

# Tees Valley Hospital

## Quality Account 2024/25



**Ramsay**  
Health Care

Confidential Patient Information

# Contents

<b>Introduction Page</b>		
<b>Welcome to Ramsay Health Care UK</b>		3-4
<b>Introduction to our Quality Account</b>		5
<b>PART 1 - STATEMENT ON QUALITY</b>		6-10
1.1	Statement from the Hospital Director	6
1.2	Hospital accountability statement	7
<b>PART 2</b>		11-30
<b>2.1</b>	<b>Priorities for Improvement</b>	11
2.1.1	Review of clinical priorities 2024/25 (looking back)	11-18
2.1.2	Clinical Priorities for 2025/26 (looking forward)	19-24
<b>2.2</b>	<b>Mandatory statements relating to the quality of NHS services provided</b>	25
2.2.1	Review of Services	25
2.2.2	Participation in Clinical Audit	26
2.2.3	Participation in Research	26
2.2.4	Goals agreed with Commissioners	26-27
2.2.5	Statement from the Care Quality Commission	27
2.2.6	Statement on Data Quality	28-29
2.2.7	Stakeholders views on 2024/25 Quality Accounts	30-32
<b>PART 3 - REVIEW OF QUALITY PERFORMANCE</b>		33-55
3.1	The Core Quality Account indicators	36-41
3.2	Patient Safety	41-48
3.3	Clinical Effectiveness	48-52
3.4	Patient Experience	52-55
<b>Appendix 1 - Services Covered by this Quality Account</b>		56
<b>Appendix 2 - Clinical Audits</b>		57-64
<b>Appendix 3 - Glossary of Abbreviations</b>		65

# Welcome to Ramsay Health Care UK

Tees Valley Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

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



**Nick Costa, Chief Executive Officer, Ramsay Health Care UK**

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

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

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

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

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



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

# Introduction to our Quality Account

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

Each site within the Ramsay Group develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

# Part 1

## 1.1 Statement on quality from the Hospital Director

### Mrs Donna Thornton, Hospital Director Tees Valley Hospital

I have reviewed the Quality Account for 2024/25 which demonstrates our continued commitment to delivering high quality care. Our vision remains:

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

I am proud to lead Tees Valley Hospital and our continued commitment to measuring and acting on feedback from all our patients, customers and colleagues about their experience, with a culture of continuous improvement and learning in all aspects of the services we provide. This forms an important part of our hospital strategy, outcomes and reflections upon the year past shaping our plans for improvement and performance success in the year ahead.


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

Donna Thornton, Hospital Director  
Tees Valley Hospital

## 1.2 Hospital Accountability Statement

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

**Mrs Donna Thornton**



**Hospital Director**

**Tees Valley Hospital**

**Ramsay Health Care UK**

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

**Mr Anil Reddy, Medical Advisory Committee Chair**

**Mr Jesuraj, Clinical Governance Committee Chair**

**Commissioners/ICB and other external bodies**



# Welcome to Tees Valley Hospital

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



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

Tees Valley Hospital currently provides services for the following specialties: dermatology, GI endoscopy, general surgery, gynaecology, oral surgery, orthopaedics, podiatric surgery, plastic surgery and urology. Being purpose built there is ample free



car parking available, good public transport links and easy access to main road networks.

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

## **Hospital Facilities**

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

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

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

Tees Valley Hospital supports local charities, and this year has supported Macmillan Cancer Research via a coffee morning and charity bake sale. Engaging with our local community and supporting development of our future healthcare workforce is important to us. In conjunction with Teesside University, Tees Valley Hospital attended a recruitment drive for nursing and health care professionals (HCPs), and we continue to provide work-based placements for nursing students and operating department practitioners (ODPs).

## **Nursing and Medical Care**

All our patients are allocated a 'named nurse' at the beginning of each shift. The role of the named nurse is to provide co-ordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their

overall nursing care. In 1992 the Department of Health issued the Patients Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned.

We have a Resident Doctor (RD) who supports the Consultants, and together with the nursing team, provides around the clock medical support to all of our patients.

North East and North Cumbria Integrated Care Board (ICB) were our lead commissioner of NHS Services for 2024/25, with regular service review meetings held to discuss performance. Patients were referred and travelled from a variety of localities including Darlington, Durham, Hartlepool, Redcar, Middlesbrough, Stockton and North Yorkshire. NHS services are accessed direct from GP via the electronic referral system (e-RS), and we have dedicated e-RS co-ordinators and a Business Relations Manager (BRM) to facilitate the referral process. Our BRM works closely with the GPs in the surrounding area creating a link between community services and the hospital.

This year, Tees Valley Hospital delivered 10,865 patient procedures which is an increase on the previous year. The focus of the hospital continues to be on delivering NHS activity equating to 92% whilst increasing our admissions for insured or self-pay patients. In terms of work force, there are 162 contracted members of staff employed at Tees Valley Hospital comprising of 62% clinical posts and 38% support staff with a mix of full time and part time positions. 37% of all clinical posts are held by registered nurses with a nurse patient ratio of 1:6. Tees Valley Hospital also employs clinical bank staff to provide a greater flexibility to our workforce, enabling us to flex our resources when needed to maintain patient safety, and to keep waiting times to a minimum.

# Part 2

## 2.1 Quality priorities for 2025/26

### Plan for 2025/26

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

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

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

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

### Priorities for Improvement

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

##### Patient Safety:

##### **Local Patient Safety Incident Response Group (PSIRG) - Safety Panel**

The Patient Safety Incident Response Framework (PSIRF) - 'Go live' for Ramsay Health Care UK was in November 2023 with corporate communications commencing in July 2023. All staff at Tees Valley Hospital undertook training in preparation for the go-live date (achieving 100% compliance), the level of which was dependent on the staff member's role. The PSIRF methodology is now well embedded across the hospital site with the support of a local PSIRG - Safety Panel which commenced May 2024.

Our local PSIRG - Safety Panel takes place each week. Core members are the Head of Clinical Services, the hospital's Clinical Lead, and the Head of Department for each clinical area (Ward/Day Case, Outpatients, Theatre, Physiotherapy, Pharmacy, Radiology). The Safety Panel supports a systematic, compassionate response to patient safety incidents, encouraging openness, transparency and continuous learning and improvement. In addition, the Safety Panel enables us as a hospital site, to have

greater oversight of all 'open incidents', all ongoing investigations and learning outcomes, which in turn, are actively shared across the clinical departments.

Since the introduction of our local Safety Panel, we have ensured:

- All reported incidents are reviewed on a week-by-week basis to confirm an appropriate impact score (0-5) has been assigned, determined by level of harm, and to ensure the impact score of the incident is appropriate with the information available at the time of review
- Identification of any reported incidents that may require a Patient Safety Incident Investigation (PSII)
- All patient safety incidents potentially requiring a PSII are escalated to the Clinical Quality Partner (CQP) and corporate PSIRG
- All investigations are undertaken with an appropriate, proportionate response
- All learning responses are undertaken based upon the organisational patient safety incident response plan and national and local priorities
- Recommendations for local/national learning responses to prevent future incidents from reoccurring
- Identification of trends and shared improvement plans

The PSIRG - Safety Panel works within the Tees Valley Hospital Clinical Governance Structure, providing feedback to the Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team & Heads of Department Committee. The Safety Panel also initiates relevant improvement work-streams to action or improve identified key themes.

### **Resuscitation Committee**

Another key clinical priority for 2024/25 was the introduction of Tees Valley Hospital's Resuscitation Committee. The Committee was introduced in April 2024 and has the responsibility for reviewing and assuring local arrangements for resuscitation, providing safe, effective care for patients in line with Ramsay Health Care UK Policy and the Resuscitation Council (UK). Core members include the Head of Clinical Services, the hospital's Clinical Lead, Theatre Manager, Ward Manager, Resuscitation & Critical Care Lead, Resuscitation Trainer, Anaesthetic Lead, and Anaesthetic Practitioner.

The Resuscitation Committee ensures that resuscitation procedures and guidelines are implemented effectively and safely across the hospital site. Additionally, the Resuscitation Committee reviews all clinical incidents that involve a medical emergency, patient deterioration, an unexpected transfer, a patient readmission and also, any incidents whereby a patient is required to return to theatre. Where required, the Resuscitation Committee may implement a specific action plan as a result of an investigation finding, or from the review of an essential audit.

Education and training are core agenda items at the Resuscitation Committee. Staff resuscitation training and compliance is reviewed and monitored to confirm that staff receive the most appropriate resuscitation training suitable for their role. Emergency/resuscitation scenario based teaching and clinical simulations that have been undertaken (via Tees Valley Hospital's external resuscitation training provider and also, from in-house training sessions) are presented and reviewed to obtain essential feedback, providing us with the required assurances regarding the delivery of safe, competent and confident emergency care. The feedback also helps us as a hospital site to support our clinical teams to continually improve our approach to emergency care provision. Further information outlining our approach to in-house training via the use of a clinical simulation bay can be found under the *Clinical Effectiveness* section of this report.

Through the introduction of our local Resuscitation Committee will have ensured the following:

- All resuscitation incidents are reviewed inclusive of incident outcome and care delivery
- All patients requiring transfer to an acute hospital are reviewed inclusive of incident outcome and care delivery
- A review of all resuscitation attempt audit forms
- The adequate provision of resuscitation training in relation to the training needs for hospital staff
- Provided advice regarding the provision of appropriate equipment and drugs for the resuscitation of patients and for training purposes
- Implemented local procedures and Standard Operating Procedures (SOPs) relating to the care of deteriorating patients, critically ill patients, including provision and use of equipment
- Communicated and implemented change(s) as recommended by the Resuscitation Council (UK), communicating these changes across the clinical teams
- Made recommendations and reviewed resources used within Tees Valley Hospital for critical care provision/transfer
- Reviewed audit data in relation to training, resuscitation practice and the application of Do Not Attempt Resuscitation (DNAR) orders in the hospital

The Resuscitation Committee works within the Tees Valley Hospital Clinical Governance Structure, providing feedback to the Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team & Heads of Department Committee. Where required, the Resuscitation Committee initiates relevant improvement work-streams to action or improve identified key themes.

## **Clinical Effectiveness:**

### **Clinical Simulation**

Tees Valley Hospital undertakes clinical simulation/scenario-based in-house training as a means of supporting and teaching staff in a realistic environment, whilst providing a 'safe space' to make and learn from errors. Training currently includes fire safety, falls, major haemorrhage, management of the deteriorating patient and resuscitation training. Clinical simulation as a training and development method has been welcomed by the staff at Tees Valley Hospital and several of our more experienced team members (from a range of specialities) have taken on the role 'to lead' a scenario-based training session.

During 2024/25, we have introduced an additional resource, namely the clinical simulation bay, which is located in the recovery area of the Theatre Department. The aim of the simulation bay is two-fold in that pre-arranged training sessions such as those stated previously (i.e. management of the deteriorating patient, resuscitation techniques etc.) can be facilitated in this clinical area, enabling staff to undertake teaching/learning in a realistic environment, but also, the area provides staff with an opportunistic means of practicing specific interventions, techniques and/or skills when not providing direct care to patients.

