

# Winfield Hospital

## Quality Account 2025/26



Confidential



**Ramsay**  
Health Care

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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**

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

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

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

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

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

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



**Nick Costa**

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

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

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

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

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



**Jo Dickson**

# Introduction to our Quality Account

This Quality Account is 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, quality is not just a standard- it is a promise we make to every patient, every day. As Hospital Director, I am proud to lead a team that is deeply committed to delivery safe, effective and compassionate care. Our approach to quality is rooted in continuous improvement, clinical excellence and a culture that empowers every member of staff to take ownership of the care we provide.

We work collaboratively across all departments to ensure that patient safety, experience and outcomes are at the heart of every decision we make. From robust clinical governance and evidence-based practice, to listening and learning from patient feedback, we are constantly evolving to meet the needs of our community.

Over the coming year, we will continue to invest in our people, strengthen our clinical pathways and embrace innovation to further enhance the quality of our services. We are currently rated as 'Good' by the Care Quality Commission (CQC) and we are committed to maintaining this as our minimum standard, with a clear ambition to exceed it, ensuring that Winfield Hospital remains a trusted provider of outstanding care.

A handwritten signature in black ink that reads "Michelle Stone". The script is cursive and fluid, with the first name "Michelle" and the last name "Stone" clearly distinguishable.

Mrs Michelle Stone, Hospital Director

Winfield Hospital

## 1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

**Mrs Michelle Stone**

**Hospital Director**

**Winfield Hospital**

**Ramsay Health Care UK**

**This report has been reviewed and approved by:**

Mr Navraj Atwal, Medical Advisory Committee Chair

Dr Neil Kellie, Clinical Governance Committee Chair

Mr Alex Torrie, Clinical Governance Committee Chair

Laura Hill, Corporate Quality Partner

Marie Crofts, Executive Nurse and Quality Lead, NHS Gloucestershire ICB



# Welcome to Winfield Hospital



Established in 1992 on the site of a former garden centre, Winfield Hospital is one of Gloucestershire's leading independent healthcare providers. Conveniently located on the outskirts of Gloucester, the hospital offers a wide range of services in a modern, patient-focused environment.

Winfield Hospital is a dedicated acute surgical facility with 38 inpatient beds, all recently refurbished to meet the latest healthcare standards. Our three fully equipped operating theatres feature ultra-clean air technology, making the hospital particularly well-suited for orthopaedic procedures. We also house a JAG-accredited endoscopy suite.

The outpatient department includes 13 consultation rooms, one of which is a fully equipped ENT diagnostic suite, along with two minor treatment rooms. Our on-site radiology services include x-ray and ultrasound, with MRI scanning available three days a week and CT scanning bi-weekly timed to support our busiest orthopaedic clinics and provide a seamless, one-stop service.

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

- Hydrotherapy
- Pilates
- Hand therapy
- Women's health and continence care
- Sports injury management
- Musculoskeletal assessments
- Acupuncture
- Pre- and post-operative rehabilitation
- Vestibular rehabilitation
- Shockwave therapy
- UVB therapy



Winfield Hospital also features a dedicated on-site pharmacy, supporting both inpatient and outpatient care. Our pharmacy team consists of contracted pharmacists, technicians and dispensers 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, development of local prescribing guidelines.

At the Winfield Hospital, we are committed to delivering courteous, professional and patient-centred care. Our approach includes working in close partnership with the NHS, and we take pride in our ability to innovate and explore new ways of working to enhance patient outcomes.

Winfield Hospital welcomes NHS patients, insured individuals, and those who choose to self-fund their treatment. In the 2024/25 period, we treated a total of 5531 patients of which, 2693 were private patients (49%) and 2838 were NHS patients (51%)

Our Business Relations Manager plays a key role in building and maintaining strong relationships with local GPs and practice staff, actively promoting Winfield as the hospital of choice. In support of the Gloucestershire General Practitioner Education Trust (GGPET), we provide regular information seminars for all local GP practices.

Winfield Hospital is guided by a robust clinical governance and risk management framework, with a strong emphasis on learning from outcomes. We have successfully embedded the Patient Safety Incident Response Framework (PSIRF), aligning with the NHS's approach to learning from patient safety incidents and continuously improving care and patient safety.

We foster a culture of openness and support, encouraging staff to engage with the senior leadership team through an open-door policy and just culture. Our quarterly staff forums, held in a Q&A format, provide a platform for open dialogue and feedback.

We are committed to investing in our people. Staff have access to a wide range of training opportunities beyond their mandatory training through the Ramsay Academy and external providers such as M&K Update. Ramsay Health Care UK also offers over 24 apprenticeship programmes across various levels, supporting career development and skill enhancement. Currently, Winfield Hospital supports the following staff on apprenticeships:

- 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

A dedicated and diverse workforce is essential in delivering high-quality care. From our support services teams- who ensure a clean and welcoming environment- to our

administrative staff who guide patients through their care journey, and our clinical teams who provide expert treatment through their skills and knowledge, every role is vital.

In 2024/25, the Winfield employed the below staff:

Employee Group	Contract	Bank
Registered Nurses	53	8
Operating Department Practitioners	8	2
Health Care Assistants	24	9
Physiotherapists	10	12
Radiographers	4	2
Pharmacy Staff	6	0
Support Services	44	15
Administration	45	15
<b>Total</b>	<b>193</b>	<b>62</b>

At Winfield Hospital, our nurse-to-patient ratio is carefully calculated based on the number of patients admitted and the complexity of their care needs. This ratio typically ranges from 1:5 to 1:8, with additional Healthcare Assistants (HCAs) available to support patient care as required. Staffing levels are reviewed daily to ensure safe and effective care is consistently maintained. We also have a highly experienced Resident Medical Officer (RMO) on-site 24 hours a day, providing continuous medical oversight and support.

Every stage of the patient journey at the Winfield is led by consultants, ensuring expert care from initial consultation through to treatment and recovery. All consultants undergo a rigorous vetting process to ensure they meet the highest standards of qualification and experience before being granted practising privileges. Currently, we have 145 consultants with practising privileges across a wide range of specialties, 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

In 2024/25, the Winfield and staff were involved with raising money, donating and supporting local and national charities including:

- We held a netball tournament to raise money for Motor Neurons Disease, raising a total of £934.30.
- A team of us ventured on a Starlight Walk raising money in aid of Sue Ryder, raising a total of £2843 plus an additional £598.75 in Gift Aid.
- The Physiotherapy Department worked with PhysioNet to recycle our walking aids, sending them to Fiji for those in need of walking aids.
- A charity bake sale in aid of Breast Cancer UK raised £180



Samantha, Claire and the rest of the Winfield Walkaholics  
Words cannot express how grateful we are for you raising a phenomenal £2843 (+£598.75 Gift Aid!) by taking on our Starlight Hike ❤️  
It really was a magical event - the atmosphere was incredible and coming together to remember those we have lost made it so very special ❤️  
Over 1000 walkers took to the streets of Leckhampton and Cheltenham, and between you, more than £100,000 has been raised! ❤️  
The difference that this money will make in supporting those approaching death and dealing with grief is huge - you really are the difference - THANK YOU SO MUCH!  
from Rachel and the rest of the fundraising team x

# Part 2

## 2.1 Quality priorities for 2025/26

### Plan for 2025/26

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 Incident Response Framework**

The Patient Safety Incident Response Framework (PSIRF) is a national NHS framework designed to improve how healthcare organisations respond to patient safety incidents. Replacing the previous Serious Incident Framework, PSIRF promotes a more compassionate, learning-focused approach to incident investigation. Its goal is to foster a culture of continuous learning and improvement, ensuring that lessons are identified and applied to enhance patient safety across the organisation.

