THE HAMPTONS HOSPITAL

The Hamptons Hospital

Quality Account
2025/26

Your Partner in Health, Your Leader in Care

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Welcome to The Hamptons Hospital

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

I am pleased to present the second Annual Quality Account for The Hamptons Hospital, which demonstrates our continued commitment to delivering safe, effective and patient-centred care, whilst reflecting openly on both our achievements and the challenges that have shaped our learning throughout the year.

Over the past year, the hospital has experienced significant growth and development, with increasing activity and service expansion enabling us to support more patients within our local communities. This growth has been accompanied by a continued focus on ensuring that quality, safety and patient experience remain at the heart of everything we do. Our consistently high levels of patient satisfaction provide confidence that we are maintaining these standards whilst continuing to evolve and strengthen our services.

A major milestone during 2025/26 was achieving an overall 'Good' rating in our first Care Quality Commission (CQC) inspection. This accomplishment is one of which we are immensely proud and reflects the professionalism, dedication and teamwork demonstrated by our staff, consultants and leaders across the organisation. The rating provides assurance to patients and stakeholders that The Hamptons Hospital delivers safe, effective and compassionate care and reinforces our ambition to continually strive for excellence.

Quality and patient safety are at the core of everything we do. We are committed to being a welcoming and supportive organisation for all those who come into contact with our services. By listening to the needs of our colleagues, teams and patients, we continue to foster an inclusive and diverse culture that is recognised not only for excellent clinical outcomes, but also for its compassion, openness and support for one another.

Everyone across our hospital shares responsibility for delivering clinical excellence, and our organisational culture ensures that the patient remains at the centre of every decision we make. We recognise that our people are the key to our success and that collaboration and teamwork are fundamental to meeting and exceeding the expectations of our patients.

As a growing organisation, we recognise that progress brings both opportunities and challenges. Increased activity and the evolving needs of our patients require us to remain vigilant to emerging risks and responsive to areas of variation in performance. We have therefore continued to strengthen our governance systems and promote a culture in which concerns are raised openly, incidents and variances are reviewed thoroughly, and learning is translated into meaningful improvements. We understand that excellence is not defined by the absence of challenge, but by our ability to respond, learn and improve.

Throughout the year, we have embraced learning from incidents, patient feedback, complaints, audits and performance reviews to enhance the quality and resilience of our services. These experiences have enabled us to identify risks at an early stage, implement timely actions and ensure that improvements are sustained. This commitment to learning and continuous improvement underpins our ambition to provide consistently high standards of care and to build a resilient organisation capable of adapting to future demands.

The report demonstrates how The Hamptons Hospital continues to support patients in local communities through strong partnerships with healthcare providers and stakeholders across the wider health and care system. We remain committed to being a responsible employer and an active member of our community, recognising that the impact we have extends beyond the walls of our hospital.

I would like to thank our patients for their trust and valuable feedback, and our staff and consultants for their unwavering dedication, professionalism and commitment to quality. Their collective efforts have enabled us to achieve significant milestones while continuing to learn, adapt and improve.

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. As we look ahead, we will continue to build on our achievements, respond proactively to risks and challenges, and strengthen our culture of learning and continuous improvement to ensure that every patient receives the highest standard of care and experience.

Imran Walji
Chief Executive Officer
The Hamptons Hospital

Introduction to our Quality Account

This document serves as our annual report to patients, the public and our stakeholders, providing an overview of the quality of the services we deliver and our commitment to continuous improvement.

This Quality Account highlights our achievements in clinical effectiveness, patient safety, excellence and patient experience, demonstrating the dedication of our managers, clinicians and staff to providing high-quality, evidence-based care to everyone we treat. We are committed to ensuring that patients receive safe, compassionate and effective care, with the best possible outcomes.

Throughout the year, we continually review and scrutinise all aspects of our services to identify opportunities for improvement and to ensure that the care we provide remains of the highest standard. We believe that transparency is essential and, as such, this report provides a balanced view of our performance, celebrating areas where we excel while acknowledging those where further development is required.

In 2026, The Hamptons Hospital was proud to achieve a ‘Good’ rating in its first Care Quality Commission (CQC) inspection. This achievement provides assurance to our patients, their families and our stakeholders that we are delivering safe, effective and high-quality care, while maintaining consistency across all services. As we look ahead, we remain committed to listening, learning and continuously improving to ensure that every patient receives the best possible experience and outcome

ICB-facing quality assurance summary

This Quality Account has been strengthened to show a balanced position for commissioners and stakeholders: it celebrates the Hospital's first CQC 'Good' rating, high patient satisfaction and positive safety indicators, while also acknowledging areas requiring continued attention, including communication, complaint response timeliness, pre-assessment consistency, consent documentation, VTE compliance and learning from incidents. The focus for 2026/27 is to move from assurance by description to assurance by measurable evidence: audit, re-audit, action completion, sustained improvement and transparent reporting through the Clinical Governance Committee, Senior Leadership Team and the quarterly Local Quality Report to the ICB.

Part 1

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

Welcome to The Hamptons Hospital Quality Account. During 2025/26, the hospital has continued to grow in strength across several areas, with significant service expansion and increasing activity levels, while maintaining our unwavering focus on quality, safety and patient experience. This growth has been achieved through the dedication and commitment of our hospital teams, who continually strive to improve patient satisfaction and deliver excellent standards of care.

At The Hamptons Hospital, we recognise that patients are free to choose their healthcare provider and, as such, we remain committed to delivering the highest quality of care and achieving the very best clinical outcomes for all those entrusted to our services.

The Hamptons Hospital works closely with our NHS partners, the Care Quality Commission (CQC), General Practitioners (GPs), the NHS Central East Integrated Care Board and our Consultant colleagues to ensure that the highest standards of care and service are delivered consistently.

Our vision remains to be a leading healthcare provider where clinical excellence, safety, compassion and quality are at the heart of everything we do, whilst continuing to grow our services sustainably and responsibly.

This Quality Account outlines our performance over the past year and describes our priorities for the year ahead. I am pleased to report that we have continued to achieve high patient satisfaction scores. By listening to and engaging with our patients and stakeholders, we have identified areas of good practice as well as opportunities to further enhance patient care. We have continued to strengthen our education and training programmes for both clinical and administrative teams, ensuring that we have the skills, knowledge and capability required to deliver exceptional standards of care and service.

Alongside celebrating our achievements, we recognise the importance of learning and continuous improvement. As our services have grown rapidly, we have maintained a strong focus on identifying and responding to variation in performance, understanding emerging risks and implementing timely actions to ensure that quality and safety are maintained. Through robust governance processes, incident reporting, audit and the review of patient outcomes, we have fostered a culture where learning is embraced and where opportunities for improvement are acted upon promptly. This approach has enabled us to strengthen our services, enhance resilience and support sustainable growth.

Whilst patient and stakeholder feedback remain extremely important, a broad range of measures relating to patient safety, clinical effectiveness and regulatory compliance are used to provide assurance that treatment is evidence-based and delivered by appropriately qualified and experienced medical staff, nurses and healthcare professionals.

The Hamptons Hospital is proud to have achieved a 'Good' rating in its first Care Quality Commission (CQC) inspection in 2026. This significant achievement provides assurance to patients, families and stakeholders that the hospital delivers safe, effective and compassionate care of the highest quality. The rating reflects the organisation's commitment to maintaining consistency in standards across the hospital and recognises the dedication and professionalism of our teams. It also demonstrates our commitment to continuous improvement and excellence in patient care.

As Director of Hospital Operations and Strategy, ensuring the delivery of safe, effective and high-quality clinical care for our patients remains my highest priority. I confirm that this Quality Account is an accurate representation of the hospital's performance and outlines the initiatives and priorities that will continue to drive improvements in the quality of services we provide.

Over the past year, I have been immensely proud of the way our teams have embraced both opportunity and challenge. Significant growth in activity and services has been achieved whilst maintaining high standards and strengthening our culture of quality. Equally important has been our willingness to learn from variation, respond proactively to emerging risks and implement improvements quickly and effectively. We recognise that excellence is not defined solely by our achievements, but by how we respond to challenges, how openly we learn and how consistently we seek to improve.

Achieving an overall 'Good' rating in our first CQC inspection in 2026 represents a major milestone for The Hamptons Hospital and is testament to the professionalism, commitment and collaboration demonstrated by colleagues across every department. This recognition reflects the strong leadership, supportive culture and shared values that underpin our organisation.

As we continue to grow, we remain committed to maintaining robust governance arrangements, promoting innovation and ensuring that quality and patient safety remain at the forefront of every decision we make. We will continue to celebrate our successes while maintaining a clear focus on those areas where further improvement is required.

Above all, we are and will remain a hospital that is wholly committed to delivering patient-centred care. By listening, learning and working together, we will continue to provide outstanding care and experiences for all those who place their trust in us.

David Winters
Director of Hospital Operations and Strategy

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 Director of Clinical Services.
- 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.
- The Patient Safety Incident Response Framework (PSIRF) plan and policy have been implemented, with ongoing embedding through training, governance oversight, proportionate learning responses and quality improvement.

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

Additional ICB and commissioner assurance

For 2026/27, each quality priority should be monitored using a consistent assurance template: baseline position, target, responsible lead, timescale, review forum, evidence of completed action and evidence that change has been sustained. This approach will support clearer Board, MAC, Clinical Governance Committee and ICB oversight.

The Hospital will continue to ensure that quality data presented to commissioners is transparent, proportionate and meaningful, with denominators, data source, reporting period, target or benchmark, direction of travel and RAG status included wherever available.

The information presented in this Quality Account has been reviewed and approved by:

  - Chief Executive Officer
  - Director of Hospital Operations and Strategy
  - Medical Director/ MAC Chair
  - Director of Clinical Services
  - Clinical Governance Lead.

- 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.

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

David Winters
Director of Hospital Operations and Strategy

This report has been reviewed and approved by:

Mr Imran Walji, Chief Executive Officer and Registered Manager

Mr Asad Qayyum, Consultant ENT Surgeon, Medical Advisory Committee Chair and Medical Director

Mrs Karen Crockatt, Director of Clinical Services

Mrs Salma Kayani, Consultant Gynaecologist, Advanced Minimal Access Surgeon, Clinical Governance Lead

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

NHS Central East Integrated Care Board

The Hamptons Hospital

The Hamptons Hospital is a private diagnostic and day surgery hospital. It opened in October 2023 and is registered with the Care Quality Commission to provide safe, convenient, effective and high- quality care and treatment for patients of all ages, excluding children under 18.

