

Cobalt Hospital

Quality Account
2025/26



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Welcome to Ramsay Health Care UK

Cobalt Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

I am proud to share these results with you.



Nick Costa


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

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

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

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

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

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

Jo Dickson

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mr Christopher Dean, Hospital Manager

Cobalt Hospital

I am pleased to present our Quality Account for 2025/26, which demonstrates our commitment to delivering high quality care. The report focuses upon our performance over the last year and presents our priorities for 2026/27.

Our focus has been on continuing our work as an efficient and effective day case facility, working closely with our NHS Trusts to support with the challenging long waiting lists that the NHS face. We have maintained our commitment to focus on quality, continuous improvement and positive patient experience to ensure we continue to deliver excellent outpatient and day-case services to our patients.

2025/26 has continued to see growth in GP referrals to all our services, and consistently high patient satisfaction levels and low rates of clinical incidents and complaints.

Our team is pivotal to delivering a quality service, we are committed to training and developing our workforce and ensuring attitudes and behaviour are aligned to the Ramsay values and 'The Ramsay Way'. We have focussed on our recruitment and increased our staffing levels to support the increased referrals seen over the last year.

Key achievements during 2025/26 include:

- All patient feedback mechanisms continue to show consistently high satisfaction rates of over 99.7% for satisfaction and recommendation.
- Low incident rates and low number of patient complaints.
- The continued development and enhancement of our safety agenda with the embedding of the Ramsay Health Care UK 'Speak Up For Safety' campaign, and the nomination of more members of the team to champion this.
- Achieved our revalidation from JAG (Joint Advisory Group) for Endoscopy services.
- Establishing hospital 'champions' for dementia, mental health and wellbeing, privacy and dignity and health promotion. In addition, we have a Mental Health in the Workplace Champion' who along with 5 other members of staff have completed 'Mental Health in the Workplace Training'. We also have five Mental Health First Aiders, one Domestic Violence Champion and seven Health Advocates
- Continued compliance with Ramsay Health Care UK internal audit programme, which provides internal quality assurance for the services we provide.
- Partaking in the GIRFT programme with a view to understanding potential improvements that could be made to our Orthopaedic services.

Our priorities for 2026/27, are focused upon ensuring continuous improvement, creating services centred on the patient, getting it right first time and putting patient safety at the heart of everything we do. We will continue to focus on compliance with our internal clinical audit programme through "Tendable", a real time audit programme. Whilst our review of key performance indicators indicates good patient outcomes, we will continue to look at other ways to measure health improvement gains with the support of our medical advisory committee which we are expanding to provide a wider input from our consultant colleagues

1.2 Hospital Accountability Statement

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

Mr Christopher Dean

Hospital Manager

Cobalt Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Andy Gray – Medical Advisory Committee Chair

Jonathan Powell - Clinical Governance Committee Chair

Louise Mason-Lodge Director of Nursing NHS NENC ICB

Welcome to Cobalt Hospital

Cobalt Hospital was built in 2005. The hospital is a single level building and is a modern, purpose-built unit designed for the diagnosis, assessment and treatment of conditions on a day case basis. We provide fast, convenient, effective and high-quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

Hospital Facilities

- Welcoming reception and waiting areas to provide more appropriate space and comfort for patients.
- Maximise natural light.
- Outpatient department with consulting rooms and a treatment / procedure room.
- Outpatient physiotherapy service.
- 2 operating theatres (1 dedicated to endoscopy and the other to day case surgical procedures).
- Recovery areas with 2 stage 1 recovery areas for patients having a general anaesthetic and 6 stage 2 recovery bays for ambulatory patients and patients having a local anaesthetic, comprising of 8 recovery areas in total.
- Free on-site parking
- Located within the Cobalt Business Park there is ample free car parking, good public transport links and easy access to main road networks.
- On site Sterile Services Department for the reprocessing of surgical instruments for both Cobalt Hospital and Tees Valley Hospital in Middlesbrough.
- NENC Integrated Care Board (ICB) South Tyneside and Sunderland were our lead commissioner of NHS Services for 2025/26, on behalf of neighbouring ICB's, with regular service review meetings held to discuss performance.

Patients were referred and travelled from Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside, Gateshead and North Cumbria.

Referral to the hospital for NHS services is direct from GP via the electronic referral system (eRS) and we have dedicated eRS Co-ordinators and a GP Liaison Officer to facilitate the NHS referral process. We do not currently provide any outreach services.

During 2025/26, we delivered 5,502-day patient procedures at Cobalt Hospital; the focus of the hospital continues to be on delivering NHS activity, equating to 91% of admissions. Currently 7% of admissions are self-pay patients and 2% of our admissions are through private medical insurance.

We have increased strategic networking whilst maintaining and strengthening our relationships with our local NHS Trusts. During the pandemic, in varying degrees, we supported Newcastle Upon Tyne Hospitals NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Gateshead Health NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust in delivery of both outpatient procedures and day case admissions to assist them in reducing their waiting times. Where possible, we will continue to support our local NHS Trusts moving into 2026/27 as part of their continued recovery plan, in tackling waiting times with activity planned for endoscopy, urology and plastics/ dermatology. We will also continue to strengthen existing links and develop new links with our local Trusts, ICBs and referrers.

Our success is dependent on our staff; there are 64 contracted members of staff employed at Cobalt Hospital comprising of 46.37% clinical posts (excluding sterile services staff) and 33.3% supporting staff with a mix of full time and part time positions. With 76.6% of all patients facing clinical posts held by registered nurses, we have a registered nurse patient ratio of 2:6. As part of our team, we also directly employ 1 consultant Gastroenterologist and have a further 43 visiting consultants with full practising privileges. Cobalt Hospital also employs bank staff to provide a greater flexibility in the workforce, which allows us to flexibly use our capacity and ensure our waiting times are kept to a minimum.

The breakdown of skill mix across the hospital is as follows:

- Ward skill mix RN 62.5%: HCA 37.5%.
- OPD skill mix RN 80%: HCA 20%
- Theatre skill mix RN/ODP 90%: HCA 10%
- Endoscopy skill mix RN 71.4%: HCA 28.5%.

In addition, to the services we provide for our patients, Cobalt Hospital is also proud to say that we participate in the local community and in national charities. In 2025/26, we sponsored the following local charities through fund-raising events and donations. We will continue to support some of these charities during 2026/27.

- Alzheimer Awareness
- MacMillan Cancer Support.
- North Tyneside food bank
- Cleft Lip and Palate Association (CLAPA) where we sponsored a Plastic Surgeon's to undertake charity work as well as undertaking fundraising activities.
- Cash for Kids Christmas appeal
- Giving back days – supporting the community, beach litter pick
- Attended 2 local schools to deliver hand hygiene sessions.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

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

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

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

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

Priorities for improvement

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

Every year we set quality priorities, which represent areas where we would like to see improvement over the course of the next year. For 2025/26, our priorities were aligned to the clinical strategy 2023-2026 with four themes. They are based on the output of our learning from our internal clinical audit programme, national audit data, reviews from adverse events and listening to and reviewing patient feedback. We are confident that our commitment to quality improvement means our staff and leaders have the right skills to lead on improvement and support the clinical priorities.

Patient experience: To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support. To provide high quality services through optimising the use of our resources.

People: Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

Partnerships and systems: Working with partners to provide the right care and support, in the right place, at the right time.

Performance: Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm. Ensuring all our patients have access to the care they need to ensure they have the best chance of getting a good outcome.

Cobalt Hospital - Clinical Strategy 2023 – 2026

Our Clinical Vision

To provide assurance for staff, the public and partners on the direction and key priorities for Cobalt Hospital focusing on the growth of safe and sustainable day case services whilst delivering excellence in patient experience and health outcomes.

Our Priorities

Patients We will value each person as an individual and treat them with dignity and respect

People We will have skilled staff working as one team and recognise we all add value

Partnerships We will invest in integrated and collaborative working relationships to offer high quality accessible health care

Performance We will take responsibility to deliver safe high quality care through a robust governance framework

Our Enablers



2

POWER

Business Use



Patients

Patient Experience

Improving overall patient experience as measured by the Friends and Family Test (FFT), Cemplicity, Reputation.com, PROMS, NHS choices and complaints

Review of patient satisfaction surveys and friends and family results have been disseminated to all staff and discussed at the Customer Focus meeting, thus providing an arena to discuss and identify those areas where corrective action is to be undertaken resulting in a reduction of complaints and to maintain or improve the satisfaction levels of patients and Consultants. We have also enabled staff to have a greater understanding of patient expectations and respond accordingly. In conjunction with this, we have been able to empower and support people to take control of their own health and wellbeing.

