Oaklands Hospital

Quality Account

2025/26

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

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

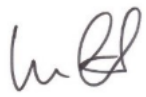
Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation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

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

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

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

I am proud to share these results with you.



Nick Costa

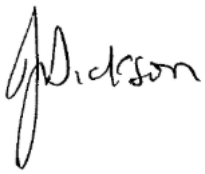
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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



Jo Dickson

Introduction to our Quality Account

This Quality Account is 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.

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Sarah Simpkin, Hospital Director

Oaklands Hospital

I have reviewed the Quality Account for 2025/26, which demonstrates our commitment to delivering high-quality care while continually striving to improve, despite what has been a challenging year.

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

The Quality Account outlines our performance over the past year and describes our priorities for the year ahead.

Patient satisfaction scores have improved because of involving stakeholders and carefully considering patient feedback. This approach has helped us identify both effective practice and areas where further improvement is needed. Patient and stakeholder feedback, alongside other measures of patient safety and clinical effectiveness, are essential in ensuring that treatment is evidence-based and delivered by qualified and experienced healthcare professionals. Further information on these measures and outcomes is provided throughout this Quality Account.

As Hospital Director of Oaklands Hospital, ensuring the delivery of high standards of clinical care remains a priority. Throughout a challenging year, our commitment to our patients and the care we provide has remained unwavering. I believe this Quality Account provides an accurate reflection of the hospital's performance and sets out our ongoing commitment to improving the quality of the services we provide.

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

Quality and Safety (Salford)

NHS Greater Manchester Integrated Care

Welcome to Oaklands Hospital

Oaklands Hospital is one of Greater Manchester's leading independent hospitals, with a strong reputation for delivering high-quality healthcare services and treatments. Conveniently located in the heart of Salford, the hospital benefits from excellent transport links, including close proximity to the A580 and M602 motorway, ensuring accessibility for patients across Greater Manchester and the surrounding regions.

Since opening in 1990, Oaklands Hospital has undergone significant development, including two major expansions in recent years, which have considerably enhanced its capacity and facilities.

The hospital provides care for patients aged 18 and over across a wide range of specialties, supporting both privately funded and self-pay patients. Oaklands Hospital also works in close partnership with its neighbouring acute provider, Salford Royal Foundation Trust (SRFT), as well as other NHS organisations across Greater Manchester. These relationships enable the hospital to support NHS pathways and deliver care through the NHS e-Referral Service (e-RS).

Oaklands Hospital offers inclusive access for all patients, including free on-site car parking, supporting ease of access and a positive patient experience.

Oaklands Hospital Facilities

Oaklands Hospital provides a comprehensive range of inpatient, day-case, outpatient, and diagnostic services, supported by modern facilities and a skilled multidisciplinary workforce.

The hospital has an inpatient ward with capacity to accommodate 25 patients, providing 24-hour care, seven days a week. In addition, the day-case unit has capacity for 11 patients, with individual pod-style bays designed to support patient privacy and comfort.

Surgical facilities include three operating theatres equipped with laminar flow ventilation systems, supporting high standards of infection prevention and control. The hospital also provides a dedicated endoscopy and minor procedures theatre, with an associated decontamination suite to ensure compliance with national standards.

The outpatient department offers a wide range of adult services and includes eight consultation rooms, a treatment room, phlebotomy services, and a pre-operative assessment service. Appointments are available in a variety of formats, including face-to-face, virtual, and telephone consultations. To support patient accessibility and choice, clinics are also offered during evenings and weekends.

Diagnostic imaging services include X-ray, ultrasound, and DEXA scanning. In addition, mobile CT and MRI services are provided in partnership with Medneo Mobile Services. A business case is currently in development to expand diagnostic capacity further, including the potential introduction of a static MRI scanner on site.

Physiotherapy services are available for both pre-operative and post-operative patients across inpatient and outpatient settings. The physiotherapy team provides education, rehabilitation programmes, and treatment modalities including gait re-education, cryotherapy, and respiratory support. The outpatient gym is fully equipped, including a incline treadmill, exercise bike, seated cross trainer, and a range of proprioceptive and resistance equipment.

Over the past five years, Oaklands Hospital has developed an established pharmacy service, comprising both a Pharmacist and Pharmacy Technician, supported by a wider Northwest regional team. This service provides clinical input across all areas of the hospital, supporting medicines optimisation and safety.

In addition, the hospital has introduced a non-medical prescriber (NMP), a Registered Nurse based within the outpatient department. This role supports consultants and the Resident Doctor (RD) by facilitating prescribing for selected pathways, including pre-endoscopy bowel preparation and treatment for minor infections. Further development is planned, with the site Pharmacist due to commence Non-Medical Prescribing training in September 2026, strengthening in-house prescribing capability.

Visiting times at Oaklands Hospital are 14:00–16:00 and 18:00–20:00, seven days a week, including bank holidays, supporting patient wellbeing and family involvement in care.

Treatments and services

Oaklands Hospital works with a team of 149 consultants who provide high-quality care across the full patient pathway, including outpatient consultations, diagnostic investigations, surgical procedures, and follow-up care.

The hospital offers a comprehensive range of specialties to meet the needs of its patient population, including:

- Orthopaedics
- General Surgery
- Ear, Nose and Throat (ENT)
- Gastroenterology
- Gynaecology
- Urology
- Cardiology
- Dermatology
- Ophthalmology
- Bariatric (Weight Loss) Services

In addition, Oaklands Hospital offers a range of plastic surgery procedures for self-paying patients.

The endoscopy service at Oaklands Hospital is accredited by the Joint Advisory Group on GI Endoscopy (JAG), providing a full range of diagnostic and therapeutic endoscopy services for both private and NHS patients, in line with national quality standards.

Over the past 12 months, the hospital has treated 1,828 inpatients, of whom 1,437 were treated under NHS-funded pathways, demonstrating the hospital's contribution to supporting the wider healthcare system.

Oaklands Hospital employs 165 substantive staff members, supported by a flexible bank workforce, ensuring the delivery of safe, responsive, and high-quality care across all services.

Nursing and Medical Care

At Oaklands Hospital, all patients are allocated a named nurse for each shift. The named nurse is responsible for coordinating care, providing support, and delivering personalised care in line with the individual needs of each patient. This approach ensures clear accountability and enables patients to identify the nurse responsible for their overall care at any given time.

All clinical departments have a full complement of staff however, where required, a small and consistent cohort of bank or agency staff may be utilised to support service delivery, ensuring continuity of care for patients and stability within clinical teams.

Oaklands Hospital is committed to the ongoing development of its workforce. Staff are actively supported to progress in their careers, demonstrated by a recent example of a Healthcare Assistant achieving qualification as a Nurse Associate and progressing to Registered Nurse training through the

Ramsay Academy Apprenticeship Programme. In addition, Student Operating Department Practitioners are currently undertaking apprenticeships, supporting workforce sustainability and future service provision.
A Resident Doctor (RD) is present on site to provide medical support 24 hours a day, seven days a week. The RD plays a key role within the multidisciplinary team, supporting all aspects of patient care. In the event of any clinical concerns or unexpected complications, the RD is able to liaise directly with admitting consultants and anaesthetists to ensure timely clinical input and decision-making. The RD is supported locally by the Head of Clinical Services and Ward Manager, ensuring effective clinical oversight and governance.

A robust governance framework is in place, supported by specialist committees and designated leads, providing assurance of compliance with regulatory requirements and supporting the delivery of safe, effective, and high-quality patient care.

The key governance and quality roles include:

The Infection Prevention and Control Lead Nurse (IPCLN) provide oversight, training and support to clinical and operational teams across all aspects of Infection Prevention and Control (IPC). This includes working collaboratively with departmental leads and IPC link practitioners to ensure the timely completion of audits and the implementation of corrective actions where standards are not met.
All suspected or confirmed Surgical Site Infections (SSIs) are subject to a comprehensive investigation to assess compliance with organisational policies and identify any potential lapses in care. The IPCLN works in conjunction with the Head of Clinical Services to ensure appropriate assurance is provided, including the completion of any required external reporting.
The IPCLN leads on the delivery of the annual Infection Prevention and Control Plan, ensuring that all actions are progressed and completed within agreed timescales. This work supports ongoing compliance with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and related guidance, alongside Care Quality Commission (CQC) regulatory requirements, including Regulation 12: Safe Care and Treatment (Cleanliness and Infection Control).

The Resuscitation and Critical Care Lead ensure compliance with guidance set by the Resuscitation Council UK (RCUK), with robust systems, policies, processes and protocols in place to support the safe management of patients whose condition may deteriorate.
This includes the provision of a comprehensive training programme, delivered in partnership with an independent provider (A2E Training), covering Basic Life Support (BLS), Intermediate Life Support (ILS), Advanced Life Support (ALS), Acute Illness Management, the IRED course, and patient transfer. This collaborative approach supports the delivery of high-quality training and helps ensure staff maintain the competencies required to deliver safe and effective patient care.
To further strengthen staff preparedness, unannounced monthly resuscitation simulation exercises and structured debriefs are undertaken across all clinical areas within the hospital. These simulations are carried out in conjunction with the external training provider and are designed to test systems,

enhance team performance, and promote continuous learning.
Oaklands Hospital also operates a quarterly Resuscitation and Critical Care Committee, which provides governance oversight of resuscitation practice across the organisation. The committee reviews audit outcomes, training compliance, simulation learning, incidents and national guidance updates to ensure continuous improvement. This forum supports shared learning, monitors compliance with RCUK standards, and provides assurance that systems and processes remain effective in delivering safe patient care.

The Bariatric Lead Nurse at Oaklands Hospital provides clinical leadership and oversight for the bariatric service, ensuring the delivery of safe, high-quality, and patient-centred care across the entire patient pathway. The role encompasses coordination of the multidisciplinary team, including surgeons, anaesthetists, dietitians and psychologists, to support a seamless and effective patient journey from initial assessment through to post-operative recovery and long-term follow-up. The Lead Nurse is responsible for undertaking clinical assessment, patient education, and ongoing support, ensuring patients are fully informed and prepared for their treatment. In addition, the role contributes to the development and implementation of evidence-based protocols, supports quality improvement initiatives, and ensures compliance with national guidance and regulatory standards. The Bariatric Lead Nurse also plays a key role in monitoring patient outcomes and driving continuous service improvement to enhance patient safety, experience and clinical effectiveness. Oaklands Hospital also provides private plastic and reconstructive services, and the Bariatric Lead Nurse supports these services through clinical input, pathway coordination and governance oversight to ensure consistent standards of care across related specialties.