Services are available to those patients with private medical insurance and 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 this year, 2025, Phase 2 was completed, which comprised the development and commissioning of two state-of-the-art surgical operating theatres. This has allowed the hospital to support in the provision of additional capacity to the local health economy and NHS Trust hospitals.

The Hamptons Hospital is a state-of-the-art day case facility. It currently has 13 patient pods; 5 with ensuite facilities. The hospital features two fully equipped ultra-clean air theatres and two minor operations/endoscopy hybrid theatres. It also provides diagnostic imaging services including MRI (Magnetic Resonance Imaging), CT (Computed Tomography), Plain film X-Ray, Ultrasound, Cardiac Echo, CTCA, DEXA scanning facility and OPG (Orthopantomography).

The Hamptons Hospital offers elective surgery in the following specialities:-

- Ear, Nose and Throat (ENT) including Audiology
- Gynaecology and Women’s Health
- Urology
- General surgery
- Orthopaedic – upper and lower limb surgery
- Maxillofacial
- Gastrointestinal Endoscopy (Upper and lower)
- Cardiology
- Respiratory
- Vascular
- Dermatology
- Plastics/ Cosmetic surgery
- Pain Management
- Private GP services

The Hospital provides a pre-assessment service, allowing for the evaluation and review of patients at the decision point for treatment, thereby providing an enhanced and more streamlined patient experience.

The hospital has developed and continued to build excellent working relationships with our local commissioners in order to deliver a collaborative approach to patient care delivery across the patient economy.

Care and treatment provided at The Hamptons Hospital are consultant-led. All of our Consultant body have practising privileges in line with The Hamptons Hospital Policy. We have Resident Medical Officers (RMO) who support the Consultants and, together with the nursing team, provide medical support to all our patients.

We also provide 24-hour access to the Senior Nurse on call for patient queries following discharge.

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 roles that form part of the Senior Leadership Team:

- Chief Executive Officer/ Registered Manager
- Director of Hospital Operations and Strategy
- Director of Clinical Services
- Head of Operations
- Head of Non-Clinical Services
- Finance Manager
- Head of Marketing

There are several additional roles in place to support the hospital:

- Medical Director
- Consultant Clinical Governance Lead
- Medical Advisory Committee
- Private Patient Coordinator
- GP Liaison/ Business Relations Manager
- HR/ Training and Development Lead
- Quality and Risk Manager

The Consultant Clinical Governance Lead works alongside the Medical Director, Director of Clinical Services and Quality and Risk Manager to provide consultant-level clinical scrutiny of audit, incident learning, patient feedback, policy development, consultant engagement and the implementation of evidence-based practice across clinical services.

We also have specialist lead nurses in place to support the hospital and patient care:-

Infection Prevention and Control Lead Nurse who ensures actions in our Infection Prevention and Control Annual Plan are completed. This evidences compliance with 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 the Care Quality Commission Standard Outcome 8- Regulation 12- Cleanliness and Infection Control. We also have three Infection Prevention and Control link nurses across the clinical departments.

Resuscitation Lead who ensures we meet guidance set by the Resuscitation Council (UK) and that we have safe systems, policies, processes and protocols, which enable us to care for patients where their condition may deteriorate. This includes training (Basic Life Support, Intermediate Life Support, Advanced Life Support, Acute Illness Management and Transfer), audit and equipment review. A resuscitation calendar is in place, ensuring skills and experience are maintained, contributing to our commitment to the delivery of safe care to our patients.

Safeguarding Lead and Safeguarding Champions – The Hospital is committed to maintaining a safe environment for all patients, visitors and staff through robust safeguarding arrangements and a strong culture of safety. Our Registered Manager and Director of Clinical Services are both trained to Safeguarding Level 4, providing strategic leadership and oversight of safeguarding responsibilities across the organisation. In addition, we have identified two Safeguarding Champions who will complete Safeguarding Level 3 training later this year. These Champions will act as accessible points of contact for staff and patients, promoting safeguarding awareness and providing advice and support for individuals who may be vulnerable or at risk.

Safeguarding training is mandatory for all employees and is completed during induction and refreshed in line with statutory and organisational requirements. All staff undertake safeguarding e-learning appropriate to their role, enabling them to recognise the signs of abuse, neglect, exploitation and vulnerability, understand their responsibilities, and escalate concerns promptly through established reporting pathways. The Hospital currently maintains a 100% compliance rate for mandatory safeguarding training.

The Hospital also recognises the importance of promoting sexual safety in the workplace and providing an environment that is free from sexual harassment, abuse and inappropriate behaviour. All staff are expected to uphold professional boundaries, adhere to the organisation's Code of Conduct, and complete mandatory training that includes recognising, preventing and responding to sexual misconduct and sexual safety concerns. Clear reporting mechanisms are in place to enable staff and patients to raise concerns confidentially, with all allegations taken seriously, investigated promptly, and managed in accordance with safeguarding policies and national guidance. This proactive approach helps ensure the safety, dignity and wellbeing of everyone receiving or delivering care.

Blood Transfusion Lead - We are currently in the process of reviewing and 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.

In addition to these Specialist Lead Nurses, we also have one Mental Health First Aider who has completed the training to undertake this role, as we believe that the mental health and well-being of our staff is paramount and pivotal in enabling a positive work culture where staff feel supported and can have open and honest discussions about their Mental Health and well-being in a safe environment. Improving the mental health of our employees, making them mentally resilient to stress, can improve thinking, decision-making, workflow and relationships at work. All of these translate to increased productivity.

Freedom to Speak Up Guardian – The appointment of a Freedom to Speak Up Guardian in January 2026 has strengthened the Hospital's commitment to developing an open, transparent and psychologically safe culture. Although the role is in its early stages, it has already increased staff awareness of the confidential support available to raise concerns and reinforced the message that speaking up is an essential part of delivering safe, high-quality care.

The introduction of the role has provided an additional, independent route for staff to raise concerns, helping to improve confidence that issues will be listened to, managed fairly and addressed without fear of detriment. This has complemented existing governance processes by encouraging earlier identification of risks and promoting a culture of openness and learning.

Early themes identified through the Freedom to Speak Up process are reviewed through the Hospital's governance structure, enabling leaders to identify opportunities for service improvement, strengthen workforce wellbeing and address potential patient safety risks before they escalate. As the role becomes further embedded within the organisation, it is expected to contribute to increased staff engagement, enhanced organisational learning and continued improvement in the quality, safety and culture of the Hospital.

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

Working with the local community

The Hamptons Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, including local GPs, Consultants and other specialists, we deliver an individual, personalised service to patients, tailored to meet their needs.

Our Business Relations Manager provides links to local General practitioners to ensure that their needs and expectations are managed. This key role is to engage with local healthcare professionals within the community to ensure that they are fully aware of the services on offer at our hospitals and have access to any information that can assist GPs and medical staff when referring into the hospital as a secondary care provider.

The Business Relations Manager in conjunction with our Consultants, also coordinates bespoke educational programmes for GPs, Practice Managers and community healthcare teams.

The Hamptons Hospital is committed to supporting local charities. Since opening we have worked closely with the sports Connection Foundation, 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 develops 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, quality treatment for all NHS patients whilst they are in our care.

We 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. Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

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 Improvement Plan will focus on three key areas: patient experience, patient safety and the clinical effectiveness of care and treatment. Through our Quality Account, we aim 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. All staff members have a common goal and purpose to achieve zero avoidable harm. To support our teams, we have implemented mandatory systems and processes across the hospital to protect and care for our patients, partners and staff.

Priorities for Improvement

Review of Clinical Priorities 2024/25 (looking back)

Patient Safety/ Incident reporting

The established Radar incident reporting system, supported by the Quality and Risk Manager and ongoing staff training in incident reporting and governance, has strengthened the organisation's patient safety processes.

This has resulted in improved reporting of incidents, complaints and compliments, enhanced quality and timeliness of investigations, and increased evidence of reflective practice. Weekly guidance on the management of incidents, complaints and compliments is shared with all hospital teams to reinforce reporting requirements, promote consistency in practice, and support timely resolution. Lessons learned are routinely disseminated through governance meetings, safety communications and team discussions, with examples including improvements to documentation standards, medication safety practices, communication during patient handovers, safeguarding processes, environmental risk management, and compliance with incident reporting timescales. This ensures learning is embedded across the organisation and contributes to continuous quality improvement and a positive patient safety culture.

- Increased reporting of incidents, complaints and compliments through the established
- Radar system.
- Timely review and investigation of incidents in accordance with organisational policy.
- Weekly guidance on managing incidents, complaints and compliments circulated to all hospital teams.
- Evidence of reflective learning and action plans following incidents.
- Regular sharing of lessons learned through governance meetings and staff communications.
- Monitoring of incident trends and completion of actions arising from investigations to support continuous improvement in patient safety.

Patient Safety Incident Response Framework (PSIRF)

Patient safety remains central to the delivery of care at The Hamptons Hospital. Over the past year, we have continued to strengthen our approach to patient safety by embedding the principles of the Patient Safety Incident Response Framework (PSIRF) into our governance arrangements. As an independent provider of day-case surgical services, our focus has been on developing a learning culture where patient safety incidents are reviewed proportionately, system factors are explored, and improvements are implemented to reduce the risk of recurrence.

During the year, The Hamptons Hospital PSIRF Policy and Patient Safety Incident Response Plan were developed, and we are continuing to work with ICB support to provide a clear framework for responding to patient safety incidents. Recognising that PSIRF represents a significant cultural change, continue to deliver training as part of our mandatory education programme to ensure all staff understand the principles of systems-based learning, just culture, Duty of Candour, and proportionate incident response.

The established Radar incident reporting system has continued to support the identification and reporting of incidents, complaints and compliments. Ongoing oversight from the Director of Clinical Services and the Quality and Risk Manager, together with regular staff education, has strengthened the quality of reporting, improved the timeliness of reviews, and enhanced reflective practice across the organisation. Weekly guidance on the management of incidents, complaints and compliments has been shared with all hospital teams, reinforcing reporting requirements, promoting consistency in practice and ensuring lessons learned are communicated promptly.

