Clifton Park Hospital

Quality Account
2026/27

Confidential Patient Information

Ramsay Health Care

Contents

Welcome to Ramsay Health Care UK

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Lesley Lock, Hospital Director

Clifton Park Hospital

Over the past year, the hospital has continued to strengthen its position as a leading provider of high-quality, patient-centred care despite increasing operational and financial pressures across the healthcare sector. Our focus has remained on delivering safe, effective, and compassionate services while improving efficiency and sustainability.

Patient safety and clinical quality remain our highest priorities. We have achieved measurable improvements in key performance indicators, including reducing patient transfers and cancellations on the day of surgery, enhanced infection prevention outcomes, and improved patient satisfaction scores. Continued investment in staff training, digital systems, and clinical governance has contributed significantly to these gains.

We have implemented targeted recruitment campaigns, expanded professional development opportunities, and introduced wellbeing initiatives to support staff retention and engagement. These efforts are beginning to show positive results in workforce morale and continuity of care.

Financially, the organisation has operated within a highly constrained environment. Through disciplined financial management, service redesign, and productivity improvements, we have maintained budgetary control while continuing to invest in priority areas, including infrastructure upgrades.

Strategically, we are progressing our long-term vision to modernise services and improve accessibility. Key initiatives include the expansion of outpatient services, and the development of more efficient patient pathways to reduce hospital admissions and support care closer to home.

Looking ahead, the hospital must continue to adapt to rising demand, evolving patient needs, and system-wide transformation. Our priorities will include strengthening partnerships across the healthcare system, enhancing digital innovation, and maintaining a strong focus on quality and patient outcomes.

In conclusion, despite ongoing challenges, the hospital remains resilient and well-positioned to deliver sustainable, high-quality care to the communities we serve

Lesley Lock

Hospital Director

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.

Lesley Lock

Hospital Director

Clifton Park Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) welcome the opportunity to review the 2025/26 Quality Account for Clifton Park Hospital, Ramsay Health Care Group, which as with previous years is reflective of the organisation's values, vision and ambitions for the future.

The Quality Account demonstrates the positive progress made on supporting the NHS and local healthcare community and in the continuous commitment to improving patient safety and quality outcomes whilst reducing NHS elective waiting times.

The ICB would like to take the opportunity to thank all its staff on the achievements made across 2025/26.

The Account reflects a strong year of quality performance, with achievements across safety, clinical effectiveness, patient experience and governance.

We particularly note Clifton Park Hospital maintained a CQC rating of Good across all Key Lines of Enquiry, with areas of outstanding practice recognised in supporting people to live healthier lives and in learning, improvement and innovation reflecting the hospital's strong culture of continuous improvement, multidisciplinary working and person-centred care.

The continued embedding of the Patient Safety Incident Response Framework (PSIRF) is to be commended, including strengthening systems-based learning and promoting a positive safety culture across the organisation. Weekly Patient Safety Incident Review Group meetings and ongoing Speak Up for Safety engagement and the investment in Professional Nurse Advocates has further strengthened continuous multidisciplinary learning, staff wellbeing and patient safety improvement and a positive safety culture.

Further key achievements which are to be commended include reduced patient transfers, improved pre-assessment pathways, and MDT review of referrals, reduced average length of stay, and sustained low levels of harm.

It is positive to note safeguarding is included within the organisations audit schedule and the ICB would be interested to hear of how safeguarding is embedded within specific workstreams such as patient safety and staff safety. Freedom to Speak Up arrangements would be a good example of this.

The Account reflects a strong emphasis on infection prevention performance, and we particularly note there has been no Clostridium Difficile cases, no reported MRSA bacteraemia, and overall, a reduction in hospital-acquired infection rates which is to be commended. For future Quality Accounts the ICB would be interested to read about outcome scores for the Infection Prevention and Control audits and training figures however we applaud Clifton Park Hospital on the consistent low rates of infection, and note a prescribing policy is in place that includes monitoring against Guidance.

Capturing patient experience is also a notable strength to be commended. Patient satisfaction increased to 99.0%, Friends and Family Test performance was reported at 100%, and Patient-Led Assessments of the Care Environment (PLACE) scores were consistently high across cleanliness, privacy, dignity, food, dementia and disability domains. These strong results reflect the hospital’s continued focus on maintaining high quality standards.

The ICB would like to acknowledge the hospital has received national recognition at the Health Service Journal Awards 2025 for Best Elective Care Recovery Initiative, reflecting its contribution to elective recovery, improved access, reduced waiting times and strengthened partnership working with NHS services.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the Account is a true and accurate reflection of the quality of care delivered by Clifton Park Hospital. The Quality Account is a transparent and positive document which demonstrates the

organisations continued commitment to co-production and quality improvement and we look on with interest to hear of progress against the ambitious quality priorities for 2026/27.

Humber and North Yorkshire Integrated Care Board remain committed to working with the organisation and its regulators to continuously improve the quality and safety of services available for the population to improve patient care, patient safety and high-quality outcomes.

Welcome to Clifton Park Hospital

Clifton Park Hospital is a purpose-built independent hospital located in York and part of Ramsay Health Care UK. We are committed to delivering high quality, safe and patient-centred care across a range of surgical and diagnostic services.

We provide fast, convenient and effective treatment for adult patients (aged 18 and over), whether funded through the NHS, private medical insurance or self-pay arrangements.

Our Services

Clifton Park Hospital specialises in:

- Orthopaedic surgery, including:
  - Joint replacement surgery (hip and knee)
  - Arthroscopy
  - Upper limb procedures (shoulder, elbow, hand and wrist)
  - Lower limb procedures (foot and ankle)
- Pain management services, including the delivery of weekly pain management lists in collaboration with specialist teams
- Cosmetic surgery

In addition to surgical services, we offer on-site diagnostic facilities, including:

- Digital radiography (X-ray)
- MRI scanning (1.5 Tesla)
- CT scanning via a mobile unit

Working in Partnership with the NHS

Clifton Park Hospital works in close partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust, playing a key role in supporting the reduction of local waiting lists.

During 2025/26, the hospital has:

- Supported delivery of elective orthopaedic surgery
- Contributed to reducing waiting times for procedures including:
    - Joint replacements
    - Arthroscopy
    - Upper and lower limb surgery
- Further developed pain management services in partnership with the York Pain Team, to improve patient access and reduce waiting times
- Provided additional diagnostic capacity, including MRI and CT services, to support timely diagnosis and treatment

This partnership ensures patients receive timely access to high-quality care within their local healthcare system.

Facilities include:

- 24 inpatient beds
- Day surgery unit
- 3 laminar flow theatres
- Outpatient department with 11 consultation rooms
- Diagnostic imaging services

Workforce

- Approximately 150+ staff
- Mix of clinical and non-clinical roles
- 24/7 Resident Doctor cover
- Strong partnership with consultant teams from York & Scarborough

Activity (2025/26)

- NHS patients: 86.6%
- Private patients: 13.4%

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

On an annual cycle, Clifton Park 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 ongoing 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 2024/25 (looking back)

Clifton Park Hospital reviewed its 2025/26 priorities across:

People and Culture

- High Personal Development Review completion rates with meaningful outcomes for each colleague.
- Workforce development, recruitment, retention and leadership training.
- Strengthened patient engagement.

During 2025/26, Clifton Park Hospital continued to strengthen its people and culture agenda, recognising that a skilled, engaged and supported workforce is essential to delivering high-quality patient care. The hospital achieved high completion rates for Personal Development Reviews (PDRs), supporting meaningful conversations around individual performance, development and wellbeing. There has been a continued focus on workforce development, recruitment, retention, apprenticeships and leadership training, ensuring staff have the skills and support required to deliver safe and effective care. In addition, the hospital has further strengthened its approach to patient engagement, embedding opportunities for patients to contribute feedback and influence service improvement. These initiatives have supported a positive organisational culture aligned with Ramsay values, promoting high standards of care and continuous improvement.

Operational Excellence

- Improved theatre utilisation processes.
- Reduced cancellations through pre-assessment improvements.

Clifton Park Hospital has continued to strengthen its operational performance during 2026/26 through a sustained focus on improving theatre utilisation and optimising pre-operative pathways. Enhancements to theatre scheduling and utilisation processes have supported more effective use of capacity, contributing to improved efficiency and supporting the delivery of elective activity. Improvements to pre-assessment pathways have reduced on-the-day cancellations, ensuring patients are appropriately prepared for surgery and facilitating a smoother patient journey. These developments have contributed to a positive trajectory in operational performance and patient flow. Ongoing work will continue to focus on optimising theatre efficiency and further refining pre-operative processes to sustain improvements and support high-quality, timely patient care.

Clinical Excellence and Patient safety

- GIRFT (getting it right first time) engagement
- Reduced length of stay
- Improved audit and incident reporting culture
- Reduction in patient transfers

During 2025/26, Clifton Park Hospital has strengthened its approach to patient safety through review and refinement of its inclusion and exclusion criteria, ensuring appropriate patient selection for treatment within the hospital setting.

