



One Hatfield Hospital Quality Account

2022 – 2023



Welcome to One Hatfield Hospital

Statement from Claire Armstrong - Hospital Director, Claire McGauran – Director of Clinical Services and Brenda Corby – Group Clinical Director

One Hatfield Hospital opened in December 2017 and has recently completed year 5 of an estimated 7-8 years to achieve 'mature' private volumes (Mansfield Advisors November 2018). One Hatfield Hospital is part of One Healthcare Partners, established in July 2014 to develop and operate modern purpose-built private hospital facilities. One Healthcare is part of the Fern Trading group and is advised by Octopus Healthcare, a leading UK healthcare property investor, developer and manager of healthcare properties. Octopus Healthcare is part of the Octopus Group that invests in and develops properties as well as creating partnerships to deliver innovative healthcare facilities to improve the health and wellbeing of the UK.

One Hatfield Hospital is an 18 bedded elective inpatient unit located on Hatfield Business Park, offering a full range of surgical procedures and treatments. The hospital also provides specialist physiotherapy and outpatient diagnostic facilities including fast-track access to X-ray, MRI, ultrasound, and access to CT. It is ideally located just a short distance from the M25 and A1M motorways, ideally located for patients in Hatfield, St Albans, Stevenage, Watford, North London and throughout Hertfordshire and Bedfordshire.

We have now moved from being new and highly entrepreneurial and reactive, to one that has established its position within a competitive marketplace. We are viewed as having high clinical standards with excellent outcomes, providing an inclusive and enjoyable culture, one preferred over local competitors. Our focus and vision is to continue to develop on the foundations put in place and create the 'One' Hospital of choice in the local area for staff, consultants and patients. Our feedback throughout the last year has supported this vision, with excellent scores month on month from our patients in both Inpatient and Outpatient settings.

Our Paediatric Outpatient services were unavoidably paused from June 2022 due to staffing constraints, however April 2023 has seen the reopening of this service. There is now a dedicated child friendly area, with Paediatrician and GP specialist services available to our younger patients.

2022/23 has been a year of challenges, with emphasis on maintaining a safe environment for both our Staff and patients with adherence to the changing guidelines around Covid 19. One Hatfield Hospital has navigated this journey with advice from IHPN , and also our NHS locally and nationally.

This past year has seen some important additions to our Senior and Quality teams. Our new Quality Lead started in July 2022, who has embraced the role providing detailed insight onto our data and safety culture. A new business development team is also in place, tasked with ensuring activity continues to rise in all specialities, whilst providing a link for Consultant's to express any requests or ideas.

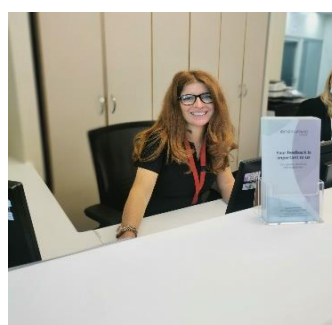
The wider Senior management team has now been in post for close to two years, which has enabled huge steps to have been made generally throughout the Hospital.



About us

Our hospital provides services for the Hertfordshire and West Essex ICB, which serves about 600,000 people registered at 57 GP Practices across east and north Hertfordshire. Through this reporting period One Hatfield Hospital saw in excess of 1860 inpatient and day-care patients.

Our pathways of care strive to provide the best possible care to our patients at every stage of their journey, from diagnosis to recovery. Our dedicated nursing teams and 165 specialist consultants ensure the best treatment available for any patient is promptly delivered.



As the second hospital in the One Healthcare group, the One Hatfield Hospital introduces the latest technology and design features within the facility, aimed at specifically enhancing the patients' experience and perception of the hospital's facilities.

Facilities at One Hatfield Hospital include:



10 Consultation rooms for appointments with specialist Consultants across a range of specialties including Orthopaedics, General Surgery, Urology, ENT, Gynaecology , paediatrics and many more



18 inpatient ensuite bedrooms and 13 bedrooms for day case patients



Dedicated Imaging Suite with MRI, X-Ray and Ultrasound



Comprehensive nurse led pre-assessment services



3 Laminar Flow Operating suites



3 minor treatment suites



Physio Therapy department



Private GP service





Introduction to our Quality Accounts

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

Statement of Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality Account, Directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Hospital's performance over the reporting period;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice;
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- The Quality Account has been prepared in accordance with any Department of Health and Social Care guidance;
- The Hospital will ensure that all the information provided in this report is not false or misleading.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

On behalf of the One Healthcare Board

Des Shiels, CEO  May 2023

One behalf of One Hatfield Hospital

Claire Armstrong, Hospital Director  May 2023

PART 1 – Statement on Quality

Statement from our Chief Executive Officer



On behalf of our Board and staff across the hospital, it gives me great pleasure to introduce the 2022/23 annual Quality Accounts for One Hatfield Hospital. The report explains how we performed against our key quality priorities last year and sets out our priorities for the year 2023/24. We also provide an overview of other key performance indicators including from the perspectives of our patients.

This past year has seen our ongoing response to, and recovery from, the global COVID-19 Pandemic, with business coming back to normal. Our activity levels across all services has seen an overall increase of surgical activity by 10% with outpatient and diagnostic services increases by 2000 patients (10%). Plans were also put in place for the relaunch of our Paediatric outpatient services, which recommenced in April 2023.

We believe how colleagues are treated significantly influences care provision and organisational performance. Our aims are to provide the best care possible to all patients and for all colleagues at One Hatfield Hospital to feel they are supported, included, and listened to. We continue to value the views of our service users, carers, staff and regulators in driving up our quality standards and have successfully improved upon our methods for capturing and responding to feedback during the year. Our annual staff survey told us that despite the pressures, demands and challenges of the last year, 91% of our staff reported that they felt that their role makes a difference to patients/service users.

We continue to receive excellent feedback for our service users through our patient survey with 98.7% of our inpatient and day case patients saying they would be 'Likely' or 'Extremely likely' to recommend us.

During this period, we have continued to foster an open and responsive culture to inform learning and shape practice. For example, our staff are actively encouraged to report incidents and issues when they occur. We look forward to the opportunities that the new Patient Safety Incident Response Framework brings, in improving our engagement with those involved in incidents when they occur and our proportional response when undertaking investigations.

Finally, thank you for taking the time to read our 2022/2023 Quality Account. I hope you enjoy reading this summary of our achievements during this year and the work we have done to improve quality and safety for patients in our hospital.

Des Shiels, CEO/ Chairman



April 2023



Statement from One Hatfield Hospital's Hospital Director



Claire Armstrong, Hospital Director

Welcome to our Quality Account for 2022/23 which demonstrates our continued commitment to delivering high quality care and support for our patients and the NHS. Our Quality account focuses on our performance last year and describes our priorities for 2023/24.

This last year has been a year for One Hatfield where we have looked to develop on the foundations myself and the teams put in place in 2021/22, this includes continued development of our staff and management team to focus on clinical outcomes and performance, our incident reporting culture has continued to increase. We have used our outcome data to really focus our minds and attention on to where we can learn from good practice and share with the wider hospital teams, and where requires focus. I am pleased to see our outcomes remain good for patients and overall above the average against the national and regional picture.

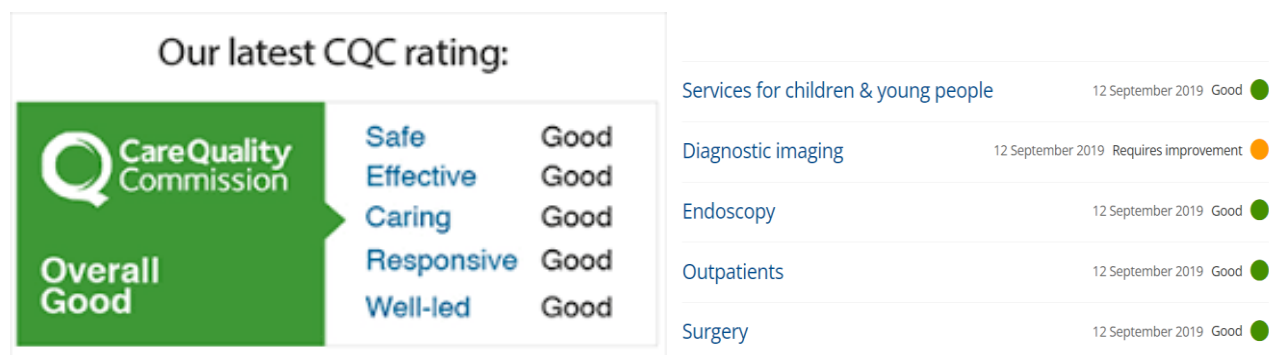
Our engagement with the local ICBS and NHS Trusts has continued to develop, with the addition of pain management and gynaecology services being opened on ERS for local patients. This widens our service offering and ability to support the local community better, and we will continue to look to offer further services to the local community over 2023/24.

Patient feedback and engagement has been a key focus for 2022/23 with our patient feedback continuing to remain positive, 99.5% of our patients rated the overall nursing care as excellent or very good, and 98.7% rated the overall quality of care as excellent or very good. This demonstrates how our teams have really taken onboard our vision and values to ensure our services meet our patient's needs.

All of this will continue into 2023/24 where we will maintain the focus of ensuring we are the 'One' Hospital for staff, consultants and patients.

Regulatory compliance

The Care Quality Commission inspected our service using their comprehensive inspection methodology on 28 June, 2 and 3 July 2019. They also carried out an unannounced visit on 15 July 2019 where they revisited surgery, children and young people, outpatients and endoscopy services. The Report was issued in September 2019.



As outlined in the 2021-22 Quality Accounts, we have had a comprehensive action plan in place since the last CQC Inspection and all key 'must do' actions have now been completed. This past year has seen further progress, with regular interaction with CQC and local ICB.

