

The Cherwell Hospital

Quality Account
2026/27



Ramsay
Health Care

Confidential

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Welcome to Ramsay Health Care UK

THE CHERWELL 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.



Jo Dickson

Introduction to our Quality Account

This Quality Account is The Cherwell 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

Mr Boris Wagner, Hospital Director

The Cherwell Hospital

The Cherwell Hospital, located in Banbury, opened in 2006 as a purpose-built inpatient facility. We are committed to delivering high-quality, safe, and effective care to the communities we serve. We provide accessible and efficient services across a range of funding pathways, including NHS referrals, self-paying patients, and those with private medical insurance. Our clinical services are focused exclusively on Orthopaedic, Spinal and Ophthalmic surgery, enabling us to deliver highly specialised care and consistently strong patient outcomes.

As Hospital Director, I am committed to ensuring that we maintain a culture of excellence, safety and continuous improvement. Our multidisciplinary teams are dedicated to delivering compassionate, patient-centred care, supported by robust clinical governance and a strong emphasis on evidence-based practice. We continue to invest in the development of our people through comprehensive training and education programmes, ensuring that our workforce is equipped with the skills and knowledge required to provide outstanding care.

Following our most recent Care Quality Commission inspection in January 2024, we are proud to have maintained our overall “Good” rating. We continue to engage openly and constructively with our regulators, ensuring that our governance systems are transparent, effective and aligned with national standards.

This Quality Account provides an overview of the key initiatives and improvements delivered over the past year. Through active engagement with patients, colleagues and stakeholders, we have identified areas of excellence and opportunities for further development. This ongoing cycle of evaluation and improvement is central to our approach and reflects Ramsay Health Care UK’s commitment to delivering safe, high-quality clinical care.

Quality and safety are further strengthened through targeted programmes and recognised accreditations. We are proud to support the Getting It Right First Time (GIRFT) programme, embedding best practice to improve clinical outcomes and patient experience within our specialist services. In addition, the hospital has achieved ANTT Gold accreditation, the highest level of recognition awarded by the

Association for Safe Aseptic Practice, demonstrating excellence in aseptic technique and infection prevention across the patient pathway.

Risk management remains a core component of our quality strategy. We actively empower staff at all levels to identify, report and manage risk, fostering a culture of openness, learning and continuous improvement. Strong and visible leadership across the organisation ensures that patient safety remains our highest priority at every stage of the patient journey.

Our Clinical Governance Committee and Medical Advisory Committee provide robust oversight of clinical quality and regulatory compliance. Through regular review of clinical performance, outcomes and activity, these committees ensure that we meet professional standards and continue to play an integral role in supporting the wider healthcare system under the National Contract.

Together with the Committee Chairs and our Head of Clinical Services, I have reviewed this Quality Account and confirm that the data presented is accurate and that the priorities outlined appropriately reflect our focus on quality, safety and continuous improvement over the past year.

Should you wish to provide feedback or have any questions regarding this Quality Account, please feel free to contact me directly at:

boris.wagner@ramsayhealth.co.uk

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.

Mr Boris Wagner

Hospital Director

The Cherwell Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

MAC Chair - Mr A Shafighian - BSc MBBS FRCS(Orth)

Clinical Governance Committee Chair: Dr P Hughes-Webb - Consultant in Intensive Care and Anaesthesia

Thames Valley ICB

Welcome to The Cherwell Hospital

The Cherwell in Banbury is a modern 36 bedded hospital. It was purpose built in 2006 as a specialist Orthopaedic Treatment Centre and was designed to provide an excellent standard of care for inpatient and day-case patients through modern facilities and the technical equipment that modern medicine demands. We provide fast, convenient, effective and high-quality treatment for adult patients whether medically insured, self-pay, or from the NHS.

Ramsay Health Care is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008.

The Cherwell is registered as a location for the following regulated services:

- Treatment of disease, disorder or injury.
- Surgical procedures.
- Diagnostic and screening procedures.

The Services we provide include:

- Outpatient Consultation and Consultant led Pre-Operative Assessment.
- Dedicated Radiology Department providing digital x-ray, Ultrasound, and MRI scanning.
- Surgical operations undertaken in a modern theatre suite composed of 3 theatres all equipped with laminar flow air change as well as a dedicated SurgiCube operating theatre primarily for Ophthalmology.
- Inpatient and day care utilising 36 inpatient beds with en-suite facilities and an ambulatory day care unit.
- Physiotherapy treatments are delivered to both inpatients and outpatients from a dedicated department equipped with a large in-house gymnasium.
- Provision of freshly cooked meals, with a relaxing restaurant for staff.

Many of our patients choose The Cherwell Hospital for Orthopaedic Surgery. We specialise in hip and knee replacement, sporting injuries, shoulder, spinal, hand, wrist and foot surgery. Dermatology procedures are also undertaken in our outpatient environment. Ophthalmology procedures commenced in 2023 in association with Oxford Universities NHS Trust and continue to further develop to include both local anaesthetic and sedation cases.

A high percentage of our patients come from the NHS sector where patients have chosen to use our facility through 'Choose and Book'.

Our services help to ease the pressures on NHS Trust facilities within Oxfordshire, Northamptonshire, Warwickshire, Buckinghamshire and surrounding counties.

We work closely with neighbouring county NHS Trusts to support Trusts to treat patients within 18 weeks and achieve national referrals to treatment targets (RTT).

We work with Integrated Care Boards, and General Practitioner practices to ensure patients have improved access to our services by providing information, training and liaison to clinical and administrative staff.

In the last 12 months we have performed 6,267 procedures the majority of these were performed for NHS patients who chose to have their surgery with us. The remaining patients chose to self-fund their healthcare or use private medical insurance policies.

To support the delivery of excellent clinical care, all our services are led by Consultant Specialists, Consultant Anaesthetists and Consultant Radiologists. We have Resident Doctors who remain on site 24 hours a day, 7 days per week and rotate weekly.

Clinical Specialists currently engaged:

- Consultant Orthopaedic Surgeons
- Consultant Spinal Surgeons
- Consultant Anaesthetists
- Consultant Radiologists
- Consultant Dermatologist
- Consultant Plastic surgeon
- Consultant Ophthalmologists

The Cherwell Team:

The Hospital Director is supported by a senior leadership team comprising:

- Head of Clinical Services (Matron)
- Head of Operations
- Head of Finance
- Clinical Lead

All departments have a manager and dedicated teams to ensure that our services run smoothly and efficiently.

Clinical Departments:

Outpatient Department

The Outpatient Manager coordinates the clinical pathways to ensure the complex health requirements of all patients are met. The role is supported by Pre assessment specialist Anaesthetists, Registered Nurses, Health Care Assistants and Administrative staff.

Radiology Department

Radiology services are led by an Imaging manager supported by Radiographers, Administrative staff and a Radiology lead nurse to ensure effective provision of nursing staff to assist with Ultrasound procedures.

Physiotherapy Department

Physiotherapy services are led by a Physiotherapy manager who is supported by two lead Physiotherapists, a team of qualified Physiotherapists, a Physiotherapy Administrator and a Physiotherapy Technician.

Inpatient Ward & Day Case Unit

The Ward Manager is supported by a team of a Ward Sister, Registered Nurses, Bank Registered Nurses, Health Care Assistants, a Ward Assistant, Ward Clerk, plus a Pharmacist and Pharmacy Technician.

Ophthalmology Suite

Our Ophthalmology suite opened in April 2023, this comprises a purpose-built area for admission, surgery and discharge for patients undergoing cataract surgeries in our Surgicube facility. This facility has continued to be developed in conjunction with OUHFT to support the provision of Ophthalmology Surgery in the north Oxfordshire area.

Theatre Department

Our theatre suite consists of 3 laminar flow theatres and is managed by a Theatre Manager supported by Anaesthetic, Recovery and Scrub Leads and a team of Registered Theatre Nurses, Operating Department Practitioners, Health Care Assistants, Assistant Theatre Practitioners, a Sterile Services coordinator and Theatre Porters.

Non-Clinical Teams comprise:

- Administration Staff
- Receptionists
- Housekeepers
- Chefs and Catering Assistants
- Engineer
- Porters
- Private Patient Lead
- Business Relations Manager
- Medical Secretaries
- Medical Records Clerks
- PA to Senior Leadership Team (SLT), plus Credentialing Assistant.
- Supplies Team Leader plus Supplies Assistants.

Primary Care

To ensure good communication and an inclusive patient experience we invest a significant amount of time building on the strong relationships we have with GPs working in Primary Care and providers of Musculoskeletal (MSK) Triage Services. Our Business Relations Manager makes regular visits to surgeries in the local area to engage with staff, provide information and respond to queries. We welcome feedback from our colleagues in primary care as this allows us to respond to issues arising in a timely fashion.

Due to our location in the north of Oxfordshire, we represent a convenient choice of location for patients from several counties, including Oxfordshire, Warwickshire, Wiltshire, Buckinghamshire, Northamptonshire, Gloucestershire, Berkshire and Milton Keynes.

We work extremely hard to provide GP surgeries and Musculoskeletal Triage service teams with up-to-date information on the services offered at The Cherwell. We constantly revise the information we supply to include more detailed quality data, admission criteria and appointment waiting times.

Community Engagement

Engagement with the local community is a focus for The Cherwell Hospital to further promote the benefits of choosing to have surgery locally at The Cherwell Hospital whilst continuing to support our NHS colleagues helping to reduce hospital waiting times. The continued collaboration to develop and deliver Ophthalmology services demonstrates this commitment along with transfer of long waiting NHS orthopaedic cases who are offered reduced waiting times at The Cherwell.

The Cherwell Hospital has also supported NHS trusts in Oxfordshire, Northamptonshire and Buckinghamshire with orthopaedic elective cases to reduce NHS waiting times for these surgeries.

The Cherwell Hospital offers donations to the Banbury Foodbank along with providing assistance to staff members through our hospital larder provision.

We recycle used walking aids by donating to a charitable cause who transport these and other essential medical supplies to Ukraine.

Patient Engagement

The Cherwell conducts a patient led assessment of our facilities yearly, PLACE audit with patients invited to inspect the hospital.