At Winfield Hospital, PSIRF was fully embedded in November 2023 as part of Ramsay Health Care UK's national rollout. All staff have been given the opportunity to complete Modules 1 and 2 of the National Patient Safety Syllabus as relevant to their roles. The training supports the development of a proactive safety culture by deepening understanding of system-based learning and reducing the risk of repeat incidents. We are currently 94% compliant with this training across all staff groups.

To support this framework, the Patient Safety Incident Response Group at Winfield meets monthly to review and discuss incidents and responses they generate. These include:

- Hot Debriefs – conducted immediately or shortly after an incident occurs
- After Action Reviews (AARs) – building on Hot Debriefs to explore wider system factors
- Patient Safety Incident Investigations (PSIIs) – in-depth reviews of more serious incidents with significant learning potential

During the reporting period, 39 incidents were followed up with one of these structured learning responses, resulting in 132 learning actions implemented to improve patient care and service delivery. These responses were completed within an average of 20 working days, demonstrating our commitment to timely and effective learning. To ensure shared learning, we publish a quarterly Patient Safety Incident Response Newsletter, which is distributed across the hospital to keep all teams informed and engaged.

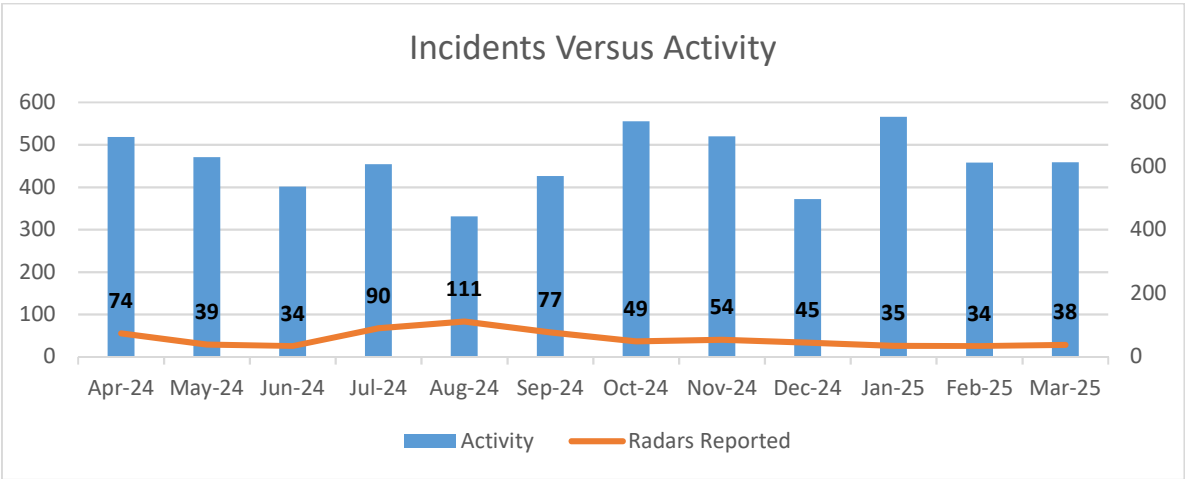
PSIRF is now fully embedded in our approach to patient safety at Winfield Hospital, reinforcing our commitment to transparency, learning and continuous improvement.

#### **Radar**

In August 2023, Winfield Hospital implemented Radar, a new incident reporting and risk management system, replacing its previous platform, Riskman. The rollout was supported by comprehensive staff training and the introduction of Radar Champions across departments to provide ongoing guidance and support.

All new staff receive Radar training as part of their induction, ensuring they are confident in how to report incidents from day one. In addition, clear and accessible ‘How To’ guides are available on the Ramsay Intranet and within each department to support consistent use.

The table below represents a monthly comparison of incident reports versus hospital activity during the reporting period. This data reflects the strong reporting culture at Winfield Hospital, where staff are actively encouraged to report all incidents including near misses. This proactive approach enables us to identify trends, address recurring themes and implement targeted improvements to enhance patient safety.



**Audits**

Audits play a critical role in maintaining and improving the quality, safety and effectiveness of care within a hospital setting. They serve as structured checkpoints that ensures compliance with national standards, internal policies and best practices across clinical and non-clinical areas. Audits are more than just a regulatory requirement, they are opportunities for learning, accountability and continuous improvement. They help us identify what we are doing well and where there may be gaps in practice. Importantly, they also provide a platform for staff engagement, encouraging teams to take ownership of their areas and contribute to a culture of safety and excellent.

Participating in these audits often reveals patterns that may not be noticed in the day-to-day operations, such as documentation issues, infection control gaps and medication handling inconsistencies. These insights allow us to implement targeted interventions, provide focused training and enhance patient care and outcomes.

In 2024/25, the Winfield Hospital completed a total of 260 audits, with an average score across all of these audits of 90%. We have achieved an average of 89% compliance with our audit schedule across the rolling 12 months.



To promote transparency, shared learning and continuous improvement, we produce a monthly Clinical Audit Poster that highlights common themes, key findings and actions arising from recent audits. This visual summary helps ensure that learning is accessible and relevant to all staff across departments. Each poster includes a QR code linking directly to the full audit schedule and action log, providing staff with easy access to detailed information and progress updates. This approach not only supports visibility, but encourages engagement with audit outcomes and quality improvement initiatives.

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

### Patient Safety:

#### Shared Learning:

Shared learning and guidance is a cornerstone of continuous improvement in healthcare. By openly discussing what we've learned, whether from audits, incidents or patient experience, we create a safer, more informed and more engaged clinical environment.

Over the next year, shared learning and embedding guidance will be a key focus across our hospital. We are committed to creating more opportunities for staff to engage with learning from across the organisation, not just within their own teams. This includes:

- **Learning from Incidents:**  
We will continue to share the quarterly PSIRG newsletter highlighting key themes, learning points and actions from recent incidents
- **Learning from Patient Feedback:**  
Patient voices are powerful drivers of change and we will continue to monitor and respond to patient feedback, and sharing this with our teams. A recent example involved feedback from a patient regarding her stoma care. In response, we held a Stoma Learning Session led by a Stoma Nurse Specialist, where the patient herself shared her experience with staff. This session had profound impact and reinforced the value of learning directly from those we care for. We will continue to explore similar opportunities to bring patient stories in our learning culture.
- **Cross-Departmental Lunch & Learns:**  
Informal, collaborative sessions where teams can share best practices and lessons learned in a relaxed setting.
- **Monthly Clinical Audit Posters:**  
These posters summarise key findings and actions from recent audits and share the learning in a visual way.
- **Safety Flashes Alerts:**  
Shared from our Ramsay Corporate Team, the safety flash alerts highlight important safety learnings from across the wider group, helping us stay aligned with national and organisational trends.
- **CAS Alerts (Central Alerting System):**

We will continue to cascade Field Safety Notices, Medical Device Alerts and Medication Recalls to ensure timely awareness and action

- **NICE Guidance:**

We will maintain regular updates and dissemination of relevant NICE (National Institute for Health and Care Excellence) guidance, ensuring our clinical practices remain evidence-based and up to date.

## Clinical Effectiveness

### Strengthening our Clinical Pathways:

Strengthening our clinical pathways is a key priority as we continue to enhance the quality, consistency and efficiency of care we provide. Clinical pathways are structured, evidence-based plans that guide the management of specific processes and procedures. When well-designed and consistently followed, they ensure that every patient receives the right care, at the right time, by the right team.

Some of the pathways that we are focusing on over the next 12 month period, include:

- Pre-Assessment Pathway:

Improving our Pre-Assessment Pathway is a key focus as we work to optimise patient flow, reduce last-minute cancellations and ensure that patients are fully prepared for their procedures.

Since March 2025, we have introduced significant changes that align with the Pre-Assessment Framework. One of the most significant adjustment is that patients are now pre-assessed and medically cleared for surgery before receiving a confirmed procedure date. This is to ensure clinical safety by identifying and addressing health concerns early, optimising patients for surgery to improve their outcomes, reduce short notice cancellations due to patients being unfit on the day of surgery and maximise our theatre utilisation to ensure that scheduled lists run efficiently and effectively.

