Pinehill Hospital

Quality Account
2026/27

Confidential Patient Information

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

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

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

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

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

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

I am proud to share these results with you.

Nick Costa

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

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

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

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.
I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.

Jo Dickson

Introduction to our Quality Account

This Quality Account is 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.

Part 1

1.1 Statement on quality from the Hospital Director

Mr Duncan Barton, Hospital Director

Pinehill Hospital

As Hospital Director of Pinehill Hospital, I have reviewed this Quality Account for 2026/27 and I am satisfied that, to the best of my knowledge, it presents a fair and accurate account of the quality of healthcare services provided by the hospital.

This report reflects a year in which Pinehill Hospital has continued to deliver safe, effective and patient-centred care across both NHS and private services. We have maintained strong performance in a number of key areas, including patient satisfaction, low readmission rates, strong clinical outcomes, high levels of mandatory training compliance, and robust governance arrangements. I am particularly encouraged by the continued development of our workforce, the expansion of specialist services, our close collaboration with local NHS partners, and the positive impact of initiatives such as patient engagement groups, enhanced pre-assessment pathways and the discharge coordinator role.

Quality at Pinehill is underpinned by a strong culture of clinical governance, continuous learning and openness. We use patient feedback, audit findings, incident reviews and benchmarking data to identify where we are performing well and where further improvement is needed. I am assured that the data contained within this account has been subject to appropriate scrutiny and reflects our current performance honestly.

We also recognise that maintaining high-quality care requires constant vigilance and a willingness to improve. During the year, areas identified for continued focus have included further strengthening infection prevention and control, improving consistency in some documentation and audit processes, enhancing emotional reassurance for patients, and continuing to embed improvements in patient safety pathways, including the management of deteriorating patients and post-operative complications. These are not hidden from this report; rather, they are acknowledged as part of our commitment to transparency and continuous improvement.

I am aware of the quality of the NHS services we provide and I am confident that Pinehill Hospital understands both its strengths and the areas where we must continue to improve. Our priorities for the coming year reflect this, with a clear focus on patient safety, clinical effectiveness and patient experience.

I would like to thank our staff, consultants and stakeholders for their continued commitment to delivering compassionate, high-quality care. Their professionalism, dedication and focus on improvement are what make Pinehill Hospital a trusted provider of healthcare for our patients and local community.

Duncan Barton

Hospital Director

Pinehill Hospital

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:

MAC Chair – Mr Kostas Karavidas, Maxillofacial Surgeon

Clinical Governance Committee Chair – Mr James Bacon, Consultant Ophthalmologist

NHS Central East Integrated Care Board – Rowan Procter, Deputy Director Quality Assurance

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 18 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 out of theatre procedures inclusive of nasoendoscopy and dermatology 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 which has enabled development and expansion of the service to now provide services 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.
  Pinehill Hospital launch a new prehabilitation service for proposed joint replacement patients. This NICE recommended service enables improved pre-operative education and preparation for surgery to aid maximising post-operative outcomes. Patients are assessed as soon as they are listed for surgery, allowing maximum pre-operative time to prepare, build strength through targeted exercises, and make any necessary adjustments to support optimal post-operative recovery.

- 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 plastics and reconstruction, spinal surgery and a two Private General Practitioner now covering 5/6 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. By investing in this service and the development of our Consultants this service is now offerred across a range of Urology Consultant Surgeons.

Pinehill Hospital has continued to maintain five out of five stars from The Environmental Health Officer for excellent food hygiene conditions. This measures the 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. Pinehill Hospital continues to successfully implement 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, in line with the National Patient Safety Incident Response Framework, 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 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 238 active employees. The majority of these employees are permanent, accounting for 75.2% of the workforce with 179 individuals. Bank workers make up 24.4% with 58 employees, while there is only one fixed-term employee.

In terms of job titles, the largest group is Staff Nurses, with 39 active employees. Other significant roles include Admin Assistants (21 employees) and Health Care Assistants (20 employees).

The departments with the highest number of active employees are Theatres (40 employees) and the Ward (35 employees). The Radiology department has 20 employees, while Housekeeping, Physiotherapy and Outpatients have 15, 16 and 17 employees respectively.

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	21
Health Care Assistant	20
Staff Nurse - Theatre	14
Housekeeping Assistant	11
Senior Physiotherapist	9
Porter	7
Receptionist	7
Catering Assistant	6
Operating Dept. Practitioner	6
Senior Radiographer	6
Sister/Charge Nurse	6
Hotel Services Assistant	5
Pharmacist	5
Radiographer	5
Senior Health Care Assistant	5
Senior Staff Nurse	5
Ward Clerk	5
Registered Nurse Associate	4
Booking Clerk	3
Clinical Nurse Specialist	3
Housekeeper	3
Medical Secretary	3
Pharmacy Technician (U0170)	3
Private Patient Co-ordinator	3
Sonographer	3
Theatre Team Leader	3
Accounts Assistant	2
Decontamination Technician	2
Maintenance Assistant	2

Physiotherapy Technician	2
Reception Team Leader	2
Senior ODP	2
Senior Staff Nurse - Theatre	2
Assistant Accountant	1
Assistant Theatre Practitioner	1
Business Admin Manager	1
Business Relations Manager	1
Catering/Housekeeping TL	1
Chef	1
Head Chef	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
Personal Assistant	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
Supplies Co-ordinator	1
Supplies Manager	1
Theatre Manager	1
Ward Manager	1

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)
Theatre	40	30.36	35	5	
Ward	35	27.22	31	4	
Radiology	20	10.96	13	7	
Outpatients	17	6.47	9	8	
Physiotherapy	16	7.65	12	4	
Housekeeping	15	6.14	7	8	
Pharmacy	11	4.15	6	5	
Bookings	10	7.76	9		1
Ward Catering	9	2.27	4	5	
Reception	8	1.89	4	4	

Porters	7	3	4	3
Business Office	6	4.93	6	
Ops Management	6	4.93	6	
Business Development	5	4.01	5	
MRI	5	3.67	4	1
Pre Admission	5	3.4	4	1
Catering	4	3.76	4	
Decontamination	4	3.44	4	
Maintenance	3	2.4	3	
Medical Secretaries	3	0.6	1	2
Biochemistry	2	1.2	2	
Finance	2	2	2	
Medical Records	2	1.6	2	
Stores	2	2	2	
Day Unit	1	0		1

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 6,344 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 slightly increase particularly in areas such as Ward Catering and Outpatients where we saw the recruitment of two dental specialist nurses to support our Maxo facial Consultants in clinic. Ramsay Healthcare has a national recruitment team which has supported with the recruitment of all vacancies. The table below demonstrates a reduction in permanent hires over the past three years, suggesting strong staff retention and reflecting a positive organisational culture.

	2023/2024	2024/2025	2025/2026
Permanent New Hires	32	24	18

This has enabled a decrease in agency staff usage, increasing consistency in 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 143 Consultants as Stakeholders, with practising privileges. The service is supported by a qualified and experienced Resident Doctor on site 24 hours a day, 7 days a week to provide high quality medical care to patients under the direction of their consultant.

Over the past 12 months, Pinehill Hospital has continued to expand its service offering in order to support growth across key specialties, including orthopaedic surgery and urology. This has included the introduction of Aquablation therapy, a robot-assisted procedure for the treatment of benign prostatic enlargement that is supported by artificial intelligence-enabled planning and real-time ultrasound imaging. In 2026, Pinehill Hospital also launched a temporomandibular joint (TMJ) clinic within its maxillofacial service, with plans to offer surgical intervention for these patients later in the year. Alongside this service

development, Pinehill has continued to deliver its existing services effectively and has maintained close collaborative working relationships with local Integrated Care Boards and NHS Trusts.

Last year (April 2025 – March 2026) Pinehill admitted 6,344 patients, of which 47.5% (3,016 patients) were funded by the NHS and 52.5% (3,328 patients) were funded privately by insurance companies or patients paying for their own treatment.

Pinehill Hospital has continued to invest in the development of its workforce in order to foster a culture of growth, talent development and succession planning. This commitment has contributed to positive outcomes, including the internal appointment of a new Pre-Assessment Lead and Sister, as well as the successful retention of registered nurses and nursing associates who have progressed through the Ramsay Academy apprenticeship programme in partnership with Anglia Ruskin University and the University of Hertfordshire. The hospital has also continued to develop its own orthopaedic scrub nurses to support the expansion of orthopaedic services. In addition, Pinehill continues to support staff in advancing their skills through further apprenticeship opportunities, including Operating Department Practitioner training for healthcare assistants working within Theatres, alongside the introduction of a Professional Nurse Advocate role. Pinehill Hospital's commitment to a progressive and supportive organisational culture is further demonstrated by the active involvement of its staff in a number of national committees and working groups.

The Business Relations Manager maintains close relationships with local GPs, promoting investment in community partnerships over the last few years which has highlighted Pinehill Hospital's commitment to local health, wellbeing and community engagement. This includes educational talks from Pinehill Consultants and the delivery of basic life support to the community.

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, having engaged with surrounding NHS Trusts (East & North Hertfordshire and Bedford NHS Trusts) to deliver outsource activity inclusive of straight to test Endoscopy for patients on a 2 week pathway, general surgery 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 and enable a management plan can quickly be put in place.

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:

- Continued our sponsorship with Hitchin Rugby Club delivering educational talks from Pinehill consultants and BLS training to their members.
- 5 year sponsorship agreement with Letchworth Golf which includes, educational talks from Pinehill consultants, and participation in the club's charity golf days.
- Sponsored running events such as the MoRunning to raise awareness of how Pinehill Hospital supports men's health.
- Local events like North Herts Road Runners.
- Sponsor regular campaigns and events for East & North Herts Hospitals' Charity such as their Christmas Smile campaign & Christmas Carol concert last year.
- Platinum Member of the Hertfordshire Chamber of Commerce
- Raised over £300 for MIND charity, promoting Mental Health Awareness week
- Raised over £500 for Phase Charity who are passionate about helping young people.

One employee was selected to represent Great Britain as part of the international football team in the Tokyo Deaf Olympics in November 2025 where they came away with a bronze medal.

Care Quality Commission (CQC)

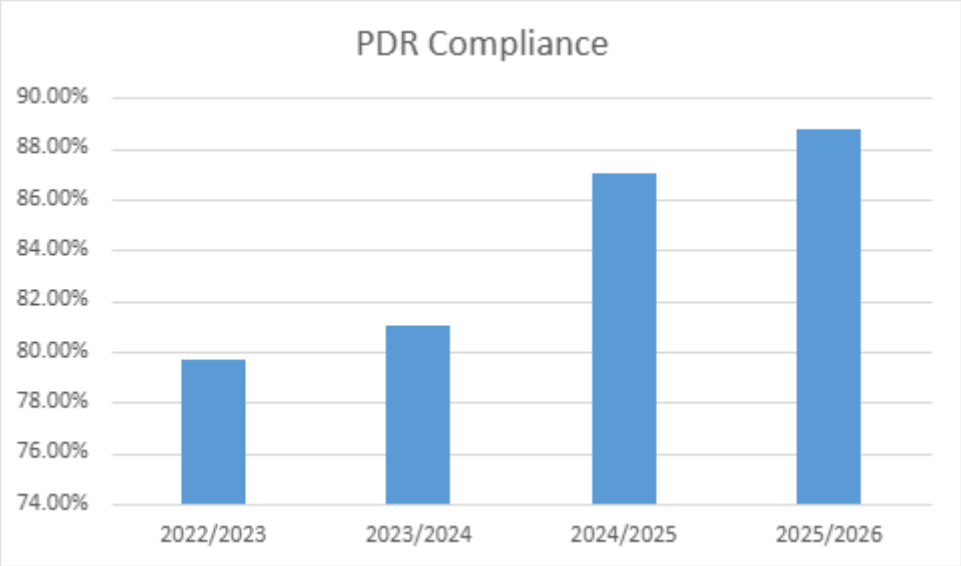
Pinehill is regulated by the CQC. The hospital achieved a 'Good' rating in the last on site CQC inspection in December 2018, where all care within the hospital was assessed against the 5 domains; caring, safe, well-led, responsive and effective. Areas previously identified in the inspection were staff 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.