We have received positive internal feedback from staff regarding the use of the simulation bay and have found it to be a useful resource for students and junior members of the team. Tees Valley Hospital continues to actively encourage all clinical staff to regularly update their clinical and emergency skills and knowledge (rather than relying on annual competency assessments), not only to maintain professional accountability and support ongoing professional development, but also, to strengthen our commitment to patient safety and clinical effectiveness by having a workforce that is clinically competent and confident to manage potential challenging clinical situations.

### **Pre-Assessment Optimisation**

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

During 2024/25, Tees Valley Hospital have undertaken a full review of current pre-assessment processes, not only to evaluate resources, service delivery and to optimise current practice, but also, with a view to reducing on-the-day cancellations and additionally, from the perspective of enhancing the customer experience. For a number of patients, the pre-assessment process is paramount to the patient journey, and it with this in mind that efforts have been directed towards improving



communication and documentation processes to ensure our patients feel supported, informed and provided with individualised care.

As part of the review process, several quality improvement initiatives have been achieved during the last year including the following:

**Revised Inclusion/Exclusion Criteria:** Tees Valley Hospital's inclusion/exclusion criteria was finalised in July 2024. The criteria utilises a Green, Amber, Red (RAG) method as an easy reference visual aid to support pre-assessment staff to determine patient suitability for procedures/surgery undertaken locally. In its simplest form, the criteria document enables staff to distinguish between those patients who are suitable (green) for a procedure/surgery at Tees Valley Hospital compared to those who are not suitable (red), due to the patient's medical history or current health status. Importantly, the criteria document helps to direct pre-assessment staff to gain further advice/opinion, support or guidance from an anaesthetist, consultant or at a multi-disciplinary team (MDT) meeting for patients whose medical history or current health status is categorised as being 'amber'.

**Anaesthetic Review Clinics:** Following on from the agreed Inclusion/Exclusion Criteria, we have also introduced face-to-face anaesthetic review clinics over the last year. The clinics are currently facilitated by three anaesthetic consultants and take place in our Outpatients Department at Tees Valley Hospital. The clinics have been implemented as an additional resource with the aim of optimising our pre-assessment processes, whilst also ensuring patient safety, suitability and robust pre-operative planning arrangements. Patients are booked into an anaesthetic review clinic by our pre-assessment nursing staff following a pre-assessment appointment, on the advice of a consultant or another anaesthetist, or when further information/expert opinion is required as the patient is considered 'amber' following the inclusion/exclusion criteria.

## **Striving for Excellence Programme**

During 2024/25, we saw progression of our 'Striving for Excellence Programme' - an initiative to deliver core but essential awareness training to staff across the hospital (on a wide range of topics). The programme involves utilising key individuals who are able to deliver a presentation or awareness training on a particular area of interest or specialist subject/issue. These presentations or training sessions are often facilitated over a lunch time period and aptly named 'Lunch and Learn' sessions. To date, the following has been facilitated:

- Preparing for CQC Inspections (for all staff)
- Record Keeping (for clinical staff)
- Chaperoning
- Discharge Summaries
- Hyponatraemia Awareness
- Mental Health Awareness
- Hospital Strategy

- Clinical Strategy
- Dementia Strategy

Each of the sessions provided have been very well attended with informal feedback being extremely positive. We plan to continue with the programme as it supports our commitment to invest in our hospital teams, to provide training that supports the daily responsibilities of our staff, and to facilitate training that is pertinent and relevant to the staff member's role, strengthening their awareness and understanding.

### **Patient Experience:**

#### **Customer Experience Committee**

The Customer Experience Committee continues to be well established across Tees Valley Hospital and is very well attended. Membership includes nominated representatives from all departments by way of Customer Experience Champions, whose role is to increase staff awareness of promoting excellent customer/patient service at each opportunity.

During each Customer Experience Committee meeting, patient feedback continues to be reviewed and discussed to identify potential key themes together with any required actions for improvement. Feedback continues to be monitored daily from our numerous patient experience and feedback tools such as 'Friends and Family', 'Reputation' and our patient satisfaction survey 'Cemplicity'. We also continue to share feedback with staff through emails, daily huddles and departmental team meetings. Staff engagement is integral to maintaining and improving the satisfaction levels of our patients, and therefore, the sharing of feedback ensures that staff have a greater understanding of patient priorities and expectations. Staff are continually encouraged to empower patients, visitors and relatives to complete feedback and last year saw the revised electronic link for 'Friends and Family' submissions displayed across all of our clinical and patient facing areas of the hospital.

As part of our pledge to provide outstanding patient care, Customer Service Training was delivered to the Customer Experience Champions during the summer of 2024. The aim of the training was to strengthen our core priority qualities of communication and engagement by enhancing staff members' knowledge and skills in relation to verbal and non-verbal communication, personal behaviours and situational awareness. Principally, the training was an intentional means of supporting and empowering our teams to ensure that patients have a positive experience during their hospital journey, and where dissatisfaction or challenging situations may occur, enable staff to respond in a manner that still maintains the therapeutic, empathetic relationship.

In terms of customer experience from an employee perspective, we have also introduced a 'Shout Out Board', located in the staff dining area. The purpose of the board is to display and encourage positive feedback/comment for colleagues who

demonstrate excellent customer service or who have supported their peers via a particular action or positive behaviour. The Shout Out Board has been acknowledged as a great success across the site with staff from all areas and departments regularly leaving comments of thanks and appreciation for their colleagues to read. Our ethos is that as employees and stakeholders, staff too are customers of the organisation (and indeed the hospital) and by way of promoting 'The Ramsay Way - People Caring for People' philosophy, the Shout Out Board is a means of caring and appreciating one another.

## **Dementia Awareness**

Since Dementia Action Teesside delivered Dementia Awareness Training across the hospital site during 2023/24, we have continued into 2024/25 to focus our efforts on increasing staff awareness of dementia, inclusive of the reasonable adjustments that may be required to ensure that patients receive individualised care that is supportive of their current health status and stage of disease progression.

Considering the above, Tees Valley Hospital now has its own local Dementia Strategy, the vision of which is *'To deliver an exceptional care experience for those living with Dementia (and their carers), ensuring our patients are respected and valued as individuals'*. The purpose of the strategy is to outline our key pillars of focus - *Skills and Training, Physical Environment, Respect and Inclusion and Partnership Working*, together with a summary of our plans to achieve each pillar, how we will measure our success, and finally, an overview of the key enablers that will help support achievement.

Also, during 2024/25, we have received confirmation that Tees Valley Hospital has been accepted to be part of the Dementia Friendly Community and in September 2024, we attended a celebratory event to receive acknowledgment, presented by the Mayor of Middlesbrough.

Following on from these achievements, we now have nominated Dementia Champions across all clinical and patient facing departments, and we have a hospital site Dementia Lead. The Champions and Lead are key to maintaining staff awareness and collectively form the Dementia Working Group. The purpose of the group is to consider quality improvement initiatives, review staff training (in relation to dementia awareness), and implement agreed actions as part of our local strategy, or from additional identified areas of improvement. To date, the Dementia Working Group have updated the ward patient information pack for patients living with dementia, reviewed and updated our pre-assessment processes (to include a patient specific passport), and also, sourced additional dementia friendly aids and resources.

In January 2024, we invited the Alzheimer's Society to site to deliver specialised training to our nominated Dementia Champions. The training included information on how to improve services within the hospital (for people living with dementia), sign-

posting resources, link contacts and information regarding national and local support available. Additionally, in February 2024, the Alzheimer's Society returned to Tees Valley Hospital to undertake an environmental audit (at our request). The audit involved reviewing the hospital site, layout, accessibility, aesthetics and signage. The Dementia Working Group continue to work through some of the recommended suggestions as we progress on our journey to reduce wherever possible, the disparity faced by many patients with dementia by learning how to support, offer understanding and provide reassurance to those who access our services.

### **Ask Listen Do Initiative**

Tees Valley Hospital adopted the NHS England Ask, Listen Do initiative back in the 2023/24 reporting period, with the premise of improving the experiences and outcomes of patients who are autistic or who have a learning disability.

In consideration of embedding Ask, Listen Do, we firstly nominated an Ask, Listen Do Lead who commenced awareness training for Reception staff and Outpatient staff. Initially, we had only considered clinical departments, but it was soon evident that main reception area was another critical department whereby staff have the opportunity to fully engage and support both patients and visitors who wish to express a concern or query.

Regarding the progression of this initiative during the 2024/25 reporting period, we have continued to embed Ask, Listen Do across all patient facing departments within the hospital. Staff from Physiotherapy, Radiology, MRI and the Day Case Unit have received training, and this remains ongoing for Ward and Admission Unit staff. Staff can access the relevant resources to support patients and their families/carers to enable them to provide feedback, raise concerns or make a complaint (if required). In addition, we now have Ask, Listen, Do posters displayed across the hospital to encourage patients/visitors to seek support from staff should this be required.

Our obligation to this project will continue into the 2025/26 reporting period to ensure that people with autism or a learning disability who access Tees Valley Hospital receive high quality, safe care, and have equal access to services, including access and support to raise a concern or complaint.

## 2.1.2 Clinical Priorities for 2025/26 (looking forward)

### **Patient Safety:**

#### **Aseptic Non-Touch Technique (ANTT)**

As a healthcare organisation, Ramsay Health Care UK are required to demonstrate effective clinical governance and clinical competence regarding ANTT. Similarly, the Care Quality Commission (CQC) assess organisational requirements for aseptic technique as part of their regulatory processes. The ANTT accreditation provides healthcare organisations with a means to demonstrate and evidence commitment and competence to robust infection prevention and patient safety, with accreditation criteria being based on the following pre-requisites for best practice: policy, procedural guidelines, education, competency assessment, audit and monitoring.

During the 2024/25 reporting period, Tees Valley Hospital successfully achieved both 'Bronze' and 'Silver' accreditation for ANTT. Acquiring the two levels within one reporting period not only demonstrates our dedication to the patient safety agenda, but also, our obligation to deliver care that aligns to best practice principles. For the 2025/26 reporting period, our aim is to achieve the 'Gold' accreditation for ANTT. This involves increasing the number of local ANTT trainers onsite, increasing the number of staff completing the ANTT competency assessment (>90% for 'Gold' accreditation), and also, increasing the number of ANTT standard audits.

#### **Speak Up For Safety (SUFS)**

Throughout the 2024/25 reporting period, we have continued to facilitate core Speak Up For Safety (SUFS) training for all staff (and consultants at Tees Valley Hospital). As noted throughout previous Quality Accounts, SUFS reinforces Ramsay Health Care UK's commitment to providing outstanding healthcare to our patients and safeguarding against unsafe practice. As part of the hospital's daily huddle, SUFS remains part of the routine communications, as we reflect and discuss any incidents or issues from the previous day.

In addition, during 2024/25, Ramsay Health Care UK facilitated internal training to ensure that speaking up for safety continues to be a priority within the organisation. All hospital sites were required to nominate potential instructors. At Tees Valley Hospital, two nominated staff successfully acquired the SUFS training qualification. The two staff members (one clinical and one administrative) will be key to the delivery of SUFS training moving forward.

