

The Yorkshire Clinic

Quality Account
2024/25



Ramsay
Health Care

Confidential Patient Information

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2024/25 (looking back)	
2.1.2	Clinical Priorities for 2025/26 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Statement from the Care Quality Commission	
2.2.5	Statement on Data Quality	
2.2.6	Stakeholders views on 2025/26 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.2.1	Infection Prevention and Control	
3.2.2	Cleanliness and Hospital Hygiene	
3.2.3	Safety in the Workplace	
3.3	Clinical Effectiveness	
3.3.1	Return to Theatre	
3.3.2	Learning from Deaths	
3.3.3	Staff Who Speak Up	
3.4	Patient Experience	
3.5	Hospital Patient Story	
3.6	Hospital Achievements.	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		
Appendix 3 – Glossary of Abbreviations		

Welcome to Ramsay Health Care UK

The Yorkshire Clinic Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

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



Nick Costa

Chief Executive Officer

Ramsay Healthcare UK

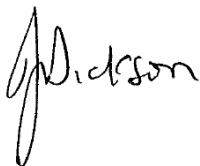
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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



Jo Dickson

Chief Clinical and Quality Officer
Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is The Yorkshire Clinic'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 Deana Squire, Hospital Director, The Yorkshire Clinic

The Yorkshire Clinic aims to be the leading healthcare provider in Yorkshire, where clinical excellence, safety, care, and quality are at the heart of everything we do. Our hospital team is dedicated to offering the highest quality of care and outcomes for all patients.

This Quality Account illustrates our dedication to evaluating and incorporating feedback from all patients and customers regarding their experiences. Our objective is to learn, enhance, and invest resources into every facet of the services we provide. We recognise that hospital visits can be a source of anxiety for patients, and we are committed to offering reassurance to both patients and their families. Patient safety remains our utmost priority, and we consistently review our clinical care standards, outcomes, and feedback through comprehensive audits, observations, and regular, transparent, analytical reviews utilising a 'no blame' approach to investigations. This practice fosters a constructive learning culture within our team.

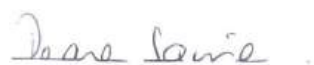
We ensure patients are well-informed about their treatment to improve outcomes. Our teams prepare patients for surgery, reducing risks and anxiety, improving understanding and confidence, enhancing recovery, and shortening hospital stays. We also provide 24/7 post-discharge support and guidance following patients discharge home.

Recruitment, induction, and training are a priority to ensure our team uphold the highest standards in all aspects of clinical and customer care extending our commitment to family members and visitors, to ensure everyone feels welcome. This philosophy is integral to our organisational strategy, known as The Ramsay Way. While we highly value patient feedback and involvement, we also depend on additional measures of safety and clinical effectiveness. These measures are utilised to guarantee that treatments are evidence-based and administered by qualified and experienced consultants, doctors, nurses, and other essential healthcare professionals. Specific examples of these measures are detailed within this Quality Account.

The Yorkshire Clinic adheres to regulatory and contractual requirements, and we inform healthcare commissioners about our clinical performance, reporting complaints and serious incidents to regulators and commissioners. The hospital follows a structured approach to risk management through our Risk Register, which is systematically reviewed to ensure specific actions are taken to support risk reduction.

The Yorkshire Clinic's patient satisfaction scores consistently exceed 99% for 'would recommend to others'. We also use annual results to improve patient experience through Customer Feedback Forums and Patient Focus Groups. Our ongoing

commitment to quality, safety and service development will always reflect the needs of our local community. This year will see the introduction of more complex and innovative procedures therefore increasing patient access across several service lines. These developments will be supported by offering all patients an individualised experience that reflects our aspiration to be the leading healthcare provider in Yorkshire, supporting the local population. We have set our sights high, driving to achieve an Outstanding CQC rating whilst the hospital remains at the heart of the community.

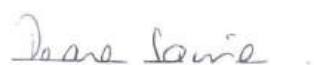


Deana Squire
Hospital Director, The Yorkshire Clinic

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 Deana Squire



Hospital Director

The Yorkshire Clinic

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Mark Steward – Medical Advisory Committee Chair

Mr Richard Grogan - Clinical Governance Committee Chair

Matt Sandford - Director of Partnership and Place Bradford District Health and Care Partnership

Welcome to The Yorkshire Clinic

The Yorkshire Clinic is a private hospital situated in the grounds of Cottingley Hall in Bingley, West Yorkshire. The hospital offers care to patients with private medical insurance, patients who wish to fund their own treatments and patients referred through the NHS Patient Choice Scheme.

The hospital has 54 ensuite bedrooms and 4 ambulatory bays. Facilities include five operating theatres, endoscopy unit, angiography suite, physiotherapy, pharmacy, Central Sterile Service Department (CSSD), diagnostic suite including CT, MRI, x-ray, ultrasound and mammography. The Lodge is a separate building but is still part of the hospital, it has one theatre, consulting and treatment rooms and is the dedicated Ophthalmology Centre.

The facility is registered with the Care Quality Commission to provide care and treatment for adults, aged 18yrs and over for diagnostic and screening procedures, surgical procedures, treatment of disease, medical disorders and sports injury.

The hospital provides a full range of high-quality services, these include, outpatient consultation, pre-assessment, outpatient procedures, investigations / diagnostics, surgery and follow up care.

On-site diagnostic and screening facilities include radiology (ultrasound, general x-ray, fluoroscopy, digital mammography), static MRI (Magnetic Resonance Imaging) and CT (Computed Tomography) scanners, angiography suite, echocardiography, ECG (Electrocardiogram) testing and Ophthalmic diagnostic imaging for the treatment of patients with Wet AMD (Age-related Macular Degeneration). Other on-site support facilities include a Registered Pharmacy and services supported by Resident Medical Officer (RMO) on site 24-hours, 7 days a week.

The Yorkshire Clinic provides direct Endoscopy (Gastroscopy) services to support prompt investigations.

During the last **12 months** the hospital has treated **16,367 patients**, 83.53% of which were treated under the care of the NHS.

The Yorkshire Clinic has 369 members of contracted staff with a split of 128 operational and 241 clinical.

We have 166 Consultants who work at The Yorkshire Clinic through approved Practising Privileges. We offer a range of services, which include General Surgery, Gynaecology, Bariatric Surgery, Urology, Cardiology, Pain Management, Gastroenterology, Cosmetics and Plastic Surgery, Orthopaedic and Medical.

At The Yorkshire Clinic we truly live the Ramsay Values of *'People Caring for People'*. The Yorkshire Clinic has had a huge focus on mental health and we have four mental health first aiders in various departments across the hospital.

A key area of focus was raising awareness and ensuring the stigma around discussing mental health issues was reduced. In order to achieve this, a mental health awareness session was added to our yearly mandatory training that all staff complete. We also have a wellbeing & contemplation room in the hospital, an informal, confidential, safe and secure space for all staff to use.

We have various campaigns scheduled throughout the year raising awareness on different aspects of mental health issues and providing a safe space for staff to approach mental health first aiders and support each other. These campaigns include workshops, seminars, and interactive sessions that focus on stress management, resilience building, and promoting a healthy work-life balance.

Through these efforts, we aim to foster a culture of openness and support, where discussing mental health is encouraged and normalised.

We believe that by prioritising mental health, we not only enhance the well-being of our staff but also improve the quality of care provided to our patients. A happy and healthy workforce leads to better patient outcomes, and we are committed to making this a reality at The Yorkshire Clinic.

Nursing and Medical Care at The Yorkshire Clinic

On admission all our patients are allocated a 'named nurse', whose role is to provide coordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care. In 1992, the Department of Health issued the Patients' Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned. More recently the Francis report investigation into Mid Staffordshire NHS Foundation Trust (2013) highlighted the advantages of having such a system in place but took the requirement further by stating that a 'named nurse' needs to be designated for each shift, this is the model used at The Yorkshire Clinic. This was welcomed by the Royal College of Nursing who believe the 'named nurse' model provides a useful way to organise work around the needs of the patient (RCN 2014).

Care and treatment provided at The Yorkshire Clinic is Consultant led. We have a Resident Medical Officer (RMO) who supports the Consultants and together with the nursing team provides round the clock medical support to all our patients.

The hospital has built excellent working relationships with our local Commissioner, Bradford Teaching Hospitals Foundation Trust, Leeds Teaching Hospital NHS Trust and Airedale Foundation Trust in order to deliver a joint approach to patient care delivery across the patient economy.

Our Business Relations Manager provides links to local General Practitioners to ensure that their needs and expectations are managed and through these links, referral processes are developed in order to streamline processes. The Business Relation Managers key role is to engage with local healthcare professionals within the community to ensure they are fully aware of the services offered at The Yorkshire

Clinic and have access to any information that can assist General Practitioners and medical staff when referring into a Secondary Care Provider.

Part 2

2.1 Quality priorities for 2024/25

Plan for 2024/25

On an annual cycle, The Yorkshire Clinic 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 ongoing at any one time. The priorities are determined by the hospitals Senior Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital. At The Yorkshire Clinic the patient experience is at the heart of everything we do within the hospital. We want to know what matters to our patients, their relatives and carers so we can enhance the quality of our services to align to their needs.

People are at the centre of how we ensure we operate safely – all united in a common purpose to achieve zero avoidable harm. To support our employees to achieve this goal, we have mandatory systems and processes across The Yorkshire Clinic to protect and care for all of our patients, members and our own people.

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

Our Quality Account seeks to provide accurate, timely, meaningful and comparable measures to allow our partners to assess our success in delivering our vision.

Priorities for Improvement

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

In 2024/2025 we directed our Clinical Priorities using the Care Quality Commissions five key domains:

- Safe.
- Effective.
- Caring.
- Responsive.
- Well led.

Under each domain we provided clear objectives, which demonstrated our commitment to quality improvement and how we would achieve these objectives. Evidence and best practice underpinned all our objectives; having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values determined our quality vision for the year.

Under **Safe**: National Standards of Healthcare Cleanliness 2021 – Star Rating

Commitment to Cleanliness Charter

The Commitment to Cleanliness Charter sets out an organisation's commitment to achieve a consistently high standard of cleanliness in all its healthcare facilities using the functional risk category, cleaning frequencies and cleaning responsibilities for each functional area.

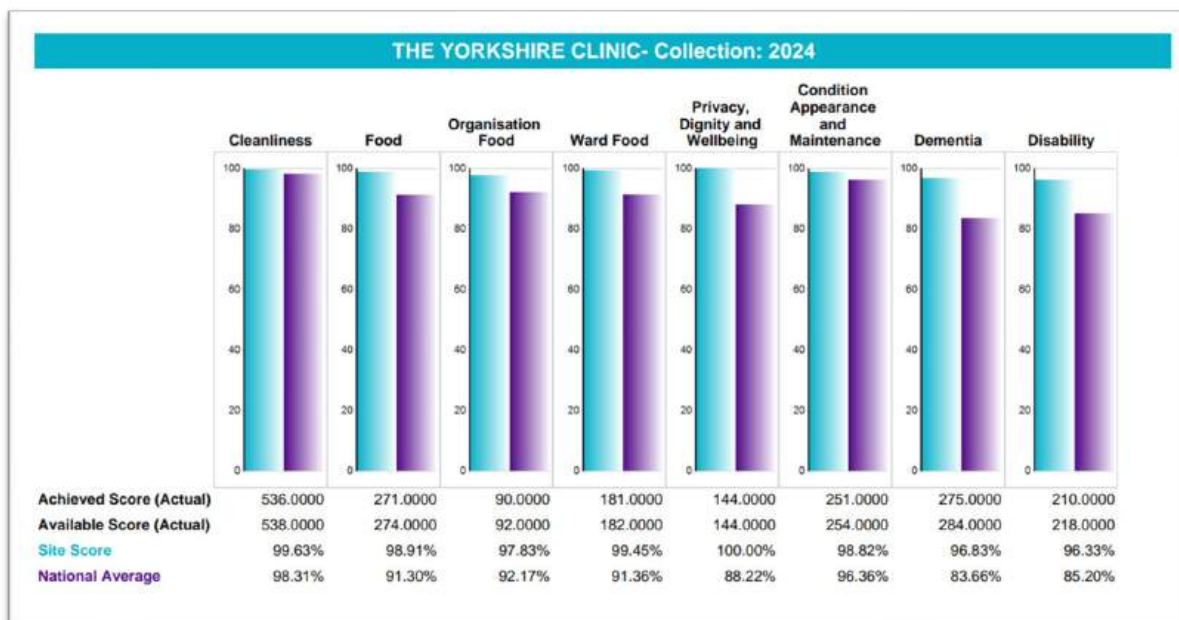
The Standards introduce a Commitment to Cleanliness Charter to promote the ethos of the 2021 standards, particularly by highlighting the importance of a collaborative approach. Signing up to this charter publicises an organisation's commitment to achieving a consistently safe and high standard of cleanliness.

The charter demonstrates an organisation is serious about providing a safe clean environment by referencing the **new star rating system** which reflects the cleanliness of the whole area regardless of who is responsible for cleaning it.

The Yorkshire Clinic successfully implemented the 'National standards of healthcare cleanliness 2021' published by the National Patient Safety Agency in early 2025.

Key achievements as directed in the 'National standards of healthcare cleanliness:

- In November 2024, The Yorkshire Clinic completed the **Patient-led assessments of the care environment (PLACE)** with four patients, four staff members and one independent assessor. Recently published data shows that the clinic achieved scores above the national average in all categories of the assessment, including hospital cleanliness and environment.



- **Audit:** The integrity of the audit process is fundamental to providing assurance that an organisation is delivering safe standards of cleanliness. At The Yorkshire Clinic, we ensure accurate, honest, and open audit reporting, which underpins the ethos of the standards – to drive safe standards and continuous improvement. We have a robust process and transparent approach to auditing to ensure the new standards are met. Every audit conducted is reviewed in our Clinical Audit and Quality Outcome Group monthly. Compliance scores and action plans are reviewed to ensure accurate objective auditing is being conducted and actions being created are reasonable and achievable.
- The departmental 50 steps cleanliness audits are completed timely and in accordance with the Ramsay Tendable schedule.

Department	October 24	November 24	December 24	January 25	February 25	March 25
Theatres	96.4	96.4	95.9	95.4	97.4	99.2
Ward 2	95.2	97.7	93.6	95	95.8	97.6
Ward 1	91.1	95.5	93.6	93	90.7	97.7
Angio / Minor Ops	98.2	98.3	96.2	100	94	96.8
Endoscopy	96.6	96.4	88.6	100	94.4	96.9
Lodge	96.9	91.4	85.3	97.3	91	82.9
Outpatients	92.9	93.5	93.1	96.7	95.8	96.8
POA	100	96.4	100	96.7	88.2	87.5
MRI/CT	96.2			100		
Physiotherapy	92.3			100		
Pharmacy	95.2			100		
Radiology	96.2			100		

- Each functional area has a dedicated cleaning folder and within the folder there is a frequency sheet and signature sheet, depending on the functional risk of each clinical area will be dependent on the function risk.

Functional Risk Categories

- Different areas are used for different activities, they have different functions and risks, they do not carry the same degree of risk. They require different cleaning frequencies and levels of monitoring and auditing. All healthcare environments should pose minimal risk to patients, staff and visitors. All departments are given a Functional Risk category. **For example, Theatre FR1, Ward FR2 and Physiotherapy Department FR4.**

Elements, Frequencies, Performance Parameters

- The new and updated cleaning manuals clearly identify the frequency of cleaning (e.g. daily or weekly), the elements that need to be cleaned (e.g. computers or commode) and the performance parameters which is the standard the element should be cleaned to (e.g. Bed frame (top and bottom), wheels, castors, head, foot, cot sides, nurse call and control panels should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages).

Cleaning responsibilities

- Cleaning responsibilities are documented in the cleaning manuals detailing all elements to be cleaned and who is responsible for cleaning each one. For example, clinical staff or housekeeping staff.
- The Cleaning matrix identifies which staff group is responsible for cleaning which element for example clinical staff would be responsible for cleaning medical devices whereas housekeeping would be responsible for beds & sinks.

Frequency	Daily PRO1
Functional Area (FR02)	PHLEBOTOMY ROOM
Responsibility	OPD Clinical Team
Elements	Examination chair, Gratnell trolley, Work surfaces, Computer including keyboard and mouse, Blood bottle spinner.
Standards	<ul style="list-style-type: none">• Examination Chair - Frame (top and bottom), wheels, castors and control panels should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.• Gratnell Trolley - All parts including underneath and inside of the gratnell trolley should be visibly clean with no blood and bodily substances, dust, dirt, debris, or spillages• Medical Equipment - All parts including underneath should be visibly clean with no blood and bodily substances, dust, dirt, debris, or spillages• Work Surfaces- All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages• Electrical Equipment - Casing of electrical items should be visibly clean with no blood and bodily substances, dust, dirt, debris, or adhesive tape. <p>ALL EQUIPMENT ALL MUST BE CLEANED DAILY AND BETWEEN EACH PATIENT.</p>
Methods	<ul style="list-style-type: none">• Dusting- horizontal & vertical surfaces• Dust control• Damp-Dusting <p>General Purpose Liquid Detergent /Disposable cloth/Detergent Wipes/ Spill Wipes (Cleaning of Bodily Fluids).</p>

- At the entrance to each clinical department, we are also required to display a cleaning charter, detailing our commitment to hospital cleanliness along with the star rating score. These charters are endorsed by the Head of Clinical Services and Hospital Director.
- Each clinical department features a visual star rating that is easily recognisable and comprehensible by patients and visitors. This star rating offers straightforward and effective information regarding the cleanliness standards in each area. The star rating is derived from the percentage scores obtained in the 50 Steps Cleaning audits, providing a clear and meaningful gauge of quality. A rating of 5 or 4 stars indicates that the required standard of cleaning has been met, while a rating of 3 stars or below necessitates the implementation of an improvement action plan.
- The Yorkshire Clinic successfully implemented the national cleaning standards. This comprehensive roll-out included the creation of informative leaflets for both staff and patients, extensive communication across all hospital areas through daily huddles and departmental meetings, discussions on implementation during IPC Links meetings, and final approval through our Governance Committee's.

The Yorkshire Clinic has a 5-star rating in six of our clinical departments, demonstrating its commitment to maintaining high standards of cleanliness.

Department: Theatre

The Yorkshire Clinic
Part of Yorkshire Health Care

Our Commitment To Cleanliness

Keeping The Yorkshire Clinic clean and preventing infection is everybody's responsibility from the Hospital Director to the Housekeeper. It is important for patient's visitors, the public and staff.

Cleanliness matters, and to ensure consistency throughout The Yorkshire Clinic, and to support hospitals and healthcare services, this commitment has been adopted.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in our hospital. It also sets out how we would like you to help us maintain high standards.

