

Glendon Wood Hospital

Quality Account 2025/26



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Welcome to Ramsay Health Care UK

Glendon Wood Hospital is part of the Ramsay Health Care Group

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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners. Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

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

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

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients. I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa

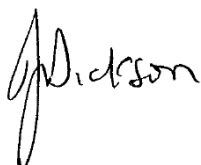
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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

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

Jo Dickson

Introduction to our Quality Account



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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Helen Tait, Hospital Director

Glendon Wood Hospital

The year 2024/2025 has seen Glendon Wood Hospital grow in terms of the range of services we offer and the number of patients we have treated. This growth reflects the growing demand for healthcare services in Kettering and the surrounding areas and Ramsay's commitment to supporting the population and healthcare systems in this region.

This year's Quality Account demonstrates the progress we have made in delivering quality care and continuing to reduce waiting times, whilst aiming for efficient and effective outcomes. We continue to work closely with local NHS Trusts to provide support for their long waiting patients, delivering treatment across a range of specialities. Over 500 additional patients were treated at Woodland and Glendon Wood to help the local Trusts to reduce their waiting lists. Ramsay Healthcare is also working with NHSE to support the introduction of E-eRS, a digital solution that will enable optometrists in the region to electronically refer their patients who require hospital care.

Woodland and Glendon Wood Hospitals work closely together with a shared leadership team. Patients benefit from two closely located hospitals who now provide an enhanced patient experience with more tailored facilities on both sites to meet patients' needs. Many staff work across both sites and this ensures we can efficiently resource departments as per the demands of those services on that day.

Our patients continue to report extremely high levels of satisfaction in both hospitals. For several months Glendon Wood Hospital has reported the highest NPS in the Ramsay Healthcare Group. Our staff survey demonstrated that our workforce acknowledge that patient / customer safety is a priority for our hospitals. We are proud that there are now 7 members of our team actively undertaking Nursing Associate and Registered Nursing degree apprenticeships, having originally joined us as support staff.

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for

everything we do. Services continue to be reviewed and have been re-located to streamline pathways for patients and minimise the number of visits required to the hospital.

We are proud of all that has been achieved for the local community in 2024/2025 and look forward to continuing to improve services for our population.

In developing our approach for both local and strategic priorities we have consulted with our staff, our MAC and reviewed our patient feedback. Together, the Committee Chairs, Head of Clinical Services and I have reviewed this document and agree with the content within the report including all data is accurate together with the actions detailed within the Quality Account. If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me via email at the following address helen.tait@ramsayhealth.co.uk, alternatively I can be contacted via my Personal Assistant on 01536 536846.

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.

Helen Tait

Hospital Director

Glendon Wood Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Helen Tait, Hospital Director

Sarah Bowrey, Hospital Manager

Joanne Milton, Head of Clinical Services

Katie Reynolds, Clinical Lead

Bhavik Shah, Clinical Governance Chair

Hamidreza Khairandish, Medical Advisory Committee Chair

Northamptonshire Integrated Care Board

Welcome to Glendon Wood Hospital

Welcome to the Quality Account for Glendon Wood Hospital Kettering. As we embark on this important journey of continuous improvement, we are excited to share with you our commitment to delivering the highest standard of healthcare. Glendon Wood Hospital is dedicated to providing exceptional patient care, cutting-edge medical services, and a compassionate environment for our patients, their families, and our community. Our mission is to combine advanced medical practices with a patient-centred approach, ensuring that everyone receives the best possible care tailored to their unique needs. This Quality Account reflects our dedication to excellence, detailing our achievements, identifying areas for growth, and setting forth our objectives for the future. Through this report, we aim to demonstrate our commitment to quality, safety, and patient satisfaction.

At Glendon Wood Hospital, we believe that quality healthcare is a collaborative effort. It involves the collective contributions of our skilled medical professionals, dedicated support staff, engaged patients, and a supportive community. We are proud of the progress we have made and are eager to highlight the innovative programs, patient safety initiatives, and quality improvement projects that have defined our year.

As we look to the future, we are guided by a vision of continuous enhancement in all aspects of patient care. We invite you to join us on this journey, as we strive to exceed expectations and set new benchmarks in healthcare excellence.

We provide medical and surgical services for privately insured, self-paying and NHS patients. We strive to offer the same level of outstanding care to all our patients. The table below shows the number of patients treated by the hospital in 2024/2025.

Patient Type	Patient No.	Activity %	Total Patients Treated 2022/23
NHS	5027	86%	5,829
Private (Med Ins)	549	9.5%	
Private (Self Pay)	253	4.5%	

At Glendon Wood Hospital, we offer a comprehensive range of services including endoscopy, orthopedics, ENT, ophthalmology, pain management, urology, state-of-the-art imaging, physiotherapy, and general surgery. Additionally, we provide access to a private GP service for our patients. Our facility is equipped with state-of-the-art medical equipment, ensuring that we can deliver the latest and most effective treatments.

Our Staffing Mix is highlighted below –

Employed Consultants	0
Senior Leadership (Hospital Director, Hospital Manager and Head of Clinical Services)	3

Department	Total Number of Active Employees (Perm)
Day Unit	20
Outpatients	6
Theatre	10
Physiotherapy	8
Radiology	6
Bookings	4
Housekeeping	4
CT	2
MRI	2
Stores	2
Ward	
Business Office	1
Finance	1
Maintenance	1
Operational Mgmnt	1
Pharmacy	1
Porters	1
Pre Admission	1

Supporting Our Community:

In 2024/2025, Glendon Wood Hospital proudly continued to support Kettering Food Bank, with the cost-of-living crisis driving increased demand and rising costs for food banks, our dedicated staff felt a strong commitment to assist those in our local area who rely on these vital services. Recognising the growing need for support, we have planned numerous events to raise funds and awareness for this worthy cause.

As shown in the photo below our Woodland and Glendon Wood team members are delighted to present a cheque on behalf of the hospital, demonstrating our ongoing commitment to making a positive impact in our community.



Our chosen charity of the year is **The Squirrels** they provide a residential short break service for children and young people, aged 4-18 with a physical disability, associated with learning difficulties and complex health needs, and to their families in Northamptonshire. As shown in the photo below our Woodland and Glendon Wood team members are delighted to present a cheque on behalf of the hospital, demonstrating once again our ongoing commitment to making a positive impact in our community.



To give you an idea where our donations have made a difference:

£5 would buy a sensory toy.

£10 would buy a trip to the cinema for one child.

£20 would buy a theatre trip for one child.

£50 would pay for an accessible taxi for a day out.

The committee have brought some new events to the Hospitals and been supported by the staff and Consultants across both sites. From Croissant days, Quiz nights, Bake Sales, Easter Raffles and 'Date with a Book', there are lots more in the pipeline for the rest of 2025, they are on fire with no plans to slow down. Keeping with the Ramsay ethos 'People caring for people'.

A few words from the Squirrels, Head of Service, Sue Connor

"On behalf of Squirrels and Action for Children I would like to extend my heartfelt gratitude for your generous donation of £500.

Your support means a great deal to us and will significantly contribute to resources and activities which will be greatly enjoyed by children during their stay at our home.

We were truly inspired by your dedication and the effort you put into raising these funds. It was a pleasure to meet your team and learn more about the events taking place and those planned. Your generosity has touched all of us who spoke with you, and we are deeply appreciative of your commitment."

Glendon Wood Hospital also proud sponsors Loddington and Mawsley Youth Cricket Club along with Mawsley Youth Football Club. We have received some lovely feedback from the clubs which is shown below:

I just wanted to take a moment to personally thank you and everyone at Glendon Wood for your generous sponsorship of our youth shirts. Your support means a great deal to us and makes a real difference in providing opportunities for our young players.

We truly appreciate your backing, and we're proud to have Glendon Wood associated with our youth setup. If there's anything we can do to support or promote your business in return, please let us know.

Thanks again for your generosity, we look forward to seeing the team proudly wearing the new shirts.

Many thanks,

Nick

Loddington & Mawsley CC Youth Coordinator



The boys are very pleased with their new training tops and the coaches, kids and parents really appreciate the funding that Ramsay Health care provided to enable the tops to be purchased (and the kit previously). As a way of saying thank you and showing our appreciation, the parents and coaches chipped in and bought an extra shirt as a gift for Ramsay Health care.

Many thanks,

Stuart

We also continue to support global health initiatives. As part of our community outreach, we actively collect used mobility aids such as walking sticks, elbow crutches, and zimmer frames. These items are donated to the charity Physionet, which distributes them to people and countries in need around the world. The accompanying picture shows our team collecting these items, demonstrating our commitment to making a difference both locally and globally.



Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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

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

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

Priorities for improvement

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

Patient Safety

Incident Response Framework (PSIRF) Implementation

In November 2023, Glendon Wood Hospital, part of Ramsay Health Care UK, launched the Patient Safety Incident Response Framework (PSIRF). This initiative is central to our commitment to enhancing patient safety and fostering a culture of continuous improvement and learning.

Over the past year, significant strides have been made in rolling out the Patient Safety Incident Response Framework (PSIRF) across the hospital. To ensure the effective implementation of PSIRF, Heads of Departments underwent a two-day training session. The expansion of PSIRF to all staff was successfully initiated through a series of tailored roadshows delivered to various departments. These sessions introduced the framework, highlighting the critical role of shared learning

from patient safety incidents. Additionally, departmental meetings were used to reinforce PSIRF principles, ensuring widespread dissemination of key information. As a result of these efforts, we surpassed our key objective for 2023/2024, with 95% of staff completing the PSIRF e-learning modules.

