

Woodland Hospital

Quality Account
2025/26



Public



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Woodland 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.

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

Nick Costa

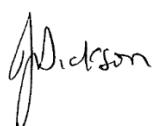
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

Part 1

1.1 Statement on quality from the Hospital Director

Mrs Helen Tait, Hospital Director

Woodland Hospital

The year 2024/2025 has seen Woodland and Glendon Wood Hospitals working together to provide a broader range of services and improved access for our patients. The growth reflects the growing demand for healthcare service in Kettering and the surrounding areas and Ramsay's commitment to supporting the population in this region.

Investment has continued at Woodland Hospital with upgrades to the public areas of the hospital, as well as behind the scenes with new equipment and instrumentation. Robotic joint replacement surgery has continued to grow with over 150 patients now treated using this technology.

This year's Quality Account demonstrates the progress we have made in delivering quality care and continuing to reduce waiting times, whilst aiming for efficient and effective outcomes. We are working ever more closely with local NHS Trusts to provide support for their long waiting patients, delivering treatment across a range of specialities. Over 500 additional patients were treated at Woodland and Glendon Wood to help the local Trusts to reduce their waiting lists. Ramsay has also been an active member of key committees in the region such as the Integrated Care Board's Elective Care Board, Diagnostics Board and Spinal Project Group, looking at ways in which pathways can be redesigned to improve access for patients and effectively use resources.

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

Our patients continue to report extremely high levels of satisfaction in both hospitals and our staff survey demonstrated that our workforce feel more supported than ever. We are proud that there are now 7 members of our team actively undertaking Nursing Associate and Registered Nursing degree apprenticeships, having originally joined us as support staff.

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

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

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

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

1.2 Hospital Accountability Statement

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



Mrs Helen Tait

Hospital Director

Woodland Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Helen Tait, Hospital Director

Joanne Milton, Head of Clinical Services

Bhavik Shah, Clinical Governance Chair

Hamidreza Khairandish, Medical Advisory Committee Chair

Stephen Matthews, Deputy Head of Clinical Services

Jenny Lovell, Clinical Governance Manager

Northamptonshire Integrated Care Board

Welcome to Woodland Hospital

Woodland Hospital has been part of the local community for 35 years. We have a dedicated workforce that is committed to making every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours a day.

Over the past 35 years our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled surgeons, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Not only do we continue to have positive feedback from our service users, but we have also listened to the feedback from our patients and strived to make improvements to enhance patient experience. We have highly skilled clinical and support staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care.

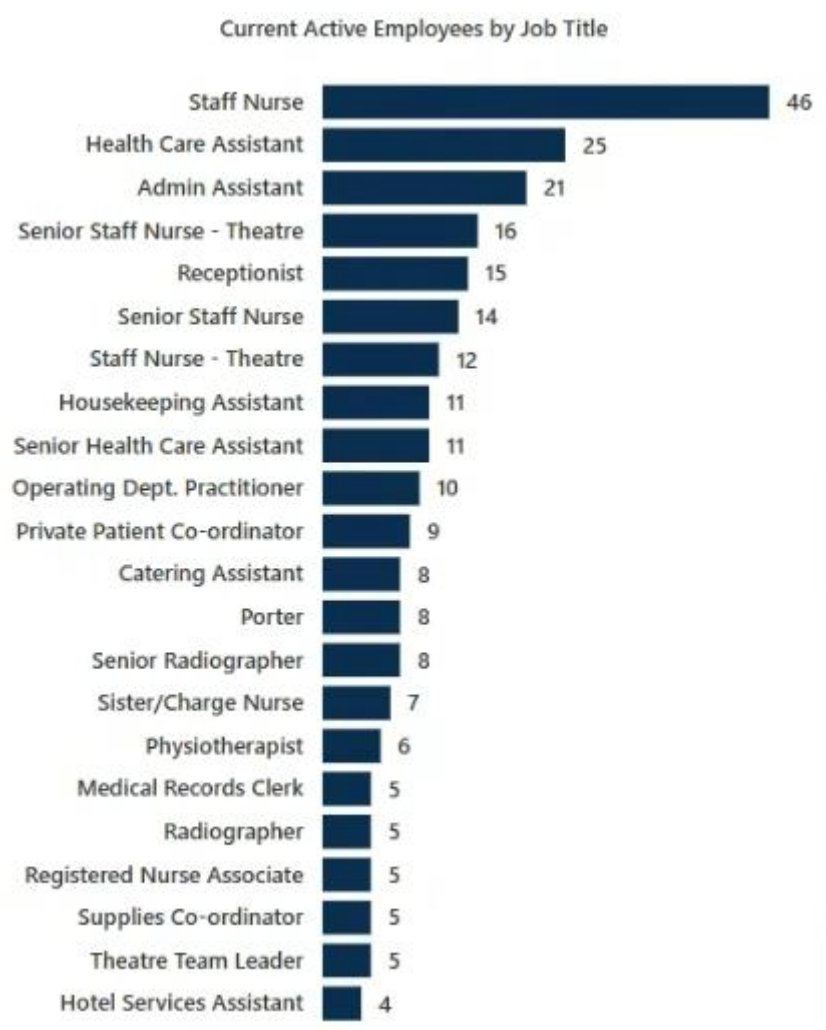
At Woodland Hospital, we are committed to providing the highest quality of care to our patients, and it is with great pride that we present this year's Quality Account. This comprehensive report highlights our continuous efforts to enhance patient care, safety, and satisfaction, reflecting our dedication to excellence in all aspects of our services.