Throughout the year, learning has been translated into quality improvement initiatives across a range of clinical and operational areas. Examples include:

- Improvements to clinical documentation to ensure accurate recording and continuity of care.
- Reinforcement of medication safety processes, including medicines reconciliation, prescribing checks and documentation.
- Standardisation of patient handover processes to improve communication between multidisciplinary teams.
- Strengthening safeguarding awareness and escalation pathways through targeted staff education.
- Improvements to environmental and equipment safety checks following incident trend reviews.
- Increased compliance with incident reporting timescales and Duty of Candour requirements through ongoing training and governance oversight.
- Enhanced patient information and consent processes following feedback from complaints and patient experience surveys.

Learning has been shared routinely through Clinical Governance Committee meetings, multidisciplinary team meetings, staff safety briefings and weekly governance communications, ensuring that improvements are embedded across all hospital teams rather than remaining isolated to individual incidents.

Measuring Impact and Improvement

The impact of our patient safety work has been monitored through a range of quality indicators, including:

- Increased reporting of incidents, complaints and compliments through the established Radar system, demonstrating an open and transparent reporting culture.
- Timely review and proportionate response to patient safety incidents in line with PSIRF principles.
- Completion of mandatory PSIRF and patient safety training across the workforce.
- Weekly dissemination of guidance and learning relating to incidents, complaints and compliments to all clinical teams.
- Monitoring of incident themes, action plans and quality improvement initiatives through the Clinical Governance Committee.
- Evidence that learning has resulted in changes to clinical practice, policies, documentation, communication processes and staff education.
- Ongoing review of patient feedback, complaints, audits and incident trends to identify emerging risks and inform future quality improvement priorities.

While PSIRF is still in the early stages of implementation, the work undertaken this year has established strong foundations for a systems-based approach to patient safety. The Hospital remains committed to embedding PSIRF principles, strengthening organisational learning, and ensuring that improvements arising from patient safety incidents continue to enhance the quality, safety and experience of care provided to our patients.

Patient Experience

Listening to and learning from patient feedback has remained a key component of our quality improvement programme throughout the year. Patients are encouraged to provide anonymous feedback following their care through SurveyMonkey, enabling us to gather honest insights into their experiences across all stages of their patient journey.

Patient feedback has been reviewed and analysed on a monthly basis to identify trends, themes, areas of good practice and opportunities for improvement. Positive feedback has been shared with staff to recognise excellent care and reinforce good practice, while suggestions and concerns have been reviewed to identify opportunities for service development.

Feedback has been discussed through Head of Department meetings, departmental meetings, staff forums chaired by the Director of Hospital Operations and Strategy, and wider organisational communications. This has ensured that learning is shared across all hospital teams and that staff remain engaged in improving the patient experience.

Where themes have been identified, they have informed departmental audit programmes, quality improvement initiatives and service development plans. Examples of improvements arising from patient feedback have included enhancements to patient information and communication, refinement of appointment and admission processes, improvements to discharge information, and changes to the patient environment to improve comfort and experience.

The impact of these improvements has been monitored through ongoing patient feedback, audit outcomes and governance oversight to evaluate whether changes have resulted in sustained improvements. This continuous cycle of collecting feedback, evaluating themes, implementing change and monitoring outcomes has enabled the Hospital to ensure that the patient voice remains central to service improvement and the delivery of high-quality, patient-centred care.

Clinical Priorities for 2026/2027 (looking forward)

Commissioner-facing improvement methodology

To strengthen assurance for 2026/27, each priority will be described using a SMART format: what will improve, why it matters to patients, the baseline position, the target, the responsible lead, the review forum, the timescale and the evidence that will demonstrate impact. Progress will be monitored through the Clinical Governance Committee and reported to the Senior Leadership Team, with relevant themes included in Local Quality Reports to the ICB.

Patient Safety

Staff Engagement

Our teams will play key roles in improving patient care and innovations of safe care will be celebrated. Services will be delivered with the full participation of those who use them, staff and external partners as equal partners.

Staff engagement is key to The Hamptons Hospital working towards and achieving an outstanding CQC rating. True employee engagement is the commitment employees have to the organisation and its goals. Where employees are truly engaged, they care and go the extra mile.

We will engage our staff by:

- Communicating and sharing our vision through staff forums and ensure that all leaders role model this vision consistently.
- Involve and engage all our teams in the hospital strategy development
- Conduct regular employee engagement surveys to gather feedback to improve our staff engagement.
- Aim for a 90% response rate in staff survey completion and act on what staff say 'You said, we did'
- Pay close attention to all staff and understand the challenges they face

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.

Patient Safety Incident Response Framework (PSIRF)

The Hamptons Hospital has introduced PSIRF. This framework aims to develop and maintain effective systems and processes for responding to patient safety incidents, fostering a culture of learning and improvement.

This framework represents a significant shift in how we handle patient safety incidents and is a crucial step towards establishing a comprehensive safety management system within our hospital, and is a key component of our patient safety strategy.

PSIRF supports the development and maintenance of an effective patient safety response system by integrating four key aims

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system- based approaches to patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening the response systems' functioning and improvement

Our hospital's responsibilities include ensuring that roles, training, processes, accountabilities and responsibilities of staff are in place to support an effective organisational response to incidents

During 2026/27, PSIRF embedding will be evidenced through staff training compliance, timely triage of reported patient safety incidents, proportionate learning responses, compassionate engagement with patients and families where incidents occur, monitoring of Duty of Candour requirements, thematic review of incident trends, and clear evidence that learning has resulted in changes to systems, pathways, documentation or staff education.

Clinical Effectiveness

The Hamptons Hospital have recently commenced deployment of the Genome audit programme. This platform provides staff with an interface to input data against defined criteria, analyse results in real time, generate exportable reports, facilitate action planning and notify managers on completion of review.

Features of the genome audit programme include:

- Advanced questionnaire system
- Real-time data processing
- Powerful analytics interface
- Post-audit action plans
- Mobile platform adoption
- Customisable digital platform

Our objectives for implementing Genome are:

- Streamlining the time required for conducting and reporting quality audits
- Promptly addressing any issues identified through audits
- Enhancing staff engagement with quality audits
- Improving staff understanding of quality standards
- Elevating the overall quality of care we provide

Patient experience

We are currently developing a patient experience strategy with our vision at the core.

Improving patient experience will benefit our patients by:

- The reduction of anxiety and fear can speed the healing process and shorten a patient's length of stay within the day case setting
- The provision of information reduces post-operative complications
- Good communication/ information enables people to self-manage their illnesses more effectively
- Effective communication improves treatment and medication compliance

Enhancing the patient experience is not only a clinical priority but also a sound business strategy, as patients increasingly share and evaluate their healthcare experiences online, directly impacting and influencing a hospital's reputation and public perception.

Our patient Experience Strategy will focus on what our patients, family and carers want and need and we will use patient views backed by research 'What matters to you'- Institute for Healthcare Improvement.

The Patient Experience Strategy will aim to enable and empower staff within our hospital to feel able to put the patient experience at the heart of everything we do.

We aim to 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 are a 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 changed 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.

Communication has been identified as a key improvement theme and will be treated as a patient safety and experience priority. Improvement work should include proactive updates when appointments, diagnostics or theatre lists are delayed; consistent pre- and post-procedure explanations; use of teach-back for discharge advice where appropriate; reasonable adjustments for vulnerable patients; and compassionate, culturally sensitive language. The impact should be monitored through patient feedback, complaints themes and repeat survey results.

Mandatory Statements

The following section contains the mandatory statements as required by the regulations set out by the Department of Health and Social Care (DHSC)

National NHS structural transition note

At the time of drafting and publication, national NHS structures are undergoing reform. The Government has announced its intention to abolish NHS England and transfer relevant functions to the Department of Health and Social Care, Integrated Care Boards and other appropriate parts of the health and care system, subject to Parliamentary approval and implementation of the Health Bill. References in this Quality Account to NHS England reflect the statutory, commissioning, guidance or reporting arrangements applicable during the 2025/26 reporting period and at the time of drafting. The Hamptons Hospital will continue to review and update terminology, reporting routes and governance interfaces as national arrangements are formally implemented.

Review of Services

During 2025/26, The Hamptons Hospital provided and/or subcontracted 8 NHS services.

The Hamptons Hospital has reviewed all available data to assess the quality of care across all of 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 quarterly by the Senior Leadership Team.

However, data is collected, collated and reviewed with appropriate action plans in place for the following:

Patient:

Formal complaints per 100HPD	1%
Patient satisfaction	94%
Significant clinical events per 100 admissions	0.10%
Readmission per 100 admissions	0%

Quality

Formal complaints per 100HPD	95%

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.

Practical and aesthetic improvements were identified, acted upon and continue through patient and staff feedback and addressed, including

- uneven areas in the car park
- confusion re in-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 FICB. This contains details of audit results, patient satisfaction, complaints, findings and subsequent improvements. The quality indicator table within the LQR includes denominators, the relevant reporting period, data source, agreed target/benchmark and direction.

Local audits

The Hamptons Hospital is currently deploying the Genome platform to carry out our clinical audits.

The clinical audit schedule can be found in Appendix 2.

National clinical audits, registries and quality improvement programmes.

The Hospital will review the current NHS England Quality Accounts List and any successor DHSC or national quality account requirements annually to identify national clinical audits, registries and quality improvement programmes relevant to the services it provides. Where a programme is applicable, participation, data submission and learning will be considered through the Clinical Governance Committee and Medical Advisory Committee. Where a programme is not applicable to the Hospital's scope of activity, the rationale should be recorded for transparency.

Audit findings should continue to follow a closed-loop approach: baseline audit, named action owner, action completion, re-audit and evidence of sustained improvement. This is particularly important where audits identify clinician-specific or pathway-specific variation, as it demonstrates both fair support for clinicians and clear accountability for patient safety.

The Venous Thromboembolism (VTE) audit identified deficiencies in compliance with the pre-assessment process, with the majority of non-compliance attributable to two individual clinicians. Targeted actions were implemented, including reinforcing the required pre-assessment process and providing individual feedback and support to the clinicians concerned. These actions have been effective, and subsequent re-audit has demonstrated sustained improvement, with VTE compliance now at 100%.

The consent audit identified a small number of compliance issues, primarily relating to one clinician whose documentation did not consistently meet the required standards. In addition, the audit highlighted gaps in the completion of nursing reviews on the ward. Targeted actions were implemented, including individual feedback and support for the clinician, alongside reinforcement of the nursing review process with ward staff. These improvements have been effective, and subsequent re-audit has demonstrated sustained improvement, with compliance now at 100%.