PSIRF has been incorporated into departmental routines, promoting a proactive approach to patient safety. After Action Review (AAR) templates are readily available in all departments, enabling staff to quickly collect essential information following an incident. To engage consultants, PSIRF has been regularly featured in the consultant newsletter and discussed at Medical Advisory Committee (MAC) meetings. Several consultants have actively participated in PSIRF investigations, providing valuable insights that enhance the process. Additionally, we have introduced a QHUDDLE following the hospital safety huddle, where incidents from the previous day requiring AAR are identified. These AARs are completed and presented at our local Patient Safety Incident Response Group (PSIRG) meetings, where incidents are discussed, analysed, and actionable steps are developed. Despite these achievements, further work is needed to fully embed PSIRF principles among consultants. Ongoing efforts are focused on deepening their involvement to ensure patient safety remains a seamless and consistent priority in their clinical practices.



1) Achieving Bronze Accreditation in Aseptic Non-Touch Technique (ANTT)

Aseptic Non-Touch Technique (ANTT) is a globally recognised standard for aseptic practice that aims to prevent infections during clinical procedures by ensuring asepsis is maintained. Achieving bronze accreditation in ANTT through the Patient Protection Accreditation Programme reflects a commitment to maintaining high standards of infection control and patient safety. Our Infection Prevention Control Link nurse for Glendon Wood Hospital has delivered the implementation for us to achieve bronze accreditation awarded May 2025.

ANTT® Patient Protection Accreditation Programme



Awarded to:

Ramsay Health Care - Glendon Wood Hospital

in recognition of attaining

Bronze Level ANTT® Accreditation

Valid from May 2025 to May 2028

Clinical Effectiveness



Implementing GIRFT for Ophthalmology

Glendon Wood Hospital Kettering is committed to advancing the quality of care we provide by focusing on several key clinical priorities. One of our primary goals for last year was to benchmark our Ophthalmology services against the "Getting It Right First Time" (GIRFT) initiative.

The GIRFT program aims to improve the quality of medical and surgical care by reducing unwarranted variations, improving patient outcomes, and maximising resource efficiency.

To review our Ophthalmology services, we held several meetings with the Head of Clinical Services, Clinical Lead, Theatre Lead and Day Case Manager. We compared our performance against national benchmarks and GIRFT speciality standards: cases per theatre list. We reviewed the GIRFT published documents Guides 1-4 and the Agreed NHSEI cataract pathway document. We established that our current cataract surgical pathway and practices are in line with GIRFT guidelines. We will continue to monitor this. We review list volumes weekly at our theatre planning meeting. This will ensure that all patients continue to receive consistent, high-quality care, reducing variations in treatment and improving overall outcomes.

Our current wait times for cataract surgery is four weeks for NHS patients. This is due to providing streamlined referral processes, the availability of specialist consultant led assessment and diagnosis and timely access to surgical intervention.

We have secured circa £180,000 in capital investment for ophthalmology equipment since commencing services at Glendon Wood in August 2023.

Patient Outcome Measurement and Feedback

We have implemented electronic patient reportable outcome measures (ePROMS) which enables us to gather and action patient outcomes through an electronic action register system Cemplicity. This is managed by the Senior Nursing team and typically all patients are contacted, and any actions are resolved and responded to within 5-6 days. This is a valuable part of the ophthalmology services we offer at Glendon Wood. This ensures we are able to respond to the needs and expectations of our patients and continue to drive service delivery and improve standards.

By adopting the GIRFT principles in our Ophthalmology department, we are committed to enhancing the quality of care, reducing inefficiencies, and achieving better clinical outcomes for our patients.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clinical Effectiveness



We are very proud to have achieved JAG accreditation at Glendon Wood in April 2024. JAG accreditation standards define a high-quality, safe and appropriate endoscopy service, delivered by highly training, highly supporting and highly motivated workforce. The accreditation is divided into nineteen domains,

- leadership and organisation
- safety
- comfort
- quality
- appropriateness
- results
- respect and dignity
- consent and patient information
- patient environment and equipment
- access and booking
- productivity
- aftercare
- patient involvement
- teamwork
- workforce delivery
- professional development

Part of the JAG requirements are that all accredited services must submit an annual JAG review. This ensures services demonstrate the standards are being maintained. We achieved this in April 2025; we will be due a further review in April 2026. Part of Glendon Wood's clinical priorities for 25/2026 is to ensure we continue to maintain and strive to deliver excellent patient outcomes within our Endoscopy service.

ANTT Silver and Gold Accreditation



We are proud to have achieved Bronze Accreditation for ANTT May 2025. We aspire drive this forward and ensure the necessary training and standards are met to achieve Silver and Gold Accreditation for 2025/26. ANTT accreditation provides healthcare organisations with a mechanism to demonstrate effective clinical governance for aseptic techniques, and commitment to infection prevention and patient safety. Accreditation is achieved through demonstrating safe and best practice via Policy, Education, Competency Assessment and Monitoring Standards. Achieving robust and effective ANTT shows ambition and dedication to patient safety. Achieving all three levels of accreditation, enables Glendon Wood Hospital to demonstrate our commitment to patient safety from the beginning of the process and on-ongoing.

Patient experience-

Ophthalmic Electronic Primary Care Referral System

To improve and support our Ophthalmology services for 2025/26 we plan to implement Cinapsis an electronic eye referral system for Primary Care services. The Midlands deployment is planned for Autumn 2025. This will replace the paper referral system currently in place with the optometrists and will align with all other referral processes for our eRS systems.



Patient-Led Assessment of the Care Environment (PLACE)

We plan to undertake our annual Patient-Led Assessment of the Care Environment (PLACE) assessment in October 2025. This ensures local people who take the role of the assessor review the hospital environment to support the provision of clinical care. Assessment includes privacy and dignity, food provision, cleanliness, general building maintenance and the extent to which the environment is able to support the care of patients with a disability or dementia. The annual assessment assists Glendon Wood Hospital to ensure we drive improvements in the care environment. Following the assessment an action plan will be implemented to ensure actions are managed and appropriately actioned. We have fully completed 85% of last year's assessment actions, the remaining actions require additional or external support to complete.

We have consistently delivered a Net Promoter Score (NPS) of above 90 and ranked as the highest in the Ramsay Group for Quarter 4 2024. We aim to continue to deliver a high standard of quality care and excellent patient experience for 2025/26 and maintain a Net Promoter Score of above 90. NPS is a metric used to measure customer loyalty, satisfaction and enthusiasm towards an organisation.

Glendon Wood Hospital

cemplicity[®]

July - December 2024 Results

Glendon Wood Hospital maintained strong patient experience ratings in July–December 2024, with its Net Promoter Score (NPS) remaining significantly higher than the Ramsay Health Care average despite a slight decline. Key patient experience indicators, including overall satisfaction, emotional support, respect and dignity, and medication side effect explanations, were also notably above the Ramsay benchmark. However, privacy ratings saw a significant drop from 96% and are now below the Ramsay average, highlighting an area for further attention.

NET PROMOTER SCORE

+92

Promoters (9-10 rating)	94%
Passives (7-8 rating)	4%
Detractors (0-6 rating)	2%
% of promoters - % of detractors = 92 (n=763)	

Key Patient Experience Indicators

VERY GOOD
88%

GOOD 9%

Neither 1%

Poor 1%

Very poor 0%

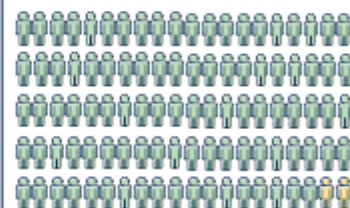
Overall Rating (Friends and Family Test)

In July - Dec 2024, 97% of patients were satisfied with the care they received from Glendon Wood Hospital, rating it 'very good' (88%) or 'good' (9%).

n=769

"From the moment I came through the doors the receptionists to the nurses and consultant I felt at ease and relaxed. Friendly polite staff are a credit to you."

Treated with respect and dignity



Most patients (98%) were treated with respect and dignity at Glendon Wood Hospital, with 2% experiencing occasional lapses.

n=769

Medication side effects

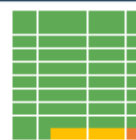
Most patients (89%) said medication side effects were fully explained, 8% said they were partially explained, and 3% said they were not explained.



n=662

Privacy

Privacy was provided to the majority (93%) of patients in July - December 2024. Six percent experienced privacy **sometimes** and 1% **not at all**.



n=769

Involvement in decisions

Most patients at Glendon Wood Hospital said they were always involved in decisions about their care in July - Dec 2024.

Yes, definitely (90%) Sometimes (9%) No (1%)



n=769

Contact after discharge

From July to December 2024, **92%** of patients at Glendon Wood Hospital were told whom to contact if they had concerns after discharge. **Three percent** were not informed, and the rest **couldn't recall**.



n=769

Worries and fears

83% of patients at Glendon Wood Hospital said they could find someone to talk to about their worries and fears

13% said they could, sometimes
4% could not find someone to talk to.

n=473

*Indicates a statistically significant increase compared with the previous report (p < 0.05)

Ratings summary

The percentage of patients at Glendon Wood Hospital in July - Dec 2024 who give a '9' or '10' rating for these dimensions of care.



Kindness and compassion

97%



Confidence in care

96%



Cleanliness and comfort

93%



Communication

93%



Consistent and coordinated care

96%



Overall customer service

97%



Information

88%



Managing pain and nausea

91%

~ Sample size is between 50-100 responses, please treat results with caution.