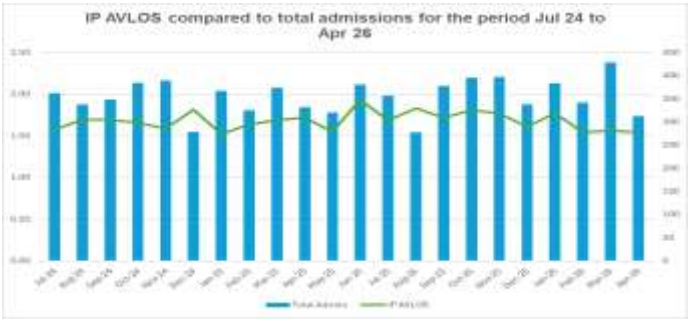
In addition, the hospital has introduced multidisciplinary team (MDT) reviews for complex patients, enabling collaborative decision-making prior to admission. This has supported improved clinical planning and ensured that higher-risk patients are identified early and managed in the most appropriate setting.

As a result of these improvements:

- There has been a reduction in patient transfers to acute hospitals.
- Patient safety has been further strengthened.
- The hospital has also seen a reduction in average length of stay. Reflecting improved pre-operative planning, patient treatment pathways and GIRFT engagement.

These changes demonstrate Clifton Park Hospital's commitment to learning from data, improving clinical decision-making and delivering safe, high-quality care.

Length of stay in the graph below shows a consistent improvement whilst increasing patient activity.



2.1.2 Clinical Priorities for 2026/27 (looking forward)

As Clifton Park Hospital moves into 2026/27 we will continue to build on the strong clinical, operational and quality performance achieved during 2025/26. We have a clear focus on delivering high-quality, safe and efficient care, aligned to Ramsay Health Care UK's *"Striving for Excellence"* strategy and underpinned by the ethos of "People Caring for People."

Patient Safety

Clifton Park Hospital will continue to invest in its workforce, recognising that high-performing teams are essential to delivering safe and effective care. Key priorities include increasing the number of Professional Nurse Advocate (PNA) trained staff, developing extended nursing and Allied Health Professional (AHP) roles, and strengthening workforce resilience through targeted training in areas such as Surgical First Assistant (SFA) and Advanced Life Support (ALS).

The hospital will also continue leadership and staff development programmes to promote a positive, inclusive and collaborative working culture. This approach will support staff engagement, reduce reliance on agency staffing, and enable teams to contribute actively to quality improvement and service development

Ensuring patients are cared for safely remains our highest priority, with a continued focus on embedding a strong safety culture across the organisation.

Clifton Park Hospital is committed to the ongoing implementation of the Patient Safety Incident Response Framework (PSIRF), supporting a systems-based approach to learning from patient safety events.

During 2025/26, staff have completed the Health Services Safety Investigations Body (HSSIB) "A Systems Approach to Investigating and Learning from Patient Safety Events" course. This in-depth programme focuses on systems thinking, human factors and effective investigation techniques, directly supporting the principles of PSIRF. The learning from this course is being applied to enhance the quality of investigations, strengthen learning from incidents and improve patient safety outcomes.

In addition, Clifton Park Hospital has invested in the development of Professional Nurse Advocates (PNAs), with two PNAs currently in post and a third staff member undertaking the university-accredited training programme. PNAs play a key role in supporting staff wellbeing, reflective practice and professional development through restorative clinical supervision. This supports a just culture by enabling staff to speak openly about challenges, reflect on practice and learn from patient safety events in a psychologically safe environment. The introduction of PNAs strengthens staff resilience, improves staff engagement and contributes to safer patient care by supporting continuous learning and improvement.

Clifton Park Hospital also continues to engage with the Speak Up for Safety (SUFS) programme to promote an open and transparent culture where staff feel empowered to raise concerns. A SUFS accredited trainer is in place, and all staff receive SUFS training as part of their induction, ensuring that safety behaviours are embedded from the outset.

In addition, Clifton Park Hospital continues to focus on the ongoing improvement of the pre-assessment pathway to support patient safety, patient flow and overall patient experience. During 2025/26, we developed a proposal to support the creation of a purpose-designed pre-assessment facility, aimed at improving the efficiency of patient assessment processes and enhancing the patient journey.

The hospital is developing designated bookings and administrative support roles within pre-assessment to strengthen administrative processes, improve communication with patients and enhance pathway coordination in response to patient feedback. These changes are intended to improve efficiency, reduce delays and support a more streamlined patient experience.

The hospital's inclusion and exclusion criteria will also remain under continuous review with collaborative working between Anaesthetists, Pre-Assessment Team and the Head of Clinical Services. This multidisciplinary approach supports appropriate patient selection, improves clinical decision-making and strengthens patient safety. This work forms part of an ongoing quality improvement programme which will continue into 2026/27. The learning from this project has also been shared across the Ramsay UK group.

The hospital will continue to:

- Develop staff capability in patient safety investigation and learning
- Support the ongoing development and utilisation of PNAs across the organisation
- Strengthen thematic reviews of incidents to identify and address trends
- Share learning across teams to support continuous improvement
- Monitor incident data and outcomes to ensure sustained improvement in patient safety
- Further develop pre assessment pathways and processes to improve patient flow, communication, efficiency and patient safety, supported by ongoing multidisciplinary review of inclusion/exclusion criteria.

These actions support the continued development of a just culture and reinforce the hospital's commitment to delivering safe, high-quality patient care.

Clinical Effectiveness

The hospital remains committed to delivering excellent clinical outcomes and patient experience. Building on its current CQC rating of 'Good' across all domains and

areas of Outstanding practice, Clifton Park Hospital aims to maintain its rating while progressing towards Outstanding performance.

Key objectives for 2026/27 include:

- Reducing same-day cancellations and clinical transfers year-on-year.
- Increasing day-case rates and same-day joint discharges.
- Strengthening pre-operative assessment (POA) processes to improve optimisation and reduce late cancellations.
- Delivering GIRFT actions and progressing toward High Volume, Low Complexity (HVLC) accreditation with GIRFT.
- Standardising admission and anaesthetic criteria to support safe and consistent patient care.

The hospital will continue to utilise patient feedback, including Cemplicity data and Key Driver Analysis (KDA), alongside patient engagement forums and PLACE assessments to enhance the patient journey and ensure services are responsive to patient needs.

This priority focuses on improving the quality and effectiveness of care by ensuring clinical practice is continuously monitored, evaluated and improved. This includes a robust clinical audit programme, the use of national best practice guidance such as GIRFT and systematic learning from patient safety events through the RADAR reporting system.

It also includes strengthened oversight of outcomes such as infection rates and the use of national datasets, including the National Joint Registry (NJR), to benchmark performance and identify opportunities for improvement.

This priority was identified through:

- Review of clinical audit outcomes and compliance.
- Performance data relating to patient outcomes, including length of stay, reoperations and infections.
- Analysis of incidents and trends identified through RADAR reporting.
- Findings from NJR data and benchmarking.
- Feedback from clinical governance and multidisciplinary discussions.
- The need to further strengthen communication and pathways with NHS partners.

This has highlighted the importance of:

- Continuous monitoring of infections.
- Strengthening collaborative working with NHS partners when patients require acute care.
- Improving communication pathways to support continuity of care and learning.

Aim - what we want to achieve

- Achieve ≥95% completion of all clinical audits.
- Ensure 100% of audit actions are implemented within agreed timescales.
- Fully embed GIRFT principles across clinical pathways.
- Continue to reduce average length of stay and increase same day arthroplasties (patient going home on the day of surgery).
- Maintain low rates of complications, infections, reoperations and readmissions.
- Strengthen monitoring and learning from:

    - Infections
    - NJR outcomes
    - Patient safety events through RADAR

- Improve communication and shared learning with NHS partners for improved continuity of care across organisations.

To deliver this priority Clifton Park Hospital will:

- Utilise the clinical Audit Programme – Tendable.
- Continue embedding GIRFT principles including supporting efficient discharge and reduced length of stay.
- Strengthen the use of the RADAR reporting system to monitor patient safety events, identify trends through thematic reviews and share learning across teams.
- Continue monitoring infection rates and reviewing outcomes with a dedicated Infection Prevention Nurse as part of the governance process.
- Utilise National Joint Registry data to monitor patient outcomes, benchmark performance and support continuous improvement in orthopaedic care.
- Strengthen collaborative working with NHS partners, including:

    - Improving communication when patients are admitted acutely to NHS trusts with complications following surgery.
    - Ensuring learning is shared.

- Continue weekly Patient Safety Incident Review Group (PSIRG) meetings, with attendance from Clinical Heads of Department, to:

    - Review incident data, including RADAR reports
    - Monitor complaints, audits and trends
    - Share learning in real time across clinical teams

- Use combined data from:

    - Audit outcomes
    - RADAR

- NJR
- Infection monitoring
- Patient outcomes

- to inform continuous quality improvement.

