THE HAMPTONS HOSPITAL

The Hamptons Hospital

Quality Account
2024/25

Your Partner in Health, Your Leader in Care

Contents

Welcome to The Hamptons Hospital

Statement from Imran Walji, Chief Executive Officer and Registered Manager, The Hamptons Hospital

I am pleased to present the Annual Quality Account for the Hamptons Hospital, which outlines our commitment to delivering safe, effective, and patient-centred day case care.

Quality and patient safety are at the core of everything we do. As an independent day case hospital, our focused model of care enables us to provide timely treatment while maintaining robust clinical governance and high standards of safety. This Quality Account reflects how we monitor, assure, and continuously improve the quality of our services.

During the reporting period, we have continued to strengthen our clinical governance arrangements, ensuring that learning from incidents, audits, patient feedback, and outcomes is embedded into everyday practice. We actively review performance against national guidance and best practice, using data and assurance processes to identify risks, drive improvement, and maintain compliance with regulatory standards.

Patient experience remains a key priority. We value the feedback we receive from patients and use it to inform service development and quality improvement initiatives. Our teams work hard to ensure patients feel informed, respected, and supported throughout their care, from referral through to discharge and follow-up.

We also recognise that high-quality care depends on a skilled, engaged workforce. We have continued to invest in training, competency assessment, and professional development, supporting staff to deliver care that is safe, compassionate, and responsive.

Looking ahead, we remain focused on further strengthening quality assurance, learning from data and patient experience, and adapting our services to meet changing healthcare needs. We will continue to work collaboratively with clinicians, partners, and regulators to ensure our services are safe, effective, and continuously improving.

I would like to thank our patients for their feedback and trust, and our staff and consultants for their dedication and professionalism. I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate and reflects the quality of care provided at The Hamptons Hospital.

Imran Walji
Chief Executive Officer
The Hamptons Hospital

Introduction to our Quality Account

This Quality Account is The Hamptons Hospital' first annual report to the public and other stakeholders about the quality of services we provide, since opening in October 2023.

It presents our achievements in terms of clinical effectiveness, safety, excellence and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat.

It will also show that we scrutinise all the services we provide with a view to improving it and ensuring that our patients treatments and outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Part 1

Statement from David Winters, Director of Hospital Operations and Strategy, The Hamptons Hospital

At the Hamptons Hospital we appreciate that patients are free to choose their healthcare provider and we are therefore continually committed to offering the highest quality of care and clinical outcomes for all our patients.

The Hamptons Hospital works closely with our NHS partners, the Care Quality Commission (CQC), General Practitioners (GPs), the NHS Cambridgeshire and Peterborough Integrated Care Board, together with Consultants to ensure the best quality of care and service is delivered.

Our vision is to be a leading healthcare provider where clinical excellence, safety, care and quality are at the heart of everything we do, whilst growing our business and profitability. We aim to be an innovative provider by the introduction of transformative models, e.g. Health Village, a groundbreaking concept that moves the focus from reactive treatments to proactive health management.

This quality account has been produced to demonstrate our continued commitment to measuring and acting on all patient and customer feedback. This feedback, together with the correct channels in place, will allow our patients access to a personalised, seamless experience. Furthermore, it enables the Hospital teams to continually learn, enhance and improve on all quality aspects of the services we provide.

We understand that by providing reassurances to our patients and their families/carers is paramount at all times. This begins with patient safety, which is always our highest priority. To this end, we will continually review our clinical care standards, clinical effectiveness, outcomes and feedback via our audit programme, observation and a ‘no blame’ culture. This also demonstrates that the treatment and care we deliver are evidence-based and delivered by appropriately qualified and experienced clinicians, practitioners and all other key allied professionals.

We recruit, induct and train our staff to enable the delivery of high-quality care in all aspects, and this includes customer care. Future initiative by May 2026 is to develop and introduce a Patient focus Group which will provide us with valuable insight into our care model and delivery of service and how we can improve.

The Hamptons Hospital is committed to ensuring our patients are fully informed about their treatment at all times. This is an important factor associated with improving treatment outcomes and pathways.

We ensure that our patients are involved in their treatment at the earliest possible stage so that all options and benefits are discussed in full, supported by our Clinical Governance structure and Committee and Medical Advisory Committee.

David Winters
Director of Hospital Operations and Strategy

This report has been reviewed and approved by:

Karen Crockatt, Clinical Services Manager
Mr Asad Qayyum, Consultant ENT Surgeon, MAC Chair and Medical Director

The report has also been shared with the following groups for their review and comment prior to submission:

NHS Cambridgeshire and Peterborough Integrated Care Board,

1.2 Hospital Accountability Statement

The Hamptons Hospital

This Accountability Statement forms part of The Hamptons Hospital's annual Quality Account and confirms the organisation's responsibility for the quality, safety, and continuous improvement of the services it provides.

Statement of Accountability

The Hamptons Hospital is accountable for ensuring that all services are delivered in a manner that is safe, effective, patient-centred, timely, efficient, and equitable. The Hospital Board accepts collective responsibility for the accuracy of this Quality Account and for the actions arising from it.

Governance and Leadership for Quality

- The Hospital has a defined governance framework that ensures clear accountability for quality and safety at all levels of the organisation.
- Overall accountability rests with the Chief Executive Officer/Registered Manager supported by the Director of Hospital Operations and Strategy and the Clinical Services Manager.
- Clinical governance arrangements ensure that quality, safety, and patient outcomes are monitored, reviewed, and improved on an ongoing basis.

Quality and Patient Safety

- The Hospital is committed to maintaining high standards of clinical care and patient safety in line with regulatory requirements and best practice.
- Systems are in place for risk management, incident reporting, learning from adverse events, and implementing improvements.
- Quality indicators, audits, and outcome measures are used to monitor performance and drive improvement.
- Patient Safety Incident Response Framework plan and policy has recently been implemented in the hospital.

Clinical Effectiveness

- Care is delivered by appropriately qualified and competent professionals practising within their scope of practice.
- Clinical practice is guided by evidence-based policies, national guidelines, and regular audit.
- Learning from audit results, patient feedback, and performance data informs service development and improvement plans.

Patient Experience and Engagement

- The Hospital values patient feedback and actively seeks the views of patients and carers to improve the quality of care.
- Complaints and concerns are managed openly, fairly, and in line with the Hospital's complaints policy.
- Respect, dignity, informed consent, and clear communication are central to the patient experience.