The pre-assessment audit identified inconsistencies in compliance with the required processes. In response, targeted improvements were implemented, including strengthening the pre-assessment pathway and increasing recruitment within the team. The additional staffing has enhanced the skills, expertise, and resilience of the service, enabling more consistent delivery of the required standards. These actions have been effective, and subsequent re-audit has demonstrated sustained improvement, with compliance now at 100%.

Participation in Research

There were no patients recruited during 2025/2026 to participate in research approved by a Research Ethics Committee. Research, audit, innovation and national professional contributions are considered through the Hospital's governance structures, including the Medical Advisory Committee and Clinical Governance Committee, to ensure that patient safety, consent, information governance and professional standards are maintained.

Contribution to national professional discussion, prevention and health inequalities

The Hospital also contributes to national professional discussion and preventative health through consultant-led education, audit, innovation and conference activity. In 2026, Mrs Salma Kayani, Consultant Gynaecologist and Clinical Governance Lead, prepared a BSCCP poster affiliated to The Hamptons Hospital, Peterborough: "The Missing Half: Addressing Gender-Based Inequality by Integrating Men and Boys into HPV Prevention and Management".

This work addresses an important prevention, equality and patient-safety issue. HPV care has traditionally been centred around cervical screening and colposcopy pathways, yet HPV is a shared infection, and men and boys are integral to transmission, vaccination, prevention, stigma reduction and the wider burden of HPV-related disease, including penile, anal and oropharyngeal cancers.

The poster highlights that women diagnosed with high-risk HPV may experience anxiety, shame, relationship conflict and disclosure uncertainty, particularly where cultural or social circumstances make discussion of sexually transmitted infection difficult. Non-blaming, evidence-based and psychologically safe communication is therefore a patient-safety intervention as well as an educational responsibility.

The work advocates partner-inclusive education, sustained gender-neutral vaccination uptake, culturally safe communication, psychological aftercare, post-treatment counselling and multidisciplinary collaboration with sexual health, urology, colorectal/anal cancer services, ENT/head and neck, maxillofacial, public health and vaccination programmes. This demonstrates the Hospital's commitment not only to treating established disease, but also to prevention, health inequalities, patient education, safeguarding of emotional wellbeing and the wider public health agenda.

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 on 01 May 2026 is registered without conditions.

The Care Quality Commission has not taken enforcement action against The Hamptons Hospital during the reporting period.

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

Information Governance/ Data Quality

The Hamptons Hospital is committed to maintaining high standards of Information Governance and data quality through robust policies, procedures, and assurance processes. To further strengthen compliance and ensure the integrity, confidentiality, and availability of patient information, the Hospital will continue to:

- Continue the development and optimisation of the electronic patient record (EPR) system, Compucare, with only a small number of documents retained in paper format where clinically or operationally required.
- Ensure that all staff responsible for scanning patient information into Compucare receive appropriate training, with competencies assessed, documented, and maintained in accordance with the Hospital's Information Governance policies and Standard Operating Procedures (SOPs).
- Identify, report, investigate, and resolve data quality issues through established governance processes. Lessons learned are shared with relevant teams, and policies, procedures, and SOPs are reviewed and updated where necessary to support continuous improvement.
- Maintain 100% compliance with mandatory Information Security and Information Governance e-learning for all employees, ensuring staff understand their responsibilities for protecting patient information and complying with relevant legislation and organisational policies.

- Regularly review and monitor compliance with Information Governance policies, procedures, and SOPs through internal audits and governance oversight to ensure continued adherence to best practice.
- Maintain effective incident reporting and management processes for Information Governance. During the reporting period, the Hospital recorded no Information Governance breaches or reportable Information Governance incidents (nil), demonstrating the effectiveness of its governance framework and controls

Part 3

Review of Quality Performance 2025/2026

Statements of Quality Delivery

Director of Clinical Services – Karen Crockatt

As Director of Clinical Services for The Hamptons Hospital, I am incredibly proud of the care and service our hospital teams, both clinical and operational, deliver for patients every day. Throughout the past year, colleagues across the hospital have demonstrated exceptional professionalism, compassion and commitment, ensuring that patients receive safe, effective and high-quality care.

A significant milestone for the hospital during 2026 was achieving an overall 'Good' rating following our first Care Quality Commission (CQC) inspection. This achievement is one in which we all take great pride and is a reflection of the dedication and hard work of every member of staff. It provides assurance to our patients and stakeholders that quality and patient safety are embedded within everything we do. I would like to recognise the tremendous efforts of our teams, whose collective commitment to excellence and continuous improvement made this accomplishment possible.

Throughout the year, our clinical focus has remained on improving and maintaining excellent standards of patient safety, clinical effectiveness and patient experience. Our governance arrangements have remained robust and proportionate, ensuring compliance with regulatory requirements and recognised best practice while supporting the delivery of high-quality services.

Quality performance is routinely monitored through clinical audit, incident reporting, patient feedback and regular review at Clinical Governance meetings. These processes enable us to identify areas of strong performance as well as opportunities for further improvement. Where learning has been identified, actions have been implemented promptly to minimise risk and enhance patient outcomes. This commitment to continuous improvement has been a defining feature of our culture and was recognised through our positive CQC assessment.

One of the greatest strengths of The Hamptons Hospital is the way our colleagues support one another. There is a strong culture of collaboration, mutual respect and shared responsibility across all departments and professional groups. Our multidisciplinary teams work closely together, recognising that excellent patient care is achieved when individuals and teams communicate effectively, share learning and support each other to deliver the very best outcomes for patients. This spirit of teamwork and collective accountability has been instrumental in driving quality improvements and maintaining consistently high standards across the hospital.

Our ability to deliver excellent healthcare services is underpinned by ongoing investment in our facilities, equipment and staff, alongside a continuing programme of digital initiatives and enhancements that support the seamless delivery and management of patient services.

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

We are committed to the professional development of all our colleagues and to fostering a culture where learning, openness and transparency are valued. We celebrate our successes and embrace opportunities to improve. Our patients can be confident that concerns or risks raised by either patients or staff will be listened to, acted upon appropriately and used as opportunities to strengthen the quality and safety of our services.

I would like to thank all of our colleagues for their continued dedication, resilience and support for one another, and our patients for their trust and valuable feedback. We are proud of what we have achieved together over the past year and, building on the success of our first CQC inspection, we remain committed to continuously improving and striving for excellence in every aspect of care delivery.

Medical Director/Chair Medical Advisory Committee - Mr Asad Qayyum

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

The past year has been particularly significant for the hospital, and I am immensely proud of what has been achieved. In 2026, The Hamptons Hospital received its first Care Quality Commission (CQC) inspection and was awarded an overall rating of ‘Good’. This achievement is a testament to the dedication, professionalism and compassion demonstrated every day by our multidisciplinary teams and provides assurance to our patients, their families and stakeholders that we are delivering high-quality care in a safe and effective environment.

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

I would like to recognise and thank all of our colleagues whose commitment and teamwork have contributed to this important milestone. Achieving a ‘Good’ rating in our first CQC inspection reflects the strong culture that exists within The Hamptons Hospital—one that is focused on delivering excellent care and continually striving to improve.

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 clinical leadership and effective communication are central to maintaining the high standards of care that our patients rightly expect.

Patient experience remains 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 regarding their treatment and care.

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, safety and effectiveness of our services.

I am confident that the systems, governance arrangements and culture within The Hamptons Hospital support the delivery of outstanding care and foster continuous improvement for the benefit of our patients. Building on the success of our first CQC inspection, we remain committed to further strengthening our services and ensuring that every patient receives the highest standard of care and experience.

Consultant Clinical Governance Lead – Mrs Salma Kayani

As Consultant Clinical Governance Lead at The Hamptons Hospital, my assurance focus is not simply whether governance processes exist, but whether they are consistently implemented, measured, challenged and improved. A strong Quality Account must be transparent, balanced and useful: it should evidence areas of achievement, acknowledge areas where further work is required, and demonstrate how learning is translated into safer, more effective care.

During 2025/26, The Hamptons Hospital has made important progress as a growing independent day-case and diagnostic provider supporting both private patients and NHS-commissioned activity. The Hospital's first CQC inspection, resulting in an overall rating of 'Good' is a significant external marker of assurance and reflects the commitment of colleagues across clinical, operational and support teams.

Clinical governance, however, must remain dynamic and forward-looking. During the reporting period, particular attention has been given to strengthening audit-to-action cycles, embedding PSIRF principles, improving VTE, consent and pre-assessment compliance, monitoring complaints and incident themes, improving communication with patients, and ensuring that consultant practice is supported by clear expectations around documentation, consent, scope of practice, practising privileges, appraisal and mandatory training.

The most important test of governance is whether it changes practice. For this reason, I would expect our Clinical Governance Committee, Medical Advisory Committee and Senior Leadership Team to continue scrutinising not only whether actions are recorded as completed, but whether re-audit, patient feedback, complaints data and incident trends demonstrate sustained improvement. This is particularly important as the Hospital continues to expand activity and case-mix.

I am also pleased that the Hospital is beginning to contribute to national professional discussion and preventative healthcare. In 2026, the BSCCP poster “The Missing Half: Addressing Gender-Based Inequality by Integrating Men and Boys into HPV Prevention and Management” was prepared with The Hamptons Hospital, Peterborough affiliation. This work highlights HPV as a shared infection and a wider patient-safety, prevention and equality issue, particularly where women experience stigma, anxiety or relationship harm following high-risk HPV diagnosis. It reinforces the need for partner-inclusive education, psychologically safe communication, gender-neutral vaccination, and multidisciplinary collaboration across gynaecology, sexual health, urology, colorectal, ENT/head and neck, maxillofacial and public health pathways.

This reflects the wider purpose of clinical governance: quality is not limited to safe treatment in theatre or clinic. It also includes prevention, equity, emotionally safe communication, early recognition of risk, reduction of avoidable harm and responsible contribution to national learning.

My priorities for 2026/27 are to support a mature clinical governance culture in which staff feel safe to speak up, patients feel listened to, consultants are supported and held to consistent standards, and evidence from incidents, audits, complaints, patient feedback and national guidance is used to deliver measurable improvement. I would like to thank colleagues across The Hamptons Hospital for their professionalism and for their shared commitment to safe, compassionate and continuously improving care.

The Hamptons Hospital Clinical Governance Framework

The Hamptons Hospital has an effective Clinical Governance Framework that supports the delivery of safe, effective, caring, responsive and well-led services. The framework provides clear leadership, accountability and assurance from Board level through to frontline clinical practice, ensuring that organisational strategy, clinical decision-making and patient care are aligned to deliver high-quality outcomes.

