

# NORTH DOWNS Hospital

Quality Account  
2024/25



**Ramsay**  
Health Care

Confidential Patient Information

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# Welcome to Ramsay Health Care UK

## North Downs Hospital is part of the Ramsay Health Care Group

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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



**Nick Costa**

**Ramsay Healthcare UK**

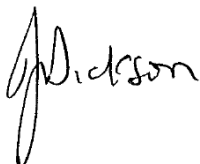
## **Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.



**Jo Dickson**

**Ramsay Health Care UK**

# Introduction to our Quality Account

This Quality Account is North Downs 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.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now 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

North Downs Hospital aims to provide the highest standard of care to its patients. We welcome feedback so that we can maintain and improve the services we provide, and we are delighted to receive positive comments from those we have cared for. The Quality Account is an opportunity to reflect on the past year and to look ahead to the future, making plans for continuous improvement. Having reviewed it, I am satisfied with the accuracy of the data and statements made.

A handwritten signature in black ink, appearing to read 'M. Clarke'.

***Monica Clarke, Hospital Director***

***North Downs Hospital***

## 1.2 Hospital Accountability Statement

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



**Monica Clarke**

**Hospital Director**

**North Downs Hospital**

**Ramsay Health Care UK**

**This report has been reviewed and approved by:**

*Mr B Anand, Consultant Orthopaedic Surgeon*

*MAC Chair*



*Mr S Khan, Consultant Ophthalmic Surgeon*

*Clinical Governance Committee Chair*



*NHS Surrey Heartlands Integrated Care Board*



# Welcome to North Downs Hospital



North Downs Hospital was established 51 years ago and is one of Surrey's leading private hospitals. Located in a quiet residential area of Caterham, it provides a comprehensive range of surgical and medical services together with the highest standards of patient care. We provide fast, convenient, effective and high-quality treatment for patients of all ages (excluding children below the age of 18 years), whether medically insured, self-pay, or from the NHS.

The Hospital currently has 1 double and 14 individual inpatient bedrooms, all with en-suite facilities to ensure complete privacy. We also have a 5-bay day procedure section.

We have two operating theatres, one with laminar flow. Our second theatre is used for endoscopy procedures.

Services provided at North Downs Hospital include both medical and surgical specialities including Orthopaedics, Endoscopy (JAG accredited), General Surgery, Urology, Ophthalmology, Dermatology, Cosmetic Surgery and Gynaecology. The out-patient department consists of five consulting rooms, an ophthalmic diagnostic room and also a minor procedures room.

Our pre-operative assessment team ensures a risk-based approach to individual patient optimisation prior to admission.

Our physiotherapy department provides specialist physiotherapy services including orthopaedic, sports injury, hand therapy, and also acupuncture.



We provide on-site x-ray and ultrasound services with MRI, CT and DEXA scans being provided by our sister hospital in Ashted. TDL (The Doctor's Laboratory) and Unilabs provide pathology services to North Downs Hospital.

Our pharmacy, decontamination and supplies services continue to be provided by Ashted Hospital. Our Business Office and Accounting functions work across both sites. Having this close working relationship ensures that we regularly share best practice.

Total number of patient admissions in the last year to April was 3855 of which 2555 were NHS patients.

The hospital is regulated by the Care Quality Commission; our latest report can be viewed at [www.cqc.org.uk](http://www.cqc.org.uk) or by request to the Hospital Director. Our current rating is 'GOOD'.



The hospital is well led with a robust governance and risk management framework in place, supported by a Clinical Quality Partner and the corporate Clinical Team. We had our JAG assessment in December 2023 and were awarded re-accreditation for Endoscopy Services. Following the Annual Review in December 2024, this accreditation has been maintained. Staff are given the opportunity to engage with the Senior Leadership Team and feel supported and listened to. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their roles. The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the organisation. Ramsay Health Care is committed to the Apprenticeship Scheme and are looking to supporting a Health Care Assistant through the ODP Training programme. In addition we have a Ward Administrator who will complete her Level 3 Senior Health Care Assistant apprenticeship this year with a view to applying for her Nurse Apprenticeship in the future.

Training needs analysis is identified at PDR annual review and the necessary resource applied to facilitate further professional development, guided by the Heads of Department. External training is also accessible to our teams.

For over 51 years, our organisation has continuously grown and evolved, driven by an unwavering commitment to excellence in patient care. Our dedicated team is devoted to ensuring that every patient feels safe, supported, and valued – whether they are

attending a consultation, undergoing day surgery or requiring a major procedure. With compassionate, highly trained professionals delivering skilled care 24/7, we prioritise both clinical excellence and a patient-centred approach. From our welcoming Reception staff to our expert surgeons, we take great pride in the trust and positive feedback we receive from our patients, reinforcing our commitment to their wellbeing. The service is supported by experienced Resident Medical Officers providing 24-hour cover for patients.

We have a total of 81 Consultant Surgeons and Physicians and 33 Consultant Anaesthetists who practise at North Downs. All our Consultants undergo rigorous vetting procedures prior to commencing practice at the hospital and regular review through our clinical governance framework to ensure the highest possible clinical care. Consultant credentials are maintained to ensure indemnity, training, appraisals and DBS (Disclosure and Barring Service) are current and that they are signed up to the Information Commissioners Office. Each Consultants' practice is reviewed on an annual basis by the Hospital Director and Head of Clinical Services with a sign off by the MAC Chair. In addition there is a 5 year revalidation process for each Consultant to ensure Practising Privileges are maintained as per Ramsay Facility Rules.

Our staff complement as of April 2025 is 72.8 WTE and 41 bank members of staff.

Qualified Nurses – WTE – 19.9

HCA – WTE – 6.3

Radiographers – WTE – 3.4

Porters – WTE – 2.2

Administration staff – WTE – 20.1

Support Services – WTE – 13

Operating Department Practitioners – WTE – 4.6

Physiotherapists – WTE – 3.2

Our standard ward staffing ratio typically consists of one registered Nurse for every five patients. However, this ratio is continuously adjusted based on skill mix and according to patient dependency, or where there may be rapid throughput, e.g. cataract lists.

We have a close relationship with Surrey & Sussex NHS Trust which provides us with blood transfusion and other pathology services where required (we are able to carry out a range of point of care tests (POCT) on site. Unilabs provide additional pathology services including histology.

Both Surrey and Sussex and Croydon University Hospital Trusts provide us with access to Level 2/3 critical care services as required.

We continue to work closely with our local ICB's to provide a wide range of services to meet the needs of the local healthcare community. Our Business Relations Manager (BRM) works collaboratively with the local GP population and other community providers such as Physiotherapists and Optometrists, to facilitate a smooth transition of their patients to secondary care where this is required. The BRM also arranges education events, whereby GP's and other health care professionals can gain CPD points when they attend one of our sessions. These may take the form of groups of up to 25-30 GPs with 3 -4 Consultant Surgeons or Physicians speaking on a topic that is relevant to their practice or "lunch and learns" where a Consultant visits a practice over the lunchtime period to speak about their area of expertise.

We actively listen to our patients to ensure that their accounts and experiences, both positive and negative are taken into consideration when we review our services. Although our Patient Focus Group has not resumed, we welcomed a visit from the local Healthwatch team, who engaged with our patients to gather some valuable insights into their experiences at the Hospital. Their findings were extremely positive, however we will take on board suggestions for improvements. North Downs Hospital retains its reputation for delivering care in a welcoming, clean, and comfortable environment.

We are pleased to continue our partnership with St Raphael's Hospice as our chosen charity for another year, with plans to support another organisation in 2026. Additionally, we remain proud sponsors of Merstham Cricket Club, enabling them to provide training tops for all members while increasing our visibility across the leagues in which they compete. We also continue our close links with Caterham Rotary Club and we are proud to now be a Business Partner, engaging in sponsorship events and providing Consultants to speak at the Rotary meetings.

During 2024 we raised a total of £995 for charity, which comprised of £527 from the Christmas Hamper raffle towards St Raphael's; £365 from 'Wear it Pink' for the Breast Cancer Now charity and £103 from our MacMillan Coffee morning.

We are also excited to begin sponsoring a local bowls club, which has warmly welcomed our support. As part of this collaboration, we have launched an educational programme, recently featuring an Upper Limb Consultant who delivered an insightful talk to club members.

