Euxton Hall Hospital

Quality Account
2025/26

Ramsay Health Care

Contents

Welcome to Ramsay Health Care UK

Euxton Hall 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 practi ce and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

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

Jo Dickson

Introduction to our Quality Account

This Quality Account is Euxton Hall 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

Over the past year, the hospital has continued to build on its commitment to delivering safe, effective and patient-centred care. We have remained focused on maintaining high standards of clinical quality, strengthening engagement across our teams and ensuring that patient experience continues to inform us how we develop and improve our services.

Our vision remains to be a leading healthcare provider where clinical excellence, safety, care and quality are central to everything we do. This Quality Account provides an overview of our performance during the past year and sets out our broad priorities for continued improvement in the year ahead.

I am pleased to report that we have continued to place patient safety, clinical effectiveness and patient experience at the centre of our approach. By listening to patients, colleagues and stakeholders, and by reviewing feedback alongside a range of quality and governance measures, we are able to recognise areas of good practice and identify opportunities for further improvement. These measures provide assurance that care is evidence-based and delivered by appropriately qualified and experienced healthcare professionals. Further detail on our performance, outcomes and improvement work is set out throughout this Quality Account. As Hospital Director, ensuring the delivery of consistently high standards of clinical care for our patients remains my highest priority.

This Quality Account is an accurate reflection of the hospital's performance and demonstrates our ongoing commitment to continuous improvement. We remain focused on delivering compassionate, high-quality, patient-centred care and on further strengthening the services we provide for our patients, colleagues and wider stakeholders.

Mrs Helene Delaney

Hospital Director

Euxton Hall Hospital

1.2Hospital Accountability Statement

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

Mrs Helene Delaney

Hospital Director

EUXTON HALL Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Hospital Director Euxton Hall & Buckshaw Hospitals

Mrs Helene Delaney

This report has been reviewed and approved by:

MAC Chair Euxton Hall & Buckshaw Hospitals

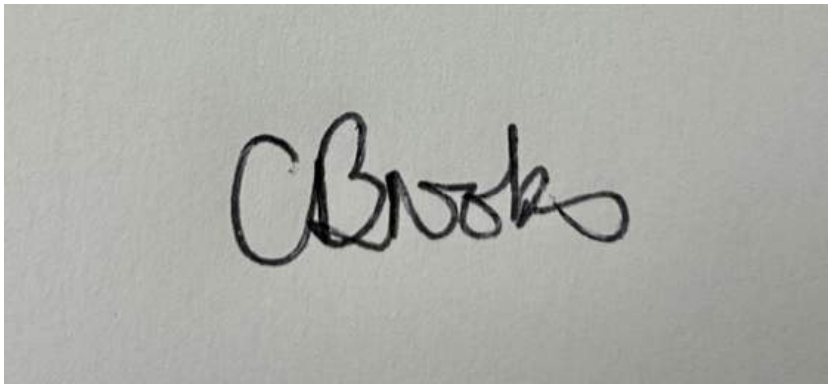
Mr Khalil Abdo

Clinical Governance Committee Chair Euxton Hall & Buckshaw Hospitals

Mr Hamed

Head of Clinical Services Euxton Hall

Mrs Christine Brooks



Welcome to Euxton Hall Hospital

Euxton Hall Hospital is one of Lancashire's premier private hospitals, located on the outskirts of Chorley, near Preston and Wigan. It is registered with the Care Quality Commission to provide safe, convenient, effective, and high-quality treatments for patients of all ages, excluding children under 18. Services are available to individuals with private medical insurance, self-paying patients, and NHS referrals.

The hospital currently has 32 registered beds, each with ensuite facilities to ensure complete privacy, as well as digital televisions for patient comfort. All private patients are automatically allocated a single room and receive additional amenities such as a newspaper of their choice, toiletries, and access to an à la carte menu.

Euxton Hall specialises in elective surgery, with a primary focus on orthopaedics, including arthroscopy, hip and knee replacements, upper limb surgery, and spinal procedures. It also offers general surgery, breast surgery and gynaecology surgery. Euxton Hall hospital features two fully equipped ultra-clean air theatres and a minor operations room to support a broad range of surgical procedures. To support this Euxton Hall Hospital provide on-site x-ray and ultrasound facilities.

During the reporting period, Euxton treated 4,614 patients, with care predominantly delivered to NHS patients (84.59%), alongside a growing private patient activity (15.41%).

Euxton Hall hospital works in close collaboration with Lancashire Teaching Hospitals NHS Foundation Trust, with a Service Level Agreement (SLA) in place for the transfer of critically ill patients. In addition, Euxton Hall Hospital works with Wigan, Wrightington and Leigh Teaching Hospitals NHS Foundation Trust, with an SLA for blood transfusion services, supported by regular meetings to ensure ongoing advice, guidance and clinical support.

Euxton Hall Hospital employs over 200 staff members, with a workforce of 201 employees, of which 108 are clinical staff and 93 are non-clinical. This means that over 50% of our workforce is made up of clinical professionals dedicated to delivering high-quality patient care and ensuring patient safety at all times

To support safe and effective care delivery, Euxton Hall Hospital utilises a recognised safe staffing tool to ensure that all clinical departments are appropriately resourced. This enables real-time monitoring of staffing requirements and ensures that safe staffing levels are consistently maintained across all services.

In addition, Euxton Hall Hospital works collaboratively with a wide network of experienced consultants who support the delivery of specialist services and maintain high clinical standards across the organisation. Euxton Hall Hospital has over seventy five active consultants practising at the hospital, contributing to the breadth and quality of care provided to patients

All care and treatment at Euxton Hall is consultant-led, and consultants must hold practising privileges in accordance with Ramsay Health Care policies. Consultants are also encouraged to submit data to the Private Healthcare Information Network (PHIN), ensuring transparency and accessibility for patients.

The hospital has a Resident Doctor (RD) on site who, together with the nursing team, provides round-the-clock medical support for all patients. Euxton Hall also offers a pre-operative assessment service, which helps streamline the patient journey by ensuring comprehensive evaluation and preparation prior to treatment.

Additionally, Euxton Hall maintains strong partnerships with local NHS bodies and stakeholders, including Greater Preston CCG (ICB), Lancashire Teaching Hospitals NHS Foundation Trust, and Wrightington, Wigan and Leigh NHS Foundation Trust, reflecting its commitment to integrated and collaborative patient care.

To maintain exemplary clinical standards and compliance with national healthcare regulations, Euxton Hall Hospital benefits from a team of specialist clinical leads, each responsible for critical aspects of patient safety and care quality:

Infection Prevention and Control Lead Nurse: Oversees the completion of actions in the Infection Prevention and Control Annual Plan. This ensures full compliance with the Health and Social Care Act 2008 and CQC Regulation 12 on cleanliness and infection control.

Resuscitation Lead: Ensures compliance with Resuscitation Council (UK) standards, managing training (BLS, ILS, ALS, AIMS), auditing equipment, and coordinating scenario-based simulations to maintain emergency readiness.

Training and Development Coordinator: Designs and delivers bespoke in-house training programmes. The role includes monitoring mandatory training compliance and auditing clinical competency documentation to uphold standards of safe, skilled patient care.

Blood Transfusion Lead: Maintains adherence to MHRA regulations in blood product management, supported by a Consultant Haematologist. Annual staff training and simulation testing ensure the hospital is prepared for scenarios like massive haemorrhage.

Dementia Champion: A registered nurse trained to support patients with dementia, with additional staff trained as 'Dementia Friends' via the Alzheimer's Society. Dementia and disability aids are available to patients as required.

Safeguarding Lead and Champions: A Level 4 trained lead physiotherapist, supported by Level 3 safeguarding champions, ensures safeguarding policies are upheld. All employees within Ramsay Health Care carry out mandatory annual training on safeguarding and complete safeguarding E-learning, which enables all staff to recognise signs of abuse and vulnerability and can escalate concerns appropriately.

Occupational Health Lead: Promotes staff wellbeing through vaccination programmes, skin surveillance for clinical staff, and flu campaign participation. In winter 2024, 74% of staff received a flu vaccine.

Mental Health First Aiders: 12 members of the team are trained to provide immediate peer support, raise awareness, and offer guidance to colleagues experiencing mental health challenges. Their presence contributes to a positive, resilient working culture and improved staff wellbeing.

These roles collectively reinforce Euxton Hall's commitment to delivering high-quality, safe, and patient-centred care. The hospital also maintains close partnerships with local healthcare providers and continues to support the development of its clinical staff through education, training, and a culture of continuous improvement.

Working with the Local Community

Euxton Hall Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, which include local GPs, consultants, and other specialists, we deliver an individual personal service to all our patients, tailored to meet their needs.

The Business Relations Manager plays a pivotal role in developing and sustaining strong, effective relationships with local General Practitioners (GPs), referral management teams, and other key referrers across both private and NHS services.

Through proactive engagement and regular communication, these partnerships enable the continuous review, development, and streamlining of referral processes, ensuring they remain efficient, responsive, and aligned to the needs of both patients and healthcare professionals.

A core element of the role is to engage with healthcare professionals across the local community, building trust and maintaining a visible presence. This ensures that referrers are fully informed about the breadth of services available within our hospitals, including new and developing specialties. The Business Relations Manager also ensures that GPs and clinical teams have timely access to relevant information, guidance, and support to facilitate smooth and appropriate referrals into secondary care, ultimately enhancing patient experience and outcomes.

In addition, the Business Relations Manager works closely with consultants and hospital senior leadership teams to ensure appropriate clinic capacity and availability are maintained in line with demand. This includes identifying gaps in service provision, supporting business planning, and contributing to the recruitment of new Consultants. By doing so, the role helps to expand and strengthen the hospital's clinical offering, ensuring a diverse and comprehensive range of services is available to meet the needs of the local population.

The business relations manager coordinates and supports the delivery of bespoke educational programme for GP practices. These sessions are designed to support continuous professional development, strengthen relationships with referrers, and provide valuable clinical insights. Delivered on a regular basis, the programme covers a wide range of relevant and topical subjects, tailored to the needs and interests of attendees. While these sessions were historically delivered within GP surgery settings, they have successfully transitioned to a virtual format, enhancing accessibility and attendance for busy clinical colleagues, while remaining entirely free of charge.

Furthermore, the educational offering has expanded to include sessions for both healthcare professionals and patients, supporting greater awareness, early intervention, and informed decision-making. Between April 2025 and March 2026, a series of highly successful educational events were delivered by Consultants from Euxton Hall Hospital, demonstrating strong engagement from both local referrers and

the wider community, and reinforcing the hospital's commitment to education, collaboration, and high-quality patient care.

During the reporting period Euxton Hall Hospital continued to raise money for local charities, Last year, our chosen charity, selected through a staff vote, was *Best Foot Forward for Georgie*. Through a range of fundraising initiatives, including Easter and Christmas raffles and themed staff events such as Yorkshire Day, Lancashire Day, and a Christmas dinner, we successfully raised £1,349.07. This cause is particularly close to our hearts, as it supports the daughter of a member of staff, making our contribution even more meaningful to our hospital community.

Supporting charitable causes and engaging in community-focused activities is a vital part of our organisation's values. It not only enables us to make a positive difference beyond the hospital environment, but also strengthens team cohesion, boosts morale, and reinforces our shared commitment to compassionate care.

This year, the team has chosen to support *Rosemere Cancer Foundation*, based at Royal Preston Hospital. We already have a member of staff fundraising by participating in the Great Manchester 10k at the end of this month in aid of Rosemere and has raised £350 to date. In addition, we have raised £117.50 through our Easter raffle, with further fundraising events planned throughout the year.

We are proud of the enthusiasm and generosity shown by our teams and look forward to continuing to support important charitable causes that make a real difference to the lives of patients and the wider community.

Part 2

2.1 Quality priorities 2026/27

Plan for 2026/27

Euxton Hall Hospital remains committed to sustaining and growing its services during 2026/2027, with a particular focus on strengthening both NHS and private patient activity. Building on current performance, the hospital will continue to develop its private patient offering by expanding consultant engagement, increasing outpatient capacity, and promoting streamlined patient pathways to improve access and overall patient experience.

