



**Oaks
Hospital**

Part of Ramsay Health Care

Oaks Hospital

**Quality Account
2025/26**



Confidential Patient Information



**Ramsay
Health Care**

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Welcome to Ramsay Health Care UK

Oaks Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

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



Nick Costa

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

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

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

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

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



Jo Dickson

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mr Nick Ratcliffe, Hospital Director

Oaks Hospital

Oaks Hospital has been a vital part of NHS healthcare provision in Essex and Suffolk since its establishment in 1992. Our dedication to delivering high-quality care was recently acknowledged by the Care Quality Commission, awarding us a 'Good' in their March 2025 inspection. We are proud to work closely with ESNEFT (East Suffolk and North Essex Foundation Trust) and other local NHS Trusts to serve our community.

I am excited to share with you our Quality Account, which demonstrates our unwavering commitment to measuring patient feedback regarding their experiences, clinical treatments, and clinical outcomes. By listening closely to our patients, this continuous review process allows us to reflect on and improve on every stage of the patient journey. Our designated Patient Experience Co-ordinator here at Oaks Hospital, diligently collates all feedback, enabling us to respond swiftly to reflective comments and insights. This process not only ensures that concerns are addressed promptly, but allows us to implement proactive improvements informed by both patient voices and innovative ideas from our Senior Leadership Team. Our entire team at Oaks Hospital plays a vital role in this continuous improvement approach, fostering a culture where learning and service enhancement are embedded in everyday practice.

Patient safety is our utmost priority, and our rigorous recruitment processes, along with our comprehensive learning development and training programmes, ensure that our staff are competent and fully trained in all aspects of service provision. We consistently achieve high patient satisfaction scores and are always seeking ways to further enhance the patient experience by studying results throughout the year.

While patient feedback and involvement are incredibly important to us, we also rely on other measures of safety and clinical effectiveness to ensure that our treatments are evidence-based and delivered by qualified and experienced healthcare professionals. Our Quality Account includes examples of these measures, such as our PPG (Patient Participation Group), FIRE (Feedback Improvement Reputation & Engagement) Committee, and PEC (Patient Experience Committee) that meet weekly.

As Oaks Hospital Director, I am extremely passionate about ensuring that high-quality patient care remains our top priority, alongside delivering outstanding customer service to all stakeholders with a strong team ethic.

I am immensely proud to be part of such a high-achieving team that demonstrates excellence daily. Recent recognitions, such as the CQC "Good" rating, BUPA Gold Breast & JAG (endoscopy service) accreditations and MQEM (Macmillan Quality Environmental Mark), are testaments to our commitment. We strive to drive a sustainable and environmentally friendly business to support our local health community for years to come.

Our Quality Account accurately represents our performance and our ongoing initiatives to continuously improve the quality of all our services.

Thank you for your attention and support.



Nick Ratcliffe



1.2 Hospital Accountability Statement

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

Mr Nick Ratcliffe



Hospital Director

Oaks Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Jeremy Stanton, Consultant Orthopaedic Consultant

Medical Advisory Committee Chair



Professor Tan Arulampalam, Consultant General Surgeon

Clinical Governance Committee Chair



Welcome to Oaks Hospital

Situated in the heart of Colchester, Oaks Hospital offers a wide range of healthcare services to our patients. Located just 0.4 miles from the City's main railway station, Oaks Hospital has good public transport links, as well as free onsite parking for patients and visitors. Our surgical and medical specialist consultants are supported by a team of diagnostic and therapeutic services, designed to offer a seamless pathway of care to our patients. Our services are available to self-pay and insured patients, in addition to those funded by local NHS care providers. We are proud of our commitment to providing safe and responsive care, with the patient at the heart of all key decision making.

As well as being regulated by the Care Quality Commission (CQC), the governing body responsible for maintaining standards in healthcare, we also report monthly, quarterly and annually to a number of External organisations, such as the UK Health Security Agency, National Joint Registry (Gold Award Status) and participate in the Patient Led Assessment of the Care Environment (PLACE) audit, to offer assurance of our clinical standards and on site facilities. We are registered with the CQC to provide care for patients over the age of 18. Our latest CQC inspection was in March 2024 and we were assessed at being good in all domains.

Our broad range of specialties includes Orthopaedic, General, Vascular, Gynaecology, Breast, Ear Nose & Throat, Urology, Spinal, Ophthalmology and Plastic surgery. Our specialist Consultant Physicians offer a wide range of services including Oncology, Rheumatology, Cardiology, Dermatology, Gastroenterology, Neurology, Allergy & Respiratory and Psychiatry. There is also an established private GP service in operation.

Our Consultant led services are supported by a number of different diagnostic and therapeutic care services. The Radiology Department, offers a range of imaging services, including x-rays, MRI & CT scans, ultrasound, and mammography as part of our one stop breast clinic. The Physiotherapy Department provide care to patients undergoing surgical procedures, as well as those seeking outpatient therapies. A fully equipped on site gym is available to support individual patient programmes.

The hospital itself has a large outpatient department, including a purpose built pre-operative assessment facility. The Ambulatory Day Unit, provides care for patients having minor surgical procedures, whilst our 38-bedded ward supports those patients requiring overnight care. A resident doctor, available 24 hours a day, is always on site to provide immediate medical assistance when required. Our Systemic Anti-Cancer Therapy (SACT) Suite offers a range of Anti-Cancer therapies, with a dedicated team of Oncology Nurse Specialists. We are proud to

have maintained our BUPA Gold Standard Status for breast oncology services and the Macmillan Quality Environment Mark in the SACT suite.

Oaks Hospital is proud of its position as a partner hospital with East Suffolk and North East Essex Foundation Trust (ESNEFT). Having always worked closely with our local NHS providers, our relationship enables us to support with current patient pathway initiatives, in addition to sharing of knowledge, skills and specialist services. In the last financial year, 60% of our patient procedures were provided to NHS patients, with the remaining 40% being privately funded. As a hospital, we are committed to growing our private and NHS services in the coming year, whilst continuously striving to provide an outstanding patient experience.

Oaks Hospital Director leads on the delivery of an outstanding patient experience. In addition to weekly reviews of our feedback, there is a focus committee, dedicated to being a responsive hospital with a reputation for high quality care and service delivery. The Senior Leadership Team, meet with and engage regularly with patients, including our established Patient Participation Group. Our marketing team arrange informative events for members of the public to attend, with expert speakers from our medical teams, leading the presentations. We also participate in local events, such as the Annual Suffolk Show and Dedham Run, offering advice and information to the wider community.

As an organisation, Ramsay Health Care UK is dedicated to supporting charitable work in the community. This year Oaks Hospital continues to sponsor Essex County Cricket Club as well as Essex Rebels Basketball Team and local youth sports groups. This year we have raised funds for Autism Support Dogs and regularly host representatives from Essex and Herts Air Ambulance & the Alzheimer's society in our reception area.

We are proud of our team member and seek their feedback formally in our annual staff survey as well as informally with the Senior Leadership Team highly visible and accessible to all. Our team members benefit from excellent learning and development opportunities, ensuring we have a skilled and committed workforce.

Our Current Staffing at Oaks Hospital

Our staff are supported through training and competency assessment; to provide the highest standards of evidence based care and our Senior Leadership Team are rigorous in their appraisal of their team's performance. Consultants with practicing privileges at Oaks have a full annual appraisal, in addition to continuous monitoring of their clinical outcomes.

