

Beacon Park and Rowley Hall Hospitals

Quality Account
2026/27



Business Use



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Rowley Hall and Beacon Park Hospitals are 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

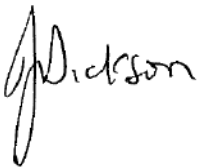
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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 Rowley Hall and Beacon Park 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

Mrs Kerry Williams, Hospital Director

Beacon Park and Rowley Hospital

The 2025/2026 reporting period has been characterised by strong clinical performance, continued service development, and a clear focus on delivering high-quality, patient-centred care across Rowley Hall and Beacon Park Hospitals.

As part of Ramsay Health Care UK, we continue to benefit from a well-established organisational commitment to excellence. During this year, the Group has achieved significant national recognition, including full JAG accreditation across all endoscopy units, Gold National Joint Registry Quality Data Provider status for the second consecutive year, and consistently positive outcomes from Care Quality Commission inspections.

These achievements reflect a robust governance framework and provide assurance that our local services are aligned with best practice and national standards.

At hospital level, we have maintained a strong focus on quality improvement and clinical effectiveness. Over the past 12 months, our teams have continued to embed the Getting It Right First Time (GIRFT) programme across key pathways, including orthopaedics and ophthalmology, supporting improved patient outcomes, consistency in practice, and enhanced operational efficiency.

We have also made effective use of our clinical environments to maximise capacity and improve patient flow, including the optimisation of treatment room utilisation. This has enabled us to deliver care more efficiently while maintaining high standards of safety and patient experience.

Key quality achievements during the year include the successful attainment of JAG accreditation at site level and ANTT Gold accreditation across both hospitals. These accomplishments demonstrate our commitment to infection prevention, clinical standards, and the delivery of safe, high-quality care.

Our workforce remains central to our success. Investment in leadership and staff development has been strengthened through initiatives such as the Professional Nurse Advocate programme, which has supported staff wellbeing, professional growth, and the delivery of high-quality care through restorative clinical supervision.

These local priorities are underpinned by wider organisational investment across Ramsay UK, including significant funding into digital platforms, diagnostic imaging, equipment, and estate infrastructure, ensuring that our hospitals remain modern, responsive, and capable of meeting increasing demand.

Patient experience continues to be a key priority. With consistently high levels of patient satisfaction reported across the organisation, we remain focused on embedding a patient-first culture, ensuring that compassion, safety, and quality are integral to every aspect of care delivery.

Looking ahead, our strategic priorities remain focused on:

- Sustaining and improving patient safety and clinical quality
- Strengthening leadership, accountability, and professional standards
- Supporting our workforce through development, engagement, and wellbeing initiatives
- Driving continuous improvement through audit, learning, and innovation

As Hospital Director, I am confident that the strength of our teams, combined with our clear focus on quality and patient experience, will continue to deliver excellent outcomes for our patients. We remain committed to continuous improvement, ensuring that our services not only meet but exceed expected standards of care.

A handwritten signature in blue ink, appearing to read 'K. WWA', with a horizontal line extending to the right.

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.

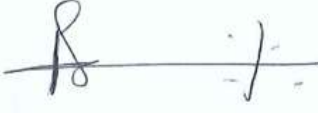
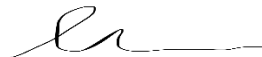
Mrs Kerry Williams

Hospital Director

Beacon Park and Rowley Hall Hospitals

Ramsay Health Care UK

This report has been reviewed and approved by:

Reviewed by	Representing	eSignature
Mr B Youssef	MAC Committee (Chair)	
Mr S P-Govilkar	Clinical Governance Committee (Chair)	

For Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

Vanessa Whateley	Chief Nursing Officer
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Welcome to Beacon Park and Rowley Hall Hospitals

Rowley Hall Hospital is situated in the centre of Stafford with easy access to public transport. The main hospital is housed in a listed building, with a smaller building adjacent to the rear car park which houses our administration team and physiotherapy service.

Beacon Park Hospital opened in May 2020 and is situated 3 miles from Rowley Hall Hospital. This is a dedicated day surgery facility and provides the following services: endoscopy, ophthalmology, pain management, gynaecology, urology, podiatry and foot and ankle procedures and hand surgery along with some outpatient and pre-operative assessment services.

Our Services

Rowley Hall Hospital has two operating theatres both with laminar flow and 11 inpatient bedrooms (13 overnight beds) with en-suite facilities, and a 10 bay Day Surgery Unit.

Beacon Park offers the facility to support and treat patients in a stand-alone unit safely within the two pre assessment rooms, three outpatient's clinic rooms (one being dedicated to ophthalmology) a laminar flow treatment room along with 1 laminar flow operating theatre and 6-day case pods.

Our staff teams have been carefully selected for their friendly and caring approach as well as their efficiency and professionalism. A resident doctor is available 24 hours a day at Rowley Hall and between the hours of 8am-8pm at Beacon Park Hospital.

Rowley Hall Hospital was established in 1987 and has seen a steady growth in its development since this time. The first floor houses our outpatient service, including X-ray and consists of 6 consulting rooms, 2 pre assessment rooms and a treatment room.

We also provide physiotherapy clinics working with our partners at Stafford Rugby Club and use their rooms and gym facility to further enhance care for our patients.

Rowley Hall Hospital provides a comprehensive range of services. These include.

- General Surgery,
- Urology,
- Spinal,
- Orthopaedic,
- Cosmetic services
- Ophthalmology,
- Gynaecology,

The Hospital has mobile CT and MRI service, which is offered to self-funded, insured and NHS funded patients. We offer a direct access service for both MRI service and CT for NHS patients referred by their GP.