The hospital will further enhance its elective surgical provision through the introduction and optimisation of robotic-assisted surgery within theatres. This will support innovation and enable the expansion of complex and high-demand procedures. Theatre utilisation will be maximised, alongside a continued focus on increasing day case activity to improve efficiency and patient flow.

Investment in workforce development will remain a key priority, with a strong emphasis on training and developing clinical staff to support new technologies, enhance competencies, and ensure the delivery of safe, high-quality care. This will include upskilling staff in specialist areas, supporting career progression, and embedding a culture of continuous professional development.

In addition, Euxton Hall Hospital will work in closer alignment with Fulwood Hall Hospital and Buckshaw Hospital to standardise processes and pathways across sites. This collaborative approach will support the streamlining of services, reduce variation, and improve patient pathways, ultimately increasing capacity and operational efficiencies across the network.

Collaborative working with NHS partners will remain a key priority to ensure continued support for local healthcare systems, while maintaining a balanced and sustainable case mix. Through these initiatives, Euxton Hall Hospital aims to deliver sustainable growth, improve patient outcomes, and enhance the overall patient experience across both NHS and private pathways.

We have a clear commitment to our private patients, alongside working in partnership with the NHS to ensure that all services commissioned to us result in safe, high-quality treatment for NHS patients whilst they are in our care. We continually strive to

improve clinical safety and standards through a systematic approach to governance, including audit and feedback from those who experience our services.

To support these aims, a number of initiatives are progressed at any one time. Priorities are determined by the hospital's Senior Management Team, taking into account patient feedback, audit outcomes, national guidance, and recommendations from hospital committees representing all professional and management levels.

Most importantly, we ensure that our priorities drive improvements in patient safety, clinical effectiveness, and the experience of all individuals accessing our services.

Priorities for improvement

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

In 2024/2025 we directed our clinical priorities focusing on 3 main areas: Patient Safety, Clinical Effectiveness and Patient Experience.

Patient Safety:

Speak up for safety and RADAR.

We have successfully delivered on these commitments and made significant progress in strengthening a culture where all staff feel empowered to speak up for safety.

Over the past year, a renewed organisational focus has ensured that both clinical and non-clinical staff are confident and capable in using Speaking Up for Safety (SUFs) and the RADAR reporting system. These platforms are now more consistently utilised across the hospital, enabling earlier identification of patient safety incidents, near misses, and emerging concerns, and supporting timely, effective responses that promote learning and continuous improvement.

Education and training have been central to this achievement. Through accessible, practical learning opportunities, we have embedded a more consistent and standardised approach to incident recognition and reporting. This has not only strengthened complianc e but has also contributed to a more psychologically safe environment, where openness, transparency, and shared accountability are actively encouraged. Increased leadership visibility and engagement have reinforced the message that speaking up is both valued and essential to delivering safe, high-quality care.

In addition, we have strengthened feedback mechanisms to ensure that staff are kept informed about the outcomes of their reporting. Clearer communication around lessons learned, changes implemented, and improvements achieved has helped to demonstrate the tangible impact of raising concerns. This has further supported staff engagement and reinforced the link between individual actions and wider organisational improvement.

Collectively, these actions have helped to embed a stronger safety culture across the organisation, where staff voices are heard, learning is continuous, and patient safety remains at the forefront of everything we do.

Clinical Effectiveness:

Priority: Embedding GIRFT and Enhanced Recovery to Drive Quality and Efficiency

We have also made measurable progress against clinical effectiveness priorities. Through alignment with GIRFT principles and the implementation of enhanced recovery pathways, we have reduced average length of stay to approximately 1.3 days. Furthermore, the introduction of a dedicated Arthroplasty MDT hass strengthened multidisciplinary decision-making and supported the development of day case joint pathways. This places the organisation in a strong position to increase day case arthroplasty activity during 2026/2027.

Collectively, these actions have helped to embed a stronger safety and quality culture across the organisation, where staff voices are heard, learning is continuous, and patient outcomes continue to improve.

Patient Experience:

Elevating the Patient Experience

This priority has been largely achieved, with clear evidence of improvement in how we capture, respond to, and act upon the patient voice.

Over the past year, patient feedback has increased, reflecting improved engagement and accessibility of feedback channels, including the Friends and Family Test, digital surveys, and direct patient engagement. Feedback received has been overwhelmingly positive, demonstrating that patients feel listened to and valued in their care experience.

Importantly, where feedback has identified areas for improvement, this has been actively followed up, with actions implemented in a timely and responsive manner.

There has been a continued focus on ensuring that concerns are acknowledged and addressed, reinforcing a culture of openness and continuous learning.

Complaints continue to be managed effectively, with a strong emphasis on timely responses, transparency, and learning. As a result, there has been an overall reduction in the number of complaints, alongside improved handling processes and patient satisfaction with outcomes.

Collectively, this progress demonstrates a strengthened approach to person-centred care, where patient feedback directly informs service improvement, supports operational decision-making, and helps ensure that every patient interaction is delivered with dignity, respect, and compassion.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

For the next twelve months, Euxton Hall Hospital will continue to develop and enhance its services, ensuring that robust processes are embedded across all areas of care. Patient safety will remain paramount, underpinning all service delivery and decision-making.

This will be supported by a strong clinical governance framework, a commitment to continuous improvement, and a proactive approach to identifying and addressing risks. Through close monitoring of performance, engagement with staff and patients, and alignment with national standards and best practice, the hospital will ensure that high-quality, safe, and effective care is consistently delivered.

The following priorities outline the key areas of focus for 2026/2027, aimed at driving improvements in patient safety, clinical effectiveness, workforce capability, and patient experience.

Patient Safety

Euxton Hall Hospital remains fully committed to maintaining the highest standards of patient safety and clinical quality. Our priorities for 2026/2027 are centred on reducing avoidable harm, strengthening governance processes, and ensuring continuous learning and improvement across all services.

Reduction of Medical Errors, Infections, and Avoidable Complications
We will continue to focus on reducing medical errors, healthcare-associated

infections, and avoidable complications through a proactive and systematic approach. This includes the delivery of enhanced medication safety training led by the pharmacy team, ensuring staff are competent and confident in safe medicines management.

All clinical incidents will continue to be reported via the digital incident management system, RADAR, ensuring timely, transparent, and accurate reporting across all services. The hospital places significant importance on maintaining a robust reporting culture, actively encouraging staff to “Speak Up for Safety” and raise concerns to support early identification of risks and prevent harm.

Incidents will be reviewed in a consistent and structured manner during Patient Safety Incident Review Group (PSIRG) meetings, enabling identification of themes, shared learning across teams, and implementation of targeted improvements to enhance patient safety. Learning will be further reinforced through the dissemination of company Safety Flash communications, ensuring that key messages, risks, and preventative actions are communicated effectively across all departments.

This systematic approach supports a strong safety culture, promotes openness and transparency, and ensures that learning is embedded into practice, resulting in continuous improvement in the quality and safety of patient care.

Close collaboration with the Infection Prevention and Control (IPC) link nurses will support ongoing staff education, regular review of infection incidents, and dissemination of lessons learned. As part of this work, the hospital is committed to strengthening aseptic practice, with a clear aim of achieving ANTT Gold accreditation, ensuring consistent application of aseptic non-touch technique across all clinical areas. Robust “closing the loop” processes will ensure that learning from incidents is embedded into practice, with clear evidence of actions taken and improvements made.

Strong Clinical Governance and Regulatory Compliance

Maintaining robust clinical governance arrangements remains a core priority. We will ensure continued compliance with regulatory standards, including those set by the Care Quality Commission (CQC), and remain responsive to any updates or changes in regulatory requirements.

We will also continue to align our practices with national programmes - Getting It Right First Time (GIRFT), ensuring that care delivery reflects best practice and drives improvements in clinical outcomes.

Adherence to National Guidance and Best Practice

The hospital is committed to adhering to National Institute for Health and Care Excellence (NICE) guidance and ensuring that all clinical pathways reflect safe, effective, and evidence-based practice. Systems will be in place to monitor updates to national guidance and ensure timely implementation across all relevant services, supporting the delivery of care aligned to the most up-to-date clinical recommendations.

Close collaboration with the Infection Prevention and Control (IPC) link nurses will support ongoing staff education, regular review of infection incidents, and dissemination of lessons learned. Robust “closing the loop” processes will ensure that learning from incidents is embedded into practice, with clear evidence of actions taken and improvements made.

Use of Evidence-Based Pathways and Continuous Audit

Evidence-based care pathways will underpin all clinical practice. The Ramsay comprehensive audit programme will be maintained to monitor compliance with standards, identify areas for improvement, and drive quality enhancement.

Audits will be regularly reviewed, with clear action plans developed and tracked to completion. Learning from audit findings will be shared across departments to support continual service improvement and consistency of care.

Monitoring Outcomes, Readmissions, and Mortality

We will continue to closely monitor clinical outcomes, including readmissions and mortality, to identify trends and opportunities for improvement. Where concerns are identified, detailed reviews will be undertaken to establish root causes and inform targeted interventions.

Learning derived from outcome reviews will inform staff training, pathway redesign, and service development, ensuring continuous improvement in patient care and safety.

Staffing Stability & Workforce Capability

Euxton Hall Hospital recognises that a skilled, engaged, and sustainable workforce is fundamental to the delivery of safe, high-quality patient care. Our priorities for 2026/2027 focus on attracting and retaining high-calibre professionals, ensuring safe staffing levels, strengthening multidisciplinary collaboration, and supporting staff wellbeing and development.

Recruitment and Retention of a High-Quality Workforce

The hospital will continue to recruit and retain high-quality consultants, nursing staff, and allied health professionals to support service development and meet increasing demand. Ongoing engagement with staff remains a key focus, supported through regular team meetings, open communication forums, and structured feedback mechanisms at both departmental and Senior Leadership Team (SLT) level.

The Registered Manager and senior leaders will maintain visible and accessible leadership, ensuring that staff are supported, informed, and actively involved in service improvement. This approach supports a positive working culture, improves retention, and enables early identification and resolution of workforce challenges.

Ensuring Safe Staffing Levels and Ongoing Clinical Training

Safe staffing remains a core priority, with staffing levels reviewed and monitored on a weekly basis to ensure they meet patient demand and acuity. The hospital utilises workforce planning and staffing tools to support safe and effective allocation of resources, ensuring appropriate skill mix and staffing ratios across all clinical areas.

A strong emphasis will be placed on ongoing clinical training and competency assessment. Mandatory training compliance, role-specific competencies, and access to continuous professional development opportunities will be closely monitored to ensure staff remain capable of delivering safe and effective care.

Strengthening Multidisciplinary Teamwork and Leadership

Euxton Hall Hospital will continue to strengthen multidisciplinary team (MDT) working across all services, recognising its importance in delivering coordinated, patientcentred care. Regular MDT meetings, case discussions, and collaborative decisionmaking processes will support improved clinical outcomes and continuity of care.

Leadership capability will be further developed across all levels through structured development opportunities, mentorship, and increased involvement in governance and quality improvement initiatives. This will ensure that clinical and operational leaders are equipped to drive service improvements, support their teams, and maintain high standards of care.

Supporting Staff Wellbeing, Preventing Burnout, and Succession Planning

The hospital is committed to promoting staff wellbeing and addressing the risks associated with burnout. Stress risk assessments will be undertaken where required, with appropriate support mechanisms implemented to safeguard staff health and wellbeing.

A comprehensive wellbeing programme will continue to be delivered, including access to Mental Health First Aiders, wellbeing initiatives, and an annual wellbeing calendar promoting physical and psychological health. The hospital will also continue to strengthen links with the local community, supporting staff engagement and promoting a positive organisational culture.

Succession planning will remain a key priority, ensuring that future workforce needs are identified and that staff are supported to progress into leadership and specialist roles. This will support long-term workforce sustainability and continuity of care.

Access, Efficiency & Patient Experience

Euxton Hall Hospital remains committed to improving patient access, enhancing operational efficiency, and delivering a high-quality, patient-centred experience across all services.

Reducing Waiting Times for Surgery and Outpatient Appointments

Euxton Hall hospital will continue to focus on reducing waiting times for both surgical procedures and outpatient appointments. This will be achieved through ongoing review and optimisation of theatre utilisation, ensuring available capacity is used effectively and efficiently.