Ramsay Health Care

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2024/25 Glendon Wood Hospital provided and/or 7 subcontracted NHS services.

Glendon Wood Hospital has reviewed all the data available to them on the quality of care in all 7 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 70% per cent of the total income generated from the provision of NHS services by Glendon Wood Hospital for 1 April 2024 to 31st March 2025.

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

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

Human Resources –

Direct staff cost % Net Revenue	28%
Total staff costs % Net Revenue	33%
Agency Cost as % of Total Staff Cost	0%
Staff Turnover	10%
Staff Sickness	5%
Appraisal	92%

Mandatory Training	98%
E-Learning Compliance	95%
YTD Staff Cost % Net Revenue	33.1%
Hours Worked PPD	14.4

Staff Satisfaction Score – please see below a screenshot of the results of our most recent staff survey (October 2024).

Biggest Strengths

Name	Distribution			2023	Healthcare	UK Norm
Patient/customer safety is a priority in my organisation	75%	14%	11%	-1	-5	+7
I have good opportunities to learn and develop at this organisation	61%	28%	11%	-4	-13	-6
I believe in the Ramsay Way	60%	29%	11%	+2	-17	-22

Number of Significant Staff Injuries 0

Patient

At Glendon Wood Hospital, the Clinical Governance Committee and Medical Advisory Committees review the themes and trends of patient complaints. Lessons learned from these complaints are discussed and shared with staff for reflection and improvement. During 2024/25, Glendon Wood Hospital recorded 3 formal complaints. The primary theme of these complaints is the patients requesting further clarification on diagnosis or interaction with the consultant.

Hospital	2024			Total
	May	Aug	Dec	
Total	1	1	1	3
Glendon Wood Hospital	1	1	1	3

All complaints are investigated and managed under the Ramsay Health Care Management of Patient Complaints policy RM –011. Complaint responses are shared with all the relevant parties involved and actions are managed via our Quality and

Improvement Team. Complaints provide a valuable opportunity to promote a just and learning culture, improve service delivery and reduce future risk to patients and others. Timely collection, reporting and review of all complaints is necessary for the development and implementation of risk reduction strategies and is an opportunity to develop and improve services and people.

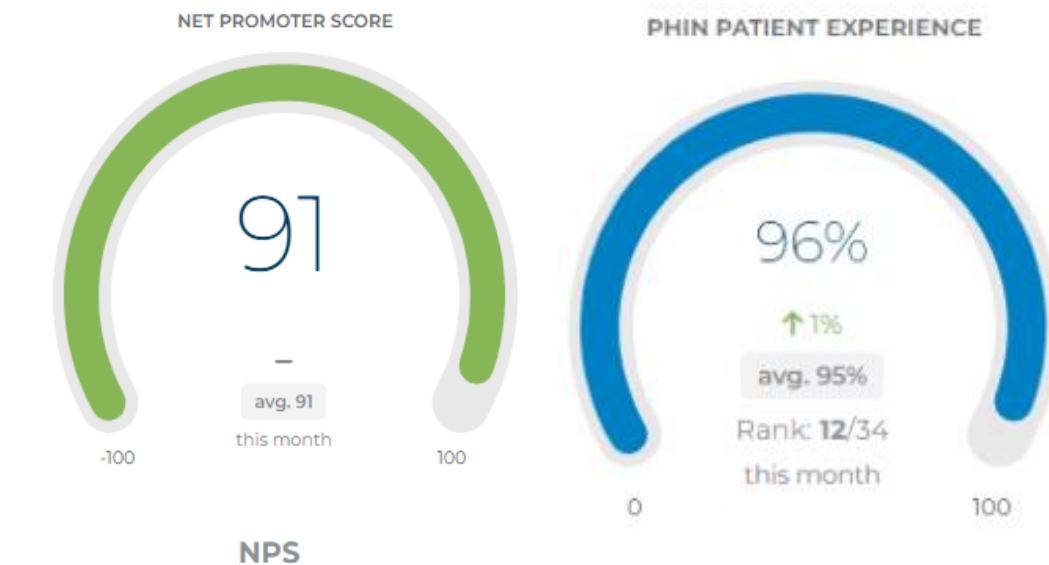
In addition to the complaints management processes, Glendon Wood Hospital utilises an external organisation to gather unbiased patient feedback. This collects and analyses data on patient experiences and satisfaction. This data is released monthly, and any areas requiring improvement are reviewed and addressed accordingly. Additionally, Ramsay Health Care provides another patient feedback mechanism through a discharge questionnaire, which includes space for free text comments.

The Quality Improvement Team, Head of Clinical Services, Clinical Lead and relevant Heads of Department review all feedback. Patients are contacted to discuss their comments, and any actions taken by the hospital to improve services are shared with them.

Serious Complaints per 1000 HPD's (Hospital Patient Days)	0%
Patient Satisfaction Score	98.2%
Never Events per 1000 Admissions	0%
Readmission per 100 Discharges	0%



This graph relates to: Overall Experience



Quality

Workplace Health & Safety Score



Infection Control Audit Score



Consultant Satisfaction Score = 94% of our consultants agree that

- The quality of care my patients receive is of a high standard.
- The customer service provided to my patients is of a high standard.
- My patients are satisfied following treatment at my local Ramsay Hospital

PHIN PATIENT EXPERIENCE



Response count: 136

2.2.2 Participation in clinical audit

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

Project name (A-Z)	Provider organisation
JAG Accreditation	Royal College of Physicians
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
Elective Surgery (National PROMs Programme)	NHS Digital
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
National Cardiac Audit Programme (NCAP) ^{1, 2, 3}	Barts Health NHS Trust / National Institute for Cardiovascular Outcomes Research (NICOR)
The blood safety and Quality Regulations audit.	NHS Blood and Transplant
National Gastro-intestinal Cancer Programme ^{1, 2, 3}	NHS Digital
National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England
Inflammatory Bowel Disease (IBD) Audit ³	IBD Registry

Footnotes:

- 1 National Clinical Audit and Patient Outcomes Programme (NCAPOP) project
- 2 Project participates in the Clinical Outcomes Publication (COP)
- 3 Projects with multiple work streams are reflected in the HQIP National Clinical Audit and Enquiries Directory Version: January 2019

Local Audits

Glendon Wood Hospital participates in the Ramsay Corporate Audit Program (the schedule can be found in Appendix 2). The audit topic and schedule are set centrally by the Ramsay Health Clinical Governance Committee to allow greater opportunity for benching marking.

Glendon Wood Hospital also performs several local clinical audits, all of which are discussed by the Clinical Governance Committee, where actions are taken to improve the quality of the healthcare provided.

Group and Save compliance Audit.

To ensure compliance with Medicines and Health products Regulatory Agency (MHRA) guidelines, we conduct a monthly audit. This audit verifies that staff are properly completing the necessary documentation and performing accurate patient identity checks when obtaining a group and save blood sample.

Digital dictation

Digital dictation at Glendon Wood Hospital involves Clinicians recording clinic letter using digital voice recording systems, which are then transcribed into written documents. The purpose is to streamline the creation and delivery of accurate patient correspondence, enhancing efficiency and reducing turnaround times. Compliance with digital dictation is audited and monitored through our clinical governance committee to ensure swift upload of clinic letters by Clinicians.

VTE Audit

Glendon Hospital has significantly enhanced the quality of its healthcare services by focusing on VTE (venous thromboembolism) prevention.

Two significant areas of improvement have been identified through the participation of audits. This was to ensure the VTE assessment has been reviewed by the Consultant Surgeon prior to the patients being taken to theatre and that the completion of the assessment box was selected on discharge to ensure the VTE assessment is declared as finalised and completed.

As a result of this letters have been sent to all consultants reminding them of the policy and their role in the management of VTE prevention. In addition, monthly audits are undertaken by the Head of Department and fed back to the Clinical

Governance Committee. This is in addition to the VTE audits scheduled on the Corporate Audit Program. This ensures ongoing monitoring and demonstrates the hospital's commitment to best practices and its proactive approach to patient safety and continuous quality improvement. There has been a significant improvement in the completion and understanding of the importance of following the processes surrounding the management of VTE pre, during and post-surgical intervention.

Emergency Call Bell Response

To ensure we have a dedicated resuscitation team who have clear roles and responsibilities in the event of a resuscitation event we test our Emergency Responses daily by activating an emergency call bell. We audit the team response to the test call and record the team's name, roles, and responsibilities. This is reviewed in our quarterly Resuscitation Committee meetings.

Emergency Trolley Audit

To ensure emergency equipment is always ready for immediate use, we perform daily checks on the defibrillator, oxygen, and suction devices. Additionally, we conduct a weekly audit of the emergency trolley's contents to confirm that all equipment is up to date and adequately stocked, in accordance with Resuscitation Council (UK) guidelines. The results of these audits are discussed and reviewed at the quarterly Resuscitation Committee meetings, providing ongoing assurance of our emergency preparedness.

Group and Save compliance Audit

To ensure we are compliant with Medicines and Health products Regulatory Agency (MHRA) guidelines. A monthly audit is carried out to make sure that staff are completing the appropriate documentation and patient identity checks when obtaining a group and save blood sample.

2.2.3 Participation in Research

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

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

Glendon Wood Hospital's income from 1 April 2024 to 31st March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework

2.2.5 Statements from the Care Quality Commission (CQC)

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

Glendon Wood was inspected on 23rd April 2025, all requested data was submitted 13th May 2025. We are currently awaiting the draft report and rating.

