

Ashtead Hospital

Quality Account
2025/26



Public



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Ashtead Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa

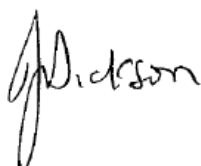
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.



Jo Dickson

Introduction to our Quality Account

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

Each site within the Ramsay Group develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Gael Ogunyemi, Hospital Director,

Ashtead Hospital

Ashtead Hospital is proud to have been providing health care services to the population of Surrey and beyond for the past 40 years. We have established relationships with our commissioners and work closely with the local healthcare community.

Over the last year we have worked in collaboration with Surrey and Sussex Health care Trust and supported Epsom Hospital in times of need. Collaborative working with the NHS is set to continue and we see it as our duty to support the NHS with patients who have lengthy waits for elective care.

We prioritise patient safety and clinical outcomes above all else, utilising a robust governance framework to improve patient outcomes. Working closely with our established and experienced team of consultants, we look at ways in which we can be more innovative and further develop our learning culture.

Our overall culture is one of warmth and compassion and it is important to us that patients feel heard, valued and respected. Over the last year we invited an outside organisation, recommended to us by Health watch to come and talk to patients about their experience at Ashtead Hospital. Added to this we regularly seek feedback from our patients and actively respond to any suggestions on how we can improve the service we provide.

As Hospital Director I am continuously proud of the hard-working team here at Ashtead Hospital. Over the last year we have had a real focus

on our culture, ensuring that our culture is inclusive, supportive and the wellbeing and engagement of our patients and staff are a priority.

Ashtead Hospital is truly about people caring about people.

I confirm that I have seen the quality account and am happy with the accuracy of the report.

The statement is also an acknowledgement of any issues in the quality of services currently provided.

Gael Ogunyemi
Hospital Director
Ashtead Hospital

1.2 Hospital Accountability Statement

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



Gael Ogunyemi -Hospital Director

Ashtead Hospital Ramsay Health Care UK

This report has been reviewed and approved by:



MAC Chair

Mr Dominic Nielsen, Orthopaedic Consultant and Chair of Medical Advisory Committee

Welcome to Ashtead Hospital

Ashtead Hospital is one of Surrey's leading independent hospitals. Providing fast, convenient, effective, and high-quality treatment for a mixture medically insured self-pay and NHS patients. We treat adults over the age of 18 years old. The Hospital has 35 en-suite patient rooms, a two bedded closer observation unit, 9 ambulatory care pods and 4-day case en-suite pods.

On site there are three fully equipped ultra clean air Theatres, with a 6 bedded recovery area. There is a dedicated Joint Advisory Group (JAG) accredited Endoscopy Unit with its own recovery area.

Ashtead Hospital has an in-house Theatre Sterile Services Unit (TSSU) alongside the theatre suite, used to clean and sterilise all the hospital's surgical instruments.

The Outpatient Unit consists of thirteen consulting rooms, as well as one minor ops room, one treatment room, one plaster room and 2 pre-assessment rooms. Within the departments footprint is the onsite Pharmacy department, which is open Monday – Friday issuing medications for both out-patients and in-patients. There are 6 designated treatment rooms within the Physiotherapy Department.

Our Diagnostic Imaging Department includes X-ray, MRI, CT, Ultrasound and DEXA scanning.

The Hospital offers a wide range of treatments and services. The specialties for which services are provided at Ashtead Hospital include:

- ✓ Audiology
- ✓ Cardiology
- ✓ Dermatology
- ✓ ENT
- ✓ Gastroenterology,
- ✓ General Medicine,
- ✓ General Surgery,
- ✓ Gynaecology,
- ✓ Haematology,
- ✓ Nephrology,
- ✓ Neurology,
- ✓ Ophthalmology
- ✓ Oral and Maxillo-facial,
- ✓ Orthopaedics,
- ✓ Pain Management
- ✓ Physiotherapy,
- ✓ Plastic Surgery
- ✓ Radiology (including MRI and CT),
- ✓ Rheumatology
- ✓ Urology.

Our service provides fast, convenient, effective and high-quality treatment for patients who are medically insured, self-pay or from the NHS.

During 2024/25 Ashtead Hospital provided and/or subcontracted 38 NHS services.

The income generated by the NHS services reviewed in 1st April 2024 to 31st March 2025 represents 50 per cent of the total income generated from the provision of services by Ashtead Hospital.

The figures for admissions from 1st April 2024 – 31st March 2025 was 5921 of which 50% (2960) were NHS patients.

During this time, we saw 42,447 patients in outpatients.

We work with the NHS Integrated Care Boards (ICB) to provide a wide range of services to meet the needs of the local healthcare community. We are keen to ensure that patients can have treatment at their local hospital where appropriate.

Ashtead Hospital staff take great pride in their ability to innovate and develop new ways of working, ensuring that all care is delivered in the best and most effective way, whilst also ensuring we deliver consistently good outcomes.

We ensure we work to guidance issued by the National Institute of Clinical Excellence (NICE). NICE provides quality standards and indicators for best available evidence to improve health and social care.

We have a total of 123 Consultants, 50 Anaesthetists, 9 Non-Consultants to include Psychologists and dietitians, and 3 private GP's who practice at Ashtead. All our consultants undergo rigorous vetting procedures prior to commencing practice at the hospital, and regular reviews through our clinical governance processes to ensure the highest possible clinical care. 24/7 medical care is provided by the onsite RMO.

Ashtead Hospital's Business Development and Engagement Team values contact with the local medical and residential community and strive to ensure they actively work in partnership to enhance patient care. The team organises a variety of educational events for the local community and local GP's. The Hospital Business Relationship Manager invites consultants and other staff for 'Lunch & Learn' training. The hospital also sponsors a number of local sports clubs and local initiatives.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for improvement

2.1.1 A review of clinical priorities 2024/25 (looking back)

Key Priority 1

We will maintain Safe & Effective pathways that support Ashted hospital and the local community that use our services. This year we will continue to train and develop more staff and by April next year 2025 we aim to have trained 100% of our clinical staff in speak up for safety.

In addition, we will encourage cross collaborative working sharing best practice and supporting each other with clinical incidents and learning from patient safety incidents using our PSIRF process and meeting at our Patient Safety Incident Reporting Group.

Review of this priority has shown that we have achieved a 91% compliance – we have trained more staff to be able to deliver the training and this will form part of our onboarding priority into 25/26

Key Priority 2

We will look closely at our patient pathways and ensure that care is Responsive & Accessible to the patient community.

- We will do this by improving our patient feedback for all elements of care but focusing namely on the following areas:
- Medicines management – from admission to discharge to ensure that patients understand the medications they are taking.
- Pain Management – to review and improve the management of pain for our patients through recording and discussing management plans for the patient.

Review of this priority has shown that we have made significant improvements through the pharmacy team in their medicine's reconciliation processes providing 100% feedback for inpatients – this will remain a priority for 25/26 with a focus on day cases where applicable.

Pain management and discussion of pain control during the patients stay has also improved feedback response – in addition we have added in a discharge nurse role to support patients on discharge with a dedicated line for patients to call. The discharge nurse works closely with the patient's consultant and pharmacy.

Key priority 3

We will foster a Collaborative & Innovative learning environment.

- We will do this by striving to understand each other's roles and responsibilities and encourage mobility and development of skills.
- This would be integrated into our induction programme and allow some hybrid working

REVIEW of this priority has shown that we have integrated roles working across OPD and Pre assessment and from wards into OPD and Day unit into endoscopy. This has helped with flexibility of staffing and cross utilisation of staffing – supporting more clinical teamwork which supports the patients journey and continuity of care. All of these roles are supported by a competency-based assessment

2.1.2 Clinical Priorities for 2025/26 (looking forward)

In 2025/2026 priorities our agreed with the clinical team and following patient feedback, experiences and peer reviews, in line with our clinical strategy developed in 2024

Our foremost clinical priorities will be enhancing patient safety through rigorous protocols and continuous staff training. We will focus on clinical effectiveness by continuing to implement robust evidence-based practice to ensure optimal health outcomes for our patients. Additionally, improving patient experience will be essential as we strive to create a compassionate and responsive healthcare environment that prioritises patient feedback and engagement.

These priorities have been agreed with our Clinical Governance team and wider clinical advocates, in addition this is part of our clinical strategy for 2024-2027.

Patient Safety

Speak Up for Safety

We will encourage and support all our staff to be able to raise concerns about any patient safety through a variety of available channels. We now have local accredited trained 'Speak Up for Safety' trainer champions. Every staff member working at Ashtead are required to complete this training to assure knowledge and skill in using the Safety Code to feel confident in the process of how to voice concerns with

colleagues. These trainers are implementing the training into new staff inductions to ensure everyone receives this empowering training.

Speak Up Guardian & Whistleblowing

As part of the Ramsay Healthcare UK group, we also have a National Freedom to Speak Up Guardian with a dedicated email address

FreedomToSpeakUpGuardian@ramsayhealth.co.uk and a Ramsay Whistleblowing Hot Line 08082 343 097. We also advertise the Care Quality Commission contact details as an additional further avenue.

Ashtead PSIRF Group

Following the implementation of the national PSIRF (Patient Safety Incident Response Framework), we have implemented an Ashtead PSIRF Group to review and share incidents and findings from Hot debriefs, After Action Reviews, Thematic Reviews and PSII (Patient Safety Incident Investigations). Each clinical head of department has access to a PSIRF investigation resource file that supports development for their teams in following the SIEPS (System Engineering Initiative for Patient Safety) Framework. Training for this and a “Just Culture” has been included into the annual mandatory training days for all staff and included in the new Clinical Supervision working groups for 2025.

Safeguarding Training & Daily Hospital Safety Huddle

In addition to maintaining compliance with mandatory safeguarding training requirements, since last year, we have increased our Level 4 Safeguarding and prevent leaders to three onsite clinical seniors and we have increased emphasis on discussing patients of concern, such as patients with mental capacity, disability and neuro diversity needs into the hospital daily safety huddle. This enables us to ensure that we have individualised care & services planned. Last year Ramsay introduced a new mandatory Autism online training, and this is being followed up in 2025 with senior clinician leaders training to assure champions will act as specialist resources for our teams and patients.

Sharing of information

Since last year, we have also introduced a Monthly Quality Board Results resource. This tool is supplied to all heads of departments and allows us to share safety compliance scores, top hospital risks, lessons and themes from incidents and great practice with our teams.

The Corporate team send Safety Flashes to share learnings nationwide from the Ramsay hospital sites— an easy to read one page newsflash to support Increasing ways to spread information and share improvement initiatives. Ashtead have implemented Audit Flashes to mirror this easy read tool to share improvement actions when wider hospital learning is required.