As one of our priorities for 2025/26, we aim to increase consultant compliance regarding SUFS training. Given that we have had an increased number of consultant surgeon and anaesthetist practice privilege approvals over recent months, we are keen to ensure this training is completed in a timely manner. The aim is to facilitate a number of bespoke training sessions for the consultants which may involve out of hours

sessions to suit clinical commitments. The SUFS trainers will also continue to deliver training to employed hospital staff as part of our ongoing training programme.

### **Antimicrobial Stewardship**

As stated within the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections, registered healthcare organisations are required to provide evidence of pragmatic prescribing and antimicrobial stewardship as a standard of compliance. Quality improvements in relation to antimicrobial prescribing should be a continual process, typically fulfilled through ongoing audit and implemented action programmes with agreed organisational monitoring and oversight. As with all healthcare organisations, it is the responsibility of those involved in antimicrobial prescribing (e.g. doctors, nurses, pharmacists, microbiologists) to lead on antimicrobial prescribing quality improvement initiatives, engaging with the wider clinical teams to help develop comprehensive strategies to ensure patients receive the best antimicrobial treatment at the right time and for the right purpose.

In consideration of enhancing and evidencing robust antimicrobial prescribing locally, one of our clinical priorities for 2025/26 is the antimicrobial stewardship initiative. The project will be led by the hospital's Lead Clinical Pharmacist and will be supported by all prescribing clinical staff. The initiative is not only aimed at minimising the risk of antimicrobial resistance (a national concern) but also focuses on patient safety by maintaining the quality of care for patients with infection. Effective stewardship will also enable review and monitoring of antimicrobial use across the site, allowing for collaborative discussion regarding potential adjustments to treatment plans (where infection is suspected and/or confirmed).

### **Clinical Effectiveness:**

#### **Controlled Drugs, Storage and Management Quality Improvement Workstream**

Tees Valley Hospital appointed a Lead Clinical Pharmacist back in May 2024, after having been without a hospital pharmacist for most of the prior 2023/24 reporting period. Since commencing in post and during the 2024/25 reporting period, medicines management including the delivery and storage of pharmacy stock has been a key focus across all clinical departments. Efforts concentrated on reviewing current processes, implementing any required actions to ensure legislative compliance, and also, from an efficiency and clinical effectiveness perspective.

The Lead Clinical Pharmacist liaises closely with Northeast Cluster Pharmacist and the corporate pharmacy team to support us as a hospital site, to promote safe and standardised practice in relation to prescribing, record keeping, procurement, storage and usage of medicines, staff training and policy compliance. In addition, the Lead Clinical Pharmacist is a core member of our Clinical Governance Committee, and we ensure that Pharmacy/Medicines Management is a fundamental agenda alongside all other clinical departments and specialities.



Following on from the above, one of our clinical priorities for 2025/26 is our controlled drugs (CDs), storage and management quality improvement workstream. The premise of this project is to enhance overall CD management at site. The planned improvements stem from a collective discussion focused on strengthening CD security at Tees Valley Hospital in response to increased clinical activity. Under the current arrangement, all CD stock is held in the respective clinical departments. Pharmacy facilitate CD stock procurement from suppliers at the request of these departments and deliver items directly upon arrival. Inevitably, on occasions, this can lead to excess CD stock being held in departmental CD cabinets, thereby potential increasing the risk of diversion. Regarding the proposed arrangement to centralise CD storage, all CD stock at site will be stored in a secure, high-capacity CD cabinet within the Pharmacy office. Clinical departments will then be supplied by Pharmacy with an appropriate weekly stock level for storage in their local CD cabinets. This revised process provides Pharmacy with real-time oversight of stock levels, ensuring adequate stock is maintained to support all on-site clinical activity and thereby enhancing patient safety.

### **Theatre Utilisation**

Another key priority for the 2025/26 reporting period is the review and analysis of theatre usage at local level to promote clinical effectiveness and to aid with ongoing resource planning and productivity. Robust and efficient theatre utilisation is an integral aspect of the Ramsay Health Care UK's Operational Excellence agenda. It is therefore essential, that we as a hospital site understand our overall theatre utilisation position, inclusive of procedure timings, booked time versus actual time achieved, and planned session times by speciality and consultant. Ensuring rigorous review helps promote safe practice and the delivery of quality care and will also help to determine a rationale for theatre overruns, list issues and/or any dissatisfaction communicated by staff or consultants regarding theatre lists and timings.

In essence, the premise of the theatre utilisation quality improvement initiative is for each hospital site to have clear oversight and a comprehensive understanding of their local theatre sessions and to implement actions to current working processes where areas of improvement are identified. Moreover, and in addition to the obvious operational and productivity benefits of effective theatre utilisation, we acknowledge the importance of maximising our theatre usage as a means of assisting the NHS waiting list position, particularly with regards to those specialities where there is a substantial wait time for patients.

### **Getting it Right First Time (GIRFT)**

In February 2024, Tees Valley Hospital took part in GIRFT's independent sector 'deep dive' review of hospitals performing orthopaedic surgery. The premise of which was to identify unwarranted variations across a range of provided orthopaedic procedures at site level (inclusive of type of procedure, length of hospital stay, infection rates, patient outcomes and care delivery), and understand why any identified variation exists (in

order to address). Hosted by the Royal National Orthopaedic Hospital (RNOH), our GIRFT review was very well attended by hospital staff from both clinical and non-clinical departments, bookings, business administration, and members of the SLT. There was also great representation from consultant orthopaedic surgeons and consultant anaesthetists.

The GIRFT orthopaedic review was a useful means of showcasing our orthopaedic services including the quality of care that we deliver, our activity/productivity and also, patient equity of access. Primarily however, the review enabled us to review our delivery of orthopaedic services to ensure they are clinically robust, safe, effective and efficient. Since the review, Tees Valley Hospital has received a local speciality report and action plan. The report outlines areas of good practice, in addition to agreed recommendations that can be used to create action/implementation plans. The action plan element of the report has been embedded into the hospital's Arthroplasty Committee agenda for quarterly review and updates, and this will remain ongoing during the 2025/26 reporting period.

In consideration of our ongoing commitment to enhancing the quality of care delivered to patients by providing consistent standards aligned to the GIRFT model, Tees Valley Hospital has been selected by the Executive Board to be part of Ramsay Health Care UK's cohort of hospital undertaking the high volume, low complexity (HVLC) GIRFT Accreditation. As a credible marker of achievement, we consider working towards the accreditation a means of driving forward quality improvement and it will enable us as a hospital site to collate and review evidence to demonstrate that we are clinically and operationally safe, efficient and effective. The HVLC Accreditation is based on five domains:

- The Patient Pathway
- Staff and Training
- Clinical Governance and Outcomes
- Utilisation and Productivity
- Facilities and Ring-Fencing

The HVLC Accreditation process is planned to take place during the 2025/26 reporting period and will be a valuable opportunity to once again, engage the teams and staff to work collaboratively with an aim of achieving and celebrating local success and recognition. No other independent sector has to date undertaken this accreditation.

### **Increased Infection Prevention and Control (IPC) Resource**

Another priority for the 2025/26 reporting period is to increase resource provision in relation to IPC. Currently, Tees Valley Hospital's Clinical Lead is also the hospital's IPC Link Nurse and as such, has the following responsibilities:

- Assists the Head of Clinical Services by producing the local hospital annual IPC Report and Plan.

- Attends IPCC meetings as a core member.
- Provides training and education to all hospital staff (in relation to IPC).
- Undertakes IPC related audits and oversees implemented actions.
- Develops standard operating procedures (SOPs) where there is an identified need.
- Ensure alert organism surveillance.
- Provides infection control support as required.
- Investigates reported surgical site infections, utilising PSIRF investigation tools as required.

In consideration of the above, it has been agreed that a new post/position (title yet to be confirmed) will be introduced at Tees Valley Hospital. This will not only ensure that the appointed post holder is dedicated to the IPC role and associated responsibilities, but it will also ensure the protected time needed for this specialism in order to introduce and oversee IPC related quality improvement initiatives, action planning and implementation, and robust compliance of IPC measures.

### **Patient Experience:**

#### **Patient Participation Group (PPG)**

Continual improvement of the patient's journey remains a strong focus at Tees Valley Hospital, as too is the priority to implement any remedial action(s) to our processes and practices (where required) in response to patient feedback. In order to reinforce our commitment to this priority, we have introduced a new PPG during the 2024/25 reporting period, with the aim of engaging with service users to meet our objective of providing outstanding individualised care by gaining valuable insight from the patient's perspective. As part of its core membership, the PPG has three patient representatives, in addition to several hospital representatives from a variety of departments (clinical and non-clinical) and also, members of the SLT. The PPG provides a forum to consider, identify, and review areas in which we feel we need to further improve as a hospital and enable discussion regarding new initiatives or enhancements to services. The patient representatives from the PPG were actively involved in last year's (2024) Patient-Led Assessments of the Care Environment (PLACE) as a means of ensuring that we obtained the patient's perspective as part of our annual review of the hospital environment, facilities and food offered as part of the patient's journey.

For the 2025/26 reporting period, we plan to continue to involve the PPG not only with PLACE, but also, as a means of acquiring the group's perspective regarding our local response to investigating complaints and/or patient safety incidents. The method and means of how the PPG will review this information is currently in the process of being discussed as this proposal remains in its infancy as a progressive work stream.

## **Involvement of the MDT in Complex Care Pathways**

In accordance with national guidance and recommendations, Ramsay Health Care UK have recently published the *Involvement of the MDT in Complex Care Pathways* policy. This policy sets the expectations for a standardised approach to MDT meetings and provides guidance and supporting information to ensure that all patients who commence on a complex care pathway have their treatment and care discussed at an MDT with appropriately trained clinicians. A complex care pathway may be undertaken within any speciality and therefore, each hospital must develop a local Standard Operating Procedure (SOP) which details the complex pathways offered locally (procedures/patients).

Taking this into account for the 2025/26 reporting period, we are committed to ensuring that the MDT care approach becomes fully embedded at Tees Valley Hospital. As noted previously, ongoing review and improvement of the patient's journey is one of our key priorities. We consistently review our services, processes, and our care delivery to enhance the patient experience overall. An MDT care approach not only ensures patient safety and clinical effectiveness, it also enhances and promotes the patient experience by offering individualised, patient centred care. Collaborative team working also improves the continuity and coordination of care whilst supporting a considered response to complex clinical conditions or a specific patient presentation.

To date, Tees Valley Hospital have nominated a hospital MDT Coordinator and a deputy who are currently in the process of reviewing the aforementioned policy and supporting documents. Over the forthcoming months, we aim to have a hospital SOP finalised, confirmation of agreed MDT core members, and an implementation process for meeting arrangements.

## 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 (DH).

### 2.2.1 Review of Services

During 2024/25 Tees Valley Hospital provided and/or subcontracted ten NHS services.

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

The income generated by the NHS services reviewed in 1 April 2024 to 31<sup>st</sup> March 2025 represents 100% of the total income generated from the provision of NHS services by Tees Valley Hospital for 1 April 2024 to 31<sup>st</sup> March 2025.

