



# One Ashford Hospital Quality Account

2022 – 2023

## Welcome to One Ashford Hospital

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One Ashford Hospital opened its doors to the public in March 2016 and has gone from strength to strength in developing its services and its reputation as a premium service provider. One Ashford Hospital was the primary hospital placed by One Healthcare Partners in 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 Ashford Hospital is an elective inpatient facility encompassing 20 en-suite patient rooms and 9 individual day procedure rooms. Located just off junction 10 on the M20, a short distance from the William Harvey NHS Hospital. Most of our patients are from the Kent and Medway area, but success, reputation and reliability also see patients travelling from further afield. These facilities are further supported by a modern operating theatre suite catering for a range of surgical procedures and treatments. One Ashford also provides specialist physiotherapy services alongside outpatient diagnostic facilities including X-Ray, MRI, Ultrasound and endoscopy.

One Ashford is now recognised for its reputation of clinical excellence, patient centred care and an attractive working culture which is very evident by the high calibre workforce and consultant users. One Ashford's presence is felt not only in the competitive independent healthcare market, but also as a strong supporting service to Kent and Medway ICB as well as East Kent Hospitals University Foundation Trust. 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 patient feedback is littered with positive 5 star reports from our valued service users.



## Facilities

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### Facilities at One Ashford Hospital include:

- 20 inpatient en-suite bedrooms
- 9 day case patient bedrooms
- 7 outpatients consulting rooms
- 3 outpatients treatment rooms
- 2 laminar flow theatres
- Pre-assessment suite
- Endoscopy suite
- MRI and diagnostic imaging suites
- Outpatient and inpatient physiotherapy services
- On site pharmacy
- 24/7 Resident Medical Officer (RMO) on site



- Free parking
- Free Wifi
- On site café
- Dedicated infection control team

### We are pleased to be able to offer the following specialties at our hospital:

- Anaesthetics and pain management
- Audiology
- Cardiology diagnostics
- Children and young people outpatient service
- Colorectal surgery
- Cosmetic surgery
- Dermatology
- Diagnostic imaging
- Ear nose and throat (ENT)
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Full range of orthopaedic surgery
- Maxillofacial surgery
- Paediatric outpatients
- Physiotherapy
- Podiatry
- Respiratory
- Rheumatology
- Urology

## Introduction to our Quality Accounts

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This Quality Account represents our proud achievements as a hospital and as a healthcare group. Our annual report demonstrates to the public and our stakeholders the seriousness in which we consider the quality of our service.

Our progression and maintenance of our clinical excellence, effectiveness, safety and patient experience are evident here. We aim to show that all our staff, managers and clinicians are committed to providing quality care to those we treat, and to prove that our practice is evidence based and guided by regular reports, audits, continuous development and guidance from national frameworks. Every service is regularly reviewed and reassessed to encourage constant improvement and never settling for anything other than premium level service with best possible outcomes.

### 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, June 2023.

#### **One behalf of One Ashford Hospital**



Jo Nolan, Hospital Director, June 2023.

## PART 1 – Statement on Quality

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### Statement from our Chief Executive Officer



From a corporate and governance point of view, we continue to strengthen our monitoring and oversight arrangements, with a focus over the last year on our assurance measures in relation to our medical practitioners. With the refresh by the Independent Healthcare Provider Network of the Medical Practitioners Assurance Framework, together with the ongoing recommendations from the Paterson Inquiry, we have reviewed and updated our Practising Privileges policies and processes to ensure our adherence to recommended practice.

We continue to receive excellent feedback from service users through our patient survey with 98.7% of 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.

A handwritten signature in black ink, appearing to read 'Des Shiels', written over a light blue horizontal line.

Des Shiels, CEO/ Chairman, June 2023.



### Statement from One Ashford Hospital's Hospital Director

It gives me great pleasure to once again introduce the annual Quality Account to share our achievements, challenges and successes over the past year. This report highlights the work undertaken at One Ashford Hospital to continually monitor, review and improve all that we do, through our quality assessments, listening to patients and staff and through our regular audit programmes.

This year we have focused on the team and staff that work and support the delivery of excellent patient care. Our strategy for the year was around respect, dignity and professionalism and how, as a team working together, we can deliver very positive outcomes for all our patients.

Staff health and wellbeing is still integral to being able to deliver high standards of patient care and we have remained focused on that this year. We have a team of trained mental health first aiders, who have been able to support the staff in many different ways and we have increased our staff benefits by enhancing our employee assist programmes and now provide medical on line services to staff and their families.

One Ashford Hospital has now celebrated its 7th year of opening and we have over a third of the team issued with 5 year long service awards. We run employee of the month schemes and in Autumn 2022 we held our annual awards celebration to thank the staff for their invaluable contribution to the continued delivery of high quality patient care.

With over 140 permanent staff, supported by our bank staff, we have worked cohesively to deliver the highest standards of patient care, which have been reflected in patient feedback and other quality measures. Our patient satisfaction scores have remained high throughout the year and 98.7% of our patients would recommend us to their friends and families.

The hospital works closely with our Consultants, under the terms of practicing privileges, to deliver excellent patient outcomes, innovative treatments and ensure all governance measures are of the highest standard. We have updated our medical performance policies in line with the new Medical Assurance Framework. We regularly review each consultant's practice and support them through their appraisal process, whether internally or through their NHS employers. Consultants also support our local GP's through a regular CPD programme that we arrange on a wide range of subject areas.

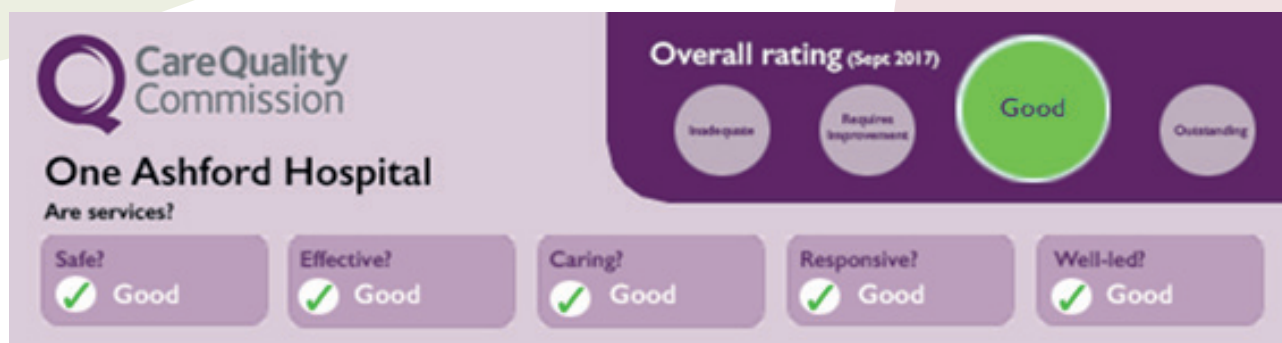
Our governance programme is our highest priority at the hospital. To support this we also work in collaboration with a Kent wide Quality Local Intelligence Network, (QLIN) as well as the Controlled Drugs Local Intelligence Network (CDLIN) for the South East. Throughout the year, as Registered Manager, I have also had regular meetings with our CQC Engagement Officer to keep them informed as to our quality of our governance. Our last CQC inspection was in 2017, and following that our CQC overall rating was Good.