Clinical Effectiveness

Clinical Audit Programme

Ashtead Hospital participates in a program of clinical audit using an online platform called Tendable. It is an essential activity in evaluating and improving healthcare practices by comparing clinical and environmental performance/service against established policy and guidelines. Since 2024, we have increased our auditor numbers from 12 to 42 professionals by implementing departmental and individual training. The cohort of Tendable auditors has also extended from the clinical staff to the non-clinical leaders such as the housekeeping supervisor and Operations Manager. The results give clear information on what we are doing well and what we need to improve against the required level of standards. From 2024-2025 audit results and action plans, we have seen significant improvements in medical records management, environmental cleaning & maintenance, hand hygiene, medication management and WHO surgical safety practice.

GIRFT

In June 2025, Ashtead Hospital is undertaking a deep dive review into Getting It Right First Time for Orthopaedic Joint Replacement, Spinal Surgery and Joint pain injections. This programme is hosted by the Royal National Orthopaedic Hospital and is a clinician led, data focused initiative designed to enhance healthcare quality and patient outcomes by identifying unnecessary variations in clinical procedures and recognising best practice.

ANTT® Accreditation

In 2025, Ashtead is also planning to achieve the bronze ANTT® award initially followed by the silver award in the later part of the year. This will provide us with the mechanism to demonstrate effective clinical governance for aseptic technique, and commitment to infection prevention and patient safety. Senior clinicians have completed the training to undertake education and competency assessments for all clinical staff.

Clinical Supervision

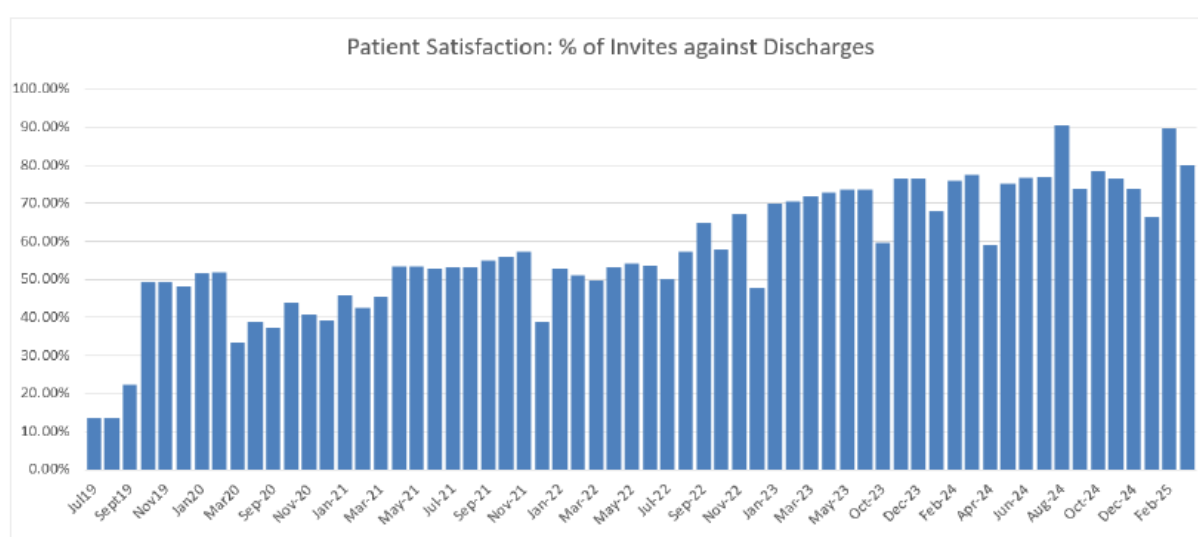
In 2025, Ashtead is implementing quarterly Clinical Supervision Discussion Groups. This group will be open to practising clinicians and the objective is to share practice reflections and discuss best practice in a safe and supportive environment.

Patient Experience

Cemplicity Dashboard

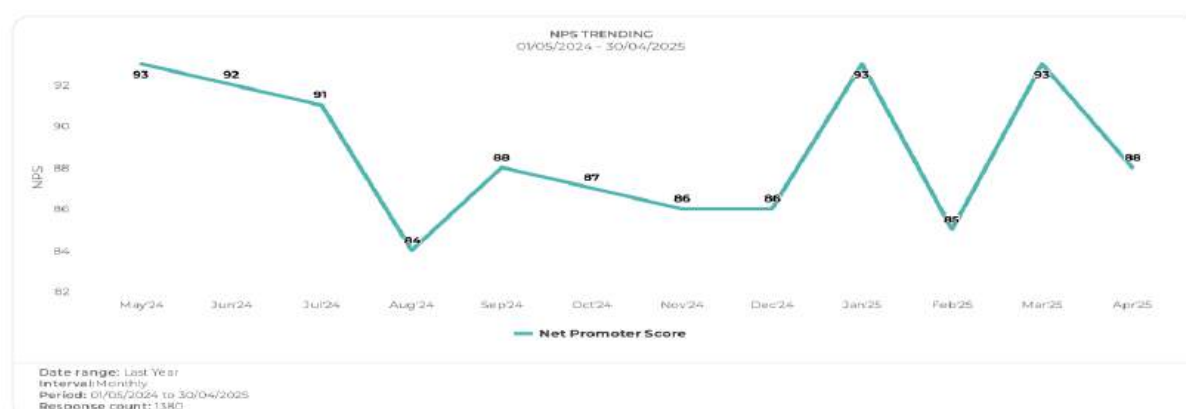
Ramsay Healthcare hospitals utilise Cemplicity, which is a flexible online software platform that allows patients to provide input through various modes such as email, SMS, and digital surveys. This approach aims to maximise patient participation and ensure that their responses are captured in a way that suits them best. It enables us to capture real-time patient feedback, driving personalised care, improved outcomes, and enhanced experiences across the entire healthcare journey. These questions are targeted at all patients that have been discharged and have experienced the service as a day case or inpatient. The percentage rates displayed below show the % of invites against discharges and represent the number of patients discharged that have a registered functional email address to receive the questionnaires. The increase in this is evident in the trends displayed below.

Site	% Apr 24	% May 24	% Jun 24	% Jul 24	% Aug 24	% Sept 24	% Oct 24	% Nov 24	% Dec24	% Jan25	% Feb25	% Mar25
Ashted Hospital	62.7%	74.2%	82.9%	75.7%	77.3%	78.6%	78.5%	80.0%	76.3%	68.6%	89.9%	86.2%



Monthly Net Promoter scores and number of responses

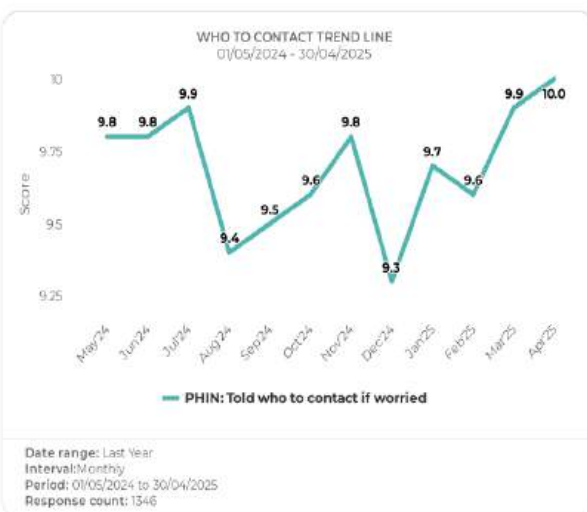
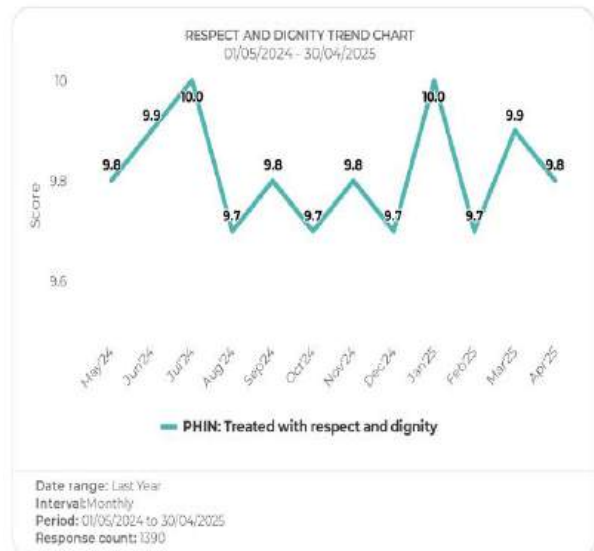
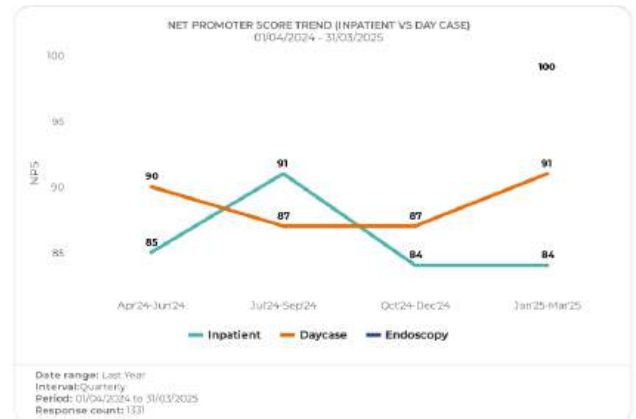
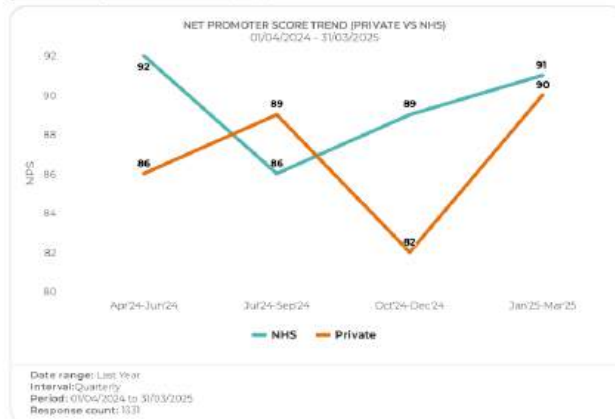
Site	Total Number of Discharges	Total Number of Invites	% Dec 24	Total Number of Discharges	Total Number of Invites	% Jan 25	Total Number of Discharges	Total Number of Invites	% Feb 25	Total Number of Discharges	Total Number of Invites	% Mar 25
Ashted Hospital	375	286	76.3%	560	384	68.6%	538	461	85.7%	535	461	86.2%