We have had a full programme of CPD education for healthcare professionals, including gastroenterology, gynaecology, lupus and many orthopaedic sessions. These are continuing throughout the coming year. We've also held a series of Supper Clubs. These are smaller educational sessions with dinner provided, hosted by a different Consultant each time, proving popular with those who prefer to speak with a

smaller group. We have also supported the local PCN; our BRM was approached by both North and South Tandridge to provide presentations at their protected Learning Time (PLT) shut down afternoons which have proved very successful, with excellent feedback for the Consultants involved. We have also presented to two local PPG groups. These patient talks are a great opportunity for the public to hear directly from a Consultant.

In line with 'Ramsay Cares' which incorporates sustainability and staff wellbeing, we continue to promote a 'Giving Back' day where staff members can volunteer in any activity within their local community.

## Part 2

### 2.1 Quality priorities for 2023/24

#### **Plan for 2024/25**

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

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

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

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

## **Priorities for improvement**

### **2.1.1 A review of clinical priorities 2024/25 (looking back)**

#### **Clinical Effectiveness**

##### **Professional Nurse Advocate (PNA)**

This priority was selected in discussion with the Ward Manager who just over a year ago undertook the course and had had experience of working in the Trust during COVID-19 and recognised the need for supporting the teams.

At present, the PNA role at North Downs Hospital has taken a more informal yet impactful approach. Our PNA was one of the first to qualify within Ramsay Healthcare, and given the hospital's small size, collaboration across departments is a natural strength.

To make the PNA role accessible and visible, the PNA has hosted drop-in restorative clinical supervision sessions in the staff dining room, offering all colleagues a safe space to reflect, decompress, and engage in professional support.

In addition to their PNA responsibilities, our PNA also serves as Ward Manager. This dual role gives a unique insight into most clinical incidents occurring within the hospital, including those potentially requiring a Patient Safety Incident Response Framework (PSIRF) review. As such, she has offered her expertise in staff debriefings, providing emotional support and helping individuals explore reflections and learning outcomes following significant events.

Recently the PNA attended a *Sustainability in Continence Care* conference where Dr Helen Garr, a Wellness GP, delivered an inspiring seminar on promoting staff wellbeing and fostering a healthy, positive workplace culture. Motivated by these insights, the PNA is keen to embed these values into our hospital culture and will continue to develop these ideas in alignment with the growing Ramsay PNA Group, as more nurses qualify and join this important initiative.

#### **Patient Safety**

##### **Orthopaedic MDT Development**

This priority was selected following a gap analysis exercise across Ramsay with the aim to ensure the best possible course of treatment for our orthopaedic patients undergoing revision or complex joint surgery. Unfortunately during the last year this has not progressed as we would have hoped. Such cases are discussed at external MDT's however we require a more robust process despite our low volumes.

Taking the above into consideration we would like to carry this clinical priority forward to the next year, in line with GIRFT (Getting it Right First Time).

## **Patient Experience**

### **Re-introduction of the Patient Participation Group**

Despite extensive outreach both in the hospital and via social media – this initiative has not met as a formal group over the past year. This appears to reflect a broader ‘feedback fatigue’ in society, so we will not prioritise this for a third consecutive year.

That said, we remain fully committed to respecting and acting on the wide range of feedback we receive (detailed later in this report). To ensure we continue to listen and respond effectively, we engaged with Luminus (which incorporates Surrey Healthwatch) to gather opinions and secure meaningful feedback from our patients.

## **2.1.2 Clinical Priorities for 2025/26 (looking forward)**

### **Patient Safety**

#### **Orthopaedic MDT Development**

*As detailed above this priority will be carried forward in line with the GIRFT principles.*

The MDT meeting forms a pivotal place to enable key decision making, having all the relevant patient information at hand, with the patient at the very centre. Consideration of the patients’ preferences and choices will help inform those decisions.

Plan:

- Discuss the MDT concept at North Downs Hospital at the local Clinical Governance Committee
- Format Terms of Reference, to include membership, a Chair, agreed quorate and patient referral process.
- Invite Subject Matter Experts (Consultant Hip/Knee Surgeons, Consultant Radiologist, MSK Physiotherapist)
- Format local SOP in line with Ramsay Policy (Involvement of the MDT in Complex Care Pathways) and the Ramsay MDT Framework document.



## Clinical Effectiveness

### GIRFT

*This clinical priority has been chosen for the coming year as Ramsay has commissioned the Getting It Right First Time (GIRFT) programme, hosted by the Royal National Orthopaedic Hospital (RNOH), to review its Orthopaedic and Spinal Services.*

GIRFT is a clinician-led, data-focused initiative designed to enhance healthcare quality and patient outcomes by identifying unnecessary variations in clinical procedures and recognising best practice.

North Downs Hospital underwent a 'Deep Dive' in March 2025, with a review of specific key performance indicators (KPI's). We await our official report but have acknowledged particular areas of focus:

- Review of prosthesis for > 70 year olds
- Review of the number of patients having a therapeutic arthroscopy proceeding to a knee replacement within 12 months
- Review of the number of spinal injections versus denervation procedures
- MDT review of all patients undergoing revision arthroplasty and spinal surgery
- Review data of revision knee surgery within 12 months – this may include MUA.

Plan:

- Review report once published with the Consultants of each specialty
- Plan of actions as a result of the report findings; e.g. data collection for knee arthroscopies proceeding to knee arthroplasty
- Develop the MDT meetings for each Orthopaedic and Spinal reviews.

## Patient Experience

### Patient Education on Take Home Medicines

*This priority was selected in response to patient feedback, an example of which can be seen below (extracted from Cemplicity Patient Experience data).*



Patients consistently report that they do not always receive clear information about the side effects of the medications prescribed for them to take home. At North Downs

Hospital, the most common discharge medications are analgesics (painkillers). Without a proper understanding of how these drugs work – and what adverse effects to watch for – patients may under-medicate, resulting in inadequate pain control that can hinder recovery.

Recognising potential side effects is crucial to empower patients to make informed decisions about when to discontinue a medication or to seek medical advice. For instance, constipation is a well-known side effect of many opioid and non-opioid painkillers; if unaddressed, severe constipation can lead to bowel perforation, a life-threatening complication.

Ensuring that every patient is briefed on common and serious side effects will help safeguard their well-being and support better post-operative outcomes.

Our plan:

- Staff Training involving Pharmacist and Pharmacy Technician on why side-effect awareness matters
- Implement 'Teach-Back' where patients repeat their understanding of their discharge medications
- Use of pre-printed 'Managing Your Pain' leaflets
- Monthly review of Cemplicity results to identify improvement scores

## 2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

### 2.2.1 Review of Services

During 2024/25 North Downs Hospital provided and/or subcontracted 43 NHS services.

North Downs Hospital has reviewed all the data available to them on the quality of care in all 43 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31<sup>st</sup> March 2025 represents 60.6% of the total income generated from the provision of services by North Downs Hospital.

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 2024/25, the indicators on the scorecard which affect patient safety and quality were:

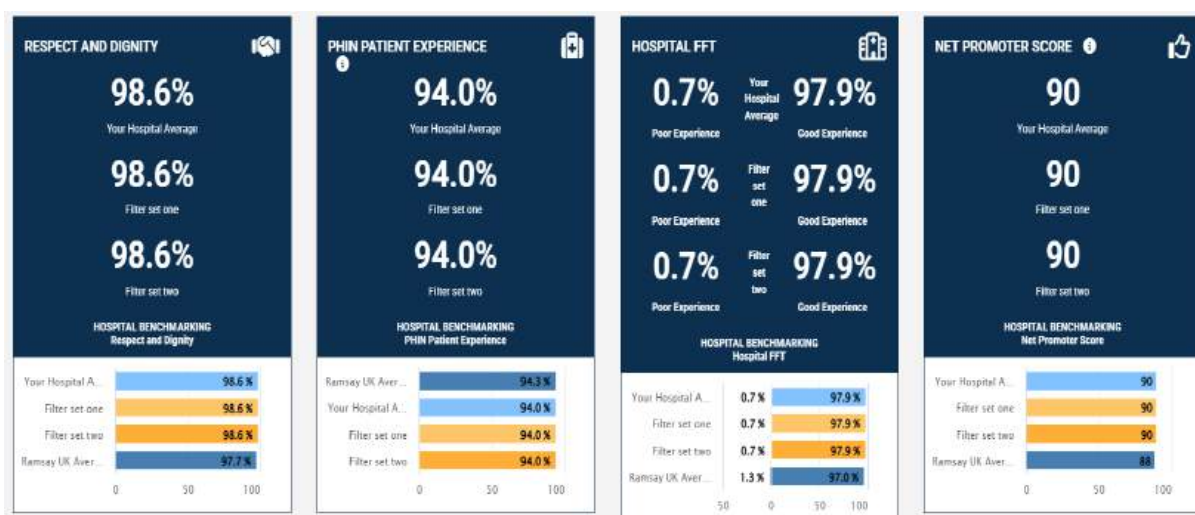
Human Resources	
Staff Cost % Net Revenue	<b>33%</b>
HCA Hours as % of Total Nursing	<b>11.8%</b>
Agency Cost as % of Total Staff Cost	<b>5.5%</b>
Ward Hours PPD	<b>5.36</b>
% Staff Turnover	<b>4.2%</b>
% Sickness	<b>2.9%</b>
% Lost Time	<b>16.3%</b>
Appraisal %	<b>56%</b>
Mandatory Training %	<b>96%</b>
Number of Significant Staff Injuries	<b>0</b>