Outpatient service delivery will be reviewed to improve patient flow, reduce delays, and maximise clinic utilisation. This includes reviewing scheduling processes, improving coordination between departments, and ensuring timely access to diagnostics and follow-up care.

Improving Theatre Utilisation and Bed Management

Maximising theatre utilisation remains a key priority, supported by robust planning, list optimisation, and ongoing monitoring of performance. Theatre efficiency will be reviewed regularly to identify gaps, reduce cancellations, and increase productivity.

Bed management processes will be continually assessed to ensure effective patient flow, reduce delays in admission and discharge, and support day case activity. This will help improve patient experience while increasing capacity within existing resources.

Delivering Personalised, Responsive Care with Effective Communication

Euxton Hall Hospital is committed to delivering personalised, compassionate care that is responsive to individual patient needs. Clear and timely communication remains central to this approach, ensuring patients are well-informed and supported throughout their care journey.

Feedback from patients will be actively sought and used to inform service improvements, ensuring care delivery reflects patient expectations and promotes a positive experience.

Expanding Digital Services and Use of Technology

The hospital will continue to expand digital services to enhance both clinical care and patient experience. This includes increasing the use of electronic patient records and exploring opportunities to develop virtual consultations where clinically appropriate. These initiatives will support improved accessibility, efficiency, and continuity of care.

Use of Data, Insight and Patient Feedback to Drive Improvement

A data-driven approach will underpin service improvement, with the use of the Cemplicity Dashboard to analyse patient feedback and experience in real time. Insight reports, including Key Driver Analysis and performance trends, will be reviewed to identify priority areas and inform targeted improvements.

PLACE (Patient-Led Assessment of the Care Environment) audits will continue to be undertaken to assess the quality of the care environment from a patient perspective, ensuring high standards of cleanliness, safety, and comfort are maintained.

In addition, patient focus groups will be further developed to provide direct engagement with patients and gain deeper insights into their experiences. Feedback from these groups will contribute to service redesign and quality improvement initiatives, ensuring that the patient voice remains central to decision-making.

2.2Mandatory 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 Euxton Hall Hospital provided and/or subcontracted 9 NHS services.

Euxton Hall Hospital has reviewed all the data available to them on the quality of care in all 9 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 100% per cent of the total income generated from the provision of NHS services by Euxton Hall Hospital for 1 April 2025 to 31st March 2026

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Human Resources

Staff Cost % Net Revenue – 33%

HCA Hours as % of Total Nursing - 32.76

Agency Cost as of Total Staff Cost - 0.69%

Ward Hours PPD – 7.16

% Staff Turnover – 9%

% Sickness – 6,7%

% Lost Time – 27.7%

Appraisal 80%

Mandatory Training 97%

Staff Satisfaction Score -

KPIs that were improved on compared to 2024 include:

- Engagement – 71% favourable (+3 from 2024)
- Well-being – 74% favourable (+8 from 2024)
- Inclusion – 63% favourable (+6% from 2024)

Number of Significant Staff Injuries – 0%

Patient

Formal Complaints per 1000 HPD's – 0.3%

Patient Satisfaction Score – 99.6%

Significant Clinical Events per 1000 Admissions – 2%

Readmission per 1000 Admissions – 2%

Quality

Workplace Health & Safety Score – 92.64%

Infection Control Audit Score – 97%

Consultant Satisfaction Score – 73%

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026 Euxton Hall Hospital participated in a number of national clinical audits. These audits are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project name (A-Z)	Provider organisation	% of Cases Submitted
British Spine Registry	Amplitude Clinical Services Ltd	100%
Elective Surgery (National PROMs Programme)	NHS Digital	75%
Mandatory Surveillance of HCAI	Public Health England	0%

National Joint Registry 2, 3	Healthcare Quality improvement Partnership	100%
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	0% - NA
Surgical Site Infection Surveillance	Public Health England	0%

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

All National Joint Registry data has been reviewed, and an action plan implemented. The main areas of concern identified were associated with consultants who no longer work at Euxton Hall Hospital or who are no longer undertaking the relevant procedures at the hospital.

Euxton Hall Hospital is proud to report full compliance with both the British Spine Registry and the National Joint Registry, with 100% data completeness achieved.

Euxton Hall Hospital was proud to have achieved the Gold Award for data quality from the National Joint Registry (NJR), recognising our commitment to excellence in data collection and clinical governance in joint replacement surgery. This award reflects the hard work and diligence of our clinical and administrative teams in ensuring accurate, comprehensive submissions to the NJR.

We are committed to maintaining this high standard and will continue to focus on enhancing the quality and completeness of our data. In the coming year, we will also work to increase participation in Patient Reported Outcome Measures (PROMs) and improve response rates through Cemplicity, ensuring that patient perspectives are captured and used to inform continuous improvement in surgical care and outcomes.

Local Audits

Ramsay Health Care uses the Tendable platform to carry out local clinical audits. The reports of 283 local clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee and Euxton Hall Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Any audit scoring below 95% prompts the development of an action plan, which is then shared with the relevant clinical staff. The goal of these action plans is to enhance compliance and practice, ensuring the provision of safe patient care. It's crucial to measure the effectiveness of these action plans through re-audits.

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

Euxton Hall Hospital 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.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

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

2.2.6 Data Quality

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

At Euxton Hall Hospital, we recognise that high-quality data is essential to safe, effective, and patient-centred care. Data is a vital tool in the clinical and operational decision-making process, which is why we place strong emphasis on ensuring that the information we gather, store, and share is reliable, accurate, and complete.

As an organisation, we are committed to achieving data that is complete, consistent, accurate, and timely. These principles underpin our efforts to support clinical teams in delivering informed care and enable us to measure performance, identify areas for improvement, and uphold regulatory compliance.

Our data validation processes help us maintain these high standards. Regular checks, audits, and staff training ensure that data entry and management are undertaken with accuracy and care. We work in line with GDPR principles, particularly the requirement for data to be accurate and up to date. Where inaccuracies are identified, swift steps are taken to correct or, if necessary, delete data to maintain compliance and protect patient safety.

Data quality directly supports our healthcare professionals, giving them confidence in the information they rely on to make clinical decisions. It also enhances patient trust, as we demonstrate our commitment to protecting both their personal and sensitive information.

Ultimately, better data quality contributes to better outcomes, for patients, for staff, and for the wider organisation. To support our commitment to maintaining and enhancing data quality, Euxton Hall Hospital implements the following actions:

- Ongoing improvements to our electronic patient record system (Maxims): Continued updates to Maxims are enhancing the quality and completeness of digital records. While a small number of records remain paper-based, the increased use of electronic data collection ensures greater accuracy and mandatory field completion.
- Staff training and competency: Any employee responsible for scanning patient documents into Maxims undergoes structured training and completes a competency assessment to ensure consistent, high-quality data entry.
- Two-tier document accuracy checks: All scanned documentation is subject to a robust two-tier checking process, which has been externally audited. Euxton Hall strives to meet compliance in these audits, reflecting the diligence and accuracy of our information governance processes.

- Leadership spot checks: Members of the Senior Leadership Team conduct regular spot checks to assess data accuracy and ensure compliance with documentation standards.
- Responsive incident management: Any data quality issues are escalated, investigated, and actioned promptly. Lessons learned are shared across departments, and processes are reviewed to prevent recurrence.
- Information security audits: We have undergone a full internal Information Security Audit, with a clear action plan in place to address any areas for improvement.
- Mandatory e-learning compliance: All staff have completed the Information Security e-learning module, achieving 100% compliance, reinforcing the importance of secure and accurate data handling across the organisation.

By embedding these measures into daily practice, Euxton Hall Hospital continues to build a culture of accountability and excellence in data quality, supporting safer care and better outcomes for our patients.

NHS Number and General Medical Practice Code Validity

Euxton Hall 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:

- 99.7% for admitted patient care;
- 99.93% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:
https://www.dsptoolkit.nhs.uk/

Clinical coding error rate

Euxton Hall 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:

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
Euxton Hall	Completed July 2025	100%	100%	100%	100%	Level 3

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at September 2020*

2.2.7 Stakeholders views on 2025/26 Quality Account

Re: Lancashire and South Cumbria ICB Response to Euxton Hall Hospital Quality Account 2025/26

Lancashire and South Cumbria Integrated Care Board (LSCICB) welcomes the opportunity to review and comment on the Quality Account submitted by Ramsay Health Care (RHC) for Euxton Hall Hospital for 2025/26. The ICB would like to thank colleagues for the preparation of this Quality Account and for the clear reflection on performance over the reporting period, alongside the identified priorities for 2026/27. We recognise the ongoing pressures across the healthcare system, including increasing demand, patient complexity and operational challenges, and acknowledge the continued commitment to maintaining and improving quality within this context. This response relates to services commissioned by LSCICB and reflects both the progress achieved during the reporting period and areas where continued focus and strengthening will be required. The ICB remains committed to working collaboratively with RHC to ensure the delivery of safe, effective and high quality care, with patient

experience central to all services. The ICB is reassured by a number of key safety indicators reported within the Quality Account. The absence of patient deaths, alongside low readmission rates and a reduction in return to theatre, provides confidence in the organisation's clinical oversight and the effectiveness of perioperative care pathways. The continued development of a positive safety culture is evident, particularly through the use of the RADAR reporting system and the embedding of "Speak Up for Safety". The emphasis on staff empowerment, transparency, and structured learning through governance forums such as Patient Safety Incident Review Group (PSIRG) is welcomed and reflects alignment with national patient safety expectations. In relation to infection prevention and control, it is positive to note that there have been no reported cases of Clostridioides difficile or MRSA bacteraemia. The ICB also recognises the comprehensive IPC programme, including audit, surveillance and staff training. However, the Quality Account does reference an increase in hospital-acquired infections (HCAI) and some variance against national benchmarks within parts of the report. Whilst it is acknowledged that this may reflect improved surveillance and reporting processes, the ICB would expect to see clearer evidence of sustained improvement in infection outcomes over time, including demonstration of the impact of actions taken. The ICB also notes that participation in some national surveillance programmes, including HCAI and surgical site infection reporting, remains limited. Strengthening engagement with these programmes Chair – Emma Woollett Chief executive – Aaron Cummins would provide additional assurance and support benchmarking against national standards, and this should remain an area of focus going forward. The ICB welcomes the continued focus on clinical effectiveness, including alignment with national programmes such as Getting it Right First Time (GIRFT) and the implementation of enhanced recovery pathways. The reduction in length of stay, together with improved multidisciplinary working, including the development of an arthroplasty MultiDisciplinary Team (MDT), represents positive progress in pathway optimisation and patient outcomes. The sustained reduction in readmissions and reoperations further supports the effectiveness of strengthened pre-assessment and post-discharge processes. Achievement of 100% compliance with the National Joint Registry and British Spine Registry, alongside receipt of the Gold Award for data quality, is particularly encouraging and demonstrates strong clinical governance and data integrity. The ICB notes that participation in patient reported outcome measures (PROMs) remains lower than expected. Given the importance of patient-reported outcomes in assessing the effectiveness of care, further work to improve participation and demonstrate how this data is used to inform service improvement would be beneficial. More broadly, future Quality Accounts may benefit from placing greater emphasis on the impact of audit activity, including how identified issues are addressed and the extent to which improvements are sustained through re-audit. The ICB acknowledges the consistently high levels of patient satisfaction reported, including strong Friends and Family Test results, which reflect a sustained focus on delivering person-centred and compassionate care. It is positive to see increased

