

Park Hill Hospital

Quality Account 2022/23



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2021/22 (looking back)	
2.1.2	Clinical Priorities for 2022/23 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Park Hill 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

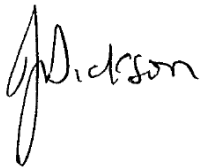
Ramsay Health Care UK

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.

A handwritten signature in black ink that reads "Jo Dickson". The signature is written in a cursive style with a large, stylized initial 'J'.

Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Joanne Bedford, Hospital Director

Park Hill Hospital

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

This vision is supported by Park Hill Hospital's Strategy which is based upon challenging ourselves to grow operational efficiency by building on what we do well to consistently deliver sustainable, safe and outstanding care.

Within this strategy are five pillars covering:

- *Making Care Easy*
- *Supporting the Well-being of our people and customers*
- *Improving the quality of care and maximising value*
- *Working together as one*
- *Striving for excellence in everything we do*

This Quality Account by Park Hill Hospital has been produced to demonstrate our continued commitment to measuring and acting on feedback from all our patients and customers about their experience, with the intention to continually learn and improve on all aspects of the services we provide.

We are aware that patients can be anxious about coming into hospital and understand that providing reassurance is very important to you the patient and your family. This starts with patient safety, which is always our highest priority. To this end we continually review our clinical care standards, outcomes and feedback via audit, observation and through regular open analytical reviews encouraging a 'just culture' treating staff involved in a patient safety incident in a

consistent, constructive and fair way which helps promote a healthy learning culture.

In addition we recruit, induct and train our team to enable the delivery of the highest standards in all aspects of clinical and customer care. This approach extends to family and visitors in ensuring they are made to feel welcome at Park Hill Hospital. This year more than ever throughout the COVID-19 pandemic we have an increased focus on the mental health and well-being of our teams and have Mental Health First Aiders and Champions throughout the hospital.

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

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other key healthcare professionals; examples of these are detailed in this Quality Account.

Park Hill Hospital is accustomed to the disciplines of regulatory and contractual requirements to assure Healthcare Commissioners of our clinical performance, and to report complaints as well as serious incidents to Regulators and Commissioners. We also maintain a Risk Register and systematically review specific actions to achieve risk reduction.

Park Hill Hospital's 'Friends and Family' patient satisfaction scores continually achieve over 99% for 'would recommend to others'. This is consistent with other local private hospitals and is higher than that of our local NHS Trust Hospital. By analysing the results throughout the year, we constantly seek ways to further improve the patient experience. We achieve this through our regular Customer Feedback Forums and our planned Patient Focus Groups. It should be noted that the face-to-face forums have not been as frequent as we would ideally have liked due to the impact of Covid-19 and we have relied more on written patient feedback. We do however plan to introduce the face-to-face feedback groups now that the pandemic restrictions have been lifted.

As the Hospital Manager, I would confirm that I have reviewed this Quality account and that I agree with the accuracy of the reported data.

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

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.


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

Mrs Joanne Bedford

Hospital Manager

Park Hill Hospital

Ramsay Health Care UK



This report has been reviewed and approved by:

Mr A Wilkinson – MAC Chair

Mr A Ahmed – Clinical Governance Committee Chair

NHS Doncaster CCG

Welcome to Park Hill Hospital

Park Hill Hospital is one of South Yorkshire's leading private hospitals with an excellent reputation for delivering high quality healthcare treatments and services.

Located on the site of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust site, Park Hill Hospital opened in April 1995. The ward consists of 21 beds, 17 of which are in single rooms, all with en-suite facility. The outpatient department consists of 6 consulting rooms and a minor procedure treatment area.

The hospital provides a full range of quality services, these include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care. During the last 12 months, the hospital has treated 2,663 patients, 87% of which were treated under the care of the NHS. All NHS patients seen and treated at the hospital must be over 18 years of age as defined by the Standard Contract.

Currently, over 110 specialist Consultants work from the hospital, supported by a team of 4 senior managers, 55 contracted staff (30 nursing & physiotherapy, 18 administration and 7 support services). Park Hill also has a team of 37 bank casual staff both clinical and non-clinical.

Specialities offered at Park Hill Hospital include; Dermatology, Ear Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Podiatry, Physiotherapy, Sports medicine, Urology, Vascular and Weight Loss.

We also have a Resident Medical Officer (RMO) 24-hour emergency support.

Park Hill Hospital has a very close working relationship with Doncaster & Bassetlaw Hospitals NHS Foundation Trust and has access to support services through various service level agreements with the Trust; pharmacy, pathology, medical imaging, resuscitation and endoscopy.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, **Park Hill 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 2021/22 (looking back)

Under Safe:

Medicines Management - Helping patients to make the most of medicines (antibiotic stewardship, take home medication counselling, and medicines reconciliation, supporting patients from pre-admission to discharge).

We will:

1. Have Bi -Monthly Medicines Management meeting as part of the clinical governance committee meeting are in place to analyse all incidents, develop actions and improve practices. The committee review all National Patient Safety Alerts (NPSA) and Medicines & Healthcare products Regulatory Agency (MHRA) notifications.
 - Medicines incidents will be investigated to identify root cause, actions, lessons learned. Medicines incidents, outcomes & lessons learned are reviewed on monthly basis by committee (Ref: Medicines Management Committee Agenda Item 4 “Safe”)
 - MHRA & NPSA alerts reviewed by the pharmacist for applicability to site and documented monthly within Drug Alerts database (Ref: Drug Alerts April 2022). Drug alerts reviewed at Medicines Management Committee (Ref: Ref: Medicines Management Committee minutes Agenda Item 7 “Responsive”)
2. Every in-patient will have their medicines reviewed within 24 hours of admission in line with NICE Guidelines (NG5 2015) ‘Medicines Optimisation: the Safe and Effective use of Medicines to enable the best possible outcomes’.
3. A random selection of drug prescriptions will be audited monthly which will evidence safe, effective administration of medications by the clinical team in line with Nursing Midwifery Council (NMC 2008) ‘Safe Standards for Medicines Management’
4. We will focus on promoting a safe culture around medicines usage including effective use of national and local reporting systems to report and

learn from medication safety incidents. Our aim is to Increase incident reporting through RiskMan to enable learning and action from incidents.

5. We aim to deliver Medicines Management training to all staff involved and assess competency. Medicines Management training includes IV administration, Drug Test, Self-Medication, IV fluids, IV Drugs Administration, Out Of license, Controlled Drugs, Patients Own Medications Management, Medicines Management 'Accountability', Local and Group Polices, VTE (NICE Guidance) for all RGNs/ ODPs.

