

Oaklands Hospital

Quality Account 2024/25



Confidential Patient Information



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Oaklands 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

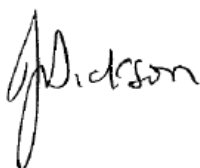
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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.

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

Jo Dickson

Introduction to our Quality Account

This Quality Account is Oaklands 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

Mrs Sarah Simpkin, Hospital Director

Oaklands Hospital

I have reviewed the Quality Account for 2023/24, which demonstrate our commitment to delivering high quality care whilst seeking to continually improve. I am delighted to review these accounts in my first year at Oaklands Hospital Director, having previously held the post of Head of Clinical Services.

Our Vision remains unchanged and is to be the preferred provider for patients within Salford and surrounding areas, providing safe and effective care in an environment that is clean, supportive and calm.

The Quality Accounts outline our performance over the past year and describes our priorities for the year ahead.

Patient satisfaction scores have increased due to the involvement of stakeholders and consideration of patient feedback. This approach has identified effective practices and areas needing improvement in patient care. Patient and stakeholder feedback are crucial, along with other measures of patient safety and clinical effectiveness, to ensure that treatment is evidence-based and provided by qualified and experienced healthcare professionals. Additional information on these measures and outcomes can be found throughout the Quality Account.

As the Hospital Director of Oaklands Hospital, ensuring the delivery of high standards of clinical care is a priority. The Quality Account accurately represents the hospital's performance and outlines the ongoing initiatives to improve the quality of services provided.

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.

Mrs Sarah Simpkin

Hospital Director

Oaklands Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Shailesh Agrawal- Consultant ENT Surgeon

Medical Advisory Committee Chair

Mrs Vicky Law

Head of Clinical Services

Mrs Michelle Williamson

Associate Director – Quality and Safety (Salford)

NHS Greater Manchester Integrated Care

Welcome to Oaklands Hospital



Oaklands Hospital is one of Greater Manchester's leading private sector hospitals with an excellent reputation for delivering high quality healthcare treatments and services. Located in the heart of Salford, Oaklands is close to the A580 and the M602 motorway helping to ensure the hospital is accessible to those in all areas of the Greater Manchester region and beyond.

The hospital opened in 1990 and in recent years has seen two large developments, which has expanded the hospital's size considerably.

At Oaklands, we offer care to patients aged 18 and over with a wide range of treatment specialities to both privately funded and self-pay patients. Oaklands has a close partnership with their neighbouring hospital, Salford Royal NHS Foundation Trust (SRFT) and with other trusts around the Greater Manchester area, which allows us to support the NHS and offer a range of treatments via NHS choose and book services.

The Hospital offers free car parking and is accessible for all patients.

Oaklands Hospital Facilities.

The hospital has an inpatient ward with capacity to accommodate 25 inpatients, 24 hours per day, seven days week. The day-case unit has the capacity to accommodate 11 patients in individual pod bays. The surgical facilities include three operating theatres with laminar flow and a separate endoscopy / minor procedures theatre with a dedicated endoscopy decontamination suite.

The hospital provides a range of outpatient services for adults. The outpatient department has 9 consultation rooms and facilities for phlebotomy, treatment room and a pre-operative assessment

service. The OPD facilities can provide a range of outpatient consultations for our patients including face-to-face, virtual or telephone appointments and can offer appointments at weekends and out of hours to support patients' lifestyles.

The hospital provides a range of diagnostic imaging services such as X-ray, ultrasound, and DEXA scanning. Mobile computerised tomography (CT) scans and magnetic resonance imaging (MRI) are also available supported by Ramsay Diagnostic UK (RDUK). A business case is the early stages for an expansion of the diagnostic provision and will include investment for a static MR scanner to be located on site at Oaklands.

Oaklands Hospital provides physiotherapy services for both pre- and post-operative patients in both an inpatient and outpatient setting. The physiotherapy team provide education, exercises, and treatment modalities such as gait education, cryotherapy, and respiratory techniques. The outpatient gym has a newly fitted incline treadmill, exercise bike, seated cross trainer and a selection of proprioceptive equipment and free weights.



Over the last 5 years, Oaklands has developed a full Pharmacy team which provides non-dispensary support to all areas of the hospital. This team consists of both Pharmacist and Pharmacy technician supported by a wider North West regional team. In addition, we also have the first Oaklands non-Medical Prescriber who is a Registered Nurse working in the outpatient department. This NMP will support the RMO and consultants with the prescribing of pre-Endoscopy bowel cleansing agents and oral antibiotics for superficial and minor wound infections. There are plans to support the Pharmacist undertake his NMP qualification which commences in September 2025.

Visiting times at Oaklands Hospital are 14:00hrs - 16:00hrs and 18:00hrs - 20:00hrs seven days a week, including bank holidays.

Treatments and services

Oaklands Hospital has 145 consultants who work at the hospital to provide quality outpatient appointments, outpatient procedures, clinical investigations/diagnostics, surgery, and follow-up care.

Oaklands Hospital offers the following specialty services to our patients.

-  Orthopaedic
-  General surgery

- Ear, Nose and Throat
- Gastroenterology
- Gynecology
- Urology
- Cardiology
- Dermatology
- Ophthalmology
- Bariatric/Weight loss

We also offer a range of cosmetic surgery at our hospital for self-paying patients.

The endoscopy service at Oaklands Hospital is accredited by the Joint Advisory Group on GI Endoscopy (JAG) and provides a full range of endoscopy services to both private and NHS patients.

During the last 12 months the hospital has treated 1791 inpatients, of which 1399 were treated under the care of the NHS.

Oaklands Hospital employs 178 substantive members of staff and has an extensive pool of bank staff to support the team.

Nursing and Medical Care.

At Oaklands Hospital, all patients are allocated a 'named nurse' on each shift. The role of the named nurse is to provide coordinated care, support, and personalised treatment to meet the individual needs of the patient. The named nurse approach enables our patients to identify the nurse who is consistently responsible for their overall nursing care.

Over the previous years, we have faced some significant challenges at Oaklands in relation to staffing and recruitment, however, this appears to be lessening, with successful recruitment campaigns locally, nationally, and internationally. We have successfully managed to mitigate the risk by using a small number of agency staff where possible who are able to provide continuity for both patients and staff.

At Oaklands, we are dedicated to proactively fostering the continuous development of our staff. We have recently had a Health Care Assistant successfully qualify as a Nurse Associate and in September

they will be commencing their Registered Nurse training, supported by the Ramsay Academy Apprenticeship program. In addition, we currently have some Student Operating Department Practitioners undergoing their apprenticeships.

A Resident Doctor (RD) is on site to always provide medical care. The RD supports the wider clinical team with all aspects of patient care. They are available 24/7, although we can reduce their working hours with additional support where needed and are an integral part of the team. In the event of any unexpected complications or events, they can contact the admitting consultants and anaesthetists with any concerns for support, advice, and guidance in relation to patient treatment plans when required. Both the Head of Clinical Services and Ward Manager support the RDs locally.

A robust Governance Framework has been established, supported by specialist committees with associated leads who provide assurance of regulatory requirements.

These key governance and quality roles include:

Infection Prevention and Control Lead Nurse (IPCLN) provides training and support to the clinical and operational teams regarding all aspects of Infection Prevention and Control. The IPCLN supports the departmental leads and link staff with audit completion and ensuring actions are taken with any departments that fail to meet the required audit standard. Any suspected or confirmed Surgical Site Infection is subjected to a full investigation to determine compliance with policy and if any lapses in care have occurred and the IPCLN will liaise with Head of Clinical Services to provide assurance of this together with ensuring appropriate external reporting.

The IPCLN ensures actions in the Infection Prevention and Control Annual Plan are completed. This is used to evidence compliance with requirements of the 'Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Commission Standard Outcome 8 - Regulation 12 - Cleanliness and Infection Control'.