## Patient

Indicator					Outcome
Formal Serious Complaints	per	1000	admissions		<b>0%</b>
Patient Satisfaction Score					<b>98.4%</b>
Number of Significant Clinical Events per 1000 admissions					<b>0.1%</b>
Number of Readmissions per 1000 admissions					<b>0.1%</b>

Complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed at departmental meetings to offer staff an opportunity to reflect on the complaint and as a team identify where improvements could be made. Complaints Leaflets are made available in each department for patients, detailing the process for managing a complaint and how a complaint may be escalated if a patient remains dissatisfied. Patients are invited to meet with the Hospital Director and Head of Clinical Services to discuss their complaints/experiences and this has demonstrated that face to face interaction is a useful tool in dealing with these situations. During 2024 there has been a 25% reduction in patient complaints from the previous year.

North Downs Hospital utilises patient surveys to assimilate unbiased data from patients about their experience and satisfaction with the services they have received. A web-based independent company, Cemplicity is a 'real-time' patient feedback mechanism whereby the Senior Leadership Team is notified by email if a patient requires contact. This enables prompt action to deal with a patient query or concern. Patient feedback is also received via 'We Value Your Opinion' leaflets that patients complete on discharge, alongside the 'Friends and Family Test'. There is also a separate feedback form specifically for our Endoscopy patients - these are reviewed at our bi-monthly Endoscopy User Group meetings. Patient feedback is reviewed by the Senior Leadership Team and shared at appropriate forums to identify areas for improvement and formulate action plans accordingly. Feedback from our patients is important to us and below is an example of how Cemplicity benchmarks North Downs Hospital with the whole of Ramsay Healthcare UK and includes a Net Promoter Score (last 12 months). We are pleased to report that we consistently track above the Ramsay average.



Quality	Outcome
Workplace Health & Safety Score	92.6%
Infection Control Audit Score	98.4%

## 2.2.2 Participation in clinical audit

During 1 April 2024 to 31<sup>st</sup> March 2025 North Downs Hospital participated in 3 national clinical audits and 3 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North Downs Hospital participated in, and for which data collection was completed during 1 April 2024 to 31<sup>st</sup> March 2025, 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.

Name of Audit/ Clinical Outcome Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	96%
Surgical Site Infection Surveillance Service	98%

The reports of above national clinical audits from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Governance Committee. North Downs Hospital participates in the NJR Data Quality Audit and we were proud to again receive a Gold Award for our Data Quality. We are currently on track to repeat this success in the coming year.



#### Actions for Improvement:

NJR – reports are reviewed at Clinical Governance level and at Medical Advisory level. Where Outlier status is identified, Consultants are asked to provide higher detail of their individual practice. The Ramsay Medical Director also has oversight of individual practice.

PROMs – reports are again reviewed at both Clinical Governance and Medical Advisory Committee level and where Health Gains are below the national average, individual Consultant data can be reviewed.

Surgical Site Surveillance – there is an ongoing approach to improvement here and whilst we have a robust reporting system and structure, Thematic Analysis, in line with the Patient Safety Incident Response Framework (PSIRF) informs us of where improvements are required.

#### Local Audits

All clinical audits are on Tendable as per the clinical audit schedule which can be found in Appendix 2. The reports of North Downs Hospital Ramsay mandatory clinical audits from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Governance Committee.

### 2.2.3 Participation in Research

There were no patients recruited during 2024/25 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**

North Downs Hospital's income from 1 April 2024 to 31 March 2025 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)**

North Downs Hospital is required to register with the Care Quality Commission and its current registration status on 31 March 2025 is registered without conditions.

North Downs 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**

North Downs Hospital regularly use statistical data to monitor clinical services and constantly review this information by quality control initiatives.

Clinical audits across a wide spectrum demonstrate compliance against policy and legislation and action plans developed in response to concerns as required.

### **NHS Number and General Medical Practice Code Validity**

North Downs Hospital submitted records during 2024/25 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:

99.74% for admitted patient care;

99.96% 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 attainment level is 'Standards Met'. The 2024/2025 submission is due by 30<sup>th</sup> June 2025.

This information is publicly available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

## Clinical coding error rate

North Downs Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

## Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at March 2025 (most recent data)

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%

## 2.2.7 Stakeholders views on 2024/25 Quality Account



### Ramsay North Downs Hospital

#### Quality Account 2024/2025

#### Commissioner Statement

#### from NHS Surrey Heartlands Integrated Care Board

NHS Surrey Heartlands Integrated Care Board (Surrey Heartlands ICB) welcomes the opportunity to comment on the draft Ramsay North Downs Hospital quality report 2024/25. The ICB is satisfied that the Quality Account is being developed in line with the national requirements and gives a comprehensive account and analysis of the quality of services.

Surrey Heartlands ICB acknowledged the achievement for maintaining the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation in December 2024. Ramsay North Downs Hospital has demonstrated several workforce initiatives to develop and train staff and shown a continued commitment to engaging GPs, patients and public with educational and charitable events.

The ICB recognises Ramsay North Downs Hospital's commitment to the safety and quality of treatment for all NHS patients, and there is a clear focus on ensuring quality priorities are achieved. The ICB is pleased to see that in 2024/25 Ramsay North Downs Hospital has proactively developed the Professional Nurse Advocate and demonstrated how to embed the role to support improvements in workplace culture.

Although the Patient Participation Group (PPG) priority was not realised, the ICB notes engagement with Luminus (Healthwatch Surrey) to gain insight and areas for further improvement in patient experience. It is reassuring to read the Orthopaedic Multidisciplinary Team (MDT) priority which has not been achieved in 2024/25 is being carried forward into 2025/26, and there are clear plans to integrate the improvement with the Get it Right First Time (GIRFT) review.

The ICB praises the 25% reduction in patient complaints compared to 2023/24 and the introduction of face-to-face meetings with the Hospital Director and Head of Clinical Services to discuss patient concerns. The ICB notes the Hospital's focus on quality improvement, demonstrated through the extensive clinical audit programme, and the inclusion of antimicrobial stewardship and antimicrobial resistance in the infection prevention and control improvement workstream. It was positive to read that zero Surgical Site Infections (SSIs) have been reported for orthopaedic and spinal procedures in the previous 12 months.

Surrey Heartlands ICB supports the new quality priorities for 2025/26 which provide improved outcomes for patients and staff and takes learning and the voice of service users into account when considering quality improvement:

- Developing the Orthopaedic MDT for complex case reviews
- Reviewing the quality and patient outcomes against GIRFT recommendations for orthopaedic and spinal services.
- Implementing patient experience improvements for take home medicines.

Surrey Heartlands ICB would like to thank Ramsay North Downs Hospital for sharing the draft 2024/25 Quality Report with us.

We commend you for your achievements and successes over the past year and look forward to continuing to work in partnership with you in 2025/26.

