

Winfield Hospital

Quality Account
2026/27



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Welcome to Ramsay Health Care UK

Winfield Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

I am proud to share these results with you.



Nick Costa

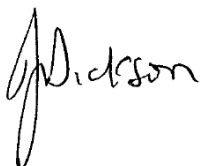
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.



Jo Dickson

Introduction to our Quality Account

This Quality Account is Winfield 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

At Winfield Hospital, delivering high-quality care is central to everything we do. It underpins our daily practice and shapes the experience of every patient we support. As Hospital Director, I am proud to lead a dedicated and professional team who consistently strive to provide care that is safe, effective and delivered with compassion.

I confirm that I have reviewed this Quality Account in full and I am satisfied that the information presented within it is accurate and reflects a true and fair view of the quality of services provided at Winfield Hospital. I am assured that we have appropriate systems and processes in place to monitor, measure and continually improve the care that we deliver.

We maintain a strong awareness of the quality of our NHS services through robust clinical governance, regular performance review, and by listening carefully to feedback from our patients, staff and those we work with. This enables us to identify both our strengths and the areas where further improvements are required. Where challenges exist, we are open and transparent about them and are committed to taking the necessary actions to address them.

Our current Care Quality Commission (CQC) rating of “Good” reflects the consistent standards we aim to uphold. However, we recognise that there is always more we can do. We remain focused on enhancing patient outcomes, strengthening clinical pathways, and investing in our workforce so that we can continue to improve, and where possible, exceed regulatory expectations.

Mrs Michelle Stone

Hospital Director

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.

Mrs Michelle Stone

Hospital Director

Winfield Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Alex Torrie, Medical Advisory Committee Chair

Dr Steve Twigg, Deputy Medical Advisory Committee Chair

Dr Neil Kellie, Clinical Governance Committee Chair

Mr Jeremy Nettleton, Clinical Governance Committee Chair

Laura Hill, Corporate Quality Partner

Marie Crofts, Chief Nursing Officer, NHS Gloucestershire Integrated Care Board

Welcome to Winfield Hospital



Established in 1992 on the site of a former garden centre, Winfield Hospital is one of Gloucestershire's largest independent healthcare providers. Conveniently located on the outskirts of Gloucester, the hospital provides a wide range of services within a welcoming and high-quality environment.

Winfield Hospital is a dedicated acute surgical facility with 35 inpatient beds, all of which have been recently refurbished to ensure patient comfort, cleanliness and experience remains at a high standard. The hospital has three fully equipped operating theatres, each fitted with ultra-clean air technology, supporting a high volume of orthopaedic procedures. In addition, the hospital also has a JAG-accredited endoscopy suite.

The outpatient department comprises 13 consultation rooms, including a fully equipped ENT diagnostic suite, as well as two minor treatment rooms. Our on-site radiology services include X-rays and ultrasound. MRI scanning is available three days per week, and CT scanning is provided on bi-weekly basis. These services are scheduled to support key clinical activity, including orthopaedic pathways, and aims to enhance patient access to diagnostic imaging.

Our physiotherapy department is staffed by experienced professionals registered with the Health and Care Professions Council (HCPC). The department includes a fully equipped gym and private treatment rooms, offering a wide range of services, including:

- Hydrotherapy
- Pilates
- Hand therapy
- Acupuncture
- Pre- and post-operative rehabilitation
- Vestibular rehabilitation

- Women's health and continence care
- Sports injury management
- Musculoskeletal assessments
- Shockwave therapy
- UVB therapy

Winfield Hospital also benefits from a dedicated on-site pharmacy, supporting both inpatients and outpatient services. The pharmacy team, consisting of pharmacists, technicians and dispensers, plays an integral role in ensuring the safe and effective use of medicines. The pharmacy services include medicines reconciliation, discharge planning and counselling, clinical advice and training, pre-operative medication guidance, and the development of local prescribing guidelines.

At Winfield Hospital, we are committed to delivering safe, high-quality, and patient-centered care. We work collaboratively with NHS partners and seek opportunities to develop and improve services to enhance patient outcomes.

Winfield Hospital welcomes NHS patients, insured patients, and those who choose to self-fund their care. During the 2025/26 reporting period, the hospital treated a total of 5713 patients, of which 2605 were private patients (46%), and 3108 were NHS patients (54%).

Our Business Relations Manager plays an important role in developing and maintaining positive relationships with local GPs and practice teams, helping to raise awareness of the services available at Winfield Hospital. In collaboration with the Gloucestershire General Practitioner Education Trust (GGPET), we support the delivery of regular educational sessions and updates for local primary care colleagues and healthcare professionals.

Winfield Hospital operates within a well-established clinical governance and risk management framework, with a strong focus on learning and continuous improvement. The Patient Safety Incident Response Framework (PSIRF) has been successfully embedded, supporting a systems-based approach to learning from patient safety incidents and strengthening our commitment to improving patient outcomes.

We promote a culture of openness, transparency, and support. Staff are encouraged to engage with the senior leadership team through an open-door approach and a just culture that supports speaking up and shared learning. Quarterly staff forums, delivered in a question-and-answer format, provide an opportunity for open discussion, feedback and staff engagement.

We are committed to investing in our people. In addition to mandatory training, staff have access to a broad range of development opportunities through the Ramsay Academy. Ramsay also offers over 24 apprenticeship programmes across a variety of disciplines and levels, supporting career progression and skills development. Currently, Winfield Hospital supports the following staff through apprenticeship programmes:

- 3 Healthcare Assistants in Registered General Nurse apprenticeships
- 1 Healthcare Assistant in a Radiographer apprenticeship
- 1 Maintenance Assistant in an Engineering apprenticeship
- 1 Administrator in a Data Analyst apprenticeship

Winfield Hospital also recognises the importance of professional advocacy and clinical education in supporting staff wellbeing, development and patient safety. Our Professional Nurse Advocate roles provide structured support for nursing staff through restorative clinical supervision, helping to promote resilience, reflective practice and continuous learning. In addition, our Clinical Educator supports the development of clinical competencies across the workforce, facilitating training, supporting new starters, and ensuring staff are equipped with the knowledge and skills required to deliver safe, high-quality care.

A dedicated and diverse workforce is fundamental to delivering high-quality care. From our support services team, who maintain a clean and safe environment, to our administrative staff, who support patients through their journey, and our clinical teams, who deliver expert treatment and care, every role contributes to the overall patient experience.

In 2025/26, the Winfield employed the below staff:

Employee Group	Contract	Bank
Registered Nurses	58	10
Operating Department Practitioners	12	2
Health Care Assistants	22	6
Physiotherapists	10	7
Radiographers	6	3
Pharmacy Staff	6	0
Support Services	44	13
Administration	47	12
Total	205	53

At Winfield Hospital, nurse staffing levels are carefully determined based on patient acuity and dependency, supported by a recognised safe staffing tool. Nurse-to-patient ratios typically range from 1:4 to 1:7, with Healthcare Assistants providing additional support as needed. Staffing levels are reviewed on a daily basis to ensure that safe and effective care is consistently delivered. A Resident Doctor is present on-site 24 hours a day, providing continuous medical oversight and support.

Consultant-led care is central to the patient pathway at Winfield Hospital, ensuring patients benefit from specialist expertise from initial consultation through to treatment and recovery. All consultants undergo a robust vetting and credentialing process prior to being granted practising privileges, ensuring that meet the required standards of

qualification, experience and governance. Winfield Hospital currently has 134 consultants with practising privileges across a wide range of specialities, including:

- Orthopaedic Surgery
- General Surgery
- Gastroenterology
- Vascular Surgery
- Cosmetic Surgery
- Urology
- Gynaecology
- Ear, Nose and Throat
- Weight Loss Surgery
- Pain Management
- Diagnostic Services
- Dermatology
- General Medicine
- Neurology
- Cardiology

During 2025/26, teams at Winfield Hospital supported a range of local and national charitable initiatives through fundraising and awareness activities, as well as contributing to our community including:

- Pretty Muddy Fun Run in May 2025 for Cancer Awareness raising £1293.75
- Breast Cancer Awareness week in October 2025 including a bake sale raising £760.00
- Quiz and Bingo Night raising £135.00 for Motor Neurones Disease
- £7,800 raised by the Rotary Club utilising the Winfield Car Park for Rugby events
- Hand Hygiene Awareness and Education with a local primary school, in return getting 200+ decorated hands to promote hand hygiene in the hospital
- Poetry Book focusing on Mental Health written and published by the Head of Clinical Services, Kirsty Anderson



Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

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

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

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

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

Priorities for improvement

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

Patient Safety:

During 2025/26, a key priority for Winfield Hospital was strengthening a culture of shared learning to support continuous improvement in patient safety. A structured approach to learning from incidents has been embedded through the continuation of monthly Patient Safety Incident Response Group (PSIRG) meetings. These meetings provide a forum for reviewing incidents, identifying themes, and agreeing learning outcomes and actions. Learning is cascaded through multiple governance routes, including departmental meetings, Heads of Department (HOD) meetings, Clinical HOD meetings, Medical Advisory and Clinical Governance Committee and subcommittee meetings. In addition, a quarterly PSIRG newsletter has been introduced to ensure that key learning points are shared consistently across the organisation.

Learning from patient feedback has also been a key area of focus. Patient experience data from Cemplicity, Reputation and patient complaints have been regularly reviewed, with identified themes used to inform improvement plans, and shared learnings via “Outcomes with Learnings” (OWLS). Where appropriate, patients have been invited to discuss their feedback in more detail, providing valuable insights to their experience and supporting a more person-centred approach to service improvement.

Cross-departmental “Lunch and Learn” sessions were introduced to encourage shared learning in an informal and accessible format. While uptake has been variable, several successful sessions have been delivered, including “Druggles” sessions focused on medicines related incidents. These sessions have supported multidisciplinary reflection and increased awareness of key safety risks.

Safety Flash Alerts continue to play an important role in sharing learning across Ramsay Healthcare UK. A total of 19 alerts were cascaded across the company during the reporting period. A notable increase in alerts was observed in Quarter 1 of 2026 following a series of never events across the organisation. This prompted a comprehensive review of local safety systems and NatSSIPs compliance. As a result, improvements were made to local processes, including the introduction of a new theatre whiteboard and enhancements to stop-check procedures, particularly within Outpatients.

