

Ashtead Hospital

Quality Account
2025/26



Business Use

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2025/2026 (looking back)	
2.1.2	Clinical Priorities for 2026/27 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2025/26 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

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

Founded in 1964 in Sydney, Australia, Ramsay Health Care is a leading global healthcare provider, recognised for outstanding patient care and integrated services across Australia, Europe and the United Kingdom.

Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation across all our 25 endoscopy units; we were awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals, for the second consecutive year and we received consistently positive outcomes from Care Quality Commission (CQC) inspections. These achievements were further strengthened by the positive findings of the Getting It Right First Time (GIRFT) review of Ramsay's orthopaedic and spinal services.

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.

With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.

Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.



Nick Costa

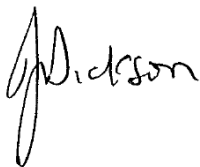
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care UK, patient safety and the quality of care are paramount. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion demonstrated by our clinical teams. Their unwavering commitment to delivering compassionate, evidence-based care ensures that patients always remain our foremost priority.

Across the UK group, I am continually inspired by the outstanding care provided by both our clinical and operational teams. Every day, they deliver exceptional service that embodies our core value of "People Caring for People." This dedication is clearly reflected in our impressive patient feedback scores, as well as the positive engagement received from colleagues and doctors. The contribution of every team member is vital, and we remain steadfast in our commitment to recognising, supporting, and championing their efforts.

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, cursive script.

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 continues to be proud to provide health care services to the population of Surrey and beyond for more than 4 decades. Our relationship with local commissioners, Trusts and the community is long established, and we take pride in the work we do to support Surrey's healthcare system.

During the last year, we have continued to work in partnership with Surrey and Sussex NHS Trust and have also supported Epsom and St Helier with patients who have been waiting to have their procedures for a long time. Our established relationship with Surrey Heartlands Integrated Care Board has enabled us to navigate a challenging year across the health economy.

Patient safety and clinical outcome are our top priorities, as is the level of customer care our patient's experience. Our reviews and testimonials are testament to this and frequently mention that they are treated with respect and kindness throughout their journey with us.

Our team of consultants has grown in the past year, with more consultants wanting to come at work here. Our consultants are selected based on their expertise and experience, and we are proud to work alongside them.

Our overall culture is one of warmth and compassion and it is important to us that patients feel heard, valued and respected. 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. Our culture is important to us and we ensure that

we remain inclusive, supportive and that the wellbeing and engagement of our patients and staff are a priority.

Ashtead Hospital is about people caring for 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

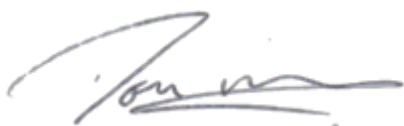
1.2 Hospital Accountability Statement

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

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 2025/26 Ashtead Hospital provided and/or subcontracted 38 NHS services.

The income generated by the NHS services reviewed in 1st April 2025 to 31st March 2026 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 6419 of which 50% (3225) were NHS patients.

During this time, we saw 44545 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 120 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 2026/27

Plan for 2026/27

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 considering 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

2.1.1A review of clinical priorities 2025/26 (looking back)

Key Priority 1

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 is required to complete this training to assure knowledge and skill in using the Safety Code and to feel confident in the process of raising concerns with colleagues. These trainers are implementing the training into new staff inductions to

ensure everyone receives this empowering training. We have achieved 93% compliance with Speak Up for Safety delivery for 2025/26, and this is now embedded practice across the hospital. This remains a focus for all consultants and staff, and recent peer review has highlighted a positive cultural change, with staff more willing to speak up.

Key Priority 2

Ashtead PSIRF Group

Following implementation of the national Patient Safety Incident Response Framework (PSIRF), Ashtead established a PSIRF Group to review incidents and share learning from hot debriefs, After Action Reviews, thematic reviews and Patient Safety Incident Investigations (PSIIs).

Each clinical Head of Department has access to a PSIRF investigation resource file to support teams in applying the SEIPS framework. Training in PSIRF and a Just Culture approach has been incorporated into annual mandatory training and the Clinical Supervision working groups for 2025.

Review of themes and learning

Bi-weekly meetings take place locally, regionally and corporately to ensure incidents, themes and trends are reviewed at every level and that any wider implications are identified promptly. This supports a robust process for incident management, closure and the consistent sharing of learning across teams and services.

Key priority 3

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 on-site clinical seniors, and we have placed greater emphasis on discussing patients of concern, such as those with mental capacity, disability and neurodiversity needs, in the daily hospital safety huddle. This helps ensure individualised care and services are planned appropriately.

Review

We continue to provide awareness and training for all staff. This included a visit from a Dementia Bus so staff could experience what it may feel like to live with dementia. We have also commenced Oliver McGowan face-to-face Level 2 training for all patient-facing staff, and this will continue into 2026/27.

Sharing of information

Since last year, we have introduced a Monthly Quality Board Results resource. This is shared with all Heads of Department and allows us to communicate safety compliance scores, top hospital risks, lessons and themes from incidents, and examples of good practice.

The Corporate team also issues Safety Flashes to share learning across Ramsay hospitals. Ashtead has introduced Audit Flashes to mirror this easy-read approach and share improvement actions when wider hospital team learning is required.

Review

This has strengthened communication and the embedding of key clinical governance messages across the hospital. These are discussed at monthly Heads of Department and town hall meetings, helping to keep staff informed through open and transparent communication.