The Blood Transfusion Lead is responsible for ensuring that all aspects of blood storage, sampling, prescribing, and administration at Oaklands Hospital are compliant with Medicines and Healthcare Products Regulatory Agency (MHRA) requirements. This includes overseeing safe practice, maintaining robust governance processes, and ensuring adherence to national standards.
The Blood Transfusion Lead also ensures that all staff involved in the transfusion pathway receive appropriate training and competency assessment, with accurate records maintained to evidence compliance.
Oaklands Hospital is supported by a wider transfusion governance framework, including specialist input from a Consultant Haematologist based at Salford Royal Foundation Trust (SRFT), ensuring access to expert clinical advice and alignment with best practice standards.

The Medical Devices Lead is responsible for overseeing the development, approval, implementation, and ongoing monitoring of local policies, procedures, and protocols to support the safe and effective use of medical devices and equipment across Oaklands Hospital. This includes ensuring alignment with national standards, guidance, and regulatory requirements.
The role also ensures the effective implementation of national policies and initiatives relating to medical devices, embedding best practice within local processes.

Key responsibilities include governance oversight of decontamination, maintenance, repair, monitoring, traceability, record keeping, and the timely replacement of reusable medical devices. Robust systems are in place to ensure devices are safe, fit for purpose, and appropriately maintained throughout their lifecycle, with clear audit trails to demonstrate compliance.

The Occupational Health Link Nurse (OHLN) provides oversight to ensure staff wellbeing is supported, with a particular focus on physical health. This includes monitoring vaccination status and supporting compliance with immunisation requirements to ensure staff and patient safety.
The OHLN also works in collaboration with the Infection Prevention and Control Link Nurse (IPCLN) to support the monitoring of clinical staff hand skin integrity, promoting effective hand hygiene and reducing the risk of infection transmission.
In addition, Oaklands Hospital provides access to psychological wellbeing support through the presence of three trained Mental Health First Aiders on site, ensuring staff have access to timely support when required.

The Training and Development Lead is responsible for overseeing the planning, coordination, and delivery of staff education and training programmes across Oaklands Hospital. This role ensures that all staff are appropriately trained, competent, and supported to deliver safe, effective, and high-quality care in line with regulatory and organisational requirements.
Key responsibilities include:

- Supporting department leads in ensuring compliance with mandatory and statutory training requirements, including monitoring completion rates and addressing any gaps in a timely manner
- Identifying training needs across clinical and non-clinical teams, aligned to service requirements, risk, and quality improvement priorities
- Coordinating and delivering training programmes, including induction, role-specific competencies, and ongoing professional development
- Supporting staff in maintaining clinical competencies and professional standards through education, supervision, and access to development opportunities
- Promoting a culture of continuous learning and improvement, aligned with organisational values and CQC expectations
- Supporting department leads in maintaining accurate training records and providing assurance through regular reporting to governance forums
- Working collaboratively with department leads, clinical educators, and external providers to ensure training provision reflects best practice and current guidance

Through these responsibilities, the Training and Development Lead plays a key role in ensuring that the workforce is competent, confident, and equipped to deliver safe, high-quality, patient-centred care.

Medical Care and Consultant Governance

All medical care and treatment provided at Oaklands Hospital is consultant-led, ensuring that patients receive care from appropriately qualified and experienced clinicians.

All practising consultants undergo regular appraisal and annual scope of practice review, ensuring their clinical activity remains within their competence and in line with professional standards. Consultants are also encouraged to submit outcome data to the Private Healthcare Information Network (PHIN), supporting transparency and benchmarking against national standards.

A multidisciplinary team (MDT) approach is embedded within clinical practice, enabling collaborative decision-making in complex cases. This ensures that care is supported by collective clinical expertise, reducing the risk of single decision-making and promoting safe, effective patient outcomes.

Partnership Working

The hospital continues to develop and strengthen effective working relationships with local commissioners, including the Salford Integrated Care Board (ICB), and key partner organisations such as Salford Royal Foundation Trust, Northern Care Alliance, and Tameside & Glossop Integrated Care NHS Foundation Trust.

These collaborative partnerships support the delivery of safe, high-quality, and coordinated patient care, ensuring seamless pathways across the wider Greater Manchester healthcare system. This approach enables shared expertise, timely access to specialist services, and improved continuity of care for patients.

Workforce Competence and Regulatory Assurance

Staff at Oaklands Hospital are appropriately trained in current clinical procedures and techniques and are supported to maintain their continuous professional development, ensuring practice remains aligned with the highest standards of care.

Patients can be reassured regarding the quality and safety of services provided at the hospital through the Care Quality Commission (CQC) inspection reports, which are publicly available via the hospital website. In line with regulatory requirements, current certification is also displayed within the main reception area.

The Care Quality Commission undertook an unannounced inspection at Oaklands Hospital in November 2023, awarding an overall rating of *"Good"* across all five key lines of enquiry. A further unannounced inspection was conducted in March 2026; while the formal report is awaited, initial feedback indicated a positive inspection experience, providing assurance regarding the continued quality and safety of services.

Sustainability and Environmental Responsibility

Oaklands Hospital recognises the importance of environmental sustainability and its direct impact on both population health and overall wellbeing. The delivery of healthcare services relies on the use of significant resources, including energy, medical equipment, and consumables. The hospital is therefore

committed to minimising environmental impact through responsible and sustainable operational practices.
As part of Ramsay Health Care UK, the organisation is committed to protecting the environment for future generations and continuously improving environmental performance across its services.

Key areas of focus include:

- Reducing greenhouse gas emissions and contributing to climate change mitigation
- Minimising energy and water consumption through efficient resource use
- Reducing the use of resources, including single-use plastics, where it is clinically safe to do so
- Increasing recycling rates and reducing overall waste production
- Working collaboratively with suppliers to promote sustainable procurement and environmentally responsible product choices

To support this, Oaklands Hospital has established a quarterly Green Committee, which provides oversight, drives local sustainability initiatives, and monitors progress against environmental objectives.
Through these actions, Oaklands Hospital aims to embed sustainability within its operational and clinical practices, supporting both environmental stewardship and high-quality patient care.

Working with the Local Community

Oaklands Hospital remains committed to delivering high standards of patient care in a professional, compassionate, and patient-centred manner. By working closely with key stakeholders, including local General Practitioners, consultants, and other healthcare professionals, the hospital is able to provide a personalised service tailored to meet the individual needs of each patient.
The Business Relations Manager (BRM) plays a key role in engaging with the local healthcare community, ensuring that clinical stakeholders are fully informed of the services available at Oaklands Hospital. This includes providing timely and relevant information to support appropriate referral pathways into secondary care. Regular engagement with referring teams ensures awareness of new services, newly appointed consultants, and any changes to existing service provision.
The BRM also coordinates bespoke educational programmes for GP practices across the local area. These sessions are delivered on a regular basis, covering a range of clinically relevant topics and supporting continuous learning within primary care. In recent years, these sessions have transitioned to virtual delivery, improving accessibility and enabling wider participation, while remaining free of charge.
Oaklands Hospital is proud to support its local community through its partnership with Salford Loaves and Fishes, a charity providing vital support to individuals experiencing homelessness and vulnerability. The hospital also demonstrates its commitment to community wellbeing through sponsorship of three local sports clubs, supporting participation, health promotion, and engagement within the wider community.

Colleagues across the hospital actively contribute to fundraising and donation initiatives. This has included the collection of essential items such as toiletries, food, and winter clothing during the Christmas period, as well as Easter donations for service users. The hospital has also hosted charity fundraising events, including staff-led initiatives such as clothing donation drives to raise additional funds.

Oaklands Hospital remains committed to supporting the local community and is proud of the compassion and engagement demonstrated by its staff, contributing positively to the health and wellbeing of the wider population.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

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 Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

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

Priorities for improvement

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

Clinical Priority 1 – Improve Patient Experience at Oaklands Hospital

Seeking and responding to patient feedback at all stages of the patient journey has remained a key area of focus for Oaklands Hospital. Actively capturing feedback has enabled the identification of themes, supported timely resolution of issues, and ensured that areas of good practice and positive patient experience are recognised and shared.

During 2025/26, the hospital worked collaboratively with clinical and operational teams to reinforce the importance of proactively seeking and responding to patient feedback, including being open to constructive feedback to support continuous improvement.

A key objective was to increase both the response rate and positive scoring associated with the Friends and Family Test. This objective has been successfully achieved, with a significant improvement in engagement levels and overall feedback scores. Patient feedback has been used to inform service improvements and to support staff in maintaining high standards of patient-centred care.

The hospital's Net Promoter Score (NPS), an internal Ramsay measure of patient satisfaction, has also demonstrated sustained improvement over the reporting period, providing valuable insight and supporting ongoing service development.

As a result of these sustained improvements, patient experience is no longer identified as a formal clinical priority for 2026/27. However, it remains a core focus within day-to-day practice, with continued emphasis on listening to patients, learning from feedback, and embedding improvements across all services.

Clinical Priority 2 – Implementation of a 24-Hour Arthroplasty Service

Progress has been made in supporting the development of a 24-hour arthroplasty service at Oaklands Hospital, with a number of key improvements implemented throughout the reporting period. These improvements are aligned with *Getting It Right First Time (GIRFT)* recommendations, focusing on optimising patient pathways, enhancing recovery, and reducing unwarranted variation in care.

The *Sip-Till-Send* pathway is now fully embedded for all patients requiring a general anaesthetic and has been positively received by patients, surgeons, and anaesthetists. This supports improved pre-operative optimisation and aligns with GIRFT principles of evidence-based perioperative care.