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

Despite advances in the ability to prevent, diagnose and treat acute pulmonary embolism (PE) it remains an important cause of morbidity and mortality. Estimates suggest that there are more than 25,000 hospital deaths in the UK each year from venous thromboembolism (VTE) (*House of Commons Health Committee Report 2005*) and previous studies have shown that for every diagnosed case of a non-fatal PE there are 2.5 cases of fatal PE that were not diagnosed (*Nicolaides et al 2001*)

Key steps to effective care for patients includes prevention, prompt diagnosis and treatment. Despite rigorous VTE risk assessment and clear polices on thromboembolism prophylaxis the Park Hill have had the incidents below:

1. September 2021 4 days post knee replacement DVT
2. September 2021 6 weeks post Arthroscopy DVT
3. December 2021- PE 7 weeks post foot surgery

As many studies have directed hospital-associated thromboses (HATs) are a mostly preventable the incidents above have directed this clinical priority as Park Hill Hospital will focus on hospital-associated venous thromboembolism and determine how current thromboprophylaxis practice could be improved.

Focus on Venous Thromboembolism (VTE) is also timely as emerging studies are reporting increased incidence of venous thromboembolic (VTE) events in patients who have had COVID-19.

We will do this by:

1. **Implement the National Thrombosis Survey recommendations (Sept 2021)**

The thrombosis survey was set up to audit hospital associated venous thromboembolism (HA-VTE) and determine how current Thromboprophylaxis practice could be improved. The Getting It Right First Time (GIRFT) programme was used to establish methodology and gather and analyse data to support the survey.

2. Review of National VTE Prevention Guidelines: Audit and quality assurance checks against:

- Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NICE guideline NG89) August 2019
- Venous thromboembolism in adults: Quality standard [QS201] August 2021
- Thrombosis UK
- Ramsay Policy: CM001- Venous Thromboembolism (VTE) Prophylaxis

3. Robust audits of appropriate Thromboprophylaxis.

- Lead for pharmacy to collaboratively develop robust audits of 'appropriate Thromboprophylaxis'.
- The lead pharmacist to develop training and guidance with regard to undertaking a VTE risk assessment and appropriate prophylaxis based on risk findings.
- Promote VTE prevention awareness

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

1. Patient education on VTE prevention through verbal and written leaflets
2. Risk assessment completion
3. Action from risk assessment findings
4. VTE Prophylaxis both mechanical and chemical

VTE risk assessment on electronic patient record reviewed and changed to ensure VTE risk assessments completed in line with national standards:

- Complete VTE risk assessment on admission, reassess post-surgery/within 24 hours of admission and whenever the clinical situation changes (Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. NICE guideline [NG89]. August 2019

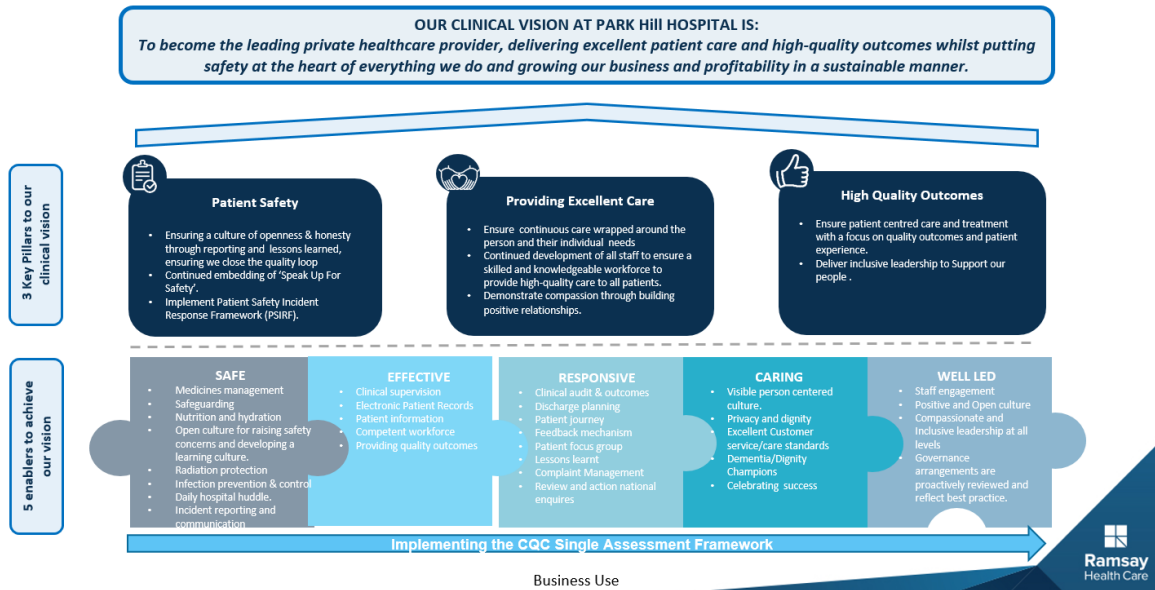
We will focus on developing a 3 Year Clinical Strategy

We have developed a 3 year clinical strategy 2023-2026

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

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

Our 3 Year Clinical Strategy 2023-2026



the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

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

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

Patient Safety Strategy (PSIRF)

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

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

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

Strategy will focus on:

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

5. **Patient Safety Syllabus** – Complete training and education as set out in the syllabus.

Prevention and Management of Pain.




People and carers experience individualized, timely and supportive care that anticipates, recognizes and manages pain and optimizes function and quality of life

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

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

The objectives of the policy are to ensure:

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

No Pain		Mild Pain		Moderate		Severe Pain	
0 - 1 - 2 - 3		4 - 5 - 6		7 - 8 - 9 - 10			
Pain Score 0-3 Mild Pain  0 2		Pain Score 4-6 Moderate Pain  4 6		Pain Score 7-10 Severe Pain  8 10			
IV / PO Paracetamol 1gram QDS (reduce if <50kg and/or hepatotoxicity risk: Section 5.9) AND PO Ibuprofen 400mg TDS (if eGFR<60mL/min/m ² +/-) PO Omeprazole 20mg OD gastroprotection if GI risk factors TTO Example Patient advised to purchase simple pain relief from pharmacy or supermarket.		As Step 1, but add ONE weak opioid: • PO Codeine 30-60mg QDS • PO Tramadol 50-100mg QDS • PO Dihydrocodeine 30mg 4-6 hourly (max. 240mg/24h) AND PRN opioid as inpatient: PO Morphine 10mg/5mL Soln 10.50mg 2-4hourly PRN (max 120mg/24h). <u>Reduce if elderly.</u> TTO Example Codeine 30-60mg QDS PRN (supply 28tab) <u>PLS</u> Senna 15mg ON PRN (20tabs)		As Step 1/2, but consider titrating ONE strong opioid: • IV/IM Morphine 5-10mg QDS • IV/IM Oxycodone 2-10mg Adjuvants Rectal Diclofenac 50-150mg /24hours in <u>divided doses</u> PO Gabapentin 300mg TDS [unlicensed] Seek early consultant review if severe, uncontrolled pain.			
TTO Example (plus Step 2) Morphine 10mg/5mL, Oral Soln 10mg 4-6hourly PRN; max 60mg/24hours (supply 100mL)							
Prescribing must take into account patient factors (age, co-morbidities, allergies), any interacting medications (e.g. benzodiazepines), and contraindications (e.g. poorly controlled epilepsy). Refer to latest BNF / SMP for full prescribing information.							

Staff Engagement

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

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

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

Patient Safety

- SUFS Phase 2 – Promoting Professional Accountability (PPA)**
 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.

