Pinehill Hospital

Quality Account
2025/26

Ramsay
Health Care

Contents

Welcome to Ramsay Health Care UK

Pinehill 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 Pinehill 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.

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Part 1

1.1 Statement on quality from the Hospital Director

Mr Duncan Barton, Hospital Director

Pinehill Hospital

As the Hospital Director, I have thoroughly reviewed the Quality Account and am confident in the accuracy of the data reported. I am fully aware of the quality of the NHS services we provide and recognize the areas where we need to improve. This statement serves as an acknowledgment of our commitment to addressing any issues in the quality of services currently provided.

Within the report it will be seen that:

The hospital's return to theatre rate remains low, indicating successful clinical outcomes.

The hospital has maintained a high standard of care with zero deaths reported in the past year.

The hospital has achieved a patient satisfaction rate above the national average, reflecting its commitment to addressing patient needs and improving service delivery.

The hospital has a strong focus on infection prevention and control, reporting no cases of MRSA Bacteraemia in six years

Our goal is to continuously enhance the care we deliver, ensuring that every patient receives the highest standard of treatment and support. We remain dedicated to our mission of providing exceptional healthcare and are committed to making the necessary improvements to achieve this.

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 Duncan Barton

Hospital Director

Pinehill Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr James Bacon – Clinical Governance Chair

Mr K Karavidas – MAC Chair

Carolanne Brannan – Deputy Director of Nursing and Quality, Hertfordshire and West Essex ICB

Welcome to Pinehill Hospital

Pinehill Hospital is a beautifully converted former stately home and Prisoner of War hospital. It is set in gardens on the edge of a residential housing estate. Access to Pinehill is via Hitchin and is well signposted.

Pinehill is an acute surgical hospital with 22 inpatient rooms with en-suite facilities, 7-day case pods and a further 7 patient bedrooms.
The facilities and services include:

- 3 Operating theatres (all with laminar flow) with 2 image intensifiers
- 1 minor ops /endoscopy theatres (JAG accredited)
- Outpatient department with 10 consulting rooms including 1 that is set up specifically to deliver a nasoendoscopy services in line with IPC precautions. There are facilities for virtual consultation and 2 additional treatment rooms.
- Radiology and Imaging department with ultrasound and digital mammography. 2023 saw the addition of a semi-static MRI scanner permanently on site enabling this service to be delivered over 6 days a week In addition, there is also a CT scanner 1 day a week. Private patients can self-refer for the One Stop Mammography Clinic and without visiting the GP first for a referral.
- Physiotherapy Department that is inclusive of a gym. Virtual and face to face appointments are offered. A Consultant approved physiotherapist-led discharging service is offered to NHS joint replacements.
- Pharmacy department - This service provides medicine optimisation for all patients alongside guidance and education for all departments/employees. Pharmacy lead on the compliance with controlled drugs management.
- Pre-operative assessment service inclusive of a phlebotomy service. Pre-assessment triage all patients in line with Pinehill Hospital's medical exclusion criteria for suitability

of surgery at Pinehill and offer a range of appointments including telephone assessments, investigative test appointments and face to face appointments. The level of appointment is dependent upon the patient's co-morbidities and level of risk for surgery as well as the type of surgery they are due to have. March 2024 saw Pinehill Hospital implement a service level agreement with Cardiology Consultants for the provision of reviewing any abnormal ECGs taken in pre-assessment to promote a safer pathway for all patients undergoing surgery.

Pinehill Hospital welcomes patients of all ages (excluding children under the age of 18 years) inclusive of NHS patients, insured patients and those choosing to pay for their own treatment. The hospital provides consultations, investigations and treatment in most specialties including orthopaedics, general surgery, women's health, men's health and ophthalmology, as well as specialist services such as cosmetic, spinal surgery and a Private General Practitioner covering 2 days a week. Pinehill Hospital continues to offer Robotic technology in the urology services for Aquablation Therapy (removal of prostate) which opened up to NHS patients in 2024.

Pinehill Hospital has continued to maintain five out of five stars from The Environmental Health Officer for excellent food hygiene conditions. This measures a very high standard of compliance with food hygiene legislation and very high confidence in the management of safe food processes within the hospital.

Pinehill is rated highly for Patient Reported Outcome Measures (PROMs) for hip, knee and shoulder replacements, septoplasty surgery, breast augmentation, trans-urethral resection of prostate and carpel tunnel surgery. 2024 saw the implementation of electronic PROMs throughout Ramsay Healthcare following a successful pilot of the orthopaedic PROMs at Pinehill Hospital. Throughout the year Pinehill Hospital has also successfully implemented PROMs for cataract patients (iCHOMs) and have plans for the implementation of PROMs for spinal surgery. The purpose of PROMs is to measures the average health gain of patients in all hospitals across the country, including both NHS and Independent Healthcare Providers.

The hospital is well-led with robust governance and risk management processes which emphasise 'closing the loop'. Staff members are given the opportunity to engage with the senior leadership team and feel supported and listened to e.g. via staff engagement forums. The hospital invests in all staff, ensuring they have the relevant training and skills to be effective in their role. The hospital has in place mandatory online training inclusive of additional education and competencies via clinicalskills.net. Ramsay Academy also provide strategic and consistent training provision across the Ramsay UK to aid the development and skills of existing employees in line with the Ramsay Values.

The hospital has systems in place to keep our patients safe, including an incident reporting tool, robust investigation tools and opportunities for sharing outcomes with learning. Patient pathways, care and treatment is delivered following national and local guidance, with outcomes for patients monitored on an ongoing basis to ensure that treatment is effective.

Our dedicated workforce is committed to making every patient feel safe and secure. Irrespective of if our patients are attending a consultation, diagnostic or surgical pathway, we

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ensure they are cared for with respect and dignity. Our workforce at Pinehill are committed to embedding the Ramsay Values within their day to day practise and implement a Speak up for Safety culture. Our workforce provide fast, responsive, high quality treatment for patients aged 18 and over, ensuring inclusivity of NHS, Self-funding and medically insured individuals.

The workforce at Pinehill Hospital consists of a total of 241 active employees. The majority of these employees are permanent, accounting for 77.18% of the workforce with 186 individuals. Bank workers make up 22.41% with 54 employees, while there is only one fixed-term employee.

In terms of job titles, the largest group is Staff Nurses, with 26 active employees. Other significant roles include Admin Assistants (23 employees) and Health Care Assistants (22 employees).

The departments with the highest number of active employees are the Ward (39 employees) and Theatre (37 employees). The Radiology department has 19 employees, while Housekeeping and Physiotherapy each have 16 employees.

The tables below show a breakdown of active employees by job title and department throughout Pinehill Hospital.

Job Title	Total Number of Active Employees
Staff Nurse	25
Admin Assistant	23
Health Care Assistant	22
Staff Nurse - Theatre	14
Housekeeping Assistant	11
Senior Physiotherapist	9
Catering Assistant	8
Receptionist	7
Sister/Charge Nurse	7
Porter	6
Senior Health Care Assistant	6
Senior Radiographer	6
Hotel Services Assistant	5
Pharmacist	5
Senior Staff Nurse	5
Ward Clerk	5
Housekeeper	4
Operating Dept. Practitioner	4
Radiographer	4
Registered Nurse Associate	4
Booking Clerk	3
Medical Secretary	3
Theatre Team Leader	3
Accounts Assistant	2
Catering/Housekeeping TL	2
Decontamination Technician	2

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Maintenance Assistant	2
Personal Assistant	2
Pharmacy Technician (U0170)	2
Physiotherapy Technician	2
Private Patient Co-ordinator	2
Reception Team Leader	2
Senior ODP	2
Senior Staff Nurse - Theatre	2
Sonographer	2
Assistant Accountant	1
Business Admin Manager	1
Business Relations Manager	1
Chef	1
Clinical Nurse Specialist	1
Credit Control Assistant	1
Head of Clinical Services	1
Head of Finance	1
Head of Operations	1
Imaging Manager	1
Maintenance Manager	1
Medical Records Clerk	1
NHS Co-ordinator	1
Outpatient Manager	1
Pharmacy Manager	1
Pharmacy Technician (CU0420)	1
Physiotherapist	1
Physiotherapy Manager	1
Physiotherapy Team Leader	1
Private Patient Account Manager	1
Quality Improvement Manager	1
Senior Pharmacy Assistant Technical Officer	1
Student Pharmacy Technician	1
Supplies Co-ordinator	1
Supplies Manager	1
Theatre Manager	1
Ward Manager	1
Infection, Prevention and Control Lead Nurse	1

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Department	Total Number of Active Employees	Sum of FTE for Active Employees	Total Number of Active Employees (Perm)	Total Number of Active Employees (Bank)	Total Number of Active Employees (Fixed Term)
Ward	39	28.62	33	6	
Theatre	37	29.83	34	3	
Radiology	19	9.8	12	7	
Housekeeping	16	6.54	7	9	
Physiotherapy	16	7.76	12	4	
Outpatients	14	5.47	8	6	
Pharmacy	11	4.41	7	4	
Ward Catering	11	1.93	3	8	
Bookings	10	8.16	10		
Pre Admission	8	6.07	7	1	
Reception	8	4.16	6	2	
Ops Management	7	6.13	6		1
Business Office	6	4.93	6		
Porters	6	3	4	2	
MRI	5	4.27	5		
Business Development	4	2.81	4		
Catering	4	3.96	4		
Decontamination	4	3.44	4		
Finance	3	3	3		
Maintenance	3	2.4	3		
Medical Records	3	2.6	3		
Medical Secretaries	3	0.6	1	2	
Biochemistry	2	1.2	2		
Stores	2	2	2		

Our wards qualified to non-qualified nursing ratio is a minimum of 70:30 Patient to nurse ratio does not exceed 7:1, which is within the staffing levels suggested by NICE. This year we have treated 6,942 patients. Pinehill Hospital bank staff enable flexibility to support high quality service when required. Pinehill does contractually engage with identified external staffing agencies to provide knowledgeable, competent staff to meet short term needs of clinical areas due to sickness absence and responding to changes in acuity needs for safe patient care.

Over the past year we have seen the number of bank employees be maintained particularly in clinical areas. Ramsay Healthcare has a national recruitment team which has supported with the recruitment of all vacancies. We have seen a positive impact with recruitment especially in Theatres and on the Wards for both contracted and bank employees. This has enabled a decrease in agency staff usage, increasing consistency if high quality patient care throughout the patient pathway.

Pinehill offers Consultant led care at each step of their patient care pathway. A rigorous vetting procedure ensures that only suitably qualified and experienced surgeons and physicians are

granted practicing privileges at the hospital. Pinehill Hospital has 137 Consultants as Stakeholders, with practising privileges. 2024 saw the retirement of our employed orthopaedic Consultant. This position was not replaced due to the increased quantity and quality of orthopaedic Consultants who have been granted practising privileges. The service is supported by a qualified and experienced Resident Medical Officer on site 24 hours a day, 7 days a week to provide high quality medical care to patients under the direction of their consultant.

During the previous 12-months we have achieved our aim to expand our services and Consultant body to grow orthopaedic surgical interventions and urology services. Pinehill has continued to deliver existing services alongside the growth. Pinehill has continued to work with the local Integrated Care Boards (ICB) and NHS Trusts.

Last year (April 2024 – March 2025) Pinehill admitted 6,942 patients, of which 52.4% (3,638 patients) were funded by the NHS and 47.6% (3,304 patients) were funded privately by insurance companies or patients paying for their own treatment.

Pinehill Hospital has invested and developed employees, to create a culture of growth and succession planning. This has supported the positive results in the internal appointments of an Imaging Manager, Senior spinal lead in Theatres and Senior Staff Nurse in Pre-Assessment, as well as the successful retention of registered nurses and nursing associates who have gone through the Ramsay Academy apprenticeship scheme in partnership with East Anglia Ruskin University and Hertfordshire University, MRI radiographers and surgical first assistants as well as continuing to grow our own Orthopaedic scrub nurses to aid the development of orthopaedic work. Pinehill continues to support employees to progress their skills with further apprenticeships ongoing for healthcare assistants undergoing ODP training in Theatres and the implementation of a Professional Nurse Advocate. Pinehill Hospital's commitment to an evolving culture growth is also demonstrated in the engagement of employees resulting in many National committee and working group members.

The Business Relations Manager maintains close relationships with local GPs, promoting the services that Pinehill offer, alongside arranging the delivery of Basic Life Support to GPs and the wider communities.

Pinehill Hospital works closely with the local ICB in Hertfordshire and the surrounding area to support the delivery of NHS healthcare services for the local population. There are close links to the East and North Herts NHS Trust including Histopathology, Blood Transfusion and Emergency Patient Transfer Provision.

Pinehill works collaboratively as part of the local health economy. We have engaged with our nearest NHS Trusts (East & North Hertfordshire NHS Trust) and have delivered outsource activity inclusive of straight to test Endoscopy for patients on a 2 week pathway and diagnostic services for MRI.

Pinehill Hospital offers a direct access service for diagnostic endoscopy procedures. This pathway enables GPs to refer patients directly to us for their diagnostic examination only with the findings sent back to the GP for further management. In the event that something untoward is found and requires urgent attention, the patient is referred straight into the MDT at the local

Trust for further management. Following our JAG re-accreditation in November 2024 we have also implemented an additional process to ensure that all histology for direct access patients is reviewed and the Consultant can give additional advice to GPs to ensure patients receive the correct treatment.

Pinehill Hospital also offers a One Stop Breast Clinic. This pathway enables patients to be referred or to self-refer into a clinic at short notice where they will be seen by a Breast Specialist and undergo diagnostic examinations such as ultrasound and mammography on the same day. 2025 has seen Pinehill Hospital also implement the MRI for breast patients to help support this service. A management plan can quickly be put in place with the option or surgery available to be conducted at Pinehill.