**Clare Stone**

**ICS Director of Multi-Professional Leadership and Chief Nursing Officer**

**Surrey Heartlands Integrated Care System**

21/05/2025

# Part 3: Review of quality performance 2024/25

## Head of Clinical Services, Carole Collier

### Ramsay Clinical Governance Framework 2025

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

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

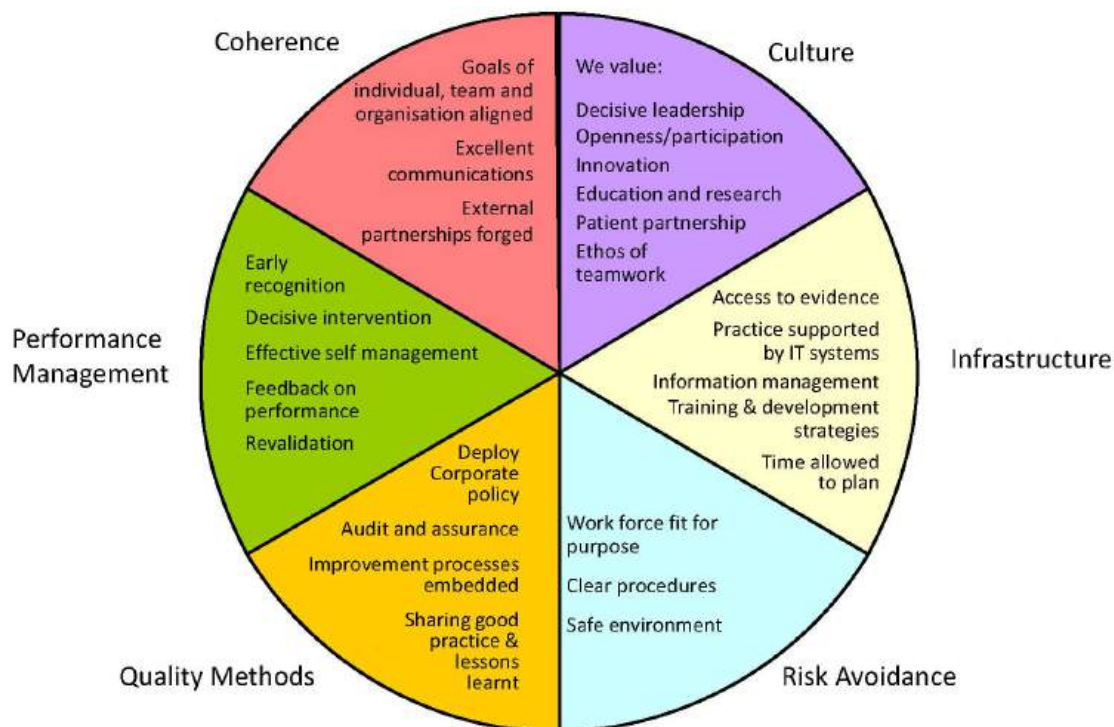
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

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



## Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

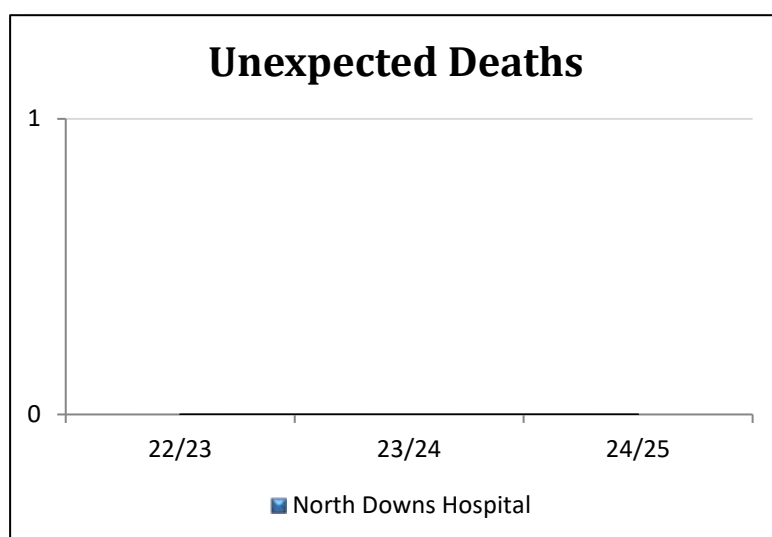
### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	North Downs	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC11	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC11	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC11	0.0000

North Downs Hospital considers that this data is as described for the following reasons: there have been no deaths at North Downs Hospital during the reporting period.

*Rate per 100 discharges:*



#### National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	North Downs	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC11	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC11	24.189
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC11	23.193

PROMS: Knees	Period	Best		Worst		Average		Period	North Downs	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC11	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC11	17.076
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC11	14.720

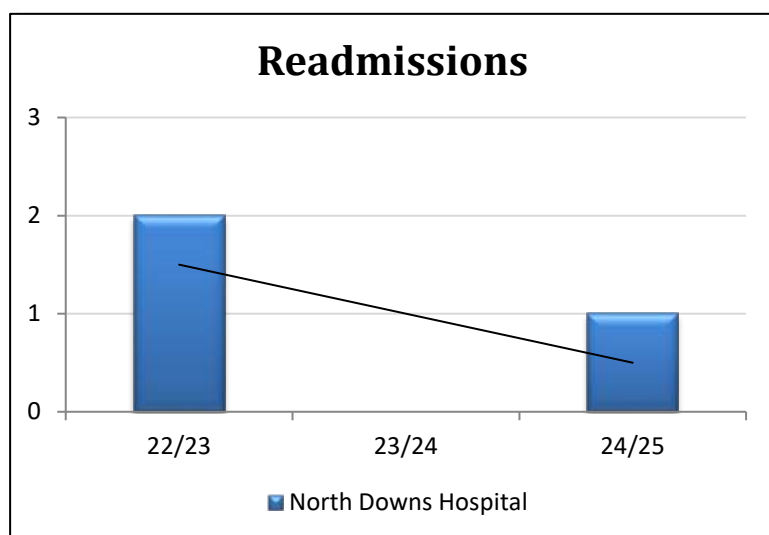
North Downs Hospital considers that this data is as described for the following reasons: Hip PROMS are above the England average; knee PROMS are below the England average.

#### Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	North Downs	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC11	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC11	0.00
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC11	0.00

North Downs Hospital considers that this data is as described for the following reasons: there was only one readmission during the reporting period.

*Rate per 100 discharges:*

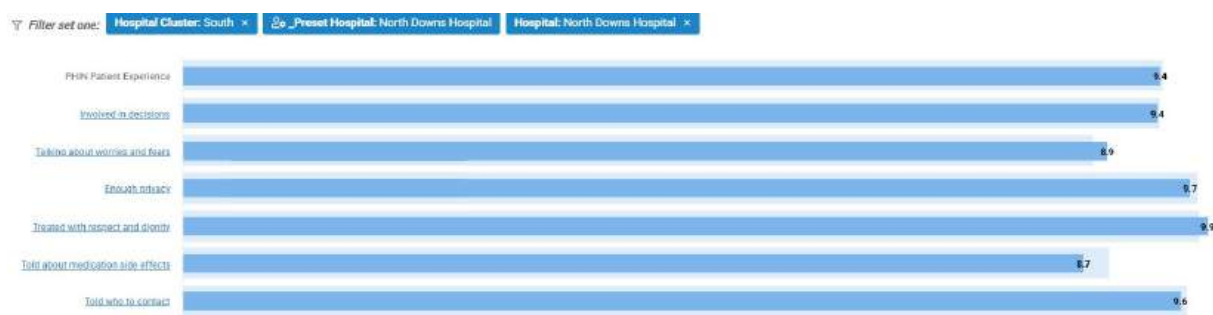


#### Responsiveness to Personal Needs

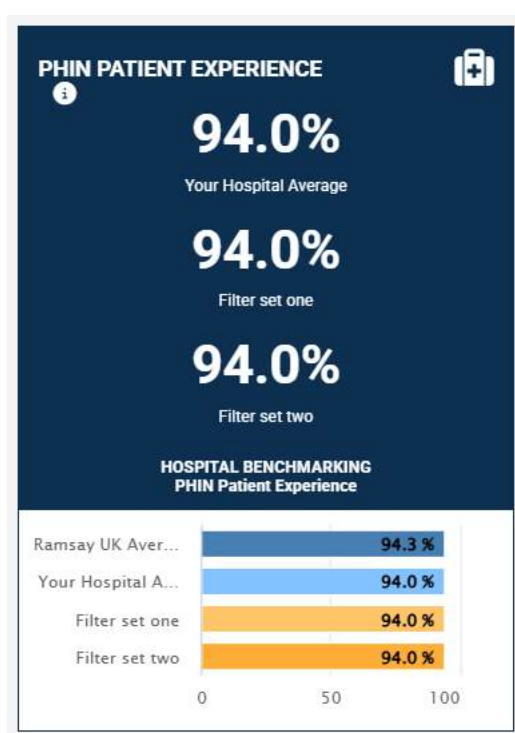
4b Patient experience of hospital care

No longer collected

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



The above table represents the period April 1<sup>st</sup> 2024, to March 31<sup>st</sup> 2025



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2024 - March 2025:

## VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period		North Downs	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC11	91.2%		
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC11	99.3%		
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC11	91.4%		

Due to Covid this submission was paused. There is no published data after Q3 19/20. VTE Risk Assessment 2024/25 has been reinstated and is ongoing until further notice. With the Risk Assessments now on the EPR system we are working with our Consultants to ensure timely review prior to surgery.