Regulatory and Statutory Compliance

- The Hospital complies with all applicable legislation, licensing conditions, and regulatory standards.
- Accurate and complete records support the information contained within this Quality Account.
- Notifiable incidents and quality concerns are reported to the relevant authorities in a timely and transparent manner.

Review, Assurance, and Continuous Improvement

- The information presented in this Quality Account has been reviewed and approved by the Chief Executive Officer, Director of Hospital Operations and Strategy, Medical Director/ MAC Chair and Clinical Services Manager.
- Progress against quality priorities is monitored throughout the year and reported through governance structures.
- The Hospital is committed to continuous improvement and to using this Quality Account to demonstrate accountability and transparency to patients, staff, regulators, and the public.

The Hamptons Hospital

The Hamptons Hospital is a private, rapid diagnostic and day surgery hospital. It opened in October 2023 and is registered with the Care Quality Commission to provide care and treatment for adults, aged 18 years and over.

The Hamptons Hospital offers care to patients with private medical insurance, self-pay patients (patients who wish to fund their own treatment) and patients referred through the NHS Patient Choice Scheme/Framework.

The Hospital commenced its service in October 2023 by delivering outpatient services for the local NHS Trust, including diagnostics. In January 2024 a Tele Dermatology skin cancer screening contract, alongside a Community Diagnostics Contract for the local NHS Trust began with Endoscopy services commencing in April 2024.

In March of 2025, Phase 2 was completed, which comprised the development and commissioning of two state-of-the-art surgical operating theatres. This allowed the hospital to support in the provision of additional capacity to the local health economy and NHS Trust hospitals.

Since opening, we have treated the following volumes of surgical admissions, outpatients and diagnostics for NHS patients and private patients, both insured and non insured

YEAR	OUTPATIENTS	DIAGNOSTIC	SURGICAL ADMISSIONS
2023	753	0	0
2024	3051	14161	434
2025	10913	6952	1942

The Hamptons Hospital has 65 permanent members of staff with a split of 29 clinical and 26 non clinical. This excludes the Senior Leadership Team of 7 members.

There are several additional roles that form part of the Senior leadership Team and departments:

- Head of Operations
- Head of Non-Clinical services
- Finance Manager
- Medical records team
- Bookings team
- Medical secretarial team
- IT team
- Private Patient Co-Ordinator
- GP Liaison/ Business Relations Manager
- HR

All care and treatment at the Hamptons Hospital is Consultant-led led and all our Consultants have approved Practising Privileges in line with the Hamptons Hospital Policy, with strict adherence to compliance.

We have two permanent Resident Medical Officers (RMOs) on site who support the Consultants and the nursing teams to provide medical support to our patients.

The Hospital has built and continues to build strong working relationships with our local commissioners and Trust hospitals to deliver a joint approach to the delivery of patient care.

Our GP Liaison/Business Relations Manager provides links to local General Practitioners to ensure their needs and expectations are managed appropriately and to keep them updated on current and new services. This role, together with the Senior Leadership Team, also engages with Consultant users, both new and existing, in relation to the latest services and innovative developments.

The Hamptons Hospital offers day case surgical (within two operating theatres, 2 Endoscopy suites, 13 patient pods, 5 with ensuite facilities), medical and allied services in the following specialities:

- Ear, Nose and Throat (ENT), including Audiology
- Gynaecology and Women's Health
- Urology
- General surgery
- Orthopaedic
- Maxillo Facial
- Gastrointestinal Endoscopy (Upper and lower) -Two Endoscopy suites with three accompanying patient pods
- Diagnostic Imaging including MRI (Magnetic Resonance Imaging); CT (Computed Tomography); Ultrasound; Dexa scan; OPG (Orthopantomography)
- Cardiology
- Respiratory
- Vascular
- Dermatology
- Plastics
- Pain Management
- Private GP services
- Outpatient department, including pre-operative assessment and phlebotomy
- 24-hour access to the senior nurse on call for patient queries following discharge
- On-site RMO during hospital opening hours.

The clinical teams are supported by lead nurses in the following areas:

- Resuscitation Lead who ensures that we meet the required guidance as set by the Resuscitation Council (UK) and that we have safe systems, policies, processes and protocols in place to enable us to care for patients safely where their condition may deteriorate. This role, together with our appointed external provider, undertakes training in Basic Life Support; Intermediate Life Support; First Aid; Scenario training and audit; Acute Illness
- Management (Transfer). The training programme has been clinically reviewed and the additional modules of AIM included going forward. This also includes all equipment reviews.
- Infection Prevention and Control Link Nurse ensures that actions in the Infection Prevention and Control Annual Plan are completed. This nurse works in close collaboration with our external registered provider, demonstrating evidence of compliance with the requirements of the 'Health and Social Care Act 2008 – code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Standard Outcome 8- Regulation 12.

We are currently in the process of appointing a Blood Transfusion Lead. This role will ensure blood storage, ordering and administration processes are in line with MHRA regulations once this area is commissioned. Staff will receive annual mandatory training on the management of blood products and the Haemorrhage and Critical Transfer policy and this will be audited by regular scenario simulation via our external provider and NWAFT Blood Transfusion team and laboratory.

Occupational Health

Occupational Health service is via an external provider who ensures all staff well-being is supported and monitored.

Mental Health First Aiders

We have one Mental Health First Aider who has completed the training to undertake this role. We believe that the Mental Health and Well-being of our staff is paramount in enabling a positive work culture where staff feel supported and can have open and honest discussions.

The Hamptons Hospital is committed to supporting local charities. Since opening, we have worked closely with the Sports Connection Foundation, a Children's Charity that uses sport to transform the lives of children and young people.

The staff continue to organise events to support national charities, such as the MacMillan Cancer Support and at Christmas, the Trussell Trust.

Part 2

Quality Priorities for 2025/26

Plan for 2025/2026

Annually, The Hamptons Hospital will develop an operational plan to establish clear objectives for the year ahead.

We have and foster a strong commitment to our private patients while continuing to work in partnership with our NHS colleagues, ensuring that all our commissioned services deliver safe, high-quality treatment for every patient in our care.

We will constantly strive to improve patient and clinical safety and standards by a robust governance system including audit and feedback from all patients experiencing our care and services. Our Hospital and Clinical strategies will continue to be driven by ensuring quality is at the heart of everything we do and undertake. We aim to continuously improve safety, quality and ultimately the patient, their relatives and carers experience so we can enhance our service quality.