Post-operative analgesia protocols have been reviewed in line with GIRFT guidance to reduce opioid use and promote enhanced recovery. A pilot cohort of patients has been successfully managed using non-opioid medication regimes, enabling ongoing evaluation of clinical outcomes, including impact on recovery and length of stay.

As a result of these initiatives, the average length of stay has reduced over the reporting period. However, further improvement remains required.

This work will therefore continue as a clinical priority for 2026/27, with an ongoing action plan informed by GIRFT recommendations. The focus will remain on reducing variation, optimising patient pathways, and supporting the safe, effective, and sustainable delivery of a 24-hour arthroplasty service.

Clinical Priority 3 – Review of Internal and External Accreditation Status

Oaklands Hospital has continued to prioritise the achievement and maintenance of recognised internal and external accreditation standards, ensuring services are aligned with best practice and provide assurance of high-quality, safe care.

During the reporting period, the hospital has applied for Gold status Aseptic Non-Touch Technique (ANTT) Accreditation, with all required evidence submitted. An inspection visit is scheduled for later this year to support formal assessment.

JAG (Joint Advisory Group) reaccreditation was successfully achieved during the reporting period. This was supported by an Institute of Healthcare Engineering and Estate Management (IHEEM) Decontamination Audit, which achieved a score of 100%, demonstrating sustained compliance and maintaining the high standard achieved in the previous year.

The hospital has an established and stable theatre team, enabling progression towards further accreditation. Work has commenced on a gap analysis to support achievement of Association for Peri-operative Practice (AfPP) Accreditation, with confidence that this will be achieved within the next reporting period.

In addition, the Oaklands Bariatric Lead Nurse has maintained Scope Certification, the internationally recognised gold standard for obesity management, reflecting excellence in both prevention and treatment. Further accreditation opportunities are currently under review to support continuous service development.

In June 2025, Oaklands Hospital underwent a successful *Getting It Right First Time (GIRFT)* assessment for orthopaedic services, which identified areas of clinical and operational excellence. Findings from this review are being used to inform ongoing quality improvement initiatives and strengthen service delivery.

As a result of the significant progress made during the reporting period, accreditation is no longer identified as a clinical priority for 2026/27. However, the hospital remains committed to maintaining achieved standards and will continue to strive for further accreditation opportunities to support continuous improvement and service excellence.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clinical Priority 1 – Optimisation of a Robust and Efficient Pre-Operative Assessment Service

Oaklands Hospital has identified the optimisation of a robust and efficient pre-operative assessment service as a key clinical priority for 2026/27. This aims to ensure patients are appropriately optimised for surgery, reduce the risk of peri-operative complications, and support improved patient flow and theatre efficiency.

This will be achieved by:

- Strengthening pre-operative assessment processes to ensure timely and comprehensive clinical review prior to admission
- Improving patient optimisation pathways, including the management of comorbidities in line with best practice guidance
- Enhancing communication between pre-operative assessment, surgical, anaesthetic, and ward teams to support coordinated care planning
- Reducing on-the-day cancellations through improved screening and clinical decision-making
- Embedding standardised documentation and processes to ensure consistency, governance, and auditability
- Monitoring performance through audit and key metrics (e.g. cancellation rates, patient outcomes, and length of stay) to support continuous improvement

Through these actions, Oaklands Hospital aims to deliver a safe, effective, and patient-centred pre-operative assessment service, supporting high-quality surgical outcomes and an enhanced patient experience.

Clinical Priority 2 – Optimisation of a 24-Hour Arthroplasty Service

Oaklands Hospital will continue to optimise the 24-hour arthroplasty service as a key clinical priority for 2026/27. This work aligns with *Getting It Right First Time (GIRFT)* recommendations, focusing on optimising patient pathways, reducing variation in practice, and enhancing recovery following surgery.

This will be achieved by:

- Further embedding enhanced recovery pathways, including optimisation of pre-operative preparation and peri-operative care
- Continuing to implement and evaluate opioid-sparing analgesia protocols, with pharmacy oversight, to support improved patient outcomes and recovery
- Strengthening multidisciplinary team (MDT) working between surgeons, anaesthetists, pharmacy, physiotherapy, and ward teams to support coordinated care

- Ensuring pharmacy input into medicines optimisation, including pre-operative medication review, post-operative prescribing, and safe discharge planning
- Reducing length of stay through improved pathway efficiency and discharge processes, supported by timely medication provision
- Minimising variation in clinical practice in line with GIRFT recommendations
- Monitoring clinical outcomes, medication usage, patient experience, and length of stay metrics to ensure continuous service improvement
- Supporting workforce capability and service resilience to safely deliver a sustainable 24-hour arthroplasty model

Through these actions, Oaklands Hospital aims to deliver a consistent, high-quality arthroplasty service that improves patient outcomes, enhances patient experience, and supports the safe and effective use of medicines.

Clinical Priority 3 – Improvement of PROMs Response Rates

Oaklands Hospital has identified the improvement of Patient Reported Outcome Measures (PROMs) response rates as a key clinical priority for 2026/27. Increasing PROMs engagement will support enhanced understanding of patient outcomes, strengthen clinical effectiveness monitoring, and enable benchmarking against national standards.

This will be achieved by:

- Increasing patient awareness and understanding of PROMs through clear communication at key stages of the patient pathway
- Embedding PROMs collection processes within routine clinical workflows to improve consistency and compliance
- Strengthening staff engagement and accountability in promoting and supporting PROMs completion
- Optimising digital solutions to improve ease of access and completion for patients
- Monitoring response rates and outcomes data regularly to identify areas for improvement and track progress
- Using PROMs data to inform service development, clinical decision-making, and quality improvement initiatives

Through these actions, Oaklands Hospital aims to increase PROMs participation, strengthen outcome measurement, and support the delivery of high-quality, patient-centred care.

2.2 Mandatory Statements

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

2.2.1 Review of Services

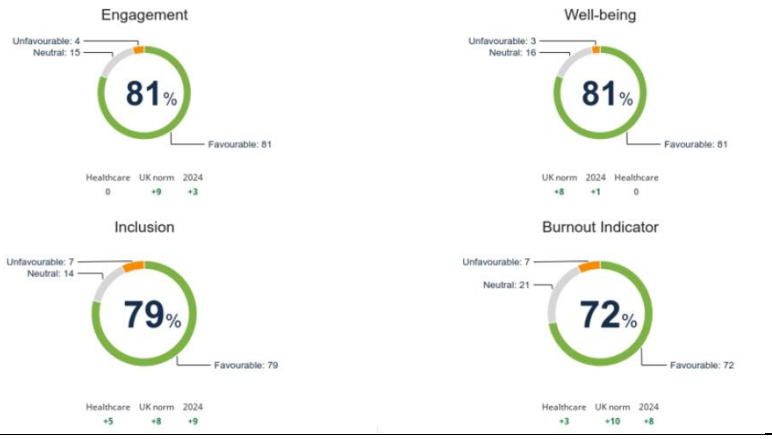
During 2025/26 Oaklands Hospital provided and/or subcontracted six NHS services.

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

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 80.9% per cent of the total income generated from the provision of NHS services by Oaklands Hospital for 1 April 2025 to 31st March 2026.

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

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

Staff Cost % of Net Revenue	31.7%
HCA Hours as % of Total Nursing	33.8%
Agency Cost as % of Total Staff Cost	2.01%
Ward Hours PPD	4.7
% Staff Turnover	12.7%
% Sickness	5.4%
% Lost Time	19.8%
Appraisal %	74.1%
Mandatory Training %	98.1%
Staff Satisfaction Score	
Number of Significant Staff Injuries	0
Formal Complaints per 1000 HPD's	1
Net Promotor Score	86
Significant Clinical Events/Never Events per 1000 Admissions	1
Readmission per 1000 Admissions	1

2.2.2 Participation in clinical audit

From 1st April 2025 to 31st March 2026 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 1st April 2025 to 31st March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
Elective Surgery - National PROMs Programme	50%
National Bariatric Surgery Registry (NBSR)	100%
National Joint Registry (NJR)	100%
Surgical Site Infection Surveillance Service	100%

The reports of 4 national clinical audits from 1 April 2025 to 31st March 2026 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.
- A continued focus on infection rates and identifying themes/trends to ensure continuation of low volumes and management in accordance with local and National guidelines.

Local Audits

The reports of 428 local clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee monthly. Oaklands Hospital actively benchmarks outcomes from local clinical audits to support continuous quality improvement, ensuring that findings are translated into measurable actions that enhance patient care and service delivery.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

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

Oaklands Hospital's income from 1st April 2025 to 31st March 2026 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because 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 2026 is registered without conditions.

Oaklands Hospital underwent an unannounced CQC inspection in March 2026 with positive feedback.

2.2.6 Data Quality

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

Oaklands Hospital will be taking the following actions to improve 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 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

Outpatients	
	NVC12
% NHS Numbers missing	0.32%
% NHS Numbers submitted	99.68%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%
Admitted Patient Care	
	NVC12
% NHS Numbers missing	0.31%
% NHS Numbers submitted	99.69%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Information Governance Toolkit attainment levels

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

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

Clinical coding error rate

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Oaklands	**Completed** **August 2025**	**98%**	**97%**	**100%**	**99%**	**Level 3**

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

2.2.7 Stakeholders views on 2025/26 Quality Account

The regulations require you to send copies of your Quality Account to your relevant Local Healthwatch, Overview and Scrutiny Committee (OSC) and ICB's for comment prior to publication.

Comments from commissioners and local scrutineers need to be included in the final Quality Account.

