

One Healthcare
One Ashford Hospital

Quality Account

1 April 2021 – 31 March 2022



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1. Introduction to One Healthcare and One Ashford Hospital

Des Shiels
Group CEO

One Healthcare currently has two Hospitals within its group, the first facility in Ashford, Kent, opened in March 2016, followed by the second site at Hatfield, Hertfordshire, in December 2017.

Our environment continues to be challenging due to the impact of the pandemic, as satisfying the demand for our services is made more difficult with the continued prevalence and impact of Covid within our communities. We are very proud of how our Teams at One Ashford and One Hatfield are responding to this ongoing challenge. As a result, we continue to care for record numbers of Patients with treatments that otherwise would not be readily available. The feedback we receive from our Patients at both Hospitals regarding the quality of their care is stunning!

One Healthcare offers purpose built hospitals with spacious theatres, dedicated Endoscopy unit, luxury en-suite inpatient bedrooms, specialist rehabilitation physiotherapy, outpatient diagnostic facilities including fast-track access to X-ray, MRI and ultrasound.

At One Healthcare our values underpin how we treat patients and those we work with:

- **Care:** we demonstrate care, compassion empathy and respect by listening - so we fully understand and deliver best advice, best treatment and best care for our patients.
- **Quality:** we inspire quality, continually assessing our actions and delivery, questioning ourselves and seek out new 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 one priority.
- **Leadership:** we wish to inspire and impress our patients, partners and staff by serving our teams in way 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 we could do better we 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 choose our services.

1. Introduction to One Healthcare and One Ashford Hospital

One Healthcare Mission



One Healthcare Strategic Objectives



Our patients

Create a culture of compassion, consistently providing safe, responsive, high quality care

Maintaining regulatory compliance



Our people

Attract, retain and develop our staff, and continually enhance employee engagement

Supporting staff to demonstrate our values and behaviours every day



Our services

Proactively seek opportunities to develop our services

Maintain financial health with appropriate investment in patient services

1. Introduction to One Healthcare and One Ashford Hospital



One Ashford Hospital

One Ashford Hospital is just a short distance from the William Harvey NHS Hospital and situated off Junction 10 of the M20 Motorway. The hospital promotes high standards of safe, clinical care, a friendly atmosphere and continual investment in staff, training and facilities.

The hospital offers:

- 20 inpatient en-suite bedrooms
- 10 day case patient bedrooms
- 7 outpatient consulting rooms
- 3 outpatient treatment rooms
- 2 laminar flow theatres
- Dedicated Pre-Assessment Team
- Dedicated 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
- Café with in-house Baristas
- 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
- Colorectal
- Cosmetic Surgery
- Dermatology
- Diagnostic Imaging
- Ear Nose and Throat (ENT)
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Gynaecology
- Orthopaedic Surgery including Hand surgery
- Paediatric Outpatients
- Physiotherapy
- Respiratory
- Rheumatology
- Urology



2. Statement on Quality

Jo Nolan
Hospital Director

It gives me great pleasure to once again introduce the annual quality account to share our achievements, challenges and success over the past year. This report highlights the work undertaken at our hospital to continually monitor and improve, through our quality measures and audit programmes.

Over the last 12 months we have been coming out of the intense work we completed as part of the Covid support for the NHS and have worked hard to establish our normal channels of activity. The team at One Ashford 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 99% of our patients would recommend us to their friends and families.

Staff health and well-being is still integral to being able to deliver high standards of patient care and we have focused this year on improvements in that area. We have increased the number of trained mental health first aiders and have reviewed our freedom to speak up guardian role both locally and as an organisation, as well as providing employee assist programmes and medical online services for all our staff.

One Ashford Hospital opened in 2016 and throughout this last year we were pleased to be able to offer 5 year service awards to over 50 staff, as well as recognition awards, such as employee and team of the month. All of these

awards were presented to thank the staff for their invaluable contribution to the continued delivery of high quality patient care.

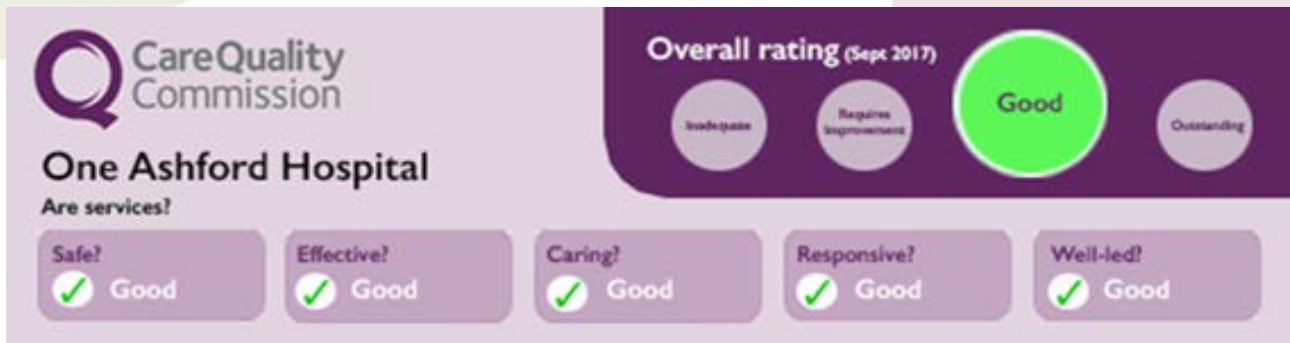
The hospital works closely with our Consultants, under the terms of practicing privileges, to deliver excellent patient outcomes, innovative treatments and ensure all governance measures are of the highest standard. We regularly review each consultant's practice and support them through their appraisal process, whether internally or through their NHS employers. Consultants also support our local GP's through CPD programmes that we arrange and this year we have delivered twice monthly remote training sessions on a wide range of subjects, all of which have been well received.

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 our CQC remains as 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 team, and look forward to another successful year.

2. Statement on Quality



	Safe	Efective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

3. Accountability Statement

3.1 Statement

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



Jo Nolan

Hospital Director

Date: June 2022

Note:

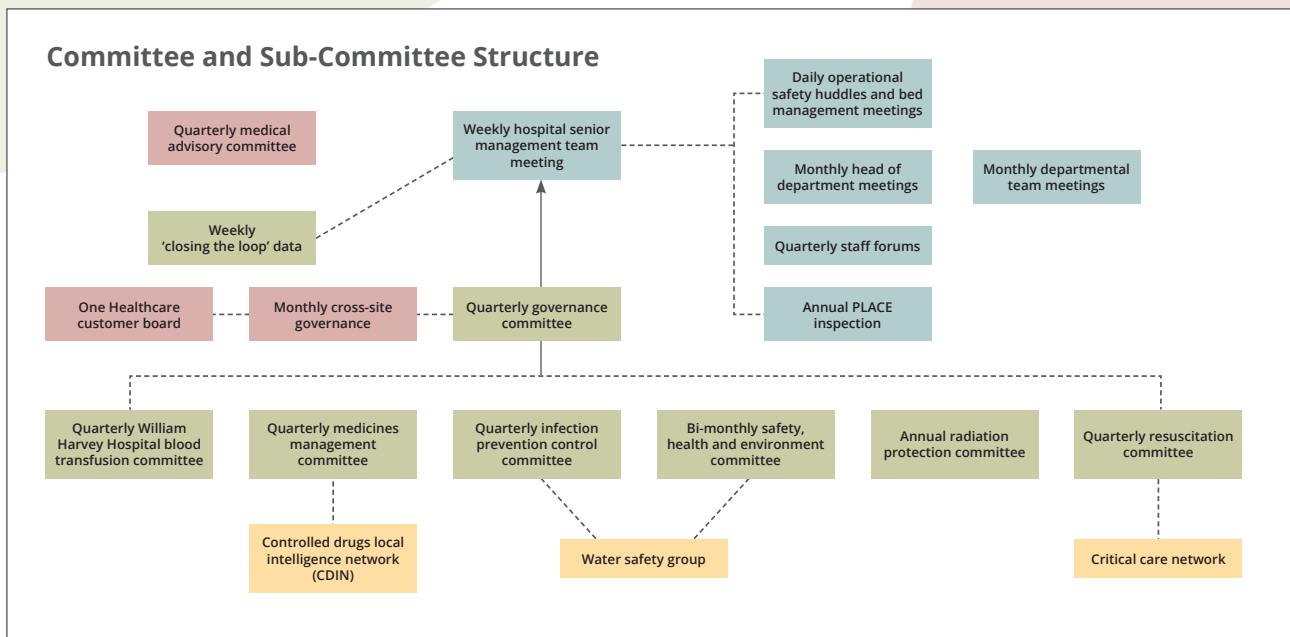
Note: Directors of Organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare Quality Account for each financial year. This report has been prepared based in guidance issued by the Department of Health setting out these legal requirements.

3.2 Quality Account Review

This account has been reviewed and approved by the following:

- Mr Des Shiels, Group CEO
- Mrs Sharon Takeda, Director of Clinical Services and Quality and Governance Committee Chair
- Mrs Shalini Gujral, Chief Pharmacist and Governance Lead
- Mrs Jo Nolan, Hospital Director, One Ashford Hospital
- Mr Steven Lutrell, Group Medical Director
- Mr Brian Wise, Consultant Governance Lead (Consultant Uro-gynaecologist)
- Mr Helmut Zahn, Medical Advisory Committee Chair (Consultant Orthopaedic Surgeon)
- Mrs Brenda Corby, Group Clinical Director

4 Quality Priorities for 2021-2022



4.1 Update on planned quality and visions outlined in previous Quality Account

The key priority for 2021/22 was responding and recovering from the Covid-19 Pandemic. Ongoing support was provided to the NHS as part of the NHS England national framework contract. Whilst our commitment to patient safety remained key, we focused on a Covid-19 recovery plan, including ensuring the health and well-being of our staff.

- Significant developments in the governance agenda introduced In November 2021
- Recruitment of corporate clinical lead - to help to streamline governance approach across hospital group
- Established a review of all corporate and local policies and redesigned of policy library
- Health and Safety corporate role recruited
- Launch of Inphase, our quality assurance programme, which includes a policy library, the hospitals risk registers and controls, audit programme and reporting, CAS & NICE alerts and measures around CQC KLOE's

4. Quality Priorities for 2021-2022

The following objectives and visions were set in the previous quality account.

Action	Progress
Quality and Governance	
Maintain audit programme where possible despite Covid pandemic	As recovery through the Covid pandemic was made, the One Ashford Hospital audit schedule was adhered to. In addition, audits were successfully implemented into InPhase, our new assurance system. Data collection is now collated on this system so results can be viewed by all users.
Collaboration with Local Trust in regards to incidents and lessons learnt	All incidents are shared with the Trust including RCAs where indicated.
Continue monthly reporting and maintain Governance Board dashboard, sharing lessons learnt across both sites.	<p>Monthly reporting and governance dashboard has been maintained. The dashboard was reviewed in December 2021 and the updated version was used from January 2022.</p> <p>Cross site governance meetings have continued, providing assurance of shared learning across both One Healthcare Hospitals. The Governance strategy and board assurance framework was developed and implemented in 2022.</p>
Review of current assurance system, Health Assure to guarantee bespoke to requirements for reporting and audit	A new assurance system (InPhase) was launched in place of the Health Assure system previously used. Successful migration of data was completed with training for all staff using the system rolled out. InPhase consists of modules for the management of NICE guidance, Clinical Alert System notifications (CAS), CQC assessment, policy management, audit data, risk assessments and risk management.
Continue to work towards CQC Outstanding despite inspections being on hold currently	<p>High standards of working practice was maintained including adapting existing pathways to comply with Covid standards.</p> <p>Staff continued to provide a high standard of care and customer service to patients.</p> <p>Success in patient provisions and service was evident with results of our patient satisfaction survey. Results showed an average of 99% patients will recommend One Ashford Hospital to their friends and family.</p> <p>To help work towards CQC outstanding, regular CQC planning meetings were and continue to be held with Heads of Departments. CQC action plans and inspection frameworks are discussed at these meetings.</p>

4. Quality Priorities for 2021-2022

Action	Progress
CQC Framework	
New CQC framework in place.	<p>Regular meetings have been held between the Hospital Director and local CQC engagement officer.</p> <p>These have been going well with excellent feedback received each time. No concerns have been raised.</p>
Maintain Covid Secure site/safe working	
Continue to provide systems of work for staff and safe premises for visitors, in line with IPC framework	<p>Green and amber Covid pathways were put in place. This included a separate entrance for the Day surgery patients.</p> <p>Temperature checks were conducted for all patients and staff. Patients are also required to complete a Covid questionnaire on admission.</p> <p>The Outpatient waiting room was adapted with screens and distance between all seating.</p> <p>The consent process was adapted pre-operatively to include Covid consent.</p> <p>Correct PPE was implemented in all areas of the hospital.</p> <p>Social distancing was maintained at all times in departments and communal areas.</p>
Promote working from home if appropriate for job role	Working from home was implemented for staff if their job role allowed, which included some of the administration and financial teams. This allowed for social distancing to be maintained in departments.
Remaining up to date with National guidance for a safe hospital environment and restarting of elective activity	All national guidelines were followed at all times, including the national Infection Prevention and Control (IPC) framework.
Effective communication to all staff for adherence to Covid guidance	<p>Regular updates regarding Covid process and guidelines was provided to Heads of Departments and other employees.</p> <p>The Hospital Director sent a regular communication email to all employees. This still continues weekly.</p> <p>Meetings were continued electronically via TEAMS.</p>

4. Quality Priorities for 2021-2022

Action	Progress
Support NHS and restarting elective NHS work	
Continue to support NHS as part of national NHS mobilisation contract	The National NHS mobilisation contract was in place until December 2020. We are still continuing ongoing elective surgery for the NHS to help reduce waiting list.
Restarted elective activity through shared patient waiting lists in conjunction with the local CCG and local trust to ensure waiting lists are reduced.	Restarted from April 2021
Restart of private practice	
Resume outpatient services including physiotherapy and imaging in Covid secure environment	All outpatient areas, including Imaging and Physiotherapy were made Covid secure. This included adapting waiting rooms to allow for social distancing. All rooms are cleaned thoroughly in between patients. In addition, online consultants with Physiotherapists were made available to patients and this was very successful with excellent patient feedback.
Resume elective private practice procedures following NICE and isolation periods pre-admission	Resumed April 2021 Isolation policy followed national guidance
Providing on site Covid swab testing for all private and ERS patients prior to admission for elective surgery	On site drive through Covid testing was implemented for all patients where required prior to admission for surgery. This proved to be very successful and allowed Covid secure practices to be maintained within the hospital.
Reduce the wait time for procedures by prioritising patients that were put on hold due to the pandemic.	Patients' clinical needs were assessed to ensure waiting times were reduced
Ensure the patient experience and journey is maintained at a high level despite Covid measures implemented.	Excellent patient survey feedback was received regarding One Ashford Hospital's Covid response and the measures the hospital put in place. This highlighted that we were successful in maintaining an outstanding patient journey.