2.1.2 Clinical priorities for 2026/27 (looking forward)

Clinical Effectiveness

Clinical Audit Programme

Ashtead Hospital participates in a programme of clinical audit using the online platform Tendable. This is an essential activity for evaluating and improving healthcare practices by comparing clinical and environmental performance and services against established policy and guidelines. Since 2025, we have increased our auditor numbers from 42 to 56 professionals through departmental and individual training. The cohort of Tendable auditors has also expanded from clinical staff to non-clinical leaders, such as the Housekeeping Supervisor and Head of Operations. The results provide clear information on what we are doing well and where improvement is needed. From the 2025/26 audit results and action plans, we have seen significant improvements in medical records management, environmental cleaning and maintenance, hand hygiene, medication

management and WHO surgical safety practice. Focus during the latter part of the year has been on NatSSIPS following two incidents, and we are now working through the associated peer review action plan.

Key themes

Learning and feedback loops from audit and incidents.

GIRFT

In June 2025, Ashtead Hospital undertook 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 variation in clinical procedures and recognising best practice.

Review

We have now received direct feedback from GIRFT, which confirmed that Ashtead Hospital is operating within the expected delivery parameters. An action plan is being implemented to further strengthen pathways and reduce patient length of stay following joint surgery in line with GIRFT standards.

ANTT® Accreditation

In 2025, Ashtead also planned to achieve the bronze ANTT® award initially, followed by the silver award later in the year. This would provide a mechanism to demonstrate effective clinical governance for aseptic technique and a commitment to infection prevention and patient safety. Senior clinicians completed the training required to undertake education and competency assessments for all clinical staff.

Review

Ashtead Hospital achieved ANTT Gold accreditation in February 2026, providing strong assurance of effective aseptic technique, clinical governance and continued commitment to infection prevention and patient safety.

Patient Experience

Cemplicity Dashboard

Ramsay Health Care hospitals use Cemplicity, a flexible digital feedback platform that enables patients to share their views through email, SMS and

online surveys. This approach supports high levels of participation and allows feedback to be captured in a way that is convenient for patients. It also provides real-time insight into patient experience, helping teams respond quickly, personalise care and drive service improvement. Surveys are sent to patients following discharge after day-case or inpatient care. The invite rates shown below reflect the proportion of discharged patients with a valid email address recorded to receive the questionnaire, and the trend demonstrates improving coverage over time.

enables patients to share their views through email, SMS and online surveys. This approach supports high levels of participation and allows feedback to be captured in a way that is convenient for patients. It also provides real-time insight into patient experience, helping teams respond quickly, personalise care and drive service improvement. Surveys are sent to patients following discharge after day-case or inpatient care. The invite rates shown below reflect the proportion of discharged patients with a valid email address recorded to receive the questionnaire, and the trend demonstrates improving coverage over time.

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%

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%	85.0%
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

Ashtead Hospital achieved excellent PLACE results in 2025, reflecting high standards across the care environment and a positive patient experience.

Overall results for Ashtead:

Overall results for Ashtead:

Organisational Name	Controlling Region	Site Code	Site Name	Organization Type	NHS or Independent	Place Site Type	Cleanliness	Combined Food	Organisational Food	Ward Food	Privacy, Dignity and Welcoming	Condition, Appearance & Maintenance	Demerits	Quality
NVO	NVC	SE	NVC01	ASHTHEAD HOSPITAL	INDEP	ACUTE/SPECIALIST	89.17%	86.85%	94.10%	100%	90.77%	100%	87.70%	84.07%

2024 National Average % Scores # 1093	88.62	92.4	94.57	83.77	90.44	86.45	87	87.06
2024 Ashtead results related to national average scores	↑	↑	↓	↑	↑	↑	↑	↓

2.1.2 Clinical Priorities for 2026/27 (looking forward)

Key Priorities in 2026/2027

Key Priority 1

Deteriorating Patient, Sepsis and Escalation of Care

In 2026/27, Ashtead Hospital will strengthen the early recognition and escalation of deterioration, with a particular focus on sepsis, in line with NHS patient safety priorities and local ICB quality ambitions. We will further embed structured escalation processes that support timely review, treatment and transfer where required, while promoting the principles of Märtha's Rule by ensuring patients, families, carers and staff know how to raise concerns if a patient's condition is worsening. We will also reflect the principles of Jess's Rule by encouraging teams to stop, review and rethink when symptoms persist, escalate or do not follow the expected recovery pathway.

This priority will focus on improving sepsis awareness, prompt assessment, reliable escalation, documentation, safety-netting and shared learning from deteriorating patient events.

Key Priority 2

Learning from Incidents and Embedding Sustainable Change

In 2026/27, we will further develop our incident management and PSIRF processes so that learning is translated into measurable and sustained improvement. This will include strengthening the quality of reviews, improving the timeliness of actions, increasing oversight of themes and trends across local, regional and corporate forums, and ensuring that actions are followed through to completion and evaluated for impact. We will continue to support a Just Culture approach, so staff feel confident to report, reflect and speak up, and we will use safety huddles, governance meetings, audit flashes and supervision forums to share learning more consistently. We will also undertake focused review of links between incident themes and evaluate whether learning has been

embedded into practice and sustained through changes in day-to-day care. Attention will be given to learning from deterioration, transfer-out events, allergic and infusion reactions, discharge-related complications and other recurring themes to ensure changes are embedded in day-to-day practice.

Key Priority 3

Develop a Clinical Strategy for 2027-2030

During 2026/27, Ashted Hospital will develop a clinical strategy for 2027-2030 that sets out our priorities for safe, effective and responsive care and aligns with local ICB ambitions and NHS England priorities. The strategy will be informed by patient need, quality account findings, incident themes, workforce development, digital opportunities, clinical outcomes and partnership working across the wider health system. It will describe how we will strengthen patient safety, improve pathways for deteriorating patients, reduce unwarranted variation, support earlier intervention and prevention, and ensure our services remain clinically sustainable and high quality. This work will provide a clear strategic framework for service development, quality improvement and future investment over the next three years.