This Quality Account provides information for patients, staff, consultants and commissioners, to assure them we are committed to sharing our progressive achievements from one year to the next. We remain committed to high levels of quality and continual improvement to all our services.

I am proud to lead such a dedicated and hard working team, and look forward to another successful year.

## Regulatory compliance

The Care Quality Commission inspected One Ashford Hospital using their comprehensive inspection methodology on 27th to 28th June and again on 5th July in 2017. The Report was issued in September 2017.



	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Surgery</b>	Good	Good	Good	Good	Good	Good
<b>Outpatients and diagnostic imaging</b>	Good	N/A	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

With regards to quality of our hospital. We take all guidance for improvement from our governing bodies and advisory groups, including CQC. With this in mind, all services within the hospital strive to achieve an 'Outstanding' rating in all areas. A CQC based improvement action plan is regularly reviewed and updated to achieve the best possible grading for our next inspection.

## Quality account review

**This account has been reviewed and approved by the following:**

- ✓ Mr Des Shiels, Group Chairman
- ✓ Mrs Jo Nolan, Hospital Director
- ✓ Mr Andrew Travers, Interim Director of Clinical Services
- ✓ Mr Brian Wise, Consultant Governance Lead (Consultant Gynaecologist)
- ✓ Mr Steven Luttrell, Group Medical Chairman
- ✓ Mrs Brenda Corby, Group Clinical Director/ Chief Nursing Officer
- ✓ Mr Helmut Zahn, 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

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### Priorities for improvement



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

We have a clear commitment to all our patients, those that are privately funded 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 hospitals 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 Ashford Hospital we want our Vision and Values to underpin everything we do.**

#### **Vision:**

Our vision is to deliver the best possible healthcare outcomes for our patients.

#### **Values:**

At one healthcare, our values are not just words, they are corporate DNA, underpinning how we treat patients and those we work with...

- ✓ **Care:** We demonstrate care, compassion, empathy and respect by listening to our patients so we fully understand and we deliver the best advice, the best treatment and the best care.
- ✓ **Quality:** We inspire quality by continually assessing our actions and delivery, questioning ourselves and seek out new and innovative ways to deliver first class healthcare.
- ✓ **Excellence:** We consistently exceed patient expectations by delivering clinical excellence in an outstanding healthcare environment where safety is our number 1 priority.
- ✓ **Leadership:** We wish to inspire and impress our patients, partners and staff by serving our teams in ways that we get extraordinary achievement from our people.
- ✓ **Innovation:** As an outcome driven organisation we learn from best practice, latest research and key influencers to innovate and improve the way we deliver services.
- ✓ **Honesty:** If we feel that we could do better, will say so and focus on making the right things happen.
- ✓ **Value:** We take pride in delivering quality and value for money by eradicating unnecessary waste, duplication or cost and passing on that efficiency to those who chose our services.



## Strategic focus for One Ashford

Each year we create a strategy to support the delivery of our visions and values and these have taken the focus of Getting it Right First Time, Every Time, Creating a Positive Culture and for the 2022-2023 year we have focused on how an outstanding hospital needs everyone to support that strategic goal.

<p>one choice   one team   <b>one</b> Ashford</p>		
<h2>Outstanding Needs Everyone</h2>		
One Choice	One Team	One Ashford
<ul style="list-style-type: none"> <li>• We have great knowledge, experience and expertise.</li> <li>• We provide a personal touch for every patient.</li> <li>• We are open and welcoming to everyone coming through the door.</li> <li>• We provide great patient care.</li> <li>• We aim to be the best in Kent.</li> <li>• We listen and learn from each other.</li> </ul>	<ul style="list-style-type: none"> <li>• We take pride in what we do.</li> <li>• We know that all roles in the hospital are important.</li> <li>• We know that everyone's contribution counts.</li> <li>• We work together to be the best.</li> <li>• We enjoy doing our best.</li> <li>• We treat everyone as an individual.</li> </ul>	<ul style="list-style-type: none"> <li>• We learn from feedback and reflection on our own practice and work.</li> <li>• We aim to give the best care, achieve the best outcomes, with the best staff.</li> <li>• We know that bricks don't make a successful hospital, it's the people involved that do.</li> </ul>

## Our quality and governance agenda

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 Hatfield, with Cross site Governance providing opportunity for learning from incidents and shared experience.

To further support the Hospital Director and Director of Clinical Services with our quality agenda, the new Quality and Risk Lead has been in post since October 2022, providing a detailed insight into our data and how this is communicated and analysed. This has also enabled us to embrace our PSIRF plan, with a comprehensive 3 year data analysis completed with interaction with the Senior team.

### Quality priorities and visions for 2023 - 2024

- Implementation and embedding of the agreed corporate and local Governance agenda and frameworks.
- Focus on implementing and embedding new governance agenda and board assurance framework
- Project ongoing with regard the review and re- categorising the library of policies and procedures, including corporate policies and local SOPs
- Re-establish clinical Heads of Department meetings to embed and review Clinical Effectiveness to discuss clinical incidents, audit and patient safety
- Continue to develop Inphase as our quality assurance system
- Trial and implement reduced length of stay project for hip and knee replacements
- IPC Wound management process review

### Audit

The Director of Clinical Services, together with the Group Clinical Director and the Quality and Risk Lead, will be reviewing our audit schedule over the coming year to make certain we are focusing on and targeting the correct measures to effectively monitor our services. This is ongoing, with all departments responsible for creating action plans for those areas that are below our target of 90%, which are then discussed in our Governance and Clinical Effectiveness forum.

### Policy

Policy review has been ongoing since the beginning of 2022, with a huge amount of work taking place targeting all our key operational policies on a Group level, but also locally with Standard Operating Policies reviewed and updated according to current guidelines. This process is ongoing, however over a hundred policies have been ratified through our Cross Site and Site Governance Committees through 2022 to the current time.

