

Tees Valley Hospital

Quality Account
2025/26



Business Use



Ramsay
Health Care

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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

Founded in 1964 in Sydney, Australia, Ramsay Health Care is a leading global healthcare provider, recognised for outstanding patient care and integrated services across Australia, Europe and the United Kingdom.

Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation across all our 25 endoscopy units; we were awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals, for the second consecutive year and we received consistently positive outcomes from Care Quality Commission (CQC) inspections. These achievements were further strengthened by the positive findings of the Getting It Right First Time (GIRFT) review of Ramsay's orthopaedic and spinal services.

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.

With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.

Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.



Nick Costa

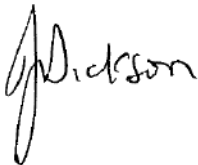
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care UK, patient safety and the quality of care are paramount. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion demonstrated by our clinical teams. Their unwavering commitment to delivering compassionate, evidence-based care ensures that patients always remain our foremost priority.

Across the UK group, I am continually inspired by the outstanding care provided by both our clinical and operational teams. Every day, they deliver exceptional service that embodies our core value of "People Caring for People." This dedication is clearly reflected in our impressive patient feedback scores, as well as the positive engagement received from colleagues and doctors. The contribution of every team member is vital, and we remain steadfast in our commitment to recognising, supporting, and championing their efforts.

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.



Jo Dickson

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 Sandra Donoghue, Hospital Director Tees Valley Hospital

I have reviewed the Quality Account for 2025/26 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.

I am delighted that we participated in the GIRFT orthopaedic review during 2025/26 and that we were also selected to take part in the NHS England GIRFT High Volume Low Complexity (HVLC) accreditation pilot for independent sector providers, as an elective surgical hub. We are currently awaiting the outcome of this process, which is expected in May 2026.

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.

Sandra Donoghue, 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 Sandra Donoghue



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 Manohar 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 2010, the ownership of the estate was transferred to Acklam Hall Estates 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 actively supports local charities and, this year, has supported the Headlight Project through a charity cricket match, raffles and other fundraising activities. Engagement with our local community and supporting the development of the future healthcare workforce are important priorities for the hospital. In 2025/2026, Tees Valley Hospital partnered with Middlesbrough College and now supports T Level Health students through their clinical placements.

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.

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 2025/26, with 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 10,746 patient procedures which is a slight decrease on the previous year due to ICB contractual restraints. The focus of the hospital continues to be on delivering NHS activity equating to 91% whilst increasing our admissions for insured or self-pay patients. In terms of work force, there are 161 contracted members of staff employed at Tees Valley Hospital comprising of 60% clinical posts and 40% support staff with a mix of full-time and part time positions. 40% 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 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 2026/27

Plan for 2026/27

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 2025/26 (looking back)

Patient Safety:

Aseptic Non-Touch Technique (ANTT)

During the 2025/26 reporting year, Tees Valley Hospital has continued to demonstrate a strong commitment to Infection Prevention and Control and the delivery of safe, high-quality care through robust Aseptic Non-Touch Technique (ANTT) governance. As a healthcare organisation, Ramsay Health Care UK is required to evidence effective clinical governance and clinical competence in ANTT, which is also assessed by the Care Quality Commission (CQC) as part of regulatory inspection processes. ANTT accreditation provides assurance of organisational compliance and competence across key best-practice domains, including policy, procedural guidance, education, competency assessment, audit and monitoring.

During the previous reporting period (2024/25), Tees Valley Hospital successfully achieved both Bronze and Silver ANTT accreditation within the same year, reflecting a strong organisational focus on patient safety and alignment with best practice standards. Progression towards Gold accreditation during 2025/26 was temporarily

impacted by the promotion of the previous Infection Prevention and Control Lead Nurse (IPCLN) into a senior post; however, a new IPCLN was subsequently appointed and has taken full ownership of the ANTT programme. The new postholder has completed the ANTT Train the Trainer course and, working closely with the theatre team, has led a renewed focus on strengthening ANTT competency-based training, assessment and audit activity.

There are now four trained local ANTT trainers actively delivering training, completing competency sign-off and undertaking standard audits, with progress towards achieving over 90% staff competency compliance, as required for Gold accreditation. As a result of this focused work throughout 2025/26, the organisation is now well prepared, with the ANTT Gold accreditation visit scheduled for 12 June 2026.

Speak Up For Safety (SUFS)

During the 2025/26 reporting period, Tees Valley Hospital continued to prioritise *Speak Up for Safety (SUFS)* as a key component of its patient safety and staff engagement culture. SUFS reinforces Ramsay Health Care UK's commitment to providing outstanding care and safeguarding against unsafe practice, supporting staff and consultants to raise concerns confidently and without fear.

SUFS remains embedded in daily operational practice and forms part of the hospital's daily huddle, where incidents, near misses and safety concerns from the previous day are routinely reflected upon and discussed. This ensures that speaking up for safety remains visible, routine and embedded into everyday clinical practice.

During 2025/26, two onsite SUFS trainers delivered regular ad-hoc face-to-face training sessions for staff, improving accessibility and contributing to improved compliance among employed staff. These trainers (one clinical and one administrative) support the ongoing delivery and sustainability of SUFS training at site level. In addition, a further SUFS trainer has been identified and is currently awaiting completion of the Train the Trainer programme, which will further strengthen local training capacity.

At the start of 2026, SUFS training was formally embedded into the updated Mandatory Training and Local Induction programme. This ensures SUFS training is delivered monthly as part of induction for all new starters, providing consistent and timely education from the outset of employment.

Improving consultant compliance with SUFS training remained a key priority throughout 2025/26, particularly in light of an increase in consultant surgeon and anaesthetist practice privilege approvals. To address challenges associated with consultant availability, discussions have been held with the corporate team to review alternative methods of training delivery. These include the development of pre-recorded training sessions and e-learning modules, enabling consultants to complete SUFS training at a time that aligns with their clinical commitments.

In parallel, the Ramsay Academy team is currently undertaking a review of the SUFS programme. This includes consideration of updated content and revised methods of delivery, with a planned roll-out of an updated SUFS programme during 2026/27.

Antimicrobial Stewardship

As set out 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 assurance of effective antimicrobial prescribing and antimicrobial stewardship as a standard of compliance. During the 2025/26 reporting period, Tees Valley Hospital made progress in strengthening antimicrobial stewardship arrangements as part of its wider infection prevention and patient safety strategy.

A key achievement during the year was the appointment of a new IPCLN, who brings extensive experience in infection prevention and control. This appointment has strengthened local expertise and provided increased capacity and focus on infection prevention and antimicrobial stewardship across the hospital.

Throughout 2025/26, the IPCLN worked closely with the Clinical Lead Pharmacist to further develop antimicrobial stewardship practices. This collaborative approach has resulted in improved review and oversight of antimicrobial prescribing, ensuring antibiotics are prescribed in line with the local antimicrobial formulary and best-practice guidance. Joint working between infection prevention and pharmacy has enhanced assurance, consistency and shared learning across clinical teams.

An important achievement during the year was the implementation of the *Tenable Antimicrobial Stewardship & Prescribing* audit, which is now completed on a six-monthly basis. This has provided a consistent and structured mechanism for reviewing prescribing practice, identifying areas of good compliance, and highlighting opportunities for improvement. The audit outcomes support targeted actions, ongoing monitoring and governance oversight, strengthening assurance at site level.

Antimicrobial stewardship was formally embedded as a defined clinical priority for 2025/26, led by the Clinical Lead Pharmacist and supported by all prescribing clinicians. This focus has contributed to improved monitoring of antimicrobial usage across the hospital, supporting timely review, escalation and de-escalation of antimicrobial therapy where clinically appropriate. These improvements align with national priorities to reduce antimicrobial resistance while maintaining high standards of patient care.

In addition to operational improvements, Tees Valley Hospital demonstrated its commitment to promoting best practice by actively celebrating *Antimicrobial Stewardship Awareness Week* in November 2025. This initiative helped to raise awareness among staff, reinforce key prescribing principles and maintain the profile of antimicrobial stewardship as a shared responsibility across the organisation.

Antimicrobial stewardship will continue as a key focus for 2026/27, with planned reviews of swabbing practices, antimicrobial prescribing prior to microbiology results being available, and further support for clinical staff in recognising and managing the signs and symptoms of infection.

Clinical Effectiveness:

Controlled Drugs, Storage and Management Quality Improvement Workstream

During 2025, Tees Valley Hospital made significant improvements to its Controlled Drugs (CD) management arrangements to strengthen governance, security and regulatory compliance. These improvements were driven by increased clinical activity and a proactive focus on enhancing assurance and reducing risk.

The hospital's Lead Clinical Pharmacist continued to work closely with the North East Cluster Pharmacist and the corporate pharmacy team, ensuring safe and standardised practice across prescribing, record-keeping, procurement, storage and use of medicines. Pharmacy and Medicines Management remained a core agenda item within the Clinical Governance Committee throughout the year, providing assurance and oversight alongside other clinical specialities.

A key clinical priority for 2025/26 was the controlled drugs storage and management quality improvement workstream. As part of this, a detailed review of pharmacy ordering processes was undertaken, improving clarity, consistency and oversight of CD procurement and stock control. These changes strengthened governance and supported safer, more efficient supply arrangements.

Centralised CD storage was introduced within a secure, high-capacity controlled drug cabinet located in the Pharmacy department. This represented a significant improvement from the previous model, where all CD stock was held within individual clinical departments. Under the revised process, Pharmacy now maintains central oversight of all CD stock and supplies clinical areas with appropriate weekly stock levels for local storage. This change has reduced the risk associated with excess stock being held in departmental cupboards, while ensuring sufficient availability to support clinical activity and enhance patient safety.

Further strengthening CD security, a new electronic tracking key safe was implemented, improving access control, traceability and auditability for controlled drug cupboard keys. These improvements collectively enhanced accountability, security and governance across the site.

During 2025, Tees Valley Hospital also successfully completed a Home Office visit, providing external assurance that CD management arrangements, storage facilities and governance processes meet statutory and regulatory requirements.

Together, these improvements have delivered a more robust and standardised controlled drugs management system, strengthened multidisciplinary oversight and provided increased assurance around the safe, secure and compliant management of controlled medicines at Tees Valley Hospital.

Theatre Utilisation

A key clinical priority during the 2025/26 reporting period was the review and analysis of theatre utilisation at local level to promote clinical effectiveness and support ongoing resource planning, productivity and sustainability. Robust and efficient theatre utilisation is a central component of Ramsay Health Care UK's *Operational Excellence* agenda, and it is essential that Tees Valley Hospital maintains clear oversight of theatre performance across all specialities.

During 2025/26, theatre utilisation was reviewed through established governance and operational forums, including routine theatre capacity meetings, where data relating to procedure timings, booked time versus actual time achieved, and planned session lengths by speciality and consultant were regularly scrutinised. This supported detailed analysis of issues such as consultant lateness, late list starts, effective elective list timings and theatre overruns.

Theatre utilisation data and associated actions were also discussed at the Medical Advisory Committee (MAC), Clinical Governance Committee, and the Endoscopy User Group (EUG), providing multidisciplinary oversight and enabling focused engagement with consultants and clinical teams. These forums supported agreement of actions to address identified themes, improve list efficiency and optimise use of allocated theatre time.

Review of theatre utilisation during 2025/26 supported safe clinical practice and the delivery of high-quality care, while also enabling objective review of concerns raised by staff or consultants regarding theatre lists and timings. Theatre allocations were reviewed in line with patient waiting lists and service demand, ensuring available capacity was aligned to clinical priorities and speciality need.

In addition to the operational and productivity benefits, effective theatre utilisation was recognised as an important contribution to supporting the NHS waiting list agenda, particularly within specialities experiencing extended patient waits.