(The below staffing includes our team of Bank employees)

Consultants	173
Registered Nurses	99
Healthcare Assistants & Clinical Support Workers	48
Admin & Clerical Staff	104
Physiotherapists	23
Radiographers	28
Operating Department Practitioners	21
Pharmacist	1
Pharmacy Technicians	3
Management Personnel	5
Hotel Services & Facilities Staff	46



Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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

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

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

Priorities for improvement

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

Patient Safety

Using Risk Reporting Data to Drive Thematic Trend Analysis of Clinical Incidents

With the Patient Safety Framework (PSIRF) and weekly patient safety meetings, firmly embedded in our approach to the prevention of harm, Oaks Governance Team, focussed on active learning from trends, with a number of new initiatives. Supported centrally by Ramsay Health Care UK, our Key Performance Indicators (KPIs), were transformed from regular monthly reporting, to a live dashboard. This enabled us to see in real time, our trends at site level, benchmarking ourselves against national standards. Locally, our existing Clinical Heads of Department review meetings, evolved into a Clinical Effectiveness & Audit Committee (CEAC). An action log, based on individual incidents, as well as themes from clusters of similar events, is now visible and demonstrates where thematic learning has taken place. Where necessary, local actions are taken forwards and if needed, we reach out to our colleagues in the Clinical Corporate Team, to suggest safety improvements that can be adopted across the organisation. Most recently, we have been able to influence the reporting methods for surgical equipment, which is decontaminated at a separate Ramsay site. Themes of incidents can be seen and analysed in both areas and a collaborative approach to improvements made.

Clinical Effectiveness

Enhancing our use of Audit Data to Improve Practice

With 'Tendable', our digital clinical audit tool, used in daily practice, and its reports forming part of our local and national reporting structures, the aim was to utilise this data, to further enhance our clinical practice. As with our clinical incident data, the information provided by Tendable at a national level, also underwent a radical change. We were able to create personalised dashboards on site, again enabling real time data of outcomes and themes. With new audits being added, mirroring national policy standards, we are in an excellent position to drive improvements to our practice. Locally, we include our outcomes and themes from clinical audit, in our CEAC committee, with visible outcomes, available. A dedicated Clinical Performance Lead Nurse, drives the audit process on site, with daily discussions on compliance at the daily SITREP briefing. Most recently, as a direct result of audit results, we have been working locally, with teaching and education on the correct use of our electronic screening tools. We have also

escalated this at a national level, looking at ways to make tools more intuitive in our 'Maxims' Electronic Patient Record (EPR) system.

Patient Experience

Focus on improving Key Domains in Cemplicity Feedback

Oaks has a dedicated Patient Experience Co-ordinator, who acts as a point of contact for any patient or member of the public, who wants to offer feedback about the care and service we provide. Meeting with the Hospital Director and Patient Experience Committee (PEC) weekly, as well as reporting to all Heads of Department Monthly, they are able to directly feedback learning and make improvements, where needed, to the hospital teams. The PEC, always look at any lessons that can be learnt from our feedback and are proactive in making changes that matter to our patients. Our daily SITREP meetings, always contain a direct feedback comment from patients, as well as 'shout outs' for staff who have gone the extra mile to deliver outstanding care or service. By knowing the impact our actions have and being engaged with our staff, we have seen steady and consistent improvement in our Net Promotor Score (NPS) over the last 12 months. We were already in an excellent position, with a score of 82, but over a period of 12 months, this grew to an exceptional 91, based on our direct patient surveys via the 'Cemplicity' platform. This was mirrored by our on line rating of 4.8/5 stars, from the 'Reputation' system. We have also grown our Feedback Improvement Reputation and Engagement (FIRE) Committee, to involve representatives from all areas of the hospital, who are able to offer unique views on the experience of patients in their areas. FIRE is also attended by the Senior Leadership Team, who are able to offer practical support with improvement initiatives.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety

Create a Culture of Safety in all aspects of Service Delivery

Having already developed a robust structure for our reporting and learning from incidents & audits amongst our clinical leaders, we are now focussing on hospital wide involvement. Our aim is for Oaks safety culture to be highly visible in the actions of our team members, who will have the confidence to participate in and lead on local reviews. Whilst clinical governance and patient safety, form part of the induction of new staff, we recognise that continual feedback and learning must be shared and coaching in place to maintain and drive engagement. We will be marking this year's Annual Patient Safety Day formally on site, raising awareness of our key safety challenges and achievements. Our governance team will attend team meetings, where safety incidents are already discussed, to add background to investigations and promote the systems based learning approach that reduces focus on individual failings and is highly inclusive. We aim to have our team leaders and other experienced team members, taking the lead on after action reviews, once a safety concern is raised and bringing their findings to patient safety meetings with confidence.

Clinical Effectiveness

Getting it Right First Time (GIRFT)

Having been successfully rolled out at a number of leading NHS Trusts, GIRFT is a clinically-led initiative to reduce variation and improve outcomes. Looking in depth, initially at our orthopaedic, followed by spinal services, our key focus areas are as follows:

- Orthopaedics Staffing - Detailed workforce data including consultants, surgical assistants, and scrub practitioners; ensuring we have the right staffing and skill mix.
- Patient Care: Inpatient surveys and measures to ensure low length of stay and excellent outcomes.
- Theatre Efficiency: Orthopaedic theatre teams and productivity measures to enhance patient flow.

With representatives from across the consultant body, as well as senior staff within Oaks and from the corporate team, we are aiming for world class care, with efficiency and excellent outcomes built in. Following our initial 'deep dive' we are now awaiting feedback on how we can move forward with this initiative in 2025/27

Patient Experience

Strengthening how we Listen to and Act on Patient Feedback

With strong leadership in this area and a tangible improvement in our NPS, we have taken the decision to open and involve our Patient Experience Committee and inspections, to bring in more key staff members that can directly influence areas of the hospital for which they are responsible. Our annual Patient Led Assessment of the Care Environment (PLACE) has historically been managed by a senior nurse and our Patient Experience Co-ordinator, with actions developed and shared with the Heads of all Departments. Whilst our NPS and patient experience is excellent, the PLACE audit, continues to raise concerns about the fabric of our building, which is also reflected in our own Tendable Audit inspections. We will be opening the team of staff facilitating the day, to include members of our operations team who are directly responsible for these areas, to give feedback on the day and formulate action plans that meet the expectation of our group of patients. In addition to this, we will also be inviting relevant Heads of Department to our weekly Patient Experience committees, when themes affecting their team arise; requesting detailed responses and action plans. We aim to see our PLACE results demonstrate an improvement, with patients seeing and understanding how we will address their feedback and that any themes from our year round feedback also show improvement where needed.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2024/25 Oaks Hospital provided and/or subcontracted 46 NHS services.

