are signed up to the Information Commissioners Office.

Our staff compliment as of April 2024 is 69.6 WTE and 39 bank members of staff.

Qualified Nurses – WTE – 19.5

HCA – WTE – 4.8

Radiographers – WTE – 3.4

Porters – WTE – 2.2

Administration staff – WTE – 20.7

Support Services – WTE – 10.2

Operating Department Practitioners – WTE – 5.4

Physiotherapists – WTE - 2.4

We generally work on a ward staffing ratio of an average of 1 Registered Nurse to 5 patients, however this ratio would be wholly dependent on the patient's individual needs. The number of nurses required to provide the appropriate level of care is reviewed by the clinical team each day to ensure that this is flexed appropriately to ensure patient safety, taking into consideration both patient dependency as well as staff skill levels. There is a Daily Huddle attended by key Heads of Department whose departments may be impacted by changes in activity. There is also a daily Resuscitation Huddle to identify if any patients are causing a clinical concern. Here it is also identified and documented which staff have been allocated the key roles required during a resuscitation event.

We have a close relationship with Surrey & Sussex NHS Trust which provides us with blood transfusion and other pathology services where required (we are able to carry

out a range of point of care tests (POCT) on site. Unilabs provide additional pathology services including histology.

Both Surrey and Sussex and Croydon University Hospital Trusts provide us with access to Level 2/3 critical care services as required.

We continue to work closely with our local ICB's to provide a wide range of services to meet the needs of the local healthcare community. Our Business Relations Manager (BRM) works collaboratively with the local GP population and other community providers such as Physiotherapists and Optometrists, to facilitate a smooth transition of their patients to secondary care where this is required. The BRM also arranges education events, whereby GP's and other health care professionals can gain CPD points when they attend one of our sessions. These may take the form of groups of up to 25-30 GPs with 3 -4 Consultant Surgeons or Physicians speaking on a topic that is relevant to their practice or "lunch and learns" where a Consultant visits a practice over the lunchtime period to speak about their area of expertise. With Ramsay's acquisition of Elysium Healthcare we have worked in partnership to provide educational events in the field of Eating Disorders and Depression. We have also provided educational events for the public, e.g., Merstham Cricket Club and Redhill Cycling Club, and the Women's Institute.

We actively listen to our patients to ensure that their accounts and experiences, both positive and negative are taken into consideration when we review our services. Our aim is to reinvigorate our Patient Focus Group and involve the local Healthwatch to ensure our patients have a voice and to inform us of where improvements may be made. North Downs Hospital retains its reputation for delivering care in a welcoming, clean, and comfortable environment.

Our chosen charity for 2023 was St Raphael's Hospice in Cheam. We raised £547.00 from our Christmas Hamper Raffle and also took part in 'Wear it Pink' Day where we raised £300 for Breast Cancer research.

North Downs Hospital became the first ever 'Business Partner' with the Caterham Rotary Club.

We continue to support the Caterham Rotary Club - sponsoring a 'hole' in their Golf Day Charity Event and the Caterham Carnival, enabling prizes to be given out for competitions held on the day.

We also sponsor the local Cricket Club, Merstham Cricketers, providing over 500 training shirts for all players with North Downs Hospital printed on them.

The Outpatient Department team donated a Christmas hamper to Foal Farm Animal Rescue Centre who are based in Biggin Hill, Kent.

In line with 'Ramsay Cares' which incorporates sustainability and staff wellbeing, throughout the next year we aim to focus even more on our charitable work and

promote a 'Giving Back' day where staff members can volunteer in any activity within their local community.

2024 marked the 50th Anniversary of North Downs Hospital; we celebrated this 50th Anniversary in style on Saturday, 16th March at the Surrey National Golf Club with over 120 members of staff and Consultants enjoying the evening.

Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

On an annual cycle, North Downs 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 that represent all professional and management levels.

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

Priorities for improvement

2.1.1 A review of clinical priorities 2023/24 (looking back)

Clinical Effectiveness

Sip To Send Initiative.

This was implemented in January 2024 following a pilot at another Ramsay site and approval at our local Clinical Governance Committee. The majority of our Consultant Anaesthetists engage with this and at the pre-list briefing patients are identified who are able to have water to sip prior to being sent for and the Nurse in Charge of the Ward ensures that this is facilitated. We are now starting to collate some feedback from patients.

Patient Safety

Implementation of PSIRF (Patient Safety Incident Framework)

PSIRF is a part of the NHS Patient Safety Strategy and Ramsay successfully implemented this in November 2023. We have a PSIRF Plan and the teams have had both internal and external training. Our aim is that should a Patient Safety Event occur, we can use this framework and the tools to improve practice, whilst involving the patient and family.

Patient Experience

Re-introduction of the Patient Participation Group

Unfortunately for several reasons this was not progressed during the last year. However as we feel it is an important and an integral aspect of our care delivery and performance we will carry this forward to the next year.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety

Orthopaedic MDT Development

This priority was selected following a gap analysis exercise across Ramsay with the aim to ensure the best possible course of treatment for our orthopaedic patients undergoing revision or complex joint surgery. Whilst volumes of such cases at North Downs Hospital may be low, progress of this initiative will be monitored via minuted meetings held accordingly as volume dictates.

'A multi-disciplinary approach involves drawing appropriately from multiple disciplines to explore problems outside of normal boundaries and reach solutions based on a new understanding of complex situations' (NHS 2020)

MDT's have been in place for several years but less so in the Independent Sector. At North Downs Hospital we feel it would be appropriate to have an MDT for patients undergoing complex orthopaedic procedures, e.g. revision hip or knee replacement. The MDT meeting forms a pivotal place to enable key decision making, having all the relevant patient information at hand, with the patient at the very centre. Consideration of the patients' preferences and choices will help inform those decisions.

Plan:

- Discuss the MDT concept at North Downs Hospital at the local Clinical Governance Committee
- Format Terms of Reference, to include membership, a Chair, agreed quorate and patient referral process.
- Invite Subject Matter Experts (Consultant Hip/Knee Surgeons, Consultant Radiologist, MSK Physiotherapist)
- Format local SOP in line with Ramsay Policy (Involvement of the MDT in Complex Care Pathways) and the Ramsay MDT Framework document.

Clinical Effectiveness

Professional Nurse Advocate (PNA)

This priority was selected in discussion with the Ward Manager who recently undertook the course and had had experience of working in the Trust during COVID-19 and recognised the need for supporting the teams. Progress will be monitored via the PNA reporting to the Head of Clinical Services in terms of 'uptake' for the restorative supervision service.