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), OAKLANDS

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

Introduction

Ramsay Clinical Governance Framework 2025/26

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

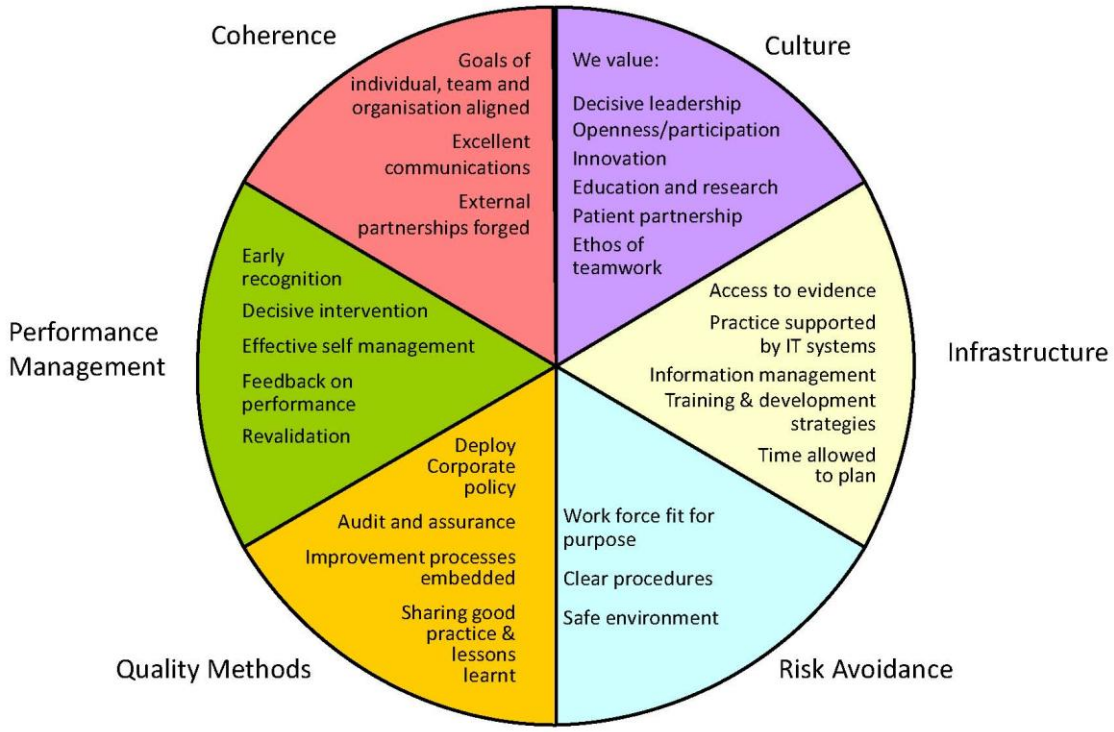
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

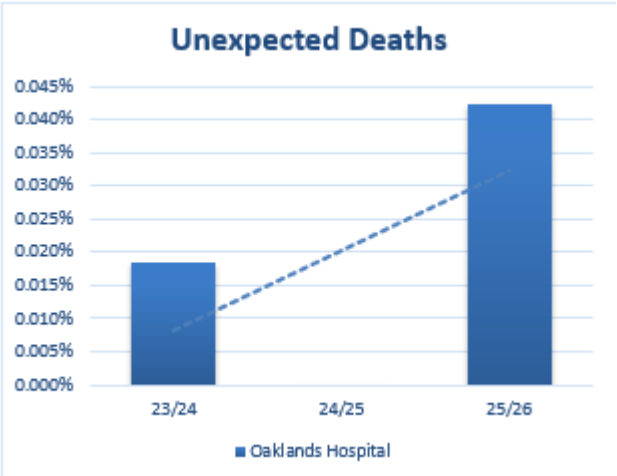
Mortality

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

The data is reporting that Oaklands Hospital has had three unexpected deaths within this reporting period.

Rate per 100 discharges:

Mortality:	Period	Best		Worst		Average		Period	Oaklands	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC12	0.0002
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC12	0.0000
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC12	0.0004



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

All cases have been subject to thorough review through the hospital's clinical governance processes, including multidisciplinary case review and, where appropriate, external review. Each death has also been reviewed via the coronial process, with no concerns raised in relation to the care provided by the hospital. These reviews have confirmed that care was delivered in line with expected standards and that there were no identified trends or systemic concerns requiring escalation.

Oaklands Hospital has taken the following actions to improve this number, and so the quality of its services, by:

- Ongoing review of all deaths through established governance frameworks to ensure learning is identified and shared
- Continued monitoring of patient outcomes and mortality data to identify any emerging trends
- Reinforcement of robust pre-operative assessment and patient optimisation processes
- Ongoing staff training and adherence to evidence-based clinical pathways, including GIRFT-aligned practices
- Strengthening multidisciplinary team (MDT) oversight in complex cases

Through these actions, Oaklands Hospital remains committed to continuous improvement, ensuring that patient safety and high-quality care remain central to all services.

National PROMs

PROMS Hip:

PROMS:	Period	Best		Worst		Average		Period	Oaklands	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC12	21.101
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC12	20.205
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC12	no data

PROMS Knee:

PROMS:	Period	Best		Worst		Average		Period	Oaklands	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC12	17.348
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC12	17.391
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC12	no data

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

Oaklands Hospital has maintained consistent adjusted health gain outcomes over the past 12 months. There remains a continued focus on Patient Reported Outcome Measures (PROMs), particularly for Oxford Hip and Knee scores, to ensure robust measurement of clinical effectiveness and patient outcomes.

Oaklands Hospital intends to take the following actions to improve this number, and so the quality of its services, by:

- Increasing patient awareness and understanding of PROMs through clear communication at key stages of the patient pathway
- Embedding PROMs collection within routine clinical workflows to ensure consistency and improve completion rates
- Strengthening staff engagement and accountability in supporting and promoting PROMs completion
- Optimising digital solutions to improve ease of access and completion for patients

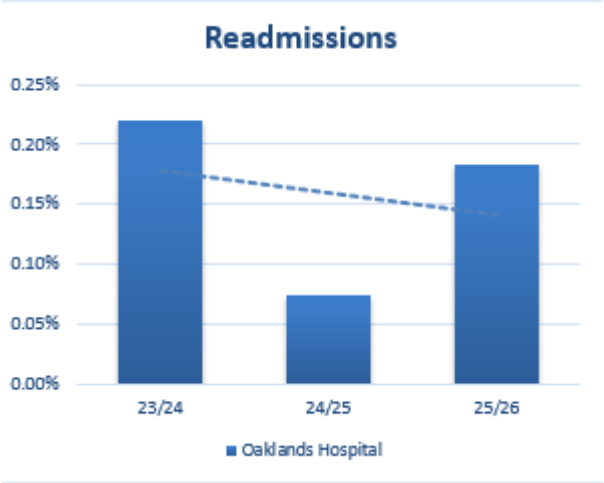
- Improving follow-up processes to capture post-discharge PROMs data in a timely manner
- Monitoring PROMs response rates and outcomes data through governance forums to identify trends and drive improvement
- Using PROMs data to inform clinical practice, service development, and quality improvement initiatives

Through these actions, Oaklands Hospital aims to strengthen PROMs engagement, improve outcome measurement, and support the delivery of high-quality, patient-centred care.

Readmissions within 28 days

Rate per 100 discharges:

Readmissions:	Period	Best		Worst		Average		Period	Oaklands	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC12	0.00218
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC12	0.00073
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC12	0.00183



The data indicates that Oaklands Hospital has readmission rates consistently below the English national average.

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

Readmissions are closely monitored through established clinical governance processes, enabling timely identification and review of any cases requiring further investigation. Where readmissions occur, these are subject to clinical review to determine any contributory factors and identify opportunities for learning.

Through ongoing monitoring, audit, and continuous improvement, Oaklands Hospital remains committed to maintaining readmission rates consistently below the English national average and ensuring safe, high-quality patient care.

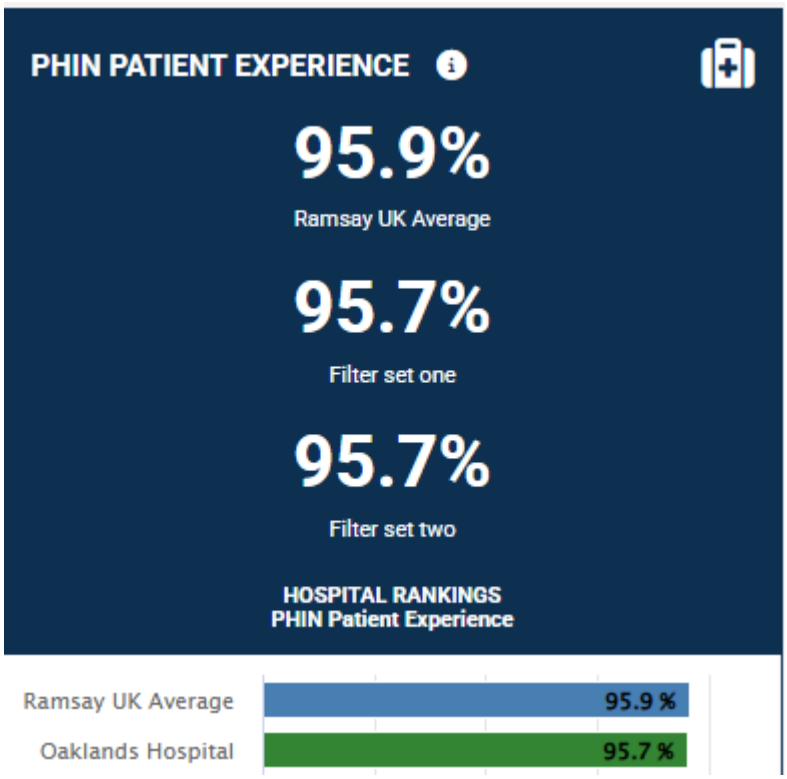
Oaklands Hospital intends to take the following actions to improve this number, and so the quality of its services, by:

- Strengthening pre-operative assessment and patient optimisation processes to ensure patients are clinically appropriate for surgery
- Enhancing discharge planning processes, including clear patient information and follow-up arrangements, to support safe recovery
- Ensuring robust medicines optimisation through pharmacy involvement in pre-operative review, post-operative prescribing, and discharge planning
- Reinforcing multidisciplinary team (MDT) working to support coordinated, patient-centred care
- Ongoing monitoring and review of readmissions through clinical governance frameworks to identify learning and drive continuous improvement
- Embedding standardised clinical pathways aligned with GIRFT recommendations to reduce variation and improve outcomes

Through these actions, Oaklands Hospital aims to sustain low readmission rates and continue to deliver safe, effective, and high-quality patient care.