Optimising theatre utilisation to achieve and sustain performance greater than 85% remains a key priority for the 2026/27 reporting period. To support this ambition, a dedicated theatre utilisation working group is planned, with a focus on strengthening data-driven decision-making, improving consistency across theatre sessions and embedding continuous improvement.

Getting it Right First Time (GIRFT)

The GIRFT (Getting It Right First Time) orthopaedic review, undertaken in February 2025, provided an effective opportunity to showcase the quality, productivity and equity of access within orthopaedic services at Tees Valley Hospital. Importantly, the review also supported a comprehensive assessment of how orthopaedic services are delivered, ensuring they are clinically robust, safe, effective and efficient.

Following the review, Tees Valley Hospital received a local specialty report and associated action plan, which highlighted areas of good practice alongside agreed recommendations for improvement. During the 2025/26 reporting period, progress against the GIRFT action plan was embedded into the quarterly Arthroplasty Committee agenda, enabling structured oversight, monitoring and assurance.

As a result of this ongoing review process, all actions arising from the GIRFT orthopaedic review have now been fully implemented and closed. This work has strengthened governance arrangements, supported alignment with national best practice and provided assurance that orthopaedic services continue to deliver high-quality care aligned with clinical and operational standards.

During the 2025/26 reporting period, Tees Valley Hospital actively engaged with the NHS England GIRFT (Getting It Right First Time) High Volume Low Complexity (HVLC) accreditation programme, a nationally recognised, clinician-led initiative designed to improve quality, reduce unwarranted variation and enhance productivity within elective care pathways. The Tees Valley Hospital site was of two independent sector provider sites to participate in the accreditation programme as part of a pilot by NHS England GIRFT programme, the outcome of which is expected in May 2026.

HVLC accreditation focuses on the delivery of high-quality elective services across key domains including patient pathways, clinical governance, utilisation and productivity, workforce and training, and facilities. Participation in the programme provided Tees Valley Hospital with an opportunity to demonstrate alignment with national best practice and to strengthen governance arrangements across high-volume, low-complexity services, particularly orthopaedic care.

To support delivery of the programme at site level, Tees Valley Hospital identified two dedicated HVLC leads: the Quality Improvement Manager and the Operations Graduate. These roles provided clear ownership and coordination of the HVLC workstream locally. In addition, a multidisciplinary HVLC working group and steering group were established, with support and oversight from a designated corporate HVLC lead, ensuring strong alignment with Ramsay Health Care UK governance and national expectations.

Throughout 2025/26, a structured approach was taken to gathering, reviewing and submitting evidence against the HVLC accreditation criteria. This included collating documentation, data and process evidence across the five HVLC domains, supported

by input from clinical, operational and governance teams. Evidence submission demonstrated alignment with best-practice patient pathways, robust clinical governance arrangements, effective utilisation and productivity, and strong multidisciplinary working.

The GIRFT HVLC accreditation visit took place on 10 April 2026, providing external review of local pathways, governance arrangements and performance. Informal feedback received on the day was very positive overall, recognising areas of strength and good practice across the site. Tees Valley Hospital will receive formal confirmation of the accreditation outcome on 20 May 2026, alongside a written report and action plan, which will be reviewed through local governance structures and used to inform ongoing quality improvement.

Engagement in the GIRFT HVLC accreditation programme has strengthened oversight of elective pathways, reinforced a data-driven approach to service improvement and supported alignment with national best practice. This work continues to support Tees Valley Hospital's contribution to the elective recovery agenda while maintaining a strong focus on safe, effective and high-quality patient care.

Increased Infection Prevention and Control (IPC) Resource

Another priority during the 2025/26 reporting period was to increase resource provision in relation to Infection Prevention and Control (IPC), recognising the breadth and complexity of responsibilities required to maintain safe and effective practice. Previously, Tees Valley Hospital's Clinical Lead also undertook the role of IPC Link Nurse, encompassing responsibilities including production of the annual IPC Report and Plan, attendance at Infection Prevention and Control Committee (IPCC) meetings, delivery of IPC training and education, audit activity, development of standard operating procedures, alert organism surveillance, provision of expert infection control advice, and investigation of reported surgical site infections using PSIRF methodology.

Following the promotion of the previous Clinical Lead into the Head of Clinical Services role, it was no longer feasible for the IPC Link Nurse responsibilities to be fulfilled alongside expanded leadership duties. In response, Tees Valley Hospital has invested in a dedicated 15-hour Infection Prevention and Control Lead Nurse (IPCLN) post to provide protected time and strengthened leadership for this specialist function.

The new IPCLN commenced in post in September 2025 and brings an extensive background in Infection Prevention and Control, together with established leadership experience. This appointment has enabled more robust oversight of IPC governance, audit and surveillance activity, staff training and education, and the delivery of IPC-related quality improvement initiatives. The introduction of this role has strengthened assurance, sustainability and compliance with IPC standards across the hospital during the 2025/26 reporting period.

Patient Experience:

Patient Participation Group (PPG)

Continual improvement of the patient journey remained a strong focus at Tees Valley Hospital throughout the 2025/26 reporting period, alongside a clear commitment to implementing remedial actions in response to patient feedback, incidents and complaints. During the year, the Patient Participation Group (PPG) continued to be embedded as a key mechanism for ensuring the patient voice actively informs service development, quality improvement and governance.

The PPG was supported through regular quarterly review meetings, providing a structured forum for engagement between patient representatives, hospital staff from a range of clinical and non-clinical departments and members of the Senior Leadership Team. During 2025/26, patient committee membership increased, supporting wider representation and strengthening the diversity of patient perspectives contributing to discussion and improvement activity.

Patient representatives continued to play an active role in the Patient-Led Assessments of the Care Environment (PLACE), supporting assurance that the patient perspective was central to the review of the hospital environment, facilities and catering provision. Outcomes and findings from PLACE were routinely shared with the group, enabling discussion of areas of good practice and agreed opportunities for improvement.

During 2025/26, the PPG also supported learning from patient feedback, complaints and patient safety incidents, with relevant themes and lessons learned shared in an anonymised and appropriate manner. This enabled patient representatives to provide insight and feedback on the hospital's response, supporting transparency, reflection and continuous improvement. Learning arising from PPG discussions was fed back into local governance processes to inform service improvement and strengthen patient-centred care across the hospital.

Involvement of the MDT in Complex Care Pathways

During the 2025/26 reporting period, Tees Valley Hospital continued to embed a structured and standardised Multi-Disciplinary Team (MDT) approach for the management of patients with complex clinical, functional or psychosocial needs, in line with national guidance and Ramsay Health Care UK policy on *Involvement of the MDT in Complex Care Pathways*.

A local Standard Operating Procedure (SOP OP 03 – MDT Discussion of Complex Patient Needs) was developed, approved and implemented, clearly defining the

process for identifying patients requiring MDT review, coordinating MDT activity and ensuring consistent documentation, communication and follow-up. Patients with potential complexity are identified at the earliest opportunity during the pre-assessment process using defined clinical indicators, professional judgement and patient-reported information.

Where complexity is identified, cases are escalated to the MDT Lead and, where appropriate, referred for anaesthetic review to support risk assessment, optimisation and decision-making. The MDT Lead is responsible for ensuring MDT discussions are scheduled in a timely manner, normally within 28 days, with appropriate multidisciplinary representation including pre-assessment, anaesthetics, consultants, ward, theatre, physiotherapy and outpatient teams. Where early oversight is required, cases may initially be reviewed through the Patient Safety Improvement and Review Group (PSIRG), with escalation to a full MDT meeting as indicated.

MDT discussions are supported by comprehensive preparation, with relevant clinical, functional and social information collated in advance to enable informed and effective decision-making. MDT meetings are chaired by the MDT Lead and focus on collaborative review of peri-operative risk, optimisation requirements, rehabilitation and discharge planning. Agreed care plans, actions and responsibilities are clearly documented in the patient's electronic record and communicated to all relevant teams and the patient, supporting continuity and coordination of care.

During 2025/26, there was a notable improvement in MDT Tenable audit outcomes, demonstrating strengthened compliance with the agreed MDT process and improved documentation and governance assurance. Where audit findings identified opportunities for further improvement, actions were agreed and remain under ongoing review to support continuous improvement and sustained compliance.

Ongoing monitoring of patient progress following MDT discussion is undertaken by ward, physiotherapy and outpatient teams, with re-escalation to the MDT process if a patient's condition changes or further complexity emerges. This embedded MDT approach has strengthened clinical assurance, enhanced patient-centred decision-making and supported the safe, effective and coordinated management of patients with complex needs throughout the 2025/26 reporting period.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

In 2025, the role of *Clinical Lead* was formally reviewed and redesigned, resulting in its renaming to Quality Improvement Manager, alongside a comprehensive review of responsibilities and scope of the role. The Quality Improvement Manager commenced in post in August 2025 and, working closely with the Head of Clinical Services, undertook a detailed review of the clinical services delivered at Tees Valley Hospital. This work was supported by engagement in the GIRFT HVLC accreditation programme, which provided valuable structure and insight to identify areas of good practice and opportunities for quality improvement.

In early 2026, the hospital's Clinical Strategy was refreshed, setting a clear vision to deliver exceptional patient care that is safe, responsive and person-centred through the provision of collaborative and integrated clinical services. This strategy informed the development of a Quality Improvement Plan, which operationalises the strategic objectives by clearly setting out priority areas for improvement, defined actions, responsible leads and agreed measures of success.

The below clinical priorities are taken from the quality improvement plan.

Patient Safety:

Intermediate Life Support and Identification, Recognition, and Escalation of the Deteriorating Patient Training.

Looking ahead to the 2026/27 reporting period, Tees Valley Hospital will continue to prioritise the reduction of harm, the strengthening of a positive patient safety culture and the delivery of consistently safe, high-quality care. Central to this ambition is ensuring sustained compliance with mandatory training and clinical competencies across all staff groups.

A key focus for 2026/27 will be achieving and maintaining mandatory training compliance above 90% for Immediate Life Support (ILS) and Identification, Recognition, and Escalation of the Deteriorating Patient (IREP), with the aim of reducing the number of staff practising with lapsed certification and improving completion rates within required timeframes. This will support staff capability and confidence in recognising and responding effectively to patient deterioration and medical emergencies.

To deliver this, the hospital will ensure sufficient availability of training sessions to meet workforce demand, supported by clear and consistent communication of compliance expectations to all clinical staff. Early identification of staff approaching certification expiry, alongside proactive reminders, will enable timely booking onto training and prevent lapses in competency.

Oversight of mandatory training compliance will be strengthened through regular review of compliance data at Patient Safety Improvement and Review Group (PSIRG) meetings, enabling timely escalation and focused support where required. Clear executive and clinical ownership of mandatory training compliance will continue, with Heads of Department accountable for ensuring staff within their teams maintain required competencies.

Alongside these measures, Tees Valley Hospital will continue to promote an open and learning-led patient safety culture, encouraging staff to speak up, engage with governance processes and apply learning from incidents, complaints and near misses. Through these actions, the hospital aims to further reduce avoidable harm, strengthen patient safety and ensure a skilled, competent and well-supported workforce throughout the 2026/27 reporting period.

Embed Falls Framework

For 2026/27, Tees Valley Hospital will continue to prioritise the reduction of patient harm, including harm resulting from falls, as a core element of its patient safety and quality improvement agenda. Building on progress made during 2025/26, the hospital will further embed the Ramsay Health Care UK Falls Framework to ensure a consistent, proactive and preventative approach to falls management across all clinical areas.

A key priority for 2026/27 will be strengthening local ownership and accountability for falls prevention through the identification of named Falls Leads / Champions in each clinical area. These individuals will act as a point of escalation for falls risk assessments, prevention actions and post-falls reviews, supporting consistent application of the framework and reinforcing falls prevention as a shared responsibility.