Oaks Hospital has reviewed all the data available to them on the quality of care in all 46 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 60 per cent of the total income generated from the provision of NHS services by Oaks Hospital for 1 April 2023 to 31st March 2024

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

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

Human Resources

Staff Cost % - Net Revenue 31.4

HCA Hours as % of Total Nursing - 45% or 37% if ODPs considered

Agency Cost as % of Total Staff Cost – 3.6%

Ward Hours PPD 4.8

% Staff Turnover – 10.5 %

% Sickness 5.56

% Lost Time 21.6

Appraisal 72 %

Mandatory Training e-learning - 97%

Staff Satisfaction Score – 73%

Number of Significant Staff Injuries - 0

Patient

Formal Complaints per – 0.29%

Patient Satisfaction Score – 97%

Significant Clinical Events per 1000 Admissions - 0

Readmission per 1000 Admissions – 0.74

Quality

Workplace Health & Safety Score – 90%

Infection Control Audit Score – 95.8

Consultant Satisfaction Score 94%

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Oaks Hospital participated in 100% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

Project name	Provider organisation	Patient Participation rate
Elective Surgery (National PROMs Programme)	NHS Digital	70 %
National Joint Registry 2, 3	Healthcare Quality improvement Partnership	99.9%
Surgical Site Infection Surveillance	Public Health England	62%
British Spine Registry	Amplitude Clinical Services Ltd	No data available for this period

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

The British Spinal Registry is a new audit that we are now participating in. As patient information regarding the outcome of surgical procedures is gathered, we hope to have reliable data to share at our Governance Committee.

Local Audits

The reports of all local clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the relevant Clinical Committee and escalated to the Clinical Governance Committee, where necessary. Oaks Hospital intends to take the following actions to improve the quality of healthcare provided:

- Improvements to the fabric of the building, to enable our Housekeeping Team to provide assurance around effective cleaning schedules.
- In conjunction with the corporate team, a new cleaning standards policy and local training.
- IPC lead training to support staff with PPE and skin hygiene.

The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

There were no patients recruited during 2024/25 to participate in research approved by a research ethics committee.

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

Oaks Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

The Care Quality Commission has not taken enforcement action against Oaks Hospital during 2024/25.

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

2.2.6 Data Quality

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

The quality and security of our data is under constant review, by both our clinical and non-clinical teams. The hospital also has an Information Governance committee and Participates in annual ISO audits.

Oaks Hospital is taking the following actions to improve data quality – Monthly internal walkabouts and inspections from members of the Information Governance Committee. Business Continuity Plan, table top exercises to ensure services are able to run safely if our digital systems fail. Daily review of all incidents at Team Leader Huddles, including Data Security Breaches and associated actions. Review of ISO compliance on a monthly basis by Heads of Department.

NHS Number and General Medical Practice Code Validity

Oaks Hospital submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.87 % for admitted patient care;
- 99.97% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2025

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
South						
Ashted	Completed Sept 2023	100%	99.6%	100%	100%	Level 3
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%	Level 3
West Valley	Completed Oct 2023	96%	88%	100%	98%	Level 2
Berkshire Independent	Completed July 2024	100%	97%	100%	95%	Level 3
Cherwell	Completed Nov 2023	96%	91%	98%	100%	Level 2
Southwest						
Duchy	Completed Nov 2023	98%	98%	98%	99%	Level 3
Exeter Medical	Completed Feb 2024	98%	100%	100%	100%	Level 3
Mount Stuart	Completed Feb 2024	100%	100%	100%	100%	Level 3
New Hall	Completed July 2024	96%	97%	100%	95%	Level 3
Winfield	Completed March 2024	100%	100%	100%	100%	Level 3
Midlands						
Westbourne	Completed Aug 2024	96%	84%	92%	95%	Level 2

Woodland	Completed Aug 2024	98%	98%	98%	99%	Level 3
Glendon Wood	Completed Aug 2024	96%	98%		100%	Level 3
Woodthorpe	Completed Aug 2024	100%	100%	100%	100%	Level 3
Beacon Park	Completed October 2024	98%	96%	98%	97%	Level 3
Rowley Hall	Completed October 2024	96%	96%	100%	90%	Level 3
West Midlands	Completed November 2024	96%	95%	96%	90%	Level 3
Stourside	Completed November 2024	98%	91%	100%	100%	Level 3
Northwest						
Buckshaw	Completed November 2024	100%	100%	100%	100%	Level 3
Fulwood Hall	Completed April 2025	98%	99.5%	100%	98%	Level 3
Renacres	2023	100%	99%	98%	99%	Level 3
Euxton Hall	2023	98%	91%	98%	96%	Level 3
Oaklands	2023	100%	99%	98%	90%	Level 3
Northeast						
Clifton Park	2023	98%	100%	98%	99%	Level 3
Cobalt	2023	100%	98%	100%	100%	Level 3
Park Hill	2023	100%	99%	100%	100%	Level 3
Tees Valley	2023	98%	98%	100%	98%	Level 3
Yorkshire Clinic	2023	100%	99%	100%	100%	Level 3
East						
Oaks	2023	98%	94%	98%	100%	Level 3
Rivers	2023	98%	90%	98%	100%	Level 3

Pinehill	2023	98%	94%	100%	99%	Level 3
Springfield	2023	95%	97%	100%	99%	Level 3
Fitzwilliam	2023	96%	98%	96%	99%	Level 3
Boston	2023	95%	94%	98%	98%	Level 3
Blakelands	2023	97%	92%	98%	99%	Level 3

2.2.7 Stakeholders views on 2024/25 Quality Account

This report was sent to our partner NHS trust for review prior to its publication.

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Chris Taylor-Gordon

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

Introduction

Following our previous years 'Good' rating from the CQC, Oaks has continued to provide safe, effective clinical care and services to our Local NHS patients, as well as those funding care privately. With a strong Governance and Patient Experience Team, the hospital embraces the processes of audit, outcomes and learning from events. This is reflected in our key performance indicators and patient feedback, which are well within national benchmarking standards. Highlights of our year have been renewing our JAG accreditation for the provision of endoscopy care, with an exceptional score. We also achieved gold for our reporting to the National Joint Registry. We were independently inspected by a local Integrated Care Board, who were exceptionally positive about our hospital and its safety standards. Our Net Promoter Score has also seen a consistent rise throughout the year, showing that our patients rate our service as truly world class. It has been a privilege to lead the Clinical Services at Oaks and I look forward to achieving our key improvement goals over the next twelve months.



Chris Taylor-Gordon



Ramsay Clinical Governance Framework 2024/25

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

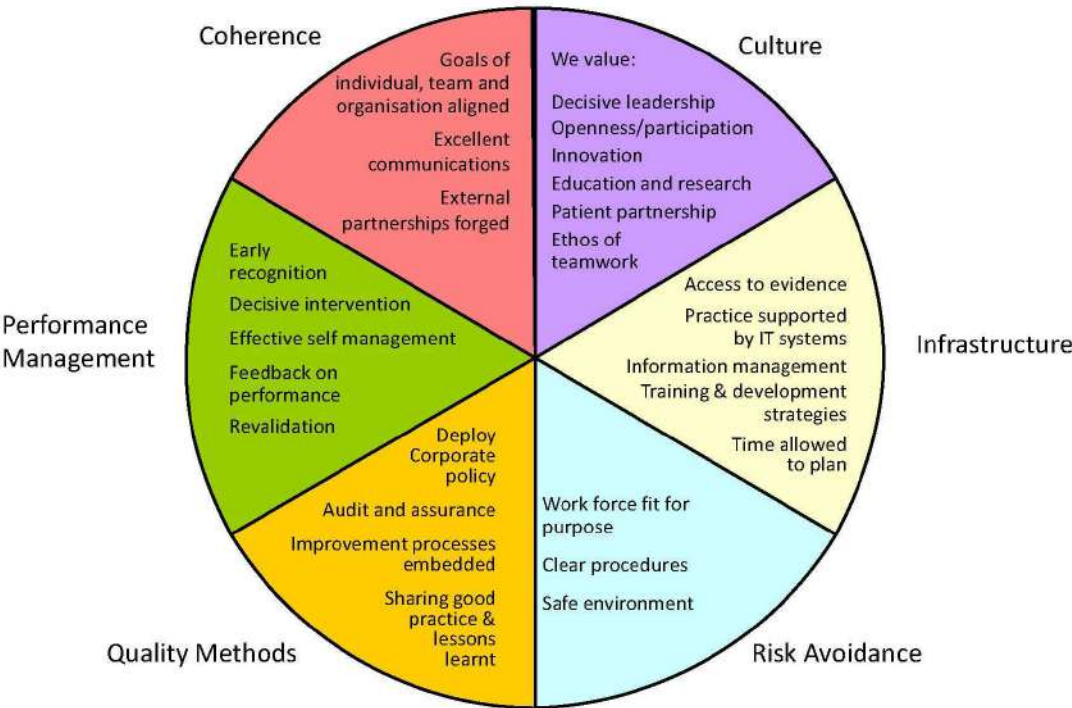
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