Resuscitation & Critical Care Lead ensures we follow guidance set by the Resuscitation Council UK (RCUK) and we have safe systems, policies, processes, and protocols which enable us to care for patients where their condition may deteriorate. This includes (but not limited to) training (Basic Life Support, Intermediate Life Support, Advanced Life Support, Acute Illness Management, RADAR training, and Transfer) which we work with an independent partner (A2E training) to provide the high standards required to maintain patient safety. To support this training and in collaboration with the

external trainers, we hold unannounced monthly resuscitation simulations and debriefs, in all areas in and around the hospital.

The external trainer is also a key committee member within the hospital resuscitation and critical care committee providing a national oversight and local feedback on training and simulations.

Blood Transfusion Lead is responsible for ensuring Oaklands blood storage, sampling, prescribing, and administration processes are in line with Medicines and Healthcare Products Regulatory Authority (MHRA) regulations. The blood transfusion lead also provides training to staff who are involved in any aspect of the blood transfusion processes and maintains accurate records of compliance. Oaklands is supported by the wider blood transfusion team including a Consultant Haematologist based at SRFT.

Medical Devices Lead oversees the development, approval, implementation and monitoring of local policies, procedures, and protocols concerning the safe and effective use of medical devices and equipment. They also ensure the implementation of National policies and projects relating to medical devices and equipment. Their duties include overseeing decontamination, maintenance, repair, monitoring, traceability, record keeping and replacement of reusable medical devices.

Occupational Health Link Nurse (OHLN) is available to ensure all staffs wellbeing is supported physically by maintaining an oversight of vaccination history and provide support to the IPCLN with the monitoring the of skin integrity (hands) of clinical staff. The OHLN is supported by 3 fully trained mental health first aiders on site.

The medical care and treatment provided at Oaklands Hospital is all Consultant led. All our consultants have regular appraisals, annual scope of practice reviews and are encouraged to submit data to the Private Healthcare Information Network (PHIN). All consultants are able to use multi-disciplinary team working to remove the potential for one Consultant to make key decisions in complex cases.

The hospital continues to build excellent working relationships with our local Commissioners, Salford Integrated Care Board (ICB) and the local Salford Royal Foundation Trust, Northern Care Alliance, and Tameside & Glossop Integrated Care NHS Foundation Trust to deliver excellent patient care across Greater Manchester's healthcare landscape.

Our hospital staff are fully trained in the latest procedures and techniques and the team maintain their

continuous professional development requirements to the highest standards. Any patient who wishes to satisfy themselves on the quality of the hospital and its consultants can be reassured by the Care Quality Commission (CQC) report, which is available on the website; certificates are also displayed in main reception as per current regulation.

The Care Quality Commission undertook an unannounced inspection at Oaklands Hospital in November 2023 and have been awarded an overall rating of “Good” in all five key Lines of Enquiry (KLOE’s). A focus visit was undertaken by CQC in March 2025 which, whilst awaiting the formal report, was a positive experience and for all staff involved.

Sustainability and Environmental Focus

We know that a thriving planet is important to our health and wellbeing. Our services rely on a significant number of resources, such as energy, surgical equipment, and consumables. Without thoughtful practices, these resources can cost our planet. We are focused on climate action and environmental performance across our value chain.

Ramsay Health Care UK recognises that protecting the environment for future generations is critical.

We are focused on:

- Reducing greenhouse emissions and acting against climate change
- Reducing energy and water usage
- Reducing resources use, including single use plastics, whenever it is safe to do so
- Increasing recycling and reducing waste
- Working with our suppliers on more sustainable product choices

Working with the Local Community

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

The role of the Business Relations Manager (BRM) is to engage with local healthcare professionals across the healthcare community to ensure all clinical stakeholders are fully aware of the services available at Oaklands Hospital and that they have access to any information that can assist them when referring into a secondary care provider, specifically Oaklands Hospital. The BRM ensures that by meeting regularly with the referring teams, they remain fully aware of new services being developed, new consultants, changes on services etc.

Another part of the BRM role is to coordinate bespoke educational programmes for GP Practices across the wider local community and this is offered on a regular basis. These sessions aim to cover a wide range of topics and are relevant to those attending. These would previously have taken place in surgery settings but are now being offered virtually (making access even easier for clinical colleagues to attend) and still completely free of charge.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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

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

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

Priorities for improvement

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

Clinical Priority 1- Continue to improve patient experience at Oaklands.

Seeking patient feedback at all touch points within their Oaklands journey is vital to ensure we can identify themes and rectify any ongoing issues or challenges our patients may face. It is also vital that we recognise and celebrate areas of positive feedback and compliments.

We have worked with the wider clinical and operational teams to understand the importance of actively seeking any feedback and being open to constructive feedback. We set a priority last year to actively increase response rate and scoring for Friend & Family Testing. This has been exceptionally successful, and the feedback used to encourage staff to continue to strive for improvement.

The hospital Net Promoter Score, which is an internal Ramsay measurement of patient satisfaction, continues to improve and provides the site with constructive feedback to seek further improvements.

Patient experience will remain a focus for the coming year.

Clinical Priority 2: Implementation of 24 hrs arthroplasty service

Sip-Til-Send is fully embedded for all patients requiring a general anaesthetic and has been well received by patient, surgeons and Anaesthetists. Post-operative analgesia has been reviewed, and we are piloting a cohort of patients being managed with non-opioid medications to assess the impact of length of stay.

Our average length of stay has been shortened over the last 12 months however we are still committed to improve further.

Clinical Priority 3: To review the feasibility of internal and external accreditation status

Oaklands have successfully applied and submitted all required evidence for Silver status of Aseptic Non-Touch Technique (ANTT) Accreditation having achieved bronze last year and are working towards submission Gold awards in the coming year.

JAG reaccreditation was successfully achieved in the year, and we are now in the annual self-assessment programme until 2029. A successful IHEEM (Institute of HealthCare Engineering and Estate Management) Decontamination Audit that scored 100% has preceded this as it did the previous year.

Now we have an established and stable theatre team, we are able to review the requirements for the Association for Peri-operative Practice (AfPP) Accreditation. Work has commenced on the gap analysis, and we are confident this will be achieved this year.

Oaklands Bariatric Lead Nurse has achieved Scope Certification, which is the international Gold standard of Obesity management expertise, recognising excellence in obesity prevention & treatment. Further accreditation options are currently being reviewed.

In June 2025, Oaklands underwent a successful GIRFT (Getting it Right First Time) assessment for the orthopaedic service we provide which evidenced areas of clinically and operational excellence.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clinical Priority 1- Continue to improve patient experience at Oaklands.

This will be achieved by:

- A strong and effective Customer Focus Group with patient representation on the committee chaired by Oaklands Head of Operations. The patient representation will ensure any actions and changes derived from the committee include a service users' perception and input. The newly implemented CQC framework will be instrumental in success of this committee as this places a large emphasis on patient involvement and satisfaction within the Quality statements and will focus the remit of this committee.
- An ongoing focus on receiving all patient feedback. Friends and Family Testing (FFT) is one of many forums in which our patients can provide us with feedback. By encouraging patients to complete FFT, this will allow us to review experience at a specific point in their journey. FFT also allows us to easily benchmark against other healthcare providers and our neighbouring NHS Trust. FFT response rate in inpatients areas is currently achieving the benchmark however this focus must remain, and we will continue to strive to receive feedback at all points in the patient's journey.
- Cemplicity Net Promotor Score must be maintained at or above the Ramsay benchmark.

Clinical Priority 2: Implementation of 24 hrs arthroplasty service

This will be achieved by:

- Intense physiotherapy provision post-operatively. This will involve the completion of a full physiotherapy service and staffing review.
- Full review of ongoing practices that may involve changes to medicines optimisation to allow patients to recover more quickly.
- Expansion of the prehab services provided by physiotherapy but also expanding the trainers for a more holistic approach.