2025 PLACE audit was conducted on 06.11.2025, the actions from this audit are detailed in the section below 3.2.2

We review and learn from patient feedback through, compliments and complaints, these are collated and reported via Cemplicity. We engage with patients throughout the entire pathway with one-to-one consultations, patient information and Consultant ward rounds.

We hosted Patient Participation groups in 2025 with three to four patients present, Hospital Director, Head of Operations, Head of Clinical Services and Business Relations Manager.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

On an annual cycle, The Cherwell 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

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

Patient Safety

PSIRF/PSIRG: The Cherwell Hospital committed to embed the Patient Safety Incident Response Framework (PSIRF) with all incidents being managed in this format.

- The Cherwell PSIRG group meets every two weeks to review incidents and share learning. Clinical Heads of Department meet to support shared learning and peer review. Empowering staff to report and review incidents remains a priority in enabling learning from incidents. Viewing incidents through the lens of a systems-based approach enables us to identify improvements in process rather than lay blame, this supports the just culture approach in The Cherwell.
- A cluster PSIRG group meets bi-weekly where incidents and actions are reviewed with senior clinical leads and Heads of Clinical Service within the group of hospitals forming the cluster, along with the Clinical Quality Partner. The group escalates incidents to a corporate PSIRG group for review and comment and wider Ramsay learning.

Falls Risk: The Cherwell Hospital committed to report robustly on patient falls and fainting episodes associated with treatment. Several initiatives have been implemented including:

- Robust falls Risk assessments with updates during the patient journey, this was evaluated for compliance and a reduction of in-hospital falls noted.

- Designated Falls Champion, leading training and review of incidents using measurable indicators, contributing to the wider Ramsay organisational falls group has improved learning and training in falls prevention.
- Visual indicators for all staff providing additional awareness of falls risks, including wrist bands, alerts on the ward allocation documentation, “at risk” patients highlighted during safety huddles and walking aid posters for patients at the bedside.
- Oversight and analysis of falls providing quality data for learning and quality improvement has been shared by the falls champion for shared learning.

VTE Assessment: The Cherwell Hospital committed to accurately record VTE assessment as required by NHS England.

- The completion of VTE assessment was not being accurately documented. This has been identified through medical record audit and learning for all staff completed. The objectives were to return to 100% compliance of accurate data completion; this is currently improved but not yet consistently achieving 100%. This is a continued focus for the clinical team.

Clinical Effectiveness

- **Normothermia:** The Cherwell committed to achieve normothermia (temperature) monitoring for all surgical pathway patients. Patients’ temperatures are monitored from admission enabling early intervention to optimise body temperature prior to theatre. Staff have been educated and provided resources from ‘One together’ to deliver this objective and audit has demonstrated compliance.
- **Wound Care:** The Cherwell Hospital committed to reducing the risk of surgical site infections (SSI’s). A ward based wound clinic was implemented to allow early intervention and monitor suspected SSI’s. Staff have been educated and empowered to recognise and treat suspected SSI’s in a timely manner. The drive of clinical effectiveness continues, and a review of surgical wound dressings used in the unit was completed with resources provided based on clinical evidence and outcomes. The ward wound clinic has continued to promote good post procedure wound care and early detection of wound concerns.
- **GIRFT** - The “Getting It Right First Time” (GIRFT) programme is a clinically led, data-driven initiative developed by NHS England and delivered in partnership with the Royal National Orthopaedic Hospital. At our hospital, GIRFT plays a pivotal role in improving the quality and efficiency of care, particularly within Orthopaedic Services. By identifying and addressing unwarranted variations in clinical practice - such as differences in surgical approaches, length of stay, and guideline compliance - GIRFT empowers clinicians to benchmark performance, share best practice, and reduce unnecessary procedures. Following the GIRFT Data Pack Review at The Cherwell and all Ramsay UK sites, feedback from NHS England has been overwhelmingly positive, recognising our strong pathways and encouraging continued engagement with the programme. GIRFT remains central to our operational and clinical strategy, supporting our goal of delivering consistently excellent patient outcomes.

Patient Experience

- **Improving NPS** - Improving our Net Promoter Score (NPS) is a key priority that reflects our commitment to delivering compassionate, high-quality care. at the Cherwell Hospital.

The unit has seen encouraging progress, with recent reports showing a statistically significant rise in NPS, driven by improvements in communication, kindness, and confidence in care.

Initiatives such as embedding patient feedback into our governance processes, enhancing discharge communication, and introducing recognition for staff have been instrumental in this success.

Our Clinical Governance processes reinforce the importance of listening to patients and responding to their concerns, particularly those relating to anxiety, fears, and medication side effects.

National guidance recommends focusing on relationship-based NPS rather than transactional measures, using open-text feedback to drive meaningful improvement, and avoiding approaches that may influence responses. By combining data-led insight with a culture of empathy and responsiveness, we are not only improving our scores but also strengthening patient trust.

Cemplicity Dashboard – The data for the period April 2025– March 2026 demonstrate The Cherwell Hospital provides high levels of patient experience. These are reviewed monthly, and all patient feedback / comments receives a response from senior clinical managers if requested.



The Cherwell Cemplicity dashboard April 25 – March 26

The Key Driver Analysis includes responses to the following questions:

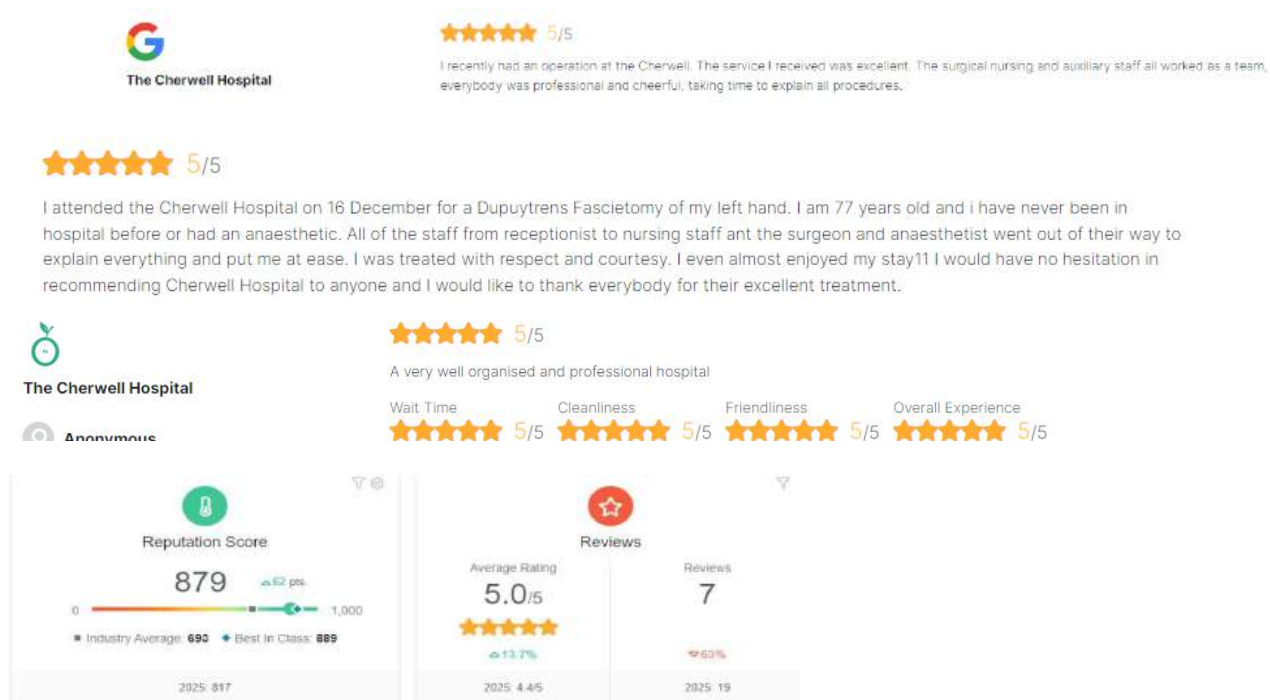
- Net promoter scores - How likely are you to recommend The Cherwell Hospital to friends and family.
- Privacy – Were you given enough privacy when discussing your condition or treatment?
- Respect and Dignity – Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- Who to contact –Told who to contact if worried.
- Involved in decisions – Were you involved as much as you wanted to be in decisions about your care and treatment?
- Medication Side effects – Did a member of staff tell you about medication side effects to watch for when you went home.
- Worries and Fears - Did you find someone on the hospital staff to talk to about your worries and fears?

Cemplicity Insights reports for July – Dec 2025 Results:

- Over the 6 months, Cherwell hospital has maintained the high standard of care achieved in 2024/2025.
- In July - Dec 2025, 98% of patients were satisfied with the care they received from The Cherwell Hospital, rating it 'very good' (80%) or 'good' (16%). This is an increase from 96% last year.
- Most patients (96%) were treated with respect and dignity at The Cherwell Hospital, with 3% experiencing occasional lapses and 1% reporting they were not treated with respect and dignity at all. This is again an increase year on year.
- Privacy was provided to the majority (92%) of patients. 7% experienced privacy sometimes and 1% not at all.
- Most patients (89%) at The Cherwell Hospital said they were always involved in decisions about their care. 10% stated sometimes and 1% not at all.
- 95% of patients at The Cherwell Hospital were told whom to contact if they had concerns after discharge. Two percent were not informed, and the rest couldn't recall.
- Medication side effects were fully explained to 83% of patients, 135 of patients said they were partially explained, with 4% stating they were not explained,

The Cemplicity insights report provides valuable patient experience data, enabling The Cherwell Hospital to effectively address areas of improvement identified by patients. As a result, staff across all departments, including clinical and support services, acknowledge the crucial importance of effective communication, information sharing, and compassion in delivering patient care.

Feedback examples:



2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety

- **PSIRF/PSIRG**

During the year ahead The Cherwell Hospital will continue embedding the Patient Safety Incident Response Framework (PSIRF) so that all incidents are managed within this approach. The Cherwell Hospital will further develop staff knowledge and confidence in using every aspect of the framework, including systems-based methods to identify where practice and processes can be improved.