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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	20.5%
HCA Hours as % of Total Nursing	34.3%
Agency Cost as % of Total Staff Cost	2.2%
Ward Hours PPD	3.1
Staff Turnover %	19% YTD
Sickness %	6.4%
Lost Time %	20.9%
Appraisal %	75.2%
Mandatory Training %	99.07%
Staff Satisfaction Score	79% Engagement, 84% Wellbeing, 71% Inclusion, 71% Burnout Indicator
Number of Significant Staff Injuries	0
Patient	
Formal Complaints in year	8
Patient Satisfaction Score	97.8% - Friends & Family
Significant Clinical Events	5 (reportable to ICB and/or CQC)
Readmission in year	14
Quality	
Facilities - Health & Safety Summary Score	97.6%
Infection Control Environmental Infrastructure Audit Score	99.6%

## 2.2.2 Participation in clinical audit

During the 2024/25 reporting period, Tees Valley Hospital participated in three national clinical audits.

The national clinical audits Tees Valley Hospital participated in, and for which data collection was completed from 1 April 2024 to 31<sup>st</sup> March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

## Local Audits

The reports of local clinical audits and associated action plans from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Audit Group and Clinical Governance Committee. The Clinical Audit Group ensures the timely review and implementation of any action plans and promotes collaborative working across all of the clinical departments at Tees Valley Hospital to improve the quality of healthcare provided.

Additionally, IPC associated audits were also shared at the Infection, Prevention and Control Committee (IPCC), and any required actions are reviewed and implemented.

Similarly, endoscopy associated audits were also shared at the Endoscopy User Group (EUG) where results and actions implemented were presented and discussed.

The clinical audit schedule can be found in Appendix 2.

## 2.2.3 Participation in Research

There were no patients recruited during the 2024/25 reporting period to participate in research approved by a research ethics committee.

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

Tees Valley Hospital's income from 1 April 2024 to 31<sup>st</sup> March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because there is no contractual



requirement for CQUIN schemes. A range of quality initiatives were included as part of the standard contract.

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

Tees Valley Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2025 is registered without conditions.

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

### Our Rating by the CQC:

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

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

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

Tees Valley Hospital has not participated in any special reviews or investigations by the CQC during the 2024/25 reporting period.

## 2.2.6 Data Quality

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

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

- Review processes to ensure the accuracy of all personal data we obtain is aligned to General Data Protection Regulation (GDPR) principles
- Ensure that any data collected is fit for purpose with timely collection and monitoring
- Routine audit and management of patient records
- All relevant data will be collected with no omissions
- Staff have the appropriate training to understand the importance of correct and consistent data input and have the technical competence to facilitate accordingly

## NHS Number and General Medical Practice Code Validity

Tees Valley Hospital submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.69% 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).

## Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

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

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

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

## 2.2.7 Stakeholders views on 2024/25 Quality Account



**North East and  
North Cumbria**

### **Commissioner Statement from NHS North East and North Cumbria Integrated Care Board for Ramsay Health Care Tees Valley Hospital Quality Account 2024/25**

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Ramsay Health Care Tees Valley Hospital (TVH). NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2024/25 Quality Account.

#### **Overview**

The ICB would like to thank TVH for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

#### **Achievements**

The ICB would like to congratulate TVH and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include:

- Implementing the Local Patient Safety Incident Response Group - Safety Panel, to support systematic and compassionate responses to incidents, encourage transparency and continuous improvement, and provide oversight of 'open incidents', investigations and learning outcomes.
- Establishing TVH's Resuscitation Committee responsible for reviewing and assuring that local arrangements are in line with Ramsay Health Care UK Policy and the Resuscitation Council (UK). The Committee ensures resuscitation procedures/guidelines are implemented effectively and safely, review all clinical incidents, and monitor training and compliance.
- Providing clinical simulation/scenario-based in-house training, teaching staff in a realistic safe environment. The introduction of the clinical simulation bay for pre-arranged training and to provide staff with an opportunistic means of practicing specific skills when not providing direct care to patients has received positive feedback.
- Completing a full review of TVH's pre-assessment processes against the published framework achieving several quality improvement initiatives including:
  - Revised Inclusion/Exclusion Criteria supporting pre-assessment staff to determine a patient's suitability for local procedures/surgery.
  - Introduction of face-to-face anaesthetic review clinics to optimise pre-assessment processes, whilst ensuring safety, suitability and pre-operative planning.
- Progressing their 'Striving for Excellence Programme' delivering core awareness training.
- Continuation of the Customer Experience Committee remit, including delivery of Customer Service Training to the Customer Experience Champions, to enhance staff communication skills, personal behaviours and situational awareness empowering staff to respond while maintaining therapeutic, empathetic relationships.

[www.northeastnorthcumbria.nhs.uk](http://www.northeastnorthcumbria.nhs.uk)

NorthEastandNorthCumbriaNHS

NENC\_NHS

**Better health and wellbeing for all...**



- Continuing to increase staff awareness of dementia, including reasonable adjustments. TVH has a local Dementia Strategy and was accepted as part of the Dementia Friendly Community. The Dementia Champions and Dementia Lead maintain staff awareness and collectively form the Dementia Working Group. The group's purpose is to consider quality improvement initiatives, review staff training, and implement agreed actions.
- Continuing to embed 'Ask Listen Do Initiatives' across all patient-facing departments with accessible staff resources to support patients/families/carers to provide feedback, raise concerns or make a complaint. This will continue into 2025/26.
- Participation in three national and numerous local clinical audits.
- Recognition for outstanding practice following a peer review which assessed adherence to Ramsay Health Care UK policy and relevant national regulatory requirements.
- Successfully applying to be part of the Better Health at Work Programme which supports employers addressing health related issues within the workplace. TVH has two nominated health advocates onsite who advocate and coordinate health promotional activities.
- Achieving the Joint Advisory Group accreditation standard.
- Achieving 'Gold' for the National Joint Registry Quality Data Provider.

### **Future Priorities**

The ICB is fully supportive of the identified Quality Priorities for 2025/26. The ICB welcomes:

- Aseptic Non-Touch Technique - TVH achieved both 'Bronze' and 'Silver' accreditation in 2024/25 and aim to achieve 'Gold' accreditation in 2025/26.
- Speak Up For Safety (SUFS) – Training of all staff continued throughout 2024/25 with two staff members acquiring the SUFS training qualification. The aim for 2025/26 is to increase consultant compliance.
- Antimicrobial Stewardship - Led by the Lead Clinical Pharmacist and supported by all prescribing clinicians the aim is to minimise antimicrobial resistance and maintain quality care of patients with infection.
- Centralising Controlled Drugs, Storage and Management Quality Improvement Workstream - To provide real-time oversight of stock levels, ensure adequate stocks to support all on-site clinical activity and enhance patient safety.
- Theatre Utilisation – To promote clinical effectiveness and resource planning/productivity.
- Getting it Right First Time (GIRFT) – The action plan developed following GIRFT's independent sector 'deep dive' review of hospitals performing orthopaedic surgery, hosted by the Royal National Orthopaedic Hospital, has been embedded into TVH's Arthroplasty Committee agenda, and will remain ongoing during 2025/26. TVH has been selected to be part of Ramsay Health Care UK's cohort of hospitals undertaking the high volume, low complexity GIRFT Accreditation. No other independent sector has to date undertaken this accreditation.
- Increased Infection Prevention and Control (IPC) Resource - Through the creation of a new dedicated post to introduce and oversee IPC related quality improvement initiatives, action planning and implementation, and robust compliance to IPC measures.
- The Patient Participation Group – This group will continue their involvement with Patient-Led Assessments of the Care Environment but will give their perspective on complaints and/or patient safety incidents. The process for this is to be developed.
- The embedding of the Multidisciplinary Team in Complex Care Pathways approach at TVH.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of TVH's performance for 2024/25. It is clearly presented in the required format, contains information that accurately represents TVH's quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with TVH to assure the quality of commissioned services in 2025/26.

Yours sincerely

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

**Vicky Playforth**  
**Interim Director of Nursing (South)**  
**NHS North East and North Cumbria Integrated Care Board**



# Part 3: Review of quality performance 2024/25

## Statements of quality delivery

### Mrs Karen Blakemore, Head of Clinical Services Tees Valley Hospital

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

##### **Introduction**

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

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

It gives me great satisfaction to present a summary of the review of quality performance from 1st April 2024 to 31st March 2025 and to provide an overview of initiatives and Tees Valley Hospital's commitment to providing patient-centred care.

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

As part of the review, an action plan was formulated with recommendations of suggested improvements and ways to employ creative ways of celebrating good

practice. We were delighted with the feedback from the corporate clinical team. Tees Valley Hospital were recognised and acknowledged for the number of examples of outstanding practice observed throughout the hospital. This feedback was fed back to each department via our Heads of Department and daily hospital huddle.

In June 2024, Tees Valley Hospital submitted an application to be part of the Better Health at Work Programme (BHAW). The programme and subsequent award (if and when achieved) supports and recognises the efforts made by employers locally in addressing health related issues within the workplace. BHAW also provides a means of promoting the health and wellbeing of our staff across the hospital. As our application was successful, we have continued throughout the remainder of 2024 to present day, to facilitate various initiatives to consider the health of our employees and to promote healthy lifestyles practices. To date, we have assisted the following: family friendly walks, quiz night, relaxation sessions, local beach clean-up, Christmas and Easter events, mental health awareness sessions and speed hubs (hydration, healthy eating, sleep, posture support, staff advocacy). We also have two nominated health advocates onsite who continue to advocate and coordinate health promotional activities.

In November 2024, following submission of an annual review, Tees Valley Hospital received confirmation of successfully meeting the Joint Advisory Group (JAG) accreditation standards. This was the first annual review since achieving the comprehensive reaccreditation assessment in November 2023. Maintaining our JAG accreditation status for endoscopy services is testimony to the high-quality endoscopy services provided at the hospital. We continue to congratulate the Endoscopy Team for their ongoing hard work and dedication.

As was comparable to the last reporting period, in 2024, Tees Valley Hospital was once again named as a National Joint Registry (NJR) Quality Data Provider after being awarded 'Gold' as part of the three-tier award scheme. As the largest orthopaedic registry in the world with an international reputation, the 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory NJR data submission quality audit process. The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

Looking forward to the remainder of 2025 and into 2026, we are preparing to extend Tees Valley Hospital to include an additional laminar flow theatre, five inpatient bedrooms, four day case pods, three additional outpatient consulting rooms and some additional internal room changes. Currently we are awaiting the outcome of planning permission with the potential build commencing in June 2025. The extension will be a phased build with internal works not due to commence until end of 2025.