Our strategy priorities are determined by the Senior Leadership Team together with our teams led by heads of Departments. We take into consideration all patient, consultant and staff feedback, audit results, national guidance and legislation.

Patient experience at the Hamptons Hospital is integral to everything we do. Several initiatives are now in progress including the implementation of a Patient Focused Group and a Patient led Assessment of the Care Environment (PLACE) in 2026. Prior to opening our Hospital, an independent assessment by members of the local community was undertaken with regard to the environment both internal and external; privacy and dignity; accessibility; cleanliness; information provided and communication. Positive and constructive feedback was received and where changes were suggested, these were made.

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

At the Hamptons Hospital, people are at the heart and centre of how we ensure safety. We will continue to support our teams by having in place mandatory processes and systems across the organization to protect and care for all of our patients, partners and our own people.

Priorities for Improvement

2.1.1 Review of Clinical Priorities 2024/25 (looking back)

Patient Safety/ Incident Reporting

Radar has been a platform adopted for the reporting of all incidents, complaints and compliments. Together with the appointment of a Quality and Risk Manager, this has seen an improvement in the recording of events, reflection in practice and the dissemination of lessons learned within the whole team.

Patient Safety Incident Response Framework (PSIRF)

Patient safety is central to the delivery of care at The Hamptons Hospital. As an independent sector provider of day-case surgical services, we are committed to learning from patient safety incidents and continuously improving the quality and safety of care we provide. PSIRF implementation has been ongoing this year and the related plan and policy are now in place. However as this initiative has only been introduced recently, PSIRF training continues as part of mandatory training for all staff to ensure it is embedded.

In line with the Patient Safety Incident Response Framework (PSIRF), The Hamptons Hospital has implemented a systems-based approach to responding to patient safety incidents. PSIRF replaces traditional investigation models with a proportionate, learning-focused framework that supports improvement and enhances patient safety outcomes.

Our PSIRF approach supports our Quality Priorities by:

- Focusing on learning and improvement, ensuring responses to incidents identify contributory system factors and lead to meaningful, sustainable change.
- Using proportionate responses, selecting the most appropriate method of review based on risk, severity, and potential for learning, rather than automatically undertaking formal investigations.
- Putting patients at the centre, involving patients, families, and carers in incident responses and meeting Duty of Candour requirements with openness and compassion.
- Encouraging staff reporting and engagement, promoting a just and open culture where staff feel supported to raise concerns and contribute to safety learning.
- Using multiple sources of intelligence, including incident reports, complaints, audits, and feedback to identify safety risks and inform improvement actions.
- Embedding learning into governance, with oversight through the Clinical Governance Committee to ensure actions are monitored and improvements sustained.

Measuring Impact and Improvement

Learning from patient safety incidents is translated into quality improvement actions, staff education, and changes to clinical pathways where required. Progress and impact are monitored through:

- Incident trend analysis
- Audit and compliance monitoring
- Patient experience feedback
- Clinical outcomes
- Performance Indicators
- Staff feedback

This approach ensures that learning from incidents directly informs our quality improvement supporting our ongoing commitment to safe, effective, and patient-centred day-case surgical care.

Patient Experience

Patient feedback is collected anonymously via SurveyMonkey and analysed monthly. All comments, suggestions and critical review, if any, are discussed at all levels within the team.

Feedback is communicated and discussed through theof Head of Department (HOD); staff forums chaired by the Director of Hospital Operations and Strategy; departmental meetings and via email to all staff. All are reviewed and included into the audit plans, where necessary, changes made where required with continuous monitoring.

Staff Engagement

Regular staff forums are in place, where openness and transparency are encouraged and accepted.

The Hamptons Hospital Independent is committed to an open and transparent culture where staff, clinicians, and contractors feel safe to speak up about patient safety, quality of care, or workplace concerns.

A Freedom to Speak Up Guardian has been newly appointed to provide an independent, confidential route for raising concerns, without fear of detriment. All concerns are taken seriously, investigated appropriately, and used to support learning and improvement. Themes and learning are reported through governance arrangements to strengthen patient safety, workforce wellbeing, and assurance under the Well-led domain. Speaking up is actively encouraged as a professional responsibility and a key component of our commitment to safe, high-quality care.

Clinical Effectiveness

Radiology

Further development of the Radiology Department has continued with the introduction of Cardiac CT (CTCA), Orthopantomography (OPG) and contrast enhanced MRI the aorta, liver, small bowel and renal arteries.

Informed Consent

The Hamptons Hospital uses the EIDO digital consent platform to support patients undergoing day-case surgical procedures. EIDO provides procedure-specific, evidence-based information that is consistent with GMC guidance on Decision Making and Consent (2020). Information is presented in accessible formats, including written explanations, diagrams, animations and videos, supporting patients to understand the nature of their procedure, expected benefits, material risks and reasonable alternatives, including the option of no treatment.

Patients are given access to EIDO in advance of their admission, enabling them to review information at their own pace and consider questions or concerns prior to consultation. This approach promotes shared decision-making and ensures consent is informed, voluntary and tailored to individual patient needs, including those with differing levels of health literacy.

EIDO is used to enhance, not replace, direct discussions with the consultant responsible for the patient's care. Final consent is confirmed face-to-face on the day of surgery by an appropriately qualified clinician, ensuring patients have the opportunity to ask questions and withdraw consent if they choose.

The use of EIDO supports compliance with the CQC Fundamental Standards, particularly within the Safe, Effective and Responsive domains. It improves the consistency and quality of information provided to patients, strengthens documentation of the consent process, and contributes to patient safety by supporting realistic expectations and informed choices.

Patient feedback and audit of consent documentation are used to monitor the effectiveness of EIDO and inform continuous quality improvement, ensuring the consent process remains patient-centred, robust and compliant with regulatory standards.

2.1.2 Clinical Priorities for 2026/2027 (looking forward)

Patient Safety

Continued staff engagement is vital to the quality of care and service we deliver at The Hamptons Hospital. Our staff play key roles in improving patient care and innovations of safe care will be celebrated. All our services will be delivered with the collaboration and participation of all who use them.

Collaborating for Safety

We work collaboratively with partner organisations, visiting clinicians, commissioners and professional networks to share learning and adopt best practice. This collaboration supports safe patient pathways before admission, during surgery and following discharge.