The PNA programme was launched in the NHS in 2021 towards the end of the third wave of COVID-19. It marked a critical point in the recovery of patients, services and the workforce. The role of the PNA is to provide restorative clinical supervision to work colleagues across the board. The skills learnt from the training equip the PNA to listen and to understand the challenges that colleagues may be facing. Improving staff wellbeing will hopefully improve staff retention, which may in turn lead to better outcomes for patients (safer staffing).

North Downs Hospital is proud to have a Senior Nurse who recently successfully completed the PNA course. The plan is for them to:

- Further develop leadership skills that will assist in creating a workplace culture which leads to improved outcomes for staff, patients and their families.
- Building resilience within the workforce.

- Examine existing governance and quality improvement frameworks in order to actively contribute to the enhancement of quality assurance within clinical practice.
- Evaluate the role of the Professional Nurse Advocate in order to support staff to facilitate a restorative clinical environment.

This also links in nicely with our staff mental health wellbeing. We are pleased to have increased our number of trained Mental Health First Aiders.

Patient Experience

Patient Participation Group

This priority was selected as there had been little progress the previous year and as a Senior Leadership Team, we felt that it was important to have a local 'patient voice'. Progress will be monitored via minuted meetings and effectiveness of improvements made as a result of patient suggestions/ideas.

A Patient Participation Group (PPG) is a group of patients, staff and hospital users who meet to discuss issues that impact on the patient experience and to help improve the service. The Group can:

- Provide a valuable opportunity to give patient feedback.
- Add value to the hospital's quality of care via patient-led discussions.
- Support health awareness and patient education.
- Offer the opportunity to invite previous patients who have been less than satisfied with our service to provide constructive views on improvements.
- Provide a mechanism to respond to common themes and improvement areas to capture the patient voice e.g. Friends and Family Test.

Our plan:

- Our Business Relations Manager will lead on the Group.
- Terms of Reference to be set out.
- Invitations to patients to attend the Group via social media
- Quarterly Meetings with minutes and actions
- Involvement of Healthwatch Surrey, a non-profit organisation which champions the voice of local people.

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 2023/24 North Downs Hospital provided and/or subcontracted 42 NHS services.

North Downs Hospital has reviewed all the data available to them on the quality of care in all 42 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 61.2% of the total income generated from the provision of services by North Downs Hospital for 1 April 2023 to 31st March 2024.

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

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

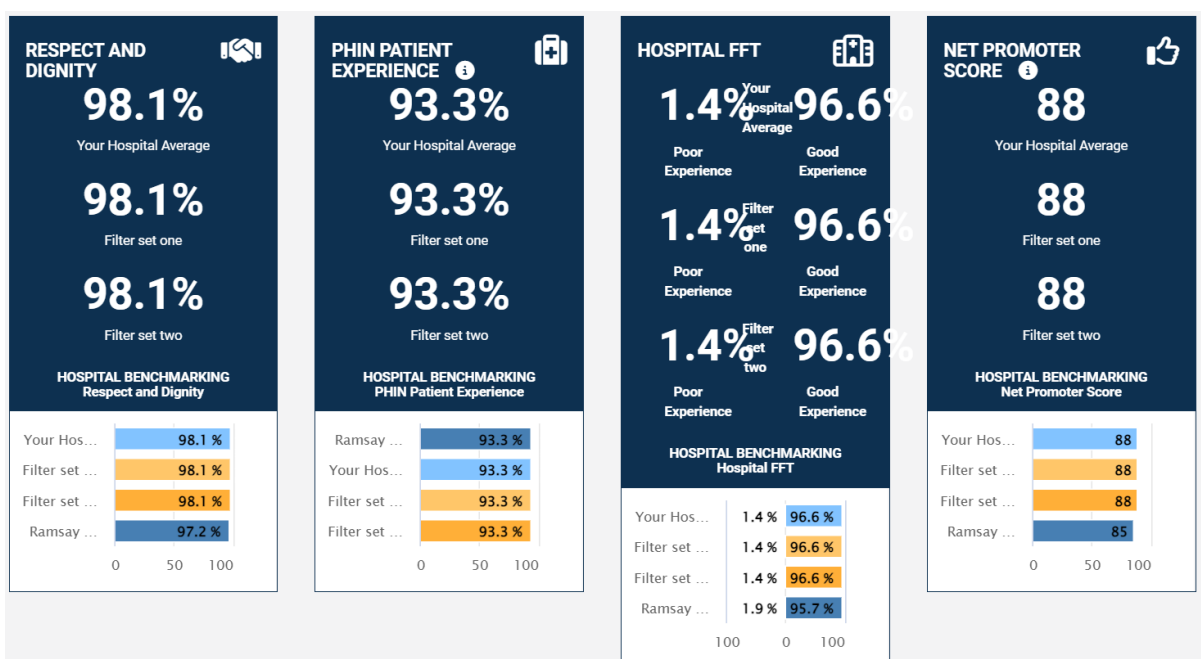
Human Resources	
Staff Cost % Net Revenue	35.17%
HCA Hours as % of Total Nursing	16.75%
Agency Cost as % of Total Staff Cost	13%
Ward Hours PPD	5.4
% Staff Turnover	9.2%
% Sickness	3.6%
% Lost Time	15.1%
Appraisal %	79.2%
Mandatory Training %	96%
Number of Significant Staff Injuries	0

Patient

Indicator					Outcome
Formal Serious Complaints per 1000 admissions					0%
Patient Satisfaction Score					97%
Number of Significant Clinical Events per 1000 admissions					0.9%
Number of Readmissions per 1000 admissions					0%

Complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed at departmental meetings to offer staff an opportunity to reflect on the complaint and as a team identify where improvements could be made. Patients are invited to meet with the Hospital Director and Head of Clinical Services to discuss their complaints/experiences and this has demonstrated that face to face interaction is a useful tool in dealing with these situations. During 2023 there has been a 50% reduction inpatient complaints from the previous year.

North Downs Hospital utilises patient surveys to assimilate unbiased data from patients about their experience and satisfaction with the services they have received. A web-based independent company, Cemplicity is a 'real-time' patient feedback mechanism whereby the Senior Leadership Team is notified by email if a patient requires contact. This enables prompt action to deal with a patient query or concern. Patient feedback is also received via 'We Value Your Opinion' leaflets that patients complete on discharge, alongside the 'Friends and Family Test'. There is also a separate feedback form specifically for our Endoscopy patients - these are reviewed at our bi-monthly Endoscopy User Group meetings. Patient feedback is reviewed by the Senior Leadership Team and shared at appropriate forums to identify areas for improvement and formulate action plans accordingly. Feedback from our patients is important to us and below is an example of how Cemplicity benchmarks North Downs Hospital with the whole of Ramsay Healthcare UK and includes a Net Promoter Score (last 12 months). We are pleased to report that we consistently track above the Ramsay average.