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%.

As we have rolled out SUFS training to our staff and consultants, we are now ready to move on to the implementation of phase 2 of the program – Promoting Professional Accountability (PPA), specifically targeted for peer to peer engagement for our Consultant users who work at Park Hill Hospital and within Ramsay Health Care. Our objective was to deliver a number of introductory sessions to consultants and staff and then to identify the consultant and clinical peer messengers for our hospital. Once identified, all of our peer messengers will be trained into their roles. Our site is live on the SUFS reporting platform on our Ramsay Intranet, and we will ensure that all staff and consultants are fully aware how and when to use it.

Although we have not fully completed the objective set last year due to SUFS trainer leaving Park Hill Hospital. We now have a staff member who will commence the training in June 2023 who can then deliver SUFS within Park Hill. We will continue with our drive to implement phase 2 of the programme.

We have:

At Park Hill we developed an 'Infection Prevention Annual Plan for 2022/23'. The Annual Plan for 2021-2022 provides information to our staff, the Ramsay Clinical Director, Ramsay National Clinical Lead in Infection Prevention, Control and Commissioners on infection prevention activities at Park Hill and outlines how key objectives will be embedded into priorities for improvement during 2022/23.

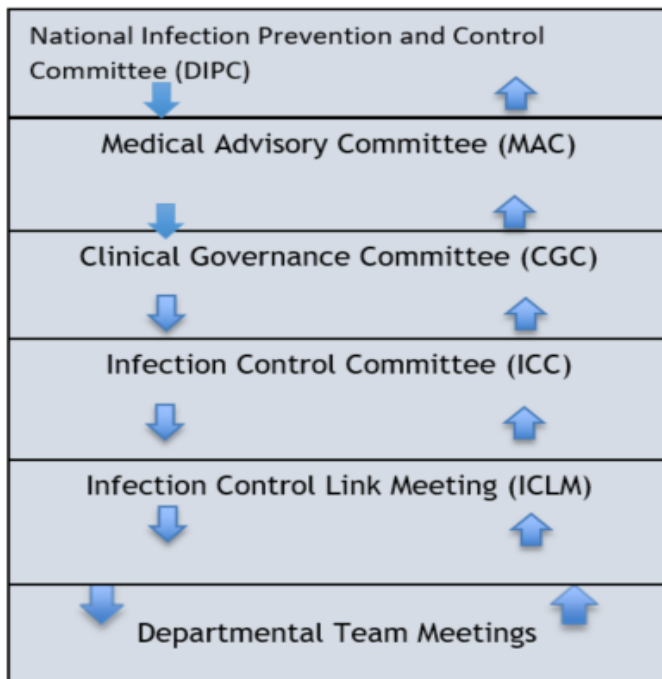
The IPC Annual Plan includes:

1. Meeting Compliance with The Health and Social Care Act 2008: 'Code of Practice on the Prevention and Control of Infections' and related guidance (July 2015) and in line with the Infection Prevention Board Assurance

Framework. This has been achieved as Park Hill can evidence objectives as set below in The Health and Social Care Act 2008: 'Code of Practice on the Prevention and Control of Infections' and related guidance (July 2015) as below:

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
Criterion 3: Provide suitable accurate information on infections to service users and their visitors.
Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection
Criterion 7: Provide or secure adequate isolation facilities.
Criterion 8: Secure adequate access to laboratory support as appropriate
Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.
Criterion 10: Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

- 2. Meeting compliance with CQC Regulation 12: 'Safe Care and Treatment'.** Park Hill has a Clinical Assurance Framework for Infection prevention and Control, through the below committees safe care and treatment is monitored. The aim of this IPC governance framework is to promote a proactive infection prevention and control (IPC) culture throughout Park Hill, and to ensure that the Hospital provides an environment and systems of care which minimizes the risk of infection to patients, staff and visitors.



3. Patient Hand Hygiene Promotion

Five Moments of Hand Hygiene: Campaign to educate staff and ensure adherence in practice.

Hand hygiene is considered the single most important factor in the control of infection. It protects patients and healthcare workers from acquiring microorganisms that may cause harm. The hand hygiene audits provided assurance that the training and education staff received minimised infection within the hospital. Audits were performed by auditors who took an objective overview of the criteria, where any audit did not meet >95% compliance, SMART action plans were formulated and actions completed by the Head of Department, IPC Lead, and IPC link. We focused on hand hygiene as part of the Surgical Site Care Bundle as follows:

- **Completed monthly hand hygiene audits**

Our Hand Hygiene Training Compliance was 100% in 2022

Clinical Effectiveness

We have:

Park Hill have implemented the new audit platform Tendable (previously known as Perfect Ward)

Tenable is a new way to complete audits and has replaced the current audit processes including paper and spreadsheets.

The aim is to make completion of audits quicker, freeing up time for staff to care for patients. It will also make results more accessible and encourage the creation of action plans, so that issues can be identified and fixed more quickly.

The audits are all set within an app and cover all Audits set in the Ramsay annual audit schedule (appendix 1)

Staff describe Tendable as “easy to use” and making audit completion “much quicker than before”.

Implementation of the Tendable audit programme at the Park Hill included:

- Purchasing of iPads to support audit completion.
- Staff training
- Audit group to monitor training, audit completion, analysis, actions.
- Monitoring compliance to Ramsay Policy CN 002: SOP 001 Tendable Audits.

Park Hill Audit Compliance against the Ramsay audit schedule reported in April 2023 by National Ramsay Audit Group: >95%

Tendable Audit platform has:

- Reduced the time taken conducting audits and reporting on actions/compliance.
- Supported rapid action of any issues raised by the audits.
- Increased staff engagement with quality audits.
- Improved understanding about quality for staff.

Patient Experience

- **Cemplicity External web based Patient Experience Survey**

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

To further use and analyse our data and to better understand the patient experience across Ramsay and within our hospital, how we currently deliver and where improvements can be made, a one off foundation ‘Key Driver Analysis’ report is being produced. By better understanding our data through this granular analysis, it will help to steer the organisation in to deciding an important area of focus for each of our quarterly ‘Insights’ reports going forwards, which will also be jointly produced by Cemplicity and Ramsay.

The first quarterly Insights report focused on exploring the patient discharge experience. As a hospital and an organisation, this is the area of our patient experience feedback that we know we can further improve on with that detailed focus, to give patients an excellent hospital discharge experience, from preparation through to post discharge care.

We will thoroughly review both the foundation 'Key Driver Analysis' report and the first quarterly 'Insights' focused report when they have been published and circulated. We then aim to put an action plan in place from the recommendations in the report and learnings from our high performing sites, therefore, with an objective to demonstrate an improvement in our patient feedback scores in areas of discharge. We will continue to use each quarterly Insights report in this way to strive for any improvement we can over the 2023/24 period.

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 2021/22 Park Hill Hospital provided and/or subcontracted NHS services with local Trust.