### Regulatory compliance

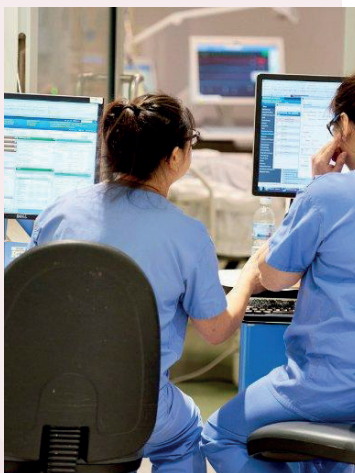
One Ashford Hospital was last inspected by the Care Quality Commission (CQC) in June 2017. This year we have maintained the focus on ensuring we remain CQC compliant in line with our vision and values.

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

As well as the CQC regulatory requirements, our Clinical team, Led by our Chief Nurse, have been working towards compliance with PSIRF requirements, developing a stringent plan to ensure we not only comply with this new initiative, but also that we are confident that all future interventions will ensure patient safety remains the number one priority in all areas. Work is underway to ensure we meet deadlines set, with ICB interaction. Training is planned for key staff.

We are fully committed to maintaining local Risk Register compliance, with an ongoing programme of reviews, reassessment and setting controls in place to minimise risk.

### Patient Safety Incident Response Framework (PSIRF)



**"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

As a small independent provider of elective surgical care, One Healthcare is excited about this opportunity to continue our journey of review and improvement, using this whole system change to think about how we respond when an incident happens, and how we can prevent recurrence.

## PART 2 – Quality Priorities

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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

The Group Clinical Director is our FTSU Guardian, supported by One Ashford's own local FTSU champion, which follows the guidance issued by the National Guardian's Office. Figures reported to the NGO during the reporting period (for One Healthcare as a 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 Ashford 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 and NHS Improvement's Board Assurance Framework

Safety for both our patients and staff remains the priority. As throughout the height of the pandemic, One Ashford 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 Ashford 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.

### CPD events

We continued with a full and varied CPD programme for our local GP's and Allied Health Professionals. All CPD events this year were undertaken virtually which attracted higher audiences and we received excellent feedback from these, with an average attendance at each of 30+ delegates, many of which were 'regulars'.

#### Topics included

- ENT
- Rheumatology
- Long Covid
- Orthopaedics (Hip, knee and shoulders)
- Urology
- Endocrinology

### Staff nominations

Monthly staff nominations continued to recognise outstanding contribution of team members, who have gone above and beyond their role duties.

Annual staff nominations carried out to recognise those that have consistently contributed throughout the year.

### Community Events

- Save the Children Christmas Jumper Day
- Virtual Bike Ride from Ashford to Hatfield for Comic Relief. Staff were encouraged to take part and cycle for charity – over 100 miles were cycled!
- Wear It Green Day. Staff were encouraged to wear green to support the Mental Health Foundation, helping to raise funds and awareness for mental health.
- MacMillan Coffee Morning
- Ukraine Bags of Love – each department bought items for children in Ukraine.
- One Ashford Treasure Lounge. Staff were encouraged to bring in unwanted items (new or good condition) to exchange.
- One Ashford Recruitment Morning, August 2022. We successfully recruited 6 new members of staff.
- One Ashford Open Morning, January 2023. To raise awareness of One Ashford amongst the local community, three specialists provided informative talks on orthopaedics and the menopause with over 40 members of the public attending. Feedback received was exceptional and many attendees were keen for further events to take place.
- One Ashford Women’s Health Morning, June 2023. With support from gynaecologists and a menopause nurse, great feedback was received.
- Ice Cream Van - staff were treated to free ice-creams on many occasions throughout the year.

### Practicing privileges

**Over the past 12 months we have successfully recruited 10 consultants across the following fields**

- General Surgery
- Orthopaedics (Hip, knee and shoulder)
- Rheumatology
- Cardiology
- Dermatology
- Gynae
- ENT
- Women’s Health

### Marketing

**We have had many successful marketing campaigns over the last year, including**

- 4 radio adverts (Heart, Smooth, KMFM and Radio Ashford)
- 2 new sponsorships (Ashford Disability U11 Football Team and Hythe Town Youth U12 Girls Football Team)
- Article and advert in the Ashford School Tie, a brochure sent to the Ashford School Alumni
- Full page recruitment advert in The Village Directory, delivered to over 39k homes
- Generic advert in the Folkestone Community Ad Magazine
- Merchandise delivered to our local GPs and practice managers
- 3 One Ashford Hospital Open Mornings
- Daily social media posts, including articles and videos

### 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 designing 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, continuing 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

### QUALITY 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.

### 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 and 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 and 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 ups post-discharge and have wound clinics to assess infection
- We maintain a positive working relationship with our Consultant Microbiologist

## PART 2 – Quality Priorities

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### • **Safe environments**

- We document, track and address risks using risk registers
- Each department has its risk assessment which they document and monitor
- We outsource the maintenance of specialist equipment to ensure proper functioning
- We have regular health and safety meetings
- We log all incident 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
- 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 assessment 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?**

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### **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 and 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



## PART 2 – Quality Priorities

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- 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 and competencies

### **Assessing patient needs**

- We pre-assess patients so that we can provide the right level of care to individuals
- We conduct follow-up consultations to observe patient 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?**

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### **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 requirement
- 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 areas
- We have direct links to external specialist areas
- We can cater and accommodate to specific dietary requirements

## PART 2 – Quality Priorities

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- 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**?

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### **Shared direction and culture**

- 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

### **Workforce equality, diversity and inclusion**

- 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

### **Governance, management and sustainability**

- 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, eg 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.

## PART 2 – Quality Priorities

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### **Partnerships and communities**

- We engage with our local GPs community
- We work with the Integrated Commissioning Board to support NHS-funded care
- We are members of the Kent 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 patient
- We work with consultants to develop new services

### **Freedom to speak up**

- 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

### **Learning, improvement and innovation**

- 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 of 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	Endoscopy	Imaging and diagnostics	Respiratory
Cardiology	Endocrinology	Orthopaedics	Rheumatology
Colorectal surgery	Gastroenterology	Paediatrics outpatients	Spinal surgery
Cosmetic surgery	General surgery	Pain management	Urology
Dermatology	General Medicine	Physiotherapy	Vascular surgery
Ear, nose and throat	Gynaecology	Podiatry	Women's Health

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. We know it's not just about the fixtures and fittings that make a successful hospital, so we make sure that our staff feel supported, valued and happy at work in a superb working environment.