Our Staffing

To ensure that patients are at the centre of everything we do and receive the highest standard of care, we have 83 dedicated Consultants, working alongside 147 permanent staff and are able to access 64 bank staff including nursing, radiology, physiotherapy, supported by administration, housekeeping, and maintenance and catering staff.

Our senior leadership team consists of the Hospital Director, Head of Clinical Services, Head of Operations and Head of Finance. Our senior leadership team work across both Rowley Hall and Beacon Park, to ensure visibility and support is consistent across both our sites.

Each area within the hospitals is led by a Head of Department and Leads who are a mixture of clinical and non-clinical staff. This ensures there is always consistent, knowledgeable management available across sites.

NHS Partners and GP Communication

At Rowley Hall Hospital we work closely with our colleagues at the Integrated Care Board and local NHS Trust to ensure our services meet the needs of the patients we serve, including shared services such as: pathology, pharmacy, and some diagnostic services.

We also work in partnership with our local GP's, supporting them with educational opportunities by organising specialist training sessions with the help of our consultant body. At Rowley Hall Hospital we feel it is important to maintain excellent links with local GP's and work together for the benefit of all our patients. We have a dedicated Business Relations Manager to foster these links and relationships and provide support to GP practices, with access to specialist Advice and Guidance.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

On an annual cycle, Beacon Park and Rowley Hall Hospitals 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)

Improvement in Normothermia Practice

There has been significant progress with normothermia practice and work is ongoing. A normothermia steering group is now in place and driving the normothermia agenda. Work has been completed around pre warming compliance with warming gowns implemented at Beacon Park Hospital. This is planned to be rolled out at Rowley Hall soon.

We have successfully implemented warming IV inserts and temperature monitoring system has been ordered, and we are now awaiting delivery if the systems. These will be implemented once on site.

The work around normothermia compliance will continue and become part of our embedded practices. There has been an improvement across several specialities with regards to infection rates.

We feel that this outcome has been achieved but we will continue to drive forward with the normothermia working group to make continuous improvements to practice.

Achievement of Silver ANTT

Not only was this priority achieved, but it was exceeded. Both Rowley Hall and Beacon Park hospitals were successful in achieving gold ANTT accreditation. This was testament to the hard work of the team involved in the accreditation assessment process.

Achievement of JAG Accreditation

The hospitals were very proud to have achieved JAG accreditation on 17th December 2025. This demonstrates the high-quality service provided by our Endoscopy team. This priority was, therefore achieved.

GIRFT

(Getting it Right First Time) is now an established part of the service we deliver, over the past 12 months, we have bought more consultants on board with the hip and knee day cases and celebrated the completion of our 100th day case joint in August 2025. We have also successfully implemented the Ophthalmic GIRFT pathway.

The area which we are still looking to implement is day case surgery for spinal cases. Whilst we would have liked to have moved this forward, we were unable to do so due to restrictions associated with NHS contracting in 2025, which impacted all providers.

We would consider that we have partially achieved this priority, with hip and knee and ophthalmic pathways established. We will push forward with the spinal day cases now that we are able to proceed, and this will be one of our priorities for the coming year.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clinical Effectiveness

Robotic Hip & Knee Surgery.

Robotic-assisted knee and hip replacements will provide greater accuracy in implant positioning and soft tissue balancing, helping surgeons to personalise the operation to the patient's anatomy and improve patient outcomes and implant longevity.

It supports precision, consistency and potentially better early recovery and patient satisfaction.

We will be supporting our staff and Consultant body with the relevant and adequate training and competencies.

Many patients experience excellent pain relief and mobility post-surgery, so we hope together to improve our patient journey and outcomes.

Implementing The Getting It Right the First Time (GIRFT) approach in spinal services:

Our aim in implementing the GIRFT approach in spinal care is to ensure patients receive the right treatment, at the right time, by the right team. This helps to improve patient outcomes, shorten waiting times, enhance patient experience, and support safer, evidence-based treatment pathways. We will thrive to improve patient care by promoting best practice. By working in a more standardised and collaborative way, we aim to improve patient outcomes, reduce complications, support faster recovery, and make sure patients receive the most appropriate treatment for their condition. In all, this supports high-quality, standardised, and value-based care.

Increase outpatient utilisation:

We aim to implement Haemorrhoid banding in our treatment room within our outpatient department. This has many advantages for patients and healthcare services. Performing the procedure in a treatment room means more patients can be treated quickly without the need for a general anaesthetic or hospital admission.

This usually results in a faster recovery, less disruption to daily activities, and a lower risk of complications compared with more invasive surgery.

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 Beacon Park and Rowley Hall Hospitals provided and/or subcontracted 7 NHS services.

Beacon Park and Rowley Hall Hospitals have reviewed all the data available to them on the quality of care in all 7 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 67 per cent of the total income generated from the provision of NHS services by Beacon Park and Rowley Hall Hospitals for 1 April 2025 to 31st March 2026.