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

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

	22/23
	%
Total Health Care Assistants – whole time equivalent (WTE)	7.85%
Total Registered Nurses (WTE)	28.06%
Total WTE Nursing (RN and HCA)	35.86%
HCA hours as a % of Total Nursing Hours	21.75%
Staff Turn Over %	19.6%
Sickness %	5.63%
Lost Time %	16.50%
Agency Cost % of Total Cost	18.12%
Staff Cost % Net Revenue	26.99%
Rolling Sickness Absence	3.69%
Rolling Employee Turnover	16.2%
Staff Satisfaction/Engagement Score	74%
Mandatory Training %	96.17%
Appraisal %	93.50%
Number of Significant Staff Injuries	0%

Patient

Formal Complaints for the period April 22-March 2023 16complaints

Patient Satisfaction Score 94.3%

2.2.2 Participation in clinical audit

During 1 April 2022 to 31st March 2023: National clinical audits that Park Hill Hospital participated in, and for which data collection was completed during 1st April 2022 to 31st March 2023, are listed below; alongside the number of cases

submitted for each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit.

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

Name of Audit	Participation (NA, No, Yes)	% cases submitted	Comments
National Joint Registry (NJR) – Per Patient	YES	97.45%	
Elective surgery (National PROMs Programme) Hips, Knees, Cataracts	YES	100%	
SSI – Surgical Site Surveillance Hip and Knee Arthroplasty (30 day post-surgery wound surveillance programme)	YES	100%	

Footnotes:

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

² Project participates in the Clinical Outcomes Publication (COP)

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

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

Local Audits

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

Prophylaxis Audit:

Our use of antibiotic prophylaxis against the antimicrobial formulary audit score is 97%.. We have reviewed this against current best practice and our local NHS trusts formerly to identify if prophylaxis is required.

2.2.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Park Hill Hospital in 2022/23 that were recruited during that period to Participate in research approved by a research ethics committee was zero

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

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

Park Hill Hospital income from 1 April 2022 to 31st March 2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework due to no CQUIN being set.

2.2.5 Statements from the Care Quality Commission (CQC)

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

Park Hill 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

Park Hill Hospital will be taking the following actions to improve data quality.

- Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. On induction staff are trained about how to obtain and input data correctly onto our electronic systems and also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital.
- Park Hill Hospital data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

NHS Number and General Medical Practice Code Validity

Park Hill 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:

- 100% for admitted patient care;
- 100% 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).

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

Information Governance Toolkit attainment levels

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

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

Clinical coding error rate

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

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Park Hill NHS TC	100%	99%	100%	100%

2.2.7 Stakeholders views on 2022/23 Quality Account

The regulations require you to send copies of your Quality Account to your relevant Local Healthwatch, Overview and Scrutiny Committee (OSC) and lead ICB for comment prior to publication.

Comments from commissioners and local scrutineers need to be included in the final Quality Account.

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.

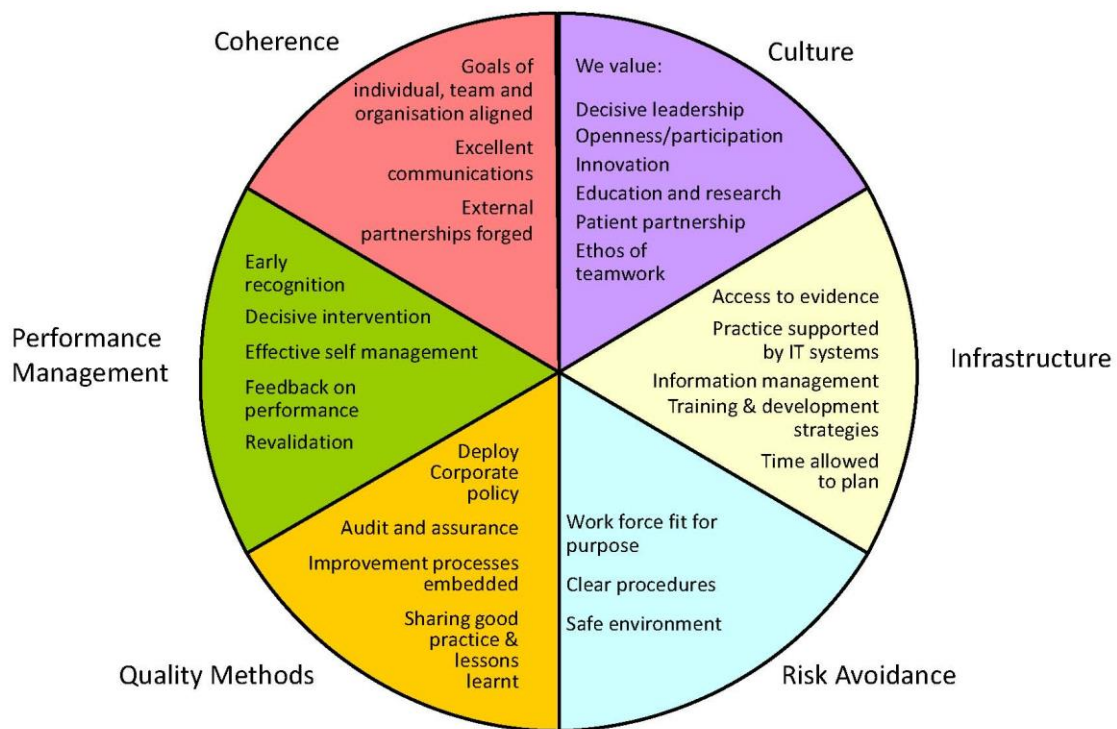
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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.

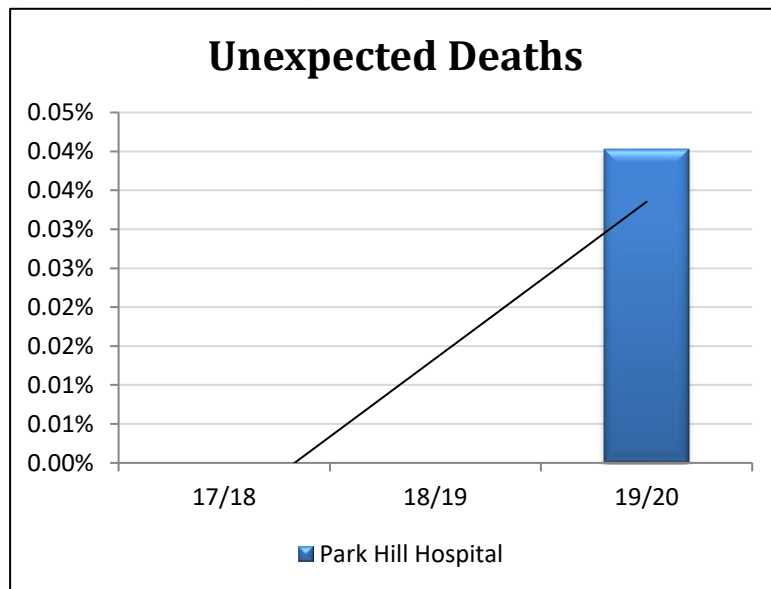
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Park Hill	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC14	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC14	0.0000	

Park Hill Hospital considers that this data is as described for the following reasons no deaths in this period.