Supporting our Staff

We promote a just culture where staff feel safe to speak up about concerns and are supported when things go wrong. Human error is treated as an opportunity to learn, not blame. Staff are provided with appropriate training, resources and support to deliver safe, high-quality day-case surgical care.

Through our participation in Sign up to Safety, The Hamptons Hospital will demonstrate its commitment to continuous improvement, learning and transparency. We believe that a strong safety culture is essential to delivering effective, efficient and compassionate day-case surgical care, and we remain committed to reducing avoidable harm and improving outcomes for our patients.

Clinical Effectiveness

The Hamptons Hospital will operate a comprehensive annual clinical audit programme that supports continuous improvement in the safety, effectiveness and quality of care delivered within our hospital. The clinical audit programme for 2026 is currently in development and will be completed by the end of January 2026.

Going forward the audit programme will be planned annually and approved through the hospital's clinical governance framework. It will be designed to ensure compliance with national standards, evidence-based guidance and contractual requirements, while addressing locally identified risks and priorities relevant to day-case surgical care.

Our annual audit programme will include:

- National and mandatory audits, where applicable
- Clinical effectiveness audits, measuring compliance with national guidance, professional standards and best practice
- Patient safety audits, including surgical safety checks, infection prevention and control, medicines management and consent processes
- Outcome and experience audits, such as unplanned admissions, complication rates, readmissions and patient feedback
- Locally identified audits, based on incident trends, risk assessments, complaints and learning from adverse events

Each audit will follow a structured audit cycle, including topic selection, standard setting, data collection, analysis and action planning. Audit findings will and are reviewed by the Clinical Governance Committee, and clear action plans developed where improvements are required. Progress against actions is monitored, and re-audit is undertaken to confirm sustained improvement.

Audit results and learning will continue to be shared with clinical teams, visiting consultants and relevant staff to support reflective practice and promote consistent, high-quality care across all services. Where appropriate, learning will also continue to be shared with partner organisations to support safe patient pathways.

Through our annual clinical audit programme, The Hamptons Hospital will ensure that care is regularly reviewed, risks are identified early, and improvements are embedded into everyday practice. This programme is a key component of our commitment to patient safety, clinical effectiveness and continuous quality improvement and is presently under review for 2026.

Patient Experience

The Hamptons Hospital is committed to continually develop and deliver a patient experience that:

- Involves patients, their relatives, carers and the local community to give the best care experience possible
- Reduce the patients anxiety and fear as this can expedite the recovery and healing process
- Provide information to reduce post operative complications
- Good communication and information to help patients to self-manage their illness more effectively and improve treatment and medication compliance

In 2026, we will implement 48 hours post-discharge contact from the clinical team to ensure the patients continue to recover. We are also currently reviewing our patient questionnaire content.

The Francis Public Inquiry (2013) investigated the events that led to patient harm and unnecessary deaths at Mid Staffordshire NHS Foundation Trust. The Government response detailed in ‘Hard Truths’ (2013) included actions for improving patient experience arising from the public inquiry and a further six commissioned independent reviews, including the Berwick Report (2013) and the Keogh Mortality review (2013).

These reviews made clear recommendations for healthcare providers that patient feedback was essential. The recommendations included:

- Preventing and detecting problems early, this includes using diverse means to gather patient feedback and taking appropriate action. Ensuring that the complaints process is more robust and that complaints are heard at Trust Board, published and action taken to improve service.
- Results and analysis of patient feedback must be available to commissioners, regulators and the public, in as near ‘real time’ as possible and actions taken promptly. Ensuring that Friends and Family Tests (FTT) results are published for every ward within a maximum timescale of five weeks and having systems to comply with ‘Duty of Candour’

- Ensuring accountability to develop robust processes for understanding the experiences of patients – triangulated with other quality related information. To use FFT as a catalyst for improvement and to use patient stories alongside quantitative data to make the 'data' real
- Ensuring staff are trained, motivated and understand the positive impact that happy and engaged staff have on patient outcomes- using the NHS staff survey and staff FFT to measure staff experience

Within our strategy, we will identify how we can improve the patient experience at The Hamptons Hospital by the following:

We will fully implement by August 2026, the core values of 'Hello my Name is…….' Dr Kate Granger MBE

- **Communication** is of paramount importance. Timely and effective communication, which is bespoke to the patient, makes a huge difference and starts with a simple introduction
- **The Little Things** really do matter- they aren't little at all. They are indeed huge and of central importance in any practice of healthcare and in society. This could be someone sitting down next to you rather than looming over you or holding the door open for someone coming through.
- **Patient at the heart of all decisions.** 'No decision about me without me'/ These words ring true in healthcare as the most important person is the patient and everything should be done with them in mind.
- **See Me.** See me as a person first and foremost, before disease or bed number. Individuals are more than just an illness, they are a human being, they area family member, they are a friend etc, and we should all remember to see more of an individual than just the reason they are using healthcare.

Provide as many ways as we can to allow patients, their families and carers to give feedback about their experiences and use this to improve our care and service delivery.

Ensure we share what we have changes because of the feedback we have received and respond to complaints within the agreed timescales

Treat our patients as we would wish to be treated ourselves

Understand a patient's needs as an individual and work together to meet them

Enable and empower our staff to be able to put the patient journey and experience at the core of everything we do.

Mandatory Statements

The following section contains the mandatory statements as required by the regulations set out by the Department of Health (DI-I)

2.2.1 Review of Services

During 2024/25, The Hamptons Hospital provided 15 NHS services.

The Hamptons Hospital has reviewed all available data to assess the quality of care across these services, including Healthwatch. An improved balanced scorecard is under consideration to enable benchmarking against other hospitals and to identify key areas for improvement and this will be reviewed annually by the Senior Leadership Team.

The Hamptons Hospital underwent a planned quality assurance visit in February 2025 as part of the Integrated Care Board (ICB) programme for commissioned services within the Cambridgeshire and Peterborough area.

It was recognised during this visit that the hospital is making significant progress, working closely with the ICB and patients to develop pathways and identify areas for improvement. External support is provided for advice and guidance on infection prevention and control and resuscitation, ensuring that all standards are met as the hospital expands.

The hospital is also working towards JAG accreditation for 2026 and continues to collaborate with appropriate services, Consultant users with all staff who have undertaken JETS training as per JAG recommendations.