4. Quality Priorities for 2021-2022

Action	Progress
Health and Well-being of staff	
At One Ashford Hospital, we recognise the potential psychological impact of Covid for some staff members. We will ensure we provide emotional and workplace support for all staff to help maintain their health and well-being throughout the pandemic.	<p>Mental first aiders</p> <p>Regular emails regarding mental support sent to all staff</p> <p>Zoom exercise sessions with Physio for staff</p> <p>Zoom quiz – ensure people are still in touch and having social interaction</p>
We will ensure we support staff through periods of self-isolation due to Covid.	National guidance followed and direct contact with line manager access to HR support and employee assist programme
Support for staff working from home will be provided, including technology and work space set up. Line managers will hold regular remote meetings so staff feel supported when working from home.	Laptops and screens were provided to all staff working from home. If other requests were made by staff to enable them to continue working effectively and comfortably from home we were very responsive to these and implemented the necessary measures.
Safe staffing	
Staffing levels will be reviewed regularly in line with patient activity to ensure safe care is maintained at all times.	Staffing levels reviewed at monthly finance meetings as well as daily comms meetings

4. Quality Priorities for 2021-2022

4.2 Other key achievements during 2021-2022

Medicines Management:

- Medicines Management Training – A Medicines Management Training Workbook was created by the Pharmacy team and launched in June 2021. This workbook highlights local medicines management processes, as well as safe prescribing and administration of medicines. The workbook has been made mandatory for all nursing staff to complete yearly, including the competency assessment at the end.
- There has been a focus on Controlled Drug Management, in particular correct completion of the Controlled Drug Registers. Training for all staff dealing with Controlled Drugs has been provided, along with focused support from Pharmacy if required by a department or individual. Spot checks between Control Drug audits has also been managed by Pharmacy to ensure compliance with Controlled Drug record keeping standards.
- Medication side effects – Pharmacy have been focusing on ensuring patients are provided detailed information about their medication side-effects. The Pharmacy team provide counselling for patients throughout their stay as well as discharge. If any medication is changed or commenced, this is discussed with the patient, including in depth information about how to take their medication and potential side-effects.
- Control of patient pain is high on our agenda at One Ashford Hospital. Patient's pain is continually assessed throughout their stay and interventions provided when required, for example pain relief. To assess if we are doing well with managing pain, Pharmacy devised an audit which is completed every six months for randomly selected patients. This has provided assurance that we are managing pain well within the organisation.
- Staffing levels have been reviewed within the Pharmacy Department due to increased activity. We have successfully recruited a Pharmacy Assistant and are currently providing training as a Pharmacy Technician under the Government Apprentice Scheme.

- We have conducted a full review of our pharmacy outpatient services and adjusted stock within the Department to meet requirements of patients issued prescriptions by Consultants in Clinics. We are pleased to say that we have been able to dispense a significantly increased number of prescriptions, making access to medications a lot easier for our patients.

Antibiotic Awareness

- One Ashford continue to support and promote the World Antibiotic Awareness Week. This year's awareness drive was from 18-24 November 2021. The theme for the campaign was to "Spread Awareness, Stop Resistance". Information was provided to staff and patients via a dedicated communication stand, along with educational talks and quizzes to engage awareness. By participating in this International initiative we aspire to promote local awareness of antibiotic resistance and appropriate use of antibiotics.

National Conferences and Forums attendance to ensure up-to date practice and initiatives at One Ashford Hospital

- Patient Safety Congress – attended by two members of the Senior Management Team
- Clinical Pharmacy Congress – attended by Chief Pharmacist and Clinical Pharmacist
- Independent Hospital Provider Network (IHPN) – attendance quarterly to receive Clinical Update, CQC updates and sharing good practice remote meetings and daily updates form IHPN
- Weekly IHPN update teams meetings and CNO forum

World Health Safety (WHO) Checklist

- Achieved 99.9% as an overall score for the completion of the 5-point WHO Safe Surgery Checks. Prelist Brief, Sign In, Time Out and Sign Out were completed 100% of the time.

Review of ward pathways and protocols

- Development of a new local anaesthetic, sedation and regional block pathway to streamline paperwork for short procedures.

4. Quality Priorities for 2021-2022

- Development of a new enhanced transfer out policy and SBAR to ensure additional information is available at handover to ambulance crew and accepting organisation.
- Discharge summaries on Compucare are not fully electronic so patients are given printed copy to ensure full information is given. Standardised all post-operative information and DVT/VTE advice
- VTE Policy updated, practice following NICE guidance implemented with all staff and training provided
- Introduction of 10am safety huddle with MDT team
- Introduction of debrief form after an unexpected event/transfer out has been rolled out as part of the resuscitation for all departments
- Introduction of emergency trolley. Go to trolley for emergencies (grab trolley) for hypo, transfer out, major haem/hypovolemia, neurovascular, Ent/airway
- Drug Trolley reorganised and colour coded to ensure medication are categorised correctly- such as laxatives, NSAID, anti-emetic
- Revamped discharge pack to include appointments and medicines on discharge
- Working with urologist to reduce post op urinary retention and catheter issues. Very few issues with patients requiring catheterisation or post TWOC issues
- Review of surgical Care Pathway and changes made to VTE section in view of re published NICE guidance.

Freedom to Speak Up Guardian

- One Ashford Hospital continues to promote and support this key initiative, and all teams are aware which staff member is the Freedom to Speak Up Champion on site. Review of policy undertaken and site champions increase with group clinical director as freedom to speak up guardian

**National Guardian
Freedom to Speak Up**

Infection Control Procedures for Covid-19 Management and established practices

- Continual review of patient and staff flow in relation to Covid pandemic through the hospital maintaining social distancing and wearing the correct PPE as per national guidance and local risk assessments undertaken in recovering from the pandemic
- Review of all infection control practices in all departments including cleaning schedules.
- Review of PPE requirements in various levels of care.
- Covid policy reviewed and updated as required
- Continued staff monitoring through lateral flow tests as per national guidance and infection occurrence
- SSI Hip and Knee submission. More return of 30 day questionnaire. Implemented calling patients instead of sending multiple questionnaires with no response. This has dramatically improved the amount of reporting when submitting to PHE
- IPC lead undertaken RCN infection prevention and control accredited course and SSI surveillance study day
- IPC registered for IPCC society membership
- IPC lead reviewed training matrix and compliance and developed and implemented training programme for the year to increase compliance level with face to face training unable to be carried out during pandemic
- Annual report written and annual plan reviewed and developed for 2021/22

Health and Well-being of staff

- Mental Health First Aiders - 7 staff members have now been trained as mental health first aiders with refresher training conducted during the year. This group provides regular support to the staff as well promoting mental health themes across the hospital. The Hospital staff also have access to an employee assist programme and counselling service provided by Canada Life.