Rate per 100 discharges:



National PROMs

PROMS:	Period	Best		Worst		Average		Period	Park Hill	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC14
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC14	*

PROMS:	Period	Best		Worst		Average		Period	Park Hill	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC14
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC14	*

Park Hill Hospital participates in the Department of Health PROM's survey for hip, knee surgery for NHS and private patients. PROMs indicate a patient's health status or health-related quality of life from the patient's perspective, based on information gathered from a questionnaire that patients complete before and after surgery.

PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

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

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

Park Hill Hospital intends to take the following actions to improve the score, and so the quality of its services, by:

- Quarterly focus on PROMS outcomes at Park Hill Hospital Arthroplasty group meeting (all Orthopaedic hip and knee consultants present at this meeting) and at the Clinical Governance Committee. The members at both these meetings will review pre- and post op PROMS scores and the individual level data for each question to determine what actions can be taken to improve health gain.
- We found the response rate for PROMS is poorer than we would like and this makes interpretation difficult to why our patients Health Gain for Knees is lower than the England average, however the ability to obtain individual surgeon data has been useful in allowing us to reflect on outcomes and share best practice. We will be focusing on improving our patient response rate over 2022-2023.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Park Hill	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC14	0.01
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC14	0.00

Park Hill Hospital considers the data reflected for 2022-2023 for Re-Admissions is a positive impact to the work performed by the clinical team in improving patients' discharge ensuring patients are not only clinically fit for discharge but feel confident about their continued recovery post discharge. This in turn has resulted in the hospital not seeing an increase in re-admissions from 2021-2022 to 2022-2023.

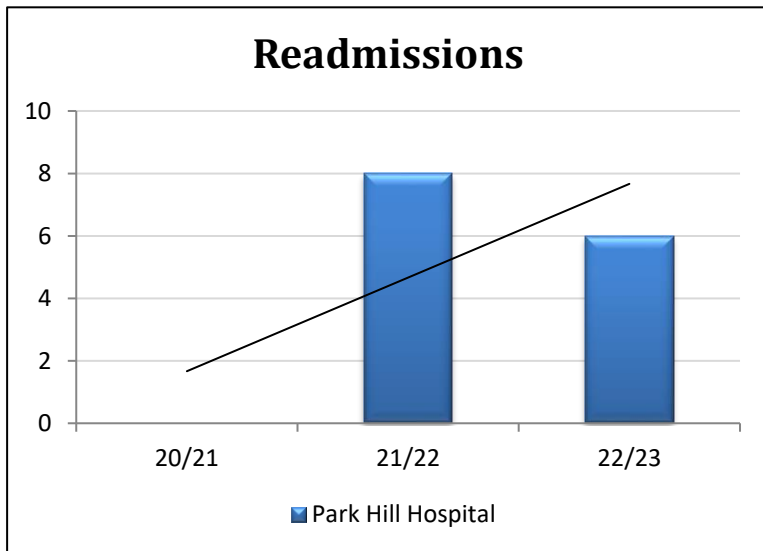
Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes, as with return to theatre, any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed.

Park Hill intends to take the following actions to improve on the re-admission rate and so the quality of its services, by:

1. Planning discharge from point of Pre-assessment.

2. Including discharge planning and communication with the patient at every stage of the patients journey.
3. Analyse every re-admission at the clinical effectiveness group meeting to identify what if any actions could have been taken to prevent re-admission, lessons learned.
4. Improvements in patient education and communication
5. Continuity of care after patients are discharged from hospital. All patients contacted 48 hours post discharge to ensure they are continuing to recover identify any concerns early and taking appropriate action.

Rate per 100 discharges:



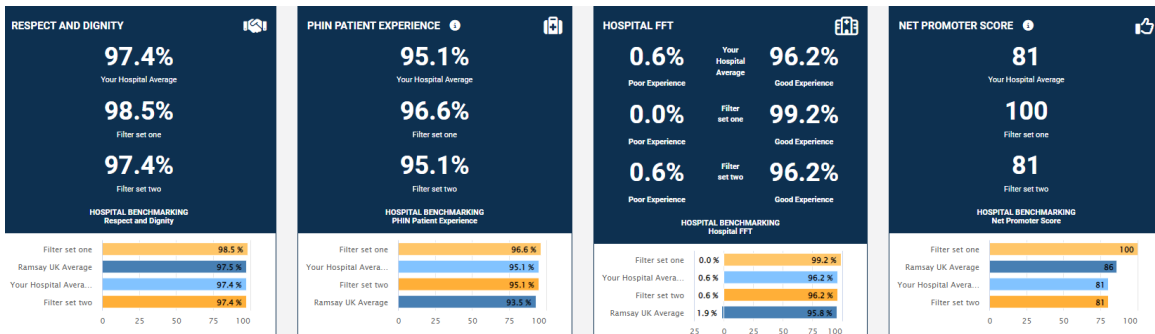
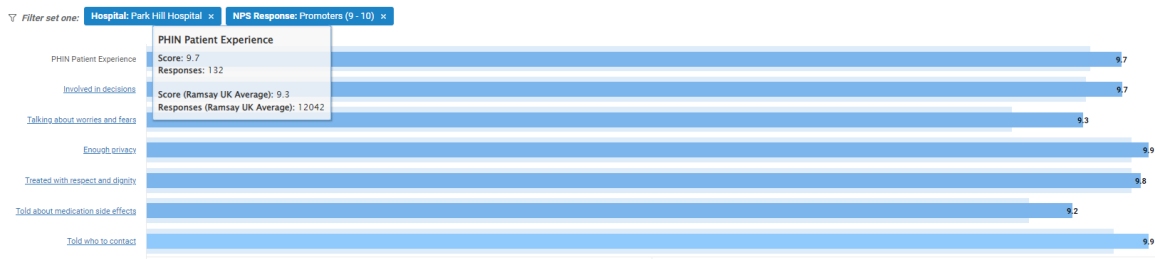
Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6	

4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 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 2019 - March 2020:

VTE Risk Assessment

VTE Assessment:	Period	Best	Worst		Average		Period	Park Hill		
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC14	99.0%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC14	97.2%

Park Hill Hospital considers that this data reflects the quality governance in place to enable VTE Assessment and Prevention.

Park Hill Hospital demonstrate that we are above the National average for VTE risk assessment completion, as evidenced in the table above, this reflects our commitment to patient safety and risk management.

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

The National Institute for Clinical Excellence (NICE, 2019) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, as follows:

- At pre-assessment.
- On admission to hospital.
- 24 hours after admission to hospital.
- Whenever their medical condition changes.
- Before discharge.