We have increased staff awareness of the importance of the employee/patient relationship and provided all staff on a monthly basis with a breakdown of the patient satisfaction report to acknowledge their input and influence on the results.

We have made greater use of the Cemplicity Dashboard enabling us to further analyse our data and to better understand the patient experience within our hospital, which is imperative to identify where improvements can be made. This was discussed in detail at the monthly Senior Leadership and Head of Department meeting as a key driver analysis to improve our statistics with regard to patient experience. The dashboard is available to all staff to access and integrates the FFT and the PROMS data.

Responses to patient complaints also form part of patient feedback where lessons learnt have been shared and actions are completed.

All the objectives set for 2025/6 were achieved.

- **Continue to action patient responses from patient experience.**

This was achieved by reviewing patient comments from all feedback platforms and acting on patient suggestions. To date, as a result of this feedback we have, placed towels and wet wipes in the changing rooms, pre procedure patient call now includes information regarding the food options available post procedure, adjustments made to the bathroom facilities and reviewing our discharge process to allow a family member to be present when patients are receiving discharge information if they have had a sedation

- **Review the patient environment with regards to privacy and dignity**

We have placed patient information in the reception area advising patients that a prayer room can be made available on request, several patients have accessed this service and have been very grateful. We have also ensured that when patient privacy is needed such as undertaking sensitive conversations or delivering bad news a quiet room is made available for our patients.

With regard to mixed gender areas, we review daily our patient lists to address patient bays to reduce a mixed gender environment to improve our patient experience.

Patient Safety

Reduce surgery related harm, staff training and development; reduce harm from unrecognised deterioration, increased hospital communication.

Moving away from a traditional root cause analysis approach to patient incident investigations, Ramsay has transitioned to the Patient Safety Incident Response Framework (PSIRF). We have been committed to improve patient safety through use of PSIRF, supporting a systematic, compassionate and proficient response to patient safety incidents, ensuring the principles of openness, learning and continuous improvement. Cobalt hospital has complied with policy to transfer the emphasis from the quantity to the quality of patient safety incidents such that it increases our stakeholders' (notably patients, families, carers and staff) confidence in the improvement of patient safety through learning from incidents.

The incident reporting platform Radar has been widely used by all the clinical staff, it is important to improve the staff's understanding of quality to be aware that incident data from Radar, forms part of the Clinical Data Quality Pack, Senior Leadership Dashboards and PHIN reporting. Occasionally there is a delay in reporting incidents which is mainly due to manager annual leave and the task not being reassigned. A "helpful hint for Radar" was circulated to all clinical leaders and extra training sessions were provided. We encouraged relevant staff to complete the Advanced Life Support training, we now have three more staff across theatre, endoscopy and the ward trained to this level, this ensures that we have at least one ALS provider per shift.

In 2024, Ramsay Health Care launched the Getting It Right First Time (GIRFT) project hosted at the Royal National Orthopaedics Hospital (GIRFT/RNOH) and was commissioned by Ramsay Health Care to conduct a review of secondary care Orthopaedic and Spinal services across the business. This project underscores Ramsay's unwavering commitment to continually enhancing healthcare quality and patient outcomes, to examine how things are currently being done and how they could be improved. Deep dives commenced at Ramsay sites to gain an understanding of each hospital. Cobalt was part of cohort 3, receiving a Data pack in March 2025 and had a virtual deep dive in April 2025. The meeting topics included orthopaedic volumes, workforce provision, case mix complexity, referral methods and urgent care provision.

All the objectives set for 2025/6 were achieved.

- **To work with the Getting It Right First Time (GIRFT) project and action any suggestions following the receipt of the deep dive report.**

Following a successful deep dive meeting on 11th April 2025 an action plan was completed, highlighting the key points for action. As Cobalt is a day case unit most of the metrics and agreed recommendations did not apply. The data analysis showed that 57 knee joint arthroscopic procedures were undertaken in 2023/24.

The RNOH/GIRFT recommendation was that the hospital should undertake an audit to identify the number of patients that have received primary knee replacement within 1-year of having an arthroscopy. Previously this has not been monitored by Ramsay at a Corporate level – following the RNOH/GIRFT reviews it has been highlighted as an area which will receive attention. The Corporate data team are working on a solution to monitor this KPI and share it with all hospitals in the future.

- **Relevant staff to attend the face-to-face Oliver McGowan training.**

In 2025/26 key staff members completed the tier 2 face to face Oliver McGowan training to assist in providing the staff with the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.

People

To have a compassionate and inclusive workforce where every voice is heard, where training and development opportunities are provided, and good work is recognised and acknowledged.

In 2025/26 we supported departments to use a team-based rostering to give individuals greater control over when they work this has been a very effective initiative allowing cross working between the endoscopy staff and the ward staff. Endoscopy staff in order to provide a more personalised service to their patients have been allocated to discharge and admit, when possible, their own patients. To support our department leaders, we have provided people management skills training to give them the skills and information they need to deal with absence, sickness and other issues appropriately and in a timely way. These sessions have been delivered by our HR administrator. Cobalt had a high staff satisfaction response to the annual staff survey for 2025 with an increase in all areas against the 2024 staff survey. All areas were also higher than the Ramsay UK average.

KPI's	Cobalt 2025	difference from 2024	Ramsay UK
Engagement	81%	+5	73%
Well-being	88%	+7	75%
Inclusion	81%	+8	64%
Burnout Indicator favourable	88%	+20	62%

As part of the Ramsay Cares strategy, Ramsay Health Care UK allows each contracted employee to take one day of paid leave per year to contribute to charity, community and worthy causes. This is known as a 'Giving Back Day.'

Since 2020 Cobalt hospital has successfully completed 3 Better Health At Work accreditations, at the annual BHAWA ceremony in April 2025 Cobalt Hospital was awarded with and collected their certificate of achievement for their Continuing Excellence Award and also received the North Tyneside Special Recognition Award for our campaigns and commitment. As part of the BHAWA campaign criteria 2024 a five-year staff Wellbeing Strategy was developed, and actions have been created to achieve all focus goals, this Wellbeing Strategy continues to be in place.

SPIRITUAL

Provide an environment to care and act for the welfare of others and the environment by supporting values and purpose

PHYSICAL

Create an environment where people feel empowered and are educated about their physical wellbeing

SOCIAL

Build healthy, collaborative, nurturing and supportive relationships with each other



FINANCIAL

Promote employment practices that avoid low pay, insecure contracts unfair pay gaps and ensure job security

EMOTIONAL

Supporting individuals to better manage their psychological wellbeing and develop resilience

INTELLECTUAL

To provide learning and development opportunities to ensure career progression and job satisfaction

There were three key areas of focus for 2025/26 to help understand and create an inclusive, compassionate and high performing culture where staff can thrive and be their best:

2/3 of the objectives set for 2025/6 were achieved.

- **Support staff development and learning opportunities.**

Training opportunities were shared with all employees via the Ramsay Academy, these updates were sent monthly highlighting the training opportunities available with dates and times. Staff can register for these via Workday. A number of staff have been supported and have completed; Professional Nurse advocate training, surgical first assistant training, wound care training, a ward health care assistant has commenced her registered nurse training. Staff have also been encouraged to source any external training opportunity that they feel would benefit themselves and the organisation and have attended national conferences.

- **Continue to improve staff health and wellbeing with initiatives lead by the Health Advocates.**

In June 2025, the Better Health At Work Award (BHAWA) was discontinued in North Tyneside and the opportunity for organisations to sign up to the Northeast Combined Authorities (NECA's) new accreditation of the Good Work Pledge (GWP) was offered. Cobalt took the decision not to re commence this health and wellbeing initiative as the past five years had been dedicated to the BHAWA. The role of the Health Advocate was attributed to the BHAWA training and was therefore not applicable to continue within the hospital.

- **Encourage our staff to participate in the “Giving Back” days.**

Several members of staff from across all departments dedicated their time to a worthy cause and participated in the following events, charity runs, beach cleans, community blood pressure health checks, basic life support sessions for the community, great north run and visited reception classes at 2 schools to deliver hand hygiene sessions. Staff are reminded regularly of the offer to take up a giving back day.

Partnerships/systems

Increasing capacity and resilience to Work in partnership with the local Trusts and ICB's to deliver safe, high-quality services that meet the full range of people's health and care needs.