4. Quality Priorities for 2021-2022

- We participated in the national Time to Talk day in February 2022, putting on events around mental health awareness
- Health and Well-Being Group established
- We have improved our staff benefits which have included enhanced maternity pay, money off vouchers, subsidised meals and access to a 24/7 GP online service
- Cakes and free ice creams on numerous occasions throughout the year.

RGN and HCA One Ashford competency booklets

- One Ashford existing competencies reviewed and updated for RGNs and HCAs. These have been developed to support their training and developmental needs.
- Competencies are currently being reviewed for outpatient nurses and HCAs.
- Nursing Associate supporting current staff

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 training provided include:
 - Venopuncture and cannulation
 - IV refresher training
 - Clinical trainings days
 - Inquest training
 - Moving and handling train the trainer
 - Safeguarding level 3 face to face for 25 senior members of staff across departments
 - Sepsis training
 - Human Factors training
 - National Patient Safety conference attended by SMT in July 2021.
 - 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

CPD events

- We continued with a full and varied CPD programme for our local GP's and Allied Health Professionals. The majority of these were done online, which attracted higher audiences and we received excellent feedback from these, with an average attendance at each of 30+ delegates. These were all done in conjunction with our Consultants

Topics included

- ENT
- Paediatrics
- Rheumatology
- Long Covid
- Gastroenterology
- Orthopaedics.

In September 2011 we held a full CPD accredited event for local GP's and Allied Health Professional around joint injection techniques, with over 60 delegates attending. There were talks and practical sessions in regards to Shoulder, foot and knee injections and there was great feedback and engagement from the presenters as well as the delegates.

Employee 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

- A team of One Ashford staff took part in the Pilgrims Hospice Charity walk and raised over £1000 by walking 25km.
- We collected donations for the Ashford Food Bank at Christmas and delivered 5 large boxes to them in December
- We raised money for Save the Children through our Christmas Jumper Day

4. Quality Priorities for 2021-2022

Infection Prevention and Control

In April 2021 normal activity was resumed, following the period of work solely for the NHS under the national Covid framework.

One Ashford Hospital has Infection Prevention and Control as one of its top priorities. Our Infection Control Lead Nurse has been active in promoting key awareness days such as increasing the awareness and understanding of the importance of washing your hands with soap and water.

- The IPC Lead reviewed shortfalls in training requirements and focused on lower compliance areas and developed a programme of Aseptic Non-Touch Technique (ANTT) and hand hygiene training to clinical staff and non-clinical staff, along with increased availability of face-to-face sessions relating to infection control practices.
- Excellent achievement made with the IPC Annual Plan, with strong support of the Link Practitioners and Consultant Microbiologist. Full review of policies and procedures and IPC frameworks in line with Covid-19
- Focus remained on following national guidance around Covid-19 and the changing and evolving face of the pandemic, we continued to adapt and evolve as an organisation maintaining high standards and remaining a green site for patients and staff
- We have had no MRSA, MSSA or Clostridium Difficile bacteraemia infections reported.

0 MRSA	0 MSSA	0 C DIFF	0 E COLI
Bacteremias			

IPC Continued Pandemic Response

- Prompt assessment against IPC National Framework from NHS England (NHSE) to identify any gaps in IPC practice to ensure in line with Covid recommendations.
- All elective activity gradually increased as business as usual implemented in addition to effectively continued to support the local NHS partners.
- Personal Protective Equipment provided and requirements for specific procedures and patient contact reviewed and communicated to all staff.
- FIT testing continued for relevant staff
- Working conditions reviewed and changes made where indicated in line with PPE and Social Distancing National Guidance.
- Development of Standard Operating Procedures for IPC in relation to national PHE and NHSE guidelines.
- BAME risk assessments implemented for health and well-being of staff.

5. Quality Priorities and Visions for 2020 – 2021

- Focus on implementing and embedding new governance agenda and board assurance frameworks
- Continue with the project of reviewing 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
- Review of audit schedule
- Continue to develop Inphase as our quality assurance system
- Trial and implement reduced length of stay project for hip and knee replacements
- CQC readiness – review and implementation of the new inspection framework
- Maintain local Risk register compliance and review
- IPC Wound management process review

6. Statement from Care Quality Commission

It is a requirement of all hospitals to be registered with the national regulatory body the Care Quality Commission (CQC). One Ashford Hospital as a service provider is required to maintain registration with the CQC under the Health and Social Care Act 2008.

Certificate number: CRT1-3020775322

Certificate date: 27/10/2016

Provider ID: 1-2306619331

We are registered to provide the following services:

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

The CQC have not issued any special reviews or investigations, and no enforcement actions have been placed on One Ashford Hospital.

One Ashford Hospital achieved a “**Good**” rating in our June 2017 Care Quality Commission (CQC) inspection. This rating was overall, and for each of the domains and service areas inspected. A copy of the report can be found here:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7491.pdf

7. Data Quality

7.1 Our Focus during 2021/22

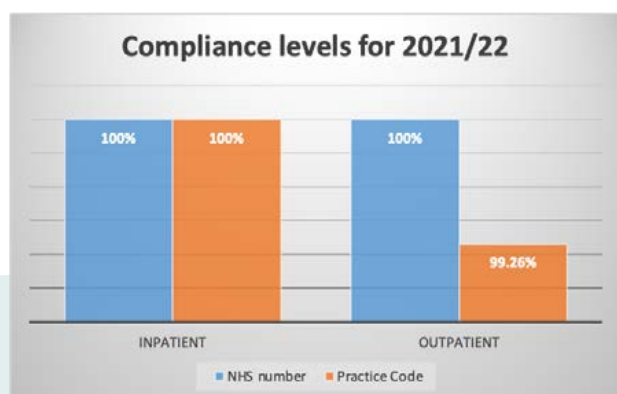
Over the last twelve months, our IT team have implemented a number of new email system controls including multi factor authentication and network vulnerability testing in order to best safeguard our data. Our key achievements this past year have included the successful roll-out of Tessian and Qualys. These platforms enhance our cyber security.

Looking ahead for 2022/23 our efforts will concentrate on transitioning these new systems into business as usual working practices. Our IT support team will be targeting the development of strong new mobile device and remote access controls, the rebuilding of our data centre RemoteApp and SQL and thereby updating our operating systems.

7.2 Statement on Data Quality

One Ashford Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES). Compliance levels of records in the published data are tabled below:

Compliance	NHS number	Practice Code
Inpatient	100%	100%
Outpatient	100%	99.26%



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.

