

Park Hill Hospital

Quality Account 2025/26



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Welcome to Ramsay Health Care UK

Park Hill Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

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



Nick Costa

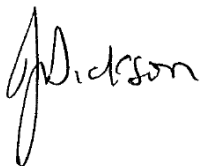
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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

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

Jo Dickson

Introduction to our Quality Account

This Quality Account is Park Hill 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 Joanne Bedford, Hospital Director Park Hill Hospital

Our Vision is to be the leading Healthcare Provider where clinical excellence, patient safety, safe care and quality are at the heart of everything we do, whilst growing our business and profitability.

This vision is supported by Park Hill Hospital's Strategy which is based upon challenging ourselves to grow operational efficiency by building on what we do well to consistently deliver sustainable, safe and outstanding care.

Within this strategy are five pillars covering:

- *Making Care Easy*
- *Supporting the Well-being of our people and customers*
- *Improving the quality of care and maximising value*
- *Working together as one*
- *Striving for excellence in everything we do*

This Quality Account by Park Hill Hospital has been produced to demonstrate our continued commitment to measuring and acting on feedback from all our patients and customers about their experience, with the intention to continually learn and improve on all aspects of the services we provide.

We are aware that patients can be anxious about coming into hospital and understand that providing reassurance is very important to you the patient and your family. This starts with patient safety, which is always our highest priority. To this end we continually review our clinical care standards, outcomes and feedback via audit, observation and through regular open analytical reviews encouraging a 'just culture' treating staff involved in a patient safety incident in a consistent, constructive and fair way which helps promote a healthy learning culture.

In addition we recruit, induct and train our team to enable the delivery of the highest standards in all aspects of clinical and customer care. This approach extends to family and visitors in ensuring they are made to feel welcome at Park Hill Hospital. We have an increased focus on the mental health and well-being of our teams and

have a Mental Health First Aider and Champion for the hospital.

Park Hill Hospital is committed to ensuring that patients are kept fully informed about their treatment, which is also a significant factor associated with improving treatment outcomes. We involve our patients in treatment decisions at the earliest stage so that the options and benefits are fully discussed before patients consent to treatment. Our medical and clinical teams recognise the importance of devoting time to preparing patients for surgery, which not only reduces risk but also improves patient understanding and confidence, reduces anxiety, improves rates of recovery and shortens lengths of hospital stay. Our care extends to the post discharge period, where we offer post discharge support and guidance 24 hours a day to provide you with ongoing reassurance.

Whilst patient feedback and involvement is extremely important to us, we also rely heavily on other measures of safety and clinical effectiveness which we use to satisfy ourselves that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other key healthcare professionals; examples of these are detailed in this Quality Account.

Park Hill Hospital is accustomed to the disciplines of regulatory and contractual requirements to assure Healthcare Commissioners of our clinical performance, and to report complaints as well as serious incidents to Regulators and Commissioners. We also maintain a Risk Register and systematically review specific actions to achieve risk reduction.

Park Hill Hospital's 'Friends and Family' patient satisfaction scores continually achieve over 99% for 'would recommend to others'. This is consistent with other local private hospitals and is higher than that of our local NHS Trust Hospital. By analysing the results throughout the year, we constantly seek ways to further improve the patient experience. We achieve this through our regular Customer Feedback Forums and our planned Patient Focus Groups.

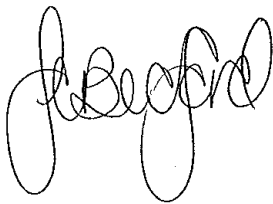
As the Hospital Director, I would confirm that I have reviewed this Quality account and that I agree with the accuracy of the reported data.

I am fully informed and aware of the quality of NHS services that we provide and have a full understanding of any improvements required to the services we provide and the plan to action these.

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.

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 Joanne Bedford
Hospital Director
Park Hill Hospital
Ramsay Health Care UK

This report has been reviewed and approved by:

Mr A Ahmed – MAC Chair

Mr G Vashista – Clinical Governance Committee Chair

NHS Doncaster CCG

Welcome to Park Hill Hospital

Park Hill Hospital is one of South Yorkshire's leading private hospitals with an excellent reputation for delivering high quality healthcare treatments and services.

Located on the site of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust site, Park Hill Hospital opened in April 1995. The ward consists of 21 beds, 17 of which are in single rooms, all with en-suite facility. The outpatient department consists of 6 consulting rooms and a minor procedure treatment area.

The hospital provides a full range of quality services, these include, outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow up care. During the last 12 months, the hospital has treated 2,663 patients, 87% of which were treated under the care of the NHS. All NHS patients seen and treated at the hospital must be over 18 years of age as defined by the Standard Contract.

Currently, over 70 specialist Consultants work from the hospital, supported by a team of 3 senior managers, 63 contracted staff. Park Hill also has a team of 20 bank casual staff both clinical and non-clinical.

Specialities offered at Park Hill Hospital include; Dermatology, Ear Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Podiatry, Physiotherapy, Sports medicine, Urology, Vascular and Weight Loss.

We also have a Resident Medical Officer (RMO) 24-hour emergency support.

Park Hill Hospital has a very close working relationship with Doncaster & Bassetlaw Hospitals NHS Foundation Trust and has access to support services through various service level agreements with the Trust; pharmacy, pathology, medical imaging, resuscitation and endoscopy.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

On an annual cycle 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)

Welcome to our Quality Account for 2024-25; in this section we will describe our clinical development plans and ambitions over the next year. We will demonstrate our commitment to providing the highest possible standards of clinical quality, and show how we are listening to our patients, staff and stakeholders, and how we will work with them to deliver services that are relevant to the people who use them.