In 2025/26, we continued to work in partnership to deliver high quality health and care through integrated services by rising to the continued challenges from meeting new care demands and support the NHS and ICB. While the resulting demands on healthcare remain uncertain, we know we need to continue to collaborate with our partners to provide the right care and support, in the right place, at the right time.

All objectives were achieved in 2025/26.

- **To increase the diversity of our patient services**

We have extended service provision to our patients through offering a new urology outpatient clinics and theatre sessions, the main procedures undertaken are for hydrocele and circumcision. We have also commenced outpatient clinics where a haemorrhoidal Artery Ligation Operation (HALO) and a Rafaelo surgery for haemorrhoids can be offered. Both procedures are minimally invasive performed under a local anaesthetic to allow patients a quicker recovery for patients.

- **Continue to engage in communications with Trusts and ICB's improve implementation of pathways.**

We engaged with our local NHS Trusts and ICB's on a regular basis which focused on discussions about supporting case management; to gain their trust and assurance that we can deliver safe effective care for their patients.

We have supported the local NHS Trusts in case management of plastic surgery patients listed for mainly skin lesion procedures and some orthopaedic procedures.

We focused on capacity and acuity at our weekly capacity meetings, this was attended by staff from theatre, ward, endoscopy, patient administration, pre assessment and the senior leadership team. We reviewed and discussed all commissioning contracts and how we could fulfil the expectations of the contracts.

Performance

We will continue to participate in local and national audits and improve the management of our patient journeys through the utilisation of evidence-based practice.

Following successful Joint Advisory Group on Gastrointestinal Endoscopy (JAG) re accreditation in January 2026 we achieved unconditional accreditation confirming Cobalt Hospital as a level 1 JAG accredited unit. Several areas were highlighted as examples of excellence in the service including, impressive documentation about the management of services and services provided, Strong leadership and clear vision for the future development of the unit and service, exemplary vetting service and pre-assessment processes as well as an extremely well managed decontamination pathway. Throughout all 2025/26 Cobalt hospital continued to not be highlighted as an outlier in all of the clinical KPI's, this is demonstrated through the clinical quality dashboard, which not only highlights the hospital site data but also the whole of the organisation.

All objectives were achieved in 2025/26.

- **Complete 100% of all applicable clinical audits**

We have completed 100% of audits on the audit programme, 90% of these were completed within the timescale set. Action plans were developed from the results.

- **We will make greater use of the Ramsay Dashboard platforms to measure theatre utilisation, pre assessment effectiveness and Clinical Quality.**

Clinical quality data is accessible to staff through the Clinical Quality dashboard; we have introduced and discuss the theatre utilisation dashboard at our weekly capacity meetings to enable further site of theatre timings and efficiencies. Relevant clinical data is shared with staff at the Senior Leadership and Head of Departments meetings, the ICB quality report and the Medical Advisory committee meeting.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

Patient Experience

Improving overall patient experience as measured by the Friends and Family Test (FFT), Cemplicity, Reputation.com, PROMS and NHS choices

To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support. To provide high quality services through optimising the use of our resources

We will always put our patients first so patients can have a positive experience of care and support seeking to understand what our patients want is pivotal to service development. Patient feedback about their care experience and the environment can come in many formats from complaints to compliments, in order to capture this. Cobalt hospital uses a multi-modal approach from gathering paper surveys (Friends and Family Test), electronic surveys and Quick Response (QR) code capture and Uniform Resource Locators (URLs) to ensure accessibility and inclusivity for all patients. As part of our commitment to supporting patients who require additional assistance, we will make available a staff member for BSL users, enhancing the communication opportunities for patients who rely on BSL resulting in a positive patient experience. We will continue to work towards our vision through the values set in our clinical strategy, we will place privacy and dignity at the heart of our care, treating people with respect and compassion, listening and acting on what they say.

In January 2026 Ramsay introduced a new customer training programme to deliver exceptional customer service, this was “It starts with me” emphasising the everyone is responsible for customer experience, making every moment matter and all patients feel seen and heard. We aim to have all staff attend the training in 2026 this will be monitored through the friends and family feedback and ongoing surveillance of the clinical quality dashboard. We will continue to work with our patients to ensure they feel involved in their care journey and decision making, to experience an inclusive customer service and feel part of the hospital.

Objectives

- Continued roll out of the “It starts with me” programme.
- Provide menu cards available on the patient tables.
- A book exchange and charity donation station in reception
- Continue to action patient responses from patient experience.

Patient Safety

Reduce surgery related harm, staff training and development; reduce harm from unrecognised deterioration, increased hospital communication.

Embedding a safety culture within the hospital through implementation of the National Patient Safety Strategy is paramount to sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm. Our services will be delivered to the highest standards of safety and be provided within a safe environment for patients and staff, and our aim is to continually improve. It is imperative that contemporaneous record keeping is practiced and encouragement of timely reporting of incidents on the day of occurring is undertaken to respond and action quickly. At Cobalt we already have an “Ask, Do, Listen” champion to make feedback, concerns and complaints easier for people with a learning disability, autism or both, their families and their careers.

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 ‘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 are committed to further develop the training for staff and we will ensure we have a hospital representative.

To ensure a safe staffing levels across all clinical areas Ramsay have introduced a safe staffing tool, this will be completed weekly and adjusted daily by all Clinical Heads of Departments and monitored by the Head of clinical Services.

Objectives

- Achieve Silver status for Antiseptic Non-Touch Technique.
- Commence a Patient Safety Incident Review Group
- Ensure safe staffing at all times using the safe staffing tool
- Introduce a multi-disciplinary daily walkabout

People

To have a compassionate and inclusive workforce where every voice is heard, where training and development opportunities are provided, and good work is recognised and acknowledged.

It is accepted that healthy workplace cultures in Health Care organisations are crucial to ensuring the delivery of high-quality patient care and that staff are most engaged in their roles when they have a degree of authority and control over their work and environment, as well as the opportunity to stretch themselves and to develop. We will continue to improve on our staff participant score and engagement score in the annual staff survey. We will continue to support and encourage staff to undertake further learning and development. We aim to support nursing apprenticeships, specialist clinical training, we have supported our pharmacy assistant through her Buttercup pharmacy course to become a pharmacy technician will now continue to provide on-going support and skill retention.

Objectives

- Support staff personal development in nurse prescribing and breaking bad news.
- To increase our nurse apprentices.
- Pharmacy technician to attend Tees Valley Hospital monthly.

Partnerships/systems

Increasing capacity and resilience to Work in partnership with the local Trusts and ICB's to deliver safe, high-quality services that meet the full range of people's health and care needs.

It is critical that as an independent health care provider we have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS and Private Health Care, such as increasing population needs, advances in technology, workforce and financial challenges.

Future commissioning requires that services are integrated and of high quality, providing value for money with a focus on prevention as well as innovation. The future transformation in the provision of health care will require providers to identify productivity and value for money arrangements that allow all healthcare providers to meet the demand placed on it by doing more for less whilst improving the quality of service offered to patients. Commissioners will expect providers to play their part in delivering new pathways, supporting preventative strategies and implementing models of care, which improve system efficiency and effectiveness.

Objectives

- Continue to support the local Trust and ICB's with case management.

Performance

We will continue to participate in local and national audits and improve the management of our patient journeys through the utilisation of evidence-based practice.

Reliable high-quality care should be safe, effective, and available for all patients and that there is evidence to demonstrate this. Fundamental to this is having a robust clinical governance framework to enable the monitoring and evaluating of the provision of personal high quality and safe care. We aim to deliver high quality outcomes and an excellent patient experience through managing risk by setting standards, auditing practice, implementing change where indicated and delivering the right care for every individual patient all of the time. The Clinical Governance Committee hears directly from clinical teams where risks to quality are identified to seek assurance that action is being taken to improve. Working together to put quality at the heart of all that we do to achieve outstanding clinical outcomes with no avoidable harm.

In order to improve quality of care through audit cycles a focus will be for each department to complete 100% of their allocated audits. The annual audit programme will be broken down by department and placed in their individual audit folders for ease of access to data. Performance in all clinical audit activity is routinely fed back to the clinical teams as part of the quality governance process to ensure that any shortfalls in performance feed into the improvement priorities and that progress with actions taken to improve are monitored. Compliance to the audit programme will be reviewed/discussed at the monthly SLT/HoDs meeting and the Quarterly Clinical Governance Committee meetings. A primary objective for Ramsay has been to fundamentally change how data is reviewed and reported, such that our reporting is more accessible with data on one platform. Dashboards have been developed which have a focus on patient outcomes as well as numbers and statistics.