The Hospital has maintained a strong approach to managing external safety communications through the Central Alerting System (CAS). A total of 155 CAS alerts were received and actioned within required timeframes, demonstrating ongoing compliance and responsiveness. NICE guidance has also been reviewed on a monthly basis and cascaded as appropriate, ensuring that clinical practice remains aligned with current national standards.

Clinical Effectiveness: Strengthening Pathways:

Improving the effectiveness and consistency of clinical pathways remained a key objective during 2025/26, with a particular focus on Pre-Assessment processes and orthopaedic outcomes.

Following implementation of a revised Pre-Assessment process in the previous year, a review was undertaken to assess its impact. The process, which involved assessing patients prior to allocation of a surgery date, presented challenges in practice. These included limited flexibility in scheduling surgery, short-notice appointments for patients, and the need to repeat time-sensitive investigations. As a result, the decision was made to revert to a pathway where patients are scheduled for surgery prior to undergoing their Pre-Assessment. This revised approach has improved list utilisation and provides patients with adequate notice of their surgery, while still allowing appropriate clinical assessment prior to admission.

Performance and compliance within Pre-Assessment pathways have been supported through the use of Power BI reporting and EPR worklists. These tools have enabled real-time monitoring and have been incorporated into daily huddle discussions, supporting proactive management of patient pathways.

The hospital has also continued to engage with the Getting It Right First Time (GIRFT) programme. Following a deep-dive review in 2025, a targeted action plan was developed focusing on key outcome measures, including length of stay, readmission rates, and patient-reported outcomes. Positive progress has been demonstrated, including the successful implementation of a day 0 unicompartamental knee replacement pathway in September 2025, and day one discharge of hip patients. This requires a collaborative approach from all clinical teams involved. Ongoing monitoring includes review of 30-day readmission rates, returns for hip surgery within one-year, adverse event rates, and annual internal review of patient reported outcome (PROMs) data. These actions demonstrate a continued commitment to improving clinical outcomes and aligning with national best practice.

In relation to infection prevention and control, the hospital achieved ANTT (Aseptic Non-Touch Technique) Bronze Accreditation in 2026. This represents a significant milestone in standardising aseptic practice and reducing infection risk. Winfield plan to progress to Silver accreditation by July 2026.

Supporting Workforce Capability:

During 2025/26, Winfield Hospital continued to prioritise workforce development, recognising its critical role in delivering safe and effective care.

The introduction and development of the Professional Nurse Advocate (PNA) role have provided structured support for nursing staff, with two trained PNAs now in post at the hospital and one in training. This has supported staff wellbeing through restorative clinical supervision, while also promoting reflective practice and professional development.

The appointment of a Clinical Educator in August 2025 has had a significant positive impact, with the development of the Educational and Development Strategy 2026. Improvements have been seen in mandatory training compliance, alongside an expansion of clinical skills development opportunities. A programme of bi-monthly

clinical education days has been established, incorporating mandatory training, clinical training and targeted learning from patient incidents and experience. Sessions delivered have included topics such as pain management, led by an anaesthetist, and clinical waste management. We have also utilised different approaches to learning using escape room simulation training for hands-on experience. Feedback indicates that these sessions have been well received and have contributed to increased staff confidence and competence.

Patient Experience:

Improving patient experience through effective use of feedback remained a key priority for 2025/26. There has been an improvement in Net Promoter Score (NPS), with performance increasing from below the Ramsay Healthcare UK average in the previous year, to meeting the average at 89. We remain above the UK Ramsay Average across all other patient experience benchmarks:

Experience Metric	Winfield Hospital Score	Ramsay UK Average
Respect and Dignity	98.3%	98.2%
PHIN	96.1%	95.6%
Friends and Family	98.3%	98%
Net Promoter Score	89	89

Patient feedback collected through Cemplicity, Reputation and patient complaints has been systematically reviewed to identify recurring themes. Common areas highlighted have included communication, waiting times and coordination of care. In response, targeted actions have been implemented, such as improving patient communication processes and the information available to patients before and after surgery, reviewing appointment scheduling practices and how we communicate delays to patients, and reinforcing staff training around patient interactions and expectations.

In 2026, we rolled out a customer excellence training course “It Starts With Me”. This course focuses on the role every member of staff plays in shaping the patient journey, reinforcing personal accountability, compassion, and effective communication. The training has helped to embed a consistent approach to delivering high-quality, patient centred care and has been positively received across both clinical and non-clinical teams.

2.1.2 Clinical Priorities for 2026/27 (looking forward)

Patient Safety

Strengthening our patient safety culture remains a core priority for the year ahead. Building on the foundations established over the previous year, we will continue to focus on embedding a strong culture of shared learning, ensuring that insights gained from incidents, audits, and patient feedback are consistently fed into meaningful improvements.

Over the next 12 months, we will place particular emphasis on further embedding the Patient Safety Incident Response Framework (PSIRF) and strengthening our approach to the management and review of patient safety incidents. Through structured PSIRG site review groups and regular incident reviews, we will ensure that learning is not only identified but shared widely across the hospital and organisation as appropriate. This will be supported through continued use of newsletters, education and the implementation of quality boards within departments to evidence learning in practice.

We will also continue to strengthen our incident reporting culture through systems such as Radar, encouraging timely and accurate reporting and reinforcing the importance of learning from near misses as well as adverse events. Alongside this, the multidisciplinary team (MDT) discussions will play a key role in reviewing complex cases and supporting collective reflection and improvement.

A further area of focus will be ensuring that our approach to safety is inclusive and responsive to the needs of all patients. This includes continuing to develop dementia-friendly environments and ensuring the needs are of patients with learning disabilities and additional requirements are consistently recognised and supported across all departments. One of the things we are doing to support this is introducing the 'This is Me' passport, a patient-centred document that helps individuals share important information about themselves in a clear and accessible way. The passport includes things like patient's preferred names, communication needs, routines, likes and dislikes and behaviours to be aware of. This is particularly useful for patients with dementia or additional needs, where the hospital environment can feel unfamiliar and overwhelming, and allows for staff to quickly understand the patient's needs and allow for tailored and compassionate care for the individual.

Clinical Effectiveness

Improving clinical effectiveness through the delivery of consistent, evidence-based care remains a key focus. Over the coming year, we will continue to strengthen how improvements are identified, implemented and sustained in practice.

A key element of this will be enhancing the impact of the Clinical Audit Programme. While participation with undertaking clinical audit is overall high, the focus for the year ahead will be ensuring that audit findings are fully actioned and that improvements are sustained through completion of the full audit cycle, including re-audits as required. Strengthening our approach to "closing the loop" will help ensure that audit is not simply a process of measurement, but a key driver of quality improvement.

Clinical effectiveness will also continue to be supported through alignment with national initiatives such as Get It Right First Time (GIRFT), ensuring that we benchmark our performance and adopt best practice approaches across specialties. Learning from GIRFT reviews and internal audits will be shared through structured clinical

governance and clinical committees to enable the review of data, reflect on practice and identify opportunities for improvement.

Communication will play an important role in supporting this work. We will continue to develop simple and accessible ways of sharing information and will be implementing weekly “60-second” video updates to teams, ensuring that key messages reach all staff in a timely and engaging way. We are also introducing monthly Clinical Excellence meetings with the purpose of reviewing and identifying trends and driving actions from audits, incidents and patient feedback.

Alongside this, we have developed a structured education roadmap to support the ongoing development of our clinical workforce and ensure education is aligned with the service needs and reflective of learnings identified. The roadmap provides a clear framework for training, competency development, and continuous learning across all clinical areas. It brings together mandatory training, clinical competencies, clinical skills, learning from feedback, audits and incidents and emerging priorities such as new pathways or national guidance. By mapping education to identify gaps we aim to ensure that learning is both targeted and meaningful. This approach will not only support individual development but also strengthen team capability and overall quality of care.

Patient Experience

Delivering a high-quality patient experience remains a central approach to everything we do. Over the next year, we will continue to strengthen how we capture, understand and respond to patient feedback, ensuring that patient voice remains a key driver of service improvement.

Building on our use of platforms such as Cemplicity, we will further develop our use of data and insights to identify trends, understand key drivers of patient satisfaction, and target improvement where it will have the greatest impact. Regular review of feedback will continue through the use of dashboards and reporting processes, enabling us to remain responsive to both positive feedback and areas where improvements are needed.

We will also continue to embed patient experience within our wider quality focuses, ensuring that it is considered alongside patient safety and clinical effectiveness. Forums such as Clinical Excellence meetings and through training opportunities such as “It Starts With Me” to further promote a culture of compassion, accountability and patient-centred care.

In addition, we will continue to focus on the care environment through PLACE audits and ongoing improvements to ensure that all areas are welcoming, accessible, and supporting of patient’s individual needs, including patients living with dementia or requiring additional support.

Progress will be monitored through patient satisfaction scores, response rates, and thematic analysis of feedback, alongside benchmarking against other Ramsay hospitals. Reporting will take place through regular patient experience updates, dashboards and relevant committee meetings, ensuring that feedback continues to inform and shape the way we deliver 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 2025/26 Winfield Hospital provided and/or subcontracted 19,684 NHS services.