WE WILL:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control that are underpinned by strong, clear leadership that encourages a culture where cleanliness matters
- Have clinical leads who will establish and promote a cleanliness culture across their organisation
- Continually review cleanliness and improve performance
- Take account of your views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear and precise information relating to the potential risk of contracting a healthcare associated infection. This will include highlighting other helpful information sources so that the patients and public can access up to date local data
- Provide structured and pre active education and training to ensure all our staff are competent in delivering infection and prevention and control practices within the remit of their role
- Design any new facilities with ease of cleaning in mind.

We ask Patients, Visitors and the public to:

- Follow good hygiene practice which are displayed in and around the hospital
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection

Hospital Director: Deana Squire Head of Clinical Services – Matron: Jan Martin

Category: FR 2
Identifying the Functional Risk (FR) of a clinical area directs the cleaning, monitoring and auditing frequency.

Cleanliness Star Rating: 5 Stars achieved
The star rating is to provide assurance that the standard of cleanliness is being met



**Date of achievement – 31-3-2025
Next review – April 2025**

Department: Endoscopy

The Yorkshire Clinic
Part of Yorkshire Health Care

Our Commitment To Cleanliness

Keeping The Yorkshire Clinic clean and preventing infection is everybody's responsibility from the Hospital Director to the Housekeeper. It is important for patient's visitors, the public and staff.

Cleanliness matters, and to ensure consistency throughout The Yorkshire Clinic, and to support hospitals and healthcare services, this commitment has been adopted.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in our hospital. It also sets out how we would like you to help us maintain high standards.

WE WILL:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control that are underpinned by strong, clear leadership that encourages a culture where cleanliness matters
- Have clinical leads who will establish and promote a cleanliness culture across their organisation
- Continually review cleanliness and improve performance
- Take account of your views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear and precise information relating to the potential risk of contracting a healthcare associated infection. This will include highlighting other helpful information sources so that the patients and public can access up to date local data
- Provide structured and pre active education and training to ensure all our staff are competent in delivering infection and prevention and control practices within the remit of their role
- Design any new facilities with ease of cleaning in mind.

We ask Patients, Visitors and the public to:

- Follow good hygiene practice which are displayed in and around the hospital
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection

Hospital Director: Deana Squire Head of Clinical Services – Matron: Jan Martin

Category: FR 2
Identifying the Functional Risk (FR) of a clinical area directs the cleaning, monitoring and auditing frequency.

Cleanliness Star Rating: 5 Stars achieved
The star rating is to provide assurance that the standard of cleanliness is being met



**Date of achievement – 31-3-2025
Next review – April 2025**

Under **Effective**: Pre-operative Assessment and Optimisation for Adult Surgery

The development of pre-operative clinics and the increasing need for management of surgical risks have expanded the concept of pre-operative optimisation. Post-operative morbidity and mortality is the most important surgical outcome in economic terms. Patient assessments at pre-assessment must capture all risks and aim to reduce these to an optimum condition for elective surgery.

Process management including patient experience, compliance to guidelines to reduce unnecessary investigations, specialist referrals and enhancing peri-operative recovery is key.

Effective pre-operative assessment planning will help reduce errors, reduce cancellations on the day, reduce length of stay, identify new conditions, and refer to the appropriate service for unstable conditions; this will reduce or avoid unnecessary delays during the patient pathway, including discharge arrangements.

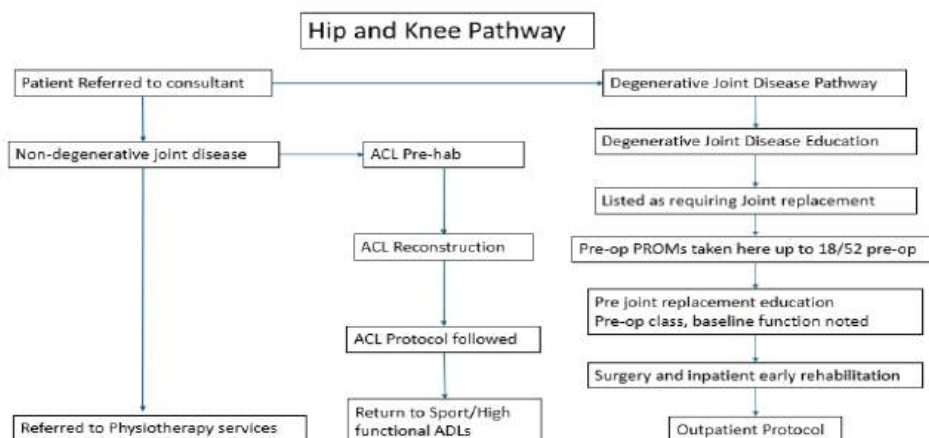
In order to support patient's achieving the best possible outcome from elective surgical procedures, The Yorkshire Clinic has completed the below:

Prehabilitation:

To support patients who would benefit from optimisation of comorbidities, nutritional status, psychological preparedness, or functional capacity (fitness), thereby helping them to 'wait well' for surgery.

Patients scheduled for Hip and Knee Arthroplasty Surgery undergo prehabilitation coordinated by a physiotherapist.

This process begins early, focusing on optimising comorbidities, nutritional status, psychological preparedness, and functional capacity (fitness). Once referred for lower limb arthroplasty surgery, our physiotherapy team contacts the patient and invites them to attend a pre-operative education session tailored to their specific surgery (hip or knee). During this session, patients receive information on what to expect before and after their surgery, as well as exercises and routines to complete beforehand to fully optimise their condition and increase the likelihood of a successful post-operative outcome.



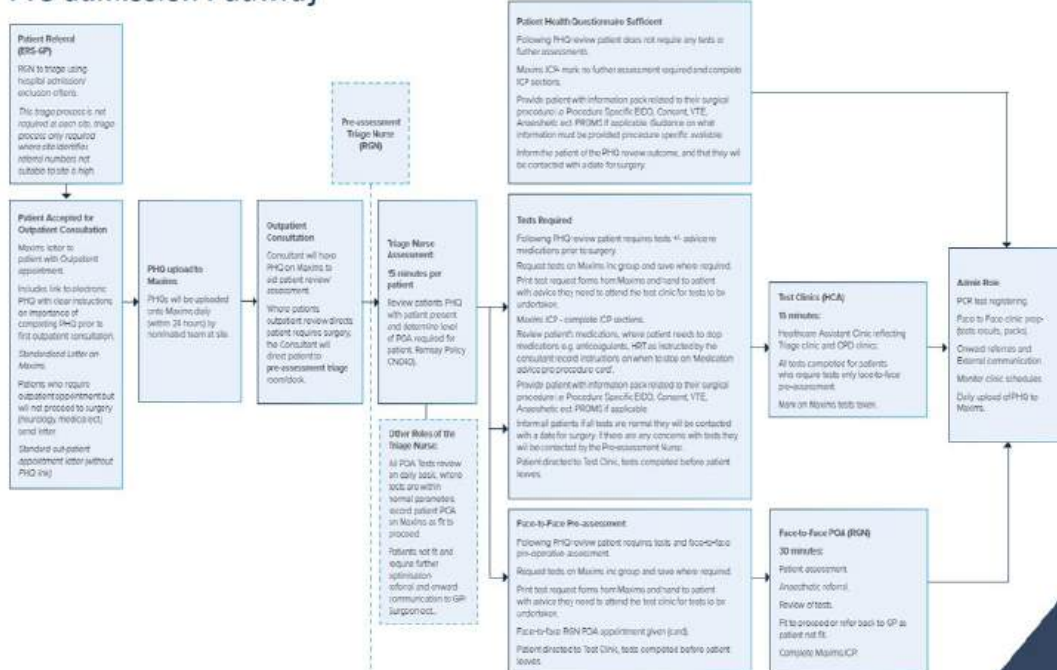
One Stop Pre-assessment

We provide early assessment to support optimum time and opportunity to improve the patients' health and wellbeing before surgery, through our 'One Stop Pre-Operative Assessment Pathway (Evolve)'. Through this pathway, where at outpatient consultation patients clinical presentation directs need for elective surgery they will be directed to undergo a full pre-assessment at this time.

The 'Evolve' Pre-assessment process:

- The patient will attend for an outpatient appointment with the Consultant
In the initial appointment letters, it does inform the patients that *'On the day of your appointment, if your consultant determines that further treatment is required, you may also undergo a pre-assessment with our nursing team. It could take up to 1 hour to complete the necessary health checks, therefore please allow adequate time for your visit'*.
- Once the patient has been reviewed by the Consultant the patient is then given the 'Green Card' which informs the patient they are to attend the Pre-assessment department for 'Triage'.
- The 'green card' is then taken through to the pre-assessment team
The Pre-assessment carry out a clinical triage and the triage directs the below:
 - ✓ Triage Outcome - Patient Health Questionnaire sufficient: Following PHQ review patient does not require any tests or further assessments.
 - ✓ Triage Outcome - Tests required: Following review of the PHQ, further information or investigations will be requested by the Triage nurse in line with NICE guidance NG45 to ensure the patient is fit for their procedure.
 - ✓ Triage Outcome - Face to Face Assessment Required: Following PHQ review it is determined that the patient requires face to face pre-operative assessment and possible further tests. Face to face pre-assessment will be completed at this appointment.

Pre-admission Pathway



A comprehensive 'Pre-Operative Assessment Framework' has been developed, this framework provides the necessary clarity to deliver a modern pre-operative assessment service. It highlights the critical path milestones or 'Key Steps' of how to best deliver the process of a 'One Stop Pre-assessment Service'.

The Key Steps within our framework include:



Framework Foundations

Patient Experience

The cornerstone of this initiative is the commitment to improving the patient experience. As technology and processes evolve, the aim of the Framework is to create an environment where patients feel supported, informed, and cared for at every step of their pathway. This ensures the future patient experience will be characterised by efficiency and a seamless continuum of care.

Data Driven

At the forefront of this framework is the implementation of clear milestones and enhanced team communication. The goal is also to foster a data-driven approach that will enable our teams to make proactive decisions, ultimately improving patient outcomes.

Capacity Management

As capacity management takes on new significance and our goal is to leverage technology and data to optimise resource allocation, we need to be giving particular focus to minimising cancellations for clinical reasons and to enhancing overall operational efficiency.

Documentation Standards

Documentation consistency is paramount, and efforts are directed towards standardising and improving documentation processes. This ensures that information is not only accurate and up to date but also future-ready, supporting the hospital's journey towards the digital front door and system integration.

Under **Caring: Back to Bedside Programme**

Bedside nurses provide one-on-one face-to-face patient interaction and are responsible for providing holistic care to patients, which includes physical, for example, administering medications, taking vital signs etc., emotional, and psychological support to aid recovery. They coordinate patient care and are often the first point of contact for patients and their families; they serve as patient educators and assist with patients' understanding of medical jargon. Additionally, they act as advocates, ensuring patient voices are heard and patient rights are protected.

Nurses often spend valuable time tracking down supplies, medications, or other care team members, filling out paperwork, and searching for test results. In fact, studies have shown nurses may spend less than two hours of a 12-hour shift on direct patient care. It has also been identified through studies that when nurses spend more time at the bedside, patients are less likely to fall or suffer from infections or other adverse outcomes. Additionally, medication errors decrease with nurses on hand and patients report being more satisfied with their care.

There are a number of benefits associated with bedside nursing - Improved:

- Patient pain management and comfort. Research suggest that patient pain can result in increased length of stay in healthcare settings.
- Patient well-being.
- Patient outcomes, patients heal faster.
- Patient trust and satisfaction.
- Healthcare team moral and job satisfaction.
- Healthcare efficiency

Reduced:

- Patient anxiety and increased.
- Patient length of stay.
- Risk of healthcare associated infections.

Objective:

The Yorkshire Clinic supported our nurses in delivering essential care back at the patient's bedside by:

- The ward conducting a comprehensive workflow analysis including a staff survey to identify non-clinical tasks consuming nurses' time. Key actions included:
 - Delegating administrative duties (e.g., stock management, documentation) to ward clerks or support staff.
 - Review of digital equipment to ensure staff documentation completed at point of care has no barriers.
 - Streamlining ward communication processes to reduce unnecessary repetition of information sharing.
- Implementing '**Releasing Time to Care**' - This NHS initiative was adapted for the Yorkshire Clinic with a focus on:
 - Lean methodology to eliminate waste in processes.

- Standardised workspaces (e.g., “Well Organised Ward” module) to ensure equipment/consumables are always in the same place, and adequate for need.
- Protected mealtimes and intentional rounding to ensure consistent patient interaction.
- Regular team huddles to review daily goals and patient needs.
- The introduction of **bed side handover**, to improve communication and patient involvement:
 - Shift handovers were moved to the patient’s bedside, ensuring transparency and accuracy.
 - Patients were encouraged to ask questions or clarify care plans.
 - A structured handover tool (e.g., SBAR – Situation, Background, Assessment, Recommendation) was used to maintain consistency.
 - Standard Operating Procedure was devised to provide a framework for efficient ward communication.
- Implementing **Time for Focused Bedside Nursing**, to protect time for direct care:
 - We have protected time blocks scheduled during shifts for nurses to focus solely on patient care.
 - Safer staffing tool is used to support nurses to manage their workload more effectively.
 - Flexible registered nurse staffing and support from Health Care Assistants are used during peak times to support basic care needs. Identified ‘Nutrition and Hydration champion’ on each shift to ensure intake needs are met and appropriately documented.
- Using patient and staff feedback to see if patient outcomes and staff satisfaction have improved:
 - The ward implemented a feedback loop using:
 - Patient satisfaction surveys (e.g. post-discharge questionnaires).
 - Staff engagement tools (e.g. anonymous pulse surveys or suggestion boxes).
 - Regular ward meetings to discuss trends in:
 - Patient satisfaction scores.
 - Staff retention and morale.
 - Clinical outcomes (e.g., reduced falls, transfers, hyponatraemia and AKI).

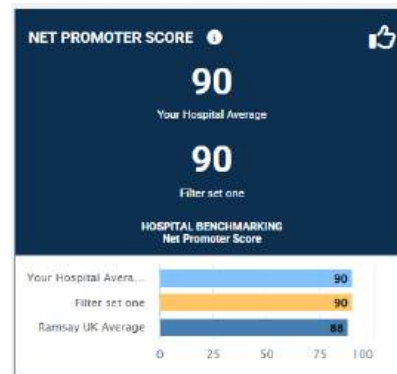
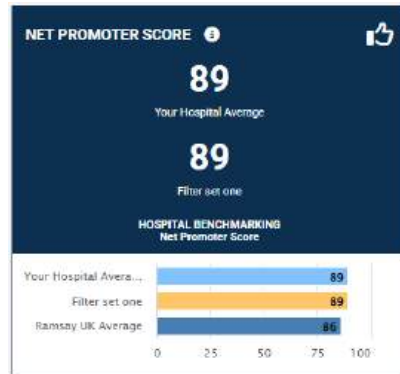
By implementing all of these aspects we have seen improved patient satisfaction due to more visible and responsive nursing care. A higher staff morale and reduced burnout from better workload management and better clinical outcomes through consistent care and improved communication.

Our Patient Satisfaction feedback in 2024:

Our Net Promoter score increased from 89 to 90

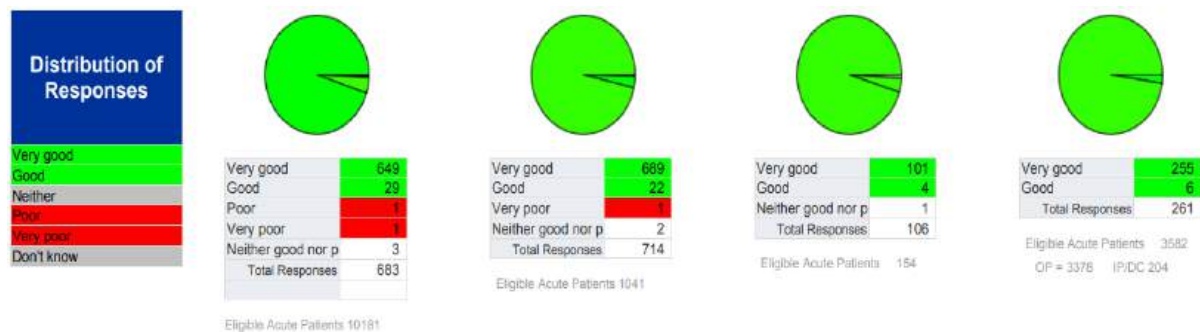
2023/2024

2024/2025

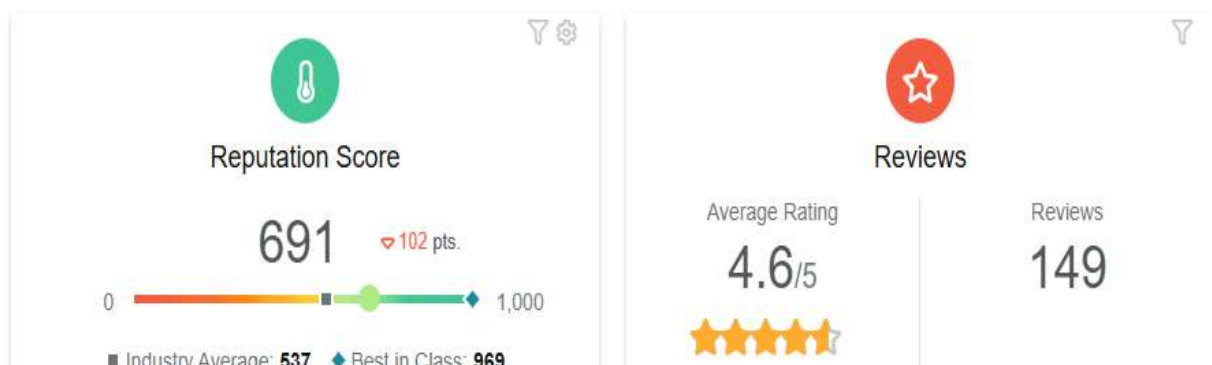


Our Friends and Family Score show 99% of our patients would recommend The Yorkshire Clinic to their friends and family.

The number of people who have a Good Experience (Very Good / Good) and a Poor Experience (Poor / Very Poor) as a percentage of the total number of respondents	NHS Outpatient			NHS Daycase			NHS Inpatient			Private		
	Good Experience	Poor Experience	Response Rate	Good Experience	Poor Experience	Response Rate	Good Experience	Poor Experience	Response Rate	Good Experience	Poor Experience	Response Rate
	99%	0%	7%	99%	0%	69%	99%	0%	69%	100%	0%	7%



Reputation.Com score



Under Responsive: New Clinical Services – Complexity reflective of the local population

The Yorkshire Clinic, like many healthcare providers, is facing several key challenges, these are important to acknowledge and direct the future of our clinical strategy in relation to new services and specialities:

1. Population growth - expected growth in the population size living within Yorkshire will increase demand for our services.
2. Increasing complexity of conditions and comorbidities requires a more integrated approach for best patient care.
3. Ageing population, more complex conditions, advancing treatments.
4. The COVID-19 pandemic has drastically changed healthcare practice, currently 7 million people are waiting for elective surgery and this number continues to increase.
5. Workforce shortages in healthcare.