### Staffing; medical and support staff



#### We currently have:

- **140** Contracted Staff
- **40** Regular Bank Staff across all disciplines
- **122** Consultant Staff with Practice Privileges at One Ashford Hospital

Our current staff vacancy level sits at < 3% and we have a low use of agency staff, which only includes the ward. Our recruitment activities are targeted at key clinical vacancies within theatre, outpatients and the ward.

#### Key appointments made during the year have included:

- Director of Operations
- Senior Staff Nurse Ward
- Sister Outpatients
- Quality and Risk Lead
- Anaesthetics and Recovery Lead

### Staff training

One Ashford Hospital continues to support training of staff to enhance their knowledge and skills, and staff investment is a key priority.

Examples of enhanced training provided include:

- Venopuncture and cannulation
- IV refresher training
- Clinical trainings days
- Inquest training
- Moving and handling train the trainer
- Safeguarding level 3
- Safeguarding Level 4
- Sepsis training
- Human Factors training
- National Patient Safety conference attended by SMT in July 2022
- ILM training for heads of department and managers
- HCA in-house training for female catheterisation
- All Senior staff ALS providers
- Ward staff trained to perform male catheterisation

For the academic year starting in September 2022 we were very proud that 3 members of staff are now undertaking undergraduate training under the apprenticeship scheme, for nursing associate, radiography and pharmacy technician. We also work closely with Canterbury Christchurch University and are part of their placement scheme for their nursing undergraduate students and we are pleased to continue that association.

### Staff health and wellbeing

We continue to develop our team of Mental Health First Aiders, completing regular refresher training during the year. This group provides regular support to all the staff as well as promotion health and well being across the hospital. All staff also have access to an employee assist programme, occupational health and GP on line services.

We focus on community events, raising money for local charities, through cake sales and participating in events such as the annual Save the Children Christmas Jumper Day.

During the Queen's Jubilee Celebration in June 2022, we ran a competition to create a jubilee pudding and this, along with a special lunch laid on for all staff, helped bring the team together for some wellbeing time.



### Participation in clinical audit

During this reporting period of April 2022 to April 2023 One Ashford 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 Ashford 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 Ashford Hospital Theatre team or consultants themselves.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	88.85%
National Joint Registry (NJR)	100%
National Breast and Cosmetic Implant Registry	100%

### Local audits

The reports of One Ashford 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 Ashford Hospital does not routinely participate in Clinical Research programmes.

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

One Ashford 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, as no CQUIN targets were set.

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

One Ashford Hospital is required to register with the Care Quality Commission and its current registration status on 4th May 2023 is registered without conditions.

Certificate number:	CRT1 - 3020775322
Certificate date:	27/10/2016
Provider ID:	1-2306619331
Location ID:	1-2444342125

#### We are registered to provide the following services:

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

One Ashford Hospital has not been required to participate in any special reviews or investigations by the CQC during the reporting period.

### Data quality

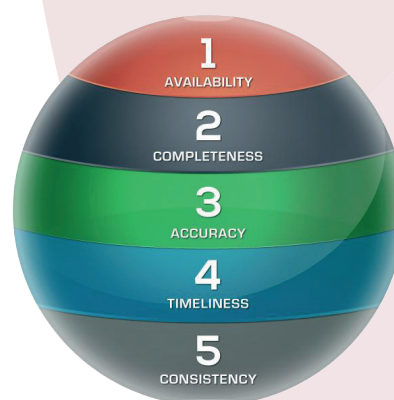
#### Our focus during 2022/23

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.

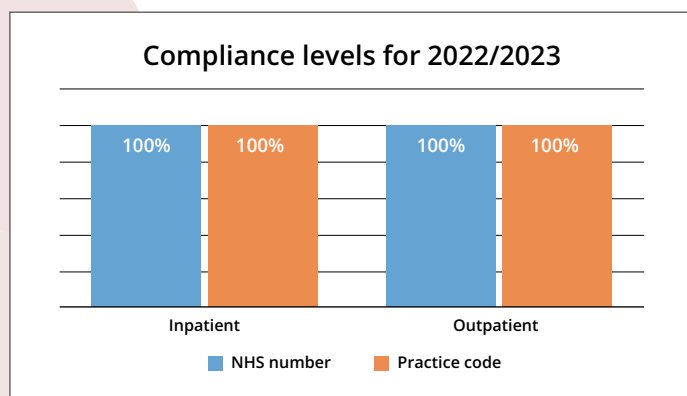


### Statement on data quality

One Ashford Hospital submitted records during 2022/23 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

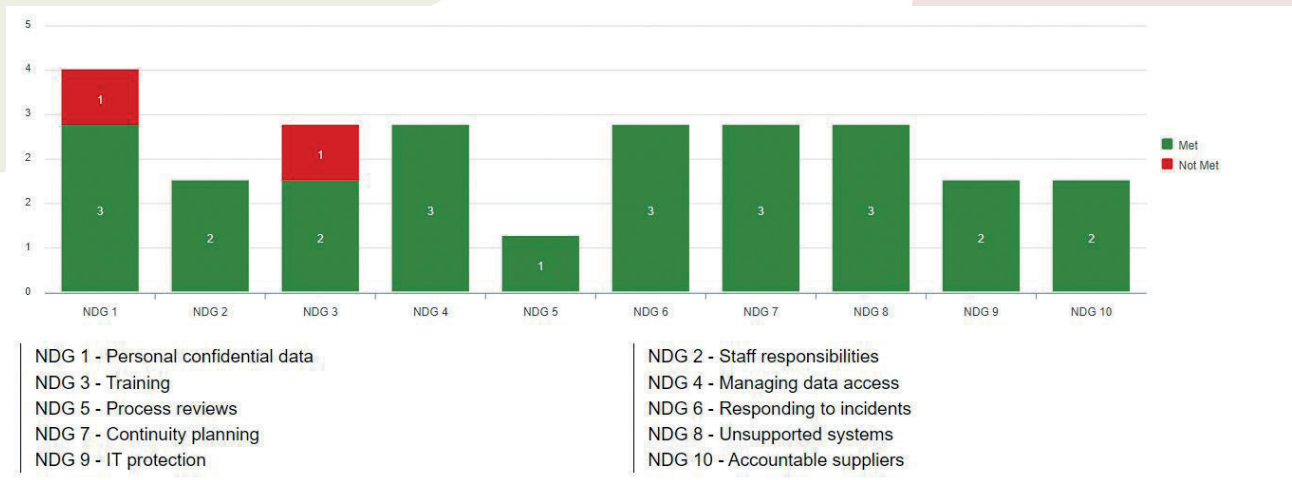
Key to our activities is the objective that our high-quality data is fit for its intended use in supporting operational activities, decision making and planning. Accurate, complete and unique patient data is essential for facilitating our risk management and fast and accurate billing. Accurate, complete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

**During 2022/23 One Ashford 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.



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 our Compucare system 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 ICB's. 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 Ashford 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 Ashford. 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 years 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 Ashford 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.