Our Vision

Park Hill Hospital, as the leading Independent Healthcare Provider, makes a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We will go that '*extra mile*' to provide person centred care and ensure our staff are equipped with knowledge and skills, enabling them to deliver safe, effective care that is responsive, caring and well led.

Our Vision is to be the Leading Healthcare Provider where Clinical Excellence, Safety, Care and Quality are at the Heart of everything we do whilst growing our business and profitability.

We will provide clear objectives, which demonstrate our commitment to quality improvement and how we will achieve these objectives. Evidence and best practice will underpin all our objectives; having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

These Five Key domains will direct what we want to achieve in 2024/2025:

- Safe
- Effective
- Caring
- Responsive
- Well Led

Clinical Effectiveness

GIRFT (Getting It Right First Time) – For Orthopaedics and Spinal Services

The GIRFT program was introduced due to variations in outcome and costs in adult elective orthopaedic services, including:

- Practice of practitioners – implants, volumes, ownership of collecting outcome data and coding, approach to networking/MDT/joint working
- Pathway at providers – ring-fenced beds/ theatre/staff, governance, support for data quality and accuracy of outcome data and coding
- Management model – top down, combined with poor clinical engagement, loss of clinician's morale
- Commissioning – lack of focus on min critical volumes, inconsistent / unregulated relationships with AQP's

GIRFTs principles are to enhance the quality of care, with the delivery of consistent standards to the whole population, and objectives are to focus on the creation and implementation of solutions / improvement programmes in order to:

- Improve the quality of outcome and patient experience
- Enhance safety
- Address unacceptable and wasteful practices
- Identify and disseminate best practice
- Provide hands on consultancy / intervention to effect rapid change

Requiring leadership from all in order to deliver a timely, workable and financially sustainable model of care that will provide elective orthopaedic service to our population as it ages, within current NHS financial constraints

The GIRFT program was initially rolled to all NHS hospitals, and then through 2019 it was piloted at a number of Independent Hospital sites. Following the successful pilot, Ramsay Health Care UK, as an organisation, are keen to work with GIRFT in the rollout of GIRFT orthopaedic and spinal reviews at all relevant hospital sites.

GIRFT was agreed for the orthopaedic / spinal review in all Ramsay sites from this July, but then the price went up, so we are still in discussion with the GIRFT team in negotiation of the costings, this will hopefully be implemented by the end of the year.

Patient Experience

- **Cemplicity External web based Patient Experience Survey**

Ramsay Health Care UK have been working with Cemplicity to drive its patient experience insight programme. The patient experience measures programme was launched in 2019. We have a dashboard to access our hospital level data in the form of exportable graphs which can be compared to all other Ramsay UK hospitals and against the Ramsay average.

To further use and analyse our data and to better understand the patient experience across Ramsay and within our hospital, how we currently deliver and where improvements can be made, a one off foundation 'Key Driver Analysis' report is being produced. By better understanding our data through this granular analysis, it will help to steer the organisation in to deciding an important area of focus for each of our quarterly 'Insights' reports going forwards, which will also be jointly produced by Cemplicity and Ramsay.

The first quarterly Insights report focused on exploring the patient discharge experience. As a hospital and an organisation, this is the area of our patient experience feedback that we know we can further improve on with that detailed focus, to give patients an excellent hospital discharge experience, from preparation through to post discharge care.

We will thoroughly review both the foundation 'Key Driver Analysis' report and the first quarterly 'Insights' focused report when they have been published and circulated. We then aim to put an action plan in place from the recommendations in the report and learnings from our high performing sites, therefore, with an objective to demonstrate an improvement in our patient feedback scores in areas of discharge. We will continue to use each quarterly Insights report in this way to strive for any improvement we can over the 2024/25 period.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Under Safe:

Medicines Management - Helping patients to make the most of medicines (antibiotic stewardship, take home medication counselling, and medicines reconciliation, supporting patients from pre-admission to discharge).

We will:

1. Have Bi -Monthly Medicines Management meeting as part of the clinical governance committee meeting are in place to analyse all incidents, develop actions and improve practices. The committee review all National Patient

Safety Alerts (NPSA) and Medicines & Healthcare products Regulatory Agency (MHRA) notifications.

- Medicines incidents will be investigated to identify root cause, actions, lessons learned. Medicines incidents, outcomes & lessons learned are reviewed on monthly basis by committee (Ref: Medicines Management Committee Agenda Item 4 “Safe”)
 - MHRA & NPSA alerts reviewed by the pharmacist for applicability to site and documented monthly within Drug Alerts database (Ref: Drug Alerts April 2022). Drug alerts reviewed at Medicines Management Committee (Ref: Ref: Medicines Management Committee minutes Agenda Item 7 “Responsive”)
2. Every in-patient will have their medicines reviewed within 24 hours of admission in line with NICE Guidelines (NG5 2015) ‘Medicines Optimisation: the Safe and Effective use of Medicines to enable the best possible outcomes’.
 3. A random selection of drug prescriptions will be audited monthly which will evidence safe, effective administration of medications by the clinical team in line with Nursing Midwifery Council (NMC 2008) ‘Safe Standards for Medicines Management’
 4. We will focus on promoting a safe culture around medicines usage including effective use of national and local reporting systems to report and learn from medication safety incidents. Our aim is to Increase incident reporting through RiskMan to enable learning and action from incidents.
 5. We aim to deliver Medicines Management training to all staff involved and assess competency. Medicines Management training includes IV administration, Drug Test, Self-Medication, IV fluids, IV Drugs Administration, Out Of license, Controlled Drugs, Patients Own Medications Management, Medicines Management ‘Accountability’, Local and Group Policies, VTE (NICE Guidance) for all RGNs/ ODPs.