Quality	Outcome
Workplace Health & Safety Score	92.9%
Infection Control Audit Score	100%

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 North Downs Hospital participated in 3 national clinical audits and 3 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 North Downs Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit/ Clinical Outcome Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	85.3%
Surgical Site Infection Surveillance Service	86%

The reports of above national clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee. North Downs Hospital participates in the NJR Data Quality Audit and we were proud to receive a Gold Award for our Data Quality. We are currently on track to repeat this success in the coming year.

Actions for Improvement:

NJR – reports are reviewed at Clinical Governance level and at Medical Advisory level. Where Outlier status is identified, Consultants are asked to provide higher detail of their individual practice. The Ramsay Medical Director also has oversight of individual practice.

PROMs – reports are again reviewed at both Clinical Governance and Medical Advisory Committee level and where Health Gains are below the national average, individual Consultant data can be reviewed.

Surgical Site Surveillance – there is an ongoing approach to improvement here and whilst we have a robust reporting system and structure, Root Cause Analysis informs us of where improvements are required. Root Cause Analysis for infections will now come into line with PSIRF requirements and there is training planned for the Infection Prevention and Control Link Nurses.

Local Audits

All clinical audits are on Tendable as per the clinical audit schedule which can be found in Appendix 2. The reports of North Downs Hospital Ramsay mandatory clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee.

2.2.3 Participation in Research

There were no patients recruited during 2023/24 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

North Downs Hospital's income from 1 April 2023 to 31 March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

2.2.6 Data Quality

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

North Downs Hospital regularly use statistical data to monitor clinical services and constantly review this information by quality control initiatives.

Clinical audits across a wide spectrum demonstrate compliance against policy and legislation and action plans developed in response to concerns as required.

NHS Number and General Medical Practice Code Validity

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

99.79% for admitted patient care;

99.95% for outpatient care; and

NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

100% for admitted patient care;

100% for outpatient care; and

NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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

Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at March 2024

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%

2.2.7 Stakeholders views on 2023/24 Quality Account



Ramsay North Downs Hospital

Quality Account 2023/2024

Commissioner Statement

from NHS Surrey Heartlands Integrated Care Board

NHS Surrey Heartlands Integrated Care Board (Surrey Heartlands ICB) welcomes the opportunity to comment on the draft Ramsay North Downs Hospital quality report 2023/24. The ICB is satisfied that the Quality Account is being developed in line with the national requirements and gives a comprehensive account and analysis of the quality of services.

Surrey Heartlands ICB recognise Ramsay North Downs Hospital's commitment to the safety and quality of treatment for all NHS patients, and there is a clear focus on ensuring quality priorities are achieved. This is evidenced by achieving the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation for Endoscopy in Dec 2023. It is reassuring to read the priority which has not been fully met in 2023/24 is being carried forward into 2024/25, and there are clear plans in place to support the improvement.

Surrey Heartlands ICB is pleased to see that Ramsay North Downs Hospital is proactively supporting workforce initiatives with the nurse apprenticeship programme and the continued commitment to engaging GPs, patients and public with educational and charitable events. The ICB note the Hospital's focus on quality improvement, demonstrated through the extensive clinical audit programme in 2023/24, and the inclusion of antimicrobial stewardship and antimicrobial resistance in the infection prevention and control improvement workstream.

Surrey Heartlands ICB supports the new quality priorities for 2024/25 which provide improved outcomes for patients and staff and take the voice of service users into account when considering quality improvement:

- Developing the Orthopaedic MDT for complex case reviews
- Implementing the Professional Nurse Advocate (PNA) role
- Progressing the Patient Participation Group (PPG)

Surrey Heartlands ICB applauds the 50% reduction in inpatient complaints compared to 2022/23 and the extensive work detailed to respond to patient concerns and complaints in 'real-time' with the introduction of Cemplicity. The ICB recognise that Ramsay North Downs Hospital prides itself on improving patient satisfaction, which is evidenced by the increasing patient satisfaction rate since 2021/22.

Surrey Heartlands ICB would like to thank Ramsay North Downs Hospital for sharing the draft 2023/24 Quality Report with us. We commend you for your achievements and successes over the past year. We look forward to continuing to work in partnership with you in 2024/25.

Clare Stone
ICS Director of Multi-Professional Leadership
NHS Surrey Heartlands Integrated Care System

30th May 2024

Part 3: Review of quality performance 2023/24

Head of Clinical Services, Carole Collier

Ramsay Clinical Governance Framework 2024

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.

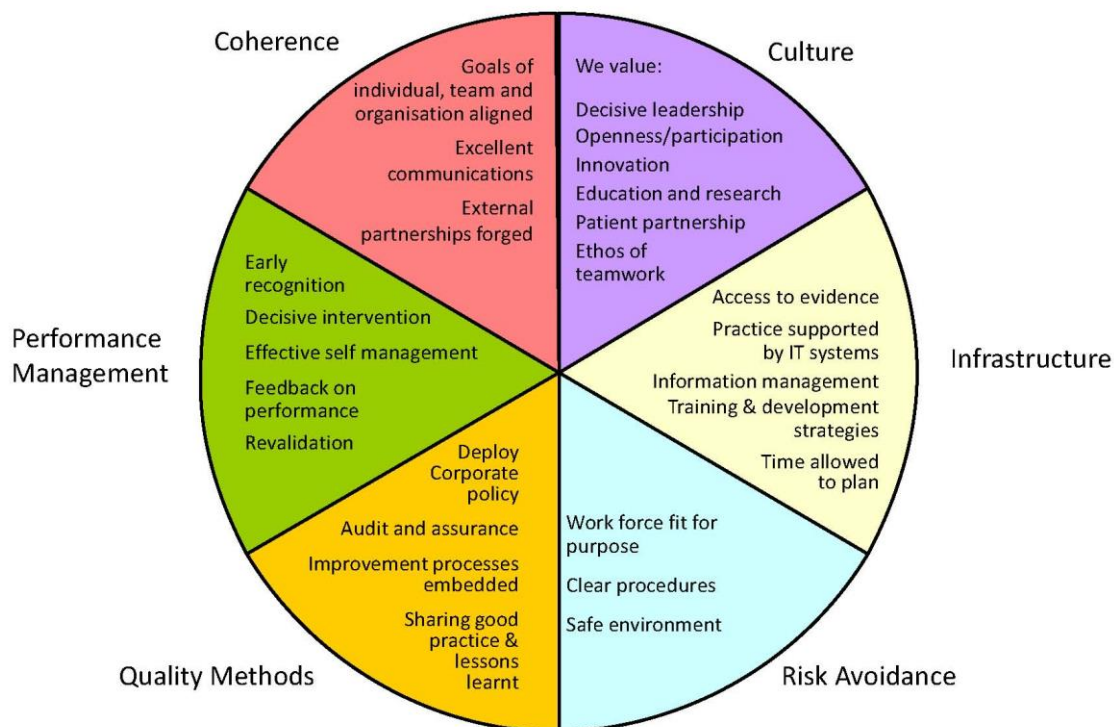
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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.