We will continue to focus on improving the Pre-Assessment patient journey. As a way of measuring this improvement, we will continue the use of the Electronic Patient Record (EPR) and Power BI dashboards to review our Pre-Assessment process and worklists, alongside regular audits and monitoring a reduction in short-notice cancellations.

- Get It Right First Time (GIRFT)

Getting it Right First Time (GIRFT) is a national programme designed to improve the quality of care by reducing unwarranted variation, improving patient outcomes and increasing efficiency. Embedding GIRFT principles is essential for delivery high-value, evidence-based care.

By analysing data, benchmarking performance and implementing specialty-specific recommendations, GIRFT helps clinical teams identify areas for improvement and adopt best practices. This not only enhances patient safety and experience but also supports more effective use of resources. As we continue to strengthen our clinical pathways and quality improvement initiatives, we will continue to integrate GIRFT into our everyday practice ensures that we are consistently delivering care that is safe, standardised and sustainable.

As part of our commitment to continuous improvement, Ramsay Hospitals are currently undergoing a GIRFT deep dive session, focusing on key performance indicators such as average length of stay and patient outcomes. This in-depth review allows us to examine our current practices, benchmark against national best practice standards and identify for opportunities for improvement. By drilling down into the data, we can better understand where variation exists, what's working well and where changes can be made to enhance efficiency, patient outcomes and overall care quality.

- ANTT Accreditation

We are actively working towards achieving the ANTT (Aseptic Non Touch Technique) Bronze Standard, reflecting our commitment to delivering safe, high-quality clinical care. ANTT is a globally recognised framework for aseptic practice that helps prevent healthcare-associated infections by standardising how aseptic procedures are performed. By embedding ANTT principles into everyday practice, we ensure that key parts of equipment and patient interfaces remain sterile through clinical procedures. Achieving the Bronze Standard involves demonstrating consistent compliance with ANTT guidelines, staff training and competency assessments, and ongoing audit and feedback. This is an important step in strengthening our infection prevention efforts and ensuring that all patients receive care that is both safe and evidence-based.

- Professional Nurse Advocate (PNA)

The Professional Nurse Advocate (PNA) role is an initiative designed to support nurses in delivering high-quality, compassionate care while also prioritising their own well-being. PNAs undergo specialised training to provide supervision, empower colleagues, and drive positive change in clinical settings. By advocating for both patients and staff, PNAs play a crucial role in improving workplace culture, enhancing professional development and fostering a resilient healthcare workforce.

## **Supporting Workforce Capability:**

Investing in our workforce is essential to delivering safe, high-quality care and ensuring long-term sustainability in healthcare delivery. At the heart of this is our commitment to supporting workforce capability, developing the skills, confidence and professional growth of our clinical teams.

As part of this commitment, we are focusing as a company and locally on introducing:

- Development of clinical education  
The development of a clinical educator provides dedicated support for staff development, clinical training and the embedding of best practice across the hospital. This role will specifically support the gaps between education and practice, offering guidance, supporting competency assessments and helping identify learning needs, promoting a culture of continuous learning.
- Introduction of Preceptorships  
To further support early-career professionals and those transitioning into new roles, Ramsay Healthcare UK are implementing a structured preceptorship programme. This will provide a supportive framework for newly qualified staff during their first year to build their confidence, clinical skills and help integrate them into the team. Preceptorships will be tailored to individual needs and supported by trained preceptors, ensuring a positive and empowering start to their professional journey.

Together, these initiatives will strengthen our clinical capability, support retention and ensure that every team member feels valued, supported and equipped to deliver excellent care.

## Patient Experience

At the heart of everything we do is our commitment to our patients. Their feedback is a vital compass that guides our continuous improvement efforts. We regularly monitor insights gathered through platforms like Cemplicity and Reputation, reviewing emerging themes on a monthly basis as well as celebrating areas of excellence.

A recurring theme in recent feedback has been the discharge process. While some patients felt it was too rushed, others experienced delays that made the process feel prolonged. These comments, though often about small details, highlight how important the discharge experience is to the overall patient journey. To ensure a more consistent and timely discharge process, we have now allocated a Discharge Coordinator to every shift. Their dedicated role is to manage and oversee all patient discharges, helping to streamline the process and ensure each patient leaves the hospital with clarity, confidence and care. This is just one example of how patient feedback directly shapes the way we work. By listening closely and acting thoughtfully, we continue to improve the experience for every person who walks through our doors.

One of the key components of feedback we receive is the Friends & Family Test (FFT), which asks patients whether they would recommend our hospital to their loved ones. This simple yet powerful question provides a clear indicator of overall satisfaction and trust. The responses from this question are used to calculate our Net Promoter Score (NPS), a widely recognised measure of patient loyalty and experience. NPS is calculated by subtracting the percentage of detractors (those who are unlikely to recommend) from the percentage of promoters (those likely to recommend). A positive NPS indicates that more patients are having positive

experiences than negative ones, and it acts as a benchmark for how well we are meeting patient expectations.

During the reporting period, The Winfield achieved an average NPS of 86, reflecting strong patient satisfaction and loyalty. While this is a positive result, it is slightly below the Ramsay UK Hospital benchmark of 88. We will continue to closely monitor patient feedback through Cemplicity and Reputation, using these platforms to not only track NPS and FFT but also to identify recurring themes and areas for improvement. These insights are reviewed regularly via dashboards, helping us stay responsive to patients needs and expectations.

By benchmarking our performance against the wider Ramsay UK hospitals and acting on feedback we receive, we remain committed to delivering consistently high-quality, patient centred care.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2024/25 Winfield Hospital provided and/or subcontracted 18,106 NHS services.

Winfield Hospital has reviewed all the data available to them on the quality of care in all 18,106 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31<sup>st</sup> March 2025 represents 100% per cent of the total income generated from the provision of NHS services by Winfield Hospital for 1 April 2023 to 31<sup>st</sup> March 2024

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

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

Human Resources	
Staff Cost % Net Revenue	33.84%
HCA Hours as % of Total Nursing	24.23%
Agency Cost as % of Total Staff Cost	4.45%
Ward Hours PPD	5.54
% Staff Turnover	21%
% Sickness	5%
% Lost Time	24%
% Appraisal	79.3%
% Mandatory Training	98.75%
Staff Satisfaction Score	46% Engagement 52% Wellbeing 37% Inclusion 33% Burnout Indicator
Number of Significant Staff Injuries	Nil
Patient	



Formal Complaints per 1000 HPD's	2.89
Patient Satisfaction Score	97.7%
Significant Clinical Events per 1000 Admissions	0.18
Readmission per 1000 Admissions	0.74%
<b>Quality</b>	
Workplace Health & Safety Score	100%
Infection Control Audit Score	95.65%
Consultant Satisfaction Score	71.25%

## 2.2.2 Participation in clinical audit

During 1 April 2024 to 31<sup>st</sup> March 2025 Winfield Hospital participated in nine 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 2024 to 31<sup>st</sup> March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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
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
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

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

Since January 2024, the SSI audit has included Spinal SSI data, and we now have a complete year of data to work with, which is reviewed quarterly in collaboration with the spinal surgeons.