Patient Safety Strategy (PSIRF)

One of the most significant *areas* of improvement is through implementing the national NHS Patient Safety Strategy which aims to continuously improve patient safety. A key element within the strategy is the patient safety incident response framework (PSIRF) which, in the coming years, will change how we respond to, learn from, and improve from incidents. The milestones for the PSIRF will include the development, with our internal and external stakeholders, of a patient safety incident response policy and plan, which will define our safety profile and where we wish to focus our improvement.

We will adopt the NHS Patient Safety Strategy recommendations and standards. This will enable us to continuously improve patient safety, building on the foundations of a safer culture and safer systems.

Patient safety is about maximising the things that go right and minimising the things that go wrong.

Strategy will focus on:

1. **Just Culture Guide:** This guide encourages managers to treat staff involved in a patient safety incident in a consistent, constructive and fair way.
2. **Patient Safety Incident Response Framework (PSIRF)** – will replace the current Serious Incident Framework with a new approach to how healthcare organisations respond to patient safety incidents for the purpose of learning and improvement.
3. **Patient Safety Specialists** – Patient safety specialist to provide leadership and oversee and support patient safety activities across the hospital.
4. **Framework for involving patients in patient safety** – Implement the guidance about how Park Hill Hospital can involve patients, families and carers in their own safety; as well as being partners, alongside staff, in improving patient safety.
5. **Patient Safety Syllabus** – Complete training and education as set out in the syllabus.

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 Park Hill Hospital provided and/or subcontracted NHS services.

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

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:

	24/25 %
Total Health Care Assistants – whole time equivalent (WTE)	7.2%
Total Registered Nurses (WTE)	28.06%
Total WTE Nursing (RN and HCA)	35.86%
HCA hours as a % of Total Nursing Hours	21.75%
Staff Turn Over %	22.71%
Sickness %	5.63%
Lost Time %	18.5%
Agency Cost % of Total Cost	7.26%
Staff Cost % Net Revenue	22.0%
Rolling Sickness Absence	3.69%
Rolling Employee Turnover	16.2%
Staff Satisfaction/Engagement Score	87%
Mandatory Training %	98.%
Appraisal %	97.5%
Number of Significant Staff Injuries	0%

2.2.2 Participation in clinical audit

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

The national clinical audits and national confidential enquiries that Park Hill Hospital participated in, and for which data collection was completed during 1st 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.

Name of Audit	Participation (NA, No, Yes)	% cases submitted	Comments
National Joint Registry (NJR) – Per Patient	YES	100%	
Elective surgery (National PROMs Programme) Hips, Knees	YES	97%	
SSI – Surgical Site Surveillance Hip and Knee Arthroplasty (30 day post-surgery wound surveillance programme)	YES	100%	

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

Local Audits

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

Prophylaxis Audit:

Our use of antibiotic prophylaxis against the antimicrobial formulary audit score is 98%. We have reviewed this against current best practice and our local NHS trusts formerly to identify if prophylaxis is required.

2.2.3 Participation in Research

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

2.2.5 Statements from the Care Quality Commission (CQC)

Park Hill Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions

Park Hill 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

Park Hill Hospital will be taking the following actions to improve data quality.

- Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. On induction staff are trained about how to obtain and input data correctly onto our electronic systems and also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital.
- Park Hill Hospital data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

NHS Number and General Medical Practice Code Validity

Park Hill 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:

- 100% for admitted patient care;
- 100% 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

Park Hill Hospital was subject to the Payment by Results clinical coding audit during 2024/25 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	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Park Hill	June 20	100%	99.39%	100%	100%

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

Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as at March 2022

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

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.

Awaiting response from the ICB

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Charlotte Elvin

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

Ramsay Clinical Governance Framework 2024/25

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

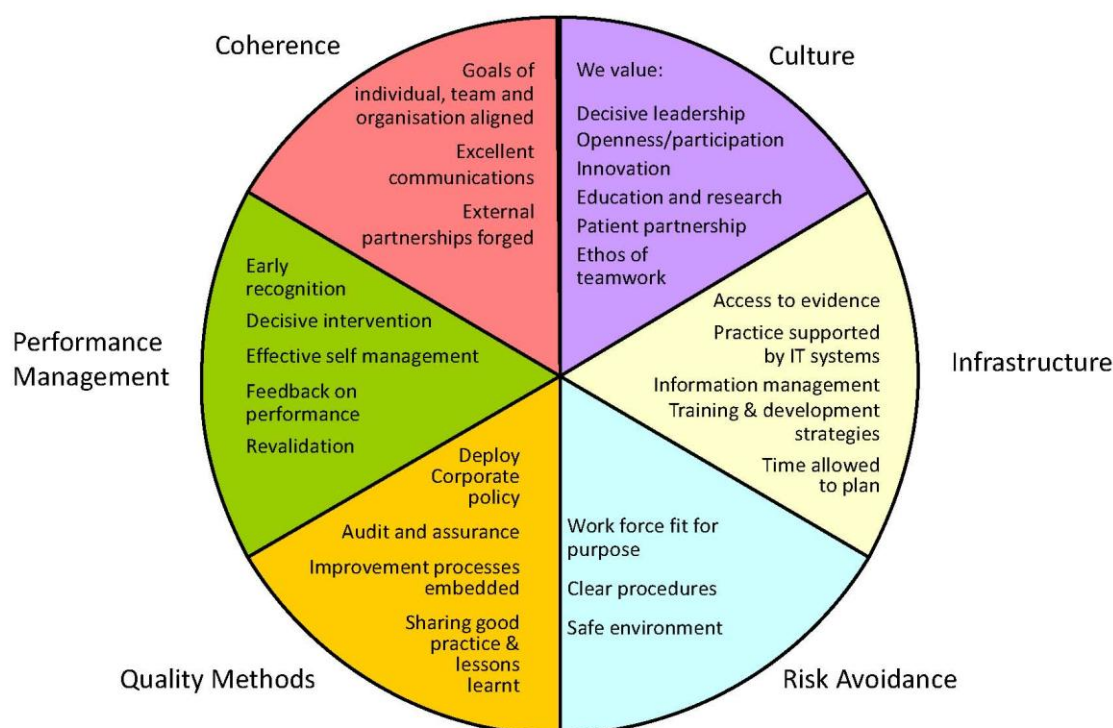
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