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 hospitals 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 2025/26, the indicators on the scorecard which affect patient safety and quality were:

HUMAN RESOURCES	
Staff Cost % Net Revenue-	Rowley Hall Hospital =35.9 %. Beacon Park Hospital =35.1%
HCA Hours as % of Total Nursing	Rowley Hall = 26% Beacon Park = 28%
Agency Cost as % of Total Staff Cost	Rowley Hall Hospital = 12% Beacon Park Hospital = 2%
Ward Hours PPD	Rowley Hall Hospital = 10.17 Beacon Park Hospital = 3.35
Staff Turnover	36
% Sickness	Rowley Hall = 5.5% Beacon Park = 5.5%
Lost Time	Rowley Hall = 38% Beacon Park = 33%
Appraisal %	90%
Mandatory Training %	98%
Workday Online Training.	Beacon Park – 98.8% Rowley Hall – 98.4%
Staff Satisfaction Score.	Participation rate = 69%. Results not provided as %
Number of Significant Staff Injuries	1

PATIENT	
Complaints rate	Beacon Park Hospital = 0.22% Rowley Hall =0.51%
Patient Satisfaction Score	Beacon Park Hospital= 72.1%. Rowley Hall = 80.4%
Significant Clinical Events per 1000 Admissions	Beacon Park Hospital = 0 Rowley Hall Hospital = 0
Readmission per 1000 admissions	Beacon Park = 0 Rowley Hall = 0.65

QUALITY	
Workplace Health & Safety Score	There is no longer a single H&S audit. This audit has been split into a range of smaller audits, completed across the annual audit programme.
Infection Control Audit Score- IPC Governance and Assurance	Rowley Hall = 83.3%. Beacon Park = 95.8%
Consultant Satisfaction Score	61% participation rate. Results not provided as %

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026 Beacon Park and Rowley Hall Hospitals participated in 6 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Beacon Park and Rowley Hall Hospitals participated in, and for which data collection was completed during 1 April 2025 to 31st March 2026, 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.

Project name (A-Z)	Provider organisation
British Spine Registry	Amplitude Clinical Services Ltd
Elective Surgery (National PROMs Programme)	NHS Digital
National Joint Registry 2, 3	Healthcare Quality improvement Partnership
National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England

The reports of 6 national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Rowley Hall and Beacon Park Hospitals intend to take the following actions to improve the quality of healthcare provided.

We will continue utilise data received from all National audits to inform improvements at site level.

Surgical Site Infection Surveillance is fully embedded, and data is analysed to identify and trends and areas for improvement. An IPC action plan has been developed and is monitored via our Infection Prevention and Control meeting and Clinical Governance meeting.

Local Audits

The reports of 480 local clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee. This represents an increase from the previous year. There last

year has seen continued improvement in completion to deadline and management of open actions.

Rowley Hall and Beacon Park Hospitals intend to take the following actions to improve the quality of healthcare provided.

- We will continue to strive to achieve full compliance to deadline across the next 12 months.
- We will utilise our audits to drive continual quality improvements across all departments.
- We will encourage more staff to be involved in audits across both sites.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

2.2.4 Statements from the Care Quality Commission (CQC)

Rowley Hall and Beacon Park Hospitals are required to register with the Care Quality Commission and its current registration status on 31st March 2026 is registered without conditions.

Beacon Park and Rowley Hall Hospitals have not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.5 Data Quality

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

Continual quality improvement is at the heart of everything we do at Rowley Hall and Beacon Park. Our annual audit programme is one of the tools we use to review the quality of our clinical data systems with oversight of the outcomes reviewed through our robust governance systems.

Data quality is also a feature of any investigation or patient feedback. Any issues are identified, action is taken, and learning shared with all relevant teams.

Our overall aim is to continually improve the quality of our data, in order that the data can be used to inform improvement and development of our services, to ensure optimum outcomes for our patients.

Rowley Hall is proud to have maintained its gold accreditation for the quality of its NJR data for consecutive years. This is credit to the teams who work across both sites, who strive to ensure that all data submitted is to the optimum quality.

Rowley Hall and Beacon Park Hospital will be taking the following actions to continually improve our data quality.

- To continue to maintain excellent standards of data collection across all systems and to utilise the reporting mechanisms within the programs to identify opportunities to improve the volume and quality of data.
- To maintain the gold standard for data collection and to utilise NJR data quality audit results to support improvement in data collection.
- To complete all records/data related audits as per the Tendable schedule and to act upon the findings to support continual improvement.

NHS Number and General Medical Practice Code Validity

The patient's valid NHS number:

Beacon Park Hospital:

Outpatients

% NHS Numbers missing	0.00%
% NHS Numbers submitted	100%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Admitted Patient Care

% NHS Numbers missing	0.31%
% NHS Numbers submitted	99.69%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Rowley Hall

Outpatients

% NHS Numbers missing	0.00%
% NHS Numbers submitted	100.00%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Admitted Patient Care

% 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

Beacon Park and Rowley Hall Hospitals were subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

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
Midlands						
Beacon Park	Completed Aug 2024	98%	96%	98%	97%	Level 3
Rowley Hall	Completed Aug 2024	96%	96%	100%	90%	Level 3

2.2.6 Stakeholders views on 2025/26 Quality Account

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) Statement

Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account for Ramsey Hospitals Staffordshire.

The quality assurance framework that the ICB use reviews information on quality, safety, patient experience, outcomes and performance in line with national and local contractual requirements. The ICBs Quality team representatives have met with the Hospital leaders on a regular basis throughout the year. The ICB have worked closely with the Senior Leadership Team and welcome to opportunity to comment on the quality account for the year.

The ICB believe that account accurately reflects key quality improvements that have taken place over the past twelve months. Of note, the ICB have been pleased to see:

- The Senior Leadership Team within the hospital have continued to foster a good working relationship with the Integrated Care Board.
- The implementation of CODE (Check, Option, Demand, Elevate), a toolkit which facilitates escalation steps for an employee to take if they feel something is unsafe.
- Deployment of the Professional Nurse Advocate Role. Further developing their nurses to support their colleagues by promoting leadership, professional development, and the delivery of quality initiatives.
- Gold accreditation across both hospitals for ANTT. The Association for Safe Aseptic Practice that helps healthcare providers validate their standard of infection prevention and clinical governance. It certifies that a facility uses the Aseptic Non-Touch Technique (ANTT) for executing invasive procedures.
- The continued and significant capital investment in refurbishing, replacing and decorating much of the estate at Rowley Hall Hospital.