Objectives

- Increase/Maintain our data collection for Patient Recorded Outcome Measures (PROMS)
- Audit and monitor clinical cancellations on the day and the DNA rate for endoscopy

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 Cobalt Hospital provided and/or subcontracted five NHS services.

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

The income generated by the NHS services reviewed on 1 April 2025 to 31st March 2026 represents 100 per cent of the total income generated from the provision of NHS services by Cobalt 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 identifying key areas for improvement.

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

Human Resource	
Staff Cost % Net Revenue	23.8%
HCA Hours as % of Total Nursing	27%
Agency Cost as % of Total Staff Cost	0.64%
Admitted Care Hours Worked PPD	15.74%
Staff Turnover	6.3%
Sickness	5%
Lost Time %	21.7%
Appraisal %	80%
Mandatory Training %	89.9%
Number of Significant Staff Injuries	0
Patient	
Formal Complaints in year (NHS)	7
Patient Satisfaction Score (FFT)	99% 52% as an average response rate
Significant Clinical Events	1
Readmission per 1000 Admissions	0
Quality	
Infection Control Audit Score	100%

2.2.2 Participation in clinical audit

From 1 April 2025 to 31st March 2026 Cobalt Hospital participated in two national clinical audits and has not in national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Cobalt 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.

Outcome Registry Platform (ORP) Breast

Cobalt Hospital as a provider of breast implant surgery submitted data to the ORP. The confidential information allows patients to be traced if they are affected by safety concerns. The Clinical Governance Committee and Cobalt reviewed the reports of the two national clinical audits from 1st April 2025 to 31st March 2026. Cobalt Hospital intends to take the following actions to improve the quality of healthcare provided.

We have significantly improved our participation rates for preoperative surveys for carpal tunnel and breast augmentation by consultant engagement with patients preoperatively. However, it has been identified that completion rates for post-operative surveys are low so meaningful data on health improvement outcomes is limited. We have incorporated the PROMS data collection in the weekly 'Capacity Management Meeting' template to highlight any data required daily; this is also a feature on the daily morning staff huddle template. We have introduced a digital PROMS entry for mammoplasty, a QR code is accessible to patients on admission and in the discharge bays. We have also reviewed the hospital data collection in a separate data collection file that acknowledges patients who decide not to enter the PROMS data collection. We will continue to look at new initiatives to capture this data with the surgeons involved in the coming year ahead and monitor this on the PROMS dashboard available on our Cemplicity platform. The health gain for both carpal tunnel and mammoplasty have increased from the previous year.

Carpal Tunnel

Pre-surgery response rates Rolling year 47.2 - .4 less than last year.

Post-surgery response rates Rolling year 20.4 – 4.5 less than last year.

Health Gain Rolling year 26.8 – 3.12 higher than last year

Mammoplasty

Pre-surgery response rates Rolling year 32.6 – 4.3 less than last year.

Post-surgery response rates Rolling year 83.7 – 6.7 higher than last year.

Health Gain Rolling year 51.5 – 11.5 higher than last year

Local Audits

The reports of local clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee and Cobalt Hospital intends to take the following actions to improve the quality of healthcare provided.

Compliance with the audit program and review of action plans need to be more robust with clear time frames for improvement and responsibilities assigned. Further staff training in data collection and submission will be provided as required. The senior clinical team and audit champion will monitor action plans to ensure effectiveness.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

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

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

2.2.5 Statements from the Care Quality Commission (CQC)

Cobalt Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2026 is registered without conditions for surgery, outpatients, and diagnostics. Cobalt Hospital is not registered for patients under the age of eighteen nor as an accident and emergency facility. Cobalt Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC conducted an unannounced focused inspection in January 2024 during the inspection, the CQC spoke with staff including, nurses, managers, and administrative staff. They reviewed sets of patient records and looked at a range of policies, procedures and other documents relating to the running of the services.

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

2.2.6 Data Quality

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

Reliable information, and the quality of the underlying data that supports it, is fundamental to deliver effective treatment of patients. Cobalt hospital will be taking the following actions to improve data quality. A Data Quality policy is in place to maintain the quality of patient-related data. This is underpinned by a range of regular audit reports and initiatives such as validation of clinical and administrative data.

Access to data that is accurate, valid, reliable, timely, relevant, complete, unambiguous and unique is crucial in supporting all levels of patient care, management processes, clinical governance, service agreements, remuneration, accountability and future healthcare planning. High quality data provides the tools to make healthcare safer and more effective.

Cobalt Hospital will be taking the following actions to improve data quality: -

- Review processes to ensure the accuracy of any personal data we obtain in relation to GPDR.
- Commencement of a Data Protection and Information security working group
- Routine audit and management of patient records.
- Ensure the data collected is fit for purpose with timely collection and monitoring.
- All relevant data will be collected with no omissions.
- Implement actions/recommendations from the annual information security review.

NHS Number and General Medical Practice Code Validity

Cobalt Hospital submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.69% of admitted patient care. - .2 increase from last year
- 100% for outpatient care - no change from last year
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care. – no change from last year
- 100% for outpatient care. – no change from last year
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Information Governance (IG) is the way in which information is managed and ensures that all information, particularly personal and confidential data, is handled legally, securely, efficiently, and effectively. IG provides a consistent framework for staff to deal with the many ways information is handled in line with Data Protection legislation. 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

Cobalt Hospital was subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Cobalt	Completed January 2026	100%	99.6%	100%	100%	Level 3

2.2.7 Stakeholders views on 2025/26 Quality Account

Commissioner statement from NHS North East and North Cumbria Integrated Care Board (NENC ICB) for Ramsay Health Care (Cobalt Hospital) Quality Account 2025/26

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Cobalt Hospital Ramsay Health Care. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2025/26 Quality Account.

Overview

The ICB would like to thank Cobalt Hospital for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

Achievements

The ICB would like to congratulate Cobalt Hospital and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include:

- Improving overall patient experience by continuing to review and action patient comments and suggestions. A review of the patient environment considering privacy and dignity resulted in a prayer room being made available on request, quiet rooms used for sensitive conversations and daily review of patient lists and bays to reduce gender mix.
- Reducing surgery related harm has been achieved by transitioning to the Patient Safety Incident Response Framework and using the incident platform Radar, providing Advanced Life Support (ALS) training ensuring at least one ALS provider is available per shift and rolling out face-to-face Oliver McGowan training. Cobalt Hospital also completed the action plan following the Getting It Right First Time deep dive undertaken in April 2025 and is developing of a key performance indicator audit.
- Partial completion of this priority to ensure Cobalt Hospital has a compassionate and inclusive workforce. This was demonstrated by their Continuing Excellence Award and the North Tyneside Special Recognition Award. Training opportunities are shared via the Ramsay Academy; some staff have completed training, e.g., professional nurse advocate, surgical first assistant, wound care, registered nurse training. The Better Health at Work Award (BHAWA) was discontinued in North Tyneside and Cobalt Hospital took the decision not to commence the North East Combined Authorities new accreditation of the Good Work Pledge. The Health Advocate role attributed to BHAWA training was discontinued. Several staff have participated in "Giving Back" days.

- Increasing capacity and resilience to work in partnership with the local Trusts and ICB's by extending service provision through new urology services and regular engagement with local NHS Trusts and ICB's.
- Participating in local and two national audits and making greater use of the Ramsay Dashboard platforms.
- Cobalt Hospital's Joint Advisory Group (JAG) on Gastrointestinal Endoscopy reaccreditation in January 2026 achieved unconditional accreditation confirming Cobalt Hospital as a level 1 JAG accredited unit. Ramsay UK became the first independent provider to secure JAG accreditation across all endoscopy units.
- Continued development and enhancement of their safety agenda by embedding the Ramsay Health Care UK 'Speak Up For Safety' campaign and nominating more champions.
- Establishing hospital 'champions' for dementia, mental health and wellbeing, privacy and dignity, health promotion and domestic violence.
- Participation in the local community and national charities.
- Significantly improving participation rates for preoperative surveys for carpal tunnel and breast augmentation as part of the Outcome Registry Platform. Completion rates for post operative surveys were low. Cobalt Hospital has incorporated PROMS data collection into daily and weekly meetings to identify data requirements. The health gain for both carpal tunnel and mammoplasty increased.