In response to the current healthcare needs The Yorkshire Clinic has reviewed its clinical priorities to reflect the needs of the wider healthcare population. The Yorkshire Clinic is committed to ensuring its effectiveness in care and service delivery as the hospital shifts its focus to reflect the local health care needs.

What we did:

Diagnostic Capabilities

We expanded our Diagnostic Capabilities, and we are now proud to offer a full cardiac MRI service, we are the first Ramsay UK site to offer this advanced type of imaging.

Our team – including experienced Cardiologists, Radiologists, and Radiographers – work closely together to provide high-quality scans and quick results. The scan looks at how the heart is built, how well it pumps blood, the blood flow itself, and any areas that may be damaged. This detailed insight helps doctors choose the most effective treatment for the patient.

We introduced this service in response to growing demand, aiming to make top-quality heart imaging more accessible for people in our region. By offering it locally, we're helping to cut down on long waiting times and unnecessary travel.

Bringing this service to our community means faster diagnosis, better care, and a more comfortable experience for patients. It also helps ease the pressure on the wider healthcare system by reducing hospital admissions and making sure resources are used where they're needed most.

Our Diagnostic service has been expanded from a Monday- Friday Service to a 7-day Service with extended opening hours of 7am to 8pm.

We offer a wide range of diagnostics from US, Mammography, CT, MRI, Plain film x-ray, Barium Swallows, Barium Enemas, proctograms and more.

GP Services:

The Yorkshire Clinic offers a private GP service, this service is designed to provide convenient and accessible healthcare to the public. Patients can book an

appointment directly through our website, which is user-friendly and easy to navigate. Alternatively, patients can contact our Private Patient team, who are dedicated to assisting with appointment arrangements and ensuring a smooth booking process. Our private GP service aims to offer personalised and comprehensive medical care, addressing a wide range of health concerns and providing timely consultations. Whether a patient may need a routine check-up, a specialist referral, or advice on managing a chronic condition, our private GPs are available.

Acuity and Complexity:

We have implemented strategies and measures to safely carry out procedures for patients classified as stable ASA 3. These patients have severe systemic disease but are not incapacitated. By engaging with surgeons and anaesthetists and enhancing staff skills, we can provide the highest standard of care for these complex patients.

- ✓ **Pre-Assessment Coordination:** At the pre-assessment stage, anaesthetists conduct thorough evaluations to identify any potential risks and plan for perioperative care. This ensures that all necessary precautions are taken before the procedure. Surgeons collaborate with anaesthetists to discuss the patient's medical history, current health status, and any specific concerns. This joint effort helps in creating a comprehensive care plan tailored to the patient's needs.
- ✓ **On-Call Anaesthetic Support:** Having on-call anaesthetic support ensures that any unforeseen complications during the procedure can be promptly addressed. This continuous availability of expert consultant anaesthetists provides an additional layer of safety for ASA 3 patients.
- ✓ **Training and Education:** Regular training sessions and workshops are conducted to keep the staff updated on the latest techniques and best practices in patient care. This includes simulation training for handling complex cases and emergencies. Staff members receive specialised training in managing patients with severe systemic diseases, understanding the nuances of ASA 3 classification, and the specific care requirements for these patients.
- ✓ **Knowledgeable Workforce:** A skilled and knowledgeable workforce is essential for the care of complex patients. Staff members with extensive experience in handling ASA 3 patients are better equipped to anticipate and manage potential complications. Encouraging a culture of interdisciplinary collaboration ensures that all team members, including nurses, surgeons, and anaesthetists, work together seamlessly. This collaborative approach enhances patient safety and care quality.
- ✓ **Patient-Centred Care:** Developing individualized care plans based on the specific needs of each ASA 3 patient ensures that all aspects of their health are considered. This personalised approach improves the overall quality of care. Engaging the patient's family in the care process provides additional support and ensures that the patient's preferences and concerns are addressed.

New Procedure:

Introduction of Aquablation

Aquablation is a minimally invasive surgical technology for benign prostate enlargement (BPH), which uses high-pressure saline to remove parenchymal tissue through a heat-free mechanism of hydrodissection.

Aquablation is the only procedure that uses a heat-free waterjet controlled by robotic technology to remove prostate tissue.

In addition, it is the only procedure that combines a camera (called a cystoscope) with ultrasound imaging, giving the surgeon the ability to see the entire prostate in real time. As a result, Aquablation therapy is precise, consistent, and predictable, and provides long-term relief no matter how large the prostate is.

In clinical studies, men who had Aquablation therapy had a very low rate of irreversible complications—incontinence, ejaculatory dysfunction or erectile dysfunction.

AquaBeam System (which features a thin and flexible probe) to access the prostate, then, water is precisely directed at the excess prostate tissue to remove it. The entire procedure takes 60–90 minutes.

The disadvantage is that as the procedure does not employ any heat energy to stop bleeding from the prostate, it therefore requires catheterisation with bladder irrigation and an overnight stay in hospital.

The Yorkshire Clinic has five urologists trained to offer this service to patients.

Aquabeam – Robotic System



Sleep study service

The Yorkshire Clinic offers a comprehensive sleep study service for patients.

Sleep studies can be crucial before a surgical procedure to identify and manage sleep disorders such as obstructive sleep apnoea (OSA). Patients with untreated OSA are at higher risk of experiencing complications during and after surgery, including respiratory and cardiovascular issues. By conducting a sleep study beforehand, we can diagnose and treat any underlying sleep disorders, thereby reducing the risk of these complications and ensuring a safer surgical outcome.

If the pre-assessment team has concerns about a patient with sleep disorders such as sleep apnoea, they will refer the patient to one of the sleep specialists based at The Yorkshire Clinic. These specialists are highly trained and experienced in diagnosing and treating various sleep disorders. Depending on the Sleep Consultant's review, the patient may need to undergo sleep study tests, which are sourced externally. These tests are designed to monitor the patient's sleep patterns and identify any abnormalities. Any reports from these tests will be sent directly to our sleep specialists, who will then analyse the results and determine the best course of

action. The sleep specialists will then decide if the patient is fit for surgery at The Yorkshire Clinic. This thorough process ensures that patients receive the best possible care and are well-prepared for any surgical procedures they may need.



Level 1 – Enhanced Care

Our Objective: To enhance clinical capabilities for managing patients with complex comorbidities undergoing elective surgery.

Steps Taken:

- **Assessment and Planning:**

Conducted a comprehensive needs assessment to identify the specific requirements of patients with complex comorbidities, ASA 3 patients.

Formed a multidisciplinary team including surgeons, anaesthesiologists, intensivists, and nursing staff to plan the implementation of Level 1 – Enhanced Care.

- **Infrastructure Development:**

Designated a specific area within the surgical ward for Level 1 – Enhanced Care, equipped with advanced monitoring systems and medical equipment.

Ensured the availability of necessary resources such as, infusion pumps, and emergency resuscitation equipment.

- **Staff Training and Education:**

Provided specialised training for nursing staff and other healthcare professionals on managing patients with multiple comorbidities.

Conducted simulation-based training sessions to enhance the team's readiness for complex cases.

- **Protocol Development:**

Developed and implemented standardised protocols for pre-operative, intra-operative, and post-operative care tailored to patients with complex comorbidities. Established clear guidelines for patient monitoring, pain management, and early identification of complications.

Established a system for continuous monitoring and evaluation of patient outcomes to identify areas for improvement.

Encouraged feedback from staff and patients to refine protocols and enhance the quality of care.

- **Outcome:**

Successfully managed a higher volume of elective surgeries for patients with complex comorbidities.

Improved patient outcomes with reduced complication rates and shorter hospital stays.

Enhanced staff confidence and competence in management of complex cases.

Under Well Led: Clinical Leaders of The Future

The purpose of Ramsay Health Care's Leadership Development program is to develop the capability of employees who have the ambition and potential to lead by providing the leadership skills to take on greater responsibilities and be ready for the next step in their career.

To grow as a business, The Yorkshire Clinic must grow their staff to become leaders of the future by recognising potential and developing staff to become future leaders. The recruitment process should identify people with the ambition to experience professional growth.

The Yorkshire Clinic embraces 'The Ramsay Way' which recognises that people are its most important asset and are at the heart of our success and the culture of 'people caring for people'.

We are looking for staff who want to develop in their career to undertake the clinical leadership roles in the future.

We have:

Identified future clinical leaders for the Yorkshire Clinic through creating a structured programme.

Talent Identification

- Open Communication: Encourage open dialogue across all levels of the organisation to identify individuals with leadership potential.
- Assessment Tools: Utilised tools like behavioural assessments, performance evaluations, and 360-degree feedback to pinpoint high-potential employees.

Development Opportunities

- Training Programmes: Implemented formal training programmes focused on leadership skills, such as decision-making, communication, and strategic thinking. The training is offered through the Ramsay Academy.
- Mentorship: Pair potential leaders with experienced mentors who can provide guidance and support.

Leadership Projects

- Challenging Assignments: Assign high-potential employees to challenging projects that require leadership and innovation.
- Cross-Functional Roles: Rotate employees through different roles and departments to broaden their experience and understanding of the organisation

At The Yorkshire Clinic, we have successfully identified and promoted clinical leaders through the implementation of a structured leadership development programme. This initiative has been instrumental in nurturing talent from staff nurses to ward sisters, team leaders in theatre, ward managers, and potential future matrons.

The structured leadership development programme at The Yorkshire Clinic has been pivotal in identifying and promoting clinical leaders. By investing in our employees' growth and development, we ensure a strong leadership pipeline that will continue to drive excellence in patient care and organisational success.

Success Stories

- **Staff Nurses to Ward Sisters:** Staff nurses have been promoted to ward sisters after demonstrating exceptional leadership potential and completing the development programme.

Background: Jane started as a staff nurse in the surgical ward.

Development: She participated in leadership training programmes, took on challenging projects, and was mentored by a senior ward sister.

Promotion: After demonstrating strong leadership skills and clinical expertise, Jane was promoted to ward sister, where she now leads a team of nurses and oversees patient care.

- **Team Leaders in Theatre:** High-potential employees in the theatre department have been identified and promoted to team leader roles.

Background: John began his career as a theatre operating department practitioner, having gone through the Ramsay Apprenticeship programme.

Development: He engaged in cross-functional roles, attended workshops on leadership and management, and received regular feedback from his mentors.

Promotion: John was promoted to anaesthetic team leader in the theatre department, where he coordinates a team and ensures efficient operations.

- **Future Matrons:** We have identified and are nurturing potential future matrons through targeted development initiatives.

Background: Sarah has been a ward manager for several years.

Development: She is currently involved in a targeted development programme for potential future matrons, which includes mentorship from senior leaders, participation in high-level strategic meetings, and advanced training in healthcare management.

Potential Promotion: Sarah is being developed for a future matron role, where she will oversee multiple wards and contribute to the clinic's strategic direction.



2.1.2 Clinical Priorities for 2025/26 (looking forward)

Welcome to our Quality Account for 2024-25; in this section we will describe our clinical development plans and ambitions over the next year. We will demonstrate our commitment to providing the highest possible standards of clinical quality, and show how we are listening to our patients, staff, and stakeholders, and how we will work with them to deliver services that are relevant to the people who use them.

Our Vision

The Yorkshire Clinic, as the leading Independent Healthcare Provider, makes a positive difference in the lives of our patients by providing compassionate high-quality care that is customer focused. We will go that '*extra mile*' to provide person centred care and ensure our staff are equipped with knowledge and skills, enabling them to deliver safe, effective care that is responsive, caring and well led.

These Five Key domains will direct what we want to achieve in 2025/2026:

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

Under each domain we will provide clear objectives, which demonstrate our commitment to quality improvement and how we will achieve these objectives. Evidence and best practice will underpin all our objectives; having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

Under **Safe** we will focus on: **National Safety Standards for Invasive Procedures (NatSSIPs 2)**

The National Safety Standards for Invasive Procedures (NatSSIPs) 2 are crucial for enhancing patient safety and improving the quality of care during invasive procedures. These revised standards build on the original NatSSIPs by incorporating the latest safety science and best practices to support multidisciplinary teams in delivering safer care. NatSSIPs 2 introduces a set of organisational standards that outline the expectations for organisations to support procedural teams, as well as sequential standards that detail the procedural steps to be taken for each patient.

One of the key aspects of NatSSIPs 2 is its focus on improving patient safety. By standardising the processes and protocols for invasive procedures, NatSSIPs 2 helps to minimise the risk of errors and complications. This is achieved through the implementation of safety checks and protocols that are proportionate to the risk involved in each procedure. These safety checks ensure that all necessary precautions are taken before, during, and after the procedure, thereby reducing the likelihood of adverse events.

Another important element of NatSSIPs 2 is its emphasis on better team-working. Invasive procedures often require the collaboration of various healthcare professionals, including surgeons, anaesthetists, nurses, and support staff. NatSSIPs 2 promotes effective communication and teamwork among these professionals, ensuring that everyone is aware of their roles and responsibilities. This collaborative approach helps to create a safer and more efficient working environment, ultimately leading to better patient outcomes.

Furthermore, NatSSIPs 2 incorporates the latest advancements in safety science and best practices. This includes the use of evidence-based guidelines and protocols that have been proven to enhance patient safety. By staying up-to-date with the latest research and developments in the field, NatSSIPs 2 ensures that healthcare professionals are equipped with the most effective tools and strategies for delivering safe and high-quality care.

In summary, NatSSIPs 2 plays a vital role in standardising and harmonising invasive procedure processes across healthcare settings. Overall, NatSSIPs 2 is essential for ensuring that patients receive the safest and highest quality care possible during invasive procedures.

NatSSIPs 2 Summary

Organisational and Sequential Standards

Organisational Standards

People for safety

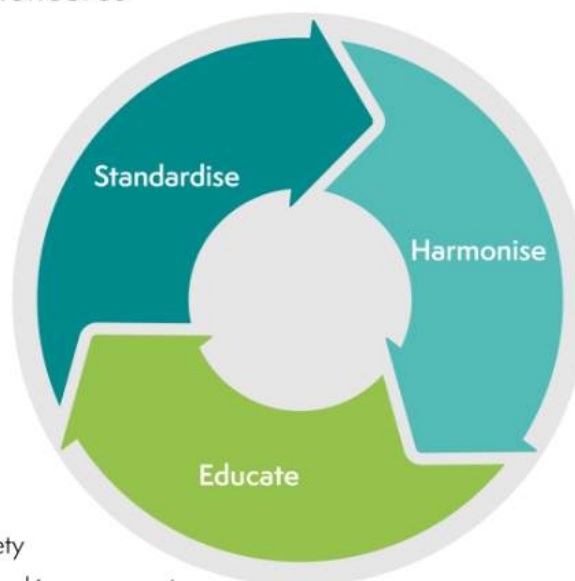
- Patients as partners
- Staff to deliver
- Roles in safety
- Training in safety
- Human factors understanding

Processes for safety

- Documentation
- Scheduling
- Induction
- Governance

Performance for safety

- Data for assurance and improvement
- External body engagement



Sequential Standards (‘The NatSSIPs 8’)

1. Consent and Procedural verification
2. Team Brief
3. Sign In
4. Time Out
5. Implant use
6. Reconciliation of items
7. Sign Out
8. Debrief/Handover

The Yorkshire Clinic is committed to adopting and embedding these standards into everyday practice, we will do this by setting out key objectives to support implementation:

Key Objectives for Implementation

Standardisation and Harmonisation:

- Develop and Implement Standard Protocols: Create detailed, standardised protocols for all invasive procedures, ensuring they align with NatSSIPs 2 guidelines.
- Training and Education: Conduct comprehensive training sessions for all staff involved in invasive procedures to ensure they understand and can effectively implement the new standards.

Human Factors and Teamwork:

- Promote Team Communication: Establish regular team briefings and debriefings to enhance communication and teamwork.
- Psychological Safety: Foster an environment where staff feel comfortable voicing concerns and suggestions.

Patient Involvement:

- Engage Patients in Safety Checks: Involve patients in the verification processes to ensure their understanding and agreement with the procedures.

Governance and Leadership:

- Leadership Support: Ensure strong leadership and governance structures are in place to support the implementation of NatSSIPs 2.
- Resource Allocation: Allocate necessary resources, including time and personnel, to support the implementation process.

Measuring Effectiveness

Data Collection and Analysis:

- Monitor Compliance: Regularly audit compliance with the new standards through observational audits and checklists.
- Incident Reporting: Track and analyse incident reports related to invasive procedures to identify trends and areas for improvement.

Performance Metrics:

- Patient Outcomes: Measure patient outcomes, including complication rates and recovery times, to assess the impact of the new standards.
- Staff Feedback: Collect feedback from staff on the implementation process and its impact on their workflow and patient safety.

Continuous Improvement:

- Review and Revise Protocols: Regularly review and update protocols based on audit findings and feedback.
- Ongoing Training: Provide continuous education and training to keep staff updated on best practices and any changes to the standards.

By focusing on these objectives and continuously measuring effectiveness, The Yorkshire Clinic will ensure that NatSSIPs 2 is successfully implemented and contributes to improved patient safety and care quality.

Under **Effective** we will focus on: **Achieving the VTE Exemplar Status**



Venous Thromboembolism (VTE) Exemplar status is a prestigious recognition awarded to healthcare institutions that demonstrate excellence in the prevention and management of VTE, which includes conditions such as deep vein thrombosis (DVT) and pulmonary embolism (PE). Achieving VTE Exemplar status signifies that an institution adheres to the highest standards of care, ensuring that all patients are routinely assessed for VTE risk and provided with appropriate prophylactic measures. This status is particularly important for surgical patients, as they are at a heightened risk of developing VTE due to factors such as immobility during and after surgery, and the physiological stress of the procedures.

By adhering to stringent VTE prevention protocols, institutions with VTE Exemplar status can significantly reduce the incidence of VTE-related complications, thereby enhancing patient safety, improving surgical outcomes, and reducing the length of hospital stays. This commitment to excellence not only benefits patients but also boosts staff morale and engagement, fostering a culture of continuous improvement in patient care. Furthermore, achieving VTE Exemplar status often involves rigorous training and education for healthcare professionals, ensuring that they are well-equipped with the latest knowledge and skills to prevent and manage VTE effectively.

Achieving Venous Thromboembolism (VTE) Exemplar status involves a comprehensive approach that includes several key components to ensure the highest standards of VTE prevention and management are met. The Yorkshire Clinic will do this through these detailed steps and strategies:

- **VTE Strategy Development:** We will establish a clear and robust VTE prevention strategy that aligns with national guidelines and best practices. This strategy should outline the goals, objectives, and specific actions required to prevent VTE in patients.
- **Compliance and Processes:** We will ensure the completion of documented VTE risk assessments for all patients undergoing surgery and we will ensure that these assessments are conducted at multiple points, including pre-admission, on admission, and whenever the clinical situation changes.
- **Training and Education:** We will provide comprehensive training and education for all healthcare professionals involved in patient care. This includes mandatory VTE education sessions to ensure staff are knowledgeable about VTE risks, prevention strategies, and management protocols and we will regularly update training materials to reflect the latest evidence-based practices and guidelines.
- **Communication:** Engage multidisciplinary teams in regular meetings to discuss VTE prevention strategies.