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

## **Ramsay Clinical Governance Framework 2024/25**

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

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

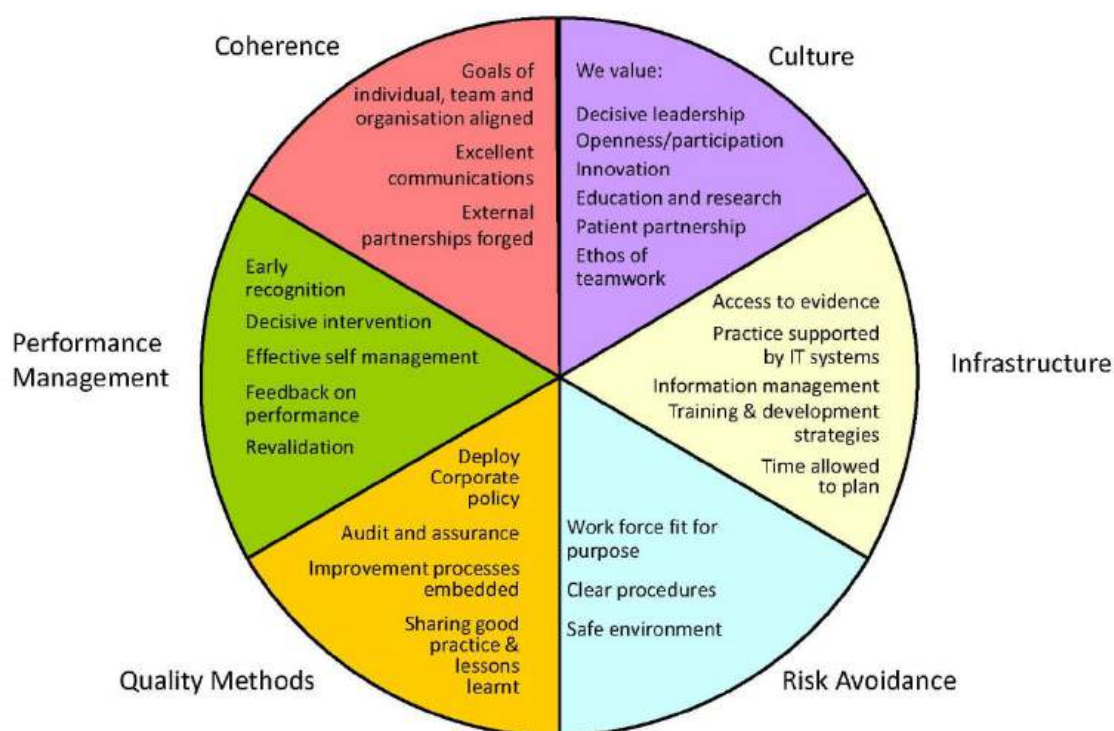
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a "stand-alone" activity. All management systems, clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

## Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

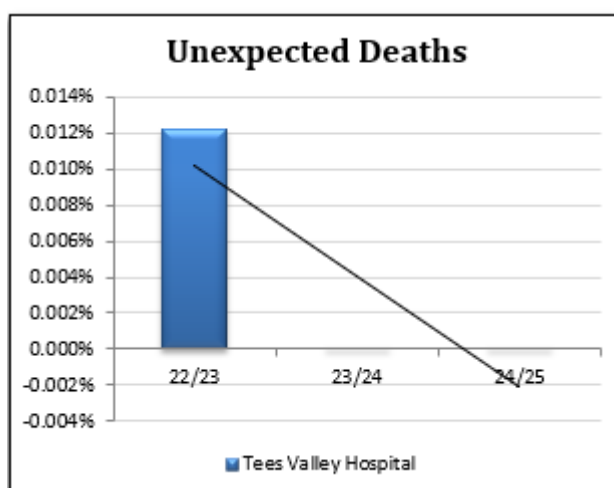
### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Tees Valley	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVCOR	0.0001
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVCOR	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVCOR	0.0000

Tees Valley Hospital considers that this data is as described. There have been no unexpected deaths in the 2024/25 reporting period.

Rate per 100 discharges:



## National PROMS

PROMS: Hips	Period	Best		Worst		Average		Period	Tees Valley	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC0R	23.614
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC0R	22.188
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC0R	23.161

PROMS: Knees	Period	Best		Worst		Average		Period	Tees Valley	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC0R	15.957
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC0R	18.718
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC0R	17.069

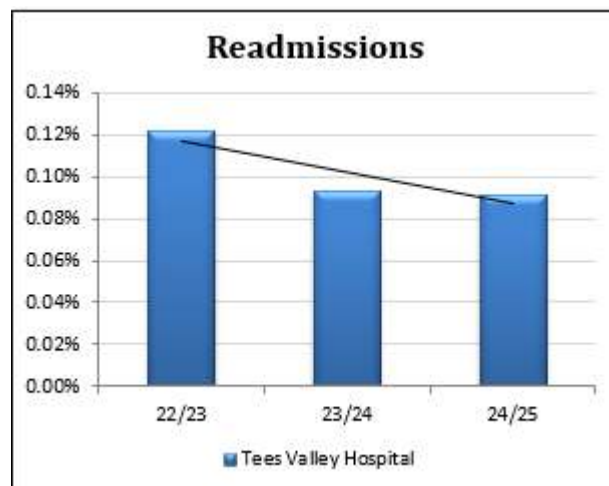
Tees Valley Hospital considers that this data is as described.

## Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Tees Valley	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC0R	0.00122
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC0R	0.00092
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC0R	0.00091

Tees Valley Hospital considers that this data is as described with readmission rates remaining very low. All patient readmissions are discussed and reviewed at the monthly Senior Leadership Team/Heads of Department Committee, and the quarterly Clinical Governance Committee, Medical Advisory Committee and Resuscitation Committee meetings. Readmissions are also discussed at weekly PSIRG/Safety Panel meetings. No trends have been identified. Readmission rates at Tees Valley Hospital have decreased in the period 2024/25.

Rate per 100 discharges:



## Responsiveness to Personal Needs

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

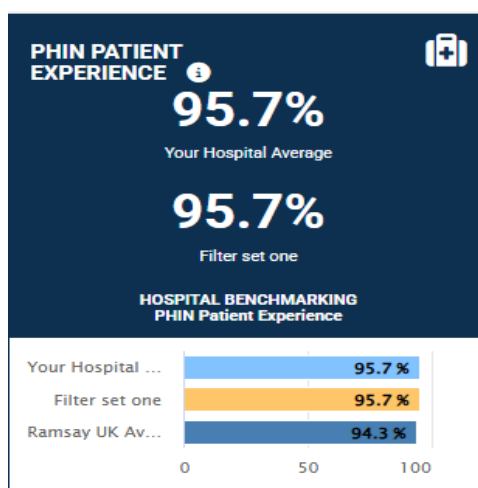
Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey. Period April 2024 - March 2025.

### Summary of PHIN Patient Experience performance – 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025

Filter set one: [Preset Hospital: Tees Valley Hospital](#)







## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Tees Valley	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC0R	87.5%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC0R	97.3%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC0R	86.8%

Due to Covid this submission was paused. There is no data published after Q3 2019/20.

VTE Risk assessment 2024/25 has been reinstated and is ongoing until further notice.

Tees Valley Hospital considers that this data is as described. During the 2024/25 reporting period, emphasis continues to promote staff completion and consultant review of VTE risk assessments.

## C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Tees Valley	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC0R	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC0R	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC0R	0.000

Benchmarking Data as published up to 2021/22 as at 14/04/23.

No data published since 2021/22.

Data updated: 26 September 2024. Added annual data for the financial year April 2023 to March 2024.

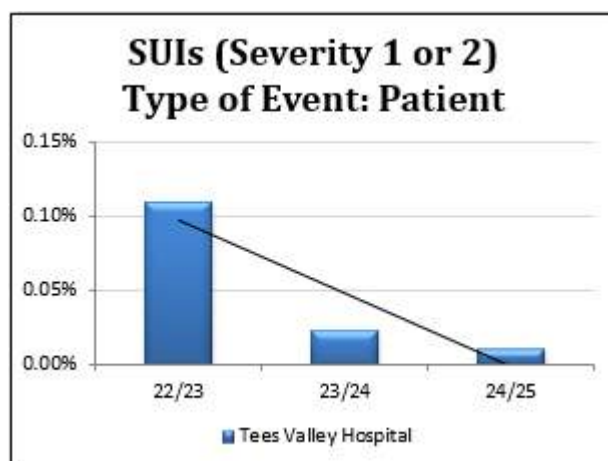
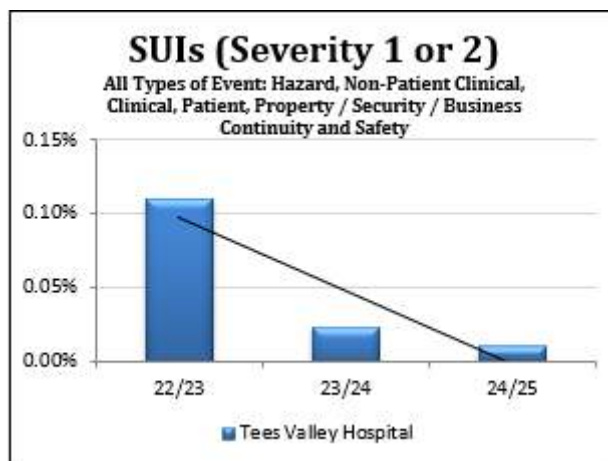
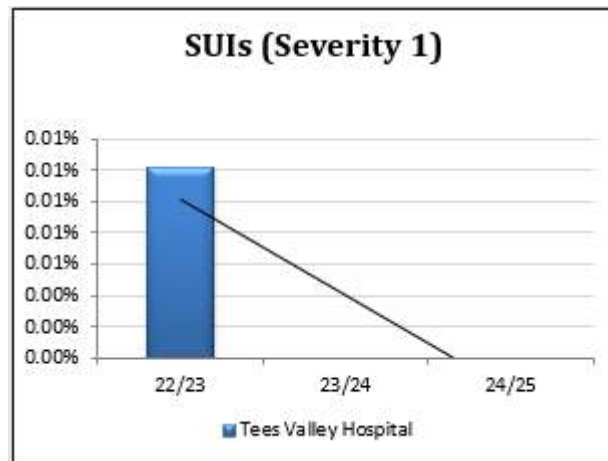
Tees Valley Hospital considers that this data is as described. There were no reported cases of C Difficile in the 2024/25 reporting period.

## Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Tees Valley	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC0R	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC0R	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC0R	0.000

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

Rate per 100 discharges:



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

## Friends and Family Test

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

Tees Valley Hospital considers that this data is as described as the results reflect the monthly data received. There is a strong focus at Tees Valley Hospital to encourage patients to complete the Friends and Family scorecard. QR codes are available for patients to access via a mobile device (or alternatively via a hospital tablet device). There are also paper scorecards for patients to complete should they prefer.