Clinical Priority 3: To review the feasibility of internal and external accreditation status

This will be achieved by:

- Bariatric specialist group to apply for further accreditation to enhance this service.
- ANTT Silver & Gold accreditation to be achieved.
- Association for Peri-operative Practice (AfPP) accreditation to be achieved to provide assurance of theatre safety.
- Orthopaedic accreditation

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 Oaklands Hospital provided and/or subcontracted 7,025 NHS services.

Oaklands Hospital has reviewed all the data available to them on the quality of care in all 7,025 of these NHS services.


The income generated by the NHS services reviewed from 1 April 2024 to 31st March 2025 represents 83% per cent of the total income generated from the provision of NHS services by Oaklands Hospital for 1st April 2024 to 31st March 2025

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

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

Human Resources

Staff Cost % of Net Revenue	33.1%
HCA Hours as % of Total Nursing	42%
Agency Cost as % of Total Staff Cost	3%
Ward Hours PPD	5.52
% Staff Turnover	12.9%
% Sickness	4.7%
% Lost Time	23%
Appraisal %	78%

Mandatory Training %	97%
Staff Satisfaction Score	
Number of Significant Staff Injuries	0
Formal Complaints per 1000 HPD's	7
Net Promotor Score	84
Significant Clinical Events/Never Events per 1000 Admissions	0
Readmission per 1000 Admissions	1

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Oaklands Hospital participated in 100% national clinical audits it was eligible to participate in.

The national clinical audits and national confidential enquiries that Oaklands Hospital participated in, and for which data collection was completed during 1 April 2024 to 31st March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	100%
National Bariatric Surgery Registry (NBSR)	100%
National Joint Registry (NJR)	100%
Surgical Site Infection Surveillance Service	100%

The reports of four national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Oaklands Hospital intends to take the following actions to improve the quality of healthcare provided.

Actions ongoing:

- Improved response rate for all PROMs.
- Improved compliance with NBSR registry

Local Audits

The reports of 278 local clinical audits from 1st April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee monthly. Oaklands Hospital strives to make continuous improvements within the benchmarking of the local audits to ensure that there are improvements in the quality of the provided healthcare to take the actions to improve the quality of healthcare.

A copy of the Ramsay Clinical Audit Programme can be found in Appendix 2.

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

Oaklands Hospital's income from 1st April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the quality measure continues to be suspended since the COVID-19 pandemic

2.2.5 Statements from the Care Quality Commission (CQC)

Oaklands Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions/registered with conditions. Oaklands Hospital had a CQC focused inspection in March 2025 with positive feedback.

2.2.6 Data Quality

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

Ensuring confidence in healthcare data is fundamental to effective decision making, especially in a clinical setting. High-quality data empowers healthcare professionals, fostering accuracy in care delivery, supporting informed decision-making, and enhancing morale and job satisfaction.

At Oaklands, robust data governance serves as a critical foundation for maintaining patient-centric care. We strictly uphold data quality standards across six key dimensions:

- **Accuracy** – Ensuring data correctness and reliability.
- **Completeness** – Verifying records contain all necessary elements.
- **Consistency** – Maintaining uniformity of data across systems.
- **Uniqueness** – Preventing duplication to ensure integrity.
- **Timeliness** – Ensuring data remains current and relevant.
- **Validity** – Confirming adherence to prescribed formats and regulatory standards.

To maintain these standards, we have implemented rigorous validation checks, quality assurance measures, and regular audits to identify and rectify errors, omissions, and inconsistencies. Automated validation processes and continuous monitoring further enhance data integrity.

In alignment with GDPR principles, we are committed to maintaining accurate, up-to-date patient information. Where discrepancies arise, we take proactive measures to rectify or remove inaccurate data, ensuring compliance and safeguarding patient confidentiality.

As a hospital, we continuously take the following actions to improve our data:

- Ensuring that our teams are trained and share knowledge to manage and maintain data quality issues within their areas.
- Dedicated teams to maintain worklist within our EPR system.
- All reports received are reviewed and actioned to ensure we hold one live working document.
- Minimum data set checks (Patient Full Name, DOB, Address, Telephone Number, Email Address, GP and Next of Kin) are undertaken by our reception team when a patient registers for their appointment or admission, and also by the bookings teams when arranging activity for our patients.
- Electronic Registration Forms and Medical Questionnaire forms are sent to patients. These are then checked, and the system updated by the reception and medical records teams.
- A weekly activity meeting takes place to assess procedures, allergies, alerts, and equipment, along with procedure times and quality of the theatre list.
- Regular reviews of our data – we meet weekly to review and assess worklists and agree which areas to focus on, we then allocate resource to support and identify any training requirements.
- Regular audits in place to support medical records and across all administrative areas.

NHS Number and General Medical Practice Code Validity

Oaklands 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:

Outpatients	NVC12
% NHS Numbers missing	0.35%
% NHS Numbers submitted	99.65%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%
Admitted Patient Care	NVC12
% NHS Numbers missing	0.63%
% NHS Numbers submitted	99.37%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top>

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30th June 2025.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Oaklands hospital was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

2.2.7 Stakeholders views on 2024/25 Quality Account

NHS Greater Manchester ICB response to Oaklands Quality Accounts (2024/25)

NHS Greater Manchester (NHS GM) welcomes the opportunity to comment on the Quality Account for Oaklands Hospital 2024/25. NHS GM is required to act with a view to securing continuous improvements in the quality of services for patients and their outcomes, with a regard to clinical effectiveness, safety, and patient experience.

NHS GM reviews and monitors the performance and quality of NHS services commissioned from the Oaklands Hospital through the regular contract and quality meetings. We have continued to work collaboratively with Oaklands to adapt how we gain oversight and assurance of the quality and performance of the services they provide. Working collaboratively during 2024/25 we have seen Oaklands senior leadership team prioritise the delivery of high standards of care, considering patient and stakeholder feedback to improve services. Oaklands have continued to build on excellent relationships with NHS GM demonstrating a commitment to providing continuous, evidence based, quality care to the people they treat.

Through this Quality Account, Oaklands clearly demonstrate their commitment and ambition to improve the quality of the care and services they deliver. They have set quality priorities for the next 12 months that NHS GM will monitor via the contract and quality meetings.

To the best of NHS GM knowledge, the information contained in the Quality Account is accurate and reflects a true and balanced description of the quality of provision of services provided by Oaklands Hospital.

We will continue to work collaboratively with The Oaklands in 2025/26 to ensure on-going high-quality services are provided in line with strategic commissioning priorities and quality management.



Mark Fisher

Chief Executive Officer

NHS Greater Manchester Integrated Care Board

Part 3: Review of quality performance 2023/24

Statements of Quality Delivery

Head of Clinical Services (Matron), OAKLANDS

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

Ramsay Clinical Governance Framework 2024/25

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.