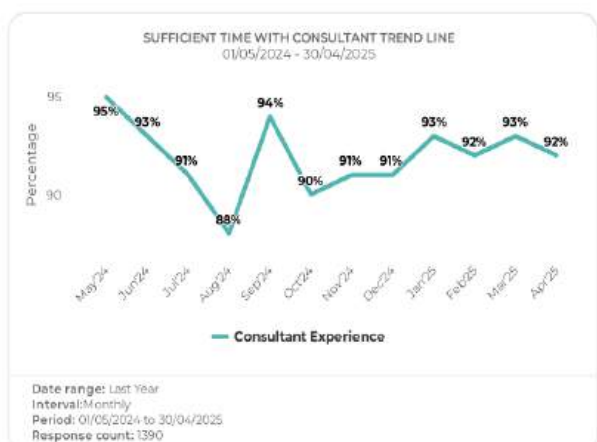
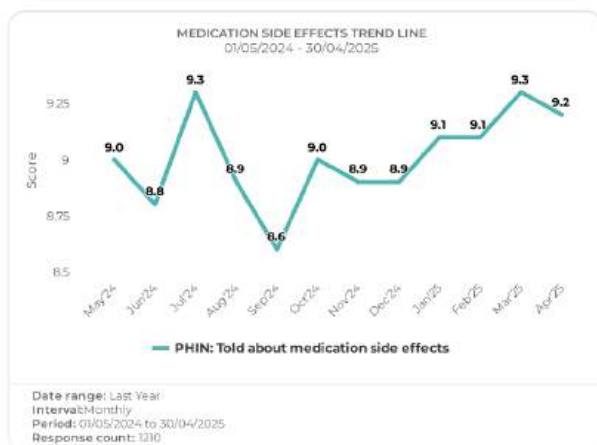


Hospital Quality Dashboard

View as of 02/05/2025

Preset Hospital: Ashted Hospital





BEST PERFORMING AREAS		
Survey Question	Filter set one	Filter set two
Were the rooms and facilities kept clean?	95.8%	99.6%
Was your room quiet and comfortable?	95.5%	98.6%
Were the meals and snacks we provided nutritious, tasty and well presented?	94.9%	98.9%
PHIN: Privacy discussing condition/treatment	92.7%	98.9%
Did staff do everything they could to help manage your pain and/or nausea?	90.9%	99.2%
Were staff helpful and attentive?	90.7%	98.8%
Were all our staff professional and courteous?	90.7%	99.0%
Cleanliness	90.0%	97.6%
Consultant Experience <i>Did you have confidence that your consultant would deliver the appropriate care for you?</i>	89.7%	98.0%
Consultant Experience <i>Did your consultant show you understanding when assessing your need for treatment?</i>	89.3%	97.6%

OPPORTUNITIES FOR IMPROVEMENT		
Survey Question	Filter set one	Filter set two
PHIN: Worries and fears	45.9%	89.1%
How would you rate our follow up of your care after you were discharged from hospital?	52.6%	89.0%
Information	62.5%	93.3%
How well did we prepare you for leaving hospital?	66.1%	91.8%
PHIN: Told about medication side effects	67.0%	90.2%
Communication	68.2%	95.3%
Customer Service	68.4%	96.3%
Consistent and Coordinated Care	71.8%	94.7%
Consultant Experience <i>Did you have sufficient time with your consultant during this visit or hospital stay?</i>	72.2%	92.2%
Kindness, care and compassion	76.1%	96.7%

PLACE Audit

Place Audit Action Plan

All NHS & Independent sector CQC Registered Hospitals are invited to participate in the NHS England (Department of Health & Social Care) annual Place Audit. This is an audit of all patients facing non-clinical areas across domains including general and ward accommodation, catering, cleaning, parking and grounds and care arrangement for patients with dementia and disability. Audit participants are drawn from patients of the hospital, members of the public and an expert independent chair (normally from the local area Healthwatch service).

Ashtead completed a Place Audit in November 2024. The results were published in February, and this is the action plan designed to address the areas where the feedback and scores indicated improvements could be made.

Overall results for Ashtead:

Overall results for Ashtead:

Organisational Name	Commissioning Region	Site Code	Site Name	Organisation Type	NHS or Independent	Place Site Type	Cleanliness	Combined Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
NVC	RHC	SE	NVC01	ASSTEAD HOSPITAL	INDEP	ACUTE/SPECIALIST	99.17%	96.85%	94.10%	100%	90.77%	100%	87.70%	84.07%

2024 National Average % Scores # 1093	98.62	92.4	94.57	93.77	90.44	96.45	87	87.06
2024 Ashtead results related to national average scores	↑	↑	↓	↑	↑	↑	↑	↓

The results were generally very good across all of the domains and compared favourably with other Ramsay hospital sites that participated in the same audit. From a national perspective the two areas where the hospital performed less well than the average was: Organisational Food and Disability. Facilities for caring for patients with dementia whilst above the England average still suggested that there were improvements to be made. Even in those areas which scored very strongly there are

actions that came out of the feedback which can be used to sustain or improve standards further.

Supporting patients with disability will be a focus for 2025/2026

Key Priorities in 2025/2026

Key Priority 1

We will embed into practice our clinical strategy. This year we will continue to review our clinical strategy 6 monthly to ensure we stay on track with our goals and objectives as laid out in our strategy in 2024. The focus for 2025/2026 will be to ensure that the key areas Safe and Effective – Responsive and Accessible, Collaboration and Innovation and Respectful and Supportive are embedded into practice. This will form part of our clinical supervision workshops which are being rolled out from June 2025.

Key Priority 2

We will look more closely at our patient pathways and ensure that care is Responsive & Accessible to the patient community.

- We will do this by improving our patient feedback for all elements of care but focusing namely on the following areas:
- Ensure Oliver McGowan training is embedded into our daily processes with a focus on our patient pathways.
- We will develop a link team to provide support to our patients with neurodiversity, disability and autism – this will be for all departments

Key priority 3

We will foster a Collaborative & Innovative learning environment.

- We will ensure that through clinical supervision our staff continue to learn and embed knowledge through healthy safe discussions.
- This group will be open to practising clinicians and the objective is to share practice reflections and discuss best practice in a safe and supportive environment

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2024/25 Ashtead Hospital provided and/or subcontracted 38 NHS services.

Ashtead Hospital has reviewed all the data available to them on the quality of care in all 38 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 50 per cent of Ashtead's total income.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

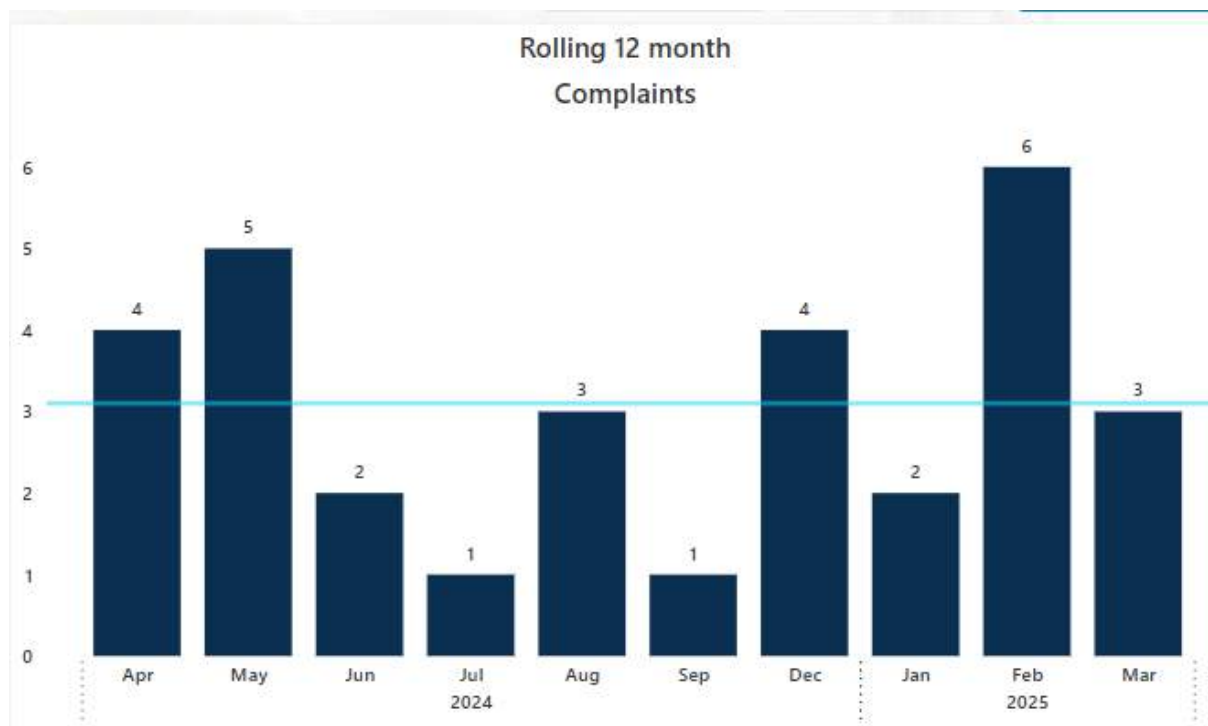
In the period for 2024/25, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

➤ Staff Cost % Net Revenue	34.5%
➤ HCA Hours as % of Total Nursing	35%
➤ Agency Cost as % of Total Staff Cost	5.7%
➤ Ward Hours PPD	16%
➤ % Staff Turnover	10%
➤ % Sickness	3%
➤ % Lost Time	19.5%
➤ Appraisal %	65%
➤ Mandatory Training %	98%
➤ Staff Satisfaction Score	75%
➤ Number of Significant Staff Injuries	0