Quality Account Review

This account has been reviewed and approved by the following:

- ✓ Mr Des Shiels, Group Chairman
- ✓ Mrs Claire McGauran, Director of Clinical Services and Quality and Governance Committee Chair
- ✓ Mr Steven Luttrell, Group Medical Chairman
- ✓ Mrs Brenda Corby, Group Clinical Director/ Chief Nursing Officer
- ✓ Mr Nick De Roeck, Medical Advisory Committee Chair (Consultant Orthopaedic Surgeon)

Patient safety and the quality of services remain the most important foundation for our current and future plans

PART 2 - Quality Priorities

Priorities for improvement

A review of priorities 2022/23 (looking back)

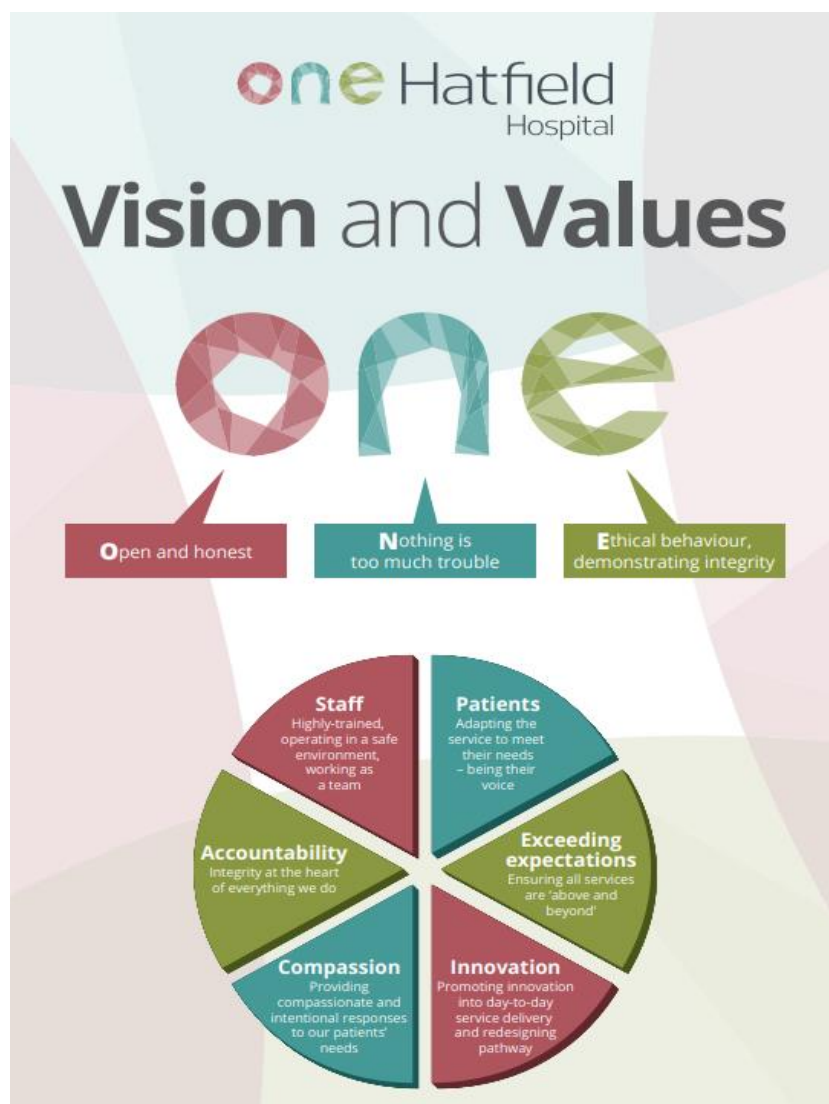


On an annual cycle, One Hatfield Hospital develops an operational plan to set objectives for the year ahead.

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.

The priorities are determined by the hospital's Senior Management 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 One Hatfield Hospital we want our **Vision and Values** to underpin everything we do.



Here at One Hatfield Hospital we would like our teams to be acknowledged for patient safety and quality of the patient experience that they provide. We relaunched these core values last year, and these are now embedded within our teams and Hospital ethos.

These link closely with One Healthcare's **Strategic Objectives**:

Our patients

- Create a culture of compassion, consistently providing safe, responsive, high quality care
- Maintaining Regulatory compliance

Our people

- Attract, retain and develop our staff, and improve employee engagement
- Providing services by staff who demonstrate our values and behaviours

Our services

- Proactively seek opportunities to develop our services
- Maintain financial health with appropriate investment in patient services

We continue to invest and develop the hospital's approach to governance. Associated reporting frameworks have been enhanced to better reflect potential trends and themes so as to optimise our opportunities to learn from the interrogation of our data, and thereby enhancing the quality of our services. The new hospital level Clinical Effective Forum introduced last year has strengthened the voice of the clinical heads of departments within the hospital, and provided a forum for cross department collaboration and joint learning. Our Corporate Governance Framework enables us to work collaboratively with our Sister Hospital at Ashford, with Cross site Governance providing opportunity for learning from incidents and shared experience.

Audit

Policy

Regulatory compliance

All departments have worked hard to maintain these high standards, with new focus on the new “I” and “we” statements.

Patient Safety Incident Response Framework (PSIRF)



NHS

"The PSIRF represents a significant shift in the way providers respond to patient safety incidents – promoting a more proportionate and effective response for learning and improvement."

Aidan Fowler
National director of patient safety

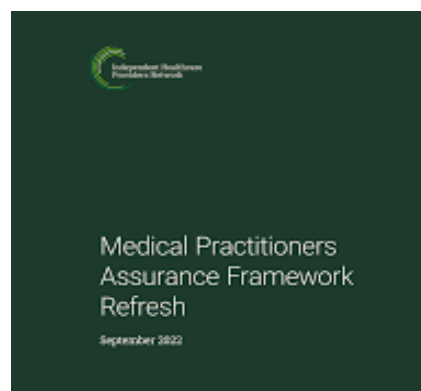
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The PSIRF seeks to move away from a focus on current thresholds for 'Serious Incidents'. There is also a shift towards proportionate identification of system issues, with a requirement to increase support for those affected by patient safety incidents.

In alignment with the key aims of PSIRF, One Healthcare will be focusing on:

- ❖ Compassionate engagement and involvement of those affected by patient safety incidents. We are reviewing our internal processes to ensure a focus on how we are addressing the engagement of people affected by incidents, with a focus on apologies, timing, openness and listening.
- ❖ The application of a range of system-based approaches to learning from patient safety incidents. We will be moving away from identification of simplistic causes of incidents, implementing a system rather than person focussed approach. Our new patient safety responses will be delivered through use of the new national approaches via published tools and guides.
- ❖ Applying considered and proportionate responses to patient safety incidents. We have already undertaken an extensive exercise to review our historic approach to patient safety incident investigations and have reviewed all of our patient safety data. This has allowed us to clearly identify where our key patients safety priorities and risks lie.
- ❖ Ensuring supportive oversight which is focused on strengthening our response system functioning and service improvement.

The Paterson Inquiry and Medical Practitioners Assurance Framework (MPAF)



Initially launched in October 2019, the MPAF – led by former National NHS Medical Director Sir Bruce Keogh – contains key principles to strengthen and build upon the medical governance systems already in place in the sector and sets out expected practice in a number of key areas. In September 2022, the IHPN published their 'Refresh' of this framework which is now firmly embedded in the patient safety and regulatory landscape.

Care Quality Commission (CQC) now uses the framework's principles in assessing how well-led an independent service is, with the framework a requirement of the NHS' 2022/23 Standard Contract which all independent sector providers of NHS-funded care must adhere to.

Together with the Government's update on the national response to the recommendations made by the Paterson Inquiry, we have used the MPAF to continue to review the assurance systems we have in place as an organisation to reinforce our medical governance and commitment to keeping our patients safe, when receiving care within our facilities.

We have reviewed our practicing privileges processes to ensure we have:

- ❖ Created an effective clinical governance structure for medical practitioners;
- ❖ Ensured adequate monitoring of patient safety and clinical quality, encouraging continuous improvement
- ❖ Systems that support whole practice appraisal
- ❖ Robust systems for raising and responding to concerns.

Freedom to Speak Up

Freedom to Speak Up Guardians are in place to support workers to speak up when they feel that they are unable to do so by other routes. They should ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken.

The Group Clinical Director is our FTSU Guardian, supported by a small network of local FTSU champions follow the guidance issued by the National Guardian's Office. Figures reported to the NGO during the reporting period (for the whole organisation):

Q1	April – June 2022	2
Q2	July – Sept 2022	5
Q3	Oct – Dec 2022	0
Q4	Jan – March 2023	2



No significant trends were identified, however staff are choosing to use this process for a number of issues that could have been initially managed by their Head of Department.

Maintaining a COVID secure site and safe methods of working

Over the past year, the One Hatfield Infection Control team continued to closely monitor and comply with all national guidance issued by the UK Health Security Agency (UKHSA). We used the principles documented within NHS England & NHS Improvement's Board Assurance Framework

Safety for both our patients and staff remains the priority. As throughout the height of the pandemic, One Hatfield Hospital has followed both national guidance and our local NHS trust to ensure we are compliant with all aspects of safety regarding our patient pathway and how we manage our staff. Recently ,in line with guidance, we have implemented a no testing rule within the hospital for both patients and staff. We are however still risk assessing our patients on an individual basis.

As previously, One Hatfield Hospital will be reviewing our related IPC/Covid policy, both at group and Hospital levels, to ensure our practice remains aligned to recommended practice for all healthcare providers. This is an ongoing action.

Support of the NHS and restarting elective activity

In 2021/22 we were able to support our NHS colleagues locally by undertaking orthopaedic, ENT, breast cancer surgery, and gynaecology activity under the national contract in place with NHS England. However during 2022/23 local demand for supporting local NHS recovery plans has reduced, and has been more focused on ERS activity from Hertfordshire and West Essex ICB.

During this reporting period One Hatfield Hospital



Admitted **2057** inpatient and day-case patients, **321** of which were NHS patients.



We saw **24,442** patients in our outpatient department, undertaking over **1620** minor procedures in our minor treatment suites.



Undertook over **6000** diagnostic procedures

Looking ahead 2023/24

Together, we have been working to both celebrate and share good practice and also to focus on areas where we needed to improve. We are working through action plans designed to improve patient care, and together with our sister hospital and corporate team, are increasingly aligned and supporting each other around this common purpose. We are increasingly confident that we will continue to improve our regulatory rankings.

We welcome the CQC's new single quality assessment framework for all services planned, but are continuing to work to be inspection ready at all times.

Clearly, implementation will be a significant undertaking. PSIRF is a completely different system to what has been previously in place. Implementation will not be achieved by a change in policy alone. We are therefore undertaking to design a whole new set of systems and processes.

As an organisation, we have been following the national guidance for implementation of this new framework. We have already:

- ❖ Identified our implementation team and key roles/resources, continue to seek access to appropriate training to allow our staff to fully understand this new approach;
- ❖ Engaged with our key stakeholders, including our ICB;
- ❖ Agreed our structures and governance for programme management;
- ❖ Reviewed the transparency of our current investigation and reporting processes;
- ❖ Reviewed our incident response capacity and our ongoing training needs;
- ❖ Analysed our recent patient safety activity to identify our key priorities and risk.



As is the case for all providers of NHS funded care, we are developing a Patient Safety Incident Response Plan (PSIRP) which will explain our scope for a systems based approach to learning from patient safety incidents. We are identifying which incidents to review through nationally and locally defined patient safety priorities.

Our Patient Safety Reviews (PSRs) will now include several techniques to identify areas for improvement, immediate safety actions that need to be taken and how we will respond to any concerns raised by the affected patient, family or carer.

We are on track to gaining agreement and signoff of our Plan with our ICB by late summer 2023

Plans/Priorities for 2023/2024:

The senior management Team regularly update a live operational plan, which details all of our priorities for the year ahead. With PSIRF such a key aspect of Patient safety, this is high on the agenda with several other actions linking directly to this. The patients are always our focus, so all of the new incentives to ensure care and experience are of the highest standard are our main priority. The key to fulfilling our vision and values lies in the ability to involve all of the Hospital Team in our plan moving forwards.