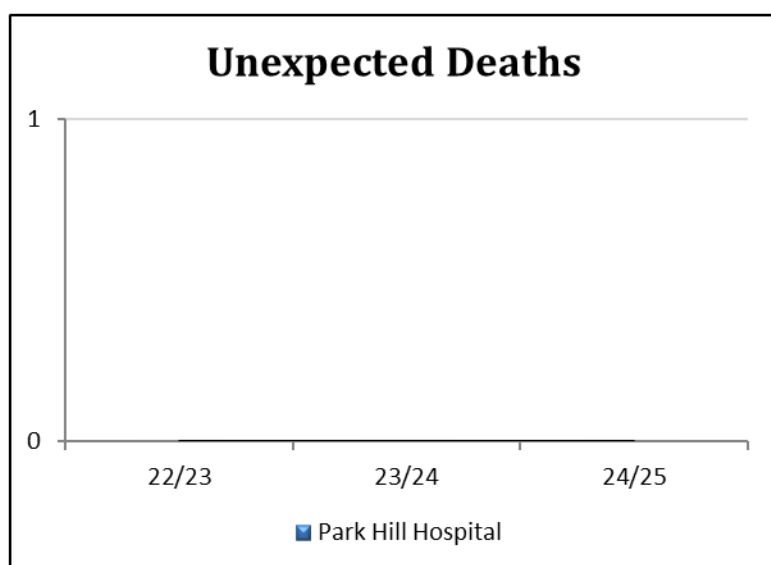
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Park Hill	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC14	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC14	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC14	0.0000

Park Hill Hospital considers that this data is as described for the following reasons no deaths in this period

Rate per 100 discharges:



National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Park Hill	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC14	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC14	22.671
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC14	22.494

PROMS: Knees	Period	Best		Worst		Average		Period	Park Hill	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC14	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC14	17.506
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC14	15.447

Park Hill Hospital participates in the Department of Health PROM's survey for hip, knee surgery for NHS and private patients. PROMs indicate a patient's health status or health-related quality of life from the patient's perspective, based on information gathered from a questionnaire that patients complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Outlined in the tables above are the patient reported outcomes for Park Hill Hospital. This is compared to the National best, worst and average scores from England.

PROMS Hips and Knee: During the data period in the tables above, the PROMS data identifies that our patients' health gain is below National average.

Park Hill Hospital intends to take the following actions to improve the score, and so the quality of its services, by:

- Quarterly focus on PROMS outcomes at Park Hill Hospital Arthroplasty group meeting (all Orthopaedic hip and knee consultants present a meeting) and at the Clinical Governance Committee. The members at both these meetings will review pre- and post op PROMS scores and the individual level data for each question to determine what actions can be taken to improve health gain.
- We found the response rate for PROMS is poorer than we would like and this makes interpretation difficult to why our patients Health Gain for Knees is lower than the England average, however the ability to obtain individual surgeon data has been useful in allowing us to reflect on outcomes and share best practice. We will be focusing on improving our patient response rate over 2025-2026.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Park Hill	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC14	0.00396
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC14	0.00574
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC14	0.00384

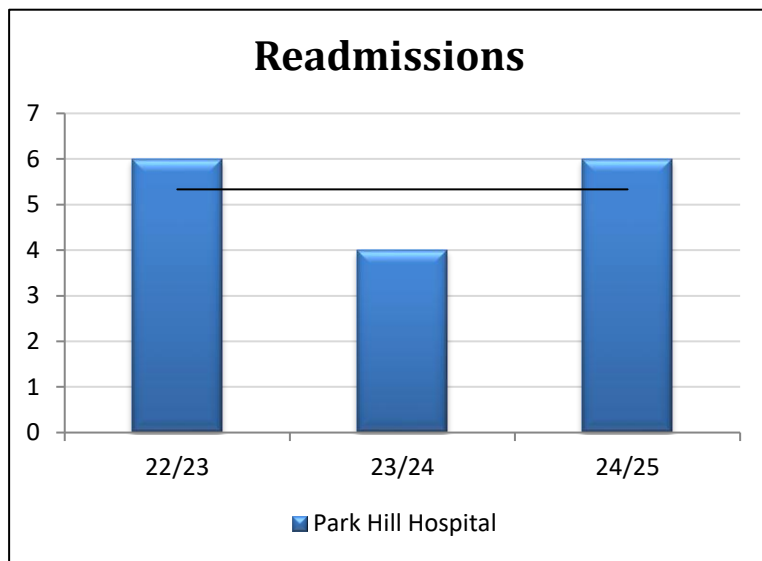
Park Hill Hospital considers the data reflected for 2024-2025 for Re-Admissions is a positive impact to the work performed by the clinical team in improving patients' discharge ensuring patients are not only clinically fit for discharge but feel confident about their continued recovery post discharge.

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes, as with return to theatre, any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed.