## 3.2 Patient safety

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

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

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

### 3.2.1 Infection prevention and control

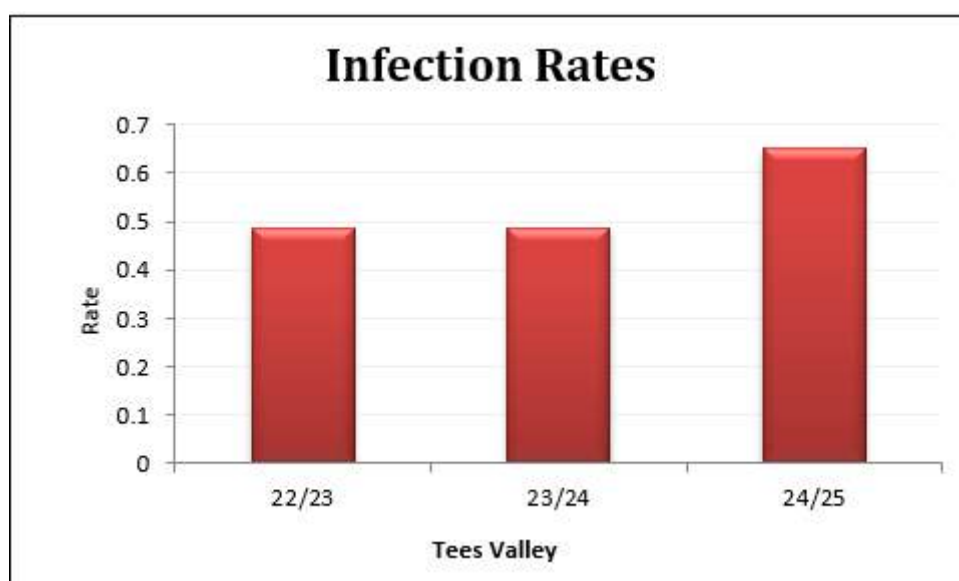
Tees Valley Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

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

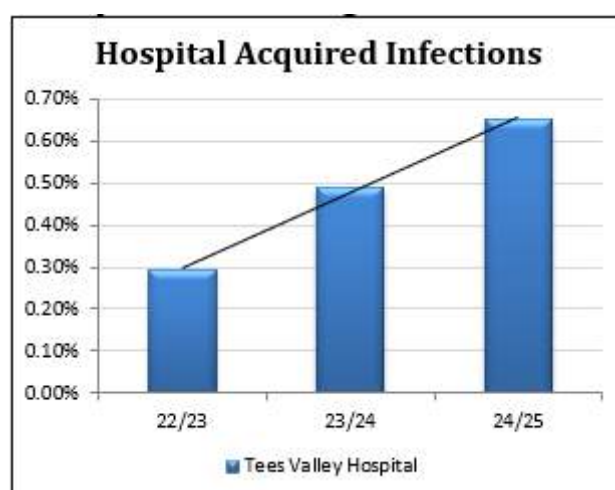
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and these are also monitored locally.

Infection prevention and control management is very active within our hospital. An annual strategy is developed by a corporate level IPCC and group policy is revised and re-deployed every two years. Our infection prevention and control 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.



*Rate per 100 discharges:*



As can be seen in the above graphs, our infection rate has increased over the last reporting period, and similarly, there is a noted increase in the number of hospital acquired infections (rate per 100 discharges) for 2024/25. However, we continue to actively encourage robust reporting of all suspected wound infections (with or without evidence of wound swab samples). Where wound swabs have not been undertaken, there is no evidence of the presence of microorganisms to confirm infection, and therefore, these incidents remain included in our number of reported infections (and subsequently, our infection rate).

In addition to robust reporting, we also consider increased activity to be contributing factors to our infection rate. All reported incidents are investigated and presented/discussed at the Infection Prevention and Control Committee meetings. Any lessons learned and/or required actions to implement are shared with staff through departmental meetings and daily huddles.

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

Area	Objectives	Actions	Status
<b>Surveillance</b>	To reduce surgical site infection.	<ul style="list-style-type: none"> <li>- Collect and monitor rolling data in line with PHE SSISS on Surveillance spreadsheet.</li> <li>- Report infection to Radar and conduct RCA where appropriate. (RCA process under review by IPC Corporate Lead- awaiting confirmation of incorporation of PSIRF).</li> <li>- Increased SSI training for RMOs, RNs and physiotherapists.</li> <li>- Review of Antimicrobial stewardship with support of Pharmacist.</li> <li>- Review of IPC mandatory training programme.</li> </ul>	<p><i>100% of suspected infections reported and investigated. Local surveillance data collected.</i></p> <p><i>Trends and themes monitored and actioned.</i></p> <p><i>PSIRG implemented and Thematic Analysis/MDTs completed.</i></p> <p><i>Ongoing training programme for RN, Physiotherapists and RMOs</i></p> <p><i>Clinical Lead pharmacist in post and supporting Antimicrobial Stewardship.</i></p> <p><i>New Corporate approved Mandatory training programme.</i></p>
<b>Antimicrobial Stewardship</b>	To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing.	<ul style="list-style-type: none"> <li>- Ensure we are compliant with current Formulary.</li> <li>- Support from Cluster and bank pharmacist with medicines management audits.</li> <li>- Training package for Consultants and RMOs.</li> </ul>	<p><i>Surgical Prophylaxis audit completed with 100% compliance to local formulary.</i></p> <p><i>Clinical Lead Pharmacist in post supporting with antimicrobial stewardship training for RMOs and Consultants.</i></p> <p><i>Clinical Lead Pharmacist completing Medicines Management Audits.</i></p>

<b>Education and Training</b>	To ensure all staff are up to date with IPC Mandatory training and ensure all IPC Leads are suitably trained and competent in role.	<ul style="list-style-type: none"> <li>- Attend regular national study days for Infection Prevention and Control Link Nurses.</li> <li>- Review and update of Mandatory Training IPC training.</li> <li>- All staff to complete ANTT e-learning and Face to face training with ANTT Link Nurses.</li> <li>- All staff to complete ANTT competencies</li> </ul>	<p><i>100% attendance by IPC link nurse/ ANTT trainer to Corporate IPC study days and IPC Conferences.</i></p> <p><i>New Corporate approved Mandatory training programme.</i></p> <p><i>3 ANTT trainers onsite. Bronze and Silver ANTT accreditation achieved.</i></p> <p><i>ANTT e-learning completed by all clinical staff.</i></p> <p><i>ANTT face to face training and competency completion ongoing.</i></p>
<b>Decontamination &amp; Cleaning</b>	Provide and maintain a clean environment that facilitates the prevention and control of infections.	<ul style="list-style-type: none"> <li>- Standardised cleaning schedule template in each area which will be localised departmentally to determine: <ul style="list-style-type: none"> <li>• The functional area.</li> <li>• Elements requiring cleaning.</li> <li>• Frequency.</li> <li>• Lead.</li> <li>• Standard and method.</li> </ul> </li> <li>- To have annual review of individual cleaning Service Level Agreement (SLA) in place</li> <li>- Annual Theatre Deep Clean.</li> <li>- Annual Decontamination audit.</li> </ul>	<p><i>Standardised cleaning in line with NHS cleaning standards.</i></p> <p><i>SLA agreed and completed</i></p> <p><i>Annual Theatre Deep clean performed.</i></p> <p><i>Annual Theatre Decontamination Audit undertaken.</i></p>
<b>Audit</b>	<p>To ensure national audits are undertaken and any recommendations acted up.</p> <p>To ensure compliance with internal audit programme and actions are taken where results fall below compliance standard.</p>	<ul style="list-style-type: none"> <li>- Ensure audits are performed as per the Ramsay audit programme. Any clinical areas achieving &lt;95% compliance produce a remedial action plan.</li> <li>- Ensure all audits are performed objectively.</li> <li>- Any audit scores &lt;95% actions to be discussed at IPC Committee and departmental meetings.</li> <li>- Surgical Prophylaxis audit to be undertaken with support of bank/cluster pharmacist.</li> </ul>	<p><i>Completed Audits. Tenable Action plans in place.</i></p> <p><i>Audit scores &gt;95%. Discussed at IPCC and Audit Committee.</i></p> <p><i>Peer review audits now been undertaken for IPC related audits.</i></p>



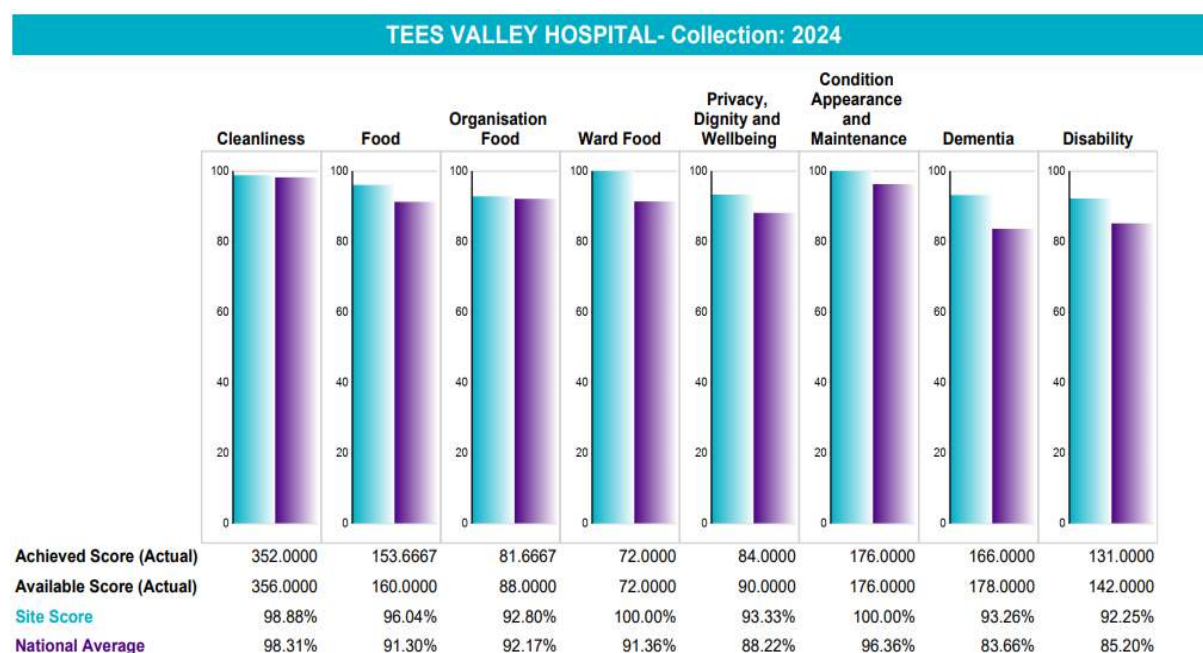
			<i>Surgical Prophylaxis audit completed with 100% compliance to local formulary.</i>
<b>Occupational Health and Wellbeing</b>	<p>To ensure staff with skin issues are identified and appropriately supported.</p> <p>Monitor sharps related and slash injuries.</p>	<ul style="list-style-type: none"> <li>- Ensure skin surveillance programme is implemented and that referred staff are appropriately supported and reviewed.</li> <li>- Report to IPCC and Health and Safety Committee any Blood or Bodily Fluid Exposures for review, recommendations and actions taken.</li> </ul>	<p><i>Skin surveillance programme ongoing by OH link Nurse - Staff reviewed and referred when appropriate.</i></p> <p><i>BBV exposures reported on Radar and reviewed by Corporate OH. Discussed at Health and safety committee and IPCC.</i></p>
<b>Policy</b>	<p>Ongoing 3 yearly review of all relevant policies.</p> <p>Review IPC related national guidelines.</p>	<ul style="list-style-type: none"> <li>- Maintain IPC policy standards on group audit programme.</li> <li>- Undertake review of all newly issued IPC policies and ensure full compliance.</li> </ul>	<p><i>Updated IPCC policies shared with all staff.</i></p> <p><i>Any change to practice identified and staff fully informed.</i></p>
<b>Practice</b>	To ensure practice to minimise the risk of infections is promoted.	<ul style="list-style-type: none"> <li>- Review and update of mandatory training IPC.</li> <li>- Promotion of Hand hygiene and IPC awareness week.</li> <li>- To gain Bronze ANTT accreditation and work towards Silver Accreditation.</li> </ul>	<p><i>New Corporate approved Mandatory training programme.</i></p> <p><i>New process implemented to book staff on Mandatory training to improve compliance.</i></p> <p><i>Bronze and Silver ANTT accreditation achieved.</i></p>
<b>Assurance and Local Effectiveness</b>	To provide assurance that IPC Strategy is compliant with Health and Social Care Act 2008 (2015) and actively minimise risk of infection.	<ul style="list-style-type: none"> <li>- Produce Annual Report and Plan 2024/2025.</li> </ul>	<i>Completed.</i>