Monitoring outcomes and the effectiveness of our performance

As part of our Patient Safety Incident Response Plan – we will be agreeing with our ICBs the monitoring and assurance processes. Once agreed, these safety metrics collected for patient safety incident response oversight will include patient safety incident reporting and response data, learning response findings, safety actions, safety improvement plans, and progress which are discussed at the board and relevant sub-committee(s)

Our performance

Are we **Safe**?



MEDICINES OPTIMISATION

- We request consent from patients
- We ask relevant questions regarding the patient's allergies and current medication
- We double-check that the information provided in pre-assessment is correct
- We carry out medicine reconciliation
- We provide discharge counselling to ensure patients receive advice regarding their discharge medication and provide post-discharge patient information leaflets
- We inform patients of any changes to their medication

LEARNING CULTURE

- We report all incidents using our incident management system (Datix)
- We actively share lessons learnt
- We hold interdepartmental meetings to share information, ideas and feedback
- We are open and transparent with those who use our services and follow the Duty of Candour process
- We notify CQC of all relevant incidents
- We provide an appraisal to all employees

SAFE & EFFECTIVE STAFFING

- We operate a recruitment programme which ensures that we employ staff with the correct skill mix
- We have an induction process for all new employees
- We conduct appraisals and encourage employees to complete personal development plans
- We track and train our staff to maintain high levels of training

SAFE SYSTEMS, PATHWAYS AND TRANSITIONS

- We ensure there is a handover between departments for continuity of care
- We provide a discharge summary
- We provide follow-up calls post-discharge
- We provide follow-up checks/wound checks to assess recovery progress

INFECTION PREVENTION & CONTROL

- We have a dedicated IPC Lead and regular IPC meetings
- We conduct and share relevant audits to minimise the risk of infection
- We conduct follow up's post-discharge and have wound clinics to assess infection
- We maintain a positive working relationship with our consultant microbiologist

SAFE ENVIRONMENTS

- We document, track and address risks using risk registers
- Each department has its risk assessments which they document and monitor
- We outsource the maintenance of specialist equipment to ensure proper functioning
- We have regular health & safety meetings
- We log all incidents onto Datix
- We receive regular Central Alerting System (CAS) alerts for patients safety and important public health messages
- We have a reactive maintenance log which can be used by all staff members
- We adhere to COSHH regulations

INVOLVING PEOPLE TO MANAGE RISKS

- We adapt to patients' needs
- We pre-assess our patients and their needs
- We have a patient-centred approach
- We complete risk assessments pre and post-surgery to identify any hazards

SAFEGUARDING

- We have a dedicated safeguarding pathway and safeguarding lead
- We provide patient leaflets and posters including key contacts and services offered
- We offer a chaperone service
- We have a robust complaints process
- We ensure all employees undergo safeguarding training

Are we **Effective**?



CONSENT TO CARE AND TREATMENT

- We review our consent processes to ensure patients feel they have a choice
- We document written consent forms
- We provide verbal consent and document responses
- We monitor through our National Joint Registry consent form for data input
- We ensure the patient understands what they are consenting to
- We provide patient literature to communicate risks
- We provide posters and leaflets to explain the risks

MONITORING AND IMPROVING OUTCOMES

- We review multi-channel patient feedback and share results
- We routinely communicate with patients to monitor outcomes
- We continually review clinicians training to ensure a high standard of care
- We monitor consultants' outcomes to review trends.
- We operate a robust complaints process
- We document hospital incidents via reporting system (Datix)
- We perform regular service audits

STAFF, TEAMS & SERVICES WORK TOGETHER

- We hold a daily operational meeting and share communications with all teams.
- We use tools to share patient's information securely e.g. encrypted systems/emails
- We have team meetings to maintain effective lines of communication
- We have external link services for specialist services

SUPPORTING PEOPLE TO LIVE HEALTHIER LIVES

- We follow the freedom to speak up initiative
- We have mental health first aiders
- We offer a holistic approach to patient care
- We offer a healthy nutritional menu option for patients and staff
- We educate patients on how to live healthier lives via our marketing channels
- We advise patients on lifestyle risks during consultations.
- We operate a non-smoking site

DELIVERING EVIDENCE-BASED CARE AND TREATMENT

- We provide consultation and document findings
- We operate within our scope of practice
- We allow patients to be accompanied
- We have clinical protocols in place and chose to monitor and follow NICE guidance
- We measure staff training & competencies

ASSESSING PATIENT NEEDS

- We pre-assess patients so that we can provide the right level of care to individuals
- We conduct follow-up consultants to observe patients post-operation and act on their needs
- We provide services such as interpreters, braille text and hearing loops to remove barriers to care
- We provide information as part of the discharge packs



Are we **Caring?**

RESPONDING TO PEOPLE'S IMMEDIATE NEEDS

- We have open lines of communication that allow patients to express their views and needs
- We inform patients if there are delays in their care
- We have invested in an infrastructure that allows us to respond to patients' needs (e.g. call buzzers)
- We cater for a wide range of dietary requirements
- We respond to complaints and incidents promptly
- We have a 24/7 RMO service with 24 hour access to consultants should an issue arise
- We offer support services to respond to patient's needs (porters, pharmacy services, etc.)

INDEPENDENCE, CHOICE AND CONTROL

- We give patients choices in how they receive care (consultant, date and time)
- We allow patients to have informed consent with a 'cooling off' period and the right to change their discussion
- We give information leaflets to all patients before their surgery
- We operate patient pathways that give patients at all stages the chance to ask questions about their care
- We monitor cancellations to better understand our patients needs

KINDNESS, COMPASSION AND DIGNITY

- We ensure that all of our inpatient and consultant rooms are private
- We provide an Induction programme, for all employees
- We welcome and act upon feedback
- We follow our value that 'nothing is too much trouble'
- We arrange staff awards to recognise staff for outstanding efforts

TREATING PEOPLE AS INDIVIDUALS

- We adhere to GDPR standards, with DPO support when an error occurs
- We have trained staff to chaperone with specific chaperone competencies
- We take a holistic approach to care
- We ensure post-discharge needs are assessed prior to arrival, with a reassessment if needs change whilst an inpatient
- We have direct access to Language Line
- We provide quiet and prayer areas
- We have direct links to external specialist areas
- We can cater and accommodate to specific dietary requirements
- We have direct links to Dementia care with links to local care support

WORKFORCE WELLBEING AND ENABLEMENT

- We offer a comprehensive mandatory training programme, using external trainers when needed
- We have an approachable management team who operates an open-door policy
- We have designated mental health first aiders
- We have a staff social committee dedicated to organising staff events
- We conduct staff appraisals which serve as a forum for two-way feedback
- We have Freedom to Speak up champions
- We arrange an extensive induction programme for all staff
- We have an HR representative on site
- We offer an occupational health service, with a free helpline if required

Are we **Responsive?**



PERSON-CENTRED CARE

- We offer tailor made care plans that put the patient at the centre of their care
- We provide multiple points of contact to allow patients to respond to any changes in their needs
- We accommodate for a wide range of dietary requirements

CARE PROVISION, INTEGRATION, AND CONTINUITY

- We allow for strong two-way communication channels within our local medical community by supporting both NHS primary and secondary care functions
- We offer services to support the care of patients from an array of diverse backgrounds
- We hold interdepartmental meetings and provide outgoing communications

PROVIDING INFORMATION

- We seek and share the latest medical guidelines
- We offer information in a variety of formats so that patients have access to the information they need

LISTENING TO AND INVOLVING PEOPLE

- We encourage patient feedback through a variety of online and offline channels
- We follow a robust complaints process
- We encourage patients to be involved in their care from medicine changes to surgical treatment options

EQUITY IN ACCESS

- We have an accessible building comprised of lifts, wide access doors, flat surfaces and hearing loops etc.
- We operate with flexibility in mind so that if ad-hoc care is required it can be offered
- We provide a 24hr RMO service and 28-day duty of care discharge policy
- We accept patients from all three payer groups (self-pay, insured and NHS funded) and provide flexible payment options
- We continue to expand our service offering so that it reflects the needs of our community

EQUITY IN EXPERIENCES AND OUTCOMES

- We ensure that patients follow a 2 stage consent process when needed
- We run a training programme that seeks to educate staff on all those who may be considered at risk
- We hire a diverse workforce so that cultural differences are part of our culture in a way that positively impacts our care
- We carry out patient risk assessments

PLANNING FOR THE FUTURE

- We operate with a cooling off period for patients
- We pre-assess our patients
- We work with our consultants to ensure that patients' expectations are managed
- We offer counselling services and have mental health representatives
- We educate patients through a variety of channels on issues of good healthcare practices and when to seek advice
- We ensure patients' wishes are upheld in times of crisis by way of a consent process



SHARED DIRECTION AND CULTURE <ul style="list-style-type: none"> We have a clear vision and set of values We look at staff feedback from surveys to ensure everyone is clear on our direction We have a clear meeting structure in place with communication feeding from the senior managers to all staff We hold daily operational meetings where key items are shared with all staff We ensure an open door policy and visibility from the Heads of Department and senior managers for all staff 	PARTNERSHIPS AND COMMUNITIES <ul style="list-style-type: none"> We engage with our local GPs community We work with the Integrated Commissioning Board to support NHS-funded care We are members of the Herts chamber of commerce We work with patients in our Patient Led Assessment of Care and Environment (PLACE) audit We use a variety of patient feedback portals to gather feedback We work with insurers to develop pathways to better support the needs of patients We work with consultants to develop new services
WORKFORCE EQUALITY, DIVERSITY AND INCLUSION <ul style="list-style-type: none"> We have clear HR policies in place, supported by latest guidance and legislation We ensure a fair recruitment process is in place for all roles We look to develop and promote both internally and externally to ensure we have the right people in the right roles We give all contracted staff access to private medical insurance We hold staff engagement and event days linked to national celebration days We celebrate our staff's differences 	FREEDOM TO SPEAK UP <ul style="list-style-type: none"> We have a Freedom to speak up champions We engage with the National Guardians office We have support from mental health first aiders We have clear speaking-up and whistle-blowing policies We ensure all incidents are reported through the use of Datix We have a consultant behaviour log to support staff in reporting concerns We share learning from complaints and incidents to support staff speaking out about concerns to address practice
GOVERNANCE, MANAGEMENT AND SUSTAINABILITY <ul style="list-style-type: none"> We have a group Governance and Medical Governance framework in place We have clear policies in place relating to incident reporting, complaint management and Duty of Candour We have a Consultant Practising Privileges policy in place We have Group, Hospital and Department level risk registers in place We have a clear hospital governance committee and sub-committees We have a tracking process in place to monitor policy review processes We have roles/responsibilities for key tasks e.g. safeguarding, controlled drugs etc. We have an incident and complaint reporting system in place (Datix) We input and review patient outcome dates including but not limited to Patient Reported Outcome Measures, National Joint Registry, PHIN to ensure patient outcomes are monitored and we continue to improve We are supported by external bodies who support us in radiation protection, water safety and fire Each department holds team meetings to ensure we share key learning, process reviews etc. 	LEARNING, IMPROVEMENT AND INNOVATION <ul style="list-style-type: none"> We ensure all staff undertake mandatory online and face-to-face training to maintain practice We enable additional training for staff where required within their roles We share and discuss key learning opportunities from incidents and complaints We have a clinical effectiveness committee We review our hospital services, outcomes and pathways as part of our quality account review

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.