PSIRF not only supports transparency and learning for patients and regulators but also strengthens the working environment for staff by promoting better ways of working and championing best practice.

This will be measured by monitoring improvements in documentation of incidents within the framework and the sharing of these outcomes with the wider team.

- **VTE Assessment:**

As indicated in the data shared, the completion of VTE assessment is not yet being documented at 100% compliance. This area of clinical documentation requires a continued effort to achieve and maintain 100% compliance.

The objectives are to return to 100% compliance of accurate data completion.

Clinical Effectiveness

- Embedding **Patient Initiated Follow-Up (PIFU)** to improve personalised care and Outpatient effectiveness –

During the year ahead The Cherwell Hospital will continue to strengthen its outpatient pathways by embedding Patient Initiated Follow-Up (PIFU) where it is clinically appropriate and agreed with patients. PIFU supports a more personalised approach to care by enabling patients, following treatment, to initiate follow-up appointments when they feel they need further review, rather than attending routine appointments that may not add value.

This approach aims to improve patient experience by giving individuals greater control over their care, reducing unnecessary hospital visits, and ensuring timely access to clinical review when symptoms or concerns arise.

For the organisation, PIFU supports more effective use of outpatient capacity, enabling clinicians to prioritise patients with active clinical need and improving access for new referrals.

Over the coming year, The Cherwell Hospital will focus on:

- Ensuring PIFU is only offered where it is clinically appropriate and supported by clear safety-netting
- Improving the consistency and quality of information provided to patients so they understand when and how to seek follow-up
- Monitoring patient experience, safety, and outcomes for those on PIFU pathways
- Supporting clinicians and teams to adopt PIFU confidently and consistently across suitable specialties

Progress will be monitored through local governance structures, patient feedback, and routine performance review to ensure that PIFU continues to deliver safe, effective, and patient-centred care.

Patient Experience

- **Individualising patient pathways.**

Building on positive patient feedback from the PLACE audit on dementia and disability, and recognising the importance of personalised care, The Cherwell Hospital will provide training and development opportunities to enable staff deliver care in ways that reflect each patient's individual needs and preferences.

More staff will complete **Oliver McGowan** training through a programme of virtual and face-to-face sessions, equipping them with the skills and understanding needed to support all patients effectively.

By using **Patient Passports** and '**This Is Me**' documentation, we will ensure that all patients are given the opportunity to shape their care pathway throughout their time at The Cherwell Hospital.

Delivering and developing the new Ramsay "**It starts with Me**" customer service training will provide all staff with the tools to further improve the patient experience and uphold a patient-first culture.

Progress will be monitored through local governance structures, training statistics and patient feedback to ensure that patient-centred care is delivered as patients require.

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 The Cherwell Hospital provided and/or subcontracted NHS services.

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

The income generated by the NHS services reviewed on 31st March 2026 represents 87.99 per cent of the total income generated from the provision of NHS services by The Cherwell Hospital 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 identify key areas for improvement.

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

Human Resources - April 2025 –March 2026

Staff Cost % Net Revenue: 28.74%

HCA Hours as % of Total Nursing: 31.12%

Agency Cost as % of Total Staff Cost: 6.69%

Ward Hours PPD: 5.39

Staff Turnover: 11 %

Sickness: 6%

% Lost Time: 21.48%

Appraisal continues annually with all staff engaged in achieving development.

Mandatory Training:

March 2026: 97.3% Mandatory E-learning

Ramsay Healthcare aims for a training compliance rate of 95%. E-learning is available to all staff, and onsite face-to-face sessions are provided monthly to reinforce learning and encourage participation. There are also external training opportunities for all staff, including apprenticeships.

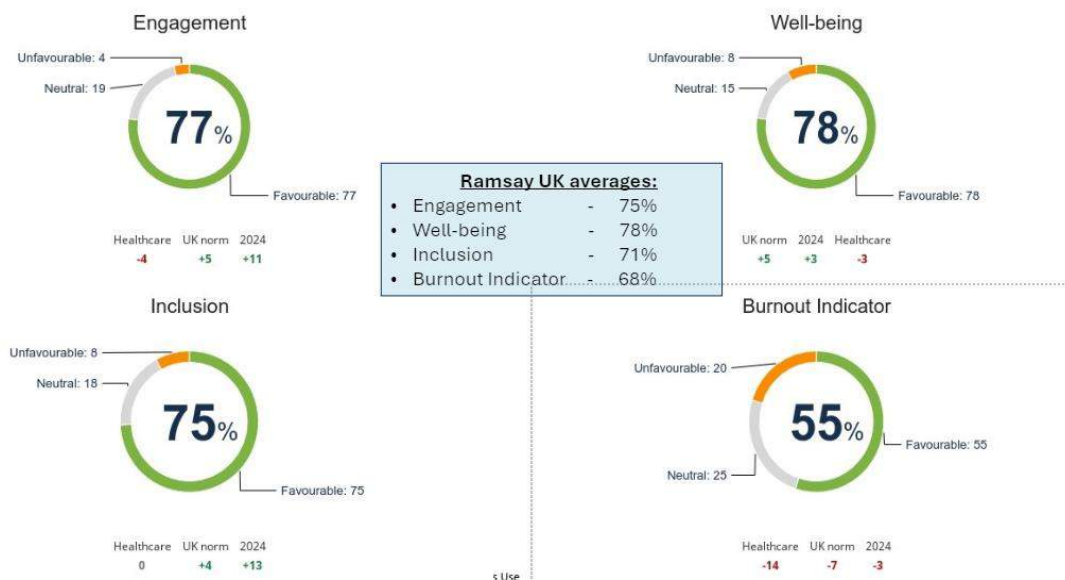
Staff Satisfaction Score

Ramsay Healthcare's annual staff survey has revealed positive developments initiated by the leadership team and a commendable hospital culture.

The organisation has undertaken measures such as increasing senior leadership engagement and participation in departmental meetings for question-and-answer sessions. These initiatives have proven popular and have led to the implementation of staff suggestions.

The sharing of patient feedback remains invaluable, offering recognition for all team members' hard work. The Cherwell Hospital acknowledges outstanding contributions through monthly recognition awards for staff who go above and beyond.

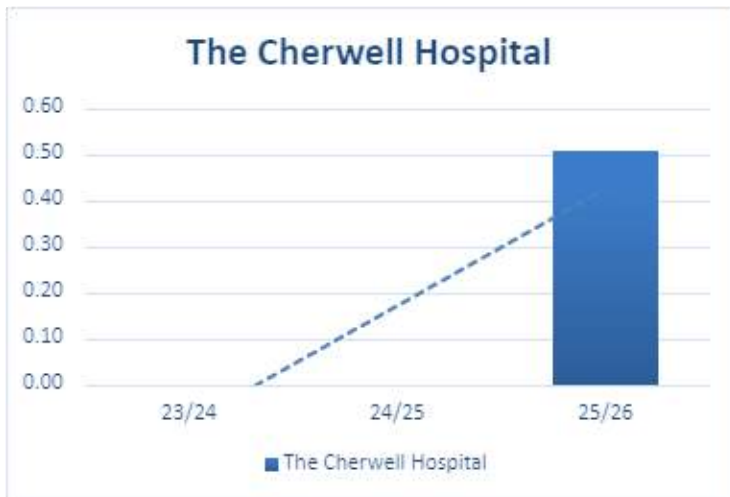
Additionally, numerous social events are held throughout the year, including complimentary lunches, visits from ice cream vans, family barbecues, and celebratory events for Christmas, Easter, and other festivals.



Number of Significant Staff Injuries:

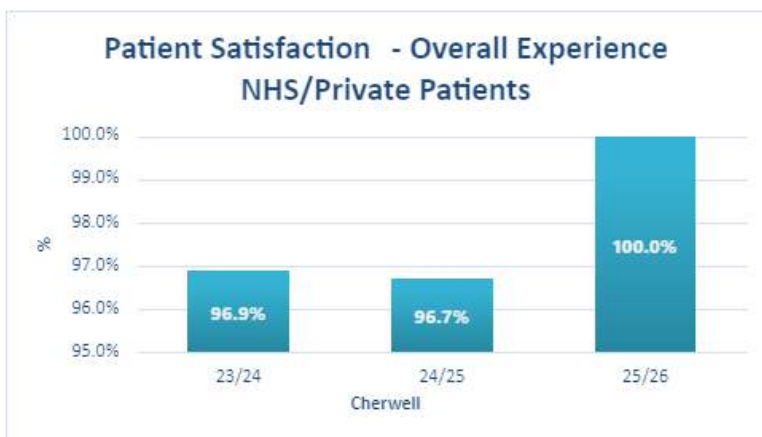
There have been no serious injuries to staff in this period.