## Part 3: Review of quality performance 2022/23

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### Statements of quality delivery

#### **Review of quality performance 1st April 2022- 31st March 2023 – Andrew Travers, Interim Director of Clinical Services**



2022 has been an exciting year for One Ashford, 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 members of staff work closely with their Heads of Departments who are supported by their DCS.

I couldn't be prouder of the team who have shown again and again what it means to operate a patient centred service.

Whether it is our bustling Outpatients department, where consulting rooms are like prime real estate, or our super specialised diagnostic teams, our carefully efficient theatres to our caring and attentive ward, all clinical areas epitomise what it means to be truly cared for.

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.

One Ashford Hospital is growing in patient throughput, staffing compliment and reputation.

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



This past year has seen a number of changes within the senior team here at One Ashford Hospital. We have welcomed a new Director of Operations and our Director of Clinical Services has moved on. Change has been a consistent theme however the team here has been 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 Ashford 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	81.3%
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	71	43	60.6%
Q2	41	48	117%
Q3	39	36	92.3%
Q4	38	46	121.1%

### 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 Q1 Jan-March 2023	Pre oxford knee average	Post oxford knee average	Oxford score average gain knees
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%

### Total knee replacement – EQ-5D Index

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	Mar 23
0	0	0.32%	0.34%	0	0.3%	0.33%	0	0	0	0.3%	0.27%

### 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 Ashford Hospital reported 4 occasions where a patient returned to theatre. In **August 2022**, a patient returned to theatre for a surgical site washout of L3/L4 decompression. **October 2022** a patient returned to theatre for haemorrhage control following a Functional Endoscopic Sinus Surgery. **February 2023** patient returned to theatre next day for nerve root block following spinal decompression.



## 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	Mar 23
0%	0.56%	0.65%	0%	0.62%	0%	0%	0%	0.72%	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)	97%	96%	97%
Controlled Drugs	78%	78%	95%
Early Warning Score (EWS)	98%	98%	94%
Hand hygiene	99%	100%	92%
Imaging safety and compliance	96% and above	95% and above	93% and above
WHO audit	99.5%	99.8%	99.8%
Patient Consent	As part of notes audit 100%	As part of notes audit 100%	As part of notes audit 100%
Resuscitation Trolley Audit	100%	100%	100%
Resuscitation Scenario Simulation	100%	75%	Ascom failure N/A
Sepsis	1 case Sept 2020	No patients met sepsis criteria	No patients met sepsis criteria
Transfusion compliance			

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

## 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	Mar 23
<b>% compliance with VTE risk assessment *</b>	98%	95%	88%	97%	100%	100%	100%	98%	100%	100%	98%	100%
<b>% compliance for VTE Prophylaxis prescribing*</b>	90%	100%	100%	90%	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.

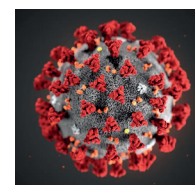
	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
<b>% of Confirmed DVT cases **</b>	0.55%	0%	0%	0%	0%	0.3%	0%	0%	0.38%	0.29%	0.3%	0.32%
<b>% of Confirmed PE case**</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

\*\* % - 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

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 Ashford Infection Control team continued to closely monitor and comply with all national guidance issued by the UK Health Security Agency (UKHSA).

## Part 3: Review of quality performance 2022/23

### 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.

### 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.

Surgical Site Infections	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Hip Replacement</b>												
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
<b>Knee Replacement</b>												
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

Surgical Site Infections												
	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Other SSI [Staphylococcus Aureus]	1	0	0	1	1	0	0	0	0	0	2	0
Other SSI [Mixed Flora and Coliform Bacilli]	0	0	0	0	0	1	2	1	3	3	0	17
Other SSI	1	0	0	0	0	1	1	0	0	0	0	0
Total number of infections (exc. Hip and knee)	2	0	0	1	1	2	3	1	3	3	2	0
Total number of surgical procedures	155	186	147	153	153	162	176	192	144	192	175	5
% infection	1.2%	0%	0%	0.6%	0.6%	1.8%	1.1%	0.1%	2.7%	1.5%	0.5%	0

We continue to monitor and report, as mandated, all MRSA, MSSA, C Diff, E Coli, Klebsiella species (Kleb sp) and Pseudomonas aeruginosa bacteraemias.

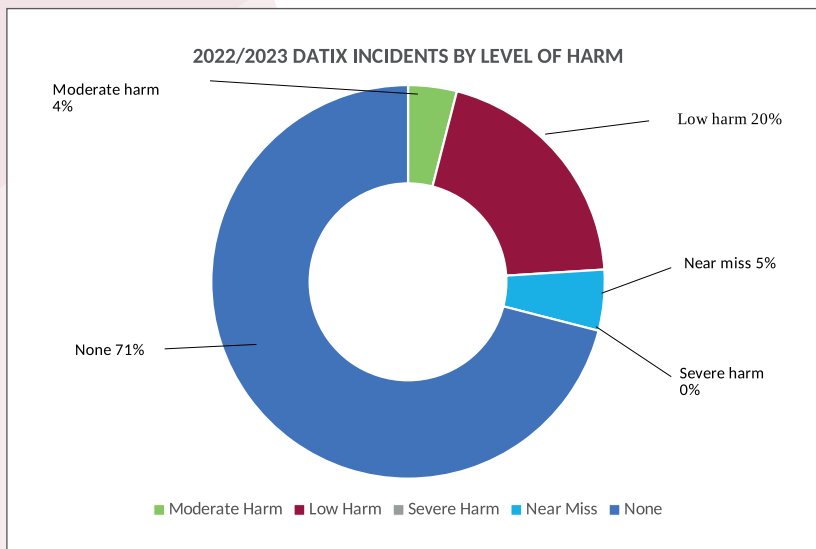
## Water safety

We have a formal Water Safety Group (WSG) at One Ashford Hospital that meets quarterly, which was established in June 2021 with input from an External Water Authorised Engineer (Water Hygiene Centre) and an External Consultant Microbiologist. We discuss all matters that relate to water safety across the Hospital, which include discussing ongoing and upcoming projects, recent quarterly sample results taken from site, identifying training needs amongst other relevant items. Also in place is the Water safety local meeting where any concerns are presented to the WSG. Latest actions resulted in the proposal of a decontamination Lead, Roles and Responsibilities were clearly defines. Competencies were assed and training provided to ensure our Director of Operations was fully compliant and capable as the Responsible Person.