patient engagement through a variety of feedback channels and the use of this feedback to inform service improvements. The organisation's emphasis on responding to concerns in a timely and transparent way, alongside initiatives such as "You Said, We Did," is recognised as good practice. However, the ICB would encourage continued focus on ensuring that feedback is representative and triangulated with other quality indicators to provide a comprehensive view of patient experience. The findings from the PLACE assessment are noted, with most domains performing well. The continued variance in relation to privacy, dignity and wellbeing, although improving, should remain an area of focus to ensure consistent patient experience across all aspects of care. The ICB recognises the improvements reported in staff engagement, wellbeing and inclusion, and welcomes the organisation's ongoing focus on workforce development and training compliance. The presence of specialist clinical leads and a structured approach to staff education and competency development are noted as strengths that support safe and effective care delivery. However, some workforce metrics, including appraisal rates, sickness absence and lost time, suggest that there are ongoing pressures within the workforce. Continued focus on these areas will be important to ensure sustainability and maintain service quality. The ICB also notes that consultant satisfaction remains comparatively lower than other workforce indicators. Given the importance of consultant engagement in delivering high-quality care, this would benefit from further attention. The ICB acknowledges positive developments in relation to reduced length of stay, improved theatre utilisation and increasing day case activity. The organisation continues to play an important role in supporting NHS elective recovery, with a significant proportion of care delivered to NHS patients and strong partnership working with local Trusts. The reported increase in transfers to NHS hospitals is noted. Whilst these may reflect appropriate clinical escalation, it would be helpful for future reporting to provide further context regarding the drivers for these transfers and any associated learning or actions. The ICB would also expect future accounts to demonstrate the impact of initiatives aimed at improving access, reducing waiting times and enhancing patient flow, particularly in relation to system-wide priorities. Chief executive – Aaron Cummins Chair – Emma Woollett Overall, the Quality Account demonstrates a strong commitment to quality improvement, supported by established governance arrangements and a culture of learning and continuous development. There is clear evidence of progress across a number of key areas, including patient safety, clinical effectiveness and patient experience. At the same time, there are areas where further strengthening and clearer demonstration of impact would enhance assurance. The ICB supports the organisation's identified priorities for 2026/27 and looks forward to continued collaborative working to support delivery against these aims. The Quality Account reflects a positive commitment to delivering safe, effective and patient-centred care. Future accounts would benefit from a continued focus on evidencing the impact of improvement work, particularly in relation to infection outcomes, participation in national surveillance and audit programmes, workforce sustainability and patient experience measures. LSCICB

appreciates the work undertaken in producing this report and values the transparency demonstrated. We look forward to continuing to work in partnership with Euxton Hall Hospital and Ramsay Health Care to support ongoing quality improvement and the delivery of high-quality care to patients.

Yours sincerely

Claire Lewis

Associate Director Quality Assurance

Part 3: Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), EUXTON HALL HOSPITAL

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

Introduction

As Head of Clinical Services, I am pleased to present this year's Quality Account, which reflects our continued commitment to maintaining the highest standards of patient care, safety, and clinical effectiveness across all services.

Throughout the reporting period, our teams have remained focused on delivering safe, compassionate, and high-quality care, underpinned by strong clinical governance frameworks and a culture of continuous improvement. This has been further strengthened through the appointment of a Quality Improvement Manager, who has worked closely with me to enhance our approach to quality assurance.

Together, we have ensured that audit programmes are completed in a timely manner and that staff are upskilled in the full audit process. Our incident review processes have also been reviewed and refined, with a greater emphasis on learning, identifying themes, and closing the loop. Staff engagement has been strengthened through initiatives such as "You Said, We Did" and departmental monthly patient feedback reviews, ensuring that learning is identified, shared, and embedded across the organisation.

I am proud to report that e-learning compliance has increased to 97% and has been consistently maintained above 95% for several months. Audit compliance has also improved significantly. Our ANTT audit performance has achieved Bronze status, and we are now progressing towards Silver accreditation.

We have continued to prioritise patient safety through proactive incident reporting and thorough investigation processes aligned with PSIRF principles. Learning from incidents, complaints, and patient feedback has driven meaningful service

improvements, ensuring that we remain responsive to patient needs while upholding transparency through Duty of Candour.

Our workforce remains central to delivering high-quality care. We have focused on maintaining strong compliance with mandatory training, including safeguarding, and have supported staff development through supervision, training, and engagement initiatives. I am extremely proud of our teams, who consistently demonstrate professionalism, compassion, and a strong commitment to patient-centred care.

Looking ahead, we remain committed to further enhancing our services through innovation, digital development, and continued collaboration across Ramsay Health Care UK. Our focus will remain on improving patient outcomes, reducing variation, and ensuring that every patient receives safe, effective, and personalised care.

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.

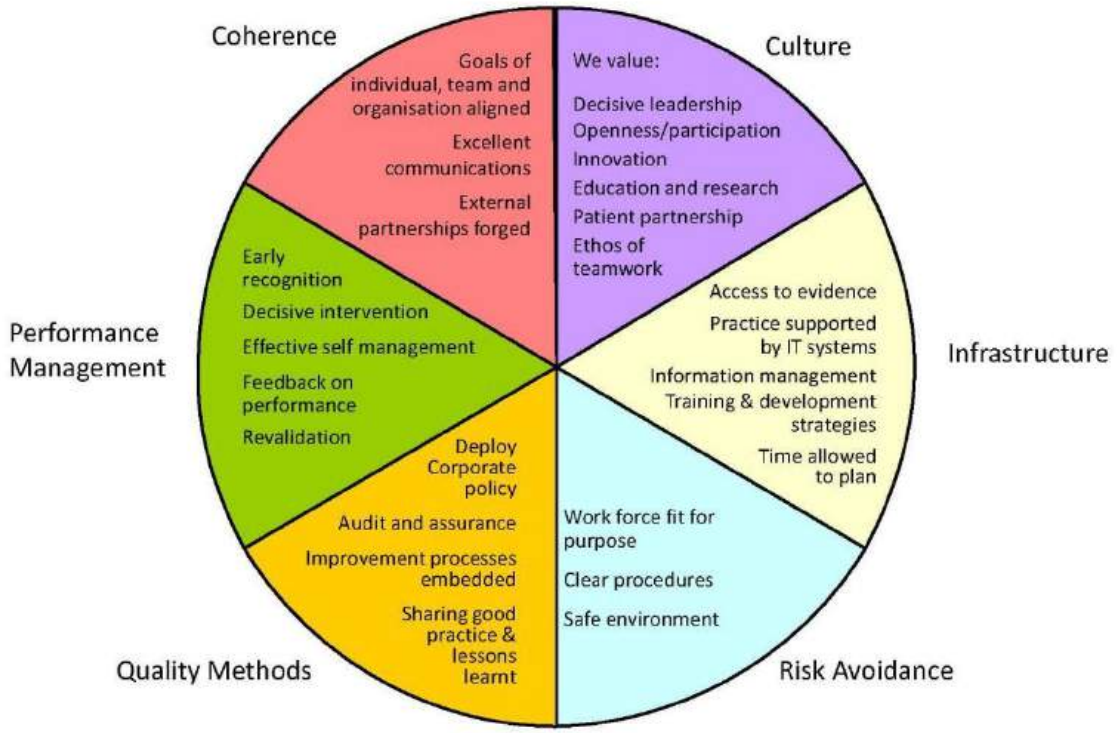
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

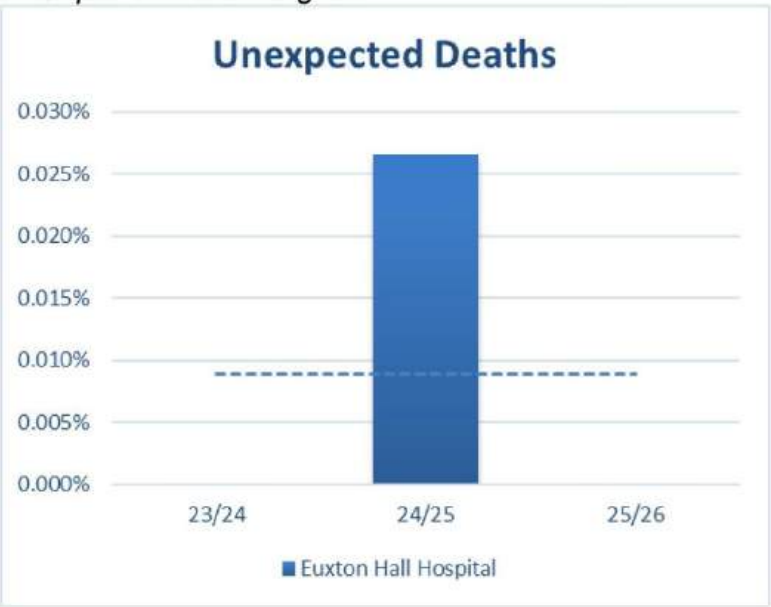
Mortality

Mortality:	Period	Best	Worst	Average	Period	Euxton

	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC05	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC05	0.0003
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC05	0.0000

Euxton Hall Hospital considers that this data is as described for the following reasons, during the last twelve months there have been no deaths reported in the hospital.

Rate per 100 discharges:



Euxton Hall Hospital considers that this data is as described for the following reasons that there were no unexpected deaths reported during 2025-2026.

National PROMs

Hips

PROMS : Hips	Period	Best		Worst		Average		Period	Euxton	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC05	24.149
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC05	21.420
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC05	no data

Knees

PROMS : Knees	Period	Best		Worst		Average		Period	Euxton	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC05	20.297
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC05	18.969
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC05	no data

The uptake and response to PROMs and health gains remain a clinical priority for the coming year and we will be working to maintain and improve our scores to keep them above the national average.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Euxton	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC05	0.00191
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC05	0.00027
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC05	0.00026

Euxton Hall Hospital considers that this data is as described for the following reasons due to the factor that all incidents of readmission within 28 days are reported via our RADAR system (digital incident management system)

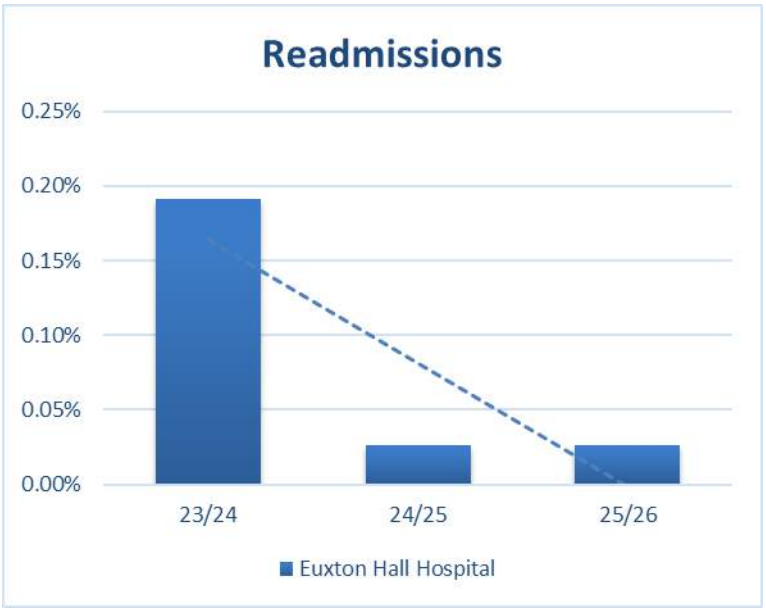
As demonstrated in the data above the graph below, our readmission rate has shown a sustained improvement over the past year and now exceeds the national average. This reflects the continued commitment of our teams to delivering high-quality, patient-centred care and responding proactively to patient feedback.

Over the last twelve months, we have implemented a range of targeted improvements to enhance both clinical quality and the overall patient care to reduce readmission.

A key area of focus has been our commitment to providing a high standard of post-discharge care. Patients are actively encouraged to contact the hospital directly should they experience any concerns or complications following discharge, and they are provided with clear contact details to facilitate this. All patients receive a follow-up telephone call from the ward within 24–48 hours of discharge to assess their recovery and identify any issues at an early stage. Where further review is required, patients are seen promptly within our hospitals wherever possible, reducing the need for onward referral to NHS Trust services unless emergency treatment is necessary. This approach supports continuity of care and ensures that patients feel supported beyond their inpatient stay.

In addition, we have strengthened our pre-assessment processes at Euxton Hall Hospital. Patients are now triaged for suitability at the point of listing for surgery, ensuring that any potential risks are identified and managed early in the patient pathway. This proactive approach enhances patient safety, supports appropriate patient selection, and contributes to improved clinical outcomes.