- **Implementation and Monitoring:** Implement VTE prevention measures, such as pharmacological prophylaxis and mechanical interventions, based on individual patient risk assessments. Ensure that these measures are consistently applied and monitored for effectiveness and in line with national guidance.
- **National Guidelines and Best Practices:** Adhere to national guidelines and best practices for VTE prevention, such as those provided by the National Institute for Health and Care Excellence (NICE) and other relevant health authorities.
- **Investigations in line with PSIRF and Reporting:** Conduct thorough investigations using the PSIRF model for all VTE incidents to identify contributing factors and implement corrective actions. This helps prevent future occurrences and improves overall patient safety. Maintain accurate and detailed records of VTE incidents and prevention measures to facilitate continuous monitoring and improvements.

Under **Caring** we will focus on: **The Yorkshire Clinic - Individualised Care Campaign 'It's All About You'**



Patients want care tailored to their individual needs for several important reasons:

1. **Improved Health Outcomes-** Personalised care considers each patient's unique medical history, lifestyle, and genetic makeup, leading to more effective treatments and better health outcomes.
2. **Enhanced Patient Satisfaction-** When care is tailored to individual preferences and needs, patients feel heard and valued, which increases their satisfaction and engagement with their treatment plans.
3. **Better Adherence to Treatment Plans-** Patients are more likely to follow treatment plans that are customised to their specific circumstances, leading to higher adherence rates and improved long-term health.
4. **Holistic Approach-** Tailored care addresses not just physical symptoms but also mental, emotional, and social factors, providing a more comprehensive approach to health.

5. Empowerment and Trust- Personalised care fosters a collaborative relationship between patients and healthcare providers, empowering patients to take an active role in their health journey and building trust.

Overall, individualised care strategies help create a more responsive and patient-centred healthcare system that meets the diverse needs of each patient.

In order to ensure individualised care for our patients, The Yorkshire Clinic will:

- Launch an individualised patient care campaign called '**It's all About You**'.
- We will gather feedback from patients on how we can deliver care to meet their individual needs.

From our research we will:

1. Conduct Comprehensive Assessments

Objective: Understand each patient's unique needs, preferences, and medical history.

The Yorkshire Clinic will provide several documents to ensure that care is individualised to meet each patient's needs:

- o **Patient Diary:** A tool for patients to record their daily health status, symptoms, and any concerns.
- o **Me and My Care Plan:** A personalised care plan outlining the patient's treatment goals, preferences, and specific care instructions.
- o **This is Me:** A document that provides a comprehensive overview of the patient's personal history, preferences, and important information.
- o **Visual Patient Information:** Clear and accessible visual guides on what to expect during their hospital stay.

2. Develop Multidisciplinary Care Teams

Objective: Foster collaboration among various healthcare professionals to provide holistic care.

Create a 'Surgical Patient Pathway MDT'

- To ensure a coordinated and safe approach to the delivery of care exists for patients admitted for all elective procedures at The Yorkshire Clinic.
- To ensure patients care and pathways are reviewed and coordinated enabling the patient to receive care and services that is consistent and meets their individual needs.

3. Focus on Patient Education and Engagement

Objective: Empower patients to take an active role in their care.

Provide educational resources tailored to individual health conditions.

Encourage patients to participate in decision-making and self-management of their health.

4. Personalised Care Strategy and Key Commitments

Objective: The Yorkshire Clinic 'Patient Experience Strategy' will include how the Yorkshire Clinic will work to make personalised care an essential driver in health and service improvement.

The strategy will focus on the 'Principles of Personalised Care'

- Shared Decision Making
- Enabling Choice
- Supported Self-Management
- Personalised Care and Support Plans

By focusing on these steps, The Yorkshire Clinic will create a more personalised and effective care environment that meets the unique needs of each patient.

Under Responsive we will focus on: Learning from Incidents – Utilising Thematic Reviews under the PSIRF standards.

The Patient Safety Incident Response Framework (PSIRF) is a comprehensive framework designed to improve the way healthcare organisations respond to patient safety incidents.

PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. It supports the development of an effective patient safety incident response system that prioritises compassionate engagement and involvement of those affected by patient safety incidents (including patients, families and staff). This involves working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

In 2024, The Yorkshire Clinic successfully integrated the Patient Safety Incident Response Framework (PSIRF) into its practices. This framework is designed to enhance patient safety by systematically addressing and responding to incidents that occur within the healthcare setting. Our Learning Response Leads, who are dedicated professionals with expertise in patient safety, convene twice a week to review all incidents that have occurred in the hospital. These meetings are crucial for identifying patterns, understanding the root causes of incidents, and implementing corrective actions to prevent future occurrences.

During 2025, we will be taking our commitment to patient safety a step further by utilising the Thematic Review process under the PSIRF standard. This process allows us to conduct in-depth analyses of trends from incidents, providing us with valuable insights into areas that require attention and improvement.

During 2024 we have seen an increase in incidents related to:

- Re-operations / Deteriorating Patients
- VTE/ DVT incidents
- Hyponatremia
- Medicines Management

Thematic analysis of incidents will enable us to identify patterns and themes across multiple incidents, which can provide deeper insights into underlying issues and contributing factors.

Key benefits:

- Analysing incidents thematically, organisations can spot recurring issues and trends that might not be apparent when looking at incidents individually.
- Systemic Improvements: It helps shift the focus from individual errors to systemic issues, promoting a more holistic approach to safety and quality improvement.
- Informed Decision-Making: Aggregating data from various sources allows for more informed decision-making and prioritisation of safety initiatives.
- Enhanced Learning: Thematic reviews facilitate learning from a broader range of incidents, including near misses and low-harm events, which can be crucial for preventing more serious incidents.
- Comprehensive Insights: Combining qualitative and quantitative data provides a richer understanding of the factors contributing to incidents, leading to more effective interventions.

Under Well Led we will focus on: Staff Engagement

Staff engagement at The Yorkshire Clinic is vital for ensuring that employees are fully involved and motivated in their work, which directly impacts the quality of care provided to patients. Engaged staff are more likely to be committed, productive, and satisfied, leading to better patient outcomes and a positive working environment. When staff feel valued and heard, they are more likely to go above and beyond in their roles, contributing to a culture of excellence and continuous improvement. This sense of ownership and pride in their work fosters a collaborative atmosphere where everyone is working towards common goals, ultimately enhancing the overall patient experience.

To increase engagement, The Yorkshire Clinic will establish a Staff Engagement Committee, which will provide a platform for staff to come together and discuss ways to improve the working environment. This committee will engage staff in decisions that affect them and the services they provide, empowering them to contribute ideas for delivering better and safer services.

The Yorkshire Clinic will actively seek staff feedback through annual surveys and engagement groups, ensuring that their voices are heard and acted upon. By fostering a sense of community, collaboration, and enthusiasm, The Yorkshire Clinic aims to create an ambitious, positive, and effective working environment that enables all staff to contribute effectively.

Engagement Strategies The Yorkshire Clinic will deploy:

Recognition Programs

- Celebrate Achievements: Regularly acknowledge and celebrate the contributions and achievements of healthcare workers.

Professional Development

- Training Workshops: Offer continuous learning opportunities such as workshops, seminars, and online courses to help staff develop new skills and advance their careers.

Wellness Initiatives

- Physical Health Programs: Implement initiatives like fitness challenges, yoga sessions, and healthy eating programs to promote physical well-being.
- Mental Health Support: Provide access to counselling services, stress management workshops, and mental health days.

Enhanced Communication

- Open Forums: Hold regular meetings or forums where staff can voice their concerns and suggestions directly to management.
- Feedback Mechanisms: Establish anonymous feedback systems to allow staff to share their thoughts and ideas without fear of retribution.

Work-Life Balance

- Flexible Scheduling: Offer flexible work hours or remote work options where possible to help staff balance their professional and personal lives.
- Time Off: Encourage staff to take their allotted vacation time and provide additional leave options for personal or family needs.

Team-Building Activities

- Social Events: Organise social events like team lunches, outings, or holiday parties to foster camaraderie and strengthen team bonds.
- Collaborative Projects: Encourage cross-departmental projects and initiatives to promote teamwork and collaboration.

Strong Leadership

- Visible Leadership: Ensure leaders are approachable, visible, and actively involved in day-to-day operations to build trust and transparency.
- Clear Goals: Set clear, measurable objectives and ensure all staff understand their roles in achieving these goals.
- Establish clear behavioural standards. Accountability starts by setting clear expectations — not only around performance outcomes but also around the behaviour standards that define how people interact.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2024/25 The Yorkshire Clinic Hospital provided 34 ERS NHS Services and 3 subcontracted services.

The Yorkshire Clinic Hospital has reviewed all the data available to them on the quality of care in all 34 of these NHS services.

The income generated by the NHS services reviewed from 1st April 2024 to 31st March 2025 represents 70% of the total income generated from the provision of NHS services by The Yorkshire Clinic.

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

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

Human Resources

	2024-25 (%)
Total Health Care Assistants – whole time equivalent (WTE)	46
Total Registered Nurses (WTE)	96
Total WTE Nursing (RN and HCA)	142
HCA hours as a % of Total Nursing Hours	36%
Staff Turn Over %	19.58%
Sickness %	5%
Lost Time %	22.2%
Agency Cost % of Total Cost	3.6%
Staff Cost % Net Revenue	29.1%
Rolling Sickness Absence	19.58
Rolling Employee Turnover	75
Staff Satisfaction/Engagement Score	99.32
Mandatory Training %	80.4%
Appraisal %	98%
Number of Significant Staff Injuries	4.6
Ward Hours PPD	46

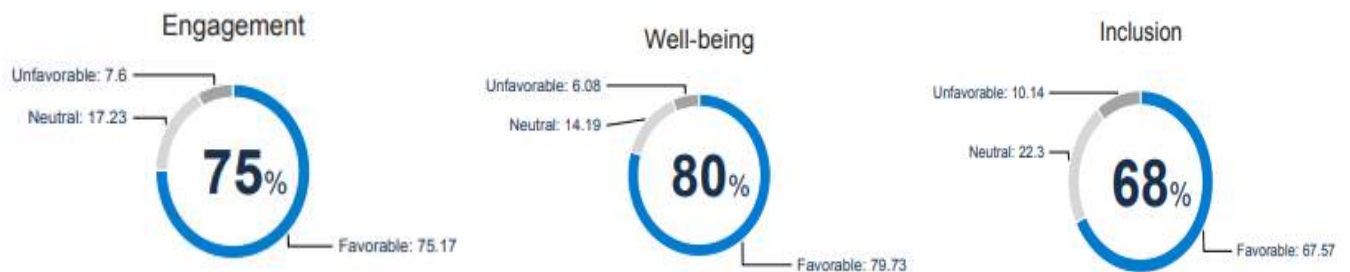
In 2024, Ramsay HealthCare undertook the 'One Employee One Voice Survey', all staff at every Ramsay Hospital Globally were asked to complete the survey.

The Yorkshire Clinic scored above Ramsay Average for [Staff Engagement](#), [Well-being](#) and [Inclusion](#):

Ramsay UK Results



The Yorkshire Clinic Results



Mandatory training:

Mandatory training occurs twice a month (1x clinical, 1x non-clinical).

Current compliance - 1st May 2025 Mandatory Training is 99.8%.

There were no EMSA (Eliminating Mixed Sex Accommodation) breaches throughout 2024/25.

Significant Clinical Events:

'Never Events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

1st April 2024 - 31st March 2025: There has been No Never Events at The Yorkshire Clinic.

2.2.2 Participation in Clinical Audit

During 1st April 2024 to 31st March 2025, The Yorkshire Clinic participated in national clinical audits which it was eligible to participate in.

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

Name of Audit	Participation (NA, No, Yes)	% cases submitted	Comments
National Joint Registry (NJR) – Per Patient	YES	100%	
JAG Census – Quarterly	YES	100%	All requirements fully met.
Elective surgery (National PROMs Programme) Hips, Knees, Cataracts	YES	100%	
SSI – Surgical Site Surveillance Hip and Knee Arthroplasty (<i>30 day post-surgery wound surveillance programme</i>)	YES	100%	
National Bariatric Surgery Registry (NBSR).	YES	100%	
National Cardiac Audit Programme (NCAP)	YES	NA	
National Ophthalmology Audit.	YES	100%	

Local Audits

The Yorkshire Clinic participates in the Ramsay Corporate Audit Programme (the schedule can be found in Appendix 2). The audit topic and schedule is set centrally by the Ramsay Health Clinical Governance Committee to allow greater opportunity for benchmarking.

The Yorkshire Clinic also performs a number of local clinical audits, determined locally as a result of identified improvements required, all of which go through the Clinical Governance Committee where actions are taken to improve the quality of the healthcare provided:

Summary of some of the local clinical audits undertaken from 1st April 2024 to 31st March 2025:

Emergency Trolley Audit: To ensure that emergency equipment is ready for immediate use, a routine check of the defibrillator, oxygen and suction is undertaken daily. There is also a weekly audit of the content of the emergency trolley, this provides assurance that all emergency equipment is in date and there are sufficient numbers in each trolley as indicated by the Resuscitation Council (UK) 2021. These

audit results are discussed and reviewed at the Resuscitation committee meeting which is held quarterly.

Our current hospital compliance to Emergency Trolley checks is 100%.

Crash Bleep Response: To ensure we have a dedicated resuscitation team who have clear roles and responsibilities in the event of a resuscitation event we test our crash bleeps daily and the bleep holders meet to discuss who will undertake what tasks if there was a resuscitation incident. The roles given out are Airway, Circulation, Drugs, trolley, Scribe etc.

We audit the team response to the test bleep and record the team name, roles and responsibilities.

Our current compliance to crash bleep response audit is 100%.

Fluid Balance: Ensuring patients are adequately hydrated is an essential part of nursing care. Maintenance of an adequate fluid balance is vital to health. Inadequate fluid intake or excessive fluid loss can lead to dehydration, which in turn can affect cardiac and renal function and electrolyte management. Inadequate urine production can lead to volume overload, renal failure and electrolyte toxicity. At The Yorkshire Clinic we identified that staff were not completing all elements of the 'fluid balance chart' all the time, we have undertaken numerous methods of ensuring this key aspect of patient care is not overseen, we undertake monthly audits to assess compliance. We have made improvements as our audit score now averages 93%, which is an improvement from 90% in 2023-2024.

Our current compliance to the Fluid Balance audit is 93%.

Deteriorating Patient: This audit monitors our staff compliance to recording patients' vital signs and responding to these signs using the NEWS Track and Trigger. The audit provides assurance that where patients are showing a deterioration in their condition timely assessments and treatments are initiated. We have provided our staff with skills and knowledge to manage 'deteriorating patients' through ALS. ILS (Immediate Life Support) and AIMS (Acute Illness Management) training, this is reflected in the audit score which averages 97.5% in 2024/2025.

Our current compliance to the Deteriorating Patient (NEWS 2) audit is 97.5%.

Antimicrobial Audit:

- **Treatment:** Our Pharmacy Manager undertakes a monthly antimicrobial audit to assess whether the prescriber has recorded the reason for antibiotic use with presenting clinical symptoms, the duration, correct antibiotic against formulary. We average 94.6% in 2024/2025, which indicates effective use of antibiotics at The Yorkshire Clinic.

Our current compliance to the HAPPI audit is 94.6%.

- **Prophylaxis Audit:** Our use of antibiotic prophylaxis against the antimicrobial formulary audit score is 100%, which indicates effective use of antibiotic prophylaxis which is in line with the Yorkshire Clinic antimicrobial formulary.

Our current compliance to the Antimicrobial Prophylaxis audit is 100%.

2.2.3 Participation in Research

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

2.2.4 Statements from the Care Quality Commission (CQC)

The Yorkshire Clinic is required to register with the Care Quality Commission and its current registration status on 31st March 2020 is registered without conditions.

Our current rating by the CQC is derived from the 3-day inspection at The Yorkshire Clinic carried out on the 18th 19th and 20th October 2016.

However, it should be noted the CQC conducted a comprehensive two-day inspection at The Yorkshire Clinic on the 15th and 16th April 2025. At the time of writing this quality account, we have not yet received an updated rating following this visit.

The preliminary findings presented to us on the final day of inspection are outlined below:

- Positive embedded learning culture and staff understanding of incident management and policy understanding.
- Positive patient feedback.
- High levels of engagement with senior and local leaders, leading to positive morale and culture across all areas that were visited.
- Several examples of innovation / positive patient initiatives.
- Patient focused refurbishment and estates improvement planning.
- Comprehensive and accurately completed patient records.

Our Rating as of October 2016 by the CQC:

The CQC rated The Yorkshire Clinic '**Good Overall**' for Surgery, Children & Young People and Out-Patient & Diagnostic Imaging.

In all the 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
Children and Young People	Good	Good	Not Rated	Good	Good	Good
Outpatient & Diagnostic Imaging	Good	Not Rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

2.2.5 Statement on Data Quality

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

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. On induction, staff are trained on how to obtain and input data correctly onto our electronic systems and also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital. All staff at The Yorkshire Clinic complete mandatory training on GDPR via the Ramsay e-learning platform.

GDPR Training compliance as of 1st April 2025 is 99%

The Yorkshire Clinic data quality remains one of our highest priorities to ensure we produce clear and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

NHS Number and General Medical Practice Code Validity

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

Valid NHS Number -

- Admitted Care – 99.53%
- Outpatient Care – 99.84%
- Accident and Emergency Care N/A (as not undertaken at Ramsay hospitals).

General Medical Practice Code

- Admitted Care – 100%
- Outpatient Care – 100%
- Accident and Emergency Care N/A (as not undertaken at Ramsay hospitals).

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

The latest figures can be found at above URL.

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical Coding Error Rate

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

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Yorkshire Clinic	Oct 25	100%	99%	100%	100%

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

2.2.6 Stakeholders Views on 2024/25 Quality Account



Scorex House
1 Bolton Road
Bradford
BD1 4AS

10 June 2025

The Yorkshire Clinic Quality Accounts 2024/2025

On behalf of NHS Bradford District and Craven Health and Care Partnership (West Yorkshire Integrated Care Board (WYICB)), I welcome the opportunity to feedback to Yorkshire Clinic on its 2024/2025 Quality Report.

The Quality Account has been shared with key members across the Bradford and Craven Health and Care Partnership (BCHCP).