## Patient safety incidents

Source: Data obtained from Datix incident management and reporting system

One Ashford 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 and Safety incidents along with complaints and compliments.



Near Miss	2386
Severe Harm	1
Moderate Harm	169
Low Harm	8578
No Harm	303379
<b>Total</b>	<b>405553</b>

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 and Assurance Board Report which is reviewed by the Cross Site Governance Committee.

## Part 3: Review of quality performance 2022/23

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	2021/2022	2022/2023	Comments and actions to improve quality
Patient deaths (unexpected / expected)	0	0	There were no expected or unexpected deaths at One Ashford Hospital. Any deaths occurring within 30 days of admission must be reported to the CQC.
Serious incidents and never events	0	1	<p>April 2022 - Scam email sent from a consultants email address to One healthcare</p> <p>Email to instruct us to change his bank account details for payment of consultant fees.</p> <p>Email actioned and details changed on system and fees paid to the new bank account.</p> <p>Consultant contacted One Healthcare to inform not received payment of fees, this triggered check bank details and realise scam e mails sent.</p>
Unplanned readmissions within 28 days	4	6	<ol style="list-style-type: none"> <li>1. Elective TURP. Discharged after successful TWOC. Ptn in retention and readmitted for washout.</li> <li>2. Spinal decompression. Readmitted for IV fluids and antiemetic.</li> <li>3. Readmitted due to PV bleeding.</li> <li>4. Patient readmitted from clinic with acopia, swollen leg and pain following a knee replacement</li> <li>5. Elective Laparoscopic cholecystectomy, readmitted due to retention</li> <li>6. Unwitnessed fall at home, an x-ray shows a left greater trochanter fracture</li> </ol>
Unplanned returns to theatre (within 7 days)	1	3	<ol style="list-style-type: none"> <li>1. Patient required a return to theatre as bleeding post FESS</li> <li>2. Patient required nerve block following spinal decompression</li> <li>3. Hematoma after circumcision</li> </ol>
Unplanned transfers to another hospital. We do not provide Level 2 care facilities on site	2	5	<ol style="list-style-type: none"> <li>1. AKI stage 3 following TKR.</li> <li>2. ? Appendicitis following Breast Augmentation.</li> <li>3. Elective TURP. Falling sodium levels.</li> <li>4. Required urgent CT Scan</li> <li>5. Elective laparoscopic incisional hernia repair. During surgery converted to open laparotomy and small bowel resection. High risk of deterioration due to length of surgery.</li> </ol>
Patient falls	2	5	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	4	7	<p>3 x Confirmed DVT following TKR</p> <p>3 x Confirmed DVT following THR</p> <p>1 x confirmed DVT in operated calf and PE found in lungs.</p>

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.

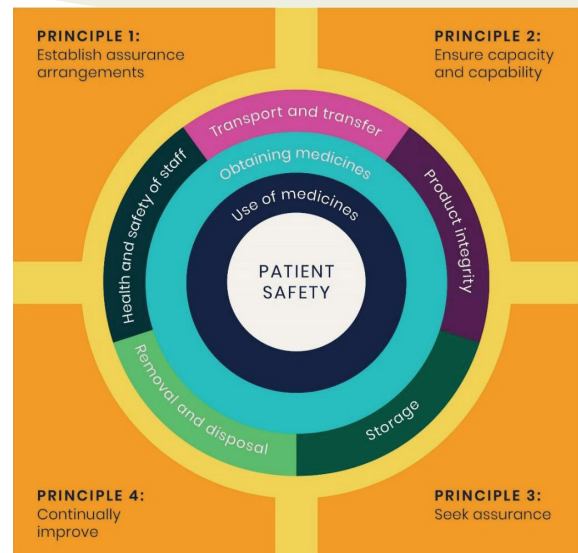
## Pharmacy

One Healthcare Partners Limited pharmacy and medicines optimisation strategy is an essential framework to support the organisation in meeting its strategic objective; to maximise the benefits of medicines whilst minimising the clinical and financial risks.

Medicines are central to the provision of quality healthcare. The effective use of medicines contributes significantly to achieving successful outcomes for service users,.

This strategy brings together the **Pharmacy and Medicines Optimisation strategies**. It will guide the development of medicines optimisation within One Healthcare and is a key document that relates to how the principles of medicines optimisation are integrated within One Healthcare systems, work practices and culture at all levels.

This figure outlines the framework for the safe and secure handling of medicines as highlighted in the RPS Professional Guidance on the Safe and Secure Handling of Medicines (2019).



## Medicines optimisation

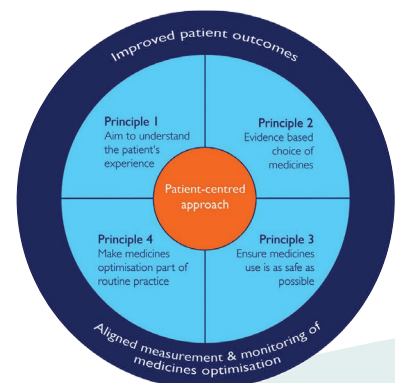
Medicines optimisation looks at the value at which medicines deliver, ensuring they are clinically effective and cost effective