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How we will measure success in 2026/27

To ensure delivery of strategic objectives and continuous improvement in quality, performance at Clifton Park Hospital will be monitored against a range of clinical, operational and patient experience measures.

Key clinical indicators will include:

- Reduction in same-day cancellations and clinical transfers year-on-year.
- Maintenance of day-case rates ≥60% and improvements in same-day joint discharge rates.
- Delivery of GIRFT actions and progress toward HVLC accreditation (High Volume Low Complexity).
- Maintenance of NJR Gold status and continued improvement in benchmarked clinical outcomes.
- Progress toward CQC Outstanding performance.

Operational performance will be monitored through:

- Theatre utilisation and capacity optimisation.
- RTT performance for elective and diagnostic pathways.
- Improvements in pre-operative booking processes and appointment ratios.
- Monitoring of housekeeping, catering and medicines management (MMS) compliance.
- Activity levels and Private to NHS patient ratios.

In addition, performance will be supported by:

- Enhanced use of data and audit (Tendable, RADAR).
- Monitoring of patient experience metrics, including Net Promoter Score (NPS) and patient feedback.
- Workforce capability measures, including training completion and role development.

These measures will be reviewed regularly through established governance structures to ensure progress is maintained and improvement actions are implemented where required.

Patient Experience

This priority focuses on improving patient experience by actively listening to patient feedback, analysing data, monitoring Cemplicity to identify areas for improvement and involving patients in improving services. It includes the use of digital feedback tools (Cemplicity), environmental assessments (PLACE audit) and direct patient engagement (patient focus groups) to ensure care is responsive to patient needs and reactive to patient feedback.

Patient feedback data is gathered via:

- Review of patient feedback, including Cemplicity and Friends and Family Test (FFT) data.
- Analysis of trends and themes within patient comments.
- Findings from PLACE assessments.
- Feedback from patient engagement activities.
- Monitoring and management of patient complaints.

Opportunities identified:

- Areas to improvement the care environment affecting patient experience.
- Improve communication and information provided to patients regarding admission and discharge.
- Continuous development of patient information using audio and visual media.
- Responding and learning from patient complaints to improve patient care/experience.
- Share learning/patient stories with teams.

We aim to improve overall patient experience by enhancing patient satisfaction scores and increasing feedback response rates. A key focus is the effective use of Cemplicity data to identify priority quality improvement areas to target quality improvement initiatives. Patient comments are shared at the daily huddle to improve staff awareness of patient feedback and offer real time opportunities for improvement.

Feedback will be reported and shared through:

- Daily huddle
- Clinical governance committee
- Patient experience group
- Medical Advisory Committee (MAC)
- Heads of Department meetings
- Patient Safety and Incident review Group (PSIRG)

Clifton Park Hospital was proud to receive national recognition at the HSJ Awards 2025, winning **Best Elective Care Recovery Initiative**. This reflects the hospital's

innovative approach to improving access to elective care, reducing waiting times and supporting NHS partners. The initiative has enabled patients to receive timely treatment through improved pathways, enhanced theatre utilisation and strong multidisciplinary working, delivering measurable benefits in both patient experience and system efficiency. This work has contributed to reduced length of stay, improved theatre utilisation and improvement in patient flow.

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 Clifton Park Hospital provided 3746 NHS admissions.

Clifton Park Hospital has reviewed all the data available to them on the quality of care in all 3746 NHS admission.

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 88 per cent of the total income generated from the provision of NHS services by Clifton Park 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 Hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and 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	FY26	FY25
Staff Cost % Net Revenue	26.4%	26.3%
HCA Hours as % of Total Nursing	32.3%	25.4%
Agency Cost as % of Total Staff Cost	4.4%	7.5%
Ward Hours PPD	6.15	5.83
Staff Turnover %	20%	2.1%
Sickness %	4.2%	2.5%
Lost Time %	22.6%	20.6%

Personal Development Reviews % PDR have been delayed this year to align with the hospital's new financial year.	63.4%	76.6%
Mandatory Training %	99.3%	98.7%
Staff Satisfaction Score	79%	76%
Number of Significant Staff Injuries	0	0
Patient		
Formal Complaints in year	20	12
Patient Satisfaction Score	99.0%	97.2%
Significant Clinical Events	3	1
Readmission in year	3	7
Quality		
Facilities - Health & Safety Summary Score	98.6%	94.5%
Infection Control Environmental Infrastructure Audit Score	96.7%	98.4%

2.2.2 Participation in clinical audit

The national clinical audits and national confidential enquiries that Clifton Park Hospital participated in, and for which data collection was completed during 1 April 2025 to 31st March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project name	% Cases submitted
Elective surgery (National PROMs Programme)	100%
Mandatory Surveillance of HCAI	100%
National Joint Registry	100%

Local Audits

The reports of local clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee. This committee ensures the timely review and implementation of actions to improve the quality of healthcare provided. IPC and associated audits are shared at the Infection, Prevention and Control Committee (IPCC), and all actions are reviewed and implemented.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

2.2.5 Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against. Clifton Park Hospital during 2025/26.

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

Clifton Park Hospital was inspected by the Care Quality Commission (CQC) in September and October 2025 and achieved an overall rating of 'Good' with all five domains (Safe, Effective, Caring, Responsive and Well-led) rated as Good.

The inspection identified several areas of strong performance, including two elements of care assessed as outstanding. These included:

'**Supporting people to live healthier lives**', recognising the hospitals proactive approach to preoperative optimisation, multidisciplinary working and supporting patients to improve their health outcomes prior to treatment.

'Learning, improvement and innovation' highlighting the organisations strong culture of continuous improvement, innovation, quality improvement and partnership with NHS services. These findings demonstrate Clifton Park Hospital's ongoing commitment to delivering high quality, patient centred care and continuous service improvement.

The inspection also recognised:

- A positive and open safety culture, with effective systems for reporting, investigating and learning from incidents.

- Strong multidisciplinary working and collaboration across teams and partner organisations.
- High levels of patient satisfaction, with patients reporting kind, compassionate and person-centred care.
- Effective governance systems supporting ongoing monitoring, oversight and continuous improvement.

Clifton Park Hospital has demonstrated a clear commitment to learning from incidents, continuously improving services and working collaboratively with partners to enhance patient care. The findings from the 2025 inspection reflect a mature, well-led organisation with a strong focus on quality, safety and innovation.

The hospital remains committed to building on this strong foundation, with a continued focus on achieving outstanding care for patients and further enhancing the quality of care provided.

The priorities identified for 2025/26 reflect both national requirements and local learning identified through performance data, patient feedback and governance processes during 2024/25. The hospital has demonstrated strong performance across key quality indicators, including low rates of infection, readmissions and serious incidents, alongside high levels of patient satisfaction.

The focus on strengthening patient safety, clinical effectiveness and patient experience aligns with findings from the Care Quality Commission (CQC) inspection in 2025, which confirmed the hospital delivers consistently high standards of care, with elements of Outstanding practice identified in supporting patients to live healthier lives and in learning, improvement and innovation.

These priorities build on the hospital's existing strengths, including a proactive safety culture, effective multidisciplinary working and a strong focus on continuous improvement. The planned actions for 2026/27 aim to further enhance patient outcomes, improve service efficiency and ensure that patient feedback continues to drive meaningful improvements in the delivery of care.

Clifton Park Hospital
Location findings

Ratings for this location

Overall	Good
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

2.2.6 Data Quality

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

Clifton Park Hospital recognises that high-quality data is fundamental to delivering safe, effective and efficient patient care. Accurate data underpins clinical decision making, supports the monitoring of patient outcomes, and ensures the hospital continuously evaluates and improves the quality of services.

Reliable data supports informed decision making and quality improvement initiatives- for example, analysis of patient activity and demand has informed the development of minor operations capacity, enabling complex surgical procedures booked into main theatres thus supporting a reduction in waiting lists for those awaiting joint replacement surgery. This ensures that care is delivered in the most appropriate setting, supporting patient flow and the effective use of resources. Data has also driven improvements in preoperative assessment processes, reducing cancellations on the day of surgery, and improving patient pathways. Monitoring clinical outcomes, including length of stay and transfers, has supported improvements in patient selection, contributing to safer care.

The hospital data supports all statements contained within the Quality Account, including those relating to patient safety, clinical effectiveness, and patient experience. Data is routinely used to monitor key indicators such as infection rates, readmissions, reoperation, length of stay, and patient feedback.

This enables the hospital to:

- Identify trends and areas requiring improvement
- Benchmark performance
- Evaluate the impact of quality improvement initiatives
- Ensure care delivery is aligned with best practice

Actions to monitor and improve data quality

Clifton Park Hospital maintains a structured approach to monitoring and improving data quality across paper and electronic systems.

Key actions include:

- Routine clinical records audit.
- Participation in clinical coding audits, achieving level 3 attainment in DSPT IG requirement 505, demonstrating a high level of coding accuracy.
- Use of electronic systems to support data capture and monitoring, including RADAR for incident reporting and Cemplicity for patient experience data.