Community Spirit

Pinehill Hospital and our employees are proud to support a number of local organisations and charities as well as raising money for national charities. Over the past year we have supported:
- Sponsorship of Hitchin Girls' School Football Team
- Sponsorship of Hitchin Rugby Club.
- Sponsorship of Mo Running event in Milton Keynes
- 3 nurses took on the Thames Path 50K walk raising money collectively for Cancer Research UK and Dementia UK.

One employee has also been selected to represent Great Britain as part of the international football team in the Tokyo Deaf Olympics in November 2025.

Care Quality Commission (CQC)

Pinehill is regulated by the CQC. The hospital achieved a 'Good' rating in the last on site CQC inspection in December 2018, where all care within the hospital was assessed against the 5 domains; caring, safe, well-led, responsive and effective. Areas previously identified in the inspection were staff appraisals, staff requiring further training on post-operative risk assessments and staffing levels if more than 1 ward area was open.

The table below shows the growth that has been made within the areas of concern highlighted and actions to be taken to continue and maintain this stance.

| Area of Concern	2022/2023 Progress	2023/2024 Progress	2024/2025 Progress
Staff appraisal completion rate	Increase to 79.7% (Ramsay benchmark 80%)	Increase to 81% (Ramsay benchmark 80%)	Increase to 87% (Ramsay benchmark 80%)
Post-operative risk assessments	Monitored through Tendable auditing app which showed an increase from 71.4% in May 2022 to 100% in August 2022 and maintained through Jan 2023.	Decrease in compliance from 100% to 80% in December 2023. Focus from new Ward Manager in March 2024 which has increased	September 2024 saw a decrease back down to 67% due to a high number of agency workers. January 2025 saw this increase up to 83% and is an integral

		compliance back up to 100%	part of induction from new starters throughout 2025.
Staffing levels	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of activity – no breaches reported.	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of activity – no breaches reported.	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of activity – no breaches reported.

Area of Concern	2025/2026 Actions
Staff appraisal completion rate	Progression to reach >95% and maintain levels
Post-operative risk assessments	Focus on increasing knowledge through induction for contracted and agency staff.
Staffing levels	Continue to monitor to ensure no breaches occur.

The below graph shows the increase in the completion of staff appraisals over the past 3 years. To help aid this there has been a focus on ensuring that all employees who undertake appraisals are equipped with the right skills to make this process meaningful to all. There has been additional training available to all employees with line manager or team leader responsibility internally as well as corporate training for all employees with a focus on "getting the best out of your appraisal." Although Pinehill Hospital has now reached the Ramsay Healthcare benchmark level, this will continue to remain a focus for 2025/2026.
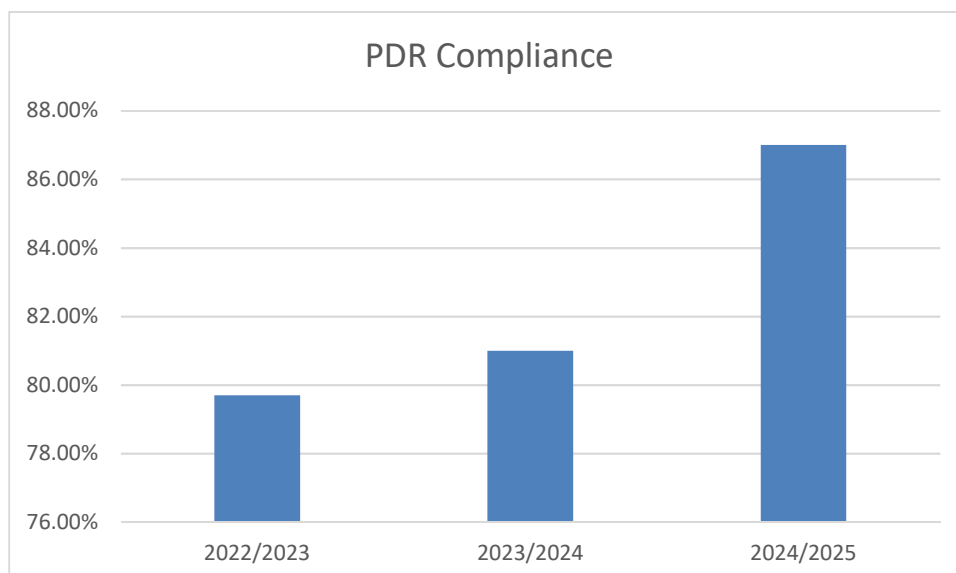
The graph below shows the post-operative risk assessment compliance score from the Wards medical records audit through May 2022 - January 2025 highlighting the average score of question: There is evidence in the pathways that all relevant patient risk assessments have been reassessed on a daily basis.

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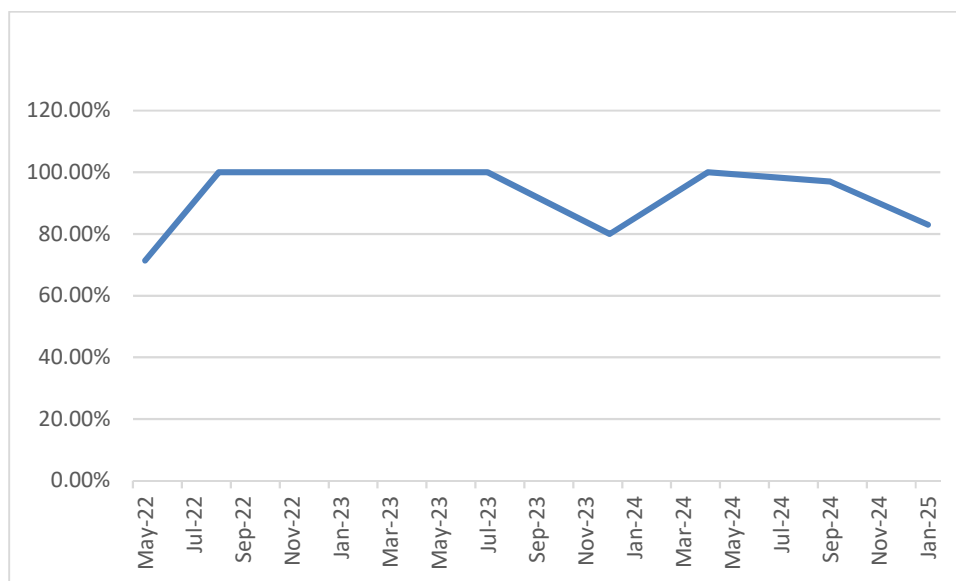
There was a decrease in the compliance of reassessing all risk assessments on a daily basis since September 2024. This CQC inspection in 2018 noted a particular lack of compliance in the waterlow risk assessment. This audit question covers all risk assessments inclusive of waterlow score, manual handling risk assessment, bed rails risk assessment and MUST scoring. In 15 sets of notes in January 2025 there was 1 set of notes out of 15 sets that were audited that showed that the waterlow score had not been completed. Whilst the CQC highlighted low compliance with the waterlow score, our aim is to promote all risk assessments and not just specifically the waterlow score. The decrease in compliance is in relation to embedding a new risk assessment for bed rails.

To enhance staff competence "risk assessment compliance" will be added to Ward team meetings as a standard item agenda to ensure this is regularly discussed and gives staff the chance to highlight any concerns or challenges they have with the completion of risk assessments.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

On an annual cycle, Pinehill 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

Training and Education

The Care Quality Commissioner (CQC) state "Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities."

At Pinehill Hospital we recognise that training and education is not just for the benefit of our employees but also our patients and stakeholders. Our aim is to:

- Achieve and maintain a minimum of 95% compliance for all mandatory training for all employees.
- Increase and maintain Personal Development records (PDR) to 90% compliant.

Month	E-learning compliance	Face 2 face training compliance
April 2024	96.7%	93%
May 2024	97.8%	91%
June 2024	98.3%	89%
July 2024	98%	94%
August 2024	98.3%	91%
September 2024	98%	92%
October 2024	98.8%	94%
November 2024	No data available	94%
December 2024	99%	94%
January 2025	99%	92%
February 2025	99%	92%
March 2025	97.6%	91%

The table above shows month on month compliance separated into e-learning and face to face training compliance. Mandatory e-learning modules are inclusive of:

- Safeguarding levels 1 and 2 – there is a training needs analysis in place which gives support for all staff who struggle to complete and maintain competence in safeguarding.
- Oliver McGowan Learning Disability
- Infection Prevention and Control levels 1 and 2
- GDPR and Data Security
- Equality and Diversity
- Manual Handling
- Consent
- Medical gases

Face to face training is inclusive of:

- Basic Life Support
- Immediate Life Support – this enables employees to hold the emergency bleep which is monitored each day through the daily safety huddle to promote patient safety.
- Safeguarding levels 2 and 3 - there is a training needs analysis in place which gives support for all staff who struggle to complete and maintain competence in safeguarding. It is Ramsay policy that there is a level 3 safeguarding trained employee on shift at all times which is audited monthly to ensure compliance. Level 2 training also incorporates safeguarding supervision where incidents are discussed and lessons learnt discussed.
- Infection Prevention and Control inclusive of hand hygiene and Aspetic non Touch Technique
- Manual Handling basic and advanced levels
- Blood Transfusion – employees must achieve 100% of the annual blood transfusion test at the end of the training to maintain their competence. Pinehill Hospital require all emergency bleep holders to have a blood transfusion competency in date which is monitored daily at the safety huddle.
- Medicine Management

The objective for E-learning compliance was achieved. It is noted that the face to face mandatory training levels did not reach 95%. This was due to a limited number of trainers able to deliver specific sessions. Pinehill have focused on growing the number of trainers to ensure cover for each sessions

can be maintained throughout the year. This continues to be a focus for 2025/2026. The threshold set by the Integrated Care Board (ICB) of over 90% was maintained for 11 out of 12 months of the year. Staffing levels and skill mix in each department are monitored to ensure that there are competent staff on each shift to maintain patient safety.

Pinehill have also supported additional external training for employees, inclusive of:
- Advanced Life Support
- Basic Life Support train the trainer courses by the Resuscitation Council
- Multi-Agency Safeguarding training for level 3 and 4
- Infection Prevention and Control – wound care management and Surgical Site Infection Surveillance
- Human Factors
- Medical Exclusion Criteria
- Blood result interpretation
- ECGs

To enhance patient safety through a skilled workforce – Pre-assessment Triage

As part of a wider project throughout Ramsay Healthcare, Pinehill Hospital have implemented a new process for pre-assessment in line with the get It Right First time Guidance (GIRFT).

We will aim to achieve this by:

- Ensuring all patients who are booked onto theatre lists are suitable for Pinehill Hospital in line with our exclusion criteria, reducing the risk of cancellation further down the line.
- All patients to be triaged for suitability within 5 days of the theatre booking submission being made.
- Pre-assessment telephone and face to face appointments being completed 4 weeks in advance.
- Pharmacy involvement in seeing high risk / complex patients to enhance patient education pre-operatively
- Proactively manage theatre lists by having patients ready to booked
- Ability to fill short notice gaps in lists by having a "pool" of patients deemed fit for surgery by the pre-assessment team

Over the past year we have partially achieved this action. Cancellations within the 2 weeks of surgery have reduced with all patients being triaged and proceeding ahead following the guidelines of the exclusion criteria. The overall aim for Ramsay Healthcare is for all patients to be triaged within 5 days of the theatre booking submission. This is an area that has not been achieved for the following reasons:

- During 2024 pre-assessment underwent an internal inspection from another Ramsay site. The outcome was positive in relation to the process that had been implemented but found that challenges with adhering to the process were due to high level of sickness and high turnover of staff within pre-assessment over the past year. There has been a positive response with recruitment and the focus for pre-assessment over the next year will be to ensure there is good induction and retention of staff with the aim to achieve our original priority.

- Completion of patient health questionnaires by patients. All patients are sent a link to an electronic patient health questionnaire with their initial outpatient appointment letter. As patients may not be aware that they need surgery prior to their appointment many patients do not feel it is necessary to complete the patient health questionnaire at this stage. This hinders our ability to be able to triage patients for their suitability for surgery within 5 days of the theatre booking submission. Over the past year Pinehill has implemented a new process where the link to patient health questionnaires are emailed to patients the day after their theatre booking submission has been made. We have seen a positive impact from this which enables us to triage patients sooner but the "within 5 days" target remains a challenge.

Pre-assessment have excelled in ensuring that patients are seen face to face 4 weeks prior to their date of surgery. We are currently running at 6 weeks prior to patient's surgery dates which gives time for any optimisation following blood results or treatment for MRSA positive patients to take place without delaying the surgery.

Throughout 2024 Pinehill has continued to implement our Surgical Pathway MDT for complex patients which pharmacy are an integral part. All medication for each patient is reviewed and guidance given alongside guidance from Consultants to ensure patients are aware of when to stop and restart medication if required.

Proactive management of theatre lists have been a priority for Pinehill over the past year and have seen an increase in theatre utilisation from >60% to >84%. This has been possible by the proactive management of patients through pre-assessment with appointments being 6 weeks in advance.

Clinical Effectiveness

Day case Joint Replacement Surgery

To increase the uptake of day case joint replacement surgery Pinehill Hospital would like to focus on specific areas within the pathway.

We aim to achieve this objective by:

- Focusing on theatre list placement on a daily basis. Patients suitable for day case joint replacement surgery need to be placed on a morning theatre list.
- Identification of patients expanded to include physio and pre-assessment to highlight suitable patients.
- Review of take home medication to ensure that patients have adequate pain relief and can manage these safely at home.
- Implementation of a discharge co-ordinator who can be the point of contact for patients during the first few days at home to added support.