**Principle 1** Aim to understand the patient's experience

**Principle 2** Evidence based choice of medicines

**Principle 3** Ensure medicines use is as safe as possible

**Principle 4** Make medicines optimisation part of routine practice



## Strategic objectives

One Healthcare Strategic Objectives	Our Patients		Our people		Our Services	
	Creating a culture of compassion, consistently providing safe, responsive, high quality care	Maintaining Regulatory compliance	Attract, retain and develop our staff, and improve employee engagement	Providing services by staff who demonstrate our values and behaviours	Proactively seek opportunities to develop our services	Maintain financial health with appropriate investment in patient services
<b>Royal Pharmaceutical Society Professional standards for Hospital pharmacy services</b>	Standard 1 Putting patients first. Standard 2 Episode of care Standard 3 Integrated transfer of care	All Standards 1 – 8 Patient satisfaction surveys. Discharge medication summary for all patients Medicine Reconciliation for all inpatients	Standard 6 leadership Standard 8 Workforce	Standard 8 Workforce		Standard 7 systems governance and financial management
<b>NICE Medicines Optimisation</b>	Systems for identifying, reporting and learning from medicines-related patient safety incidents Medicines reconciliation and medication review. Self-management plans. Patient decision aids	Systems for identifying, reporting and learning from medicines-related patient safety incidents. Incidents. Pharmacy meetings every two months medication safety and incidents and learning outcomes on agenda. CAS alerts updated and monitored on Inphase.		Fair blame culture	Robust and transparent processes Shared decision making Audits Monthly Temperature audits. Medicine administration audit. Medicine prescribing audit Medicine reconciliation audit.	Clinical decision support Medicines-related communication systems for when patients discharged back to GP
<b>The Royal Pharmaceutical Society produced a guide Medicines optimisation: helping patients make the most of medicines (2013)</b>	Evidence based choice of medicines	Ensure medicines use is as safe as possible Evidence based choice of medicines		Staff understand the patient's experience	Make medicines optimisation part of routine practice	
<b>RPS/RCN Professional Guidance on the Administration of Medicines in Healthcare Settings (2019)</b>	Minimising risks associated with the handling or administration of a medicine	Medicines are administered as specified in the Human Medicines Regulations 2012	Ensure appropriate support and training provided to ensure competent administration	Staff understand principles for safe drug administration		
<b>RPS Professional Guidance on the Safe and Secure Handling of Medicines (2019)</b>		Senior management have overall accountability for the safe and secure handling of medicines.	Necessary resources and training provided to support safe and secure handling of medicines.	Staff understand principles of safe and secure storage of medicines		

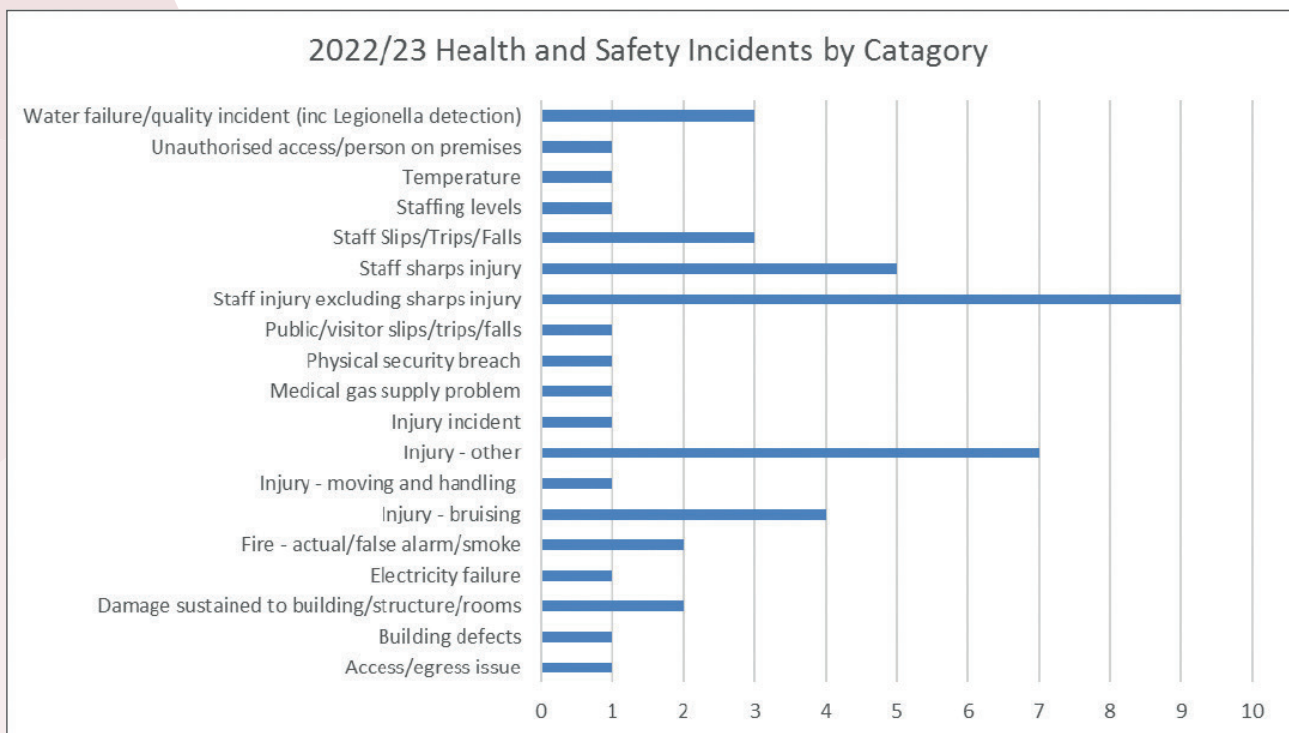
The table above summarises the recommendations from these key documents and how these link to our Strategic objectives

## 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. At One Ashford there has been a heavy focus on completing the risk registers for each department. Training has been a focus and staff have completed either clinical or non-clinical manual handling training and have taken part in an annual fire walk.

The graph below summarises the number of Health and Safety Incidents logged during this reporting period. A total of 46 incidents were logged. The graph demonstrates the incidents by category.



The level of logged staff injuries incidents relates to difficulties in catagrising the type of injuries, a full review of these injuries has taken place and there are no trends in the type of injuries that were reported in this category.

No harm was caused in over half of the incidents reported (56.25%).







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 Director of Operations to operational staff. This ensures appropriate and timely action is taken where relevant.

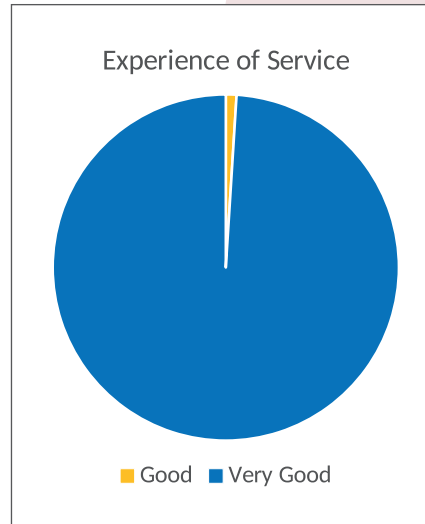


## Part 3: Review of quality performance 2022/23

### Patient experience

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

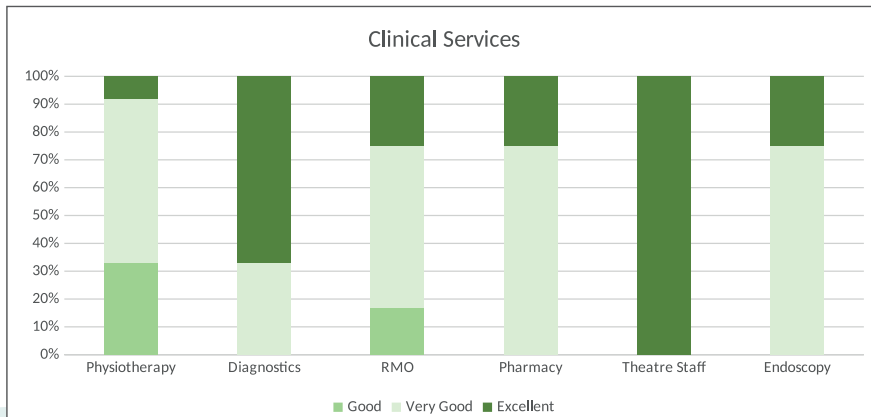
	The overall admission experience:	97.5%
	Overall nursing care:	98%
	Our catering service:	92%
	Overall cleanliness:	98.3%
	The discharge procedures:	94%
	The overall quality of care:	96%



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.