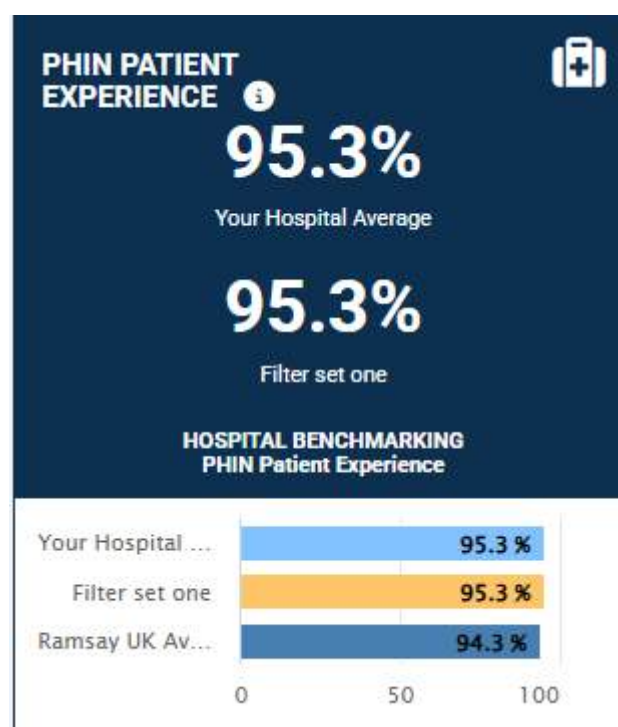
Patient

Formal Complaints

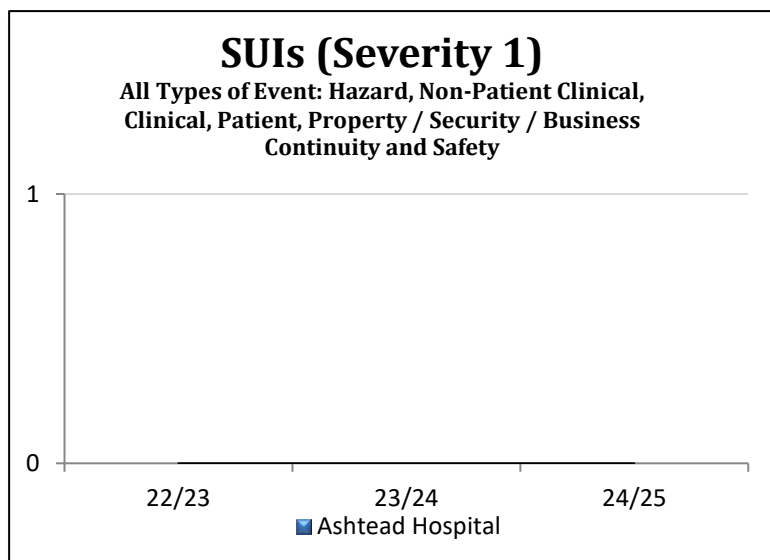


In the period 1st April 2024 to 31st March 2025, Ashted Hospital had 31 complaints.

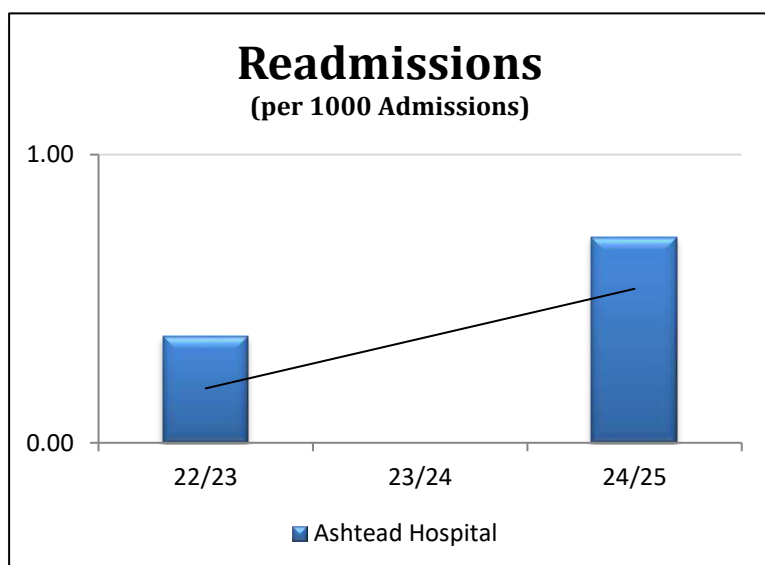
Patient Satisfaction Score – 1st April 2024 to 31st March 2025



Significant Clinical Events per 1000 Admissions



Readmission per 1000 Admissions



Quality

Ashtead, Workplace Health & Safety Score Health, Safety & Facilities Audit is completed annually 28/04/2025. – Overall result 95.7%. Focus was on working at heights risk due to new member of staff joining.

Infection Control Audit Score

Our Audits for infection control covered the following areas with the avg yearly score

Hand Hygiene – 98.08%

Sharps -92.8%

Occupational Health -98.1%

50 steps -93.5%

Urinary catheter -99.1%

IPC infrastructure -94.1%

IPC Governance -95.8%

2.2.2 Participation in clinical audit

From 1 April 2024 to 31st March 2025 Ashted Hospital participated in 6 national clinical audits

The national clinical audits and national confidential enquiries that Ashted Hospital participated in, and for which data collection was completed from 1 April 2024 to 31st March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Count	Project name (A-Z)	Provider organisation
100%	British Spine Registry	Amplitude Clinical Services Ltd
75%	Elective Surgery (National PROMs Programme)	NHS Digital
100%	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
100%	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
100%	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
100%	Surgical Site Infection Surveillance	Public Health England

The reports of the six national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Ashted Hospital intends to take the following actions to improve the quality of healthcare provided.

- Improve the response rates for PROMS data – namely cataract services and response back form optom post discharge

Local Audits

We use the Tendable online application for Ashtead Hospital's local clinical audits from 1 April 2024 to 31st March 2025. These were reviewed by the Clinical Governance Committee and Ashtead Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

From 1st April 2024 to 31st March 2025, Ashtead hospital undertook:

- 306 inspections,
- of 58 inspection types,
- completed by 42 unique inspectors
- obtained an average score of 94.30%.
- of which 92.34% were completed within the designated timeframes
- 100% of scheduled audits were completed
- Generating 662 actions.

Going forward from last year's audit results into 2025-2026, our key targets are to:

- implement a wider peer/cross departmental review process to assure a fresh eyes perspective of the inspected areas and practice.
- To increase staff auditor numbers to raise their skills, knowledge and understanding of required standards of practice
- Engage more staff to be involved in problem solving, improvement actions, innovations and looking at evidence based best practices.

2.2.3 Participation in Research

There were no patients recruited during 2024/25 to participate in research approved by a research ethics committee.

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

CQUINs were paused so not applicable for Ashtead Hospital

Ashtead Hospital's income from 1 April 2024 to 31st March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this framework was paused by the ICB during this time period.

2.2.5 Statements from the Care Quality Commission (CQC)

Ashtead Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions.

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

2.2.6 Data Quality

Statement on the relevance of Data Quality and actions to improve Data Quality

Ashtead Hospital will be taking the following actions to improve data quality.

- Since July 2023 our focus on quality data has been supported by our Risk and incident Management system, RADAR. We will continue to use this system to manage incidents, complaints and risk reporting.
- We will continue to work with our consultants and staff to maximize usage of our EPR system and reporting functionality
- We continue to use our digital patient feedback system to monitor satisfaction and respond to patient feedback.
- All medical questionnaires are now electronic so patients can register online and we can receive the questionnaire well in advance of pre assessment and plan more accordingly- using this data informs our theatre efficiency and safety of the patient journey.

NHS Number and General Medical Practice Code Validity

Ashtead Hospital submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2025

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
South						
Ashtead	Completed Sept 2023	100%	99.6%	100%	100%	Level 3

The patient's valid NHS number:

Outpatients

	NVC01
% NHS Numbers missing	0.02%
% NHS Numbers submitted	99.98%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Admitted Patient Care

	NVC01
% NHS Numbers missing	0.15%
% NHS Numbers submitted	99.85%
% GP Practice codes missing	0%

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30th June 2025.

This information is publicly available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

Ashtead hospital was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

2.2.7 Stakeholders views on 2024/25 Quality Account



Ramsay Health Care Ltd Ashted Hospital

Quality Account 2024/2025

Commissioner Statement

from NHS Surrey Heartlands Integrated Care Board

NHS Surrey Heartlands Integrated Care Board (Surrey Heartlands ICB) welcomes the opportunity to comment on the draft Ramsay Ashted Hospital quality report 2024/25. The ICB is satisfied that the Quality Account is being developed in line with the national requirements and gives a comprehensive account and analysis of the quality of services.

Surrey Heartlands ICB recognise Ramsay Ashted Hospital's responsibility to the safety and quality of treatment for all NHS patients. This is evidenced by inclusion of System Engineering Initiative for Patient Safety (SIEPS) and 'Just Culture' as part of the annual mandatory training programme. The ICB commend the increased capacity within safeguarding and prevent services to support and individualise care for patients with mental capacity concerns, disability and neurodiverse needs.

Looking back at the 2024/25 quality priorities Surrey Heartlands ICB is pleased to see that Ramsay Ashted Hospital has achieved a 91% compliance rate for the 'Speak up for Safety' training, which is a marked increase from 2023/24 when compliance was 68%. The ICB commend the success of a 100% feedback from patients following medicines reconciliation and how patient pathways have been improved to be more responsive and accessible. The ICB note that the commitment to integrated roles within the organisation has enabled a flexible and mobile workforce to better support clinical teamwork and continuity of patient care.

Surrey Heartlands ICB supports the new quality priorities for 2025/26 which provide improved outcomes for patients and staff:

- Clinical strategy- embed into practice key clinical areas.
- Responsive and accessible patient pathways- improving patient feedback and supporting patients with neurodiversity, disabilities and autism.

- Collaboration and learning- developing a supportive environment for clinical supervision, peer review and sharing of best practice.

Surrey Heartlands ICB are encouraged by the introduction of the new clinical audit platform and how this has improved clinical and environmental performance within Ramsay Ashtead Hospital. Coupled with their software designed to reduce complaints and no-shows, and enhance patient experience, the organisation has demonstrated that it now has systems in place to provide oversight of clinical standards and patient complaints. The ICB will follow with interest, how these systems work to improve quality and safety in 2025/26.

Surrey Heartlands ICB would like to thank Ramsay Ashtead Hospital for sharing the draft 2024/25 Quality Report with us. We commend you for your achievements and successes over the past year. We look forward to continuing to work in partnership with you in 2025/26.