Rate per 100 discharges:

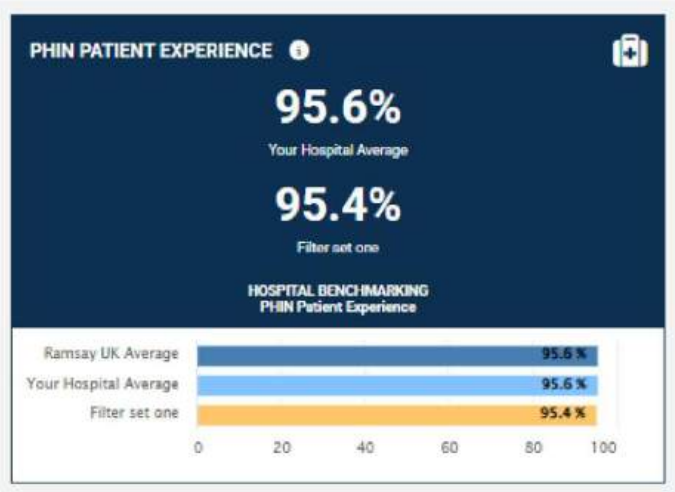


Responsiveness to Personal Needs

4b Patient experience of hospital care

No longer collected

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



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

VTE Risk Assessment

VTE Assessment :	Period	Best		Worst		Average		Period	Euxton	
	Q1 to Q3 19/20	Several	100 %	RXL	71.8 %	Eng	95.5 %	Q1 to Q3 19/20	NVC05	94.4 %
	Q3 24/25	Several	100 %	RCB	13.7 %	Eng	90.3 %	Q3 24/25	NVC05	81.2 %
	Q1 to Q3 25/26	Several	100 %	NVC0Y	3.08 %	Eng	91.3 %	Q1 to Q3 25/26	NVC05	92.2 %

Euxton Hall Hospital considers that this data is as described for the following reason, that it is pulled live from the data within the digital platform.

The National Institute for Health and Care Excellence (NICE, 2018) recommends that patients are assessed regularly for their risk of developing venous thromboembolism (VTE) at key stages of their care pathway. This includes pre-assessment, on admission, throughout the hospital stay, following any change in clinical condition, prior to discharge, and ensuring that patients are provided with information to support ongoing prevention at home. Ramsay Health Care's VTE prophylaxis policy is aligned with this guidance and incorporates a structured risk assessment tool to

identify individual patient risk factors, including those associated with reduced mobility.

At Euxton Hall Hospital, VTE risk assessments are completed via the electronic patient record system (MAXIMs), with policy updates reviewed and implemented during the reporting period to ensure continued compliance with best practice.

To support and enhance the quality of care, Euxton Hall Hospital has implemented a number of measures. All qualified nursing staff are required to complete VTE training via eLearning to ensure a consistent understanding of risk assessment and appropriate prophylaxis. VTE risk assessments are undertaken for all patients; for surgical patients, this process is initiated by the pre-assessment nurse at the point of triage and subsequently reviewed by the consultant surgeon prior to transfer to theatre, with prophylaxis prescribed as clinically indicated. Following surgery, the risk assessment is re-evaluated, and prophylaxis adjusted where necessary to reflect the patient's changing clinical condition. Compliance with these processes is regularly monitored through audit, providing assurance that VTE assessments are completed consistently and in line with established protocols.

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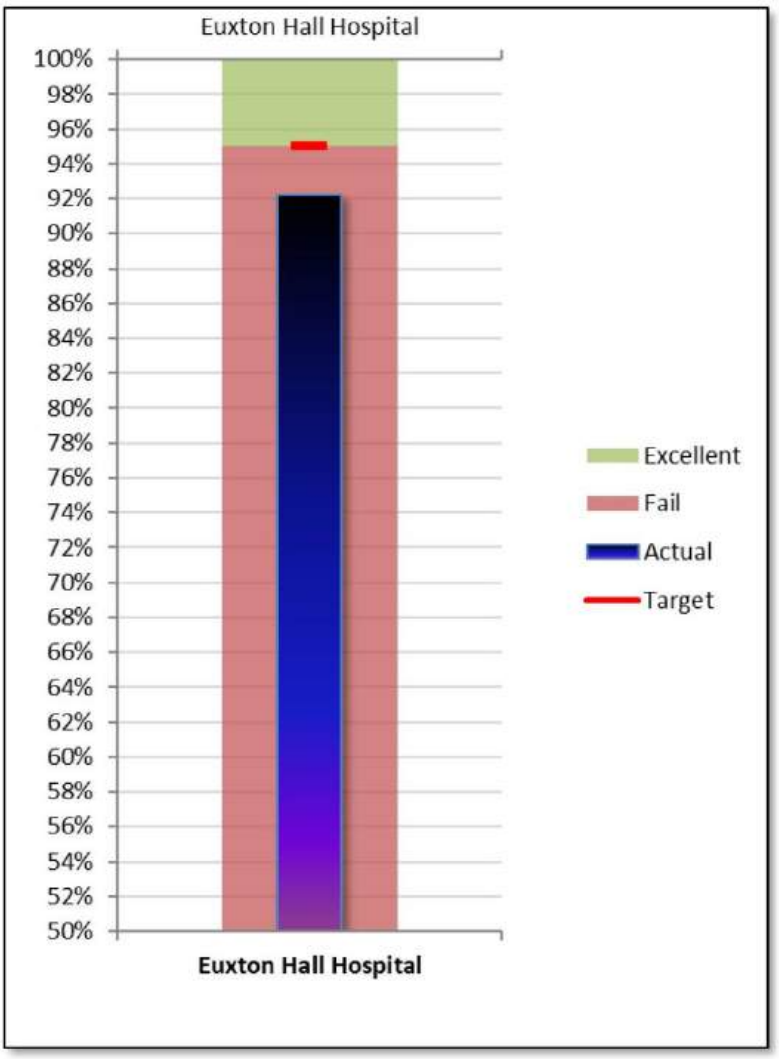

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Euxton	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC05	0.0000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC05	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC05	0.0000

Euxton Hall Hospital considers that this data is as described for the following reasons they have had no patients tested positive for clostridium difficile infection.

Several measures have been implemented to uphold high standards and further improve service quality:

Mandatory Infection Control and Prevention (ICP) Training: All employees undergo annual ICP training, utilising both E-learning and face-to-face sessions.

Lead Infection Control Nurse Oversight: A designated lead Infection Control nurse monitors and reports all surgical infections, conducting root cause analyses when necessary.

Regular Audits: Monthly ICP audits, including environmental, cleaning, and hand hygiene audits, are conducted to ensure compliance with corporate and local policies. Action plans are developed as needed to address areas for improvement.

Infection Control Meetings and Consultant Microbiologist Support: Local and regional infection control meetings are held, and a Service Level Agreement is established with a Consultant Microbiologist to provide guidance and support as required.

These proactive measures collectively contribute to maintaining a high standard of infection prevention and control, as evidenced by the absence of C. Difficile infections during the reporting period.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	All Sites	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	**2023/24**	**All Sites**	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	**2024/25**	**All Sites**	0.0001
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	**2025/26**	**All Sites**	0.0001

Euxton Hall Hospital considers that this data is as described as it has been pulled from the digital incident reporting system.

To uphold and enhance the quality of its services, the hospital has implemented the following actions:

Reporting and Investigation: All serious incidents are promptly reported to the appropriate regulatory bodies for thorough investigation and review by the CQC and discussed during PSIRG meetings. With lessons learnt shared with all departments.

Comprehensive Investigation: A comprehensive investigation is conducted for each serious incident to identify any lapses in care delivery. Action plans are then developed to address non-compliance with best practices.

Lessons Learned: Lessons learned from these incidents are shared and integrated not only within the department, but also across the wider organisation of Ramsay Health Care. This ensures the safe care of all patients treated within the healthcare system.

Clinical Strategy: Safe and effective care, guided by NICE and PHE (Public Health England) recommendations, forms the cornerstone of the hospital's clinical strategy, emphasising continuous improvement and adherence to best practices.

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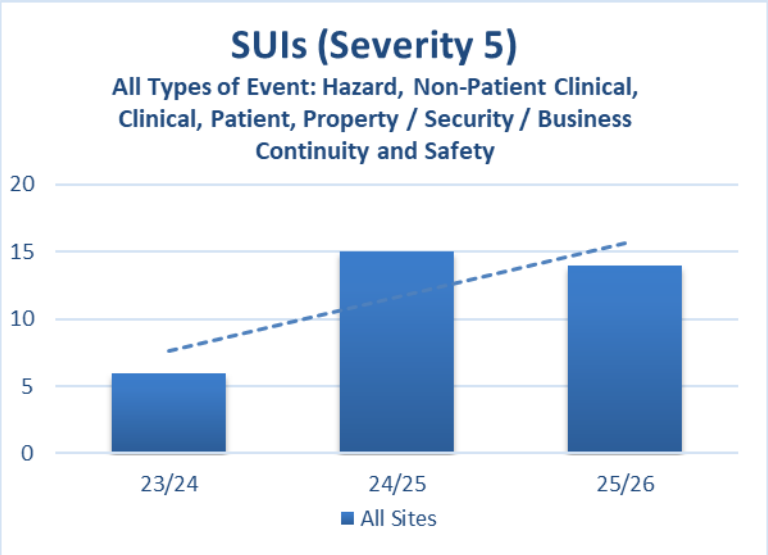
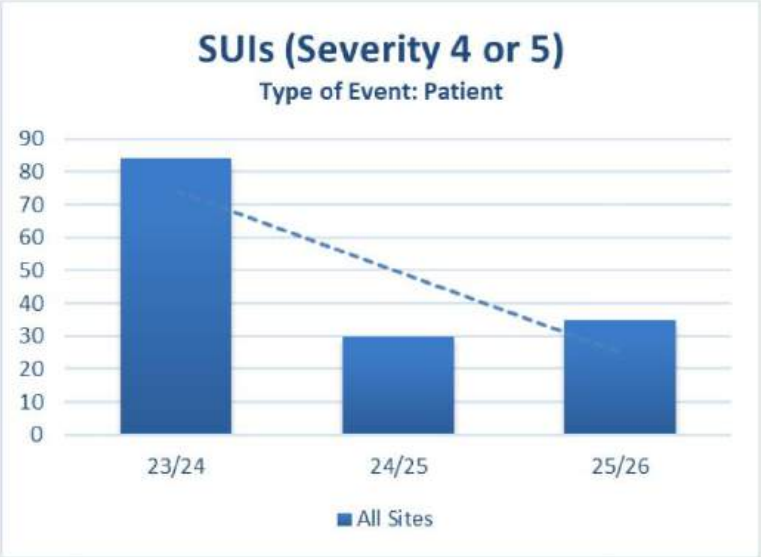
Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Euxton	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC05	*
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC05	100.0%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC05	100.0%

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

The Friends and Family Test (FFT) is a key measure of patient experience, providing valuable insight into whether patients would recommend our services to others. It supports the hospital in understanding patient satisfaction, identifying areas for improvement, and recognising good practice across clinical teams.

Euxton Hall Hospital is committed to achieving consistently positive feedback through the FFT and places significant importance on reviewing patient experience data. FFT results are monitored daily, with feedback discussed as part of daily huddle meetings to ensure that any concerns are identified and addressed promptly. In addition, FFT outcomes are reviewed in-depth during Customer Focus Meetings, where trends are analysed, learning is shared, and actions are agreed to drive continuous improvement.

3.2 Patient safety

We are a progressive organisation, committed to continuously improving performance across all areas, with a particular focus on patient safety. Risks to patient safety are identified through a number of established routes including routine audit, complaints, litigation, adverse incident reporting, speak up for safety and the raising of concerns. In addition, we proactively monitor trends in key performance indicators to identify emerging risks at an early stage and take appropriate action.

A structured approach to governance is supported through the Patient Safety Incident Review Group (PSIRG), where incidents are reviewed in detail to ensure robust investigation and the identification of root causes. Lessons learnt are formally shared through “closing the loop” reporting, ensuring that actions are not only implemented but evaluated for effectiveness. Learning is disseminated at a departmental level and more widely across the organisation, including through Ramsay-wide shared learning processes and safety flash alerts, promoting a culture of openness, transparency, and continuous improvement.