Patient Safety

Together with local feedback, Friends and Family results and patient survey



Survey Question	Filter set one	Filter set two
Cleanliness	99.7%	-
PHIT: Privacy	99.6%	-
PHIT: Respect And Dignity	99.3%	-
PHIT: Who To Contact	99.1%	-
Comfort	99.0%	-
Confidence In Staff	98.8%	-
Consultant Aspects Of Care <i>Did you have confidence that your consultant would deliver the appropriate care for you?</i>	98.6%	-
Staff Listening	97.6%	-
Consultant Aspects Of Care <i>Did your consultant show you understanding when assessing your need for treatment?</i>	97.1%	-
PHIT: Involved In Decisions	96.6%	-

Survey Question	Filter set one	Filter set two
Communication Copies	92.1%	-
Consultant Aspects Of Care <i>Did you have sufficient time with your consultant during this visit or hospital stay?</i>	92.0%	-
PHIT: Worries And Fears	92.9%	-
PHIT: Side Effects	93.7%	-
Learning Preparation	94.3%	-
Enough Information	95.3%	-
Call Button	95.3%	-
Manage Pain	95.6%	-
Meal Quality	96.6%	-
Consultant Aspects Of Care <i>Did your consultant explain everything to you in a way that was easy to understand?</i>	96.6%	-

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 2025	RHC	SE	NVC01	ASHTHEAD	INDEP	ACUTE/SPECIALIST	100%	98.09%	97.16%	98.67%	95.24%	100%	98.43%	100%
							↑	↑	↑	↓	↑	↔	↑	↑

Ashtead Hospital achieved excellent PLACE results in 2025, demonstrating very high standards across the care environment and a strong patient experience of our facilities.

The hospital achieved 100% for cleanliness, 100% for condition, appearance and maintenance, and 100% for disability. Scores were also very strong across combined food at 98.09%/, ward food at 98.67%, privacy, dignity and wellbeing at 95.24%», dementia at 98.43% and organisational food at 97.16%. These results reflect the continued commitment of our teams to providing a clean, safe, welcoming and well-maintained environment for patients, visitors and staff. Feedback from the PLACE review highlighted the hospital's clean and well-maintained environment, strong accessibility and the positive overall impression outpatient areas. The results also indicate opportunities to strengthen privacy, dignity and wellbeing, and to continue improving elements of food provision and support for patients living with dementia.

These findings have informed the PLACE action plan and will help us sustain our high standards while making targeted improvements were patient feedback identities opportunities to do more.

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 2025/26, Ashtead Hospital provided and/or subcontracted 38 NHS services.

Ashtead Hospital has reviewed all available data on the quality of care provided across these 38 NHS services.

The income generated by the NHS services reviewed between 1 April 2025 and 31 March 2026 represented 50 per cent of Ashtead Hospital's total income.

Ramsay uses a balanced scorecard approach to provide an overview of audit results across key areas of patient care. The indicators on the Ramsay scorecard are reviewed annually, and the scorecard is reviewed quarterly by the hospital's Senior Leadership Team alongside Corporate Senior Managers and Directors. This approach has been an effective tool for benchmarking against other hospitals and identifying key areas for improvement.

For 2025/26, the scorecard indicators relating to patient safety and quality were as follows:

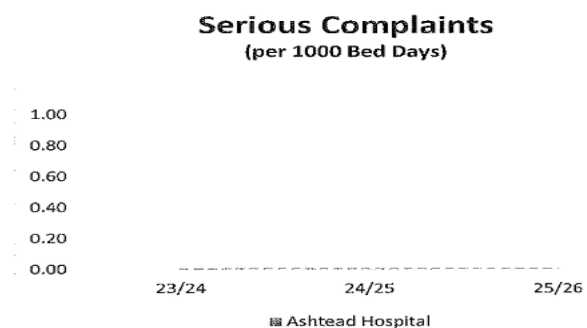
Human Resources

Metric	Result
Staff cost as % of net revenue	35.7%
HCA hours as % of total nursing	28%
Agency cost as % of total staff cost	6.5%

Ward hours PPD	16%
Staff turnover	10%
Sickness	4%
Lost time	19.5%
Appraisal	75%
Mandatory training	99%
Staff satisfaction score	76%
Number of significant staff injuries	0

Patient

Formal complaints (1 April 2025 to 31 March 2026)

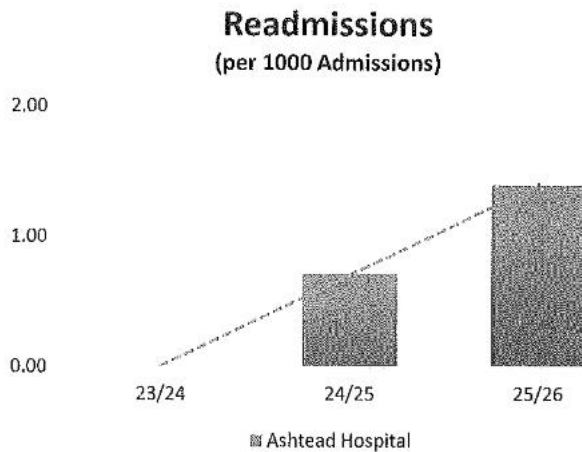


Between 1 April 2025 and 31 March 2026, Ashtead Hospital received 31 formal complaints.

Significant clinical events per 1,000 admissions

Serious incidents (severity 4 or 5)

All event types: hazard, non-patient clinical, clinical, patient, property/security, business continuity and safety (per 1,000 admissions).



Trend in significant clinical events and serious incidents.

Quality

Ashtead's Workplace Health, Safety and Facilities Audit was completed on 28 April 2025 and achieved an overall score of 95.7 per cent. A key area of focus was working at height, reflecting the induction and support needs of a new member of staff.

Infection control audit scores

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%

Summary of infection prevention and control audit results.