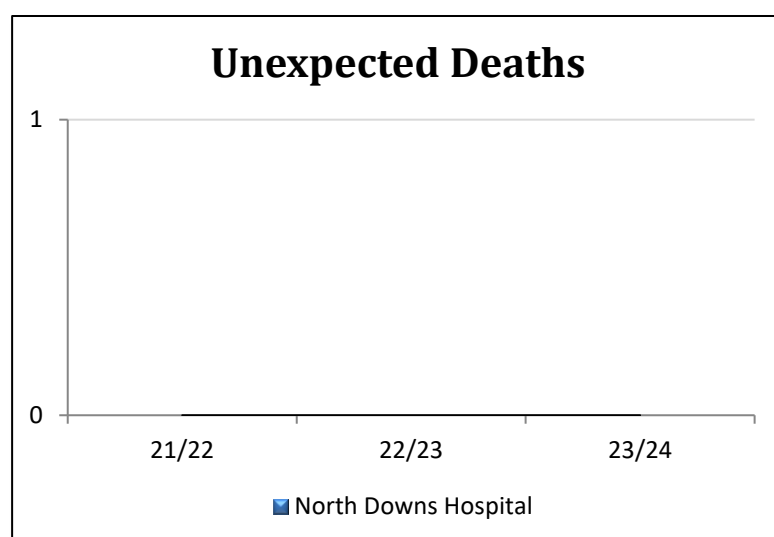
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	North Downs	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC11	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC11	0.0000
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC11	0.0000

North Downs Hospital considers that this data is as described for the following reasons: there have been no deaths at North Downs Hospital during the reporting period.

Rate per 100 discharges:



National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	North Downs	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC11	22.573
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC11	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC11	24.189
PROMS: Knees	Period	Best		Worst		Average		Period	North Downs	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC11	17.409
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC11	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC11	17.076

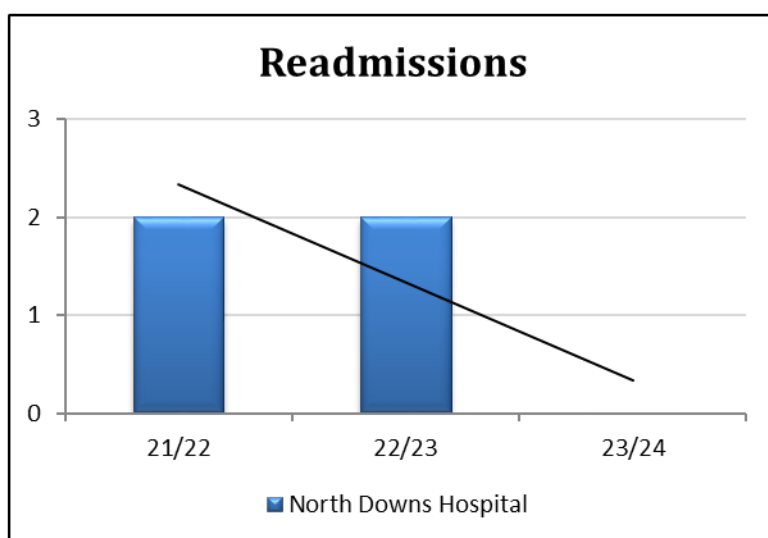
North Downs Hospital considers that this data is as described for the following reasons: data has been paused for 23/24.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	North Downs	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC11	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC11	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC11	0.00

North Downs Hospital considers that this data is as described for the following reasons:
data is no longer reported. There is no published data after 19/20.

Rate per 100 discharges:



Responsiveness to Personal Needs

4b Patient experience of hospital care

No longer collected

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

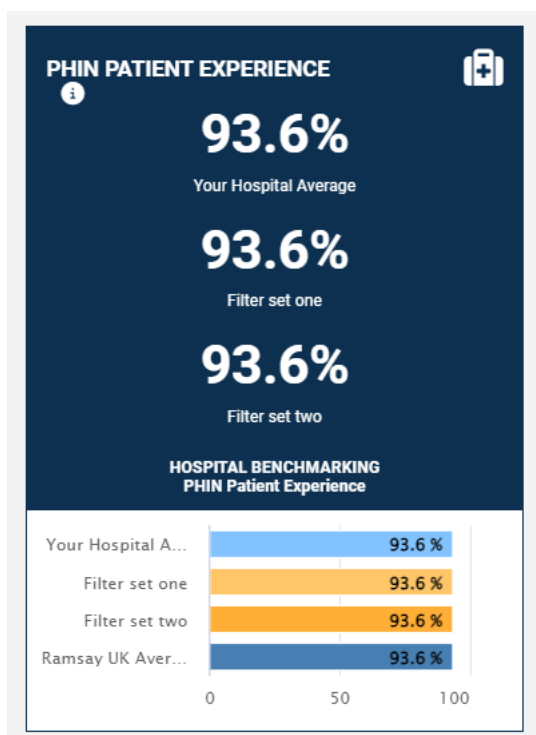
Summary of PHIN Patient Experience performance

Export

Filter set one: Hospital Cluster: South x Hospital: North Downs Hospital x



The above table represents the period April 1st 2023, to March 31st 2024



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

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	North Downs	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC11	91.2%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC11	99.3%

North Downs Hospital considers that this data is as described for the following reasons:
There is no data published after Q3 19/20.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	North Downs	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC11	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC11	0.0