Park Hill intends to take the following actions to improve on the re-admission rate and so the quality of its services, by:

1. Planning discharge from point of Pre-assessment.
2. Including discharge planning and communication with the patient at every stage of the patient's journey.
3. Analyse every re-admission at the clinical effectiveness group meeting to identify what if any actions could have been taken to prevent re-admission, lessons learned.
4. Improvements in patient education and communication
5. Continuity of care after patients are discharged from hospital. All patients contacted 48 hours post discharge to ensure they are continuing to recover identify any concerns early and taking appropriate action.

Rate per 100 discharges:



Responsiveness to Personal Needs

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Park Hill	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

No longer collected

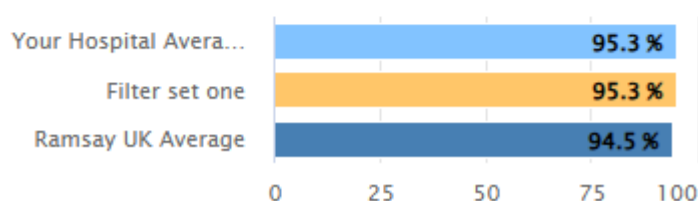
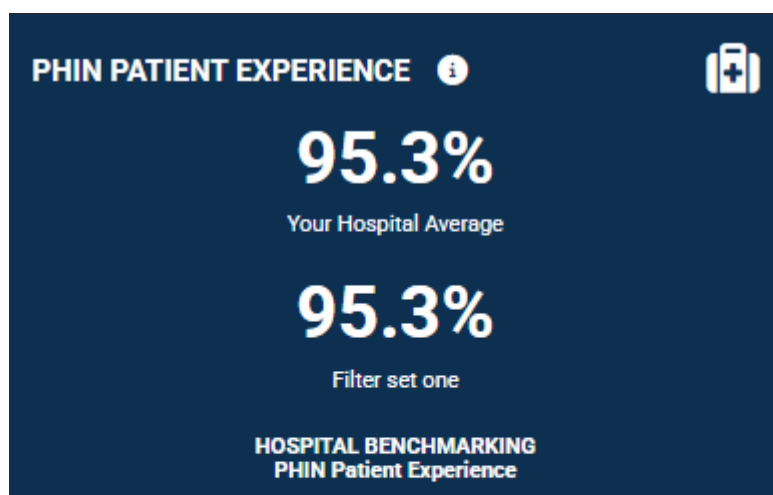
PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of PHIN Patient Experience performance

Date Range: 01/04/2019-31/03/2020

Filter set one: Hospital: Park Hill Hospital

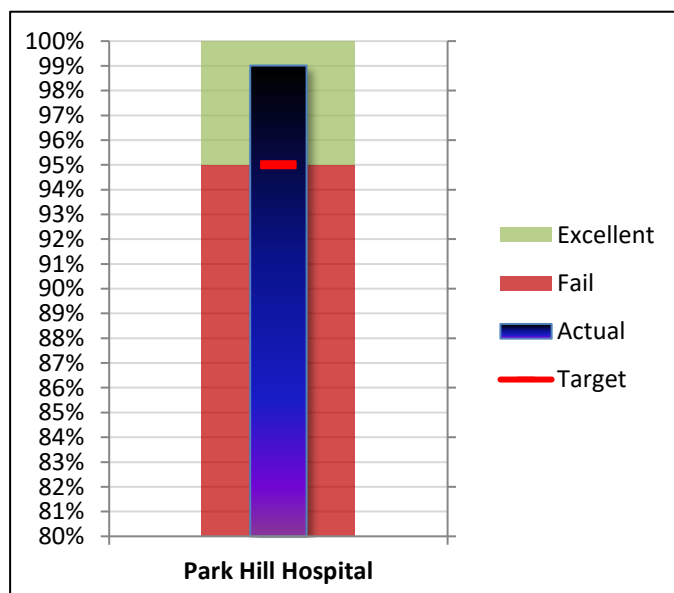




VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Park Hill	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC14	99.0%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC14	97.2%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC14	94.4%

Park Hill Hospital considers that this data is as described for the following.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Park Hill	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC14	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC14	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC14	0.000

C Diff Rate per 100,000 bed days.

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged 2 years or over during the reporting period.

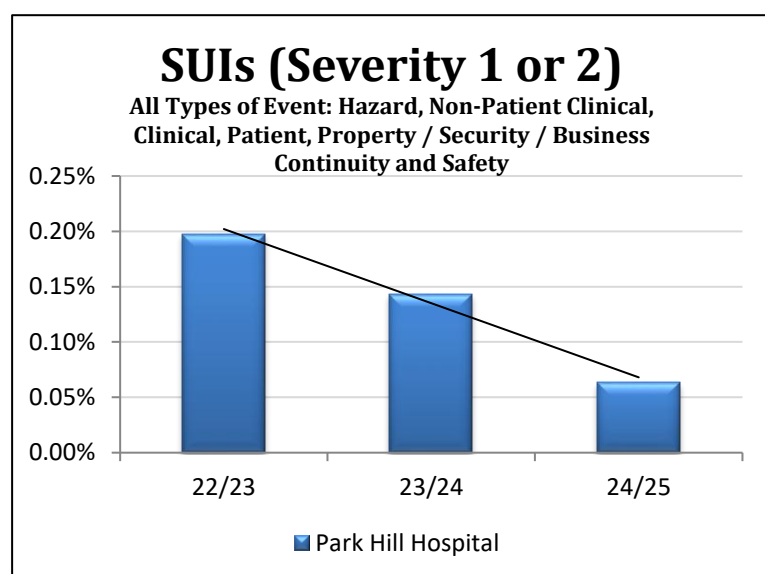
The above table demonstrates our high standards of infection prevention and control processes as there have been no cases of Clostridium Difficile Infection in this reporting period 31st March 2024-1st April 2025.