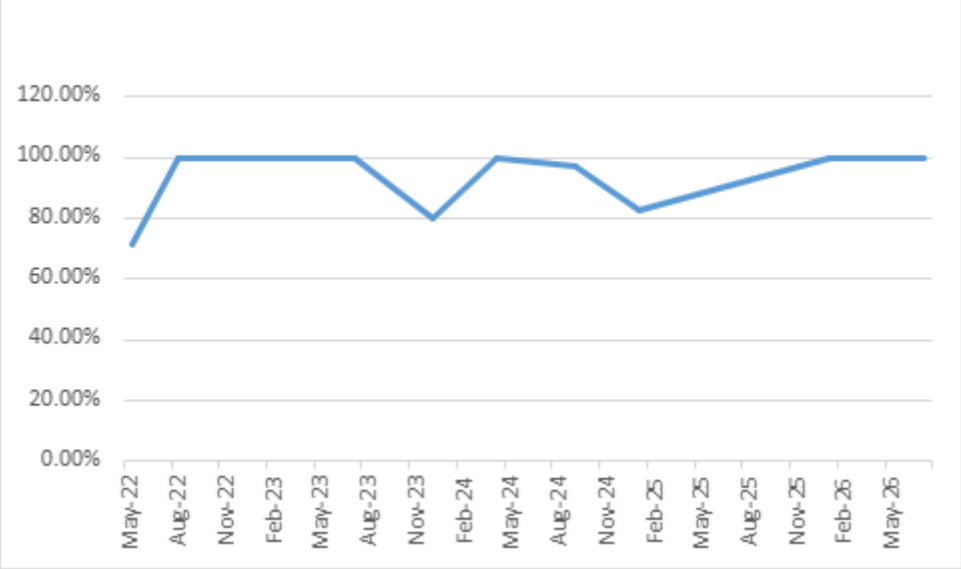
Area of Concern	2023/2024 Progress	2024/2025 Progress	2025/2026 Progress
Staff appraisal completion rate	Increase to 81% (Ramsay benchmark 80%)	Increase to 87% (Ramsay benchmark 80%)	Continued increase to 88.8% (Ramsay benchmark 80%)
Post-operative risk assessments	Decrease in compliance from 100% to 80% in December 2023. Focus from new Ward Manager in March 2024 which has increased compliance back up to 100%	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 part of induction from new starters throughout 2025.	Increase to 100% complaint has been maintained over the past year. Thorough induction for new employees, retention of staff and a decrease in agency has contributed to maintaining this compliance.
Staffing levels	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of	All 3 ward areas staffed with a minimum of 2 clinical employees at all times, regardless of

	activity – no breaches reported.	activity – no breaches reported.	activity – no breaches reported.

The below graph shows the increase in the completion of staff appraisals over the past 4 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 2026/2027.



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.



2025 saw Pinehill Hospital implement patient engagement groups by speciality. Two patient engagement groups have been held covering specialities such as Urology and Orthopaedics.

These groups have supported the development of new initiatives and improvements to the patient pathway, including the introduction of a revised Trial Without Catheter pathway. This has strengthened patient safety, increased the proportion of patients successfully completing their trial without catheter, and contributed to an improved overall patient experience.

Overall, patients were highly complementary about the service they received. One area identified for further development in the coming year is to enhance communication by ensuring that all patient information and documentation is available electronically in one accessible location.

In 2025 Pinehill Hospital under a review with GIRFT (get It Right First Time) for Orhtopaedics and Spinal Services commissioned by Ramsay Health Care and conducted by NHS England.

The outcomes of the "Getting It Right First Time" (GIRFT) review of orthopaedic surgery at Pinehill Hospital combines comprehensive data analysis with clinical expertise to benchmark performance, identify areas for improvement, and highlight best practices.

Key Findings

- **Patient Demographics & Case-Mix**
  - The majority of elective orthopaedic procedures are performed on patients aged 55–79.
  - Pinehill's average Charlson Score (1.9) is slightly below the national average (2.1), indicating a relatively lower comorbidity burden.
- **Provider Performance**
  - The latest CQC inspection (2018) rates Pinehill Hospital as "Good" overall, with "Safe" requiring improvement.
  - The hospital demonstrates strong performance in elective hip and knee replacements, with high proportions of cemented prostheses for patients aged 70+, aligning with national best practice.
- **Clinical Outcomes**
  - Revision rates for hip and knee replacements over 5 and 10 years are comparable to national benchmarks.
  - Mortality rates following hip and knee replacements are low and within expected bounds.
  - Emergency readmission rates within 30 days and 1-year return rates for further procedures are consistently low.
- **Efficiency Metrics**
  - Length of stay for joint replacements is shorter than national averages (e.g., 1.5 days for primary hip replacement vs. 2.7 days nationally).
  - Most NHS-funded patients are treated within 18 weeks, with minimal numbers waiting over 52 weeks.
- **Surgeon Activity**
  - Adequate numbers of surgeons are assigned to hip and knee procedures, with most performing more than 10 procedures over three years, supporting surgical expertise.
- **Adverse Events & Health Gain**
  - Adverse event rates for hip and knee procedures are extremely low (0% at Pinehill vs. 0.7% and 0.5% nationally).
  - Case-mix adjusted Oxford Hip and Knee Scores indicate good health gains post-surgery, with Pinehill's scores above national averages.

Recommendations

- Maintain and further improve "Safe" standards as per CQC requirements.

- Continue monitoring waiting times, adverse event rates, and clinical outcomes to sustain high-quality care.
- Share best practices and address unwarranted variations through ongoing clinical engagement and benchmarking.

Conclusion:
Pinehill Hospital's orthopaedic surgery services are performing well across key clinical and operational metrics, with strong outcomes, efficient patient throughput, and positive patient experiences. Continued focus on safety and quality improvement will ensure sustained excellence in care delivery

The findings of the "Getting It Right First Time" (GIRFT) review of spinal surgery services at Pinehill Hospital, aims to improve patient care and outcomes through data-driven analysis, benchmarking, and clinical engagement.

Scope and Methodology

- **Data Sources:** The review draws on NHS Hospital Episode Statistics (HES) and Ramsay Healthcare datasets, covering both NHS-funded and private patient activity from April 2021 to March 2024.
- **Approach:** The process included in-depth data analysis, benchmarking against national averages, and "deep dive" meetings with clinical leads to contextualize findings and share best practices.
- **Metrics:** The report evaluates case-mix complexity, patient demographics, procedure types, outcomes, and performance relative to other providers.

Key Findings

Non-Surgical Interventions

- Pinehill Hospital offers a comprehensive range of non-surgical treatments for back and radicular pain, including injections and pain modulation procedures.
- The frequency and timing of repeated procedures (e.g., facet joint blocks, epidural injections) are benchmarked against national data, providing insight into practice patterns and potential areas for improvement.

Spinal Surgery (Excluding Deformity Correction)

- The hospital's performance is assessed across a spectrum of spinal surgeries (cervical, thoracic, lumbar), with detailed metrics on inpatient admissions, procedure types, and outcomes.
- Outcome measures include emergency readmission rates and repeat surgery rates at 30 days, 90 days, and 2 years post-procedure.
- Additional metrics include day case rates for lumbar discectomy in adults aged 20–55 and average length of stay for key procedures.

Adult Spinal Deformity Correction

- The report provides a focused analysis of adult spinal deformity correction in patients aged 55 and over, including emergency readmission rates and repeat surgery rates.
- Pinehill Hospital's outcomes are benchmarked against national averages for these complex procedures.

Governance and Data Sharing

- The report outlines strict protocols for data sharing and handling of Freedom of Information requests, ensuring compliance with NHS and data protection standards.
- Acknowledgements are given to data providers, and disclaimers clarify the intended use and limitations of the report.

Conclusion

This GIRFT review provides a comprehensive, evidence-based assessment of spinal surgery services at Pinehill Hospital. The findings highlight strengths, identify opportunities for improvement, and support ongoing efforts to enhance clinical quality, operational efficiency, and patient outcomes. The benchmarking against national standards offers valuable insights for clinical governance and strategic planning.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

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% complaint.

Month	E-learning compliance	Face 2 face training compliance
July 2025	99.7%	96%
August 2025	99.2%	96%
September 2025	98.9%	95%
October 2025	99.2%	95%
November 2025	99.1%	96%
December 2025	98.6%	94%
January 2026	98.6%	91%
February 2026	99.2%	91%
March 2026	97.6%	89%

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 following additional sessions have been added to mandatory training over the past year:

- Radiation Protection – this has been opened up to all staff to improve awareness
- Fall prevention – to improve patient safety and minimise the risk of patient falls (Pinehill's Patient Falls rate is at 0.1%)
- Sepsis – to enhance and maintain employees knowledge to promote patient safety and "Think Sepsis"
- Maintaining a Clean Environment – to identify to all employees that cleanliness is everyone's responsibility.

The objective for E-learning compliance was achieved. The objective for face-to-face training was also achieved in 2025 although compliance did drop at the start of 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 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

This objective has been achieved over the past year. The location of the Pre-assessment team has been moved to another area of the Hospital, ensuring that the team all work in one place which has boosted morale and enhanced a more collaborative working environment. The management of the Pre-assessment team has also been moved to be under the Ward Manager which has enhanced communication between Pre-assessment and the Ward team and promoted a more cohesive patient journey.

The implementation of a remote Pre-assessment nurse specifically for Triaging Patient Health Questionnaires has improved the timeliness of assessing patients suitability for surgery and Pinehill and has minimised cancellations on the day.

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.

A group prehab clinic pre-operatively specifically run by Physio has been implemented which ensures that patients are optimised prior to surgery and has contributed to a decreased length in stay specifically for patients undergoing joint replacement surgery.

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 has been achieved. Patient education commences in pre-assessment and continues post-surgery with our discharge nurse. Annual training for sepsis and the National Cleaning Standards has been implemented into mandatory training days. Standard documentation for wound care clinics including a sepsis screening tool for patients showing signs of infection to rule out sepsis has been developed and introduced into the Outpatients department with great success. Deep cleaning by an external company takes place annually across the Hospital and every 6 months in Theatres and the Kitchen, with ad hoc deep cleaning taking place if required.

All of the measures above have contributed to a decrease in patient infections. Pinehill is no longer an outlier for hip, spinal and other surgical site infections. Over the past year Pinehill has been an outlier for knee surgical site infections. Outlier status is determined by the number of patients with a confirmed infection as a percentage against the number of admissions. Our outlier status came from a decrease in NHS activity which decreased the total number of patients amounting to an increase in the percentage of each patient rather than an increase in the number of patients presenting with an infection.