Future Priorities

The ICB is fully supportive of the identified Quality Priorities for 2026/27. The ICB welcomes:

- Improving overall patient experience by training staff to support British Sign Language users and ensuring all staff attend Ramsay's customer training programme "It starts with me" during 2026
- Reducing surgery related harm, by achieving Silver status for Antiseptic Non-Touch Technique, commencing a Patient Safety Incident Review Group, using safer staffing tools and introducing a multi-disciplinary daily walkabout.
- Ensuring Cobalt Hospital's workforce is compassionate and inclusive by supporting personal development in nurse prescribing and breaking bad news, increasing nurse apprentices and enabling the Pharmacy assistant's monthly attendance at Tees Valley Hospital.
- Continuing to support the local Trust and ICB's with case management.
- Continuing to participate in local and national audits with each department completing all allocated audits, providing fed back to the clinical teams as part of the quality governance process, reviewing and discussing audit programme compliance monthly, increasing and

maintaining Patient Recorded Outcome Measures data collection and monitoring clinical cancellations and endoscopy did not attend rates.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of Cobalt Hospital's performance for 2025/26. It is clearly presented in the required format, contains information that accurately represents Cobalt Hospital's quality profile and aspirations for the forthcoming year. NENC ICB remains committed to working in partnership with Cobalt Hospital to assure the quality of commissioned services in 2026/27.

A handwritten signature in black ink that reads "Louise Mason-Lodge". The signature is written in a cursive style and is positioned above the printed name.

Louise Mason-Lodge

Director of Nursing

NHS North East and North Cumbria Integrated Care Board

Part 3: Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), Julie Davidge

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

Introduction

In 2025-26 we have worked hard to make sure we continue to offer the best care in the best way possible and continued to make progress on our agreed Quality Priorities during this time we have successfully delivered on all four of our priority areas Patients, People, Partnerships and Performance

Patient safety, clinical effectiveness and quality care remain at the heart of our clinical and hospital strategic vision. I am proud that every day, our staff demonstrate their commitment to providing outstanding patient-focussed care, as they strive to do their very best and are committed to continuously learning and improving. This dedication is firmly embedded within our people and our culture. This has been demonstrated through our staff satisfaction survey engagement results, patient experience scores, low level of complaints and successful patient outcomes.

Achieving a rating of Good across all areas inspected by the CQC following an unannounced compliance visit in January 2024 is testimony to the care and commitment of our staff. During 2025/26 we continued with our aspiration to be rated as outstanding overall by the Care Quality Commission (CQC). We understand this represents an ever-increasing challenge as we learn to balance rising demand in healthcare alongside financial, quality and workforce risks.

We have been successful maintained our JAG accredited status for endoscopy services following a reaccreditation assessment in December 2025. The re accreditation is recognition that we are providing high quality endoscopy services for our patients.

Ramsay Clinical Governance Framework 2025/26

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

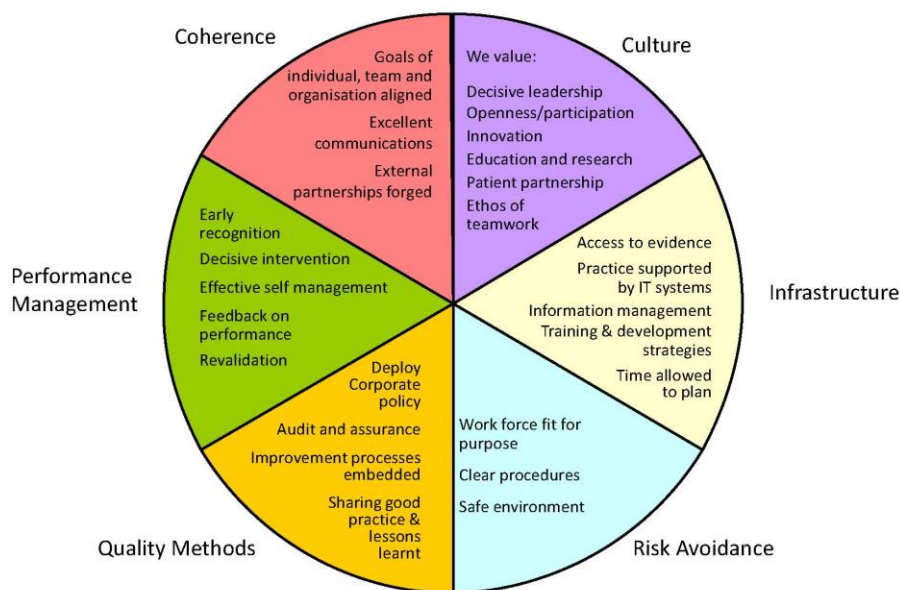
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Cobalt	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC29	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC29	0.0000
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC29	0.0000

Cobalt Hospital considers that this data is as described for the following reasons: there have been no deaths at Cobalt Hospital.

National PROMs

PROMS:	Period	Best		Worst		Average		Period	Cobalt	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC29	no data
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC29	
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC29	no data

PROMS:	Period	Best		Worst		Average		Period	Cobalt	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC29	no data
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC29	
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC29	no data

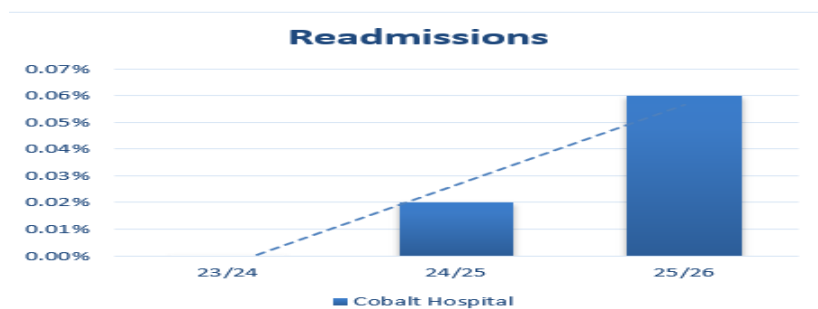
The Cobalt hospital considers that this data is as described for the following reasons. Currently no hip or knee replacement surgery is undertaken.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Cobalt	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC29
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC29	0.00020
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC29	0.00060

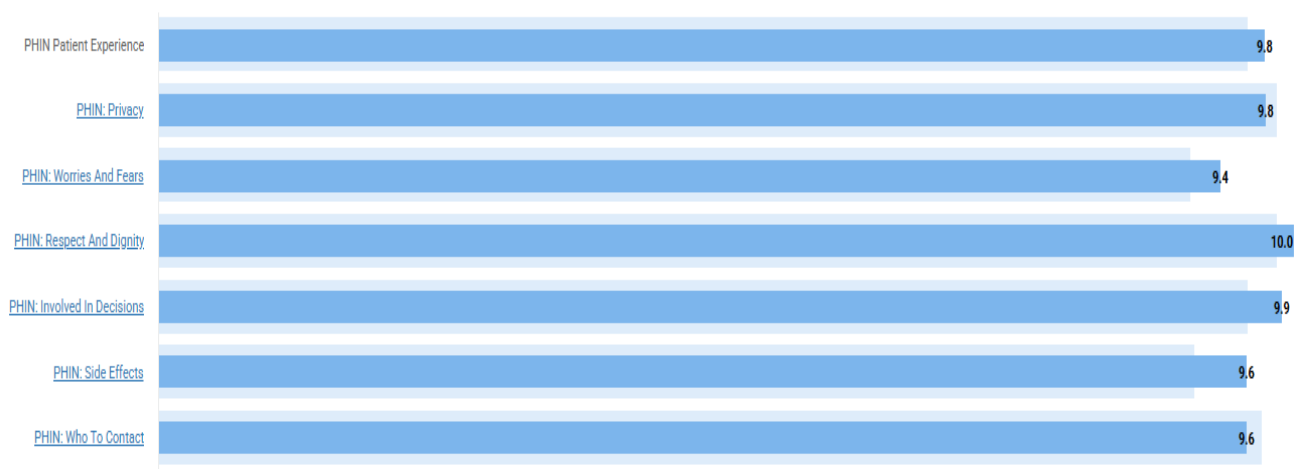
The Cobalt hospital considers that this data is as described for the following reason, Cobalt hospital is a day-case facility, the data is no longer reported and there is no data collected after 2019/20. The below table represents patients who have required a re admission within 28 days post procedure within the local trust. The below national average reflects the quality of service and ensuring that we treat and discharge patients appropriately.