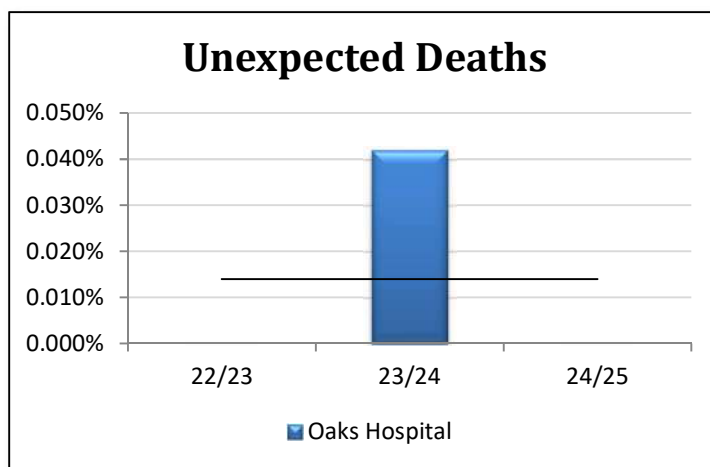
Mortality

Mortality:	Period	Best		Worst		Average		Period	Oaks	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC13	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC13	0.0004
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC13	0.0000

Oaks Hospital considers that this data is as described for the following reasons. – There are highly structured policies and procedures, which are followed to ensure the pre-operative fitness of our patients and systems in place to manage unforeseen complications safely and effectively.

Oaks Hospital continues to take the following actions to improve this outcome measure, and so the quality of its services. – Using the Patient Safety Investigation & Response Framework (PSIRF) to learn from incidents and following national safety alerts and guidance on the prevention of death and serious injury.

Rate per 100 discharges:



National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Oaks	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC13	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC13	*
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC13	*

PROMS: Knees	Period	Best		Worst		Average		Period	Oaks	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC13	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC13	*
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC13	*

Oaks Hospital considers that this data is as described for the following reasons – Our PROMs are evaluated monthly and reported centrally as part of our Governance process. There is a system in place to follow up patients who record lower than expected health gains.

Oaks Hospital intends to take the following actions to improve the participation rate, and so the quality of its services, by – Working with our pre-operative assessment team to support patients with the digital processes involved in registering and completing the outcome surveys.

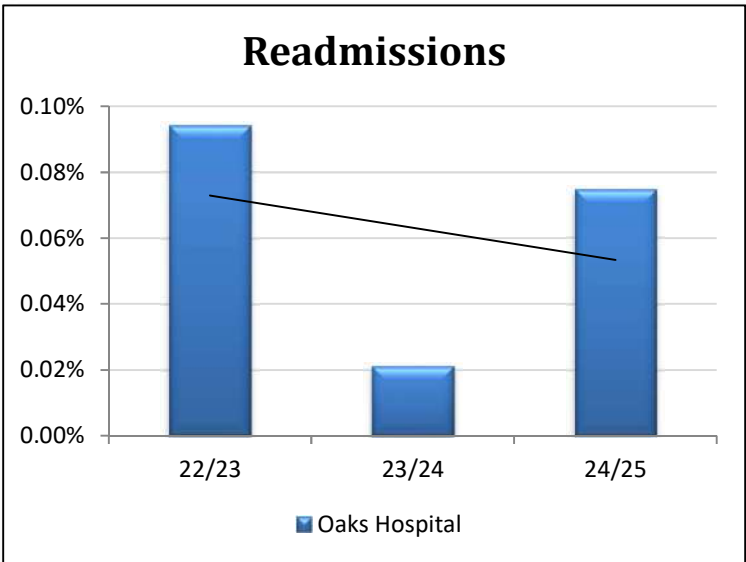
Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Oaks	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC13	0.00094
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC13	0.00021
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC13	0.00074

Oaks Hospital considers that this data is as described for the following reasons - Readmissions are escalated to the Head of Clinical Services or Deputy and recorded on the Radar, risk system, with appropriate investigation carried out. Rates remain low due to the low risk nature of our patient group and the pre-surgical safety measures in place.

Oaks Hospital has taken the following actions to improve this rate, and so the quality of its services, by adopting the recent RAG rated pre-operative patient safety criteria tool.

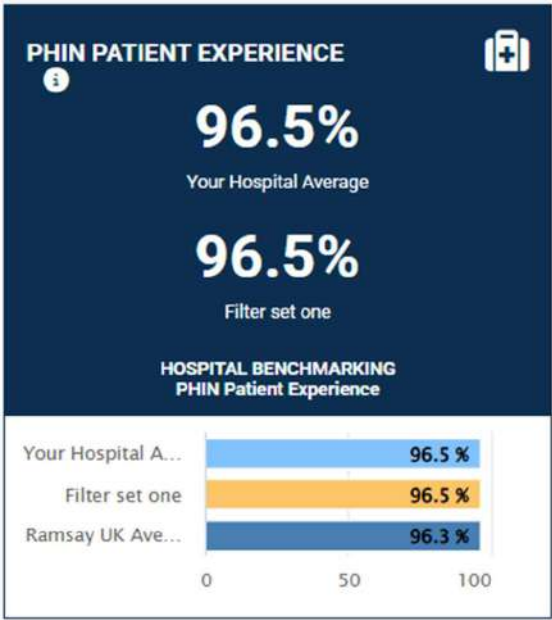
Rate per 100 discharges:



Responsiveness to Personal Needs

F&F Test:	Period	Best		Worst		Average		Period	Oaks	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC13	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC13	98.6%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC13	100.0%

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

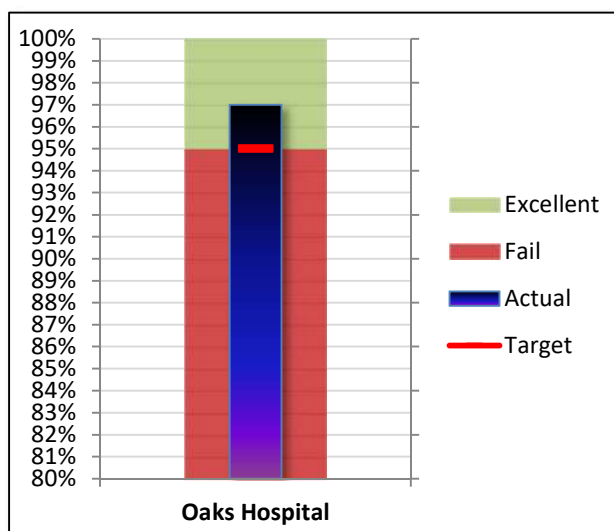


VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Oaks	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC13	95.7%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC13	99.6%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC13	97.0%

Oaks Hospital considers that this data is as described for the following reasons - VTE risk assessment has remained on the action logs for our local governance meetings and is frequently audited.