Pinehill has achieved this priority over the past year with patients who are deemed suitable to be a day case for joint replacement surgery being highlighted by the Consultants to the multi-disciplinary team at an early stage. Consultant engagement has been key in identifying these patients and discussing the requirements for day case surgery at their consultation.

We have reviewed the pain management for patients by removing the use of long acting opioid medication and giving patients the analgesia they will take home from the start with strong opioid medication for break through pain. There has been an ongoing audit to review pain management for all patients which has shown positive outcomes for patients in relation to pain management following discharge.

October 2024 saw Pinehill Hospital implement a discharge co-ordinator which enables patients to have a point of contact following discharge and promotes continuity of care. This role has not only supported patients with discharge but has had a positive impact on our friends and family feedback and supported a reduction in re-admissions.

Out of theatre Procedures

There are a number of benefits to transferring lower acuity procedures from the main operating theatre to an alternate setting such as the Minor Ops Suite or Treatment Room, including:

- Releasing Main Theatre capacity to increase complex activity.
- Creating theatre efficiencies and better use of anaesthetist time by eliminating mixed (GA and LA) lists.
- Increasing the number of minor procedures per list due to day case pathway efficiency.
- Reducing the length of stay, reducing costs and improving patient experience.
- Appropriate and cost efficient staffing and staff skills in line with AfPP standards.
- Removing unnecessary exposure to anaesthetic gases for patients having minor local procedures.

Over the past year there has been an increase in the Consultant body at Pinehill which has limited space in outpatients, therefore this priority has not been achieved.

Patient Experience

Patient Participation Groups (PPG)

To increase participation with the public and stakeholders, Pinehill Hospital aims to grow and further develop our patient participation group. The aim of this group will be:

- To invite patients to PPG meetings held quarterly to discuss improvements that can be made within our Hospital
- To invite members of the PPG to be involved with audits such as the PLACE audit.

2024 saw Pinehill Hospital implement a patient participation group. Only 2 members of the public joined this group and although initial engagement was good the participants felt that did not want to commit to the group. We have not been able to get any other patients to commit with common reasons being:

- lack of time patients have alongside their personal and work lives
- lack of incentive for patients

A priority for 2025/2026 will be to change these meetings to be a patient experience group focusing on one off meetings for patients from different specialities.

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

Looking forward to 2025/2026 the Clinical Heads of Departments at Pinehill Hospital have had an annual review of the clinical strategy to focus on some key elements within their departments, engaging across all departments to improve the patient journey, employee and stakeholder experience at Pinehill Hospital. The strategy was reviewed in line with the new CQC framework implemented in August 2023.

To engage all employees at Pinehill Hospital, both clinically and operationally, the clinical strategy is showcased in the main corridor outside the restaurant. This is linked to the CQC's 5 domains for safe, effective, responsive, caring and well-lead. Each domain is represented by a tree with each branch representing one of the CQC quality statements as shown in the pictures below. Each branch has leaves of how that quality statement is being achieved and colour coordinated to match the 7 initiatives of Pinehill Hospital's clinical strategy. Each department is encouraged to have their own tree in their department, showcasing the areas they are focusing on.

The strategy house below identifies the key areas that Pinehill Hospital are focusing on and what we are aiming to achieve. There are 5 main areas that Pinehill Hospital will be focusing on over the coming year which are identified in categories for Patient Safety, Clinical Effectiveness and Patient Experience. We have identified that all of these areas have a common theme of training and education to link them all together and enable a smooth patient journey.
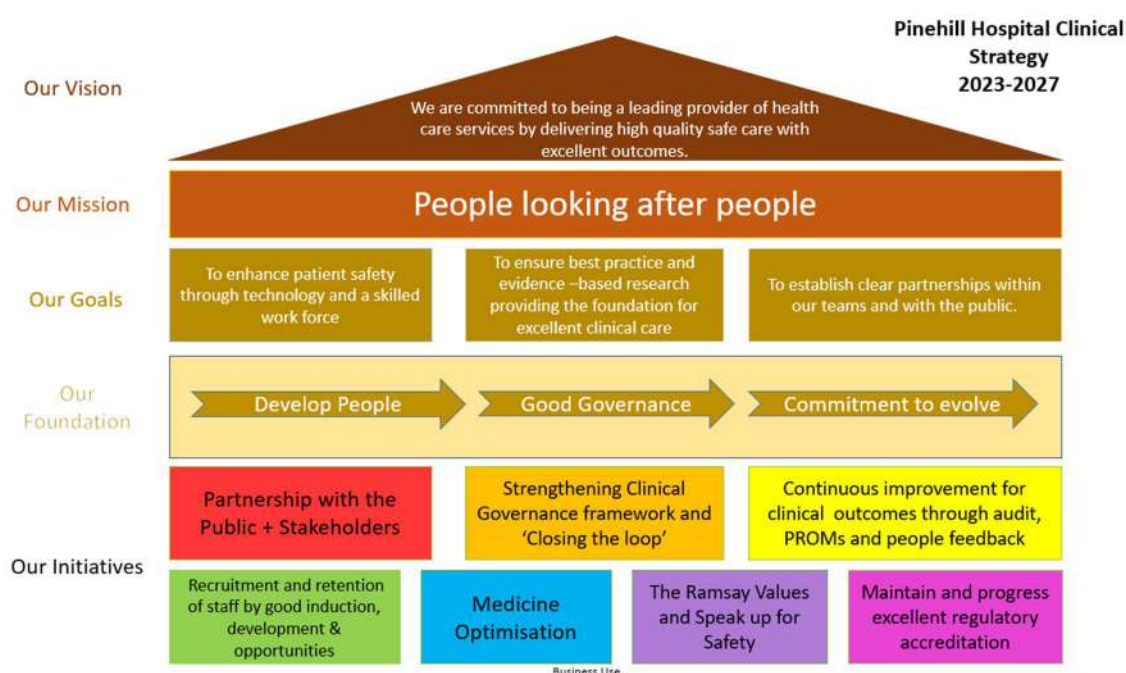
Training and Education

The Care Quality Commissioner (CQC) state "Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities."

At Pinehill Hospital we recognise that training and education is not just for the benefit of our employees but also our patients and stakeholders. Our aim is to:

- Achieve and maintain a minimum of 95% compliance for all mandatory training for all employees.
- Increase and maintain Personal Development records (PDR) to 90% complaint.
- Recognise that training and education comes in all different forms with clinical supervision being an excellent learning tool. Over the following year we aim to continue learning through the patient safety incident response framework (PSIRF) and implement the role of the professional nurse advocate to support and embed clinical supervision.

We will achieve this by:

- Continuing to provide additional training days via an external trainer to cover additional clinical and non-clinical topics.
- Increase the amount of in house trainers to cover all subjects
- Training diary is produced annually and distributed in October for the following year to allow Heads of Departments visibility of planned training days so they can proactively book employees whilst maintaining safe staffing levels in their department.
- Access to clinicalskills.net for reinforcement and easily accessible information
- Competencies completed within induction period and reviewed annually at appraisals.
- Implementation of professional nurse advocate role
- Maintain utilisation of the learning response tools from PSIRF including the safeguarding specific after action review.

Training compliance is monitored monthly by Human Resources and the Senior Leadership team. Additional training topics are requested and sourced in response to trends identified within different areas of practise. PDR compliance is monitored through Key Performance indicators.

Learning from all incidents is monitored through Pinehill Hospital's weekly patient safety incident review group (PSIRG).

To enhance patient safety through a skilled workforce – Pre-assessment Process

Pinehill Hospital will continue to promote the pre-assessment pathway and ensure that all new starters have a thorough induction to ensure that there is a standardised level of care for each patient.

We will aim to achieve this by:

- All patients to be triaged for suitability within 5 days of the theatre booking submission being made.
- Promote group pre-assessment clinics for all patients with an ASA grade 1 who require investigation tests only. This will increase utilisation of the pre-assessment clinics and increase capacity through the department
- Implementation of a patient diary to minimise the amount of separate leaflets given to patients and to ensure there is a standard guide given to all patients to promote patient engagement in their own care plan.

The success of this objective will be monitored through reviewing cancellations on a monthly basis which is part of the Ramsay Key Performance Indicators. Successful implementation of this framework will see a decrease in cancellations, patients triaged within 5 days of theatre booking submission and an increase in theatre utilisation. The success of the group pre-assessment and patient diary will be measured by clinic utilisation, preparation for theatres and discharge as well as infection rates post discharge.

Clinical Effectiveness

Infection, Prevention and Control

Pinehill Hospital will be focusing on reducing infection rates. Over the past year Pinehill Hospital has seen an increase in superficial surgical site infections.

We will aim to achieve this by:

- Enhancing patient education to promote self-care optimisation for infection control both pre and post operatively
- Enhancing infection, prevention and control training to be inclusive of annual sepsis training
- Standardising documentation for wound care clinics to bring sepsis to the forefront of employees assessments
- Enhance training for housekeepers in line with National Cleanliness Standards 2025
- Implement a regular schedule for deep cleaning in all departments

This objective will be monitored through key performance indicators for surgical site infection and UK Health Security Agency (UKHSA) via national HCAI surveillance audit. Weekly monitoring will continue through Pinehill Hospital's patient safety incident review group (PSIRG).

Patient Experience

Patient Engagement Groups (PEG)

To increase participation with the public and stakeholders, Pinehill Hospital aims to grow and further develop our patient engagement group.

Public

The aim of this group will be:

- To invite patients to speciality focused PEG meetings. These meeting will be held bi-monthly with a focus on patient experience and areas to improve. Each meeting will focus on a different speciality to cover a diverse range of patients and their needs.

- To invite members of the PEG to be involved with audits such as the PLACE audit.

To achieve this objective we aim to:

- Offer the opportunity to all patients, covering a diverse range of the population, to be a member of this group by asking them to complete a consent form for participation

- Engage with patients in bi-monthly PEG meetings to cover a standard item agenda for any clinical areas that have shown as an area for improvement through audits and clinical incident trend, discuss common themes from friends and family feedback to gain public ideas on how to make the patient journey smoother for all patients across all departments drawing on their own experiences.

- Invite members of the PEG to attend the annual PLACE audit

- Discuss the results of the annual PLACE audit and engage with the PEG to create and complete the action plan based on these results

The success of this objective will be measured by the amount of members of the public who give consent to be a part of the PEG. Success will also be measured by how many attendees/participants we have at the PEG meetings and involved in the PLACE audit.

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 Pinehill Hospital provided and/or subcontracted 22 eRS NHS services inclusive of 4 RAS services.

Pinehill Hospital has reviewed all the data available to them on the quality of care in all 22 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 42.3% per cent of the total income generated from the provision of NHS services by Pinehill Hospital for 1 April 2024 to 31st March 2025.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the 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%

HCA Hours as % of Total Nursing – 21.5%

Agency Cost as % of Total Staff Cost – 5.7%

Ward Hours PPD – 6.49

% Staff Turnover – 21%

% Sickness – 3.8%

% Lost Time – 21.8%

Appraisal % - 87%

Mandatory Training % - 99%

Staff Satisfaction Score – 71% engaged

Number of Significant Staff Injuries – 1 reported to RIDDOR

Patient

Formal Complaints per 1000 HPD's – 1.26%

Patient Satisfaction Score – 98%

Significant Clinical Events per 1000 Admissions – 0

Readmission per 1000 Admissions - 3.32%

Quality

Workplace Health & Safety Score - 96.8% from 2024. In 2025 Ramsay Healthcare have separated this audit into monthly audits. The chart below shows what audits are covered each month and the current compliance at Pinehill Hospital.

Audit	Department Allocation / Ownership	QR Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency
	Red 0 - 69%					Amber 70-89%	Green 90% over			Updated	23/05/2025			
Catering (Kitchen)	Ops Managers	Health & Safety	94.9%			93.8%			93.8%			97.5%			July, October, January, April
Catering (Ward)	Ops Managers	Health & Safety	94.1%			96.1%			94%			96.1%			July, October, January, April
H&S Fire Safety	Ops Managers	Health & Safety	2025						100%						January, July
H&S Legionella	Ops Managers	Health & Safety		2025						100%					February, August
H&S PUWER/LOLER	Ops Managers	Health & Safety									100%				March
H&S Management	Ops Managers	Health & Safety										100%			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			2025										September (25)
H&S COSHH	Ops Managers	Health & Safety				2025									October (25)
H&S Electrical Safety	Ops Managers	Health & Safety					2025								November (25)
H&S Violence at Work	Ops Managers	Health & Safety						2025							December (25)

Infection Control Audit Score – Governance and Assurance – 100%

Consultant Satisfaction Score - Data is only released as a Cluster and not as an individual site.

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Pinehill Hospital participated in 6 national clinical audits and 0 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 Pinehill 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.