Review of Services

We offer an extensive range surgical and non-surgical treatments and procedures at our modern, purpose-built private facility. Procedures can either be carried out on an inpatient, day case or outpatient basis, dependent on the particular treatment. Inpatient and outpatient care including:

Audiology	Elderly care	Imaging and diagnostics	Paediatrics outpatients	Respiratory
Cardiology	Endocrinology	Neurology Outpatient only	Pain management	Spinal surgery
Colorectal surgery	Gastroenterology	Neurophysiology	Private GP services	Urology
Cosmetic surgery	General surgery	Orthopaedics	Physiotherapy	Vascular surgery
Dermatology	Oral and maxilla facial	Renal services	Podiatry	Ear, nose and throat
Gynaecology				

As a forward-thinking organisation, we have invested to provide the most comfortable and modern environment for patients and the most up to date equipment and clinical facilities for our staff and clinicians. But we know it's not just about the fixtures and fittings that make a successful hospital and so we make sure that our staff feel supported, valued and happy at work in a superb working environment.

At April 2023 we employ

Contracted staff 107

Bank staff members 35



We have granted Practice Privileges to **171** Consultant staff

Our current staff vacancy level sits at 4.81% and we have a 8% use of agency staff. Our recruitment activities are targeted at vacancies within the theatre, physiotherapy and Imaging departments. Key appointments made during the year have included:

- Senior Staff Nurse Wards
- Sister Outpatients
- Paediatric Lead
- Quality and Risk Lead
- Business development Manager
- Anaesthetics and Recovery Lead
- Scrub Lead
- Front of House Manager

Participation in clinical audit

During this reporting period of April 2022 to April 2023 One Hatfield Hospital participated in the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that One Hatfield Hospital participated in, and for which data collection was completed, are listed below alongside the number of cases submitted to each audit or enquiry. The data is submitted by the One Hatfield Hospital Theatre team or consultants themselves.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	Not Applicable
National Joint Registry (NJR)	100%
National Breast and Cosmetic Implant Registry	100%

Local Audits

The reports of One Hatfield Hospital local clinical audits from April 2022 to April 2023 were reviewed by the Clinical Governance Committee and relevant subcommittees, with actions implemented to improve the quality of healthcare provided. A summary is also review by the corporate team on a monthly basis at the Cross-Site Governance Committee.

Participation in Research

There were no patients recruited during 2022/2023 to participate in research approved by a research ethics committee. One Hatfield Hospital does not routinely participate in Clinical Research programmes.

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

One Hatfield Hospital's income from April 2022 to March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Statements from the Care Quality Commission (CQC)

One Hatfield Hospital is required to register with the Care Quality Commission and its current registration status on 30th April 2023 is registered without conditions.

Certificate number:	CRTI-4590727745
Certificate date:	04/12/17
Provider ID:	1-2306619331
Location ID:	1-4564871196

We are registered to provide the following services:

- Diagnostic and Screening Procedures
- Family Planning
- Surgical procedures
- Treatment of disease, disorder or injury

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

Data Quality

Our Focus during 2022/23

Information Governance (IG) at our organisation is underpinned by a secure and robust framework that safeguards all data, assuring compliance with prevailing regulations and legislation. We're proud of our Cyber Essentials certification, a testament to our uncompromising commitment to robust cybersecurity.

Over the last twelve months, we have fortified our IG policy with anonymisation and pseudonymisation methodologies, providing our staff with advanced tools to safeguard the rights of our service users and employees. Our steadfast commitment to the National Data Guardian's Data Security Standards is evident as we diligently prepare for the 2023 DSP Toolkit submission.

We have also continued to develop and support our staff with education around Information Governance, with the addition of a face to face introduction to Information Governance and employees roles and responsibilities now sits alongside the online training we already provide. We also have implemented regular and on-going guidance on secure passwords, phishing and email detection and various cyber security issues to ensure this remains at the forefront of our teams minds.



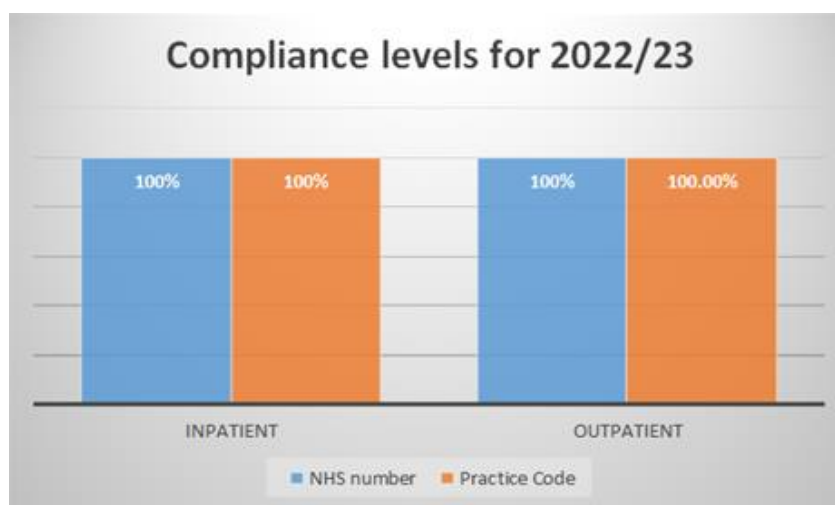
Finally, along side the updated IG policy, we have also introduced a new IG audit framework, this enables departments to audit each other, promoting share responsibility, continuous learning and enhanced IG compliance. All audit findings are discussed at the governance committee meeting to embed learning and practice.

Statement on Data Quality

One Hatfield Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES)

Compliance levels of records in the published data are tabled below:

Compliance	NHS Number	Practice Code
Inpatient	100.00%	100.00%
Outpatient	100.00%	100.00%



We collect NHS numbers for patients from the NHS Summary Care Record accessed via a secure connection to the Health and Social Care Network. These are stored in our patient administration system CompuCare.

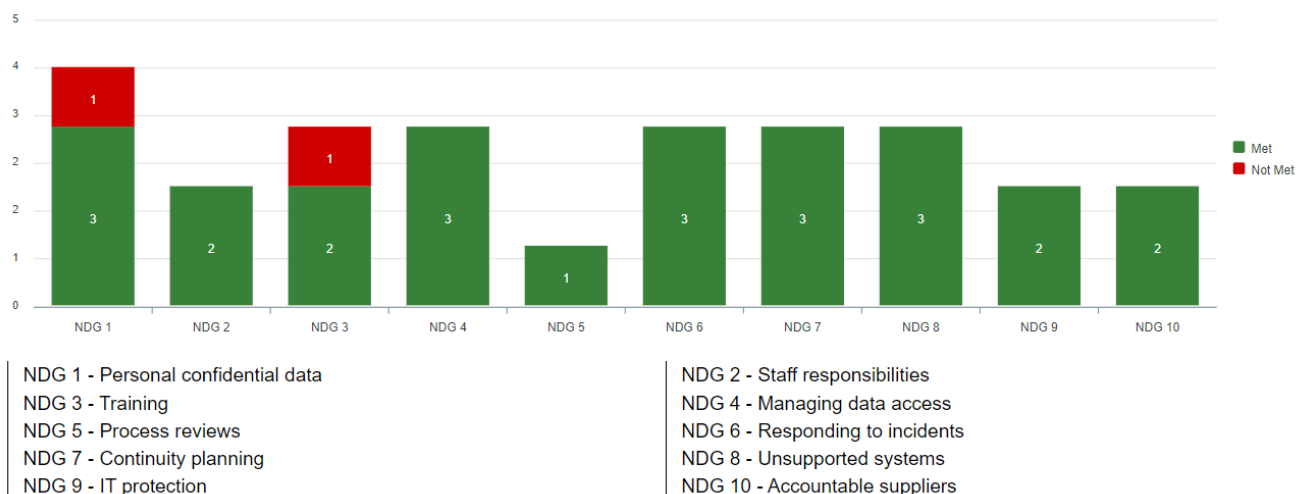
Improving our data quality

Key to our activities is the objective that our high-quality data is fit for its intended use in supporting operational activities, decision making and planning. Accurate, complete, and unique patient data is essential for facilitating our risk management and fast and accurate billing. Accurate, complete, and consistent data is also essential so we can track the progress of current projects and proposed initiatives.

During 2022/23 One Hatfield Hospital has taken the following actions to improve data quality.

- All staff must complete the Information Governance e-learning training course. Compliance at April 2023 sits at 90%.
- Appropriate technical controls, backup and patching processes are in place to ensure modification to software when required to fix bugs, improve security and performance,
- We have continued to review and update our hospital management system, CompuCare, to bring new functionality and improvements for our frontline users;
- Our clinical coding audit continues to demonstrate high levels of compliance as seen in the accuracy scores documented below.

Information Governance



Security/Cyber Security

Email encryption is available through Egress software. However, we have also put in place the technical controls required to meet the NHS Secure Email standard (DCB1596), because of this and our ongoing Transport Layer Security (TLS) strategy, around 99% of our outgoing email traffic is encrypted to the TLS1.2 protocol. We have recently Implemented Tessian, a new email protection system to increase our Cyber Security resilience and avoid potential fraud. Tessian accurately detects and prevents advanced email threats that Email Gateways and built-in security within Microsoft and Google fail to stop.

We have also recently deployed Qualys a vulnerability management solution that detects vulnerabilities on all networked assets, including servers, network devices (e.g. routers, switches, firewalls, etc.), peripherals and workstations. This assists in the targeting of our patching efforts and reduces our overall risk.

One Healthcare have been recertified for IASME Cyber Essentials, an accreditation associated with the National Cyber Security Centre (NCCC), which now recognised by the DSP Toolkit itself.



One Healthcare Partners undertakes an annual network Penetration Test performed by a specialist external company. This Pen Test' simulates a cyber-attack against our computer system to check for exploitable vulnerabilities.

All Data security events are logged and reviewed. Performance is monitored, access audits are taken, incidents reviewed, root cause investigations undertaken where required and trends identified. Outcomes are discussed at our Cross Site Governance Committee that acts as our Information Governance Forum.

All staff, contractors and members of the public have 24/7 access to the One Healthcare Data Protection Officer, contact details for whom are located within the Privacy Notice on our website. We hold weekly meetings with our DPO. In addition, we undertake ad hoc meetings to review our potential data breaches. During this reporting period 19 data breaches were logged.

Clinical coding

From 2016, it became mandatory for private care providers to clinically code their activity to the same standards as the NHS. This was in response to the Competition and Markets Authority (CMA) report into the private healthcare market, which looked to provide a level of transparency through comparison of private providers on the Private

Healthcare Information Network (PHIN) website. This enables patients to make an informed choice regarding their healthcare provider, much the same as the Choose and Book system within the NHS. Consultants can also view their

activity across different providers to ensure it accurately reflects the work they undertake. Data submitted to PHIN is also processed by NHS Digital, allowing comparisons across both the private sector and the NHS.