- Implementation of a comprehensive clinical audit programme via Tendable.
- Regular review of data through governance structures, including:
  - Clinical governance Committee
  - Medical Advisory Committee
- Weekly Patient Safety Incident Review Group (PSIRG) meetings
- Ongoing staff training and development in clinical documentation, data entry and accuracy and information governance.

These processes ensure that data is consistently reviewed, validated, and used to support continuous quality improvement.

NHS Number and General Medical Practice Code Validity

Outpatients

	A4M8P	NVC28
% NHS Numbers missing	0.00%	0.00%
% NHS Numbers submitted	100.00%	100.00%
% GP Practice codes missing	0%	0%
% GP Practice codes submitted	100%	100%

Admitted Patient Care

	A4M8P	NVC28
% NHS Numbers missing	0.31%	0.31%
% NHS Numbers submitted	99.69%	99.69%
% GP Practice codes missing	0%	0%
% GP Practice codes submitted	100%	100%

Clifton Park 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:
- 100% for outpatient care;
- 99.69% for admitted patient 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).

Clifton Park Hospital has demonstrated a high standard of data quality during 2025/26 in relation to NHS Number and General Medical Practice Code validity.

The hospital achieved 100% compliance for NHS number submission in outpatient services, with no missing records. For admitted patient care, NHS number submission was 99.69%, with only 0.31% of records missing this information. GP practice code submission was 100% across both outpatient and admitted patient datasets.

These results demonstrate robust processes for accurate data capture and validation, ensuring that patient records are complete and reliable. High levels of compliance support effective communication with primary care, accurate clinical coding and reliable performance monitoring.

This strong performance reflects the hospital's continued focus on data quality and supports the delivery of safe, effective and well-governed patient care.

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

Clifton Park Hospital was subject to the clinical coding audit during 2025/26 as part of the Ramsay Health Care UK DSPT IG Requirement 505 audit programme. The results of the most recent audit (September 2025), based on a sample of 50 episodes of care, demonstrated a high level of coding accuracy:

Primary diagnosis: 100%

Secondary diagnosis: 99%

Primary procedure: 100%

Secondary procedure: 99%

Clifton Park achieved Level 3 attainment, indicating a high standard of clinical coding accuracy and data quality.

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis %Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Clifton Park	Completed September 2025	100%	99%	100%	99%	Level 3

2.2.7 Stakeholders views on 2025/26 Quality Account

Clifton Park Hospital are awaiting a response from the ICB. When comments from the ICB are available they will be shared.

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron)

Richard Dalton,

Clifton Park

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

Introduction

During 2025/26, Clifton Park Hospital has continued to demonstrate a strong commitment to delivering safe, effective and high-quality patient care. Throughout the year, the hospital has focused on strengthening patient safety processes, improving clinical effectiveness and enhancing patient experience, while continuing to support NHS elective recovery programmes and meet increasing patient demand.

The hospital underwent a Care Quality Commission (CQC) inspection during 2025 and achieved an overall rating of 'Good', with elements of Outstanding practice recognised within supporting people to live healthier lives and learning, improvement and innovation. These findings reflect the hospital's strong culture of continuous improvement, multidisciplinary working and patient-centred care.

During the year, Clifton Park Hospital continued to embed the Patient Safety Incident Response Framework (PSIRF), strengthening systems-based learning and promoting a positive safety culture across the organisation. Weekly Patient Safety Incident Review Group (PSIRG) meetings, ongoing Speak Up for Safety (SUFS) engagement and investment in Professional Nurse Advocates (PNAs) have further supported continuous learning, staff wellbeing and patient safety improvement.

The hospital has also continued to improve clinical pathways and operational processes, including enhancements to pre-assessment services, multidisciplinary review of complex patients and refinement of inclusion and exclusion criteria to support safe patient selection. These improvements have contributed to a reduction in patient transfers, improved patient flow and reductions in average length of stay.

Despite increased activity levels during 2025/26, Clifton Park Hospital has maintained low levels of harm and demonstrated positive performance across key quality indicators, including reductions in infection rates and low levels of serious incidents.

The hospital has also demonstrated a high standard of data quality during 2025/26, achieving 100% compliance for outpatient NHS number and GP practice code submission and 99.69% compliance for admitted patient NHS numbers, with 100% GP code compliance across all datasets. This supports accurate clinical coding, effective communication with primary care and reliable performance monitoring.

Patient experience remains a key priority, with continued use of real-time patient feedback, focus groups and environmental audits to drive improvements in care delivery. The hospital remains committed to working collaboratively with patients, staff, consultants and NHS partners to ensure services continue to develop in response to patient needs and system priorities.

Clifton Park Hospital will continue to build on these achievements throughout 2026/27, maintaining a strong focus on patient safety, innovation, clinical quality and continuous improvement.

Richard Dalton

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.

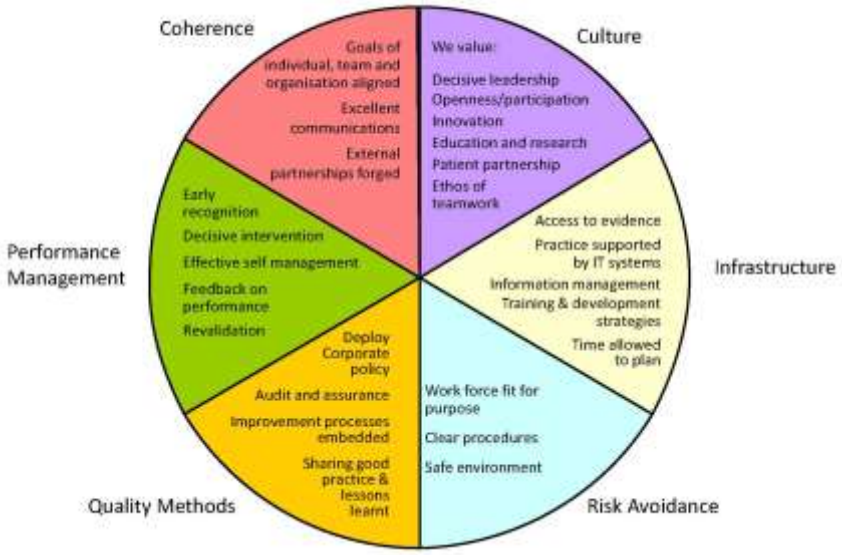
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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 for 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	Clifton Park	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC28	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC28	0.0000
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC28	0.0006

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

Clifton Park Hospital is an elective surgical hospital, primarily delivering planned orthopaedic procedures for patients who have been appropriately assessed and optimised prior to admission. As a result, mortality rates are expected to be low. The hospital has a robust pre assessment process, multidisciplinary review of higher risk patients and clear exclusion criteria to ensure safe patient selection. In addition, the hospital has effective clinical governance and escalation processes in place to support patient safety.

During 2025/26, there were two unexpected patient deaths. In both cases, the deaths occurred following discharge, one several weeks, and one a number of months following surgery, and were associated with infection. Both cases were subject to an in-depth Patient Safety Incident Investigation (PSII) in line with the Patient Safety Incident Response Framework (PSIRF). The investigations did not identify any preventable cause of death from the care provided by Clifton Park Hospital.

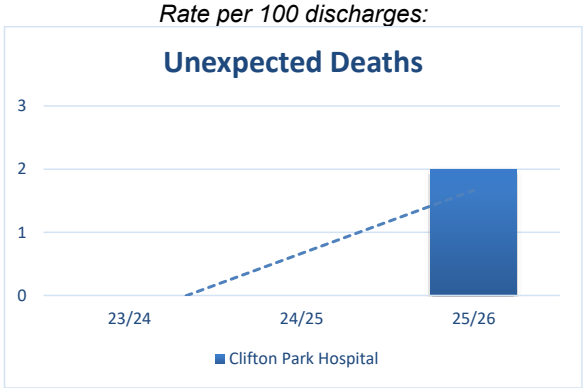
However, as part of Clifton Park Hospital's commitment to continuous improvement, learning has been identified and been acted upon.

Clifton Park has taken the following actions to improve this outcome, and so the quality of its services, by:

The hospital continues to strengthen pre-operative assessment processes, including multidisciplinary review of complex patients and ongoing refinement of inclusion and exclusion criteria. The hospital also monitors patient outcomes through regular clinical governance meetings, audit and the Patient Safety Incident Review Group (PSIRG), ensuring that any learning is identified and shared.

Further improvements to patient pathways, including enhanced recovery processes, improved communication and ongoing staff training, continue to support safe patient care and maintain low mortality rates.