The ICB particularly welcomes the Hospitals plans to:

- Exploring the potential for Robotic Hip & Knee Surgery and the associated benefits for the patients.
- To continue the positive work around normothermia practices into 2026/27 which will include implementation of a new temperature monitoring system to further improve compliance.
- The further expansion of the Implementing of the Getting It Right the First Time (GIRFT) programme to other clinical specialities.

The ICB wishes to state that to the best of their knowledge, the data and information contained within the quality account is accurate. We are committed to continuing to engage with the Hospitals in an inclusive and innovative manner and hope to continue to build on these relationships with the Senior Leadership Team as we move into 2026/27. We would like to take this opportunity to thank all the Hospitals staff for their continued hard work, commitment, and innovation as they treat and care for patients/service users.

Vanessa Whatley Chief Nursing Officer

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Katie Shaw

Review of quality performance 1st April 2025 - 31st March 2026

Introduction

The past 12 months have been highly productive and rewarding, both in terms of service delivery across our hospital sites and the continued advancement of our quality improvement initiatives.

Our teams continue to drive GIRFT (Getting it right the first time) within day case hip and knee pathways and now Ophthalmology. Through strong leadership, clear vision and collective commitment, we have achieved excellent patient outcomes. The drive, motivation, and enthusiasm by our staff have been truly commendable.

While traditional operating theatres remain the gold standard for many procedures, we have optimised the use of our treatment room, enhancing both patient experience and clinical outcomes.

In December 2025, we achieved JAG accreditation, recognising the hard work, dedication, and excellence demonstrated across key areas including clinical quality and staff training. In addition, both sites achieved ANTT Gold Accreditation across both sites, reflecting strong adherence to best practice and effective monitoring of clinical standards.

We remain committed to continuous quality improvement. Through the Professional Nurse Advocate Role (PNA), we have trained nurses to support colleagues by promoting leadership, professional development, and the delivery of quality initiatives. These practitioners are providing restorative supervision, helping to restore staff wellbeing, strengthen retention, and enhance patient outcomes.

We will continue to support and develop our staff, enabling them to achieve success and deliver the best possible outcomes for our patients.

Improving quality remains our overarching priority. We will continue to develop and enhance our services to ensure the highest levels of patient safety and care. Patients are, and will always remain, at the heart of everything we do.

As Head of Clinical services, my key objectives are to promote inclusive leadership, uphold professional standards, and ensure accountability. I am committed to working alongside our teams to achieve the best possible outcomes for our patients



Katie Shaw- Head of Clinical Services

Ramsay Clinical Governance Framework 2025/26

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.

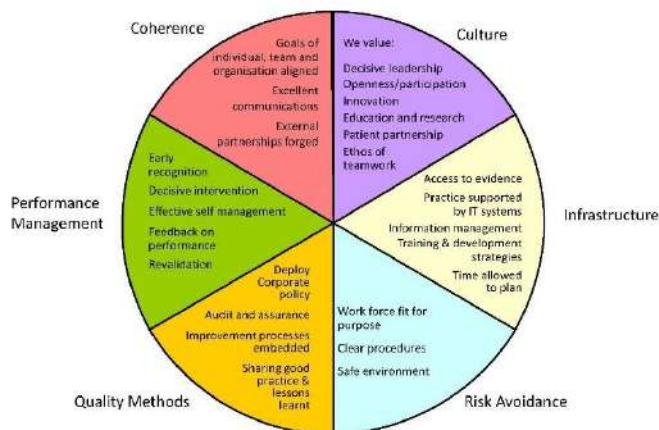
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

Beacon Park Hospital

	21/22	22/23	23/24	24/25	25/26
Mortality	0	0	0	0	0
Mortality Rate	0.0%	0.0%	0.0%	0.0%	0.0%

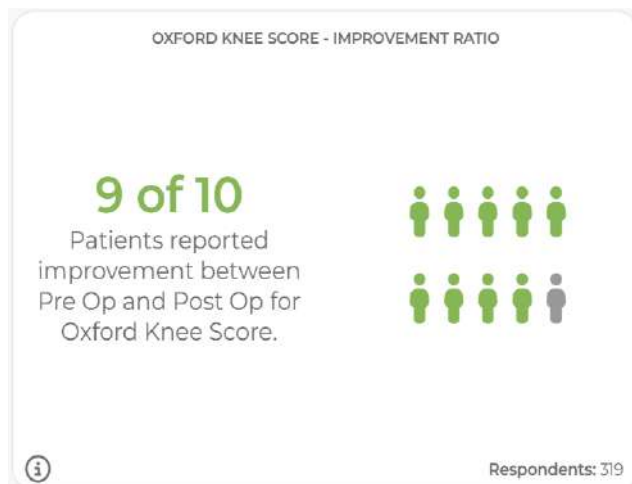
Rowley Hall Hospital

	21/22	22/23	23/24	24/25	25/26
Mortality	0	0	0	0	0
Mortality Rate	0.0%	0.0%	0.0%	0.0%	0.0%

Beacon Park and Rowley Hall Hospitals considers that this data is as described for the following reasons

- There have been no deaths at Rowley Hall and Beacon Park Hospitals during the reporting period.
- This is the most recent data available.