Clare Stone

**ICS Director of Multi-Professional Leadership and Chief Nursing Officer
NHS Surrey Heartlands Integrated Care System**

21/05/2025

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Sue Coleman

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

Ramsay Clinical Governance Framework 2024/25

The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

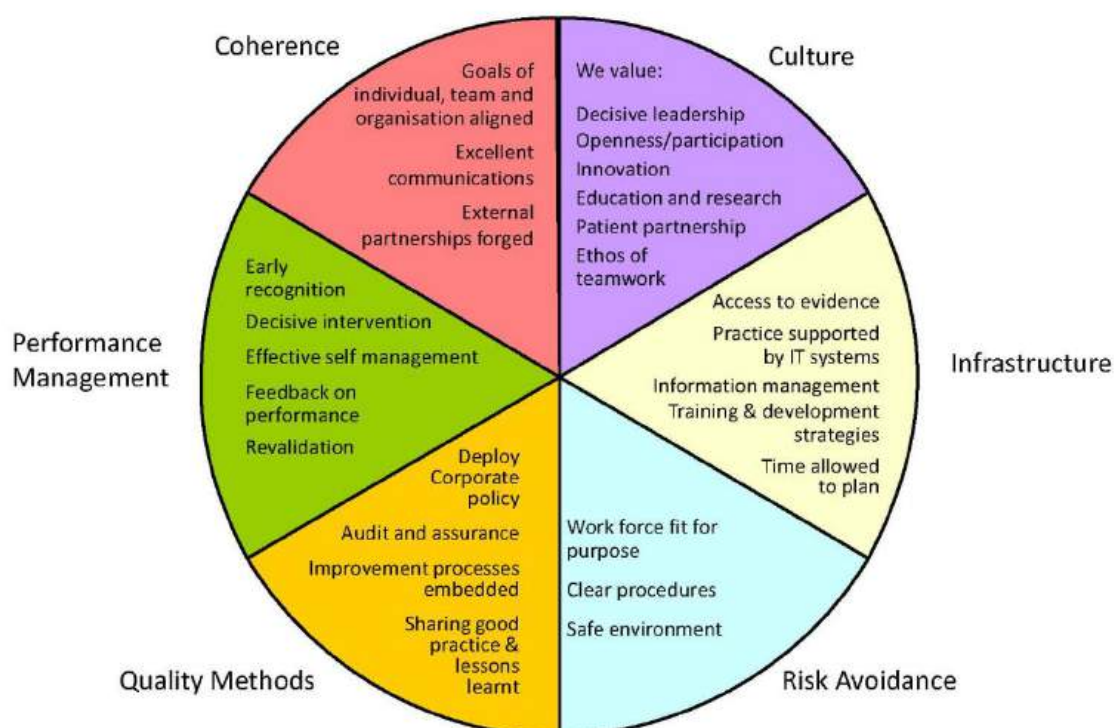
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

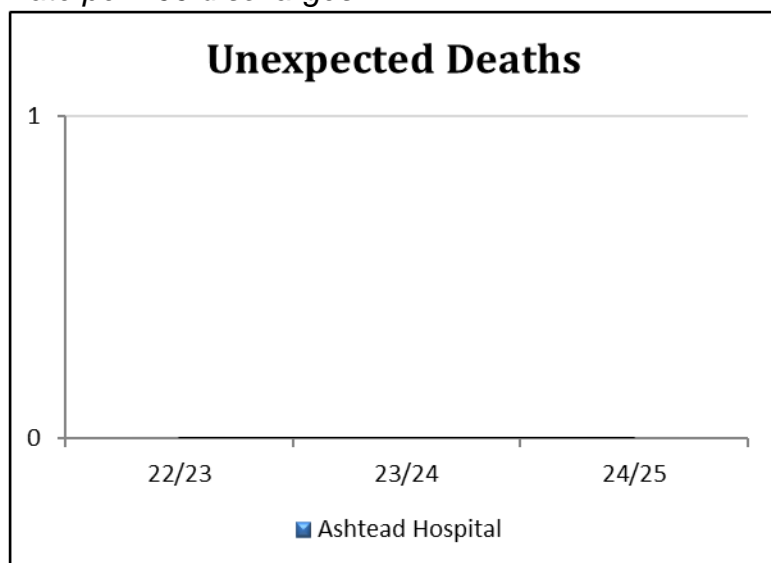
Mortality

Mortality:	Period	Best		Worst		Average		Period	Ashtead	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC01	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC01	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC01	0.0000

Ashtead Hospital considers that this data is as described for the following reasons. The services commissioned at Ashtead Hospital are planned surgical procedures and as such remain low risk. Ashtead Hospital has an extensive and effective pre-operative screening process ensuring patient co morbidities can be managed.

Our Recovery staff, Anaesthetic staff and Senior Ward Staff have an Advanced Life Support (ALS) qualification.

Rate per 100 discharges:



National PROMS

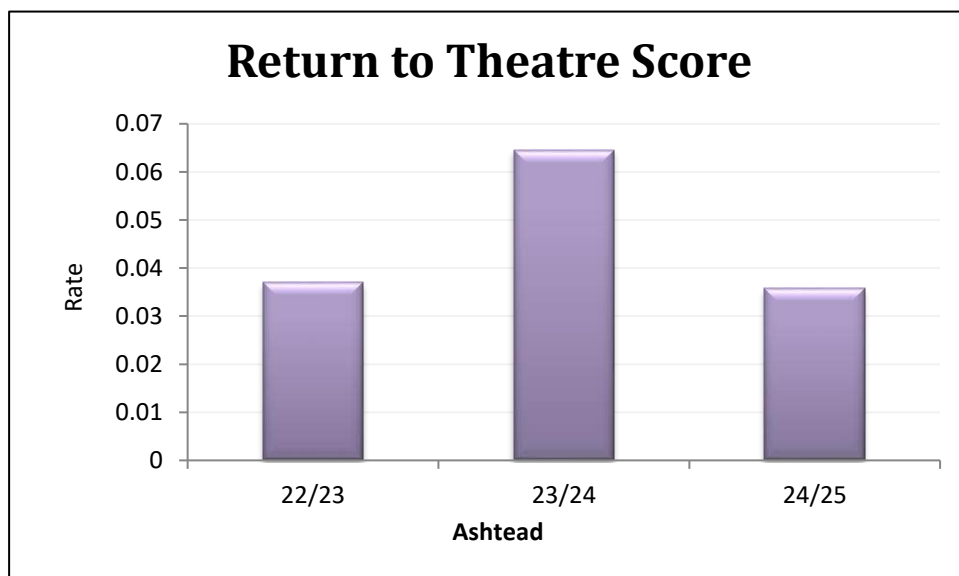
PROMS: Hips	Period	Best		Worst		Average		Period	Ashtead	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC01	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC01	*
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC01	*

PROMS: Knees	Period	Best		Worst		Average		Period	Ashtead	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC01	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC01	*
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC01	*

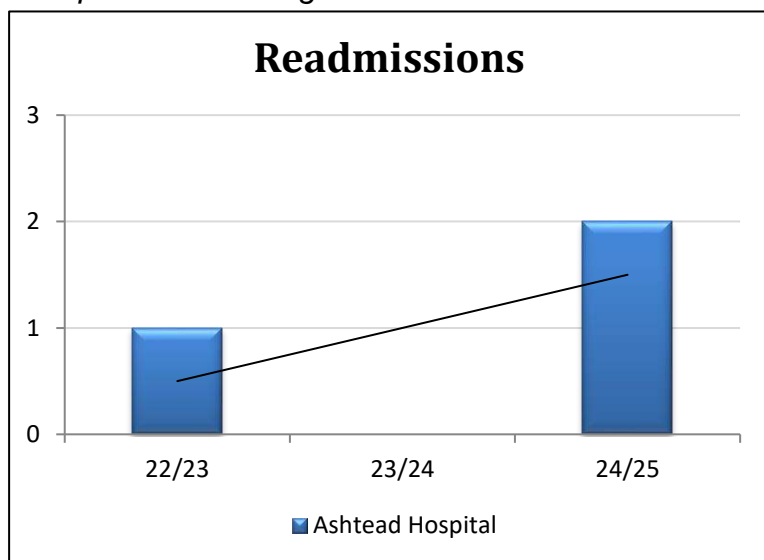
ASHTHEAD Hospital continues to improve on data collected for PROMS – this has recently moved onto E-proms. We hope by having electronic Proms for patients this will improve our collection of data at source, without the need for chasing paper

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Ashtead	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC01	0.00037
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC01	0.00000
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC01	0.00072



Rate per 100 discharges:



Responsiveness to Personal Needs

4b Patient experience of hospital care

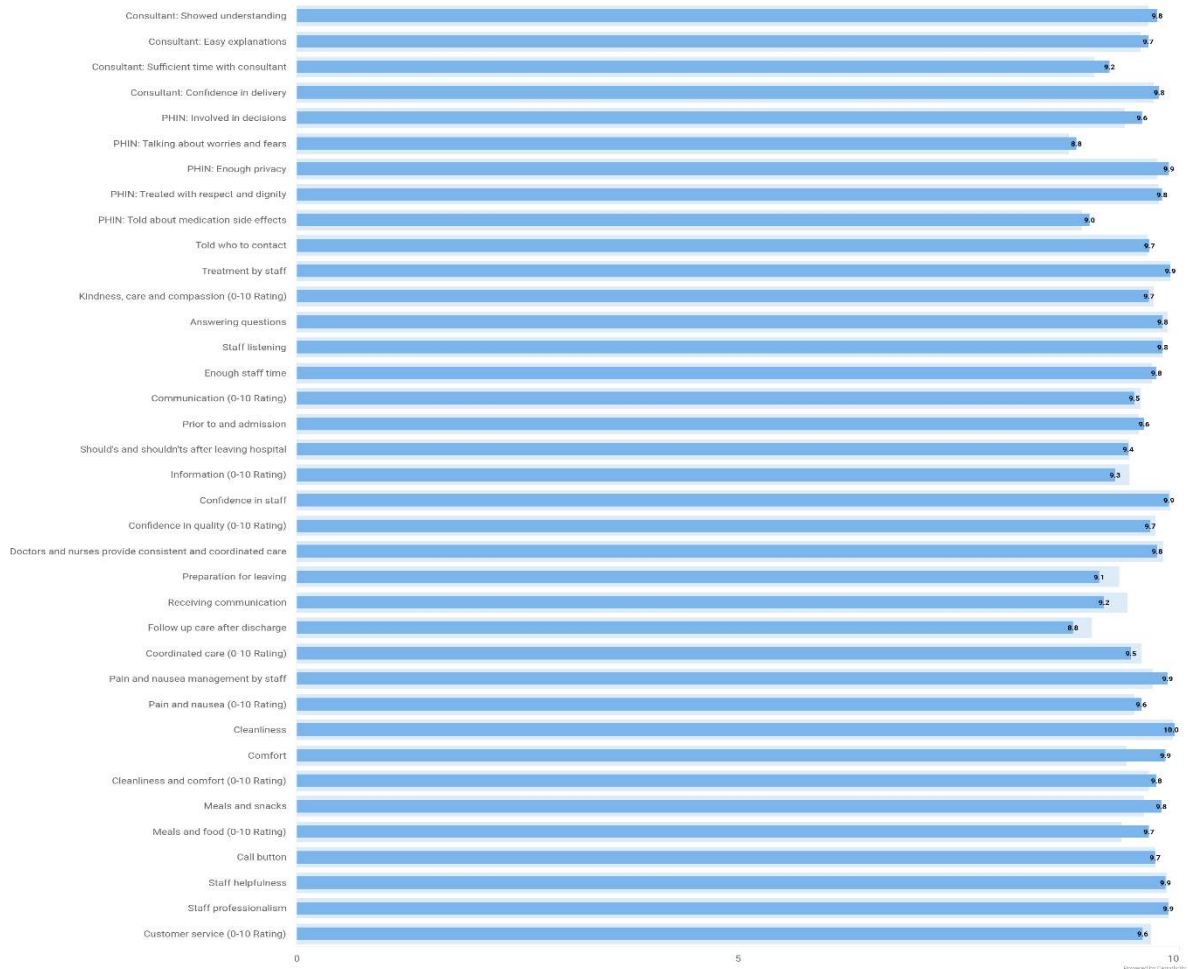
No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score): April 2024-March 2025