Glendon Wood 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

NHS Number and General Medical Practice Code Validity

Glendon Wood Hospital submitted records during 2023/24 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:

- 99.3% for admitted patient care;
- 99.6 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Glendon Wood Hospital was subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Glendon Wood	Completed Aug 2024	96%	98%	No data	100%	Level 3

2.2.7 Stakeholders views on 2025/26 Quality Account

Northamptonshire Integrated Care Board

Stakeholder Feedback – Ramsey Glendon Wood Quality Account 24/25

This Quality Account has been reviewed by Northamptonshire Integrated Care Board (NICB) in final submission for Ramsey Glendon Wood Hospital.

The report follows the recommended format and has reviewed three key priorities from 2024/25: Patient Safety Incident Response Framework (PSIRF) implementation; achieving bronze accreditation in Aseptic Non-Touch Technique (ANTT); implementing 'Getting it Right First Time' (GIRFT) for ophthalmology, establishing pathways and streamlining referral processes. These priorities have influenced four key priorities for 2025/26: Clinical Effectiveness – maintain Joint Advisory Group (JAG) accreditation on Gastrointestinal Endoscopy; Clinical Effectiveness – to achieve silver & gold ANTT; Patient Experience – implement an electronic eye referral system for Primary Care services; Patient Experience – Patient-Led Assessment of the Care Environment (PLACE).

The Hospital highlights the process for obtaining patient feedback and sets out actions and learning taking to enhance services and improve patient experiences; overall patient satisfaction score has increased by 3.2% when compared to 2023/24. There is also reference to national and local audits undertaken, with the aim of improving care quality.


A review of the Clinical Governance Framework highlights how Scally and Donaldson (1998) is being used to structure the framework and is considered a seminal piece, laying the foundations for definition, organisation accountability and emphasising continuous improvement, informing the seven pillars of clinical governance.

The Hospital implemented PSIRF in November 2023 and staff have access e-learning modules, with a reported rate of 94%. It is recognised that further work is required with Consultants to fully embed PSIRF principles and there is a plan to focus on engaging all staff in review process to maintain a consistent approach.

'Speak Up for Safety' is the Ramsay commitment to safeguard staff reporting unsafe practice, facilitating a workplace environment for senior challenge that shares accountability and enhances communication amongst colleagues.

The Hospital underwent its first formal CQC inspection in April 2025 and is currently waiting for a draft report and rating.

Overall NICB agree that Ramsey Glendon Wood have provided a true representation of quality during 2024/25 in this account and we look forward to continuing a positive and collaborative working relationship to drive quality improvement activity for our population.



Maria Laffan, Chief Nursing Officer
Northampton Integrated Care Board

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Ramsay Clinical Governance Framework 2024/25

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

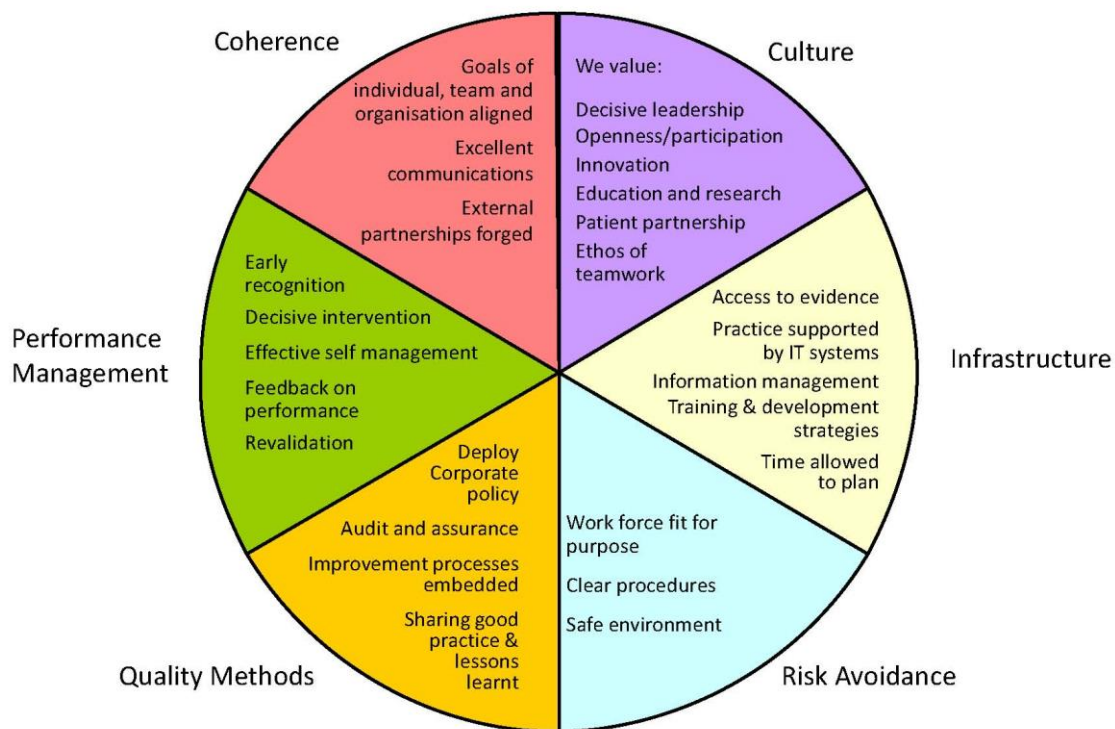
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide.

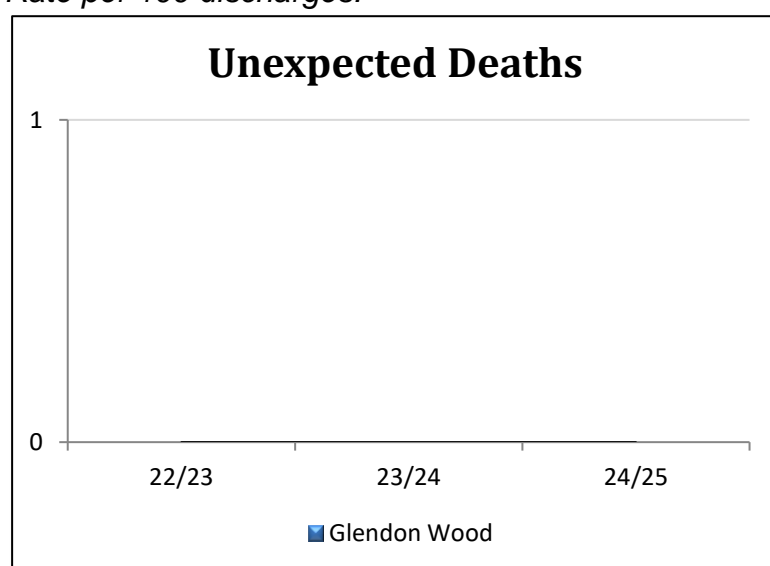
Mortality

Mortality:	Period	Best		Worst		Average		Period	Glendon Wood	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	K814X	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	K814X	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	K814X	0.0000

Glendon Wood Hospital considers that this data is as described

Absolute Numbers:

Rate per 100 discharges:

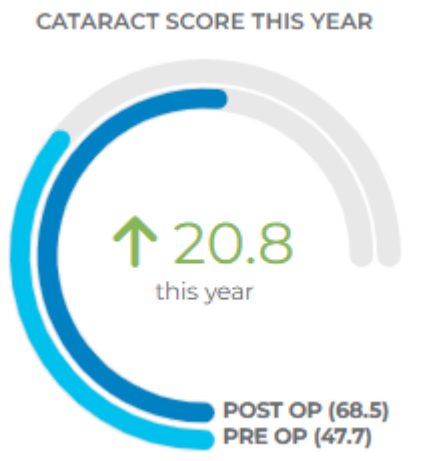


National PROMs –

Glendon Wood Hospital participates in the Department of Health PROM's survey for cataract and carpal tunnel surgery, for NHS and private patients. PROMs indicates a patient's health status or health related quality of life from the patient's perspective, based on information gathered from an electronic questionnaire that patients complete before and after surgery. PROMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Ramsay UK utilises a digital method to allow us to identify trends in patient outcomes more effectively and provides the capability to alert staff members in real-time when patients exhibit adverse outcomes following surgery. When such cases are detected, the patients are promptly contacted by a member of the Senior Nursing Team. The patients respond positively to this level of contact, and their concerns are either resolved informally or if additional input is required consultation will be arranged with the responsible Consultant or physiotherapist as appropriate.