### C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	North Downs	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC11	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC11	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC11	0.000

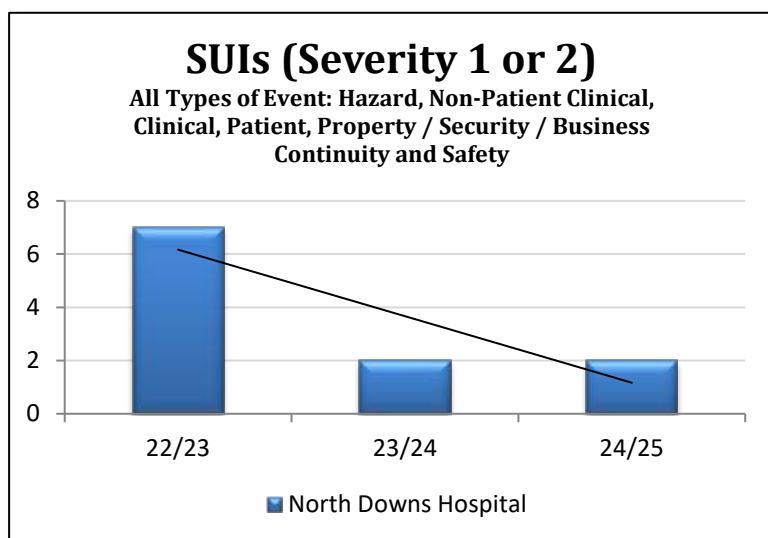
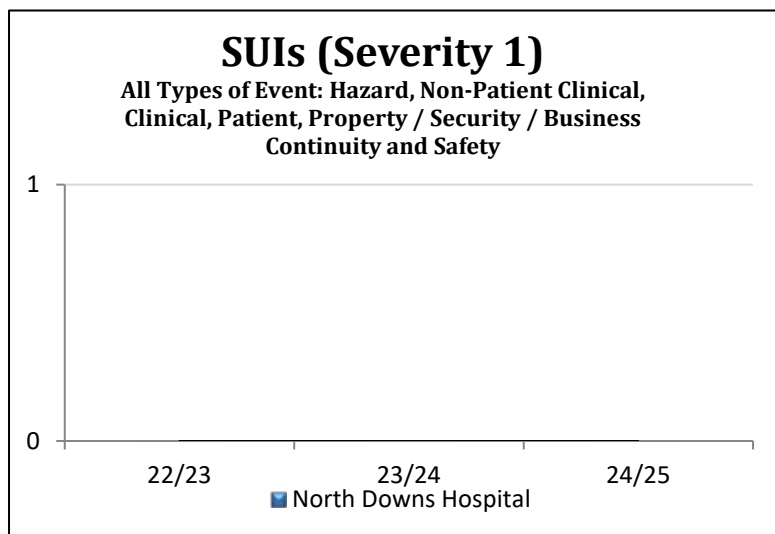
North Downs Hospital considers that this data is as described for the following reasons: North Downs Hospital has had no incidences of Clostridium Difficile during the last 12 months.

### Patient Safety Incidents with Harm

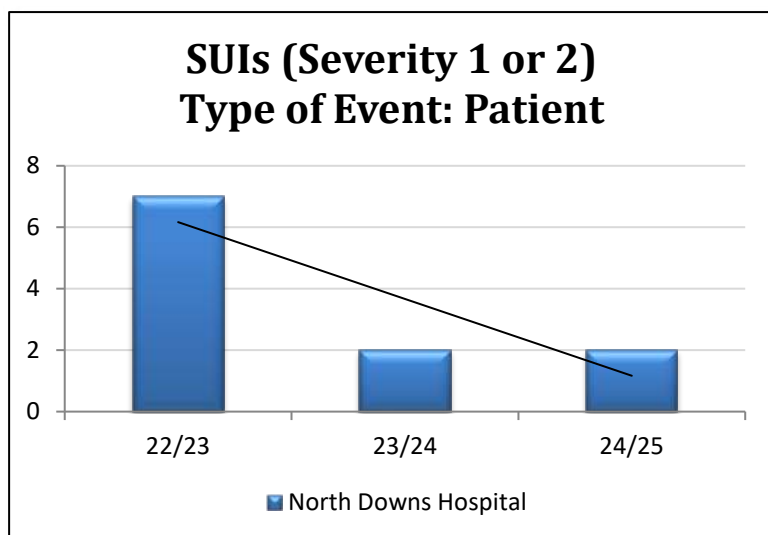
SULs: (Impact 5 only)	Period	Best		Worst		Average		Period	North Downs	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC11	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC11	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC11	0.000

North Downs Hospital considers that this data is as described for the following reasons: North Downs Hospital has had no patient safety incidents with harm during the last 12 months.

Rate per 100 discharges:







### Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	North Downs	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC11	97.5%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC11	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC11	100.0%

North Downs Hospital considers that this data is as described for the following reasons: we continue to receive extremely positive recommendation.

## 3.2 Patient safety

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

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

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

### 3.2.1 Infection prevention and control

North Downs Hospital has a very low rate of hospital-acquired infection and has had no reported MRSA Bacteraemia.

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

All potential infections are reported on the Ramsay Incident Reporting System, RADAR and are investigated by our IPC Lead Nurse. All hip and knee joint infections will have thematic analysis undertaken, using a standardised format which addresses both patient and environmental factors. These are reviewed by the National Clinical Lead for Infection Prevention & Control (CLIPC) and also our Consultant Microbiologist and are attached to the incident on RADAR. Any shared learning from these is disseminated to the teams.

Patients are risk assessed initially by the Pre-op Assessment team upon triaging them via their patient health questionnaire; skin inspections where indicated are undertaken at face-to-face pre-op assessment and swabs taken where necessary. At this point a discussion with the surgeon regarding suitability for surgery takes place and a possible decision to defer pending skin healing. Patients are also screened on admission for any skin breaks which may potentially lead to infection.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and more recently spinal surgery and these are also monitored. We are proud to report that for a rolling 12 months we are at 0% for hip, knee and spinal infections.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year. Our local IPC Committee meets quarterly, following a standard agenda to review all reported infections, new policies, audits and the Annual Plan, which tables all aspects of IPC to be addressed throughout the year. A Consultant Microbiologist chairs this committee. At this meeting (in addition to Health & Safety meetings) Water Safety is discussed and reviewed with the results of any sampling. Theatre Air Handling validations are also reviewed, and any actions tabled. There is a Planned Preventative Maintenance (PPM) Schedule for all medical equipment.

Anti-Microbial Stewardship by the Hospital Pharmacist provides an oversight of anti-microbial prescribing, and they will report any exceptions to the IPC Committee. Anti-microbial prescribing is in line with Surrey and Sussex Healthcare Trust guidelines using EOLAS, their prescribing formulary.

Equipment used on patients is cleaned after each use and a green 'I am Clean' sticker applied with the date and time of cleaning annotated. Sterile Services/Decontamination is provided by our sister hospital, Ashted with whom we have a Service Level Agreement.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. We also participate in the Surrey IPC Meetings.

Staff Wellbeing is monitored via Ramsay Occupational Health services and an annual skin inspection is undertaken, with compliance figures reported to corporate Occupational Health.