Our governance arrangements promote a positive culture of continuous learning, openness and improvement. Clear lines of accountability are established through the Board and delegated to the Medical Director, Registered Manager, Director of Clinical Services, Consultant Clinical Governance Lead and Quality and Risk Manager, supported by the multidisciplinary Clinical Governance Committee. Together, these roles provide leadership for quality assurance, patient safety, risk management, regulatory compliance and continuous improvement. Clinical quality, patient safety, risks and performance are reviewed regularly to provide assurance that services remain safe, effective and responsive to the needs of patients, and that improvement actions are implemented, monitored and sustained.

At departmental level, multidisciplinary teams are responsible for embedding governance into everyday practice. Staff participate in incident reporting, risk management, clinical audit, adherence to evidence-based pathways, quality improvement initiatives and the monitoring of patient outcomes. We encourage a culture where staff feel able to speak up, raise concerns and share learning to improve the quality and safety of care.

Patient safety is central to our governance framework. We have effective systems for identifying, reporting, investigating and learning from incidents, near misses and adverse events. Learning is shared across the organisation to reduce risk, improve practice and prevent recurrence. We are committed to meeting our statutory responsibilities, including compliance with the Duty of Candour, ensuring patients receive timely, honest and compassionate communication when things do not go as planned.

Clinical effectiveness is supported through the use of national guidance, evidence-based practice and a comprehensive programme of clinical audit, outcome monitoring and quality assurance. The Quality and Risk Manager oversees the clinical audit programme, monitors compliance with quality standards, coordinates regulatory reporting and works collaboratively with clinical teams to ensure audit findings, patient outcomes and performance indicators are translated into measurable improvements in patient care.

Listening to and acting on the experiences of patients is fundamental to our governance approach. Patient feedback, complaints and compliments are actively sought, reviewed and analysed to identify themes, celebrate good practice and drive continuous service improvement. We work in partnership with patients to ensure services remain person-centred and responsive to individual needs.

Our workforce is supported to provide high-quality care through robust recruitment processes, comprehensive induction, mandatory training, competency assessment, appraisal and continuing professional development. Staff receive appropriate clinical supervision and support to maintain competence, wellbeing and professional standards.

Information governance arrangements ensure that patient information is managed securely, confidentially and in accordance with legal and regulatory requirements. Reliable data is used to monitor quality, identify risks, measure performance and support informed decision-making across the organisation.

The Clinical Governance Framework is reviewed regularly to ensure it remains effective, proportionate and responsive to the changing needs of the service. Through strong leadership, effective oversight and a commitment to continuous improvement, The Hamptons Hospital provides assurance to patients, staff and regulators that high-quality, safe day case care remains at the centre of everything we do.

To strengthen the framework further, the Hospital should maintain a visible annual governance cycle showing the flow of assurance from departmental meetings to Clinical Governance Committee, Medical Advisory Committee, Senior Leadership Team and Board. This cycle should demonstrate how risks, incidents, complaints, audits, patient feedback, practising privileges, policy updates and national guidance are triangulated into a single quality improvement programme.

National Guidance

The Hamptons Hospital has systems in place for reviewing relevant guidance and safety alerts issued by the National Institute for Health and Care Excellence (NICE), NHS England and/or successor DHSC arrangements as applicable, the Medicines and Healthcare products Regulatory Agency (MHRA), CQC, UK Health Security Agency and other recognised national bodies. Applicable guidance is reviewed through governance processes, allocated to the relevant clinical or operational lead, and monitored for implementation and compliance.

Core Quality Indicators

Mortality

There have been no deaths at The Hamptons Hospital during 2025/2026

PROMS

The Hamptons Hospital does not report to the Department of Health and Social Care PROMs survey because it does not currently undertake procedures that meet the required PROMs reporting criteria.

Readmission within 28 days

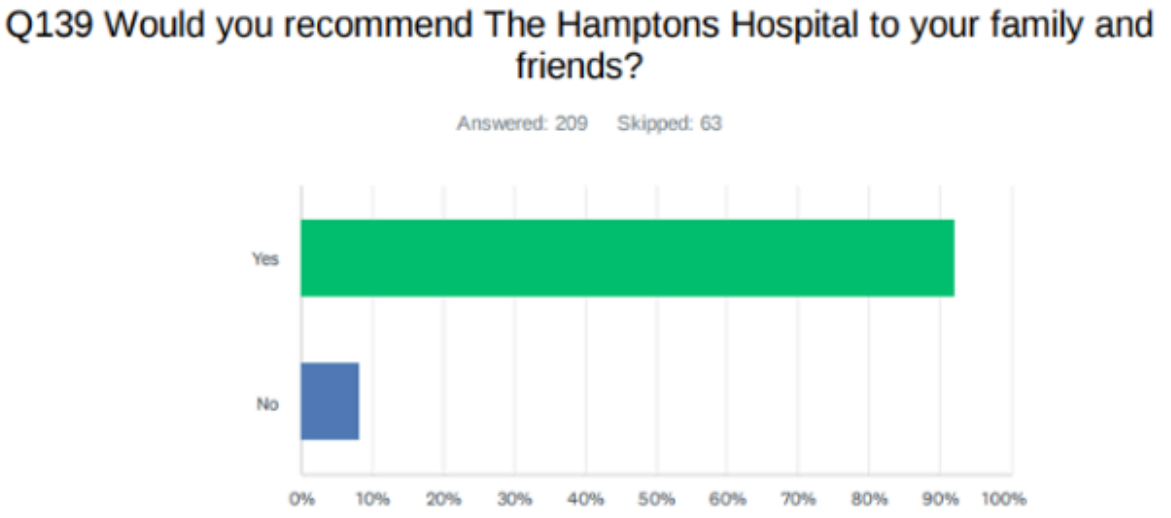
There have been no readmissions to The Hamptons Hospital for the reporting year.
The Hamptons Hospital is dedicated to enhancing the quality of its services through the following actions:

- Commitment to a high standard of post-discharge care; the hospital prioritises providing excellent post-discharge care and actively encourages patients to contact us directly in case of any complications post-discharge. Patients receive the contact details upon discharge and are advised to contact either the ward directly or, when out of hours, the senior nurse on call, should they encounter any post-discharge complications. Furthermore, all patients receive a follow-up call from the ward within 24-hours of discharge. Patients requiring further review can attend our hospital rather than being referred to NHS Trust hospitals, unless emergency treatment is deemed necessary

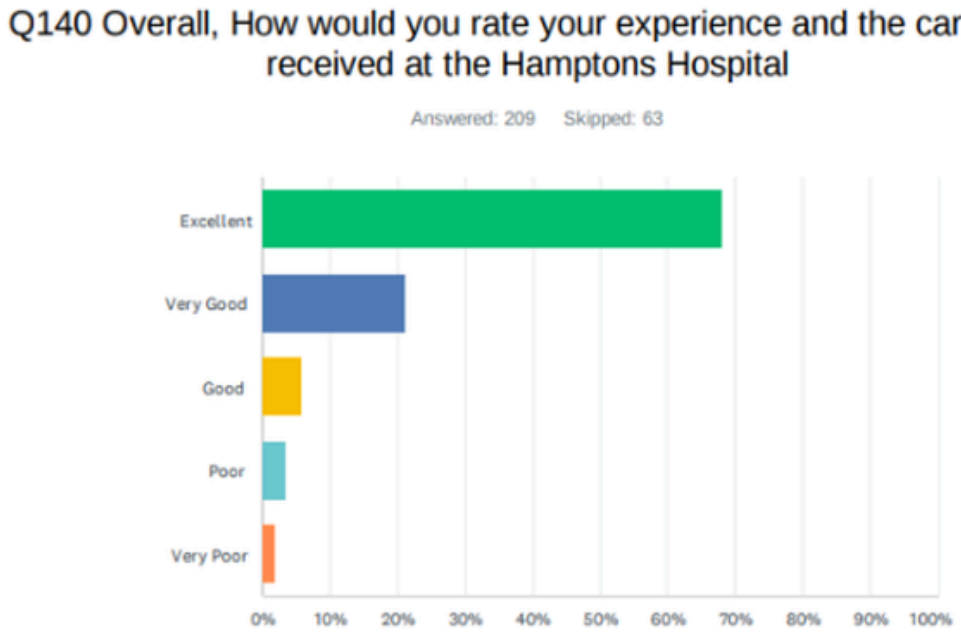
- Our enhanced pre-assessment process enables the patients to be triaged for suitability at the point of listing for surgery, together with additional pre-assessment clinics, ensuring patient safety throughout the surgical journey

Responsiveness to personal need

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.



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



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 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 be regularly assessed for the risk of developing thrombosis at various stages, including pre-assessment, admission, during hospital stay, upon changes in medical conditions, prior to discharge and providing information for continued preventative measures at home. The Hamptons Hospital policy on VTE prophylaxis adheres to this guidance, utilizing a VTE risk assessment document to identify individual patient risk factors and reasons for admission, such as conditions that may lead to immobility.

VTE Risk Assessments are conducted for all patients undergoing surgical procedures, initiated by the pre-assessment nurse during triage. The Consultant Surgeon then reviews the risk assessment before the patient is transferred to the operating theatre department, prescribing appropriate VTE prophylaxis if required. Post-surgery, the risk assessment is re-evaluated and, if necessary, prophylaxis adjusted to ensure patient safety.

This process is subject to audit to monitor compliance and ensure adherence to established policies and protocols.

Several measures have been implemented to uphold high standards and further improve service quality:

- Mandatory Infection Prevention and Control (IPC) training, whereby all employees undergo annual IPC training utilising both E-learning and face-to-face sessions
- We have a designated Lead Infection Prevention and Control nurse who monitors and reports all surgical infections, conducting root cause analyses when necessary.
- Regular audits are conducted as per the audit plan (see appendix 2). Monthly IPC audits including hand hygiene, environmental and cleaning are conducted to ensure compliance with local policies. Action plans are developed as needed to address areas for improvement.
- Infection Prevention and Control Committee meetings have been introduced together with the provision of a microbiologist (currently under review). These proactive measures collectively contribute to maintaining a high standard of infection prevention and control, as evidenced by the absence of C. Difficile, MRSA Bacteraemia and Surgical Site infections.
- All staff receive mandatory annual training, and the clinical audit schedule includes IPC audits throughout the clinical areas of the hospital, providing assurance that IPC measures are implemented.