Winfield Hospital has reviewed all the data available to them on the quality of care in all 19,684 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2025 to 31st March 2026 represents 100% per cent of the total income generated from the provision of NHS services by Winfield Hospital for 1 April 2025 to 31st March 2026

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the 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 2025/26, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	31.75%
HCA Hours as % of Total Nursing	18.34%
Agency Cost as % of Total Staff Cost	2.74%
Ward Hours PPD	4.91%
% Staff Turnover	12%
% Sickness	4.54%
% Lost Time	20.12%
% Appraisal	Apr 25 – Mar 26 = 81% 2025 = 76% 2026 = 96%
% Mandatory Training	Face-to-Face: 85% E-Learning: 97.5%
Staff Satisfaction Score	Engagement – 68%  Wellbeing – 74%  Inclusion – 61%  Burnout Indicator – 61% 
Number of Significant Staff Injuries	Nil
Patient	
Formal Complaints per 1000 HPD’s	0.46%

Patient Satisfaction Score	99%
Significant Clinical Events per 1000 Admissions	0.20%
Readmission per 1000 Admissions	1.20%
Quality	
Workplace Health & Safety Score	100%
Infection Control Audit Score	95.05%
Consultant Satisfaction Score	SLT Visibility – 68%  MAC Representation – 63%  Facility Standards – 78%  Digital Tools – 58%  Innovation – 42% 
	N/A

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026 Winfield Hospital participated in 11 national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Winfield Hospital participated in, and for which data collection was completed during 1 April 2025 to 31st March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Count	Project name (A-Z)	Provider organisation
3	British Spine Registry	Amplitude Clinical Services Ltd
7	Elective Surgery (National PROMs Programme)	NHS Digital
12	Mandatory Surveillance of HCAI	Public Health England
14	Medical and Surgical Clinical Outcome Review Programme 1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
23	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
28	National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia 3	NHS Blood and Transplant
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
42	NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Public Health England
45	Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

The reports of the national clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided:

- Continued participation in, and submission to, all relevant national clinical audits
- Routinely review audit data to identify any trends, inform learning, and drive improvement actions
- Support completion of the British Spine Registry via Amplitude, with ongoing encouragement for spinal consultants to engage. Three members of staff have been designated onsite to input and manage data to support this process.
- Monitor Surgical Site Infection (SSI) surveillance data through quarterly Infection Prevention and Control (IPC) meetings, with findings shared directly with consultants. A significant reduction in SSI rates has been observed in the first quarter of 2026

Local Audits

During the reporting period from 1st April 2025 to 31st March 2026, Winfield Hospital completed and reviewed a total of 267 local clinical audits. These audits formed part of the hospital's comprehensive clinical audit programme, with audit scores and actions being discussed in various committees to provide assurance on the quality and safety of services provided.

The local audit programme covers a wide range of clinical and non-clinical areas, including infection prevention and control, documentation standards, medicines management, and compliance with clinical pathways. This ensures that care is delivered in line with best practice standards and organizational policies.

The full clinical audit schedule and outcomes are detailed in Appendix 2.

2.2.3 Participation in Research

There were no patients recruited during 2025/26 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

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






2.2.5 Statements from the Care Quality Commission (CQC)

Winfield Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2026 is registered without conditions.

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

Overview

Latest assessment: 24 January 2024 Report published: 2 May 2024

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

2.2.6 Data Quality

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

High-quality data underpins safe, effective and patient-centered care. Accurate, complete and timely information enables informed clinical decision-making, supports continuity of care, and ensures that services are delivered efficiently and safely. Robust data also provides the foundation for monitoring performance, identifying risks, and managing trends. Conversely, poor data quality such as incomplete, inaccurate or delayed documentation can impact clinical outcomes, lead to inefficiencies, and reduce confidence in reporting and assurance processes.

At Winfield Hospital, data quality plays a critical role in supporting the statements made throughout this Quality Account, including those relating to patient safety, clinical effectiveness and patient experience. Reliable data allows us to identify trends, monitor outcomes, respond to risks, and demonstrate improvement over time.

A range of processes are in place to monitor and improve data quality across both electronic systems and paper-based clinical records, including:

- Training is provided to support staff with accurate, complete and timely documentation
- Regular clinical record audits are undertaken to assess the quality of documentation, including completeness, accuracy and timeliness of entries. This includes audits of operation notes, anesthetic records, clinical documentation and nursing records.
- Data-related incidents, including breaches and near misses, are reported, investigated and managed in line with local and national requirements. Learning is shared to reduce the risk of recurrence and to strengthen data handling practices.
- Compliance with national and local information governance standards remains a priority. Processes are in place to mitigate risks relating to data security, including cyber threats such as phishing, and to ensure patient information is handled safely and appropriately.
- Oversight of data quality and information governance is maintained through bi-annual Information Governance Committee meetings, where key risks, audit findings, incidents and improvement actions are reviewed.

NHS Number and General Medical Practice Code Validity

Winfield Hospital submitted records during 2021/22 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:

- 99.0% for admitted patient care;
- 99.5 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 88.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2025/2026 submission is due by 30th June 2026.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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
Winfield	Completed March 2024	100%	100%	100%	100%	Level 3

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at March 2024.*

Winfield hospital was not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

2.2.7 Stakeholders views on 2025/26 Quality Account

NHS Gloucestershire Integrated Care Board response to Ramsay Health Care UK Winfield Hospital Quality Account 2025/26.

NHS Gloucestershire Integrated Care Board (ICB) welcomes the opportunity to comment on Ramsay Health Care UK's Winfield Hospital Quality Account.

The ICB recognises Winfield Hospital as an important partner in the delivery of healthcare for the Gloucestershire population, including the provision of NHS-funded services. It is noted that during 2025/26 the hospital treated 5,713 patients, of whom 3,108 (54%) were NHS patients, demonstrating the hospital's continued contribution to local service delivery.

The Quality Account presents a positive and generally balanced overview of the quality of services provided by Winfield Hospital. In particular, the ICB welcomes the hospital's continued focus on patient safety, clinical effectiveness and patient experience, and the clear commitment to continuous improvement set out within its future priorities.

The ICB is pleased to note the continued embedding of the Patient Safety Incident Response Framework (PSIRF), which supports a systems-based and learning-focused approach to patient safety incidents. The development of shared learning through Patient Safety Incident Response Group meetings, newsletters, multidisciplinary learning opportunities and governance processes is positive and reflects an organisational commitment to openness, reflection and improvement.

The ICB also welcomes the hospital's strong emphasis on workforce development and education, including the development of Professional Nurse Advocate roles, the appointment of a Clinical Educator, and the implementation of a structured education and development strategy. These are important foundations for the delivery of safe, effective and compassionate care.

It is encouraging to see that patient experience remains strong, with high levels of satisfaction reported across several measures, including Friends and Family. The hospital's use of patient feedback to inform service improvement, alongside the introduction of the "It Starts With Me" customer excellence training, is particularly welcomed.

The ICB notes a number of positive quality indicators within the account, including zero deaths during the reporting period, strong infection prevention and control arrangements, and continued participation in national and local clinical audit.

The ICB supports the identification of areas where continued focus is required. In particular, the increase in readmissions, return to theatre and patient transfers, although low in absolute terms, should remain areas of ongoing attention through

clinical governance and audit processes. It is also appropriate that the hospital is focusing further on dementia-friendly care, disability access and the completion of full audit cycles.

Overall, NHS Gloucestershire ICB considers that this Quality Account provides a useful summary of Winfield Hospital's quality performance and priorities. The ICB welcomes the progress described and looks forward to continuing to work with Winfield Hospital to support the delivery of safe, effective and high-quality care for Gloucestershire patients.

Marie Crofts

**Chief Nursing Officer
NHS Gloucestershire Integrated Care Board**

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Kirsty Anderson

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

Introduction

As Head of Clinical Services, I am proud to lead quality and governance at the Winfield Hospital, ensuring that patient safety and continuous improvement remain at the forefront of everything we do. This responsibility is integral to my role and supports our commitment to being a proactive learning organisation, where feedback, outcomes and experience are used to drive meaningful improvement.

We are committed to treating every patient with dignity and respect, recognising individual needs and ensuring that patients feel informed, involved and supported through their patient journey.

Over the past year, we have continued to strengthen our focus on clinical quality and safety, embedding learning from incidents, patient feedback and audit activity into everyday practice. This has supported improvements in how we deliver care and how we monitor and respond to risk. We remain committed to maintaining high standards across all areas of clinical service, ensuring that care is consistently safe, effective and aligned with best practice.

Our achievements are a reflection of dedication and professionalism of our multidisciplinary teams. Colleagues across clinical, support and administration services demonstrate a shared commitment to delivering high-quality care, underpinned by The Ramsay Way values of integrity, ownership and continuous improvement. Their contribution is fundamental to the hospital's ongoing success.

Looking ahead, we will continue to build on the progress made, strengthening our governance processes, supporting our workforce, and placing patient experience at the centre of service delivery. Through this continued focus, we aim to deliver sustainable improvements in quality, safety and patient outcomes.

Ramsay Clinical Governance Framework 2025/26

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

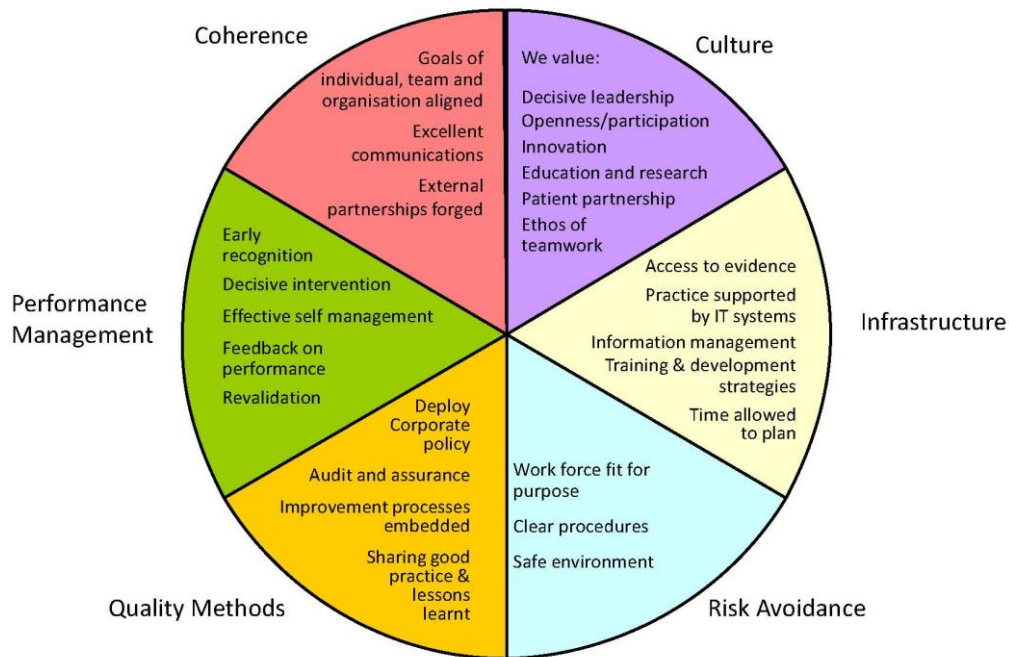
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best	Worst	Average	Period	Winfield
	Nov22 - Oct23	RQM 0.7215	RXP 1.2065	Average 1.0021	23/24	NVC22 0.0000
	Nov23 - Oct24	RQM 0.6967	RXR 1.2985	Average 1.0036	24/25	NVC22 0.0004
	Nov24 - Oct25	RYJ 0.7194	RXL 1.3183	Average 1.0092	25/26	NVC22 0.0000

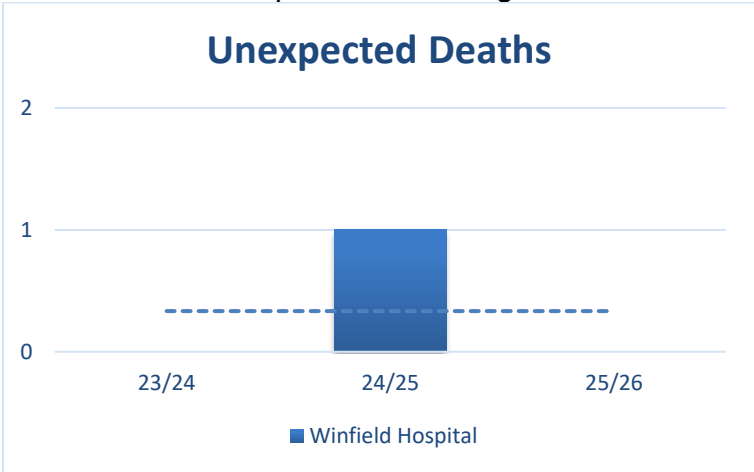
Winfield Hospital considers that this data is as described for the following reasons:

During the reporting period, the Winfield Hospital reported zero deaths.