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. 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.

This objective has been achieved. Over the past year Pinehill has held PEG's for different specialities. Successful PEG's for Urology, Gynaecology and Orthopaedics have seen initiatives such as a new trial without catheter pathway be implemented for Urology and Gynaecology as well as enhanced information given at the prehab clinics with physio therapy for Orthopaedic patients.

Continuing PEG's for each speciality will remain a focus for Pinehill over the following year.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

Looking forward to 2026/2027 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 and subsequent review published in April 2026.

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.

Patient Safety

Hyponatraemia Pathway

Pinehill has started to see an increase in patients becoming hyponatraemic post-surgery. Whilst this does not always result in an external transfer, it is has been identified that a more robust pathway for the management of these patients is required.

To achieve this objective we aim to:

- Develop a localised framework with clear instructions for a management plan following NICE guidance
- Training for employees on fluid and hydration through clinicalskills.net
- Implementation of framework to improve management of patient

The success of this objective will monitored through incidents raised on Radar for external transfers and complications. These will be discussed at Pinehill's local PSIRG held weekly.

Clinical Effectiveness

Promote Patient Outcomes

To increase the sharing of patient outcomes and proactively review outcomes to enhance initiatives to the patient journey

To achieve this objective we aim to:

- Reviewing outcomes and sharing with patient engagement groups to identify initiatives that will improve the patient journey
- Sharing of lessons learnt discussed at Clinical governance through our new governance Gazette with Stakeholders.

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.

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 2025/26 Pinehill Hospital provided and/or subcontracted 22 eRS NHS 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 2025 to 31st March 2026 represents 39.4 per cent of the total income generated from the provision of NHS services by Pinehill Hospital for 1 April 2025 to 31st March 2026

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

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

Human Resources

Staff Cost % Net Revenue – 31.6%

HCA Hours as % of Total Nursing – 33.4% There has been a big increase in RNA hours compared to 2025 excluding RNAs the % would be 23.0% last year 21.5%

Agency Cost as % of Total Staff Cost – 3%

Ward Hours PPD - Nursing Hours Worked 6.59

% Staff Turnover – 18.2%

% Sickness – 4.47%

% Lost Time – 21.5%

Appraisal % - 88.8%

Mandatory Training % - E-learning 98.5%, Face to face 93%

Staff Satisfaction Score – Engagement 81%, Wellbeing 85%, Inclusion 77%, Burnout indicator 77%

Number of Significant Staff Injuries - None

Patient

Formal Complaints per 1000 HPD's – None

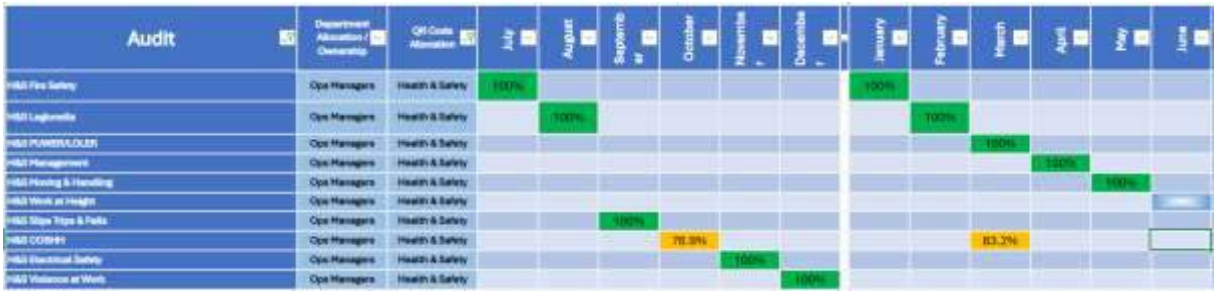
Patient Satisfaction Score – 99.3%

Significant Clinical Events per 1000 Admissions - None

Readmission per 1000 Admissions – 0.27%

Quality

Workplace Health & Safety Score - 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.



Infection Control Audit Score – Governance and assurance 87.5%.

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

Count	Project name (A-Z)	Provider organisation	Comments

3	British Spine Registry	Amplitude Clinical Services Ltd	78% 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	1 submission – Employee who caught Scarlet Fever
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	Knees – 2.4% Hips – 1.3% Spinal – 0%

The reports of 6 national clinical audits from 1 April 2025 to 31st March 2026 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 expanded Increase Consultant engagement
7	Elective Surgery (National PROMs Programme)	NHS Digital	Continuation of ePROMS
12	Mandatory Surveillance of HCAI	UK Health Security Agency	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	Continuation of monitoring, managing and reporting signs of infection.

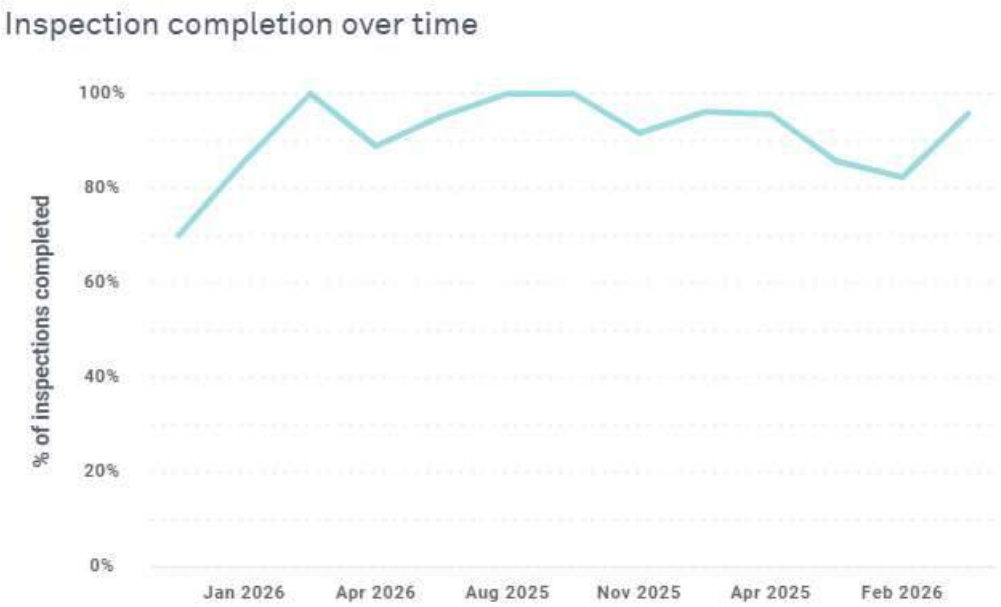
Local Audits

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting

for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identifies, QI initiatives may be lead by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

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 2025 – 31st March 2026. Audits are reviewed at clinical governance committee meetings as well as a focus area in Clinical Heads of Department meetings.



A total of 367 inspections have been undertaken between 1st April 2025 – 31st March 2026, with an average score of 92.9%. The clinical audit schedule can be found in Appendix 2. Monthly audit average results can be identified in the graph below.

The comments show strong overall compliance with clinical standards, with an average audit score of 92.9% across 367 audits and 140 achieving 100%, but also highlight recurring operational and governance gaps that need structured follow-through.

Hand hygiene is frequently observed, generally good, but with variable compliance and repeated reminders needed about sanitising after glove removal and contact with the wider patient environment, including non-clinical staff and RMOs[3]. Aseptic Non-Touch Technique (ANTT) knowledge and practice are mostly strong, but comments consistently flag medical staff education needs, challenges with staff articulating ANTT principles, and frustration with the audit tool (lack of NA options), which may hinder accurate reporting and engagement.

Environmental cleanliness audits ("50 Steps Cleaning") are often high scoring, yet comments repeatedly identify persistent hard FM issues (aged building fabric, damaged couches, dusty under-bed areas, dirty cleaning carts, stained ceilings) and unclear SLAs for some public/restaurant areas, indicating a need for a prioritised maintenance plan and clearer ownership between housekeeping and FM teams[3]. Several comments use "glow potion" and repeated re-finds to evidence that some cleaning deficits are recurring rather than one-off, suggesting the need for more robust assurance and feedback loops.

Clinical governance themes include improving documentation quality (wound assessments, consent identifiers, VTE/NEWS2 completeness, catheter and cannula records), tightening antimicrobial stewardship (notably prophylactic antibiotics and teicoplanin use), and strengthening practising privileges administration and MDT documentation, where some audits show notably lower scores and active work-in-progress remediation by credentialling and clinical leads.

2026/2027 will see the implementation of patient involvement specifically for the 50 steps cleaning audit.

Throughout 2025/2026 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.

Pinehill Hospital conduct simulated emergency scenarios for the deteriorating patient to enhance knowledge and confidence for employees as well as gain assurance that the emergency response is within national timeframes.

Across the simulated emergency scenarios undertaken, the multidisciplinary teams demonstrated a consistently safe, prompt and well-coordinated response to a broad range of clinical deteriorations, including anaphylaxis, cardiac arrest, major haemorrhage, hypoglycaemia, stroke, malignant hyperthermia, respiratory compromise, opioid overdose and suspected pulmonary embolism. Overall performance was predominantly rated Green, reflecting effective use of structured ABCDE assessment, timely escalation, appropriate application of ALS and condition-specific algorithms, safe equipment use, good teamwork and clear leadership in most scenarios. The exercises provided positive assurance regarding emergency preparedness across clinical areas, with rapid responder attendance and resuscitation trolley availability commonly achieved within expected timeframes. Recurring learning themes were largely operational rather than clinical and included strengthening emergency call/bleep processes, ensuring consistent staff familiarity with emergency equipment and drug locations, reinforcing ALS confidence between annual updates, clarifying contact and transfer pathways, and maintaining readiness of supporting equipment and documentation. These findings support continued simulation-based training as an effective governance tool to sustain clinical readiness, embed learning, and further strengthen patient safety and emergency response resilience.

2.2.3 Participation in Research

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

Innovation

2025 has continued the role of the discharge co-ordinator on the ward. This role continues 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.

2025 has also seen the implementation of initiatives such as a new trial without catheter pathway for the Ward and the introduction of a sepsis proforma in Outpatients for patients who present with signs of infection.

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

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

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

2.2.6 Data Quality

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

The 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 and physiotherapy.
- 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 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.69% 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 2025/2026 submission is due by 30th June 2026.

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

Clinical coding error rate

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

Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as of April 2026

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 2026*

2.2.7 Stakeholders views on 2025/26 Quality Account

NHS
Central East
Integrated Care Board

NHS Central East Integrated Care Board response to the Quality Account of Pinehill Hospital for 2025/2026

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the Pinehill Hospital Quality Account for 2025/26. Pinehill Hospital is part of Ramsay Health Care UK and the ICB commissions NHS-funded activity through the hospital. The ICB considers that this Quality Account provides a clear, comprehensive and balanced overview of the quality of services delivered by Pinehill Hospital.

The ICB recognises Pinehill Hospital's continued commitment to delivering high-quality services for local populations. We particularly acknowledge the progress made during 2025/26 in:

- staff training and education including e-learning and face to face training to support development of a skilled workforce
- expansion of services across specialities such as orthopaedic surgery and urology including the introduction of Aquablation Therapy to support population need
- implementation of Infection Prevention Control measures
- development of Patient Engagement Groups for different specialities
- successfully retaining the Aseptic Non-Touch Technique (ANTT) Silver Accreditation

The ICB also recognises the hospital's achievements during the year, including positive patient experience, progress in embedding the 'Speak Up for Safety' programme across the organisation, and the outcomes and recommendations of the Getting It Right First Time (GIRFT) review for Orthopaedics and Spinal services.