Despite these measures, patient safety incidents can still occur, affecting both patients and staff. To learn from these incidents, reporting is essential, and staff are encouraged to report all incidents via our internal reporting system, RADAR. All reported incidents are investigated to determine root causes, required actions to mitigate recurrence and to identify lessons learned or training needs as required by PSIRF.

Outcomes for any patient safety investigation are shared within the facility through various communication channels and platforms.

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.** During the reporting period, the Hospital received one serious complaint, which met the criteria for a Patient Safety Incident Investigation (PSII). A comprehensive investigation was undertaken in line with the Patient Safety Incident Response Framework (PSIRF) principles and the organisation's governance processes. The completed PSII report was reviewed with the commissioning organisation and was accepted as satisfactory, confirming that the investigation had been completed to the required standard. Any learning identified through the investigation has been incorporated into the Hospital's quality improvement and governance processes to support the continued delivery of safe, high-quality patient care.

Summary of 2026 complaints

Overall, complaint volumes remained relatively steady across the six-month period of 2026, with a slight peak in February followed by a modest decline in March. Most complaints were closed within the reporting period, demonstrating generally effective case management and resolution processes.

Acknowledgement performance was strong, with most complaints receiving an acknowledgement within the expected 3 working days. However, there were a small number of delays, particularly where cases were reclassified, complex, or initially treated as non-complaints.

Response timeliness within 20 working days showed more variability. While many cases met the target—especially in January—there was a noticeable dip in compliance during February and March. This is linked to more complex investigations and dependency on multiple stakeholders.

Key themes emerging from complaints include:

- Communication issues (delays, lack of updates, unclear information)
- Appointment cancellations and rescheduling challenges
- Delays in treatment, diagnostics, or follow-up care
- Administrative and coordination issues across services

Encouragingly, several cases were resolved quickly following early patient engagement, and some concerns were de-escalated and managed as feedback rather than formal complaints. While acknowledgement targets are largely being met, response timeliness remains an area for improvement, particularly for complex or multi-departmental cases, and this is currently under review to identify areas for improvement.

All events, including adverse incidents and complaints, are fully investigated, with key learning shared across the hospital through various forums. A ‘no blame’ culture is embedded to encourage reporting.

Weekly meetings with DCS and the Quality and Risk team are in place to review trends and themes.

Monthly reports are sent to Heads of Department for discussion in team meetings. Staff are encouraged to propose initiatives for continuous improvement. Event submissions and reports are acknowledged to the reporter wherever possible, with follow-up once outcomes are completed. Staff can request further feedback or information at any time

Transfers out – During the 2025/2026 reporting period, there were two postoperative transfers from the Hospital's recovery unit to the local NHS Trust hospital.

The first transfer followed an unexpected adverse reaction to anti-emetic medication administered in the postoperative period. The patient had undergone a comprehensive pre-assessment, and there was no known history of allergies, sensitivities, or contraindications to the medication prescribed. The transfer was undertaken as a precaution to ensure the patient received the appropriate level of monitoring and ongoing care.

The second transfer occurred following postoperative concerns that were subsequently associated with the patient's previously undisclosed use of illicit substances, information that had not been disclosed during the pre-assessment process. As this history was unknown to the clinical team, it was not possible to anticipate or mitigate the associated risks before surgery. The patient was transferred promptly to the local NHS Trust hospital for specialist assessment and management.

Both transfers were managed in accordance with the Hospital's escalation and transfer protocols and were reviewed through the Hospital's clinical governance processes to identify any learning opportunities and to ensure that existing pre-assessment, patient history-taking, and escalation procedures remain robust and effective in supporting patient safety.

Both patients made a full recovery and were subsequently discharged home following appropriate treatment and assessment by the receiving NHS Trust.

Return to theatre –at the time of reporting, there have been no returns to theatre (re-operations) during this reporting period. Patients who may deteriorate post-surgery and require a higher level of care are transferred to the local NHS Trust hospital to ensure the patient receives the appropriate care dependent on the individual needs. All registered nurses and registered practitioners at The Hamptons Hospital are trained to ILS, and we have ALS-trained practitioners within recovery and anaesthetics. All our Resident Medical officers are ALS trained. All our patients are screened routinely against our admission inclusion criteria at the time of referral and at triage. Patients who are identified as having a higher anaesthetic risk are referred back to our commissioners for safety reasons.

Safety in the workplace

The following measures are in place at The Hamptons Hospital to ensure workplace safety and enable staff to feel confident in working in a safe environment

- Health and Safety – membership currently under review; issues are escalated to SLT and Clinical Governance Committees
- Quality and Risk Manager – monitors compliance within the quality and governance structure
- CAS Alerts review process- a robust process to review and take action on clinical alerts
- RADAR – an incident reporting tool where all employees can report incidents and are encouraged to do so
- Risk Registers – live departmental and facility risk registers are maintained
- Mental Health First Aider- available to support staff
- Policies and SOPs to ensure that all employees have the guidance required to maintain safety at work
- Annual mandatory training- face to face and E-learning training to maintain knowledge and skills for all staff
- Annual competency reviews/appraisals are conducted for all staff to ensure they are competent to deliver safe and effective care to our patients.

Learning from Deaths

There have been no deaths following discharge.

Patient Experience

Patient feedback is received through several routes and is welcomed by The Hamptons Hospital (both positive and negative), and these inform service development in various ways dependent on the type of experience and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour. Letters and cards are displayed for staff to see in the staff room and highlighted at the hospital daily huddles and documented on the accompanying team brief following this. The Senior Leadership Team and the Heads of Departments ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

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

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.

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 has reviewed the survey questions, as feedback from patients has highlighted that presently the format is to lengthy, thereby reducing engagement. The new format is now being introduced.
Survey results are incorporated into the quarterly ICB report and shared with all staff for awareness and improvement.

Patient Experience Results (Aligned to CQC KLOEs)

Caring

Key metrics:

- Satisfaction with staff kindness and respect: 92.8% (Staffing 93.8%, Consultants 91.8%)
- Satisfaction with staff dignity and privacy: 98.5%
- Satisfaction with communication with clinicians/nurses: 77.74% . This score is notably lower than other caring indicators and should be explicitly recognised as a priority area. A focused communication improvement plan should be monitored through repeat patient feedback, complaint themes, staff education records and evidence of improved communication during delays, consent discussions, discharge planning and post-procedure queries.
- Friends and Family Test (FFT) recommendation rate: 96.2%

Key themes:

Kindness, Compassion and Respect

- Consistently high levels of perceived kindness and respect across staff groups.
- There is a slight variation between staffing groups, though both remain strong.
- Indications that a positive, compassionate culture is embedded in the delivery of care.

Dignity & Privacy

Key Themes:

- Exceptionally high score suggests dignity is consistently upheld
- Likely reflects strong processes, staff awareness, and environmental considerations
- Minimal reported concerns in this area
- Patients feel respected and treated well on a personal level

Communication & Emotional Support

Key Themes:

- Noticeably lower than other caring indicators
- Suggests inconsistency in:
  - Clarity of information shared
  - Patient understanding and involvement
  - Emotional reassurance and active listening
- Potential gap between technical care and relational communication

Responsive

Key metrics:

- Satisfaction with waiting times: 81.6% of respondents found the waiting time to be as expected or better.
- Satisfaction with admission process: 91.8% happy with the admission and waiting.
- Satisfaction with discharge information: 96.7% say they had been given written instructions of what to do after they are home.

Key themes:

- Positive: Many patients felt their needs were addressed promptly once seen, with staff being helpful, caring and willing to respond to concerns and queries.
- Care and staff experience again in this quarter comes through strongly: repeated praise for kindness, professionalism, and reassurance from nurses, consultants, reception, and wider teams—often mentioning feeling safe, listened to, and cared for.
- Comments repeatedly highlight a clean, calm setting, and smooth/efficient appointments and procedures
- Negative: Waiting times & punctuality – Delays (often 40–60+ minutes, and in a few cases much longer) and requests to proactively update patients when running late.

Building on the key patient feedback themes identified, our focus now is on translating insights into meaningful improvements. Over the coming months, we will prioritise strengthening communication, enhancing patient involvement in decision-making, and improving the overall patient experience across appointments, waiting times, and care environments. All post -operative information for patients is under review.

Targeted staff development, including communication, customer care and empathy training informed by real patient feedback, will be central to this approach. In parallel, we will review operational processes such as booking systems, pharmacy turnaround times, and clinic flow to ensure greater efficiency and responsiveness.

Progress will be monitored regularly, with clear accountability across teams, to ensure that changes lead to measurable improvements in patient satisfaction, safety, and experience.

Effective (Experience Elements)

- Understanding of procedure and aftercare: 84.8% felt they were told enough information before and after about their procedure.
- Informed consent experience: 97.6% felt they had sufficient time to discuss and ask questions before their procedure.

Well-Led (Experience Governance)

- **How patient feedback is reviewed and acted upon:** Patient feedback is systematically collected, analysed, and addressed through established feedback channels, ensuring timely responses and continuous service improvement.

- **Clinical Governance and Senior Leadership Team oversight and reporting structure:** Clinical Governance and the Senior Leadership Team maintain oversight of patient experience initiatives, monitoring progress through regular reporting and review cycles. Patient experience is also reviewed now via the Clinical Heads of Departments' monthly meetings and areas for improvement discussed at all staff meetings and action plans implemented as required.
- **Patient engagement strategy summary:** The patient engagement strategy is currently under review to ensure it aligns with organisational priorities, incorporates patient feedback effectively, and supports the continuous enhancement of patient experiences.

Appendix 1

A Clinical Vision and Strategy has been developed, approved by the Clinical Governance Committee and is now in place

Individual clinical departmental strategies and quality statements have been developed and are awaiting approval by CGC. Please find examples below

Clinical Vision and Strategy for The Hamptons Hospital Surgical Ward (Day Case Unit) 2026–2029 Draft

Vision for the Surgical Ward

To deliver exceptional, safe, efficient, and compassionate consultant-led day case surgical care through a high-performing ward environment that enables seamless patient flow, excellent clinical outcomes, and an outstanding patient experience—supporting every patient to recover safely and return home the same day whenever clinically appropriate.

The Surgical Ward will be the operational and clinical heart of The Hamptons Hospital's day case model, providing coordinated perioperative care from admission through discharge, underpinned by robust governance, multidisciplinary teamwork, and continuous improvement.