2.2.2 Participation in Clinical Audit

From 1 April 2025 to 31 March 2026, Ashtead Hospital participated in six national clinical audits. The national clinical audits and confidential enquiries in which the hospital participated, and for which data collection was completed during this period, are listed below alongside the number of cases submitted as a percentage of the number of cases required by each 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 from the six national clinical audits for the period 1 April 2025 to 31 March 2026 were reviewed by the Clinical Governance Committee. Ashtead Hospital intends to take the following action to improve the quality of healthcare provided:

- Improve the response rates for All PROMs data

Local Audits

Ashtead Hospital uses the Tendable online application for local clinical audits. Audits completed between 1 April 2025 and 31 March 2026 were reviewed by the Clinical Governance Committee, and the hospital will continue to use the findings to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

From 1 April 2025 to 31 March 2026, Ashtead Hospital undertook:

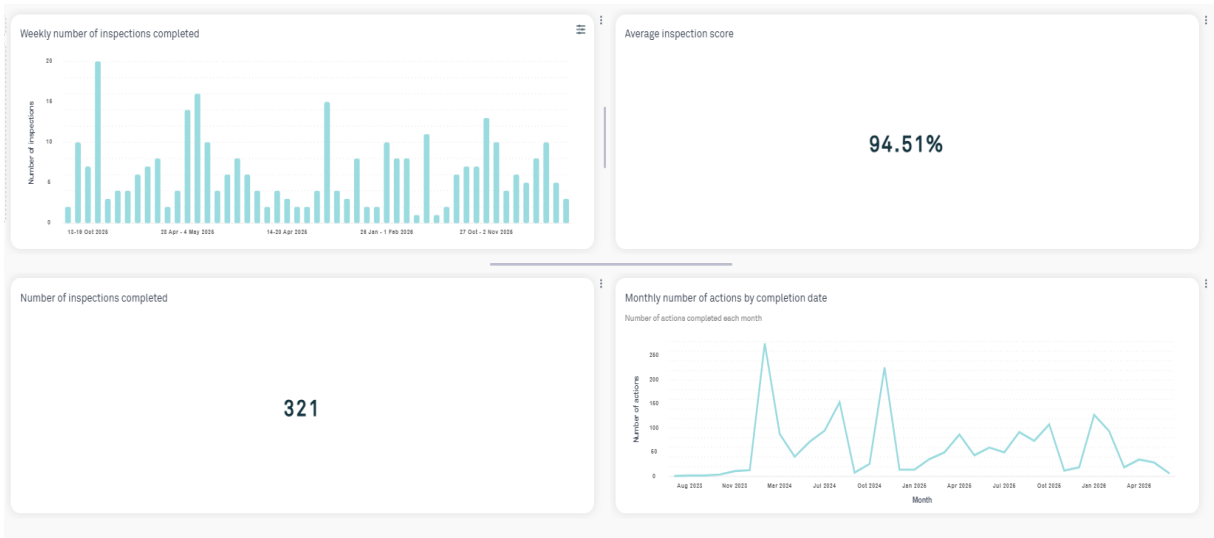
Local audit metric	Result
Total inspections completed	321
Inspection types	106
Unique inspectors	56
Average score	94.5%
Completed within designated timeframes	94.89%

Scheduled audits completed

100%

Actions generated

218



Going forward from last year's audit results into 2026-2027, 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.
- Ensure action completion and review of repeated actions are addressed at month 2

2.2.3 Participation in Research

During 2025/26, no patients were recruited to participate in research approved by a research ethics committee.

2.2.4 Goals Agreed with Commissioners

Commissioning for Quality and Innovation (CQUIN) Framework

CQUINs were paused and were therefore not applicable to Ashted Hospital during this reporting period.

2.2.5 Statements from the Care Quality Commission (CQC)

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

Ashted 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 accordingly. Using this data informs our theatre efficiency and the 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

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2026

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:

<u>Outpatients</u>	
	NVC01
% NHS Numbers missing	0.00%
% NHS Numbers submitted	100.00%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%
<u>Admitted Patient Care</u>	
	NVC01
% NHS Numbers missing	0.31%
% NHS Numbers submitted	99.69%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2025/2026 submission is due by 30th June 2026.

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 2025/26 by the Audit Commission.

2.2.7 Stakeholder Views on the 2025/26 Quality Account

Part 3 - Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), Sue Coleman

Review of quality performance 1 April 2025 to 31 March 2026

Statement from the Head of Clinical Services

As Head of Clinical Services, I am pleased to share Ashted Hospital's review of quality performance for 2025/26. Over the past year, our teams have remained deeply committed to providing safe, effective and compassionate care, while continuing to strengthen clinical governance, professional leadership and the overall patient experience. I am particularly proud of the progress we have made in further embedding a positive safety culture across the hospital, including achieving 93% compliance with Speak Up for Safety delivery, increasing staff confidence in speaking up, and strengthening multidisciplinary learning through our PSIRF processes, hot debriefs, After Action Reviews and thematic reviews. This work has helped us to create an environment where learning is valued and where improvements can be translated into everyday practice for the benefit of our patients.

During 2025/26, we maintained a strong focus on learning from post-discharge complications, post-procedure deterioration and transfer-out events, and allergic, contrast and infusion reactions. These reviews have informed improvements in discharge safety-netting, escalation, communication, monitoring and shared clinical learning. We have also continued to strengthen our audit culture, with excellent engagement across departments, while maintaining high standards in infection prevention and control, mandatory training and workplace safety. Patient feedback has remained central to this work, helping us to understand what matters most to those in our care and where we can do even better. We have also introduced a Professional Advocate role for all clinical staff on a professional register, providing restorative clinical supervision and creating valuable space for reflection, support and professional development.