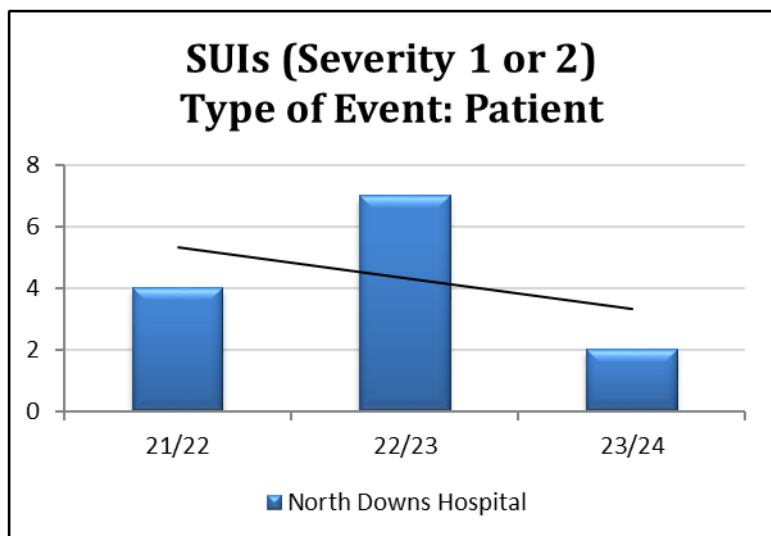
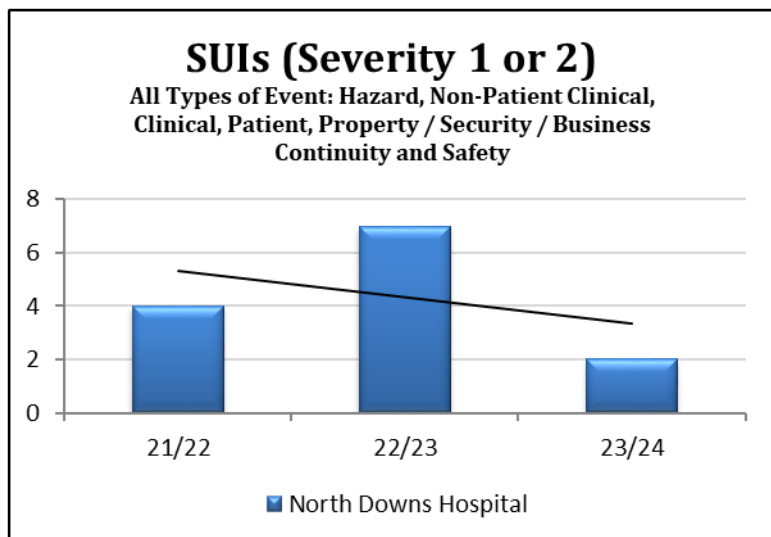
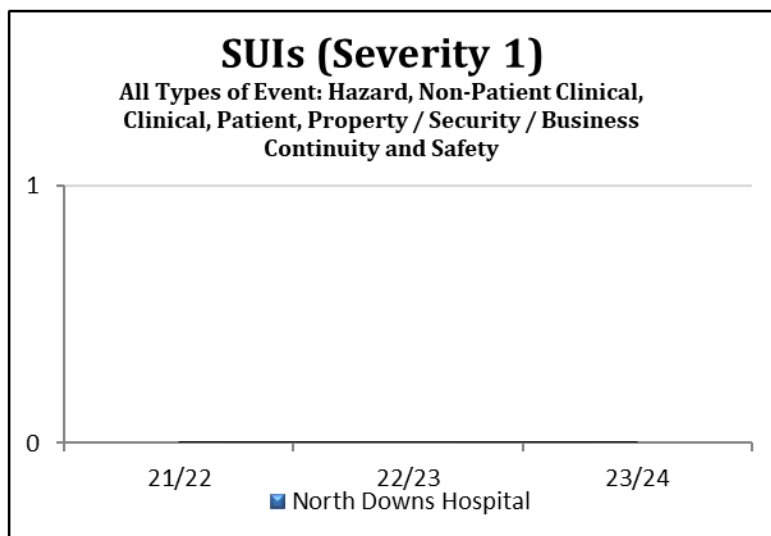
North Downs Hospital considers that this data is as described for the following reasons:
North Downs Hospital has had no incidences of Clostridium Difficile during the last 12 months.

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	North Downs	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC11	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC11	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC11	0.00

North Downs Hospital considers that this data is as described for the following reasons:
North Downs Hospital has had no patient safety incidents with harm during the last 12 months.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	North Downs	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC11	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC11	97.5%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC11	100.0%

North Downs Hospital considers that this data is as described for the following reasons: we continue to receive positive recommendation.

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 regard to our track record for patient safety.

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

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

3.2.1 Infection prevention and control

North Downs Hospital has a very low rate of hospital-acquired infection and has had no reported MRSA Bacteraemia.

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.

All potential infections are reported on the Ramsay Incident Reporting System, RADAR and are investigated by our IPC Lead Nurse. All hip and knee joint infections will have root cause analysis (RCA) undertaken, using a standardised format which addresses both patient and environmental factors. RCA's are reviewed by the National Clinical Lead for Infection Prevention & Control (CLIPC) and are attached to the incident on RADAR. Any shared learning from these is disseminated to the teams. RCA's will going forward be in line with PSIRF.

Patients are risk assessed initially by the Pre-op Assessment team upon triaging them via their medical questionnaire; skin inspections where indicated are undertaken at face-to-face pre-op assessment and swabs taken where necessary. At this point a discussion with the surgeon regarding suitability for surgery takes place and a possible decision to defer pending skin healing. Patients are also screened on admission for any skin breaks which may potentially lead to infection.

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

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year. Our local IPC Committee meets quarterly, following a standard agenda to review all reported infections, new policies, audits and the Annual Plan, which tables all aspects of IPC to be addressed throughout the year. A Consultant Microbiologist chairs this committee. At this meeting (in addition to Health & Safety meetings) Water Safety is discussed and reviewed with the results of any sampling. Theatre Air Handling validations are also reviewed, and any actions tabled. There is a Planned Preventative Maintenance (PPM) Schedule for all medical equipment.

Anti-Microbial Stewardship by the Hospital Pharmacist provides an oversight of anti-microbial prescribing, and they will report any exceptions to the IPC Committee. Anti-microbial prescribing is in line with Surrey and Sussex Healthcare Trust guidelines using MicroGuide, their prescribing formulary.

Equipment used on patients is cleaned after each use and a green 'I am Clean' sticker applied with the date and time of cleaning annotated. Sterile Services/Decontamination is provided by our sister hospital, Ashted with whom we have a Service Level Agreement.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. We also participate in the Surrey IPC Meetings.

Staff Wellbeing is monitored via Ramsay Occupational Health services and an annual skin inspection is undertaken, with compliance figures reported to corporate Occupational Health.