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

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



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

Patient experience at Oaklands Hospital is consistently monitored through established feedback mechanisms, including PHIN reporting, patient surveys, and internal satisfaction measures. The score remains closely aligned with the Ramsay average, demonstrating a consistently high standard of patient experience across services.

The hospital maintains a strong focus on delivering personalised, patient-centred care, supported by effective communication, responsive services, and a commitment to continuous improvement. Feedback is regularly reviewed through clinical governance processes to identify areas of excellence and opportunities for further enhancement.

Oaklands Hospital intends to take the following actions to improve this number, and so the quality of its services, by:

- Continuing to strengthen patient-centred care approaches, ensuring communication is clear, timely, and responsive to individual patient needs
- Actively capturing and reviewing patient feedback through PHIN, Friends and Family Test, and internal satisfaction measures to identify opportunities for improvement
- Sharing patient feedback, including themes and learning, with clinical and operational teams to drive service improvements
- Recognising and embedding areas of good practice highlighted through positive feedback
- Supporting staff engagement and development to ensure high standards of care and patient experience are consistently maintained

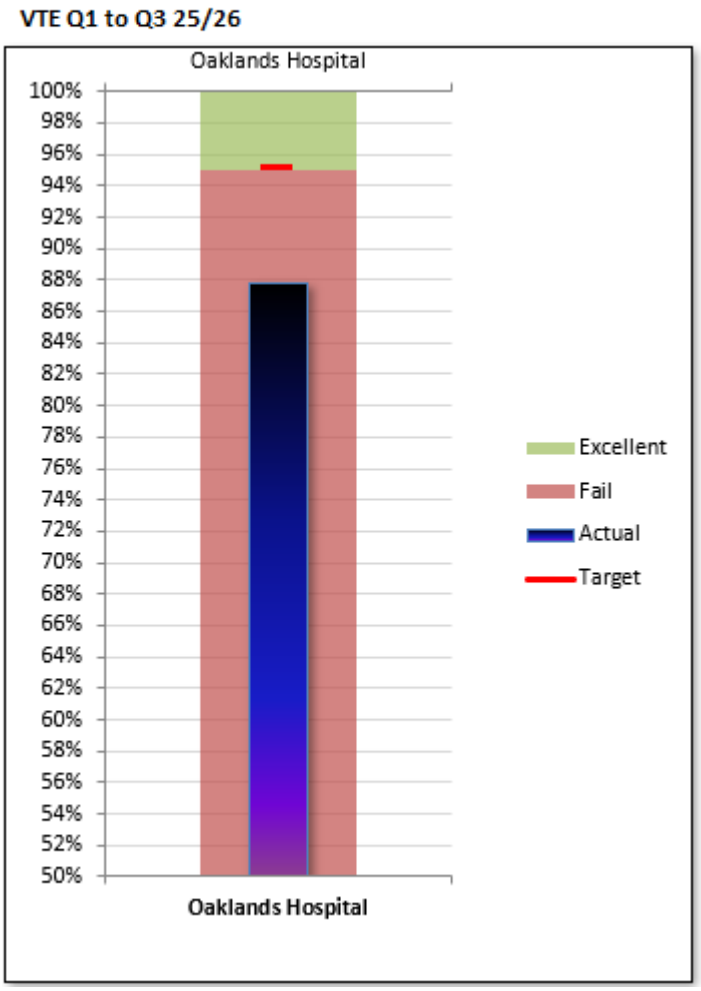
- Monitoring patient experience metrics through governance frameworks to track performance and respond proactively to any variation

Through these actions, Oaklands Hospital aims to further enhance patient experience and maintain performance in line with, or exceeding, organisational benchmarks.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Oaklands	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC12	99.0%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC12	64.3%
	Q1 to Q3 25/26	Several	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC12	87.8%

Due to COVID this submission was paused. There is no data published after Q3 19/20. VTE risk assessment 2024/25 was reinstated and is ongoing until further notice. The latest published quarters provide the most accurate and current position.



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

Reported compliance with Venous Thromboembolism (VTE) risk assessment demonstrates variation over the reporting periods. The reduction observed in 2024/25 has been subject to review through clinical governance processes, with actions implemented to address identified gaps and strengthen

compliance. Improvements seen in 2025/26 reflect the focus placed on reinforcing compliance through standardised documentation, staff education, and enhanced monitoring processes.

Oaklands Hospital intends to take the following actions to improve this number, and so the quality of its services, by:

- Reinforcing compliance with VTE risk assessment completion at all stages of the patient pathway through staff education and awareness
- Embedding VTE risk assessment within standardised documentation and admission processes to ensure consistent completion
- Strengthening clinical oversight and accountability, including active consultant engagement and participation in VTE risk assessment and prophylaxis prescribing
- Providing targeted education to consultants and multidisciplinary teams to support consistent application of VTE risk assessment and evidence-based management
- Increasing audit frequency and monitoring through governance forums to identify and respond to any variation in compliance
- Providing regular feedback to clinical teams, including consultants, to support continuous improvement in performance
- Ensuring ongoing multidisciplinary engagement to support appropriate risk assessment, documentation, and management
- Aligning practice with national guidance to maintain high standards of patient safety

Through these actions, Oaklands Hospital aims to achieve and sustain consistently high levels of compliance with VTE risk assessment and ensure continued delivery of safe, high-quality care.

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Oaklands	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC12	0.0000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC12	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC12	0.0000

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

There have been no reported cases of *Clostridioides difficile* (C. difficile) infection at Oaklands Hospital during this reporting period. This reflects the effectiveness of the hospital's infection prevention and control measures, including robust antimicrobial stewardship, adherence to cleaning and decontamination standards, and ongoing staff training.

Oaklands Hospital remains committed to maintaining these high standards through continuous monitoring, audit, and adherence to national guidance, ensuring the ongoing safety of patients and staff.

Oaklands Hospital intends to take the following actions to maintain this number, and so the quality of its services, by:

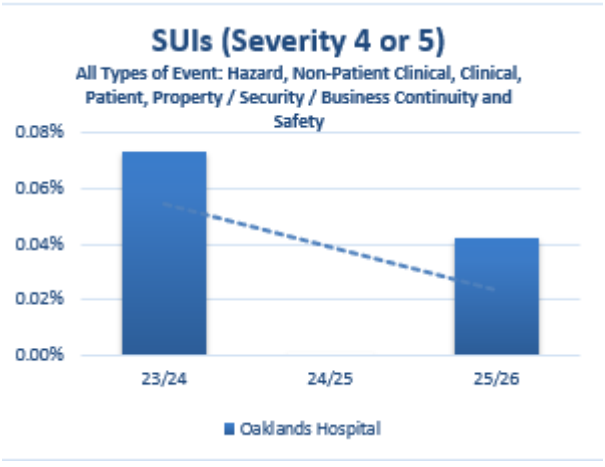
- Maintaining robust infection prevention and control (IPC) practices in line with national guidance
- Ensuring continued compliance with cleaning, decontamination, and environmental standards across all clinical areas
- Sustaining effective antimicrobial stewardship, supported by pharmacy input, to minimise inappropriate antibiotic use
- Ongoing staff education and training in infection prevention and control practices
- Continuing regular audit and surveillance of infection rates through clinical governance frameworks
- Prompt identification and management of any suspected cases, including appropriate isolation and escalation procedures
- Reinforcing hand hygiene compliance through monitoring, audit, and feedback to clinical teams

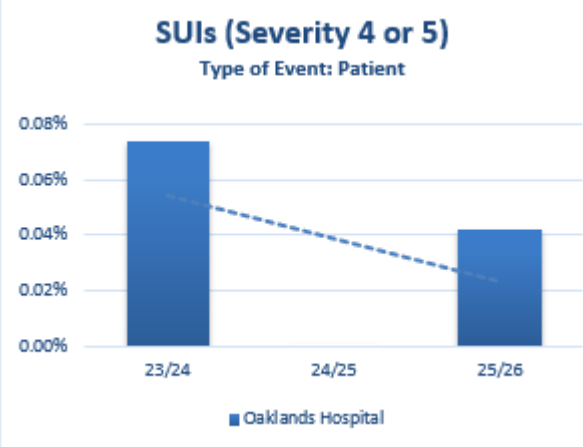
Through these actions, Oaklands Hospital aims to sustain zero incidence of *Clostridioides difficile* infection and ensure the continued delivery of safe, high-quality patient care.

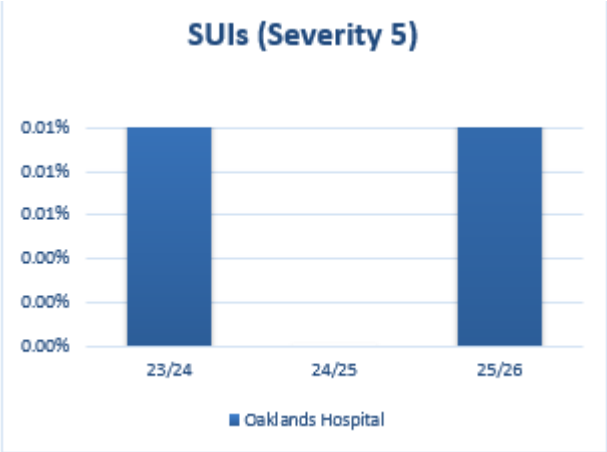
Patient Safety Incidents with Harm

Rate per 100 discharges:

SUIs:	Period	Best		Worst		Average		Period	Oaklands	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC12	0.0002
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC12	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC12	0.0003







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

Patient safety incidents are closely monitored through robust clinical governance processes, ensuring that all incidents are reported, reviewed, and investigated in line with organisational policy. This includes timely identification of any incidents resulting in harm and a structured approach to learning and improvement.

The low rate of incidents resulting in harm reflects the hospital's strong focus on patient safety, supported by effective risk management processes, staff training, and adherence to evidence-based clinical pathways.