Local Audits

The reports of 260 local clinical audits from 1 April 2024 to 31<sup>st</sup> March 2025 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

2.2.3 Participation in Research

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

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

Winfield Hospital's income from 1 April 2023 to 31<sup>st</sup> 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)

The Winfield Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 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 is the foundation of safe, effective and patient-centred care. In a healthcare setting, accurate and complete data enables informed decision making, supports timely interventions and ensures continuity of care across teams. Poor data quality, such as missing, outdated or incorrect information can lead to delays, errors and compromised patient outcomes. By prioritizing data integrity, we not only enhance operational efficiency but also uphold the highest standards of care, safety and accountability. Below are some of the things we do to improve data quality and provide assurance are:

- Providing training and support on accurate documentation and the importance of data quality
- Required fields for data input in certain electronic forms and systems
- Undertaking regular record audits to review accuracy, completeness and timeliness, sharing findings and learnings to drive improvement
- Use of available reports to review outstanding data entry

### NHS Number and General Medical Practice Code Validity

Winfield Hospital submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.89% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

### Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

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

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Winfield	Completed March 2024	100%	100%	100%	100%	Level 3

*\*Ramsay Health Care DSPT\_IG Requirement 505 Attainment Levels as at September 2020*

**.Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as at April 2025**

## 2.2.7 Stakeholders views on 2024/25 Quality Account

### **NHS Gloucestershire Clinical Commissioning Group's (GCCG) response to Ramsay Health Care Group Winfield Hospital's Quality Accounts 2024/25**

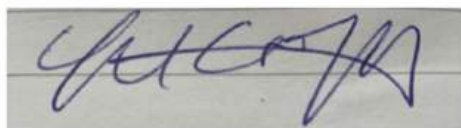
Gloucestershire Integrated Care Board (GLICB) is pleased to have the opportunity to pass comment on Ramsay Healthcare Group's Winfield Hospital's Annual Quality Account.

GLICB is responsible for planning and procuring local NHS funded services which accounts for 51% of the services provided by the Winfield Hospital, an increase on last year's 45%. As the Hospital has noted, they are a key partner for the safe and effective delivery of healthcare, with a focus on good patient safety and experience.

The Hospital's Quality Priorities once again provide a strong base for ongoing improvement. Of particular note is that the hospital has now embedded the principles of the Patient Safety Incident Response Framework (PSIRF) which focuses on continuous learning and improvement. The training opportunities for staff in new methodologies, application of new tools and newsletters on results is to be commended.

The Winfield has always enjoyed a strong culture of openness and staff engagement which is demonstrated through its investment in staff. A positive staff experience is often directly linked to a positive patient experience which is reflected in patient feedback and a satisfaction score of 97.7%. Where patients have suggested improvements (such as in discharge arrangements) it is positive to see the hospital taking action to change and adapt.

As with previous years, GLICB is pleased with the information presented in the Quality Account, which provides a balanced view of the Winfield Hospital's services. We look forward to seeing the outcome of their ambition to further improve services for patients in the forthcoming year.



Marie Crofts

**Executive Nurse and Quality Lead**

**NHS Gloucestershire ICB**

## Part 3: Review of quality performance 2023/24

### Statements of quality delivery

#### Head of Clinical Services (Matron), Mrs Gill Milward

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

###### Introduction

As Head of Clinical Services, I take great pride in leading Winfield Hospital's quality and governance agenda on a daily basis. This responsibility is central to my role and ensures that we remain a learning organisation, continuously striving to enhance patient safety and care standards.

My foremost priority is to ensure that every patient receives safe, effective and compassionate care. I believe in treating each individual with dignity and respect, recognising their unique needs and involving them fully in decisions about their treatment. It is essential that our patients feel valued, informed and empowered throughout every stage of their care journey.

I remain committed to upholding the highest standards of clinical safety and quality. This includes ensuring that our medical, nursing and support services are delivered at a level that promotes optimal outcomes and patient wellbeing.

At the heart of our success is the exceptional team at the Winfield Hospital. Our staff are dedicated, skilled and aligned with the values of *The Ramsay Way*- a culture that promotes integrity, ownership and a passion for delivering outstanding care. Their commitment is what enables us to provide a consistently high standard of service to every patient who walks through the doors.

Together, we will continue to build on our strengths, learn from our experiences and place patients at the centre of everything we do.



**Gill Milward**

**Head of Clinical Services**



## **Ramsay Clinical Governance Framework 2024/25**

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

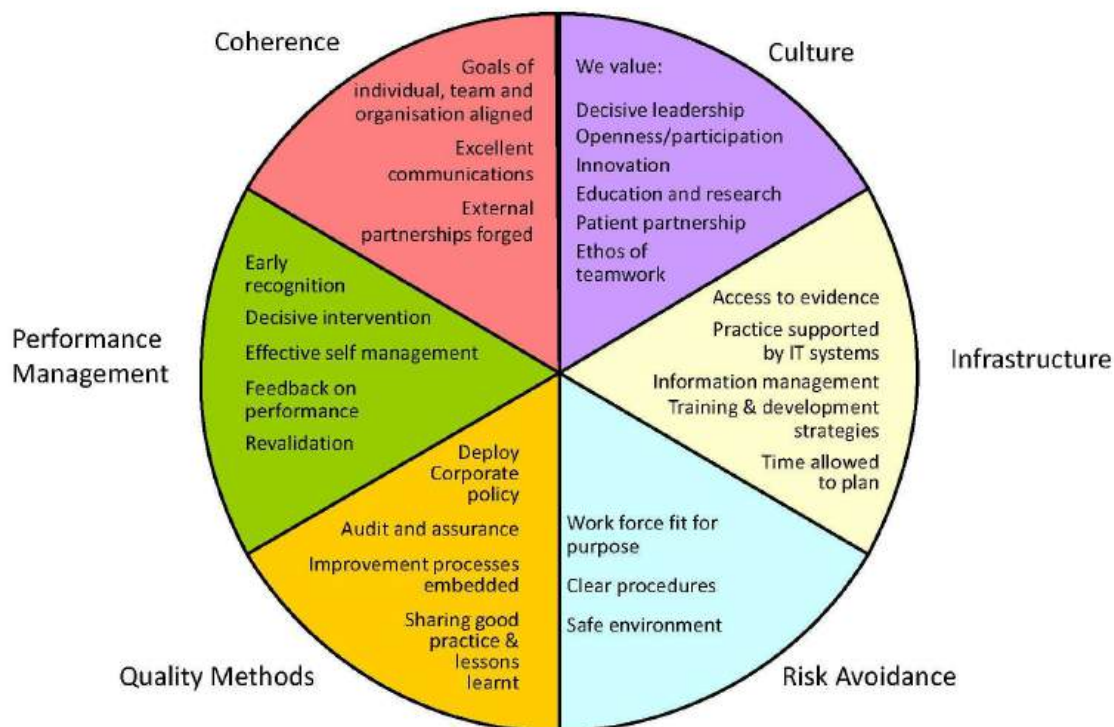
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

## Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	Winfield	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	2022/23	NVC22	0.000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	2023/24	NVC22	0.000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	2024/25	NVC22	0.001

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

During the reporting period, Winfield Hospital recorded one patient death. This tragic event was associated with a known surgical risk and occurred despite timely and appropriate clinical intervention.

The patient began to show signs of deterioration several hours after returning from theatre. These symptoms were promptly recognised by the clinical team, and a treatment plan was immediately initiated. The patient was transferred to the local NHS trust for further diagnostic and interventional care. Sadly, despite these efforts, the patient passed away 13 days later.

We extend our deepest sympathies to the patient's family and loved ones. The incident has been thoroughly reviewed in line with our clinical governance procedures to ensure that any learning is identified and shared, reinforcing our commitment to continuous improvement and patient safety.

**Winfield Hospital has taken the following action to improve this number, and so the quality of its services by:**

- Continue to provide and allocate training so that staff are equipped with the appropriate skills and knowledge to effectively react and a deteriorating patient, in line with national guidance.
- Perform the required minimum number of emergency scenarios per year to keep staff confident and competent
- Continue to report any serious incidents or deaths to the Care Quality Commission and local Commissioning Groups.

#### 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 healthcare they have received. PROMs are typically used before and after medical treatments, such as surgery, to evaluate the effectiveness of care from the patient's perspective.