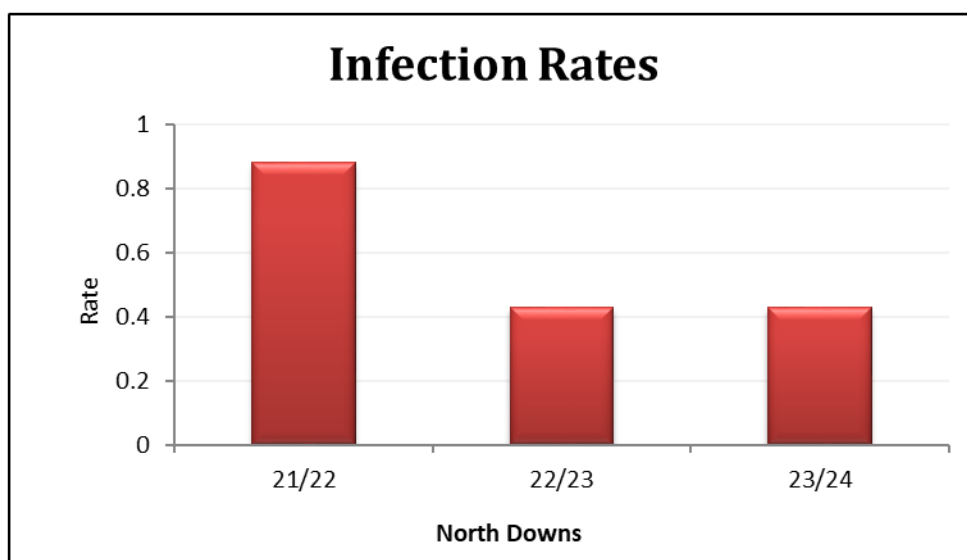
Training includes Standard Precautions, Hand Care & Hygiene, PPE, Waste Disposal, and Management of Linen. Clinical staff undertake additional training in IV Administration and ANTT.

Programmes and activities within our hospital include:

There are regular scheduled IPC Audits including:

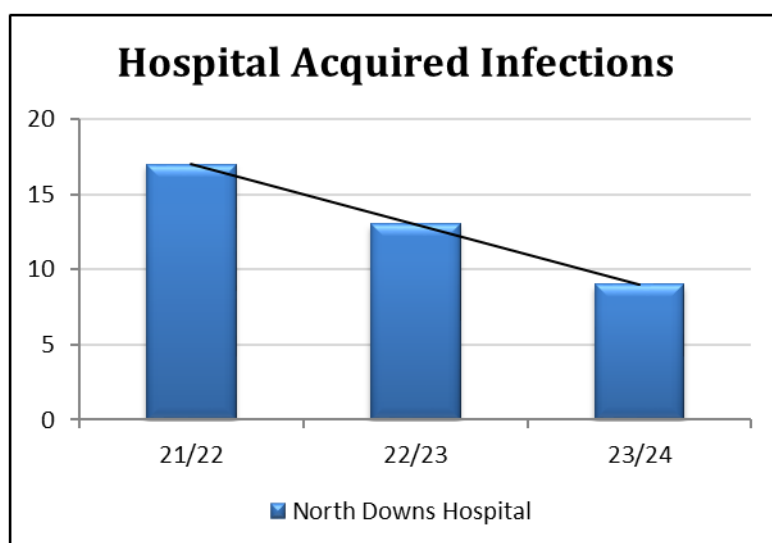
- Department Cleaning – 50 Steps
- Hand Hygiene – 5 Moments
- Surgical Site Infection
- IPC Environmental
- IPC Governance
- PVCC
- Management of Linen
- Sharps
- UCCB

As a Hospital we recognise such initiatives as Antibiotic Awareness Week and Hand Hygiene Awareness Day.



As can be seen in the above graph our infection control rate has remained static over the last year. In comparison to the national average, it is a very low rate.

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

Due to unannounced changes to PLACE criteria, North Downs Hospital has only been included in PLACE-Lite reporting however this has still given us a great snapshot into how our patients are viewing their North Downs journey.

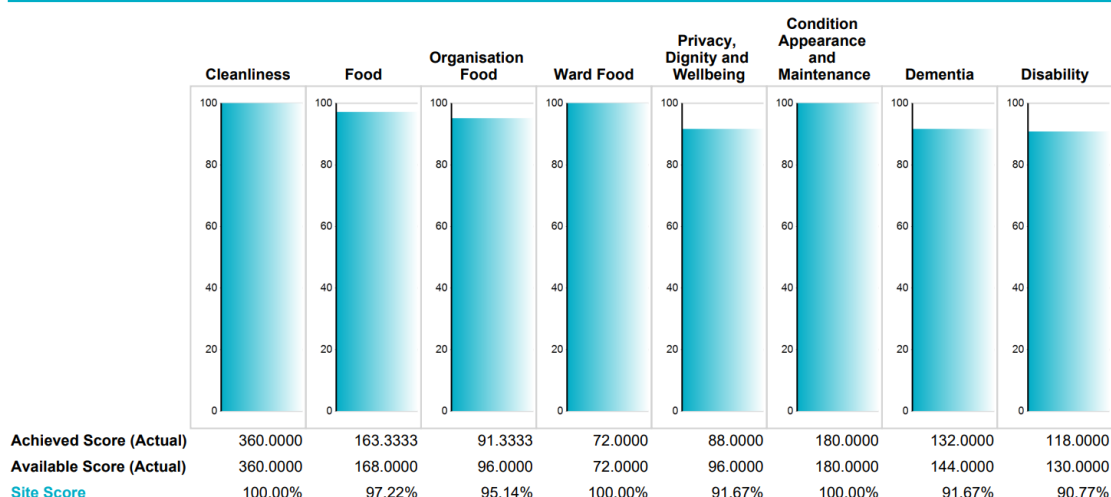
We have undertaken a more localised assessment and PLACE-Lite is recommended by NHS England as good practice and is a useful way of assessing those areas identified in action plans as requiring improvement.

Due to having a non-purpose built facility, the PLACE audit has continued to highlight some areas of focus that may need addressing.

We have found that limited public space within the hospital has meant that patient designated areas for activities such as prayers and family visiting rooms are restricted. We will, of course, always make this available should they be needed however for audit purposes we see this as an action. The same is to be said for the number of dementia rooms and services we provide.

We have seen an improved score within each scoring metric from 2022 which evidences our continuous hard work and dedication to a better patient experience.

Food/cleanliness and facility appearance have all scored as 100%. These should be commended as we continue to sustain our work of modernising and general upkeep of the building.