Oaklands Hospital intends to take the following actions to improve this number, and so the quality of its services, by:

- Continuing to promote a strong safety culture, encouraging timely and accurate incident reporting across all departments
- Ensuring all incidents are subject to robust investigation and multidisciplinary review to identify contributory factors and learning opportunities
- Sharing lessons learned and themes from incidents with clinical and operational teams to support service improvement and prevent recurrence

- Strengthening staff education and training in patient safety, human factors, and risk management
- Embedding standardised clinical pathways and protocols in line with evidence-based practice
- Ongoing monitoring of incident trends and harm data through clinical governance frameworks to enable early identification of risks
- Supporting multidisciplinary team (MDT) collaboration to ensure coordinated, safe, and patient-centred care

Through these actions, Oaklands Hospital aims to further reduce incidents resulting in harm and sustain a high standard of safe, effective, and compassionate care.

Friends and Family Test (FFT)

F&F Test:	Period	Best		Worst		Average		Period	Oaklands	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC12	99.2%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC12	99.0%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC12	99.2%

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

There has been a sustained and positive focus on improving and maintaining Friends and Family Test (FFT) response rates at Oaklands Hospital. This has been achieved through active engagement with patients and staff, ensuring that feedback is consistently encouraged and captured at key points of the patient journey.

FFT feedback and response rates are regularly reviewed through the Customer Focus Group, which forms part of the hospital's established clinical governance framework. This provides a structured approach to analysing patient feedback, identifying themes, and implementing improvements where required.

Oaklands Hospital intends to take the following actions to maintain this percentage, and so the quality of its services, by:

- Continuing to promote the importance of FFT completion at all stages of the patient journey through staff engagement and patient communication
- Embedding FFT collection within routine clinical and administrative processes to ensure consistent capture of feedback
- Monitoring response rates and feedback themes through the Customer Focus Group and wider governance forums
- Sharing patient feedback, including themes and learning, with clinical and operational teams to drive continuous improvement
- Recognising and embedding areas of good practice identified through positive feedback
- Supporting staff education and engagement to sustain high levels of patient-centred care

- Ensuring timely review of feedback and implementing improvements where required

Through these actions, Oaklands Hospital aims to sustain high FFT response rates and continue to support the delivery of a positive patient experience.

3.2 Patient safety

Oaklands Hospital is committed to delivering safe, high-quality care and continues to adopt a proactive and progressive approach to patient safety. The organisation is focused on continuously improving performance across all areas, with patient safety remaining a fundamental priority.

The hospital has implemented the Patient Safety Incident Response Framework (PSIRF), supporting a systems-based approach to incident management. PSIRF promotes a learning culture, enabling the organisation to move away from a solely investigative approach towards one that focuses on understanding how and why incidents occur, and identifying opportunities for system-wide improvement. This approach supports openness, transparency, and continuous learning across all services.

Risks to patient safety are identified through a range of established processes, including routine audit, complaints, claims and litigation, incident reporting, and staff raising concerns. In addition, the hospital actively monitors trends within key performance indicators to proactively identify areas of risk and opportunity.

All patient safety incidents are reviewed through robust clinical governance frameworks, with multidisciplinary involvement to ensure thorough evaluation and shared learning. Where appropriate, structured reviews are undertaken to identify contributory factors, inform action plans, and prevent recurrence. Duty of Candour principles are applied to ensure patients and families are informed in an open and timely manner.

The hospital's focus on patient safety has contributed to sustained performance across a number of key indicators, as demonstrated in the data presented within this report. Continuous monitoring, audit, and learning remain central to ensuring that improvements are embedded and sustained over time.

Oaklands Hospital remains committed to fostering a positive safety culture, where staff are supported to report incidents, share learning, and contribute to ongoing quality improvement. This approach ensures that patient safety is continually strengthened and that high standards of care are maintained.

3.2.1 Infection prevention and control

Oaklands Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in this period.

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.

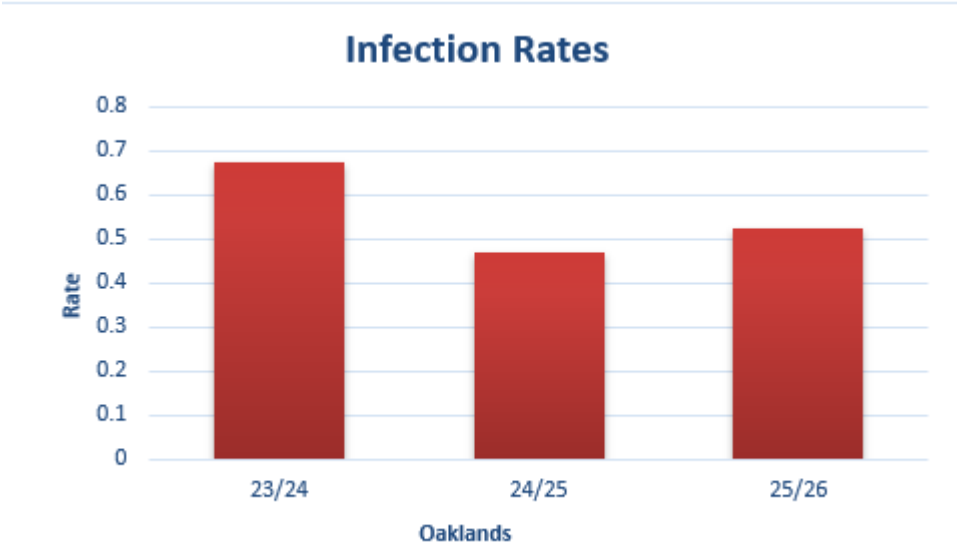
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

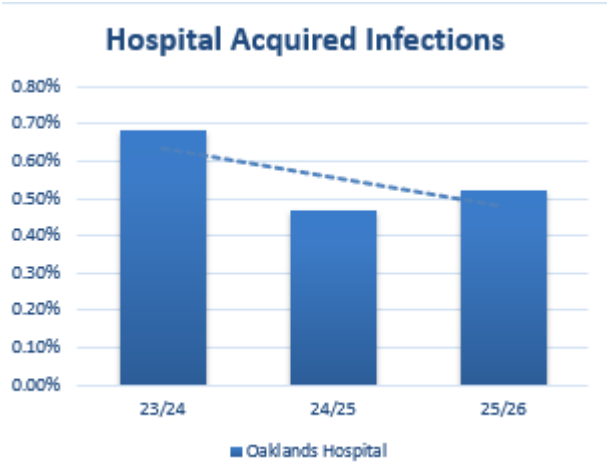
Programmes and activities within our hospital include:

- 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

Rate per 100 discharges:





As demonstrated in the data above, Oaklands Hospital has observed a slight increase in infection rates over the past year; however, this represents a significant reduction compared to 2023/24 levels. When benchmarked against the national average, performance remains within the expected range.

This trend is being proactively addressed through a sustained focus on quality improvement initiatives. These include strengthening antimicrobial stewardship programmes, enhancing infection prevention and control (IPC) education and training for both staff and consultants, and undertaking ongoing clinical audit to monitor compliance and support continuous improvement.

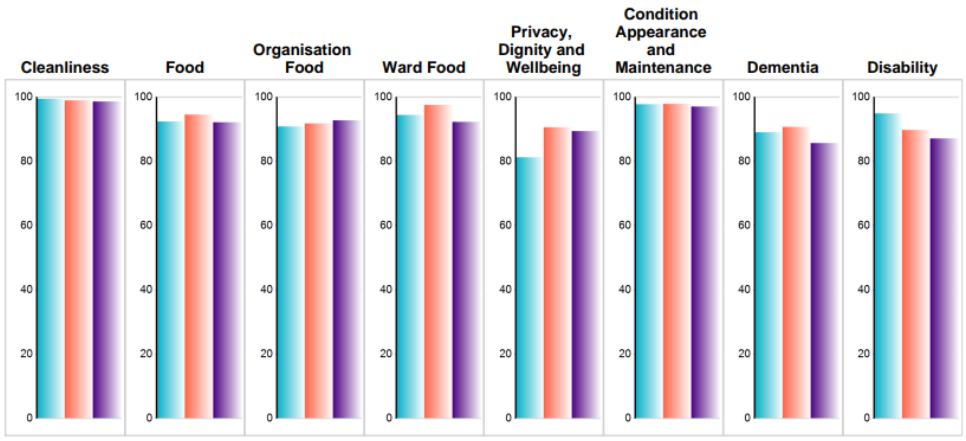
3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at 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.

OAKLANDS HOSPITAL- Collection: 2025



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	358.0000	153.3333	85.3333	68.0000	78.0000	176.0000	171.0000	150.0000
Available Score (Actual)	360.0000	166.0000	94.0000	72.0000	96.0000	180.0000	192.0000	158.0000
Site Score	99.44%	92.37%	90.78%	94.44%	81.25%	97.78%	89.06%	94.94%
Organisation Average	98.98%	94.51%	91.74%	97.54%	90.52%	97.93%	90.70%	89.77%
National Average	98.55%	92.13%	92.79%	92.30%	89.37%	97.00%	85.68%	87.12%

3.2.3 Safety in the workplace

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

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

There are a number of well-established processes in place at Oaklands Hospital to safeguard both the physical and mental wellbeing of staff.

Mental health support is provided through trained Mental Health First Aiders, ensuring staff have access to appropriately accredited individuals who can offer initial advice, guidance, and signposting for those experiencing reduced mental wellbeing. In addition, all staff have access to the Employee Assistance Programme, which provides a confidential 24-hour helpline offering support across a wide range of personal and professional concerns.

All staff are required to complete mandatory and supplementary training, ensuring they have the knowledge and skills to maintain both their own safety and that of their colleagues. This includes, but is not limited to, fire safety, moving and handling, and infection prevention and control training.

Further specialist training is undertaken by nominated senior clinical staff in relation to the safe management of medical gases. These individuals fulfil the role of Designated Nursing Officer and are responsible for the safe management and, where necessary, emergency shut-off of gas supplies.

All chemicals used within the hospital are subject to departmental risk assessment and are recorded within the Chemdox system, ensuring safe handling, storage, and compliance with regulatory requirements.

Risk management processes are embedded across all departments. Departmental risk registers and risk assessments are reviewed on a monthly basis through Clinical Governance forums. Any risks scoring 9 or above are escalated to the hospital risk register via the Senior Leadership Team. The hospital risk register is also subject to monthly review to ensure effective oversight and mitigation.