National PROMs



Rowley Hall Hospital considers that this data is as described for the following reasons

- The above data is provided from the Cemplicity system which collates the data independently of the sites

Readmissions within 28 days

Beacon Park Hospital

	21/22	22/23	23/24	24/25	25/26
Readmissions	1	0	0	0	0
Readmission Rate	0.03%	0.0%	0.0%	0.0%	0.0%

Rowley Hall Hospital

	21/22	22/23	23/24	24/25	25/26
Readmissions	9	6	4	0	2
Readmission Rate	0.25%	0.18%	0.15%	0.0%	0.07%

Beacon Park and Rowley Hall Hospitals considers that this data is as described for the following reasons

- The data matches the reported readmissions on the incident reporting systems for the sites.
- There were no readmissions at Beacon Park during the reporting period.

Site Name	NPS	Patient Experience	Hospital FFT	Unresolved Actions	Reputation.com Total Reviews	Reputation.com Average Star Rating	FAF Response Rate NHS Inpatient	FAF Response Rate NHS Outpatient	FAF Response Rate Private	FAF Response Rate NHS Day Case
Beacon Park	87	96.70%	97.00%		12	3.48		1%	8%	31%
Rowley Hall	89	96.50%	97.30%		380	4.87	5%	0%	1%	2%

PHIN: Summary of PHIN Questions.

Beacon Park



Rowley Hall

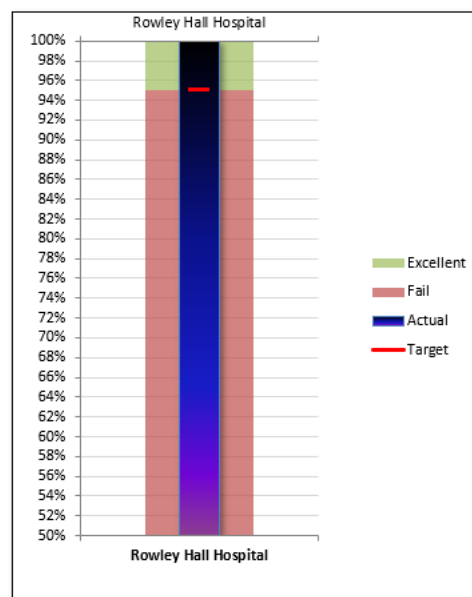
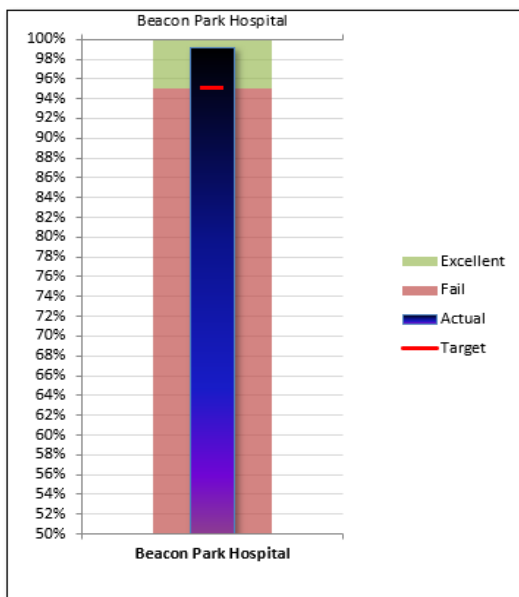
Summary of PHIN Patient Experience performance

Date Range: 01/04/2019-31/03/2020

Filter set one: Hospital: Park Hill Hospital



VTE Risk Assessment



Beacon Park and Rowley Hall Hospitals considers that this data is as described for the following reasons.

- The data is provided directly from the Maxims patient record system and VTE compliance data is obtained via Bi Launchpad to confirm >95% compliance with VTE assessment.
- The results are consistently above the >95% compliance rate. VTE compliance is also audited as part of the annual audit schedule.

C Difficile infection

Beacon Park

	21/22	22/23	23/24	24/25	25/26
No. Cases	0	0	0	0	0
CDIFF Rate	0.0%	0.0%	0.0%	0.0%	0.0%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
No. Cases	0	0	0	0	0
CDIFF Rate	0.0%	0.0%	0.0%	0.0%	0.0%

Beacon Park and Rowley Hall Hospitals considers that this data is as described for the following reasons

- There have been no C difficile infections at either site during the reporting period. The rates are better than the National average.

Rowley Hall and Beacon Park Hospitals have taken the following actions to maintain this and so maintain the quality of their services, by

- ICP policies are regularly reviewed in line with best practice and national guidance and implemented accordingly.
- The development and dissemination of the annual HCAI strategy.
- Mandatory requirement for staff training on Infection Prevention and Control
- Robust infection control audits and a strict cleaning schedule.
- There will be further improvements made in 2026 in line with the new Housekeeping and Cleaning Policy published in March 2026.

Patient Safety Incidents with Harm

Incidents Severity 4 & 5

Beacon Park

	21/22	22/23	23/24	24/25	25/26
No. Patient Incidents	0	2	0	0	0
Per 1000 Admissions	0	0.59	0	0	0
Rate	0.0%	0.06%	0.0%	0.0%	0.0%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
No. Patient Incidents	6	5	3	0	0
Per 1000 Admissions	2.249	2.066	0.361	0	0
Rate	0.22%	0.21%	0.04%	0.0%	0.0%

Beacon Park and Rowley Hall Hospitals considers that this data is as described for the following reasons

- There have been no incidents reported at Impact 4 or 5 at either site during the reporting period.
- The Radar system reports incidents directly to the corporate Risk Management Team allowing for identification of trends and themes. No such incidents have been recorded at either site during the reporting period.

3.2 Patient safety

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

Risks to patient safety come to light through a number of 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 a number of key areas. This has been driven by us having embedded the Patient Safety Incident Response Framework which we use to investigate any incidents which impact patient safety. We also use this as a tool for learning from incidents, even where no there has been no patient harms, as we strive to continually improve patient care and safety.