Our strong focus on patient safety has contributed to sustained improvements across a number of key indicators.

3.2.1 Infection prevention and control

Euxton Hall Hospital continues to demonstrate a consistently low rate of hospital-acquired infections and reported no cases of MRSA bacteraemia during the reporting period. We remain fully compliant with the mandatory reporting requirements for all alert organisms, including MSSA/MRSA bacteraemia and *Clostridioides difficile* infections, and maintain a structured and proactive programme aimed at reducing incidences year on year.

Ramsay Health Care participates in mandatory surveillance of surgical site infections (SSI) for orthopaedic joint surgery, and these outcomes are closely monitored. During the reporting period, Euxton Hall Hospital has continued to collect data on patients undergoing hip and knee replacement surgery in line with the UK Health Security Agency (formerly Public Health England) Surveillance of Surgical Site Infection Programme.

Infection prevention and control (IPC) remain a key priority within the hospital, with a comprehensive and proactive approach embedded into daily practice. An annual IPC strategy is developed at corporate level, supported by a dedicated Infection Prevention and Control Committee. Group policies are regularly reviewed and

updated to ensure alignment with current evidence and best practice, and are systematically implemented across the hospital.

Euxton Hall Hospital has a designated Infection Prevention and Control nominated nurse who leads on surveillance processes. This ensures that any patient who develops a post-operative wound infection is identified promptly, managed effectively, and reported in line with national guidance.

The hospital continues to strengthen its aseptic practice, having achieved ANTT Bronze accreditation and submitted for Silver, with the ambition of achieving Gold status by the end of the year. This reflects a strong organisational commitment to maintaining the highest standards of aseptic technique and reducing infection risk.

Post-operative wound management remains a key focus area. The hospital works collaboratively with the Outpatients Sister, who also acts as the Tissue Viability Link Nurse and has undertaken specialist training. This role provides expert support, advice, and guidance to clinical teams, ensuring that patients receive evidence-based wound care throughout their recovery pathway.

As part of the ongoing IPC programme, pre-operative decolonisation is undertaken for all patients undergoing primary joint replacement or spinal surgery, in line with NICE guidance (NG125). This includes the use of antimicrobial body wash and nasal gel for five days prior to admission, which has been shown to reduce the risk of post-operative wound infection. Patients are provided with both verbal instructions and written information at the pre-assessment stage to support adherence to this process.

All staff complete annual mandatory infection prevention and control training to ensure continued competence and awareness. In addition, the clinical audit programme includes regular IPC audits across all clinical areas, providing assurance that standards are consistently maintained and that any opportunities for improvement are identified and addressed in a timely manner.

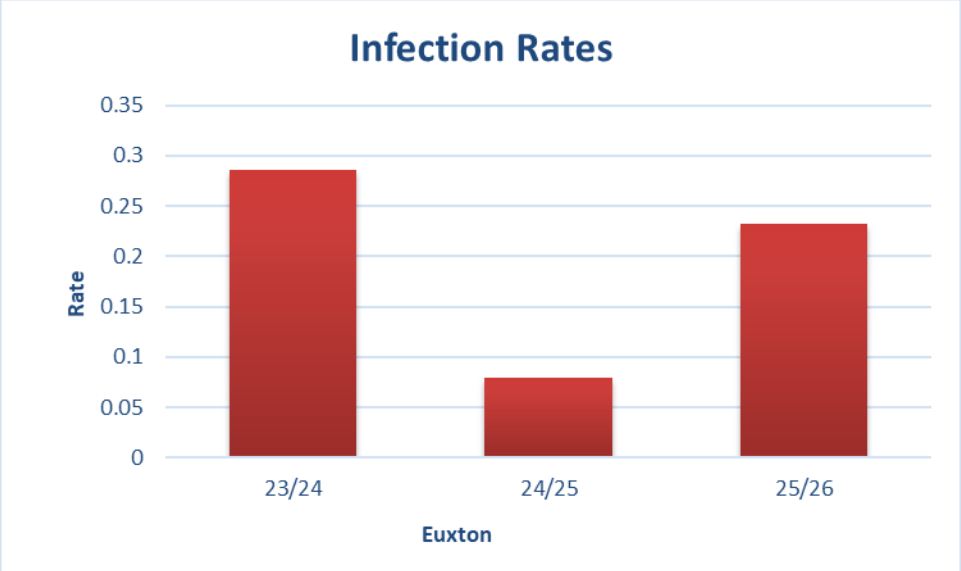
Programmes and activities within our hospital include:

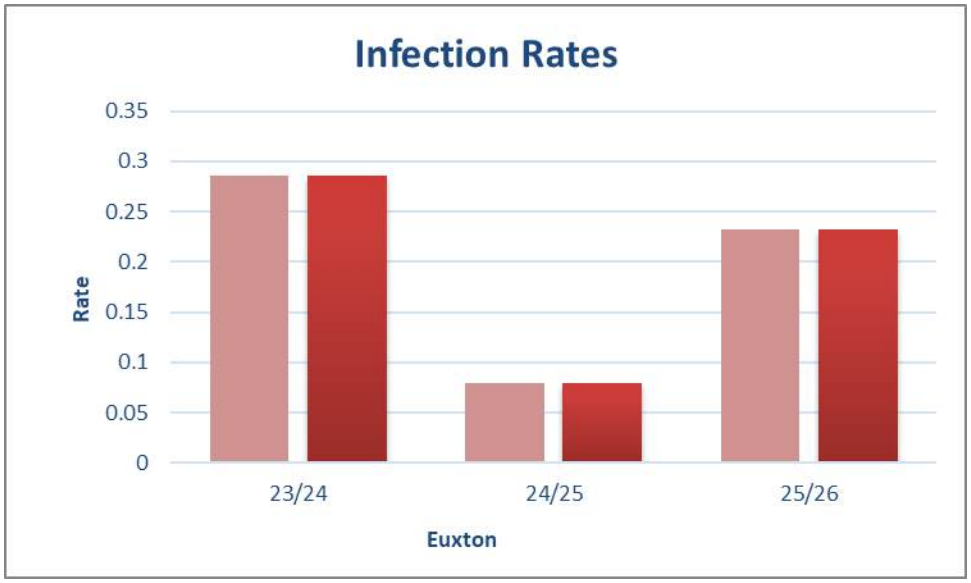
During 2025/2026, Euxton Hall Hospital has continued to collect data from our patients who have had Hip and Knee replacement surgery in line with the Public Health England (PHE) ‘Surveillance of surgical site infections programme’.

We have a nominated nurse ensuring our processes enable us to identify any patient who may develop a post-operative wound infection and allow us to report and mange this effectively and in line with current PHE guidance.

In the reporting period, Euxton Hall Hospital has continued with the Corporate IPC policy in regard to pre-operative decolonisation for all patients undergoing primary joint replacement or spinal surgery. This decolonisation is in the form of a body wash and application of a nasal gel, used for 5 days prior to admission. Evidence (NICE guidance NG25) has shown that this process can reduce the risk of post-operative wound infection. Patients are given verbal instruction, supplied with the body wash and nasal gel at pre-assessment stage, with a written information leaflet also provided.

All staff across both hospitals receive annual mandatory training on Infection Control and the clinical audit schedule for 2023/24 includes IPC audits throughout the clinical areas of the hospital, providing assurances that IPC measures are implemented.





As illustrated in the graph above, Euxton Hall Hospital's infection control rate has not shown a reduction over the past 12 months and remains higher than the national average. This sustained variance has prompted a focused review to better understand underlying causes and identify appropriate interventions.

The following actions have been undertaken:

Thematic Review

A comprehensive thematic review has been completed for all recorded infections, led by the Infection Prevention and Control (IPC) Lead Nurse. This aims to identify common themes, contributory factors, and areas for targeted improvement.

Review of Reporting Processes:

The infection reporting process has been reviewed to ensure clarity, consistency, and ease of use across all departments. Supporting guidance, including flowcharts, has been developed to assist staff in accurately identifying and reporting infection-related incidents in a timely manner.

Enhanced Environmental Cleaning:

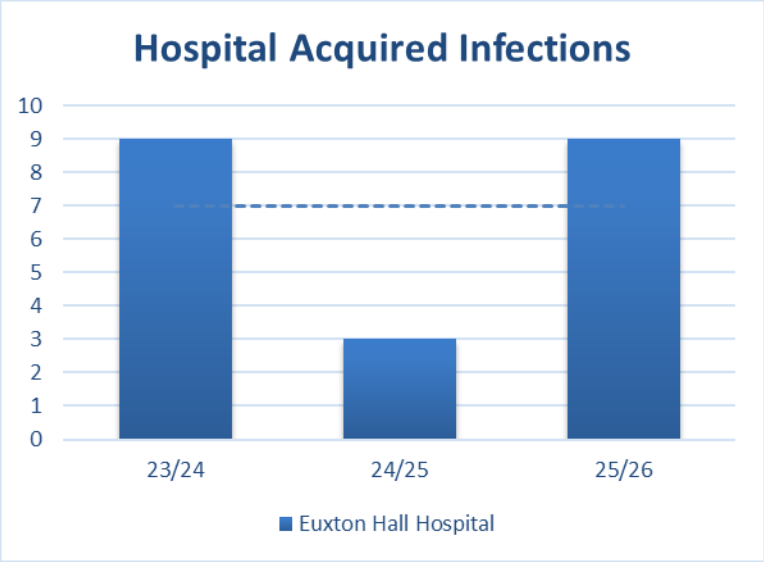
A deep clean of theatre environments has been undertaken to support infection prevention and control measures. This forms part of a wider review of cleaning protocols to ensure compliance with best practice standards and to reduce the risk of environmental contamination.

Ongoing Monitoring and Reporting:

Infection rates will continue to be closely monitored, with all cases reported internally through governance frameworks and externally where required. This ensures transparency, regulatory compliance, and continuous oversight.

Through these measures, the hospital aims to strengthen surveillance processes, identify any underlying issues, and implement targeted interventions to improve infection control outcomes and align performance more closely with national benchmarks.

Rate per 100 discharges:



As can be seen from the graph above, Euxton Hall Hospital has experienced an increase in hospital-acquired infections over the past 12 months.

This increase may, in part, be attributed to improved reporting systems, ensuring that all infections are more accurately captured and recorded. In addition, there is now enhanced monitoring of patients and increased post-operative follow-up, which has enabled more timely identification and feedback of infections that may previously have gone unreported. These improvements provide a more comprehensive and transparent picture of infection rates, supporting targeted actions to improve patient outcomes.

3.2.2 Cleanliness and hospital hygiene

PLACE Audit

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

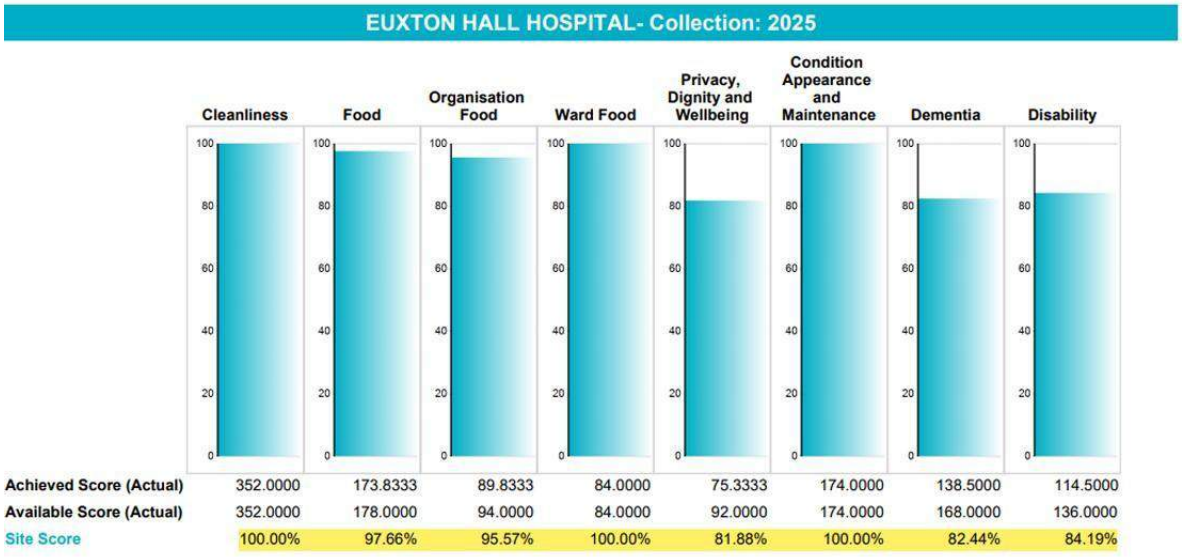
PLACE assessments are undertaken annually at Euxton Hall Hospital, providing a valuable patient perspective on our buildings, facilities, and food. This approach gives us a clear understanding of how people who use our services experience the

environment and highlights opportunities for improvement. The primary purpose of the PLACE assessment is to capture and reflect the patient voice.