7.3 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 2021/22 One Ashford Hospital has taken the following actions to improve data quality:

- Our Information Security Management System (ISMS) and its associated policies have been under review, with all updated policies being ratified through our internal governance systems prior to implementation;
- All staff must complete the Information Governance e-learning training course. Compliance at July 2021 sits at 95%;
- 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 updated our hospital management system, CompuCare, to bring new functionality and improvements for our front-line users;
- Our clinical coding audit continues to demonstrate high levels of compliance as seen in the accuracy scores documented below.

7. Data Quality

7.4 Information Governance

Information Governance (IG) refers to the way in which we process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records. IG provides a framework in which our organisation is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

We have recently updated our Information Governance policy to include anonymisation and psdononysation, in order to provide our staff with the tools they need to protect the rights of our patients and staff.

The Data Security and Protection (DSP) Toolkit is the online system which allows organisations to assess themselves against the National Data Guardian's (NDG) Data Security Standards. In March 2022 we published our DSP Toolkit and are pleased that we attained all standards. We therefore are able to continue connecting to the Health and Social Care Network, and accessing the secure NHS services published there; for example E-referral Bookings and Care Identity Smartcard Services.

The Hospitals submission results for the 2021/22 DSP Toolkit are shown below. The diagram and graph demonstrate our compliance with the National Data Guardian Standards: All standards were met.



7. Data Quality

7.5 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 fail to stop.

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

One Healthcare 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 external vulnerabilities identified during the Pen Test in February 2022 have been resolved.

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 5 data breaches were logged.

8. Statements of Assurance and Compliance – achievements 2021–2022

8.1 Goals agreed with Commissioners

Due to the ongoing support that One Ashford Hospital provided to the NHS to reduce waiting times post pandemic, there were no agreed Commissioning for Quality and Innovation (CQUINs) schemes during this period.

8.2 NHS service provision

We will be continuing to work with our local CCG under the standard acute contract and with the local health economy to provide NHS care in conjunction with our local NHS partners.

8.3 Audits

At One Ashford Hospital we participate in a number of National Clinical Audits. These are highlighted below.

a) National Registries

Source: Local Audit data

We are pleased to report that we have submitted 100% of patient data to the National Joint Registry and National Breast and Cosmetic Implant Registry. The data is submitted by the One Ashford Hospital Theatre team, and the numbers submitted for April 2021 – March 2022 are below.

Name of Audit	Number of Submissions (2019/2020)
National Joint Registry	600
National Breast and Cosmetic Implant Registry	52

Quality Measure		One Ashford Hospital	National expected
Consent	Better than expected	96%	90%
Valid NHS number	Better than expected	97.4%	95%
Time taken to enter data	Better than expected	12 days	30 days



8. Statements of Assurance and Compliance – achievements 2021–2022

b) Patient Reported Outcome Measures (PROMs)

Source: Quality Health PROMs data reports

PROMs is a national programme implemented by NHS England and is a means of collecting information on the effectiveness of care delivered to patients as perceived by themselves.

The aim is to gather information regarding health improvements from the patient's perspective following a surgical procedure. This information is required to ensure procedures that patients undergo are effective and lead to an improved quality of life.

One Ashford Hospital participates in the PROMs Survey for hip and knee replacements for both NHS and Private patients. The patient completes a pre-operative questionnaire during their pre-assessment appointment and a second post-operative questionnaire is sent to the patient at home at between three and six months following their operation. There is a process in place within pre-assessment for PROMS to ensure that all patients eligible are given the opportunity to participate. Staff keep a record of how many PROMs are distributed and how many are completed.

Our reports are administrated by an external provider, Quality Health, who run this on our behalf.



NHS PROMS

National PROMS data is published by NHS Digital. Published data includes both provisional data and finalised publications, which is usually 15 months after the year of interest. Data for One Ashford Hospital is published to include One Hatfield Hospital, and is displayed as the One Healthcare Group.

The data available at the time of writing this report is finalised data relating to April 2020 – March 2021. Please note participation rates are lower than previous years due to a pause in elective surgery during the Covid-19 pandemic.

Group Pre-operative participation rate April 2020 – March 2021

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Linked surveys
All Procedures	87	115	132%	49.57%
Hip Replacement	29	41	141%	43.9%
Knee Replacement	58	74	127%	52.7%

**Average participation rate England for hip replacement is 65.1% and for knee replacement is 65.4% (NHS Digital)*

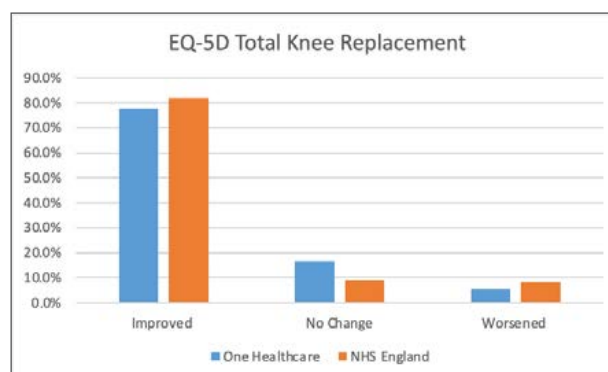
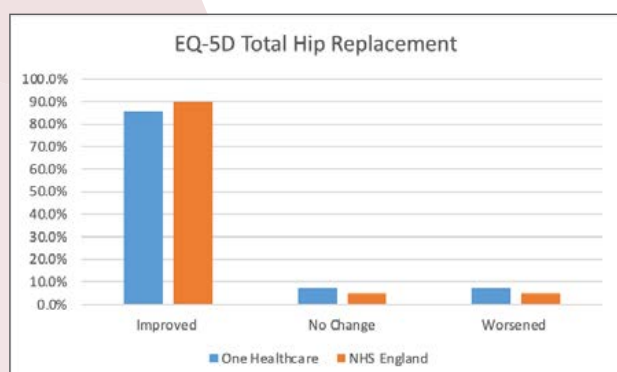
*** PROMs expected number of participants is calculated using Hospital Episode Statistics data. As such the final number of participants may exceed the expected number from HES and result in a percentage of above 100%.*

8. Statements of Assurance and Compliance – achievements 2021–2022

Group Post-operative participation rate April 2020 – March 2021

	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%
Hip Replacement	41	39	95.12%	21	53.85%
Knee Replacement	74	73	98.65%	24	32.88%

The figures below show One Healthcare Outcome data compared to NHS England. EQ-5D scoring has been used.



One Ashford Hospital Private PROMS data

Participation rates April 2021 – March 2022

	Number of procedures	Valid Pre-operative questionnaires returned	Issue Rate	Post-operative questionnaires returned	Response Rate
Hip Replacement	221	215	97%	128	57.91%
Knee Replacement	129	120	93%	84	70%

Health Gain Data April 2021 – March 2022

	Pre-Oxford Hip Score Average	Post-Oxford Hip Score Average	Oxford Score Average Health Gain	Pre-Oxford Knee Score Average	Post-Oxford Knee Score Average	Oxford Knee Score Average Health Gain
NHS England	17.98	40.30	22.3	19.18	36.54	17.4
One Ashford Hospital	19.9	44.2	24.3	23.1	38.9	15.7

8. Statements of Assurance and Compliance – achievements 2021–2022

c) Local audits

Source: Local audit data

Local audits are important in measuring and benchmarking our activities against agreed standards, prompting change to improve practice and re-measuring to determine any service improvements. Results are shared to promote learning across the organisation and cross site at the joint One Healthcare Governance meeting. Our robust audit programme provides reassurance of the quality of the services provided at One Ashford Hospital. Examples of the audits completed are highlighted in the table below.