Specific key achievements during the past year include:

- The Yorkshire Clinic completed the **Patient-led assessments of the care environment (PLACE)** with four patients, four staff members and one independent assessor. Recently published data shows that the clinic achieved scores above the national average in all categories of the assessment, including hospital cleanliness and environment.
- Aquablation therapy minimally invasive treatment for enlarged prostate (BPH). It uses the precision of robotic technology and the power of water to provide long-lasting relief of BPH (benign prostatic hyperplasia) symptoms.
- The Yorkshire Clinic has a 5-star rating in clinical departments, demonstrating its commitment to maintaining high-standards of cleanliness.
- Aseptic Non-Touch Technique (ANTT) Gold Accreditation-Standard for safe aseptic technique.
- National Joint Registry (NJR) Certificate of Quality Data Collection 100%.
- GOLD for commitment to patient safety by the National Joint Registry, after successfully completing a national programme of local data audits.
- Blood Safety and Quality Regulations (BSQR) 2005 audit conducted in 2024 – 100% achieved.
- No Never Events.
- Same day discharge (Day Case) following Hip and Knee Surgery.
- Joint Advisory Group (JAG) Re-accreditation- The Yorkshire Clinic gained an immediate pass with no actions or recommendations identified by the auditor.
- Professional Nurse Advocate- The Yorkshire Clinic welcomed their first Qualified Professional Nurse Advocate (PNA) in April 2024, workshops were scheduled to inform staff of what they can expect from the role regarding supervision aims to empower staff to find the tools to support themselves in challenges they may face in practice or for development of their own careers.

- Home Office Controlled Drugs Audit 16th July 2024- The inspector was pleased with their findings around Controlled Drugs management - Immediate pass 100% compliance.
- Wound care advice- post-discharge wound management QR code for hip and knee arthroplasty patients. The QR code is placed on the patients surgical wound dressing to support patients monitor their wound and report any signs of infection.
- Three members of the Housekeeping Team have successfully completed British Institute of Cleaning Service (BICS) training.
- The Yorkshire Clinic Elective Surgery Admission Inclusion/Exclusion Criteria- approved by Consultant Anaesthetists/ Clinical Governance Committee and MAC.

2024/2025 priorities included the following areas in line with Care Quality Commission (CQC) areas of focus:

- **Safe:** National Standards of Healthcare Cleanliness 2021- Star Rating. The Yorkshire Clinic has a 5-star rating in clinical departments, demonstrating its commitment to maintaining high-standards of cleanliness.
- **Effective:** Pre-operative Assessment and Optimisation for Adult Surgery. The development of pre-operative clinics and the increasing need for management of surgical risks have expanded the concept of pre-operative optimisation. In order to support patients achieving the best possible outcome from elective surgical procedures through Prehabilitation and a 'One Stop Pre-Operative Assessment Pathway (Evolve).'
- **Caring:** Back to Bedside Programme. The Yorkshire Clinic have supported their nurses in delivering essential care back at the patient's bedside by conducting a comprehensive workflow analysis including a staff survey to identify non-clinical tasks consuming nurses time. Delegation of administrative duties, review of digital equipment to ensure staff documentation completed at point of care and streamlining ward communication processes have been maintained to ensure the success of the programme.
- **Responsive; New Clinical Services** – In response to the current healthcare needs The Yorkshire Clinic has reviewed its clinical priorities to reflect the needs of the wider healthcare population by the expansion of its diagnostic capabilities and extension of its opening times, private GP services and the provision of procedures for those patients previously classed as ASA 3 (Complex and acuity health score).
- **Well Led:** The Leadership Development program has identified and developed the capability of employees who have the ambition and potential to lead by providing the leadership skills to take on greater responsibilities and be ready for the next step in their career. Through the development program Yorkshire Clinic will identify, train, assess, mentor and promote leadership in their workforce.

Bradford District and Craven Health Care Partnership acknowledges and welcomes the planned priority areas and improvements with a continued focus on patient experience, safety and clinical effectiveness of care and treatment.

The Yorkshire Clinic quality priorities for 2025/26 includes the same areas of focus these are as follows.

- **Safe:** focus on National Safety Standards for Invasive Procedures (NatSSIPs 2) to contribute to improved patient safety and care quality.
- **Effective: Achieving the Venous Thromboembolism (VTE) Exemplar Status-** To demonstrate excellence in the prevention and management of VTE. Achieving VTE Exemplar status signifies that an institution adheres to the highest standards of care, ensuring that all patients are routinely assessed for VTE risk and provided with appropriate prophylactic measures.
- **Caring: The Yorkshire Clinic - Individualised Care Campaign 'It's All About You'** - Implementation of individualised care strategies to help create a more responsive and patient-centred healthcare system that meets the diverse needs of each patient.
- **Responsive: Learning from Incidents – Utilising Thematic Reviews under the Patient Safety Incident Response Framework (PSIRF) standards.** This process will allow The Yorkshire Clinic to conduct in-depth analyses of trends from incidents, providing them with valuable insights into areas that require attention. Improvement and provide deeper insights into underlying issues and contributing factors.
- **Well Led - Staff Engagement-** The Yorkshire Clinic will establish a Staff Engagement Committee, which will provide a platform for staff to come together and discuss ways to improve the working environment. This committee will engage staff in decisions that affect them and the services they provide, empowering them to contribute ideas for delivering better and safer services.

To note there has not been any Never Events at The Yorkshire Clinic during 2024/25 and equally noted that The Yorkshire Clinic has participated in national clinical audits and several local clinical audits, and as a result identified improvements in the quality of the healthcare provided. The positive feedback from your patients reflects The Yorkshire Clinic's consistent dedication to personalised care. This feedback reinforces our belief that exceptional healthcare is built on listening to and valuing every patient's unique experience.

Finally, I am required to confirm that NHS Bradford Districts and Craven Health Care Partnership has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of the Yorkshire Clinic's quality initiatives and activities over the last year.

I would like to thank you and your staff for the achievements made in 2024/25 and your continued commitment to high quality care delivery. The Quality Account demonstrates a high level of commitment to quality in the broadest sense and I support the positive approach taken by the organisation.

Yours sincerely



Matt Sandford
Director of Partnership and Place
Deputy Accountable Officer BDC ICB

Part 3: Review of Quality Performance 2024/2025

Head of Clinical Services (Matron), Jan Matin

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

Introduction

“This publication marks the eleventh successive year since the first edition of Ramsay Quality Accounts. We compare to previous years, and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year.

This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospital and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment.

In 2024, The Yorkshire Clinic continued to uphold its commitment to delivering outstanding, patient-centred care to the local population of West Yorkshire and beyond. Our approach to care is firmly rooted in the principles of safety, compassion, and clinical excellence, underpinned by strong governance and a culture of continuous improvement.

Throughout the year, we received consistently positive feedback from our patients, who praised the attentiveness, professionalism, and empathy of our staff. Many highlighted how their individual needs were not only met but anticipated, reflecting our dedication to personalised care. This feedback reinforces our belief that exceptional healthcare is built on listening to and valuing every patient's unique experience.

As we reflect on 2024, we are proud of the progress we've made and remain steadfast in our mission to serve our patients with integrity, excellence, and compassion. We look forward to building on this strong foundation in the year ahead. We are committed to providing care aligned with our values, ensuring the delivery of high-quality compassionate care according to 'The Ramsay Way'.

Jan Matin

Head of Clinical Services
Ramsay Health Care UK

Ramsay Clinical Governance Framework 2024/25

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

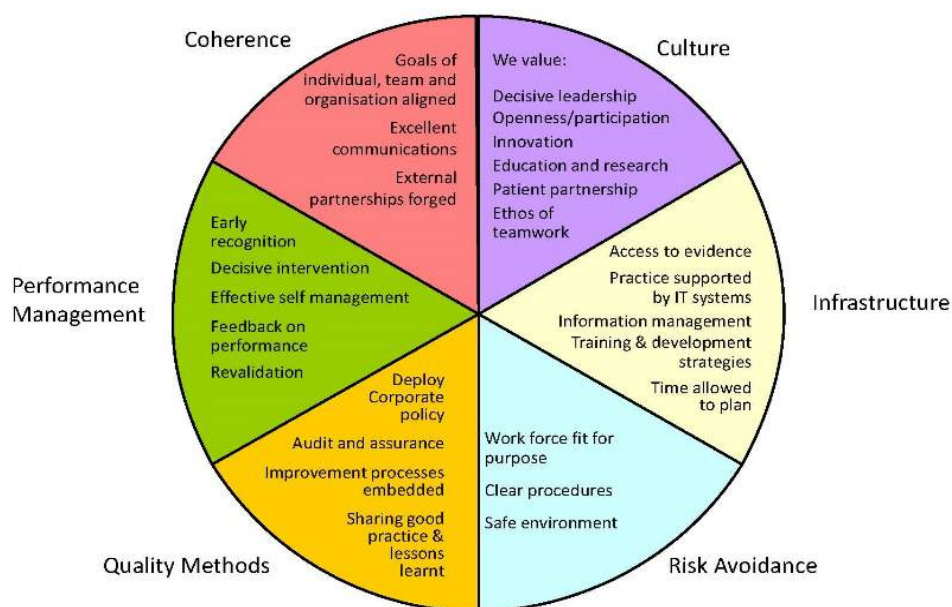
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



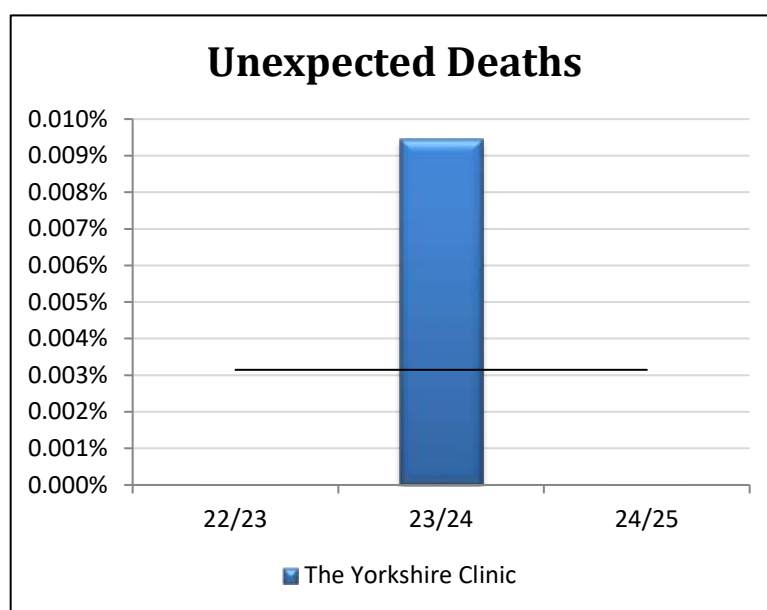
National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority. Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account Indicators

Mortality

Mortality:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC20	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC20	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC20	0.0000



Rate per 100 discharges.

In the reporting period, 1st April 2024 - 31st March 2025 there were **no unexpected deaths** reportable in this quality account at The Yorkshire Clinic.

National PROMS

PROMS:	Benchmarking period							Ramsay		
	Period	Best	Worst		Average			Period	Yorkshire	
Hips	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.981	Apr20 - Mar 21	NVC20	17.335
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.3101	Eng	22.847	Apr21 - Mar 22	NVC20	24.830
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.922	Eng	22.451	Apr22 - Mar 23	NVC20	18.291

The National NHSE 'Worst score 7.3101 from Apr 21-Mar 22 is incorrect as The Yorkshire Clinic were a pilot site in 2023, the pilot involved data being submitted by Cemplicity to NHSE. The correct score 24.83 from our data dashboard Cemplicity has been recorded above.

PROMS:	Benchmarking period							Ramsay		
	Period	Best	Worst		Average			Period	Yorkshire	
Knees	Apr20 - Mar 21	NVC23	20.2502	RXP	11.916	Eng	16.886	Apr20 - Mar 21	NVC20	16.736
	Apr21 - Mar 22	RCF	20.6336	NT209	14.267	Eng	17.625	Apr21 - Mar 22	NVC20	16.716
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.12	Eng	17.488	Apr22 - Mar 23	NVC20	15.637

The Yorkshire Clinic participates in the Department of Health PROM's survey for hip, knee surgery for NHS and private patients. PROMs indicate a patient's health status or health-related quality of life from the patient's perspective, based on information gathered from a questionnaire that patients complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

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

PROMS Hips and Knees: PROMS data identifies that our patients' health gain is below National average, the Arthroplasty Group (consisting of all Hip and Knee Surgeons) at The Yorkshire Clinic have reviewed the data including surgeon specific data.

The group concluded the score may be attributed to patients not having to wait long for surgery, therefore the improvement score is low, because the level of improvement from the start was low.

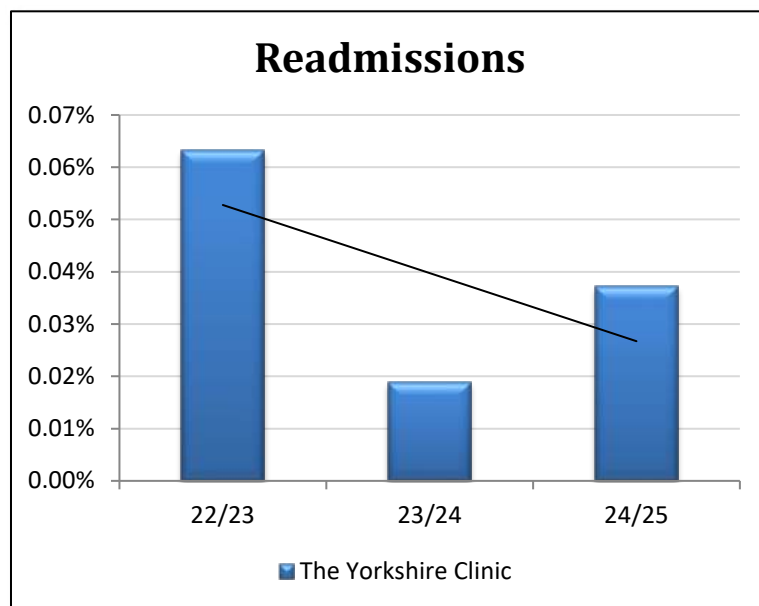
Actions set to improve PROMS Hip and Knee Scores:

- Enhanced Patient Education: Provide comprehensive pre-op education sessions to set realistic expectations and improve patient engagement.
- Prehabilitation Programs: Expand physiotherapy and fitness programs before surgery to improve baseline function.
- Mental Health Screening: Identify and support patients with anxiety or depression, which can negatively impact recovery and PROMs.

- **Timely Physiotherapy:** Ensure early and consistent post-op physiotherapy, both inpatient and outpatient.
- **Structured Follow-up Pathways:** Implement regular follow-ups to monitor recovery and address issues early.
- **Real-time PROMs Monitoring:** Use digital tool (Cemplicity) to track PROMs data continuously and identify trends.
- **Staff Training and Engagement:** Educate clinical teams on the importance of PROMs and how their actions influence scores.

Readmissions within 28 days

Readmissions:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC20	0.00063
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC20	0.00019
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC20	0.00037



Rate per 100 discharges:

Monitoring rates of readmission to hospital is a valuable measure of clinical effectiveness and outcomes, as evidenced in the table above The Yorkshire Clinic readmission rates have slightly increased in 2024/2025 when compared with 2023/2024 however, they have decreased since 2022/2023.

In 2024/25, The Yorkshire Clinic saw an increase in re-admission rates compared to 2023/24. This rise can be attributed to several key factors:

- **Improved Reporting:** Enhanced data collection and reporting mechanisms led to more accurate tracking of patient outcomes, including re-admissions. This improvement in reporting practices made it easier to identify and document re-admissions that might have been missed previously.
- **Quality Governance:** The Yorkshire Clinic implemented stricter quality governance protocols. These protocols included more rigorous monitoring and evaluation of patient care processes, which helped in identifying areas needing improvement but also highlighted more cases of re-admission.
- **Patient Education:** There was a significant focus on educating patients about recognising complications early. Patients were encouraged to report any issues directly to The Yorkshire Clinic rather than seeking help from other healthcare providers. This proactive approach led to an increase in reported complications and subsequent re-admissions.

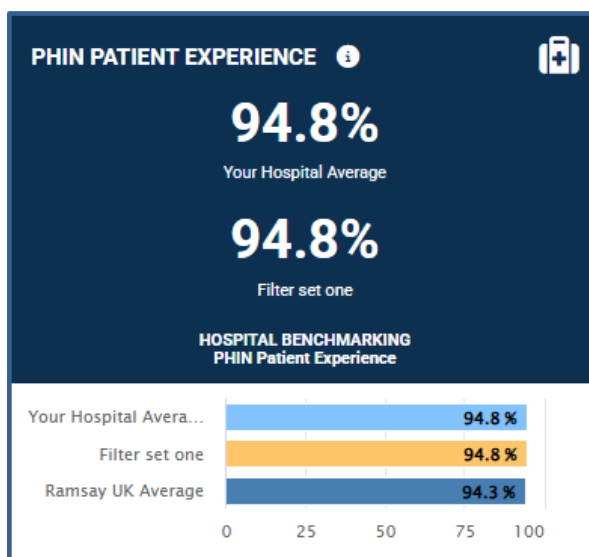
These efforts were aimed at improving overall patient care and outcomes, even though they initially resulted in higher re-admission rates. The long-term goal is to use this data to reduce complications and improve patient health.

Responsiveness to Personal Needs

Cemplicity - Cemplicity is the Ramsay Electronic Patient Feedback System

The Yorkshire Clinic's PHIN Patient Experience score is displayed below, period 1st April 2024 - 31st March 2025; the score shows our patient experience is above the Ramsay UK average.

The Yorkshire Clinic score 94.8% Vs Ramsay UK average of 94.3% (the dark blue bar shows the Ramsay UK average score and the light blue bar shows The Yorkshire Clinic average score).



The 5 questions we ask our patients when measuring 'Responsive to Personal Needs' are below, for each question The Yorkshire Clinic scored above the Ramsay UK average indicating our patients rate their experience at the Yorkshire Clinic.



Friends and Family Test (FFT)

F&F Test:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC20	99.9%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC20	99.9%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC20	100.0%

The above table shows 100.00% of patients reported having a 'Good Experience' at The Yorkshire Clinic.

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

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

The Yorkshire Clinic continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at The Yorkshire Clinic. Our commitment to provide care with compassion and confidence is reflected by this score, in January 2024 we scored 99.9% with an increase to 100% in January 2025.

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

We hold monthly Patient Experience Group meetings where the Friends and Family Test results are discussed and analysed, key focus for the group is to:

- Increase FFT response rates.
- Action points where our patients have indicated dissatisfaction in our care or services.
- Commend staff that have received positive feedback on the care they have provided.
- Communicate our Friends and Family feedback to our teams to ensure they are fully informed of 'what our patients are saying about our care and services'.

The Yorkshire Clinic Hospital considers that this data reflects the quality of the care and services provided.