Public

| Count	Project name (A-Z)	Provider organisation	Comments
3	British Spine Registry	Amplitude Clinical Services Ltd	91% compliant
7	Elective Surgery (National PROMs Programme)	NHS Digital	Continuation for Hips, Knees, Shoulder replacements, TURPs, Breast Augmentation, Carpel Tunnel, Septoplasty
12	Mandatory Surveillance of HCAI	UK Health Security Agency (UKHSA)	0 submissions
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership	Ongoing for all joint replacement surgery. 100% submission – Gold award achieved
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	0 submissions
50	Surgical Site Infection Surveillance	UK Health Security Agency (UKHSA)	Knees – 0.4% Hips – 0.6% Spinal – 8.9%

The reports of 6 national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Pinehill Hospital intends to take the following actions to improve the quality of healthcare provided:

| Count	Project name (A-Z)	Provider organisation	Actions
3	British Spine Registry	Amplitude Clinical Services Ltd	MDT service to be formulated Increase Consultant engagement
7	Elective Surgery (National PROMs Programme)	NHS Digital	Continuation of ePROMS
12	Mandatory Surveillance of HCAI	UK Health Security Agency (UKHSA)	Continuation of reviewing and reporting HCAI
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership	Maintain Gold achievement
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)	Reporting managed by blood supplier. Continuation of monitoring and reporting adverse incidents in relation to blood products
50	Surgical Site Infection Surveillance	UK Health Security Agency (UKHSA)	Continuation of monitoring, managing and reporting signs of infection. Actions identified for clinical priority 2025/26

Public

Local Audits

Ramsay Healthcare uses the audit platform Tendable for completion, monitoring and action plans. The table below shows the completion of audits against deadlines on a monthly basis from 1st April 2024 – 31st March 2025. Audits are reviewed at clinical governance committee meetings as well as a focus area in Clinical Heads of Department meetings.

Inspection completion over time
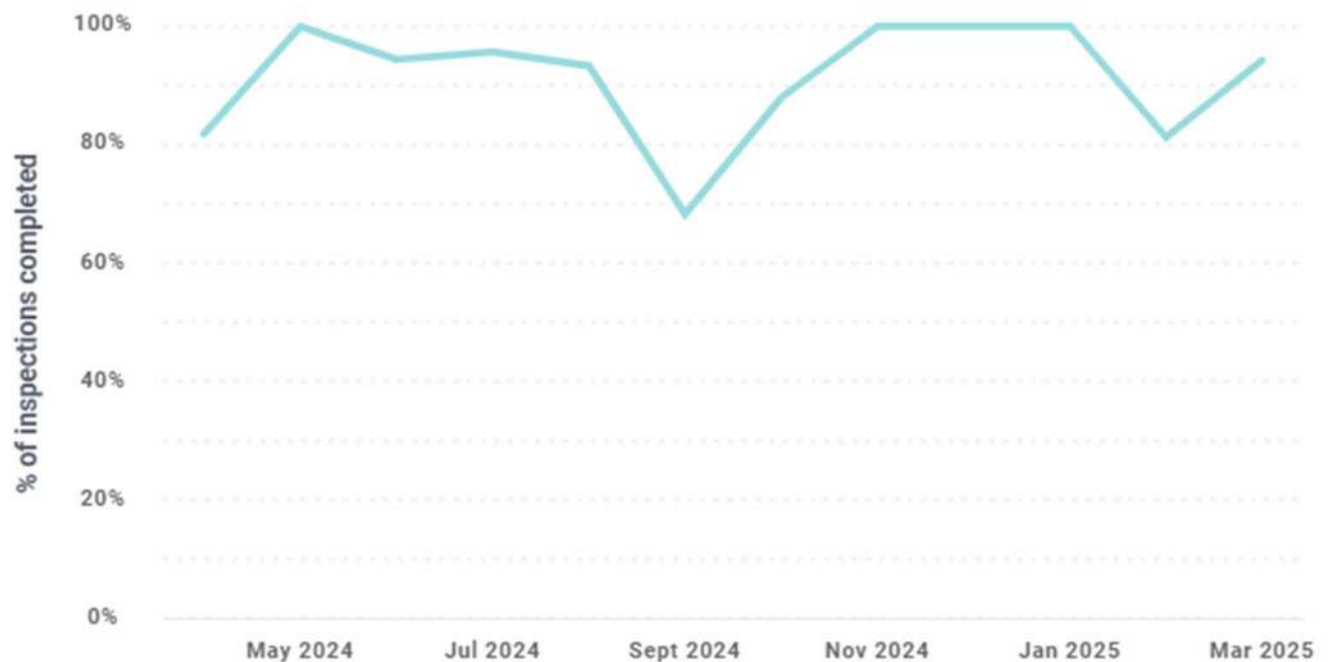
A total of 326 inspections have been undertaken during April 2024 – 31st March 2025, with an average score of 92.7%. The clinical audit schedule can be found in Appendix 2. Monthly audit average results can be identified in the graph below.

Public

Average inspection score over time
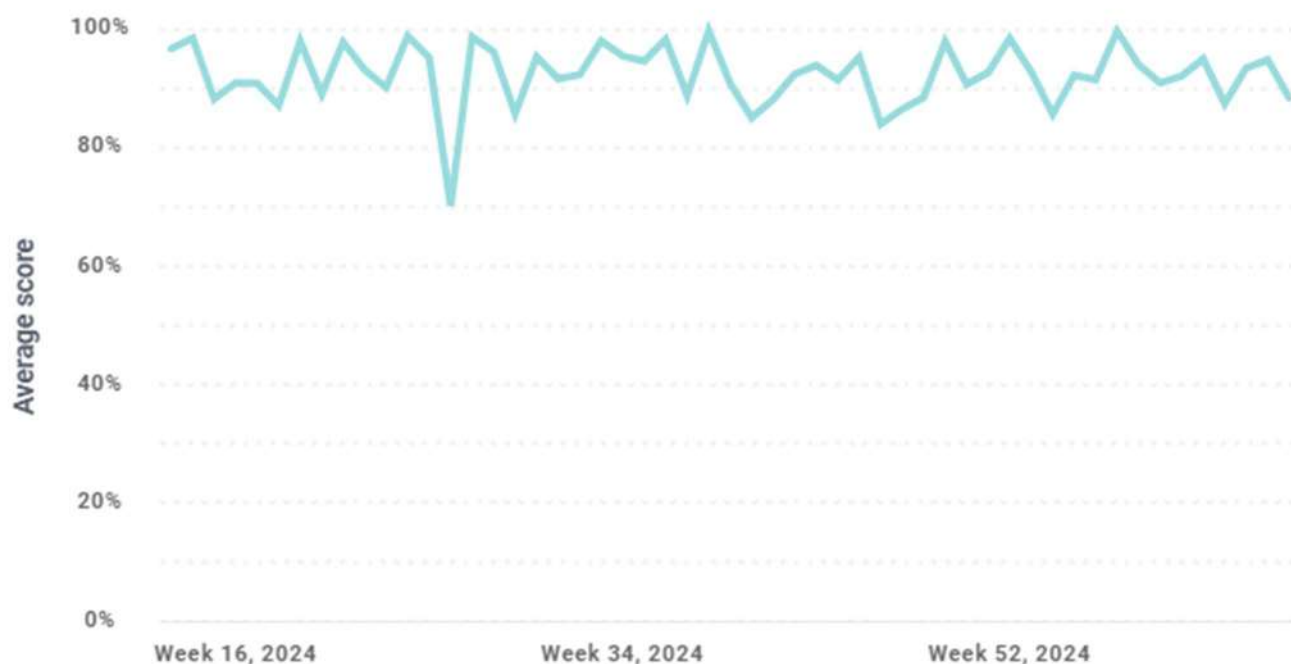
Action Plans are created from each standard that is not met in all audits and reviewed within governance meetings. The table below highlights the improvement on the areas of focus highlighted in 2024/2025.

Area of focus	Comments
Falls prevention in relation to falls risk assessment and bed rails risk assessment	A thematic review of all falls in the first half of 2024 highlighted areas of focus that linked with the falls audit. These areas are: Completion of falls risk assessment and completion of bed rails risk assessment which was introduced in 2024. All patients who are a high risk of falls are highlighted from pre-assessment and discussed in the weekly surgical pathway MDT for complex patients. This alerts the multi-disciplinary team which patients are a high risk of falling so that bed allocation can be managed proactively.
Nutrition and hydration in relation to fluid management	2024 saw the implementation of sip til send to promote hydration for patients being admitted for surgery. The audit highlighted areas for focus to be the documentation of sip til send.
Infection Control 50 cleaning steps to ensure safety throughout the patient journey and prevent the spread of possible infection.	Completion of the 50 steps audit has remained to be completed weekly. Main areas for concern highlighted are: OPD and pre-assessment areas, pharmacy and main reception. Pinehill invited the ICB to complete an audit in relation to cleanliness in January 2025.

	Recommendations made are:
	1. Ensure cleaning responsibilities are clearly defined as per the national standards of healthcare cleanliness Cleaning responsibility framework.
	2. Implement regular cleaning schedule for high-level surfaces, including those in reception area and for radiators and portable fans in patient areas to prevent accumulation of cobwebs, dust and dirt. 3. Establish a designated storage area for cleaning trolleys to maintain cleanliness and prevent contamination.
	4. Ensure water dispensers and kitchen taps are descaled regularly as part of a planned maintenance and cleaning programme.
	5. Ensure blinds are visibly clean and on an agreed changing programme.
	6. Address environmental damages.
	7. Ensure carpeted areas are incorporated into a regular cleaning programme to maintain standards. 8. Ensure IPC is incorporated into the induction checklist for agency and bank staff.

Pinehill Hospital will continue to take the following actions to improve the quality of healthcare provided for 2025/2026:

- Further training and enhancement of knowledge regarding patient falls risk assessments.

- Implementation of Surgical Pathway MDT so patients who are a high risk of falls can be escalated and reviewed to ensure safety is maintained at all times

- Focus on pain management and patient education regarding pain medication.

- Enhancement in employee practice to consider the pain score as an additional vital sign

- Patient engagement at pre-assessment to enhance patient participation and adherence to guidelines for optimisation

Throughout 2024 Pinehill continued to conduct a Patient Perception audit that covers areas described below:

Room	Hand Hygiene – Ask for each professional group. (yes/No/ Free text)			Do you feel the call bell is answered timely way? (yes/No/ Free text)	Do you feel you are treated with P&D (yes/No/ Free text)	Do you feel included in decisions? (yes/No/ Free text)	Are your needs being met? (yes/No/ Free text)	Do you think anything could be changed? (yes/No/ Free text)
		Wash	Sanitise					
	NURSE							
	Doctor							
	Physio							
	Hostess							

Patient perception has continued to be very positive, with all patients feeling that their needs are attended to in a timely manner, being treated with privacy and dignity and included in decisions.

An area of focus highlighted from these audits has been the visibility of the Consultant conducting hand hygiene. This will be addressed through governance meetings and communication with Consultants.

2.2.3 Participation in Research

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

Innovation

2024 saw the implementation of the discharge co-ordinator on the ward. The aim of this role is to enhance continuity of care post discharge for all patients. This is a patient led service extending a period of time felt needed by the patient for the first 2 weeks post surgery. The effectiveness of this service is monitored through patient feedback via the complicity portal and has seen an increase in our net promoter score and an increase in the response rate as well monitoring through key performance indicators. Since the implementation of this role we have also seen a decrease in readmissions as patients have a point of contact where they can gather advice preventing the need for re-admission both on site and into the local NHS Trust.

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

Pinehill Hospital's income from 1 April 2024 to 31st March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. This is due to the Covid-19 suspension continuation.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

Public

2.2.6 Data Quality

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

The data below is a percentage of Ramsay Healthcare compliance. Improving data quality and clinical coding can deliver clinically meaningful information that can be used to demonstrate quality, patient safety and act as an early warning system for poor or declining performance. This is particularly important following the events at Mid Staffordshire where the Francis Inquiry recommended, "All healthcare provider organizations should develop and publish real time information on the performance of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction, and on the performance of each team and their services against the fundamental standards." (Mid Staffordshire Inquiry Feb 2013)

On induction, our staff are trained in how to obtain and input data correctly into our electronic systems and how to handle it confidentially. Staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital.

Data is monitored through:
- Clinical records audit divided into Pre-assessment records, surgical theatre records and medical records from the ward.

- Reports are reviewed weekly and monthly on operation note completion and VTE compliance.

- Missing visit worklists are closed down daily to ensure that all episodes of care are linked to a referral, with a corporate dashboard league table published and shared monthly. This is reviewed at monthly Head of Department meetings.

NHS Number and General Medical Practice Code Validity

Pinehill 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:
- 99.86% 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

Pinehill 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	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Pinehill	2023	98%	94%	100%	99%	Level 3

Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at April 2025

Public

2.2.7 Stakeholders views on 2024/25 Quality Account

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Pinehill Hospital for 2024/2025.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Pinehill Hospital Quality Account for 2024/25. The ICB would like to thank Pinehill Hospital for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from Pinehill Hospital. During the year the ICB has been working closely with Pinehill Hospital in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

When reviewing the progress highlighted against the 2024/25 priorities, the ICB notes the ongoing work and partial achievement of some objectives, and the areas of focus related to Patient Safety, Clinical Effectiveness and Patient Experience for 2025/26.

The Quality Account outlines the range of approaches Pinehill Hospital has employed to maintain its focus on Infection Prevention and Control throughout 2024/25 as well as the areas for improvement in the coming year. The ICB would like to encourage Pinehill Hospital to continue with its reflective learning mechanisms and governance in this area and to sustain the zero Clostridium difficile (C. diff) infections.

Pinehill Hospital's efforts to increase patient feedback responses by providing multiple opportunities and methods for feedback is welcomed, as is the ongoing work in relation to developing a patient experience group.

The ICB acknowledges Pinehill Hospital for their dedication in implementing the Patient Safety Incident Response Framework (PSIRF), strengthening how the NHS learns from patient safety incidents to enhance care and outcomes. We will continue our joint working with Pinehill Hospital and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025/26, the ICB supports Pinehill Hospital quality priorities, and we look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.

Carolanne Brannan
Deputy Director of Nursing and Quality
Hertfordshire and West Essex ICB

Dr Jane Halpin, Chief Executive   Rt. Hon. Paul Burstow, Chair

Public

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Clare Granada

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

Introduction

At Pinehill Hospital we maintain comparison to previous years in both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our record of accomplishment as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospital and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open, transparent and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients. We deliver our care within our company values and practice high quality compassionate care 'The Ramsay Way'.