Audit	2020-2021 compliance*	2021-22 compliance*
49 Steps cleaning audit – high risk areas	96%	97%
Antibiotic Prophylaxis audit	85%	97%
Clinical Records Audit In-patient	96%	96%
Clinical Records Audit Day Surgery	97%	97%
Controlled Drugs	78%	85%
Covid Consent audit	92%	76%
Early Warning Score (EWS)	98%	98%
Hand hygiene	98%	100%
Imaging safety and compliance	100%	100%
Infection Prevention and Control Environmental standards	99%	97%
Health Record keeping standards	95%	96%
Patient Consent	100%	100%
Pain audit (new audit for 2021/22)	N/A	92%
Physiotherapy record keeping	89%	88%
Peripheral Vascular Cannula Devices	96%	97%
Resuscitation Trolley Audit	100%	90%
Resuscitation Scenario Simulation	Passed - Low risk	Passed- low risk
Sepsis	95%	100%
Transfusion compliance	Due to low patient numbers not undertaken to complete in 2022-2023	
Urinary Catheter	99%	100%
VTE Risk Assessment	97%	95%
World Health Organization (WHO) checklist compliance	100%	100%

* Based on average compliance for audits undertaken. The frequency of audit varies from monthly to yearly and the overall compliance percentage reflects this.

8. Statements of Assurance and Compliance – achievements 2021–2022

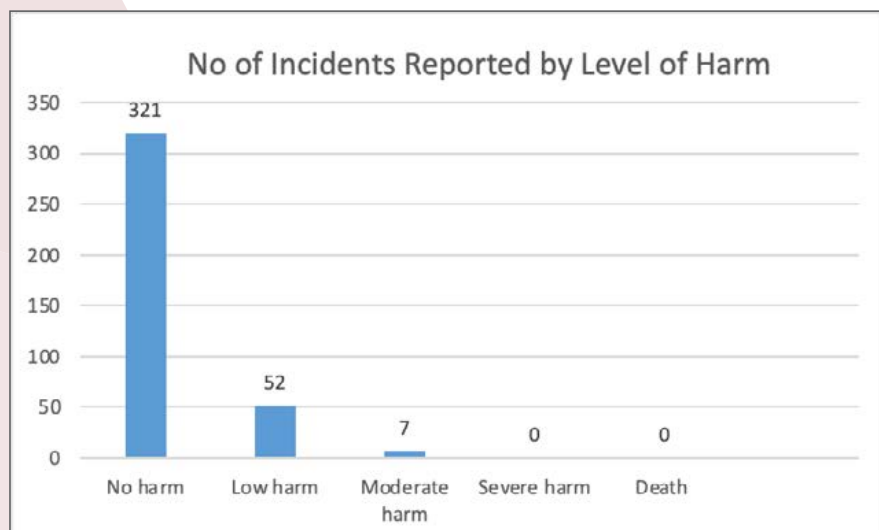
8.4 Key Performance and Quality Indicators

a) Incidents

Source: Data obtained from Datix incident management and reporting system

During the year 1 April 2021 – 31 March 2022 there were a total of 380 incidents reported at One Ashford Hospital.

The number of severe and moderate harm incidents remains very low, and our average of incidents reported compared to patient activity is 0.99%. We are continuing to work with staff to ensure all incidents and near misses are reported.



8. Statements of Assurance and Compliance – achievements 2021–2022

A Quality dashboard is completed monthly to provide 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	Number	% against activity	Comments and actions to improve quality
Patient deaths (unexpected and 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	0%	We will continue to monitor incidents reported via Datix for any trends and keep staff aware via regular updates at governance meetings.
Unplanned readmissions within 28 days	6	0.2%	Each incident is reviewed by a senior clinical team member to identify learning and actions to prevent reoccurrence. 5 incidents involved readmission to another hospital and 1 to a community hospital for rehab. Each incident was managed according to the clinical intervention required, appropriate action taken.
Unplanned returns to theatre (within 7 days)	1	0.04%	We continue to work with the Consultants to ensure low levels of returns to theatres. All instances are reported on Datix to evaluate.
Unplanned transfers to another hospital*	10	0.36%	Reviews undertaken to establish any trends. All patients required interventions not available at One Ashford Hospital so transfer to the local NHS Hospital was required.
Patient falls	7	0.25%	Full reviews were undertaken after each fall to identify the root cause and if any measures could be taken to minimise the risk. "Call don't fall" signs are on display in all patient bedrooms and bathrooms.
Venous Thromboembolism (VTE) cases	3	0.26%	3 confirmed for this time period. Full Root Cause Analysis conducted which showed all were unavoidable and precautionary measures were undertaken correctly.
Safeguarding Referrals to local Safeguarding team	0	0%	Any incidents would be escalated to the KCC Safeguarding team.

* At One Ashford Hospital we do not have high dependency, intensive care or CT facilities. Any patient requiring these interventions, will require a transfer out. We have an excellent affiliation with the local NHS Trust, which is opposite our site.

8. Statements of Assurance and Compliance – achievements 2021–2022

Key learning and changes to practice from incidents:

- Medicine management training with a focus on missed doses and controlled drugs. Effective medicines management is an integral part of nursing care and ensures the patient is the primary focus so better targeted care can be achieved.
- Productive ward board placed in the ward office as original ward board was not clear to nursing staff and other MDT members. The new board clearly identifies name of patient, length of stay, named nurse and Consultant. There are also magnets to indicate to the MDT outstanding jobs, for example discharge letter required, bloods needed, Physiotherapy required. Falls risks, dementia and any other specific needs are also clearly marked with the use of magnets. This board has proved to be a success for the whole MDT.
- Ward clinic set up on Compucare as patients that were coming back for wound care reviews were not documented clearly. Bookings for wound reviews are recorded under the ward clinic so nurses know who to expect in for review.
- Wound care information leaflet revised for patients so patients have in-depth written information about how to care for their wound at home.
- A fluid SOP and fluid flow chart was developed to support and facilitate patients' recovery and early mobilisation post operatively with fewer vasovagal episodes. Bladder scanning and intermittent catheterisation with in and out catheters was introduced to reduce the need for catheterisation.
- Transfer out paperwork reviewed and policy reviewed. Transfer of care form updated to improve communication between care providers.
- Instrument sets used for minor procedures reviewed for Outpatients to ensure specific for different specialities.
- Spot audits carried out to embed importance of securely storing confidential information.

b) Infection Prevention and Control

Source: Local Infection Prevention and Control databases and Datix incident managing and reporting system

One Ashford Hospital is dedicated to leading staff effectively, to make certain our services are meeting Infection Prevention and Control (IPC) requirements, and target areas for improvement if they are falling short of the required standards and expectations. All elements relating to IPC are managed and coordinated through the well-established IPC committee.