Falls risk assessment will remain mandatory at key points of the patient pathway, including on admission, post-procedure and following any change in a patient's clinical condition. This will reinforce existing messages provided through patient-facing falls information and support early identification of patients at increased risk, enabling timely intervention and personalised care planning.

Environmental safety will continue to be a core focus, supported by routine environmental checks to reduce the risk of slips, trips and falls, particularly in inpatient areas, theatre recovery and other high-risk locations. Learning from environmental reviews and reported incidents will inform targeted improvement actions.

The hospital will further strengthen a consistent and proportionate post-falls review process, with all falls reviewed through local Patient Safety Improvement and Review Group (PSIRG) meetings in line with the level of harm. Reviews will focus on identifying immediate causes, contributory clinical and environmental factors, and required

actions. Trend analysis of falls data will be used to support targeted, preventative actions rather than isolated case review alone.

Through sustained embedding of the Falls Framework, strengthened governance oversight, clear leadership and continuous learning, Tees Valley Hospital aims to further reduce falls-related harm, enhance patient safety and maintain a proactive, preventative approach to falls management throughout the 2026/27 reporting period.

Workforce Review- Utilisation of Staffing and Establishment tools.

For the 2026/27 reporting period, Tees Valley Hospital will continue to strengthen its approach to workforce planning through a comprehensive workforce review, making full use of the newly launched safe staffing tools and workforce establishment data. This will support robust, evidence-based staffing models that align workforce capacity with patient need, clinical activity and service delivery requirements.

A key focus will be ensuring accurate and up-to-date establishment data is maintained for all clinical areas. All services will be reviewed against agreed establishment benchmarks, with a clear and documented rationale for any variances. This will provide transparency and assurance that staffing models are appropriate and responsive to changes in activity and acuity.

Staff will be trained and supported to understand and use the new staffing tools effectively, enabling consistent interpretation of data at both departmental and organisational levels. Clinical leaders and frontline teams will be actively engaged in reviewing workforce data, identifying risks and contributing to improvement actions, supporting shared ownership of safe staffing.

Where establishment gaps or staffing risks are identified, clear action plans will be developed and monitored through local governance arrangements. Managers will be supported to translate workforce data into practical staffing actions, including recruitment planning, skill-mix review and workforce deployment decisions.

Workforce models will be subject to a regular review cycle to ensure they remain responsive to service changes, emerging pressures and future demand. This structured approach will support early identification and mitigation of staffing risks, contribute to a reduction in workforce-related incidents and help reduce reliance on temporary staffing where sustainable solutions can be identified.

Through consistent use of staffing tools, strong clinical engagement and ongoing governance oversight, Tees Valley Hospital aims to strengthen safe staffing assurance, support staff wellbeing and ensure delivery of safe, effective and high-quality patient care throughout the 2026/27 reporting period.

Clinical Effectiveness:

Reduce Same Day Cancellations

During the 2026/27 reporting period, Tees Valley Hospital will continue to focus on ensuring that clinical pathways are efficient, modernised and designed around patient needs, supporting improved patient experience, reduced harm and optimal use of hospital capacity.

A key priority will be the sustained reduction in same-day cancellations, with performance monitored through consistent use of cancellation reason coding to enable meaningful analysis and targeted improvement. Same-day cancellations will be reviewed regularly through the Heads of Department (HoDs) Committee, with shared learning, agreed actions and progress tracking to support continuous improvement.

Pathway reliability will be strengthened through robust pre-assessment processes, ensuring clinical or logistical risks are identified and addressed at the earliest opportunity. This will support improved patient preparedness, reducing cancellations associated with non-attendance, incomplete pre-assessment or unmet clinical prerequisites.

The hospital will continue to improve end-to-end pathway efficiency, supported by streamlined booking, pre-assessment and admission processes, and effective use of scheduling and patient administration systems. This will reduce last-minute changes, improve coordination between teams and support timely confirmations and reminders for patients.

Clear and consistent patient communication, both written and verbal, will remain central to pathway design, ensuring patients receive clear instructions, expectations and timely information at each stage of their care journey.

Cancellation trends, contributing factors and improvement actions will be monitored through local Patient Safety Improvement and Review Group (PSIRG) meetings, enabling data-driven oversight and escalation where required. Improved pathway reliability will also support enhanced theatre and clinic utilisation, with fewer unused slots attributable to avoidable cancellations.

Through strengthened governance oversight, effective use of data and a continued focus on patient-centred pathway design, Tees Valley Hospital aims to reduce same-day cancellations, improve pathway efficiency and deliver a more reliable, responsive and positive patient experience throughout the 2026/27 reporting period.

Right Procedure, Right Place

In 2026/27, Tees Valley Hospital will continue the local adoption and implementation of the Right Procedure, Right Place (RPRP) guidance, ensuring patients receive care that is clinically appropriate, safe and delivered in the most suitable setting. National RPRP principles will be translated into clear, specialty-specific pathway documentation, supporting consistent application across clinical services.

Defined and agreed criteria for procedure location—including outpatient, minor operations and theatre settings—will be embedded within pathways and approved through established Clinical Governance arrangements. This approach will support better case selection and placement, improve theatre and outpatient utilisation, and reduce unnecessary use of higher-acuity environments for low-complexity procedures.

Regular review of pathways will ensure they remain current, modernised and responsive to patient need, supporting improved flow through services and contributing to delivery against referral to treatment (RTT) and access standards. Standardisation of pathways will also reduce unwarranted variation across consultants and specialties, promoting equity, safety and reliability of care.

Compliance with RPRP guidance will be monitored through audit and governance review, providing assurance of alignment with national and internal standards and enabling learning to inform continuous improvement. Improved pathway consistency will support more effective utilisation of existing capacity and reduce avoidable delays, cancellations and pathway inefficiencies.

Implementation of RPRP will also align with the hospital's expansion of Theatre and Outpatient Facilities as part of the Hospital Extension Plans, ensuring that future capacity is utilised appropriately and designed in accordance with RPRP principles.

Through sustained governance oversight, audit and continued pathway review, Tees Valley Hospital aims to ensure patients consistently receive the right procedure, in the right place, at the right time, while supporting safe, efficient and patient-centred care throughout the 2026/27 reporting period.

Patient Experience:

“Walk with Me”

During the 2026/27 reporting period, Tees Valley Hospital will embed the *Walk with Me* initiative as a core component of patient-centred care, supporting real-time visibility of the patient journey and strengthening communication, coordination and safety across services.

Visible leadership commitment to the *Walk with Me* approach will be a key enabler, with senior clinical and operational leaders modelling expected behaviours and actively engaging with teams to reinforce the importance of shared ownership of the patient journey. Clear definition of patient journey stages and agreed standards for each transition point (from referral through to discharge) will support consistency and reliability of care delivery.

Staff and MDTs will be supported through training and briefings to ensure a shared understanding of the purpose of the initiative and how teams are expected to engage with it in daily practice. *Walk with Me* will be integrated with existing patient journey, safety and quality frameworks, avoiding duplication and ensuring alignment with established governance structures.

The initiative will improve patient understanding of their care journey, reducing anxiety and confusion at handover and transition points. Improved communication and coordination are expected to support a reduction in avoidable complaints or concerns related to delays, poor communication or fragmented care.

Real-time observations, patient stories and practical examples will be used to reinforce impact, maintain engagement and drive continuous improvement. Learning, risks and improvement actions identified through *Walk with Me* will be reviewed through local Patient Safety Improvement and Review Group (PSIRG) and Customer Experience Committees, ensuring themes are tracked, actions are owned and improvements are embedded.

Through implementation of the *Walk with Me* initiative, Tees Valley Hospital aims to strengthen real-time oversight of patient flow, promote a culture of shared accountability, enhance patient experience and deliver more reliable, responsive and patient-focused care throughout the 2026/27 reporting period.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health (DH).

2.2.1 Review of Services

During 2025/26 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 2025 to 31st March 2026 represents 100% of the total income generated from the provision of NHS services by Tees Valley Hospital for 1 April 2025 to 31st March 2026.

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 1 April 2025 to 31st March 2026, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	26%
HCA Hours as % of Total Nursing	51%
Agency Cost as % of Total Staff Cost	0%
Ward Hours PPD	3.95
Staff Turnover %	17.7 %
Sickness %	6.9%
Lost Time %	22.5%
Appraisal %	85%
Mandatory Training %	99.07%
Staff Satisfaction Score	77% Engagement, 78% Wellbeing, 73% Inclusion, 72% Burnout Indicator
Number of Significant Staff Injuries	0
Patient	
Formal Complaints in year	18
Patient Satisfaction Score	98.1% - Friends & Family
Significant Clinical Events	3 (reportable to ICB and/or CQC)
Readmission in year	13
Quality	
Facilities - Health & Safety Summary Score	94.6%
Infection Control Environmental Infrastructure Audit Score	96.3%

2.2.2 Participation in clinical audit

During the 2025/26 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 2025 to 31st March 2026, 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 2025 to 31st March 2026 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 2025/26 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 2025 to 31st March 2026 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 31st March 2026 is registered without conditions.

The CQC carried out a two-day unannounced inspection at Tees Valley Hospital on 18th and 19th 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 2025/26 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 2025/26 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 2025/2026 submission is due by 30th June 2026.

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 2025/26 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 2026

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	Completed December 2025	98%	100%	100%	100%	Level 3

2.2.7 Stakeholders views on 2025/26 Quality Account



North East and
North Cumbria

Commissioner Statement from NHS North East and North Cumbria Integrated Care Board for Tees Valley Hospital Ramsay Health Care Quality Account 2025/26

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Tees Valley Hospital (TVH) Ramsay Health Care. 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 2025/26 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:

- Partial progress towards 'Gold' accreditation for Aseptic Non-Touch Technique; accreditation visit scheduled for June 2026.
- Partial progress in strengthening antimicrobial stewardship (AMS), including the appointment of an Infection Prevention and Control Lead Nurse (IPCLN), whose collaboration with the Clinical Lead Pharmacist has resulted in improved review and oversight of antimicrobial prescribing, and enhanced assurance, consistency and shared learning. AMS will continue in 2026/27.
- Controlled drug (CD), storage and management leading to secure centralised CD storage with Pharmacy maintaining oversight of all CD stock. We note that your enhanced accountability, security and governance were assessed as meeting statutory and regulatory requirements following a Home Office visit.
- Review and analysis of theatre utilisation supporting ongoing resource planning, productivity and sustainability. Reviewed through established governance and operational forums, provides multidisciplinary oversight and focused engagement with consultants and clinical teams. This remains a priority for 2026/27.
- Partial completion of the Getting it Right First Time (GIRFT) priority with all actions from the GIRFT orthopaedic review (February 2025) fully implemented. TVH engaged with the GIRFT High Volume Low Complexity (HVLC) accreditation programme; one of two independent sector provider sites; accreditation visit was April 2026 and formal outcome due May 2026. Engagement has strengthened oversight of elective pathways, reinforced a data-driven approach to service improvement and supported alignment with national best practice.

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NorthEastandNorthCumbriaNHS 

NENC_NHS 

Better health and wellbeing for all...

- Increased Infection Prevention and Control (IPC) resources, provided via a dedicated IPCLN, enabled robust oversight of IPC governance, audit/surveillance activity, staff training/education, and the delivery of IPC quality improvement initiatives.
- Embedding the Patient Participation Group ensuring the patient voice informs service development, quality improvement, and strengthens patient-centred care.
- Embedding the structured and standardised multi-disciplinary team (MDT) approach for managing patients with complex clinical, functional or psychosocial needs. A local standard operating procedure was implemented and audit demonstrated strengthened compliance with processes, documentation and governance. This has strengthened clinical assurance, enhanced patient-centred decision-making and supported the safe, effective and coordinated management of patients with complex needs.
- Becoming the first independent provider to secure Joint Advisory Group accreditation across all endoscopy units, including TVH.
- Your Gold National Joint Registry Quality Data Provider status.
- Ongoing participation in audit including three national clinical audits, with local clinical audit reports and associated action plans being reviewed by the Clinical Audit Group and Clinical Governance Committee.