Winfield Hospital intends to take the following actions to maintain a 0% mortality rate, and continue to deliver safe, high-quality care:

- Continue to provide appropriate training and development opportunities to ensure staff are equipped with the skills and knowledge required to recognise and respond to a deteriorating patient, in line with national guidance.
- Undertake regular emergency scenario training throughout the year to maintain staff confidence and competence, with learning identified, shared and embedded into practice.
- Continue to ensure robust pre-operative assessment processes are in place, including completion of all required Pre-Assessment pathways and diagnostic tests, with any risks or concerns identified are appropriately escalated and managed prior to surgery.
- Maintain high levels of compliance with established safety procedures, including WHO Surgical Safety Checklists, NatSSIPs, consent process, Stop Before You Block protocols, to minimise the risk of avoidable harm.
- Monitor and review compliance with key safety standards through audit and governance processes, taking actions where improvements are required.
- Actively review and respond to patient safety alerts, national guidance, and shared learning both within Ramsay Health Care UK and across the wider healthcare system, ensuring local practices remain aligned with best practice.
- Continue to promote and support a culture of “Speaking Up for Safety”, ensuring all staff feel confident and empowered to raise concerns about clinical decisions or behaviours, with appropriate action taken in response.
- Ensure that any serious incidents, including unexpected deaths, are reported, investigated and reviewed in line with Care Quality Commission (CQC) requirements and local governance processes, with a focus on learning and continuous improvement.
- Corporate mortality and morbidity take place on a quarterly basis to discuss incidents across the organisation

Rate per 100 discharges:



National PROMs

Patient Reported Outcome Measures (PROMs) are standardised, validated questionnaires completed by patients to assess their perceptions of their health status, quality of life and the outcomes of treatment they have received. PROMs are typically used before and after treatment such as surgery to evaluate the effectiveness of care from the patient's perspective.

These measures provide valuable insight into how treatments impact patients' daily lives, including pain levels, mobility, mental wellbeing, and overall satisfaction. PROMs are an essential tool in modern healthcare, supporting decision-making, improving service quality, and ensuring that care is truly patient-centred.

PROMS:	Period	Best		Worst		Average		Period	Winfield	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC22	23.493
Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC22	22.564	
Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC22	no data	
PROMS:	Period	Best		Worst		Average		Period	Winfield	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC22	17.815
Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC22	18.185	
Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC22	no data	

PROMS	Pre-Operative	Post-Operative	Score
Hip Score	20.9	42.8	21.9
Knee Score	22.6	38.7	16.1
Shoulder Score	19.2	38.8	19.7
Carpal Tunnel	46	21	25.1
Nasal Septoplasty	75	22.2	52.8
TURP	17.6	7	10.6

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

Table 1 reflects the most recently published NHS data, with the latest available dataset relating to 2023-24. Table 2 presents locally held PROMs data for Winfield Hospital covering the reporting period, sourced via Cemplicity.

Overall, the data demonstrates positive patient-reported outcomes, with the majority of patients indicating improvements in both their health status and quality of life following surgical intervention. These outcomes are evidenced through post-operative PROMs questionnaires and provide valuable insight into the effectiveness of the care delivered.

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

- Encouraging increased patient participation in both pre- and post-operative PROMs questionnaires, to ensure a more complete and representative of outcomes.

- Maximise the use of digital tools and technology available to monitor completion rates on PROMs questionnaires.
- Continue to review questionnaires and monitor patient outcomes, with particular attention to any reported declines in post-operative health, to support early intervention and continuous improvement in care delivery.
- Share PROMs outcomes through governance and clinical forums to support learning, inform clinical practice and drive continuous improvement.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Winfield	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC22
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC22	0.00074
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC22	0.00353

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

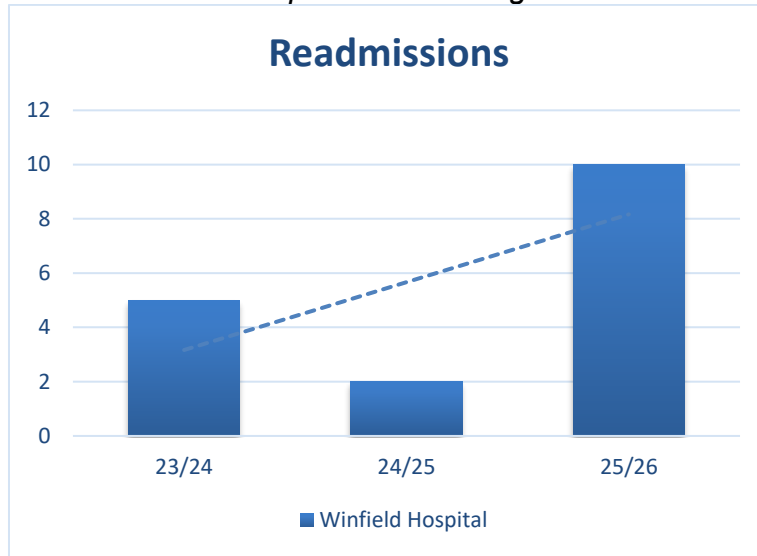
An increase in the readmission rate was observed in 2025/26. While the overall rate remains low in absolute terms, this reflects a small increase in the number of patients requiring unplanned return to care, which has been reviewed in detail to identify contributing factors and opportunities for improvement.

Winfield Hospital reported a total of 12 readmissions during this period. Review of these cases identified post-operative bleeding as the most common cause for readmission, including two minor bleeds, two haematomas, and one haemorrhage. Pain was also a key theme, accounting for three readmissions relating to post-operative pain management. All cases have been reviewed through governance processes, with learning identified and shared where appropriate.

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

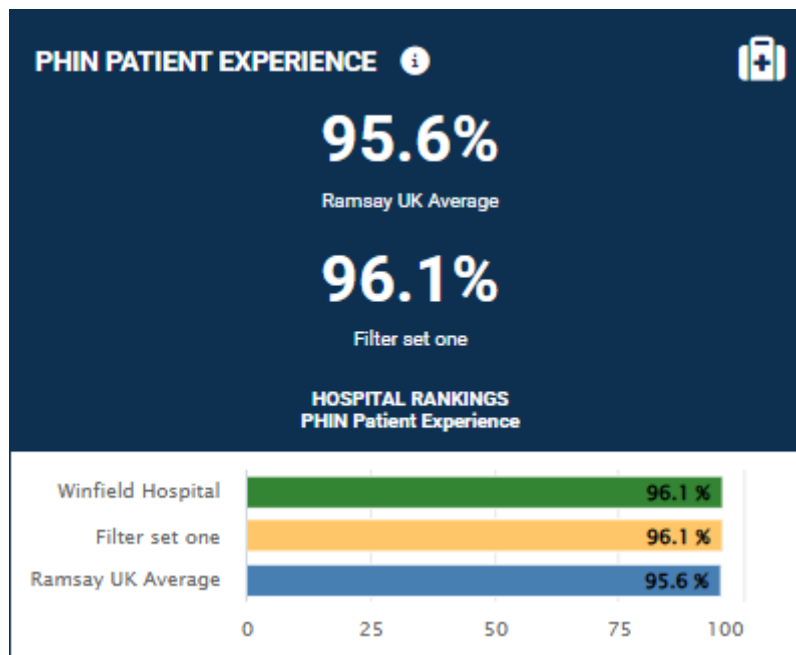
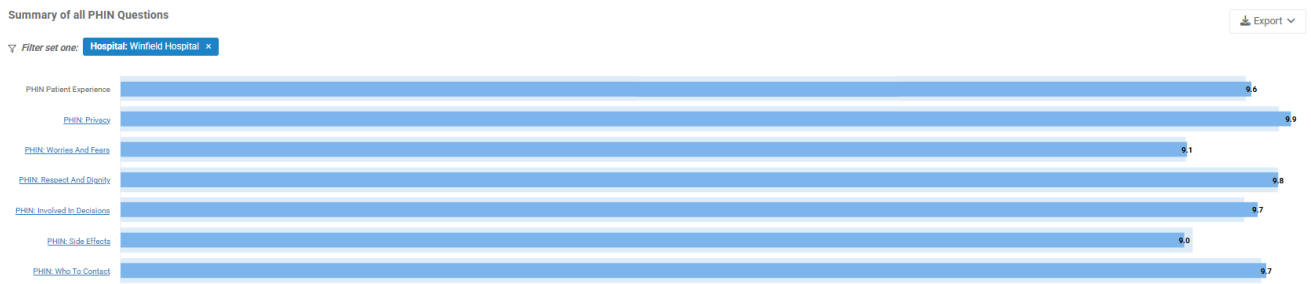
- Continuing to review all readmissions through governance forums to identify themes, trends and opportunities for improvement.
- Strengthening pre-operative assessment processes to ensure patients are optimised for surgery and any potential risks are identified and managed in advance.
- Ensuring patients who are flagged for review by the Pre-Assessment team are reviewed through appropriate multi-disciplinary meetings and anaesthetic reviews as required.
- Reviewing and enhancing post-operative care pathways, particularly in relation to pain management and early identification of complications such as bleeding.
- Reinforcing patient education and discharge information to ensure patients understand expected recovery, pain control, and when to seek advice.
- Sharing learning from readmissions across clinical teams to support continuous improvement in practice.
- Monitoring readmission data on a regular basis to assess the impact of changes and ensure sustained improvement.