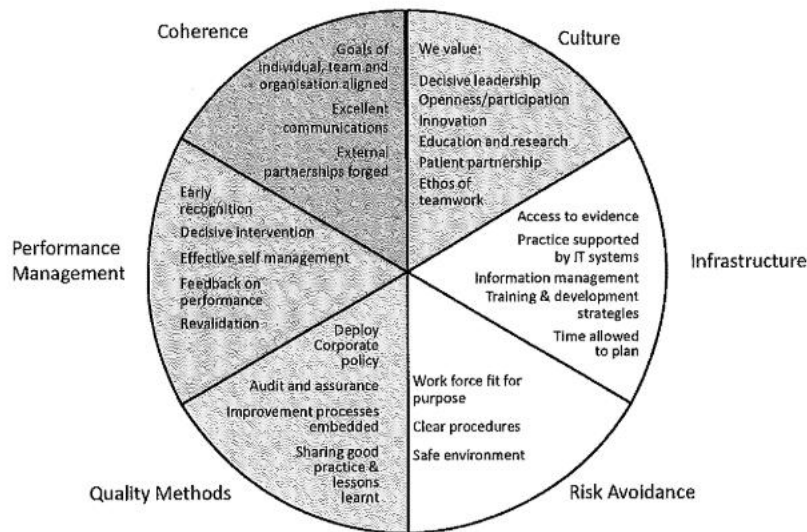
I would like to sincerely thank our clinical and non-clinical teams, consultants and support staff for the care, professionalism and dedication they show every day. The review of quality performance for 2025/26 reflects not only the high standards of care delivered at Ashted Hospital, but also the openness, compassion and commitment to improvement shown by our teams. As we move into 2026/27, we will continue to build on this progress with a strong focus on managing the deteriorating patient and sepsis, learning from incidents and embedding sustainable change, and developing a clear clinical strategy for 2027–2030 aligned to local and national priorities.

The aim of clinical governance is to ensure that Ramsay develops ways of working in which the quality of patient care is central to the business of the organisation. This places emphasis on creating an environment and culture that supports continuous clinical quality improvement, so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can assure itself that we are doing the right things in the right way.

It is important that clinical governance is integrated with other governance systems in the organisation and is not seen as a stand-alone activity. Clinical, financial and estates management systems are interdependent, and actions in one area can affect others. Ramsay uses an established clinical governance framework, informed by the Scally and Donaldson model (1998), to ensure that key strategies, policies, systems and processes are embedded, implemented and monitored effectively.

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

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with recommendations contained in technology appraisals issued by the National Institute for Health and Care Excellence (NICE) and with safety alerts issued by the NHS Commissioning Board Special Health Authority. Systems are in place to review national clinical guidance, identify what is applicable to our services, and monitor implementation across the organisation.

3.1 The Core Quality Account Indicators

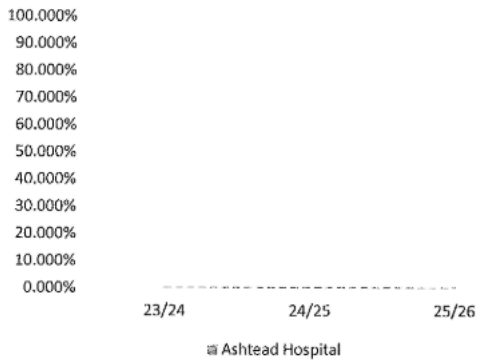
Ashtead Hospital considers that this data is as described for the following reasons. The services commissioned at Ashtead Hospital are planned surgical procedures and as such remain low risk. Ashtead Hospital has an extensive and effective pre-operative screening process ensuring patient co morbidities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

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

Mortality

Mortality:	Period	Best	Worst	Average	Period	All Sites
	Nov22 - Oct23	RQSI 0.7215	RXP 1.2065	Average 1.0001	23/24	All Sites 0.0001
	Nov23 - Oct24	RQM 0.6967	RXR 1.7985	Average 1.0035	24/25	All Sites 0.0001
	Nov24 - Oct25	RYJ 0.7154	RXL 3.3463	Average 1.0032	25/26	All Sites 0.0001

Unexpected Deaths



National PROMs

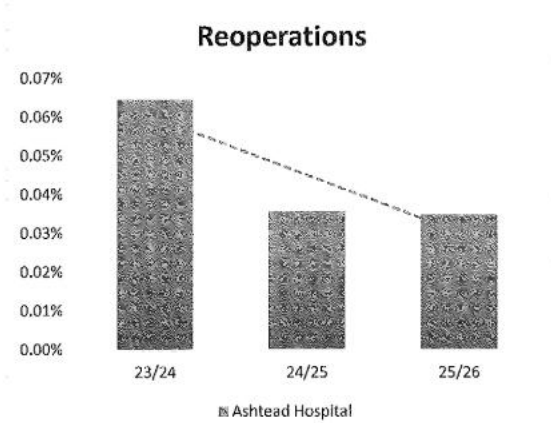
PROMS:	Period		Best		Worst		Average		All Sites	
	Period	Best	Worst	Eng	Average	Period	All Sites	All Sites		
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	All Sites	21.561
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	All Sites	21.147
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	All Sites	23.681

PROMS:	Period		Best		Worst		Average		All Sites	
	Period	Best	Worst	Eng	Average	Period	All Sites	All Sites		
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	All Sites	18.166
	Apr22 - Mar23	RWJ	20.8522	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	All Sites	17.253
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	All Sites	17.253

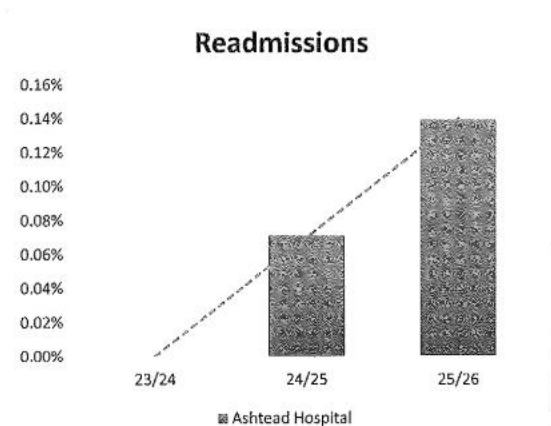
Ashtead Hospital continues to improve data collection for Proms, which has recently moved onto ePROMs. We hope that by having electronic PROMs for patients, this will improve our collection of data at source without the need for chasing paper forms.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	All Sites	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	All Sites
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	All Sites	0.00119
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	All Sites	0.00120