Areas for Further Development

The ICB recognises the additional work required which has been identified within the quality account. In particular, the work to:

- Improve consultant compliance with Speak Up for Safety (SUFS) training. To address challenges with consultant availability, a review of alternative training methods occurred, enabling access. SUFS training was formally embedded into Mandatory Training and the Local Induction programme. Roll-out of the updated SUFS programme is planned during 2026/27.

Future Priorities

The ICB is fully supportive of the identified Quality Priorities for 2026/27. The ICB welcomes:

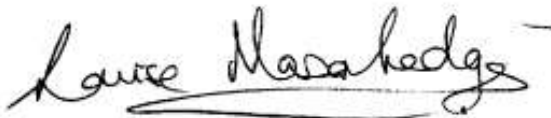
- TVH's aim of achieving and maintaining mandatory training compliance above 90% for Immediate Life Support and Identification, Recognition, and Escalation of the Deteriorating Patient, to further reduce avoidable harm, strengthen patient safety and ensure a skilled, competent and well-supported workforce.
- Embedding Ramsay Health Care UK Falls Framework to ensure a consistent, proactive and preventative approach to falls management, and strengthening local ownership and accountability for falls prevention. Through strengthened governance oversight, clear leadership and continuous learning, you aim to further reduce falls-related harm, enhance patient safety and maintain a proactive, preventative approach throughout 2026/27.
- Through workforce review and utilising staffing and establishment tools we note your ambition to strengthen the approach to workforce planning. Which will be achieved by supporting staff to use the new tools effectively, and clinical leaders/frontline teams will review workforce data, identify risks and contribute to improvement actions, supporting shared ownership of safe staffing. This approach will support mitigation of risks, contribute to a reduced workforce-related incidents and help reduce reliance on temporary staffing.
- The aim to reduce same day cancellations through strengthened governance oversight, effective use of data and a continued focus on patient-centred pathway design, in order to improve pathway efficiency and deliver a more reliable, responsive and positive patient experience.

- Continued local adoption and implementation of the Right Procedure, Right Place guidance, ensuring patients receive care that is clinically appropriate, safe and delivered in the most suitable setting. This supports case selection and placement, improved facility utilisation/flow and compliance against referral to treatment/access standards, reduces unwarranted variation, promotes equitable, safe and reliable care and aligns with expansion plans.
- Implementation of the 'Walk with Me' initiative strengthening real-time oversight of patient flow, promoting a culture of shared accountability, enhancing patient experience and delivering more reliable, responsive and patient-focused care.

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 2025/26. It is clearly presented in the required format, contains information that accurately represents TVH quality profile and aspirations for the forthcoming year.

NENC ICB remains committed to working in partnership with TVH to assure the quality of commissioned services in 2026/27.

Yours sincerely

A handwritten signature in black ink that reads "Louise Mason-Lodge". The signature is written in a cursive style with a horizontal line underneath the name.

Louise Mason-Lodge
Director of Nursing
NHS North East and North Cumbria Integrated Care Board

Part 3: Review of quality performance 2025/26

Statements of quality delivery

Mrs Emily Dixon, Head of Clinical Services Tees Valley Hospital

Review of quality performance 1st April 2025 - 31st March 2026

Introduction

Reflecting on the 2025/26 reporting period, Tees Valley Hospital has continued to demonstrate strong performance across clinical quality, patient safety and staff wellbeing. I remain extremely proud of the dedication and professionalism shown by our teams, whose ongoing commitment ensures that patients consistently receive safe, high-quality, person-centred care and achieve positive clinical outcomes.

During 2025/26, Tees Valley Hospital's engaged with the GIRFT High Volume Low Complexity (HVLC) accreditation programme, strengthening oversight of elective pathways and aligning practice with national best standards, particularly within orthopaedics and spinal care. Dedicated local leadership, supported by strong multidisciplinary and corporate governance, enabled a structured and evidence-based approach to meeting the HVLC criteria. The accreditation visit in April 2026 provided positive external validation of our pathways and governance arrangements, and the learning from this work will continue to inform quality improvement, elective recovery and the delivery of safe, effective patient care.

Tees Valley Hospital demonstrated a strong commitment to staff health and wellbeing by successfully achieving Bronze accreditation through the Better Health at Work Award (BHAWA). Throughout the year, a wide range of initiatives were delivered to promote physical and mental wellbeing and to support a positive, healthy workplace culture. These activities, coordinated by nominated health advocates, have reinforced our recognition that staff wellbeing is a fundamental enabler of high-quality, safe patient care. Building on this achievement, the hospital remains committed to further developing its wellbeing programme and will continue to progress towards Silver BHAWA accreditation in the coming year.

During 2025/26, Tees Valley Hospital successfully maintained full Joint Advisory Group (JAG) accreditation for Endoscopy following completion of the annual review process. This continued accreditation provides strong assurance that the service consistently meets nationally recognised standards for quality, safety, leadership and patient experience. Sustaining JAG accreditation reflects the ongoing commitment,

professionalism and high standards demonstrated by the Endoscopy team, and confirms the robustness of governance, training, workforce planning and patient pathways within the service.

In addition, Tees Valley Hospital continued to be recognised as a National Joint Registry (NJR) Quality Data Provider at Gold level, demonstrating sustained excellence in the completeness, accuracy and timeliness of orthopaedic data submission. This ongoing recognition provides assurance that robust systems and processes are in place to support high-quality data collection and reporting, which is fundamental to monitoring outcomes, benchmarking performance and identifying opportunities for improvement. Achieving and maintaining Gold status reflects the strong engagement of clinical teams with registry requirements and their commitment to transparency, patient safety and continuous improvement. High-quality NJR data directly supports improved learning, informs evidence-based practice and contributes to better patient outcomes across orthopaedic services.

Looking ahead, plans for the proposed hospital expansion have continued to progress. Due to a number of external factors, the original timeline for development has been revised; however, plans are now progressing with a view to commencement in Summer 2026. The expansion will enhance capacity and modernise facilities to support future service growth and sustainability. This planned development reflects Tees Valley Hospital's ongoing commitment to meeting patient need, improving access to care and ensuring the hospital is well positioned to deliver high-quality services now and in the future.

In summary, 2025/26 has been another successful and progressive year for Tees Valley Hospital. Through strong partnership working, robust governance arrangements and a continued focus on quality improvement, we have sustained high standards of patient safety, clinical effectiveness and patient experience across all services. Our teams have remained committed to delivering safe, responsive and person-centred care, while actively embracing opportunities to improve systems, pathways and outcomes. As we move forward, I am confident that Tees Valley Hospital will continue to deliver against its agreed clinical priorities, adapt to future challenges and provide compassionate, high-quality care that meets the needs of our patients and communities.

Ramsay Clinical Governance Framework 2025/26

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.

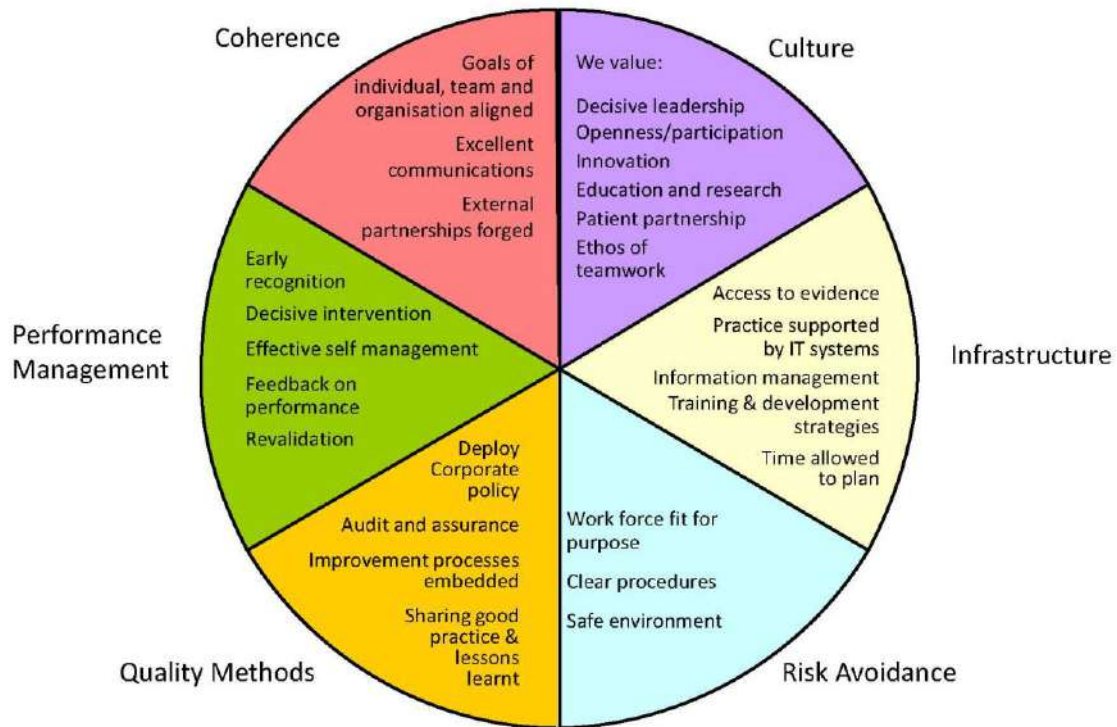
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc. are inter-dependent with actions in one area impacting on others.

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.

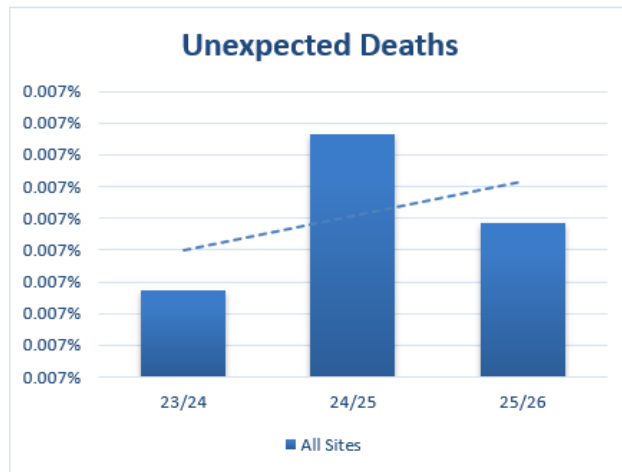
3.1 The Core Quality Account indicators

Mortality

Mortality:	Benchmarking period	Ramsay								
	Period	Best		Worst		Average		Period	Tees Valley	
	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
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVCOR	0.0000

Tees Valley Hospital considers that this data is as described. There have been no unexpected deaths in the 2025/26 reporting period.

Rate per 100 discharges:



National PROMs

Tees Valley PROMs data is fully digital and accessible via the Cemplicity dashboard. Digital PROMs now incorporate collection of data following lower limb joint arthroplasty, shoulder arthroplasty, carpal tunnel surgery and transurethral resection of prostate surgery.

Rolling 12-month data April 2025 – March 2026 shows an average health gain of 13.7 following knee arthroplasty.



Respondents: 190

Rolling 12-month data April 2025 – March 2026 shows an average health gain of 22.3 following hip arthroplasty.

HIP SCORE CHANGE - PREOP V 6 MONTHS



Respondents: 131

Rolling 12-month data April 2025 – March 2026 shows an average health gain of 19.1 following shoulder arthroplasty.