Rate per 100 discharges:



Responsiveness to Personal Needs

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



Winfield Hospital achieved a 95.6% rating on the Private Healthcare Information Network (PHIN), demonstrating strong patient-reported experience and a consistent focus on quality care. This outcome reflects the efforts of our multidisciplinary teams in delivering safe, effective and patient-centred services, and supports our position as a reliable provider within the independent healthcare sector.

VTE Risk Assessment

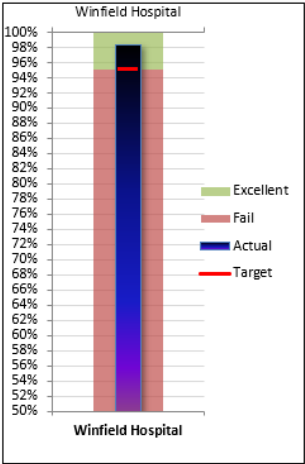
VTE Assessment:	Period	Best	Worst		Average		Period	Winfield		
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC22	98.2%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC22	89.3%
	Q1 to Q3 25/26	Severall	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC22	98.3%

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

- Staff receive training on the importance of completing VTE risk assessments accurately and within the required timeframes
- A dedicated VTE champion is in place, providing oversight, support and promoting best practice across the hospital
- Audit results are reviewed and discussed at quarterly VTE committee meetings, with actions agreed and monitored to support continuous improvement.
- VTE assessments are embedded within patient care pathways with multiple checkpoints to ensure they are completed throughout the patient journey.

Winfield Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Undertaking regular audits for VTE compliance, with findings, actions and learning shared across clinical teams to drive improvement.
- Provide refresher training as required to support accurate, complete and timely completion of VTE risk assessments.
- Strengthening monitoring processes to identify incomplete or overdue assessments and ensure prompt completion.
- Continuing to promote awareness of VTE prevention, including appropriate prophylaxis prescribing in line with national guidance.
- Sharing learning from incidents, audits and national guidance to support consistency in practice across all departments.



C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Winfield	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC22	0.0000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC22	81.3008
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC22	0.0000

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

- In the previous reporting period (2024/25), Winfield Hospital reported one case of c. difficile infection. During 2025/26, zero cases were reported.
- This reduction reflects the hospital's continued commitment to effective infection prevention and control (IPC) practices, alongside robust clinical protocols designed to minimise the risk of healthcare-associated infections.
- Ongoing monitoring, surveillance and review of infection control data supports early identification of risks and ensures that appropriate preventative measures remain in place.

Winfield Hospital intends to continue with the following actions to maintain a low infection rate, and improve the quality of its service by:

- Continue to promote high standards of hand hygiene through regular training, audit and feedback.
- Maintain ANTT (Aseptic Non-Touch Technique) compliance through education, audit and ongoing accreditation development.
- Monitor hand hygiene and IPC compliance through regular audit programmes, with finding shared and acted upon.
- Support antimicrobial stewardship initiatives to minimise unnecessary antibiotic prescribing and reduce infection risk.
- Maintain strong leadership in infection prevention, with a dedicated IPC lead nurse with link roles in all clinical departments and networking into the Ramsay IPC group.
- Review and act upon infection control incidents, audit findings and national guidance to ensure continuous improvement in practice.
- Ensure that staff receive ongoing IPC training and updates to maintain awareness of current standards and best practice.

Patient Safety Incidents with Harm

SUIs:	Period	Best		Worst		Average		Period	Winfield	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC22	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC22	0.0007
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC22	0.0000

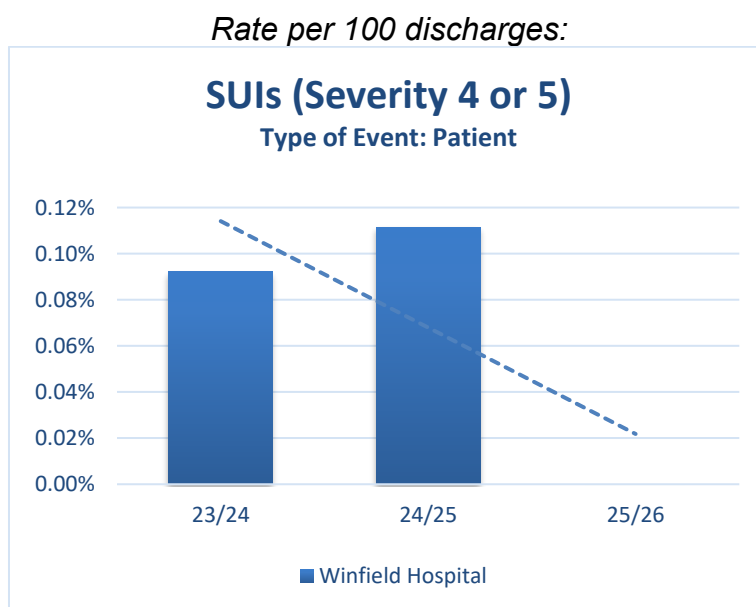
Winfield Hospital considers that this data is as described for the following reasons:

- A robust pre-operative assessment process is in place to ensure patients are appropriately optimised and clinically suitable to proceed with surgery, including multidisciplinary team (MDT) input and anaesthetic review where required.

- Effective clinical governance arrangements support the identification, review and management of incidents, ensuring that any potential risks are addressed promptly.
- A strong safety culture is embedded across the organisation, encouraging proactive identification and reporting of incidents and near misses.
- Ongoing training and competency assessment ensures that staff are equipped with the knowledge and skills required to deliver safe care and respond appropriately to clinical risks.
- Compliance with key safety processes, including WHO surgical safety checklists, and NatSSIPs, provides additional assurance in reducing the risk of patient harm.
- The Winfield did report one case to the CQC in which the patient required further treatment and prolonged care due to a complication during surgery.

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

- Continuing to review and analyse all patient safety incidents to identify any emerging concerns or recurring themes and implementing corrective actions where necessary.
- Maintaining a safe, responsive, patient-centred environment where staff are attentive to individual needs and concerns.
- Promoting a culture of openness through the “Speaking Up for Safety” initiative, empowering staff to raise concerns without hesitation.
- Ensuring all staff understand how and when to report incidents, and the importance timely and accurate reporting.
- Benchmarking incident rates against national averages both within and external to Ramsay, to identify areas for improvement.
- Continue to monitor compliance with safety standards and processes through audit and assurance activities.



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Winfield	
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC22	100.0%
Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC22	100.0%	
Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC22	NA	

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

January 2026 data in the table above is recorded as N/A within the published dataset; however, locally held data sourced from Cemplicity shows a score of 98.3% for the reporting period.

Patient experience is a key measure of service quality, and feedback from patients plays an important role in shaping improvements. Friends and Family Test results at Winfield Hospital remain consistently high, reflecting the positive experiences of patients and the commitment of staff to delivering compassionate, patient-centred care. This feedback provides invaluable insight into our performance and supports ongoing monitoring of the quality and safety of the services we provide.

Winfield Hospital intends to take the following actions to maintain a high friends and family score, and so the quality of its services, by:

- Continue to deliver compassionate, patient-centred care across all stages of the patient journey, ensuring patients feel supported, informed and respected.
- Actively encourage patient feedback through the Friends and Family Test and other feedback mechanisms, ensuring that all patient voices are heard and valued.
- Regularly monitor and analyse feedback to identify trends, themes and opportunities for improvement, taking timely and appropriate action where required.
- Embed the principles of “It Starts With Me” customer excellence training, reinforcing the role every staff member plays in shaping positive patient experience.
- Benchmark performance against Ramsay Healthcare UK averages
- Share patient feedback and learning across teams to promote a culture of continuous improvement and recognise good practice.

3.2 Patient safety

We are a progressive hospital committed to continuously improving patient safety and quality of care. We strive to enhance our performance year on year across key safety indicators, ensuring that patient safety remains central to all aspects of service delivery.

Risks to patient safety are identified through a range of sources, including routine clinical audit, patient feedback, complaints, incident reporting, and staff raising

concerns. In addition, we proactively monitor trends in performance data and safety indicators to identify potential risks early and take appropriate action.

During 2025/26, Winfield Hospital has further strengthened its approach to patient safety through the Patient Safety Incident Response Framework (PSIRF). This framework supports a system-based approach to learning from patient safety incidents, focusing on understanding the underlying causes rather than attributing blame. Through PSIRF, we have enhanced how incidents are reviewed, ensuring that learning is shared effectively across teams and that improvements are embedded into practice.

Our focus on patient safety has resulted in continued positive performance across a number of key indicators, as demonstrated in the data presented within this report. We remain committed to fostering a strong safety culture, promoting openness and transparency, and ensuring that learning from incidents, feedback and outcomes is used to drive ongoing improvement in the quality and safety of care we provide.

2.1 Infection prevention and control

Winfield Hospital has a low rate of less than 1% of hospital acquired infection and has had no reported cases of MRSA Bacteraemia in the past year.

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:

Training and Education:

- Delivery of mandatory face-to-face and e-learning infection prevention and control (IPC) training for all staff, ensuring consistent understanding across clinical and non-clinical teams.

- Ongoing development of ANTT (Aseptic Non-Touch Technique) practice, including achieving Bronze Accreditation in 2026 and working towards Silver Accreditation.
- Targeted refresher training delivered in response to audit findings, incidents or emerging risks.
- Inclusion of IPC topics within clinical education days, linking learning to patient safety incidents and feedback.