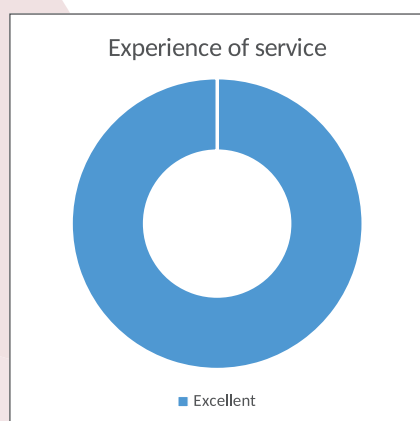
**99%** of our patients said they would be 'Likely' or 'Extremely likely' to recommend us.

**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?	100%	0%



## 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%	97%	99%	98%	▼
Variety/choice of food	% Satisfaction	90%	95%	91%	91%	=
Confidence in nurses	% Always	95%	99%	98%	98%	=
Involved	% Always	95%	95%	96%	96%	=
Respect and dignity	% Always	95%	99.50%	99%	99%	=

## Comments

There are no words enough for me to express my appreciation. I truly am grateful. You are amazing!

August 2022

...the teamwork and level of care by every single person in The One Hospital really puts your hospital on a different level.

December 2022

I have never been to hospital before and all I can say is your staff were second to none, can you please thank them all.

March 2023

## Complaints

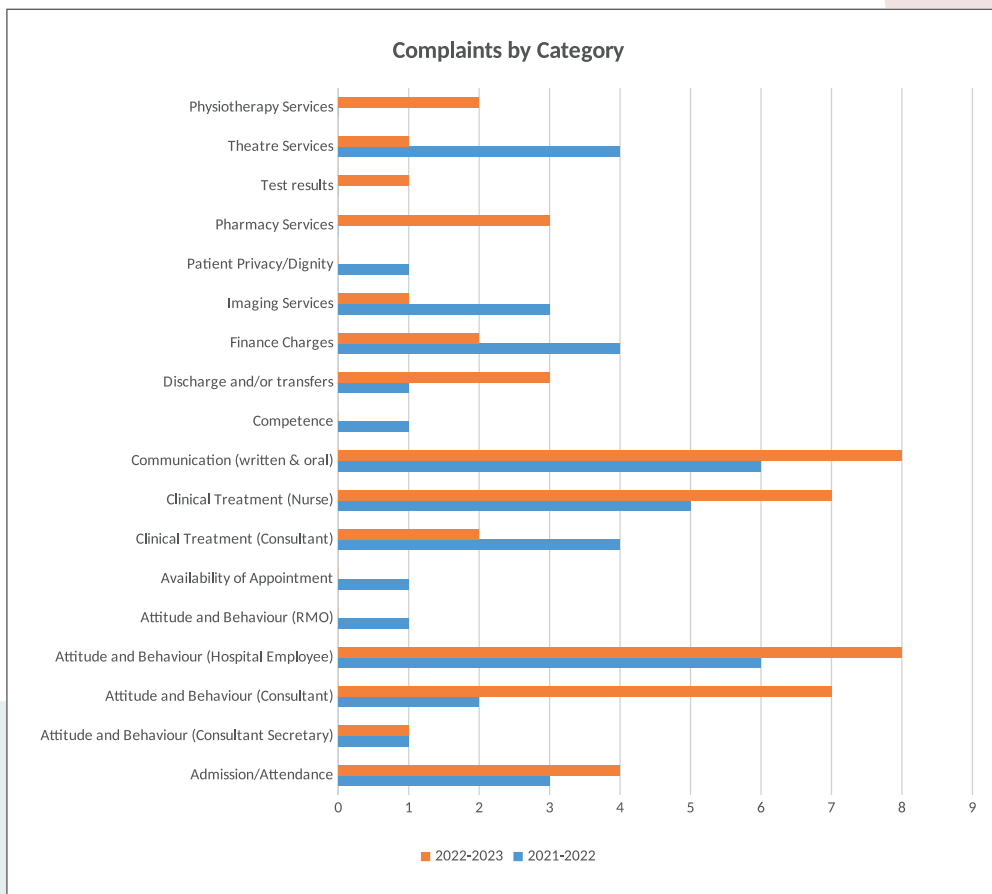
Source: Datix® incident reporting and management system



At One Ashford 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:

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

From 1 April 2022 – 31 March 2023, 25 formal complaints were received. The complaint process we adhere to is to acknowledge all complaints within 3 working days, and respond within 20 working days.



# Kent and Medway Integrated Care Board

## One Ashford Quality Account 2023/24 Comments

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We welcome the Quality Account for One Ashford Hospital. Kent and Medway Integrated Care Board (ICB) confirm that this Quality Account has been produced in line with the National requirements and includes all the expected areas for reporting.

Your report clearly sets out your quality priorities for 2023/24 which link to your quality strategy, aims and milestones for the coming year going into 2024/25. These align with the ICB quality priorities. The Annual Account demonstrates an overview of quality of care in your focus areas, looking at improving the safety, and effectiveness of your services, as well as improving patient experience.

We commend your achievement on your high patient satisfaction rate, high compliance rate of your controlled drug audit and low surgical site infection rate. We look forward to working with you on your project to trial reduced length of stay for hip and knee replacements. We welcome the news that you have updated your hospital management system to improve functionality for front line staff and working on your practice privileges process with the view to enhanced monitoring and promote continuous improvement.

You have set clear priorities for the coming year, aligned to the aims of your organisation's strategy. We strongly support your priorities for implementing the Patient Safety Incident Response Framework and applying and embedding your new governance agenda and board assurance framework.

Thank you for your engagement with the ICB and continuing our collaborative partnership for the population of Kent and Medway. This report clearly sets out your vision for staff and service user support for the coming year and beyond.



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