Rate per 100 discharges:



National PROMs

No data has been published by NHS Digital for the PROMs during this period (Apr23-Mar24) at Clifton Park.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Clifton Park	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC28	0.00203
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC28	0.00200
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC28	0.00194

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

Clifton Park Hospital is an elective surgical hospital providing planned orthopaedic procedures. Readmission rates are influenced by patient case mix, including the complexity of surgery, patient comorbidities and factors arising following discharge. All patients undergo pre-operative assessment to ensure they are appropriately optimised prior to surgery, supported by clear inclusion and exclusion criteria and multidisciplinary review where required.

The readmission rate has remained low and stable during 2025/26, at 0.19% compared to the previous year at 0.20%. This reflects the hospital's continued focus on safe patient selection, effective discharge planning and high standards of peri-operative care.

All readmissions are reviewed through established clinical governance processes, including multidisciplinary review and escalation where appropriate. Where required, Patient Safety Incident Investigations (PSII) are undertaken in line with the Patient Safety Incident Response Framework (PSIRF), ensuring a systems-based approach to identifying learning and opportunities for improvement.

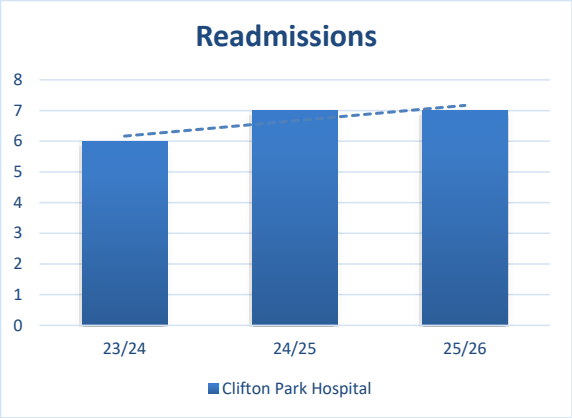
Clifton Park Hospital has taken the following actions to improve this rate, and so the quality of its services, by:

The hospital continues to strengthen pre-operative optimisation, discharge planning and post-operative follow-up processes. Enhancements to pre-assessment pathways, including improved communication, administrative coordination and multidisciplinary input, support safer patient selection and reduce avoidable readmissions.

In addition, ongoing audit, monitoring through clinical governance meetings and review within the Patient Safety Incident Review Group (PSIRG) ensure that learning

is identified and shared across the organisation. Continuous improvements to patient pathways and recovery processes aim to further reduce readmission rates while maintaining high-quality patient outcomes.

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

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

	Score	National Average
PHIN: Patient Experience	9.5	9.6
PHIN: Privacy	9.6	9.8
PHIN: Worries And Fears	9.0	9.0
PHIN: Respect And Dignity	9.8	9.8
PHIN: Involved In Decisions	9.6	9.5
PHIN: Side Effects	9.0	9.1
PHIN: Who To Contact	9.8	9.7

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

Clifton Park Hospital places a strong emphasis on delivering high-quality, patient-centred care and monitoring patient experience through the Private Healthcare Information Network (PHIN) indicators. Patient feedback reflects overall satisfaction with care received, with consistently high scores across multiple domains.

During 2025/26, Clifton Park Hospital achieved an overall PHIN patient experience score of 94.8%, which is slightly below the Ramsay UK average of 95.6%, but reflects a consistently high level of patient satisfaction. Domain-level scores demonstrate strong performance, particularly in respect and dignity (9.8), involvement in decision making (9.6) and providing clear information on who to contact (9.8), with several domains performing in line with or above national averages.

Areas such as privacy (9.6) and side effects (9.0) were slightly below national averages; however, these results remain high and reflect the sensitivity of patient-reported experience measures. The data indicates a generally positive patient experience, with opportunities identified for further improvement in specific areas.

All patient experience data is reviewed through clinical governance processes, including feedback analysis, patient engagement forums and service reviews, ensuring that patient voice is central to service development.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Clifton Park	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC28	99.4%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC28	84.7%
	Q1 to Q3 25/26	Several	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC28	94.7%

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

Clifton Park Hospital is an elective surgical hospital delivering planned procedures, predominantly within orthopaedics. Venous Thromboembolism (VTE) risk assessment is a key component of patient safety and is undertaken for all patients in line with national guidance. The hospital has established processes to ensure that VTE assessments are completed on admission and documented appropriately.

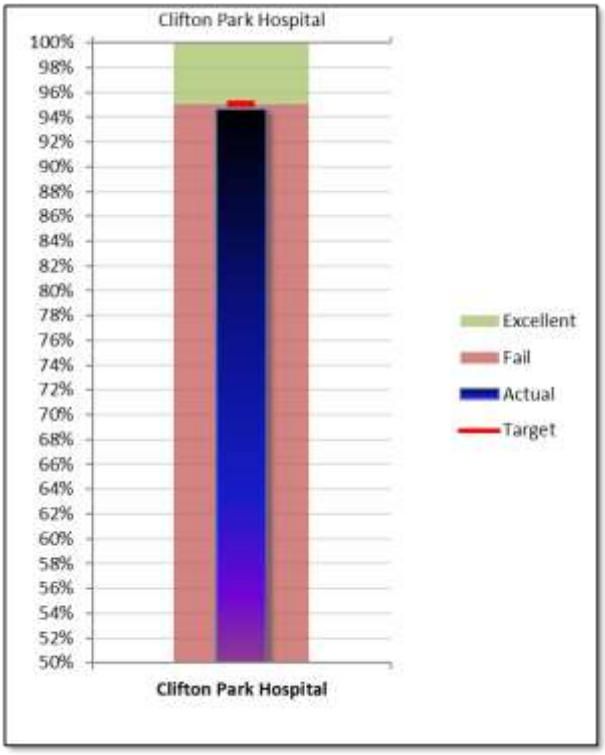
During 2025/26, VTE risk assessment compliance improved to 94.7%, following a lower compliance rate recorded in the previous reporting period. This improvement reflects a renewed focus on documentation, staff awareness and compliance monitoring. Variability in previous performance was primarily related to documentation and recording processes rather than a lack of clinical assessment.

All VTE assessments and compliance rates are monitored through clinical governance processes, including audit and review within the Patient Safety Incident Review Group (PSIRG). Regular feedback is provided to clinical teams to ensure continued awareness and adherence to best practice.

Clifton Park Hospital has taken the following actions to improve this rate, and so the quality of its services:

The hospital has strengthened its processes for VTE risk assessment through enhanced staff education, improved documentation practices and increased audit and monitoring of compliance. Additional focus has been placed on ensuring assessments are completed and recorded at the appropriate points in the patient pathway.

Ongoing review through governance structures ensures that compliance is maintained and any areas for improvement are identified promptly. These actions aim to achieve sustained high compliance and further improve patient safety outcomes.



C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Clifton Park	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC28	0.0000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC28	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC28	0.0000

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

Clifton Park Hospital is an elective surgical hospital, delivering planned procedures to appropriately selected patients who have undergone preoperative assessment and optimisation. Patients are contacted 48 hours prior to admission and asked if they have any symptoms of infection. As such, the risk profile for healthcare associated infections, including Clostridioides difficile is lower than that seen in acute or emergency care settings.

During 2025/26, Clifton Park Hospital reported zero cases of c.difficile infection, consistent with performance in previous reporting periods. This represents a

sustained period of zero incidence, which is significantly lower than the national average rates for England.

Clifton Park Hospital has taken the following actions to maintain these standards, and so the quality of its services, by:

The hospital continues to maintain and strengthen its infection prevention and control practices, including adherence to national guidelines, regular staff education and ongoing environmental and hand hygiene audits.

In addition, the hospital monitors antibiotic prescribing practices and reinforces antimicrobial stewardship principles to minimise the risk of infection. Infection control performance is reviewed through governance structures, ensuring that high standards are maintained.

These measures aim to sustain the hospital's zero incidence of C. difficile and continue to protect patient safety.

Patient Safety Incidents with Harm

SUIs:	Period	Best		Worst		Average		Period	Clifton Park	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC28	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC28	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC28	0.0006

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

Clifton Park Hospital is an elective surgical hospital delivering planned procedures to appropriately selected patients within a controlled environment. As such, the incidence of Serious Untoward Incidents (SUIs) is expected to be low.

During 2025/26, the recorded SUI rate was 0.0006, representing a very small number of incidents. This follows two previous reporting periods (2023/24 and 2024/25) where no SUIs were reported. The overall rate remains extremely low and reflects the hospital's strong safety culture and effective clinical governance processes.