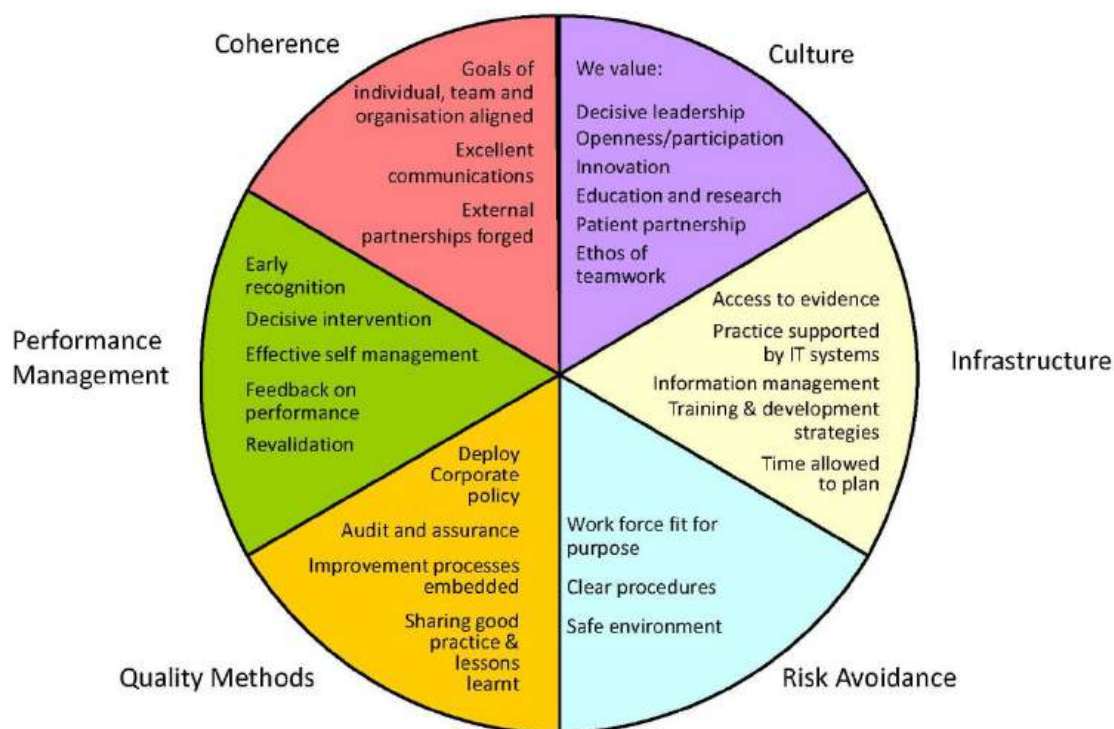
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

The following tables and graphs show comparisons regarding key data between the following:

1. The best scoring hospital for this quality indicator based on all NHS England hospitals providing NHS services.
2. The worst scoring hospital for this quality indicator based on all NHS England hospitals providing NHS services.
3. The average score for this quality indicator.

Mortality:	Period	Best		Worst		Average	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036

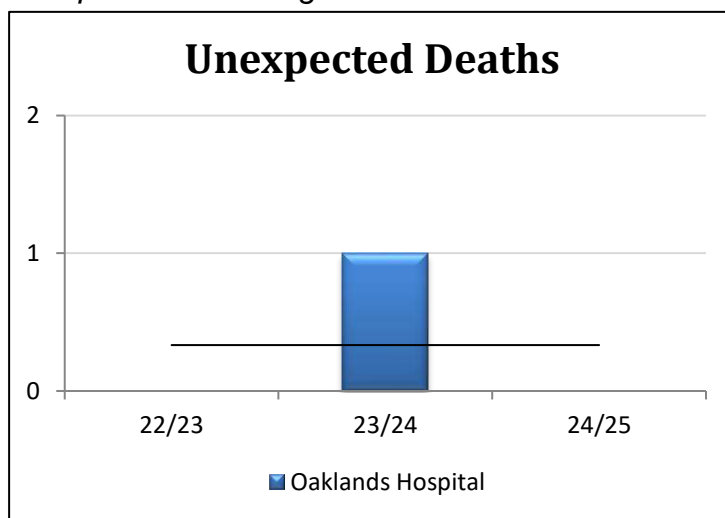
Period	Oaklands	
22/23	NVC12	0.0000
23/24	NVC12	0.0002
24/25	NVC12	0.0000

Mortality

Oaklands *Hospital considers that this data is as described for the following reasons:*

The data is reporting that Oaklands Hospital has had no unexpected deaths within this reporting period.

Rate per 100 discharges:



National PROMs

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

Period	Oaklands	
Apr20 - Mar 21	NVC12	23.153
Apr21 - Mar 22	NVC12	21.101
Apr21 - Mar 23	NVC12	20.205

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

Period	Oaklands	
Apr20 - Mar 21	NVC12	19.803
Apr21 - Mar 22	NVC12	17.348
Apr22 - Mar 23	NVC12	17.391

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

Oaklands Hospital has remained consistent in our reported adjusted health gain over the last 12 months. There is a continued focus on PROMs for both Oxford Hip and Knee scores, and this will remain a priority in the coming year to not only improve participation and response rates, but to regain our Health Gain score above the English national average.

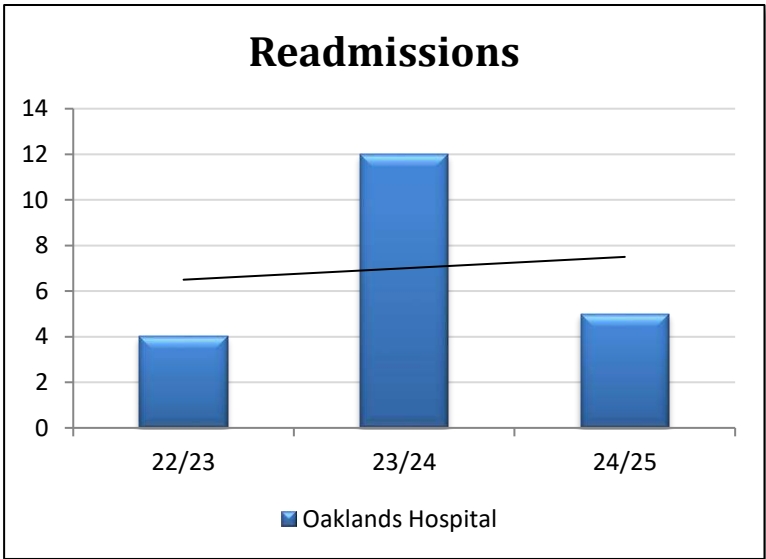
Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7
	20/21	N/A	N/A	N/A	N/A	Eng	15.5
	23/24	N/A	N/A	N/A	N/A	Eng	14.2

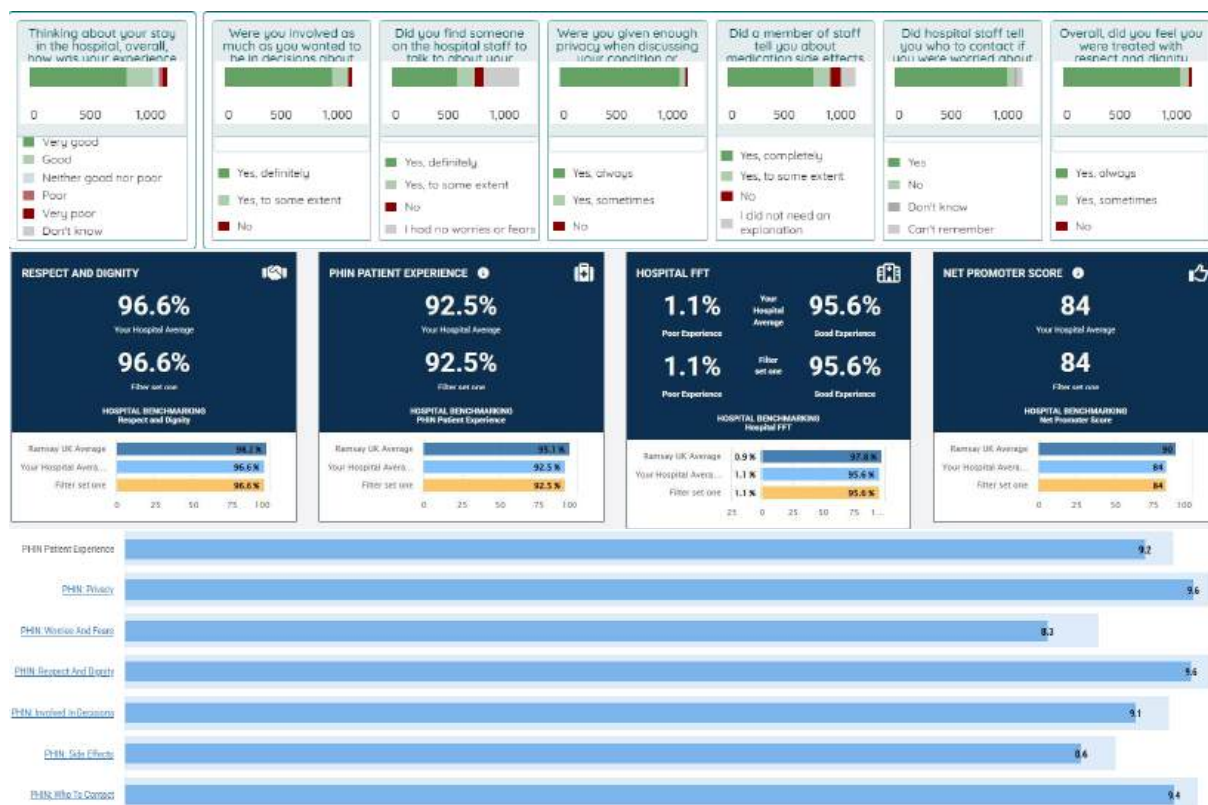
Period	Oaklands	
22/23	NVC12	0.00068
23/24	NVC12	0.00218
24/25	NVC12	0.00073