SHOULDER SCORE CHANGE - PREOP VS 6 MONTHS



Respondents: 9

Rolling 12-month data April 2025 – March 2026 shows an average health gain of 24.0 following carpal tunnel surgery.

CARPAL TUNNEL SCORE THIS YEAR



Respondents: 97

Rolling 12-month data April 2025 – March 2026 shows an average health gain of 12.5 following trans urethral resection of prostate surgery.



Respondents: 14

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Tees Valley	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVCOR
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVCOR	0.00091
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVCOR	0.00101

Tees Valley Hospital considers this data to be accurate and reflective of current performance, with readmission rates remaining consistently low. All patient readmissions are subject to structured review to ensure appropriate oversight and learning.

Readmissions are discussed and reviewed at multiple levels of governance, including the monthly Senior Leadership Team and Heads of Department Committee, as well as the quarterly Clinical Governance Committee, Medical Advisory Committee, and Resuscitation Committee meetings. In addition, readmissions are reviewed at the weekly Patient Safety Incident Review Group (PSIRG) / Safety Panel meetings, where trends and themes are monitored and any required actions identified.

Although readmission rates have increased marginally during the 2025/26 reporting period, no recurring themes, trends, or areas of concern have been identified through these reviews. Ongoing monitoring and multidisciplinary oversight ensure that any emerging risks are identified promptly and that learning is shared to support continuous improvement in patient care and safety.

Rate per 100 discharges:



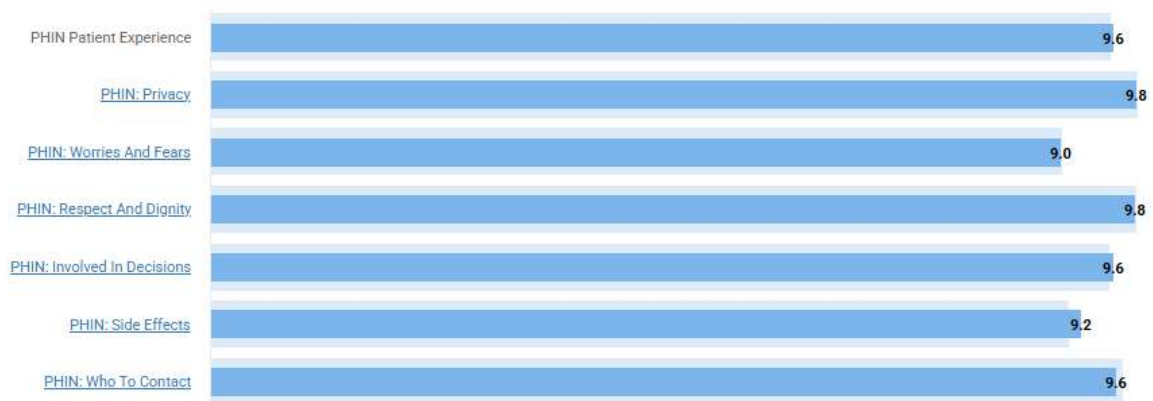
Responsiveness to Personal Needs

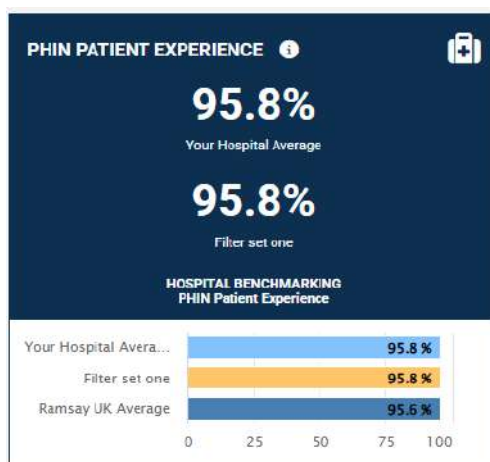
Ramsay Health Care UK are no longer asked to participate in the annual NHS inpatient survey; however, we do collect this data as our PHIN experience score on Cemplicity as detailed below.

Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey. Period April 2025 - March 2026.

Summary of PHIN Patient Experience performance – 1st April 2025 – 31st March 2026

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





VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Tees Valley	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVCOR	97.3%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVCOR	86.8%
	Q1 to Q3 25/26	Severall	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVCOR	99.5%

Due to Covid this submission was paused. There is no data published after Q3 19/20
 VTE risk assessment 2024/25 has been reinstated and is ongoing until further notice.
 The latest published quarters provide the most accurate and current position

Tees Valley Hospital considers this data to be accurate and representative of current practice. During the 2025/26 reporting period, continued emphasis has been placed on the completion of Venous Thromboembolism (VTE) risk assessments by clinical staff, with a particular focus on timely consultant review. Compliance with VTE assessment and review is reinforced through ongoing monitoring, clinical oversight, and feedback at departmental level, ensuring that patients are appropriately assessed and managed in line with best practice and national guidance.

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Tees Valley	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVCOR	0.0000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVCOR	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVCOR	0.0000

No data published since 21/22
 Data updated: 26 September 2024. Added annual data for the financial year April 2023 to March 2024.
 Raw and cleaned annual data for the C. difficile infection from April 2012 to March 2025.

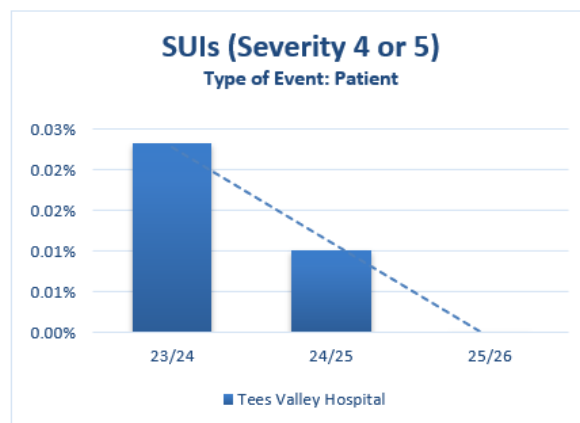
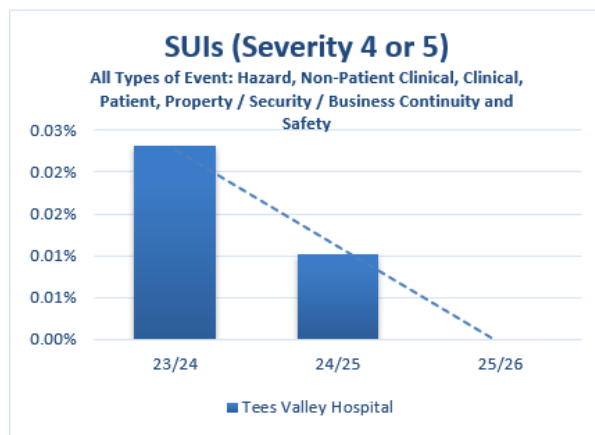
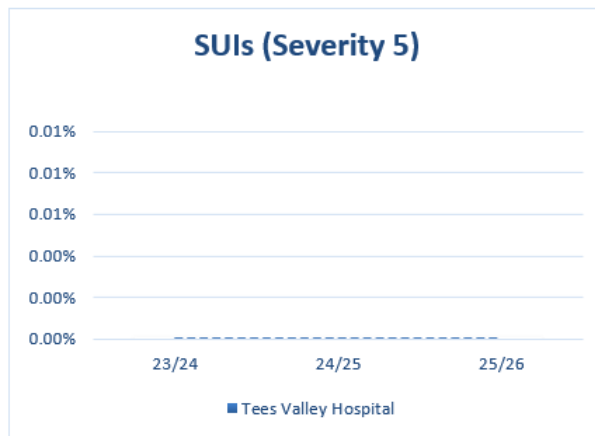
Tees Valley Hospital considers that this data is as described. There were no reported cases of C Difficile in the 2025/26 reporting period.

Patient Safety Incidents with Harm

SUIs:(Impact 5 only)	Period	Best		Worst		Average		Period	Tees Valley	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVCOR	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVCOR	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVCOR	0.0000

Tees Valley Hospital considers that this data is as described with no impact score 5 incidents having occurred in the 2025/26 reporting period.

Rate per 100 discharges:



There has been a clear reduction in severity 4 and 5 incidents during the 2025/26 reporting period, with no severity 4 or 5 incidents reported between 1 April 2025 and 31 March 2026. All reported incidents are fully investigated, and any learning is shared with staff through departmental meetings, daily huddles, and relevant hospital groups and committee meetings. Incidents involving harm are also reviewed and monitored through the quarterly Clinical Governance Committee to ensure oversight and ongoing improvement.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Tees Valley	
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVCOR	100.0%
Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVCOR	100.0%	
Jan-26	Severall	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVCOR	100.0%	

Tees Valley Hospital considers this data to be accurate, as it reflects the monthly Friends and Family Test responses received. In October 2025, the Friends and Family Test was transitioned to the Cemplicity platform to provide a more robust, real-time system for capturing and reporting patient feedback. Since this transition, there has been a strong focus on encouraging patients to complete the Friends and Family scorecard. QR codes are available for patients to access the survey via a mobile device, with hospital tablet devices also available where required. Paper scorecards continue to be offered for patients who prefer a non-digital option.

3.2 Patient safety

Tees Valley Hospital is a progressive organisation with a clear focus on continually improving performance across all areas, with particular emphasis on maintaining and strengthening its strong track record in patient safety. Risks to patient safety are identified through a range of routes, including routine audit activity, complaints, litigation, adverse incident reporting, and concerns raised by patients, relatives, or staff. In addition, there is a strong emphasis on the proactive identification of risk through the regular monitoring of trends and themes within key performance indicators.

Incidents and emerging risks are reviewed on a weekly basis through the Patient Safety Incident Review Group (PSIRG), where trends and themes are analysed to identify learning, areas for improvement, and any required actions. This structured oversight supports timely escalation, shared learning, and system-wide improvement. The hospital's sustained focus on patient safety governance and learning has contributed to demonstrable improvements across a number of key safety indicators, as illustrated in the graphs below.

3.2.1 Infection prevention and control

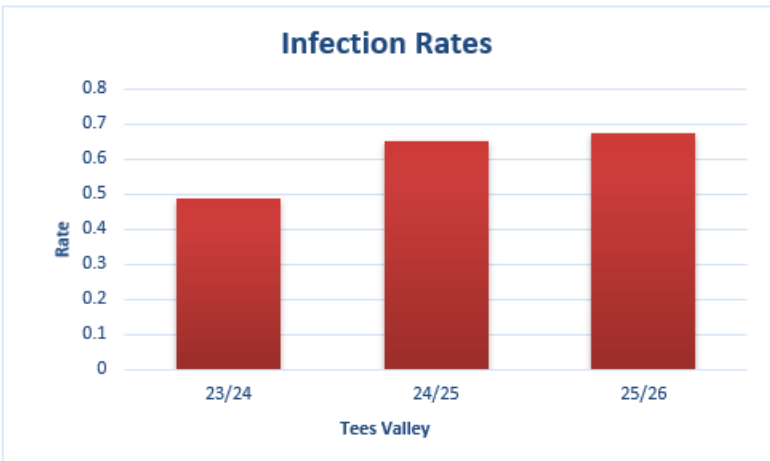
Tees Valley Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

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.