Oaks Hospital intends to take the following actions to improve this percentage score and so the quality of its services - With interventions from the hospitals Clinical Performance Lead Nurse, in our Ward and Ambulatory Unit. Ensuring staff complete the final digital assessment steps, ensuring completeness of the data capture process.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Oaks	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC13	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC13	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC13	0.000

Oaks Hospital considers that this data is as described for the following reasons - Due to the nature of the services we provide and our IPC measures we are able to successfully mitigate against this type of infection.

Oaks Hospital intends has taken the following actions to maintain this rate and so the quality of its services - Following national IPC standards and following antimicrobial prescribing guidelines.

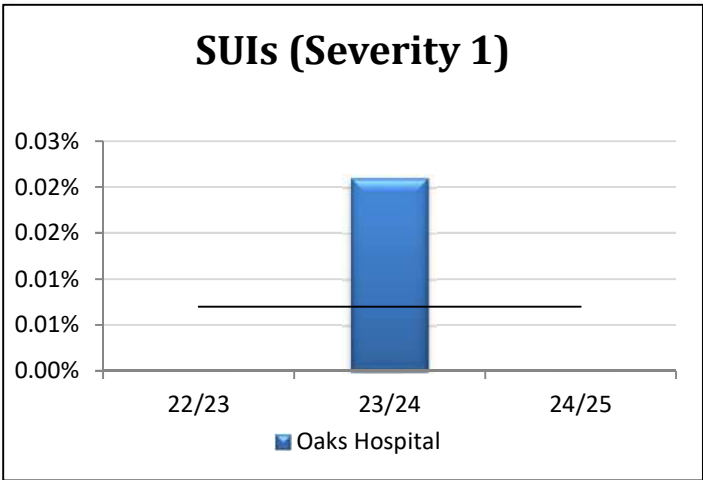
Patient Safety Incidents with Harm

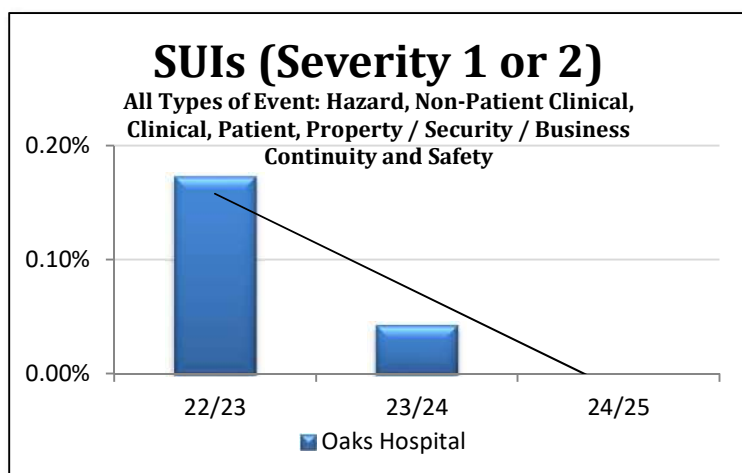
SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Oaks	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC13	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC13	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC13	0.000

Oaks Hospital considers that this data is as described for the following reasons – All areas of patient safety are audited and actions to rectify areas of non-compliance undertaken, in line with Ramsay Policies and Procedures. There is a robust incident recording process, via the Radar risk system.

Oaks Hospital intends to strengthen its current processes to maintain this rate, and so the quality of its services, by - Creating a safety culture as part of this year’s key objectives by the Governance Team. Continuing with our responsiveness to national safety alerts and local actions from incidents, to prevent these from occurring at our hospital.

Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Oaks	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC13	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC13	98.6%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC13	100.0%

Oaks Hospital considers that this data is as described for the following reasons – Data is comparable to that provided by our electronic patient survey ‘Cemplicity’ and our ‘Reputation’ scores on line. This data is reviewed at our Feedback, Information, Reputation and Experience (FIRE) committee.

Oaks Hospital intends to take the following actions to improve this data capture rate, and so the quality of its services, by training staff in all areas of the hospital how to add Friends and Family data and feedback to the reporting system. Adding A-Boards to the outpatient areas, with QR codes to encourage feedback in this area.

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

Oaks Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 6 years.

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

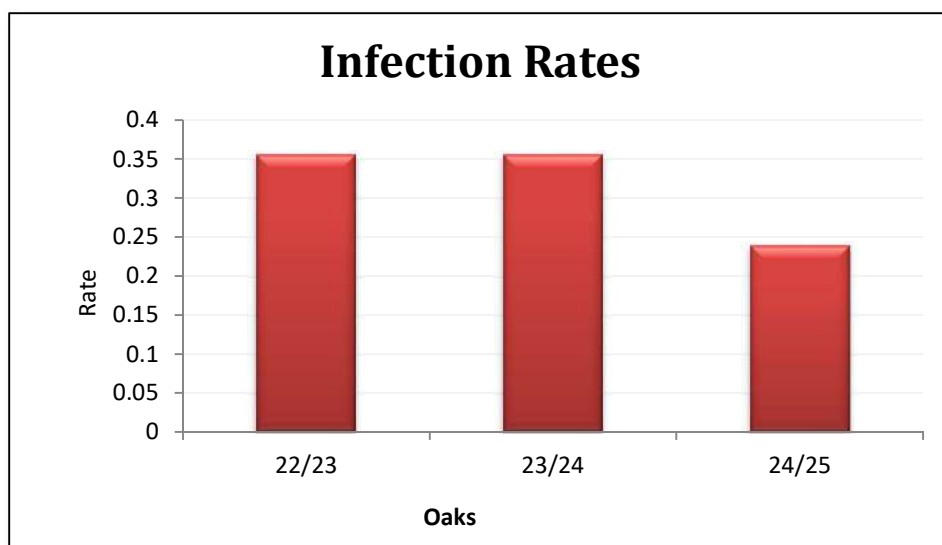
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

Infection Prevention and Control management is 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.

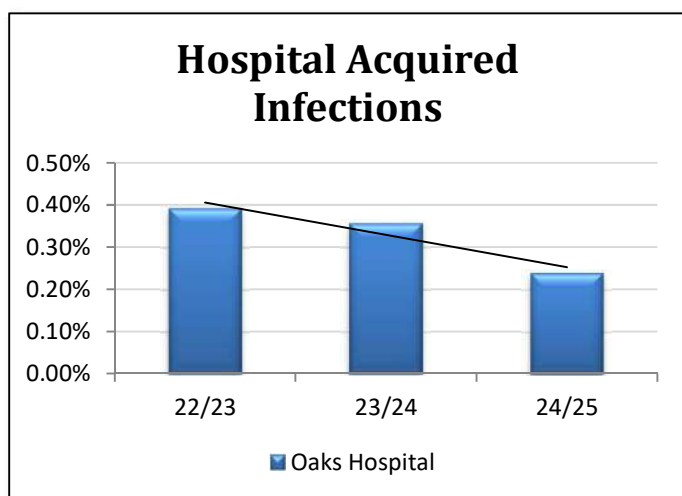
Programmes and activities within our hospital include:

- Mandatory, practical and on line infection prevention training.
- A highly visible Infection Prevention and Control Nurse.
- Active Aseptic Non Touch Technique training, aiming to achieve national accreditation.
- Quarterly Infection Prevention and Control committees, feeding into the governance structure.
- Local teaching programmes, influenced by audit outcomes.
- Adoption of the Patient Safety Incident Response Framework, to investigate incidents and shared learning, using a systems based approach.
- Outreach to the local community at events, supported by the hospital, to promote hand hygiene.