Leadership and Governance:

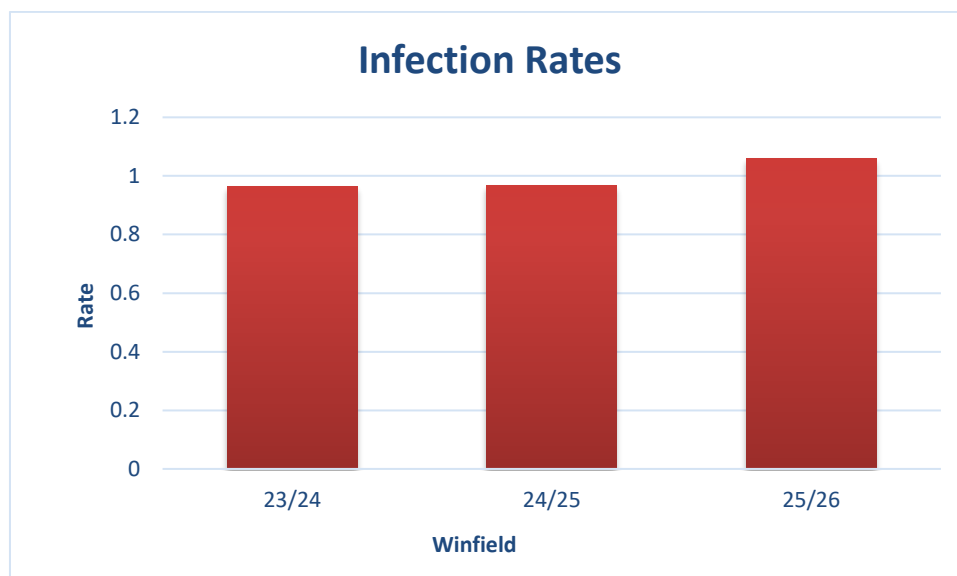
- A dedicated Infection Prevention and Control (IPC) Lead Nurse provides specialist oversight and support across the hospital.
- IPC link practitioners are established across all clinical departments to promote best practice and act as local champions.
- Regular IPC and governance meetings, including quarterly IPC meetings with input from a consultant microbiologist, to review performance, incidents and risks.
- Ongoing review of infection data, trends and themes to inform action plans and continuous improvement.
- Development and delivery of an annual Infection Control report and plan to support strategic priorities
- Comprehensive IPC policies and standard operating procedures (SOPs) are in place and regularly reviewed to ensure alignment with best practice.

Monitoring and Audit:

- Monthly hand hygiene and environmental audits, including 50-step cleaning audits to ensure compliance with IPC standards.
- Surgical Site Infection (SSI) surveillance in line with national programmes, particularly for orthopaedic procedures.
- Regular IPC audits across key areas, including environmental standards, sharps management, linen handling and aseptic techniques.
- Monitoring of cleaning schedules, including routine and deep cleaning, to maintain high standards across clinical environments.
- Peer review and cross-departmental audit activity to encourage shared learning and consistency.

Facilities and Resources:

- Accessible hand hygiene facilities for staff, patients and visitors throughout the hospital
- Continued investment in the clinical environment, including recently refurbished inpatient and outpatient areas to support infection prevention standards.
- Active involvement of pharmacy in antimicrobial stewardship, working with consultants to promote appropriate prescribing and reduce infection risk.



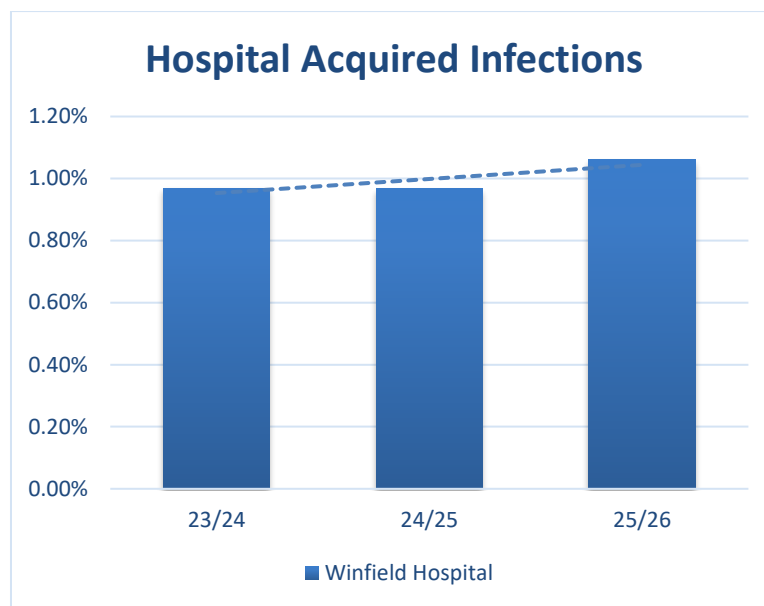
As shown in the above graph, the infect rate at the Winfield Hospital has increased slightly compared to the previous reporting period. Although there has been a slight increase, the overall rate remains low and within an expected range for the type and volume of activity undertaken.

Towards the end of 2025, Ramsay Health Care UK updated its reporting guidance to allow IPC leads to review and amend infections recorded on Radar where they are subsequently confirmed not to meet infection criteria. Prior to this change, patients receiving antibiotic treatment or undergoing investigation for a suspected infection remained recorded as an infection when it was not a true infection, which may have contributed to a higher volume of reported rates.

Data from the Surgical Site Infection Surveillance Service (SSIS), which specifically monitors orthopaedic procedures including hips, knees and spinal surgery, demonstrates continued strong performance. The hospital reports a hip surgery infection rate of 0.5%, compared to a national benchmark of 0.7%, and a 0% infection rate for knee surgery, compared to a national benchmark of 0.9%. For spinal surgery, the current rate is 2.1% against a national benchmark of 1.6%; however, this represents a reduction of 1.2% compared to the previous four quarters, indicating improvement in this area.

Winfield Hospital remains committed to maintaining low infection rates through a proactive and systematic approach to infection prevention and control. This includes continuous monitoring, targeted staff education, audit and surveillance activity, and adherence to evidence-based best practice standards.

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 Winfield 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.

Hospital	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
Winfield	100%	92.81%	85.46%	100%	96.30%	100%	75.68%	78.33%

In 2025/26, Winfield Hospital achieved excellent results across a number of the key PLACE domains. The hospital scored 100% for cleanliness, ward food and condition, appearance and maintenance, demonstrating consistently high standards in the clinical and patient environment. Strong performance was also seen in privacy, dignity and wellbeing (96.3%) and combined food (92.81%), reflecting a continued focus on patient comfort and experience.

Lower scores were identified in organisation of food (85.46%), dementia (75.68%) and disability (78.33%). These results have been reviewed in detail to understand areas for improvement and to inform targeted action planning, such as:

- Reviewing food service processes to improve organisation and enhance the overall patient dining experience

- Strengthening awareness and training around dementia-friendly care to ensure the environment and patient experience better meets individual needs.
- Link nurses appointed in each clinical department for dementia and disability
- Identify opportunities to improve accessibility and inclusivity for patients with disabilities, including environmental adjustments and staff awareness
- Continue to monitor PLACE performance and patient feedback to ensure that actions taken are effective and sustained over time.
- Implementing the 'This Is Me' passport to provide a person-centred profile that travels with the patient across the hospital so staff can quickly learn important information about them. It will include things like how patients like to communicate, their likes and dislikes, their daily routine, how to support them if they are anxious or in pain etc.

3.2.3 Safety in the workplace

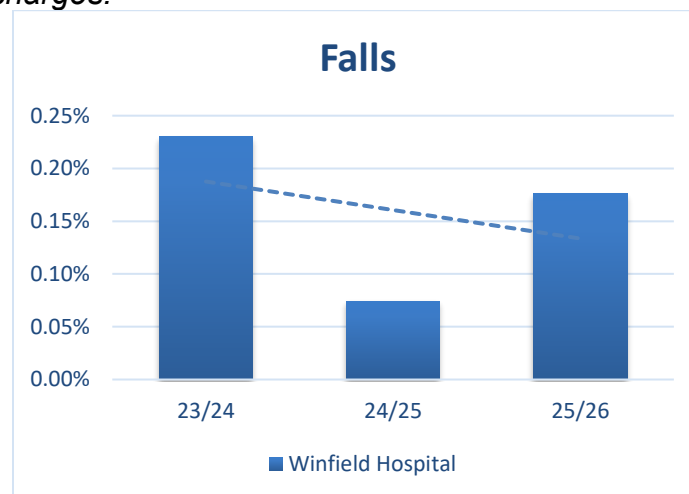
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding 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.

- Promotion of a positive incident reporting culture, encouraging staff to report incidents and near misses via Radar
- Training and access provided for all staff to use the reporting system effectively.
- Structured investigation and review of incidents and near misses, with outcomes and learning shared across teams.
- Regular review of risks and incidents through Health and Safety, Clinical Governance, Senior Leadership Team (SLT), PSIRG and departmental meetings.
- Maintenance and review of the hospital risk register at SLT level
- Departmental risk registers and risk assessments, including COSHH assessments, accessible and regularly reviewed
- Completion of a comprehensive audit programme, with findings used to develop action plans and drive improvement
- Sharing of audit outcomes, learning and identified risks across clinical and non-clinical teams
- Ongoing monitoring of compliance with health, safety and clinical standards

- Mandatory training for all staff in key safety areas, including Moving and Handling, Health and Safety and Fire Safety
- Promotion of a strong safety culture through initiatives such as Speaking up for Safety
- Availability of Mental Health First Aiders to support staff wellbeing
- Weekly fire alarm testing and regular fire drills to ensure staff preparedness and effective response
- Annual review of the Business Continuity Plan (BCP)
- Annual review of Health and Safety plans
- Maintenance and review of policies and standard operating procedures (SOPs) to guide safe working practices across the hospital.
- Timely review and actioning of Ramsay Central Alert System (CAS) alerts
- Cascaded of Ramsay Safety Flash Alerts to share learning from incidents across the wider organisation
- Oversight of workforce health by an Occupational Health team, with two Occupational Health nurses on-site supporting all staff immunisation status and deliver of annual flu vaccination programmes
- Use of safe staffing tools and daily review of staffing levels

Rate per 100 discharges:

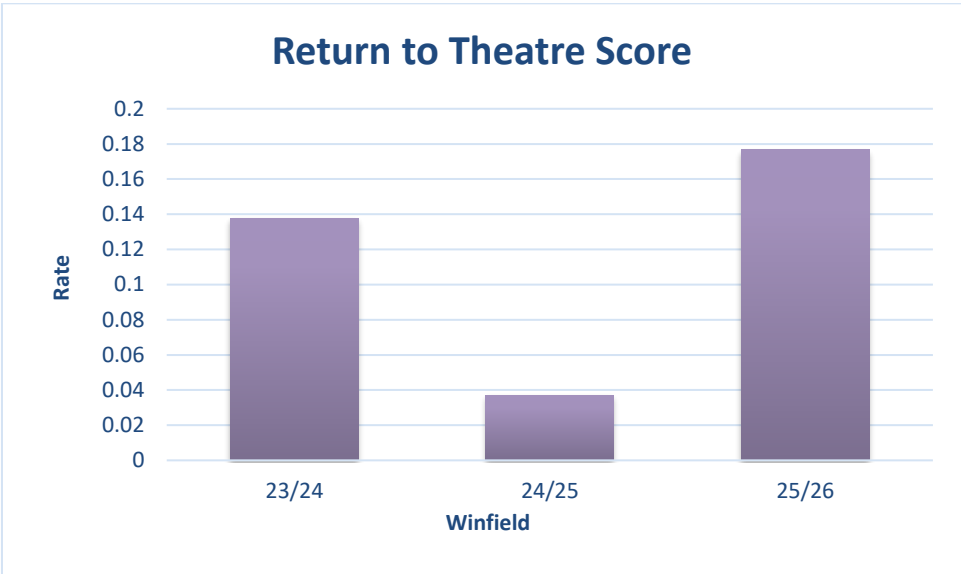


3.3 Clinical effectiveness

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

3.3.1 Return to theatre

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

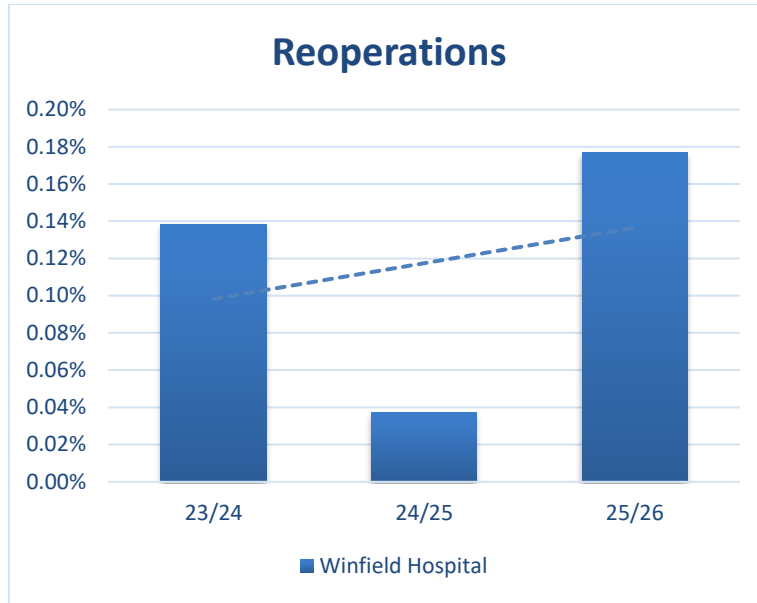


As shown in the above graph, the rate of return to theatre at Winfield Hospital has increased compared to the previous reporting period. While this represents a change from the previous year, the overall rate remains low in absolute terms and is based on a small number of cases.

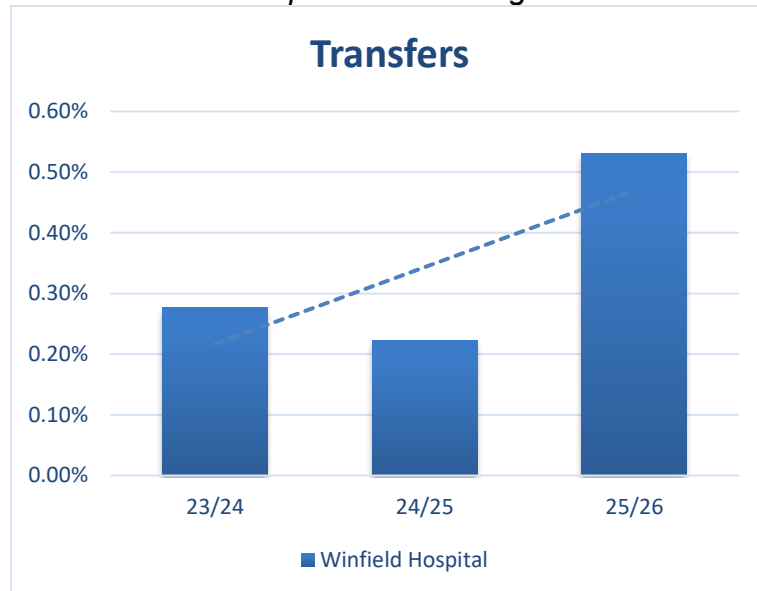
All returns to theatre have been reviewed through the hospital’s PSIRF process to identify any common themes and opportunities for learning. The cases were not indicative of a single systemic issue, but reflect the inherent risks associated with surgical procedures, where a small number of complications requiring further interventions can occur. The most common reason for a patient returning to theatre was for evacuation of haematoma or for an exploration or washout procedure.

Winfield Hospital continues to closely monitor return to theatre rates through clinical governance forums, alongside benchmarking against internal and external data where available. Ongoing actions include ensuring patients are optimised prior to surgery and maintaining high standards of post-operative care to enable early identification and management of complications.

Rate per 100 discharges:



Rate per 100 discharges:



As shown in the above graph, the rate of patient transfers has increased in 2025/26 compared to the previous reporting period. While this represents a change, the overall rate remains low in absolute terms.

Transfers are reviewed through the PSIRF process to ensure that they are appropriate and timely and are often undertaken as a precautionary measure to ensure patients receive the most suitable level of care. As such, transfers can reflect effective clinical decision-making and prioritisation of patient safety.

A review of transfers has been undertaken to identify any common themes and opportunities for learning. The most common reason for transfer is patient deterioration which requires further investigation, management or intervention, whether by specialist

teams or within higher dependency facilities. Most patients stabilise and are discharged shortly after the transfer, with only four of the transfers requiring further surgery within the trust.

Winfield Hospital will continue to monitor transfer rates and ensure that any trends are identified and addressed.

3.3.2 Learning from Deaths

During the 2025/26 reporting period, Winfield Hospital reported zero patient deaths.

While no deaths have occurred locally, Winfield Hospital remains committed to learning from deaths and improving patient safety through a proactive and system-wide approach. This includes reviewing and acting upon shared learning from across Ramsay Health Care UK and national patient safety alerts.

Learning is disseminated via the corporate PSIRG and mortality and morbidity meetings, and is shared across staff and consultants, discussed during governance, clinical meetings and departmental forums. Where relevant, learning is translated into local action such as reviewing surgical safety stops, who checklist compliance, consent and site marking, implementing new theatre whiteboards.

This approach ensures that we continue to strengthen patient safety by embedding learning, maintaining robust clinical governance processes and aligning with best practice across the wider healthcare group.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and

communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

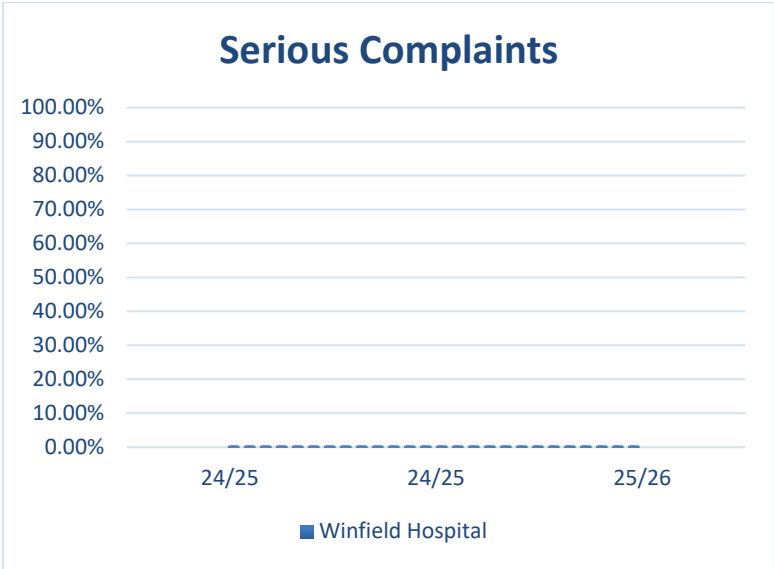
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaint's procedures should our patients be unhappy with any aspect of their care.



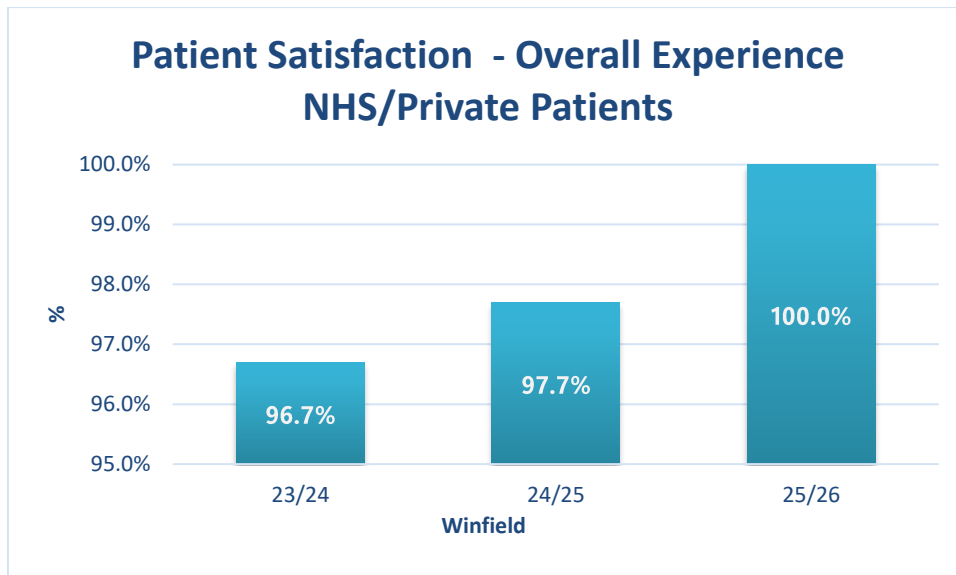
Patient experiences are feedback via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and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

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

- Continuous patient satisfaction feedback via a web-based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patients 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 shown in the graph above, the Patient Satisfaction score at Winfield Hospital has improved over the reporting period, increasing from 97.7% to 100% in 2025/26. This demonstrates consistently high levels of patient satisfaction and reflects the positive experiences reported by both NHS and private patients.

This sustained improvement can be attributed to a range of initiatives focused on enhancing patient experience. This includes proactive management of patient feedback and learnings highlighted and discussed through Outcomes With Learnings (OWLS). In addition, the introduction of “It Starts with Me” customer excellence programme has reinforced the importance of individual staff contributions to the patient journey, supporting a culture of compassion, communication and accountability.