3.2.3 Safety in the workplace

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

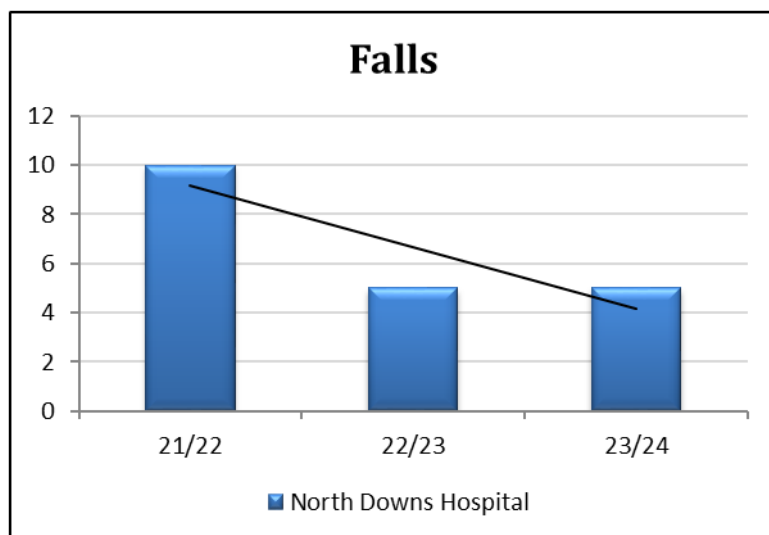
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

We have a local Health and Safety Committee where all health and safety related issues are discussed; the Hospital Risk Register is reviewed and relevant agenda items such as legionella, fire safety and medical gas safety feature.

We continue to monitor the incidences of patient falls and investigate each occurrence. As can be seen from the graph below, the number of patient falls has remained static since the previous year. Rigorous pre-operative assessment and an assessment of frailty to target those at risk has focussed the teams in considering appropriate opioid administration in conjunction with optimising sodium levels which may have contributed to this reduction. We also hold our 'Joint School' sessions for all our hip and knee replacement patients which includes information on falls prevention. We are very proud that one of our Senior Staff Nurses who championed Falls Prevention, was chosen to

sit on a Ramsay Corporate Working Group to share some of her initiatives, including staff training.

Rate per 100 discharges:

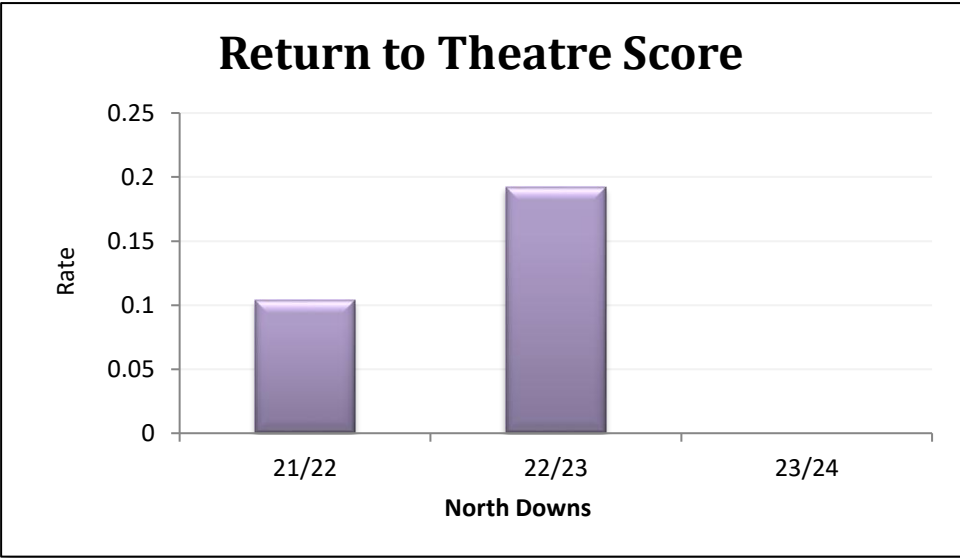


3.3 Clinical effectiveness

North Downs Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, complaints, new clinical policies, NICE Guidance, 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 identified and shared with relevant parties such as the Medical Advisory Committee to ensure results are visible and tied into actions required by the organisation as a whole.

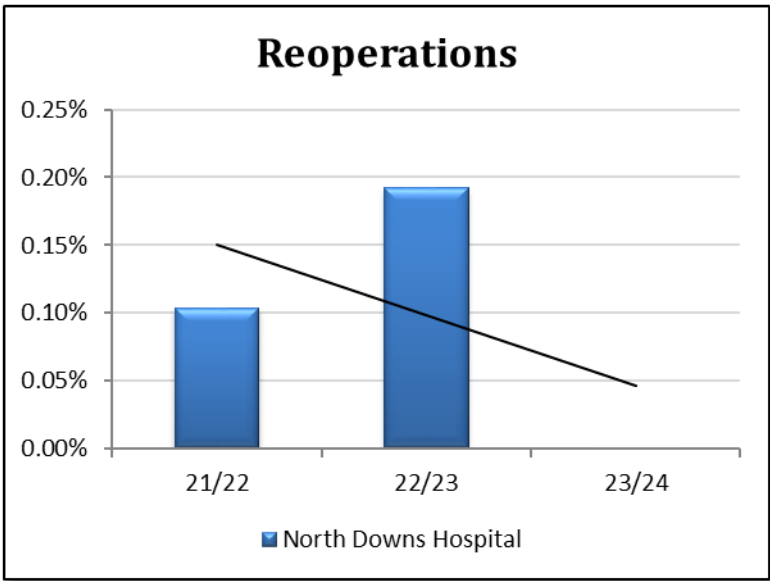
3.3.1 Return to theatre

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

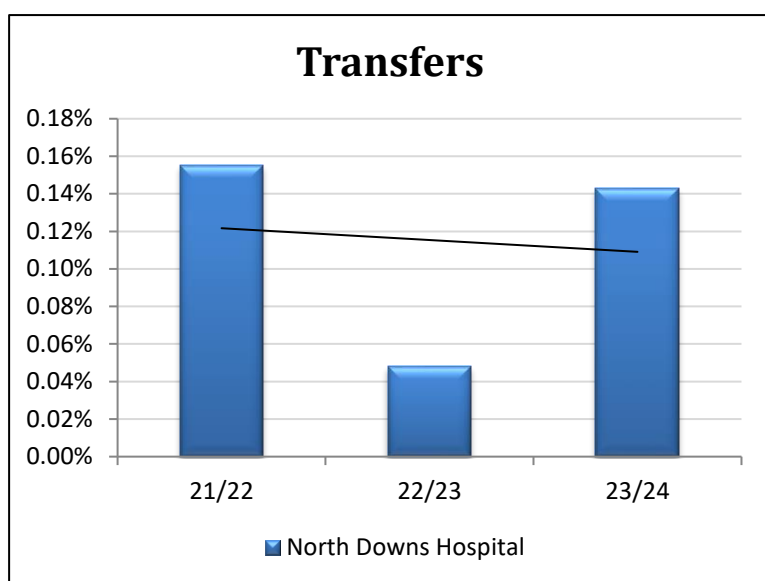


As can be seen in the above graph our returns to theatre rate are zero for the reporting year which is very positive.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been no deaths at North Downs Hospital during the reporting period. This does not preclude us from acting on 'lessons learned' from other sites. Safety Flashes are issued corporately to assist us in ensuring our processes are robust. We also continue our daily Resus Huddle where we identify which staff members will be allocated the pertinent roles in the event of a resuscitation event.