These measures provide valuable insights 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: Knees	Period	Best		Worst		Average		Period	Winfield	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.916	Eng	16.886	Apr20 - Mar 21	NVC22	18.828
	Apr21 - Mar 22	RCF	20.6336	NT209	14.267	Eng	17.625	Apr21 - Mar 22	NVC22	17.815
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.12	Eng	17.488	Apr22 - Mar 23	NVC22	18.185
PROMS: Hips	Period	Best		Worst		Average		Period	Winfield	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.981	Apr20 - Mar 21	NVC22	24.193
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.3101	Eng	22.847	Apr21 - Mar 22	NVC22	23.493
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.922	Eng	22.451	Apr22 - Mar 23	NVC22	22.564

The above tables represent the PROMs data against hip and knee replacements at the Winfield Hospital. Overall, the data reflects positive outcomes, with patients reporting improvements in their health and quality of life following surgery, as captured in their post-operative questionnaires.

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

- Encourage greater patient participation in both pre- and post-operative PROMs questionnaires to ensure a comprehensive understanding of outcomes
- Utilising the 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

### Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Winfield	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC22	0.00038
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC22	0.00230
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC22	0.00074

**The readmission data shows a decline in readmissions during the reporting period. Winfield Hospital considers that this data is as described for the following reasons:**

- Improved Pre-Admission processes with updated admission criteria aligning with the Gloucestershire Anaesthetic Service (GAS), ensuring that patients are fit to proceed with surgery and are optimised, to prevent intra-operative and post-operative complications and improve patient outcomes
- Undertaking regular patient safety review meetings to discuss patients with more complex clinical requirements, enabling proactive planning and risk mitigation
- Increased use of Anaesthetist involvement in the Pre-Assessment process to support more comprehensive patient evaluations
- Monitoring and taking action on themes identified with re-admissions and post-operative complications

## Responsiveness to Personal Needs

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



The Winfield Hospital is proud to have achieved a 94.5% rating on PHIN (Private Healthcare Information Network), a testament to our unwavering commitment to delivering high-quality care and transparency. This score reflects the positive experiences of our patients and the dedication of our healthcare professionals. It highlights our success in providing safe, effective and patient-focused services, reinforcing our position as a trusted provider within the private healthcare sector.

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Winfield	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC22	95.4%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC22	98.2%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC22	89.3%

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

- Staff are well-informed about the importance of completing VTE assessments
- A dedicated VTE champion is appointed, and audit results are discussed during quarterly VTE committee meetings

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

- Undertaking regular audits for VTE compliance and ensuring that actions and learnings are shared with the wider teams
- Provide refresher training as required into the accurate and timely completion of VTE assessments

### C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Winfield	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC22	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC22	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC22	0.018

The Winfield Hospital has a low infection rate for c. difficile, with just one infection reported against 5,531 procedures. This outcome underscores our strong commitment to infection prevention and control, and highlights the effectiveness of our clinical protocols in maintaining patient safety and high standards of care.

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

- Hand hygiene and infection prevention control training
- Strict hand hygiene compliance
- Antimicrobial stewardship to minimise unnecessary antibiotic use
- Appointed Infection Prevention Control Lead Nurse who works closely with the National Infection Prevention Control Lead

### Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Winfield	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC22	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC22	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC22	0.001

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

- There is an robust Pre-Assessment process in place to ensure that patients are appropriately optimised and safe to proceed with surgery
- Only one incident reported during this period, which has been reflected on under the Mortality section.

**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 safety concerns and the importance of doing so
- Benchmarking incident rates against national averages both within and external to Ramsay, to identify areas for improvement

## Friends and Family Test

F&F Test:	Period		Best		Worst		Average		Period		Winfield	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC22	100.0%		
	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%		

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

Patient safety and quality of care is a primary focus of the service we deliver, patient feedback is significant in measuring the quality and performance of this. The Winfield deliver high standards of service and care, driving consistent scores that confirm our commitment to the standards we aim to achieve.

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

- Continuing to deliver high standards of compassionate, patient-centred care across all areas of the hospital and patient journey
- Actively encourage patient feedback to ensure all voices are heard and valued
- Monitoring and analysing feedback regularly to identify trends or recurring themes, and implementing timely actions to address any concerns
- Benchmarking Friends & Family performance against national Ramsay averages to identify areas for further improvement
- Providing regular training and refreshers for staff on customer excellence to ensure every patient interaction is positive and respectful

## 3.2 Patient safety

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

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

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

### 3.2.1 Infection prevention and control

***Winfield Hospital has a very low rate of hospital acquired infection and has had no reported 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**

- Mandatory face-to-face training on hand hygiene and IPC for all staff
- Mandatory e-Learning modules on IPC for all staff, ensuring consistent knowledge across the organisation
- Ongoing rollout of the Aseptic Non-Touch Technique (ANTT) programme, with the goal of achieving bronze accreditation
- Compliance with the One Together programme to support best practices in surgical infection prevention

##### **Leadership and Governance**

- Appointment of a dedicated Infection Prevention and Control (IPC) and Tissue Viability Nurse
- Departmental IPC link representatives to support local implementation and awareness
- Regular departmental IPC link meetings to share updates and best practices
- Ongoing monitoring of reported infections and analysis of themes to identify trends and support continuous improvement
- Review of standard infection prevention measures to ensure they meet best practice
- Quarterly IPC meetings involving a local consultant microbiologist for expert oversight
- Annual Infection Control Report and Infection Control Plan to guide strategic priorities

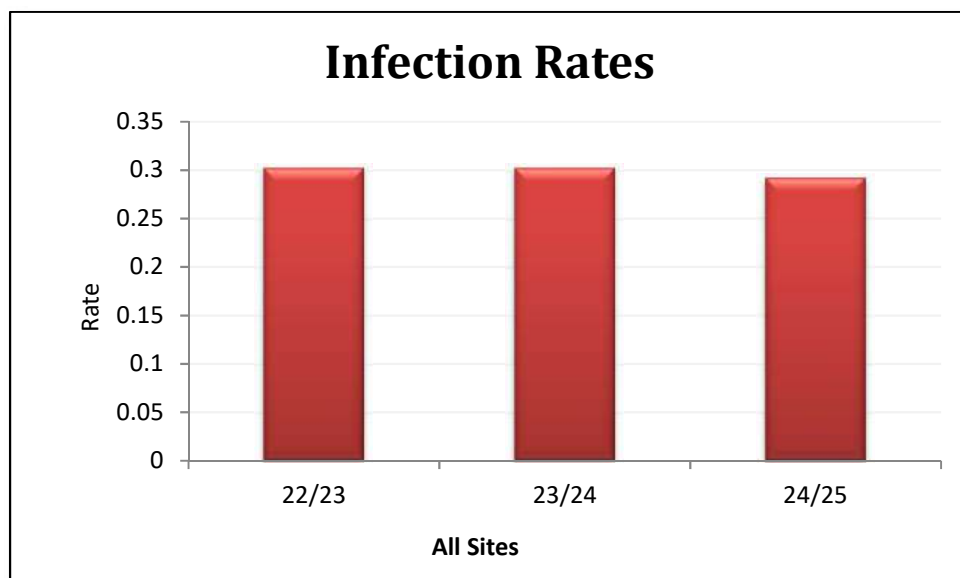
- Comprehensive IPC policies and Standard Operating Procedures (SOPs) in place and regularly reviewed

### Monitoring and Auditing

- Monthly 50 Steps Cleaning and Hand Hygiene audits across clinical areas
- Peer review audits between departments to encourage different perspectives and shared learning
- Regularly scheduled deep cleaning of clinical environments
- Daily and weekly cleaning schedules to maintain high hygiene standards
- Ongoing Surgical Site Infection (SSI) surveillance through the Surgical Site Infection Surveillance Scheme (SSISS)
- Regular IPC audits covering; IPC Governance, Environmental Infrastructure, Linen Management, Sharps and Surgical Site Infection

### Facilities and Resources

- Provision of accessible hand hygiene facilities for staff, patients and visitors throughout the hospital
- Recently upgraded patient bedrooms to bring them up to a high standard
- Dedicated pharmacist actively engaged in antibiotic stewardship, working closely with consultants to promote responsible prescribing



As can be seen in the above graph, our infection control rate has experienced a slight decrease in the last year. Whilst remaining at a similar rate, our activity level has increased alongside a greater complexity of patients, and ongoing refurbishment in our ward since summer 2024. These factors may have contributed to the observed variation and are being closely monitored as part of our continuous quality improvement efforts.