3.5 Winfield Hospital Case Study

As part of our commitment to delivering high-quality, patient-centred care, Winfield Hospital actively seeks and responds to patient feedback to drive continuous improvement. A recent experience highlighted both positive aspects of care and opportunities for improvement, particularly relating to fundamental nursing care and communication.

Feedback

The patient submitted a complaint and was invited to meet with the leadership team and share their experience in detail, providing valuable insight into their care. Their feedback identified areas for improvement in basic nursing interactions and consistency of communication.

The patient's story was shared across departmental meetings and discussed openly with clinical teams to maximise learning, impact and reflection. It was also incorporated into the "It Starts With Me" customer excellence training programme to reinforce the importance of patient experience and the impact of fundamental care.

Action Taken

In response to this feedback, the hospital implemented a strengthened approach to professional rounding. This initiative was introduced to enhance both patient experience and clinical excellence, and included:

- The introduction of twice-daily structured professional rounding, ensuring regular and proactive engagement with patients
- A focus on assessing patient comfort, care needs and overall experience in real time
- Reinforcement of fundamental nursing standards and consistent communication
- Alignment with learning from incidents and feedback trends to support continuous improvement

Impact and Outcome

- Improved staff awareness of the importance of fundamental nursing care and communication
- Increased consistency in patient engagement and experience through structured rounding
- Enhanced ability to identify and respond to patient needs promptly
- Positive cultural shift towards openness, reflection and learning from patient experience.

This case study demonstrates how direct patient engagement can drive improvements in care delivery.

Appendix 1

Services covered by this quality account

Winfield Hospital	Services Provided	Peoples Needs Met For:
Treatment of Disease, Disorder or Injury	Cardiology, Cosmetics, Dermatology, Ear Nose and Throat (ENT), Elderly Care, Gastroenterology, General Medicine, General Surgery, Genito-Urinary Medicine, Gynaecology, Neurology, Orthopaedics, Pain Management, Physiotherapy, Rheumatology, Urology, Weight Loss	All Adults
Surgical Procedures	Day and Inpatient Surgery, Colorectal, Cosmetics, Ear Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecology, Oral Maxillofacial, Orthopaedics, Urology	<p>All Adults</p> <ul style="list-style-type: none"> • People with blood disorders • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are above a stable ASA 3 • Dyspnoea Grade $\frac{3}{4}$ • Poorly controlled asthma (needing oral steroids, or has had frequent hospital admissions within the last 2 months) • MI in last 6 months • Angina Classification $\frac{3}{4}$ • CVA in last 6 months • BMI > 40 (individual cases will be reviewed by an anaesthetist) <p>All patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment</p>
Diagnostic and Screening	Imaging Services	All adults

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

Clinical Audit Programme

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

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug) One Together Surveillance of Surgical Site Infection (Jul–Aug) One Together Practice Review (Jul–Aug and Jan–Feb) IPC Governance and Assurance (Jul–Sep) Safe & Secure (Jul–Sep and Jan–Mar) 50 Steps Cleaning (FR5) – Receptions (Jul; Jan) Practising Privileges – Doctors in Training (Jul; Jan, where applicable) Medicines Reconciliation (Jul; Oct; Jan; Apr) MRI Reporting for BUPA (Jul; Nov; Mar) H&S Fire Safety (Jul; Jan)	IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK
August	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar)	IR(ME)R Lead, RDUK SLT

	CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb) Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	Radiology, RDUK IPC Radiology Ward HoCS SLT
September	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct) X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology
October	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK
November	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May) OH: Case Management Referrals (May; Nov)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

Local Audit Schedule – Winfield Hospital

Audit	Department Allocation / Ownership	QR Code Allocation	Month											
			July	August	September	October	November	December	January	February	March	April	May	June
Hand Hygiene observation (5 moments)	Ward	Ward	90.50%	61.70%	100%	96.70%	84.10%	98.10%	95.80%	86.80%	98.40%	77.80%	94.60%	
Hand Hygiene observation (5 moments)	Theatres	Theatres	84.40%	80%	84.10%		85.70%	86.70%	86.70%	96%	100%	100%	100%	
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	91.10%	5.60%	92.50%	92.50%	49.10%	98.30%	76.40%	90.60%	98.80%	96.70%	94.60%	96.40%
SSI Practice Review (One Together) (REPLACES 'Surgical Site Infection' for Theatres)	IPC	Whole Hospital	74.20%						100%					
SSI Surveillance of Surgical Site Infection	IPC	Whole Hospital	80.90%											
SSI Peri-Operative Warming: Pre-Operative	IPC	Whole Hospital	50%											
SSI Peri-Operative Warming: Intra-Operative	IPC	Whole Hospital	85.70%											
SSI Peri-Operative Warming: Post-Operative	IPC	Whole Hospital	100%											
SSI Patient Washing	IPC	Whole Hospital	66.70%											
SSI Hair Removal	IPC	Whole Hospital	100%											
SSI Antiseptic Skin Preparation	IPC	Whole Hospital	100%											
SSI Preventing Skin Recolonisation	IPC	Whole Hospital												100%
SSI Reducing Nasal Recolonisation	IPC	Whole Hospital	100%											
SSI Prophylactic Antibiotics	IPC	Whole Hospital	100%											
SSI Warming Intravenous & Irrigation Fluids	IPC	Whole Hospital				100%			75%					
SSI Maintaining Asepsis: Surgical Practice	IPC	Whole Hospital					100%							
SSI Maintaining Asepsis: Instrument Management	IPC	Whole Hospital												100%
SSI Surgical Environment	IPC	Whole Hospital												100%
SSI Incision Management: Closure	IPC	Whole Hospital					100%							

SSI Incision Management: Wound Care	IPC	Whole Hospital	100%											
IPC Governance and Assurance	IPC	Whole Hospital	100%											
IPC Environmental Infrastructure	SLT	Whole Hospital	90.10%											
IPC Management of Linen	Ward	Whole Hospital	100%						100%					
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital							90.50%					
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres												
Sharps	IPC	Whole Hospital	95.50%			97.30%	96.40%				98.20%			
50 Steps Cleaning (FR1)	Theatres	Theatres	98.80%	95%	96.20%	91.90%	97.60%	87.30%	93.80%	71.90%	95.90%	76.20%	82.90%	
50 Steps Cleaning (FR2)	Ward	Ward	87.80%	96.30%	97.90%	90%	95.90%	94.90%	89.60%	100%	78.90%	92.60%	95.30%	
50 Steps Cleaning (FR2)	Outpatients	Outpatients	100%	96.90%	94.40%		98.60%	99.10%	98.20%	100%	100%	77.80%	86.70%	
50 Steps Cleaning (FR4)	Physio	Physio	86.50%						88%			94.80%		
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	100%			100%			100%			94.10%		
50 Steps Cleaning (FR4)	Radiology	Radiology	93.30%			95.60%			96.30%			92.30%		
50 Steps Cleaning (FR5)	SLT	Whole Hospital	95.70%											
50 Steps Cleaning (FR6)	SLT	Whole Hospital	100%											
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	76.90%											
Urinary Catheterisation Bundle	HoCS	Whole Hospital				86.50%								
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	78.90%						83.70%					
Patient Journey: Intraoperative Observation	Theatres	Theatres	94.40%						not required					
Patient Journey: Recovery Observation	Theatres	Theatres				98.10%						not required		

LSO and 5 Steps Safer Surgery	Theatres	Theatres				100.00%				100%	
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients						100%		100%	
LSO and 5 Steps Safer Surgery	Radiology	Radiology				99.50%				98.80%	
NatSSIPs Stop Before You Block	Theatres	Theatres				97.30%				98.70%	
NatSSIPs Prosthesis	Theatres	Theatres				100%				100%	
NatSSIPs Swab Count	Theatres	Theatres				100%				100%	
NatSSIPs Instruments	Theatres	Theatres				99%				99.60%	
NatSSIPs Instruments	Outpatients	Outpatients						100%		100%	
NatSSIPs Instruments	Radiology	Radiology				100%				100%	
NatSSIPs Histology	Theatres	Theatres				100%				100%	
NatSSIPs Histology	Outpatients	Outpatients						100%		100%	
NatSSIPs Histology	Radiology	Radiology				100%				0%	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital								95.80%	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital				N/A					
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital								100%	
Complaints	SLT	Whole Hospital				92.60%				99%	
Duty of Candour	SLT	Whole Hospital				100%				86.10%	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	96.40%				92.90%			96.60%	96.60%
Practising Privileges - Consultants	HoCS	Whole Hospital	97.10%				86.10%			95%	94.70%
Practising Privileges - Doctors in Training	HoCS	Whole Hospital									

Safe & Secure (Radiology)	Pharmacy	Radiology	100%				100%			
Safe & Secure (Theatres)	Pharmacy	Theatres	96.60%				100%			
Safe & Secure (Ward)	Pharmacy	Ward	100%				97.3%			
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	100%				96.10%			
Prescribing, Supply & Administration (previously Medical Prescribing)	Pharmacy	Pharmacy	91.70%				88.80%			
Medicines Reconciliation	Pharmacy	Pharmacy	92.50%		91.70%		85.70%		91.40%	
Controlled Drugs	Pharmacy	Pharmacy		100%		100%		99.40%		
Pain Management	Pharmacy	Pharmacy			99.20%				99.50%	
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy					100%			
Dept Governance (Ward)	Ward	Ward			91.40%					
Dept Governance (Theatre)	Theatres	Theatres			90.20%					
Dept Governance (Physio)	Physio	Physio			94.10%					
Dept Governance (OPD)	Outpatients	Outpatients			75.70%					
Safeguarding	SLT	Whole Hospital				96.30%				
OH: Occupational Health Delivery On-site	HoCS	Whole Hospital		100%	100%					
Catering (Kitchen)	Ops Managers	Health & Safety	92.50%		98.80%		98.80%		96.40%	
Catering (Ward)	Ops Managers	Health & Safety	100%		96.10%		96.20%		98.10%	
H&S Fire Safety	Ops Managers	Health & Safety		97%			94.10%			
H&S Legionella	Ops Managers	Health & Safety	69.20%				100%			
H&S PUWER/LOLER	Ops Managers	Health & Safety						90%		

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC22	Code for Winfield Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Winfield 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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