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' (SUFS), leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which was 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, (at another site), evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this, Ramsay introduced the 'Speaking Up for Safety' programme.

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

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

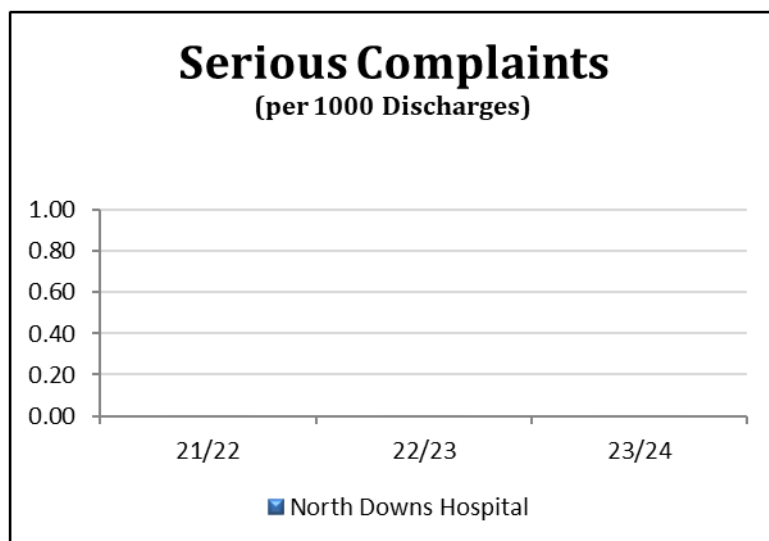
Moving forward Ramsay now has its own group of SUFS trainers and the 'next step' in this programme, Promoting Professional Accountability will be further rolled in association with the Vanderbilt University in America and Ramsay Australia.

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 fed back to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.



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

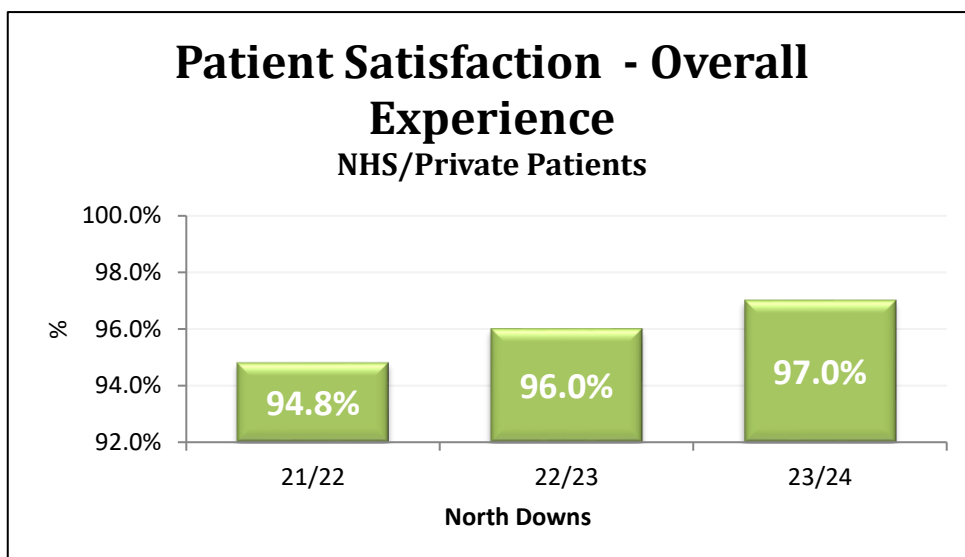
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Friends and Family questions asked on patient discharge
- 'We value your opinion' leaflet
- 'Cemplicity' online feedback tool
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Peer/CQC visit feedback.
- Written feedback via letters/emails
- PROMs surveys

3.4.1 Patient Satisfaction Surveys

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

Every patient is asked for their consent to receive an electronic survey 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. A patient may request contact on the survey for either a query or a concern and this is conveyed to the Hospital Director and Head of Clinical Services via email in real time in order that a prompt response can be initiated.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year and represents a high level of patient satisfaction.

Below is an example of patient feedback from Cemplicity:

'Excellent service as always from NDH from reception to nurses and surgery staff. Lovely welcoming clean room with en suite. Attentive nursing staff. Couldn't thank them enough for their kindness and the care given during and after surgery.'

Appendix 1

Services covered by this Quality Account

Regulated Activities – North Downs Hospital		Peoples Needs Met for:
Services Provided		
Treatment of Disease, Disorder Or injury	Audiology, Cardiology, Dermatology, Colorectal, Endocrinology, Gastrointestinal, General medicine, Gynaecological, Neurology, Ophthalmic, Pain Management, Physiotherapy, Podiatry, Psychiatry (OPD only), Rheumatology, Sexual Health, Sports medicine, Urology, Urological Oncology, Vascular	All adults
Surgical Procedures	Ambulatory, Cosmetic, Colorectal, Dermatology, Ear, Nose and Throat (ENT), General Medicine, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Podiatric surgery, Urology, Vascular, Day and Inpatient Surgery	<p>All adults</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3 • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)

		<ul style="list-style-type: none"> • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months • New pacemaker in last 6 months • BMI 40+ • Newly diagnosed or unstable diabetes • Newly diagnosed atrial fibrillation <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	GI physiology, Endoscopy, Allergy testing, Imaging services (including Dexa scans, and non-obstetric ultrasounds), Phlebotomy, Urinary Screening (including urodynamics) and specimen collection	All Adults
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. Audits are performed via a web-based tool called Tendable. Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

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

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

LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPs Prosthesis	Theatres	Theatres	November December May/June	End of December End of June	
NatSSIPs Swab Count	Theatres	Theatres	July/August January February	End of August End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November December May/June	End of December End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July September	End of September	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	

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

			December (if req) March/April	End of April	
Medical Records Ward	- Ward	Ward	July/August November December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November December (if req) March/April	End of August No December deadline End of April	
Medical Records Radiology	- Radiology, RDUK	Radiology, RDUK	July/August November December (if req) March/April	End of August No December deadline End of April	
Medical Records Cosmetic Surgery	- Outpatients	Whole Hospital	July/August November December (if req) March/April November December (if req)	End of August No December deadline End of April No December deadline	

			March/April	End of April	
Medical Records NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	

Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	

Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	
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Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
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
NVC11	Code for North Downs 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 Users Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

North Downs Hospital

Ramsay Health Care UK

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

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

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