### 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.

The Winfield Hospital have not participated in a PLACE audit since pre-COVID. The data below reflects the last available scores from this audit.

Area	Score %	National Average
Cleanliness	100%	98.6%
Food	99.12%	92.2%
Privacy, Dignity and Wellbeing	79.59%	86.1%
Condition, Appearance and Maintenance	99.67%	96.4%
Dementia	79.35%	80.7%
Disability	82.24%	82.5%

The below graph represents the patient feedback we receive via Cemplicity on some of the key areas that are focused on during the PLACE assessment. It represents the average score during the reporting period (1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025) and benchmarks us against the average ratings across all Ramsay Healthcare UK Hospitals.

Area	Winfield Hospital (AVG)	Ramsay Healthcare UK (AVG)
Cleanliness	10	9.9
Comfort	9.4	9.4
Meal Quality	9.9	9.6
Respect and Dignity	9.7	9.8
Privacy	9.9	9.9

During this reporting period, the Winfield linked with Dementia Friends Gloucester who have visited the hospital to review the patient environment and provide assurance that dementia friendly accommodation and support is in place. This has supported us to create a more inclusive and understanding environment that reduces distress for patients and improves patient experiences.

### 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.

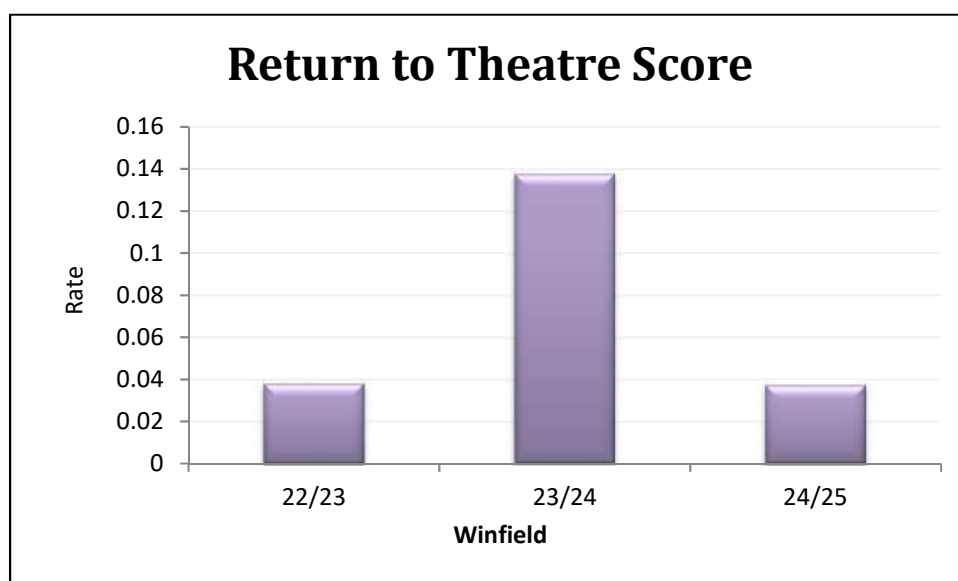
- Mandatory training for all staff in Moving and Handling, Health and Safety, Fire and Security
- Training and access for all staff on our risk reporting system, Radar
- Encouragement of a healthy incident reporting culture
- Investigating and reviewing incidents and near misses, sharing outcomes and learning with staff
- Review and discuss all risks and incidents at Health and Safety Meetings, Clinical Governance, and monthly SLT and Heads of Department meetings
- Completion of audits in line with the audit programme, implementing action plans as required and sharing learnings or concerns
- Speaking Up For Safety Initiative
- Annual review of the Business Continuity Plan (BCP)
- Review of Health & Safety plans on an annual basis
- Review of Risk Register at monthly SLT meetings
- Departmental Risk Registers which are accessible to all staff
- Risk Assessments available to all staff in their departments and are reviewed on an annual basis, including COSHH risk assessments
- Weekly Fire Alarm tests
- Fire drills to assess appropriate and timely responses
- Ramsay Central Alert Systems (CAS) shared among the relevant professionals
- Safety Flash Alerts cascaded across Ramsay as widely shared learnings
- Lead Occupational Health Nurse who monitors staff immunisation and administers annual Flu Vaccines
- Mental Health First Aiders onsite
- Appropriate policies and SOPs to guide staff around maintaining safety at work

### 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, our returns to theatre rate has decreased over the past year. A thorough review of these incidents has not revealed any consistent themes or patterns. Winfield Hospital remains committed to optimising patients pre-operatively in accordance with our established admission criteria and supported anaesthetic involvement, ensuring that each patient is appropriately prepared for surgery to minimise the risk of complications.

### 3.3.2 Learning from Deaths

The Winfield has one recorded patient death during this period, which has been reflected in the mortality section. This incident was thoroughly reviewed and it was determined that the patient's deterioration was promptly identified with a treatment plan initiated, which involved a transfer to our local trust. The investigation report was shared with the coroner and with the patient's family.

Learnings from the investigation include:

- Ensuring that all clinical staff are provided with adequate training on the importance of documentation and given the time to do so



- All clinical staff performing physical observations must undertake NEWS2 training and correctly calculate score
- Ensure requirement for neurovascular monitoring is clearly defined, implemented and regularly reviewed
- Consider removing paper fluid balance charts and instead utilising technology available within Maxims
- Ensure additional staff are trained to support colleagues mental health and wellbeing

All of the above actions have since been implemented, reinforcing our commitment to learning, transparency and continuous improvement in patient safety and care quality.

### 3.3.3 Staff Who Speak up

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

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

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

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

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

### 3.4 Patient experience

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

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

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

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

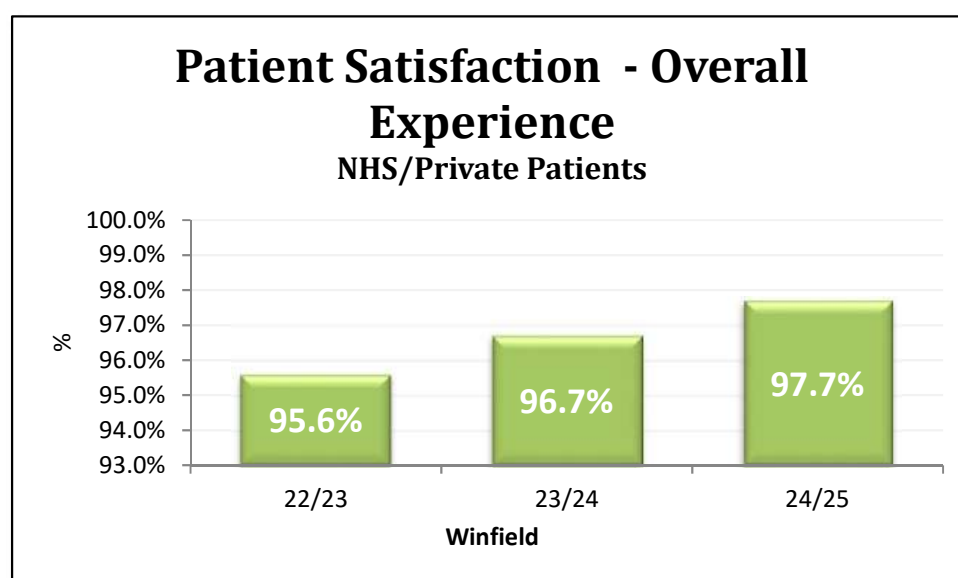
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet

- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

### 3.4.1 Patient Satisfaction Surveys

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



As seen in the above graph, patient satisfaction has increased over the last year. We continue to provide excellent and personable care to our patients, which is reflected in our feedback scores.