Incidents are scored by impact 0 (near miss) to 5 (serious/critical)

This has been reflected in our having no incidents at either site, with an impact score of 4 or 5, the most serious categories.

3.2.1 Infection prevention and control

Beacon Park and Rowley Hall Hospitals have a very low rate of hospital acquired infection and have had no reported MRSA Bacteraemia in the past 7 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.

Programmes and activities within our hospital include:

There has been a significant amount of work around the IPC agenda in the past 12 months. One of the key achievements was the gold ANTT accreditation. The aim had been to achieve the silver award, but due to the amazing efforts of the IPC lead, IPC links and all the hospital teams this priority was exceeded.

There has also been a determined drive to improve normothermia practice across both hospital sites, this has included changes in practice, such as the implementation of IV fluid warming inserts, warming gowns, a range of training and the introduction of a normothermia steering committee.

The positive work around normothermia will continue to be driven forward across 2026/27 and will include implementation of a new temperature monitoring system to further improve compliance.

Thematic analysis of infections has also served to drive forward learning and improved care and this will continue to improve our infection rates across both hospitals.

Infections

Beacon Park

	21/22	22/23	23/24	24/25	25/26
Infections	1	0	0	0	1
Infection Rate	0.03%	0.00%	0.00%	0.00%	0.02%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
Infections	50	40	5	17	27
Infection Rate	1.41%	1.18%	0.18%	0.57%	0.88%

As can be seen in the above table our infection control rate has remained low in the past year. There has been a very slight increase over the last year at both hospitals

Infection rates are monitored through our governance systems and thematic analysis is completed as needed to identify any themes or trends. Learning from incidents and reviews is shared across the hospitals.

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 Beacon Park and Rowley Hall Hospitals, 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.

Domain	Rowley Hall Score %	Beacon Park%	National Average %
Cleanliness	99.15%	99.02%	98.55%
Combined Food	95.64%	N/A	92.13%
Organisation Food	91.67%	N/A	92.79%
Ward Food	100%	N/A	92.30%
Condition, Appearance and Maintenance	98.26%	98.18%	97.00%
Dementia	91.49%	93.62%	85.68%
Disability	92.86%	95.00%	87.12%
Privacy, Dignity and Wellbeing	90.38%	81.16%	89.37%

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.

The last 12 months have been a busy year for completion of works within the sites. These upgrades have contributed to improvements in health and safety and include.

- A full refurbishment of the patient rooms and bathrooms on the ward at Rowley Hall including addition of hand sinks.
- Replacement of patient room and bathroom doors on the ward.
- Redecoration of the ward corridor areas.
- Updating of the surgeon panels in both Rowley Hall and Beacon Park theatres.
- Extensive works to the roof at Rowley Hall to prevent ingress of rainwater.
- Replacement of flooring in recovery area.
- Refurbishment and new flooring to theatre entrance area.
- Additional electrical points installed in theatres.
- Conversion of the conservatory area at Rowley Hall to a discharge lounge, with new chairs and window blinds installed for patient comfort.

Falls

Beacon Park

	21/22	22/23	23/24	24/25	25/26
Falls	5	2	1	0	2
Falls Rate	0.14%	0.06%	0.03%	0.00%	0.04%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
Falls	6	9	12	14	4
Falls Rate	0.17%	0.27%	0.44%	0.47%	0.13%

Overall falls rate at Beacon Park has remained low, with only 2 falls across the 12-month period. Whilst falls figures were low at Rowley Hall, there has been a significant reduction in falls at Rowley Hall, which is as a result of a thematic analysis of falls undertaken by our falls champion and the implementation of learning from the review. This has included education for staff around falls, better awareness of falls risk in patients and the introduction of yellow wrist bands to identify patients at high risk of falls.

3.3 Clinical effectiveness

Beacon Park and Rowley Hall Hospitals have 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.

Beacon Park

	21/22	22/23	23/24	24/25	25/26
Reoperation	0	0	0	1	0
Reoperation Rate	0.00%	0.00%	0.00%	0.02%	0.00%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
Reoperation	4	1	1	1	4
Reoperation Rate	0.11%	0.03%	0.04%	0.03%	0.13%

As can be seen in the above table our returns to theatre rate has remained low at both sites. The number at Beacon Park Hospital has reduced to 0, with a slight increase to 4 at Rowley Hall over the last year. No particular themes or trends have been identified in this small number of cases.

Transfers

Beacon Park

	21/22	22/23	23/24	24/25	25/26
Transfers	2	3	1	4	2
Transfer Rate	0.06%	0.09%	0.03%	0.09%	0.04%

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
Transfers	10	15	15	14	10
Transfer Rate	0.28%	0.44%	0.55%	0.47%	0.33%

Transfers have decreased at both sites over the past year. All cases where a patient has been transferred are reviewed as part of our governance processes and all have been deemed to be in the best interest of the individual patient.

3.3.2 Learning from Deaths

There have been no deaths at either Rowley Hall or Beacon Park Hospital within the 2025/2026 reporting period.

Learning shared from the National Mortality and Morbidity Committee is fed back locally via our local governance systems.

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.

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 procedures should our patients be unhappy with any aspect of their care.