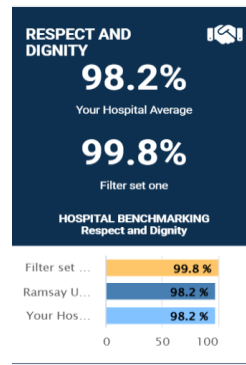
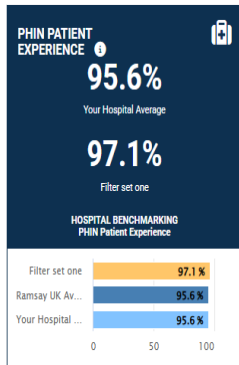
Rate per 100 discharges:



Responsiveness to Personal Needs

Filter set one: **_Preset Hospital: Cobalt Hospital** **Hospital: Cobalt Hospital** **FFT Response: Very good**

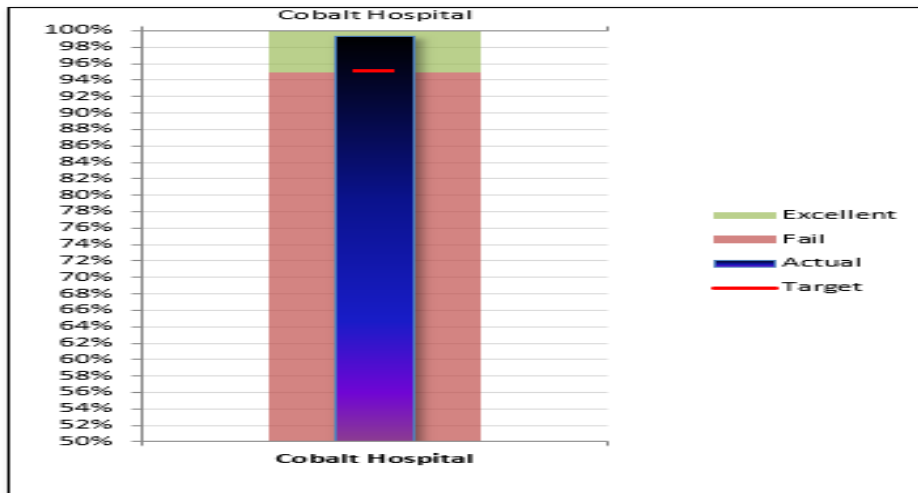




Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period 1st April 2025 – 31st March 2026: Reflecting the responsiveness to Cobalt’s patients, continuing to collect real-time feedback from patients.

VTE Risk Assessment

VTE Assessment:	Period	Best	Worst		Average		Period	Cobalt	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC29
Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC29	96.7%
Q1 to Q3 25/26	Severall	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC29	99.3%



The Cobalt Hospital has taken the following actions to maintain this percentage and so the quality of its services, by training all clinical staff to monitor and submit data according to patient need and VTE assessment requirement. All patients have a VTE risk assessment at the point of medical questionnaire triage, this is reviewed and if required repeated at the face-to-face pre assessment appointment, admission and prior to discharge. The Head of Clinical Services monitors this on a monthly basis.

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Cobalt	
	2021/22	Severial	0	RPY	54.0	Eng	16.0	2023/24	NVC29	0.0000
2023/24	Severial	0	RPY	56.6	Eng	18.8	2024/25	NVC29	0.0000	
2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC29	0.0000	

The Cobalt Hospital considers that this data is as described for the following reasons: there have been no reported cases of Clostridium Difficile in the hospital.

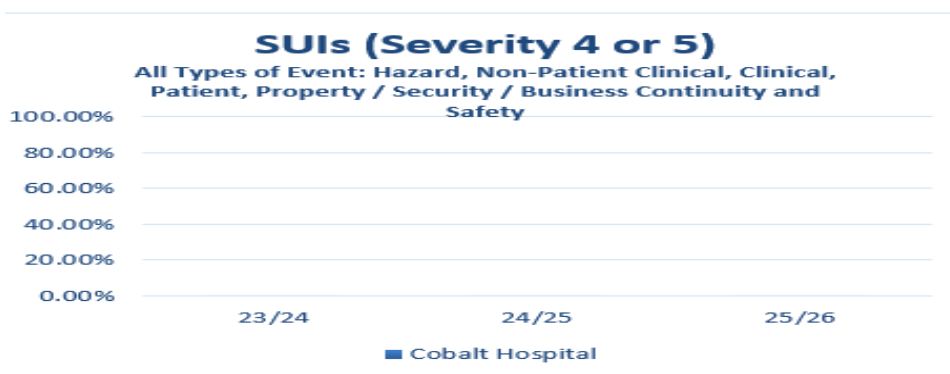
The Cobalt Hospital has taken the following actions to maintain this percentage, and so the quality of its services, by continued levels of infection prevention and control surveillance and continued promotion of hand hygiene, an ongoing focus on antimicrobial stewardship and application of the principals of antibiotic prescribing. Discussed at the Quarterly Clinical Governance Committee and Medical Advisory Committee.

Patient Safety Incidents with Harm

SUIs:	Period	Best		Worst		Average		Period	Cobalt	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC29
2023/24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC29	0.0000
2024/25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC29	0.0000

The Cobalt Hospital considers that this data is as described for the following reason, no SUI severity 4 or 5 incidents have occurred during this reporting period. The Cobalt Hospital intends to take the following actions to maintain this number, and so the quality of its services, by ensuring compliance to policy procedure and guidance. Through disseminating and sharing learning from all national lessons learned.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Cobalt	
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC29	100.0%
Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC29	100.0%	
Jan-26	Severall	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC29	100.0%	

The Cobalt Hospital considers that this data is as described for the following reasons: the results reflect the monthly data received, Cobalt Hospital has had a drive to encourage patients to complete a scorecard.

The Cobalt Hospital intends to take the following actions to maintain this percentage, and so the quality of its services through continuing to encourage patients to complete the documentation whilst visiting the hospital. Ensuring that patients have been asked to complete the documentation in a timely manner. The F&F Test has been made available to all patients to access via a mobile device using a QR code.

3.2 Patient safety

We are a progressive hospital and have a long-standing commitment to patient safety and continue to focus on improving the quality of safe care that we provide. We continually work to improve safety, learn from incidents and celebrate success.

Risks to patient safety become known through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

From using a PSIRF approach to patient incidents and embed robust measures for every PSIRF investigation. We aim to involve those affected to have a voice and lead on patient safety. Patient safety education and coaching is provided to those involved in safety investigations, risk and governance to embed the PSIRF methodology, resulting in a learning culture that has patient safety at its core, where staff feel empowered to deliver PSIRF in their areas. In addition, the Learning from Patient Safety Events (LFPSE) platform, and the Radar, is connected to the service so now all patient safety incident reports are simultaneously uploaded to the LFPSE platform.

The updated version NatSSIPs 2 of the safety standards will further improve patient safety by adding a further three steps to the WHO checklist. NatSSIPs2 also enables hospitals to apply a consistent and proportionate set of safety checks, depending on whether the patient is undergoing a major procedure undertaken in an operating theatre, or a minor procedure in an outpatient clinic.

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

3.2.1 Infection prevention and control

Cobalt Hospital has an extremely low rate of hospital-acquired infection and has had no reported MRSA Bacteraemia in the past 8 years.

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

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

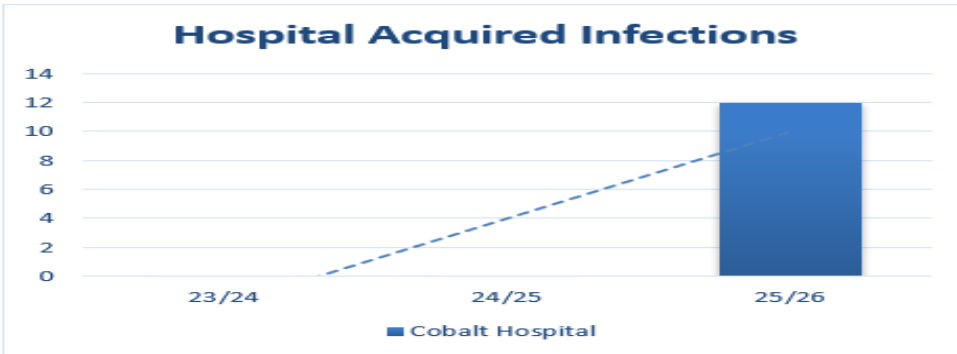
Infection Prevention and Control management is continually active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee, and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements 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.