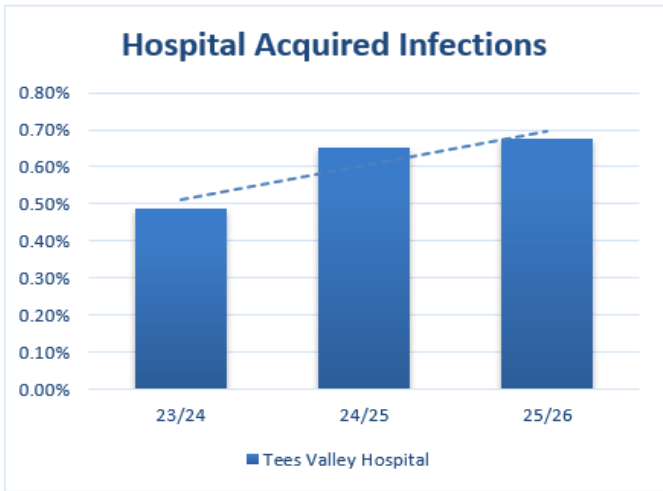
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and these are also monitored locally.

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 illustrated in the graphs above, there has been a slight increase in infection rates during the most recent reporting period, including a marginal rise in the number of hospital-acquired infections (rate per 100 discharges) during 2025/26. Tees Valley Hospital continues to actively promote a culture of robust and open reporting, and staff are encouraged to report all suspected wound infections, regardless of whether a wound swab has been taken.

In cases where wound swabs have not been undertaken, there is no microbiological evidence to confirm the presence of infection; however, these cases are deliberately retained within the reported figures to ensure transparency and early identification of potential issues. This approach may contribute to an apparent increase in reported infection rates. Increased clinical activity during the reporting period is also considered a contributory factor.

All reported infection incidents are investigated and reviewed through the Infection Prevention and Control Committee, where trends, themes, and learning are discussed and actions agreed. In addition, there is an ongoing focus on antimicrobial stewardship, jointly led by the IPC Lead Nurse and the Clinical Lead Pharmacist, to promote the appropriate use of antimicrobials, reduce the risk of antimicrobial resistance, and support optimal patient outcomes. Learning and required actions are shared with staff through departmental meetings and daily huddles to support continuous improvement in infection prevention and control.

Infection, prevention and control programmes and activities within our hospital for 2025-26 include:

Area	Objectives	Actions	Status
Surveillance	To reduce Surgical Site Infections	<ul style="list-style-type: none"> -Continue to collect and monitor rolling data in line with PHE SSISS on Surveillance spreadsheet. -Regularly apply to join UKSSISS -Report suspected infections to Radar and undertake appropriate investigation tool as required. -Ongoing IPC action plan. -Monthly data collection and reporting of individual surgeon infection rates. -Ongoing review of antimicrobial stewardship with support of Pharmacist. 	<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>Reapplication to UKSSISS however no capacity at present for TVH to join. IPCLN continues to monitor at local level.</i></p> <p><i>New IPCLN in post. IPCLN has taken over Consultant infection rates and will progress moving forward.</i></p> <p><i>Ongoing review of antimicrobial stewardship with support of Clinical Lead Pharmacist.</i></p>

<p>Antimicrobial Stewardship</p>	<p>To continue to promote high standards of antimicrobial stewardship and minimise clinical risk due to inappropriate prescribing</p>	<p>-Ensure we are compliant with current antimicrobial formulary through prescribing audit and surgical prophylaxis audit.</p> <p>-100% Compliance with Medicines Management Audit programme.</p> <p>-Ongoing Training package for Consultants and RMOs.</p>	<p><i>Ongoing review of antimicrobial stewardship with support of Clinical Lead Pharmacist and IPCLN.</i></p> <p><i>Antimicrobial stewardship audits completed. IPCLN reviewing antibiotic prescribing against formulary. Review of Orthopaedic surgical prophylaxis due to change in local formulary- currently under review/discussion.</i></p>
<p>Education and Training</p>	<p>To ensure all staff are up to date with IPC Mandatory training and ensure all IPC Leads are suitably trained and competent in role</p>	<p>-Attend regular national study days/IPC Conferences for Infection Prevention and Control Link Nurses/ANTT Trainers.</p> <p>-Monthly Mandatory training sessions with adhoc sessions to improve compliance as required.</p> <p>-All clinical staff to complete ANTT e-learning and Face to face training with ANTT Link Nurses.</p> <p>-All staff to complete ANTT competencies.</p> <p>-All clinical staff to undertake hand hygiene competencies/skin surveillance checks.</p> <p>-Review of One Together programme-training programme to be implemented in Theatre department.</p>	<p><i>100% attendance by IPC link nurse/ ANTT trainer to Corporate IPC study days and IPC Conferences.</i></p> <p><i>New IPCLN has review and updated corporate approved Mandatory training programme</i></p> <p><i>4 onsite ANTT trainers. Additional theatre support identified. Work progresses toward ANTT Gold accreditation scheduled for May 2026.</i></p> <p><i>OH Link nurse continues to complete hand surveillance checks, and all staff undertake hand hygiene review at mandatory training.</i></p> <p><i>New One together Tendable audit suite available and currently being reviewed by IPCLN and senior theatre team.</i></p>
<p>Decontamination / Cleaning</p>	<p>Equipment and environment is cleaned and /or decontaminated appropriately</p>	<p>Standardised cleaning schedule template in each area which will be localised departmentally to determine:</p> <ul style="list-style-type: none"> • The functional area. • Elements requiring cleaning. • Frequency. • Lead. • Standard and method. 	<p><i>Standardised cleaning in line with NHS cleaning standards.</i></p> <p><i>Local SLA's currently in date and reviews are now added to quarterly CGC meeting to monitor compliance.</i></p> <p><i>Annual Theatre Deep clean performed.</i></p> <p><i>Annual Theatre Decontamination Audit undertaken.</i></p>

		<p>-To have annual review of individual cleaning Service Level Agreement (SLA) in place</p> <p>- Annual Theatre Deep Clean</p> <p>-Annual Decontamination audit.</p>	
Audit	<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>	<p>Ensure audits are performed as per the Ramsay audit programme. Any clinical areas achieving <95% compliance produce a remedial action plan. Ensure all audits are performed objectively.</p> <p>Any audit scores <95% actions to be discussed at IPC Committee/Audit committee and departmental meetings.</p> <p>-Surgical Prophylaxis audit to be undertaken 6 monthly by Clinical Lead Pharmacist.</p> <p>-ANTT audits to be undertaken regularly by ANTT trainers.</p>	<p><i>Completed Audits.</i> <i>Tendable Action plans in place.</i> <i>Audit scores >95%.</i> <i>Discussed at IPCC and Audit Committee.</i></p> <p><i>Peer review audits now been undertaken for IPC related audits.</i></p> <p><i>More frequent ANTT audits to be completed BY ANTT trainers. Now available via Tendable.</i></p> <p><i>Antimicrobial stewardship audit now available via Tendable and included in the annual programme.</i></p>
Occupational Health and Wellbeing	<p>To ensure staff with skin issues are identified and appropriately supported</p> <p>Monitor sharps related and slash injuries</p>	<p>-Ensure skin surveillance programme continues to be implemented and that referred staff are appropriately supported and reviewed.</p> <p>-Report to IPCC and Health and Safety Committee any Blood or Bodily Fluid Exposures for review, recommendations and actions taken.</p>	<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>
Policy	<p>Ongoing 3 yearly review of all relevant policies</p> <p>Review IPC related national guidelines</p>	<p>-Maintain IPC policy standards on group audit programme.</p> <p>Undertake review of all newly issued IPC policies and ensure full compliance and training as required.</p>	<p><i>Updated IPCC policies shared with all staff.</i></p> <p><i>Any change to practice identified and staff fully informed.</i></p>
Practice	<p>To ensure practice to minimise the risk of infections is promoted</p>	<p>-Review of One Together programme-training programme to be implemented in Theatre department.</p> <p>-Promotion of Hand hygiene and IPC awareness week.</p>	<p><i>New One together Tendable audit suite available and currently being reviewed by IPCLN and senior theatre team.</i></p> <p><i>New IPCLN in post and support IPC Awareness weeks.</i></p>

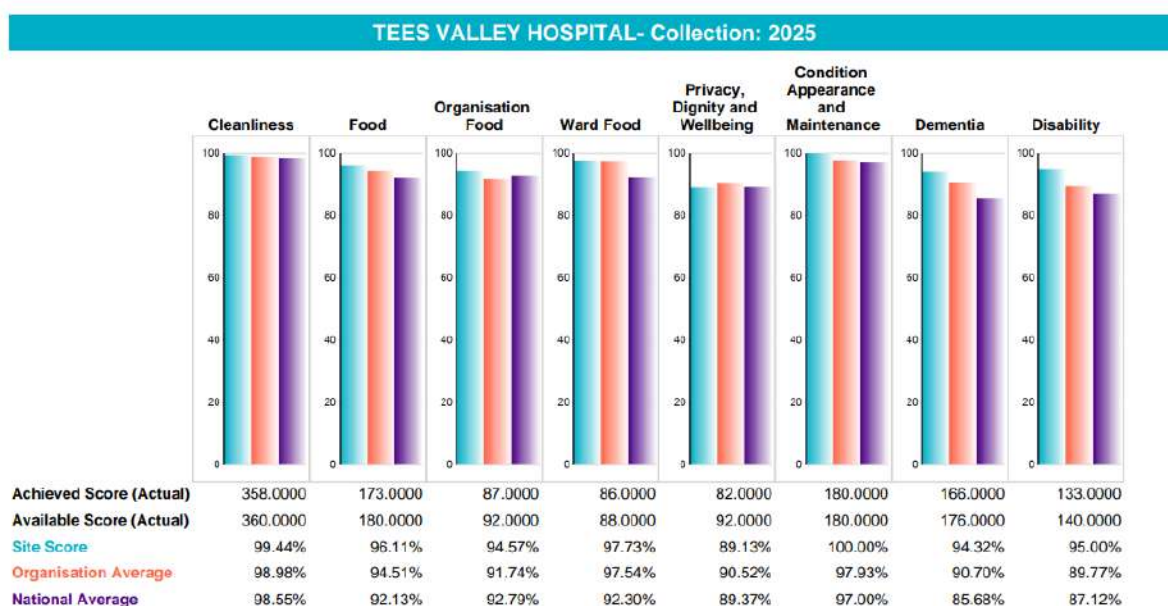
		<ul style="list-style-type: none"> -Completion of IPC Action plan -To gain Gold ANTT accreditation by December 2025. 	<p><i>Ongoing review and update of IPC action plan.</i></p> <p><i>Gold ANTT accreditation visit delayed due to change IPCLN. Accreditation visit scheduled for May 2026.</i></p>
Assurance and Local Effectiveness	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"> -Produce Annual Report and Plan 2025/2026. -To quarterly review IPC annual programme at IPCC. - To review and arrange Microbiologist cover due to notice provided from cover Microbiologist of intention to return. 	<p><i>New SLA in place with Consultant Microbiologist who chairs quarterly IPCC.</i></p> <p><i>Annual Report and Plan 2025/2026 in progress.</i></p> <p><i>Annual programme reviewed at IPCC.</i></p>

3.2.2 Cleanliness and hospital hygiene

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

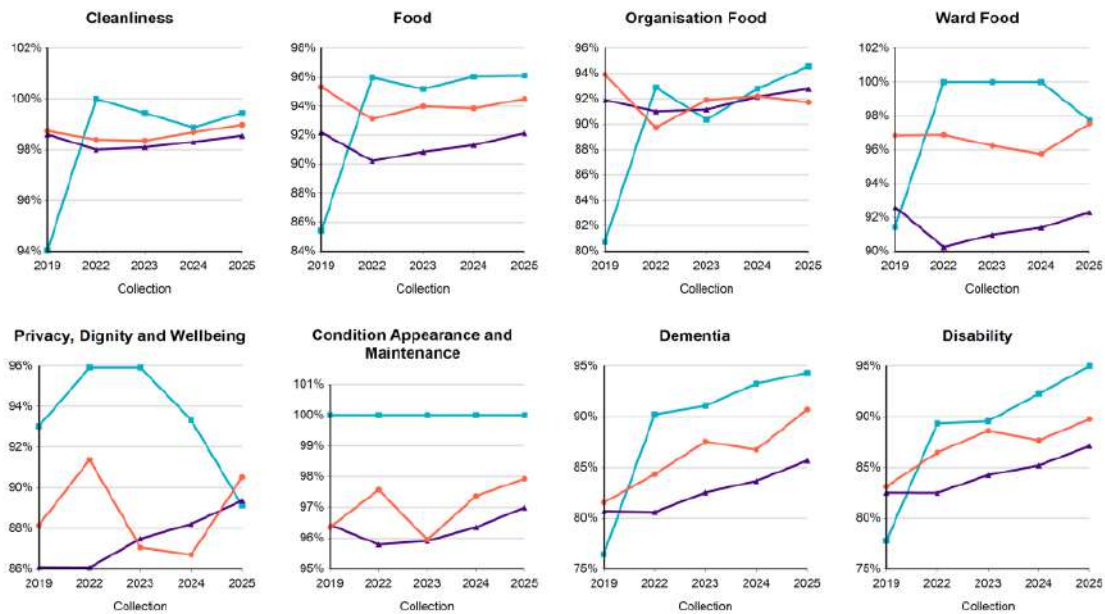
PLACE assessments occur annually at Tees Valley Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

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 perform above the national average across the majority of assessed domains. During the 2025/26 reporting period, further improvements were seen in site scores relating to food, organisational food, dementia care, and disability, reflecting ongoing work to enhance the patient experience.