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
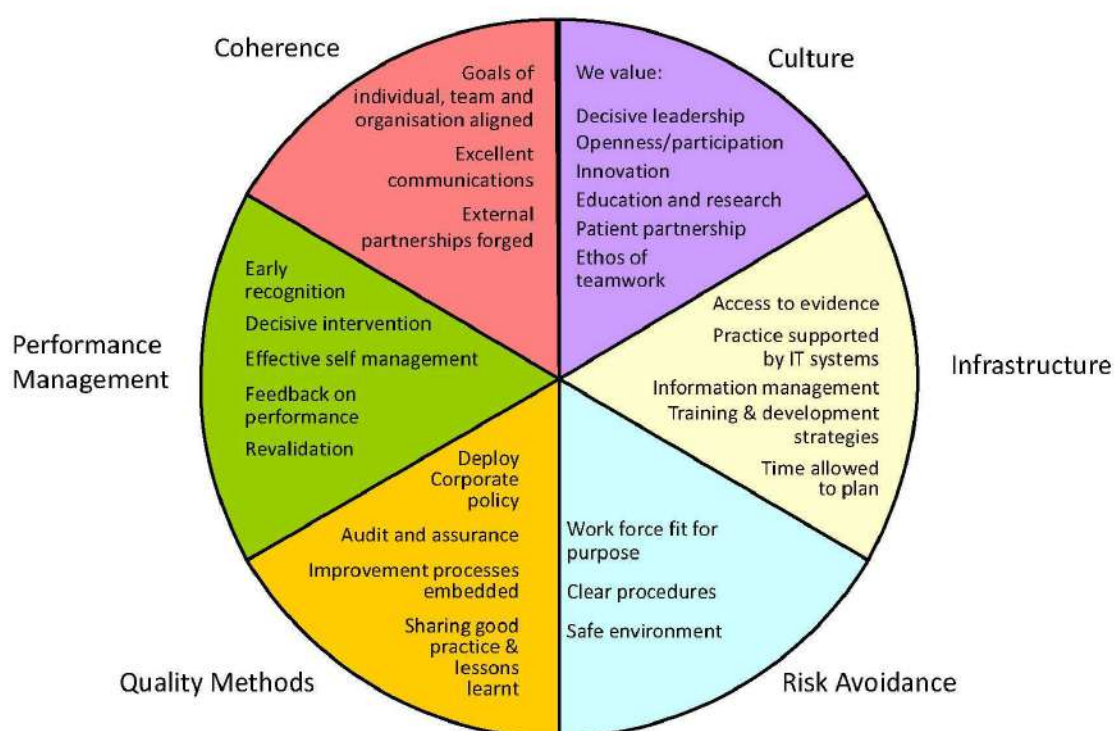
National Guidance

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

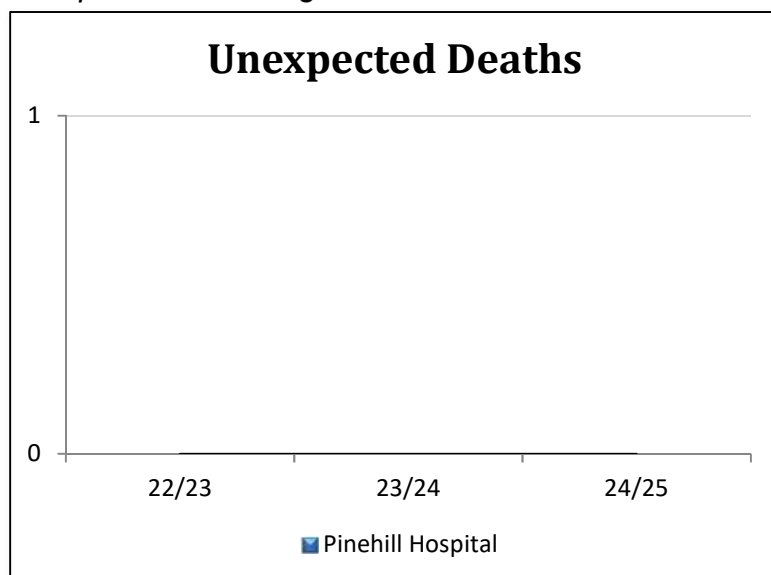| Mortality:	Period	Best		Worst		Average		Period	Pinehill	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC15	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC15	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC15	0.0000

Pinehill Hospital considers that this data is as described for the following reasons:
There have been no deaths at Pinehill within the past 12 months.

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

- Maintaining annual training compliance for basic life support for all employees

- Maintaining annual training compliance for intermediate life support training for all registered nurses, ODPs and MRI radiographers

- Tri-annual Acute Illness Management training for all registered nurses, ODPs and HCAs working in the Wards, Theatres, Outpatients and Pre-assessment.

- Encourage employees within recovery, Anaesthetic ODPs and ward nurses to complete Advanced Life Support.

A Resident Medical Officer (RMO) works on site covering 24 hours a day, 7 days a week, on a weekly rotational post. All RMOs undergo a thorough induction following successful completion of the Advanced Life Support course.

Rate per 100 discharges:

National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Pinehill	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC15	*
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC15	24.880
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar 23	NVC15	15.389

There is an issue with the published data for the 4 pilot ePROMs site inclusive of Pinehill Hospital. NHS England have been contacted to amend this. Ramsay sites have been amended and figures are as in.

PROMS: Knees	Period	Best		Worst		Average		Period	Pinehill	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC15	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC15	*
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC15	17.030

Pinehill Hospital considers that this data is as described for the reasons described below.

Knee replacements indicate a slightly lower than average adjusted health gain. This can be due to lower volumes of patients being operated on. Pre-operative scores for knee replacements are much higher than the national average. This can indicate that patients who are undergoing this procedure at Pinehill are generally in better health and receiving their treatment quickly which results in a decreased health gain.

This is an increase on the previous year which can indicate that we are addressing any issues that arise by engaging with patients and bringing forward additional physiotherapy appointments and consultations with the Consultant to help enhance the patient's outcome.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Pinehill	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC15	0.00032
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC15	0.00109
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC15	0.00332

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

Pinehill Hospital has seen an increase in readmissions in relation to aquablation therapy. The main cause has been urinary retention or challenges with catheters at home.

Pinehill Hospital has taken the following actions to improve this readmissions rate, and so the quality of its services, by:

- Implementing a discharge co-ordinator to follow these patients up after discharge and give them a point of contact for continuation of care

- Engagement with Consultant performing the surgery who has changed his technique in theatre which we are already seeing an improvement in a decrease in readmissions

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- Enhanced pre-assessment and discharge planning for patient education and engagement

- Engagement with microbiologist to ensure antimicrobial stewardship is followed to prevent any readmissions in relation to infection and sepsis.

Rate per 100 discharges:
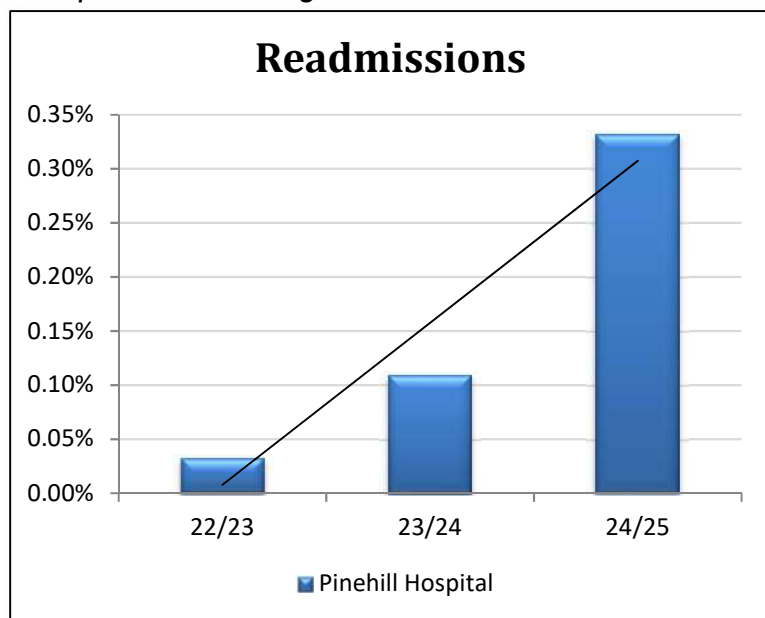
Responsiveness to Personal Needs

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

Public

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Pinehill	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC15	89.8%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC15	94.9%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC15	96.7%

Pinehill Hospital considers that this data is as described for the following reasons:
There was no data published after Q3 2019/2020 due to Covid 19 pausing the submission.
VTE risk assessment 2024/2025 has been reinstated and is ongoing until further notice.

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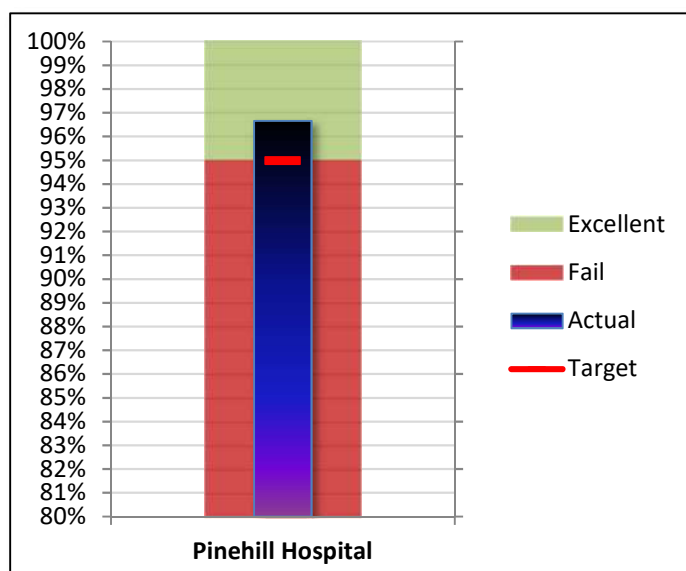
Pinehill Hospital intends to continue monitoring VTE assessment internally through our local audit program with the aim to ensure that there is 95% compliance or greater. This was identified as an area for improvement in our 2018 CQC inspection. Through 2024/2025 the completion of VTE risk assessments have been maintained at 100% completion.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Pinehill	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC15	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC15	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC15	0.000

Pinehill Hospital considers that this data is as described for the following reasons:
Pinehill Hospital has succeeded in protecting its patients from the harms of C difficile and has had zero cases in the past 6 years.

Benchmarking Data as published up to 2021/22 as at 14/04/23
Data was updated on the 26th September 2024. Added annual data for the financial year April 2023 to March 2024.

Pinehill Hospital intends to maintain compliance with the following actions:

- Our Infection Prevention Control Lead chairs the Local IPC Committee which consists of representatives from all key areas of the hospital, and includes a Consultant Microbiologist. The committee meets quarterly to oversee implementation of corporate policies and National guidance and review clinical audit & practice.

- All staff undertake mandatory infection prevention and control (IPC) training annually.

- Completion of corporate clinical audits, incident reporting, identifying trends and identification of further training requirements.

- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Also through local Medical Advisory Committee and Senior management meetings.

- Pinehill has an Anti-Microbial Policy & Anti-Microbial Prescribing Regime in place, which prohibits the use of restricted antibiotics and is in line with that of the Local Trust, East & North Herts NHS Trust. Compliance is monitored through the local Prescribing audit at Pinehill. Compliance with antimicrobials over 2024/2025 has been 87.5%. The results of this audit were very encouraging, showing a massive improvement since our initial data collection period in March/April to nearly 88%.

  Given that the majority of deviances from policy involved teicoplanin, some education and reinforcement of the alternative regime is probably necessary to ensure doses are weight-based and single doses only. Also, ensuring good prescribing practices should be maintained in theatre so doses are not omitted from drug charts.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Pinehill	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC15	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC15	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC15	0.000

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

There were no incidents reported with a severity level of 1 (Ramsay reporting tool uses an impact score of 5 to highlight severity level 1 incidents).

No independent sector data, Ramsay data is from Riskman (Overall Sev 1)
September 2023 update: We have paused the annual publishing of this data while we consider future publications.
There is no nationally published data for LFPSE at present (Ramsay went live in November 23).

Pinehill Hospital intends to continue to take the following actions to maintain this rate, and so the quality of its services, by:
- Continuing to promote the importance of accurate reporting of all incidents.
- Training staff on the incident reporting system during induction
- Maintaining staff knowledge and awareness for the completion of risk assessments incorporating falls, waterlow score, MUST score and dementia score for patients over the age of 65 years.
- Sharing outcomes with learning at all levels through the governance framework
- Annual Speak up for Safety training
- Additional training in Human factors available to all staff
- Continuing to promote the Ramsay behaviours and values.