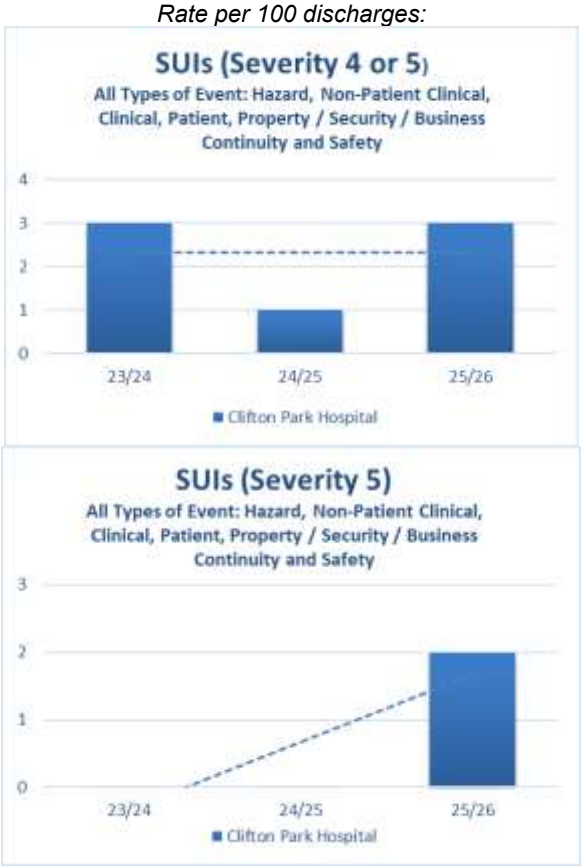
All incidents are reported through the organisation's incident reporting system and are subject to review within established governance structures. Where required, incidents meeting the threshold are investigated in line with the Patient Safety Incident Response Framework (PSIRF), using a systems-based approach to identify learning and improvement opportunities.

Clifton Park Hospital has taken the following actions to improve this rate, and so the quality of its services, by:

The hospital continues to strengthen its approach to incident reporting, investigation and learning through the embedding of PSIRF. This includes regular review of incidents within the Patient Safety Incident Review Group (PSIRG), ensuring timely identification of themes and dissemination of learning.

Ongoing staff training, promotion of a positive reporting culture and continuous review of clinical pathways and processes support the prevention of incidents and further reduction in risk. These actions aim to maintain low SUI rates while ensuring that any incidents are managed transparently and effectively to support continuous improvement in patient safety.

Rate per 100 discharges:



Friends and Family Test

F&F Text:	Period	Best		Worst		Average		Period	Clifton Park	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC28	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC28	100.0%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC28	*

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

Clifton Park Hospital is committed to delivering a high-quality patient experience and actively encourages patient feedback through the Friends and Family Test (FFT). This measure reflects the likelihood of patients recommending the hospital to others and is a key indicator of patient satisfaction.

The hospital achieved a score of 100% in both January 2024 and January 2025, representing the highest possible level of patient recommendation and consistently exceeding national averages for England (94.0% and 95.0% respectively). This demonstrates a sustained level of excellent patient experience and reflects the quality of care provided.

Patient feedback is reviewed regularly through clinical governance processes, including analysis of themes, patient engagement activities and service improvement discussions, ensuring that the patient voice remains central to care delivery.

Clifton Park Hospital has taken the following actions to improve this score, and so the quality of its services, by:

The hospital continues to utilise real-time patient feedback, including Cemplicity data and patient engagement forums, to identify opportunities for improvement and enhance the patient experience.

Focused actions have included improvements in communication, responsiveness to patient needs and maintaining high standards of care across all departments. Environmental audits and feedback reviews support continuous improvement in areas such as comfort, privacy and overall patient journey.

Ongoing monitoring through governance structures ensures that high levels of patient satisfaction are sustained, with the aim of maintaining performance above national benchmarks.

3.2 Patient safety

Clifton Park Hospital is a progressive hospital that is committed to continuously improving performance across all aspects of care, with patient safety remaining a key priority.

The hospital has embedded the Patient Safety Incident Response Framework (PSIRF) supporting a systems-based approach to learning from patient safety events. This enables a shift from a focus on individual blame to understanding the wider factors that influence care delivery, including human factors, processes and system design.

Risks to patient safety are identified through a number of routes, including clinical audit, patient complaints, incident reporting via Radar and feedback from patients and staff. In addition, trends in performance indicators such as readmissions, infections and incidents are closely monitored to identify opportunities for improvement.

Learning from patient safety events is supported through regular multidisciplinary review, including the weekly Patient Safety Incident Review Group (PSIRG) where incidents, complaints, audits and emerging themes are discussed. This ensures that learning is shared and informs continuous quality improvement across all departments.

This structured and proactive approach to patient safety has contributed to sustained low levels of harm and ongoing improvements in key performance indicators.

Clifton Park Hospital maintains a strong commitment to continuous improvement, striving to enhance performance across all areas on an annual basis, with patient safety remaining a central focus.

Risks to patient safety are identified through a number of established routes, including routine clinical audit, incident reporting, patient feedback and complaints, litigation review and staff raising concerns. In addition, the hospital actively monitors trends in key performance indicators to enable early identification of risk and timely intervention.

During 2025/26, the hospital has continued to embed the Patient Safety Incident Response Framework (PSIRF), supporting a systems-based approach to learning from patient safety events. Incidents are reviewed through structured governance processes, including the Patient Safety Incident Review Group (PSIRG), ensuring that learning is identified, shared and translated into meaningful improvements in practice.

This continued focus on patient safety, supported by robust governance processes and a culture of openness and continuous learning, has contributed to sustained improvements across a number of key quality indicators, as demonstrated in the graphs below.

3.2.1 Infection prevention and control

Clifton Park Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia.

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

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

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

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

Programmes and activities within our hospital include:

Rate per 100 discharges:

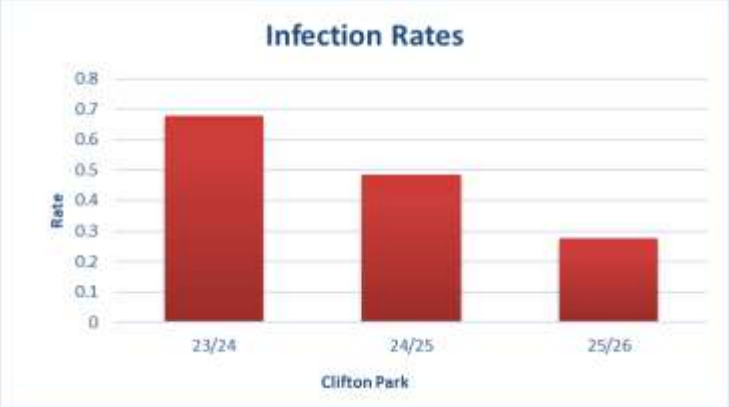
Programmes and activities within Clifton Park Hospital include a comprehensive infection prevention and control (IPC) framework, supported by regular staff training, audit and continuous quality improvement. This includes mandatory infection control training for all staff, hand hygiene audits, environmental cleanliness audits and ongoing monitoring of compliance with national IPC standards.

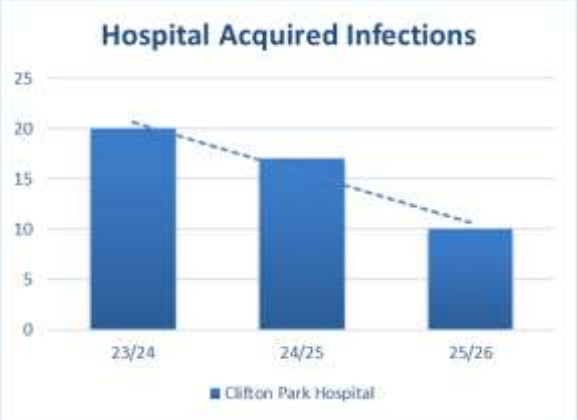
The hospital maintains robust antimicrobial stewardship practices and works closely with clinical teams to ensure appropriate prescribing. In addition, surveillance systems are in place to monitor infection rates, identify trends and support early intervention where required. Learning from incidents and audit findings is shared through governance structures, including the Patient Safety Incident Review Group (PSIRG), to drive continuous improvement.

Clifton Park Hospital has achieved bronze accreditation in Aseptic Non Touch Technique (ANTT) and is actively working towards silver accreditation. This reflects the hospital's commitment to maintaining high standards of IPC practice and progressing towards excellence through continuous development, audit and improvement.

As demonstrated in the graphs above, Clifton Park Hospital has seen a sustained reduction in hospital-acquired infection rates over the last three years. The number of infections reduced from approximately 20 in 2023/24 to 17 in 2024/25 and further to 10 in 2025/26. This is reflected in the rate per 100 discharges, which has decreased from approximately 0.7 to 0.5 and then to 0.3 over the same period.

This improving trend reflects the hospital's continued focus on infection prevention and control, including strengthened cleaning protocols, improved compliance with hand hygiene, enhanced pre-operative patient optimisation and effective antimicrobial stewardship. The elective nature of the hospital's activity, combined with robust patient selection and pre-assessment processes, also contributes to lower infection risk.





3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **P**atient-**L**ed **A**ssessments of the **C**are **E**nvironment (**PLACE**)

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

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

During 2025, Clifton Park Hospital achieved consistently high PLACE scores across all domains.

- Cleanliness was rated at 97.32%
- Privacy, Dignity and Wellbeing at 97.39%

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- Condition, Appearance and Maintenance at 98.21%.
- Scores for food were also high-
- Organisation Food scoring 96.24%
- Ward Food 95.47%.