Oaklands Hospital considers that this data is as described for the following reasons:
The data is no longer being reported and there has been no data published since 2019/20.

Rate per 100 discharges:



Responsiveness to Personal Needs



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, period 1 April 2024 – 31 March 2025

VTE Risk Assessment

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

Period	Oaklands	
Q1 to Q4 18/19	NVC12	92.7%
Q1 to Q3 19/20	NVC12	99.0%
Q3 24/25	NVC12	64.3%

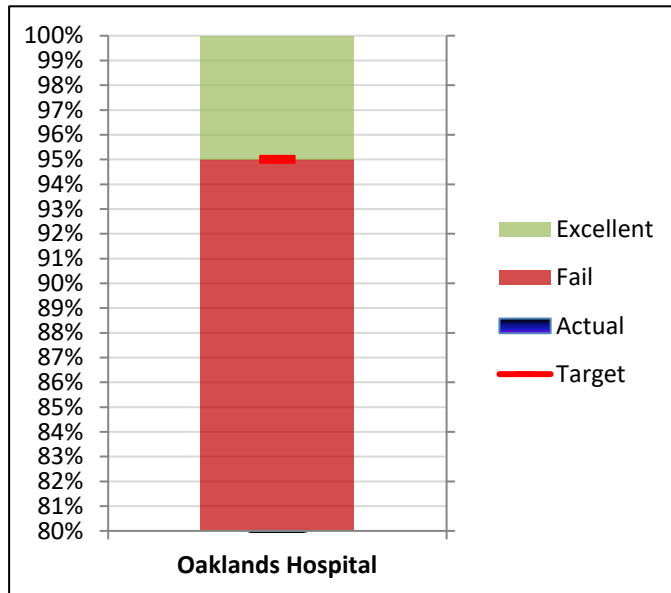
Oaklands Hospital considers that this data is as described for the following reasons:

Oaklands Hospital is taking the following actions to improve this percentage, and so the quality of its services, by;

- continually working with our consultants and clinical teams to ensure that VTE Assessments are completed for our patients at the appropriate points of their journey.
- Every patient who is admitted for surgery undergoes a pre-operative assessment that includes a VTE risk assessment, this is rechecked upon admission, post-surgery and with conditional change.

- The Head of Clinical Services is currently conducting a thematic review to understand learning from incidents to improve.
- Regular education and mandatory training regarding VTE is in place for all clinical members of the Oaklands team.

VTE Q3 24/25



The mandatory data collection started in June 2010; it was paused during the pandemic and following a consultation process, has been reinstated and is ongoing until further notice.

C difficile infection

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

Period	Oaklands	
2022/23	NVC12	0.000
2023/24	NVC12	0.000
2024/25	NVC12	0.000

Oaklands Hospital considers that this data is as described for the following reasons

There has been no incidence of C difficile infections at Oaklands Hospital in this period

Patient Safety Incidents with Harm

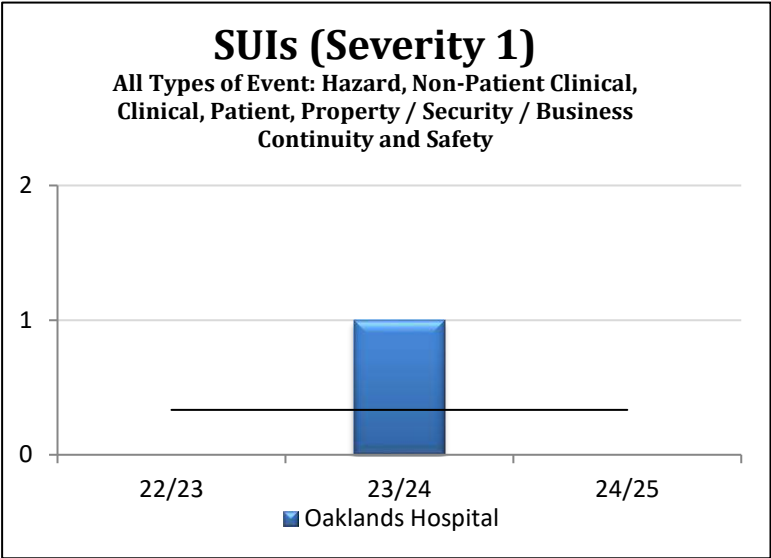
SUIs: (Severity 1 only)	Period		Best		Worst		Average	
	2021/22		RAX	0.03	RJR	1.08	Eng	0.30
	2022/23		N/A	N/A	N/A	N/A	N/A	N/A
	2023/24		N/A	N/A	N/A	N/A	N/A	N/A

Period	Oaklands	
2022/23	NVC12	0.000
2023/24	NVC12	0.000
2024/25	NVC12	0.000

No independent sector data, Ramsay data is from Riskman/RADAR (Overall Sev 1)
Acute non-specialist data from NRLS, England average based on these sites only.

September 2023 update- we have paused the annual publishing of this data while we consider future applications.

Rate per 100 discharges:



Friends and Family Test

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

Period	Oaklands	
Feb-23	NVC12	99.0%
Jan-24	NVC12	99.2%
Jan-25	NVC12	99.0%

There has been a focused and positive drive to improving and sustaining FFT response at Oaklands. This feedback and response rate is reviewed at the customer focus group, which forms part of the governance framework as described above.

3.2 Patient safety

As a hospital, we are committed to continuous improvement across all aspects of performance, with a particular emphasis on maintaining and enhancing patient safety.

Potential risks to patient safety are identified through multiple avenues, including routine audits, complaints, litigation, adverse incident reporting, and staff-raised concerns. However, the most consistent method of risk detection comes from analysing trends in key performance indicators.

Our dedicated focus on patient safety has led to significant improvements in several key indicators, as demonstrated in the graphs below.

3.2.1 Infection prevention and control

Oaklands Hospital has a very low rate of hospital acquired infection and has had xx reported MRSA Bacteraemia in the past year.