However, during 2025/26 the score for privacy, dignity, and wellbeing fell slightly below the national average. These results will be discussed at the Patient Participation Group, and a targeted action plan will be developed and implemented to address identified themes and improve performance ahead of the 2026 inspection.

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.

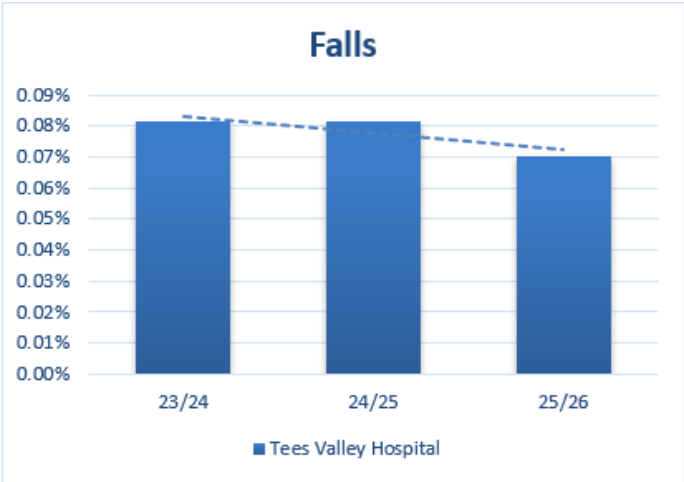
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls, 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 and is chaired by the Hospital Director. The Committee has wide multidisciplinary representation, with staff representatives from each department, supporting strong engagement and helping to embed a positive health and safety culture across the organisation. The Committee provides oversight of health and safety performance, reviews incidents and risks, and monitors compliance with statutory requirements and local policies.

A comprehensive programme of mandatory and role-specific training supports the hospital's approach to health and safety. Training undertaken during the reporting period has included, but is not limited to, fire safety and evacuation procedures, medical gas awareness, response to clinical emergencies, falls response, major haemorrhage management, and the retrieval and return of blood products. This programme ensures that staff are appropriately trained and competent to respond safely and effectively to both routine and emergency situations, contributing to a safe environment for patients, visitors, and staff.

Rate per 100 discharges:



The number of patient falls at Tees Valley Hospital has decreased during the 2025/26 reporting period, reflecting the organisation's continued focus on falls prevention and patient safety.

Ramsay Health Care UK has introduced a national Falls Prevention Working Group to strengthen organisational oversight and shared learning. The Quality Improvement Manager represents Tees Valley Hospital on this group, ensuring that local learning contributes to, and benefits from, a wider organisational approach.

The purpose of the Falls Prevention Working Group is to review clinical incidents reported as falls with harm, identify emerging trends and contributory factors, and

support the development and implementation of targeted prevention strategies to reduce the risk of harm. The group also reviews falls-related policies and training to ensure that they reflect current evidence and best practice.

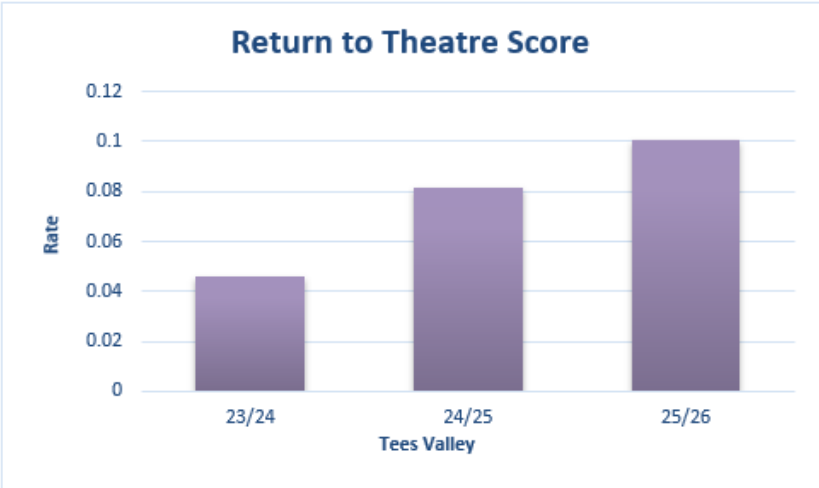
At a local level, Tees Valley Hospital has implemented the new Ramsay Health Crae UK Falls Framework which provides a structured and consistent approach to falls risk assessment, prevention, management, and post-fall review. The framework supports early identification of patients at increased risk of falling, promotes appropriate escalation and documentation, and strengthens learning following any falls incidents. Compliance and learning are monitored through established governance arrangements to support continuous improvement in patient safety.

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

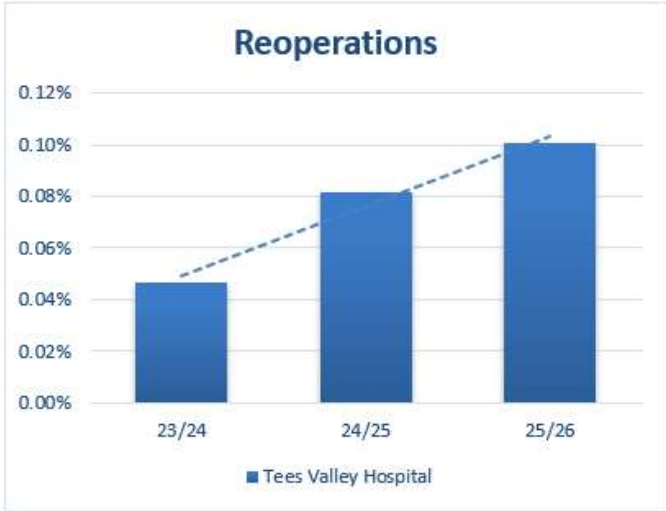
Ramsay Health Care UK is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every 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 illustrated in the graph above, the return to theatre rate has increased over the most recent reporting period; however, no recurring trends or themes have been identified. All patients who require a return to theatre are subject to structured review to ensure appropriate oversight and learning.

Returns to theatre are discussed at the monthly Senior Leadership Team and Heads of Department Committee, as well as at the quarterly Clinical Governance Committee, Medical Advisory Committee, and Resuscitation Committee meetings. In addition, cases are reviewed at the weekly Patient Safety Incident Review Group (PSIRG) / Safety Panel meetings, where themes, learning, and any required actions are considered. This multi-layered governance approach supports continuous monitoring and improvement in patient safety and clinical practice.

Rate per 100 discharges:



Rate per 100 discharges:



There has been a reduction in patient transfers during the 2025/26 reporting period. All patient transfers are subject to internal investigation and are discussed and reviewed through established governance arrangements, including the monthly Senior Leadership Team and Heads of Department Committee and the quarterly Clinical Governance Committee, Medical Advisory Committee, and Resuscitation Committee meetings.

In addition, patient transfers are reviewed at the weekly Patient Safety Incident Review Group (PSIRG) / Safety Panel meetings to monitor for any emerging trends or themes and to identify learning and required actions. No recurring trends or areas of concern have been identified in relation to patients requiring transfer from Tees Valley Hospital.

3.3.2 Learning from Deaths

There have been no reported unexpected deaths in the 2025/26 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.

Tees Valley Hospital actively promotes an open and positive safety culture through the Ramsay Health Care UK *Speak Up for Safety* initiative. The programme empowers all staff, regardless of role or seniority, to raise concerns and challenge unsafe practice in a respectful and constructive manner where patient safety or professional behaviour may be compromised.

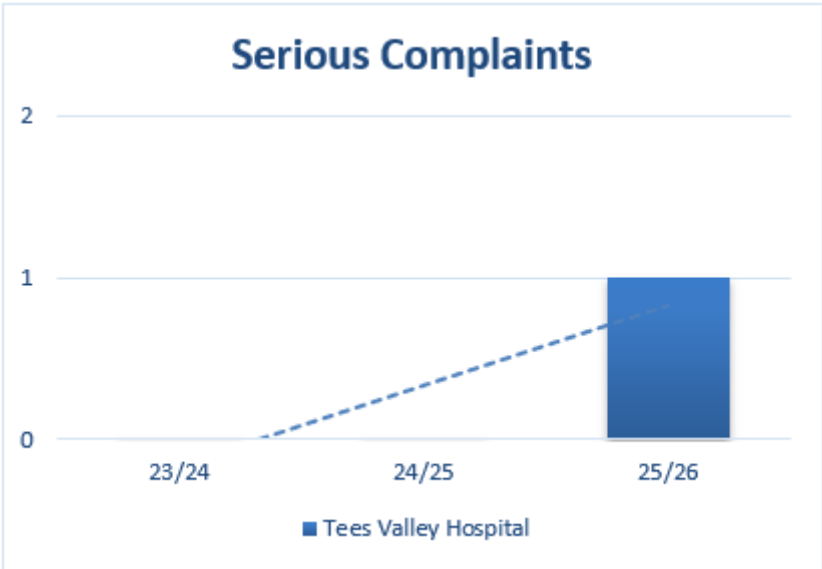
Tees Valley Hospital is supported by two locally trained *Speak Up for Safety* trainers, strengthening on-site capability to embed and sustain the programme. *Speak Up for Safety* has also been incorporated into the hospital's new staff induction training day, ensuring that all new starters are introduced to the principles of speaking up from the outset of their employment.

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



One serious complaint was received during the 2025/26 reporting period. This was fully investigated in line with local procedures, with learning identified and shared as appropriate.