Cataract PROMs

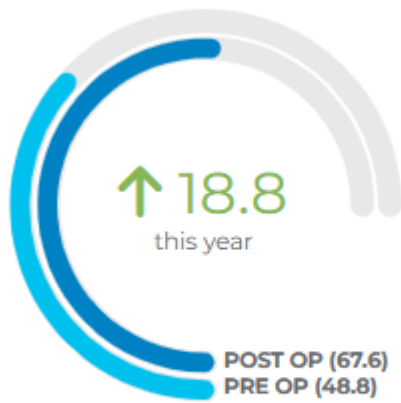


Respondents: 781



Respondents: 623

CATARACT SCORE - PRIVATE PATIENTS



Respondents: 158

Carpal Tunnel PROMs

CARPAL TUNNEL SCORE THIS YEAR



Respondents: 19

CARPAL TUNNEL SCORE - NHS PATIENTS



Respondents: 18

CARPAL TUNNEL SCORE - PRIVATE PATIENTS



Respondents: 1

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Glendon Wood	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	K814X	0.00000
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	K814X	0.00000
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	K814X	0.00055

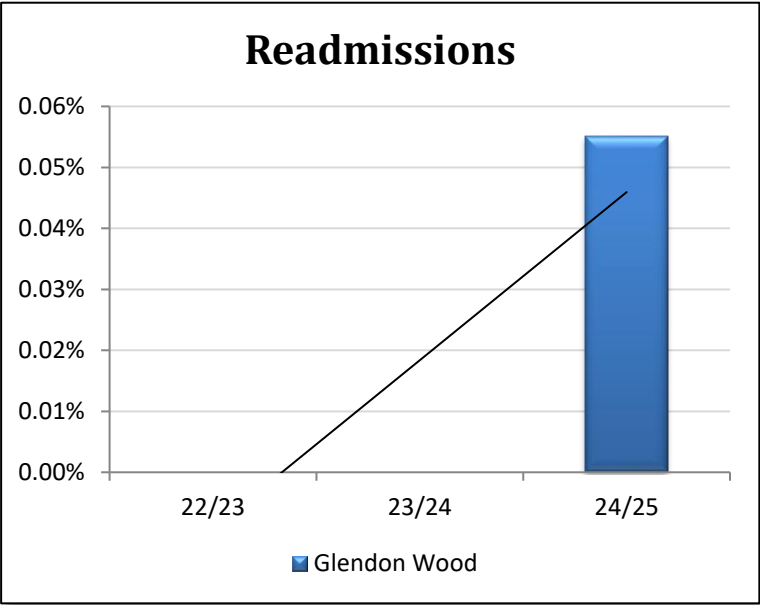
Glendon Wood Hospital considers that this data is as described for the following reasons.

As shown in the graph above, we are proud to report that Glendon Wood Hospital has had 1 readmission. This achievement underscores our commitment to delivering

high-quality, effective care and ensuring the best possible outcomes for our patients. Our staff ensure that patients are not only clinically ready for discharge but also feel confident about their ongoing recovery post-discharge. We optimise patients fully before discharge to prevent readmissions, conducting assessments with the multidisciplinary team that includes Doctors, Nurses, Physiotherapists, Pharmacists, and Anaesthetists.

We continue to ensure that our staff possesses the skills and knowledge necessary to care for patients at various stages of recovery, avoiding premature discharges. Glendon Hospital is committed to providing patients with support through aftercare advice, and all patients receive a 24-hour helpline, which they are encouraged to use if needed.

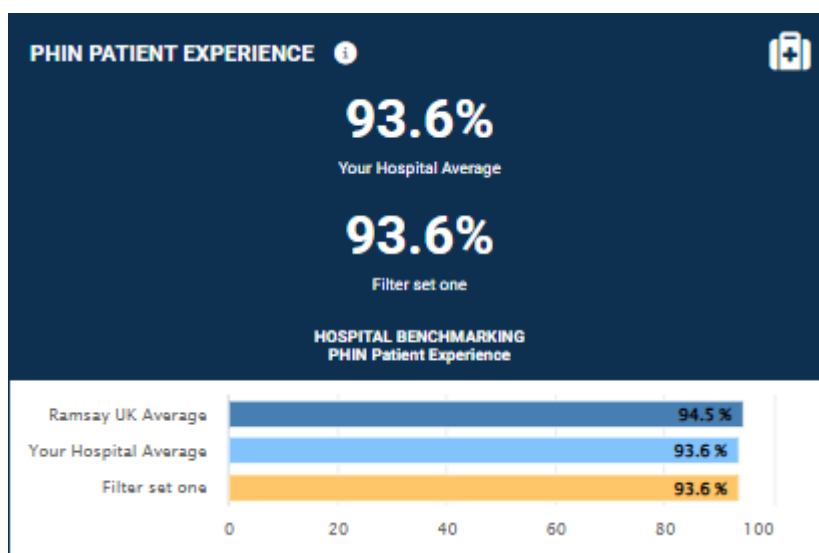
Rate per 100 discharges:



The number of readmissions rate per 100 discharges is shown on the graph above. Glendon Wood is not deemed as an outlier for patient readmissions. Glendon Wood Hospital initiate a 48-hour follow-up call following discharge from cataract surgery to ensure that if our patients are experiencing any adverse signs or symptoms or if our patients need any additional advice or review, these needs are addressed and met.

Responsiveness to Personal Needs –

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



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2024 – March 2025:

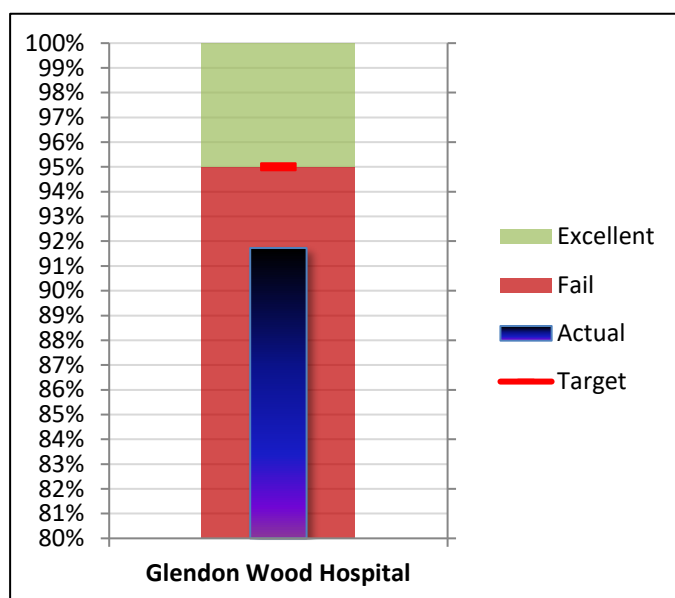
VTE Risk Assessment

VTE Assessment	Period	Best		Worst		Average		Period	Glendon Wood
	Q1 to Q4 18/19	Several	100%	NVCOM	41.60%	Eng	95.60%	Q1 to Q4 18/19	K814X 0.00%
	Q1 to Q3 19/20	Several	100%	RXL	71.80%	Eng	95.50%	Q1 to Q3 19/20	K814X 0.00%
	Q3 24/25	Several	100%	RCB	13.70%	Eng	90.30%	Q3 24/25	K814X 91.70%

Glendon Wood Hospital is below the 95% target for the completion of VTE Assessment, sitting at 91.70%. Glendon Wood has taken the following actions to improve compliance, monthly VTE audits in addition to the specified VTE audits on the Corporate Audit Programme. The data is presented monthly via the Clinical Governance Committee. All Consultants have received written information to include their roles and responsibilities and expectations in relation to the safe assessment and management of VTE prevention. Where significant or frequent non-compliance with Ramsay Policy has been highlighted, face to face meetings have been arranged with individuals and followed up with written confirmation outlining the expectations around improvement with compliance of VTE assessment.

In addition to this, it has become apparent that if the completion box is not selected on the electronic patient record upon completion of the VTE assessment, this will not finalise the assessment and therefore records as non-completion of the assessment.

Head of Departments are completing monthly audits to gather information on completion of this exercise; we believe that through the completion of the box being selected and finalised our compliance rates would improve. We are committed to improve the quality of our services and compliance rate in relation to VTE assessment, through these measures.



C difficile infection -

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Glendon Wood	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	K814X	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	K814X	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	K814X	0.000

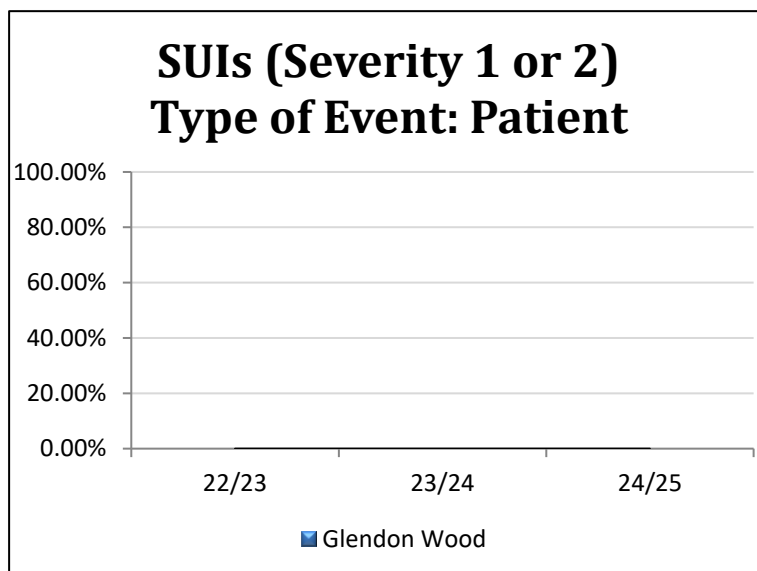
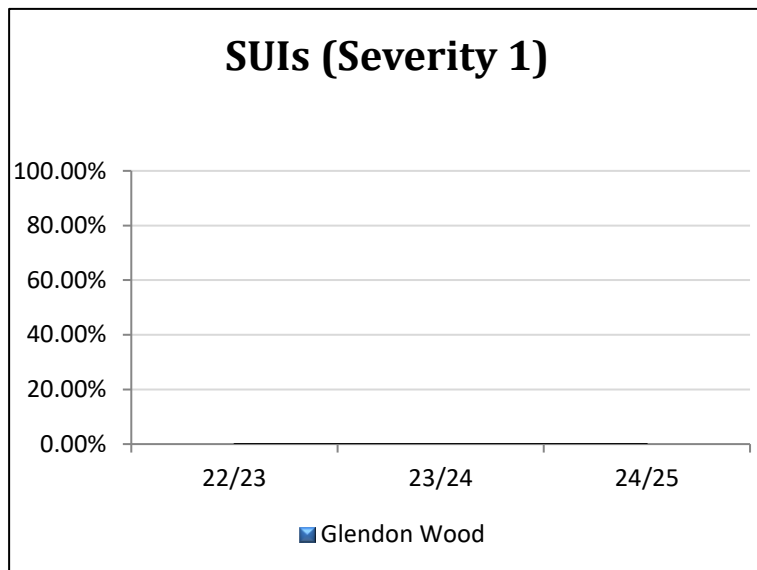
Glendon Wood Hospital considers that this data is as described. As the data above demonstrates, we have had no reported incidence or C difficile infection.