VTE Risk Assessment

VTE Assessment:	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC20	98.5%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC20	99.0%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC20	98.4%

VTE Assessment (<https://www.england.nhs.uk/statistics/statistical-work-areas/vte>)

The Yorkshire Clinic considers this data reflects the quality governance in place to enable VTE assessment and prevention. The Yorkshire Clinic demonstrates that we are significantly above the national average for VTE risk assessment completion, as evidenced in the table above, this reflects our commitment to patient safety and risk management.

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

The VTE risk-assessments are on the Ramsay Electronic Patient Record System and are completed by Registered Nurses and the patient's named Consultant.

In line with the National Institute for Clinical Excellence (NICE, 2019) which recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis, patients VTE risk assessment is completed as below:

- At pre-assessment.
- On admission to hospital.
- 24 hours after admission to hospital.
- Whenever patients medical condition changes.
- Before discharge.
- Every patient receives information on how to continue preventative measures at home.

The Yorkshire Clinic VTE risk assessment document indicates whether a particular patient is at high risk of developing blood clots. This may be as a result of their own

individual risk factors e.g. age, medical history this is classed as patient related risks, surgical procedure related risk factors such as arthroplasty surgery, prolonged surgical time and bleeding risk factors such as patient taking anticoagulation. Individual patients are assessed for the risks and chemical, mechanical prophylaxis initiated to prevent VTE incidents.

To ensure we continue to achieve a high score we:

- Undertake audits to monitor compliance to VTE management.
- Train all our clinical staff about how to complete a risk assessment and actions to take.
- Report any VTE events (deep vein thrombosis, pulmonary embolism) to ensure a robust and thorough investigation is completed in line with PSIRF, identify any areas of improvement and learn from these events.

C Difficile Infection

C. Diff rate: per 100,000 bed days	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC20	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC20	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC20	0.000

C Diff Rate per 100,000 bed days. Benchmarking Data as published up to 2021/22 as at 14/04/23

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

The above table demonstrates our high standards of infection prevention and control processes as there have been **no cases of Clostridium Difficile Infection in this reporting period 1st April 2024—31st March 2025.**

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

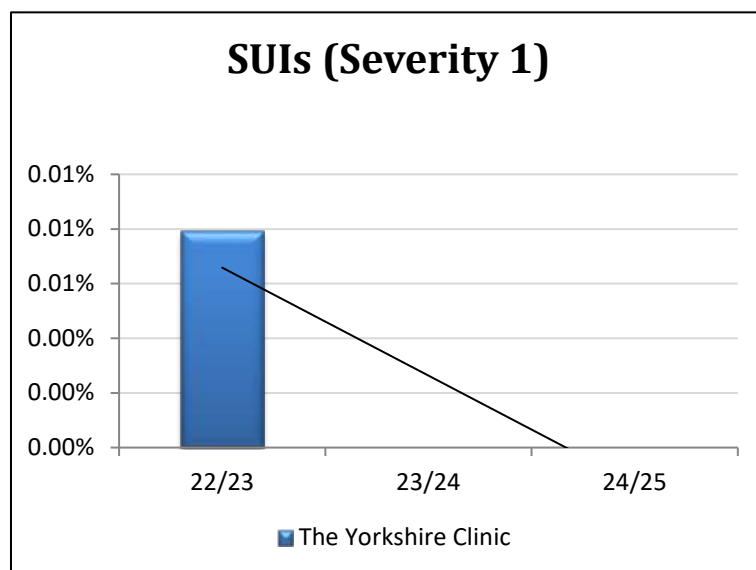
To ensure we maintain this score, and the quality of our services, The Yorkshire Clinic:

- Have a Local IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from all areas of the hospital. The Committee meets quarterly to oversee implementation of corporate policies, National Guidance and review clinical audit and practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends which are then actioned.
- Have a dedicated Infection Control Lead Nurse.

- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection.
- Have effective systems of education, audit and surveillance. Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.
- Are actively working on ways to adhere to antimicrobial stewardship and ensure antimicrobial prescribing is compliant with the Ramsay formulary.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Benchmarking period							Ramsay		
	Period	Best		Worst		Average		Period	Yorkshire	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC20	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC20	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC20	0.000



Rate per 100 discharges.

The number of SUI's (severity 1) has remained at 0 in 2024/2025. The above data evidences The Yorkshire Clinics high standards in patient safety as well as staff safety as there have been no serious untoward incidents (severity 1) reported from 2023/2024 to 2024/2025.

3.2 Patient Safety

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

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

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

3.2.1 Infection Prevention and Control

The Yorkshire Clinic hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 6 years.

The graphs below show The Yorkshire Clinic has a very low rate of hospital acquired infections. This is credit to the work carried out by the hospital IPC Lead Nurse and champions who monitor IPC standards and ensure compliance to all criterions set within the Health and Social Care Act 15 criterions.

Surgical site infection and hand hygiene have been a key focus over 2024-2025, compliance to practice is audited to ensure 100% at all times.

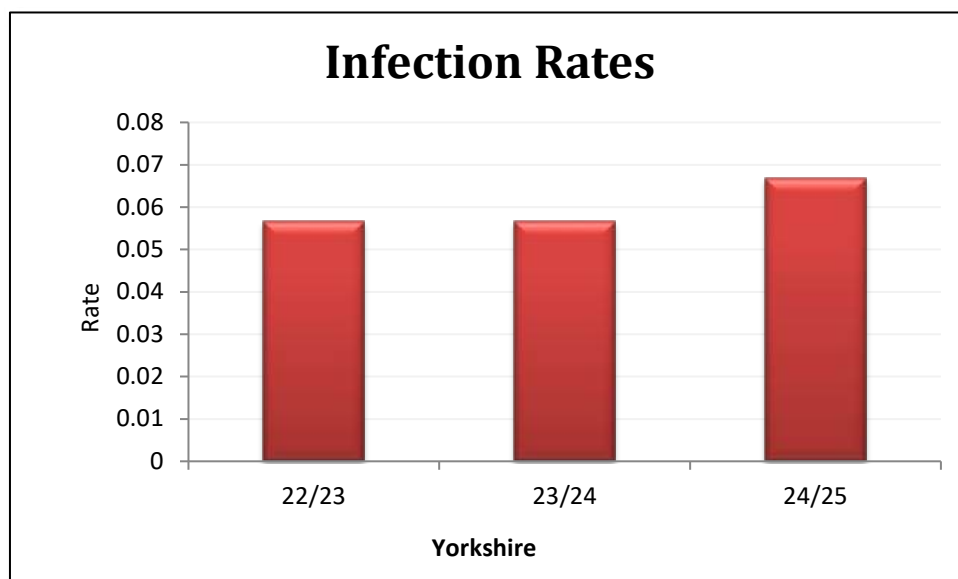
We comply with mandatory reporting of all alert organisms including MSSA / MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

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

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

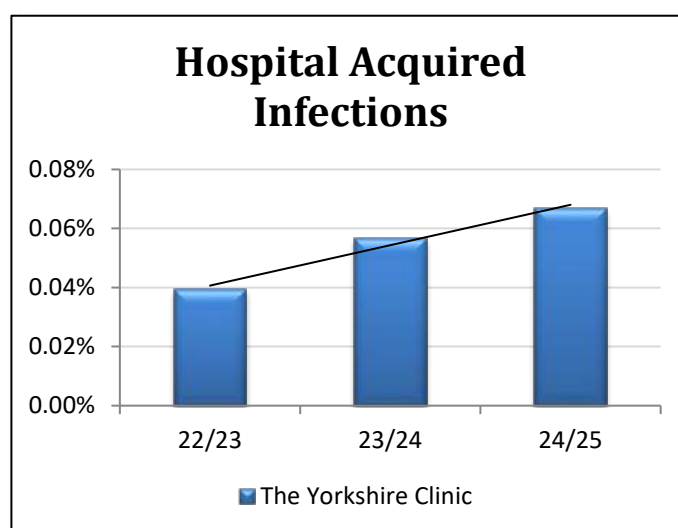
As can be seen in the below graph our infection control rate has increased marginally by 0.01% in 2024/2025 compared with 2023/2024.



During 2024 we have focused on collecting data from our patients who have had Hip and Knee replacement surgery in line with the UKHSA 'Surveillance of surgical site infections programme.

We have improved our processes to ensure we receive information about all our patients' wounds at 30 days post-discharge, this enables us to report any wound infections; through investigation and analysis we can learn and improve our practices.

The increase seen in the table below is due to our improved reporting of the patients who have developed an infection post-discharge. Through improving our processes where we now have a dedicated person monitoring surgical site wounds for infection, we make contact with over 99% of our patients post discharge. We have made many changes to our infection control practices through learning from the incidents reported.



Rate per 100 discharges.

Programmes and activities within our hospital include:

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

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

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

Infection Control Doctor: A Consultant Microbiologist is our Infection Control Doctor. He has responsibility for working with the Hospital Matron and IPC Lead Nurse to support the implementation of the IPC Annual Plan, provide guidance and support in the Microbiology services; he also undertakes staff IPC education sessions.

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

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

Antimicrobial Pharmacist / Guardian: Our Pharmacy Manager is our antimicrobial pharmacist. Key responsibilities of the role are leading and reporting progress on antibiotic prescribing and management in the hospital, supporting antimicrobial stewardship by working closely with clinical teams, performing audits in line with National Guidance, providing training with regard to antimicrobial stewardship to clinical staff, supporting the development and monitoring of antimicrobial policies with the clinical Consultant Microbiologist and clinical teams.

Our Annual Infection Prevention and Control Plan 2025 focus is on:

- Meeting Compliance with The Health and Social Care Act 2008: "Code of Practice on the Prevention and Control of Infections and related guidance (July 2015).
- One-Together Programme - Compliance to recommendations and evidence in practice.
- EPIC 4 - Compliance to recommendations and evidence in practice.
- Catheter and Peripheral Cannula Care Bundle – Complying with best practice guidelines preventing infection.

- Promoting Infection Prevention and Control 'It's everybody's business' – Develop a working group to focus on reducing glove usage/PPE where applicable, reduce clinical waste, reduce plastic and review national initiatives to support sustainability in IPC.
- Five Moments of Hand Hygiene - Campaign to educate staff and ensure adherence in practice.
- Normothermia - To reduce surgical Site Infections, implement NICE Guidance QS49 'Surgical Site Infection' Quality Standard 3: Patient Temperature and NICE Guidance CG65 'Hypothermia: Prevention and Management in Adults having Surgery'

Top Successes of 2024:

- UKHSA SSISS infections rates for hip arthroplasty remain within statistical variation limits for both lower and upper national benchmarks.
- The Yorkshire Clinic achieved ANTT Gold Accreditation.
- Housekeepers completed BISC training.
- Ward 2 refurbishment completed.
- >95% compliance to Infection Prevention training inc. Hand Hygiene assessment.
- Increased sepsis, antimicrobial and antibiotic awareness through training audit.
- Implementation of the Patient Incident Response Framework to support the investigation of infections with focus on MDT reviews and patient involvement.
- Decontamination Sterile audit achieved 98% compliance.
- Decontamination Endoscopy audit achieved 97% compliance.
- PLACE - Patient Lead Assessment of the Care Environment November 2024, Cleanliness Score 99.63%
- Education and lunch and learn sessions provided on key topics as below to raise staff awareness on fundamental Infection Prevention and Control:
 - Environmental cleaning
 - Sepsis
 - Hand Hygiene
 - One together programme
- IPC lead in 2024 completed the Infection Prevention Control (level 7), this module ran in partnership with Leeds Teaching Hospitals NHS Trust.
- Out-Patient Sister achieved qualification in 'Tissue Viability'

Hand Hygiene:

Hand hygiene remains the most contributory factor to transmitting microorganisms to the environment and to patients through indirect and direct contact. The correct hand hygiene technique decreases the microbe count on healthcare staff's hands and the environment, by reducing the bacterial count in the environment we reduce the infection risk and overall healthcare costs, length of stays, and ultimately, reimbursement.

During 2024, all staff at The Yorkshire Clinic received training and education on effective hand hygiene, part of the training included a 'hand washing assessment using UV hand light, all staff receive a 5-moment hand hygiene care training and are provided with 5-moment hand hygiene card to remind/prompt staff of the 5 moments of Hand hygiene.

Additionally, staff stepped into the virtual reality through the VR headset. Staff took part in delivering care to patients and carrying out hand hygiene correctly. The training room was also set up as a clinical area and high touch points were contaminated with florescent powder, staff had to use the UV torch to identify the frequent touch points to win prizes.



Our Hand Hygiene Technique Training Compliance was 99.88% in March 2025

Aseptic Non-Touch Technique (ANTT) training remains mandatory for all clinical staff in line with competency assessments and any changes in the ANTT protocol. During 2019, Ramsay purchased the most current ANTT programme from ANTT.org which includes access to any future updates made by the organisation. ANTT practice is a requirement of the Health and Social Care Act and actions to ensure compliance will be carried forward into the Annual 2023 plan.

In 2024, the Yorkshire Clinic were awarded **Gold Accreditation** following successful submission of training and quality assurance around ANTT practices.



Awarded to:

Ramsay Health Care UK – The Yorkshire Clinic

Continuation of the ANTT standard remains a focus in 2025, to ensure 100% training compliance across all clinical departments and completion of monthly ANTT audits.

ANTT E-learning was mandated through Workday, and compliance was monitored by each head of department and reported at IPC Committee meetings. Each IPC links in clinical departments work hard to drive ANTT to keep the competency compliance high. In 2024, the IPC links completed ANTT audits monthly to observe practice.

ANTT Trainers in Departments:

- IPC Nurse
- Theatre
- Diagnostics
- Angiography
- Ward
- Outpatients

ANTT Competency assessment compliance score was at 99% in March 2025

Learning from Incidents:

Wound Care Leaflet with QR code

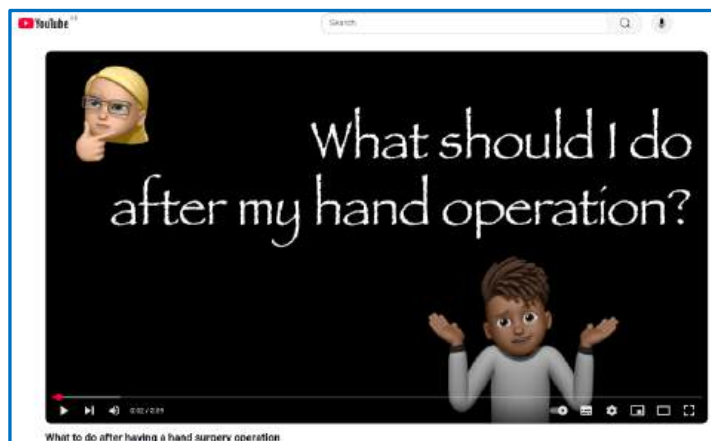
Following a review of superficial infections in Hip and Knee Arthroplasty patients post-discharge, we identified patients were changing their dressings when there was no clinical requirement. This was due to patient's 'assuming' any leakage onto a dressing may be an infection.

Working with a patient focus group a wound care leaflet was developed to provide specific discharge advice for when patients go home after a joint replacement. Additionally, a QR code was developed as a sticker that is applied to the patients wound dressing so patients can scan the code on their smart phone which then takes them to the joint replacement leaflet. The leaflet outlines what the healing process of a wound and what an infected wound may look like and action to be taken.

Hand Surgery Wound Care:

Following a review of superficial infections following Hand Surgery (Carpel Tunnel) one of our Consultant Orthopaedic Hand Surgeons developed a video to support education and advice for patients on how to care for their wound post-operatively additionally, a wound care leaflet has also been developed in line with the YouTube video to provide patients with written advice.

Link to the video: <https://www.youtube.com/watch?v=pOXAt9xICN4>



Cleaning and Environment:

We continue to undertake quarterly hospital wide environmental walks with the Head of Operations, Maintenance manager, Head of Clinical Services and Infection control lead to highlight any environmental factors that may increase the risk of infection. Additionally, the hospital carries out cleanliness and environment audits as planned within the Ramsay audit schedule.

IPC Environment Infrastructure audit score was 95% in December 2024

Flu Vaccinations:

The Yorkshire Clinic can report a successful staff influenza campaign for 2024/2025 with **80%** of frontline staff being vaccinated. The successful strategy included planned visits to clinical areas including during the evening and at weekends in order to maximise the update of the vaccine.

Infection Prevention and Control Audits undertaken during 2024-2025

The Yorkshire Clinic performed 'objective auditing' to measure compliance of Infection Prevention and Control practices and policy compliance. The audits provided assurance that the training, education and our plans are working to safeguard patients from infections. Audits were performed by auditors who took an objective overview of the criteria, where any audit did not meet >95% compliance, SMART action plans were formulated and actions completed by the Head of Department, IPC Lead, and IPC link.

Infection Prevention and Control Audits undertaken during 2024/2025 achieved average scores of:

Audit	Average Compliance % 2024/2025	Audit	Average Compliance % 2024/2025
Hand Hygiene 5 moments Theatre	99.1%	Dept. Cleaning Audit (49 Steps) OPD	95%
Hand Hygiene 5 moments The Lodge	100%	Dept. Cleaning Audit (49 Steps) Ward 2	99.9%
Hand Hygiene 5 moments Radiology	96.4%	Dept. Cleaning Audit (49 Steps) Pre-Assessment	98.3%
Hand Hygiene 5 moments Ward	94.1%	Dept. Cleaning Audit (49 Steps) Physio	93.7%
Hand Hygiene 5 moments Ward 2	98.5%	Dept. Cleaning Audit (49 Steps) Endo	92.1%
Hand Hygiene 5 moments Angio/Minor Ops	99.3%	Dept. Cleaning Audit (49 Steps) Angio/Minor Ops	96%
Hand Hygiene 5 moments Endo	100%	Dept. Cleaning Audit (49 Steps) MRI	93.6%
Hand Hygiene 5 moments MRI	99%	Dept. Cleaning Audit (49 Steps) Theatres	95.1%
Hand Hygiene 5 moments Physio	100%	Dept. Cleaning Audit (49 Steps) Ward	90.9%
Hand Hygiene 5 Moments OPD	100%	Dept. Cleaning Audit (49 Steps) Decontamination	88%
Hand Hygiene 5 moments OPD	100%	Dept. Cleaning Audit (49 Steps) Pharmacy	93.1%
IPC Governance and Assurance	95.7%	IPC Environment-Infrastructure	93.3%
IPC Management of linen	92.7%	Surgical Site Infection	98.9%
Sharps	96.7%		

Although, Decontamination scored on average 88% in April, June and July 2024 we saw a marked improvement in August and October with scores above 95.0%.

IPC Lead Completed the Infection Prevention Control (level 7) Module

IPC Lead in 2024 successfully completed the Infection Prevention Control 3-month Study at Level 7, this module ran in partnership with Leeds Teaching Hospitals NHS Trust.

Module content covered:

- Sources and transmission of infection, host susceptibility and antimicrobial agents in relation to control and prevention of infection.
- Critically evaluate current infection control practice, considering the impact on patients, staff and carers/visitors.
- Analyses the importance of leadership and change management in implementing evidence-based practice in the prevention and control of infection.
- Use electronic clinical knowledge databases to locate, access and critique current best evidence on infection control and prevention practice.