Practical and aesthetic improvements were identified through patient and staff feedback and addressed, including:

- uneven areas in the car park
- confusion regarding hospital registration entry/ clearer parking instructions
- the need for improved signage from the main road

Positive feedback included:

- hospital cleanliness and environment
- trust in clinicians and clinical staff
- courtesy and professionalism
- responsiveness

A Local Quality Report (LQR) is submitted quarterly to the ICB. This contains details of audit results, patient satisfaction, complaints. Findings and subsequent improvements

Human Resources

Staff numbers have remained relatively low due to the infancy of the hospital, its size and patient activity levels. However with the increase in activity, additional roles have been identified and recruitment has commenced across the clinical specialties. In the past year:

- 43 staff were employed across all teams, of which 20 were full-time.
- The clinical workforce included on opening
  - 10 full-time contracted registered staff, including Operating Department Practitioners
  - 14 regular bank clinical staff, providing valuable flexibility for the departments as required
  - This has now increased

The Hamptons Hospital has a robust e-learning Mandatory Training Programme. All new staff, including bank staff, are allocated time during their induction period to complete this training. Face-to-face training sessions include Sepsis Awareness, Basic Life Support, Immediate Life Support and Manual Handling techniques. This programme will continue to be developed as new services are introduced and associated learning needs are identified.

2.2.2 Participation in Clinical Audit

Local Audit

The Hamptons Hospital will undertake audits in line with the Clinical Audit programme for 2026 currently under review. A local audit schedule was introduced in 2024, however, completion did not meet the required overall compliance.

Currently, The Hamptons Hospital undertakes

- Monthly Emergency Trolley audits to ensure that emergency equipment is ready for immediate use, a routine check of the defibrillator, oxygen and suction is undertaken daily. There is also a weekly audit of the emergency trolley contents. Audit results are discussed at departmental level and at the Clinical Governance Committee. Current hospital compliance for checks is at 100%
- WHO safety check list audits undertaken weekly. Compliance is currently at 98%
- Consent form audits undertaken monthly- currently at 100%
- VTE audits have recently been sampled audited, currently at 96%. This area forms part of the clinical audit programme in progress.
- All audit findings are shared with the relevant teams, highlighting both strengths and areas for further improvement. Outcomes are reviewed at the Clinical Governance Committee and the Medical Advisory Committee.

2.2.3 Participation in Research

There were no patients recruited during 2024/2025 to participate in research approved by the ethics committee which site within the Medical Advisory Committee.

2.2.4 Commissioning for Quality and Innovation (CQUIN) Framework

No CQUINS were undertaken at The Hamptons Hospital during 2023/2024/2025

2.2.5 Care Quality Commission Statement

The Hamptons Hospital is required to register with the Care Quality Commission and was registered by CQC on 24 March 2023. Its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against The Hamptons Hospital during 2023/2024/2025.

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

2.2.6 Data

Clinical coding error rate

The Hamptons Hospital was not subject to the Payment by Results clinical coding audit during 2023/2024 and 2024/2025 by the Audit Commission

Part 3

Review of Quality Performance 2024/2025

Statements of Quality Delivery

Clinical Services Manager – Karen Crockatt

As Clinical Services Manager for The Hamptons Hospital, I am pleased to present this review of our quality performance for the reporting period. This Quality Account demonstrates our ongoing commitment to delivering safe, effective, and high-quality care to all patients who access our services.

Throughout the year, our clinical focus has been on improving and maintaining excellent standards of patient safety, clinical effectiveness, and patient experience within a day case setting. Our governance arrangements have remained robust and proportionate, reflecting the nature of our services while ensuring full compliance with regulatory requirements and recognised best practice.

Quality performance has been routinely monitored through clinical audit, incident reporting, patient feedback, and regular review at clinical governance meetings. These processes have enabled us to identify areas of strong performance as well as opportunities for continuous improvement. Where learning has been identified, actions have been implemented promptly to minimise risk and enhance patient outcomes.

We have continued to see positive outcomes across key quality indicators, supported by the skill, professionalism, and commitment of our multidisciplinary teams. Patient feedback has remained central to our quality agenda, informing service improvements and helping us to ensure that care is responsive, personalised, and delivered with dignity and respect.

As an independent day-case provider, we recognise the importance of delivering efficient, safe care that supports rapid recovery and positive patient experiences. We remain committed to fostering a culture of openness, learning, and continuous improvement, ensuring that quality remains at the heart of everything we do.

I would like to thank our staff for their continued dedication and our patients for their valuable feedback and trust in our services. We will continue to build on our achievements in the coming year, maintaining high standards and striving for excellence in all aspects of care delivery.

Medical Director/Chair Medical Advisory Committee - Mr Asad Qayyam

As Medical Director of The Hamptons Hospital, I am committed to ensuring the highest standards of safe, effective, and patient-centred care are delivered consistently across all services.

Quality is at the heart of everything we do. Our clinical governance framework is robust and underpinned by clear lines of accountability, evidence-based practice, and continuous monitoring of clinical outcomes. We place patient safety as our highest priority, supported by effective risk management processes, incident reporting, and learning systems that promote openness and continuous improvement.

We ensure that all clinicians practising within the hospital are appropriately qualified, skilled, and supported through appraisal, revalidation, and ongoing professional development. Multidisciplinary working, strong medical leadership, and effective communication are central to maintaining high standards of care within the day case setting.

Patient experience is a key measure of quality. We actively seek and respond to patient feedback to inform service development and improvement. Care is delivered with dignity, respect, and compassion, and patients are fully involved in decisions about their treatment.

We regularly review clinical performance, audit outcomes, and compliance with national standards and best practice guidance. Where opportunities for improvement are identified, timely and effective action is taken to enhance the quality and safety of our services.

I am confident that the systems and culture in place within this hospital support the delivery of high-quality care and promote continuous improvement for the benefit of our patients.

The Hamptons Hospital Clinical Governance Framework

The Hamptons Hospital operates a robust Clinical Governance Framework that ensures clear accountability and oversight for the quality and safety of care from Board level through to frontline clinical practice. This 'board to ward' approach ensures that strategic leadership, clinical decision making and day to day care delivery are fully aligned.

The framework ensures clear accountability, promotes continuous quality improvement, and supports compliance with regulatory and professional standards.
Operational responsibility for clinical governance is delegated through clearly defined roles and committees including the Medical Director, Registered Manager, and Clinical Governance Committee. Clinical quality and safety performance are reviewed regularly to ensure effective assurance, learning and improvement actions are delivered effectively.