Clinical Coding is performed using the full case notes as the source documentation, the clinical codes are entered onto Streets Heaver's Compucare which includes basic code validation. In addition to coding private activity for submission to PHIN, coding is completed for NHS funded activity from local NHS Trusts and CCGs. For this activity additional billing information is provided which includes generating a Healthcare Resource Group (HRG) code using the HRG-4 grouper tool and providing the billing team with the HRG as well as the corresponding tariff price.

Clinical Coding Audit is an essential component of our internal information governance regime. In order to provide accurate, meaningful statistical information, the clinically coded data needs to be accurate. Our audit is part of a robust continuous quality assurance programme to ensure the accuracy of the clinically coded data produced for One Hatfield Hospital. Our audit follows an approach equivalent to that set out in the NHS Digital Data Security Standard 1 Data Quality, which specifies assessment of clinical coding based on the Clinical Coding Audit Methodology Version 15.0.

Our annual audit is undertaken by accredited, experienced and registered NHS Digital approved Clinical Coding Auditors. The audit reviewed the clinical coding accuracy of 200 Consultant Episodes (CEs) of activity across One Hatfield. The audit sample was selected randomly from CEs completed during the period of September 2021 to February 2022. The data reported is the same as in last year's Quality Account, showing data from 2021 – 2022 as per the audit carried out in May 2022. The audit for 2022 – 23 is due for completion in June 2023.

Table - Summary of coding errors

% coded incorrectly (including coder and non-coder errors)			
Primary Diagnoses	Secondary Diagnoses	Primary Procedures	Secondary Procedures
2.50%	2.56%	2.01%	2.37%

% coded correctly				Overall level of accuracy
Primary Diagnoses	Secondary Diagnoses	Primary Procedures	Secondary Procedures	
97.50%	97.44%	97.99%	97.63%	97.58% (Standards Exceeded)

The coding at One Hatfield has achieved accuracy scores equivalent to the highest level attainable in NHS Digital's Data Security and Protection Toolkit.

Information Assets, DPIAs and Risks



During 2022/23 the Hospital senior team and management team, have worked hard to identify all key information assets, updating our Information Asset Register and assigning Asset Owners (GDPR Article 30).

Our Information Asset Owners (IAOs) ensure that information assets and data protection risks are effectively managed, escalating concerns to our SIRO or DPO as appropriate. DPIAs are completed in accordance with our Data Protection Impact Assessment Policy.



Stakeholders views on 2022/23 Quality Account

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of One Hatfield Hospital for 2022 /2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the One Hatfield Hospital Quality Account for 2022/23. The ICB would like to thank the hospital for preparing this Quality Account, developing future quality assurance priorities and acknowledging the importance of quality at a time when One Hatfield Hospital continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from One Hatfield Hospital. During the year HWE ICB have been working closely with One Hatfield Hospital gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the One Hatfield Hospital Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

When reviewing the progress highlighted against priorities that were set out for 2022/23, there are clear improvements observed throughout the Quality Account. Patient centricity is evidenced by the high levels of patient satisfaction, with 98.7% of the patients positively rating the experience of service. The ICB values the improved governance, staff engagement and a data driven improvement process.

Looking forward to 2023/24, the ICB supports the quality priorities and the continued focus on patient experience. Along with the upcoming adoption of Patient Safety Incident Response Framework (PSIRF) these improvements will strengthen learning from patient feedback, and incidents, embedding a sustainable continuous improvement approach. The ICB welcome the expansion of service offering and support to the local community over 2023/24. The ICB recognises the challenges experienced by the One Hatfield Hospital in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.

Mary Emson
Deputy Director of Nursing & Quality, Hertfordshire and West Essex ICB

Part 3: Review of quality performance 2022/23

Statements of quality delivery

Review of quality performance 1st April 2022- 31st March 2023 – Claire McGauran, Director of Clinical Services



2022 has been an exciting year for One Hatfield, with the results of all of the previous year's hard work coming into fruition.

Our data analysis and incident review has enabled us to focus on the areas that need the most input, which has driven improvement and consolidated our ability to provide a safe pathway for all of our patients from admission through to discharge. All clinical areas are working together to ensure that we are able to give all of our patients the care they need, which goes hand in hand with our Vision of "Above and beyond" and "nothing is too much trouble".

The Outpatient department has become much busier than previous years, but the feedback received demonstrates that the team are managing to provide an excellent level of service.

Our Paediatric Outpatient Service was paused in April 2022 due to staffing shortages, however this is now reinstated with the service already seeing 140 under 18's in the first month.

Our plan for the upcoming year is to embrace the new Patient safety initiative of PSIRF, with key members of staff already having undertaken the required training. This is an exciting new incentive to ensure our Patients feel listened to and that any incidents are investigated appropriately, with the right people involved.

Activity at One Hatfield is increasing year on year, so for the hospital on the whole, the future is looking positive.

Statement from Brenda Corby, Group Clinical Director/ Chief Nursing Officer



This past year has seen the team at One Hatfield Hospital building on the great progress made last year. I want to express my sincere thanks to colleagues across every department for all that they have achieved over the last year. Their ambition, energy and compassion are driving performance and improvements in patient safety and care and they should be very proud of their accomplishments as we look forward to the year ahead.

As is the case for many healthcare providers, we have adhered to national guidance during the staged down-grading of precautions in relation to the risk presented by the global COVID-19 Pandemic, with services now back to business as usual.

In the coming year we are excited by the opportunity of embedding our patient safety culture through the implementation of the new Patient Safety Incident Response Framework. This framework will enhance our engagement with patients, their families and our own staff, when things don't go to plan.

Our service user feedback continues to show high levels of satisfaction, with 98.7% of patients saying they would recommend the department treating them to their family and friends. However, we continue to welcome your feedback and will use it to shape our quality improvements over the next year. So please do share your thoughts and tell us how we are doing and what we can do better



Core Quality Indicators

Mortality

There were no reportable deaths recorded during this reporting period of April 2022 to March 2023.

National PROMS

Source: Quality Health PROMs data reports

Patient Reported Outcome Measures (PROMs) assesses the quality of care delivered to NHS patients from the patient perspective. Currently covering two clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys. The pre-operative questionnaire is provided to patients at pre-assessment and the post-operative survey is sent directly to the patients' home address at between three and six months following their operation.

The two procedures are:

- hip replacements
- knee replacements



PROMs data has been collected by all providers of NHS-funded care since April 2009.

PROMs national-level headline data are published every month with additional organisation and record-level data made available each quarter (typically in February, May, August, and November each year). Data are provisional until a final annual publication is released each year. At One Hatfield Hospital we also collect data on Private Patients undergoing a hip or knee replacement. Our reports are administrated by Quality Health, who run this on behalf of NHS England. Published data for NHS patients for the One Healthcare Group, on NHS digital indicates the following participation rates and post-operative issues and return rates from April 2022 – March 2023. We outsource our data collation to Quality Health, an IQVIA business.

Private Patients PROMS data

Hip replacement surgery

Once again this survey was adapted from Dawson J, Fitzpatrick R, Carr A, Murray D, (1996) Questionnaire on the perception of patients about total hip replacement, British Journal of Bone and Joint Surgery, 78-B, 2,185-190. This survey assesses the level of difficulty patients have completing 12 routine tasks pre – surgery and 6 months after surgery.



	Hip activity	Returns	Participation rates
Q1	80	54	67.5%
Q2	76	64	84.2%
Q3	62	52	83.9%
Q4	68	59	86.8%

Oxford Hip Score

Patients were required to state either the level of difficulty/ pain/ frequency for each of the 12 routine tasks, on a five point verbal scale. The final score produced can range from 0 to 48; a score of 0 indicates the patient is unable to do all of the 12 tasks, while a score of 48 indicates that the patient is able to do the activities with little difficulty.

Average score versus Health Gain Comparisons

In the last quarter of 2022, the average health gain for Hip Replacement surgery stood at 23.9, 1.3 above National NHS average.

Knee replacement surgery

The survey used was adapted from Dawson J, Fitzpatrick R, Carr A, Murray D, (1996) Questionnaire on the perception of patients about total knee replacement, British Journal of Bone and Joint Surgery, 78-B, 2,185-190. This survey assesses the level of difficulty patients have completing 12 routine tasks pre – surgery and 6 months after surgery.



The following table reflects the number of pre-surgery questionnaires submitted and post-surgical questionnaires sent out (as percentage of our knee surgery activity)

	Knee activity	Returns	Participation rates
Q1	69	43	62.3%
Q2	40	48	120%
Q3	39	36	92.3%
Q4	66	46	69.7%

Oxford Knee Score

Patients were required to state either the level of difficulty/ pain/ frequency for each of the 12 routine tasks, on a five point verbal scale. The final score produced can range from 0 to 48; a score of 0 indicates the patient is unable to do all of the 12 tasks, while a score of 48 indicates that the patient is able to do the activities with little difficulty.

Average score versus Health Gain Comparisons

In the last quarter of 2022, the average health gain for Knee Replacement Surgery stood at 18.1, 1.4 above National NHS average

For the first Quarter of 2023 the results are as below

Average score versus Health Gain Comparisons

KNEE REPLACEMENTS	Pre oxford knee average	Post oxford knee average	Oxford score average gain knees
Q1 JAN-MARCH 2023			

NHS ENGLAND	19.6	36.4	16.7
ONE HEALTHCARE	20.9	40.5	19.6
QH PHIN AVERAGE	23.4	40.6	17.1
NHS/ONE HEALTHCARE ACTUAL DIFFERENCE	+1.3	+4.1	+2.8
HIP REPLACEMENTS Q4-SEPT-DEC 2022	Pre oxford hip average	Post oxford hip average	Oxford score average gain hips
NHS ENGLAND	17.2	39.8	22.6
ONE HEALTHCARE	18.9	42.8	23.8
QH PHIN AVERAGE	20.4	42.4	22.0
NHS/ONE HEALTHCARE ACTUAL DIFFERENCE	+1.8	+3.0	+1.3

NHS PROMS data

At the time of publication of this report the 2022/23 NHS PROMS report has not yet been published. A summary of the 2020/21 results can be found below, but these are reported at a group level rather than hospital specific.

Preoperative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	87	115	132.18%	57	49.57%

(All procedures include primary and revision Hip and Knee replacement surgery)

Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	115	112	97.39%	45	40.18%

(All procedures include primary and revision Hip and Knee replacement surgery)

Total hip replacement – EQ-5D Index

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain
England	ENGLAND	7622	32.72%	79.19%	46.47%
Provider	ONE HEALTHCARE (AVQ)	14	45.51%	76.85%	31.34%

This data indicates that we undertook fairly low volumes of NHS joint replacements during this reporting period. Each patient's self-reported outcome will therefore have a larger impact on the average score. This data also demonstrates that the case-mix of patients who are attending our sites for their surgery are reporting a less compromised quality of life at the pre-operative stage.