### 3.2.2 Cleanliness and hospital hygiene

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

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

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

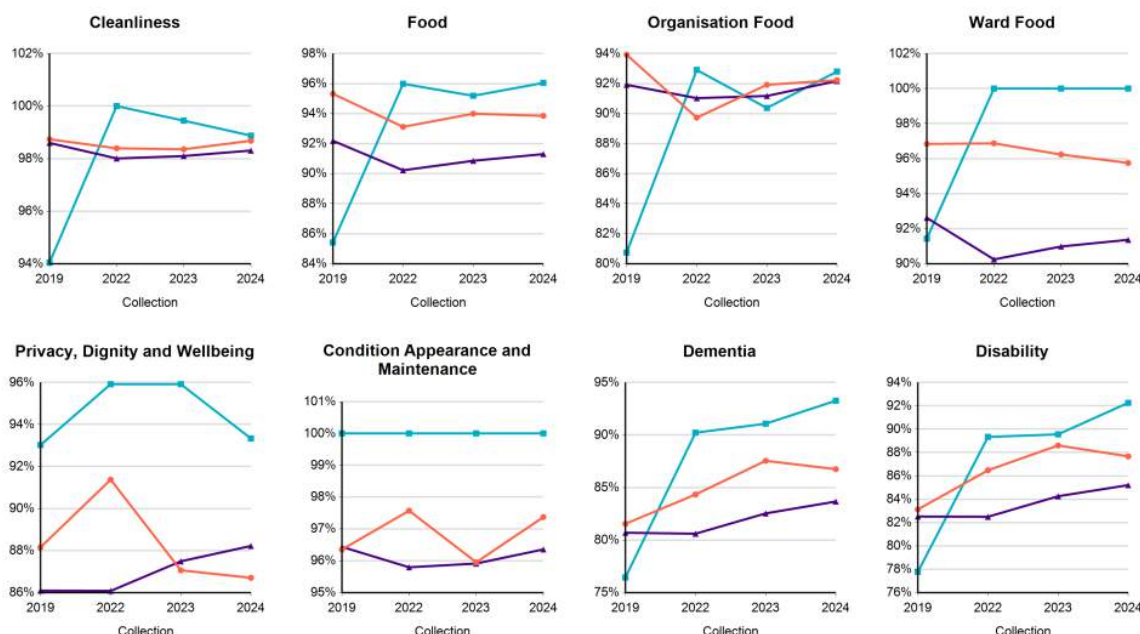


## TEES VALLEY HOSPITAL

Site Scores

Organisation Average

National Average



Tees Valley Hospital has continued to score higher than the national average in all domains. Additionally, the hospital site scores for food, organisational food, dementia, and also, disability have further increased during the 2024/25 reporting period.

### 3.2.3 Safety in the workplace

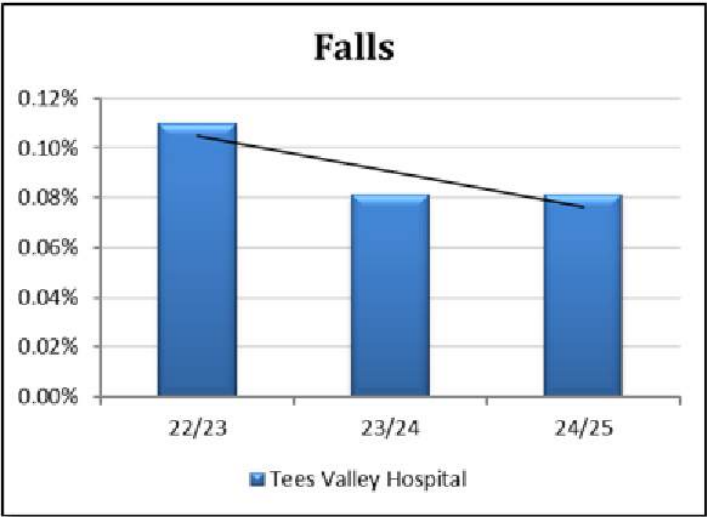
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

Tees Valley Hospital's Health and Safety Committee meets bi-monthly. Chaired by the Hospital Director, membership includes staff representatives from each department, which helps to embed the health and safety culture within the hospital.

Training undertaken has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, falls response, major haemorrhage and retrieval and return of blood products.

*Rate per 100 discharges:*



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

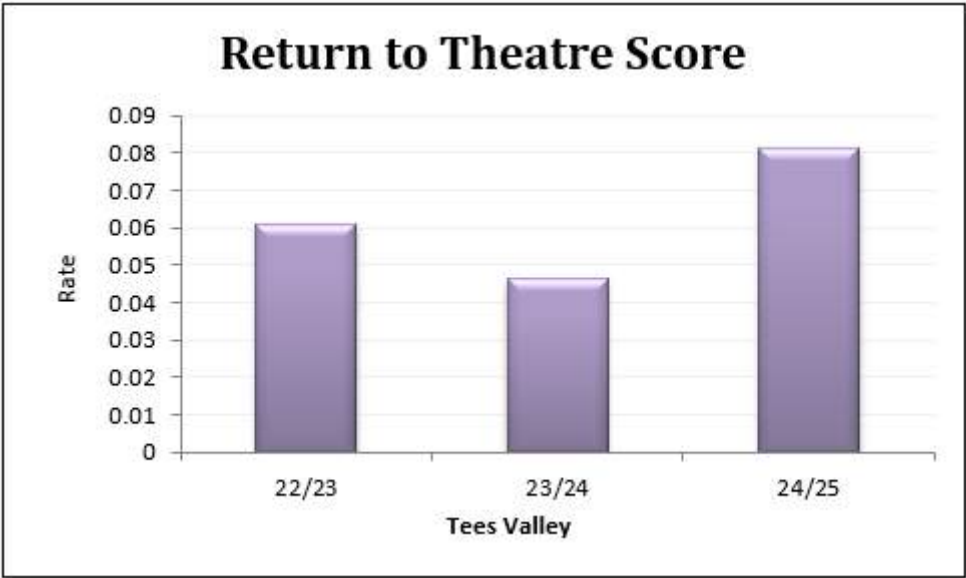
### 3.3 Clinical effectiveness

Tees Valley Hospital has a Clinical Governance Committee that meet quarterly to monitor the 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 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

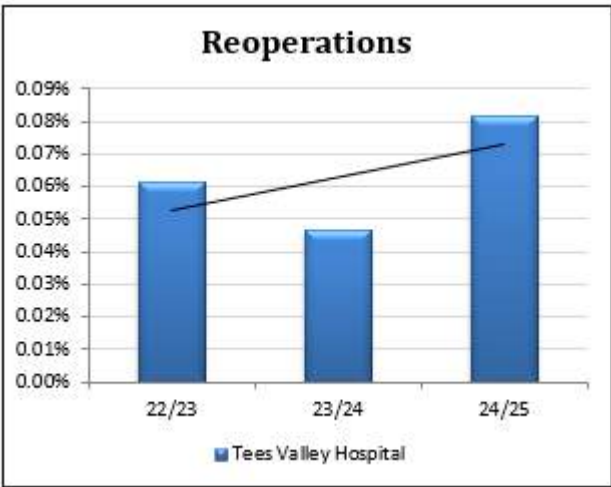
Ramsay Health Care UK is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for

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 Health Care UK's rate of return is very low consistent with our track record of successful clinical outcomes.



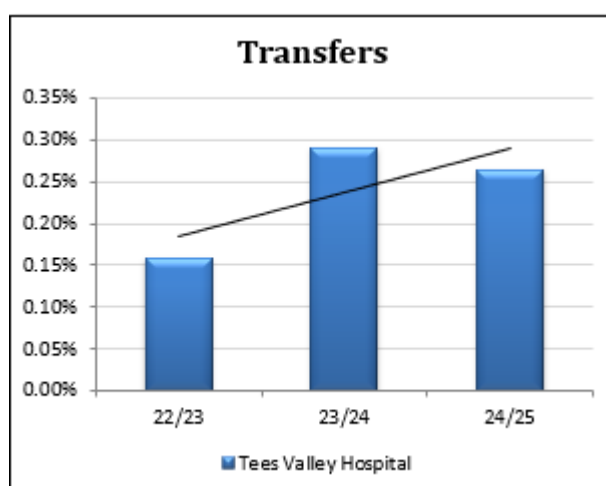
As can be seen in the above graph, our return to theatre rate has increased over the last year, although no trends have been identified. Patients who are required to be returned to Theatre are discussed and reviewed at the monthly Senior Leadership Team/Heads of Department Committee, and the quarterly Clinical Governance Committee, Medical Advisory Committee and Resuscitation Committee meetings. Returns to Theatre are also discussed at weekly PSIRG/Safety Panel meetings.

Rate per 100 discharges:



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

*Rate per 100 discharges:*



There has been a decrease in patient transfers over the 2024/25 reporting period. All patient transfers are fully investigated internally and discussed and reviewed at the monthly Senior Leadership Team/Heads of Department Committee and the quarterly Clinical Governance Committee, Medical Advisory Committee and Resuscitation Committee meetings. Transfers are also discussed at weekly PSIRG/Safety Panel meetings. No trends have been identified regarding patients who have required a transfer from Tees Valley Hospital.

### 3.3.2 Learning from Deaths

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

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

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



### 3.3.3 Staff who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay Health Care UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay Health Care UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel

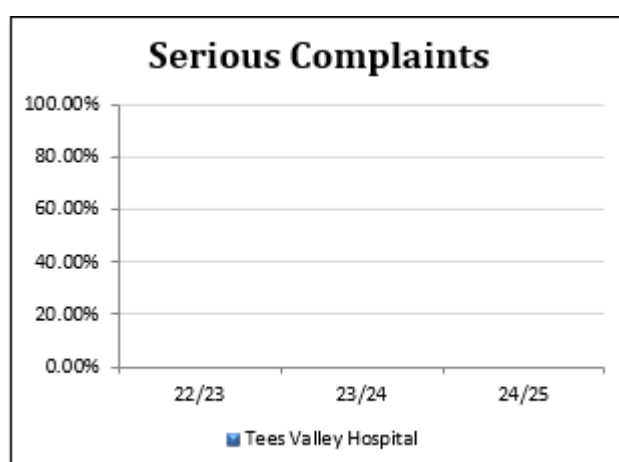
confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

### 3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care UK 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.



There were no serious complaints received in the 2024/25 period.