Patient:



Formal Complaints per 1000 HPD's

Patient Satisfaction Score

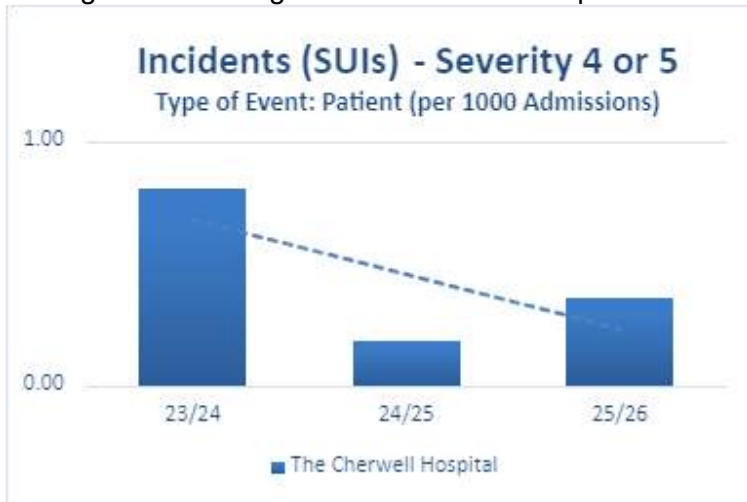


Patient Satisfaction Score

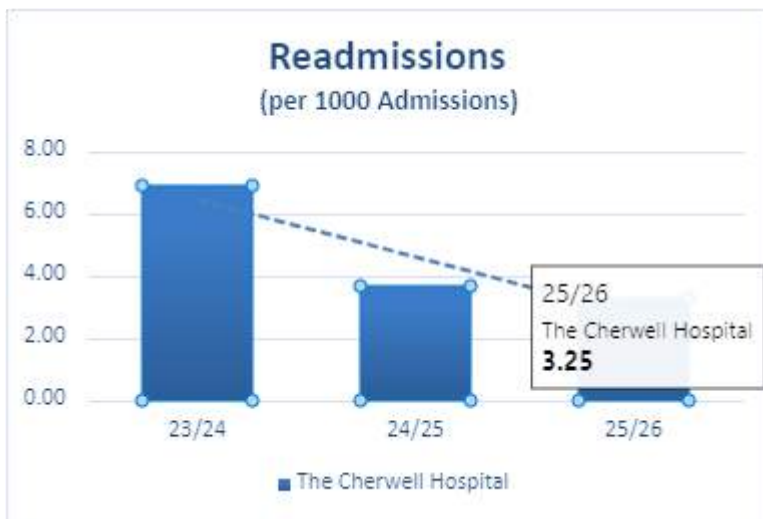
- Hospital Friends and Family – 100%
- Respect and Dignity - 96.5%
- Net Promoter score - 87

Significant Clinical Events per 1000 Admissions

- Significant Clinical Events per 1000 Admissions – 0.36 (0.81 24/25) - demonstrates a slight increase significant clinical events per 1000 admissions



- Readmission per 1000 Admissions – 3.25 (24/25 3.67) – demonstrates an overall reduction in readmissions per 1000 admissions.



Readmission per 1000 Admissions

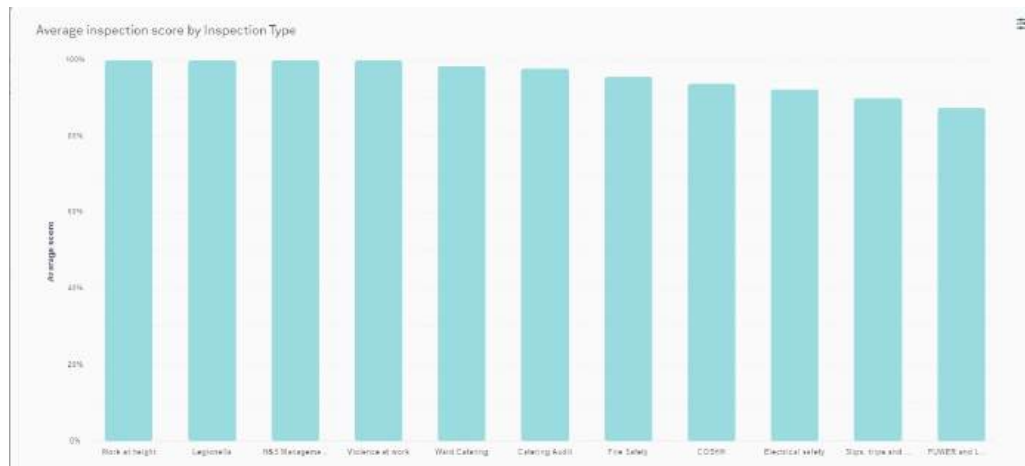
Quality:

Workplace Health & Safety Score

Health and Safety audits have now been integrated into our online Tendable audit program. See the data below regarding audit compliance and outcomes.

Workplace Health and safety remains the responsibility of all staff and engagement with audit and training empowers staff to ensure the workplace remains safe for everyone.

Site	Inspection type	Average score	Audits completed
Cherwell Hospital	PUWER and LOLER	87.50%	1
Cherwell Hospital	Slips, trips and falls	90%	1
Cherwell Hospital	Electrical safety	92.31%	1
Cherwell Hospital	COSHH	93.94%	1
Cherwell Hospital	Fire Safety	95.71%	2
Cherwell Hospital	Catering Audit	97.82%	4
Cherwell Hospital	Ward Catering	98.54%	4
Cherwell Hospital	H&S Management	100%	1
Cherwell Hospital	Legionella	100%	3
Cherwell Hospital	Violence at work	100%	1
Cherwell Hospital	Work at height	100%	1



Consultant Satisfaction Score:

Patients' satisfaction with consultant care is comparable to the national average for Ramsay. The amount of time spent with consultants varies among patients, with some having higher expectations when attending an independent hospital for NHS care. Time with consultants is occasionally mentioned in feedback. If a specific concern regarding patient-consultant interaction arises, it is addressed with individual patients and consultants to resolve the issue.

	Score	National Average
You and your consultant	9.5 (1,767)	9.6 (73,700)
Showed understanding	9.7 (1,767)	9.7 (73,571)
Understand explanation	9.6 (1,767)	9.6 (73,569)
Sufficient time	9.0 (1,767)	9.2 (73,564)
Confidence in delivery	9.8 (1,767)	9.8 (73,565)
Confidence in nurses	9.5 (1,597)	9.7 (65,701)
Consultant FFT	9.8 (1,404)	9.8 (61,031)

The data above demonstrates a satisfaction rating for key elements of consultant behaviors.

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026, The Cherwell Hospital participated in national clinical audits and 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 The Cherwell Hospital participated in, and for which data collection was completed during 1 April 2025 to 31st March 2026, are listed below.

Count	Project name (A-Z)	Provider organisation
	British Spine Registry	Amplitude Clinical Services Ltd
	Elective Surgery (National PROMs Programme)	NHS Digital
	Mandatory Surveillance of HCAI	Public Health England
	Medical and Surgical Clinical Outcome Review Programme 1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
	Surgical Site Infection Surveillance	Public Health England

The Cherwell Hospital will continue to participate in national clinical audits to provide assurance regarding high standards of clinical care and outcomes. The Cherwell Hospital is proud to have received recognition from NJR and BSR for quality audit results.

BSR: Spinal procedures data submission & quality compliance Award level: Platinum

National Joint Register (NJR) Award level – Gold



Local Audits

The reports of Tendable local clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and The Cherwell Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

- The Operational Team: Maintenance Manager, Housekeeping Manager and Head of Operations have access to the clinical audit platform Tendable. This allows visibility and awareness of areas requiring improvement and enables actions to be assigned directly.
- Aseptic Non-Touch Technique (ANTT) clinical audits are being performed on Tenable to monitor compliance and provide evidence for Gold Accreditation revalidation.
- Local training and support will continue to be provided by Clinical Leaders to designated staff in each department improving compliance and audit quality.
- Local Clinical Audit group is established to provide local training and improve audit quality within the unit.
- Local Clinical Audit on One Together - Normothermia resulting in change of practice to improve patient care and outcomes will continue to be implemented and monitored..

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

The Cherwell Hospital's income from 1 April 2025 to 31st March 2026 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUINs were paused.

2.2.5 Statements from the Care Quality Commission (CQC)

The Cherwell Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2026 is registered without conditions/registered with conditions.

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

2.2.6 Data Quality

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

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

- Audit the scanning of data into medical records to ensure accuracy.
- Clinical coding surgical operation notes compliance audit.
- Comorbidity/complication checklist compliance to improve completion.
- Point of Care testing accuracy auditing.

NHS Number and General Medical Practice Code Validity

The Cherwell Hospital submitted records during 2025/26 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:

The patient's valid NHS number:

- 99.69% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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

The Cherwell Hospital was 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:

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnoses % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
South						
Cherwell	Completed Nov 2023	96%	91%	98%	100%	Level 2

2.2.7 Stakeholders views on 2025/26 Quality Account:



Thames Valley

First Floor
Unipart House
Garsington Road
Oxford
OX4 2PG
15 June 2026

Statement from Thames Valley Integrated Care Board (TV ICB) The Cherwell Hospital

Dear Mr. Boris Wagner

NHS Thames Valley Integrated Care Board (TV ICB) has reviewed the Cherwell Hospital's Quality Account and believes that it is accurate and meets the requirements of a Quality Account as published in the [Quality accounts requirements](#) document by NHS England.

The National Quality Board now includes the additional dimensions of sustainability, leadership, and equitable care to its definition of quality in addition to the established areas of safety, effectiveness, and experience. The ICB would encourage the consideration of these additional dimensions for discussion in the organisational clinical quality priorities. The quality of the services provided at the Cherwell Hospital is therefore considered by looking at:

1. Patient Safety:

Key developments across the patient safety space are still driven by the ongoing implementation of the NHS [Patient Safety Strategy](#), with a focus on system-wide digital, cultural, and operational reforms. A key part of this is the introduction of Martha's Rule – giving patients, families, and staff a way to request a rapid review if they are worried about a patient's health and rapid deterioration, and feel their concerns are not being adequately addressed by their current care team.

The Cherwell hospital could further strengthen its patient safety profile by exploring and demonstrating how this initiative might impact patients within their care.

The Patient Safety Incident Response Framework (PSIRF) is a system-based learning- and continuous improvement approach to incidents. It is now implemented in most Thames Valley provider organisations delivering NHS-funded care and is transforming how health systems learn and respond to patient safety events.

The Cherwell hospital has embraced and demonstrated this very well through a structured governance approach, with all its incidents managed within this framework and regularly reviewed via fortnightly PSIRG meetings. The Cherwell hospital has identified further embedding and strengthening opportunities of the PSIRF/PSIRG principles e.g. improving staff knowledge, confidence, and consistency in documentation quality and application of PSIRF methods. The ICB would welcome the opportunity to continue collaborating with the Cherwell Hospital to build systematic learning processes to drive measurable improvements across the complete patient pathway.

2. Delivering clinically effective patient interventions:

One of the aims of the [10-Year Health Plan](#) (published in July 2025) is to improve clinical effectiveness.

The Cherwell Hospital has demonstrated clinical effectiveness through targeted initiatives such as embedding GIRFT to reduce variation and improve outcomes, alongside interventions like normothermia monitoring and enhanced wound care pathways to prevent complications (e.g. demonstrated through a continuous reduction in readmissions between 2023 and 2026). This is supported by strong audit and governance processes.

The Cherwell Hospital has highlighted further improvement opportunities for 2026/27 through its audit programme by accessing and delivering improved staff training, improved ownership, and the use of audit findings to drive targeted quality improvement actions.