Rate per 100 discharges:

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SUIs (Severity 1 or 2)
Type of Event: Patient
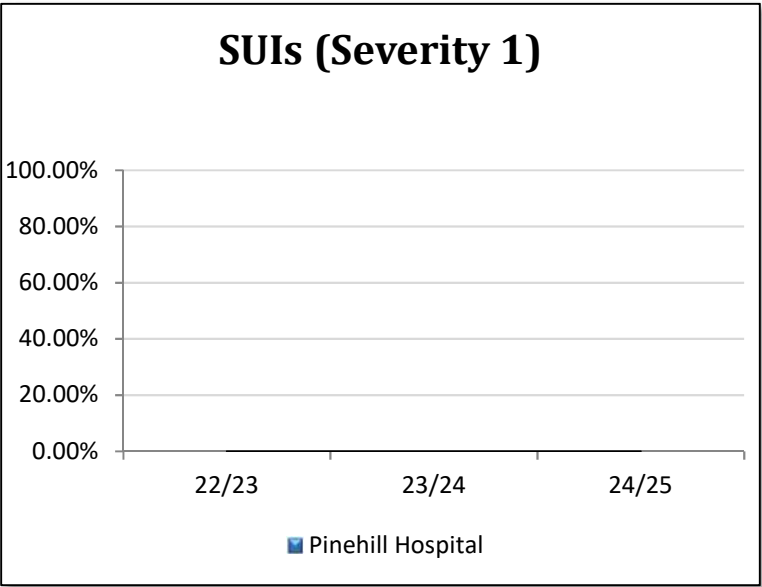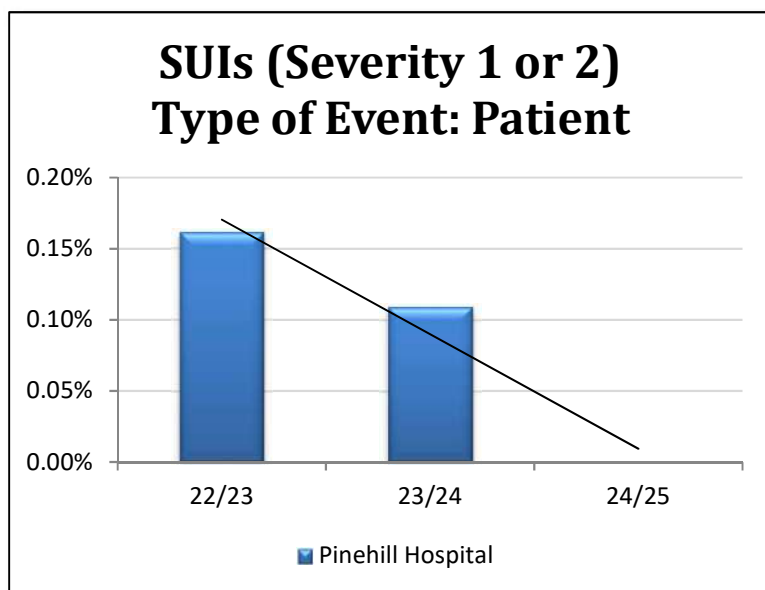
Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Pinehill	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC15	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC15	99.4%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC15	98.0%

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

NHS England is now calculating and presenting the FFT results as a percentage of respondents who would recommend the service to their friends and family. It can be seen that Pinehill has maintained an achievement above the national average, reaching 98%% in 12 month rolling percentage. Over the past 12 months Pinehill has focused on increasing the response rate to friends and family tests to enhance and validate the data received. March 2025 saw the following response rates:

	NHS Outpatient Response	NHS Daycase Response	NHS Inpatient Response
Mar-25	2%	60%	95%

Response for all areas are above the national average.

Pinehill Hospital intends to take the following actions to maintain this percentage and so the quality of its services by;
- Promoting patient feedback to all patients who use any service within Pinehill
- Create multiple opportunities, including electronic, for patients to give feedback throughout their Pinehill journey
- Continue to promote discussion following patient feedback in all governance forums

- Enhance staff knowledge by discussing outcomes and any learning through mandatory and clinical excellence training days

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

Pinehill 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 spinal 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:

Pinehill Hospital understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.

Infection Prevention and Control has a dedicated IPCN who runs the local IPC meetings, training and any initiatives, as well as partaking in the water and ventilation safety meetings. The water and ventilation safety meetings highlight any areas of low compliance with regulated water and ventilation checks such as water and air samples. This feeds into the local IPC meeting which is held in conjunction with Rivers Hospital (part of Ramsay Healthcare) and stakeholders from the ICB and our microbiologist.

All staff members undertake mandatory annual e-learning and practical training sessions for Infection Prevention and Control, focusing on hand hygiene and skin integrity for all employees. Clinical employees also attend further mandatory clinical excellence training which focuses on waste and sharps management and aseptic non-touch technique. The compliance rate for Infection Prevention and Control, both e-learning and face to face training, are highlighted in the graph below.
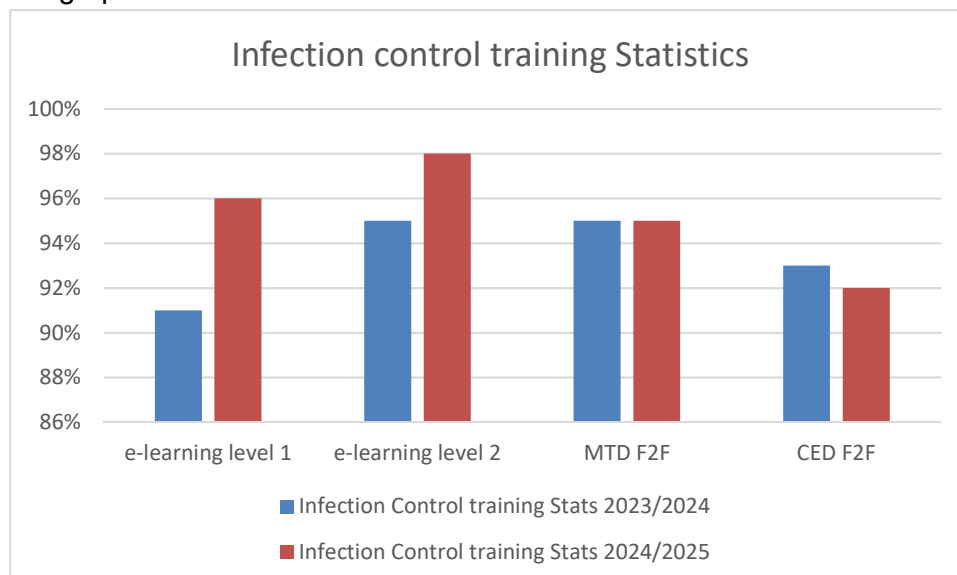
A comprehensive Infection Control Audit Programme was maintained throughout 2024/2025. During the past year there have been 185 Infection, Prevention and Control audits completed. The graph below identifies the elements of infection control that are audited and gives the overall average score for each audit.

Red 0 - 69%		Amber 70-89%	Green 90% over	Updated	23/05/2025						
Audit	Department Allocation / Ownership	QR Code Allocation	July	August	September	October	November	December	January	February	March
Hand Hygiene observation (5 moments)	Ward	Ward	95%	93%	96%	92%	95%	73%	100%	95%	95%
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	100%	100%	100%	100%	100%	100%	95%	100%	100%
Hand Hygiene observation (5 moments)	Theatres	Theatres	47.8%	100%	100%	98.1%	69.3%	83.3%	90%	77.8%	87.5%
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	100%	100%		80%	82.5%	91.7%	97.1%	100%	
Surgical Site Infection (One Together)	Theatres	Theatres				91.6%					HH - OPD 100%
IPC Governance and Assurance	IPC	Whole Hospital			100%						
IPC Environmental infrastructure	SLT	Whole Hospital					89%				
IPC Management of Linen	Ward	Ward			100%					88%	
Sharps	IPC	Whole Hospital		81%				92.9%			93.9%
50 Steps Cleaning (FR1)	Theatres	Theatres	92.7%	89.2%	100%	93.8%	100%	95.5%	90.3%	88.5%	95%
50 Steps Cleaning (FR2)	Ward	Ward	100%	100%	97%	98%	75%	86.7%	87.5%	91%	90.9%
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	95%	97%	95%	93%	95%	100%	92.3%	94%	95.1%
50 Steps Cleaning (FR2)	Outpatients	Outpatients	87.5%	84.4%	84.4%	87.5%	93.8%	90.6%	91.2%	87.1%	87.5%
50 Steps Cleaning (FR2)	POA	POA	80.8%	90.9%		68%	75.8%	78.8%	81.8%	100%	100%
50 Steps Cleaning (FR4)	Physio	Physio	100%			92.3%			95.8%		
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	83.3%	55.6%		100%			80%		
50 Steps Cleaning (FR4)	Radiology	Radiology	100%			88.9%			96%		
50 Steps Cleaning (FR5)	SLT	Whole Hospital				68.50%			47.8%		
50 Steps Cleaning (FR6)	SLT	Whole Hospital		55.8%		86.9%					
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital									
Urinary Catheterisation Bundle	HoCS	Whole Hospital					89.2%				
ANTT Standard	All departments	Whole Hospital									90.8%

In March 2025 Pinehill Hospital was reaccredited and successfully retained their Silver accreditation from ANTT Patient Protection Accreditation Programme.

ANTT® Patient Protection Accreditation

Silver Accreditation

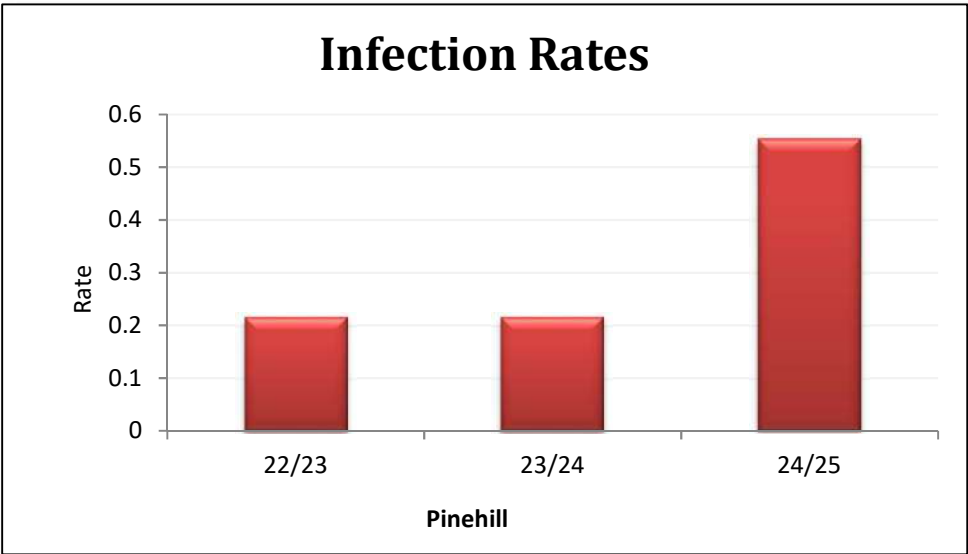**A N T T** ®

Aseptic Non Touch Technique

Awarded to:

Ramsay Health Care, Pinehill Hospital

in recognition of attaining
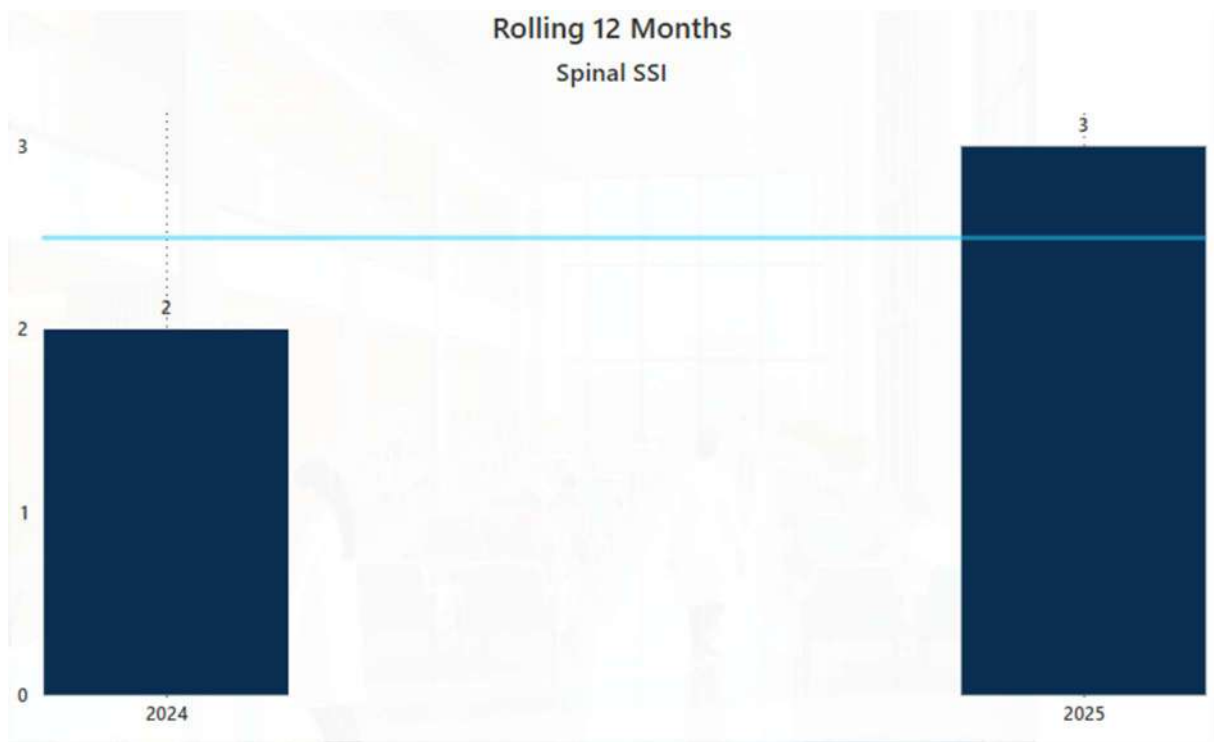
Silver Level **ANTT®** Accreditation

Valid from: March 2025 to March 2028

The aim for the year 2025/2026 is to achieve ANTT Gold accreditation

As can be seen in the above graph our infection rates have increased over the last year.
The graphs below identify the rates for surgical site infections for Pinehill, to identify any trends. The graphs below show the data over the past year for surgical site infections for hip replacement, knee replacement, spinal surgery and all other surgery. All patients who show signs and symptoms of infection are monitored through Pinehill Hospital's multi-disciplinary patient safety incident review group and have a thorough investigation and review to identify trends, areas for improvement and sharing of lessons learnt.