Rate per 100 discharges:

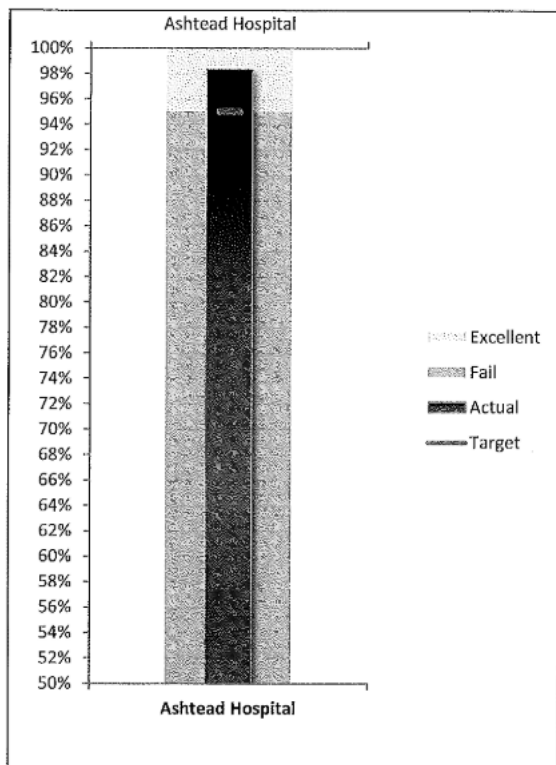


The small increase in readmissions during 2025/26 was influenced by the care of a complex patient following laparoscopic cholecystectomy who developed a bile leak, which is a recognised complication of this type of surgery. The patient was readmitted for further treatment and made a full recovery following insertion of a stent. This case has been reviewed through our governance processes and reflects the importance of prompt recognition, timely intervention and ongoing clinical follow-up for patients who develop post-operative complications.

VTE Risk Assessment

VTE Assessment:	Period	Best	Worst		Average		Period	All Sites	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	All Sites
Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	All Sites	84.6%
Q1 to Q3 25/26	Severall	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	All Sites	95.3%

VTE Data Submission



VTE assessment remains an important patient safety priority, and our aim is to achieve and sustain 100% compliance. During 2025/26, there was one deep vein thrombosis (DVT) following surgery. This case has been reviewed through our governance processes, and our continued focus will be on ensuring every patient has a completed and relevant VTE assessment in place before admission to theatre, supported by robust checking processes and ongoing clinical oversight.

C. difficile infection

C. Diff rate:	Period	Best	Worst		Average		Period	All Sites	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	All Sites
2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	All Sites	2.2987
2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	All Sites	2.0686

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

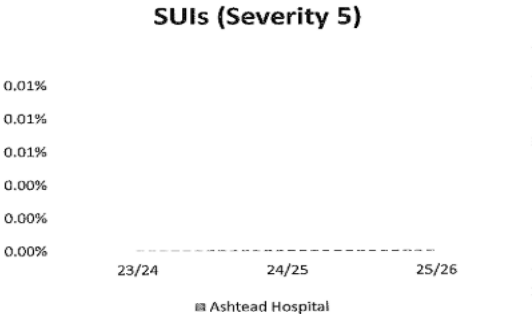
SUIs:	Period	Best		Worst		Average		Period	All Sites	
		2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	All Sites
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	All Sites	0.0001
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	All Sites	0.0001

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 teaming from incidents is shared and discussed across the team, this is through a variety of mechanisms which includes regular PSIRF sessions, after action reviews are shared and lessons learnt.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	All Sites	
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	All Sites	100.0%
Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	All Sites	100.0%	
Jan-26	Severall	100%	RTK	74.0%	Eng	95.0%	Jan-26	All Sites	100.0%	

Ashted Hospital remains committed to continually improving the patient experience. Our aim is to sustain high levels of satisfaction and ensure that patient experience remains central to every stage of the patient journey.

Responsiveness to Personal Needs PHIN Experience Score



PHIN experience data provides an additional measure of how patients experience their care and how well services respond to personal needs. This information supports our wider patient experience monitoring by highlighting whether care is delivered in a way that is respectful, responsive and centred on the individual.

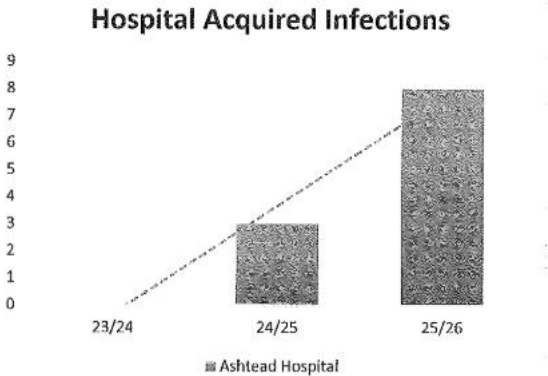
Together with local feedback, Friends and Family results and patient survey comments, PHIN data helps us to identify strengths, monitor trends over time and focus improvement activity where it will have the greatest impact on patient experience.

3.2 Patient Safety

We are a progressive hospital and remain focused on improving our performance each year, particularly in relation to patient safety. Risks to patient safety are identified through a range of routes, including routine audit, complaints, litigation, adverse incident reporting, raising concerns, and the ongoing review of trends in performance indicators. Our focus on patient safety has resulted in improvement across 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 reported one MRSA bacteraemia in the past four years. We comply with mandatory reporting of all alert organisms, including MSSA/MRSA bacteraemia and Clostridioides difficile infections, with a programme in place to reduce incidents year on year. Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and these are also monitored locally.