The British Institute of Cleaning Science (BICS)

Members of the housekeeping team successfully completed The British Institute of Cleaning Science (BICS) Cleaning Programme in 2024. The aim in 2025 will be to successfully roll out the BICS training programme to all housekeeping team members to improve and maintain cleanliness standards and the efficiency of cleaning methods to reduce the burden of micro-organisms in the environment that can potentially cause health care associated infections.

3.2.2 Cleanliness and hospital hygiene

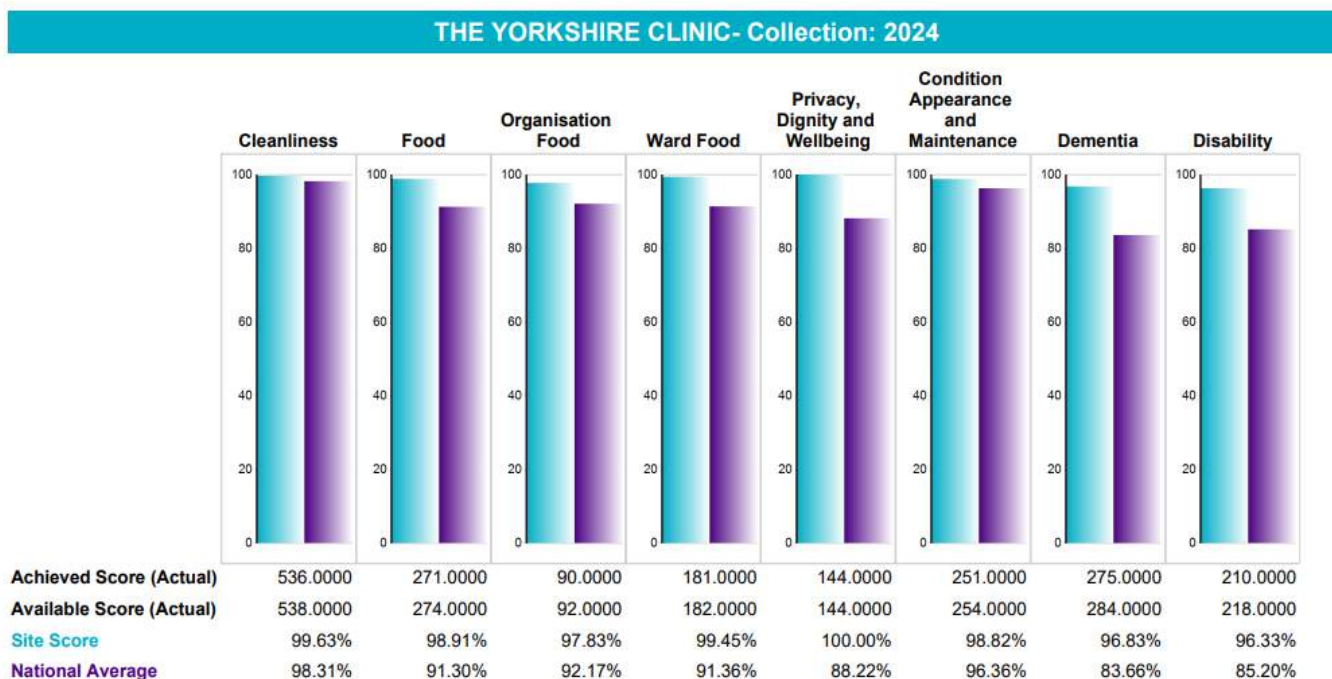
Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

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

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

The Patient Led Audit of the Care Environment (PLACE) at The Yorkshire Clinic was undertaken November 2023.

The Yorkshire Clinic scored above national average in every assessment criterion.



3.2.3 Safety in the Workplace

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

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

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

In 2025, the Ramsay Group made a significant change by transitioning the Health, Safety, and Facilities audit process to Tendable. This move was aimed at improving the efficiency and effectiveness of their auditing procedures. Instead of conducting one large, comprehensive audit in a single month, the Ramsay Group decided to break the audit into separate headings, each focusing on specific aspects of health, safety, and facilities management.

These headings were designed to cover different areas of the audit each month, ensuring a thorough and detailed examination of each aspect over the course of a year.

By spreading the audits over a 12-month period, The Yorkshire Clinic can address issues more promptly and implement improvements in a timely manner. This method also provided the opportunity for ongoing monitoring and adjustments, leading to better overall management of health, safety, and facilities within the organisation.

- Health & Safety – Fire Safety = 90.9%
 - Areas of improvement identified from this audit included ensuring an out-of-hours/weekend fire drill has been completed with 12-months, this has since been scheduled by our Health and Safety Lead. Ensuring a night-time fire drill has been undertaken in the last 12-months, this has again been scheduled by our Health and Safety Lead.
- Health & Safety PUWER/LOLER = 100%
- Health & Safety Management = 100%

In September 2023, The Yorkshire Clinic were successfully recertified for compliance with Information security ISO27001 following an in-depth audit. ISO27001 is the International Standard describing best practice for Information Security Management.

Additional training in COSHH awareness both knowledge based and practical use of chemical spill kits has been undertaken to further safeguard patients and staff.

Staff awareness in the safe use, transport and storage of medical gases both e-learning and practical face to face training has been delivered to all clinical staff. We have introduced the e-learning training on conflict resolution to enhance safety for our staff.

We have invested in our hospital to enable the safety of our patients and services, keeping our facilities up to date. During 2024/2025 we made investments in the following areas:

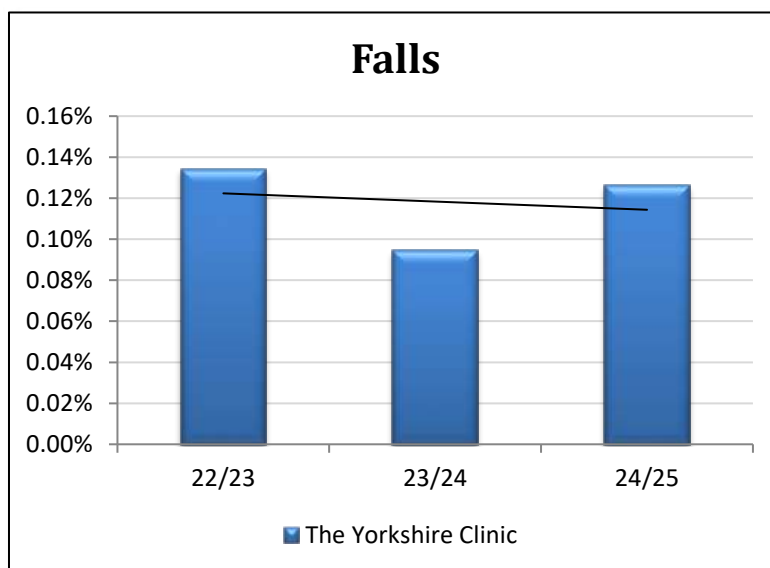
- The installation of 3 new Hot Water Calorifiers in the boiler house, this will ensure a continuous supply of hot water in our hospital.
- The refurbishment of 19 bedrooms on Ward 2 to meet health and safety regulations while also enhancing the overall experience for our patients.
- The replacement of our Angiography/Cath Lab equipment along with a refurbishment of the department.
- HEPA filter replacement in theatres 4 & 5 to maintain sterility.
- The removal of our Nitrous Oxide pipeline to enhance our sustainability efforts.

Falls:

We have seen a marginal increase in our falls in 24/25 however this is still a decline since 22/23, this is a result of the work completed by our 'Falls Group' who have introduced patient information to support 'Falls Prevention', we have also set up a Physiotherapy class focused on preventing falls, this is attended by our Hip and Knee patient pre-admissions. The programme is called 'Stay Safe, Stand Strong'.

We will further decrease the number of falls by utilising the PSIRF thematic analysis process. This involves conducting thorough reviews on all falls within a specific data period. By meticulously analysing each incident, we will identify key learnings and insights. These findings will then be used to implement targeted actions and interventions aimed at preventing future occurrences.

Our goal is to create a safer environment and continuously improve our processes to minimise the risk of falls.



Rate per 100 discharges.

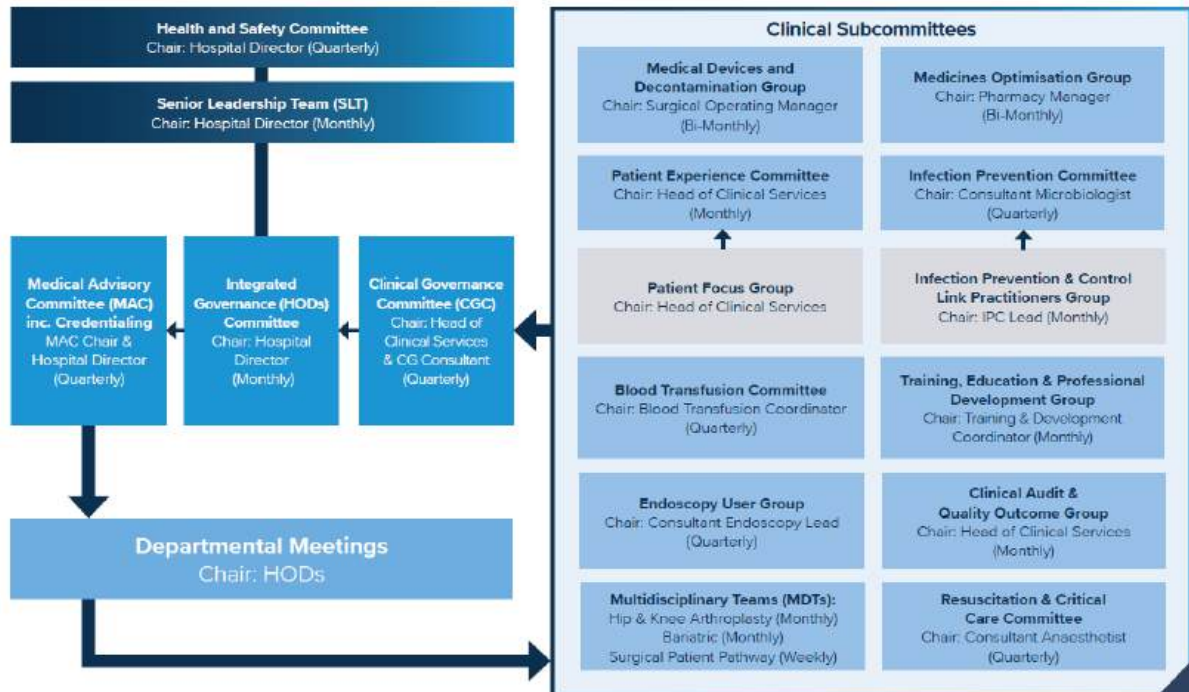
3.3 Clinical Effectiveness

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

The Clinical Governance framework below:

- Provides assurance that The Yorkshire Clinic has an effective and responsive structure in place for Clinical Governance, which is supporting the organisation's programme for quality improvement and informing the Board about quality and performance.
- Provides assurance that The Yorkshire Clinic has effective processes in place for quality improvement in clinical services. In turn continuously monitoring safety and quality of care.
- Provides focus on accountability arrangements, strategic planning, reporting and communication.

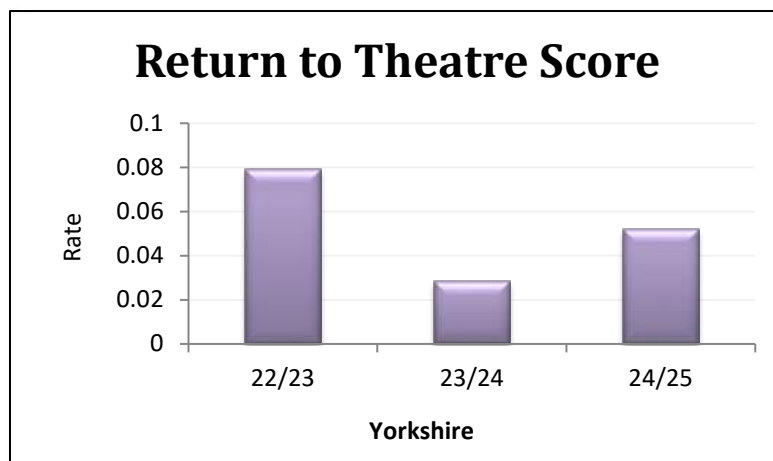
The Yorkshire Clinic Our Integrated Governance Accountability Structure

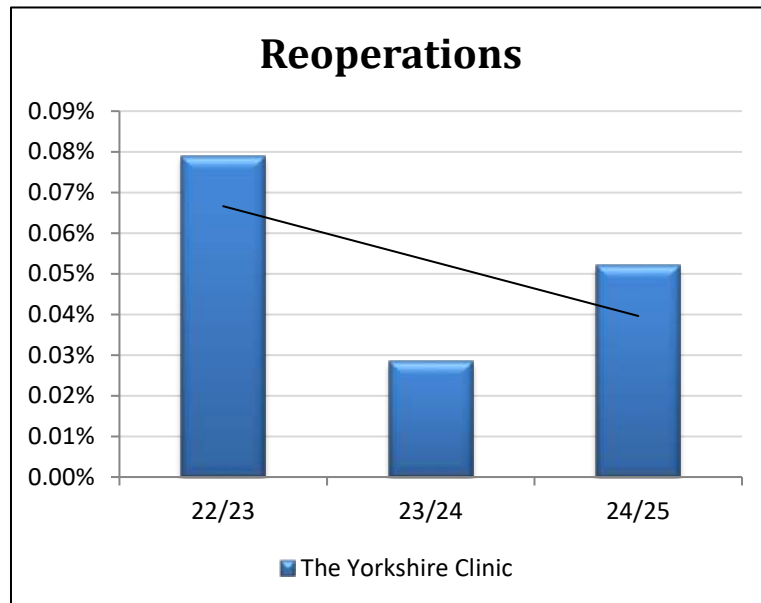


Public Information

The Yorkshire Clinic
Part of Yorkshire Health Care

1.3.1 Return to Theatre





Rate per 100 discharges

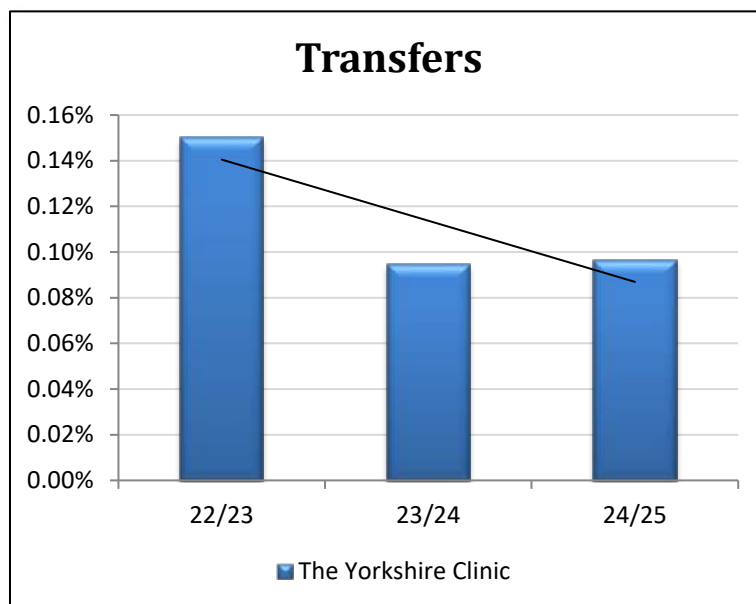
The Yorkshire Clinic is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for complications is an important measure.

The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team.

The graph above shows that our return to theatre rate has marginally increased in 2024-2025 compared with 2023-2024 however has decreased since 2022-2023, this was as a result of ensuring every return to theatre was captured and monitored to identify any trends; we report every return to theatre on our RADAR incident reporting tool and investigate to ensure we can assure ourselves that all risks were minimised to prevent patients return to theatre. In the reported cases for 2024-2025 we did not find any trends for patients return to theatre in this reporting period, all cases were individual, related to patient's risk factors or unexpected complications. There were no themes with regards to surgeons or specialities. Consent forms reflected discussion by the surgeon with the patients with regards to the risks of re-operation.

We are committed to continuous monitoring and learning to identify areas for improvement and to prevent any returns to the theatre.

Transfers



Rate per 100 discharges:

We have seen a marginal increase by 0.01% in the number of transfers in the period 24/25 when compared to 23/24, however we can see a marked decrease in the number of transfers for 24/25 compared with 22/23. This was a result of focused work carried out to ensure we prepare our patients safely for surgery. All patients undergo a robust pre-assessment process and anaesthetic assessment ensuring they are fully optimised for surgery which reduces the risk of complications and subsequent transfers for higher level of care.

3.3.2 Learning from Deaths

In the reporting period, 1st April 2024- 31st March 2025 there were **no unexpected deaths** reportable in this quality account at the Yorkshire Clinic.

3.3.3 Staff Who Speak Up

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

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

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

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

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

100% of staff at The Yorkshire Clinic have completed the 'Speak Up for Safety' Training.

The Ramsay UK- Freedom to speak up guardian is Angela Evans, Chief Customer Officer

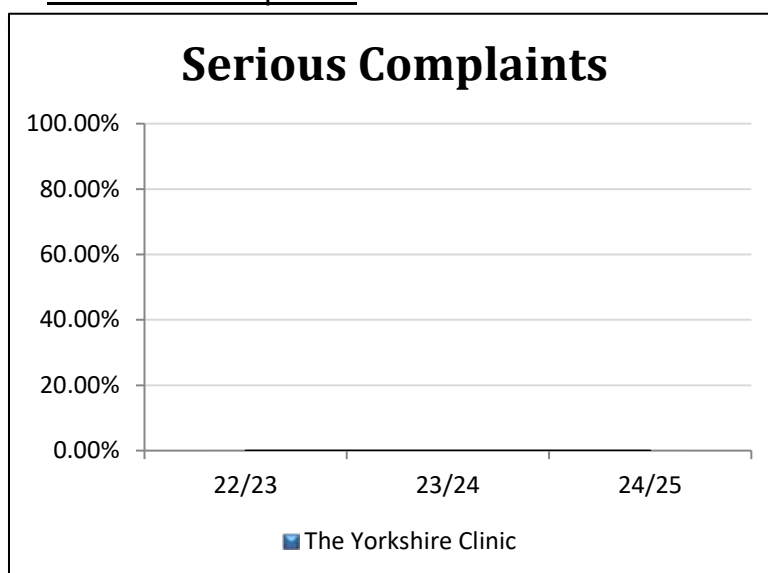
3.4 Patient Experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised, and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also fed back to the relevant staff using direct feedback. All staff are aware of our complaint's procedures should our patients be unhappy with any aspect of their care.

There have been no serious complaints at The Yorkshire Clinic in the last 3 years.



Rate per 100 discharges.