Healthcare Associated Infections (HCAI) are acquired as a result of healthcare intervention. High standards of Infection Prevention and Control practice minimise the risk of occurrence of HCAs

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Park Hill	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC14	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC14	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC14	0.000

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Park Hill	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC14	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC14	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC14	100.0%

All patients at Park Hill Hospital are routinely invited to take part in this anonymous survey by completing a simple questionnaire asking whether they would recommend our hospital to their family and friends.

Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. Park Hill use the information received from our patients in this survey in order to improve the services and care we provide.

Park Hill continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at Park Hill. Our commitment to provide care with compassion and confidence is reflected by this score.

At Park Hill we see patient feedback received from the Friends and Family test as pivotal to shaping the future services to ensure they meet the needs of our patients, we learn from the feedback and take action where improvements are required.

We discuss monthly at HODS meetings where the Friends and Family Test results are discussed and analysed, key focus for the group is to:

- Increase FFT response rates.
- Action points where our patients have indicated dissatisfaction in our care or services.
- Commend staff that have received positive feedback on the care they have provided.
- Communicate our Friends and Family feedback to our teams to ensure they are fully informed of 'what our patients are saying about our care and services'.

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

Park Hill Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 years.

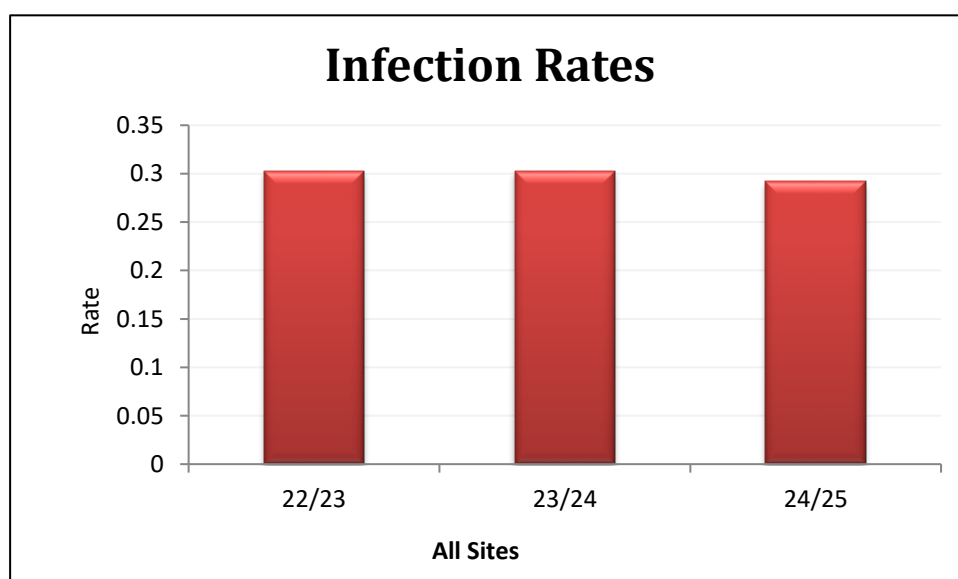
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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.

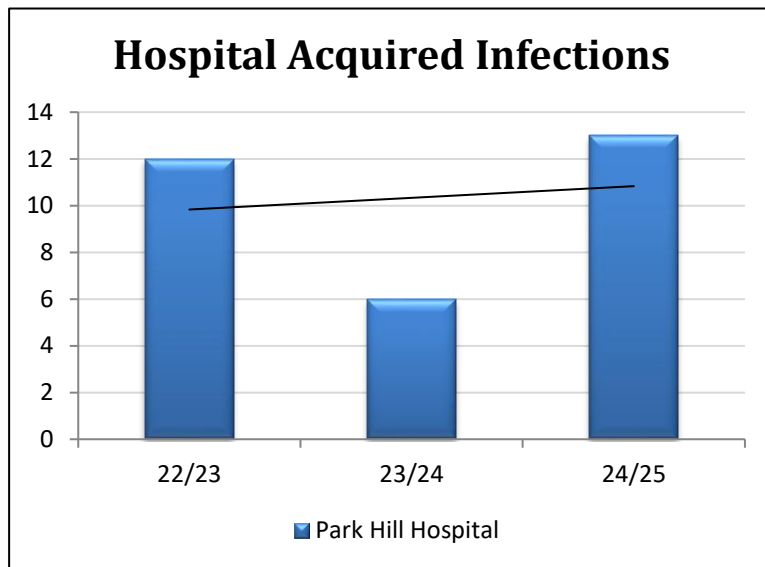
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:



As can be seen in the above graph our infection control rate has decreased over the last year.

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 Park Hill 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.