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Rolling 12 Months
Hip SSI

Rolling 12 Months
Knee SSI

Rolling 12 Months
Spinal SSI

Rolling 12 Months
Other SSI

Following a review of all patients showing signs and symptoms of infection the following areas for improvement have been identified:

- Patient education – groups of patients who do not have a full face to face pre-assessment and only attend for investigations have been identified as a group of patients who have a gap in the information given to them. Pinehill Hospital is addressing this by holding group pre-assessment clinics for these patients where they are given a presentation in relation to their patient journey and given tips to promote their wellbeing

to support wound healing. The implementation of a patient diary will also enhance this education.

- The 50 steps audit has highlighted a low compliance with cleanliness throughout some patient facing areas within the Hospital. A gap in knowledge of the housekeepers has been identified. Due to micro-organisms being in the air there is a possibility that the level of cleanliness in areas such as outpatients may contribute to the increasing infection rate. Pinehill will address this by increasing the knowledge of housekeeping staff through thorough training and having a regular schedule for deep cleaning through all patient facing areas.

- Employee knowledge – it has been identified that there has been a culture of swabbing wounds for patients who are not presenting with symptoms of infection. These swabs are coming back as positive for MSSA. To address this Pinehill Hospital will enhance training for outpatient staff with the thought of "to swab or not to swab". Standardised documentation and guidelines to be implemented to support staff when making decisions based on clinical evidence.

There has been a noticeable decrease in "other SSI" infections. This can be contributed to a theme that was highlighted in 2024 where a lot of infections were in relation to foot surgery. Pinehill Hospital addressed this by implementing the wash of patient's feet with octanisan wash on the ward during admission directly prior to surgery. There has been a positive reduction in infections following foot surgery since this implementation.

It is noted that there has been an increase in "spinal SSI" infection. This can be contributed to the increase in spinal activity throughout Pinehill Hospital over the past year. To address this Pinehill Hospital are also looking at implementing octanisan mitts to support patients with the pre operative wash covering areas such as patient's backs which can be difficult to reach.

Rate per 100 discharges:
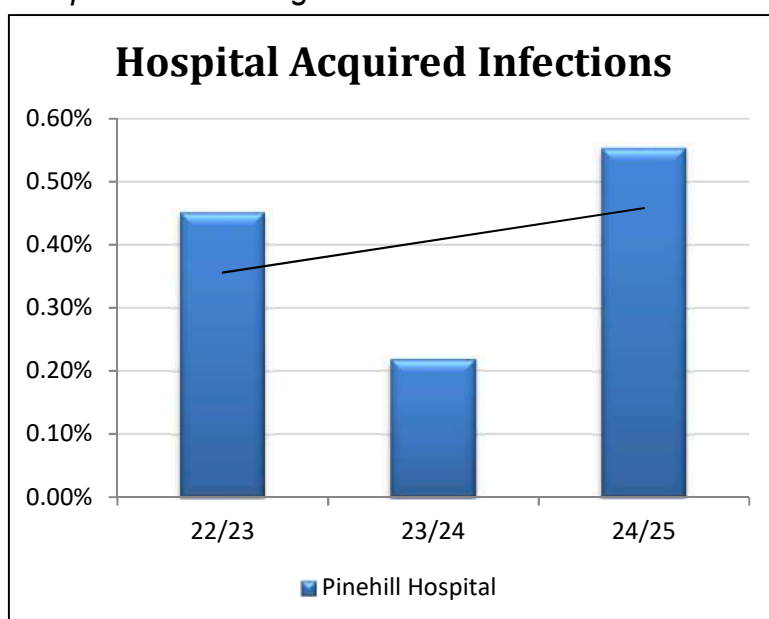
Pinehill has robust processes in place to capture any patient who presents with possible clinical symptoms for infection, which include monitoring and management, reporting and investigating and sharing outcomes with learning. Ramsay Healthcare UK has seen an increase in infections throughout the country. There is a corporate action plan in place with each site reviewing and implementing at a local level to support the aim of decreasing infection rates.

3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Pinehill 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 Results 22-24
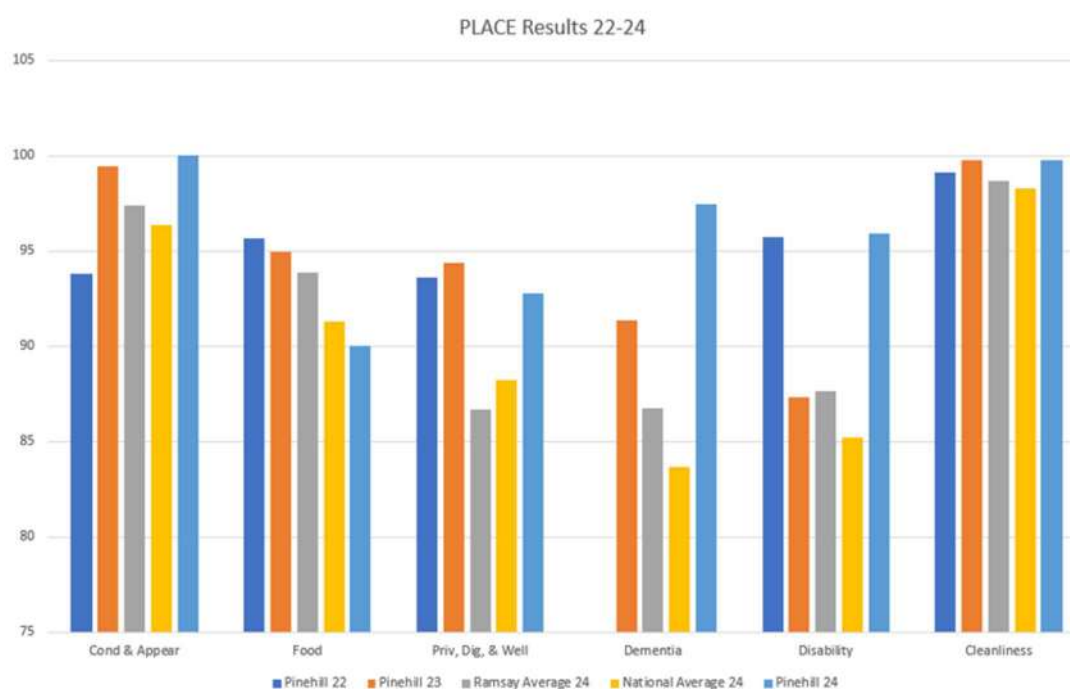
	Cond & Appear	Food	Priv, Dig, & Well	Dementia	Disability	Cleanliness
Pinehill 22	93.8	95.69	93.62		95.74	99.15
Pinehill 23	99.42	94.98	94.38	91.37	87.3	99.74
Ramsay Average 24	97.37	93.85	86.7	86.74	87.67	98.68
National Average 24	96.36	91.32	88.22	83.66	85.2	98.31
Pinehill 24	100	90.04	92.78	97.45	95.92	99.78

Pinehill has scored higher than the national average in all areas except food. This is also replicated in patient feedback. Comments from patients and PLACE auditors regarding food was in relation to the texture of the food that was on offer on the day, heat of the food once

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delivered to the ward and accessibility of food outside of kitchen open hours. An action plan has been created with the staff engagement forum and will be an area of focus for our patient engagement groups.

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.

For all inpatients an intentional-rounding form is used to ensure that the patients environment is safe and hazard free. The initiative around the intentional-rounding form is to ensure that patients are monitored frequently throughout the day and night and ensure that all necessary equipment is accessible.

Inpatients are also risk assessed for risks of falls at pre-assessment and on admission. There are rooms on the ward that are close to the nurses station so that patients who are at a high risk of falling can be monitored more closely. All patients who are deemed high risk of falling are escalated through our surgical pathway MDT for complex patients to ensure the safest pathway for them is maintained during their admission which has contributed to a slight decrease in falls throughout the past year.

Rate per 100 discharges:

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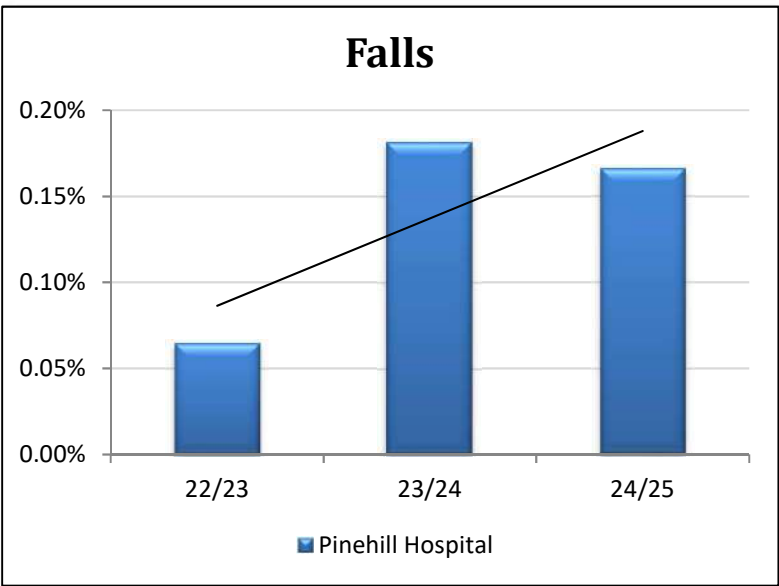
3.3 Clinical effectiveness

Pinehill 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.
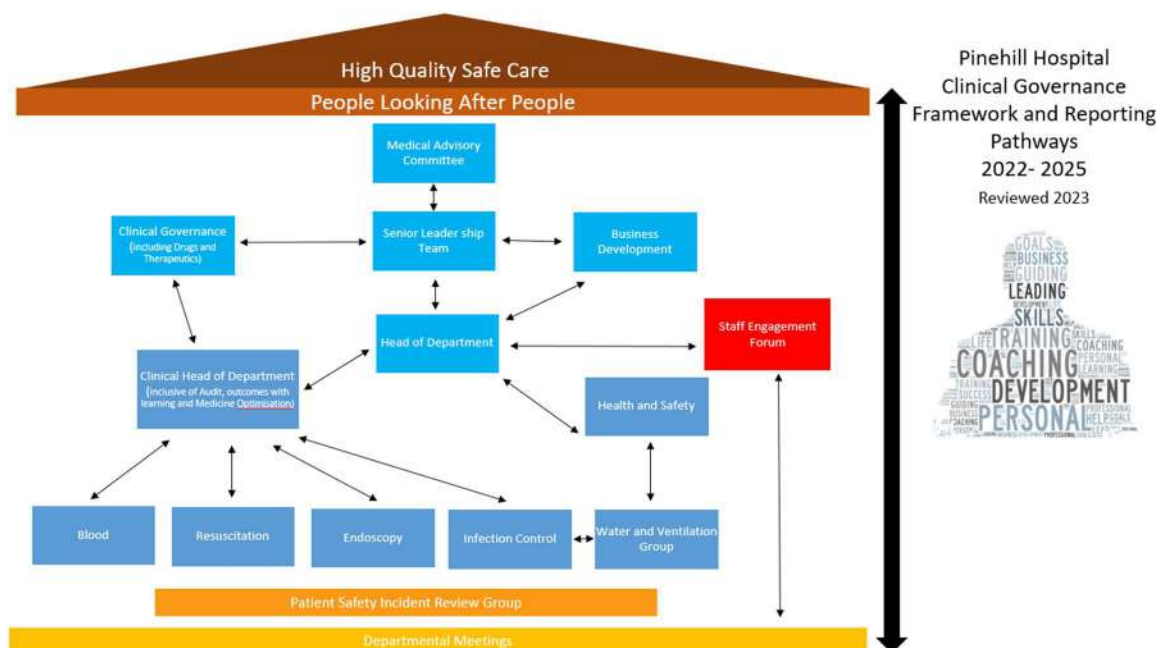
3.3.1 Return to theatre

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.

Return to Theatre Score
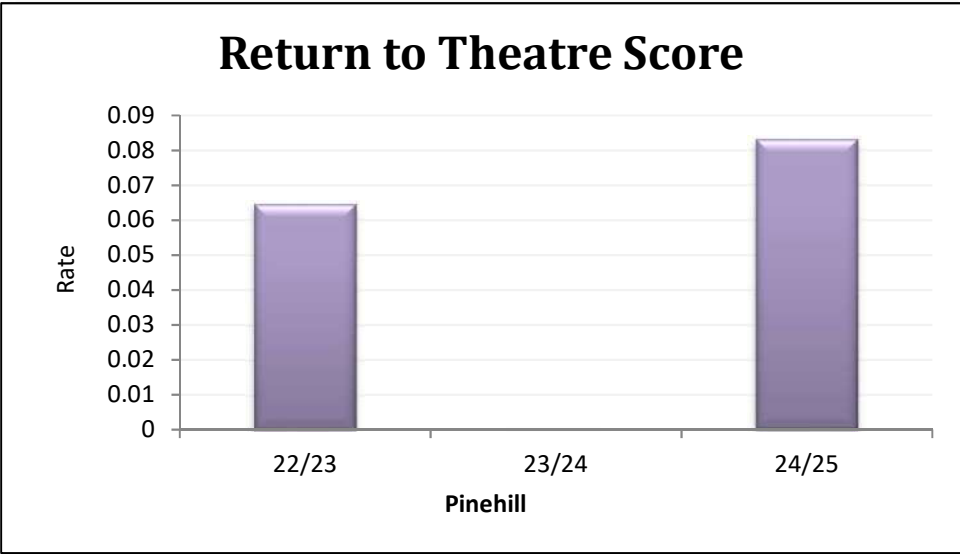
As can be seen in the above graph our returns to theatre rate has increased over the last year. Our reoperation rate remains below the national average. Pinehill have a low threshold for being responsive to deteriorating patients. Training for all employees on Acute Illness Management enables all employees to recognise symptoms of deterioration early which encourages an early review by the Consultant and a management plan to be implemented early. This can result in a return to theatre if required with an on call team for both the wards and theatres available at all times.