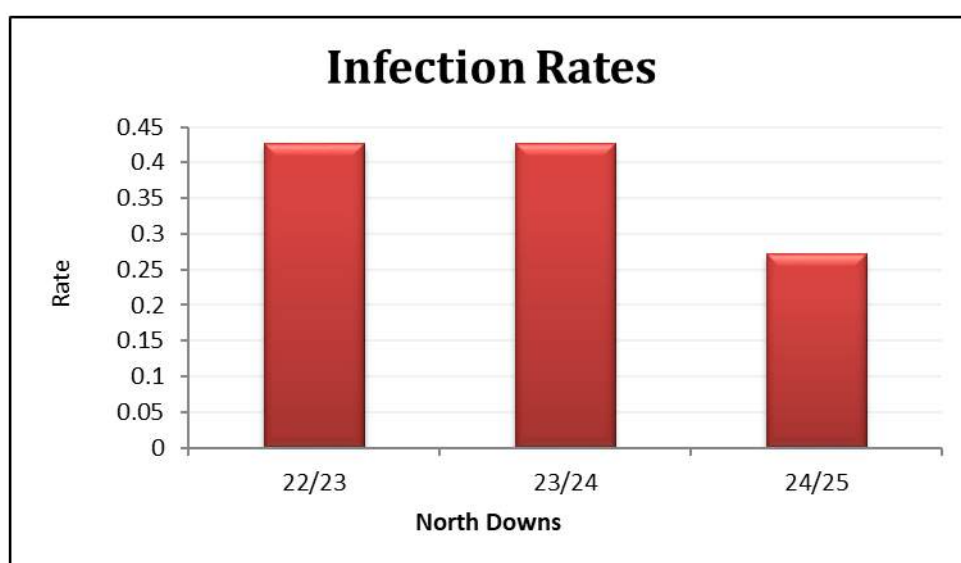
Training includes Standard Precautions, Hand Care & Hygiene, PPE, Waste Disposal, and Management of Linen. Clinical staff undertake additional training in IV Administration and ANTT.

### **Programmes and activities within our hospital include:**

There are regular scheduled IPC Audits including:

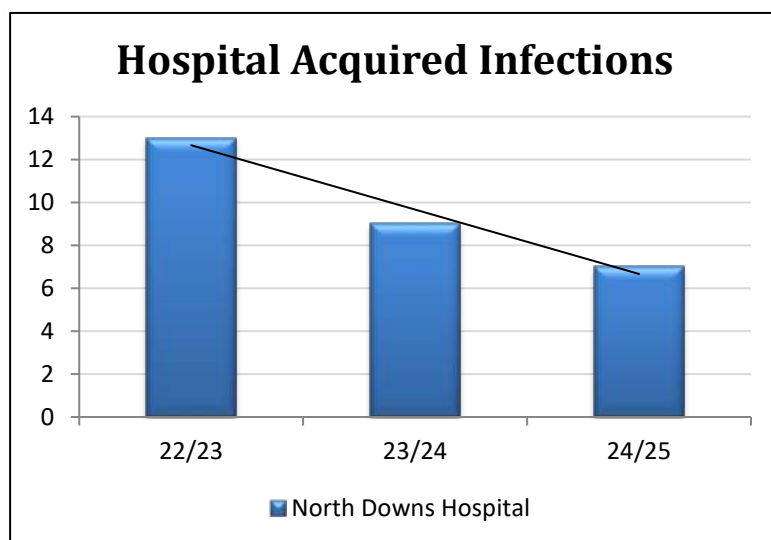
- Department Cleaning – 50 Steps
- Hand Hygiene – 5 Moments
- Surgical Site Infection
- IPC Environmental
- IPC Governance
- PVCC
- Management of Linen
- Sharps
- UCCB

As a Hospital we recognise such initiatives as Antibiotic Awareness Week and Hand Hygiene Awareness Day.



As can be seen in the above graph our infection control rate has reduced over the last year. In comparison to the national average, it is a very low rate.

*Rate per 100 discharges:*



### 3.2.2 Cleanliness and hospital hygiene

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

Unfortunately we were unable to conduct an audit this year due to being unable to secure a patient assessor willing to participate. PLACE have also increased qualifying numbers which means any less than two independent patient assessments will not filter through to NHS Digital.

Due to the constraints of an old Victorian building there have been no modifications since the last audit. We previously found that limited public space within the hospital meant that patient designated areas for activities such as prayers and family visiting rooms are restricted. We would always make such space available should they be needed. The same is to be said for the number of dementia rooms and services we provide.

The report received from Luminus (Healthwatch) gained the views of a small group of our patients, with feedback including comments on cleanliness as below:

*'Clean, comfortable and like the window view.'*

*'Bedroom clean and comfortable.'*

### 3.2.3 Safety in the workplace

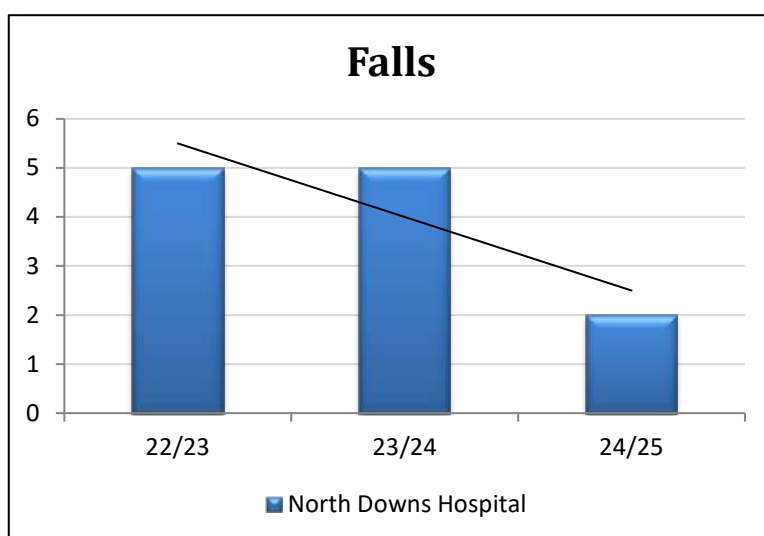
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding 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 the Head of Clinical Services, which ensures we keep up to date with all safety issues.

We have a local Health and Safety Committee where all health and safety related issues are discussed; the Hospital Risk Register is reviewed and relevant agenda items such as legionella, fire safety and medical gas safety feature.

We continue to monitor the incidences of patient falls and investigate each occurrence. As can be seen from the graph below, the number of patient falls has reduced by over 50% since the previous year. Rigorous pre-operative assessment and an assessment of frailty to target those at risk has focussed the teams in considering appropriate opioid administration in conjunction with optimising sodium levels which may have contributed to this reduction. We also hold our 'Joint School' sessions for all our hip and knee replacement patients which includes information on falls prevention. We have a Falls Champion and Mandatory Falls Prevention Training has been introduced for all the clinical teams.

*Rate per 100 discharges:*

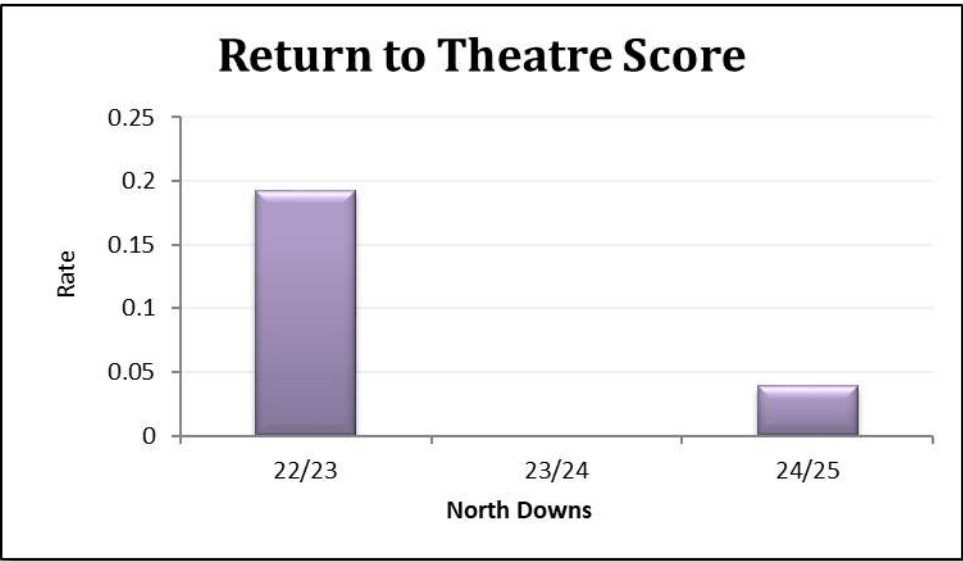


3.3 Clinical effectiveness

North Downs Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, complaints, new clinical policies, NICE Guidance, 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 identified and shared with relevant parties such as the Medical Advisory Committee to ensure results are visible and tied into actions required by the organisation as a whole.