Patient Safety Incidents with Harm -

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Glendon Wood	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	K814X	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	K814X	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	K814X	0.000

Glendon Wood Hospital considers that this data is as described. As the data above demonstrates, we have had no incidence reported for patient safety incidents with harm.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Glendon Wood	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	K814X	N/A
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	K814X	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	K814X	100.0%

Glendon Wood Hospital considers that this data is as described for the following reasons

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment. It is demonstrated in the results above that Glendon Hospital continues to perform above the national average. All patients are

encouraged the complete the friends and family forms. Glendon Wood Hospital have also utilised specific QR codes to facilitate electronic collections.

Glendon Wood Hospital has taken the following actions to improve its quality of its services, by:

- Using the Friends and family survey feedback to continuously monitor patient feedback in all department.
- Disseminating individual department feedback from the friends and family survey.
- Acting on patient feedback and complaints to improve quality in areas where issues may have been identified.
- Using corporately generated Friends and Family results to analyse and act upon any trends, individual comments, and suggestions for improvement these are discussed at monthly Clinical Governance Committee meetings.
- As part of our commitment to transparency and accountability, we have introduced "You Said, We Did" posters to showcase the changes made based on patient suggestions. This initiative has fostered a culture of continuous improvement and has significantly enhanced patient satisfaction.

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

Glendon Wood Hospital has a zero rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 2 years, since operational.

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.

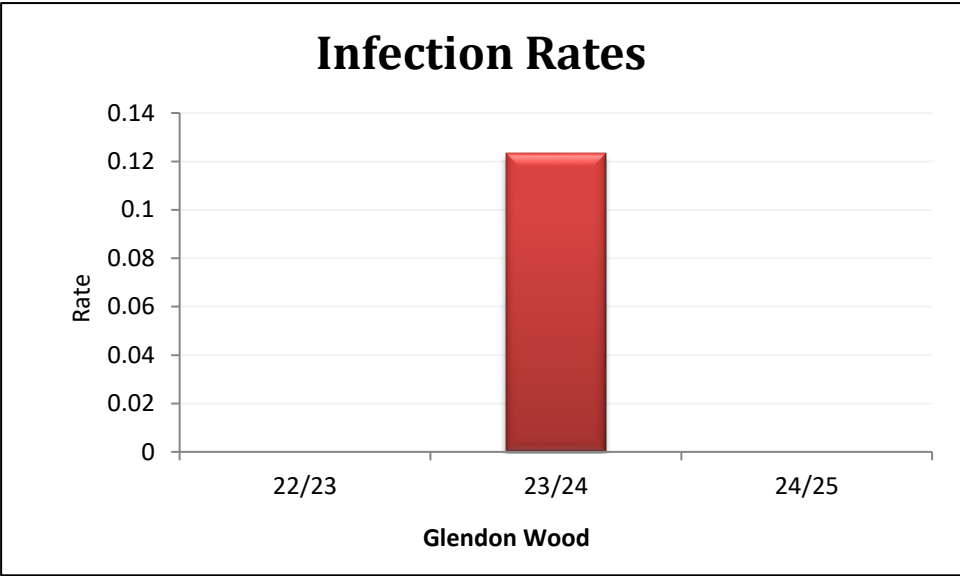
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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.

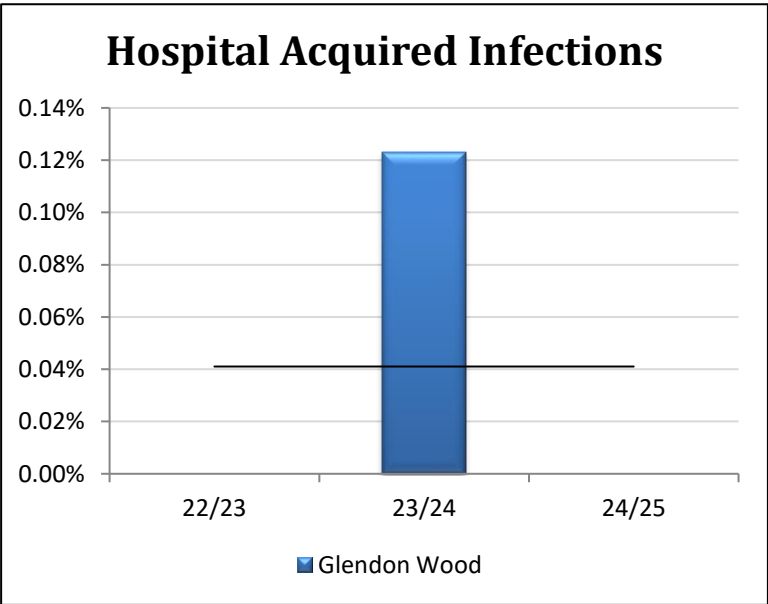
Programmes and activities within our hospital include:

- Access to a dedicated Infection Control Lead Nurse who is responsible for the delivery of the Ramsay annual strategy for infection control. The annual plan is inclusive of training, audit, surveillance, and screening programmes.
- Access to National Infection Prevention and Control Lead.
- Discussion of infection activity at the Infection Prevention and Control committee, key items from the meeting are further disseminated through the Medical Advisory Committee and Clinical Governance Committee.
- Infection Prevention & Control Champions in each clinical department who support the clinical audit programme and Infection Prevention and Control agenda.
- Dedicated e-learning module which is tailored to specific staffing groups to ensure they have the adequate knowledge and experience to support sound infection prevention practices throughout the hospital environment.



As can be seen in the above graph our infection control rate has decreased over the last year. In comparison to the national average, it is a rate of zero. The infection rates reported for 23/24 highlighted an issue with how we report infection rates across the two sites, working as a hub and spoke model with Woodland Hospital. Incidents were noted to be reported under the wrong hospital, this highlighted and training and education need for us across both sites around the correct reporting and selection of Hospitals when reporting incidents.

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Glendon Wood 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.

The following actions included in the table below were identified during Glendon Woods annual PLACE audit October 2024. A list of actions can also be found for those areas identified as needing action.

Areas of concern	Suggestions	Action
Grass and weeds – external areas	Needs some care and maintenance. General gardening improvements	We have had a new gardener who is supporting the maintenance team with weeding and planting of the site.
Signage- external	Above the entrance – Reception	We have not had any patient complaints that the main entrance to reception is not clear from the car park. It's a distinctive entrance.
Signage – external	No smoking hospital sign	Signs ordered and in place
Communal area – Reception	Blinds to block out sun if required	There are blinds to reduce sun brightness and we have tinted film on the glass to reduce glare
Communal area – Reception toilets	Wall cornices are ill – fitting (just outside toilets)	Wall cornices have been fixed
Communal area – Reception toilets	Bathroom vents need cleaning	Vents have been cleaned
Communal areas – Reception	Repaint of walls will be required short/medium terms to keep up standards	To put up white rock. This has been purchased, it needs to be installed
Communal areas – Reception	Wheelchairs or aids should be made available to patients – but not seen / no signage	There is a wheelchair located in reception by the door to DC. It may have been used on the day the team were here.
Communal areas – Reception	Current signage on reception to ask for privacy at the desk – should it be a floor mounted sign?	Signage is in place
Communal areas – Reception – Toilets	Sign above the arch to signpost the toilets	The Private GP banner has been moved as this was obscuring the wall signpost to the toilets
Outpatients Dept – Flooring in corridor	Yellowing on the floor in OPD	This is with the developers as they are in discussions regards who will and when replace this
Daycase – Pods	Glazing could have been cleaner	Ensure glazing is cleaned daily, reinforced with housekeeping staff and is on cleaning schedule
Daycase – Pods	Artwork on the walls in Daycase to break up the white and clinical feel	Artwork has been purchased and put up in pods
Daycase – Pods	Recommend closed bins – with lids – how frequently are they emptied?	Bins have been ordered March 25
Daycase – Pods	Dust visible on higher surfaces eg on top of handtowel units and rails	Reinforced weekly high level dusting with housekeeping team
Daycase – Pods	Dignity needs to be intact when wearing gowns to theatre – patient assessor experience – need a dressing gown perhaps?	We have dressing gowns for patient use should they be required to promote dignity. HOD has reiterated to staff to inform patient and ensure dignity at all times.
Daycase – Pods	Communicate where to change or show changing facilities. (one changing room is used as a stock cupboard)	Changing room facilities are available for patients outside the pre op and daycase bays. Staff are aware not to use this facility for anything else. The changing room is used to store the COWS and charge overnight.
All areas	No cleaning schedules visible to patients	Signs put up into public toilets to advise they are cleaned regularly and please speak to a staff member if they are not up to standard.