3. Patient feedback about care provided:

The primary purpose of gathering patient feedback is to listen to, reflect on and act on the feedback to improve patients' experiences, interactions, and health outcomes. The Cherwell Hospital has demonstrated this through the improvements made following the PLACE (Patient-Led Assessments of the Care Environment) audit.

The ICB is keen to continue working with the Cherwell Hospital to explore how patient feedback can be developed to improve consistency in capturing, responding to, and using real-time patient insights from all patient population groups to effectively address health inequalities where needed.

4. Sustainability:

The NHS remains on track to achieve its interim target of an 80% reduction in direct emissions by 2032. ([NHS England » Five years of a greener NHS: progress and forward look](#)). Between 2020 and 2024 in England, the UK Health Security Agency (UKHSA) estimated there were a total of [10,781 heat-associated deaths](#) as a direct consequence of heatwaves.

It is encouraging to see the Cherwell Hospital's contribution to the NHS commitment to combat climate change in line with The [Health and Care Act 2022](#) through actively supporting recycling initiatives, including repurposing used walking aids for charitable causes, contributing to both environmental responsibility and community benefit.

The Cherwell Hospital could further develop sustainable practices by building on its existing initiatives to embed more systematic approaches, such as strengthening environmental monitoring, reducing resource use (e.g. energy, waste, and single-use items), and integrating sustainability goals into governance and audit processes to support continuous improvement.

5. Leadership:

The [draft Management & Leadership Framework](#) was published by NHS England in September 2025. ([NHS England » Management and leadership development](#)). The ICB is excited to work with the Cherwell Hospital over the coming months to see how this will translate into practice.

The Cherwell Hospital demonstrated an engaged leadership model through visible senior leadership involvement in governance and staff engagement, including regular participation in departmental meetings and responsiveness to staff feedback, leading to the development of a positive organisational culture.

6. Equitable care:

Reducing health inequalities is a national priority and a key focus for the TV system. The ICB would like to see this and a clear alignment between the organisations quality priorities and the overall Integrated Care System goals as set out in the Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan (Thames Valley Joint forward plan still in development).

TV ICB is satisfied that the Cherwell Hospital has continued to support their staff with targeted community engagement to improve access to local services (e.g. accessing Oliver McGovan training), ensuring patients have greater choice, and more timely access to specialist care closer to home. The ICB would like to see further work done to strengthen the systematic collection and analysis of patient-level data to identify variation in access and outcomes across different population groups, enabling targeted action to address inequalities.

7. General:

The ICB is very pleased to note that the Cherwell Hospital has achieved ANTT Gold accreditation (the highest level of recognition awarded by the Association for Safe Aseptic Practice), and an NJR Platinum award for Spinal procedures data submission & quality compliance.

TV ICB is noting that the Cherwell Hospital has maintained an overall “Good” CQC rating (report published in October 2024). Ramsay Health Care UK was also awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals (including the Cherwell Hospital), for the second consecutive year.

The Cherwell Hospital’s planned improvement workstreams for 2025/26 are highlighted within the Quality Account to include improving VTE assessment compliance, embedding Patient Initiated Follow-Up (PIFU) to enhance personalised care, strengthening and individualising patient pathways, (e.g. to include enhanced staff training and the use of patient passports), and further improve the patient experience and upholding the patient-first culture through the launch of initiatives like “It Starts With Me” customer service training.

2025/26 has been yet another challenging year for health and social care with significant challenges across our geography in both the Health, Social Care, and VCSE landscapes. TV ICB is looking forward to collaborating with its system partners to develop the national direction of travel for healthcare to future proof the NHS for future generations by continuing to work on the following [3 key shifts at the core of the government’s health mission](#):

- From hospital to community – providing better care close to or in people’s own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- From treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- From analogue to digital – greater use of digital infrastructure and solutions to improve care

Yours Sincerely



Sarah Bellars
Chief Nursing Officer
Thames Valley Integrated Care Board

Part 3: Review of quality performance 2023/24

Statements of quality delivery:

Head of Clinical Services (Matron), The Cherwell Hospital

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

Introduction

As the Head of Clinical Services for The Cherwell Hospital, I am pleased to present this review of quality performance for 2025/26. Over the past year, Cherwell Hospital has continued to demonstrate its commitment to delivering safe, caring, effective, responsive, and well-led services, supported by stable leadership, strong clinical governance, and a clear focus on continuous improvement.

The Cherwell was inspected in 2024 by the Care Quality Commission under the new framework and achieved a Good rating overall. Building on the progress made in the previous year, the hospital has further embedded a culture that places patient experience, staff engagement, and quality outcomes at the centre of our service delivery. This has been achieved through active use of feedback, robust governance oversight, and sustained investment in both people and the clinical environment. and we have continued to work and build upon this achievement, with aspirations to be outstanding. This demonstrates the commitment to patient care that we pride ourselves on and quality patient safety is fully embedded in our hospital.

The Cherwell Hospital has continued to support the local NHS trust with the provision of cataract surgeries for Oxfordshire patients. Our team has worked alongside the Oxford University Hospitals Trust to deliver and further develop this service, enabling an increase in options of choice for surgery for those patients living locally and development opportunities for our staff. This has been a fulfilling process for all involved and further embeds the close working partnerships we have with the NHS.

As a hospital we strive to deliver quality care and utilise feedback and reflection to better improve our services. Utilising patient feedback The Cherwell Hospital has made positive improvements in both the aesthetics of the hospital and care provision, ensuring our patient journey is individualised as much as possible.

The hospital has improved communal areas with better seating, flooring, lighting and handrails along the main corridors. Radiology has undertaken improvements with new digital X-ray and improved Ultrasound equipment. Ward bedrooms have received upgraded furniture and changes to our patient food menu has improved the availability of healthy meals. Material improvements are due to continue with investment in equipment and facilities.

Staff are aware through training and regular updates of the requirements for all individuals and the adjustments we should provide to enable all individuals to have the best experience

in the hospital possible. We are committed to the Oliver McGowan training for our staff and continue to improve our safeguarding training and support.

The Cherwell Hospital completed a GIFRT (Get it Right First Time), review and feedback was extremely positive with preassessment processes highlighted as an area of our practice that could be shared within the wider Orthopaedic community.

Clinical accreditation remains a focus for the team as we have once again achieved NJR (National Joint Registries) Gold standard and we have also been accredited by ANTT (Aseptic Non-Touch Technique) for Gold standard, this forms a significant part of our infection and prevention control measures.

Clinical Governance remains robust, and we ensure there are regular reviews of our patient's journey through Multi-disciplinary clinical discussion and agreement to ensure safe admission and treatment criteria. Patient safety remains a core priority at The Cherwell Hospital, safety performance is supported by a strong incident reporting culture, multidisciplinary review of learning, and continued embedment of the Patient Safety Incident Response Framework (PSIRF). This systems-based approach has strengthened learning from incidents and supported continuous improvement in patient care.

Our clinical strategy is to strive for excellent clinical outcomes for patients, uphold clinical standards & implement evidence-based practice. Ensure continuous improvement is demonstrated through audit & embedded culture of patient safety.



[Diane Speck 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.

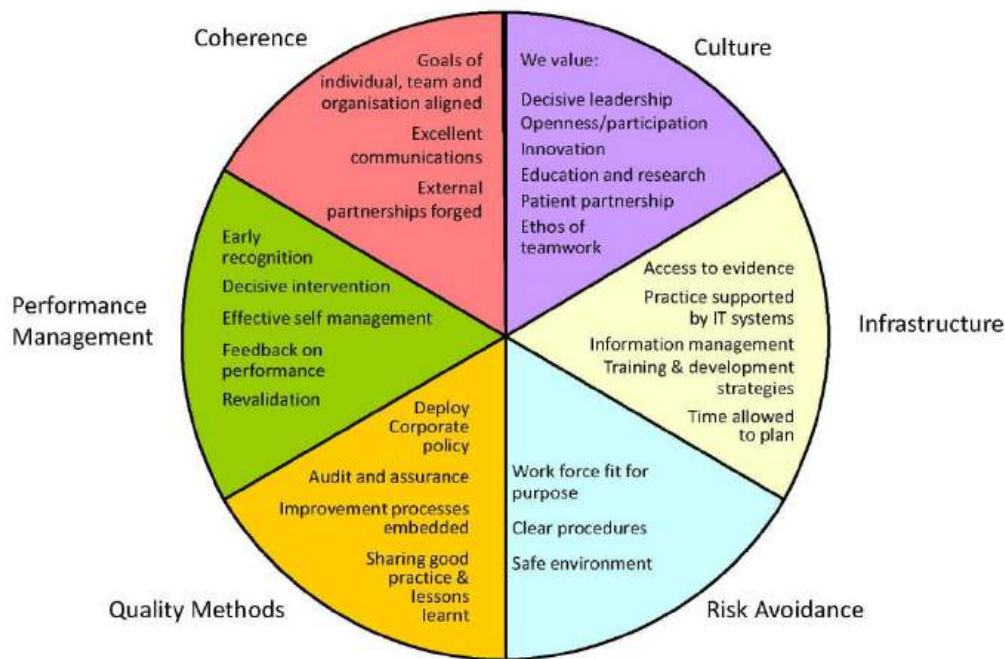
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

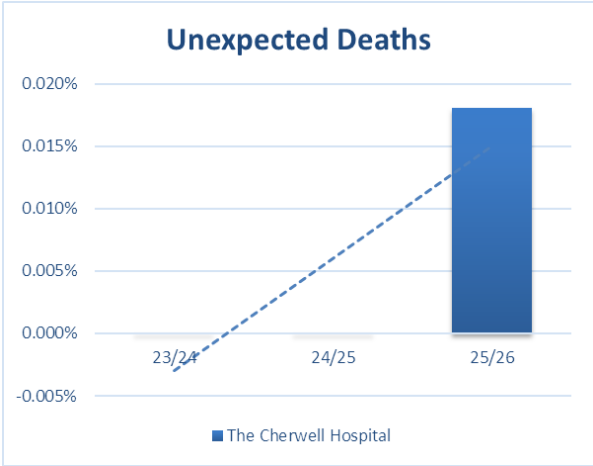
Mortality

Mortality:	Period	Best		Worst		Average		Period	Cherwell	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC25	0.0000
Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC25	0.0000	
Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC25	0.0002	

The Cherwell Hospital considers that this data is as described and falls below national averages, however, is a marginal increase on previous years. No patient deaths have occurred on site within the hospital but have occurred within 90 days of surgery at The Cherwell Hospital which is the national marker for reporting.