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:

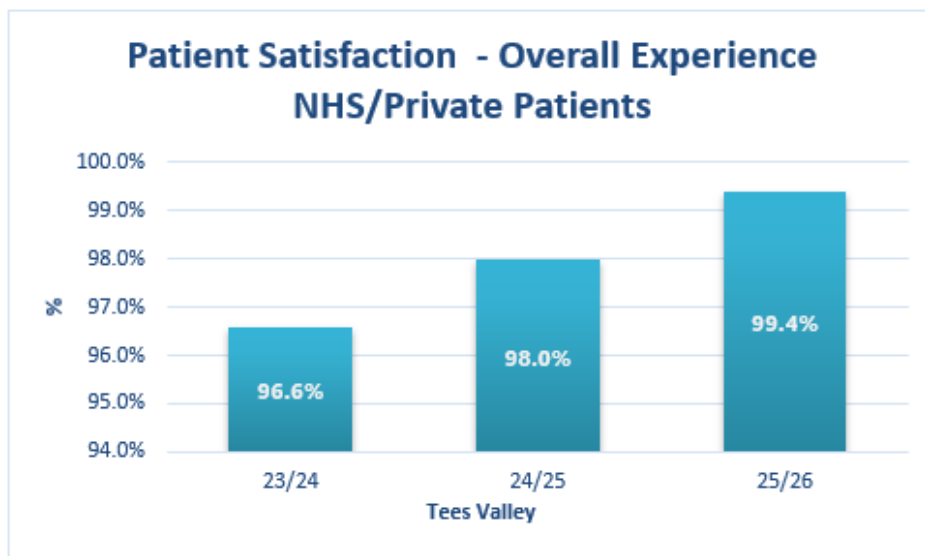
- Continuous patient satisfaction feedback via a web-based invitation

- 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 illustrated in the graph above, Tees Valley Hospital's patient satisfaction rate has increased over the last reporting period, demonstrating continued improvement in

overall patient experience. The hospital remains committed to sustaining high levels of patient satisfaction, supported by ongoing workstreams overseen by the Customer Experience Committee. These initiatives focus on reviewing patient feedback, identifying opportunities for improvement, and sharing learning to enhance the quality of care and service delivery.

Patient feedback remains a key area of focus, and patients are actively encouraged to share their experiences to ensure that the hospital captures the patient perspective and can identify areas for further improvement. Tees Valley Hospital recognises that clear communication, consistently high standards of care, and meeting—where possible exceeding—patient expectations are central to delivering a positive patient journey, which in turn contributes to improved patient satisfaction outcomes.

Local processes for encouraging patients to provide their email address, and for accurately recording this information on the electronic patient record system (Maxims), continue to be reviewed and refined. This supports the timely distribution of patient satisfaction survey invitations following discharge. Feedback received through the Friends and Family Test is collated and shared with staff on a monthly basis. Heads of Department are expected to disseminate patient comments at team meetings, ensuring staff are recognised for positive feedback and that any themes requiring improvement are discussed and appropriate actions identified and implemented.

What Our Patients Say:

“Hospital was spotless, all the staff were attentive and did their best to explain everything to me. All appointments were seamless and on time”

“I have found the Tees Valley Hospital personnel - from reception staff to nurses and consultant - to be extremely pleasant and professional. The waiting area is bright and comfortable and on arrival there is ample car parking. I would not hesitate to recommend the hospital.”

“5-star rating. I don't think you need to change anything. I was very impressed. Thank you to everyone”

“Very pleasant experience considering my procedure. Very friendly staff and environment”

“From my initial referral to my discharge after the operation was a very pleasant experience. All staff from the receptionists to the surgeon and everyone in between, were professional, efficient, friendly and nothing was too much trouble. If I ever need surgery in the future, I hope this place is an option, I will definitely recommend to family and friends, Thank you.”

“Everything about my experience was excellent, from first consultation, through the actual procedure and in patient stay and onwards through post op support and follow up. Everyone was brilliant, I've had excellent care”

“Thanks to the nurses & support staff, very friendly, informative & attentive, great experience”

“Staff brilliant standards top notch very relaxed time staff put your needs first I would recommend you to everyone.”

“Excellent as always, staff are welcoming and very friendly and professional I was actually seen prior to my appointment time.”

“Very clean relaxing atmosphere with friendly staff”

“Never feels like a hospital, it’s extremely welcoming and all the staff are super helpful and friendly.”

“I have just had a total hip replacement completed at Tees Valley Hospital. The consultant, doctors, nursing & physiotherapy staff at this hospital are exceptional, providing excellent care & offering the best you could ever need or want. Everyone here gives patients' excellent information & advice on their procedure & recovery. & provides the best care on offer within the healthcare system. I will advise anyone to use this hospital if they need a procedure, I cannot fault them on anything. Thank you for looking after me.”

“Hospital process was very professional, and staff were very attentive and supportive. I would happily use this facility again.”

“Receptionist was very friendly and chatty from the moment I got in; consultation was thorough and all procedure explained well.”

“The experience was reassuring and well managed. Every effort was made to make me feel comfortable and relaxed.”

“A very nice environment with friendly helpful staff who went out of their way to put me at ease. The team that looked after me were exceptional.”

“I went in for a small facial operation, but every step of the way I was dealt with such care and kindness from lovely staff. They put me at ease, so I found the whole experience very straight forward and over in a short time. Nothing to worry about. Thank you to everyone involved.”

Appendix 1

Services covered by this quality account

Regulated Activities - Tees Valley Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cosmetic Surgery, Dermatology, Gastroenterology, General Surgery, Gynaecology, Oral Surgery, Orthopaedics, Urology, Plastic surgery, Podiatry	All adults 18 years and over.
Surgical Procedures	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"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilatory support post operatively. • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery. • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services 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
Family Planning Services	Gynaecology patient pathway, insertion, and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2

Clinical Audit Programme 2025/26

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identified, QI initiatives may be led by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

**Ramsay Health Care UK - Clinical Audit Programme
V18.1 July 2025 to June 2026 (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, Whole Hospital	Ward, Ambulatory Care, Theatres, Whole Hospital	Monthly	Month End	
One Together Surveillance of Surgical Site Infection	IPC	Whole Hospital	July to August	End of August	
One Together Practice Review	IPC	Whole Hospital	July to August	End of August	
One Together Peri-Operative Warming: Pre-Operative	IPC	Whole Hospital	July to August	End of August	
One Together Peri-Operative Warming: Intra-Operative	IPC	Whole Hospital	July to August	End of August	
One Together Peri-Operative Warming: Post-Operative	IPC	Whole Hospital	July to August	End of August	

One Together Warming Intravenous & Irrigation Fluids	IPC	Whole Hospital	January to February	End of February	
One Together Patient Washing	IPC	Whole Hospital	Annually	No deadline	
One Together Hair Removal	IPC	Whole Hospital	Annually	No deadline	
One Together Antiseptic Skin Preparation	IPC	Whole Hospital	Annually	No deadline	
One Together Preventing Skin Recolonisation	IPC	Whole Hospital	Annually	No deadline	
One Together Reducing Nasal Recolonisation	IPC	Whole Hospital	Annually	No deadline	
One Together Prophylactic Antibiotics	IPC	Whole Hospital	Annually	No deadline	
One Together Maintaining Asepsis: Surgical Practice	IPC	Whole Hospital	Annually	No deadline	
One Together Maintaining Asepsis: Instrument Management	IPC	Whole Hospital	Annually	No deadline	

One Together Surgical Environment	IPC	Whole Hospital	Annually	No deadline	
One Together Incision Management: Closure	IPC	Whole Hospital	Annually	No deadline	
One Together Incision Management: Wound Care	IPC	Whole Hospital	Annually	No deadline	
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	Whole Hospital	August, February	End of August End of February	
Sharps	IPC	Whole Hospital	August, December, April	Month End	
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required	
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required	
Cleaning Standards Efficacy	Head of Operations	Whole Hospital	June	Month End	

50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14 th and 28 th of Each Month	
50 Steps Cleaning (FR2)	Ward, Day Case Unit, Outpatients,	Ward, Ambulatory Care, Outpatients	Monthly	Month End	
50 Steps Cleaning (FR4)	Physiotherapy, Radiology,	Physio, Radiology	July, October, January, April	Month End	
50 Steps Cleaning (FR5)-Receptions	SLT/IPCLN	Whole Hospital	July, January	Month End	
50 Steps Cleaning (FR6)- Non-Patient Facing	SLT/IPCLN	Whole Hospital	July - September	End of September	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July - September	End of September	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	October - December	End of December	
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February	Month End	
Patient Journey: Intraoperative Observation	Theatres	Theatres	July - September	End of September	

			January - March (if required)	No March Deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October - December April - June (if required)	End of December No June Deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September-November February- April	End of November End of April	
NatSSIPs Stop Before You Block	Theatres	Theatres	September-November February- April	End of November End of April	
NatSSIPS Prosthesis	Theatres	Theatres	September-November February- April	End of November End of April	
NatSSIPs Swab Count	Theatres	Theatres	September-November February- April	End of November End of April	
NatSSIPs Instruments	Theatres, Outpatients	Theatres, Outpatients	September-November February- April	End of November End of April	
NatSSIPs Histology	Theatres, Outpatients	Theatres, Outpatients	September-November February- April	End of November End of April	
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	HD	Whole Hospital	July, October, January, April	Month End	
Practising Privileges - Consultants	HD	Whole Hospital	July, October, January, April	Month End	
Privacy & Dignity	Ward	Whole Hospital	November to December(as required)	No Deadline	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	July to September	End of September	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September - October	End of October	
Essential Care: Wound Management	HoCS (to delegate)	Whole Hospital	August, November, February, May	Month End	
Resuscitation and Emergency Response	HoCS (to delegate)	Whole Hospital	July, October, January, April	Month End	
Medical Records - Therapy	Physio	Physio	July - September	End of September	
				End of March	

			January – March		
Medical Records - Surgery	Theatres	Whole Hospital	July - September January – March	End of September End of March	
Medical Records - Ward	Ward	Ward	July - September January - March	End of September End of March	
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July - September January - March	End of September End of March	
Medical Records – Plastic and Reconstructive Surgery	Outpatients	Whole Hospital	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	
MRI Reporting for BUPA	MRI	Radiology	July, November, March	Month End	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month End	
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October - December April - June	End of December End of June	
Safe & Secure	Pharmacy	Outpatients, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July - September January - March	End of September End of March	
Prescribing Supply and Administration	Pharmacy	Pharmacy	October - December April - June	End of December End of June	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month End	

Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month End	
Pain Management	Pharmacy	Pharmacy	October, April	Month End	
Medicines Governance	Pharmacy	Pharmacy	January - March	End of March	
Departmental Governance	Ward, Day Case Unit, Theatre, Outpatients, Physiotherapy	Ward, Ambulatory Care, Theatre, Physio, Outpatients	October - December	End of December	
Safeguarding	SLT	Whole Hospital	December	Month End	
Occupational Delivery On-site	HoCS	Whole Hospital	November - January	End of January	
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	Month End	
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	Month End	
Health & Safety: Fire Safety	Ops Managers	Health & Safety	July, January	Month End	
Health and Safety: PUWER/LOLER	Ops Managers	Health & Safety	March	Month End	

Health and Safety: Legionella	Ops Managers	Health & Safety	August, February	Month End
Health and Safety: Management	Ops Managers	Health & Safety	April	Month End
Health and Safety: Moving & Handling	Ops Managers	Health & Safety	May	Month End
Health and Safety: Work at Height	Ops Managers	Health & Safety	June	Month End
Health and Safety: Slips, Trips and Falls	Ops Managers	Health & Safety	September	Month End
Health and Safety: COSHH	Ops Managers	Health & Safety	October	Month End
Health and Safety: Electrical Safety	Ops Managers	Health & Safety	November	Month End
Health and Safety: Violence at Work	Ops Managers	Health & Safety	December	Month End
IR(ME)R	IR(ME)R Lead	Radiology	August to September	End of September
IRR	RPS	Radiology	November to December	End of December
MHRA	MR Lead	Radiology	January to February	End of February

X-Ray	Radiology	Radiology	September- October.	End of October
			January- March	End of March
			November- December	End of December
MRI	MRI	Radiology	May-June	End of June
Ultrasound	Radiology	Radiology	September- October.	End of October
			January- March	End of March
			November- December	End of December
Interventional Fluoroscopy	Radiology	Radiology	May-June	End of June
Image Quality	Radiology	Radiology	July -August	End of August
			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
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
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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