Strategic Objectives for the Surgical Ward

1. Deliver Safe, High-Quality Surgical Ward Care

Ensure every patient receives evidence-based, standardised, and highly reliable care throughout their ward journey.

Objectives

- Deliver safe admission, preparation, recovery, and discharge processes aligned with day case best practice.
- Maintain zero tolerance for avoidable harm through proactive risk identification and mitigation.
- Achieve consistently high compliance with:
  - WHO Surgical Safety Checklist
  - NEWS2 observations and deterioration management
  - Medicines management protocols
  - Infection prevention and control standards
  - Documentation and consent verification
- Reduce unplanned overnight admissions and transfers through effective patient selection and discharge readiness.

2**. Provide an Outstanding Patient Experience**

Deliver compassionate, personalised care that reduces anxiety and supports confidence throughout the surgical journey.

Objectives

- Create a calm, welcoming, and professional ward environment.
- Ensure patients receive clear, consistent communication at every stage.
- Promote dignity, privacy, and respect in all interactions.
- Support shared decision-making and patient empowerment.
- Implement real-time patient feedback mechanisms to drive improvement.
- Deliver tailored support for vulnerable patients and those requiring reasonable adjustments.

3. Optimise Day Case Flow and Operational Efficiency

Support safe same-day discharge through efficient ward processes and coordinated multidisciplinary working.

Objectives

- Standardise admission-to-discharge ward pathways.
- Minimise delays in:
  - Patient admission
  - Theatre preparation
  - Recovery handover
  - Medication supply
  - Discharge documentation
- Improve theatre-to-ward communication and patient throughput.
- Achieve excellent bed utilisation and patient flow.
- Support “Day Case by Default” principles through discharge planning from admission.

4. Build a Highly Skilled and Engaged Ward Workforce

Develop a confident, competent, and motivated ward team capable of delivering exceptional perioperative care.

Objectives

- Recruit and retain skilled surgical ward nurses and healthcare assistants.
- Implement competency frameworks in:
  - Pre-operative assessment support
  - Post-operative recovery and monitoring
  - Pain management
  - Early recognition of deterioration
  - Discharge education
- Promote leadership development and succession planning.
- Foster psychological safety and speaking-up culture.
- Strengthen multidisciplinary collaboration with theatre, anaesthetics, pharmacy, and consultants.

5. **Embed a Culture of Continuous Improvement and Governance**

Use data, audit, and learning systems to continuously improve ward performance and patient outcomes.

Objectives

- Maintain robust ward-level governance meetings.
- Monitor and review:
  - Incidents and near misses
  - Patient feedback
  - Clinical outcomes
  - Delayed discharges
  - Readmissions
  - Medication errors
- Participate in hospital-wide clinical audit programmes.
- Implement quality improvement projects led by ward staff.
- Share learning openly and transparently.

Surgical Ward Clinical Principles

Patient First

Care is organised around individual patient needs, comfort, and recovery goals.

Safety by Design

Standardised ward processes, safety checks, and escalation pathways reduce variation and risk.

Day Case by Default

Every aspect of ward care supports safe same-day discharge.

Consultant Led, MDT Delivered

Clear accountability supported by excellent multidisciplinary communication.

Recovery Focused

Ward care prioritises pain control, mobilisation, hydration, education, and discharge readiness.

Continuous Improvement

Ward teams use data and feedback to refine care delivery every day.

Surgical Ward Service Model

Scope of Ward Activity

The ward will support all approved day case specialities including:

- Orthopaedics
- General Surgery
- Gynaecology
- ENT
- Urology
- Pain Management
- Endoscopy
- Cardiology
- Respiratory
- Dermatology
- Plastics

Core Patient Pathway

1. Admission and Preparation

- Patient identification and safety checks
- Baseline observations and NEWS2 assessment
- Consent and procedure verification
- Medication reconciliation
- Final readiness for theatre

2. Immediate Post-Operative Recovery Transition

- Safe handover from recovery team
- Pain and nausea management
- Monitoring against discharge criteria
- Hydration and mobilisation support

3. Discharge Preparation

- Consultant discharge authorisation
- Medication provision and explanation
- Written and verbal post-operative instructions
- Emergency contact information
- Follow-up arrangements confirmed

4. Post-Discharge Monitoring

- Telephone follow-up where indicated
- Review of complications/readmissions
- Outcome capture and patient feedback

Quality, Safety and Governance (CQC Aligned)

Safe
- Daily safety huddles
- Robust ward risk assessments
- Early warning score escalation
- Infection prevention compliance audits
- Safe medicines storage and administration
- Emergency response readiness
- Transfer protocols for deteriorating patients

Effective
- Standardised clinical ward pathways
- Evidence-based recovery protocols
- Enhanced recovery principles
- Ward-based outcome monitoring
- Audit of discharge quality and unplanned admissions
- Ongoing staff competency assessments

Caring
- Compassionate communication standards
- Patient dignity and privacy audits
- Support for anxiety and emotional wellbeing
- Family/carer involvement where appropriate
- Real-time patient satisfaction feedback

Responsive
- Flexible scheduling to support theatre demand
- Efficient admission/discharge turnaround
- Rapid response to patient concerns
- Adaptation for accessibility and reasonable adjustments

Well-Led
- Strong ward leadership structure
- Clear accountability for nurse-in-charge roles
- Monthly governance review meetings
- Workforce wellbeing and engagement focus
- Visible leadership and open communication culture

Workforce Model for the Surgical Ward

Staffing Structure

- Ambulatory Care Services Manager
- Ward Sister
- Registered Nurses
- Healthcare Assistants
- Discharge Coordinator (as service expands)
- Access to:
  - Consultants
  - Anaesthetists
  - Pharmacists
  - Physiotherapy support
  - Diagnostics

Workforce Development Priorities

- Day surgery nursing competencies
- Enhanced recovery training
- Human factors and patient safety
- Leadership and supervision skills
- Annual competency reassessment
- Mandatory training compliance >95%

Digital and Data Enabled Ward Care

The Surgical Ward will utilise Compucare EPR to support:

- Electronic documentation
- Real-time observation recording
- Future electronic discharge summaries
- Medication reconciliation
- Incident reporting
- Ward activity dashboards
- Capacity and patient flow monitoring
- Patient communication and follow-up tracking

Measuring Success – Surgical Ward KPIs

Patient Safety

- Incident rates
- Medication errors
- Falls
- Infection rates
- Emergency transfers

Clinical Effectiveness

- Unplanned admissions
- Delayed discharge rates
- Readmissions within 7 and 30 days
- Pain control effectiveness

Patient Experience

- Friends and Family Test
- Satisfaction scores
- Complaints and compliments

Operational Performance

- Ward turnaround times
- On-time admissions
- Discharge before target time
- Bed utilisation
- Theatre delay attributable to ward processes

Workforce

- Staff retention
- Sickness rates
- Training compliance
- Staff engagement scores

Three-Year Surgical Ward Roadmap

Year 1: Establish and Stabilise

Focus: Safe ward launch and reliable processes

- Recruit and stabilise core ward team
- Implement ward SOPs and safety systems
- Embed admission and discharge pathways
- Establish baseline performance metrics
- Achieve strong CQC readiness
- Build multidisciplinary team culture

Year 2: Optimise and Improve

Focus: Efficiency and enhanced patient experience
Improve patient flow and discharge efficiency

- Expand enhanced recovery pathways
- Introduce ward-led quality improvement projects
- Strengthen data-driven decision-making
- Develop senior ward leadership capability

Year 3: Innovate and Lead

Focus: Excellence and regional recognition

- Become benchmark ward for day case excellence
- Introduce advanced digital patient engagement tools
- Achieve external accreditation/benchmarking
- Participate in education and training programmes
- Demonstrate sustained excellence across all CQC domains

Summary

The Hamptons Hospital Surgical Ward strategy supports the wider hospital vision by delivering safe, efficient, consultant-led day case care within a highly coordinated ward environment. Through strong governance, excellent workforce capability, and relentless focus on patient experience and same-day recovery, the ward will become a critical enabler of clinical excellence and sustainable hospital growth.

Quality Statement for the Day Case Ward- draft

The Hamptons Hospital

Purpose

The purpose of this Quality Statement is to ensure that Day Case Ward services at The Hamptons Hospital are delivered safely, effectively, and in accordance with UK legislation, national standards, and professional guidance, including recommendations from:

- National Institute for Health and Care Excellence (NICE)
- Care Quality Commission (CQC)
- NHS England / Department of Health and Social Care (DHSC), as applicable during national transition
- Royal College of Surgeons (RCS)
- Royal College of Anaesthetists (RCoA)
- Resuscitation Council UK (RCUK)

The Day Case Ward team at The Hamptons Hospital is committed to delivering high-quality patient-centred care that promotes patient safety, dignity, privacy, clinical excellence, effective discharge planning, and continuous quality improvement throughout the patient journey.

Scope

This statement applies to all staff working within the Day Case Ward environment, including:

- Registered Nurses
- Healthcare Assistants
- Surgeons
- Anaesthetists
- Allied Healthcare Professionals
- Administrative and Support Staff

Quality Commitments

Patient Safety and Risk Management

In line with national guidance and the NHS Patient Safety Incident Response Framework (PSIRF), we are committed to:

- Delivering safe and effective day case care using recognised clinical standards and pathways.
- Promoting a culture of safety, openness, and continuous learning.
- Reporting, reviewing, and learning from incidents, near misses, and patient safety events.
- Undertaking proportionate patient safety incident reviews focused on system learning and service improvement.
- Ensuring appropriate patient assessment, monitoring, and escalation of deteriorating patients.

- Maintaining safe staffing levels and skill mix appropriate to patient dependency and activity.
- Providing immediate access to emergency equipment, resuscitation drugs, and appropriately trained staff.
- Ensuring compliance with current Resuscitation Council UK guidelines for adult and paediatric life support.

Clinical Excellence and Evidence-Based Practice

We are committed to:

- Delivering evidence-based care informed by NICE, NHS England and/or DHSC requirements as applicable, Royal College of Surgeons (RCS) and Royal College of Anaesthetists (RCoA) guidance.
- Ensuring patients are appropriately prepared for procedures and discharge.
- Supporting effective multidisciplinary communication and teamwork throughout the patient pathway.
- Maintaining accurate clinical documentation and care planning.
- Monitoring patient outcomes, patient flow, and quality indicators through audit and governance processes.