Summary of all survey questions

Date Range: 01/04/2024-31/03/2025

Filter set one: Preset Hospital: Ashted Hospital



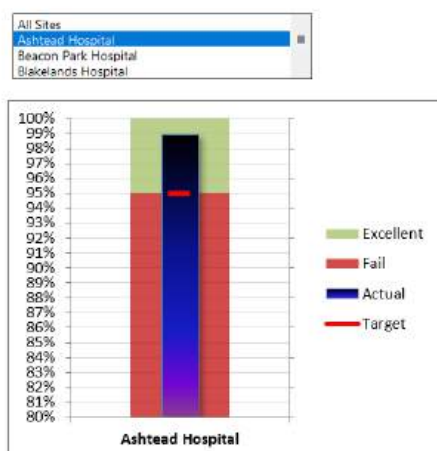
VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Ashted	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC01	93.8%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC01	97.9%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC01	98.9%

VTE risk assessment 2024/25 has been reinstated and is ongoing until further notice.

VTE Data Submission

VTE Q3 24/25



The mandatory data collection started in June 2010; it was paused during the pandemic and following a consultation process, has been reinstated and is ongoing until further notice.

Name	Fail	Excellent	Actual	Target	Name2
All Sites	95%	5%	84.62%	95%	All Sites
Ashtead Hospital	95%	5%	98.90%	95%	Ashtead Hospital

Ashtead Hospital considers that this data is as described

Ashtead Hospital intends to take the following actions to increase to 100% compliance. This will be by ensuring No patient is admitted to the theatre without a relevant VTE assessment in place.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Ashtead	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2022/23	NVC01	0.000
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC01	0.000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC01	0.000

Ashtead Hospital considers that this data is as described for the following reasons:

Ashtead Hospital has low infection rates due to the patient demographic treated at the hospital; the effective infection prevention controls in place; the primarily single patient bedrooms; and the comprehensive pre-assessment screening in place.

We have an Infection Prevention and Control Lead dedicated to the hospital who will continue to monitor results to ensure that we have robust controls to maintain this level.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Ashtead	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC01	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC01	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC01	0.000

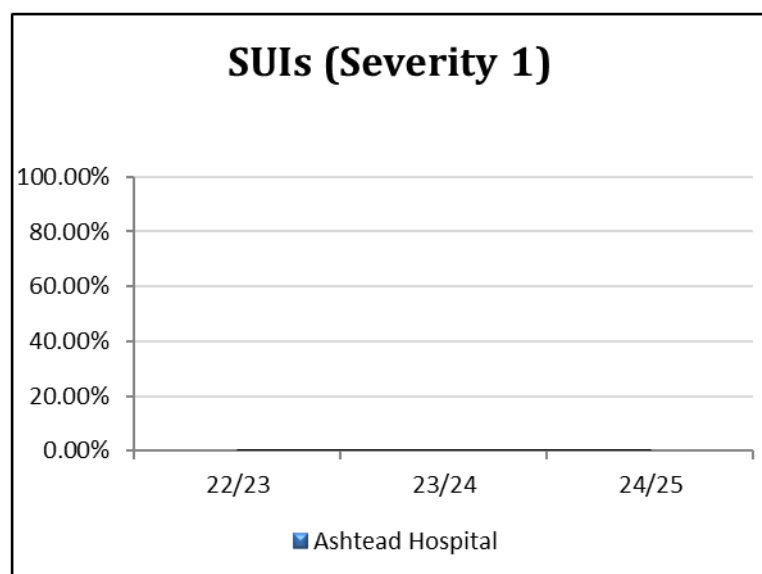
Ashtead Hospital has scored lower than the national average on serious incident rates regarding patient safety and remains low over the last 3 years.

This shows the Hospitals commitment to patient safety. Risk assessments are in place for patients (when clinically indicated) to undergo prior to or on admission.

We have had 3 serious incidents in the last year which have been shared as part of our incident framework – please see case study for learnings.

With the embedding and robustness around PSIRF we have found that the way we report incidents has improved. The learning from incidents is shared and discussed across the team, this is through a variety of mechanisms which includes regular PSIRF sessions, where after action reviews are shared and lessons learnt.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Ashtead	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC01	94.4%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC01	96.6%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC01	97.0%

Ashtead Hospital has worked hard to ensure we are continually improving our patient's experience. We aim to maintain high satisfaction by continuing to encourage all service users to complete the Friends and Family survey.

There are now several ways for Ashtead to gain feedback and we have expanded accessibility to include the use of QR codes and we are including the possibility of having a Tablet for patients in outpatients for quick easy access

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly regarding our track record for patient safety.

Risks to patient safety come to light through several routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in several key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

Ashtead Hospital has a very low rate of hospital acquired infection and has had 1 reported MRSA Bacteraemia in the past 3 years.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Ashtead continue to use our audit tool Tendable to measure against national standards especially in relation to the 2021 standards in Infection control. Staff are trained on carrying out the Audits across departments to ensure an open culture of measuring our cleanliness throughout the hospital. Risk assessments are conducted to identify potential infection risks and implement appropriate control measures. The

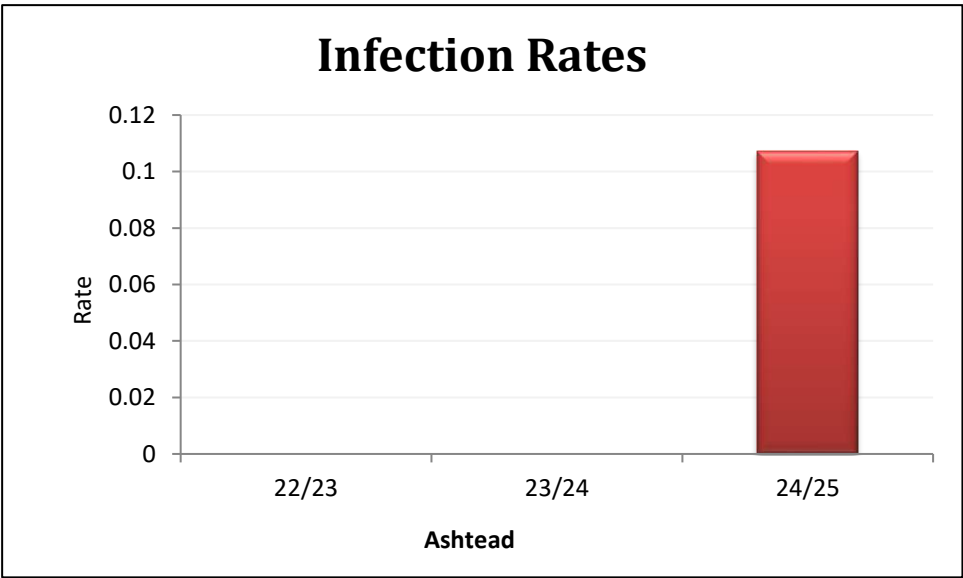
infection control Lead reports into our Clinical Governance committee and holds independent IPC committee meetings which are supported by an independent microbiologist. He supports our consultants with advice and knowledge from local intelligence. Audit results and actions are shared as a hospital wide action plan.

This is to ensure compliance against our own Ramsay policy on infection and prevention and demonstrate a commitment to maintaining a clean and safe environment which is fit for purpose for our patients and staff.

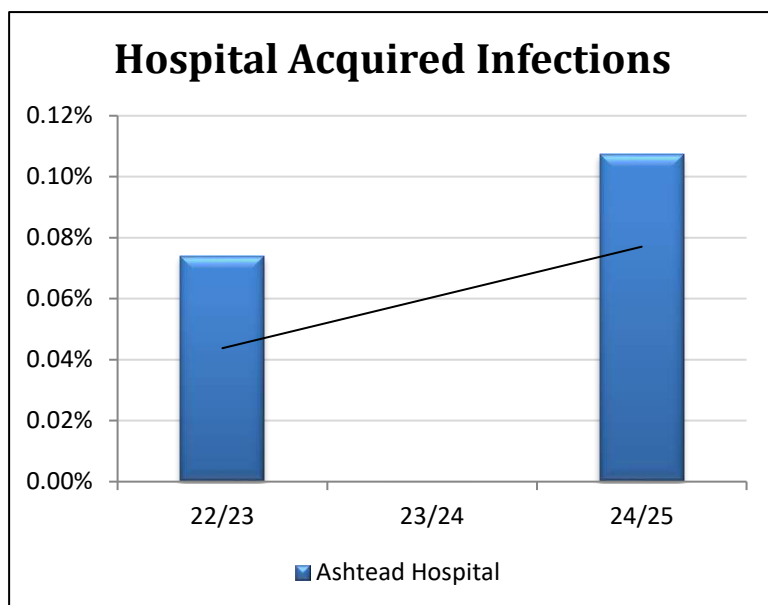
Programmes and activities within our hospital include:

Robust Audit across the Hospital in all departments

Mandated training which includes face to face training IPC as well as e learning – current compliance as of March 2024 – 98.2%



As can be seen in the above graph our infection control rate has increased slightly over the last year. In comparison to the national average, it remains very low. The rates have increased slightly as we are seeing higher proportion of patients with increased comorbidities who have been on the waiting list for a longer period.
Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at Ashtead Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

Place Audit Action Plan

All NHS & Independent sector CQC Registered Hospitals are invited to participate in the NHS England (Department of Health & Social Care) annual Place Audit. This is an audit of all patients facing non-clinical areas across domains including general and ward accommodation, catering, cleaning, parking and grounds and care arrangement for patients with dementia and disability. Audit participants are drawn from patients of the hospital, members of the public and an expert independent chair (normally from the local area Healthwatch service).

Ashtead completed a Place Audit in November 2024. The results were published in February, and this is the action plan designed to address the areas where the feedback and scores indicated improvements could be made.