A robust Health and Safety framework is in place, supported by a multidisciplinary committee chaired by the Facilities Manager. This committee reviews staff and patient safety incidents, identifies trends, and ensures that learning is shared across the organisation to support continuous improvement.

In addition, all patient safety alerts, including medical device recalls and policy updates, are disseminated through the Ramsay central alert system (Radar). This ensures that staff remain up to date with any emerging risks, required actions, and changes in practice.

Through these structured and proactive measures, Oaklands Hospital ensures a comprehensive approach to staff safety and wellbeing, supporting the delivery of safe, high-quality patient care.

Over the reporting period, there has been a slight increase in patient falls compared to 2024/25; however, this remains a significant reduction compared to 2023/24.

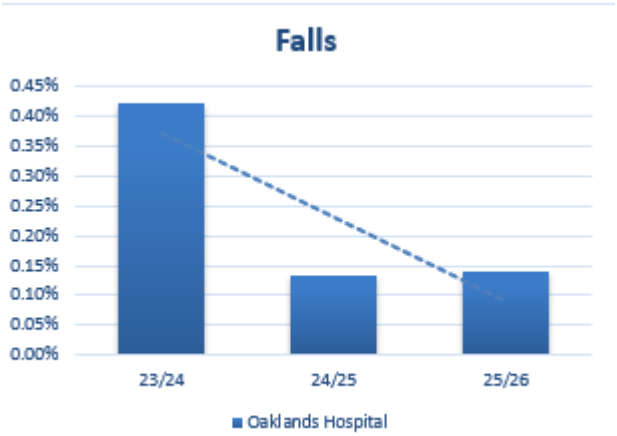
To support ongoing improvement, a post-fall analysis tool has been developed and implemented, which is completed for every patient fall to ensure thorough review, identification of contributory factors, and the sharing of learning. In addition, “Call, Don’t Fall” signage has been introduced and is displayed across all patient areas to promote patient awareness and reduce risk.

Ramsay Health Care UK has also established a National Falls Task and Finish Group, which is leading work on falls prevention and staff education. Oaklands Hospital is represented within this group by the site Falls Champion.

The role of the Falls Champion is to support the implementation of best practice, promote staff awareness and education, review falls data and trends, and share learning across the organisation to support continuous improvement and reduce the incidence of patient falls.

Through these measures, Oaklands Hospital continues to take a proactive approach to reducing falls and ensuring the safety and wellbeing of patients.

Rate per 100 discharges:



3.3 Clinical effectiveness

Oaklands Hospital has an established Clinical Governance Committee, which meets regularly throughout the year to monitor the quality, safety, and effectiveness of care provided.

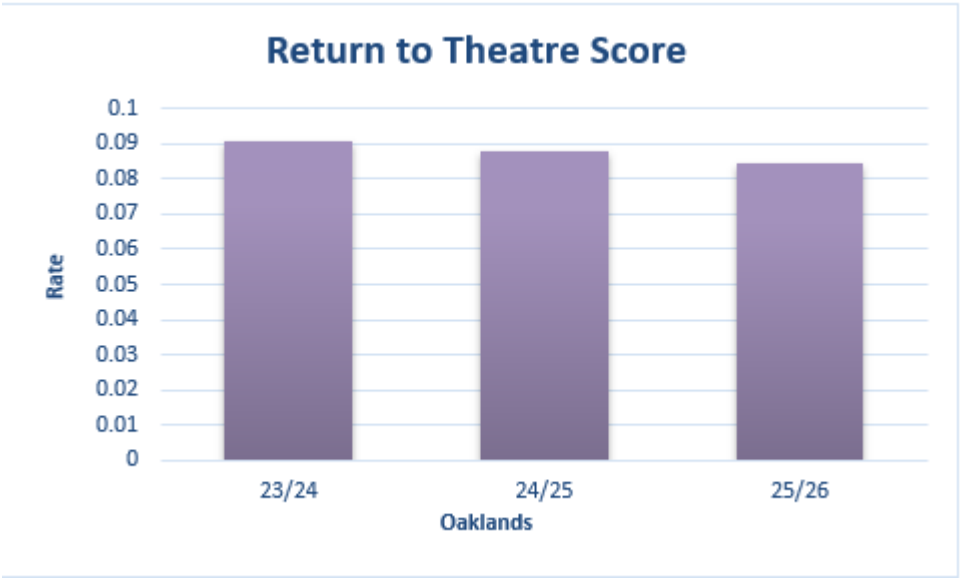
Clinical incidents, alongside patient and staff feedback, are systematically reviewed through this forum to identify any emerging trends or areas requiring further analysis or investigation. This structured approach ensures that risks are recognised promptly and that appropriate actions are taken in a timely manner.

Importantly, recommendations arising from these reviews are clearly documented and presented to both the Hospital Management Team and the Medical Advisory Committee. This ensures transparency, effective oversight, and alignment across the organisation, with identified actions translated into measurable improvements.

Through this robust governance framework, Oaklands Hospital ensures that learning is embedded, performance is continuously monitored, and improvements are sustained, supporting the ongoing delivery of safe, effective, and high-quality patient care.

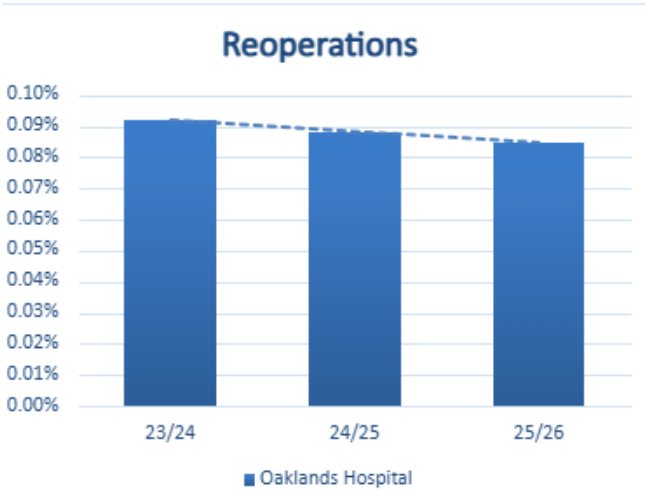
3.3.1 Return to theatre

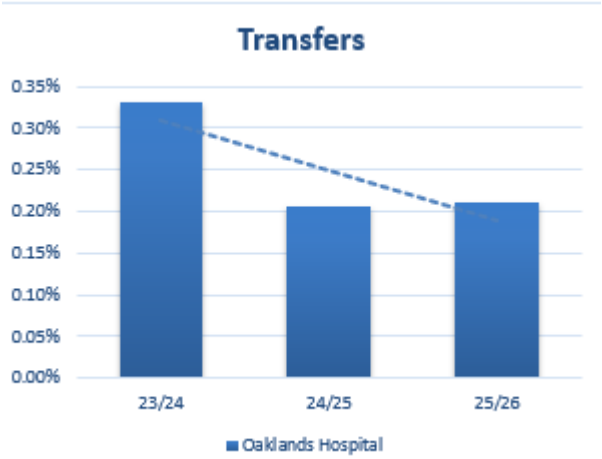
Oaklands Hospital is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical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

Rate per 100 discharges:





3.3.2 Learning from Deaths

Oaklands Hospital is committed to ensuring that all patient deaths are subject to appropriate review, with a focus on learning, transparency, and continuous improvement in the quality and safety of care. During the reporting period, a total of three patient deaths occurred at Oaklands Hospital. All three deaths were subject to review through established clinical governance processes. This included multidisciplinary case review, with consideration of clinical records and the circumstances surrounding each case.

Of these deaths, none were determined to be more likely than not attributable to problems in the care provided. Each case was also reviewed through the coronial process, with no concerns raised in relation to the care delivered by the hospital.

The review of these cases did not identify any themes indicative of systemic concerns. However, the hospital recognises the importance of learning from all deaths, regardless of causation, to support continuous improvement in patient safety and care quality.

Learning identified through the review process has been embedded into wider quality improvement initiatives, including:

- Reinforcement of robust pre-operative assessment and patient optimisation processes
- Ongoing adherence to evidence-based clinical pathways
- Continued focus on multidisciplinary team (MDT) decision-making in complex cases
- Strengthening of clinical governance oversight to ensure continuous monitoring of patient outcomes

A summary of patient deaths and associated learning is presented through the hospital's Clinical Governance framework, ensuring that findings inform organisational quality improvement plans and are shared across relevant clinical teams.

Through this structured and transparent approach, Oaklands Hospital ensures that all deaths are reviewed appropriately, that learning is identified and applied, and that patient safety remains central to all aspects of care delivery.

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 are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

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

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

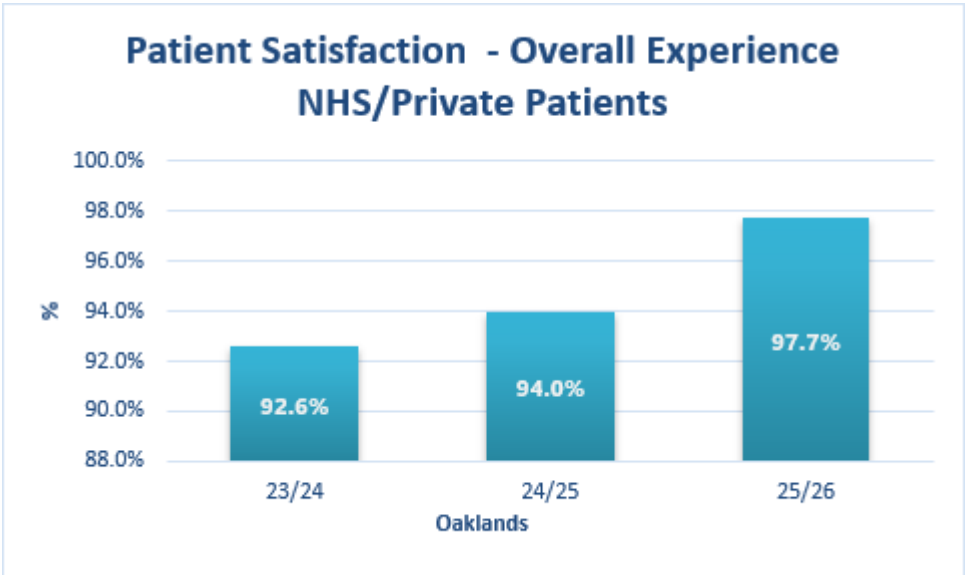
Patient experiences are feedback via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

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

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

3.4.1 Patient Satisfaction Surveys

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



As 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.	All adults aged 18 years and over excluding: • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on Renal Dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need 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 However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and Screening	Imaging services, Phlebotomy, Urinary screening, 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	All adults 18 years and over as clinically indicated

	well as contraception purposes.	