The proposed quality priorities for 2026/27 are well aligned with both Place and system priorities. The focus on:

- clinical effectiveness, including promoting patient outcomes and sharing lessons learnt
- patient safety, including the Hyponatraemia pathway
- patient experience, including continuing to develop Patient Engagement Groups

represents a balanced and appropriate approach to improving safety, outcomes and experience.

As the organisation moves forward, the ICB encourages continued focus on:

- learning from patient feedback, incidents and audits
- staff development and training
- Infection Prevention and Control measures and identified learning

Central East ICB wishes to acknowledge and commend the staff at Pinehill Hospital for their ongoing efforts to support the NHS and deliver high-quality, safe and effective care to populations in our system. We also recognise the organisation's commitment to continuous improvement and innovation.

We look forward to continuing to work in partnership with Pinehill Hospital over the forthcoming year and hope that the hospital finds these comments helpful.

Rowan Procter
Deputy Director Quality Assurance
NHS Central East Integrated Care Board

Part 3: Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), Clare Granada

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

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 2025/26

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

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

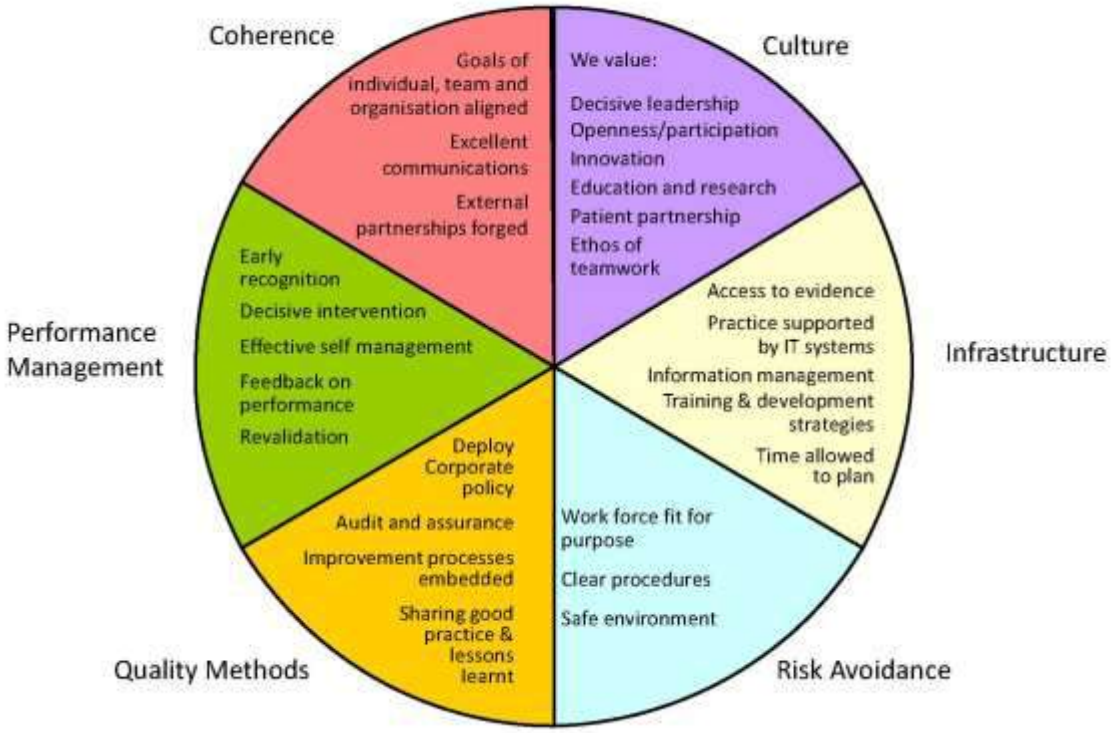
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a "stand-alone" activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

- Infrastructure

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Pinehill	
	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
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC15	0.0000

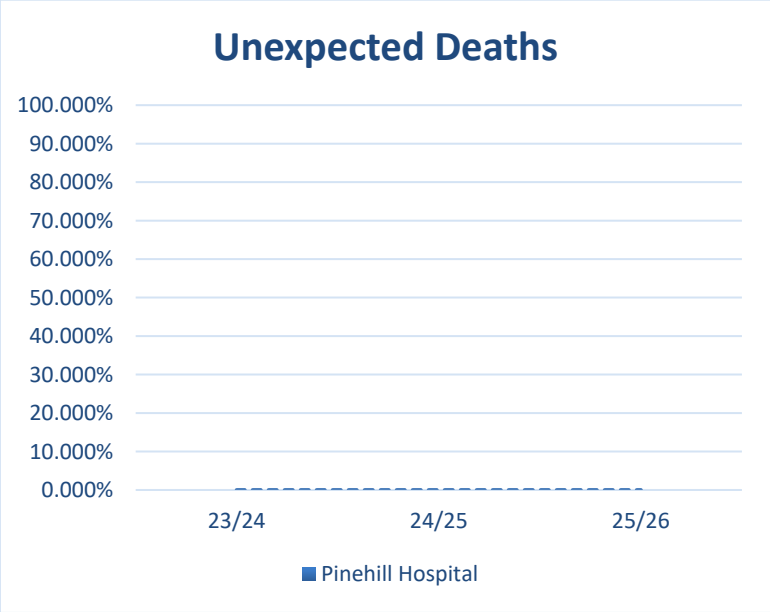
Pinehill Hospital considers that this data is as described for the following reasons:
There have been no deaths at Pinehill within the past 12 months.

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.
- Continue with thorough pre-assessment and multi-disciplinary reviews for patients to ensure suitability at Pinehill.
- Maintain continuity of care with our discharge coordinator to ensure patients are recovering well once discharged and safe at home.
- Continue to promote our sepsis initiative to ensure employees always “Think Sepsis” first for patients who may present as deteriorating.

A Resident Doctor (RD) works on site covering 24 hours a day, 7 days a week, on a weekly rotational post. All RDs 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	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC15	24.880
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC15	15.389
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC15	no data

PROMS: Knees	Period	Best		Worst		Average		Period	Pinehill	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC15	*
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC15	17.030
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC15	no data

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.

The table above highlights no data recorded for Pinehill Hospital. PROMs are monitored via the cemplicity platform locally which show the following healthgain up to March 2026:
Hips – 22.6 - slightly above the national average
Knees – 16.7 - slightly below the national average

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

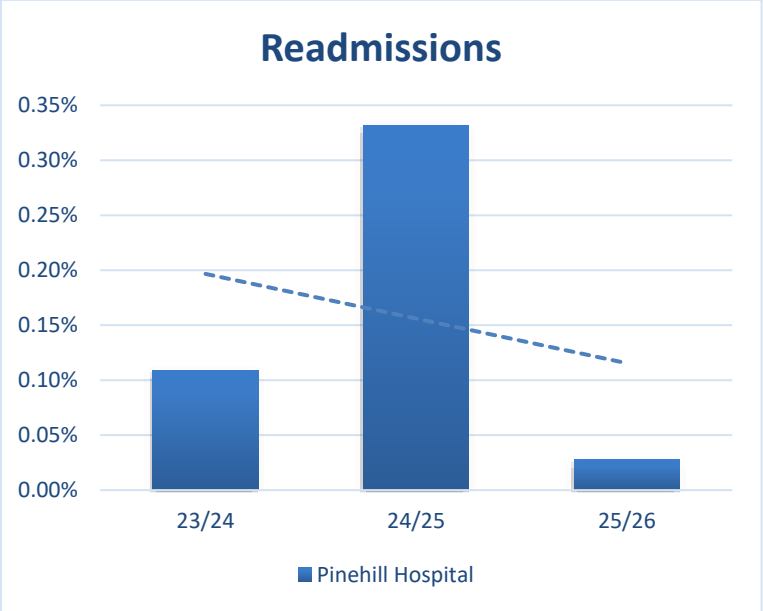
Readmissions:	Period	Best		Worst		Average		Period	Pinehill	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC15	0.00109
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC15	0.00332
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC15	0.00027

Pinehill Hospital considers that this data is as described for the following reasons:
Pinehill Hospital has seen a decrease in readmissions. The increase from the previous year was contributed to by the implementation of aquablation therapy. With the main cause of readmission being urinary retention or challenges with catheters at home.

Pinehill Hospital has taken the following actions, which have contributed to an improvement in its readmission rate and, consequently, the overall quality of its services:

- Introduced a Discharge Co-ordinator role to provide follow-up support after discharge and a clear point of contact for continuity of care.
- Worked closely with the Consultant undertaking the procedure, who subsequently amended their surgical technique.
- Enhanced pre-assessment and discharge planning processes to strengthen patient education and engagement.
- Worked closely with the 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):

Pinehill Hospital demonstrates consistently high PHIN patient experience scores, meeting or exceeding national benchmarks across all domains, with particular strength in dignity, privacy, and communication, and a small opportunity to enhance emotional support around patient worries and fears.
The reporting period for the above data is between April 2025 - March 2026. The following areas have been highlighted as strengths:

- Consistently high scores (≥9.2 across all domains) indicating very positive patient experience.
- Above national average in 5 out of 6 domains.
- Particularly strong in:
    - Respect & Dignity (9.9) – excellent indicator for CQC Caring
    - Privacy (9.8) – supports Safe and Caring
    - Who to Contact (9.8) – reflects strong discharge information and safety-netting

The following areas have been highlighted as an area for opportunity in the coming year:

- Worries & Fears (9.2)
    - Still above national average, but lowest scoring domain locally
    - Potential focus on:
        - Pre-procedure reassurance

- Communication of risks and expectations
- Emotional support

CQC KLOE alignment

Domain	CQC Alignment	Interpretation
Respect & Dignity / Privacy	Caring / Safe	Strong patient-centred culture
Involved in Decisions	Responsive / Caring	Good shared decision-making
Worries & Fears	Caring / Responsive	Opportunity to enhance emotional support
Side Effects / Who to Contact	Safe / Effective / Responsive	Good safety information and follow-up processes