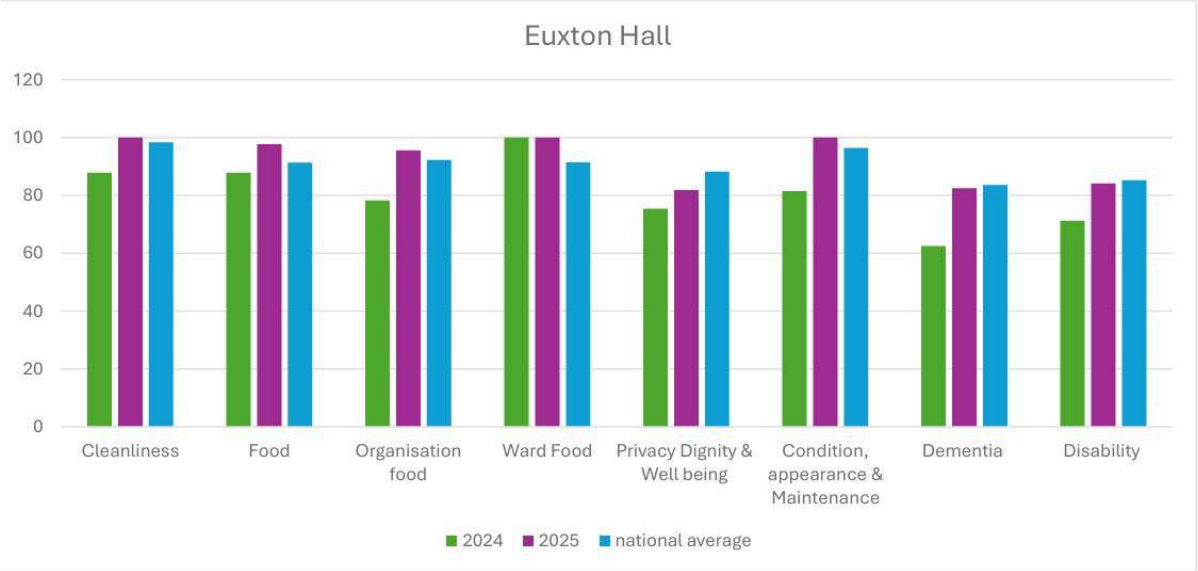
The PLACE audit is a key assessment, as it incorporates direct patient feedback and offers meaningful insight into the quality of the care environment we provide. It enables us to ensure that our services consistently meet high standards while remaining responsive to the experiences and expectations of our patients.

Below are the findings from the most recent audit. Following the review, a comprehensive action plan has been developed to address the areas identified for improvement based on patient feedback. This ensures we continue to strengthen our environment and enhance patient experience.

We are very proud to work in partnership with our community to undertake this audit. It supports continuous improvement and reinforces our commitment to delivering safe, effective, and patient-centred care across our hospital.



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	352.0000	173.8333	89.8333	84.0000	75.3333	174.0000	138.5000	114.5000
Available Score (Actual)	352.0000	178.0000	94.0000	84.0000	92.0000	174.0000	168.0000	136.0000
Site Score	100.00%	97.66%	95.57%	100.00%	81.88%	100.00%	82.44%	84.19%



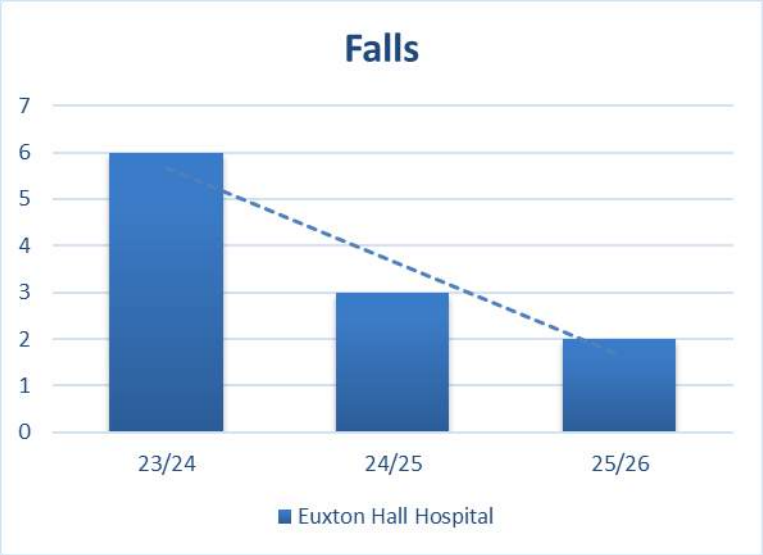
All assessed areas at Euxton Hall Hospital scored above the national average, with the exception of privacy, dignity and well-being. This domain has shown improvement compared to the previous year's audit; however, further work is planned over the next twelve months to enhance this area. It is important to note that patients are predominantly cared for in single en-suite rooms, which already supports a high level of privacy. Future improvements will focus on environmental and process enhancements to further strengthen dignity and discretion across patient interactions.

3.2.3 Safety in the workplace

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

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

Rate per 100 discharges:

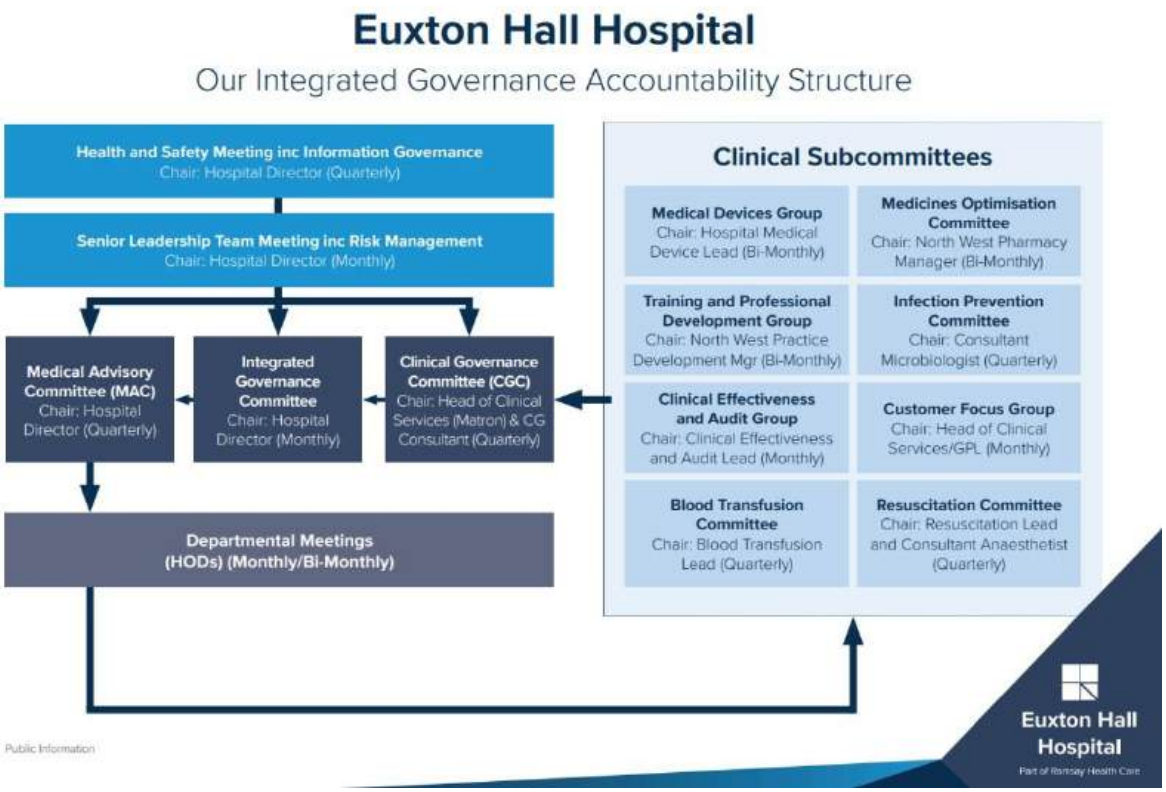


Over the past 12 months, our hospitals have seen a decrease in patient falls. Several preventative measures have been implemented to support this improvement. “Call, don’t fall” signage has been introduced across all patient bedrooms to encourage patients to seek assistance. In addition, nurse call bells are consistently placed within easy reach of patients. Patients are closely monitored by staff and are advised not to mobilise independently following surgical procedures.

In addition to these measures, there has been an increased focus on patient education and staff awareness to reinforce safe mobilisation practices. Regular risk assessments are undertaken for all patients, with appropriate care plans implemented to mitigate fall risks. Ongoing monitoring and feedback have also enabled teams to identify trends and continuously improve practice, ensuring a proactive approach to patient safety.

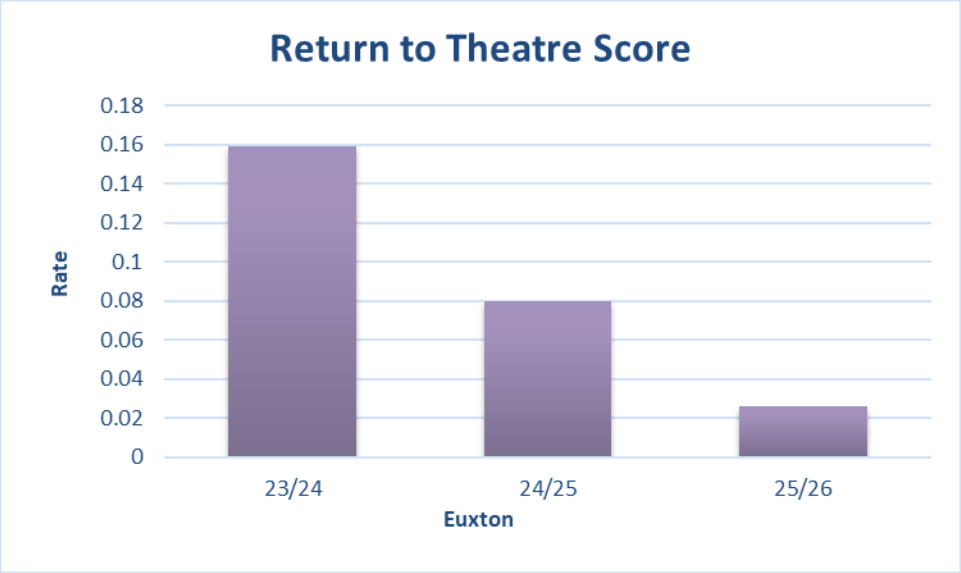
3.3 Clinical effectiveness

Euxton Hall 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

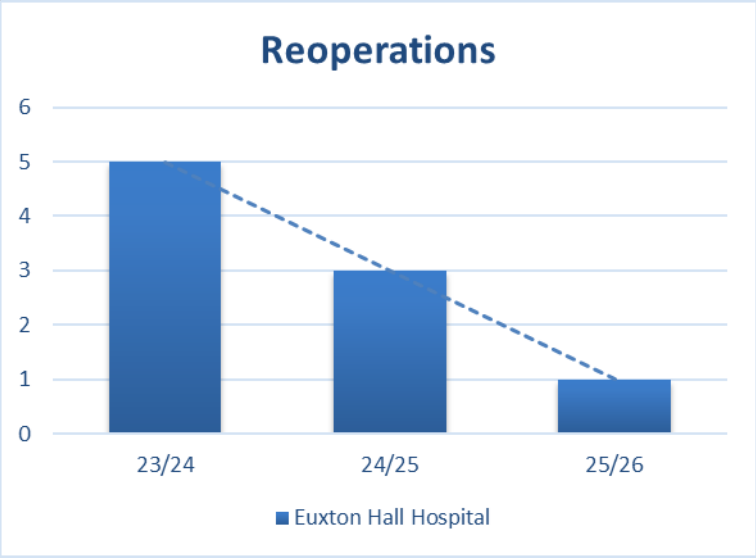
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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.