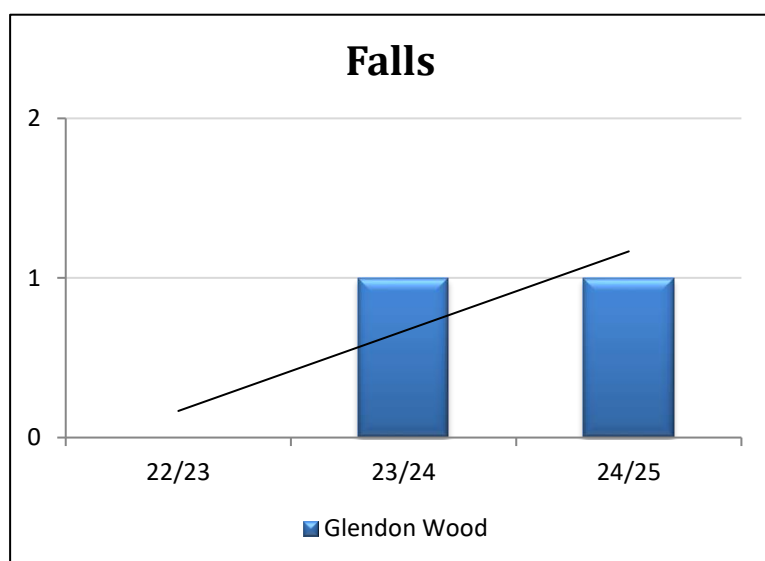
3.2.3 Safety in the workplace

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.

- Introduced a training program delivered to staff at both mandatory training and induction regarding the incident reporting system RADAR.
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes and updates.
- National Safety Standards for Invasive Procedures (NATSIPPs) monitoring through audit completion.
- Medical Gases mandatory training
- Speaking up for Safety Campaign for all staff on induction and annual refresher training.

Rate per 100 discharges:

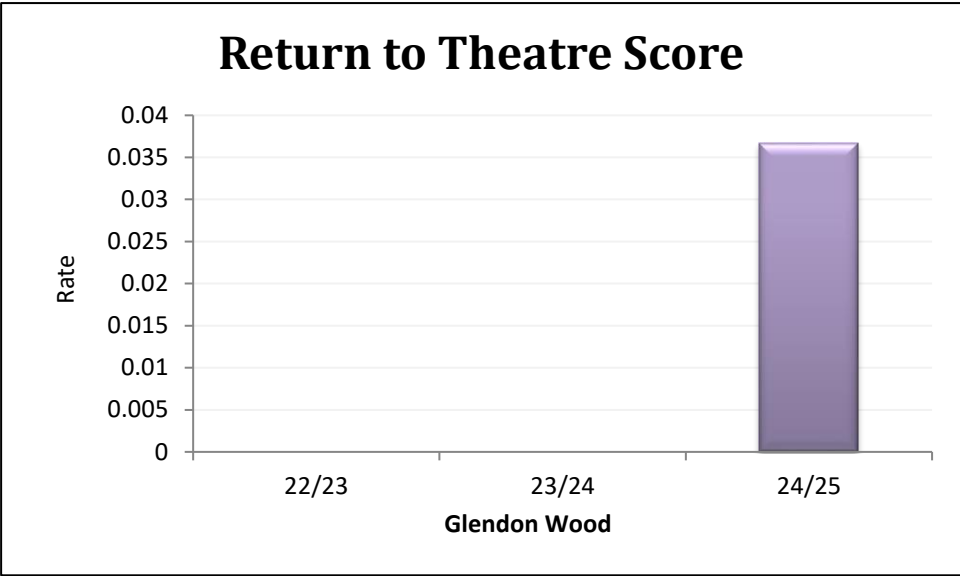


3.3 Clinical effectiveness

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

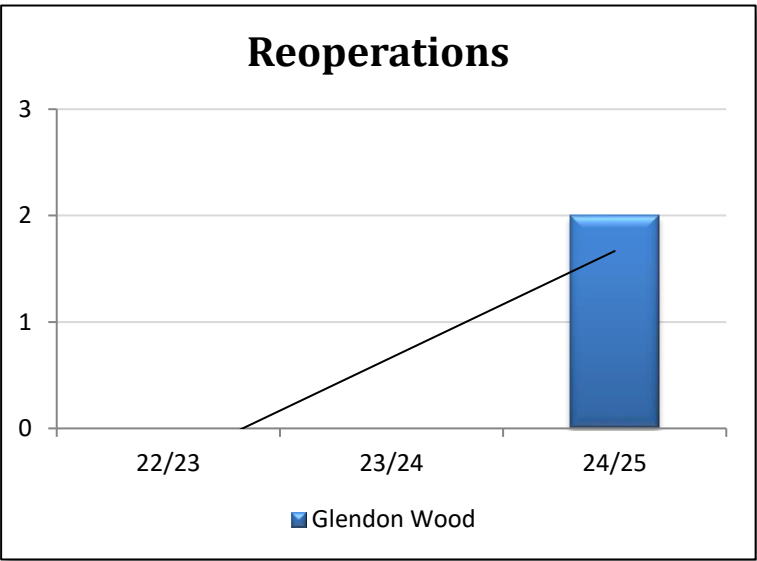
3.3.1 Return to theatre

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

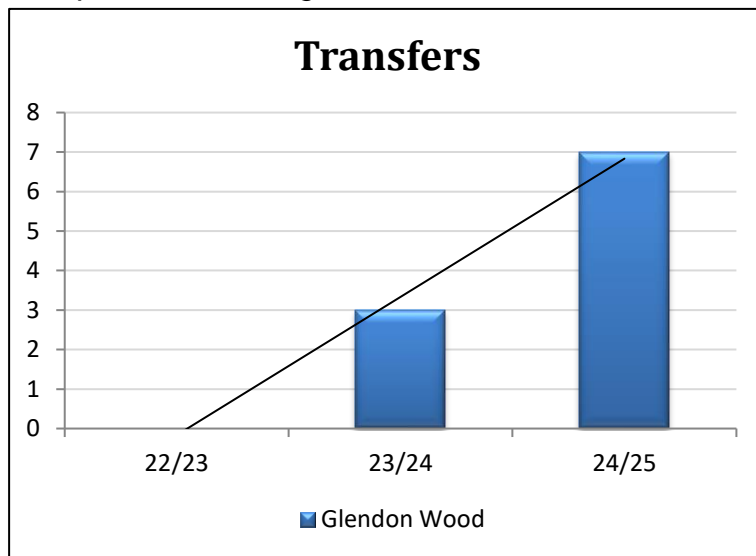


In comparison to the national average, Glendon Wood tracks consistently low.

Rate per 100 discharges:



Rate per 100 discharges:



Glendon Wood Hospital ensures a daily safety huddle takes place at 0845 to establish the emergency response team. It is also highlighted when each clinical department is operational until to ensure we consistently have enough ALS/ILS/BLS provider staff to safely support with any deteriorating patient or patients that may require additional support or monitoring. The Hospital is currently offering staff extended skills training by way of AIMS training for both Registered Staff and Health Care Assistants. We are increasing the number of ALS providers trained and based on site and Glendon Wood Hospital over the next 12 months to ensure we have the necessary skills and support for patients and staff. We have a Resident Doctor on site during all operational hours. Glendon Wood Hospital reviews all emergency call responses at the quarterly Resuscitation Committee meetings. All return to theatres and transfer out incidents are recorded on our Radar investigation reporting system. Incidents will be investigation as appropriate, often leading to an initial debrief and completion of an After Action Review, which is presented at our weekly Patient Safety Incident Review Group meeting. Actions and lessons learned are monitored via our Quality Improvement Team. All patients receive a follow up call to advise us of the outcome of the patients care and treatment and if we can offer any further assistance or support.

3.3.2 Learning from Deaths

There have been no unexpected deaths at Glendon Hospital during the reporting period. Any learning from unexpected deaths across Ramsay Healthcare UK is shared at a corporate level for cascading within the individual sites.

3.3.3 Staff Who Speak up

Speaking Up
for Safety



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.

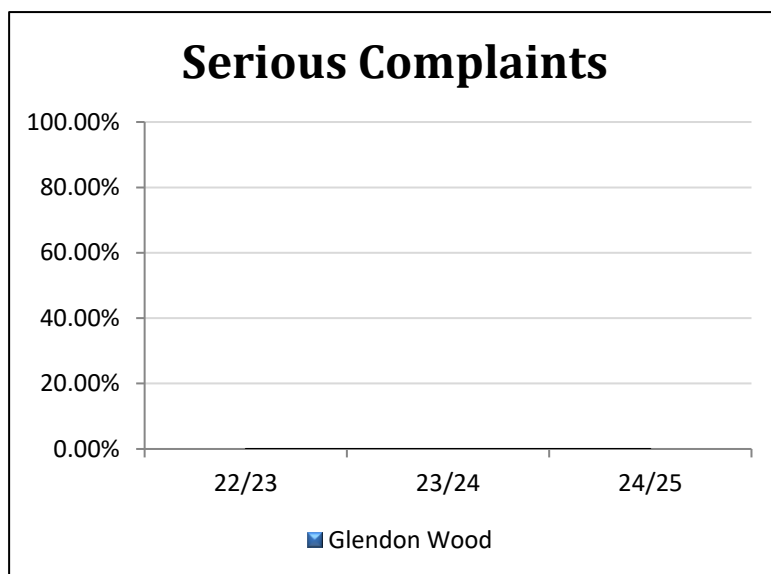
At Glendon Hospital, we prioritise the safety and well-being of our patients and staff. To support this commitment, we have a designated Speaking Up for Safety Trainer who ensures all new staff members receive comprehensive training during their induction. Additionally, we provide annual refresher courses to reinforce the importance of maintaining a safe and supportive environment. This ongoing training is part of our dedication to fostering a culture of safety and open communication within our hospital.