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

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

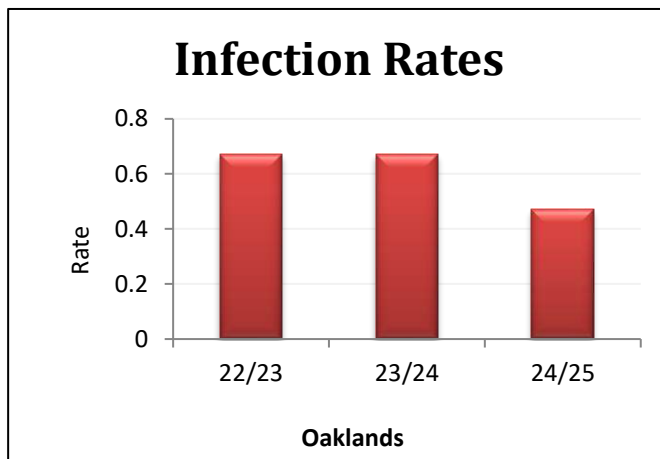
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

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

Programmes and activities within our hospital include:

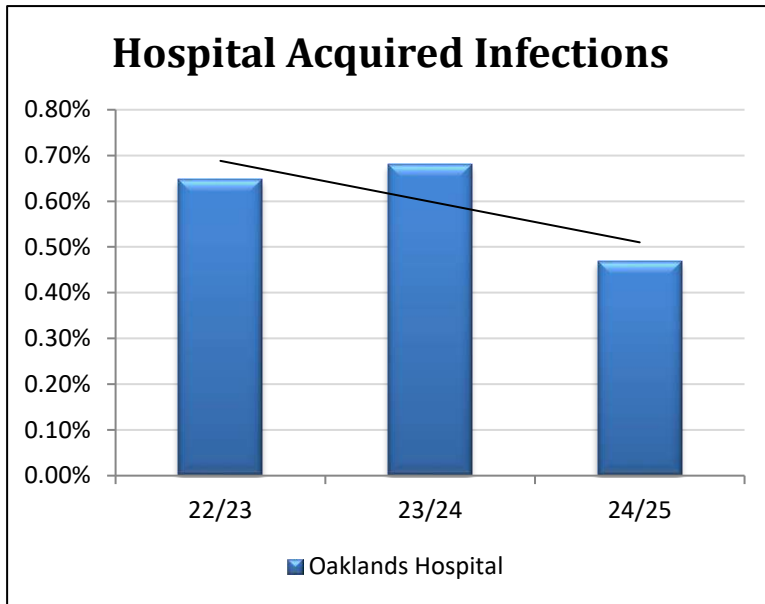
- ANTT accreditation programme
- Annual Hand Hygiene training update and skin surveillance
- Normothermia training
- Training and awareness on Theatre discipline and attire
- Sensibility campaign for the appropriate use of gloves
- MSSA decolonisation protocol training
- Quarterly mandatory surgical site infection surveillance data submission
- Monthly IPC Committee meeting
- Monthly update to CG committee
- Monthly IPC Clinic with national IPCL
- Quarterly update to NW IPC Committee
- Theatre cleaning schedules improvement with increased adherence in compliance
- Hexiprep introduced in all clinical departments.
- Spillage kits replaced by Clinell Spill Wipes
- SC Johnson hand hygiene products in use in all departments
- All clinical departments monthly IPC Audits (50 steps and Hand Hygiene (5 moments))
- Bi-annual Surgical Site Infection audit
- Quarterly sharps management audit
- Annual external sharps management audit (by Daniels)
- Annual IPC Governance and Assurance audit
- Bi-annual IPC Environmental infrastructure audit
- Annual IPC Management of Linen audit
- Annual Peripheral Venous Cannula Care Bundle audit

- Annual Urinary Catheterisation Bundle audit



As can be seen in the above graph our infection rate has decreased over the last year. This is due to ongoing work incorporating both corporate and local action plans to assure best practice when managing infection prevention control.

Rate per 100 discharges:

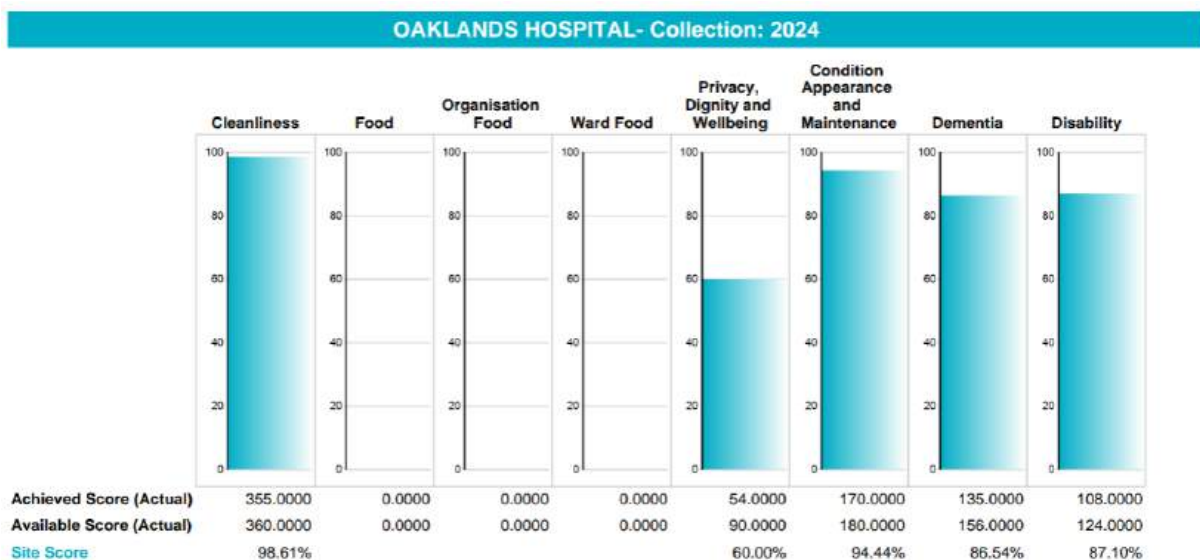


3.2.2 Cleanliness and hospital hygiene

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

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

In 2024 Oaklands undertook a PLACE Lite due to lack of availability of patient representative on the day of our planned inspection, therefore certain aspects were not reviewed.



The results have been reviewed with the Heads of Department and an action plan has been devised to monitor progress with all areas of focus. Due to PLACE Lite being undertaken, a focused review of catering services has commenced which is showing positive initial results.

It is planned to undertake a full PLACE assessment this year with multiple patient representatives.

3.2.3 Safety in the workplace

There are numerous processes that safeguard staff's physical and mental wellbeing within Oaklands. We have trained Mental Health First Aiders ensuring staff have access to fully accredited individuals who can provide initial advice and guidance to staff with diminishing mental health.

All staff also have access to the Employee Assistance Programme who provide a 24hrs helpline for staff to access for support for a wide range of lifestyle concerns or issues.

At Oaklands we ensure all staff undertake mandatory and supplementary training which provides knowledge and skill in maintaining their and their colleague's safety. Modules include fire, moving and handling and infection prevention and control for example.

Additionally, there is further training undertaken by nominated clinical senior staff in regard to the management of medical gases. These staff are the Designated Nursing Officer in the event of having to shut off the gas supply.

All chemicals used are risk assessed by department and registered within the Chemedox system.