The Cherwell Hospital takes actions learned from patient deaths to improve the quality of its services. Actions and learnings following a patient death are addressed with the entire team and families of the deceased, should they wish to be involved. Following the Patient Safety Incident Response Framework (PSIRF) all parties are encouraged to use a reflective process

to understand any areas for improvement in future care and prevention of serious incidents. A systems-based approach (SEIPS) is used to facilitate this and at The Cherwell, we find this a highly useful tool for supportive learning.



Rate per 100 discharges:

National PROMs

Primary Hip replacement

PROMS:	Period		Best		Worst		Average		Cherwell		
	Start	End	Code	Value	Code	Value	Code	Value	Code	Value	
	Apr21	Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC25	22.691
	Apr22	Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC25	20.565
	Apr23	Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC25	no data

Primary Knee replacement

PROMS:	Period		Best		Worst		Average		Cherwell		
	Start	End	Code	Value	Code	Value	Code	Value	Code	Value	
	Apr21	Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC25	17.422
	Apr22	Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC25	16.559
	Apr23	Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC25	no data

The Cherwell Hospital considers that this data described above is incomplete on analysis due to transfer of data collection methods. NHS England have been contacted to amend this. I can confirm there is no data published by NHS Digital for the PROMs during this period (Apr 23-Mar 24).

The Cherwell Hospital will continue to submit PROMs data to NHS England and use data collected to improve the quality of its services. The information below demonstrates a reported improvement on patient undergoing primary Hip and Knee replacements at The Cherwell in 90% of patients from April 2025 to March 2026.

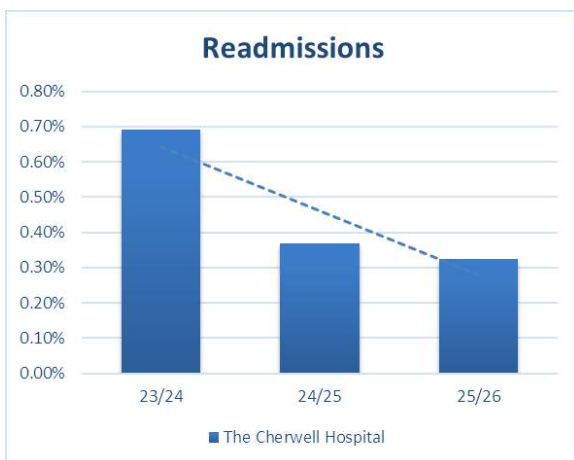


Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Cherwell	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC25
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC25	0.00367
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC25	0.00325

The Cherwell Hospital considers that this data is as described.

The Cherwell Hospital has taken significant actions to improve this percentage of readmissions, and so the quality of its services, by promoting improvements in wound care monitoring and patient education, falls information and advice along with pain management counselling for patients.



Rate per 100 discharges:

Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

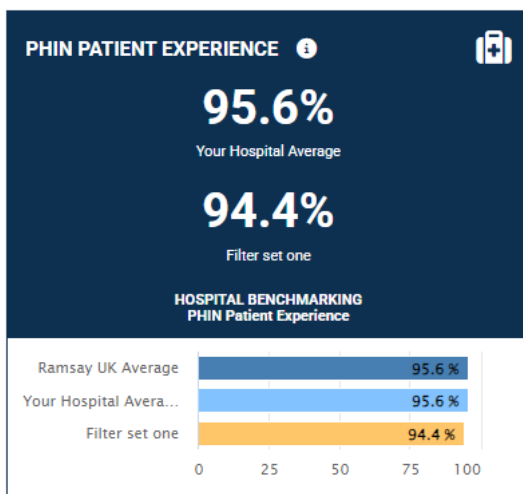
No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of all PHIN Questions

Export

Filter set one: Hospital: The Cherwell Hospital



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2025 - March 2026:

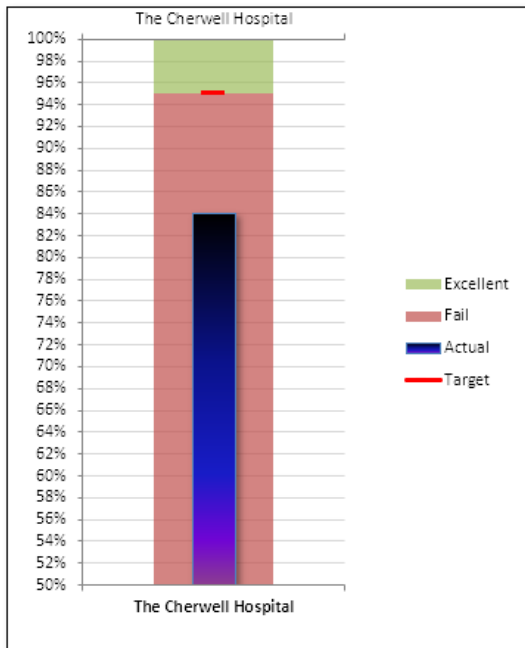
VTE Risk Assessment

VTE Assessment:	Period	Best	Worst		Average		Period	Cherwell	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC25
Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC25	53.0%
Q1 to Q3 25/26	Several	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC25	84.1%

The Cherwell Hospital considers that this data is as described.

The Cherwell Hospital has taken the following actions to improve this percentage and so the quality of its services, by ongoing monitoring of VTE risk assessment and implementation, having identified areas of poor compliance in previous years, there remains further education and monitoring to achieve target. Full completion of the required electronic patient pathway to ensure “completed” rather than an “in progress” outcome has provided an improvement in compliance from 53% to 84%, this continues to be a focus for the senior clinical team to provide insight into process.

Audit confirms that VTE risk assessment is completed at pre assessment by registered nurses and on admission by the surgeon, and appropriate actions taken for patient care.



VTE Q1 to Q3 25/26

Site	Inspection type	Average score	Audits completed
Cherwell Hospital	Medical Records: VTE	90.43%	4

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Cherwell	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC25	0.0000
2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC25	0.0000	
2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC25	0.0000	

The Cherwell Hospital considers that this data is as described.

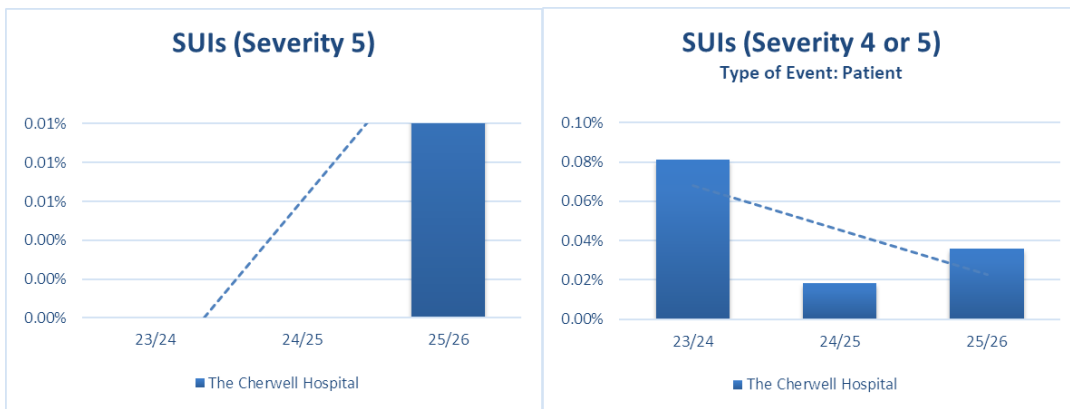
The Cherwell Hospital intends to continue vigilance and IPC control measure to maintain this figure, and so the quality of its services.

Patient Safety Incidents with Harm

SUIs:	Period	Best		Worst		Average		Period	Cherwell	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC25	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC25	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC25	0.0002

The Cherwell Hospital considers that this data is as described. Whilst a small increase in severity 5 incidents has occurred this period, the overall trend remains low with relatively small number of incidents in the data.

The Cherwell Hospital will continue to take actions learnt from incidents and Patient Safety framework reviews to improve this rate, and so the quality of its services.



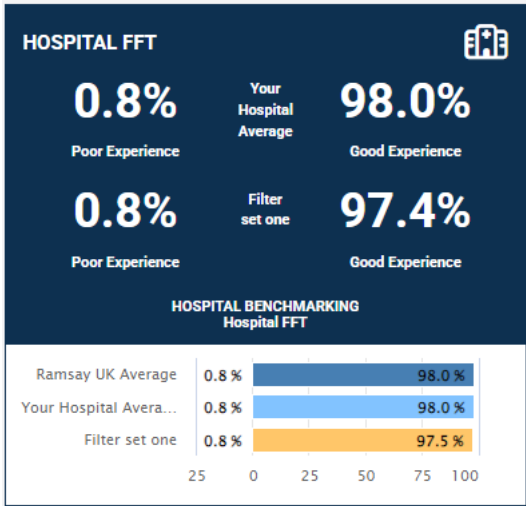
Rate per 100 discharges:

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Cherwell	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC25	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC25	100.0%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC25	*

The Cherwell Hospital considers that this data is as described for previous years and remains high, however the data controller has been unable to complete the data assurance for Jan 2026 as above.

Friends and Family is a regularly utilised metric for quality and patient feedback. The Cherwell provides the information to all staff and ensures actions are undertaken taken from the feedback received.



Friends and Family Cemplicity data April 2025 – March 2026

3.2 Patient safety

We are committed to improving performance year on year, with patient safety remaining a central priority. Risks to patient safety are identified through routine audits, complaints, litigation, incident reporting, staff concerns, and ongoing review of performance trends. This strong focus on safety has led to clear improvements across a number of key indicators, as shown in the graphs below.

3.2.1 Infection prevention and control

The Cherwell Hospital has a low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past years.