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.



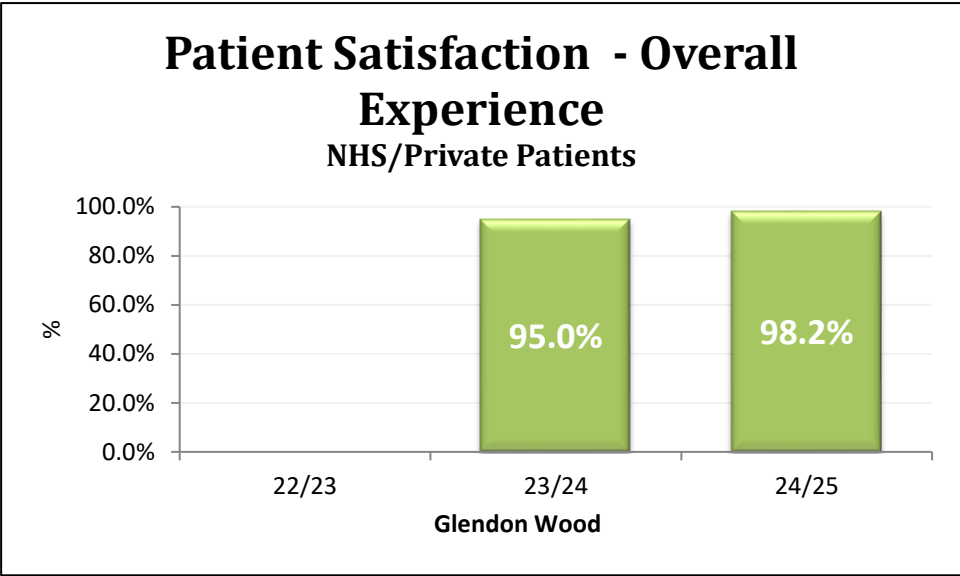
Patient experiences are fed back via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

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

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

3.4.1 Patient Satisfaction Surveys

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. This is consistently above the national average.

3.5 Glendon Wood Hospital Case Study

Glendon Wood Hospital was noted as an outlier for reporting the loss of Mydriaser Pellets on Radar. On investigation it was noted that this was due to a good reporting culture. Mydriaser pellets are insoluble pellets inserted into the lower eyelid of a patient prior to surgical intervention to cause mydriasis (dilation of the pupil). Mydriaser pellets must be removed within 2 hours of insertion to prevent adverse effects such as an increase in intraocular pressure, causing irritation, infection and/or visual disturbance. In very severe cases this can cause angle closure glaucoma and loss of sight. As a result of this and a reported Safety Flash from corporate issued in September 2023 Glendon Wood Hospital initiated several areas of exemplary practice which was rolled out across all Ramsay Health Care UK sites. This included a patient safety information leaflet which has been included below. A Standard Operating Procedure to ensure a robust and consistent approach was taken to manage any incidents. This included reporting all events to the MHRA and ensuring a documented follow-up call was initiated within 24 hours of the patient being discharged. We also introduced for all patients to wear a clear plastic shield to prevent the patient from rubbing their eye following insertion of the pellet, which may have led to the pellet falling out and not being accounted for. Since the implementation of all the above processes we have noted a decrease in the number of reported incidents in relation to the loss of Mydriaser. Staff are aware and equipped with how to manage and report any incidents safely.



**Post Cataract Surgery:
Important Please Read:**

When you were admitted for cataract surgery, you may remember the nurse inserting a small pellet inside the lower lid of your eye. This was to dilate the pupil in preparation for the surgery. This is routinely removed just prior to surgery.

You have been given this leaflet because your surgeon was unable to find the pellet. The most likely reason for this is that it has fallen out at some point before going to theatre. However, there are rare occasions where the pellet has been retained. Should this be the case, you may notice that your pupil remains dilated and you may experience some irritation.

If you notice any of the following symptoms with your eye in the days following surgery, then please contact the hospital. You will be triaged over the telephone and possibly asked to attend an appointment where you will have your eye examined:

- Enlarged pupil
- Swollen eyelid
- Pain
- Sudden loss of vision
- New onset of discharge
- Headaches
- Feeling faint
- Feeling nausea

Between the hours of 8am to 6pm (Monday to Friday), please call 01536 540 106.

Out of these hours, please call 01536 536 879.

Public Information



Ramsay
Health Care

Appendix 1

Services covered by this quality account

Glendon Wood Hospital



Services Provided – Glendon Wood Hospital

The hospital provides an assessment, diagnostic and treatment facility for NHS and private patients.

The facility consists of two laminar flow theatres, an endoscopy suite, an outpatient's treatment room, seven outpatient consulting rooms, ten recovery pods, outpatients' physiotherapy service with gym and a diagnostics unit of MRI, CT, USS, Mammography and X-ray imaging.

Our aim is to work with our NHS and private partners to provide quality healthcare for the region. The hospital will primarily serve the communities of Northamptonshire but will also accept referrals from outside of this area.

Regulated Activities – Glendon Wood Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Breast, Dermatology, ENT, Gastroenterology, General Surgery, Urology, General Medicine, Ophthalmology, Orthopaedics, Pain Management, Physiotherapy, Podiatry, Private GP service	All adults 18 yrs and over
Surgical Procedures	<p>Bariatric surgery, Breast surgery, Cancer surgery (breast and colorectal), Colorectal, Cosmetics, Ambulatory and Day Case Surgery.</p> <p>Breast surgery, Endoscopy, Dermatology minor procedures, ENT, Ophthalmology including Yag Laser, Orthopaedics, Pain Management Injections, Podiatry, General Surgery, Urology</p>	<p>All adults excluding:</p> <ul style="list-style-type: none"> o Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) o Pregnant women o Patients on renal haemodialysis o Patients with history of malignant hyperpyrexia o Planned surgery patients with positive MRSA screen are deferred until negative. o Patients who are likely to need ventilatory support post operatively. o Patients who are above a stable ASA 3. o Any patient who will require planned admission to ITU post-surgery. o Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) o Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) o MI in last 6 months o Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) o CVA in last 6 months o Abusive or aggressive patients o Patients without suitable support at home o Active severe mental illness <p>All patients will be individually assessed, and we will only exclude patients if we are</p>

		unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Endoscopy, Radiology services, Phlebotomy, Specimen collection	All adults 18 yrs 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 2024/25](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September	

IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December	
IPC Management of Linen	Ward, Ambulatory Care	Whole Hospital	August, February	End of August End of February	
Sharps	IPC	Whole Hospital	Fortnightly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Monthly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	July, October, January, April	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July to September	End of September	
50 Steps Cleaning (FR4)	RDUK	RDUK	July to September	End of September	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July to September	End of October	

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

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

Practising Privileges - Doctors in Training	HoCS	Whole Hospital	September/October (as required)	No deadline	
Privacy & Dignity	Ward, Ambulatory Care	Whole Hospital	September / October	End of October	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	July, October, January, April	Month end	
Essential Care: Wound Management (to be developed)	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March	
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	
	Outpatients, POA	Outpatients, POA	September/October	End of October	

Medical Records - Pre-operative Assessment			January to March	End of March	
			July to September	End of September	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	January to March	End of March	
			July to September	End of September	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	January to March	End of March	
			July to September	End of September	
Medical Records - Paediatrics	Paediatrics	Paediatrics	January to March	End of March	
			October to December April to June	End of December End of June	
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, January	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, November, March	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital			

Non-Medical Referrer Documentation and Records	Radiology	Radiology	August, December, April	Month end	
MRI Reporting for BUPA	Radiology	Radiology	August, February	Month end	
CT Reporting for BUPA	Radiology	Radiology	January, July	Month end	
No Report Required	Radiology	Radiology	July, October, January, April	Month end	
MRI Safety	MRI, RDUK	Radiology, RDUK	August, October, December, February, April, June	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, September, November, January, March, May	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	October, March	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, January	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	July to September January to March (if required)	End of September No deadline	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	September	Month end	

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

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

OH: Clinical Records	Corporate OH	Occupational Health	July, January	By month end	
OH: Case Management Referrals	Corporate OH	Occupational Health	May, November	By month end	
OH: Pre-Placement Clearance	Corporate OH	Occupational Health	October, April	By month end	
OH: UKAP & Hep B Non-Responders	Corporate OH	Occupational Health	March	By month end	
OH: Vaccination Records	Corporate OH	Occupational Health	September, March	By month end	
OH: BFE Exposure Management	Corporate OH	Occupational Health	Monthly	By month end	
OH: Skin Health Surveillance	Corporate OH	Occupational Health	Monthly	By month end	
OH: Management of OH Records	Corporate OH	Occupational Health	August, February	By month end	
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)	
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March	
H7S Management	Ops Managers	Health & Safety	April	End of April	

H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May	
H&S Work at Height	Ops Managers	Health & Safety	June	End of June	
H&S Slips, Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)	
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)	
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
K814X	Code for Glendon Wood Hospital used on the data information websites
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
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

Glendon Wood 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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