One Ashford has continued to regard Infection Prevention and Control as a top priority, and a strong focus for the organisation was recovery from the Covid-19 pandemic, as well remaining committed to reducing the risks of healthcare associated infections. Infection Prevention Control practices were based on guidance and information from Public Health England and NHS England Directives.

We continued to comply with all mandatory reports, including Public Health England (PHE) for reporting of alert organisms. We had no reports of MRSA, MSSA and Clostridium Difficile Bacteraemias in this reporting year and are working to ensure that we continue to have zero cases.

Mandatory surveillance for orthopaedic joint surgical site infections continue to be collated as required and our infection rates remain low.

All suspected infection are reported via our SSI surveillance and Datix reporting system and investigated by our IPC lead. There were a total of 16 superficial infections and 1 deep infection in the year 2021-22 across all specialities. This was a reduction of infection with total % for the year 0.4% infection rate in all surgical procedures undertaken during the year.

8. Statements of Assurance and Compliance – achievements 2021–2022

Environmental Audit Scores

Area of audit	Date undertaken	Score achieved
Outpatients	Sept 2021	98%
Theatre	June 2021	99%
Imaging	August 2021	98%
Inpatient	July 2021	100%
Physiotherapy	April 2021	97%

A fixed term IPC Lead was appointed to start in Jan 2021, there was a gap in the IPC Lead service provision between Sept 21- Jan 22. Despite the gap in service, significant progress against the Annual IPC Plan was made with the support of the Director of Clinical Services, Infection Control Link Practitioners and Consultant Microbiologist.

The established audit programme continues for infection control. In addition audits against Covid-19 facilities audit for the organisation against the new IPC national framework developed in light of Covid-19.

a) Complaints

Source: Datix incident reporting and management system

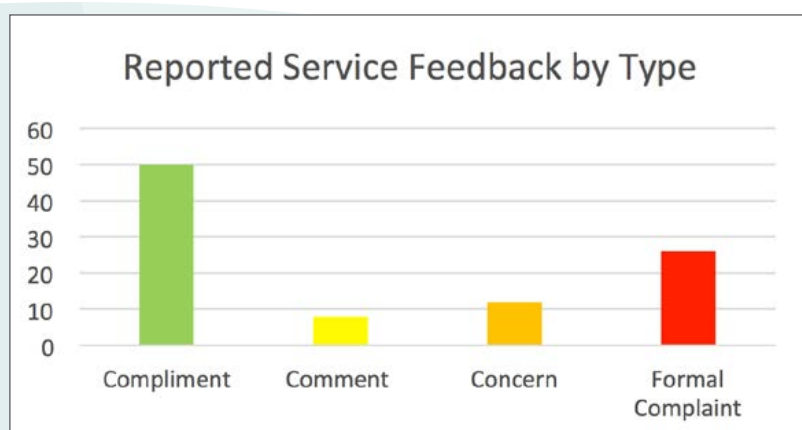
We welcome and encourage any feedback, both positive and negative, from patients or relatives. All feedback received is recorded on Datix. As a hospital, we are committed to providing the best possible patient experience. We capture compliments, comments, concerns and formal complaints.

For patients or family members who raise formal complaints, we support through our structured complaints procedure. The stages are as follows:

- Stage 1 – Local resolution
- Stage 2 – Internal review by Group Clinical Director
- Stage 3 – Referral to Independent External Adjudication service run by ISCAS

Between 1 April 2021 – 31 March 2022, 25 formal complaints were reported. This amounts to 0.06% against the number of patients seen (n=38,823), a decrease compared to the previous year (0.08%). 1 complaint escalated to Stage 2, none reported to Stage 3.

The complaint process we adhere to is to acknowledge all complaints within 2 working days, and respond within 20 working days. For our acknowledgements 100% of the time we met this requirement, and for responses this was 56% (this equated to 14 complaint falling outside of the 20-day period). This was due in part to a change over in staffing for complaints management and also to complex complaint management response times being extended due to collation of relevant information.



8. Statements of Assurance and Compliance – achievements 2021–2022

Categorisation of our complaints allows us to identify key areas for improvement, in particular staff communication, staff attitude and behaviour and clinical treatment given by the consultants.

Key learning and changes to practice following complaints:

- As part of our discharge process we have a specific discharge checklist that states: a) discharge medication and information given and understood b) patient confirms understanding of information provided with discharge medication.
- Full review of all the transfer out policy with the Trust.
- Staff to ensure the patient understands what is going to happen during appointments
- To make sure all ward staff are reminded to complete procedure details on the discharge summary.
- Letters are often sent by email and any correspondence that is posted is marked 'Private and Confidential. To be opened by Addressee only' in case of typing errors.

b) Patient Experience and Satisfaction

Source: Quality Health and Howard Warwick Associates Patient Satisfaction Reports

One Ashford Hospital strives to ensure that patients have a positive experience of care from start to finish. To determine how we are performing patient feedback is a very valuable source of information. Results from the satisfaction reports allows us to review performance and identify any changes required to improve the patient journey.

Response rate for in-patient surveys

April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
48%	27%	29%	34%	33%	15%	24%	17%	63%	37%	9%	46%

The table below highlights a selection of the results.

An average score of 99% would recommend One Ashford Hospital in 2021/22.

	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Friends and Family Test	100%	97%	100%	100%	100%	100%	98%	95%	99%	100%	100%	100%
Involved in decisions	95%	97%	91%	97%	92%	100%	98%	93%	91%	95%	95%	97%
Treated with Dignity and Respect	100%	100%	99%	99%	99%	96%	100%	95%	99%	99%	100%	99%
Privacy given	100%	97%	97%	98%	99%	98%	98%	97%	100%	100%	100%	100%
Worries and Fears addressed	90%	96%	93%	92%	91%	86%	87%	89%	91%	85%	100%	97%
Medication side effects discussed	93%	88%	87%	90%	86%	83%	87%	92%	83%	88%	79%	91%
Told who to contact if worries after discharge	100%	98%	99%	99%	97%	100%	100%	100%	99%	99%	100%	99%

Summary of results in 2021/22

8. Statements of Assurance and Compliance – achievements 2021–2022

Following feedback and comments on the patient satisfaction surveys, we have made the following changes:

- Side-effect summary of commonly prescribed drugs for discharge provided to nursing staff to ensure side effects are discussed when discharge counselling is carried out of hours by nursing staff.
- Written instructions provided to all patients by Pharmacy on discharge outlining how to take their medication and common side effects.
- Pharmacy post weekend discharge calls made to patients to discuss medication, including instructions on how to take the medication and common side effects.
- Refresher medicines management training for nursing staff and new starters carried out.
- Nurse training for use of pain management tool.
- Visual aid for pain scores in all rooms to ensure the patient can refer to the scale when scoring pain on nurse assessments.
- Specialist Q Tips for difficult catheterisation ordered, along with providing training for nurses.
- Garden walls have been cleaned, the glass roof repaired and gardeners have access post pandemic to maintain the gardens.
- Coffee changed in coffee shop.
- Review of ward host processes in relation to water being topped up for patients. An extra check of water jugs added and ensuring patients dietary needs are monitored on an ongoing basis.
- To minimise disruption to patients at night when observations are needed by nurses, three neck LED lights were purchased so nursing/medical staff can enter without turning on the main light in the patient bedroom.
- Posters updated in patient bedrooms so there are clear instructions on how to use the light and TV controls from their bedside handset.
-

8. Statements of Assurance and Compliance – achievements 2021–2022


c) Staff Satisfaction Survey

Source: Staff Satisfaction Report from Microsoft 365 Survey

At One Ashford Hospital it is important for us to provide an optimal working environment for our staff. We recognise that Covid had, and continues to have, a major impact on staff health and well-being, so we undertook a staff survey to determine if employees felt supported and informed through this difficult time. All staff were invited to complete the survey, providing their thoughts on well-being, work arrangements, management and leadership and communication. The survey was undertaken in May 2021. 36% of our staff completed the survey.