Serious Complaints

Beacon Park

	21/22	22/23	23/24	24/25	25/26
Serious Complaints	0	0	0	0	0
Serious Complaint Rate	0.0%	0.0%	0.0%	0.0%	0.0%
Serious Complaints per 1000 HPD- Bed days	0	0	0	0	0
Serious Complaints per 1000 discharges	0	0	0	0	0

Rowley Hall

	21/22	22/23	23/24	24/25	25/26
Serious Complaints	0	0	0	1	0
Serious Complaint Rate	0.0%	0.0%	0.0%	0.03%	0.0%
Serious Complaints per 1000 HPD- Bed days	0	0	0	0.628	0
Serious Complaints per 1000 discharges	0	0	0	0.334	0

Patient experiences are fed back 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

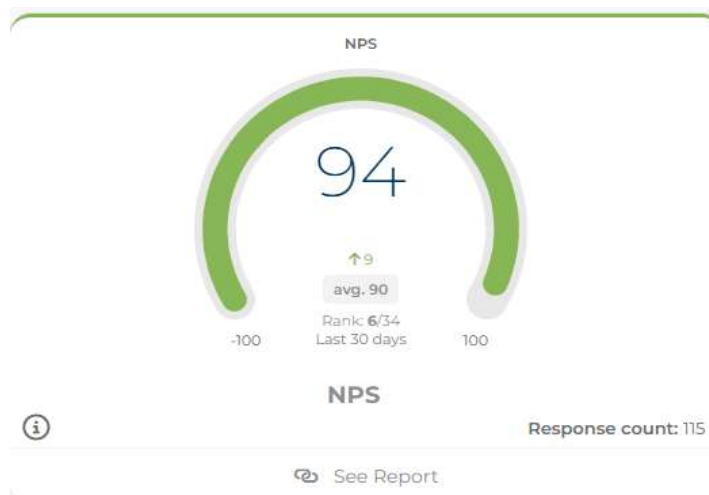
3.4.1 Patient Satisfaction Surveys

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.

Beacon Park



Rowley Hall



The scores are slightly below the previous year score, but not significantly. All Cemplicity respondents who request contact are contacted by an appropriate senior member of staff to discuss any concerns and any learning or areas for improvement are shared with the teams.

3.5 Beacon Park and Rowley Hall Hospital Case Study

The following case study outlines how we respond from a learning perspective when there was a breakdown in a patient's care. This has been shared with the full support of the patient, who we wish to thank for their agreement and positive response to the learning from patient incident.

Case Study: Delay in Histology Results and Communication Breakdown

Background

A patient underwent a minor operative procedure at Beacon Park Hospital, during which a lesion was removed and sent for histopathological analysis.

The diagnostic pathway required a second opinion from the external pathology provider, which introduced additional communication and approval steps.

The patient later raised a formal complaint regarding delays and perceived failures in care, prompting both a Hot Debrief / After Action Review (AAR) and a formal complaint response and follow-up meeting

Summary of Events

Following the initial histology review, a request for a second opinion was submitted by the external provider. However, this request was incorrectly sent to inappropriate recipients, including:

- An ex-employee
- Healthcare support staff not responsible for clinical escalation

This resulted in:

- A 7-week delay in obtaining approval and progressing the second opinion
- A delay in communicating results and escalating clinical concerns appropriately

The issue was only escalated to senior clinical leadership in mid-August after the delay had already occurred.

Impact on the Patient

The delay led to:

- Significant distress and anxiety for the patient
- A delay in receiving critical diagnostic information
- The need to transfer care to another provider to ensure timely multidisciplinary management

The organisation formally acknowledged:

- A breakdown in communication
- Failure to escalate results in a timely manner
- The emotional and clinical impact on the patient

Immediate Actions Taken

Actions implemented as soon as the incident was identified included:

- Approval granted to proceed with the second opinion
- Consultant informed of the situation
- Transfer of care to local trust to ensure access to full MDT services
- Incident formally reported via the internal RADAR system
- Escalation to senior leadership and corporate teams
- Feedback provided to relevant parties regarding communication failure

Key Findings (Root Cause and Contributory Factors)

Primary Causes

- Incorrect communication pathway (email sent to wrong recipients)
- Failure to action and approve the second opinion request promptly

Contributory Factors

- Emails not marked or recognised as urgent
- Lack of clarity around processes for second opinion requests
- No escalation despite delays being identified by administrative staff
- External provider did not:

Follow up the request

Communicate that approval was outstanding

Highlight delays in processing

What Went Well

Despite the delay, some positive actions were identified:

- Staff recognised emails outside their remit and redirected them
- Appropriate escalation eventually occurred through internal channels
- Internal teams sought senior advice when unsure
- Incident was formally reported and investigated for organisational learning

What Could Have Been Improved

- Proactive escalation beyond departmental level when delays were identified
- Clearer processes for urgent histology results

- Use of multi-channel communication (phone + email) for urgent findings
- Better transparency from the external provider regarding delays

Organisational Response and Learning

Service Improvements Implemented

Following the incident, the organisation implemented several key changes:

Introduction of:

- Correct escalation email pathways
- Group email addresses to avoid single point of failure
- Requirement for urgent or suspected cancer results to be escalated via a telephone contact and followed up in writing.
- Reinforcement of staff responsibilities for escalation of clinical concerns
- Improved tracking systems for results and visibility of delays.

Safety Improvement Plan:

Key system-level improvements included:

People

- Staff trained on escalation processes and expected timelines

Tasks

- Defined process for urgent results communication with labs

Technology

- Introduction of group email systems for critical communications

Organisation

- Standardisation of second opinion pathways and dissemination to relevant departments

Patient-Centred Actions

- Full apology issued to the patient
- Care transferred to NHS provider for appropriate treatment pathway
- Financial reimbursement agreed
- Offer extended for the patient to share their experience with staff to support learning

- Commitment to complete and share formal investigation findings

Key Learning Points

This case highlights several critical patient safety themes:

1. Communication failures can directly impact patient outcomes
2. Reliance on single communication channels introduces risk
3. Clear escalation pathways are essential in time-critical diagnostics
4. External provider processes must align with internal governance system
5. Early recognition and escalation of delays is vital

Conclusion

This incident demonstrates how a system failure—rather than individual error—led to delayed cancer-related diagnostics, resulting in patient harm and distress.