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Additional areas including Dementia (97.11%) and Disability (97.70%) also performed strongly.

In comparison to national averages, which typically range between approximately 94% and 96%, Clifton Park Hospital's results are above average across all domains, demonstrating a high standard of environmental cleanliness, patient comfort and dignity.

These strong results reflect the hospital's continued focus on maintaining high standards of environmental hygiene, regular cleaning audits, robust facilities management processes and staff engagement in maintaining a safe and welcoming environment.

Areas identified for further improvement relate primarily to food services, where although scores remain high, ongoing work is being undertaken to enhance patient choice, consistency and overall experience. Feedback from PLACE assessments and patient surveys is used to inform improvements in catering services and patient dining experience.

Actions to support continuous improvement include ongoing environmental and cleaning audits, staff training, regular review of facilities and maintenance programmes and continued engagement with patient feedback to ensure that the care environment remains responsive to patient needs. Current areas of focus include improvements to patient facilities within the day unit to enhance the overall patient experience, as well as the development of menu choices following surgery, particularly for patients staying over weekends, to ensure a consistent and high-quality dining experience.

The hospital remains committed to maintaining high standards of cleanliness, safety and patient comfort, ensuring that the environment supports the delivery of safe, effective and patient-centred care.

Challenges include the constraints of an ageing building and increasing demand on capacity. In response, the hospital continues to explore innovative ways to improve patient flow, enhance the overall patient experience and maximise the effective use of available space.

The hospital also operates across split-site inpatient and outpatient facilities, which presents additional challenges in coordinating patient pathways and staff movement.

As a result, there is an ongoing focus on reviewing and refining pathways to improve efficiency, communication and both patient and staff experience across the site.

3.2.3 Safety in the workplace

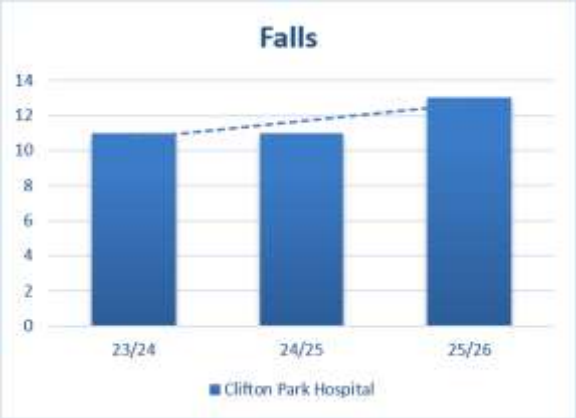
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

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

Local safety initiatives within Clifton Park Hospital include mandatory health and safety training, manual handling training, regular risk assessments, environmental audits and incident reporting. Falls prevention remains a key focus area, supported by staff education, patient risk assessment and appropriate supervision of patients identified as being at increased risk.

As demonstrated in the graph below, the number of reported falls has remained relatively low, with approximately 11 incidents recorded in both 2023/24 and 2024/25, and a slight increase to 13 incidents in 2025/26. This increase has been reviewed through the hospital's governance processes to identify any contributing factors; it was identified that a number of vasovagal episodes had previously been recorded as falls. As these events do not meet the definition of a true fall, improvements have been made to the classification and reporting of incidents. The introduction of more accurate reporting of medical collapses is expected to result in a reduction in recorded falls and provide a more accurate reflection of true fall incidence.

Rate per 100 discharges:

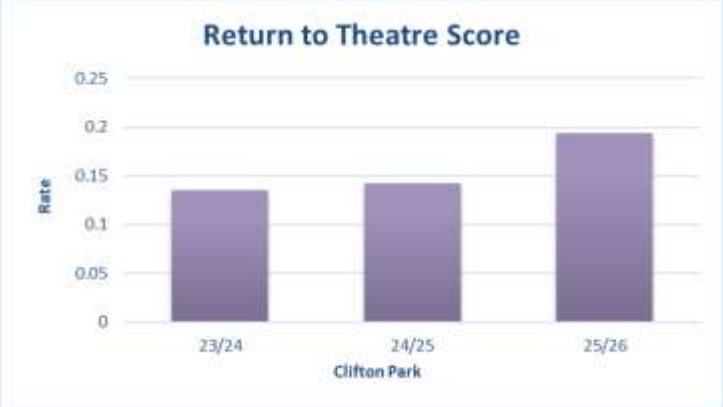


3.3 Clinical effectiveness

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

3.3.1 Return to theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. Many 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.



In the above graph our returns to theatre rate have increased over the last year. The rate remains low overall and is consistent with the hospital's increasing activity levels and the complexity of cases undertaken.

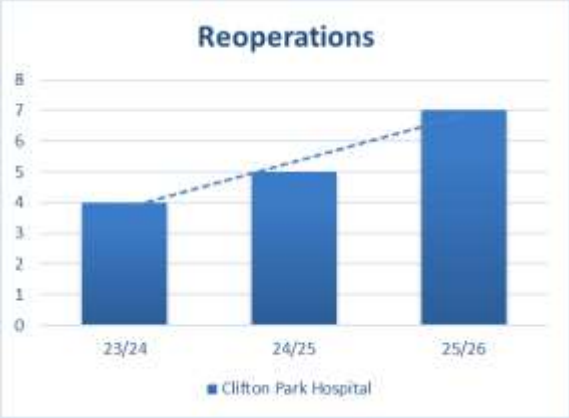
All returns to theatre are subject to detailed review through established clinical governance processes. Each case is assessed to determine whether the return was related to surgical, clinical or patient-specific factors, ensuring a clear understanding of underlying causes. Where appropriate, cases are escalated for further review under the Patient Safety Incident Response Framework (PSIRF), supporting a systems-based approach to learning.

The increase in return to theatre rate has been reviewed and reflects a combination of factors, including increased activity, case complexity and enhanced reporting practices. No consistent themes of concern have been identified; however, opportunities for improvement have been recognised.

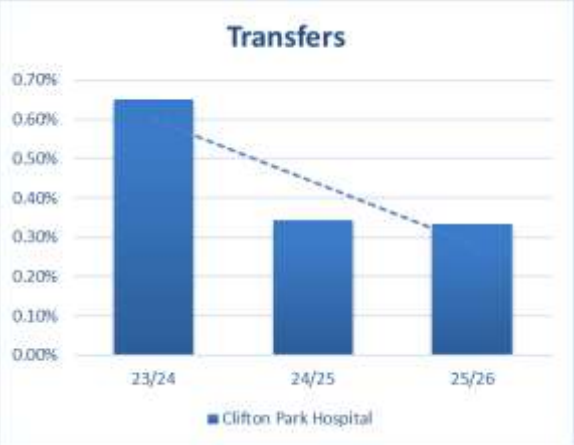
Actions taken to address this include continued strengthening of pre-operative assessment processes, multidisciplinary review of higher-risk patients, optimisation of surgical pathways and enhanced post-operative monitoring. In addition, ongoing audit and regular review through governance forums, including the Patient Safety Incident Review Group (PSIRG), ensure that learning is identified and shared.

The hospital remains committed to reducing avoidable returns to theatre through continuous improvement, ensuring that patient safety and clinical outcomes remain a priority.

Rate per 100 discharges:



Rate per 100 discharges:



As can be seen in the above graph, the transfer rate has decreased from 0.34% to 0.33% over the last year whilst activity has increased. Overall, transfer rates remain low across the reporting period.

The reduction in transfer rates in the most recent period reflects improvements in pre-operative assessment processes, multidisciplinary review of higher-risk patients and

clearer inclusion and exclusion criteria. Enhanced communication between clinical teams and improved patient optimisation have also contributed to this positive trend.

Ongoing actions include continued strengthening of pre-assessment pathways, regular audit of transfer cases and review through governance forums, including the Patient Safety Incident Review Group (PSIRG), to ensure that learning is identified and embedded in practice.

The hospital remains committed to minimising avoidable transfers through continuous improvement in patient selection, clinical pathways and overall patient care, ensuring that patients are treated safely and in the most appropriate setting.

3.3.2 Learning from Deaths

- During the reporting period, a total of:
- Two patient deaths occurred at Clifton Park Hospital
- Both deaths were subject to structured review, through:
    - Patient Safety Incident Investigation (PSII)

All deaths were considered in line with the Patient Safety Incident Response Framework (PSIRF) to identify opportunities for learning and system improvement.

Deaths Attributable to Problems in Care

Following detailed review:

- 0 deaths were considered more likely than not to have been due to problems in care.

In the cases reviewed through PSIIs during this period:

- There was no evidence of care falling below expected professional or organisational standards, and care was broadly delivered in line with policies and NICE guidance.
- However, investigations identified important system-level learning opportunities where improvements could further reduce risk and enhance patient safety.