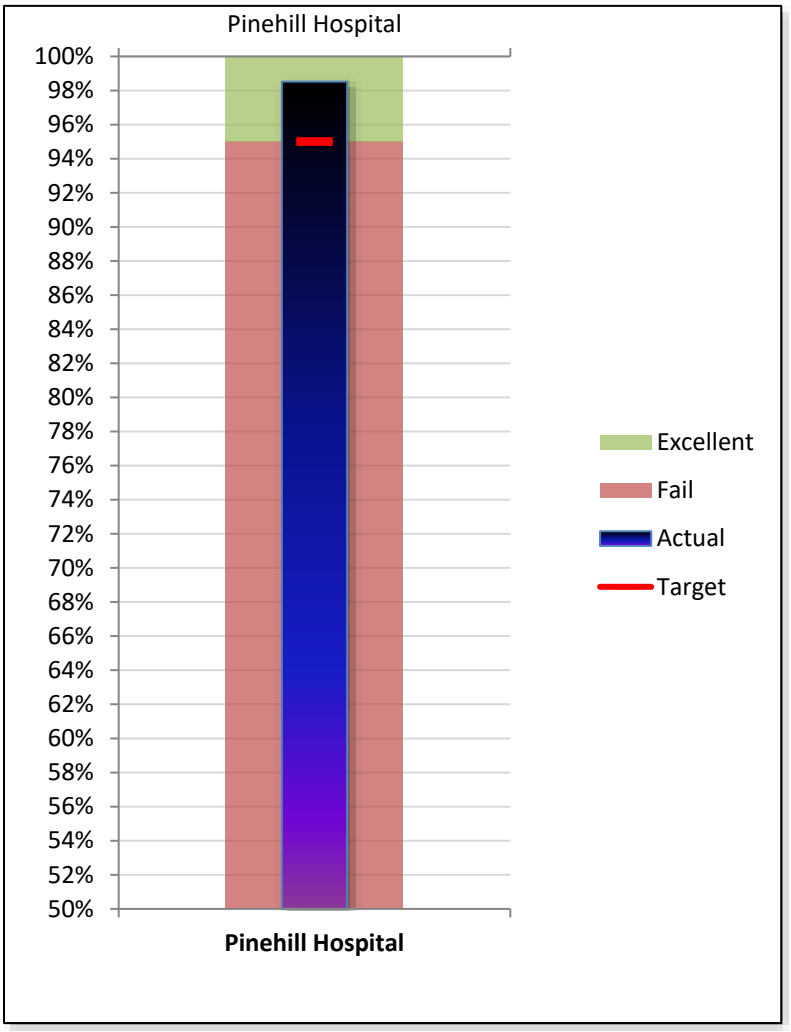
VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Pinehill	
	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%
	Q1 to Q3 25/26	Several	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC15	98.5%

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

- Accurate risk assessments commenced in pre-assessment for each patient
- Review of each patient that is high risk in undertaken through Pinehill's local complex patient MDT
- High compliance to VTE prophylaxis
- Low VTE rate

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



Source: https://www.england.nhs.uk/statistics/statistical-work-areas/vte/

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 to 95% fully completed.

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Pinehill	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC15	0.0000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC15	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC15	0.0000

Data updated: 26 September 2024. Added annual data for the financial year April 2023 to March 2024.
Raw and cleaned annual data for the C. difficile infection from April 2012 to March 2025.

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 7 years.

Pinehill Hospital intends to maintain compliance with the following actions:

- Our Head of Clinical Services Infection chairs the Local IPC Committee which consists of representatives from all key areas of the hospital, and includes our Infection, Prevention and Control lead and a Consultant Microbiologist. Pinehill Hospital hold this meeting jointly with Rivers Hospital, part of Ramsay Healthcare as we share the same microbiologist and therefore can ensure standardised care across both sites. The meeting also has representation from the IPC Lead from Herts and West Essex ICB. 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. The review below hihglights some areas for improvement that will be monitored over the coming year.

A review of the anti-microbial prescribing audit provides assurance on antimicrobial stewardship and prescribing practice at Pinehill Hospital. The overall compliance position improved from 76.3% to 87.0%, indicating a positive trajectory and evidence that previous governance actions are beginning to embed in practice.

There is reasonable assurance that core antimicrobial stewardship arrangements are in place and operating effectively. Oversight is provided through the Infection Prevention and Control Committee, supported by multidisciplinary input, audit review, incident monitoring and prescribing data. Local NHS antimicrobial guidance is available through MicroGuide, and the audit demonstrates strong compliance in several key safety domains, including allergy documentation, access to first- and second-line sepsis antibiotics and surgical prophylaxis practice.

Notable improvement has been achieved since the previous audit. Surgical prophylaxis performance strengthened to 100% compliance across key measures, including antimicrobial choice, timing within 60 minutes of incision, wound classification alignment and documentation for extended prophylaxis where applicable. Documentation and review practice has also improved, with 100% compliance reported in a number of areas, including indication recording, treatment duration, review dates and IV-to-oral switch review where applicable.

Despite this improvement, there remain areas of partial assurance requiring continued oversight. The most significant residual risks relate to prescribing outside guidance, dose compliance and inconsistent documentation of clinical rationale where prescribing deviates from guidance or where allergy-related risks are identified. Compliance in these areas remains approximately 75% in some measures, with rationale documentation recorded as 0% where required. One incident relating to delayed allergy identification also highlights a need to strengthen pre-assessment and medication history processes.

The Board is asked to note the improving compliance position and the evidence of strengthened antimicrobial stewardship governance. Continued focus is required to ensure prescribing practice is consistently aligned to Eoals Medical, rationale for any deviation is clearly documented, allergy verification

processes are robust, and repeat audit findings are monitored through IPCC with clear action tracking and escalation of persistent non-compliance.

Patient Safety Incidents with Harm

SUIs:	Period	Best		Worst		Average		Period	Pinehill	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC15	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC15	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC15	0.0000

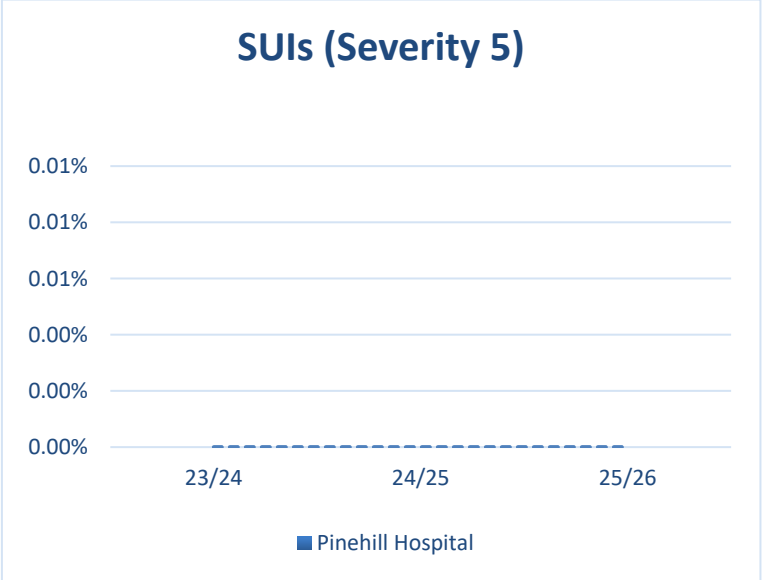
Pinehill Hospital considers that this data is as described for the following reasons:

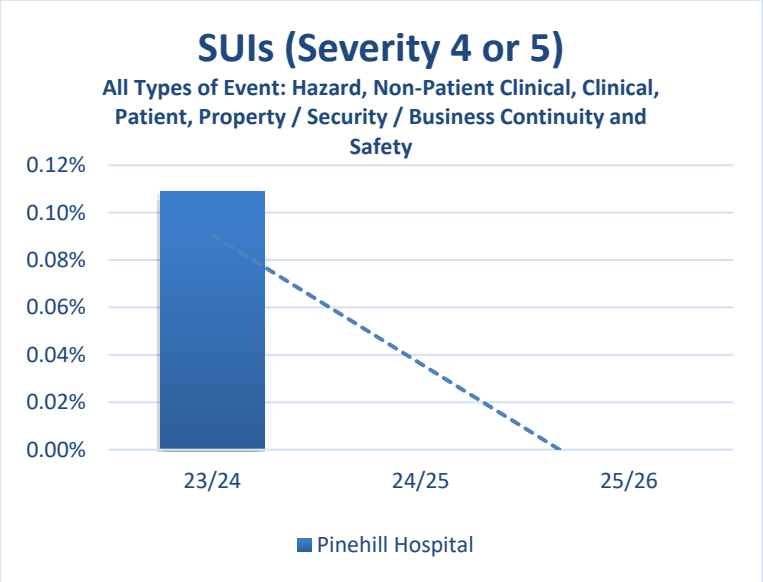
There were no incidents reported with a severity level of 1 (Ramsay reporting tool uses an impact score of 5 to highlight severity level 1 incidents).

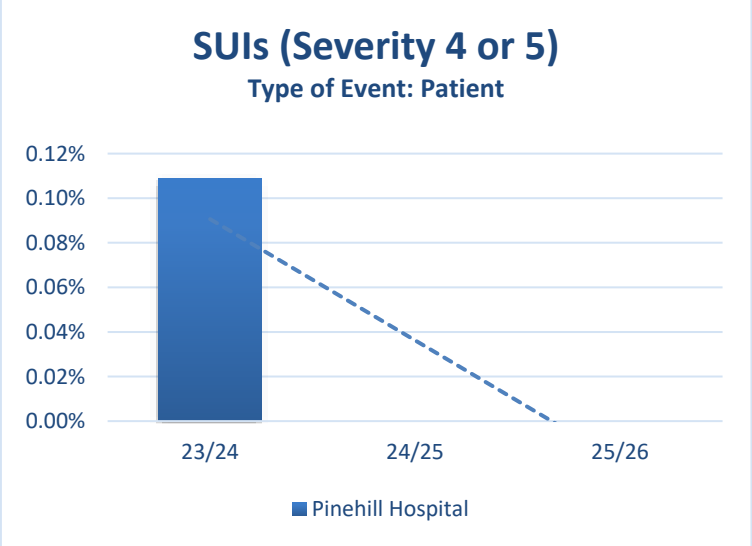
There is no nationally published data for LFPSE at present (Ramsay went live in November 23)
Pinehill Hospital intends to continue to take the following actions to maintain this rate, and so the quality of its services, by:

- Continuing to reinforce the importance of accurate and timely incident reporting.
- Providing staff with ongoing training in the incident reporting system and the importance of effective clinical governance, including the principle of “closing the loop”, through annual mandatory training.
- Maintaining staff knowledge and awareness in relation to the completion of risk assessments, including falls, Waterlow, MUST and dementia screening for patients aged 65 years and over.
- Sharing outcomes and learning at all levels through the established governance framework.
- Delivering annual Speak Up for Safety training.
- Promoting clinical supervision and human factors awareness through the SEIPS model, in line with the National Patient Safety Incident Response Framework.
- Continuing to promote the Ramsay values and behaviours across the organisation.

Rate per 100 discharges:







Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Pinehill	
	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%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC15	100.0%

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, achieving 100% in January 2026 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. The friends and family test became electronic in October 2025 with the overall response rate averaging at 97%.

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 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 are focussed on stretching our performance every year 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.

Following the implementation of the Patient Safety Incident Response Framework from NHS England, Pinehill Hospital implemented a local Patient Safety Incident Review Group once a week which consists of all Clinical Head of Departments, the Pinehill Governance team and Head of Clinical Services. All incidents raised on the Ramsay Health Cre reporting system are reviewed, rag rated for severity and discussed to highlight any areas for further learning, further investigation and outcomes. Employees who may have been involved in an incident are invited to attend to give further insight on the incident and share how their perspective.

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 cases of MRSA Bacteraemia in the past 7 years.