During the 2025/2026 reporting period, Euxton Hall Hospital saw a continued significant reduction in hospital readmissions, reflecting the effectiveness of targeted initiatives designed to improve patient care, discharge processes, and post-operative follow-up.

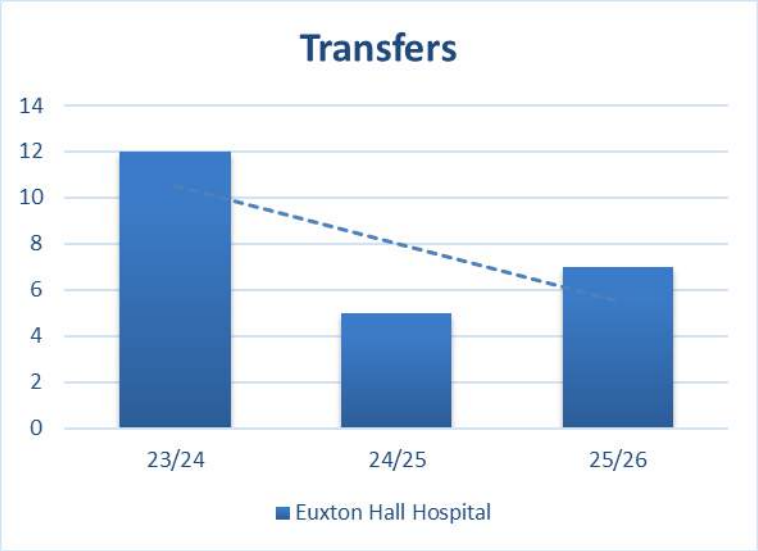
This positive trend is a strong indicator of the hospital's ongoing commitment to continuous quality improvement and the delivery of safe, patient-centred care beyond discharge. Efforts to monitor outcomes and refine these initiatives will remain a priority, ensuring sustained progress and further enhancement of the overall patient experience.

Rate per 100 discharges:



Despite a rise in the number of complex and major surgical procedures, both the return to theatre rate and the reoperation rate have decreased compared to the 2024/2025 reporting period. This improvement underscores the effectiveness of strengthened perioperative protocols, enhanced surgical planning, and improved patient monitoring throughout the surgical pathway.

Rate per 100 discharges:



The hospital has observed an increase in the rate of patient transfers to our local NHS hospital. These transfers, when they occur, are usually precautionary and reflect an appropriately low threshold for escalation in cases where higher-acuity care may be required. Importantly, early recognition and timely clinical intervention have played a crucial role in avoiding complications and supporting positive outcomes.

The progress has been underpinned by a number of staff development and quality improvement initiatives, including:

- Introduction of AIMS training for all clinical staff, plus staff encouraged to complete their ALS training.
- Simulation-based training internally and via an external company.
- Improved escalation protocols designed to strengthen multidisciplinary communication and reduce response times in high-risk scenarios.
- A continued emphasis on clinical audit, incident review, and case analysis to support shared learning and reinforce evidence-based decision-making.

3.3.2 Learning from Deaths

During the 2025/2026 reporting period, Euxton Hall Hospital are pleased to report no patient death. Where patients have become ill post operatively in line with the Patient Safety Incident Response Framework (PSIRF), a full Patient Safety Incident Investigation (PSII) has been initiated.

The hospital remains committed to embedding a strong safety culture where learning from adverse events leads to meaningful improvement in clinical practice and patient outcomes.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched ‘Speak Up for Safety’, leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay’s commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The ‘Safety C.O.D.E.’ enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an ‘inadequate’ rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the ‘Speaking Up for Safety’ programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel

something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%. Currently at Euxton Hall hospital our speak up for safety complaince is.

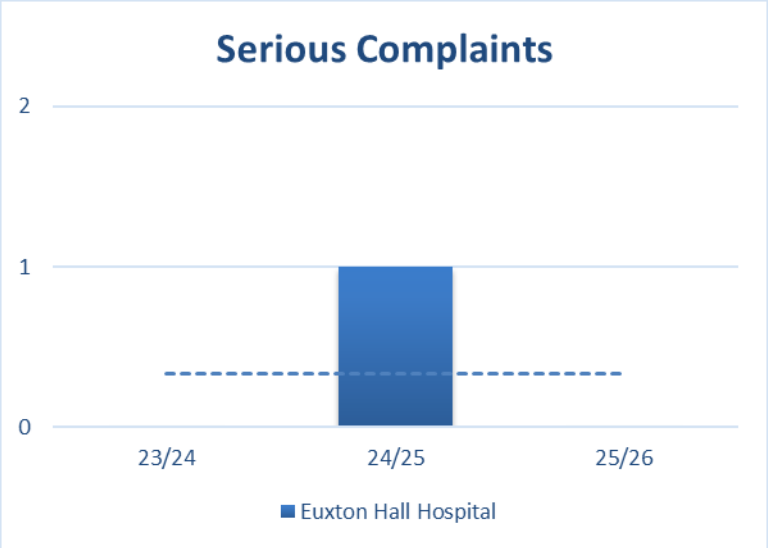
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace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

3.4 Patient experience

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

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

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



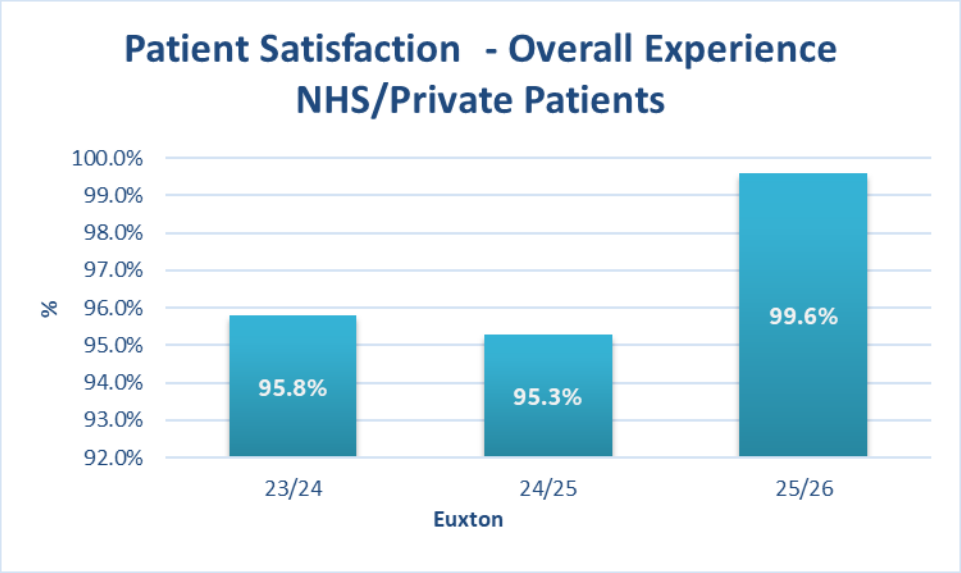
Patient experiences are feedback via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

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

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

3.4.1 Patient Satisfaction Surveys

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As demonstrated in the graph above, our patient satisfaction rate has shown a consistent improvement over the past year and now exceeds the national average. This reflects the sustained focus and commitment of our teams to delivering high-quality, patient-centred care.

Over the last twelve months, we have implemented a number of targeted improvements to enhance the patient experience. These include maintaining a clean, safe, and well-presented environment across all areas of the hospital, ensuring that staff are appropriately trained, competent, and supported to deliver care to a high standard, and strengthening the quality of clinical documentation to support safe and effective care delivery.

In addition, we have placed a strong emphasis on listening to patient feedback and acting on it promptly. This has enabled us to make meaningful changes to our services and ensure that patients feel heard, respected, and confident in the care they receive. As a result, patient-reported experience measures have continued to improve, with more patients reporting that they are satisfied with both the care provided and their overall experience within the hospital.

We will continue to build on this progress by maintaining our focus on quality improvement, staff development, and responsiveness to patient feedback to ensure that patient satisfaction remains high and continues to improve year on year.

3.5Euxton HallHospital Case Study

Supporting a patient with Protected Characteristic (Disability – Autism)

During a recent pre-assessment appointment, a patient was identified as having Autism

Spectrum Condition (ASC). Autism is recognised under the Disability protected characteristic within the Equality Act 2010.

Identification & Documentation

The staff nurse completing the pre-operative assessment recorded this information in the Advance Notification Report on Maxims.

This ensured the information was:

• Clearly documented

• Shared promptly

• Visible to all MDT members ahead of surgery

MDT Review

Because the concern was highlighted through the Advance Notification Report, it was

automatically included in the weekly Clinical Review Meeting attended by:

• Head of Clinical Services

• Reassessment Manager

• Ward Manager

• Theatre Manager

• Physiotherapy

• Pharmacy

In this meeting, the patient's needs were discussed in detail so that all departments could plan appropriately.

Actions Taken to Provide Patient Centred Care

The MDT agreed on steps to ensure the patient received a supportive, personalised, and autism friendly admission. This included:

Planning a quieter, less stimulating environment where possible

Adjusting communication approaches for clarity and reassurance

Allowing additional time for explanations and questions, putting the patient on the afternoon list to meet the patient's needs. Patient stated they would struggle being on a morning list, due to their routine.

Theatres contacting the patient prior to admission to offer guidance and reassurance

The theatre team also advised the patient to bring headphones to help reduce sensory overload

Patient invited to attend the ward prior to his operation date to have a walk around the ward and meet his named nurse.

Dietary requirements discussed and shared with the catering department.

During their time in theatre— important adjustment that can significantly reduce anxiety for autistic individuals were identified and actioned.

Outcome

Because the protected characteristic was identified early, documented correctly, and reviewed through the MDT process:

• All departments were prepared in advance

• Anxiety reducing strategies were put in place

• The patient received tailored, compassionate, and safe care

• The pathway reflected true person-centred and inclusive practice

Appendix 1

Services covered by this quality account

Regulated Activities – Euxton Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, DisorderOr injury	General medicine, Orthopaedic medicine, Physiotherapy, Psychology, Rheumatology, Sports Medicine	All adults
Surgical Procedures	Breast surgery, Colorectal, Cosmetic, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Maxilo-facial/oral surgery, Orthopaedic, Urological, Sports medicine, Ambulatory, Day and Inpatient Surgery	All adults excluding: • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2025/26.

RHCUK Clinical Audit Programme (Jul 2025–Jun 2026)

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	**Audit**	**Owner(s)**
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres

Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation;	IPC

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

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identifies, QI initiatives may be lead by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

	Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug) One Together Surveillance of Surgical Site Infection (Jul–Aug) One Together Practice Review (Jul–Aug and Jan–Feb) IPC Governance and Assurance (Jul–Sep)	IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK

	Safe & Secure (Jul–Sep and Jan–Mar) 50 Steps Cleaning (FR5) – Receptions (Jul; Jan) Practising Privileges – Doctors in Training (Jul; Jan, where applicable) Medicines Reconciliation (Jul; Oct; Jan; Apr) MRI Reporting for BUPA (Jul; Nov; Mar) H&S Fire Safety (Jul; Jan)	
August	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar) CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb) Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward HoCS SLT
September	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology

	X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	
October	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK
November	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May) OH: Case Management Referrals (May; Nov)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER	Ops Managers, RDUK

	OH: UKAP & Hep B Non-Responders	Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINk	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC05	Code for Euxton Hall Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Euxton Hall 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.

For further information please contact:

Euxton Hall Hospital

01257 276261

Hospital website

www.euxtonhallhospital.co.uk

Hospital address

Euxton Hall Hospital
Wigan Road
Euxton
Chorley
PR7 6DY