Overall results for Ashtead:

Organisational Name	Commissioning Region	Site Code	Site Name	Organisation Type	NHS or Independent	Place Site Type	Cleanliness	Combined Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
NVC	RHC	SE	NVC01	ASHTHEAD HOSPITAL	INDEP	ACUTE/SPECIALIST	99.17%	96.85%	94.10%	100%	99.77%	100%	87.70%	84.07%

2024 National Average % Scores # 1093	98.62	92.4	94.57	93.77	90.44	96.45	87	87.06
2024 Ashtead results related to national average scores	↑	↑	↓	↑	↑	↑	↑	↓

The results were generally very good across all the domains and compared favourably with other Ramsay hospital sites that participated in the same audit. From a national perspective the two areas where the hospital performed less well than the average was: Organisational Food and Disability. Facilities for caring for patients with dementia whilst above the England average still suggested that there were improvements to be made. Even in those areas which scored very strongly there are actions that came out of the feedback which can be used to sustain or improve standards further.

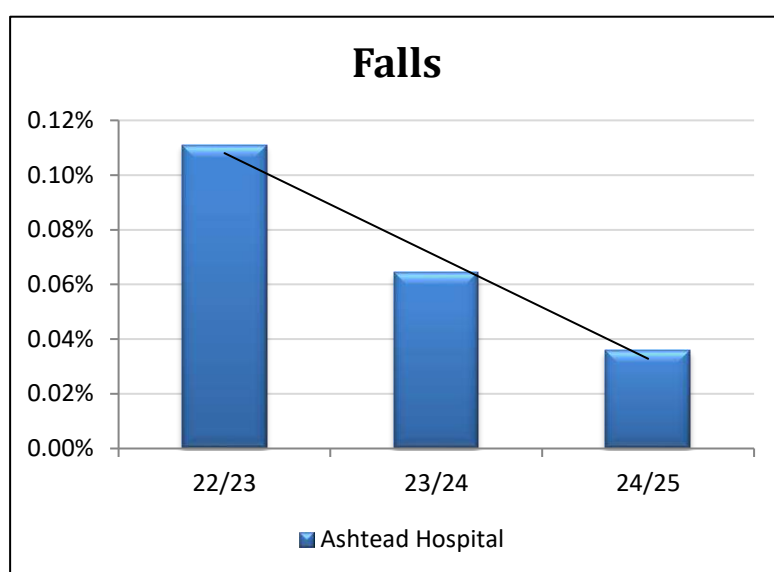
Supporting patients with disability will be a focus for 2025/2026

3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls, and new and revised policies are cascaded in this way to our Hospital Director which ensures we keep up to date with all safety issues.

Rate per 100 discharges:



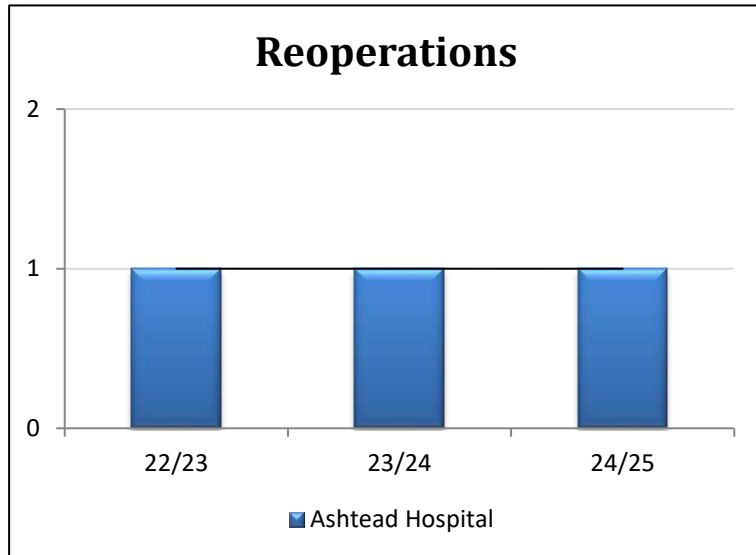
3.3 Clinical effectiveness

Ashted Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

3.3.1 Return to theatre

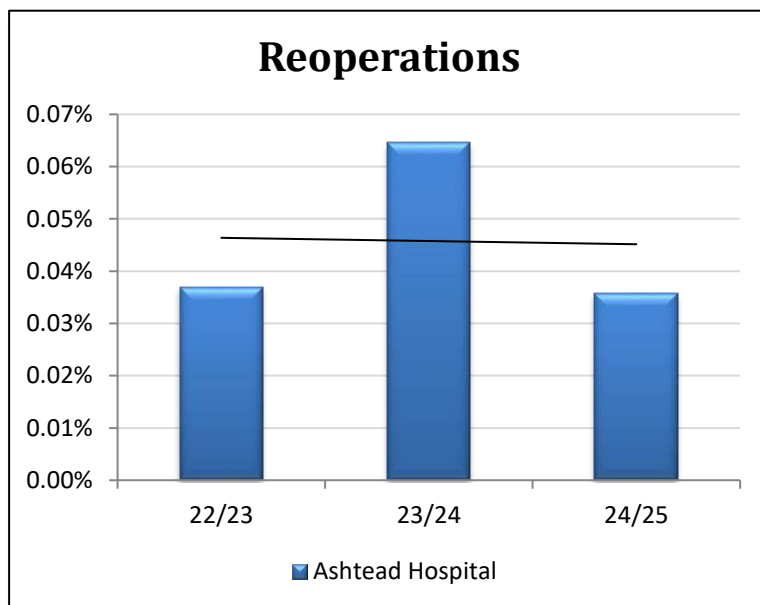
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes. Monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a

specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes

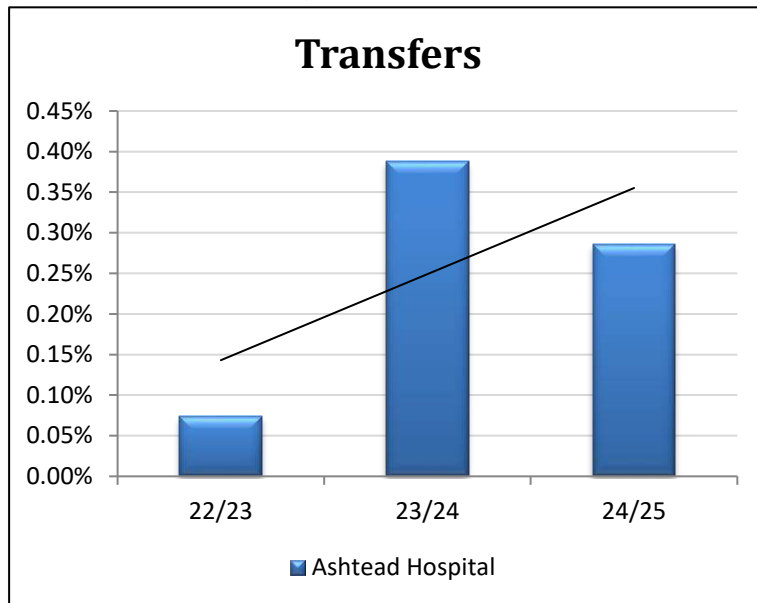


As can be seen in the above graph our returns to theatre rate have remained static over the last year. In comparison to the national average, it is low

Rate per 100 discharges:



Rate per 100 discharges:

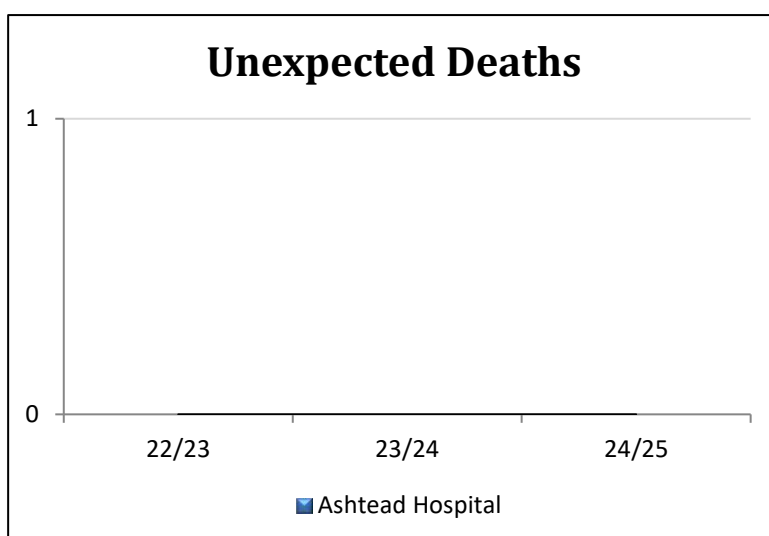


We have seen a slight increase in transfers in the last year due to the number of patients who have had more complex needs pre surgery which resulted in higher dependency support following a complication within surgery.

3.3.2 Learning from Deaths

From 1st April 2024 -31st March 2025, Ashtead Hospital reported 0 unexpected deaths.

Ramsay Health UK is aware of the National Learning from deaths programme and complete lessons learned for all serious incidents. These are circulated within the group to ensure all sites review and implement the outcomes to prevent reoccurrence.



3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared

there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

Ashtead will encourage and support all our staff to be able to raise concerns about patient safety through a variety of available channels. We now have local accredited trained 'Speak Up for Safety' trainer champions. Every staff member working at Ashtead is required to complete this training to assure knowledge and skill in using the Safety Code to feel confident in the process of how to voice concerns with colleagues. These trainers are implementing the training into new staff inductions to ensure everyone receives this empowering training.

Speak Up Guardian & Whistleblowing

As part of the Ramsay Healthcare UK group, we also have a National Freedom to Speak Up Guardian with a dedicated email address

FreedomToSpeakUpGuardian@ramsayhealth.co.uk and a Ramsay Whistleblowing Hot Line 08082 343 097. We also advertise the Care Quality Commission contact details as an additional further avenue.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) 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 staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

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

Patient experiences are feedback via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web-based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

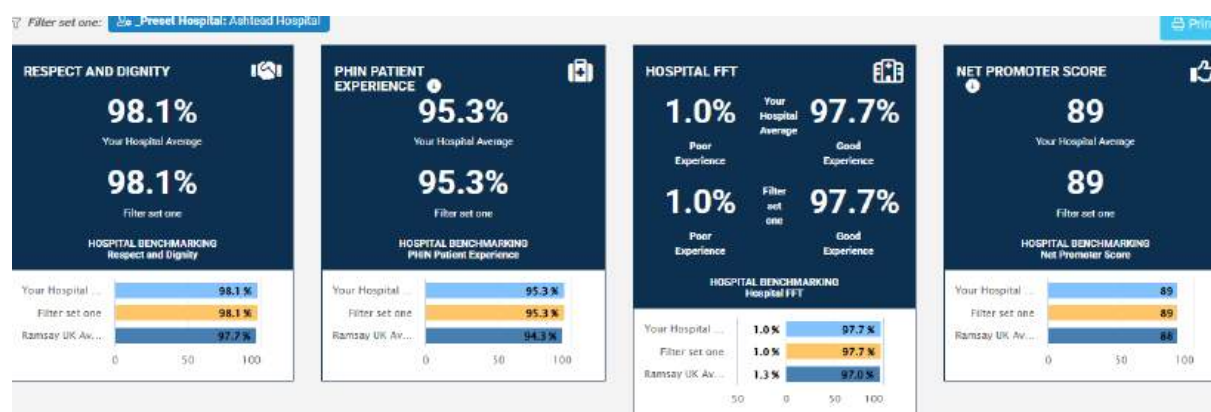
3.4.1 Patient Satisfaction Surveys

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.