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

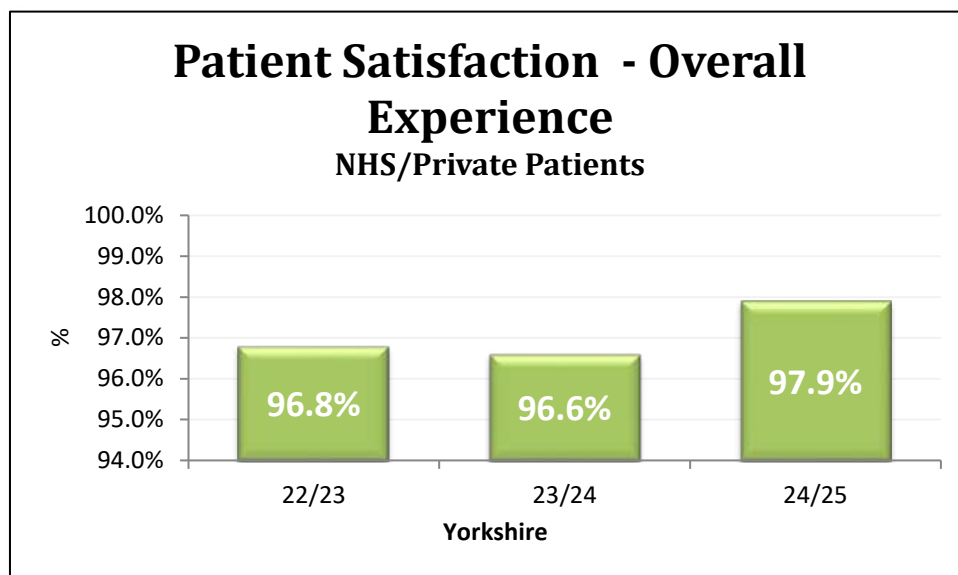
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web-based invitation
- 'Cemplicity' 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

Patient Satisfaction Surveys

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 comments made by patients on their survey are sent as 'hot alerts' to the Hospital Director within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



The table above shows the Patient Satisfaction score from 2024-2025 has increased by 1.3% when compared to 2023- 2024.

The table shows our patient feedback on their 'overall experience' with us at The Yorkshire Clinic.

The % scores represent our patient's feedback, the number of people who have had a good / very good experience at The Yorkshire Clinic.

We have consistently maintained above Ramsay UK average score. Ramsay UK average 94%, The Yorkshire Clinic >96%

The increase in Patient Satisfaction score by 1.3% from 2023-2024 to 2024-2025 can be attributed to several key factors:

- **Enhanced Patient Experience:** The Yorkshire Clinic implemented new initiatives aimed at improving the overall patient experience. This included

better communication, more personalised care, and quicker response times to patient needs.

- **Staff Training:** There was a significant investment in staff training programs to ensure that all employees were equipped with the skills and knowledge to provide high-quality care. This led to more competent and confident staff, which positively impacted patient satisfaction.
- **Facility Upgrades:** The Yorkshire Clinic undertook several upgrades to its facilities, making them more comfortable and accessible for patients. These improvements contributed to a better overall experience for patients during their visits.
- **Feedback Mechanisms:** Enhanced feedback mechanisms allowed patients to voice their concerns and suggestions more effectively. The clinic used this feedback to make targeted improvements, which were reflected in the increased satisfaction scores.

We value patient feedback as this enables us to learn and continually look at ways in which we can tailor care and services to meet individual patient's needs.

The Yorkshire Clinic continues to provide Customer Service Excellence Training to all our hospital staff. The training focuses on the patients experience and how we can '**go the extra mile**'. Care, Compassion, Confidence and Competence are key to how we interact with our patients. Every patient is treated as an individual and we strive to personalise the care we provide to meet their needs.

We review all our patient feedback through our 'Patient Experience Group'. This group is made up of members from all our hospital departments Clinical and operational. The aim of the group is to review all our patient feedback and continually learn and change practices by acting on the feedback from our patients as follows:

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

3.5 Patient Story

Patient after having a Total Hip Replacement at The Yorkshire Clinic.



"I am an active 75-year-old living in Yorkshire and I had a Total Hip Replacement at The Yorkshire Clinic in August 2024.

I have been retired for 10 years now, I live with my wife and have three grown children and several grandchildren. My hobbies include clay pigeon shooting, air rifle shooting, fly fishing, motorcycling, and my wife and I enjoy our classic sports car. I also stay active by walking my daughter's golden retriever. Until my late 50s, I played squash and badminton weekly, only stopping due to the onset of hip issues, initially struggling with movements like running backward on court.

Over the years my pain level increased and with physiotherapy providing minimal relief, I booked a consult with an Orthopaedic Surgeon at The Yorkshire Clinic. After reviewing X-rays and assessing the severity of the degeneration, the consultant recommended a total hip replacement. I chose to attend The Yorkshire Clinic as it's local to me and has an excellent reputation. Following the consultant's advice, I was added to the list for surgery and then underwent a successful total hip replacement. From start to finish my experience was exemplary, everything was first class. From the receptionist's welcome to the nursing staff and the cleaners, everyone was so polite and helpful. From the start the consultant gave me a sense of confidence, very pleasant and direct to the point he really made me feel at ease. I felt totally confident in his abilities, and I was proven right!

Having a new hip has improved my life enormously. From being able to put my socks on, to walking without pain. My hobbies have now come back into focus and I'm able to enjoy playing, (and babysitting), with my grandchildren. My wife and I can now enjoy going out together much more. We're no longer restricted to what we can do. I would advise anyone thinking about getting the same procedure to go for it!

My experience was astonishing, I have to thank my consultant, his team and the nursing staff at The Yorkshire Clinic."

3.6 Our Achievements (2024/2025):

- **Aquablation** therapy minimally invasive treatment for enlarged prostate (BPH). It uses the precision of robotic technology and the power of water to provide long-lasting relief of BPH (benign prostatic hyperplasia) symptoms.



- **ANTT Gold accreditation**
Standard for safe aseptic technique



- **NJR Certificate of Quality Data Collection 100% GOLD** for commitment to patient safety by the National Joint Registry, after successfully completing a national programme of local data audits.



- **Blood Safety and Quality Regulations (BSQR) 2005 audit conducted in 2024 – 100%**
- **No Never Events.**
- **Same day discharge (Day Case) following Hip and Knee Surgery.**
- **JAG Re-accreditation** – The Yorkshire Clinic gained an immediate pass with no actions or recommendations identified by the auditor.



- The Yorkshire Clinic annual **Safeguarding** report 2022 and plan 2023 feedback from ICB- Positive feedback on the ongoing work and plan to improve safeguarding knowledge, practice and embedding a culture where staff understand that safeguarding is everyone's business.
- **Crash Call System** - The Yorkshire Clinic has a fully integrated Crash Call System, this includes connection to The Lodge building. With the Lodge being fully integrated into the Main System the Crash Call System has been removed from The Yorkshire Clinic Risk Register.
- **Professional Nurse Advocate** - The Yorkshire Clinic welcomed their first Qualified Professional Nurse Advocate (PNA) in April 2024, workshops were scheduled to inform staff of what they can expect from the role. The role of the nurse advocate is to impart restorative supervision and

advocate for the nurses we support. It is not clinical or management supervision, it is to support nurses within the role we are working.

The PNA aims to empower staff to find the tools to support themselves in challenges they may face in practice or for development of their own careers.

- **Home Office Controlled Drugs Audit** 16th July 2024 - The inspector was pleased with their findings around CD management - Immediate pass 100% compliance.
- **Wound care advice** – Post-discharge wound management QR code for hip and knee arthroplasty patients. The QR code is placed on the patients surgical wound dressing to support patients monitor there wound and report any signs of infection.



- Three members of the Housekeeping Team have successfully completed BICS training.



- The Yorkshire Clinic Elective Surgery Admission Inclusion/Exclusion Criteria - approved by Consultant Anaesthetists/ Clinical Governance Committee and MAC.

Appendix 1

Services covered by this quality account

Regulated Activities – The Yorkshire Clinic and The Lodge

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Breast care, Cardiology, Cosmetics, Dermatology, Ear, nose and throat (ENT), Fertility clinic, Gastroenterology, General medicine, Gynaecology, Haematology, Nephrology, Oncology, Ophthalmology, Orthopaedic medicine, Pain management, Pathology Services, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Bariatrics, Breast surgery, Colorectal, Cosmetics/plastics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Nephrology, Ophthalmic, (including Cataract surgery, injection of Lucentis, ARGON & YAG laser, ALT & SLT laser and OCT assessment) Oral maxillo facial, Orthopaedic, Urology, Vascular Weight loss	All adults 18 yrs and over excluding: Patients with blood disorders (haemophilia, sickle cell, thalassaemia) Patients requiring renal dialysis Patients with history of malignant hyperpyrexia •Patients who are likely to need level 2 or 3 critical care support immediately post operatively.- (Based on the Intensive Care Society 'Levels of care for Adult patients'). •Patients who are above a stable ASA 3. •Patients with serious mental health illness All patients will be individually risk assessed prior to admission and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection, Visual fields. x-ray, Ultrasound, MRI, CT, Fluoroscopy, mammography, ECG, echocardiography, lung function, spirometry, allergy testing, OCT for AMD	All adults 18 yrs. and over.
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	

Appendix 2

Clinical Audit Programme 2024/25

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. "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.

Ramsay Health Care UK - Clinical Audit Programme 2024-2025

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ambulatory Care/Ward 2	Ambulatory Care/Ward 2	Monthly	Month end
Hand Hygiene observation (5 moments)	Angio/Minor Ops	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	Endoscopy	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	Lodge	Lodge	Monthly	Month end
Hand Hygiene observation (5 moments)	MRI/CT/Radiology	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	Out patients	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	Physio	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	Ward	ward		
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September
IPC Environmental infrastructure	IPC	Whole Hospital	October to December	End of December
IPC Management of Linen	Ward	Ward/whole hospital	August, February	End of August End of February
Sharps	IPC	Whole Hospital	August, December, April	Month end
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	Month end

50 Steps Cleaning (FR2)	Ambulatory Care/Ward 2	Ambulatory Care/Ward 2	Monthly	Month end
50 Steps Cleaning (FR2)	Ward	Ward	Monthly	Month end
50 Steps Cleaning (FR2)	Angio/Minor Ops	Angio/Minor Ops	Monthly	Month end
50 Steps Cleaning (FR2)	Endoscopy	Endoscopy	Monthly	Month end
50 Steps Cleaning (FR2)	Lodge	Lodge	Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly	Month end
50 Steps Cleaning (FR2)	POA	POA	Monthly	Month end
50 Steps Cleaning (FR4)	MRI/CT	Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR5) - (Patient facing - receptions, waiting rooms and corridors)	SLT	Whole Hospital	July to September	End of September
50 Steps Cleaning (FR6) - (non pt facing - offices, stores and training rooms)	SLT	Whole Hospital	July to September	End of September
Peripheral Venous Cannula Care Bundle	Endoscopy	Endoscopy/ whole hospital	July to September	End of October
Peripheral Venous Cannula Care Bundle	MRI/CT	Radiology/ whole hospital	July to September	End of October
Peripheral Venous Cannula Care Bundle	Theatres	Theatres/ whole hospital	July to September	End of October
Peripheral Venous Cannula Care Bundle	Ward	Ward/ whole hospital	July to September	End of October
Urinary Catheterisation Bundle	Ward	Ward/ whole hospital	October to December	End of December
Urinary Catheterisation Bundle	Theatres	Theatres/ whole hospital	October to December	End of December
Patient Journey: Safe Transfer of the Patient	Ward (going to Whole hospital)	Ward (going to Whole hospital)	August, February	Month end
Patient Journey: Safe Transfer of the Patient	Angio/Minor Ops (going to Whole hospital)	Angio/Minor Ops (going to Whole hospital)	August, February	Month end

Patient Journey: Safe Transfer of the Patient	Endoscopy (going to Whole hospital)	Endoscopy (going to Whole hospital)	August, February	Month end
Patient Journey: Safe Transfer of the Patient	Lodge(going to Whole hospital)	Lodge(going to Whole hospital)	August, February	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline
Patient Journey: Intraoperative Observation	Angio/Minor Ops	Angio/Minor Ops	August/September February/March (if required)	End of September No March deadline
Patient Journey: Intraoperative Observation	Endoscopy	Endoscopy / theatre	August/September February/March (if required)	End of September No March deadline
Patient Journey: Intraoperative Observation	Lodge	Lodge	August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)	End of December No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Angio/Minor Ops	Angio/Minor Ops	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Endoscopy	Endoscopy	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Lodge	Lodge	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	July to September January to March	End of September End of March
NatSSIPs Stop Before You Block	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Prosthesis	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Prosthesis Added Oct 24	Lodge	Lodge /theatre		
NatSSIPs Swab Count	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Swab Count added Oct 24	Angio/Minor Ops	Angio/Minor Ops/theatres	July/August January/February	End of August End of February
NatSSIPs Swab Count	Lodge	Lodge /theatres	July/August January/February	End of August End of February
NatSSIPs Instruments	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Instruments added Oct 24	Angio/Minor Ops	Angio/Minor Ops	October to December April to June	End of December End of June
NatSSIPs Instruments	Lodge	Lodge /theatres	October to December April to June	End of December End of June

NatSSIPs Histology	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Histology	Angio/Minor Ops	Angio/Minor Ops/ theatres	October to December April to June	End of December End of June
NatSSIPs Histology	Endoscopy	Endoscopy/ theatres	October to December April to June	End of December End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	August/September February/March	End of September End of March
Duty of Candour	SLT	Whole Hospital	August/September February/March	End of September End of March
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month end
Privacy & Dignity	Ward	Ward	November/December (as required)	No deadline
Privacy & Dignity	Lodge	Lodge	November/December (as required)	No deadline
Essential Care: Falls Prevention	HoCS	Whole Hospital	September / October (as required)	No deadline
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September / October	End of October
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of month
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Surgery	Angio/Minor Ops	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Surgery	Endoscopy	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Surgery	Lodge	lodge	July to September January to March	End of September End of March
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March
Medical Records - Bariatric Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March

Medical Records - Pre-operative Assessment	POA	POA	July to September January to March	End of September End of March
Medical Records - MRI/CT	MRI/CT/Radiology	Radiology	July to September January to March	End of September End of March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March
MRI Reporting for BUPA	MRI/CT	Radiology	July, November, March	Month end
CT Reporting for BUPA	MRI/CT	Radiology	August, December, April	Month end
No Report Required	Radiology	Radiology	August, February	Month end
MRI Safety	MRI/CT	Radiology	January, July	Month end
CT Last Menstrual Period	MRI/CT	Radiology	July, October, January, April	Month end
Bariatric Services	Bariatric Services	Whole Hospital	July to September January to March (as required)	End of September No deadline
Safe & Secure Pharmacy	Pharmacy	Pharmacy	July to September January to March	End of September End of March
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March	End of September End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September January to March	End of September End of March
Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March	End of September End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March	End of September End of March
Prescribing, Supply & Administration (previously Medoical Prescribing)	Pharmacy	Pharmacy	October to December April to 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 (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March	End of March
Dept Governance (Ambulatory care and Ward)	Ambulatory Care/Wards	Ambulatory Care/Wards	October to December	End of December
Dept Governance (Angio/Minor Ops)	Angio/Minor Ops	Angio/Minor Ops/ theatres	October to December	End of December

Dept Governance (Endoscopy)	Endoscopy	Endoscopy/theatres	October to December	End of December
Dept Governance (Lodge)	Lodge	Lodge/theatres	October to December	End of December
Dept Governance (MRI/CT/Radiology)	MRI/CT	Radiology	October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres	October to December	End of December
Dept Governance (Physio)	Physio	Physio	October to December	End of December
Dept Governance (OPD)	Outpatients	Outpatients	October to December	End of December
Safeguarding	SLT	Whole Hospital	December	Month end
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	No deadline
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required	No deadline
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	End of month
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of month
Health & Safety Fire Safety	Ops Managers	Health & Safety	January and July	End of month
Health & Safety Legionella	Ops Managers	Health & Safety	February and August	End of month
Health & Safety PUWER/LOLER	Ops Managers	Health & Safety	March	End of month
Health & Safety Management	Ops Managers	Health & Safety	April	End of month
Health & Safety Moving and Handling	Ops Managers	Health & Safety	May	End of month
Health & Safety Work at Height	Ops Managers	Health & Safety	June	End of month
Health & Safety Slip Trips and Falls	Ops Managers	Health & Safety	Sep-25	End of month
Health & Safety COSHH	Ops Managers	Health & Safety	Oct-25	End of month
Health & Safety Electrical Safety	Ops Managers	Health & Safety	Nov-25	End of month
Health & Safety Violence at work	Ops Managers	Health & Safety	Dec-25	End of month
ANTT Standard	Ward	Whole Hospital	Monthly by ICP links	End of month
ANTT Standard	Physio	Whole Hospital	Monthly by ICP links	End of month
ANTT Standard	OPD	Whole Hospital	Monthly by ICP links	End of month
ANTT Standard	Diagnostics	Whole Hospital	Monthly by ICP links	End of month
ANTT Surgical	Theatres	Theatres	Monthly by ICP links	End of month
ANTT Surgical	Angio/Minor ops	Theatres	Monthly by ICP links	End of month

ANTT Surgical	Endoscopy	Theatres	Monthly by ICP links	End of month
ANTT Surgical	Lodge	Theatres	Monthly by ICP links	End of month

The Yorkshire Clinic - Local Audit Programme 2024-2025		
Audit	Department Allocation / Ownership	Frequency
Pause & Check	Diagnostics	Quarterly
CTC Quality Check	MRI/CT	Annually
Comfort Score	Endoscopy	10 Monthly
Waiting time	Endoscopy	6 Monthly
PCCRC	Endoscopy	6 Monthly
Fluid Balance	Resus Lead	Monthly
Crash Team Assembly	Resus Lead	Monthly
Crash Trolley	Resus Lead	Monthly
Normothermia	IPC Lead	Quarterly
Bed Rail	Ward Sister	Quarterly
NEWS 2 Chart	Resus Lead	Monthly
Antimicrobial HAPPI Audit	Pharmacy	Monthly
Prophylactic Antimicrobial Prescribing Audit	Pharmacy	Quarterly
Outpatient Abx Audit	Pharmacy	Quarterly
Pain Management Audit	Ward Sister	Monthly
IP Society Decontamination	CSSD	Annually (February)
Octenisan Wash & Nasal Gel Audit	Outpatients	Monthly
Theatres: Start and Finish Times	Theatres	Monthly
VTE audit - Ward & POA	Ward / OPD	Monthly
BAS Referral Audit - POA	POA	Monthly

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC20	Code for The Yorkshire Clinic 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

The Yorkshire Clinic 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.

For further information, please contact:

The Yorkshire Clinic
Bradford Road
Bingley
BD16 1TW
01274 550600
www.theyorkshireclinic.co.uk