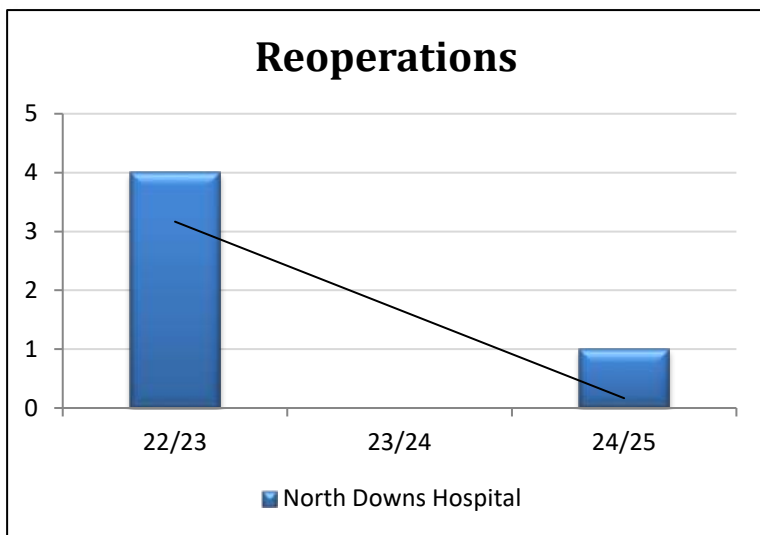
3.3.1 Return to theatre

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.

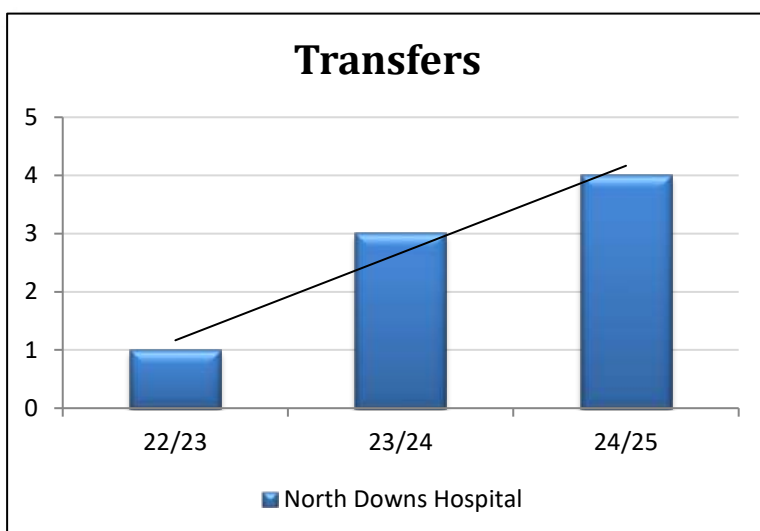


As can be seen in the above graph our returns to theatre rate have increased very slightly for the reporting year.

*Rate per 100 discharges:*



*Rate per 100 discharges:*



### 3.3.2 Learning from Deaths

There have been no deaths at North Downs Hospital during the reporting period. This does not preclude us from acting on 'lessons learned' from other sites. Safety Flashes are issued corporately to assist us in ensuring our processes are robust. We also continue our daily Resus Huddle where we identify which staff members will be allocated the pertinent roles in the event of a resuscitation event.

### 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 whistle-blowers). 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' (SUFS), leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which was 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, (at another site), 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.

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.

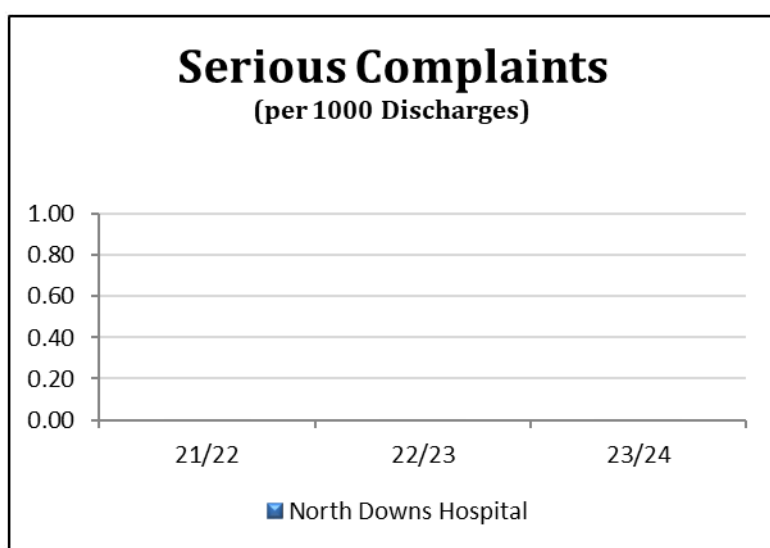
During the last 12 months North Downs Hospital has 2 new Trainers to continue the delivery of this essential initiative to new employees and as refreshers to those previously trained. The Ramsay Chief Customer Officer is our Freedom to Speak Up Guardian.

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

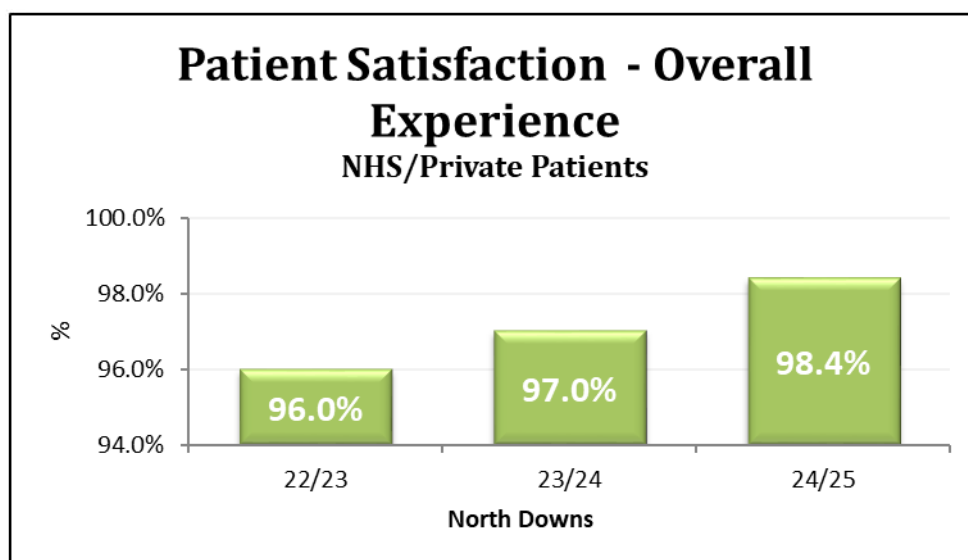
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Friends and Family questions asked on patient discharge
- 'We value your opinion' leaflet
- 'Cemplicity' online feedback tool
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Peer/CQC visit feedback.
- Written feedback via letters/emails
- PROMs surveys
- Google reviews
- Reputation.com

### 3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company, Cemplicity. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked for their consent to receive an electronic survey 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. A patient may request contact on the survey for either a query or a concern and this is conveyed to the Hospital Director and Head of Clinical Services via email in real time in order that a prompt response can be initiated.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year and represents a very high level of patient satisfaction.

Below are examples of patient feedback from Friends and Family:

*'Very friendly and attentive staff. Felt at ease during a time which is anxiety inducing.'*

*'Everyone was fantastic, informative, and care was second to none - thank you'*

#### Luminus Visit

As previously mentioned, we engaged with Luminus (incorporating Surrey Healthwatch) to glean meaningful feedback from our patients from an independent source.

#### Examples of best practice observed

- Joint School is an excellent way for people to be involved with their care and help alleviate anxiety and worries ahead of a procedure.
- Medication overview for patient when requested.
- Patient feeling tired and concerned about returning home (lives on own) after knee surgery, asked if he could stay an extra night and was allowed.
- Feedback mechanisms clearly displayed throughout hospital.