As can be seen in the above graph, our infection control rate has decreased over the last year. In comparison to the national average of 0.3% it is 0.2%. This is due to the Infection Prevention & Control Nurse, monitoring and correctly categorising wound infections in real time and ensuring our data is correct. There is a strong reporting culture at Oaks, these are shared monthly as part of our Governance Team reporting; both locally and to the corporate team. We also comply with mandatory surgical site surveillance reporting to the UK Health Security Agency.

Rate per 100 discharges:



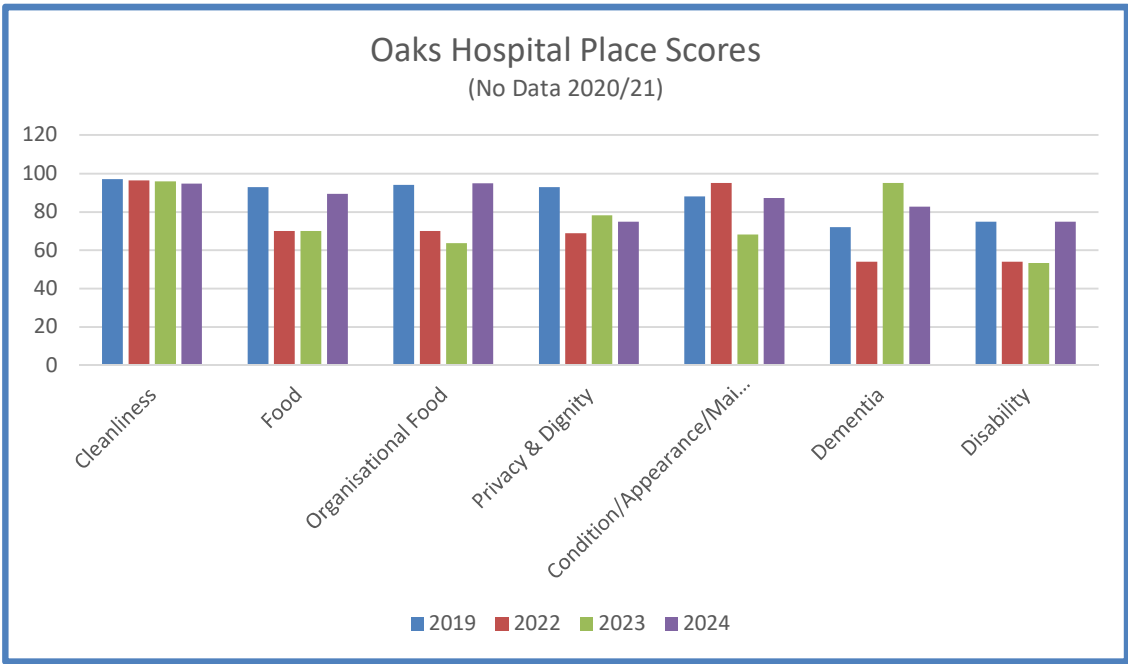
3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Oaks 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.

Place Audit Results by Year:



Following each year’s audit, the individual areas for improvement are gathered and an action log is created to address these, with specific tasks allocated to the relevant facilities lead. This is reviewed at our Health and Safety Committee on a monthly basis. There are quarterly Patient Participation Group meetings, where actions and improvements to the hospital are fed back to those who took place in the audit, as well as other interested parties.

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.

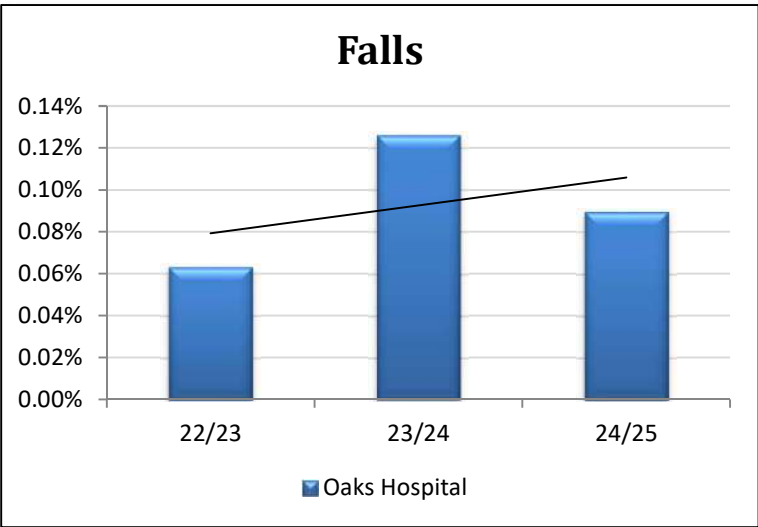
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety

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.

Following a review of our falls data, the following changes to our working practice have been adopted:

- Changes to the method of handovers, both verbal and written.
- Information to patients, displayed in rooms, advising to call for assistance and prevent falls.
- Mobility needs displayed on patient information boards, ensuring staff are aware of changes to patient's aides and abilities.

Rate per 100 discharges:

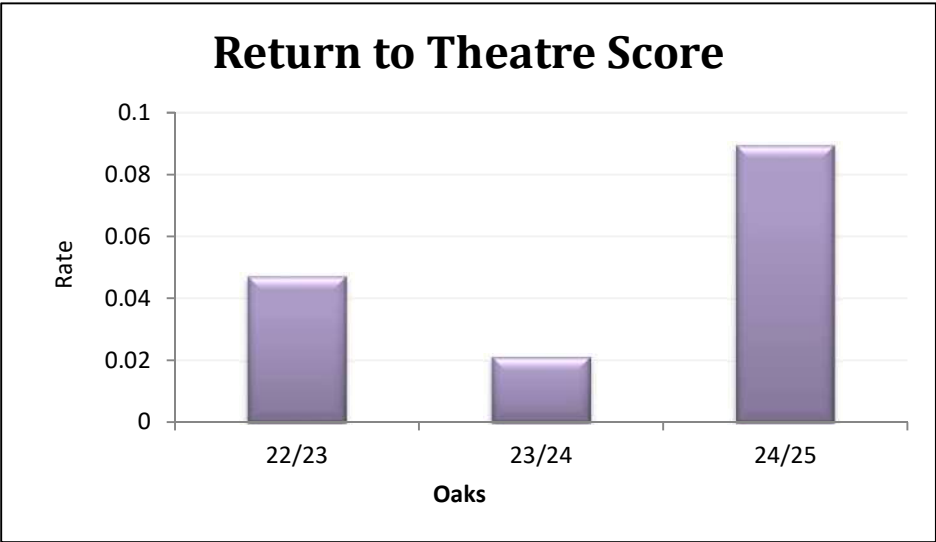


3.3 Clinical effectiveness

Oaks Hospital has a Clinical Governance committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and Medical Advisory Committees to ensure results are visible and tied into actions required by the organisation as a whole. Our local audits, incidents and actions are reviewed by the clinical heads of department at our Clinical Effectiveness & Audit Committee (CEAC), Led by our Clinical Performance Lead Nurse and Head of Clinical Services.