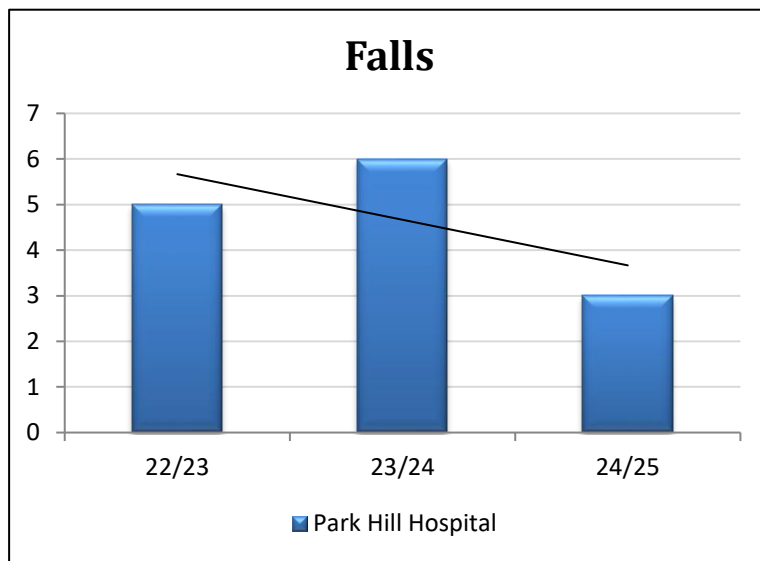
The main purpose of a PLACE assessment is to get the patient view.

3.2.3 Safety in the workplace

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

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

Rate per 100 discharges:

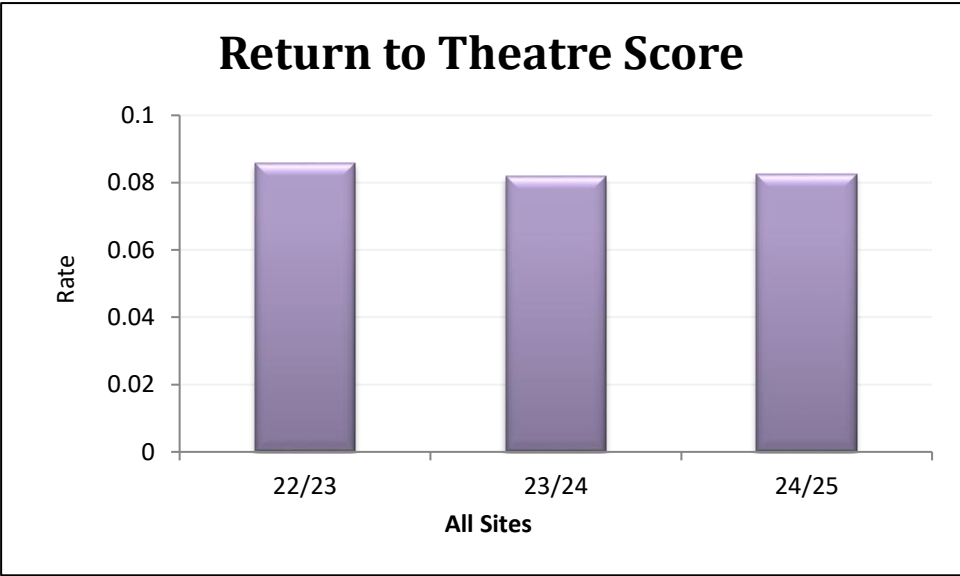


3.3 Clinical effectiveness

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

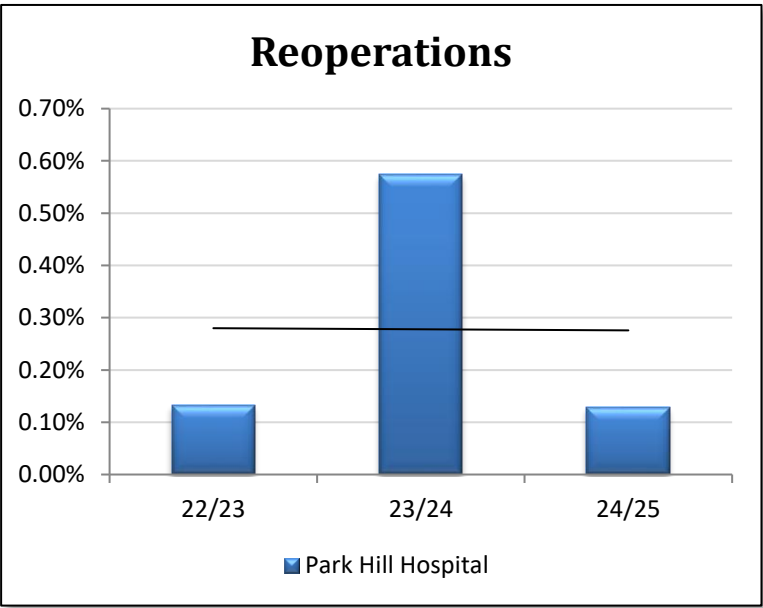
3.3.1 Return to theatre

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

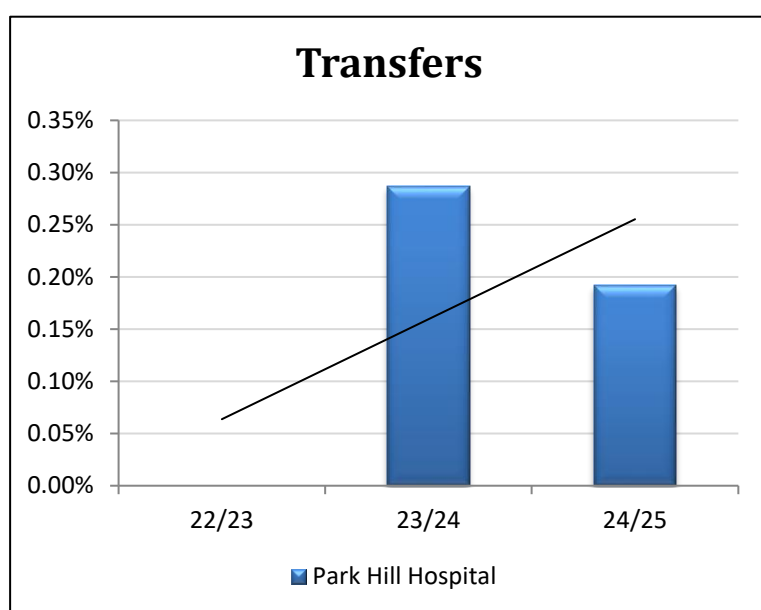


As can be seen in the above graph our returns to theatre rate has decreased over the last year.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

In the reporting period, 1st April 2024- 31st March 2025 there were no unexpected deaths at the Park Hill Hospital.