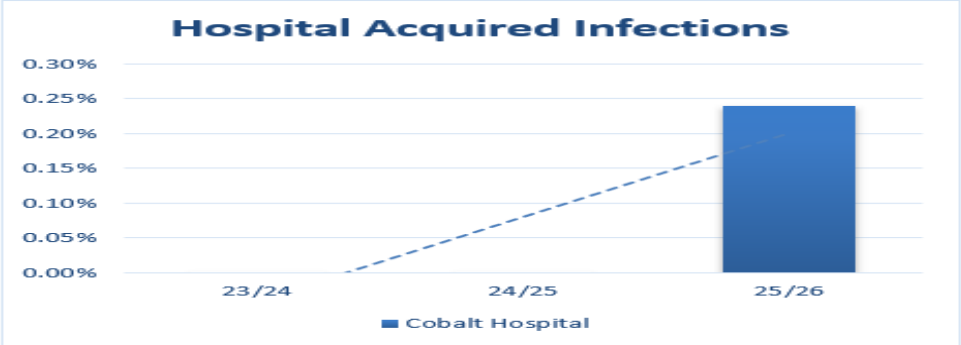
Programmes and activities within our hospital include:

The infection control link nurses have provided training in hand hygiene to all staff and deliver a hand hygiene training session during staff induction days for all new staff. Hand hygiene monthly audits are undertaken to monitor compliance. The consultant microbiologist will continue to provide training sessions for the infection control link nurse and relevant staff on a number of subjects including effective observational audit techniques in relation to hand hygiene. We hold a quarterly infection prevention and control committee meeting attended by the microbiologist.

- Ensuring a detailed risk assessment is in place and monitored regularly which is based on learning from incidents and national guidance.
- Continuing focus on antibiotic stewardship to optimise practice and patient outcome through audit, monitoring antibiotic prescribing.



Rate per 100 discharges:



The above graphs demonstrate the infection rates based on all patients, patients presenting with signs of an infection are logged on our reporting system and is reviewed by the infection control link nurse and a root cause analysis completed to determine any possible trends. Results are presented at our quarterly infection control committee meetings. Due to the small number of HCAI's an action plan has been undertaken to assess and monitor preventative measures in order to address any incidents if reported and manage key risks. As can be seen in the above graph our infection control rate has increased over the last year. In comparison to the national average of 7.6% of patients had a HAI our overall rate remains extremely low. The increase could also be related to staff education regarding recognition and reporting. The had hygiene audit process covers a wide selection of staff groups and ensures any missed opportunities for hand hygiene are addressed during the audits.

3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Cobalt 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.

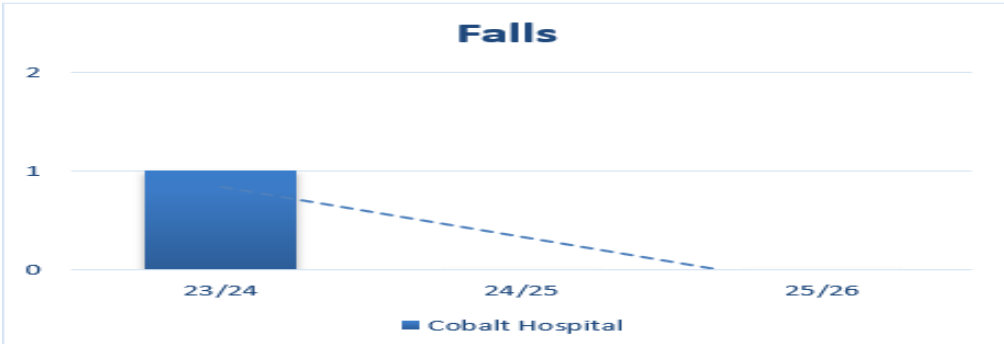
The main purpose of a PLACE assessment is to get the patient view.

Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100%	N/A	N/A	N/A	81.84%	98.75%	98.41%	96.08%

During the 2025/6 PLACE audit all areas noted to address have been actioned i.e. more personal artwork around the building, we asked staff and visitors to bring some of their children's, nieces and nephew's artwork of local sites into the hospital for display. We saw an improvement in all areas for 2025/6 audit focus for 2026/27 will surround the privacy, dignity and wellbeing elements within the action plan.

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 patient falls in 2025/6.



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

The hospital has a Health and Safety Committee, which meets every two months. The membership of the Health and Safety Committee was reviewed during 2025 and now has staff representatives from each department, and a designated Falls Champion which has helped to further embed the health and safety culture within the hospital (this was previously attended by heads of department). An annual Health and safety report is completed for Cobalt Hospital and discussed at the Health and Safety committee.

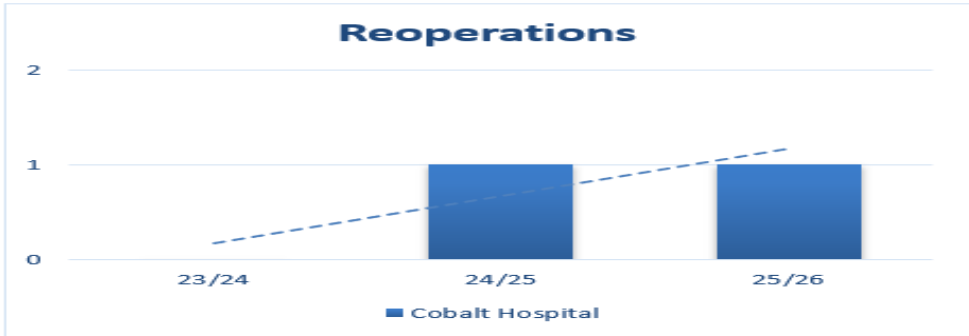
Training undertaken at Cobalt Hospital has included but not limited to fire evacuation, medical gas awareness, response to a clinical emergency, major haemorrhage and retrieval and return of blood products. COSHH and risk assessment training has been provided by visiting corporate health and safety representative, this ensures that Cobalt Hospital is compliant to Health and Safety Standards. Standard Operating Policies (SOP) have been developed regarding health and safety to meet requirements of the hospital. As demonstrated above as an indication of health and safety compliance to SOP's.

3.3 Clinical effectiveness

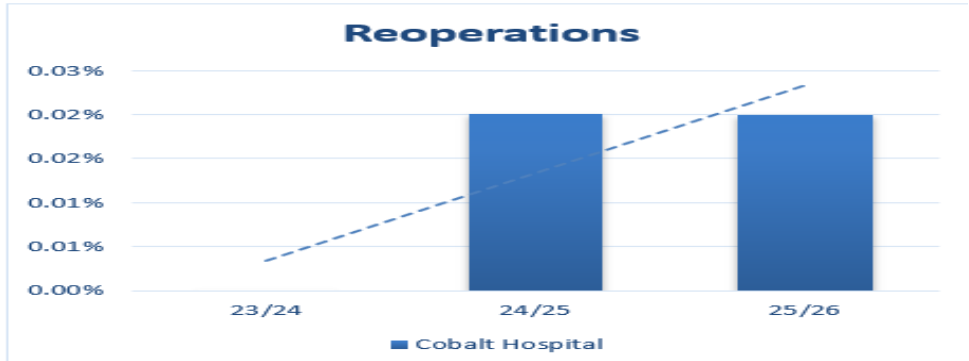
Cobalt Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations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

3.3.1 Return to theatre

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

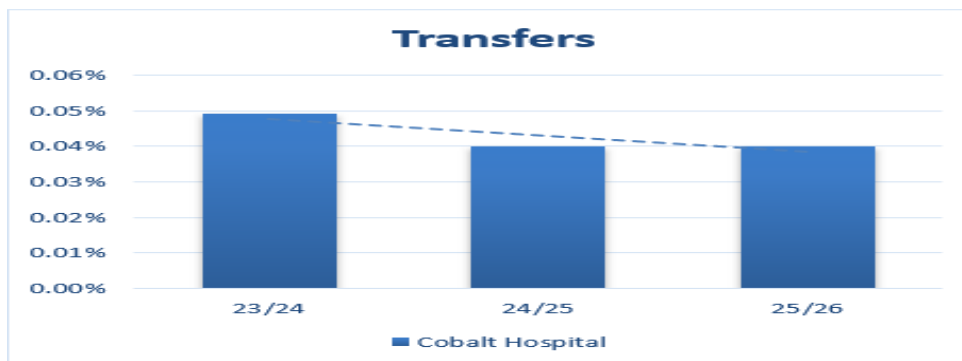


Rate per 100 discharges:



As can be seen in the above graphs our returns to theatre rate have remained the same over the last year. In summary this data refers to one patient. This was due to an unforeseen event.