Organisation level	Organisation name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain
England	ENGLAND	7624	43.41%	74.88%	31.47%
Provider	ONE HEALTHCARE (AVQ)	18	50.74%	78.63%	27.89%

Unplanned readmission within 28 days

Source: Clinical Dashboard

We monitor this standard key indicator - subsequent inpatient admission of the same patient within 28 days of discharge of the initial inpatient admission. The table below shows our readmission rates per 1000 bed days, over this reporting period:

April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
0%	0.05%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Returns to theatre

Source: Clinical Dashboard



The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team.

During this reporting period, One Hatfield Hospital reported three occasions where a patient returned to theatre. In April 2022, a patient returned to theatre as they sustained dislocation of knee following elective Right Total Knee replacement. In May 2022 a patient returned to theatre for a wash out and revision of decompression L3/4 & L4/5 and in August 2022 a patient returned to theatre following right shoulder arthroscopic repair for debridement and sampling of infection.

Unplanned transfers to another hospital

Source: Clinical Dashboard



This is a useful measure to help us to monitor those times when complications during treatment require us to transfer patients into a more appropriate acute settings. The table below reflects our transfer as a % of total patient activity.

April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
0%	0%	0.05%	0%	0.05%	0%	0%	0%	0%	0%	0%	0%

Audit Outcomes

Audit in healthcare is a process used by health professionals to assess, evaluate and improve care of patients in a systematic way. Audit measures current practice against a defined (desired) standard, and forms part of our clinical governance arrangements, which aim to safeguard a high quality of clinical care for patients

We have a comprehensive audit schedule in place, results from which are reviewed at our Clinical Effectiveness, Hospital Governance Committee and Cross Site Governance meetings. Our Heads of Department and Clinical Leads develop, implement and monitor their service specific action plans.

The table below reflects the audit scores over time.



Audit	2020/2021 compliance*	2021-2022 compliance*	2022-2023 compliance
Clinical Records Audit (In-patient ward)	98%	91.25%	85.75%
Controlled Drugs	89%	93%	76%
Early Warning Score (EWS)	98%	100%	100%
Hand hygiene	99%	98%	98%
Imaging safety and compliance	96% and above	95% and above	93% and above
WHO audit	98.5%	97.7%	96%
Patient Consent	As part of notes audit 100%	As part of notes audit 100%	As part of notes audit 100%
Resuscitation Trolley Audit	Overall 97% discrepancies included extra items on trolley	97% Or above	Overall 96% discrepancies included lack of Size 4 BVM/Anaesthetic masks however this is due to known supply issues
Resuscitation Scenario Simulation	No Risk to Low Risk	3 scenarios by Accredited external organisation identified as No risk	3 scenarios by accredited external organisation identified 1 as No risk and 2 as Low Risk
Sepsis	No patients met Sepsis audit criteria	No patients met sepsis criteria	No patients met sepsis criteria
Transfusion compliance	Patient numbers not undertaken, however audit of process maintained, and ongoing	Blood transfusion audit 86% (↓ fridge checks) No blood transfusions administered	98% 1 blood transfusion administered

*Based on average compliance for audits undertaken from April – March. Overall compliance percentage reflect the varying frequency of audits.

Audit outcomes for our clinical records and controlled drug audits show a drop in scores during 2022/23. Our CD audit process has changed, to give better oversight. The results for the first quarter are significantly improved, with the new audit process giving a truer picture.

The focus with Clinical Records continues month on month with noticed improvement the first half of this year

VTE Risk assessment

Source: Clinical Dashboard

Venous Thromboembolism (VTE) is a significant patient issue in hospitals. The first step in preventing an adverse event from VTE is to identify those at risk so that preventable treatments can be used. The table below reflect our performance with regard to compliance with risk assessment and NICE based prophylaxis prescribing. We audit our patient notes on a monthly basis.

	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
% compliance with VTE risk assessment *	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% compliance for VTE Prophylaxis prescribing*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*On a monthly basis 10 sets of medical notes are audited

We monitor the effectiveness of our policy and practice by tracking the number of incidents of thromboembolism that occur within our patient cohort. The table below reflects these figures for the reporting period.

	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
% of Confirmed DVT cases **	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.32%
% of Confirmed PE case**	0.53%	0%	0%	0%	0%	0%	0%	0%	0.36%	0%	0%	0%

** % - per 1000 bed days

There has been 1 confirmed incidence of DVT in March 2023 from a patient 2 weeks post-operative. We have recently reviewed our group level VTE policy and comply with the latest NICE guidelines. This process was followed correctly for this patient with all preventative practices adhered to .

Infection Control – key indicators

Source: Local Infection Prevention and Control databases and Datix incident managing and reporting system/ IPC Annual report 2022/23

Our ongoing response to COVID-19

COVID-19 Response



Our Infection Prevention and Control activities have this year, as in the previous year, been dominated by the safe operational management of our services during the COVID-19 Pandemic, and how our service navigates it way through changing times and guidance. Our focus has been to ensure that our staff and patients have remained safe and secure. We have reviewed a number of our local processes, especially in relation to our audits, ensuring that we have robust and accurate 'live' information that we can act on, enhancing our levels of confidence and assurance standards. The One Hatfield Infection Control team continued to closely monitor and comply with all national guidance issued by the UK Health Security Agency (UKHSA).

IPC Update

2022/2023 has seen an improved monitoring of all our patients with a stringent process to ensure any infections that are identified are investigated throughout all points of the patient pathway.

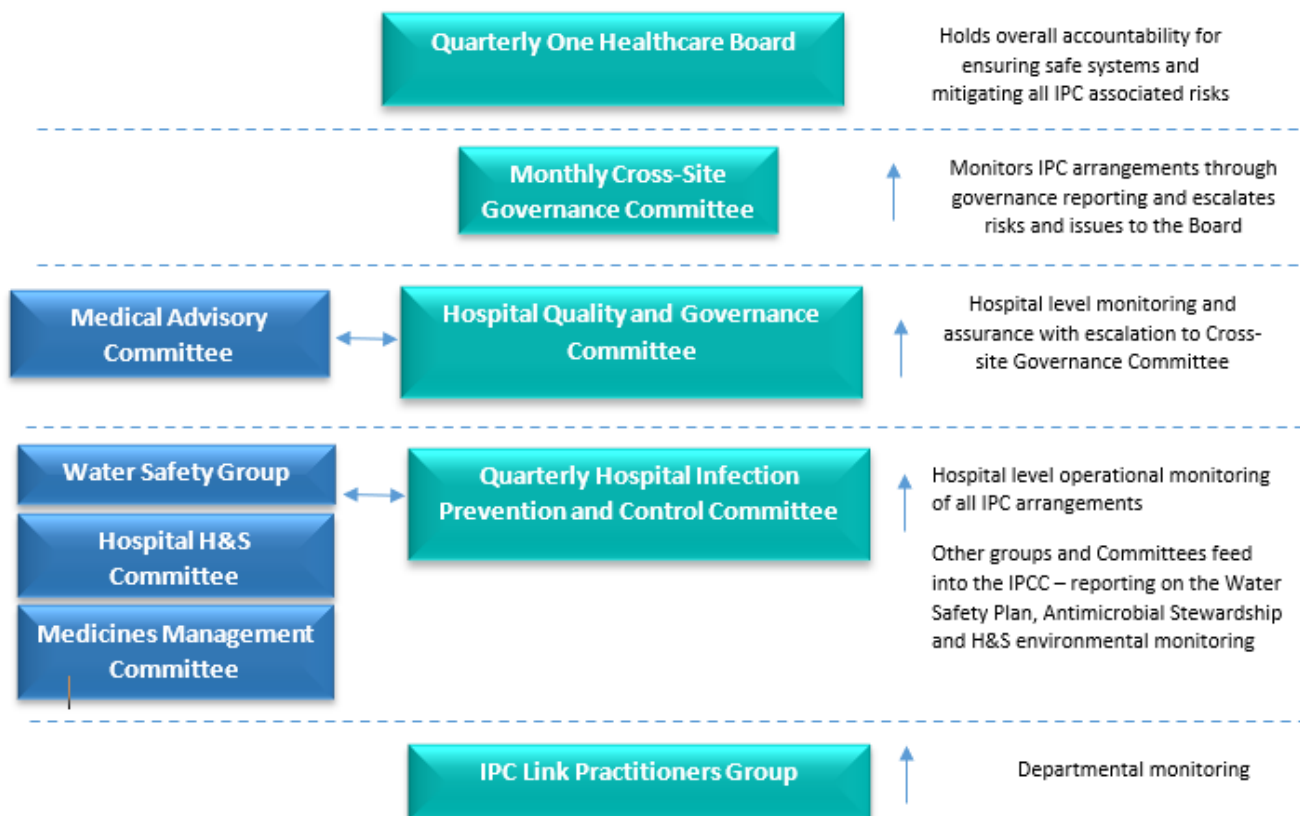
Governance and Assurance

The Code of Practice requires that our Board has a collective agreement recognising its responsibilities for Infection Prevention and Control. The Chief Executive has overall responsibility for the control of infection within One Healthcare, with corporate responsibility delegated to the Group Clinical Director/Chief Nurse who undertakes the group level role of designated Director of Infection Prevention and Control (DIPC). The Group Clinical Director/Chief nurse has responsibility for reporting to the Board on all IPC related issues.

One Healthcare also has the support of a Consultant Microbiologist who undertakes the role of designated Infection Prevention and Control Doctor (IPCD) across both of our hospitals. Our Consultant Microbiologist attends our local IPC Committee (IPCC) and Water Safety meetings (and is also available to provide advice, support and

direction to the staff as required, with an approved Service Level Agreement in place. Additionally the Consultant Microbiologist is a standing member of our Medical Advisory Committee, and champions IPC matters with the Consultant Body, including challenging areas of non-compliance.

Reporting, monitoring and assurance is undertaken through our Group and Local committees structure, as outlined below:



Audit outcomes, mandatory training compliance and service improvement actions are monitored through these committees.

Staff access training in infection prevention and control through a number of different channels. Principles of Infection Prevention and Control and Antimicrobial Stewardship are included in staff induction for new starters. All staff are required to undertake eLearning through our electronic training platform delivered through Skills for Health. Non-clinical staff undertake level 1 training while our clinical staff are required to undertake annual updates at level 2. As at March 2023, our permanent staff training compliance levels were:

Level 2 Clinical	87%
level 1 - Non-Clinical	94%

Face to face training is also undertaken which includes hand hygiene, use of body fluid spillage kits, management of sepsis and aseptic non-touch technique.

We look forward to the changes that will come into place through the roll out of NHS England's new Infection Prevention and Control Education Framework and will align our training to these standards.

Surgical Site Infections

Post-surgical infections can cause significant harm to patients and result in increased hospital stay, readmissions and re-operations. Monitoring is essential. During 2022/23 we have not been able to submit our data relating to surgical site infections to the PHE. We have a low level of incidents, but internally do collect this information, and are currently applying to PHE to submit this data relating to our hip and knee replacement surgery activity. The table below reports our most current data.