Rate per 100 discharges:

Reoperations
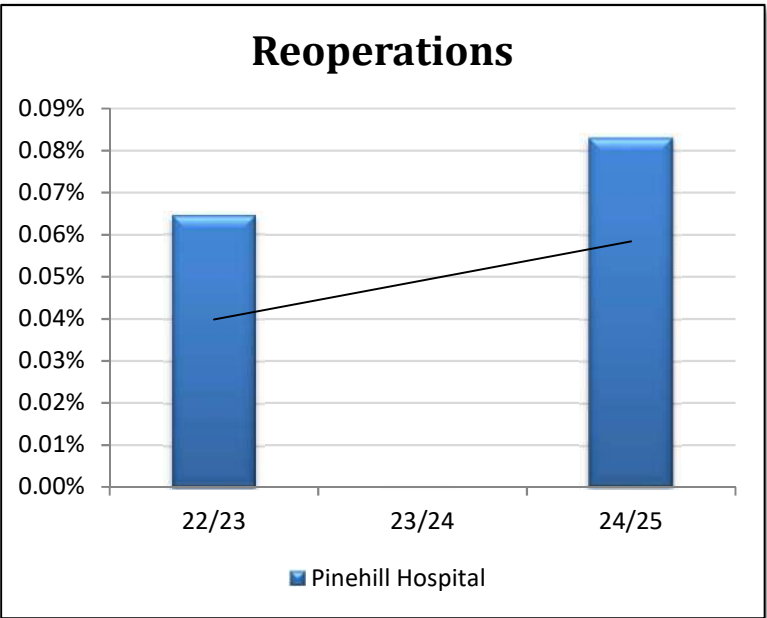
Rate per 100 discharges:
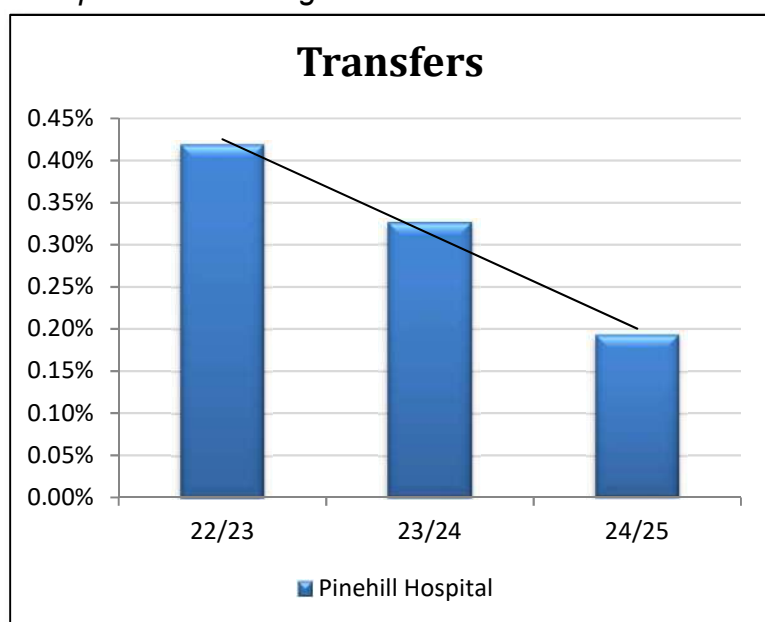
Transfers

The graph above shows a continued decrease in external transfers over the past year. We continue to see an increase in patients with existing co-morbidities that we are treating. Patients get transferred to the local Trust when there are clinical concerns beyond the scope of Practise at Pinehill. A thematic review highlighted areas where pathways at Pinehill for review to ensure that we are able to manage patients with certain deteriorating conditions such as hyponatraemia. This has contributed to the decrease in external transfers.

3.3.2 Learning from Deaths

The team at Pinehill review all patient deaths which take place to identify if there is any learning. Over the last 12-month period there have been no unexpected deaths at the hospital and no expected deaths for patients who had elected to spend their last days at Pinehill when on an 'end of life pathway'.

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.

Pinehill Hospital offers speak up for safety training on an annual basis during mandatory training to enhance knowledge and confidence for employees to use the speak up doe safety C.O.D.E. Pinehill have maintained over 98% compliance for the training throughout 2024/25. The Chief Customer Officer is the Freedom to speak up guardian for Ramsay Healthcare UK.

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.

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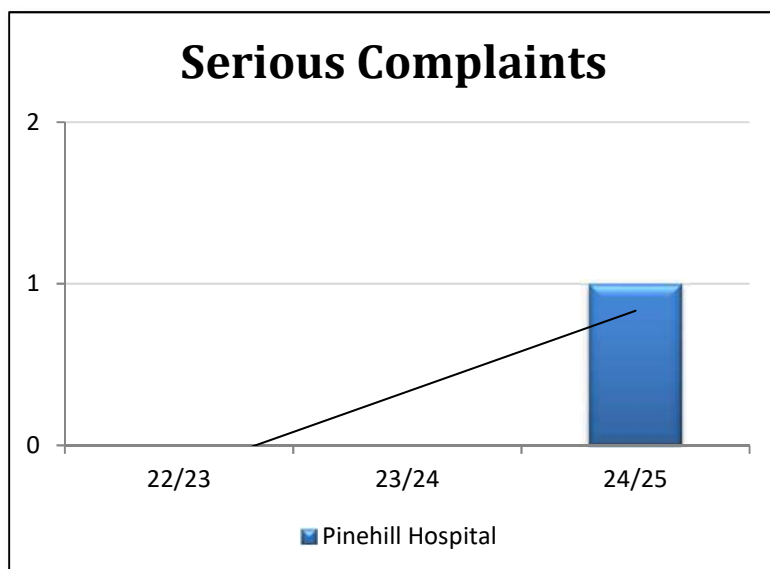
Patient experiences are fedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

Patient Satisfaction - Overall Experience
NHS/Private Patients
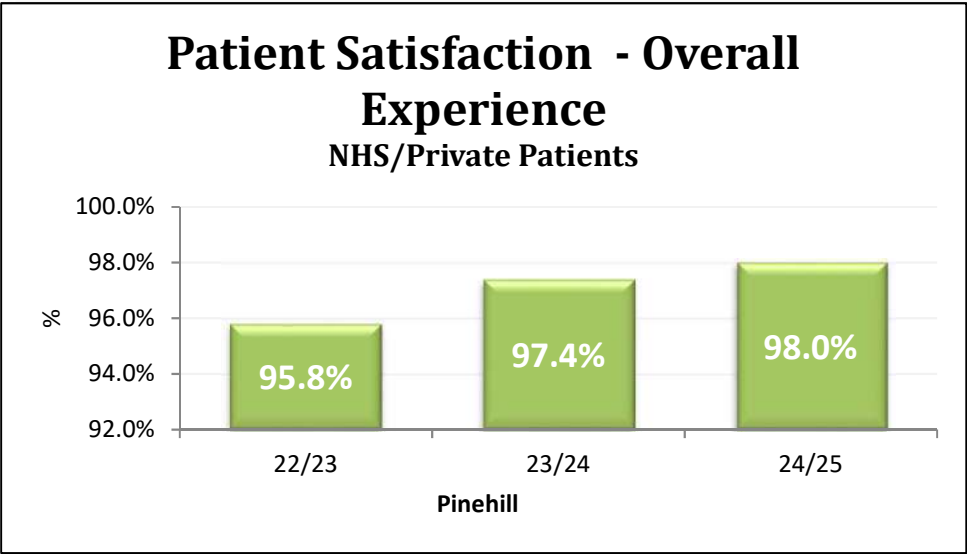
As can be seen in the above graph our Patient Satisfaction rate has continued to increase over the last year. In comparison to the national average Pinehill is over the average of 94%. This is due to a focus on offering all patients the opportunity to provide feedback at every point of care.

In 2022/2023 Pinehill Hospital implemented patient satisfaction as a standard item agenda at all governance meetings and has implanted a training session to discuss outcome and share learning in our monthly mandatory clinical excellence training day. This has been maintained throughout 2024/25. The increase in patient satisfaction can be attributed to these actions.

Public

3.5 Pinehill Hospital Case Study

No case study submitted

Services covered by this quality account

Regulated activities – Pinehill Hospital

	Services Provided	People needs met for
Treatment of disease, disorder and injury	Cardiology, Dermatology, Diabetes, Endocrinology, Ears, Nose and Throat (ENT), Gastrointestinal, General Medicine, Gynaecology, Ophthalmic, Orthopaedic, Pain Management, Physiotherapy including acupuncture, Rheumatology, Sports medicine, Satellite outpatient clinics, Urology, Private GP	All Adults 18 years and over
Surgical Procedures	Colorectal, Cosmetics, Day case and Inpatient surgery, Ears, Nose and Throat (ENT), General Surgery, Gynaecology, Maxillofacial, Ophthalmic, Orthopaedic, Vascular, Urology	All Adults 18 years and over excluding: • Pregnancy • No suitable support at home in the 24hrs post GA, sedation or cataract. • Any requirement for planned high dependency care. • Patients without mental capacity, in the absence of a Power of Attorney (Health and Welfare). • Patients currently detained under the provisions of the Mental Health Act • Patients with a BMI > 40 for G.A/Sedation/Spinal – see overleaf for patients for LA • Chronic breathlessness of any origin, where the patient is on oxygen therapy **and/or** has had a hospital admission in the last three months for this symptom. • Implanted cardioverter defibrillator (ICD). • Unrepaired Abdominal Aortic Aneurism (AAA). • Thalassaemia or haemophilia. • An MI (heart attack) in the last 6 months. • Stents (cardiac) inserted in the last 12 months- • CVA/ TIA (stroke) in the last 9 months. • Recent DVT / PE in the last 3 months • Angina at rest or angina with minimal exertion +/- exertion • Surgical patients, GA & LA with HbA1c of 69mmols or above. HbA1c must be within 3/12 of procedure. • On Renal dialysis. • Patients for Picolax / Moviprep / Plenvu with an eGFR < 30. U&E result must be within 3/12 of procedure. • Radiotherapy or non-maintenance chemotherapy within the last 6 months. • Active hepatitis. • Active acute infection • A history of malignant hyperpyrexia/hyperthermia for any GA/sedation. • Narcolepsy or cataplexy for GA/sedation. However, all patients will be individually assessed and will only be excluded if we are unable to provide an appropriate and safe clinical environment
Diagnostic and Screening	Audiology, Echo Cardiography, GI physiology, Health screening, Imaging services, MRI/CT, phlebotomy, Ultrasound, urinary screening, Specimen collection	All Adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All Adults 18 years and over as clinically indicated

Public

Appendix 2 – Clinical Audit Programme 2023/24. 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 v17 2024-2025 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, 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	Ward	August, February
Sharps	IPC	Whole Hospital	August, December, April
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April

50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors	Whole Hospital	July to September
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	July to September
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	October to December
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March (if required)
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (if required)
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July to September January to March
NatSSIPs Stop Before You Block	Theatres	Theatres	July to September January to March
NatSSIPS Prosthesis	Theatres	Theatres	July to September January to March
NatSSIPs Swab Count	Theatres	Theatres	July to September January to March
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October to December April to June
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October to December April to June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	N/A to Pinehill
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

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Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	N/A to Pinehill
Privacy & Dignity	Ward	Ward	May/June (as required)
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October (as requied)
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October
Essential Care: Wound Management (to be developed)	HoCS (to delegate)	Whole Hospital	TBC
Resuscitation & Emergency Response	HoCS (to delegate)	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, POA	Outpatients, POA	July to September January to March
Medical Records - Radiology	Radiology, RDUK	Radiology, 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	N/A to Pinehill
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 - 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	MRI	Radiology	July, November, March

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CT Reporting for BUPA	Radiology	Radiology	August, December, April
No Report Required	Radiology	Radiology	August, February
MRI Safety	MRI, RDUK	Radiology, RDUK	January, July
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May
RDUK - Medicines Optimisation	RDUK	RDUK	October, March
RDUK - PVCCB	RDUK	RDUK	July, January
Bariatric Services	Bariatric Services	Whole Hospital	N/A to Pinehill
Paediatric Services	Paediatric	Paediatric	N/A to Pinehill
Paediatric Outpatients	Paediatric	Paediatric	N/A to Pinehill
Paediatric Radiology	Paediatric	Paediatric	N/A to Pinehill
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July to September January to March
Prescribing, Supply & Administration'	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	Pharmacy	Pharmacy	January to March
Medicines Governance	Pharmacy	RDUK	January to March
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	N/A to Pinehill
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December
Departmental Governance (RDUK)	RDUK	RDUK	October to December
Safeguarding	SLT	Whole Hospital	December

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IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)
Medical Records - SACT consent	SACT Services	SACT Services	N/A to Pinehill
Occupational Delivery On-site	HoCS, RDUK	Whole Hospital, 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
Health & Safety and Facilities	SLT	Health & Safety	January/February

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Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINk	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC15	Code for Pinehill 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

Pinehill 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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