Rate per 100 discharges:



3.3.2 Learning from Deaths

Even though we have not experienced any patient deaths, learning from deaths will improve safety and patient care. As a national priority, NHS England is promoting a common, systematic approach to potentially avoidable deaths. In order to comply with this Cobalt Hospital will: -

- Aim to support and engage with bereaved families and carers if they have any concerns about the care of their loved one.
- Identify the skills required and deliver training.
- Set up systems to ensure that we are learning as much as possible from deaths to improve safety and 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, internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

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

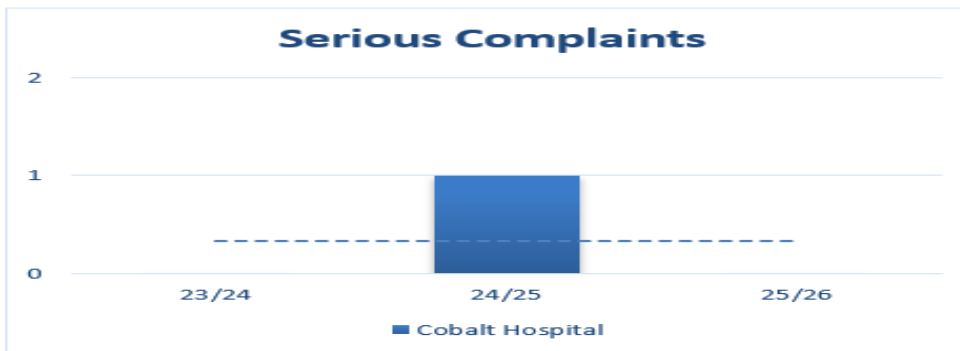
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace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

3.4 Patient experience

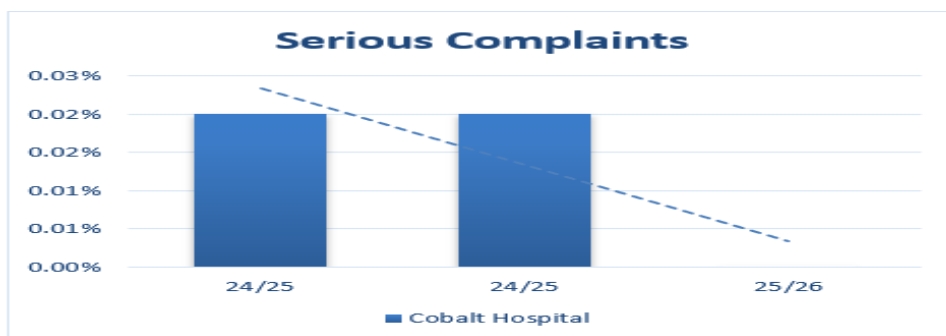
All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in many ways dependent on the type of experience (both positive and negative) and action required to address them.

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

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



Rate per 100 discharges:



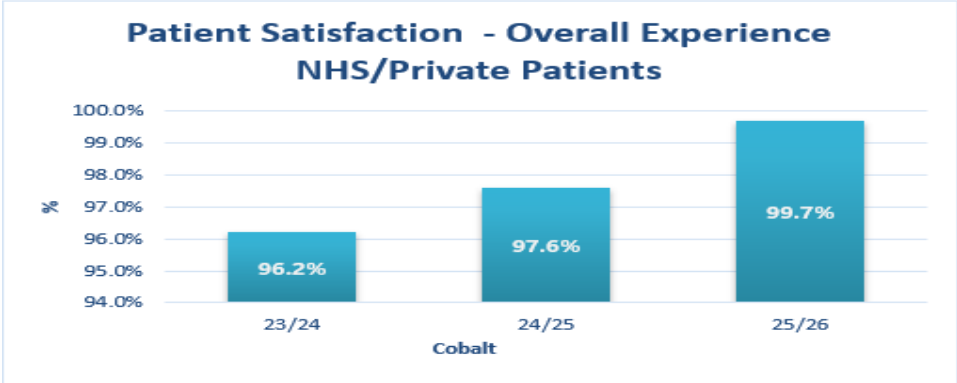
Patient experiences are feedback via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

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

- Continuous patient satisfaction feedback via a web-based invitation
- 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
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care
- Social media feedback

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.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last three years. This is a continued area of focus, and we will continue to encourage patients to complete the survey to ensure we achieve a balanced view and are actively promoting the results monthly with our teams to ensure their engagement. Patient expectations of care and attitudes greatly contribute to satisfaction and ultimately influence patient satisfaction scores. All staff are kept informed about what our patients say regarding their care experience, this highlights to staff what our patients feel is important to them. This enables us to take a “you said, we did” approach to the comments. Either it’s important we are aware of our patients experiences to **continue** doing what we do, **stop** what we are doing or **start** something new. Patients can also see how we have listened to their comments via a “you said we did” notice board in the hospital reception.

A monthly communication to all staff is sent regarding the verbatim comments made by our patients in the Friends and family Test, this is also displayed on the quality noticeboard.

What our patients say:

Dignity and Respect

"I came in a bag of nerves. Every single member of staff who spoke to me were very polite and well mannered. Thank you!"

"From arrival at reception through to the procedure and after care i was treated with dignity and courtesy. all the staff were polite and caring - i cannot fault the level of care i received during my visit."

"Treated with respect and understanding."

"Everyone friendly and helpful and efficient. Good explanation of what was happening during procedure. Felt like I kept my dignity."

"Exceptional staff. All very professional. Treated me well and explained things. Prompt. Very caring, exactly as you'd treat your own family and friends."

"From arrival was treated with respect, everyone was very smiley and helpful. Great atmosphere, very calming and made me feel very comfortable."

"Everything was explained clearly by both nurses and doctor. I was treated with care and respect. Reassurance was given when needed. All staff were very kind and professional."

One Team

"Everybody at the Cobalt hospital were so professional at their job hand made me so welcome and took care of me. Everything was explained to me by the doctor and nurse, and I would recommend anyone to through this hospital. Thank you for taking care of me."

"The staff involved at all points from preprocedure to end were very friendly, professional and made the whole process easy."

"From reception, nursed and surgeon, all very friendly, comforting and happy."

"All the staff, cleaner, nurses, reception were so friendly and lovely and caring."

"Efficient check in, polite friendly staff, positive and caring staff in theatre, good communication on what was happening and why and when."

"Flexible when I needed to change appointments, friendly team."

Compassion

"Empathy from staff was excellent. Consultant put me at ease."

"I was extremely nervous, going into this practice, your professional, friendly staff certainly put me at ease and helped me to relax during the procedure."

"Every single person I interacted with made me feel comfortable and reassured my whole experience has been positive, and I highly recommend this hospital. Thank you."

"Making me feel relaxed and knowing I was in good hands with kind, caring professional staff."

"The whole procedure from entering the Cobalt to completing my investigation was excellent. I find the staff immediately put you at ease and they carefully explain every procedural step along the way."

"The caring nature of all I met. they were kind and comforting. I appreciated the call a few days before my appointment too. Thanks."

"Staff were kind, polite and caring. Making sure I was alright and any needs I had met. The staff were also professional but friendly & made nice conversation."

Safety and Quality

"Friendly knowledgeable staff. kept informed about what as going on. Caring and professional at all times. Felt safe and comfortable to ask anything."

"Exceptional service. The centre was immaculately clean. The staff were very friendly and looked after me beyond anything I would have expected. Thank you."

"Very clean environment - everyone cheerful, very thorough checks."

"Excellent, efficient, safe. Talked through every step."

"I noticed fantastic hand hygiene, every member of staff were lovely kind caring and patient due to my anxiety around the procedure."

"All of the procedure was very well communicated. Care was exceptional. Very relaxing which alleviated any anxiety I had."

Appendix 1

Services covered by this quality account

Specialty	Service
General Surgery & Vascular Surgery	Minor Skin Varicose Veins Hernia Repair Rectal Surgery
GI Endoscopy	Colonoscopy Flexible Sigmoidoscopy Gastroscopy
Orthopaedic Surgery	Hand Knee Shoulder Wrist Feet
Plastic Surgery	Cosmetic Surgery BCC Skin lesions/cysts Hand
Urology	Hydrocele Circumcision
Podiatric Surgery	Podiatric

[Appendix 2 – Clinical Audit Programme 2025/26](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v16.3 2025-2026 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	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	End of August	
			January/February	End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October	End of October	
			March/April	End of April	
NatSSIPs Histology	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 November/December (if req) March/April	End of August 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 - Paediatrics	Paediatrics	Paediatrics	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	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

Safe & Secure	Pharmacy	Outpatients, SACT 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	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	

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 (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	

Managing Health
Risks On-site

Corporate OH

Whole Hospital

As required

No deadline

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC29	Code for Cobalt 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

Cobalt 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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