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

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

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

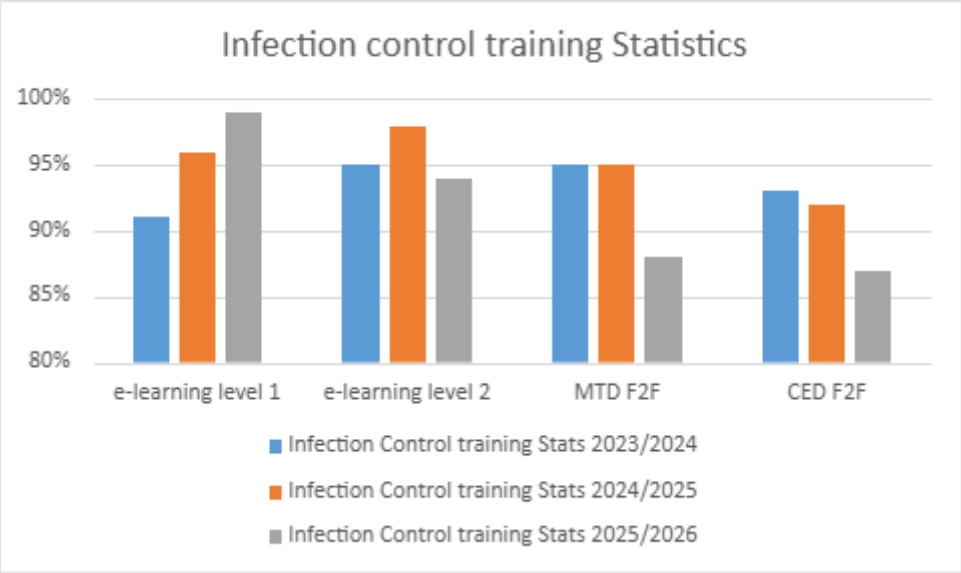
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

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 2025/2026. During the past year there have been 203 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.

Overall IPC-related performance at Pinehill is strong. Hand hygiene audits show mostly high scores (many >90%, several at 100%) but with recurrent low or borderline results (e.g. 61.11%, 76.79%, 80–88%) and repeated comments that staff neglect hand hygiene after glove removal and after touching the wider patient environment; gaps are noted among medical, non-clinical staff and RMOs, and monthly performance is described as “mixed”.
ANTT audits (standard and surgical) are consistently high (mid-90s to 100%) with comments confirming good practice and strong teamwork, but there are persistent issues with staff being unable to articulate ANTT principles, variable hand hygiene within procedures, and frustration that NA options are missing in the audit tool, which is impacting data quality and engagement.

Environment, infrastructure and other IPC domains
Environmental cleaning (“50 Steps Cleaning”) generally performs well, with many audits ≥90% and several at 100%, but there is a clear pattern of recurring deficits: dusty under-bed areas, dirty vents and bins, stained ceilings, visibly dirty cleaning carts and floor equipment, and repeated fluorescence (“glow potion”) findings showing some areas are not being cleaned between audits. Structural issues linked to a 100-year-old building and lack of clear SLAs for some public/restaurant areas are repeatedly cited and require FM-led remediation and clearer ownership.
Targeted IPC audits (IPC Governance & Assurance, IPC Environment Infrastructure, Linen Management, Sharps, SSI bundles, antimicrobial stewardship) show good to very good compliance overall but highlight specific weaknesses: incomplete follow-through on agreed actions (e.g. engineering reports), underperformance in linen management (75%), sharps disposal behaviours linked to particular staff groups, perioperative warming gaps pre-op, and earlier non-compliance with prophylactic antibiotics/teicoplanin, albeit with recent stewardship improvements documented

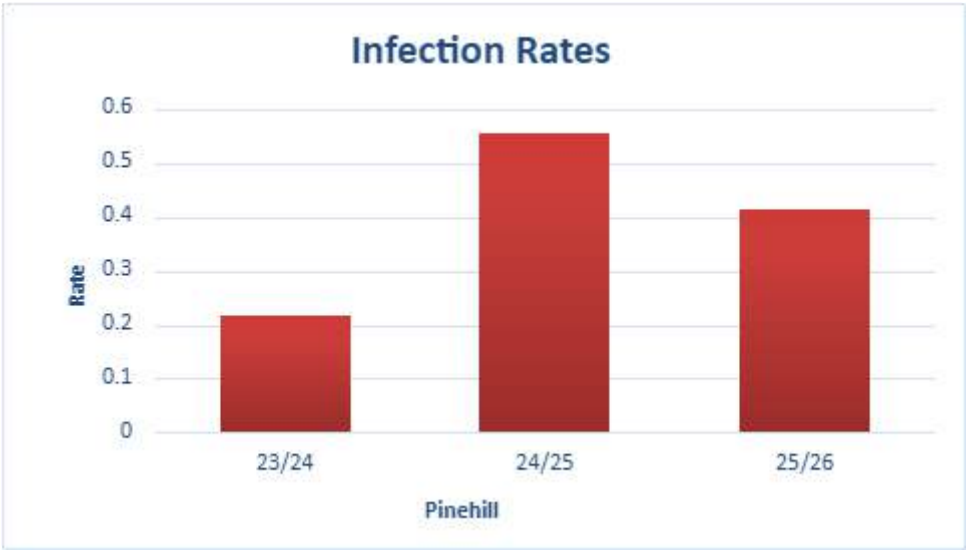
Audit	Department Allocation / Ownership	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Hand Hygiene observation (5 moments)	Ward	95.8%	93%	96%	95%	100%	100%	100%	85.7%	98%
Hand Hygiene observation (5 moments)	Ambulatory Care	94.4%	96%	100%	93%	100%	100%	85%	90%	98.4%
Hand Hygiene observation (5 moments)	Theatres	94.3%	94%	96.7%	91.7%	87.5%	87.5%	100%	98.2%	98%
Hand Hygiene observation (5 moments)	IPC	90%	90.6%	91.4%	87.5%	80%		86.7%	89.8%	100%
SSI Practice Review (One Together) (REPLACES 'Surgical Site Infection' for Theatres)	IPC	94%						98.8%		
SSI Surveillance of Surgical Site Infection	IPC	96.9%							100%	
SSI Peri-Operative Warming: Pre-Operative	IPC	66.7%				83%				
SSI Peri-Operative Warming: Intra-Operative	IPC	85%								
SSI Peri-Operative Warming: Post-Operative	IPC	100%								
SSI Patient Washing	IPC							100%		
SSI Hair Removal	IPC		100%							
SSI Antiseptic Skin Preparation	IPC	100%								
SSI Preventing Skin Recolonisation	IPC							100%		
SSI Reducing Nasal Recolonisation	IPC					100%				
SSI Prophylactic Antibiotics	IPC	50%								
SSI Warming Intravenous & Irrigation Fluids	IPC							100%		

SSI Maintaining Asepsis: Surgical Practice	IPC							100%		
SSI Maintaining Asepsis: Instrument Management	IPC							100%		
SSI Surgical Environment	IPC								100%	
SSI Incision Management: Closure	IPC									100%
SSI Incision Management: Wound Care	IPC								100%	
IPC Governance and Assurance	IPC	87.5%								
IPC Environmental infrastructure	SLT			88.8%						
IPC Management of Linen	Ward		100%						75%	
IPC Aseptic Non-Touch Technique: Standard	IPC		98.9%	98.90%		94.80%		98.8%		
IPC Aseptic Non-Touch Technique: Surgical	IPC							100%		
Sharps	IPC		98%				92.7%			
50 Steps Cleaning (FR1)	Theatres	76.2%	100%	95.5%	94.7%	85%	96%	83.3%	92.7%	92.8%
50 Steps Cleaning (FR1)	Ward									
50 Steps Cleaning (FR2)	Ward	94.3%	86%	77%	81%	76%	88.9%	75.6%	82.6%	82.6%
50 Steps Cleaning (FR2)	Ambulatory Care	100%	100%	95%	95%	92%	95.3%	100%	90.9%	97.5%
50 Steps Cleaning (FR2)	Outpatients	93.8%	97%	90.3%	89.7%	87.5%	91.2%	91.2%	93.8%	72.4%
50 Steps Cleaning (FR2)	POA	100%	100%	92.5%	91.7	97%	93.5%	87.1%	94.4%	77.4%
50 Steps Cleaning (FR4)	Physio	100%			92%			90.9%		
50 Steps Cleaning (FR4)	Pharmacy	78.9%			75%		71.4%	83.3%		
50 Steps Cleaning (FR4)	Radiology	100%		100%	96.4%			92.9%	100%	
50 Steps Cleaning (FR5)	SLT	76.5%						57.4%		
50 Steps Cleaning (FR6)	SLT	61.5%								
Peripheral Venous Cannula Care Bundle	HoCS	93.3								
Urinary Catheterisation Bundle	HoCS				81%					

Essential Care: Wound Management	**HoCS**		90.9%			83.8%			98.8%	

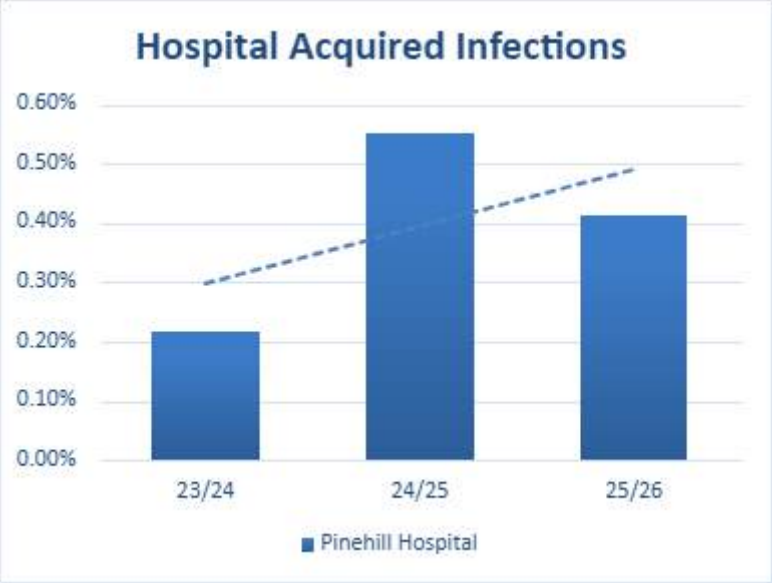
In March 2025 Pinehill Hospital was reaccredited and successfully retained their Silver accreditation from ANTT Patient Protection Accreditation Programme.

The aim for the year 2026/2027 is to achieve ANTT Gold accreditation. This was submitted in December 2026 and are awaiting the on site inspection.



As can be seen in the above graph our infection control rate has decreased over the last year. In comparison to the national average, this is lower than the average. The decrease in infection rates can be contributed by the actions sets out in Part 2: Clinical Priorities over the past year.