## Recommendations

- To make reserve car parking available for people with mobility / knee problems (who do not have a blue badge) and cannot walk far – *the car parking remains high on our agenda and we do encourage staff to park off-site.*
- To give people an option to watch TV with sound on, maybe plug earphones into chair? - *This related to the Outpatient waiting area and is something that we can look into.*
- Communicate options for people visiting to get food and refreshments e.g. café, order through staff etc – *we are reviewing our Patient Room Folders and this is something that can be included in these.*

## Appendix 1

# Services covered by this Quality Account

Regulated Activities – North Downs Hospital		Peoples Needs Met for:
<b>Services Provided</b>		
<b>Treatment of Disease, Disorder Or injury</b>	Audiology, Cardiology, Dermatology, Colorectal, Endocrinology, Gastrointestinal, General medicine, Gynaecological, Neurology, Ophthalmic, Pain Management, Physiotherapy, Podiatry, Psychiatry (OPD only), Rheumatology, Sexual Health, Sports medicine, Urology, Urological Oncology, Vascular	All adults
<b>Surgical Procedures</b>	Ambulatory, Cosmetic (for medical reasons), Colorectal, Dermatology, Ear, Nose and Throat (ENT), General Medicine, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Podiatric surgery, Urology, Vascular, Day and Inpatient Surgery	<p>All adults</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3</li> <li>• Any patient who will require planned admission to ITU post-surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had</li> </ul>

		<p>frequent hospital admissions within last 3 months)</p> <ul style="list-style-type: none"> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> <li>• New pacemaker in last 6 months</li> <li>• BMI 40+</li> <li>• Newly diagnosed or unstable diabetes</li> <li>• Newly diagnosed atrial fibrillation</li> </ul> <p>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.</p>
<b>Diagnostic and screening</b>	GI physiology, Endoscopy, Allergy testing, Imaging services (including Dexa scans, and non-obstetric ultrasounds), Phlebotomy, Urinary Screening (including urodynamics) and specimen collection	All Adults
<b>Family Planning Services</b>	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 2024/25. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. Audits are performed via a web-based tool called Tendable. Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

## Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (updated 03/02/25)

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ward	Ward	Monthly	Month end
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December



IPC Management of Linen	Ward	Whole Hospital	August, February	End of August End of February
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required
Sharps	IPC	Whole Hospital	August, December, April	Month end
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14th & 28th of each month
50 Steps Cleaning (FR2)	Ward	Ward	Monthly	Month end
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly	Month end
50 Steps Cleaning (FR2)	POA	POA	Monthly	Month end
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR5)	SLT	Whole Hospital	July to September	End of September
50 Steps Cleaning (FR6)	SLT	Whole Hospital	July to September	End of September
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	July to September	End of October
Urinary Catheterisation Bundle	HoCS	Whole Hospital	October to December	End of December

<b>Patient Journey: Safe Transfer of the Patient</b>	<b>Ward</b>	<b>Whole Hospital</b>	August, February	Month end
<b>Patient Journey: Intraoperative Observation</b>	<b>Theatres</b>	<b>Theatres</b>	August/September February/March (if required)	End of September No March deadline
<b>Patient Journey: Recovery Observation</b>	<b>Theatres</b>	<b>Theatres</b>	October to December April to June (as required)	End of December No deadline
<b>LSO and 5 Steps Safer Surgery</b>	<b>Theatres</b>	<b>Theatres</b>	July to September January to March	End of September End of March
<b>LSO and 5 Steps Safer Surgery</b>	<b>Outpatients</b>	<b>Outpatients</b>	July to September January to March	End of September End of March
<b>LSO and 5 Steps Safer Surgery</b>	<b>Radiology</b>	<b>Radiology</b>	July to September January to March	End of September End of March
<b>NatSSIPs Stop Before You Block</b>	<b>Theatres</b>	<b>Theatres</b>	July/August December/January May/June	End of August End of January End of June
<b>NatSSIPs Prosthesis</b>	<b>Theatres</b>	<b>Theatres</b>	July/August December/January May/June	End of August End of January End of June
<b>NatSSIPs Swab Count</b>	<b>Theatres</b>	<b>Theatres</b>	July/August December/January May/June	End of August End of January End of June
<b>NatSSIPs Instruments</b>	<b>Theatres</b>	<b>Theatres</b>	October to December	End of December

			April to June	End of June
NatSSIPs Instruments	Outpatients	Outpatients	October to December	End of December
			April to June	End of June
NatSSIPs Instruments	Radiology	Radiology	October to December	End of December
			April to June	End of June
NatSSIPs Histology	Theatres	Theatres	October to December	End of December
			April to June	End of June
NatSSIPs Histology	Outpatients	Outpatients	October to December	End of December
			April to June	End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	August/September	End of September
			February/March	End of March
Duty of Candour	SLT	Whole Hospital	August/September	End of September
			February/March	End of March
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month end

<b>Practising Privileges - Doctors in Training</b>	<b>HoCS</b>	<b>Whole Hospital</b>	July, January (where applicable)	No deadline
<b>Privacy &amp; Dignity</b>	<b>Ward</b>	<b>Whole Hospital</b>	November/December (as required)	No deadline
<b>Essential Care: Falls Prevention</b>	<b>HoCS</b>	<b>Whole Hospital</b>	September / October (as required)	No deadline
<b>Essential Care: Nutrition &amp; Hydration</b>	<b>HoCS</b>	<b>Whole Hospital</b>	September / October	End of October
<b>Essential Care: Wound Management (TBC)</b>	<b>HoCS</b>	<b>Whole Hospital</b>	TBC	TBC
<b>Resuscitation &amp; Emergency Response</b>	<b>HoCS</b>	<b>Whole Hospital</b>	July, October, January, April	End of month
<b>Medical Records - Therapy</b>	<b>Physio</b>	<b>Physio</b>	July to September January to March	End of September End of March
<b>Medical Records - Surgery</b>	<b>Theatres</b>	<b>Whole Hospital</b>	July to September January to March	End of September End of March
<b>Medical Records - Ward</b>	<b>Ward</b>	<b>Ward</b>	July to September January to March	End of September End of March
<b>Medical Records - Pre-operative Assessment</b>	<b>Outpatients</b>	<b>Outpatients</b>	July to September January to March	End of September End of March
<b>Medical Records - Pre-operative Assessment</b>	<b>POA</b>	<b>POA</b>	July to September January to March	End of September End of March

Medical Records - Radiology	Radiology	Radiology	July to September	End of September
			January to March	End of March
Medical Records - Radiology	RDUK	RDUK	July to September	End of September
			January to March	End of March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September	End of September
			January to March	End of March
Medical Records - NEWS2	Ward	Whole Hospital	July to September	End of September
			January to March	End of March
Medical Records - VTE	Ward	Whole Hospital	July to September	End of September
			January to March	End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December	End of December
			April to June	End of June
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September	End of September
			January to March	End of March
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December	End of December
			April to June	End of June
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September	End of September
			January to March	End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September	End of September
			January to March	End of March

Safe & Secure (Theatres)	Pharmacy	Theatres	July to September	End of September
			January to March	End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September	End of September
			January to March	End of March
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	July to September	End of September
Prescribing, Supply & Administration (previously Medoical Prescribing)	Pharmacy	Pharmacy	October to December	End of December
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
Pain Management	Pharmacy	Pharmacy	October, April	Month end
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March	End of March
Dept Governance (Ward)	Ward	Ward	October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres	October to December	End of December
Dept Governance (Physio)	Physio	Physio	October to December	End of December
Dept Governance (OPD)	Outpatients	Outpatients	October to December	End of December
Dept Governance (Radiology)	Radiology	Radiology	October to December	End of December
Safeguarding	SLT	Whole Hospital	December	Month end

Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	No deadline
Occupational Health Delivery On-site	HoCS	Whole Hospital	November to January	End of January
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	End of month
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of month
H&S Fire Safety	Ops Managers	Health & Safety	January, July	End of January End of July (25)
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March
H&S Management	Ops Managers	Health & Safety	April	End of April
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May
H&S Work at Height	Ops Managers	Health & Safety	June	End of June
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)
H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
ICB	Integrated Care Board
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
NVC11	Code for North Downs 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
SUS	Secondary Users Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism



# North Downs Hospital

## Ramsay Health Care UK

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

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

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