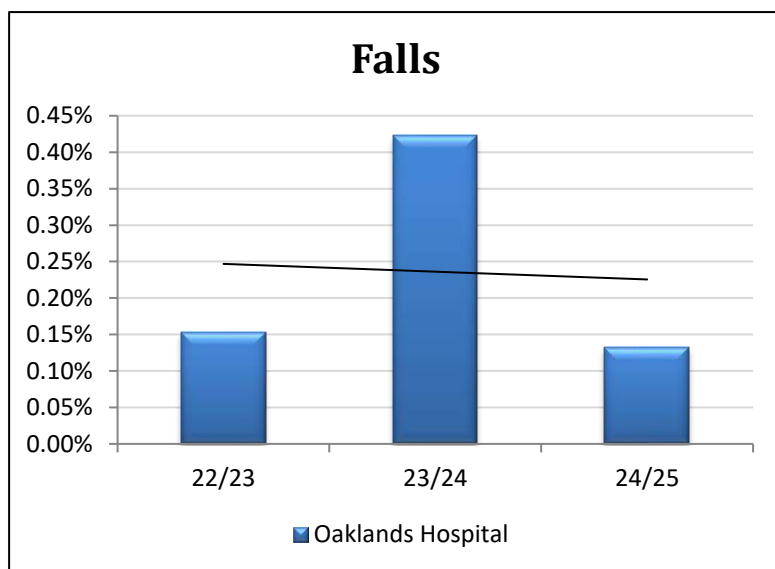
All departmental risk registers and assessments are reviewed monthly at Clinical Governance. Any risk identified scoring 9 or above is escalated to the Hospital risk register via the Senior leadership team. The hospital risk register is also reviewed monthly.

There is a robust Health & Safety framework that is supported by a multi-departmental committee chaired by the Facility Manager that reviews any staff and patient safety incidents or concerns and share lessons learnt.

All patient safety alerts such as medical device recalls, or policy changes are disseminated by the Ramsay central alert system via Radar thus enabling Oaklands staff to keep up to date of any changes or concerns.

Over the last 12 months, we have seen a significant decrease in patient falls, this can be attributed to the plans put in place over the past two years, in 2022/23, there was the development of the post-fall analysis tool, which is to be completed for every patient fall, as well as "Call don't fall" signs devised and displayed in all patient areas. In 2023/24, Ramsay has established a National Falls Task and Finish Group which will be able to lead the way in falls prevention and education.

Rate per 100 discharges:

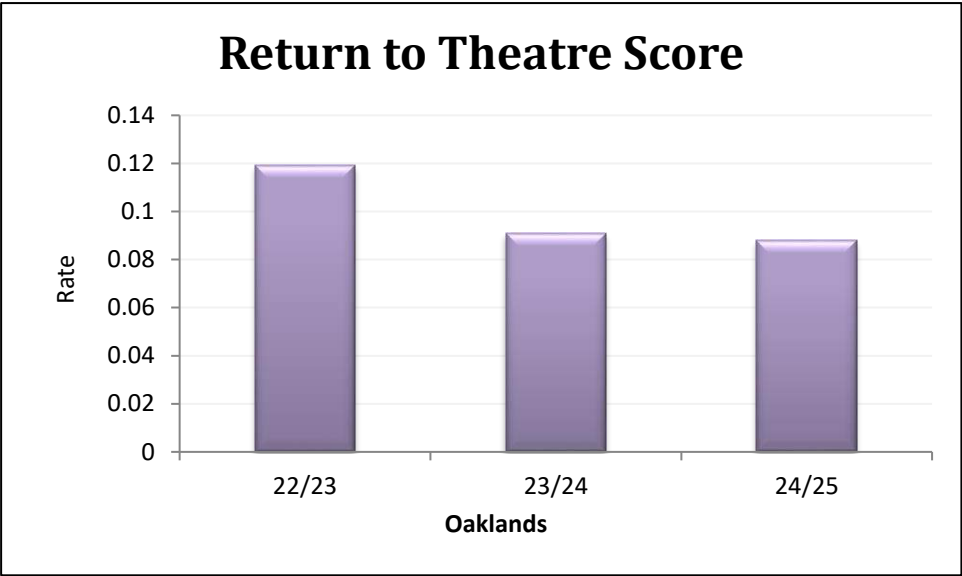


3.3 Clinical effectiveness

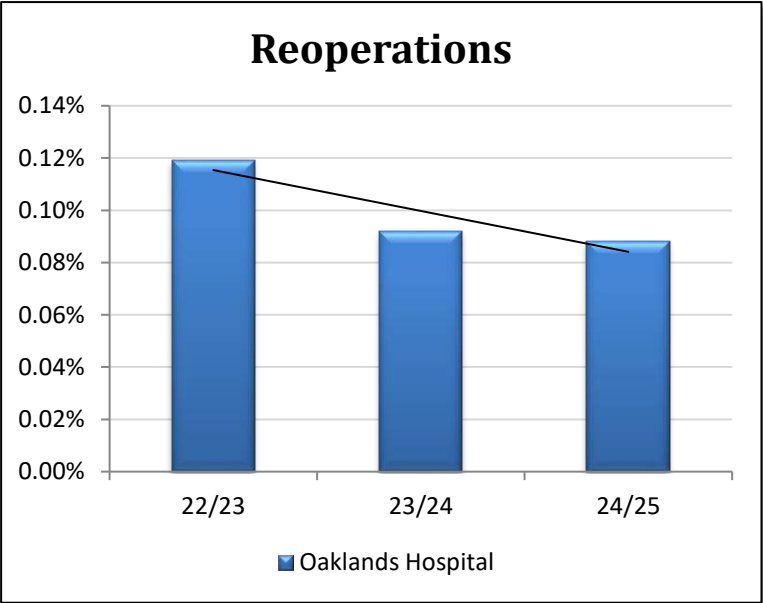
Oaklands Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly,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

3.3.1 Return to theatre

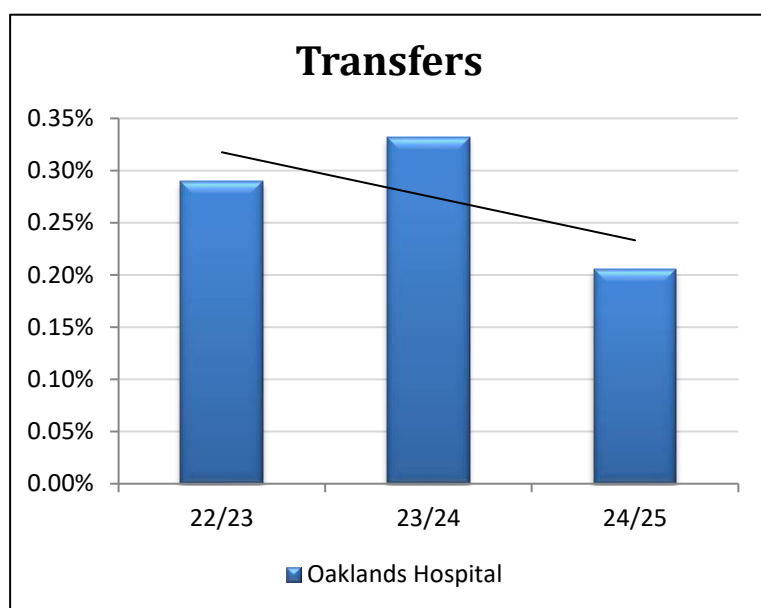
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There have been no deaths within this reporting period.

3.3.3 Staff Who Speak up

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

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

heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

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

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

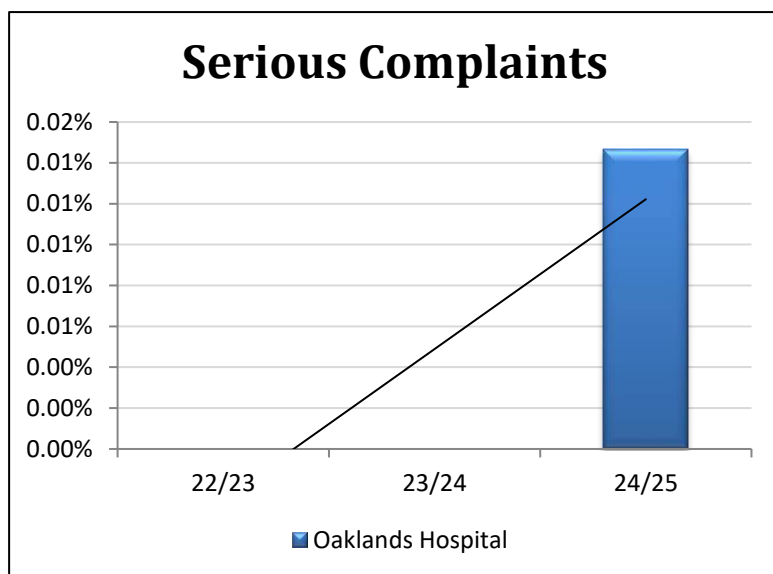
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace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

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care, and Oaklands are openly welcomed. 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. There is also a compliments section on Radar, which is Ramsay's internal reporting system where feedback is also shared. 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 complaint's procedures should our patients be unhappy with any aspect of their care.