Through a transparent, no-blame review process, the organisation:

- Identified key system vulnerabilities
- Implemented targeted improvements
- Reinforced a culture of learning and patient safety

The case continues to be used as a learning example across teams, including patient involvement to strengthen awareness and drive sustainable improvement.

Appendix 1

Services covered by this quality account



Beacon Park Hospital

Beacon Park Hospital has day case facilities including, one theatre combined with endoscopy, 6-day case pods, outpatient / pre-assessment rooms and a treatment room. The day unit is developed for the assessment, diagnosis, and treatment of conditions on a day case basis for both NHS and private patients locally. The hospital opened in May 2020 and is one of eleven centres across the UK where Ramsay is working in partnership with the

NHS. Our aim is to combine the experience of providing quality healthcare with that of our NHS partners.

Location: Beacon Park Hospital

Beacon Business Park, Brereton Road, Stafford. ST18 0XF

Tel: 01785 223203

Hospital Director: Kerry Williams

kerry.williams@ramsayhealth.co.uk

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Physiotherapy, Dermatology, Endocrinology Gastroenterology, General Surgery, Ophthalmology, Orthopaedics, urology	All adults 18 yrs and over
Surgical Procedures	Ambulatory and Day Surgery only Gastroenterology, General surgery including Laparoscopic inguinal hernia repair Orthopaedics Colorectal Endoscopy Ophthalmology Podiatric surgery Urology	All adults excluding: <ul style="list-style-type: none"> o Patient who has any of the following will not be a suitable for treatment at the unit o Zero tolerance to abusive or aggressive patients o No suitable support at home o Unstable ASA 3 and above o Blood disorders (haemophilia, thalassaemia) o On Renal dialysis o A history of malignant hyperpyrexia/hyperthermia o A psychiatric history or have severe mental health o A need for ventilatory support post-operatively o Any requirement for planned high dependency care o Limited mobility due to breathlessness o Poorly controlled asthma needing oral steroids or has had frequent hospital admissions with in the last three months o Patients with a BMI 40 or above will not be considered for a general anaesthetic o An MI (heart attack) in the last 6 months o Stents(cardiac) inserted in the last year o CVA (stroke) in the last 6 months o Angina classification 3-4 (limitations on normal activity e.g.,1 flight of stairs or angina at rest) <p>All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment</p> <p>All patients must meet social/clinical criteria for day surgery</p>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 years and over

**Family
Planning
Services**

Gynaecology patient pathway,
insertion and removal of inter
uterine devices for medical as well
as contraception purposes

All adults 18 years and over as clinically indicated

Rowley Hall Hospital



Rowley Hall Hospital has 13 overnight beds, and 10 daycare PODs. 2 theatres (with laminar flow) and provides care and treatment for adults. Patients requiring level 2 care are treated and cared for by a well-trained team of staff within the Hospital prior to transfer to a critical care facility.

Rowley Hall Hospital is dedicated to providing patients with the highest level of care and service, whilst respecting individual needs.

On site facilities include, Radiology, Physiotherapy supported by Mobile MRI.

A satellite physio clinic at Stafford Rugby Club, Blackberry Lane, Stafford, Staffordshire, ST16 2TT.

Location: Rowley Hall Hospital

Rowley Park, Stafford, Staffordshire ST17 9AQ

Tel: 01785 332898

Registered Manager

Kerry Williams application in progress

Kerry.williams@ramsayhealthcare.co.uk

Rowley Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardiology, Cosmetics including, Dermatology, Dietetics, Gastroenterology, Gynaecology, Orthopaedic,medicine, Pain management, Physiotherapy, Respiratory medicine, Urology and joint school at Stafford Rugby Club	All adults 18 yrs and over

Surgical Procedures	Ambulatory, Day and, Inpatient Surgery, Breast surgery, Colorectal, Cosmetics, Dermatology, Gastrointestinal, General surgery, Gynaecology, Ophthalmic, Orthopaedic, Plastic Surgery, Podiatry, Urology.	<p>All adults excluding:</p> <ul style="list-style-type: none"> ○ Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) ○ Pregnant women ○ Patients on renal haemodialysis ○ Patients with history of malignant hyperpyrexia ○ Planned surgery patients with positive MRSA screen are deferred until negative. ○ Patients who are likely to need ventilatory support post operatively. ○ Patients who are above a stable ASA 3. ○ Any patient who will require planned admission to ITU post-surgery. <ul style="list-style-type: none"> ○ Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) ○ Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) ○ MI in last 6 months ○ Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) ○ CVA in last 6 months <p>All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Endoscopy, Imaging services, Mole screening	All adults 18 yrs and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2025/26.

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/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative 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	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward

	Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug) One Together Surveillance of Surgical Site Infection (Jul–Aug) One Together Practice Review (Jul–Aug and Jan–Feb) IPC Governance and Assurance (Jul–Sep) Safe & Secure (Jul–Sep and Jan–Mar) 50 Steps Cleaning (FR5) – Receptions (Jul; Jan) Practising Privileges – Doctors in Training (Jul; Jan, where applicable) Medicines Reconciliation (Jul; Oct; Jan; Apr) MRI Reporting for BUPA (Jul; Nov; Mar) H&S Fire Safety (Jul; Jan)	IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK
August	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar) CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb) Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward HoCS SLT
September	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct) X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology
October	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr– Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK
November	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May) OH: Case Management Referrals (May; Nov)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb)	IPC

	MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

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
EVLТ	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 Beacon Park Hospital used on the data information websites
NVC17	Code for Rowley Hall 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

Beacon Park and Rowley Hall Hospitals

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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