Rate per 100 discharges:



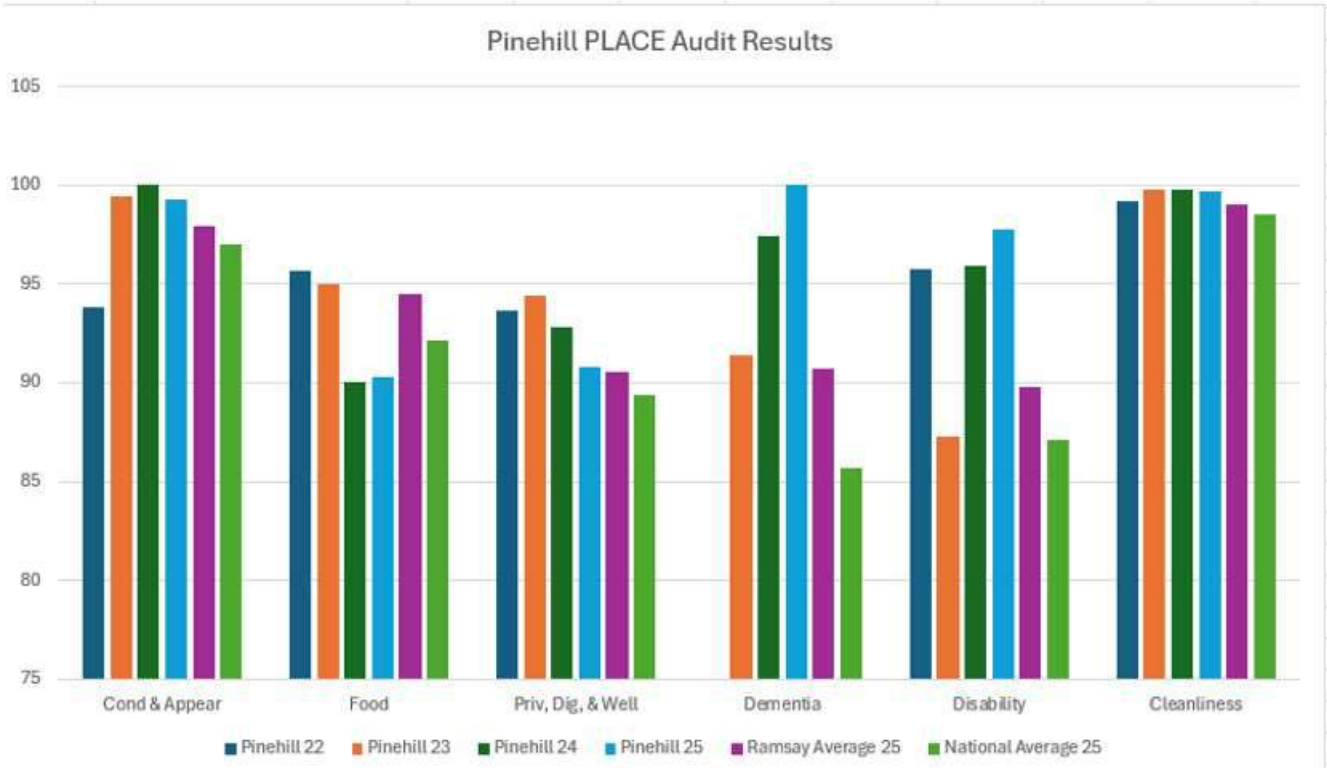
Pinehill has robust processes in place to capture any patient who presents with possible clinical symptoms for infection, which include monitoring and management, reporting and investigating and sharing outcomes with learning. Ramsay Healthcare UK has seen an increase in infections throughout the country. 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.



	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
Pinehill 24	100	90.04	92.78	97.45	95.92	99.78
Pinehill 25	99.29	90.28	90.77	100	97.75	99.67
Ramsay Average 25	97.93	94.51	90.52	90.7	89.77	98.98
National Average 25	97	92.13	89.37	85.68	87.12	98.55

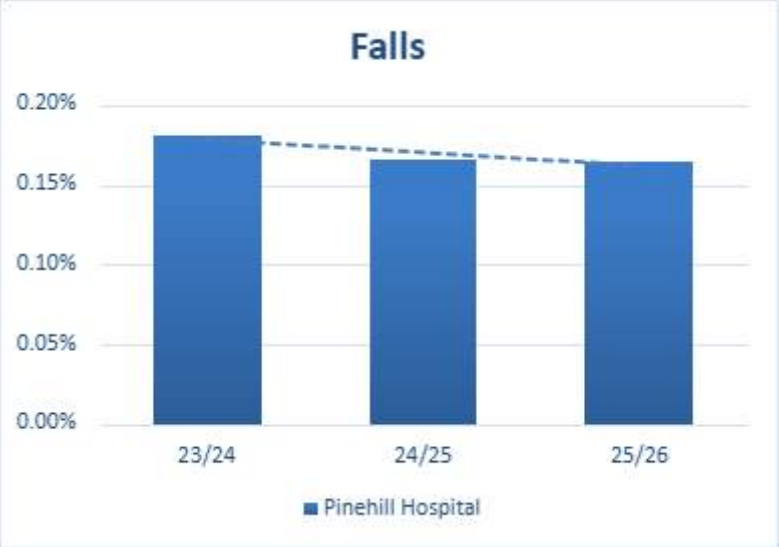
Pinehill has scored higher than the national average in all areas except food. This is also replicated in patient feedback. Comments from patients and PLACE auditors regarding food was in relation to the texture of the food that was on offer on the day, heat of the food once delivered to the ward and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

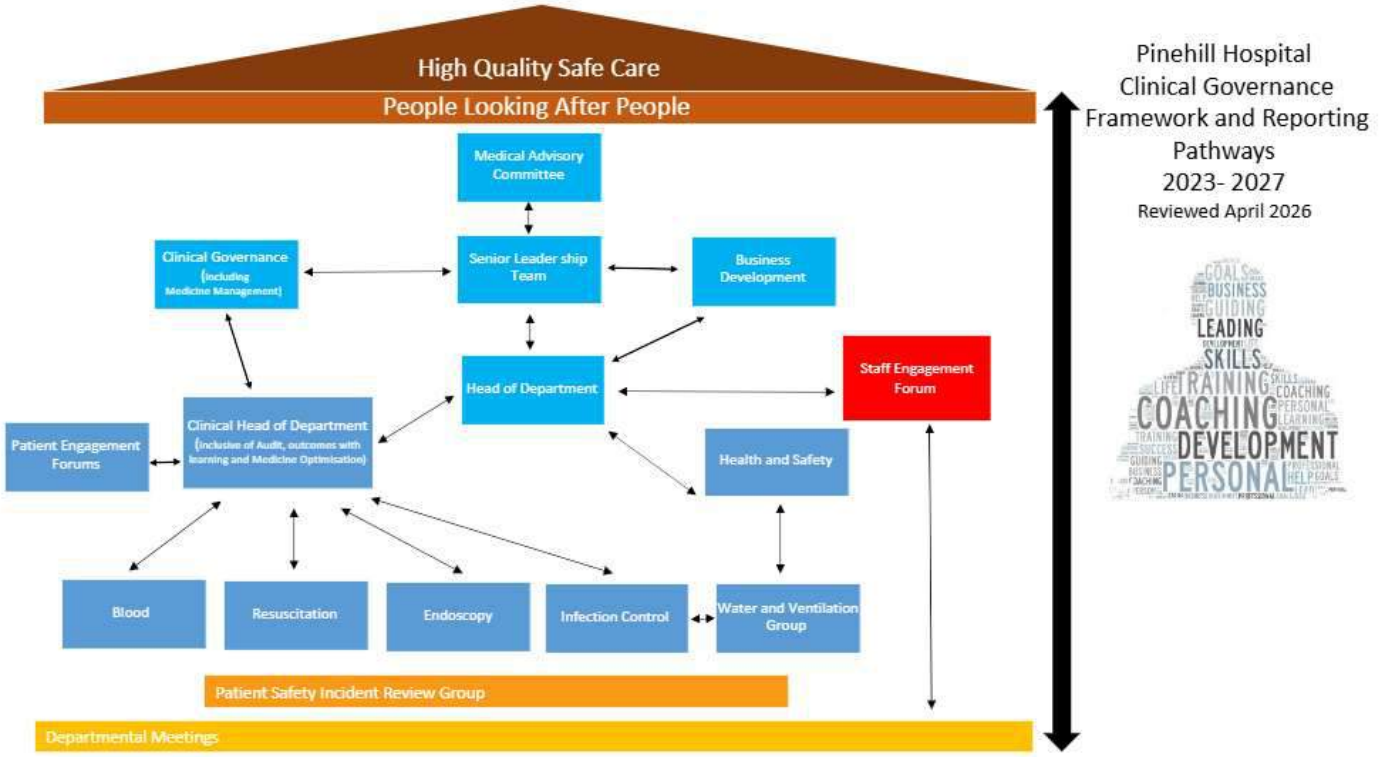
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls 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 us maintaining a low rate in falls throughout the past year.
Rate per 100 discharges:



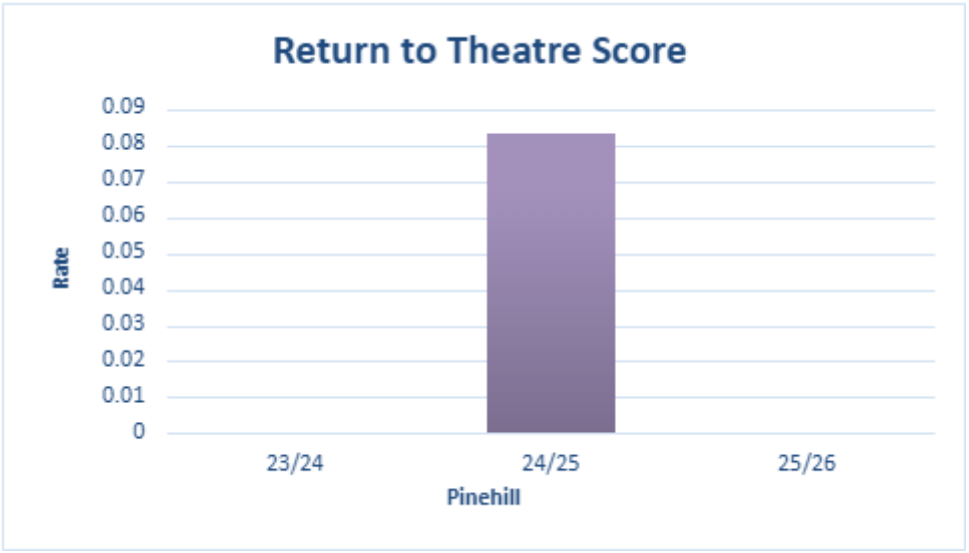
3.3 Clinical effectiveness

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



3.3.1 Return to theatre

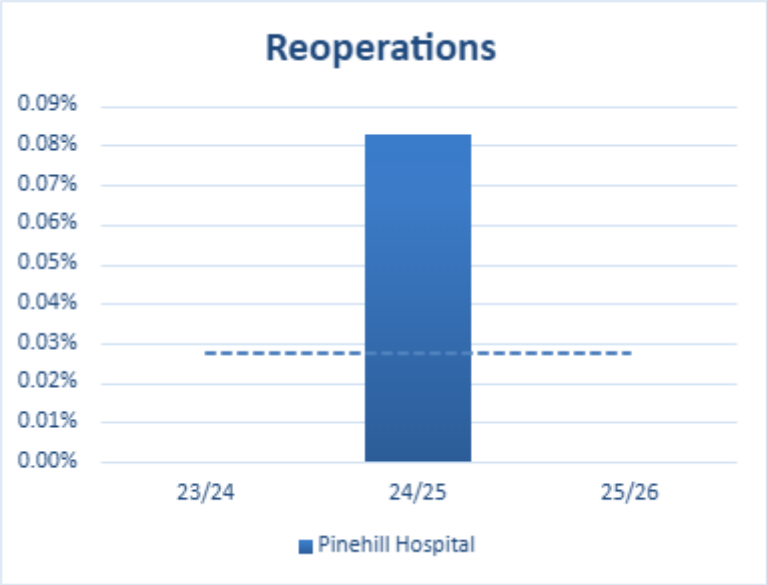
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average, Pinehill's rate is much lower over the past year. This can be due to the contribution of:

- Robust pre-assessment and discussion at complex patient MDT to ensure a robust pathway is available for each patient individualised to their needs
- Skilled and competent workforce in all areas of the Hospital who are equipped to identify and deal with deterioration of patients quickly ensuring an appropriate management plan is in place.