3.2.2 Cleanliness and Hospital Hygiene

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 continues to use our audit tool, Tendable, to measure against national standards,

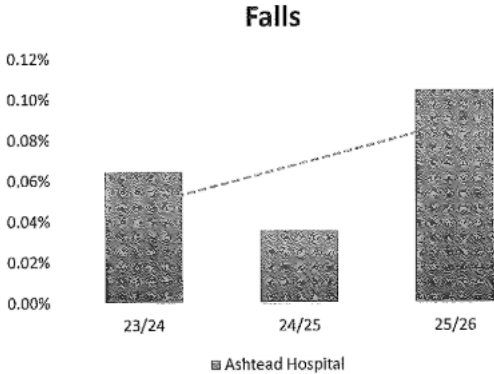
especially in relation to the 2021 infection control standards. Staff are trained to carry out audits across departments to ensure an open culture of measuring cleanliness throughout the hospital.

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 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.

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 teaming
current compliance as of March 2026 .. 98.2%

3.2.3 Safety in the Workplace

Rate per 100 discharges:



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,

3.3 Clinical Effectiveness

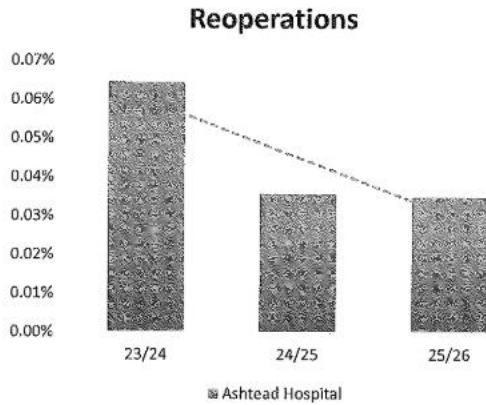
Ashted Hospital reviews clinical effectiveness through established clinical governance arrangements that provide oversight of quality, outcomes and continuous improvement. Clinical incidents, patient feedback, staff feedback and audit findings are reviewed systematically to identify themes, determine where further analysis is required and ensure that recommendations are translated into clear actions through hospital management and Medical Advisory Committee processes.

3.3.1 Return to Theatre

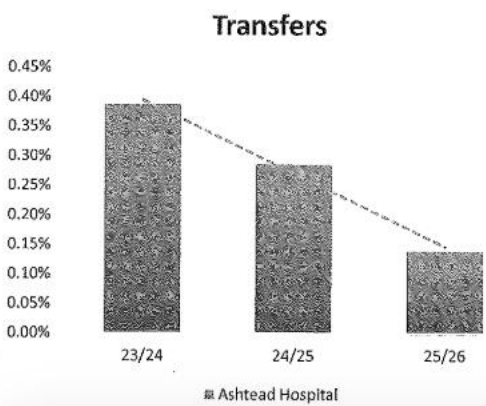
Ramsay continues to treat increasing numbers of patients each year as services develop. As most patients undergo planned surgical procedures, return to theatre remains an important measure of clinical effectiveness and patient safety.

While every surgical intervention carries some risk of complication, this indicator is valuable in identifying trends associated with specific procedures or surgical teams.

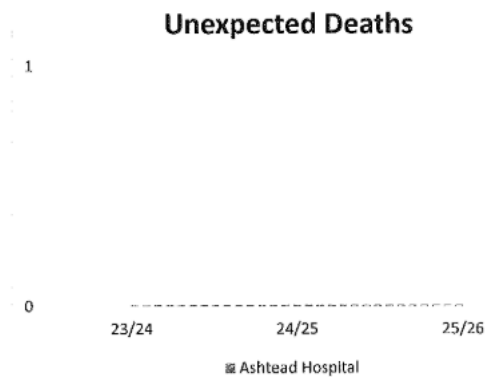
As shown in the graph below, the return-to-theatre rate has reduced over the last year and remains low compared with the national average.



Rate per 100 discharges:



3.3.2 Learning from Deaths



From 1st April 2025 -31st March 2026, 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 recurrence.

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

Patient experience remains a key measure of quality at Ashtead Hospital and is central to how we review, improve and assure the services we provide. Feedback from patients is welcomed across a range of channels and is used to inform service development, identify areas of good practice and highlight where further improvement is needed.

Positive feedback is shared with individuals and teams to reinforce compassionate care, professionalism and good practice. Patient compliments, survey comments and direct feedback continue to provide strong assurance about the care delivered by our staff and the experience of the hospital environment.

Where patients raise concerns or suggestions, these are reviewed promptly and used to support local action, shared learning and service improvement. Staff remain familiar with the complaints process and with the importance of responding openly and constructively to patient concerns.

Patient experience themes are reviewed regularly through local governance processes, enabling trends to be monitored, action plans to be developed and improvement activity to be tracked over time. Where required, issues are escalated in line with Ramsay policy and wider reporting requirements. Patient feedback during 2025/26 has remained very positive and continues to provide valuable assurance about the quality of care and environment at Ashted Hospital.

Feedback highlights the kindness and professionalism of staff, a clean and well-maintained environment, strong accessibility, and a positive overall experience of care. Patients have also helped us identify opportunities to improve further, particularly in relation to privacy, dignity and wellbeing, elements of food provision, and support for patients living with dementia, we use this feedback alongside our patient experience data, PLACE findings and local governance processes to inform action planning, sustain high standards and target improvement where it will have the greatest benefit for patients.

Patient feedback trends during the year were also encouraging. Overall patient experience increased from 94.2% to 95.3%, Friends and Family scores increased from 96.4% to 97.7%, and net promoter score increased from 87% to 89%. These trends indicate sustained improvement in patient experience and provide further assurance that the actions taken in response to feedback are having a positive impact.