Appendix 2 – Clinical Audit Programme 2025/26.

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

The clinical audit programme follows the standard Ramsay template. Oaklands Hospital completes only those audits that are required and expected of the site.

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
One Together Practice Review	**IPC**	**Whole Hospital**	July to August January to February	End of August End of February
One Together Surveillance of Surgical Site Infection	**IPC**	**Whole Hospital**	July to August	End of August
One Together Peri-Operative Warming: Pre-Operative	**IPC**	**Whole Hospital**	July to August	End of August
One Together Peri-Operative Warming: Intra-Operative	**IPC**	**Whole Hospital**	July to August	End of August
One Together Peri-Operative Warming: Post-Operative	**IPC**	**Whole Hospital**	July to August	End of August
One Together Warming Intravenous & Irrigation Fluids	**IPC**	**Whole Hospital**	January to February	End of February
One Together Patient Washing	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Hair Removal	**IPC**	**Whole Hospital**	Annually	No deadline

One Together Antiseptic Skin Preparation	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Preventing Skin Recolonisation	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Reducing Nasal Recolonisation	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Prophylactic Antibiotics	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Maintaining Asepsis: Surgical Practice	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Maintaining Asepsis: Instrument Management	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Surgical Environment	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Incision Management: Closure	**IPC**	**Whole Hospital**	Annually	No deadline
One Together Incision Management: Wound Care	**IPC**	**Whole Hospital**	Annually	No deadline
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	End of August End of December End of April
Cleaning Standards Efficacy	**Head of Operations**	**Whole Hospital**	June	End of June
50 Steps Cleaning (FR1)	**SACT**	**SACT**	Fortnightly	14th & 28th of each month
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 (FR4)	**POA**	**POA**		
50 Steps Cleaning (FR4)	**Physio**	**Physio**	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR4)	**Pharmacy**	**Pharmacy**	July, October, January, April	End of July End of October End of January End of April

50 Steps Cleaning (FR4)	**Radiology**	**Radiology**	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR4)	**RDUK**	**RDUK**	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR5) - Receptions	**SLT**	**Whole Hospital**	July, January	End of July End of January
50 Steps Cleaning (FR6) - Non-Patient Facing	**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	End of August End of February
Patient Journey: Intraoperative Observation	**Theatres**	**Theatres**	July to September January to 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**	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	**Outpatients**	**Outpatients**	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	**Radiology**	**Radiology**	September to November February to April	End of November End of April
NatSSIPs Stop Before You Block	**Theatres**	**Theatres**	September to November February to April	End of November End of April
NatSSIPS Prosthesis	**Theatres**	**Theatres**	September to November February to April	End of November End of April
NatSSIPs Swab Count	**Theatres**	**Theatres**	September to November February to April	End of November End of April
NatSSIPs Instruments	**Theatres**	**Theatres**	September to November February to April	End of November End of April
NatSSIPs Instruments	**Outpatients**	**Outpatients**	September to November February to April	End of November End of April
NatSSIPs Instruments	**Radiology**	**Radiology**	September to November February to April	End of November End of April
NatSSIPs Histology	**Theatres**	**Theatres**	September to November February to April	End of November End of April
NatSSIPs Histology	**Outpatients**	**Outpatients**	September to November February to April	End of November End of April
NatSSIPs Histology	**Radiology**	**Radiology**	September to November February to April	End of November End of April
Blood Transfusion Compliance	**Blood Transfusion**	**Whole Hospital**	October to December	End of December
Blood Transfusion – Autologous	**Blood Transfusion**	**Whole Hospital**	July to September (where applicable)	As required

Blood Transfusion - Cold Chain	**Blood Transfusion**	**Whole Hospital**	As required	As required
Complaints	**SLT**	**Whole Hospital**	August to September February to March	End of September End of March
Duty of Candour	**SLT**	**Whole Hospital**	August to September February to March	End of September End of March
Practising Privileges - Non-consultant	**HoCS**	**Whole Hospital**	July, October, January, April	End of July End of October End of January End of April
Practising Privileges - Consultants	**HoCS**	**Whole Hospital**	July, October, January, April	End of July End of October End of January End of April
Practising Privileges - Doctors in Training	**HoCS**	**Whole Hospital**	July, January (where applicable)	As required
Privacy & Dignity	**Ward**	**Whole Hospital**	November to December (as required)	As required
Essential Care: Falls Prevention	**HoCS**	**Whole Hospital**	July to September	End of September
Essential Care: Nutrition & Hydration	**HoCS**	**Whole Hospital**	September to October	End of October
Essential Care: Wound Management	**HoCS**	**Whole Hospital**	August, November, February, May	End of August End of November End of February End of May
Resuscitation & Emergency Response	**HoCS**	**Whole Hospital**	July, October, January, April	End of July End of October End of January End of April
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 - Plastic & Reconstructive 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	End of May
Medical Records - MDT Compliance	**HoCS**	**Whole Hospital**	July to September January to March	End of September End of March
MRI Reporting for BUPA	**Radiology**	**Radiology**	July, November, March	End of July End of November End of March
CT Reporting for BUPA	**Radiology**	**Radiology**	August, December, April	End of August End of December End of April
RDUK - PVCCB	**RDUK**	**RDUK**	July, January	End of July End of January
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	End of July End of January
Paediatric Outpatients	**Paediatric**	**Paediatric**	September	End of September
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	End of July End of October End of January End of April
Controlled Drugs	**Pharmacy**	**Pharmacy**	September, December, March, June	End of September End of December End of March End of June
Pain Management	**Pharmacy**	**Pharmacy**	October, April	End of October End of April

Medicines Governance (previously Medicines Optimisation)	**Pharmacy**	**Pharmacy**	January to March	End of March
SACT Services	**Pharmacy**	**Pharmacy**	September to 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
SACT Services	**SACT**	**SACT**	September to October	End of October
Safeguarding	**SLT**	**Whole Hospital**	December	End of December
IPC Environmental infrastructure (RDUK)	**RDUK**	**RDUK**	August, February	End of August End of February
Decontamination - Sterile Services (Corporate	**Decontamination (Corp)**	**Decontamination**	As required	As required
Decontamination - Endoscopy	**Decontamination (Corp)**	**Decontamination**	As required	As required
OH: Occupational Health Delivery On-site	**HoCS**	**Whole Hospital**	November to January	End of January
OH: Occupational Health Delivery On-site	**RDUK**	**RDUK**	November to January	End of January
Catering (Kitchen)	**Ops Managers**	**Health & Safety**	July, October, January, April	End of July End of October End of January End of April
Catering (Ward)	**Ops Managers**	**Health & Safety**	July, October, January, April	End of July End of October End of January End of April
H&S Fire Safety	**Ops Managers**	**Health & Safety**	July, January	End of July End of January
H&S Legionella	**Ops Managers**	**Health & Safety**	August, February	End of August End of February
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	End of September
H&S COSHH	**Ops Managers**	**Health & Safety**	October	End of October
H&S Electrical Safety	**Ops Managers**	**Health & Safety**	November	End of November
H&S Violence at Work	**Ops Managers**	**Health & Safety**	December	End of December

H&S Fire Safety	**RDUK**	**RDUK (Health & Safety)**	July, January	End of July End of January
H&S Legionella	**RDUK**	**RDUK (Health & Safety)**	August, February	End of August End of February
H&S PUWER/LOLER	**RDUK**	**RDUK (Health & Safety)**	March	End of March
H&S Management	**RDUK**	**RDUK (Health & Safety)**	April	End of April
H&S Moving & Handling	**RDUK**	**RDUK (Health & Safety)**	May	End of May
H&S Work at Height	**RDUK**	**RDUK (Health & Safety)**	June	End of June
H&S Slips Trips & Falls	**RDUK**	**RDUK (Health & Safety)**	September	End of September
H&S COSHH	**RDUK**	**RDUK (Health & Safety)**	October	End of October
H&S Electrical Safety	**RDUK**	**RDUK (Health & Safety)**	November	End of November
H&S Violence at Work	**RDUK**	**RDUK (Health & Safety)**	December	End of December
IR(ME)R	**IR(ME)R Lead**	**Radiology**	August to September	End of September
IR(ME)R	**RDUK**	**RDUK**	August to September	End of September
IRR	**RPS**	**Radiology**	November to December	End of December
IRR	**RDUK**	**RDUK**	November to December	End of December

MHRA	**MR Lead**	**Radiology**	January to February	End of February
MHRA	**RDUK**	**RDUK**	January to February	End of February
Paediatric Imaging	**Radiology**	**Radiology**	July to August	End of August
CT	**Radiology**	**Radiology**	August to September March to April	End of September End of April
CT	**RDUK**	**RDUK**	August to September March to April	End of September End of April
X-Ray	**Radiology**	**Radiology**	September to October March to April	End of October End of April
MRI	**Radiology**	**Radiology**	November to December May to June	End of December End of June
MRI	**RDUK**	**RDUK**	November to December May to June	End of December End of June
Mammography	**Radiology**	**Radiology**	July to August January to February	End of August End of February
Ultrasound	**Radiology**	**Radiology**	September to October March to April	End of October End of April
Interventional Fluoroscopy	**Radiology**	**Radiology**	November to December May to June	End of December End of June
Image Quality	**Radiology**	**Radiology**	July to August January to February	End of August End of February

Image Quality	**RDUK**	**RDUK**	July to August January to February	End of August End of February

Appendix 3

Glossary of Abbreviations

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