At service and departmental level, the multi-disciplinary teams are responsible for embedding governance processes into everyday practice. This includes incident reporting, risk assessment, adherence to clinical pathways, participation in audit and engagement in quality improvement activity. Staff are supported and empowered to raise concerns, share learning and contribute to service improvement.

Patient safety is central to our governance arrangements. We maintain systems for the identification, reporting, investigation, and learning from incidents, near misses, and adverse events. This includes compliance with the duty of candour and proactive risk management relevant to day case services.

Clinical effectiveness is supported through evidence-based practice, adherence to national guidance, and a structured programme of clinical audit and outcome monitoring. Audit findings and performance data are used to drive improvements in care delivery and patient outcomes.

The views and experiences of patients are actively sought and valued and is integral to our governance model. Patient feedback, complaints, and compliments are reviewed through governance processes and used to inform service development and quality improvement initiatives.

Our workforce is supported to deliver high standards of care through safe recruitment, mandatory training, competency assessment, appraisal, and professional development. Clinical staff are appropriately supervised and supported in line with regulatory and professional requirements.

Information governance arrangements ensure that patient information is managed securely and effectively, and that data used for quality monitoring and reporting is accurate and reliable.

The Clinical Governance Framework is reviewed regularly to ensure it remains effective and proportionate to the services provided. It provides assurance to patients, staff, and regulators that The Hamptons Hospital is committed to continuous improvement and the delivery of high-quality, safe day case care.

National Guidance

The Hamptons Hospital complies with the recommendations issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority and the Medicines and Health Regulatory Agency.

The Hamptons Hospital has processes and systems in place for reviewing all national clinical guidance and selecting those which are applicable to our business and monitoring their implementation.

3.1 Core Quality Indicators

Mortality

There have been no unexpected deaths at The Hamptons Hospital during 2023/2024/2025 PROMS

The Hamptons Hospital do not report to the Department of Health PROMS survey as we do not currently undertake any procedures that meet the required PROMS reporting

Readmission Within 28 Days

The Hamptons Hospital has no readmissions for the reporting years.

The Hamptons Hospital ensure patients are fully optimised before discharge, preventing readmissions and a detailed patient assessment is undertaken by a multi-disciplinary team which includes Consultants, RMO, Nurses and Anaesthetists.

We will continue to ensure all our staff have the skill and knowledge to provide care to our patients in their differing states of recovery and ensuring patients are not discharged home too early following treatment.

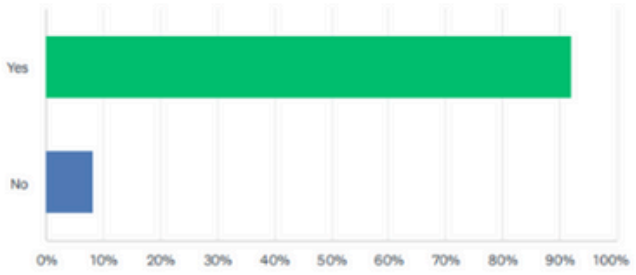
Discharge communication commences early in the patient pathway at the pre-assessment phase. We ensure the patient is fully informed of what they can expect at every stage of their treatment and recovery. Continuity of care for the patient following discharge is critical and a Senior Nurse on call is available with contact details given on discharge.

Responsiveness to Personal Needs

The tables below show examples of recent patient feedback via PHIN Experience score. We will review monthly going forward to ensure that care and services at The Hamptons Hospital are tailored to meet the individual patients needs.

Q139 Would you recommend The Hamptons Hospital to your family and friends?

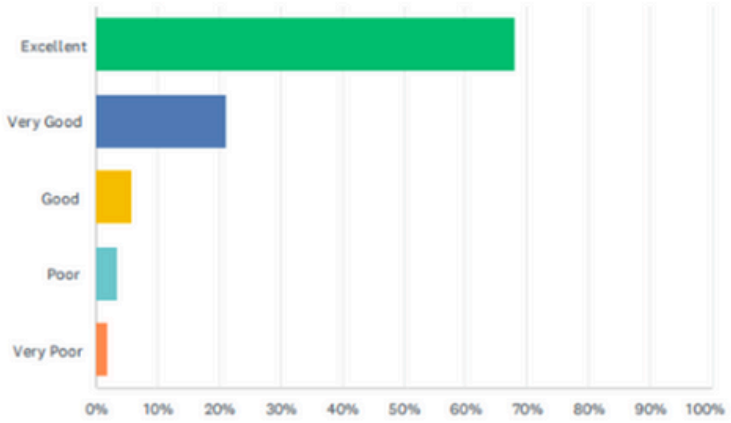
Answered: 209 Skipped: 63



ANSWER CHOICES	RESPONSES	
Yes	91.87%	192
No	8.13%	17
TOTAL		209

Q140 Overall, How would you rate your experience and the care you received at the Hamptons Hospital

Answered: 209 Skipped: 63



ANSWER CHOICES	RESPONSES	
Excellent	67.94%	142
Very Good	21.05%	44
Good	5.74%	12
Poor	3.35%	7
Very Poor	1.91%	4
Total Respondents: 209		

VTE Risk Assessment

The Hamptons Hospital now performs VTE risk assessment on all admitted patients as per our local policy and the National Institute for Clinical Excellence (NICE) NG89.

This recommends that all patients should be assessed for risk of developing thrombosis on a regular basis

- Any pre-assessment
- On admission tothe hospital
- 24 hours after admission
- Whenever their medical condition changes
- Before discharge
- Every patient should receive information on how to continue preventative measures at home

The Hamptons Hospital will ensure that

- Audits are undertaken to monitor compliance to VTE management
- All clinical staff will receive training on how to complete a risk assessment and actions to take
- Report any VTE events to ensure a root cause can be identified, action taken to improve and lessons learned from these events

C Difficile Infection

No infections reported for 202/.2024/2025

Patient Safety Incidents with Harm

No serious incidents reported 2023/2024/2025

Friends and Family Test

The Hamptons Hospital continues to drive the completion of the Friends and Family surveys with all patients who use the services offered at the hospital

3.2 Patient Safety

At The Hamptons Hospital, patient safety is paramount. Risks are identified through routine audits, complaints, adverse incident reporting and raised concerns.

- Serious complaints – we have had no serious complaints since opening in 2023
- Transfers out – we continue to ensure our staff have the skill and knowledge to care for patients requiring close monitoring. All registered clinical staff complete Immediate Life support (ILS) training. Recovery-based staff have completed Advanced Life Support (ALS) and Operating Department practitioners are currently undergoing training.