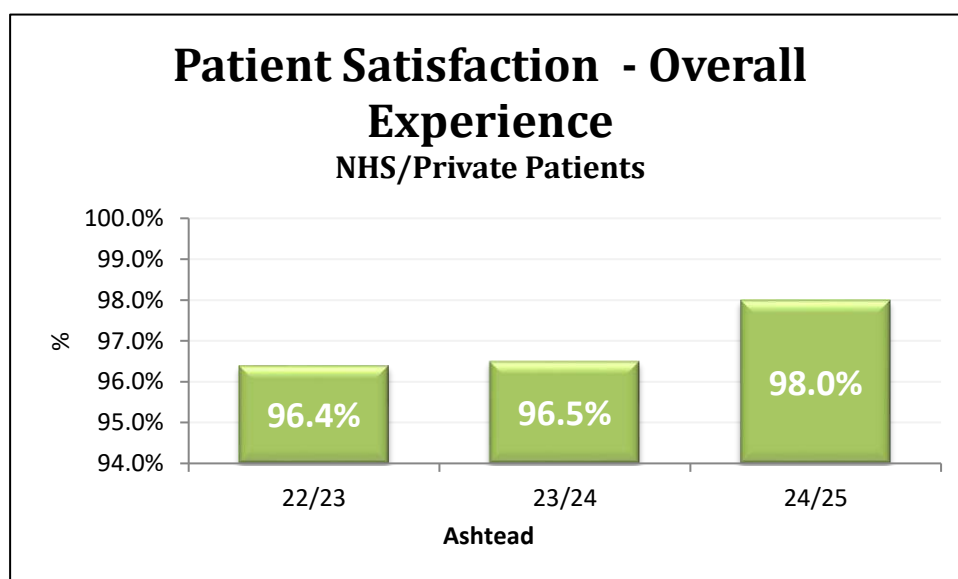
The chart below shows 2023/2024 survey data



The charts below show 2024/2025 survey data



As you can see, overall patient experience has increased from 94.2% to 95.3% and F&F data shows an increase from 96.4% to 97.7%. Our overall net promoter score has also increased from 87% to 89%.



3.5 Ashtead Hospital Case Study

Appendix 1

Patient had shoulder surgery in July 2024. This was done under general anaesthetic with an additional local anaesthetic block (regional block). No complications recorded on Consultant Surgeon operation notes.

Patient left theatre and entered recovery. Patient had reported a previous history of agitated reaction to anaesthetic which was handed over to the recovery team.

On receipt of patient, vital observations including neurovascular observations were within range.

As recovery continued it was noted that the patient, although awake, responsive to questions and with stable observations, could not remember their name.

The Consultant Anaesthetist was contacted by the recovery nurse and the clinician advised an overnight stay with a view to assessing them on return to the ward, and the anaesthetist made plans to come and visit the patient.

As recovery progressed, the patient continued to shake or nod his head when asked simple questions but could not follow basic instruction or form words to express himself.

Other vital signs remained within range for the patient. An A to E assessment was carried out and a new confusion documented on observation chart.

Their clinical status was swiftly escalated to senior members of the clinical team. The Consultant Anaesthetist was contacted again, and current clinical status handed over in timely manner.

The Consultant Surgeon was telephoned, and patient status shared via voicemail. Neurovascular observations were recorded but it was difficult to confirm reliably whether there was any laterality weakness due to patient confusion and post effects of regional block. A second anaesthetist who was already on site was asked to review the patient and suspected a potential CVA event.

A CT of brain with contrast requested urgently and radiology accommodated immediately.

The Consultant Anaesthetist responsible for the patient arrived and was able to meet with the radiologist to discuss the result. Changes were identified leading to a bleed on brain confirmation.

Plans were made to transfer patient to a higher dependency unit for further assessment and treatment. 999 was called and an estimated ambulance arrival of 29 minutes was given.

The patient's relative met with the Clinical Services Lead and Consultant Anaesthetist to discuss the post-operative stroke, next stages for patient transfer and to demonstrate duty of candour.

The patient's relative was able to spend time with their partner to support. Patient was transported via ambulance, accompanied by the Consultant Anaesthetist and on call ODP.

The learnings and outcomes from this case study were that the biggest challenge was arranging a transfer to another hospital via the transferring hospital switchboard, whilst the patient was kept safe and under close observation during the pre-transfer this was the most frustrating. Using our radiology manager contacts enabled us to have immediate contact with the appropriate team.

The emergency scenarios that we practice here at Ashted for different situations enabled us to have a safe transfer for this patient.

The patient made a full recovery and received the higher dependency care required for a new stroke.

Teamwork and the correct post operative acute illness management systems. (A.I.M.S) tools and communication were followed very well and the incident was managed efficiently and professionally – this was an excellent demonstration of teamwork and leadership by the clinical team.

This scenario is now shared as part of our AIMS training.

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Aesthetics, Audiology, Clinical Immunology and Allergy Testing, Cosmetics, Dermatology, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General Medicine, General Surgery, Genitourinary Medicine, Gynaecology, Haematology (Non-Clinical), Nephrology, Nurse Led Sclerotherapy, Ophthalmic, Orthopaedic, Orthoptic, Pain Management, Physiotherapy, Rheumatology, Sports Medicine, Urology, Vascular, Day and Inpatient Surgery	All adults 18 yrs and over

[Appendix 2 – Clinical Audit Programme 2024/25](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September	
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December	
IPC Management of Linen	Ward, Ambulatory Care	Whole Hospital	August, February	End of August End of February	

IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required	
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required	
Sharps	IPC	Whole Hospital	Fortnightly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Monthly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	July, October, January, April	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July to September	End of September	
50 Steps Cleaning (FR4)	RDUK	RDUK	July to September	End of September	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July to September	End of October	
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	October to December	End of December	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	August, February	Month end	

Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September January to March (if required)	End of September No March deadline	
Patient Journey: Safe Transfer of the Patient	Ward, Ambulatory Care	Whole Hospital	October to December April to June (if required)	End of December No deadline	
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March	End of September End of March	
Patient Journey: Recovery Observation	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July to August December to January May to June	End of August End of January End of June	
NatSSIPs Stop Before You Block	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June	
NatSSIPs Prosthesis	Theatres	Theatres	October to December April to June	End of December End of June	
NatSSIPs Swab Count	Theatres	Theatres	October to December April to June	End of December End of June	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October to December	End of December	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/September (where applicable)	No deadline	

Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	As required	As required	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March	
Complaints	SLT	Whole Hospital	July, October, January, April	Month end	
Duty of Candour	SLT	Whole Hospital	July, October, January, April	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Practising Privileges - Consultants	HoCS	Whole Hospital	May/June (as required)	No deadline	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	September / October (as required)	No deadline	
Privacy & Dignity	Ward, Ambulatory Care	Whole Hospital	September / October	End of October	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	July, October, January, April	Month end	
Essential Care: Wound Management (to be developed)	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March	
Resuscitation & Emergency Response	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March	

Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March	
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July to September January to March	End of September End of March	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July to September January to March	End of September End of March	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March	End of September End of March	
Medical Records - NEWS2	Ward	Whole Hospital	October to December April to June	End of December End of June	
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, January	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	July, November, March	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	August, December, April	Month end	
MRI Reporting for BUPA	Radiology	Radiology	August, February	Month end	
CT Reporting for BUPA	Radiology	Radiology	January, July	Month end	

No Report Required	Radiology	Radiology	July, October, January, April	Month end	
MRI Safety	MRI, RDUK	Radiology, RDUK	August, October, December, February, April, June	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	July to September January to March (if required)	End of September No deadline	
Bariatric Services	Bariatric Services	Whole Hospital	September	Month end	
Antimicrobial Stewardship & Prescribing	HoCS (to delegate)	Whole Hospital	October to December April to June	End of December End of June	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July to September January to March	End of September End of March	
Prescribing, Supply & Administration'	Pharmacy	Pharmacy	September, December, March, June	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	October, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	January to March	End of March	
Pain Management	Pharmacy	Pharmacy	January to March	End of March	
Medicines Governance	Pharmacy	Pharmacy	September/October	End of October	
Medicines Governance	Pharmacy	RDUK	October to December	End of December	

Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	December	Month end	
Safeguarding	SLT	Whole Hospital	As required	No deadline	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	As required (by corporate team)	No deadline	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	May	Month end	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	November to January	End of January	
Medical Records - SACT consent	SACT Services	SACT Services	As required	No deadline	
OH: Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	
OH: Occupational Health Delivery On-site	HoCS, RDUK	Whole Hospital, RDUK	November to January	End of January	
OH: Clinical Records	Corporate OH	Occupational Health	July, January	By month end	
OH: Case Management Referrals	Corporate OH	Occupational Health	May, November	By month end	
OH: Pre-Placement Clearance	Corporate OH	Occupational Health	October, April	By month end	
OH: UKAP & Hep B Non-Responders	Corporate OH	Occupational Health	March	By month end	

OH: Vaccination Records	Corporate OH	Occupational Health	September, March	By month end	
OH: BFE Exposure Management	Corporate OH	Occupational Health	Monthly	By month end	
OH: Skin Health Surveillance	Corporate OH	Occupational Health	Monthly	By month end	
OH: Management of OH Records	Corporate OH	Occupational Health	August, February	By month end	
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)	
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March	
H&S Management	Ops Managers	Health & Safety	April	End of April	
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May	
H&S Work at Height	Ops Managers	Health & Safety	June	End of June	
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)	
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)	
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)	
H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)	

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC01	Code for Ashted Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls

SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Ashtead Hospital

Ramsay Health Care UK

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 Hospital Director using the contact details below.

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