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%.

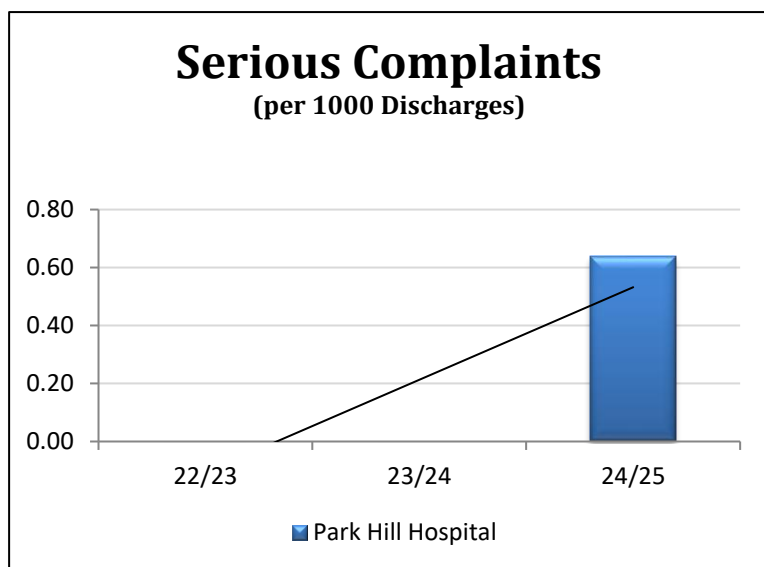
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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 complaints procedures should our patients be unhappy with any aspect of their care.



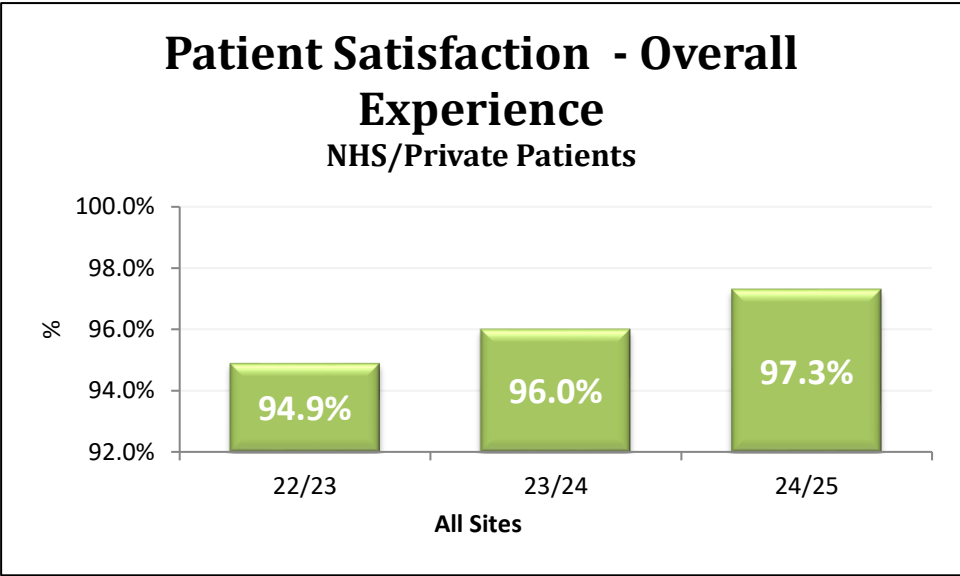
Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay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

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

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

3.5 Park Hill Hospital Case Study

- **Focus on Staff Mental Health:** We have appointed a **Mental Health First Aiders** who have completed training to undertake this role as we believe the Mental Health of our staff is pivotal in enabling a positive working culture where staff feel supported and can have open and honest discussions about their Mental Health and Wellbeing in a safe environment. Improving the mental health of our employees, making them mentally resilient to stress, can improve thinking, decision-making, workflow, and relationships at work. All of these translate to increased productivity.

The role of our mental health first aiders is to provide immediate support for colleagues experiencing mental ill health by:

- Acting as a nominated contact point for individuals experiencing mental ill health.
- Promoting and raising awareness of mental health.
- Offering initial support through non-judgemental listening and guidance.
- Spotting the early signs and symptoms of mental ill health.
- Starting a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress.
- Encouraging the person to access appropriate professional support or self-help strategies.

Appendix 1

Services covered by this quality account

Regulated Activities – Park Hill Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Dermatology, Ear, Nose and Throat (ENT), General surgery, Gynaecological, Neurology, Ophthalmic, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Weight loss	All adults 18 yrs and over
Surgical Procedures	Day and Inpatient Surgery, Dermatology, Cosmetic/plastic, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Pain management, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular,	<p>All adults 18 yrs and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Phlebotomy, Urinary Screening and Specimen collection. Services subcontracted to the Trust hospital include medical imaging, MRI/CT, ultrasound and echocardiography.	
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes.	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audit Programme 2025/26.

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	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	

50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June	

NatSSIPs Swab Count	Theatres	Theatres	July/August January/February	End of August End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October March/April	End of October End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December May/June	End of December End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	

Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	

Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	
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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
NVCXX	Code for Park Hill 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

Park Hill 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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