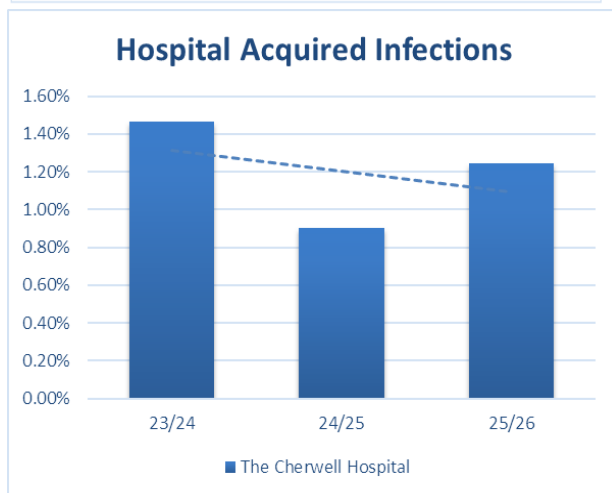
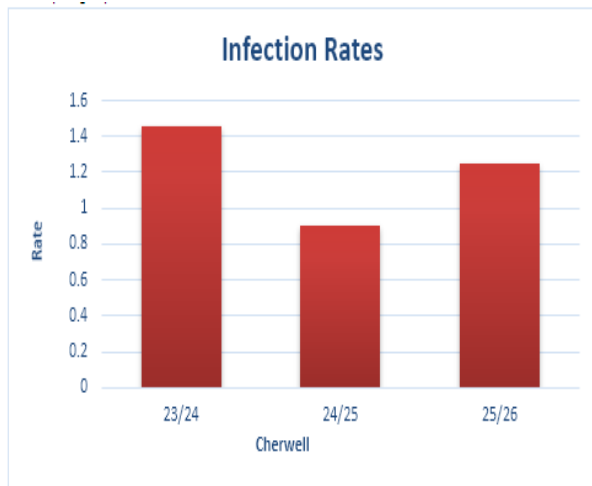
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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.



Rate per 100 discharges:

As can be seen in the above graphs our infection control rate has increased slightly over the last year, however, the trend in infections continues to reduce as the graph below demonstrates.

Programmes and activities within our hospital include:

Local IPC initiatives:

- Achieving **ANTT** Gold accreditation recognises the commitment of our clinical teams to maintaining the highest standards of aseptic non-touch technique. This is supported by ongoing monitoring and audit to ensure these standards remain embedded in practice.

Inspection type	Average score	Number of audits completed
Aseptic Non-Touch Technique(ANTT): Surgical	99.16%	3

- One Together:** One Together is a partnership between leading professional organisations with an interest in the prevention of surgical site infection (SSI). The Cherwell hospital undertook the assessment utilising the One Together toolkit and have implemented continuous patient temperature monitoring from admission through to surgical procedure to ensure adherence to best practice. The Cherwell demonstrated compliance with all other standards within the toolkit. One Together is now embedded in the clinical practice and The Cherwell and audited through our tendable audit programme.

Site	Inspection type	Average score	Audits completed
Cherwell Hospital	One Together Patient Washing	87.50%	2
Cherwell Hospital	One Together Peri-Operative Warming: Pre-Operative	91.67%	2
Cherwell Hospital	One Together Peri-Operative Warming: Intra-Operative	92.86%	2
Cherwell Hospital	One Together Practice Review	97.38%	2
Cherwell Hospital	One Together Surveillance of Surgical Site Infection	98.79%	3
Cherwell Hospital	One Together Warming Intravenous & Irrigation Fluids	100%	2
Cherwell Hospital	One Together Antiseptic Skin Preparation	100%	1
Cherwell Hospital	One Together Incision Management: Closure	100%	1
Cherwell Hospital	One Together Preventing Skin Recolonisation	100%	1
Cherwell Hospital	One Together Hair Removal	100%	1
Cherwell Hospital	One Together Maintaining Asepsis: Instrument Management	100%	1
Cherwell Hospital	One Together Peri-Operative Warming: Post-Operative	100%	1
Cherwell Hospital	One Together Surgical Environment	100%	1
Cherwell Hospital	One Together Incision Management: Wound Care	100%	1
Cherwell Hospital	One Together Reducing Nasal Recolonisation	100%	1

- Antimicrobial Stewardship:** The Cherwell hospital continues to monitor our local community advice regarding antimicrobial stewardship to enable our clinicians to prescribe and manage both preventative infection controls and treatment of hospital acquired infections. The local information is reviewed and circulated monthly. Adherence is monitored through 6 monthly audit with an average score of 94.29%.

Site	Inspection type	Average score	Audits completed
Cherwell Hospital	Antimicrobial Stewardship and Prescribing	94.29%	2

• **Wound Clinic:**

The Cherwell Hospital wound clinic continues to monitor patients after discharge, with particular focus on those at higher risk of surgical site infection. This provides patients with prompt access to professional advice, sterile dressings, and appropriate wound care. Early identification and treatment of superficial wound concerns has helped reduce the number of deep infections.

3.2.2 Cleanliness and hospital hygiene

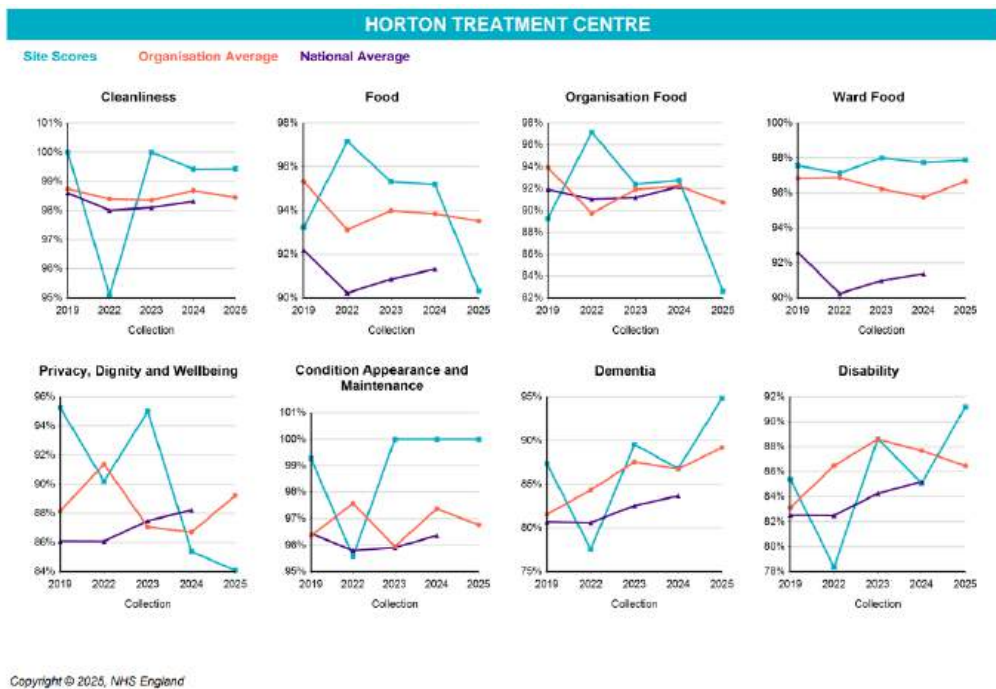
Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at The Cherwell Hospital, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. This year we undertook our PLACE audit on 06.11.2025.

Feedback and Actions from PLACE Audits:

Improvements in communal areas:

- Refurbishment of lifts completed in 2025 including improved patient facilities for use.
- Improved signage to departments in all areas.
- Better lighting in main corridor to support visually impaired and dementia clients.
- Refurbished flooring and handrails on main hospital corridor providing enhanced patient safety.
- Dementia friendly clocks in all departments.
- Improved seating in waiting areas.
- Healthy options on meal menus including fruit & non-caffeine drinks.

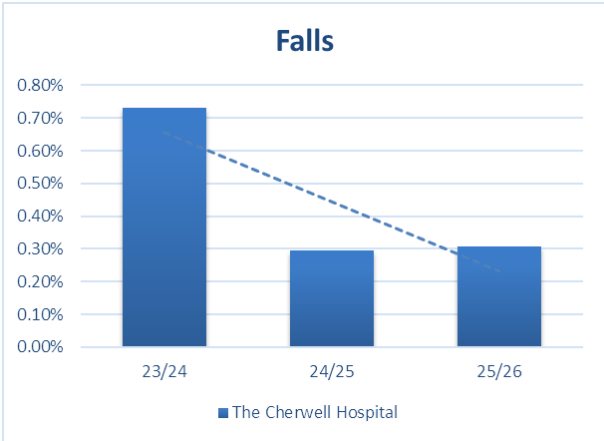


Analysis of the 2025 PLACE audit outcomes reveals some positive improvements in hospital cleanliness, appearance and ward food provision, along with recognition of awareness of Dementia and Disability. The facility does not provide food provision to relatives or visitors but focusses well on quality food for our patients and staff. Privacy and dignity scores have fallen for a consecutive year, the exceptions noted are facilities for family and friends to access food, exclusive visitors' rooms or outdoor spaces for patients. These are unfortunately unable to be provided on the site we occupy. We shall consider these elements in future projects and plans.

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.

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



Rate per 100 discharges:

The chart illustrates the trend in patient falls at The Cherwell Hospital over the last three years. Falls rates reduced substantially from approximately 0.73% in 2023/24 to around 0.31% in 2025/26, reflecting the positive impact of strengthened falls risk assessments, staff awareness, and targeted prevention measures. This indicates sustained focus on falls prevention, with ongoing learning and improvement activity in place to further reduce risk and maintain patient safety.