Patient experiences are fed back via the various methods below and are regular agenda items at local governance committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Health Care UK 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:

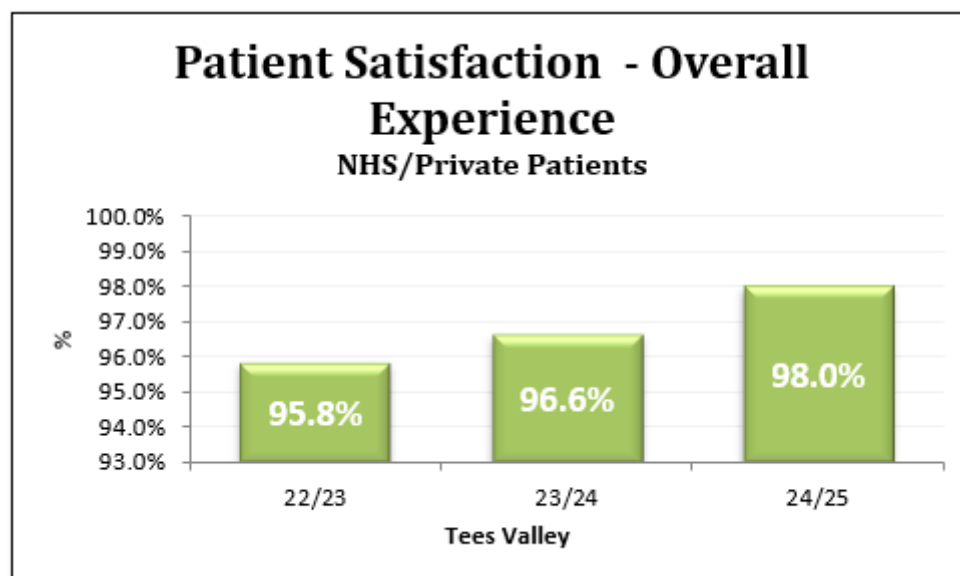
- Continuous patient satisfaction feedback via a web-based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey

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

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



As can be seen in the above graph, Tees Valley Hospital's patient satisfaction rate has increased over the last year. We aim to continue to receive positive overall patient experience ratings, enhanced by the ongoing work streams initiated at our Customer Experience Committee. As a continued area of focus, we actively encourage patients

to complete feedback in order for us to ascertain the patients' perspective, and to help us to recognise where there is a further need for improvement. We appreciate that clear communication, high standards, meeting (or indeed exceeding) expectations leads to a more positive patient journey and experience, which ultimately contributes to improved patient satisfaction ratings.

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

## **What Our Patients Say:**

*"All staff from surgical to catering I encountered were excellent and extremely caring. Felt very safe and hands and in a beautifully clean environment."*

*"I had plastic surgery on 21st January & the care I've received is second to none! All staff involved with my care whether it be admin team, medical secretaries, private team, catering, health care, housekeeping, nurses & consultant have all been fantastic. Providing me with all information I could ever ask for & even offering care that I didn't ask for. They all went above & beyond to make my journey as smooth sailing as possible. The food is impeccable & the care offered is something I've never experience before. Nothing was ever too much to ask & they all did it with a smile on their faces!"*

*"Very positive. Nice environment, friendly efficient staff. Felt relaxed, confident about my future treatment at this hospital."*

*"Amazing care even when working under pressure. Very busy."*

*"Can't fault the nursing staff or booking in staff, all made me relaxed and at ease, following the op I didn't come around very well and was meant to be a day case but ended up being an overnight stay, staff were lovely about this and nursing staff got a doctor to look over me quickly didn't have to wait to long for medications either."*

*"Kept well informed and well looked after before and after surgery. Lovely caring staff throughout the whole procedure. Thank you."*

*"Each one of the staff have been so helpful, and friendly. I really appreciate all the help and care I was given, many thanks."*

*"From my first appointment right to my operation I found the full service has been first class. All my appointments were on time and no sat in waiting rooms for hours. Every member of staff has been great. The care I have received has been amazing. Thank you all so much."*

*"Not much I can add, the place is surreal!"*

*"Amazing professional care team could not fault them sadly local NHS hospitals do not compare to your quality of care."*

*"My experience of the hospital and its staff was positive at every stage. It was calm immaculately clean comfortable timely and compassionate."*

*"Lovely waiting area, very clean and tidy. A pleasure to visit."*

*"What a wonderful little hospital!!!! Everyone I encountered were friendly, encouraging and helpful and the hospital itself is spotless. The food and general care on the Ward was also fantastic...lovely ambience."*

*"Very helpful caring staff from start to finish, very clean hospital The Physio team were outstanding."*

## Appendix 1

# Services covered by this quality account

### Regulated Activities - Tees Valley Hospital

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder Or Injury</b>	Cosmetic Surgery, Dermatology, Gastroenterology, General Surgery, Gynaecology, Oral Surgery, Orthopaedics, Urology, Plastic surgery , Podiatry	All adults 18 years and over.
<b>Surgical Procedures</b>	Ambulatory, day and inpatient Surgery. Cosmetic Surgery, General Surgery, Gynaecology, Oral Maxillo Facial Surgery, Orthopaedic Surgery, Plastic Surgery, Urology	<p>All adults 18 years and over excluding:</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative.</li> <li>• Patients who are likely to need ventilatory support post operatively.</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post-surgery.</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <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>
<b>Diagnostic and screening</b>	Imaging services including X ray, a static MRI and CT Unit and Ultrasound. GI Endoscopy, Phlebotomy, Urinary Screening and Specimen collection, Urology	All adults 18 years and over
<b>Family Planning Services</b>	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 2024/25

### Clinical Audit Programme

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

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

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

IPC Environmental Infrastructure	SLT	Whole Hospital	October - December	End of December	
IPC Management of Linen	Ward	Ward	August, February	End of August End of February	
Sharps	IPC	Whole Hospital	August, December, April	Month End	
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14 <sup>th</sup> and 28 <sup>th</sup> of Each Month	
50 Steps Cleaning (FR2)	Ward, Day Case Unit, Outpatients,	Ward, Ambulatory Care, Outpatients	Monthly	Month End	
50 Steps Cleaning (FR4)	Physiotherapy, Radiology, MRI	Physio, Pharmacy, Radiology	July, October, January, April	Month End	
50 Steps Cleaning (FR5)	SLT (Patient facing - reception, waiting rooms, corridors)	Whole Hospital	July - September	End of September	
50 Steps Cleaning (FR6)	SLT (Non-patient facing - offices, stores, training Rooms)	Whole Hospital	July - September	End of September	

<b>Peripheral Venous Cannula Care Bundle</b>	HoCS (to delegate)	Whole Hospital	July - September	End of September	
<b>Urinary Catheterisation Bundle</b>	HoCS (to delegate)	Whole Hospital	October - December	End of December	
<b>Patient Journey: Safe Transfer of the Patient</b>	Ward	Ward	August, February	Month End	
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	July - September January - March (if required)	End of September No March Deadline	
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	October - December April - June (if required)	End of December No June Deadline	
<b>LSO and 5 Steps Safer Surgery</b>	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July - September January - March	End of September End of March	
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	July - September January - March	End of September End of March	
<b>NatSSIPs Prosthesis</b>	Theatres	Theatres	July – September January - March	End of September End of March	
<b>NatSSIPs Swab Count</b>	Theatres	Theatres	July - September January - March	End of September End of March	
<b>NatSSIPs Instruments</b>			October - December	End of December	

	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	April - June	End of June	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October - December	End of December	
			April - June	End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October - December	End of December	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As Required	As Required	
Complaints	SLT	Whole Hospital	August - September	End of September	
			February - March	End of March	
Duty of Candour	SLT	Whole Hospital	August - September	End of September	
			February - March	End of March	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	Month End	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month End	
Privacy & Dignity	Ward	Ward	May - June (as required)	No Deadline	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September - October (as required)	No Deadline	

<b>Essential Care: Nutrition &amp; Hydration</b>	HoCS (to delegate)	Whole Hospital	September - October	End of October	
<b>Essential Care: Wound Management to be developed</b>	HoCS (to delegate)	Whole Hospital	TBC	TBC	
<b>Resuscitation and Emergency Response</b>	HoCS (to delegate)	Whole Hospital	July, October, January, April  July - September January – March  July - September January – March  July - September January - March	Month End	
<b>Medical Records - Therapy</b>	Physio	Physio		End of September  End of March	
<b>Medical Records - Surgery</b>	Theatres	Whole Hospital		End of September  End of March	
<b>Medical Records - Ward</b>	Ward	Ward		End of September  End of March	
<b>Medical Records - Pre-operative Assessment</b>	Outpatients	Outpatients	July - September January - March	End of September End of March	

Medical Records - Radiology	Radiology	Radiology	July - September January - March	End of September End of March	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - NEWS2	Ward	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - VTE	Ward	Whole Hospital	July - September January - March	End of September End of March	
Medical Records - Patient Consent	HoCS	Whole Hospital	October - December April - June	End of December End of June	
Medical Records - MDT Compliance	HoCS	Whole Hospital	July - September January - March	End of September End of March	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month End	
MRI Reporting for BUPA	MRI	Radiology	July, November, March	Month End	



CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month End	
No Report Required	Radiology	Radiology	August, February	Month End	
MRI Safety	MRI	Radiology	January, July	Month End	
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July - September	End of September	
			January - March	End of March	
Prescribing Supply and Administration	Pharmacy	Pharmacy	October - December	End of December	
			April - June	End of June	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month End	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month End	
Pain Management	Pharmacy	Pharmacy	October, April	Month End	
Medicines Governance	Pharmacy	Pharmacy	January - March	End of March	
Departmental Governance	Ward, Day Case Unit, Theatre, Outpatients, Physiotherapy, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October - December	End of December	

<b>Safeguarding</b>	SLT	Whole Hospital	December	Month End	
<b>Decontamination - Endoscopy</b>	Decontamination (Corp)	Decontamination	As required (by corporate team)	No Deadline	
<b>Occupational Delivery On-site</b>	HoCS	Whole Hospital	November - January	End of January	
<b>Managing Health Risks On-site</b>	Corporate OH	Whole Hospital	As Required	No deadline	
<b>Catering (Kitchen)</b>	Ops Managers	Health & Safety	July, October, January, April		
<b>Catering (Ward)</b>	Ops Managers	Health & Safety	July, October, January, April	Month End	
<b>Health &amp; Safety and Facilities</b>	SLT	Health & Safety	January - February	End of February	

## Appendix 3

# Glossary of Abbreviations

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

# Tees Valley Hospital

## Ramsay Health Care UK

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

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

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