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

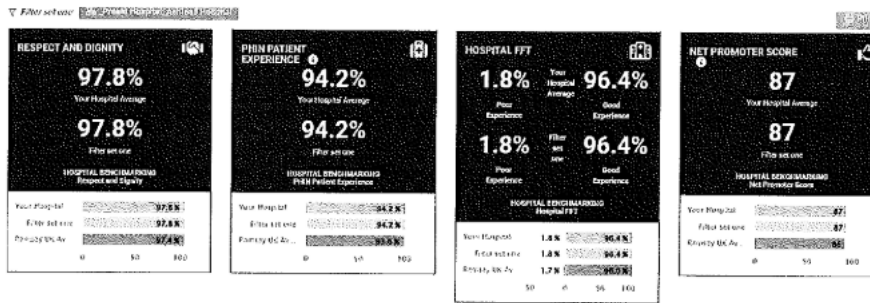
- Continuous patient satisfaction feedback via a web-based invitation

- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly coo 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 I Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways - patients are encouraged to read and participate in their plan of care

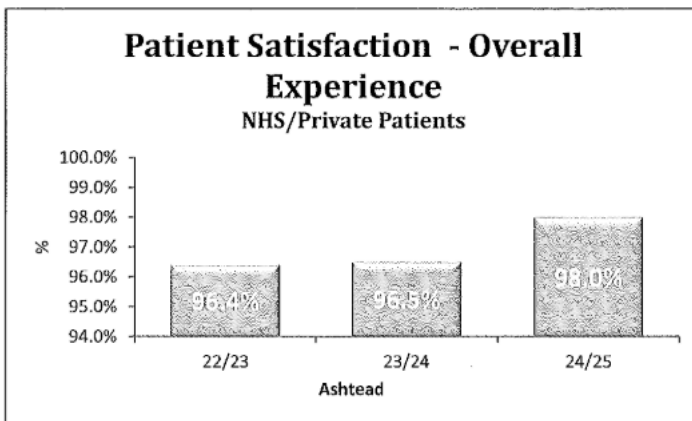
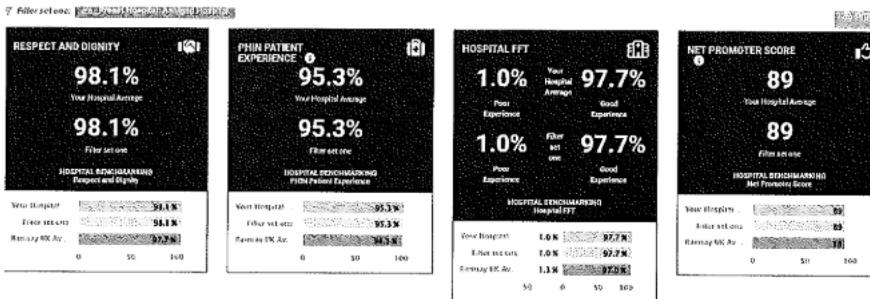
3.4.1 Patient Satisfaction Surveys

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 shown above, overall patient experience increased from 94.2% to 95.3%, Friends and Family scores increased from 96.4% to 97.7%, and overall net promoter score increased from 87% to 89%.

3.5 Ashtead Hospital Case Study

Case Study 1: Learning from a never event and serious incident

During 2025/26, Ashtead Hospital reported both a never event and a serious incident. The never event related to the removal of the wrong skin tag, and the serious incident involved the wrong drug being injected into the bile duct during a procedure.

In both cases, the level of harm to the patients was low. However, these incidents were taken extremely seriously and were subject to full review through our governance and PSIRF processes. The reviews identified the need to strengthen compliance with NatSSIPS in the outpatient department and to further improve medicines management in procedural areas, including clearer marking and checking of syringes.

All immediate safety actions identified through the After-Action Reviews were implemented. In addition, more robust controls were introduced to support NatSSIPS compliance in the outpatient department and strengthen medicines management. The frequency of NatSSIPS audit activity was also increased for a three-month period, led by the senior team, to provide greater assurance and support the embedding of safe practice.

Assurance and support

Alongside these actions, we maintained a clear focus on supporting the teams involved through debriefing, reflection and shared learning. These incidents reinforced the importance of reliable safety processes, open discussion and rapid implementation of improvement actions. Patient safety remains our priority, and we will continue to monitor the impact of these changes to ensure that learning is translated into sustained improvement in practice.

Case Study 2: Cardiac arrest in the hospital car park

During the year, the hospital team responded to a cardiac arrest involving a visitor in the hospital car park. The team acted quickly and effectively in a highly pressured situation, providing emergency support and achieving a return of heart rate before the patient was transferred for ongoing care.

Although the patient later died, the response demonstrated strong teamwork, professionalism and a clear focus on providing compassionate care in an emergency outside the usual clinical environment.

Learning and support

This was a traumatic event for all involved, and the team also provided significant support to the visitor's next of kin during and after the incident.

The case reinforced the importance of debriefing, emotional support for staff and clear leadership in stressful circumstances. Learning from the event highlighted the need to strengthen preparedness for emergencies that may occur in areas adjacent to, but outside, the main hospital setting.

Improvement action

As a result of this incident, Ashtead Hospital will introduce a community defibrillator to support any future emergency events that may occur within the wider hospital grounds or surrounding community. This action reflects our commitment to learning from incidents, strengthening emergency preparedness and extending our focus on patient and public safety beyond the immediate clinical environment.

RHCUK Clinical Audit Programme (Jul 2025-Jun 2026)

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MR! modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPS elements and perioperative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identified, QI initiatives may be led by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored

through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug)	IPC Quality Accounts 2025/26

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
EVLT	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 Ashtead 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

Ashtead Hospital

Ramsay Health Care UK

We welcome comments on the format, content and purpose of this Quality Account.

If you would like to comment or make suggestions for future reports, please telephone or write to the Hospital Director using the contact details below.

For further information please contact:

Hospital phone number

01372 221400

Hospital website

www.ashteadhospital.co.uk

Hospital address

1 The Warren

Ashtead

Surrey

KT21 2SB