Key Learning from Investigations into Deaths

Investigations identified recurring themes that have informed the hospital's Quality Improvement Plans:

1. Risk Stratification and Decision-Making

- Need for more holistic, multidisciplinary risk assessment for patients with complex comorbidities rather than reliance on single thresholds (e.g. BMI).
- Introduction of mandatory Multi-disciplinary Team (MDT) review for higher-risk patients to support consistent, shared decision-making.

2. Infection Prevention Management

- Infection prevention measures were delivered in line with national and local policy, including antibiotic prophylaxis and decolonisation.
- Learning identified the need to:
    - Better tailor infection prevention strategies for higher-risk patients.
    - Review antibiotic protocols (including weight-adjusted dosing).
    - Strengthen clinical pathways (e.g. bowel care, catheter management, wound monitoring).

3. Post- Discharge Safety Netting and Follow-up

Opportunities to improve:

- Clarity of patient information at discharge.
- Recognition and escalation of evolving symptoms.
- Consistency of 48-hour follow-up calls and responsiveness to patient concerns.

4. Communication and Continuity of Care

- Limited formal processes for cross-organisational communication when patients were admitted to other providers.
- Need for improved information sharing and continuity across the patient pathway.

5. Standardisation of Clinical Processes

Variation in areas such as:

- Anticoagulation management.
- Bowel and catheter care.
- Theatre environmental controls.

- Requirement for clearer SOPs and escalation thresholds to reduce variability in care.

Actions Taken and Impact on Quality Improvement

Learning from deaths has directly informed the hospital's Quality Improvement Programme, resulting in the following actions:

Implemented / In Progress

- Revised admission criteria requiring MDT review for high-risk patients (e.g. BMI ≥40).
- Review and update of antibiotic prophylaxis guidance, including consideration of weight-adjusted dosing.
- Development of standardised patient information, including wound care and escalation guidance.
- Strengthening of post-discharge follow-up processes (48-hour calls and escalation pathways).
- Introduction of cross-organisational communication protocols with partner NHS Trusts.
- Development of standard operating procedures (SOPs) for:
    - Theatre environmental conditions.
    - Anticoagulation management.
    - Bowel and catheter care.

Over-all Impact

The review of deaths during this reporting period has demonstrated that:

- Care was safe, effective and compliant with expected standards
- No deaths were attributed directly to failures in care
- However, system-wide improvements have been identified and implemented to:
    - Enhance risk assessment and decision-making
    - Improve patient safety-netting and communication
    - Reduce variation in clinical practice
    - Strengthen whole-pathway continuity of care

These improvements support a culture of continuous learning and quality improvement, ensuring that patient safety remains central to service delivery.

The hospital remains committed to using learning from patient safety events to continuously improve care, working collaboratively across teams and organisations to deliver safer, more responsive and patient centred care.

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.

At Clifton Park Hospital, a strong culture of speaking up is actively promoted and supported as a key component of patient safety and staff wellbeing. The Speak Up for Safety (SUFS) programme remains fully embedded within the organisation, with ongoing training, regular reinforcement of the Safety C.O.D.E. framework and visible leadership support from the Senior Leadership Team.

Staff are encouraged to raise concerns through multiple channels, including line management, incident reporting systems, SUFS champions and direct access to the Freedom to Speak Up Guardian. Feedback is provided to staff who raise concerns through governance processes, ensuring that learning is shared and actions are visible.

Clifton Park Hospital's Freedom to Speak Up Guardian is Angela Evans, Chief Customer Officer, providing an additional independent route for staff to raise concerns confidentially. The hospital is committed to ensuring that all staff feel safe to speak up without fear of detriment, reinforcing a positive culture of transparency, openness and continuous improvement.

The continued embedding of SUFS, alongside the Patient Safety Incident Response Framework (PSIRF), supports a systems-based approach to identifying and addressing concerns, ensuring that staff voices contribute directly to improving patient safety and quality of care.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

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

Patient experiences are 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 governing bodies occurs as required and according to Ramsay and Department of Health policy.

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

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

In the above graph our Patient Satisfaction rate has increased over the last year. Rising from 97.2% in 2024/25 to 99.0% in 2025/26, with a consistent upward trend observed over a three-year period. In comparison to the national average which range from 94% and 95%, Clifton Park Hospital's patient satisfaction rate is significantly higher, demonstrating excellent performance in delivering a positive patient experience.

This improvement reflects the hospital's continued focus on patient-centred care, including the use of real-time patient feedback, Cemplicity reporting and Key Driver Analysis (KDA) to identify and respond to areas for development. Initiatives to improve communication, enhance pre-operative information, strengthen discharge processes and maintain high standards of care across all departments have contributed to this sustained increase.

The hospital actively reviews patient feedback through established governance processes, including patient engagement forums, environmental audits and clinical governance meetings, ensuring that patient experience remains a key priority.
On going actions to sustain and further improve this performance include continued staff engagement, targeted service improvements based on patient feedback and ongoing monitoring through governance structures. These measures aim to maintain high levels of patient satisfaction while ensuring that care remains responsive, safe and patient-focused.

3.5 Clifton Park Hospital Case Study

Case study:

Strengthening Patient Selection and Communication Following Patient Feedback

Clifton Park Hospital identified an opportunity for improvement in patient selection and communication following feedback and formal complaints from patients who had been assessed as unsuitable for surgery at the hospital.

One patient raised a formal complaint after being referred back to their local NHS Trust for further management. The patient had significant clinical complexity, including liver disease, multiple comorbidities and obstructive sleep apnoea, and was unable to tolerate continuous positive airway pressure (CPAP) therapy. These factors meant the patient did not meet the hospital's inclusion criteria for surgery, due to the increased risks associated with proceeding in a setting without on-site intensive care facilities.

The patient had waited for surgery and expected that, following referral to Clifton Park Hospital, treatment would automatically proceed. Following pre-assessment, the decision was made that surgery could not be undertaken safely at Clifton Park Hospital and care was therefore returned to the NHS. This resulted in significant frustration for the patient, highlighting a gap in patient understanding regarding levels of care, clinical risk and surgical suitability.

Further review identified that similar concerns had been raised by other patients in comparable situations, indicating a wider opportunity for service improvement. These cases were reviewed through governance processes to identify themes and develop a structured response.

In response, Clifton Park Hospital implemented a series of quality improvement actions. These included strengthening collaboration with consultants to ensure consistent application of inclusion and exclusion criteria, improving communication with patients regarding suitability for treatment and managing expectations earlier in the patient pathway.

The hospital also worked with referring clinicians, including GPs and external partners, to ensure that referral criteria were clearly communicated and understood. This has supported more appropriate patient selection and reduced the likelihood of patients progressing through the pathway only to be deemed unsuitable at a later stage.

In addition, digital technology was introduced within patient waiting areas to support patient education. Information is displayed on large screens on a continuous loop, raising awareness of common health conditions that may impact surgical suitability,

including conditions such as sleep apnoea and alcohol consumption above recommended guidelines. This proactive approach helps patients better understand the factors influencing surgical risk and supports engagement in pre-operative optimisation.

As a result of these improvements, Clifton Park Hospital has enhanced transparency within patient pathways, improved patient understanding of clinical decision-making and reduced complaints relating to surgical suitability. This work reinforces the importance of sharing patient safety considerations at the earliest stage of the patient journey and ensures that patients are treated in the most appropriate setting.

This approach supports safer patient care, aligns with High Volume Low Complexity (HVLC) principles and demonstrates the hospital's commitment to patient-centred care and continuous quality improvement.

Appendix 1

Services covered by this quality account

Regulated Activities – Clifton Park Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Orthopaedic, Physiotherapy Cosmetics ENT and Plastic surgery Oral and Maxillo facial, Urology, Pain Management Vascular General surgery	All adults 18 yrs and over
Surgical Procedures	Ambulatory, Daycase and Inpatient Surgery: Orthopaedics; Plastic Surgery; General Surgery (hernia repairs); Oral and Maxillo-Facial, Pain Management Urology, Vascular & ENT	All adults excluding: o Patients with blood disorders (haemophilia, sickle cell, thalassaemia) o Patients on renal dialysis o Patients with history of malignant hyperpyrexia o Planned surgery patients with positive MRSA screen are deferred until negative. o Patients who are likely to need ventilatory support post operatively. o Patients who are above a stable ASA 3. o Any patient who will require planned admission to ITU post-surgery. o Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) o Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) o MI in last 6 months o Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) o CVA in last 6 months All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Imaging services, static MRI, On site plain x-ray, Phlebotomy POCT, Ultrasound Mobile, Urinary Screening and mobile CT Specimen collection.	All adults 18 years and over

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

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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.

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

IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors	Whole Hospital	July, January	Month end	
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	

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

NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	March/April	End of April	
	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December	End of December	
			May/June	End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	

Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	

			November/December (if req) March/April	No December deadline End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	

CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Safe & Secure	Pharmacy	Outpatients, Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	

Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	

IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy		Decontamination	As required (by corporate team)	No deadline	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	

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
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINk	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC	Code for Clifton Park 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

Clifton Park 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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www.ramsayhealth.co.uk/hospitals/clifton-park-hospital

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