Table 1: Hip and knee replacement surgery related infections

Surgical Site Infections	April 2022	May 2022	June 2022	July 2022	August 2022	Sept 2022	October 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
Hip Replacement												
Total number of THR infections	0	0	0	0	0	0	0	0	0	0	0	0
Total number of THR procedures	15	13	13	12	6	9	23	14	3	14	10	17
% Infection	0	0	0	0	0	0	0	0	0	0	0	0
Knee Replacement												
Total number of TKR infections	0	0	0	0	0	0	0	0	0	1	0	0
Total number of TKR procedures	14	18	11	12	12	10	14	14	6	18	7	5
% Infection	0	0	0	0	0	0	0	0	0	0.18%	0	0

Table 2: Other wound infections

Other Surgical Site Infections											
	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Other SSI [Staphylococcus Aureus]	1	0	0	1	1	0	0	0	0	0	2
Other SSI [Mixed Flora and Coliform Bacilli]	0	0	0	0	0	1	2	1	3	3	0
Other SSI	1	0	0	0	0	1	1	0	0	0	0
Total number of infections (exc. Hip and knee)	2	0	0	1	1	2	3	1	3	3	2
Total number of surgical procedures	155	186	147	153	153	162	176	192	144	192	175
% infection	1.2%	0%	0%	0.6%	0.6%	1.8%	1.1%	0.1%	2.7%	1.5%	0.5%

Table 2 above demonstrates our low wound infection rates – ranging from 0 – 2.7% against the number of surgical procedures undertaken. We monitor and track the incidents of wound infections through our nurse led wound clinic and post operative follow-up phone calls to patients. During this reporting period we have detected no identifiable trend or casual factor that links to these identified infections.

We continue to monitor and report, as mandated, all MRSA, MSSA, C Diff, E Coli, Klebsiella species (Kleb sp) and Pseudomonas aeruginosa bacteraemias. We are pleased to report that over the last year we have had no reportable bacteraemias.

IPC Audit outcomes and environmental cleanliness

The cleaning provided at One Hatfield Hospital for all clinical and non-clinical areas is completed by the in-house Housekeeping Team. All cleaning staff play an essential role in ensuring that the hospital reduces hospital acquired infections (HCAI) which helps to promote confidence in patients and visitors.

The National standards of healthcare cleanliness 2021 (the national standards) apply to all healthcare settings. One Hatfield Hospital have adopted these standards within policy, which determine our cleaning regimes and their frequencies. The IPC Lead Nurse, Facilities team and Link Practitioners monitor standards of cleanliness and promote best practice. They are responsible for ensuring each clinical area is audited. We undertake a rolling programme of monthly cleaning audits – using the 48 Steps audit tool. Results for this reporting period are in the table below

April 22	May 22	June 22	July 22	Aug 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	March 23
97%	97%	99%	98%	97%	96%	96%	97%	99%	99%	98%

Where scores have been lower, there has been a focus on high-dusting and optimising the layout of the male changing room in theatre by undertaking a reconfiguration.

In November 2022 we undertook a PLACE audit. We are proud that we scored 98.73% on environmental cleanliness.

Antimicrobial Stewardship



We see 'antimicrobial stewardship' as our system wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'.

The hospital antimicrobial strategy is based on the 'Start Smart then Focus' Department of Health document & NICE guideline 15: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use.

We have set out systems that are in place at One Healthcare to ensure effective antimicrobial stewardship. Our aims are to ensure:

- Infections are being diagnosed correctly and accurately;
- Appropriate antimicrobials are being used in line with local antimicrobial guidelines. This includes the correct agents, correct dose and frequency and correct length;
- After initial assessment, therapy is reviewed and where appropriate treatment is stopped, continued, changed or switched based on clinical and/or microbiological findings;
- All intervention are fully documented and audited;
- Employees have the correct skills to undertake the above activity.

One Healthcare Pharmacists work closely with the Infection Control Lead and Consultant Microbiologist to ensure appropriate antimicrobial use within the hospitals. We audit our practice as detailed below. Lower compliance was from Consultant's working within different trusts, hence our Antimicrobial Policy was revised to incorporate this.

	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	December 22	January 23	February 23	March 23
Result from this audit (%)	100%	100%	60%	75%	65%	65%	-	100%	95%	100%	95%	100%

Water Safety

We have a formal Water Safety Group (WSG) at One Hatfield Hospital that meets quarterly, which was established in March 2022 with input from an External Water Authorised Engineer & an External Consultant Microbiologist. We discuss all matters that relate to water safety across the Hospital, which include; discussing ongoing & upcoming projects, recent quarterly sample results taken from site, identifying training needs amongst other relevant items. During some routine sampling in October 2022, positive Legionella samples were detected in the main staff changing wash hand basins. Systems were immediately put into place to shut this area off to all staff, these taps were put onto daily flushing cycles & were correctly chemically treated by our Engineering team. We identified pipework leading to the wash hand basins as the likely reoccurrence of this particular area and replaced all surrounding pipework. This area was resampled negative in November 2022.

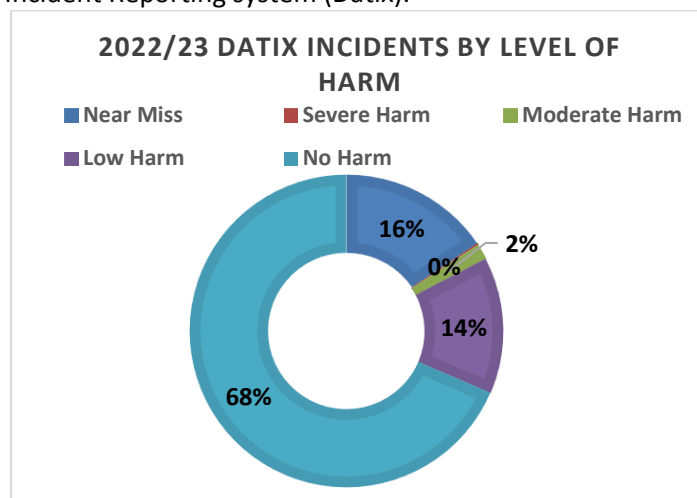
Patient Safety Incidents

Source: Data obtained from Datix incident management and reporting system

One Hatfield Hospital monitors any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving care or treatment in our hospital. The DATIX incident management system is used to report and record investigations into any incidents that occur across our organisation. These include clinical, non-clinical and Health & Safety incidents along with complaints and compliments.



During the year 1st April 2022 – 31 March 2023 there were a total of 553 incident reports logged on our electronic Incident Reporting system (Datix).



Near Miss	86
Severe Harm	1
Moderate Harm	9
Low Harm	78
No Harm	379
Total	553

Incidents are reviewed in several ways within the hospital and across the organization; locally at team meetings, at the weekly DATIX review meeting by the Senior Management Team (ensures investigation and actions are assigned to the correct individual(s)), bi-monthly hospital governance meetings and at our new including Clinical Effectiveness Forum. The Hospital's Quality and Governance Committee monitors all incidents reported by departments noting any trends. Significant incidents / never events when identified are investigated using the Root Cause Analysis approach. Outcomes are discussed at the Quality and Governance Committee, with updated summaries escalated via the monthly Governance & Assurance Board Report which is reviewed by the Cross Site Governance Committee. Each month there is a "Trend Tuesday" poster circulated with key points and learns from incidents for all staff to see.

Over this last year we have focused on our Discharge Process, and Communication generally, both of which have featured in incidents this last year. Our Pre Assessment team have worked hard to ensure all of our patients are receiving the correct Pre Surgery advice based on National guidance, whilst the Inpatient team, Pharmacy and Physio departments have worked collaboratively to ensure the pathway is as smooth as it can be.

A monthly Quality dashboard is compiled and provides information regarding complaints, incidents and key performance indicators to the One Healthcare Board. Data from the dashboard can be retrieved easily and allows us to remain transparent at all times. Examples from data completed on the dashboard can be found below:

Criteria	2021/22	2022/2023	Comments and actions to improve quality
Patient deaths (unexpected / expected)	0	0	There were no expected or unexpected deaths at One Hatfield Hospital. Any deaths occurring within 30 days of admission must be reported to the CQC.
Serious incidents and never events	3	1	A back slab was removed incorrectly post wrist procedure resulting in further surgery. Patient had good end outcome however the back slab was removed too early
Unplanned readmissions within 28 days	1	0	

Unplanned returns to theatre (within 7 days)	1	2	<ol style="list-style-type: none"> 1. Subluxation of Right knee tibia noticed 1 day post-surgery. Plan to return to theatre for manipulation under sedation 2. Patient admitted for a decompression of L3/4 + L4/5, patient stable on return. 2 days post-surgery MRI undertaken as patient continued to have weakness in lower limbs. Following day patient underwent a washout and decompression (revision)
Unplanned transfers to another hospital. We do not provide Level 2 care facilities on site	4	2	<ol style="list-style-type: none"> 1. Patient had a flexible cystoscopy, called hospital 2 days later advising he may have a urine infection whilst at OHH Sepsis pathway commenced and patient transferred 2. Following gynaecological surgery patient's heart rate was elevated and remained elevated following IV medication so patient transferred
Patient falls	8	6	The majority of falls classed as slips, or guided to floor. Falls signage used when needed, with 100% of patients assessed daily for risk of falls.
VTE cases	2	1	1 DVTs confirmed by A&E post procedure 2 weeks

We look forward to the introduction of the new Learning from Patient Safety Events (LFPSE) service. This will constitute a major upgrade, creating a single national NHS system for recording patient safety events. It introduces improved capabilities for the analysis of patient safety events occurring across healthcare, and enables better use of the latest technology, such as machine learning, to create outputs that offer a greater depth of insight and learning that are more relevant to the current healthcare environment.

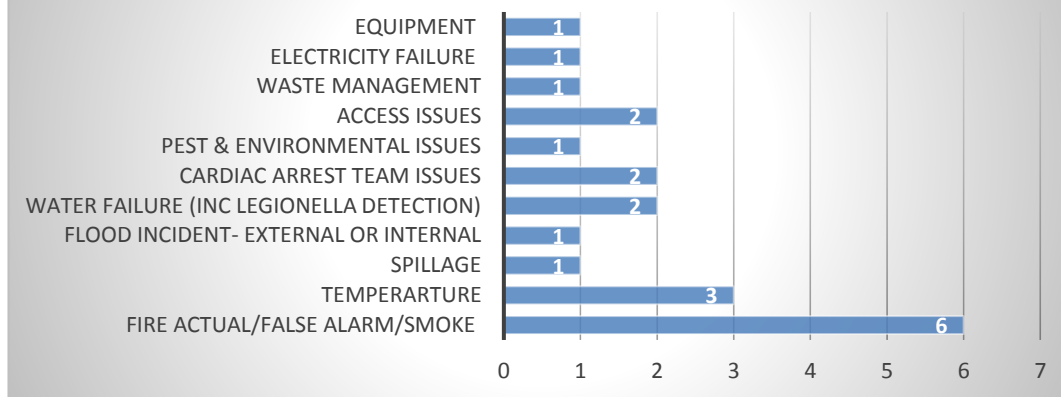
Safety in the workplace

Source: Data obtained from Datix incident management and reporting system

One Healthcare Partners is required to manage health and safety in the workplace and to ensure, so far as reasonably practicable, the safety, health and welfare of employees and others at the workplace. Safety hazards in hospitals are diverse ranging from the risk of slip, trip or falls 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. Extensive work has been undertaken this year, to update our departmental risk logs, with Heads of Department taking responsibility for identification, mitigation and management of local risks. Our group level Health & Safety, Risk Management and Risk Assessment policies have all been updated. Staff have also undertaken training on how to undertake appropriate risk assessments.