Patient Experience and Person-Centred Care

We aim to:

- Treat all patients with dignity, compassion, privacy, and respect.
- Provide clear information and communication before, during, and after treatment.
- Involve patients and relatives in decisions regarding care and discharge planning.
- Respect individual cultural, religious, and personal needs.
- Actively seek and respond to patient feedback to improve services and patient experience.

Infection Prevention and Control

We will:

- Maintain high standards of infection prevention and control in accordance with local and national policies.
- Promote effective hand hygiene and appropriate use of personal protective equipment (PPE).
- Ensure safe cleaning and decontamination practices within the ward environment.
- Support the prevention and early identification of healthcare-associated infections.

Workforce Competence and Professional Development

We are committed to:

- Ensuring all staff maintain professional registration, competency, and mandatory training compliance.

- Supporting continuing professional development, supervision, and reflective practice.
- Providing regular resuscitation and emergency response training in line with Resuscitation Council UK guidance.
- Promoting staff wellbeing, equality, diversity, inclusion, and psychological safety.

Governance, Compliance, and Accountability

We will:

- Operate in accordance with CQC Fundamental Standards and organisational governance frameworks.
- Maintain compliance with GDPR, confidentiality, and information governance requirements.
- Participate in audits, inspections, and quality assurance programmes.
- Monitor risks proactively and implement improvement actions where required.
- Promote accountability, professionalism, and effective leadership across the department.

Discharge Planning and Continuity of Care

We are committed to:

- Ensuring patients are safely discharged with appropriate advice, medications, and follow-up arrangements.
- Providing clear written and verbal discharge information.
- Supporting effective communication with carers, community services, and primary care providers where required.
- Escalating concerns appropriately where discharge criteria are not met.

Environment, Equipment, and Emergency Preparedness

We will:

- Maintain a safe, clean, and organised ward environment.
- Ensure clinical equipment is appropriately maintained, checked, and fit for purpose.
- Maintain emergency preparedness through regular checks of emergency equipment and drugs.
- Ensure staff are competent in responding to medical emergencies and patient deterioration.

Continuous Quality Improvement

- The Day Case Ward is committed to continuous improvement through:
- Clinical audit and benchmarking
- Patient feedback and experience monitoring
- Incident review and shared learning
- Staff competency review and education
- Quality improvement initiatives and action plans
- Compliance monitoring against national and local standards

Review

This Quality Statement will be reviewed annually, or sooner in response to:

- Changes in legislation, professional guidance, or national standards
- Audit findings or service developments
- Learning from incidents, complaints, or inspections
- Organisational or operational changes

Approved by: _____
Position: _____
Date: _____
Review Date: _____

Appendix 2

The Hamptons Hospital Audit Plan 2026. Findings from the baseline audits will determine our audit programme to be developed for the remainder of the year.

Audit Programme 2026	Audit Ownership Group	Audit Owner	Department Allocation	Frequency (subject to review)	Deadline for completion
Hand Hygiene Technique (Assurance)	IPC	IPC Lead Nurse	Ward, Theatres, Endoscopy, Radiology, Outpatients	January, April, July, October	By month end
Hand Hygiene observation (5 minutes)	IPC	IPC Lead Nurse	Ward, Theatre, Endoscopy Radiology, Outpatients	Monthly	By month end
IPC Environmental	IPC	IPC Link Nurse	Whole Hospital	March,June,September,December	By month end
IPC Management of linen	IPC	IPC Link Nurse	Ward	July	By month end
IPC Governance and Assurance	IPC	IPC/IPS	Whole Hospital	February, November	By month end
Sharps	IPC	IPC Link Nurse	Whole Hospital	April, August, December	By month end
Standard PPE	IPC	IPC Link Nurse	Whole Hospital	April / November	By month end
High Risk PPE	IPC	IPC Link Nurse	Whole Hospital		March/ December of if required monthly as per COVID-19
Cleaning (50 steps)	IPC	IPC Link Nurse	All departments	Bi -Monthly	By month end
Surgical Site Infection	IPC	IPC Link Nurse	Theatres	May, November	By month end
Patient Journey: Safe Transfer of the Patient to Theatre/ Endoscopy	Clinical Governance	Director of Clinical Services	Ward/ Theatres	June / December	
Patient Journey:Intraoperative Observation	Clinical Governance	Director of Clinical Services	Theatres/ Endoscopy	June/ December	By month end
Patient Journey: Recovery Observation	Clinical Governance	Director of Clinical Services	Theatres	June /December	By month end

NatSSIPs LSO & 5 Steps Safer Surgery	Clinical Governance	Director of Clinical Services	Theatres, OPD, Endoscopy	August	By month end
NatSSIPs Safety Brief	Clinical Governance	Director of Clinical Services	Theatres, Radiology, OPD, Endoscopy	March, September	By month end
NatSSIPs Site Marking	Clinical Governance	Director of Clinical Services	Theatres, Ward, OPD	June/December	By month end
Nat SSIPs Stop Before You Block	Clinical Governance	Director of Clinical Services	Theatres	May/June, November/December	By month end
NatSSIPs Prosthesis	Clinical Governance	Director of Clinical Services	Theatres	May	By month end
NatSSIPs: Instruments	Clinical Governance	Director of Clinical Services	Theatres, OPD	June/ December	By month end
NatSSIPs:Swab Count	Clinical Governance	Director of Clinical Services	Theatres	June/ December	By month end
NatSSIPs: Histology	Clinical Governance	Director of Clinical Services	Theatres, OPD, Endoscopy	May/June, November/December	By month end
Complaints	Senior Leadership Team	Senior Leadership Team, Quality and Risk	Senior Leadership Team, Quality and Risk	November	By month end
Duty of Candour	Senior Leadership Team	Director of Operations & Strategy/ Head of Clinical Services	Director of Operations & Strategy/ Head of Clinical Services	July	By month end
Practising Privileges - Consultants	Senior Leadership Team	Director of Clinical Services	Head of Clinical Services, Head of Operations	June, October	By month end
Practising Privileges-non-consultant	Senior Leadership Team	Director of Clinical Services	Head of Clinical Services, Head of Operations	June, October	By month end
Privacy and Dignity	Senior Leadership Team	Director of Clinical Services	Ward, Quality and Risk	May/ June. October/November	By month end
Essential: Falls Prevention	Clinical Governance , Health and Safety	Head of Clinical Services, Head of Non-clinical Services	Quality and Risk	September/October	By month end
Essential: Nutrition and Hydration	Clinical Governance	Director of Clinical Services	Ward, Quality and Risk	July	By month end
Medical Records-Theatres	Senior Leadership Team	Head of Operations	Ward, Theatres	June, October	By month end
Medical Records-Ward	Senior Leadership Team	Head of Operations	Ward, Theatres	July, November	By month end
Medical records-Radiology	Senior Leadership Team	Head of Operations	OPD, Radiology	May, November	By month end

Medical Records- NEWS2	Senior Leadership Team	Director of Clinical Services	Ward, Theatres	February, June, October	By month end
Medical Records- VTE	Senior Leadership Team	Director of Clinical Services	Ward, Pre-Assessment	March, July, November	By month end
Medical Records- Patient consent (6 Monthly)	Senior Leadership Team	Director of Clinical Services	Ward, Pre-Assessment	April, October	By month end
Medical Records- Pre Operative Assessment	Senior Leadership Team	Director of Clinical Services	Pre-Operative Assessment	April, July, December	By month end
MRI Reporting	Clinical Governance	Director of Clinical Services	Radiology	June, October, December	By month end
CT Reporting	Clinical Governance	Director of Clinical Services	Radiology	June, October, December	By month end
MRI Safety	Clinical Governance	Director of Clinical Services	Radiology	August	By month end
No Report Required	Clinical Governance	Director of Clinical Services	Radiology	August	By month end
Extravasation (annual)	Clinical Governance	Director of Clinical Services	Radiology	May	By month end
Prescribing & Medicines Reconciliation	Clinical Governance / Medicines Management	Pharmacy Manager	Pharmacy	June, December	By month end
Controlled Drugs	Clinical Governance / Medicines Management	Pharmacy Manager	Pharmacy	April, November	By month end
Safe and Secure	Clinical Governance / Medicines Management	Pharmacy Manager	Pharmacy	July	By month end
Departmental Governance	Senior Leadership Team	Senior Leadership Team	Ward, Theatres, OPD, Radiology, Administration, Medical Records, Pharmacy, Facilities, IT	August, November	By month end
Safeguarding	Clinical Governance	Registered Manager, Head of Clinical Services	Ward, OPD	July	By month end
Decontamination Endoscopy	Clinical Governance	Director of Clinical Services	Endoscopy/ theatres	July, November	By month end
Decontamination- transfer in and out	Senior Leadership Team	Director of Clinical Services, Head	Theatres	July, November	By month end

		of Non-clinical Services			
PPM Compliance	Health and Safety Committee	Head of Non-clinical Services	Facilities	June, September, December	By month end
Fire Safety	Health and Safety Committee	Head of Non-clinical Services	Facilities	June	By month end
Legionella	Health and Safety Committee	Head of Non-clinical Services	Facilities	July	By month end
Electrical	Health and Safety Committee	Head of Non-clinical Services	Facilities	June	By month end
Medical Gases	Health and Safety Committee	Head of Non-clinical Services	Facilities	August	By month end
Sepsis (annual)	Clinical Governance	Director of Clinical Services	Ward, Theatres	July	By month end
WHO checklist in conjunction with NatSSIPs (monthly)	Clinical Governance	Director of Clinical Services	Ward, Theatres, Endoscopy, Outpatients	Monthly	By month End
Radiology Quality Assurance:-	Clinical Governance	Director of Clinical Services	Radiology		
QA of Image Quality	Clinical Governance	Director of Clinical Services	Radiology	July/ December	By month End
QA Patient dose/ Equipment	Clinical Governance	Director of Clinical Services	Radiology	June/ November	By month end
QA Image processing & viewing facilities	Clinical Governance	Director of Clinical Services	Radiology	July/ December	By month End
QA Training	Clinical Governance	Director of Clinical Services	Radiology	August	By month end
QA Protocols	Clinical Governance	Director of Clinical Services	Radiology	September	By month End
Radiation Risk Assessment	Clinical Governance	Director of Clinical Services	Radiology	August	By month end
QA Local rules	Clinical Governance	Director of Clinical Services	Radiology	September	By month End
Blood Transfusion Compliance - dates to be confirmed once Blood is on site					

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