Rate per 100 discharges:



Rate per 100 discharges:

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.

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 bi- annually 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 97% compliance for the training throughout 2025/26. 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.

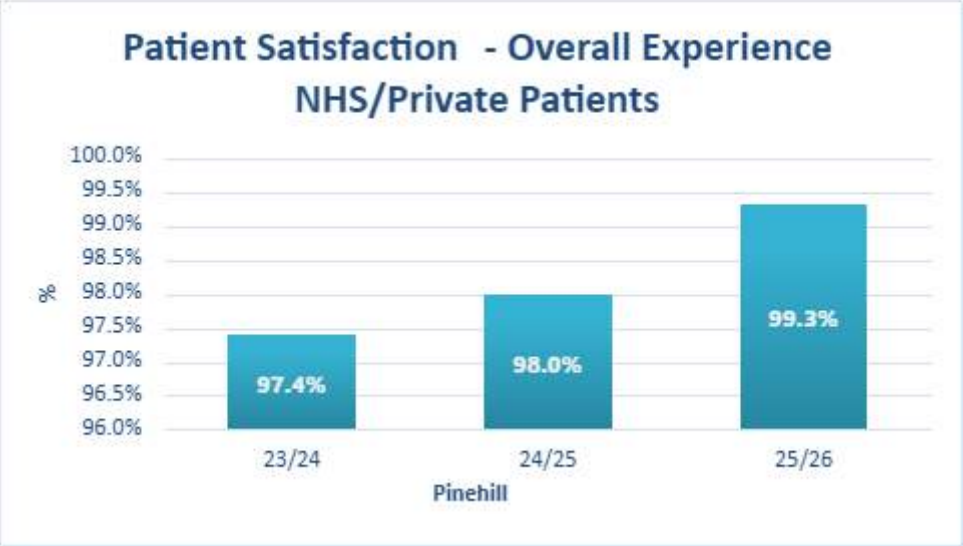
Patient experiences are fedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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



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.

3.5 Pinehill Hospital Case Study

In 2024 Pinehill Hospital committed to promoting a delivering a new procedure for benign prostatic hyperplasia (an enlarged prostate) by investing in robotic aquablation. A new technique that combines a camera (cystoscope), real-time ultrasound imaging and a computer controlled waterjet to precisely remove excess prostate tissue. The case study below is from a patient who underwent this treatment at Pinehill Hospital.

Patient Case Study: Aquablation Procedure at Pinehill Hospital

Background

The patient is a retiree who has lived in the surrounding area for more than 35 years and was already familiar with Pinehill Hospital as a longstanding local healthcare provider.

Presenting Problem

The patient had been experiencing an increasing frequency of urination, with the condition deteriorated suddenly, resulting in night-time incontinence. This was distressing and humiliating for the patient and required the use of incontinence pants overnight.

The symptoms had a significant impact on the patient's confidence and day-to-day quality of life, particularly due to the constant need to plan around toilet access when leaving the house.

Clinical Assessment and Recommendation

The patient's first consultation left the them feeling reassured by the Consultant's clear understanding of the problem and his confidence in identifying the appropriate treatment. The Consultant advised the patient about the availability of the aquablation procedure and discussed the potential benefits.

The patient was advised that the risks and side effects associated with aquablation were lower than those associated with some more traditional surgical approaches. This information helped the patient make an informed decision about proceeding with treatment.

Why Pinehill Hospital Was Chosen

Pinehill Hospital was the patient's local private hospital, which made it a familiar and convenient choice. The patient also researched the Consultant through the Pinehill Hospital website and was impressed by his specialist skills and extensive experience in urology.

The patient considered the waiting time for the procedure through the NHS to be unacceptable due to the risks associated with remaining on an in-dwelling catheter. The catheter was required to protect kidney function until the aquablation procedure could be performed, but it also presented an ongoing infection risk.

Treatment Experience

Throughout the treatment pathway, the patient described the Consultnat's skills and advice as superb. The wider clinical team, including the radiologist, junior doctors and nurses, were also recognised for providing professional and supportive care.

Outcome

Following the aquablation procedure, the patient experienced a significant improvement in urinary flow and bladder control. The patient reported urinating with a force not experienced for many years and no longer felt controlled by the constant need to locate the nearest toilet when going out.

Patient Reflection

The patient described the procedure as life-changing, restoring confidence, independence and control. They encouraged others experiencing similar bladder symptoms not to delay seeking advice about aquablation, particularly where symptoms are affecting dignity, wellbeing and daily life.

Appendix 1

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

Appendix 2 – Clinical Audit Programme 2025/26. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v18 2025-2026 (updated May 2025) - LIST VIEW

Audit	Department Allocation / Ownership (Guidance and may be delegated)	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (For Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK	Ward, Ambulatory Care, SACT, Theatres, IPC (for all other departments) , RDUK	Monthly	By month end	
SSI Practice Review (One Together)	IPC	Whole Hospital	July to August January to February	End of August End of February	
SSI Surveillance of Surgical Site Infection	IPC	Whole Hospital	July to August	End of August	

SSI Peri-Operative Warming: Pre-Operative	IPC	Whole Hospital	July to August	End of August	
SSI Intra-Operative Warming	IPC	Whole Hospital	July to August	End of August	
SSI Post-Operative Warming	IPC	Whole Hospital	July to August	End of August	
SSI Patient Washing	IPC	Whole Hospital	Annually	No deadline	
SSI Hair Removal	IPC	Whole Hospital	Annually	No deadline	
SSI Antiseptic Skin Preparation	IPC	Whole Hospital	Annually	No deadline	
SSI Preventing Skin Recolonisation	IPC	Whole Hospital	Annually	No deadline	
SSI Reducing Nasal Recolonisation	IPC	Whole Hospital	Annually	No deadline	
SSI Prophylactic Antibiotics	IPC	Whole Hospital	Annually	No deadline	
SSI Warming Intravenous & Irrigation Fluids	IPC	Whole Hospital	Annually	No deadline	
SSI Maintaining Asepsis: Surgical Practice	IPC	Whole Hospital	Annually	No deadline	
SSI Maintaining Asepsis: Instrument Management	IPC	Whole Hospital	Annually	No deadline	
SSI Surgical Environment	IPC	Whole Hospital	Annually	No deadline	

SSI Incision Management: Closure	IPC	Whole Hospital	Annually	No deadline	
SSI Incision Management: Wound Care	IPC	Whole Hospital	Annually	No deadline	
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September	
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December	
IPC Management of Linen	Ward	Whole Hospital	August, February	End of August End of February	
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required	
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required	
Sharps	IPC	Whole Hospital	August, December, April	End of August End of December End of April	
50 Steps Cleaning (FR1)	SACT	SACT	Weekly	By Sunday each week	
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14th & 28th of each month	
50 Steps Cleaning (FR2)	Ward, Ambulatory	Ward, Ambulatory	Monthly	By month end	

	Care, Outpatients, POA	Care, Outpatients, POA			
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	End of July End of October End of January End of April	
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April	End of July End of October End of January End of April	
50 Steps Cleaning (FR4)	Radiology, RDUK	Radiology, RDUK	July, October, January, April	End of July End of October End of January End of April	
50 Steps Cleaning (FR5)	SLT	Whole Hospital	July to September	End of September	
50 Steps Cleaning (FR6)	SLT	Whole Hospital	July to September	End of September	
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS	Whole Hospital	October to December	End of December	
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February	End of August End of February	

Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)	End of December No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September to November February to April	End of November End of April	
NatSSIPs Stop Before You Block	Theatres	Theatres	September to November February to April	End of November End of April	
NatSSIPS Prosthesis	Theatres	Theatres	September to November February to April	End of November End of April	
NatSSIPs Swab Count	Theatres	Theatres	September to November February to April	End of November End of April	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September to November February to April	End of November End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September to November February to April	End of November End of April	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July to September (where applicable)	Not applicable to Pinehill	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	

Complaints	SLT	Whole Hospital	August to September February to March	End of September End of March	
Duty of Candour	SLT	Whole Hospital	August/September February/March	End of September End of March	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	As required	
Privacy & Dignity	Ward	Whole Hospital	November to December (as required)	As required	
Essential Care: Falls Prevention	HoCS	Whole Hospital	July to September	End of September	
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September to October	End of October	
Essential Care: Wound Management	HoCS	Whole Hospital	August, November, February, May	End of August End of November	

				End of February End of May	
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April	
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March	
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July to September January to March	End of September End of March	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September	

				End of March	
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June	
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	End of July End of November End of March	
CT Reporting for BUPA	Radiology	Radiology	August, December, April	End of August End of December End of April	
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December April to June	End of December End of June	
Safe & Secure	OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July to September January to March	End of September End of March	
Prescribing, Supply & Administration	Pharmacy	Pharmacy	October to December April to June	End of December End of June	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	End of July End of October End of January End of April	

Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	End of September End of December End of March End of June	
Pain Management	Pharmacy	Pharmacy	October, April	End of October End of April	
Medicines Governance	Pharmacy	Pharmacy	January to March	End of March	
Department Governance	Ward, Ambulatory Care, Theatres, Physio, Outpatients	Ward, Ambulatory Care, Theatres, Physio, Outpatients	October to December	End of December	
Safeguarding	SLT	Whole Hospital	December	End of December	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required	As required	
OH: Occupational Health Delivery On-site	HoCS, RDUK	Whole Hospital, RDUK	November to January	End of January	
Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	End of July End of October End of January End of April	
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of July End of October End of	

				January End of April	
H&S Fire Safety	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	July. January	End of July End of January	
H&S Legionella	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	August, February	End of August End of February	
H&S PUWER/LOLER	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	March	End of March	
H&S Management	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	April	End of April	
H&S Moving & Handling	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	May	End of May	
H&S Work at Height	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	June	End of June	
H&S Slips Trips & Falls	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	September	End of September	
H&S COSHH	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	October	End of October	
H&S Electrical Safety	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	November	End of November	
H&S Violence at Work	Ops Managers, RDUK	Health & Safety, RDUK (Health & Safety)	December	End of December	

IR(ME)R	IR(ME)R Lead, RDUK	Radiology, RDUK	August to September	End of September	
IRR	RPS, RDUK	Radiology, RDUK	November to December	End of December	
MHRA	MR Lead, RDUK	Radiology, RDUK	January to February	End of February	
CT	Radiology, RDUK	Radiology, RDUK	August to September March to April	End of September End of April	
X-Ray	Radiology	Radiology	September to October March to April	End of October End of April	
MRI	Radiology, RDUK	Radiology, RDUK	November to December May to June	End of December End of June	
Mammography	Radiology	Radiology	July to August January to February	End of August End of February	
Ultrasound	Radiology	Radiology	August to September March to April	End of September End of April	
Interventional Fluoroscopy	Radiology	Radiology	November to December May to June	End of December End of June	
Image Quality	Radiology, RDUK	Radiology, RDUK	July to August January to February	End of August End of February	

Appendix 3

Glossary of Abbreviations

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