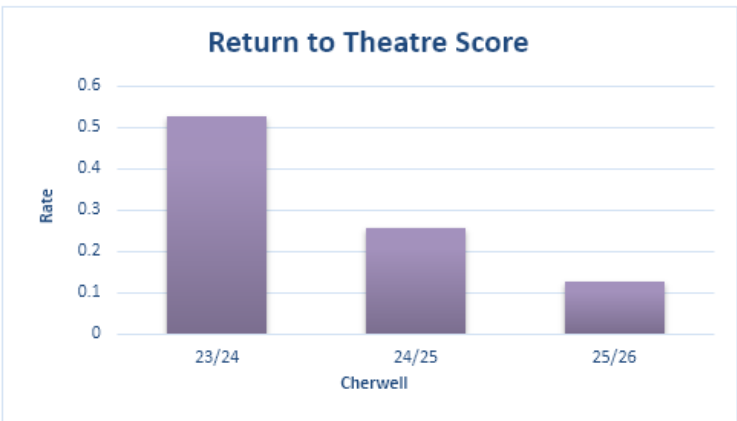
3.3 Clinical effectiveness

The Cherwell Hospital has a Clinical Governance committee that meet quarterly throughout 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.



The chart illustrates the trend in Returns to theatre at The Cherwell Hospital over the last three years. Rates reduced substantially from approximately 0.53% in 2023/24 to around

0.13% in 2025/26, reflecting the positive impact of dedicated IPC initiatives risk assessments, staff awareness, and targeted prevention measures. This demonstrates a sustained focus with ongoing learning and improvement activity in place to further reduce risk and maintain patient safety.



Rate per 100 discharges:



Rate per 100 discharges:

External transfers from The Cherwell Hospital remain low and have continued to decline, reaching 0.11% of admissions. This reflects sustained improvement in patient selection, risk assessment, and care delivery, helping to reduce avoidable transfers and ensure patients receive safe, effective treatment within the hospital whenever appropriate.

3.3.2 Learning from Deaths

When a patient dies within 90 days of surgery at The Cherwell Hospital, we carry out a full review of their care in line with the PSIRF framework. We involve all relevant stakeholders, including the patient’s family and friends where they wish to participate.

Using a systems-based approach helps us identify process issues that may need to be improved or further developed.

Involving the family gives us valuable insight into how the investigation should be handled and the questions they want answered. This was particularly relevant in a recent case, where

early contact after the bereavement led to feedback that our approach could have been more sensitive at this time. We have therefore provided better guidance to staff on this aspect.

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.

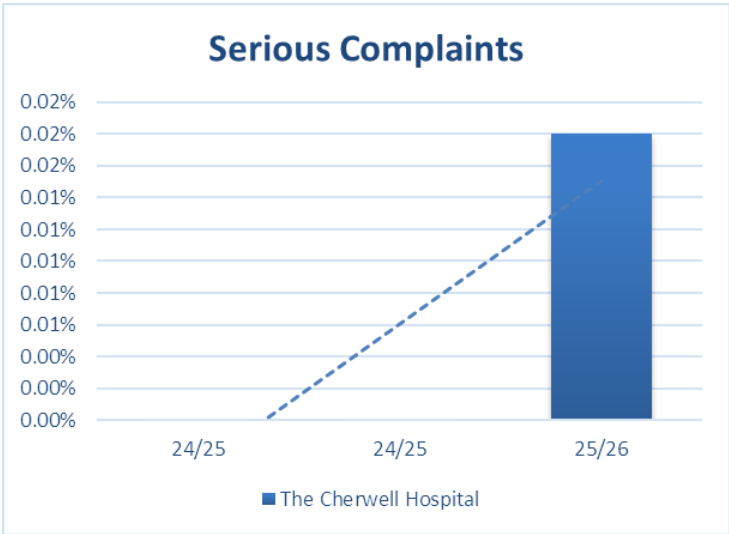
Speak Up For Safety is delivered on site by dedicated trainers and widely adopted by all staff Ramsay Healthcare also has a Freedom to Speak up Guardian – Angela Evans, Chief Customer Officer.

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



Rate per 100 discharges:

The graph above demonstrates an increase in serious complaints which escalate to second stage beyond the hospital complaints process, this is an increase of 0.02% which equates to one serious complaint reaching this level.

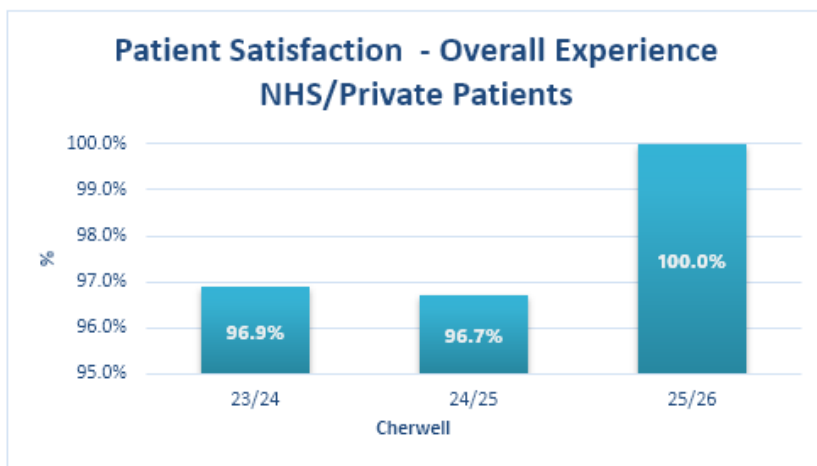
Patient experiences are fed back via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay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



This graph relates to: Overall Experience

The graph demonstrates a consistent and significant improvement in overall patient satisfaction at The Cherwell Hospital for both NHS and private patients over the three-year period. Satisfaction scores increased from 96.9% in 2023/24 to 96.7% in 2024/25, with a further substantial rise to an exceptional 100% in 2025/26. This sustained upward trend reflects the hospital's continued focus on patient-centred care, high-quality clinical outcomes, and positive patient experiences throughout the care pathway. The results highlight the effectiveness of listening to patient feedback, investing in staff engagement, and embedding a culture of compassion, responsiveness, and continuous improvement across the hospital.

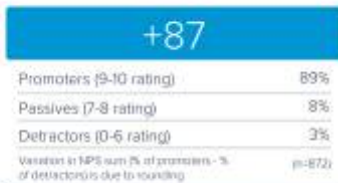
The below Cemplicity insights information provides staff and patients with a visual demonstration of how our hospital is evaluated by our patients and we are proud to display these around our unit.

The Cherwell Hospital

cemplicity®

July – December 2025 Results

NET PROMOTER SCORE



"Every single member of staff did their job with efficiency and cheerfulness. I am in awe of how they must do that day in and day out. Everything worked like clockwork. Thank you, Cherwell Hospital."

Overall Rating (Friends and Family Test)

In Jul - Dec 2025, 98% of patients were satisfied with the care they received at The Cherwell Hospital, rating it **very good (88%)** or **good (10%)**.[¥]



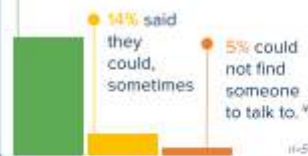
Treated with respect and dignity

Most patients (96%) said they were treated with respect and dignity whilst in the care of The Cherwell Hospital in Jul - Dec 2025. Three percent said they were treated with respect and dignity, sometimes, and one percent not at all.



Worries and fears

80% of patients at The Cherwell Hospital said they could find someone to talk to about their worries and fears



Medication side effects

Most patients (83%) said medication side effects were fully explained, 13% said they were partially explained, and 4% said they were not explained.



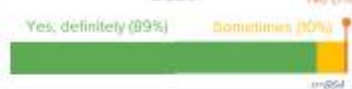
Privacy

Privacy was provided to the majority (92%) of patients in July - December 2025. Seven percent experienced privacy **sometimes**, and one percent **not at all**.[¥]



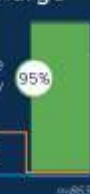
Involvement in decisions

Most patients at The Cherwell Hospital said they were **always** involved in decisions about their care in Jul - Dec 2025.



Contact after discharge

From July - December 2025, 95% of patients at The Cherwell Hospital were told whom to contact if they had concerns after discharge. Two percent were not informed, and the rest **couldn't recall**.



[¥]Percentages do not total 100% due to rounding.

The Cherwell Hospital comparison tables

Significant Changes

Green figures indicate a significant positive change^{*} in Jul - Dec 2025 compared with the previous report. **Red** indicates a significant negative change.

Data relates to top response e.g. "very good".

All other differences are a result of standard fluctuation and reflect normal variation rather than a real shift in performance.

INDICATOR	Q1 - Q2 2025	Q3 - Q4 2025
Net Promoter Score	+87	+87
Overall Rating	82%	88%
Respect and Dignity	95%	96%
Worries and Fears	82%	80%
Medication Side Effects	80%	83%
Privacy	93%	92%
Involvement in Decisions	88%	89%
Contact after Discharge	95%	95%

Comparison with Ramsay Average (Q 3-4, 2025)

Green indicates results significantly above the overall average. **Red** indicates results significantly below.

INDICATOR	Ramsay Avg	The Cherwell Hospital
Net Promoter Score	+89	+87
Overall Rating	91%	88%
Respect and Dignity	97%	96%
Worries and Fears	84%	80%
Medication Side Effects	86%	83%
Privacy	97%	92%
Involvement in Decisions	92%	89%
Contact after Discharge	93%	95%

^{*}Statistical significance is calculated at $p < 0.05$, meaning there is less than a 5% likelihood that the observed difference has occurred by chance.



Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder injury Cosmetics	Physiotherapy, Orthopaedic, Spinal surgery and Dermatology, Gynaecology	All adults 18 yrs and over
Surgical Procedures	Orthopaedic, Ophthalmology Spinal surgery, and Ambulatory, Day and Inpatient Surgery	all adults excluding: <ul style="list-style-type: none"> * Patients with blood disorders (haemophilia, sickle cell, thalassaemia) * Patients on renal dialysis * 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. * 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 * BMI > 40
Diagnostic and screening	MRI, Imaging services and Specimen collection.	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](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

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	IPC

	<p>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</p>	<p>Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients</p>
July	<p>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)</p>	<p>IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK</p>
August	<p>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)</p>	<p>IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward HoCS SLT</p>
September	<p>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)</p>	<p>Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology</p>
October	<p>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)</p>	<p>Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK</p>
November	<p>H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May)</p>	<p>Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH</p>

	OH: Case Management Referrals (May; Nov)	Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC 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
NVC25	Code for The Cherwell 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

THE CHERWELL HOSPITAL

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

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

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