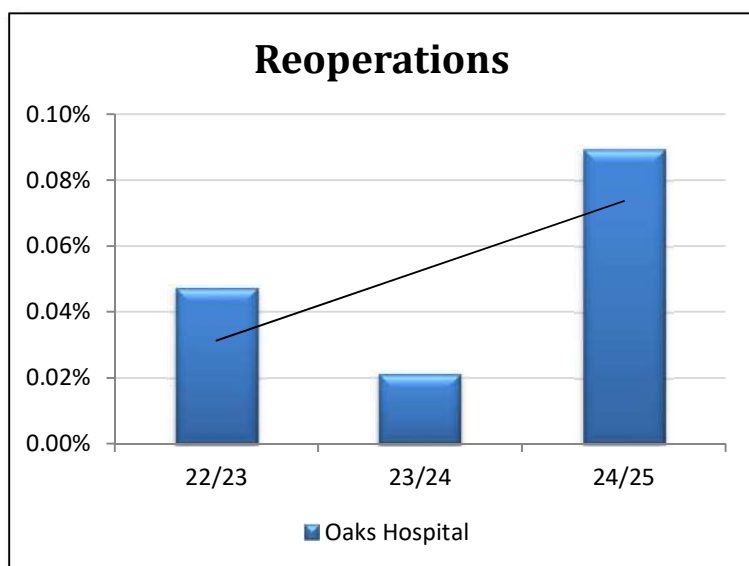
3.3.1 Return to theatre

Oaks 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. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average however it remains below. There were no trends in the return to theatre cases, which were related to known complications of procedures.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There were no unexpected deaths during the reporting period. There is a system in place to investigate hospital deaths, should they occur. This is in line with national NHS and Ramsay guidelines.

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.

This year we have trained another member of our team to support with the Speaking up for Safety Programme, with sessions planned specifically aimed at our consultant body, at times when they are not working clinically.

3.4 Patient experience

All patient feedback whether positive, negative, or constructive is welcomed and plays a vital role in shaping service improvements and enhancing patient care. The nature of the feedback determines the appropriate response, ensuring each experience is handled in a timely, respectful, and proportionate way.

Positive Feedback

Compliments and expressions of gratitude are shared directly with the relevant staff to reinforce excellence and promote best practice. Where appropriate, thank-you letters and patient cards are displayed in staff areas such as noticeboards and staff rooms. Line managers ensure that individuals and/or teams mentioned by name are formally recognised and commended as part of ongoing staff engagement and development.

Negative Feedback and Improvement Suggestions

Concerns and suggestions for improvement are also shared promptly with relevant teams. All staff members are trained and supported in handling feedback in line with our Complaints Policy, ensuring concerns are managed professionally, sensitively, and constructively. Learning from feedback is embedded into practice at both team and organisational levels

Governance and Oversight

Insights from patient experience are systematically collected and reviewed through multiple channels. Feedback and emerging themes are standing items at Local Governance Committee meetings, supporting trend analysis, service planning, and continuous improvement. Where appropriate, matters are escalated in line with Ramsay Health Care UK corporate and Department of Health governance frameworks.

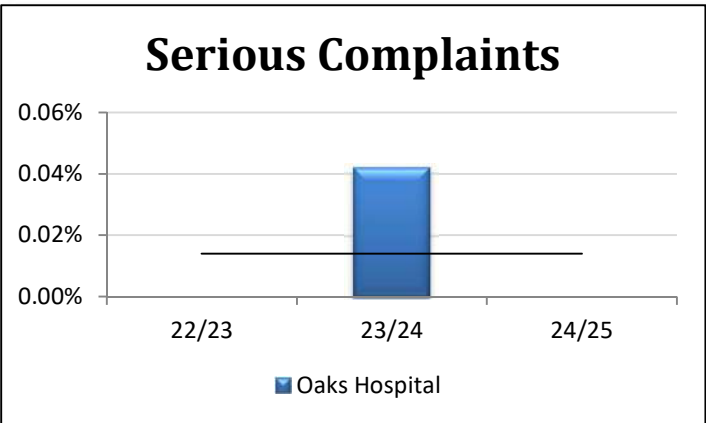
How We Capture Feedback

We actively encourage and facilitate feedback through a wide variety of channels, including:

- Real-time satisfaction surveys via digital platforms
- “Hot alerts” issued within 48 hours for urgent concerns
- Annual CQC patient surveys
- Friends and Family Test (FFT) responses at discharge
- “We Value Your Opinion” comment leaflets
- Verbal feedback to staff including Consultants, Clinical Leads, and Hospital Directors
- Input during CQC and provider assurance visits
- Written correspondence by email or post
- Feedback through the Patient Participation Group (PPG)
- Patient Reported Outcome Measures (PROMs) surveys
- Website submission form

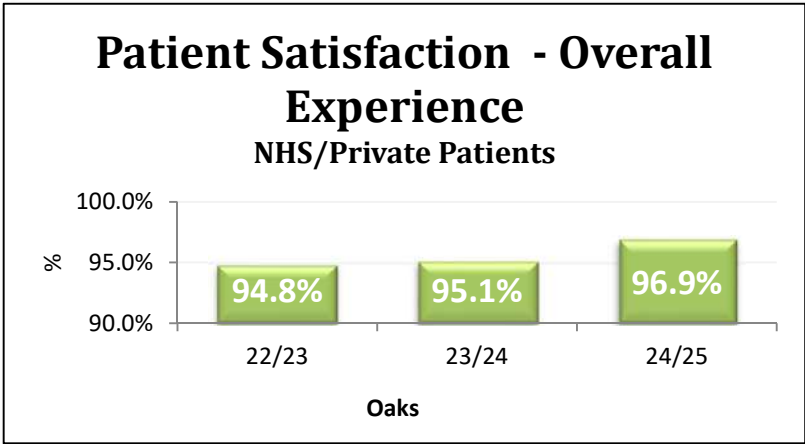
Patient Involvement in Care

Patients are supported to engage meaningfully with their care at every stage of the pathway. Staff are encouraged to facilitate shared decision-making and ensure patients understand, contribute to, and feel ownership over their care plans. This approach ensures that feedback is not only about experiences already had, but also helps shape the experience as it unfolds.



3.4.1 Patient Satisfaction Surveys

All patients are asked for their consent to receive an electronic survey or phone call following discharge. The responses are used to guide continuous improvement in the services of our hospital. Any written comments included in these surveys are flagged as 'hot alerts' and sent to the Hospital Director within 48 hours, ensuring timely follow-up and, where appropriate, a direct response to the patient.



As illustrated in the graph above, our patient satisfaction rate has increased over the past year at Oaks Hospital. It is now on par with the Ramsay Health Care UK national average. This improvement reflects our hospital-wide commitment to patient experience, which has been a strategic priority. By adopting a "1% improvement" philosophy, focusing on achieving significant progress through many small, incremental changes, staff at all levels have contributed to this success. This culture of continuous improvement has been championed by the Senior Leadership Team and the Patient Experience Team.