There have been no transfers reported for 2023/2024/2025. Should an emergency transfer be required , there is a local SLA between The Hamptons Hospital and the local NHS Trust.

Re-operations – there have been no returns to theatre (re-operations) during this reporting period.

3.2.1 Infection Prevention and Control

The Hamptons Hospital have had no reported hospital acquired infection and no reported MRSA Bacteraemia since opening.

External IPC support has been engaged to ensure best practice is followed as services expand with an external audit booked for January 2026. A dedicated IPC Committee will be formed early in 2026, reporting into the Clinical Governance Committee.

An infection control link nurse is in post who, working in close collaboration with our external provider, facilitates best practice in Infection Prevention and Control at The Hamptons Hospital. The Hamptons Hospital will continue to maintain and meet the requirements of the Health and Social Care Act (2008) 'Code of practice on the Prevention and Control of Infections and Related Guidance (July 2015)'

The Hamptons Hospital acknowledges that there are further challenges exist to meet and fully evidence compliance.

Audits and training will continue to be undertaken in the following areas;

- Hand hygiene
- Uniform policy/ Dress code
- Environmental hygiene
- Personal Protective Equipment
- Healthcare Acquired Infections
- Safe handing and Disposal of Sharps
- Needle/Sharp Injury Prevention
- Waste Disposal
- Decontamination
- Cleaning Schedules

Quarterly hospital wide environment audits are undertaken and going forward monthly cleaning audits will be implemented.

Where compliance did not meet >95%, action plans were formulated and completed by the Head of Department and the IPC Link Nurse.

Assessments of a safe hospital environment include Patient-led Assessments of the Care Environment (PLACE). These will occur annually at The Hamptons Hospital going forward and will provide us with a patient's perspective and view of the buildings and facilities. This will give us a clear picture of how the people who use our hospital see it and how it can be improved. PLACE assessment was undertaken prior to opening the hospital.

3.2.2 Safety in the Workplace

The Hamptons Hospital is committed to providing safe working conditions for employees, together with safe facilities and services for patients, contractors and members of the public accessing hospital premises.

The hospital recognises its responsibility to comply with the Health and Safety at Work Act 1974, along with all subsidiary legislation that applies to its activities. To meet its health and safety objectives, comply with statutory obligations and foster a safety culture within the organisation, several initiatives were introduced in 2024/25:

- Continued delivery of staff mandatory training via the e-learning platform, including Principles of Health and Safety, COSHH, Moving and Handling, Fire Safety and Office Safety
- Introduction of face-to-face training in Risk Assessment, COSHH and Manual Handling
- Implementation of an updated Incident Reporting and Risk Management system (RADAR), with lessons learned shared across relevant teams
- An updated Fire Evacuation Plan, following changes to the building and
- services
- Regular Health and Safety Committee meetings to ensure robust monitoring and review systems are in place
- Sharps incidents training updates are booked for January/February 2026.
- Monthly updates relating to drugs and equipment are disseminated to all staff for information and actions to take if required. This process is documented and monitored for compliance of receipt and action.

3.3 Clinical Effectiveness

The Hamptons Hospital has a Clinical Governance Committee with established Terms of Reference and a standing agenda. Since its establishment, the committee has met quarterly and will continue to meet regularly to monitor care quality and effectiveness. Recommendations for action and improvement are discussed with the Senior Leadership Team and Medical Advisory Committee to ensure results are visible and tied into actions required by the hospital.

The committee reviews audits, adverse incidents, complaints, compliments and patient feedback, undertaking further analysis where required. It also reviews NICE and MHRA alerts, sharing relevant guidance more widely to ensure safe and effective care.

3.3.1 Return to Theatre

There have been no returns to theatre during this reporting period.

3.3.2 Learning from Deaths

There have been no deaths following discharge.

3.4 Patient Experience

Patient feedback is received through several routes and is welcomed by The Hamptons Hospital (both positive and negative)

- Complaints and compliments submitted by email, in writing, verbally or via the hospital website
- Patient satisfaction surveys
- The Friends and Family Test

Where patient details are provided, contact is made directly by telephone or in writing. All entries are logged on RADAR, with follow-up and reporting carried out as required.

Compliments

A total of 32 compliments were received this year, alongside positive comments submitted anonymously via our SurveyMonkey tool. Across the board, patients report that staff are welcoming, friendly and professional.

Positive feedback is relayed and shared with staff via email, daily "10 @ 10" meetings and the staff noticeboard, in recognition of their hard work and dedication and to reinforce good practice and behaviour. We ensure that positive feedback from patients is recognized and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also shared with the relevant staff using direct feedback. All staff are aware our complaints procedures should our patients be unhappy with any aspect of their care.

Complaints

A total of 57 complaints were received between April 2024 and January 2025. From a patient cohort of 8,348. The majority of these were related to delays in Teledermatology excision reports. Further complaints related to secretarial services, predominantly within ENT, which resulted in the recruitment of additional secretarial support in-house rather than relying on consultants' own secretaries. From January 2025 to December 2025, there have been 4 complaints from a cohort of 18,072 patients across all areas and all specialties.

3.4.1 Patient Satisfaction Surveys

An external provider (SurveyMonkey) is used to gather anonymous, unbiased feedback on patient experience and satisfaction with services. A small working group are currently reviewing the survey questions, as feedback from patients has highlighted that presently the format is to lengthy, thereby reducing engagement.

Survey results are incorporated into the quarterly ICB report and shared with all staff for awareness and improvement.

Appendix 1

A draft Clinical Vision and Strategy has been developed and has been submitted for approval

Clinical Vision and Strategy for The Hamptons Hospital 2026

Vision

To be a leading, patient-centered day case hospital delivering safe, hig quality, efficient and compassionate care, recognised for cliical excellence, outstandig patient experience and strong partnerships with Consultants, commissioners and local health community.
We will provide right forst time care in a modern, digitally enabled environment , enabling patients to return home safely in the same day

Clinical Goal and Objective

- To deliver evidence-based, consultant-led day surgery and procedures with excellent outcomes.
- Maintain the highest standards of patient safety, governance, and regulatory compliance.
- Provide a seamless end-to-end patient pathway, from referral to recovery and follow-up.
- Support sustainable growth through service innovation, workforce development, and productivity.