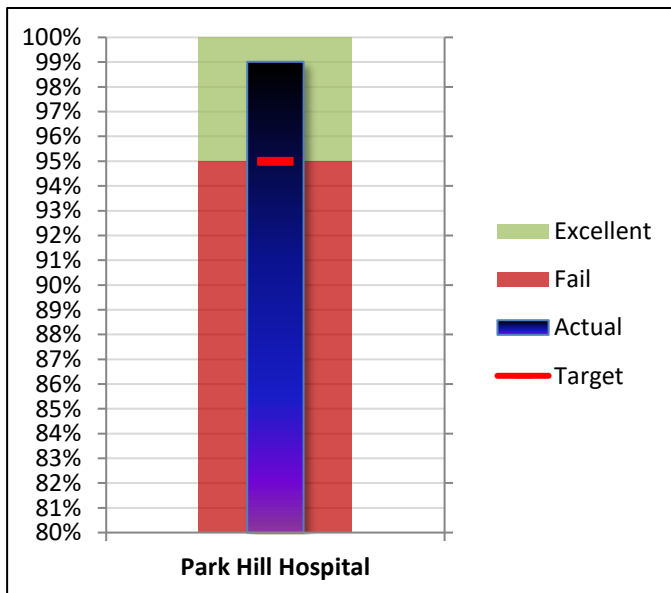
- Every patient should receive information on how to continue preventative measures at home.

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

To ensure we continue to achieve a high score we:

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

The graph below also reflects the VTE Risk assessment target, The Yorkshire Clinic have exceeded the target with a score of 98.9%, which is rated as EXCELLENT.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Park Hill	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC14	0.0
2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC14	0.0	

C Diff Rate per 100,000 bed days.

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

The above table demonstrates our high standards of infection prevention and control processes as there have been no cases of Clostridium Difficile Infection in this reporting period 31st March 2021- 1st April 2022.

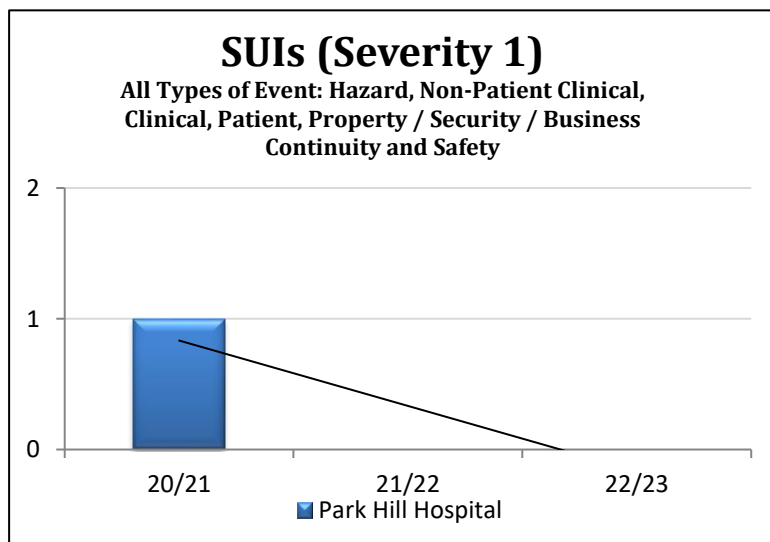
Healthcare Associated Infections (HCAI) are acquired as a result of healthcare intervention. High standards of Infection Prevention and Control practice minimise the risk of occurrence of HCAs.

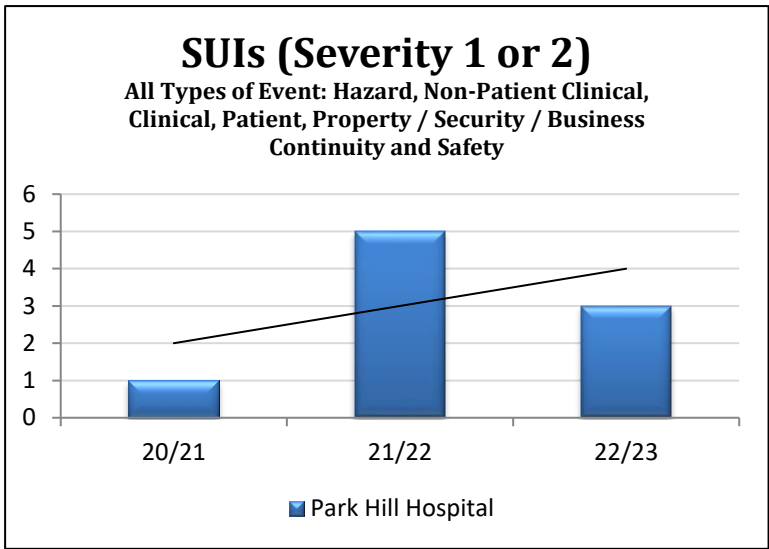
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Park Hill	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC14	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC14	0.00	

The above table shows that Park Hill Hospital had zero serious untoward incidents in this reporting period 1st April 2022-31st March 2023

Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Park Hill	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC14	100.0%
Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC14	100.0%	

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

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

Park Hill continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at Park Hill. Our commitment to provide care with compassion and confidence is reflected by this score.

At Park Hill we see patient feedback received from the Friends and Family test as pivotal to shaping the future services to ensure they meet the needs of our patients, we learn from the feedback and take action where improvements are required.

We discuss monthly at HODS meetings where the Friends and Family Test results are discussed and analysed, key focus for the group is to:

- Increase FFT response rates.
- Action points where our patients have indicated dissatisfaction in our care or services.
- Commend staff that have received positive feedback on the care they have provided.

- Communicate our Friends and Family feedback to our teams to ensure they are fully informed of 'what our patients are saying about our care and services'.

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

Park Hill Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

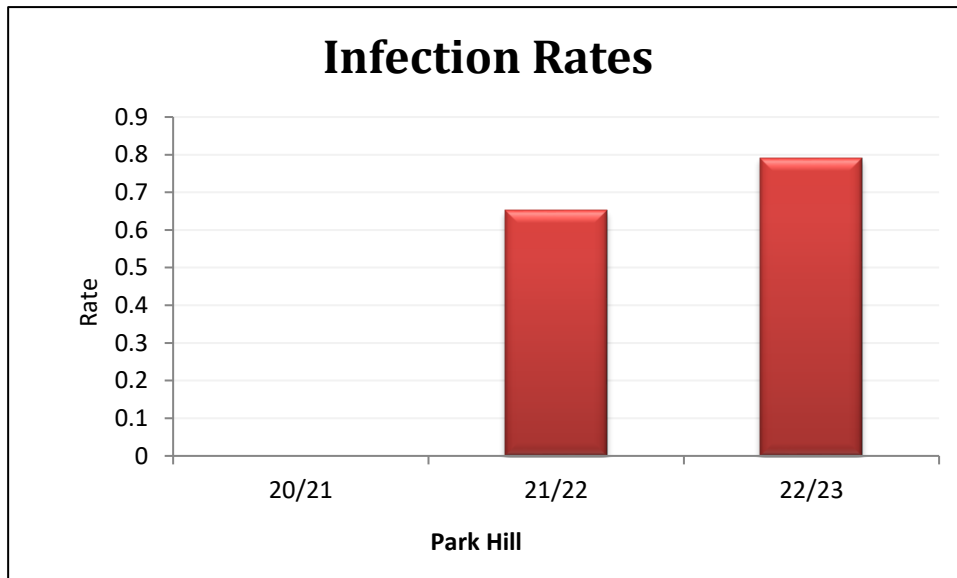
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

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

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

Programmes and activities within our hospital include:



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

Our infection control lead nurse has implemented monthly training for all clinical staff and each department has its own link nurse.

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.