All feedback and comments collated through online surveys and through formal complaints are discussed regularly to monitor trends and identify areas to improve. Some of the common themes and actions identified include:

You Said	We Did
Poor condition of ward bedrooms – tired, dated and poorly maintained	Invested £750k into a ward refurbishment which is now in its final stage, bring our patient bedrooms up to a high and modern standard

Discharge process – too rushed, delays, inconsistent information	Appointed a discharge co-ordinator per shift to oversee and streamline the discharge process in a consistent and timely manner
Communication methods – difficult to reach the right person, unable to get hold of people	Transferred to a Teams Telephony system and improved our overall switchboard directory to improve user experience
Improve Stoma awareness and care	Stoma educational session led by a specialist nurse alongside the patient whom complained, allowing her to share her experience directly with the staff as a learning opportunity

## 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"> <li>• People with blood disorders</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are above a stable ASA 3</li> <li>• Dyspnoea Grade <math>\frac{3}{4}</math></li> <li>• Poorly controlled asthma (needing oral steroids, or has had frequent hospital admissions within the last 2 months)</li> <li>• MI in last 6 months</li> <li>• Angina Classification <math>\frac{3}{4}</math></li> <li>• CVA in last 6 months</li> <li>• BMI &gt; 40 (individual cases will be reviewed by an anaesthetist)</li> </ul> <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 2024/25](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

### Clinical Audit Programme

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

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

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December
IPC Management of Linen	Ward, Ambulatory Care	Whole Hospital	August, February	End of August End of February
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required
Sharps	IPC	Whole Hospital	Fortnightly	Month end
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Monthly	Month end



50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	July, October, January, April	Month end
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	July, October, January, April	Month end
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July to September	End of September
50 Steps Cleaning (FR4)	RDUK	RDUK	July to September	End of September
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July to September	End of October
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	October to December	End of December
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	August, February	Month end
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September January to March (if required)	End of September No March deadline
Patient Journey: Safe Transfer of the Patient	Ward, Ambulatory Care	Whole Hospital	October to December April to June (if required)	End of December No deadline
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March	End of September End of March
Patient Journey: Recovery Observation	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July to August December to January May to June	End of August End of January End of June
NatSSIPs Stop Before You Block	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June
NatSSIPs Prosthesis	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Swab Count	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October to December	End of December
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/September (where applicable)	No deadline

Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	As required	As required
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March
Complaints	SLT	Whole Hospital	July, October, January, April	Month end
Duty of Candour	SLT	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, January (where applicable)	No deadline
Practising Privileges - Consultants	HoCS	Whole Hospital	May/June (as required)	No deadline
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	September / October (as required)	No deadline
Privacy & Dignity	Ward, Ambulatory Care	Whole Hospital	September / October	End of October
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	TBC	TBC
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	July, October, January, April	Month end
Essential Care: Wound Management (to be developed)	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March
Resuscitation & Emergency Response	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July to September January to March	End of September End of March
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July to September January to March	End of September End of March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March	End of September End of March

Medical Records - NEWS2	Ward	Whole Hospital	October to December April to June	End of December End of June
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	July, January	Month end
Medical Records - MDT Compliance	HoCS	Whole Hospital	July, November, March	Month end
Non-Medical Referrer Documentation and Records	Radiology	Radiology	August, December, April	Month end
MRI Reporting for BUPA	Radiology	Radiology	August, February	Month end
CT Reporting for BUPA	Radiology	Radiology	January, July	Month end
No Report Required	Radiology	Radiology	July, October, January, April	Month end
MRI Safety	MRI, RDUK	Radiology, RDUK	August, October, December, February, April, June	Month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, September, November, January, March, May	Month end
RDUK - Referral Forms - MRI	RDUK	RDUK	October, March	Month end
RDUK - Referral Forms - CT	RDUK	RDUK	July, January	Month end
RDUK - Medicines Optimisation	RDUK	RDUK	July to September January to March (if required)	End of September No deadline
RDUK - PVCCB	RDUK	RDUK	July, January	Month end
Bariatric Services	Bariatric Services	Whole Hospital	September	Month end
Paediatric Services	Paediatric	Paediatric	October	Month end
Paediatric Outpatients	Paediatric	Paediatric	October to December April to June	End of December End of June
Paediatric Radiology	Paediatric	Paediatric	July to September January to March	End of September End of March
Antimicrobial Stewardship & Prescribing	HoCS (to delegate)	Whole Hospital	October to December April to June	End of December End of June
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward,	July to September January to March	End of September End of March

		Ambulatory Care, Pharmacy		
Prescribing, Supply & Administration'	Pharmacy	Pharmacy	September, December, March, June	Month end
Medicines Reconciliation	Pharmacy	Pharmacy	October, April	Month end
Controlled Drugs	Pharmacy	Pharmacy	January to March	End of March
Pain Management	Pharmacy	Pharmacy	January to March	End of March
Medicines Governance	Pharmacy	Pharmacy	September/October	End of October
Medicines Governance	Pharmacy	RDUK	October to December	End of December
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	October to December	End of December
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	December	Month end
Departmental Governance (RDUK)	RDUK	RDUK	August, February	Month end
Safeguarding	SLT	Whole Hospital	As required	No deadline
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	As required (by corporate team)	No deadline
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	May	Month end
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	November to January	End of January
Medical Records - SACT consent	SACT Services	SACT Services	As required	No deadline
OH: Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline
OH: Occupational Health Delivery On-site	HoCS, RDUK	Whole Hospital, RDUK	November to January	End of January
OH: Clinical Records	Corporate OH	Occupational Health	July, January	By month end
OH: Case Management Referrals	Corporate OH	Occupational Health	May, November	By month end
OH: Pre-Placement Clearance	Corporate OH	Occupational Health	October, April	By month end

OH: UKAP & Hep B Non-Responders	Corporate OH	Occupational Health	March	By month end
OH: Vaccination Records	Corporate OH	Occupational Health	September, March	By month end
OH: BFE Exposure Management	Corporate OH	Occupational Health	Monthly	By month end
OH: Skin Health Surveillance	Corporate OH	Occupational Health	Monthly	By month end
OH: Management of OH Records	Corporate OH	Occupational Health	August, February	By month end
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March
H&S Management	Ops Managers	Health & Safety	April	End of April
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May
H&S Work at Height	Ops Managers	Health & Safety	June	End of June
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)
H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)