Core Clinical Principles

1. Patient First – Care designed around patient needs, preferences, and outcomes.
2. Safety by Design – Robust pathways, standardised processes, and human-factors-informed systems.
3. Day Case by Default – Procedures delivered as same-day care wherever clinically safe.
4. Consultant-Led, MDT-Delivered – Clear clinical accountability with strong multidisciplinary teamwork.
5. Continuous Improvement – Data-driven quality improvement and learning culture.
6. Equity and Inclusion – Fair access, reasonable adjustments, and culturally competent care.

Clinical Service Model

Scope of Services

- Orthopaedics (e.g. arthroscopy, hand & foot surgery)
- General Surgery (e.g. hernia, gallbladder where appropriate)
- Gynaecology (e.g. hysteroscopy, laparoscopy day cases) including Women's Health
- ENT
- Urology
- Pain management and diagnostics
- Endoscopy and minor interventional procedures
- Cardiology
- Respiratory
- Dermatology
- Plastics
- Diagnostic services (e.g MRI, CT Dexa, OPG)

Services will be selected based on clinical suitability for day case delivery, market demand, workforce capability, and risk profile.

Patient Pathway

- Referral and triage with clear inclusion/exclusion criteria
- Pre-operative assessment with optimisation and shared decision-making
- Same-day admission, procedure, and discharge
- Enhanced recovery principles
- Post-discharge support, follow-up, and outcome monitoring

Quality, Safety, and Governance

The hospital's clinical strategy is explicitly aligned to the CQC's five key lines of enquiry (KLOEs): Safe, Effective, Caring, Responsive, and Well-led. These domains underpin all clinical, operational, and leadership decisions.

Safe

- Robust risk assessment and patient selection for day case suitability
- WHO Surgical Safety Checklist and speciality-specific safety bundles
- Effective infection prevention and control systems
- Medicines managementis compliant with national guidance
- Clear escalation, emergency response, and transfer agreements
- Incident reporting, investigation, and shared learning culture

Effective

- Evidence-based clinical pathways and standard operating procedures
- Consultant-led care with defined practising privileges
- Pre-operative optimisation and enhanced recovery principles
- Clinical audit programme and outcome benchmarking
- Complication tracking
- Ongoing competency assessment and revalidation support

Caring

- Person-centred care with shared decision-making
- Respect, dignity, and compassion embedded in practice
- Clear communication throughout the patient journey
- Support for vulnerable patients and reasonable adjustments
- Strong focus on patient experience and feedback

Responsive

- Services designed around local population and market needs
- Efficient access, short waiting times, and flexible scheduling
- Clear inclusion/exclusion criteria and pathway transparency
- Effective management of complaints and concerns
- Adaptable service model to meet changing demand

Well-led

- Clear clinical and managerial leadership structure
- Effective Medical Advisory Committee and governance forums
- Defined accountability and decision-making processes
- Open, transparent, and learning-focused culture
- Workforce engagement, wellbeing, and development
- Strong regulatory oversight and assurance

Workforce and Clinical Leadership

Workforce Model

- Consultant-led services with practising privileges
- Skilled perioperative nursing and allied health professional workforce
- Strong pre-assessment and recovery teams
- Access to anaesthetic, pharmacy, and diagnostic expertise

Workforce Development

- Mandatory training and competency frameworks
- Leadership development
- Culture of psychological safety and speaking up
- Recruitment aligned to service growth and case-mix complexity

Digital and Data-Enabled Care

- Integrated electronic patient record (EPR), which has commenced with the introduction of Compucare
- Pre-assessment and patient communication
- Real-time theatre utilisation and productivity dashboards
- Outcome benchmarking
- Secure data sharing with partners where appropriate

Partnerships and System Integration

- Collaborative working with:
  - Independent consultants
  - NHS commissioners and systems
  - Insurers and self-pay markets
  - Diagnostic and community providers
- Clear pathways for escalation and transfer to acute hospitals

Growth and Service Development

- Phased expansion aligned to quality and workforce capacity
- Introduction of new procedures only after:
  - Clinical risk assessment
  - Training and competency sign-off
  - Pathway testing and governance approval
- Focus on theatre efficiency, case-mix optimisation, and length of stay reduction

Measuring Success

Key indicators will include:

- Patient safety metrics (incidents, never events, transfers)
- Clinical outcomes and complication rates
- Day case conversion and unplanned admission rates
- Patient experience and satisfaction
- Theatre utilisation and on-the-day cancellation rates
- Workforce engagement and retention
- Regulatory compliance and inspection outcomes

Three-Year Clinical Roadmap

Year 1 – Establish and Stabilise

Strategic Focus: Safe establishment, regulatory compliance, and pathway reliability

- Achieve strong CQC registration and inspection outcomes
- Embed CQC-aligned governance and reporting frameworks
- Finalise core day case service portfolio
- Recruit and stabilise core clinical workforce
- Standardise clinical pathways and SOPs
- Establish baseline outcome, safety, and experience metrics
-

Key Risks: Workforce gaps, pathway immaturity, early safety incidents

Year 2 – Optimise and Grow

Strategic Focus: Efficiency, quality improvement, and controlled expansion

- Improve theatre utilisation and productivity
- Expand service lines with proven day case suitability
- Strengthen audit and learning systems
- Enhance patient experience and engagement
- Introduce advanced enhanced recovery protocols
- Develop clinical leaders and succession planning
- Strengthen partnerships with commissioners and insurers
-

Key Risks: Over-expansion, capacity strain, variable clinical practice

Ye**ar 3 – Innovate and Lead**

Strategic Focus: Clinical excellence, innovation, and system leadership

- Position hospital as a regional leader in day case care
- Introduce new techniques and minimally invasive procedures
- Advanced outcome benchmarking and external accreditation
- Mature data-driven decision-making and population insights
- Expand training, education, and research participation
- Demonstrate sustained high performance across all CQC domains
-

Key Risks: Complexity creep, technology adoption challenges

In Summary

This CQC-aligned clinical strategy and three-year roadmap provide a clear, credible plan for delivering safe, effective, caring, responsive, and well-led day case services within the independent sector. By sequencing growth carefully and maintaining strong governance, The Hamptons Hospital will achieve sustainable success, regulatory confidence, and excellent patient outcomes.

The Hamptons Hospital

We would welcome any comments on the format, content or purpose of this Quality Account If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Director of Hospital Operations and Strategy using the contact details below:

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THE HAMPTONS HOSPITAL

Your Partner in Health, Your Leader in Care