The tables and graphs below which summarises the number of Health & Safety Incidents logged during this reporting period. A total of **42** incidents were logged. The graph below demonstrates the incidents by category.

2022/23 H&S Incidents by Category



The level of logged fire related incidents relates to potential fire hazards, with reduced collection of the recyclable waste causing a build-up of cardboard waste and 2 active fire alarms

No harm was caused in over half of the incidents reported.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple alert updates relating to drugs and equipment are received every month and these are cascaded via our Director of Clinical Services, Chief Pharmacist and Directors of Operations to operational staff. This ensure appropriate and timely action is taken where relevant.

Patient experience

Source: Picker HWA Limited – Annual Patient Feedback - Period: JANUARY to DECEMBER 2022

We are proud of the quality of our care and work hard to make each patient's time with us as pleasant as possible. Our patient survey is an important indicator of how well we achieve this and we monitor the results very closely.

98.7% - of our in and day case patients said they would be 'Likely' or 'Extremely likely' to recommend us.

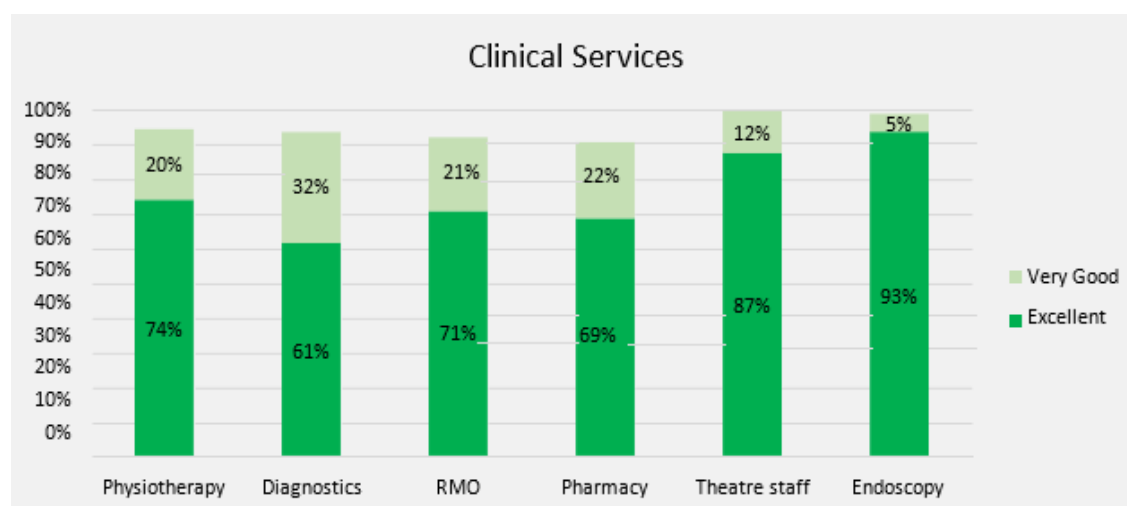


Also, in our annual consultant survey undertaken in April 2023

	The overall admission experience:	98.5%
	Overall nursing care:	99.5%
	Our catering service:	99.7%
	Overall cleanliness:	100.0%
	The discharge procedures	98.5%
	The overall quality of care:	98.7%

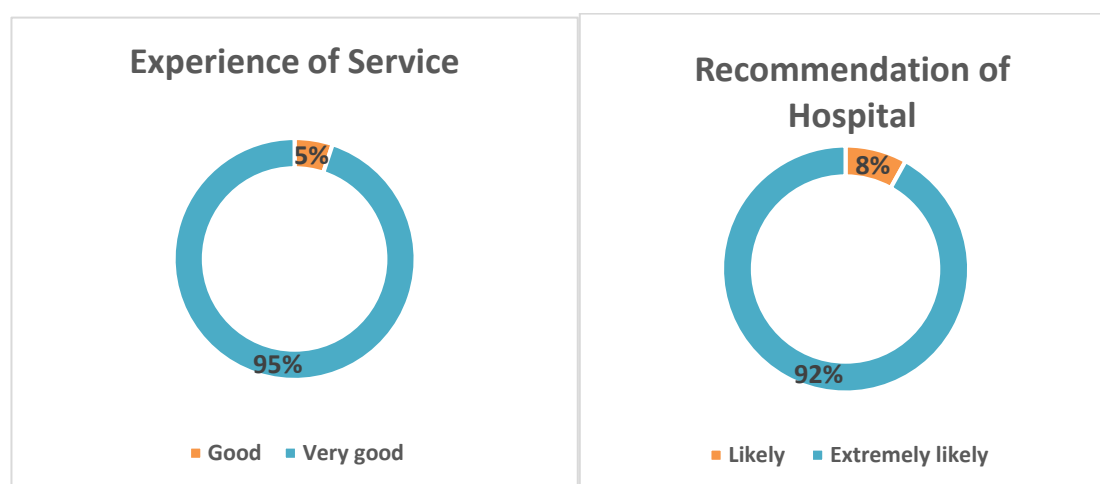
100% of our Consultants told us that the nursing in ward areas were responsive to their needs

Satisfaction levels with our specific teams and departments remain high as demonstrated in the graph below.



Overall views

F&FT	Extremely likely	Unlikely
How likely are you to recommend the department treating you today to your family and friends?	98.7%	0.8%



Key questions - trends

The majority of scores remained the same in this period

TRENDS FOR KEY QUESTIONS		TARGET	2020	2021	2022	Change
WELCOME ON ARRIVAL	% SATISFACTION	95%	96%	96%	96%	=
VARIETY / CHOICE OF FOOD	% SATISFACTION	90%	91%	94%	93%	↓
CONFIDENCE IN NURSES	% ALWAYS	95%	99%	98%	99%	↑
INVOLVED	% ALWAYS	95%	93%	94%	94%	=
RESPECT & DIGNITY	% ALWAYS	95%	99%	98%	98%	=

We also see patients choosing to review us on independent sites such as:

Many great comments have been posted

One Hatfield Hospital is very modern and clean but also manages to be very patient friendly and helpful. The reception staff and nursing staff treat the patients with respect but also show the care and understanding that is so needed when dealing with stressful situations

My experience from start to finish was absolutely unforgettable. After hearing that I'd be needing my first ever operation (Cheilectomy), I was incredibly nervous. Both my Consultant and nursing staff were amazing at easing my nerves. They explained everything to me and ensured I was looked after.

My experience at One Hatfield Hospital was brilliant start to finish. I felt very comfortable throughout and was very happy with the pre assessment, treatment and the outcome

If I ever have any reason to have surgery I will be coming to One Hatfield. I cannot fault one thing about the place. It is so clean, the staff all so friendly and the food is wonderful! Thank you to all at One Hatfield.

Doctify Review

PATIENT TRUST SCORE

4.87

110 patient reviews



55 RECOMMENDATIONS FOR: ⓘ



- Breast Reduction (5)
- Allergies (4)
- Asthma (4)
- Other (42)

RECENT PATIENT REVIEW

12 May 2023

I found the hospital to be clean, very modern and spacious.

Complaints

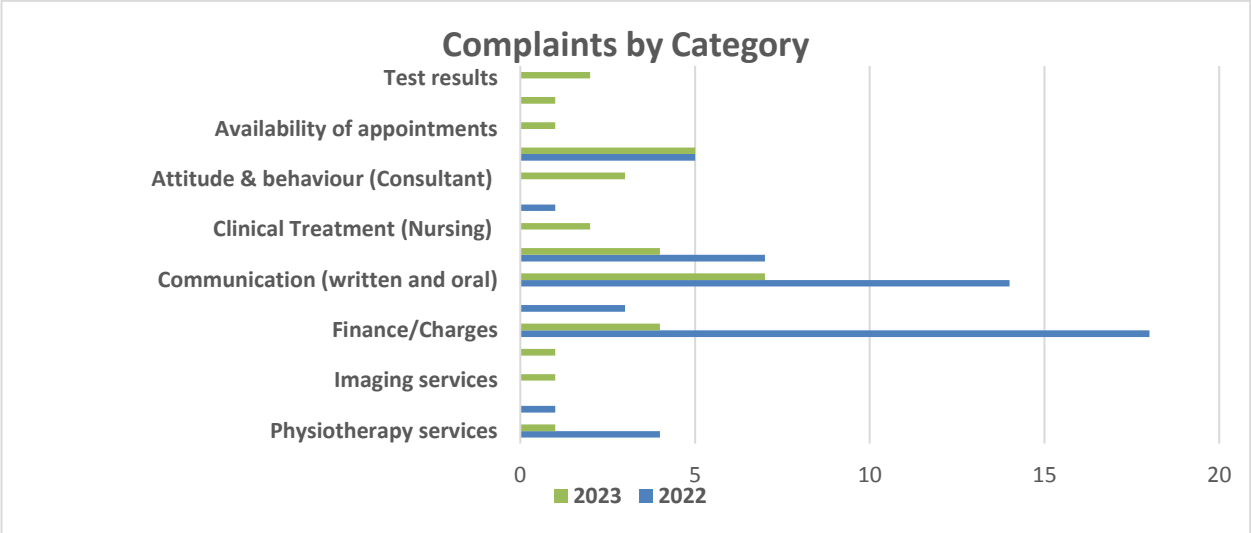
Source: Datix® incident reporting and management system



At One Hatfield Hospital we seek to ensure that every opportunity is taken to listen to patients and key stakeholders feedback, including concerns and complaints. We consider these as opportunities to improve the care and services we provide. We take every complaint seriously and always offer complainants the opportunity to meet the senior management at the hospital, to discuss their concerns. Lessons learnt from complaints and feedback are shared with wider staff groups to encourage an improved understanding of the impact every issue has had on the individual involved. We have a structured complaints procedure that follows these stages:

Stage 1	Local resolution
Stage 2	Internal review
Stage 3	Referral to Independent External Adjudication (ISCAS)

From 1 April 2022 – 31 March 2023, 32 formal complaints were received. This amounts to 1.6% against the number of inpatient and day cases seen during this period (n=2022). Two complaints were escalated to Stage 2. The complaint process we adhere to is to acknowledge all complaints within 3 working days, and respond within 20 working days.



Contact details:

Claire Armstrong – Hospital Director – 01707 443333
Claire.armstrong@onehealthcare.co.uk

Claire McGauran – Director of Clinical Services- 01707 443410
Claire.mcgaaran@onehealthcare.co.uk