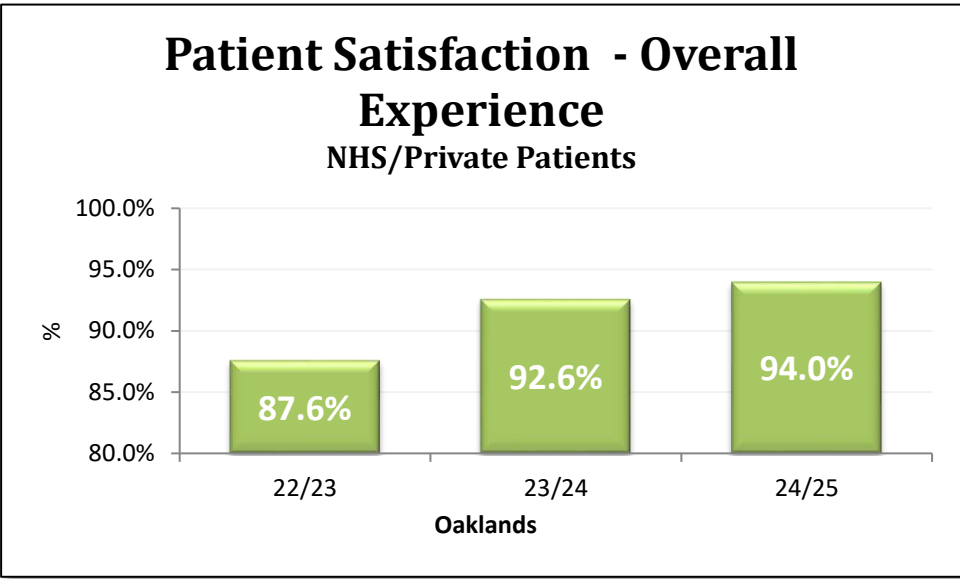
Patient experiences are feedback via the various methods below and are regular agenda items on Oaklands Clinical and Integrated Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required 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 (Cemplicity)
- Alerts received within 48hrs of a patient making a comment on their web survey
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet ▪ Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patients are encouraged to read and participate in their plan of care.

3.4.1 Patient Satisfaction Surveys

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. Considerable focus at Oaklands has been on improving patient experience as a whole and capturing data at every point of contact. It has also been helped by undertaking nurse leader rounding in order to better deal with any feedback at the point of hospital stay.

Appendix 1

Services covered by this quality account

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder or Injury	Cosmetics, Dermatology, Ear, Nose and Throat (E.N.T), General Surgery, Gynaecological, General medicine, Ophthalmic, Orthopaedic, Physiotherapy (including satellite clinic), Rheumatology, Cardiology, Sports medicine, Urology, Weight loss.	All adults 18 years and over
Surgical Procedures	Breast Surgery, Cosmetics, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (E.N.T), General surgery, Gynaecological, Ophthalmic, Orthopaedic, Urology, Bariatric.	<p>All adults aged 18 years and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on Renal Dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilator 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 the 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 <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>
Diagnostic and Screening	Imaging services, Phlebotomy, Urinary screening, specimen collection and Endoscopy service including OGD, colonoscopy, flexi sigmoidoscopy and cystoscopy.	All adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion, and removal of inter uterine devices for medical as well as contraception purposes.	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2023/24.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (updated 03/02/25)	Hospital/Unit:	Oaklands
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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)	SACT	SACT	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end

IPC Governance and Assurance	IPC	Whole Hospital	July 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)	SACT	SACT	Weekly	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 (FR4)	RDUK	RDUK	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
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)	End of December No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	July to September January to March	End of September End of March
NatSSIPs Stop Before You Block	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June

NatSSIPs Prosthesis	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Swab Count	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Instruments	Theatres	Theatres	October to DecemberApril to June	End of DecemberEnd of June
NatSSIPs Instruments	Outpatients	Outpatients	October to December April to June	End of December End of June
NatSSIPs Instruments	Radiology	Radiology	October to December April to June	End of December End of June
NatSSIPs Histology	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Histology	Outpatients	Outpatients	October to December April to June	End of December End of June
NatSSIPs Histology	Radiology	Radiology	October to December April to June	End of December End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required

Complaints	SLT	Whole Hospital	August/September February/March	End of September End of March
Duty of Candour	SLT	Whole Hospital	August/September February/March	End of September 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
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline
Privacy & Dignity	Ward	Whole Hospital	November/December (as required)	No deadline
Essential Care: Falls Prevention	HoCS	Whole Hospital	September / October (as required)	No deadline
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September / October	End of October
Essential Care: Wound Management (TBC)	HoCS	Whole Hospital	TBC	TBC
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of month
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March

Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	POA	POA	July to September January to March	End of September End of March
Medical Records - Radiology	Radiology	Radiology	July to September January to March	End of September End of March
Medical Records - Radiology	RDUK	RDUK	July to September January to March	End of September End of March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March	End of September End of March
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June
Medical Records - SACT Consent	SACT	SACT	May	Month end
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March

Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end
No Report Required	Radiology	Radiology	August, February	Month end
MRI Safety	Radiology	Radiology	January, July	Month end
MRI Safety	RDUK	RDUK		
CT Last Menstrual Period	Radiology	Radiology	July, October, January, April	Month end
CT Last Menstrual Period	RDUK	RDUK	July, October, January, April	Month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end
RDUK - PVCCB	RDUK	RDUK	July, January	Month end
RDUK - Walkabout	RDUK	RDUK	October	Month end
RDUK - Staff Questions	RDUK	RDUK	October	Month end
Bariatric Services	Bariatric Services	Whole Hospital	July to September January to March (as required)	End of September No deadline
Paediatric Services	Paediatric	Paediatric	July, January	Month end
Paediatric Outpatients	Paediatric	Paediatric	September	Month end
Paediatric Radiology	Radiology	Radiology	October	Month end
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December April to June	End of December End of June

Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March	End of September End of March
Safe & Secure (SACT)	Pharmacy	SACT	July to September January to March	End of September End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September January to March	End of September End of March
Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March	End of September End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March	End of September End of March
Safe & Secure (Ambulatory Care)	Pharmacy	Ambulatory Care	July to September January to March	End of September End of March
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	July to September January to March	End of September End of March
Prescribing, Supply & Administration (previously Medoical Prescribing)	Pharmacy	Pharmacy	October to December April to June	End of December End of June
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
SACT Services	Pharmacy	Pharmacy	September/October	End of October
Dept Governance (Ward)	Ward	Ward	October to December	End of December
Dept Governance (Ambulatory)	Ambulatory Care	Ambulatory Care	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
Dept Governance (RDUK)	RDUK	RDUK	October to December	End of December
SACT Services	SACT	SACT	September/October	End of October
Safeguarding	SLT	Whole Hospital	December	Month end
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required	No deadline
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	No deadline
Occupational Health Delivery On-site	HoCS	Whole Hospital	November to January	End of January

Occupational Health Delivery On-site	RDUK	RDUK	November to January	End of January
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline
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)

Appendix 3: Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC12	Code for Oaklands 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

Oaklands 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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