3.5 Oaks Hospital Case Study

This year saw the launch of a formal MDT process for our Complex Spine Patients. Whilst our Medical Advisory Committee and Clinical Governance Committee is committed to reviewing outcomes and approving new processes, an opportunity for our Spinal Consultants, to join together, bringing expertise from their practices across their Essex and Suffolk NHS practices, was put in place here at Oaks. Led by a dedicated MDT co-ordinator and with a Consultant Radiologists, MRI/CT Manager and Patient Safety Lead Nurse, attending, it has given our Consultants the opportunity to look at pre-surgical suitability, additional support or equipment that may be needed on the day. The presence of a Senior Nurse, enables any co-morbidities, both physical and mental, to be addressed, with escalation to in house specialist doctors, such as those in Anaesthetics, Cardiology or Haematology. Outcomes of these meetings are documented and held in the patients electronic patient record (Maxims) and are available to all involved in the patients care pathway.

With the advent of the 'Amplitude' data collection tool, for recording outcome measures, the spinal meetings also enabled specialist from the corporate team to discuss the functionality and how information could be used. Any complications or incidents that may have occurred during the last month can also be peer reviewed and, where necessary, actions taken forward by the Patient Safety Lead.

Appendix 1

Services covered by this quality account

Our **Areas of Expertise**



Breast Specialists



Cancer Treatment



Cardiology



Cosmetic Surgery



Pain Relief



Diagnostics



Ear, Nose & Throat Conditions



Eye Care



General Medical Conditions



Physiotherapy



General Surgery



Men's Health



Neurology



Orthopaedics



Psychiatry



Rheumatology



Skin Concerns



Urology



Vascular



Women's Health

Appendix 2 – Clinical Audit Programme 2025/26.

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

Clinical Audit Programme

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

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

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency
Hand Hygiene observation (5 moments)	Ward	Ward	Monthly
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	Monthly
Hand Hygiene observation (5 moments)	SACT	SACT	Monthly
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly
Surgical Site Infection (One Together)	Theatres	Theatres	October, April
IPC Governance and Assurance	IPC	Whole Hospital	July to September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December
IPC Management of Linen	Ward	Whole Hospital	August, February
Sharps	IPC	Whole Hospital	August, December, April
50 Steps Cleaning (FR1)	SACT	SACT	Weekly
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly
50 Steps Cleaning (FR2)	Ward	Ward	Monthly
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	Monthly

50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly
50 Steps Cleaning (FR2)	POA	POA	Monthly
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April
50 Steps Cleaning (FR5)	SLT	Whole Hospital	July to September
50 Steps Cleaning (FR6)	SLT	Whole Hospital	July to September
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	July to September
Urinary Catheterisation Bundle	HoCS	Whole Hospital	October to December
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July to September January to March
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	July to September January to March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	July to September January to March
NatSSIPs Stop Before You Block	Theatres	Theatres	July/August December/January May/June
NatSSIPs Prosthesis	Theatres	Theatres	July/August December/January May/June
NatSSIPs Swab Count	Theatres	Theatres	July/August December/January May/June
NatSSIPs Instruments	Theatres	Theatres	October to December April to June
NatSSIPs Instruments	Outpatients	Outpatients	October to December April to June
NatSSIPs Instruments	Radiology	Radiology	October to December April to June
NatSSIPs Histology	Theatres	Theatres	October to December April to June
NatSSIPs Histology	Outpatients	Outpatients	October to December April to June
NatSSIPs Histology	Radiology	Radiology	October to December April to June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)

Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required
Complaints	SLT	Whole Hospital	August/September February/March
Duty of Candour	SLT	Whole Hospital	August/September February/March
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)
Privacy & Dignity	Ward	Whole Hospital	November/December (as required)
Essential Care: Falls Prevention	HoCS	Whole Hospital	September / October (as required)
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September / October
Essential Care: Wound Management (TBC)	HoCS	Whole Hospital	TBC
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April
Medical Records - Therapy	Physio	Physio	July to September January to March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March
Medical Records - Ward	Ward	Ward	July to September January to March
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July to September January to March
Medical Records - Pre-operative Assessment	POA	POA	July to September January to March
Medical Records - Radiology	Radiology	Radiology	July to September January to March
Medical Records - Radiology	RDUK	RDUK	July to September January to March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March
Medical Records - VTE	Ward	Whole Hospital	July to September January to March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June
Medical Records - SACT Consent	SACT	SACT	May
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January

MRI Reporting for BUPA	Radiology	Radiology	July, November, March
CT Reporting for BUPA	Radiology	Radiology	August, December, April
No Report Required	Radiology	Radiology	August, February
MRI Safety	Radiology	Radiology	January, July
MRI Safety	RDUK	RDUK	
CT Last Menstrual Period	Radiology	Radiology	July, October, January, April
CT Last Menstrual Period	RDUK	RDUK	July, October, January, April
RDUK - Medicines Optimisation	RDUK	RDUK	October, March
RDUK - PVCCB	RDUK	RDUK	July, January
RDUK - Walkabout	RDUK	RDUK	October
RDUK - Staff Questions	RDUK	RDUK	October
Bariatric Services	Bariatric Services	Whole Hospital	July to September January to March (as required)
Paediatric Services	Paediatric	Paediatric	July, January
Paediatric Outpatients	Paediatric	Paediatric	September
Paediatric Radiology	Radiology	Radiology	October
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December April to June
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March
Safe & Secure (SACT)	Pharmacy	SACT	July to September January to March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September January to March
Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March
Safe & Secure (Ambulatory Care)	Pharmacy	Ambulatory Care	July to September January to March
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	July to September January to March
Prescribing, Supply & Administration (previously Medoical Prescribing)	Pharmacy	Pharmacy	October to December April to June
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June
Pain Management	Pharmacy	Pharmacy	October, April
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March
SACT Services	Pharmacy	Pharmacy	September/October
Dept Governance (Ward)	Ward	Ward	October to December
Dept Governance (Ambulatory)	Ambulatory Care	Ambulatory Care	October to December
Dept Governance (Theatre)	Theatres	Theatres	October to December
Dept Governance (Physio)	Physio	Physio	October to December

Dept Governance (OPD)	Outpatients	Outpatients	October to December
Dept Governance (Radiology)	Radiology	Radiology	October to December
Dept Governance (RDUK)	RDUK	RDUK	October to December
SACT Services	SACT	SACT	September/October
Safeguarding	SLT	Whole Hospital	December
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required
Occupational Health Delivery On-site	HoCS	Whole Hospital	November to January
Occupational Health Delivery On-site	RDUK	RDUK	November to January
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April
H&S Fire Safety	Ops Managers	Health & Safety	January, July
H&S Legionella	Ops Managers	Health & Safety	February, August
H&S PUWER/LOLER	Ops Managers	Health & Safety	March
H&S Management	Ops Managers	Health & Safety	April
H&S Moving & Handling	Ops Managers	Health & Safety	May
H&S Work at Height	Ops Managers	Health & Safety	June
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)
H&S COSHH	Ops Managers	Health & Safety	October (25)
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)
H&S Violence at Work	Ops Managers	Health & Safety	December (25)

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	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
NVC13	Code for Oaks 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

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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