Recommendation	Action
Improve maternity pay benefits	This was in the process of being changed when the staff survey was undertaken. The new policy allows for 8 weeks at full pay plus 12 weeks of half pay. This was communicated to all staff following the survey.
Reminder to all staff of the benefits they currently receive as those in post for years may have forgotten.	A series of communication emails was sent out by Human Resources reminding staff of all the benefits they receive. These include Private Medical Insurance, enhanced pension contribution, life insurance, free parking.
Promote recruitment at One Ashford.	Virtual open day took place on 8th Sept 2021 to attract applicants. Recruitment boards were placed outside of the hospital.
Heads of Department management skills training	ILM level 3 award training offered to all Heads of Departments. This was well received.
More visibility from Senior Management Team (SMT) - senior presence around the hospital and daily walk around to departments to ask "how are you?"	A daily communication meeting is held by SMT where updates are given and staff can share key messages from their department. SMT able to now walk more freely around hospital but still need to comply with Covid restrictions.
New staff starting in the hospital – introduction email.	This has been communicated to all Heads of Departments as an essential when a new employee joins the organisation. In addition, this is now communicated in the Friday staff communication email from the Hospital Director.
Reminder to staff for mental health support	Information regarding mental health support has recently been sent by Human Resources. Posters also displayed around the hospital so staff know how to access support.
Improve ventilation in the administration offices.	Actioned – improvement seen.

8. Statements of Assurance and Compliance – achievements 2021–2022

79% of staff felt safe to continue doing their job during the Covid-19 pandemic	75% of staff knew who to talk to if support was needed during the Covid-19 pandemic	70% of staff felt that senior leadership effectively led One Ashford Hospital through the Covid-19 pandemic
75% of staff were satisfied with hospital communication regarding the Covid-19 pandemic		51% of staff felt that they had sufficient opportunities to discuss changes at work during Covid-19 pandemic
64% of staff were aware of the impact on their role when changes were made at work during the Covid-19 pandemic	75% of staff felt that their team communicated well and stayed connected during the Covid-19 pandemic	75% of staff had confidence in the leadership team's decisions and responses to Covid-19

d) Staff Training

Source: Local HR database

One Ashford Hospital continues to provide a variety of training modules for staff, both through e-learning and face to face modules. Frequency of completion has been reviewed in line with national guidance.

Showing our dedication to staff continuous professional development, we have invested in specific courses relevant to staff roles. This ensures we maintain a competent and capable workforce. Examples include:

- Advanced Life Support
- Inphase training and regular user updates
- Water Safety Group Training for facilities and relevant accountable role
- Face to Face Level 3 Safeguarding Adults and Children
- Accounting Association Training

- Patient Safety Congress
- Human Factors training
- Medicines Management
- Apprenticeship training for pharmacy assistant
- Safe and Secure Handling of Medicines: Incorporating Guidance on Medicines Administration held by the Royal Pharmaceutical Society and Royal College of Nursing
- Further RADAR training and PRADAR training
- Practice Assessor and Practice Facilitator Training for assessing student nurses
- Heads of department and departmental leads undertaken ILM level three training
- Mental Health First Aider training

Our average training compliance for 2021/22 for E-Learning is 96%. The Focus for 2022-2023 will be to ensure they remain at high levels.

8. Statements of Assurance and Compliance – achievements 2021–2022

e) Health and Safety

Source: Local Health and Safety data and audit

The Health and Safety Lead appointed in early 2019 has continued to progress the Health and Safety agenda. Health & Safety Links in each department are supported by the Health and Safety Lead to carry out required audits and meet quarterly as a group to discuss priorities.

Health and Safety meetings are held bi-monthly, with key departmental leads attending. During this meeting all Health and Safety incidents are reviewed, allowing for lessons to be learnt and actions to mitigate them occurring again are developed.

As Covid-19 affects reduced, the Health and Safety Lead made sure measures were in place to protect staffs against Covid-19 but reducing the protection. Some staff continued with hybrid working arrangements and the Health and Safety lead ensured that their home office set up was safe and their general health and well-being were maintained.

During the reporting period there has been a total of 44 Non-clinical health and Safety incidents at the One Ashford Hospital, of which 20 caused no harm, 19 harm, and a further were near misses. 6 of these incidents affected patients, 18 to staff / contractors, 1 to the public and 19 to the organisation. The top incidents were staff injuries (7), Injuries – bruising (6), Injury – other (4), electricity failure (4), slips, trip and falls (3), and building defects (3). None of these incidents were RIDDOR reportable.

Key achievements for 2021/22 for Health and safety have been:

- Fully review of all health and Safety policies and updated where necessary
- Introduction of InPhase, an online risk module, allowing for live monitoring of the risk mitigation strategies in place.
- COSHH risk assessments have been carried out on all COSHH products within the hospital, and all are up to date.
- Communication has been good with 100% of the hospital Health and Safety meetings taking place. At these meeting 81% of those of were invited to attend attended.
- Departmental Health and safety audits and Departmental COSHH audits were carried out every quarter, with the hospital average for the H&S audit being 92% and for the COSHH audit 97%.
- The hospital SHE audit was under taken every 6 month and was 93%
- Display Screen Equipment (DSE) audit was carried out on 98% of staff for both home and the office. Where necessary modification and advice was offered to improve on the work station ergonomics and work-life.
- One Ashford now has trained 7 mental health first aiders.
- 5 moving and handling trainers have been trained to provide in-house Moving and Handling training to both clinical and non-clinical staff.
- Special circumstances –5 staff became pregnant during the period, full risk assessments were carried out and reviewed regularly. No work adaptations were needed for them.
- Covid secure site for both staff and patients. Implementation of rigorous cleaning measures, mask wearing, staff carrying twice weekly lateral flow tests, and patients having pre-surgery Covid tests.

9. Closing remarks

Thank you for taking the time to read One Ashford Hospital's Quality Account for the year 1 April 2021 – 31 March 2022.

Your views are always welcome, and we would be pleased to hear from you if you have any comments, questions or wish to provide feedback.

You can contact us in a variety of ways:

Via email: ashford.info@onehealthcare.co.uk

Via telephone: 01233 423000 (ask for the Director of Clinical Services)

Write to us: One Ashford Hospital
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