Audit	Unit Allocation / Ch	IC Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency	Line for Subm
Hand Hygiene observation (5 moments)	Ward	Ward	97.10%	86.10%	88.80%	90%		40%	96.70%	87.50%	64.60%	86.70%	97.20%		Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	86.70%	94.30%	84.30%	95.20%	95.60%	90%	91.40%	94%	85%	88%	91.10%		Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	88%	94.40%	94%	97.20%		91.70%	79.30%	56.90%	84.40%	93.30%	95%		Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres				84.10%						85.10%			October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	95.80%												July to September	End of September
IPC Environmental Infrastructure	SLT	Whole Hospital				96.90%									October to December	End of December
IPC Management of Linen	Ward	Ward		94.40%						78.60%					August, February	End of August End of February
Surge	IPC	Whole Hospital		90.90%		100%		97%				93.60%			August, December, Ap	Month end
50 Steps Cleaning (FR1)	Theatres	Theatres	97.10%	95.60%	89.50%	95.30%	98.40%	90.80%	96.40%	96.90%	91.40%	90.20%	92.30%		Fortnightly	Month end
50 Steps Cleaning (FR2)	Ward	Ward	98.50%	96.60%	91.80%	98.40%		99.50%	87.20%	98%	95.90%	91.70%	95.50%		Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	92.90%	97.40%	95.80%	94.70%		95%	96.50%	96.40%	90.20%	92.70%			Monthly	Month end
50 Steps Cleaning (FR4)	Physio	Physio	83%						92.70%			93.70%			July, October, January,	Month end
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	100%			87.50%			100%			100%			July, October, January,	Month end
50 Steps Cleaning (FR4)	Radiology	Radiology	95.10%			98.60%									July, October, January,	Month end
50 Steps Cleaning (FR5)	SLT	Whole Hospital	92.90%							94.40%		88.40%			July to September	End of September
50 Steps Cleaning (FR6)	SLT	Whole Hospital	100%												July to September	End of September
Peripheral Venous Cannula Care Bundle	Ward	Whole Hospital													July to September	End of October
Urinary Catheterisation Bundle	Ward	Whole Hospital				72.40%									October to December	End of December
Patient Journey: Safe Transfer of the Patient	Ward	Ward		94.50%						78.80%					August, February	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres		97.8%						if required					August/September February/March (if re	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres				98.10%						if required			October to December April to June (as requi	End of December No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	99%					96.90%		99%					July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	95%							99.40%					July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	100%							98.50%					July to September January to March	End of September End of March
NacSSPs Stop Before You Block	Theatres	Theatres	92.90%					100%					100%		July/August December/January May/June	End of August End of January End of June
NacSSPs Prosthetics	Theatres	Theatres	99%					97.10%					100%		July/August December/January May/June	End of August End of January End of June
NacSSPs Swabs Count	Theatres	Theatres	100%					100%					99.40%		July/August December/January May/June	End of August End of January End of June
NacSSPs Instruments	Theatres	Theatres				100%									October to December April to June	End of December End of June
NacSSPs Instruments	Outpatients	Outpatients													October to December April to June	End of December End of June
NacSSPs Instruments	Radiology	Radiology							100%						October to December April to June	End of December End of June
NacSSPs Histology	Theatres	Theatres				100%						98.10%			October to December April to June	End of December End of June
NacSSPs Histology	Outpatients	Outpatients													October to December April to June	End of December End of June
NacSSPs Histology	Radiology	Radiology							100%						October to December April to June	End of December End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital										96.80%			October to December	End of December
Blood Transfusion - Autologous	Blood Transfusion	Whole Hospital	if required												July/September (when	No deadline
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital										90.50%			As required	As required
Complaints	SLT	Whole Hospital		97.50%						100%					August/September February/March	End of September End of March
Duty of Candour	SLT	Whole Hospital		76.50%						100.00%					August/September February/March	End of September End of March



Practising Privileges - Non-consultant	HoCS	Whole Hospital	96.60%			93.30%			27.90%			59.10%		July, October, January	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	96.50%			97.80%			22.90%			33.30%		July, October, January	Month end
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	<i>if required</i>						<i>if required</i>					July, January (where a	No deadline
Privacy & Dignity	Ward	Ward				2		<i>if required</i>						November/December	No deadline
Essential Care: Falls Prevention	HoCS	Whole Hospital				<i>if required</i>								September / October	No deadline
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital				77.60%								September / October	End of October
Essential Care: Wound Management (TBC)	HoCS	Whole Hospital	TBC											TBC	TBC
Resuscitation & Emergency Response	HoCS	Whole Hospital	87.80%			85.70%	80%					85.70%		July, October, January	End of month
Medical Records - Therapy	Physio	Physio	96.20%						96.70%					July to September	End of September
Medical Records - Surgery	Theatres	Whole Hospital	97.30%						96.40%					July to September	End of September
Medical Records - Ward	Ward	Ward	96.40%				75.60%		77.30%					July to September	End of September
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	97.50%						98.50%					July to September	End of September
Medical Records - Radiology	Radiology	Radiology	100%						96.10%					July to September	End of September
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	74.20%						68.20%					July to September	End of September
Medical Records - NEWS2	Ward	Whole Hospital	76.30%						93%					July to September	End of September
Medical Records - VTE	Ward	Whole Hospital	96.20%				100%		89%					July to September	End of September
Medical Records - Patient Consent	Ward	Whole Hospital				99%								October to December	End of December
Medical Records - SACT Consent	SACT	SACT										N/A		April to June	End of June
Medical Records - MDT Compliance	HoCS	Whole Hospital	81.40%						80%					May	Month end
Non-Medical Referrer Documentation and Records	Radiology	Radiology	100%						100%					July to September	End of September
MRU Reporting for BURA	MRU	Radiology	100%						99.30%			82.50%	99.40%	July, January	Month end
CT Reporting for BURA	Radiology	Radiology	99.50%				99%		98.60%			82.80%		July, November, March	Month end
No Report Required	Radiology	Radiology	100%						95.70%			66.70%		August, December, April	Month end
Bariatric Services	Bariatric Services	Whole Hospital	100%						<i>if required</i>					August, February	Month end
Safe & Secure (OPO)	Pharmacy	Outpatients	100%						100%					July to September	End of September
Safe & Secure (Radiology)	Pharmacy	Radiology	100%						99%					July to September	End of September
Safe & Secure (Theatres)	Pharmacy	Theatres	100%						100%					July to September	End of September
Safe & Secure (Ward)	Pharmacy	Ward	89.80%						96.60%					July to September	End of September
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	96.10%						94.30%					July to September	End of September
Prescribing, Supply & Administration (previously Medicines Governance)	Pharmacy	Pharmacy				91.20%						98.10%		July to September	End of September
Medicines Reconciliation	Pharmacy	Pharmacy	93.30%			100%			91.4			92.50%		October to December	End of December
Controlled Drugs	Pharmacy	Pharmacy			98.60%		97.70%				99.30%			April to June	End of June
Pain Management	Pharmacy	Pharmacy	93.70%			92.30%								July, October, January	Month end
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy					81.30%		81.30%					September, December	Month end

Dept Governance (Ward)	Ward	Ward					88.90%									October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres					87.80%									October to December	End of December
Dept Governance (Physio)	Physio	Physio					88.60%									October to December	End of December
Dept Governance (OPD)	Outpatients	Outpatients					75%									October to December	End of December
Dept Governance (Radiology)	Radiology	Radiology							94.90%							October to December	End of December
Safeguarding	SLT	Whole Hospital		96.30%			100%			95.00%						December	Month end
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination														As required	No deadline
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination														As required	No deadline
Occupational Health Delivery On-site	HoCS	Whole Hospital					100%									November to January	End of January
Managing Health Risks On-site	Corporate OH	Whole Hospital														As required	No deadline
Catering (Kitchens)	Ops Managers	Health & Safety	98.80%			100%			98.80%				100%			July, October, January	End of month
Catering (Ward)	Ops Managers	Health & Safety	100%			100%			96.20%				96.20%			July, October, January	End of month
Fire Safety	SLT	Health & Safety							94.30%							January	End of month
Legionella	SLT	Health & Safety								92.90%						February	End of month
PUMP/LOLER	SLT	Health & Safety									80%					March	End of month
HAS Management	SLT	Health & Safety										100%				April	End of month
Moving and Handling	SLT	Health & Safety											100%			May	End of month
Work at Height	SLT	Health & Safety														June	End of month
Legionella	SLT	Health & Safety														July	End of month
Fire Safety	SLT	Health & Safety														August	End of month
Slips, Trips and Falls	SLT	Health & Safety														September	End of month
CDSMH	SLT	Health & Safety														October	End of month
Electrical Safety	SLT	Health & Safety														November	End of month
Violence at Work	SLT	Health & Safety														December	End of month

## Appendix 3

# Glossary of Abbreviations

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

For further information please contact:

### Hospital phone number

**01452 331111**

### Hospital website

**[www.winfieldhospital.co.uk](http://www.winfieldhospital.co.uk)**

### Hospital address

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