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

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

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

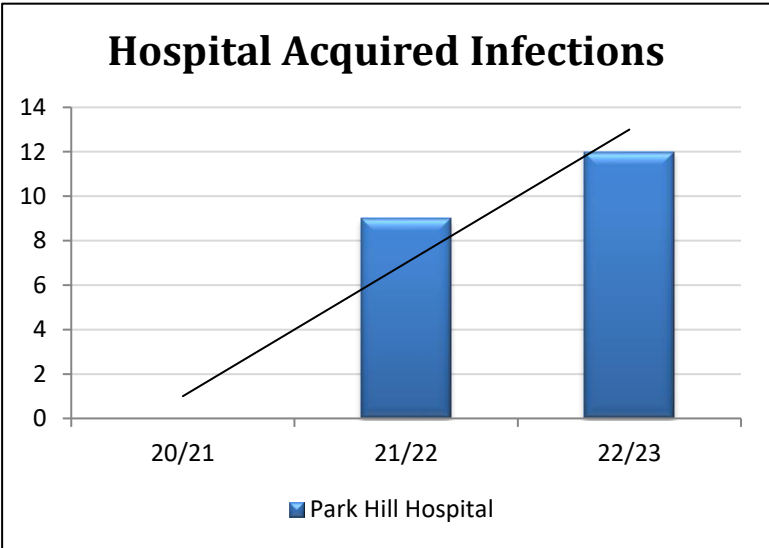
Infection Control Doctor: A Consultant Microbiologist is our Infection Control Doctor. He has responsibility for working with the Hospital Matron and Infection Control Link Nurse (ICLN) to support the implementation of the IPC Annual Plan,

provide guidance and support in the Microbiology services; he also undertakes staff IPC education sessions.

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

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

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

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

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

3.2.3 Safety in the workplace

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

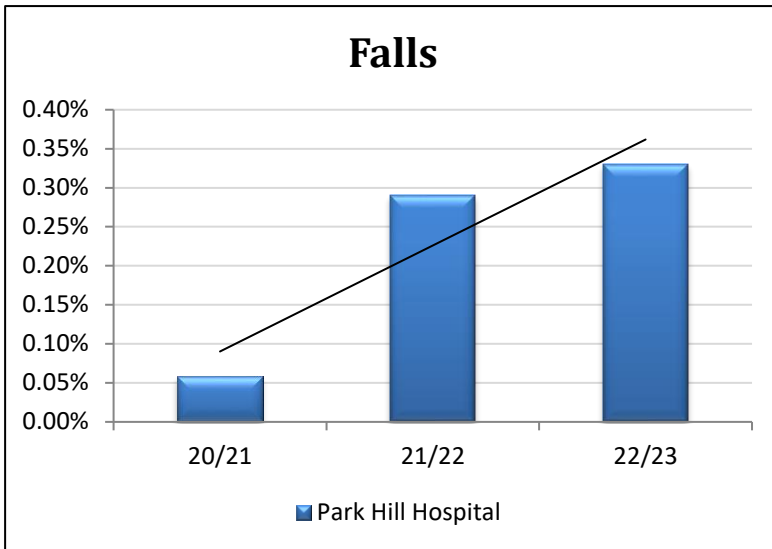
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

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

We have introduced the e-learning training on conflict resolution to enhance safety for our staff.

We have invested in equipment to enable safety of our patients and services, keeping our facilities up to date.

Rate per 100 discharges:

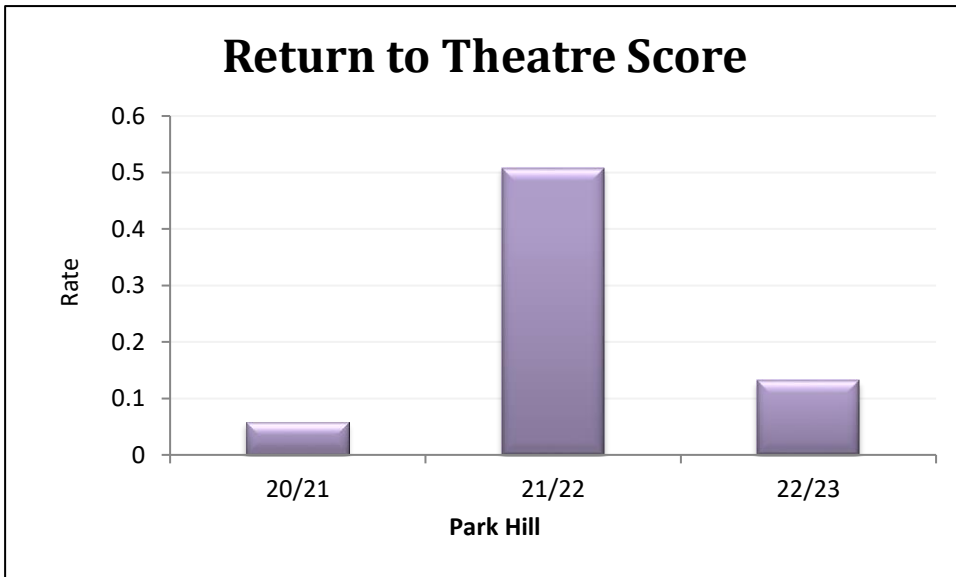


3.3 Clinical effectiveness

Park Hill 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.

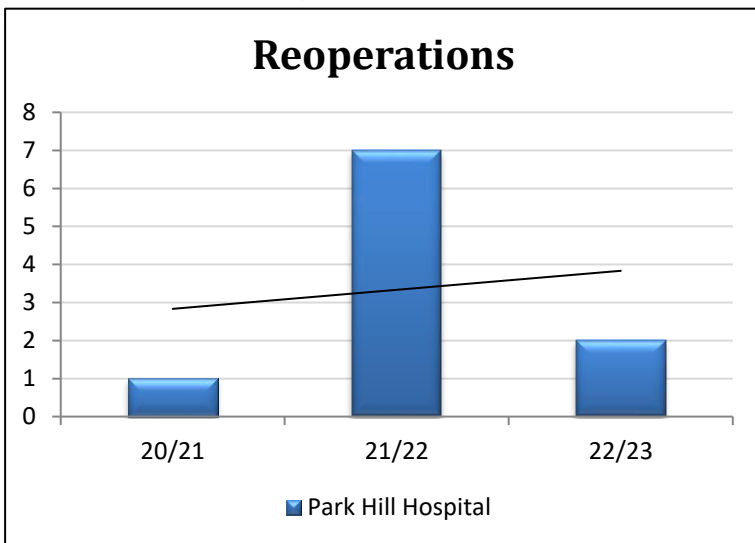
3.3.1 Return to theatre

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.

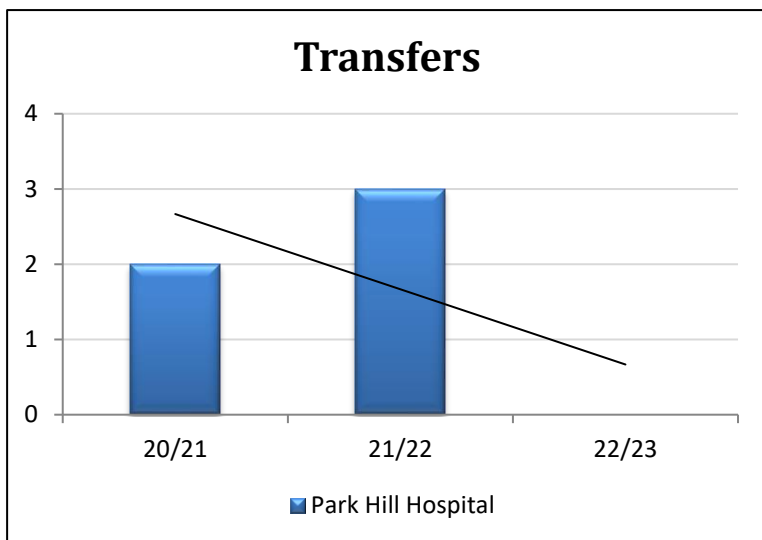


As can be seen in the above graph our returns to theatre rate has decreased over the last year.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

In the reporting period, 1st April 2022- 31st March 2023 there were no unexpected deaths at the Park Hill Hospital

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.

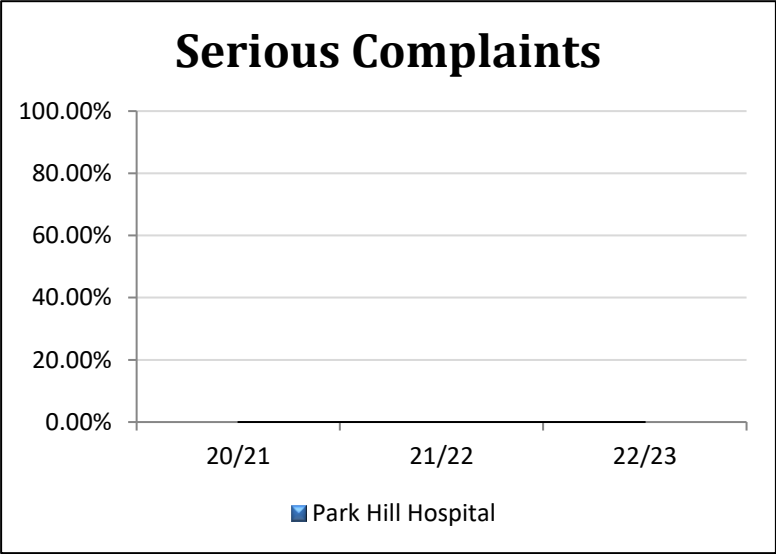
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Park Hill Hospital and within Ramsay Health Care.

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.

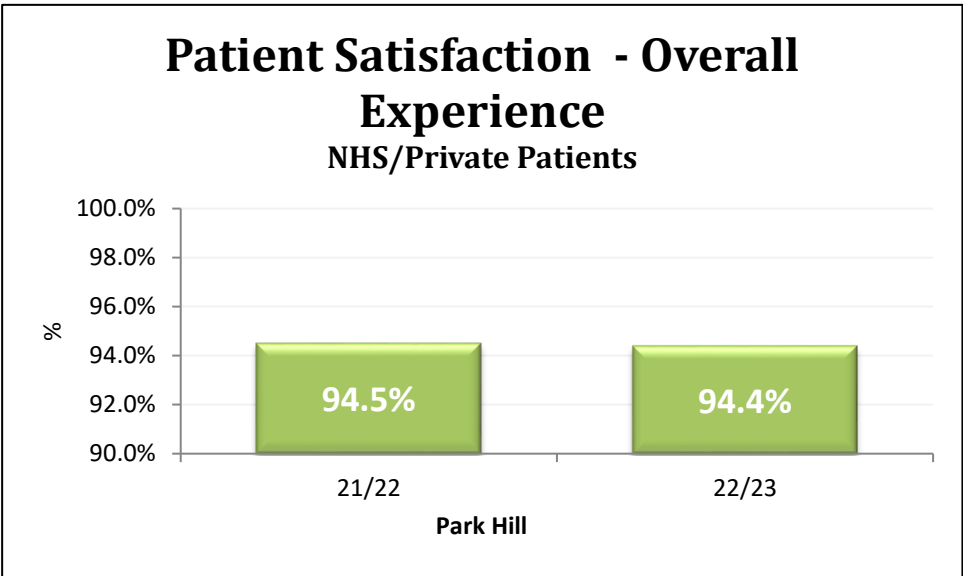
Feedback regarding the patient’s experience is encouraged in various ways via:

- 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 as ‘hot alerts’ to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has ever so slightly decreased over the last year. In comparison to the national average. Over the next 12 months we intend to provide Customer Care Training we provide to all our hospital staff. The training focuses on the patients experience and how we can ‘**go the extra mile**’. Care, Compassion, Confidence and Competence are key to how we interact with our patients. Every patient is treated as an individual and we strive to personalise the care we provide to meet their needs.

We intend to set up a ‘Customer Focus Group’ to review all our patient feedback through our. This group will be made of up of members from all our hospital departments Clinical and non-Clinical and includes a patient member. The aim of the group is to review all our patient feedback and continually learn and change practices by acting on the feedback from our patients as follows:

- Review all feedback provided by our patients, action key themes and identified trends.

- Ensure all our staff work in line with our 'Customer Care Standards' and Ramsay Values.
- Continually use our patients to inform improvement in our patient experience.
- Ensure all our care and services are individualised to meet our patient's needs, 'see the person in the patient.'

3.5 Park Hill Hospital Case Study

As a drive to try and improve our patient experience. The Head of clinical services had implemented a daily ward round. This includes visiting all patient on the ward. The aim is to offer time to each patient to raise any concerns, give feedback on our service and to answer any questions.

This has been very positively received not just by the patients but also by the ward team. We have seen a positive increase in our patient feedback and our net provider score has increased.

Each week Head of clinical services reviews the Cemplicity dashboard and looks for areas that can be improved on. And then focus on these areas when visiting the patient for example pain relief or time append discussion worries or concerns.

Other achievements include :

- Food Hygiene Certificate – Five Stars.
- NJR Certificate of Quality Data Collection 100%
- Successful implementation of in-patient and outpatient new electronic patient record system (Maxims).
- No Never Events.
- Implementation of the falls non slip socks
- Fund raising for the Doncaster Homeless.

Appendix 1

Services covered by this quality account

Regulated Activities – Park Hill Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Dermatology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, Neurology, Ophthalmic, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Day and Inpatient Surgery, Dermatology, Cosmetic/plastic, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular,	<p>All adults 18 yrs and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection. Services subcontracted to the Trust hospital include medical imaging, MRI/CT, ultrasound and echocardiography.	
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes.	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2022/23.

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 / HoCS	As required	NA
Staff Questions	Whole Hospital	SLT / HoCS	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	HoCS	October	By month end
Practicing Privileges - Consultants	Whole Hospital	HoCS	July, January	By month end
Practicing Privileges - Doctors in Training	Whole Hospital	HoCS	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

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC14	Code for Park Hill 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

Park Hill 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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