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

Patient Type	Patient No.	Activity %	Total Patients Treated 20024/25
NHS	4,981	69%	7,258
Private (Med Ins)	1,510	21%	
Private (Self Pay)	767	11%	

We offer a wide range of services covering orthopaedic and general medicine right through to aspirational medical procedures such as breast augmentation and facial cosmetic surgery. Not only do we have some of the state-of-the-art medical equipment, but our consultant body includes some of the best in the country. At Woodland Hospital we offer Consultant led care, meaning that all our patients are under the direct care of a consultant at each step of their patient care pathway.

Details of our full range of services can be found in Appendix A. Below is a breakdown of staffing roles at Woodland Hospital.



Supporting Our Community

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

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



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



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

£5 would buy a sensory toy.

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

£20 would buy a theatre trip for one child.

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

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

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

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

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

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

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



Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

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

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

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

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

Priorities for improvement

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

Patient Safety

Incident Response Framework (PSIRF) Implementation

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

Over the past year, significant strides have been made in rolling out the Patient Safety Incident Response Framework (PSIRF) across the hospital. To ensure the effective implementation of PSIRF, Heads of Departments underwent a two-day training session. The expansion of PSIRF to all staff was successfully initiated through a series of tailored roadshows delivered to various departments. These sessions introduced the framework, highlighting the critical role of shared learning from patient safety incidents. Additionally, departmental meetings were used to reinforce PSIRF principles, ensuring widespread dissemination of key information. As a result of these efforts, we surpassed our key objective for 2023/2024, with 94% of staff completing the PSIRF e-learning modules.

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

are focused on deepening their involvement to ensure patient safety remains a seamless and consistent priority in their clinical practices.

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

ANTT[®] Patient Protection Accreditation Programme



Awarded to:

Ramsay Health Care - Woodland Hospital

in recognition of attaining

Bronze Level ANTT[®] Accreditation

Valid from May 2025 to May 2028

We are delighted to announce that Woodland Hospital has successfully achieved Bronze Accreditation in Aseptic Non-Touch Technique (ANTT), a globally recognised standard for aseptic practice designed to prevent infections during clinical procedures by maintaining asepsis. This accomplishment, driven by our Infection Prevention Control Lead, reflects our commitment to upholding high standards of infection control and patient safety. Building on this success, we are now actively working towards Silver and Gold ANTT accreditations. Our ongoing efforts include further embedding ANTT principles into clinical practices and enhancing staff training and refining departmental processes to ensure continuous improvement in patient safety and infection prevention.

Implementing GIRFT for Hip and Knee Replacements



Getting It Right First Time (GIRFT) is a national initiative aimed at improving clinical quality and efficiency by reducing unwarranted variations in care, enhancing patient outcomes, and optimising resource use. For hip and knee replacements, GIRFT promotes evidence-based best practices and consistent care standards.

In line with our commitment to align with the Getting It Right First Time (GIRFT) programme, Woodland Hospital has made significant strides in enhancing the quality and efficiency of our orthopaedic services. The review highlighted several areas of exemplary practice, including excellent 5-year primary hip and knee revision rates, extremely low 90-day mortality rates and low adverse effect rates.

Additionally, Woodland Hospital has strengthened regional collaboration by linking with East Midlands Specialist Orthopaedic Network for all proposed knee revision surgery to discuss complex cases, sharing expertise and potentially transferring patients for more specialised care when needed. These efforts underscore our commitment to GIRFT's goals of reducing unwarranted variation, improving patient outcomes, and enhancing service delivery.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety



Implementation of Martha's Rule

To enhance patient safety and ensure timely intervention, Woodland Hospital is committed to fully implementing Martha's Rule across all clinical services in the coming year. This patient safety initiative enables patients, families, carers, and staff to request an urgent second opinion or clinical review when concerns arise about a patient's deteriorating condition. By facilitating rapid access to expert assessment, we aim to improve clinical outcomes and ensure that all concerns are addressed promptly and effectively.

Clinical Effectiveness



To achieve Silver Aseptic Non- Touch Technique (ANTT) accreditation

Having successfully achieved ANTT Bronze level accreditation last year, Woodland Hospital is now focused on attaining ANTT Silver Accreditation in the upcoming year. This goal will drive our clinical priorities emphasising the consistent application of ANTT. To achieve this, we will build on last year's success and implement comprehensive training and competency assessments to further enhance our proficiency in ANTT techniques. Hospital protocols will be revised to align with ANTT Silver standards, incorporating documentation and monitoring of aseptic practices. We will conduct frequent compliance audits with real time feedback to identify and address gaps.

Woodland Hospital aims to achieve ANTT Silver Accreditation by the end of the year, reinforcing our commitment to patient safety and excellence in infection prevention.

Enhancing Patient Discharge Information and Wound Care Education

In response to the increasing incidence of infections and the high volume of patient enquiries regarding wound care and post-discharge guidance, one of our primary clinical objectives for the 2025-2026 period is to comprehensively review and enhance all patient discharge information provided across the hospital. To achieve this, we will undertake a review of existing discharge materials to identify gaps and inconsistencies. Our focus will be on creating resources that are patient centred, using plain language to ensure accessibility for individuals with the aim of providing clear guidance to support recovery at home post discharge.

A key part of this initiative will be the development of a wound care leaflet to address frequently asked questions from patients. This leaflet will include visual aids, such as photographs, to illustrate the appearance of a healthy, healing wound compared to one that may be infected. This will help patients recognise normal healing processes and identify warning signs of infection early. The leaflets will also provide step by step instructions on what to do if an infection is suspected.

By the end of the 2025-2026, our goal is to implement patient-friendly discharge information packs across the hospital, with a key component focusing on wound care education to enhance patient outcomes and decrease infection related readmissions.

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 Woodland Hospital subcontracted no NHS services. The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 70% per cent of the total income generated from the provision of NHS services by Woodland Hospital for 1 April 2023 to 31st 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 hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

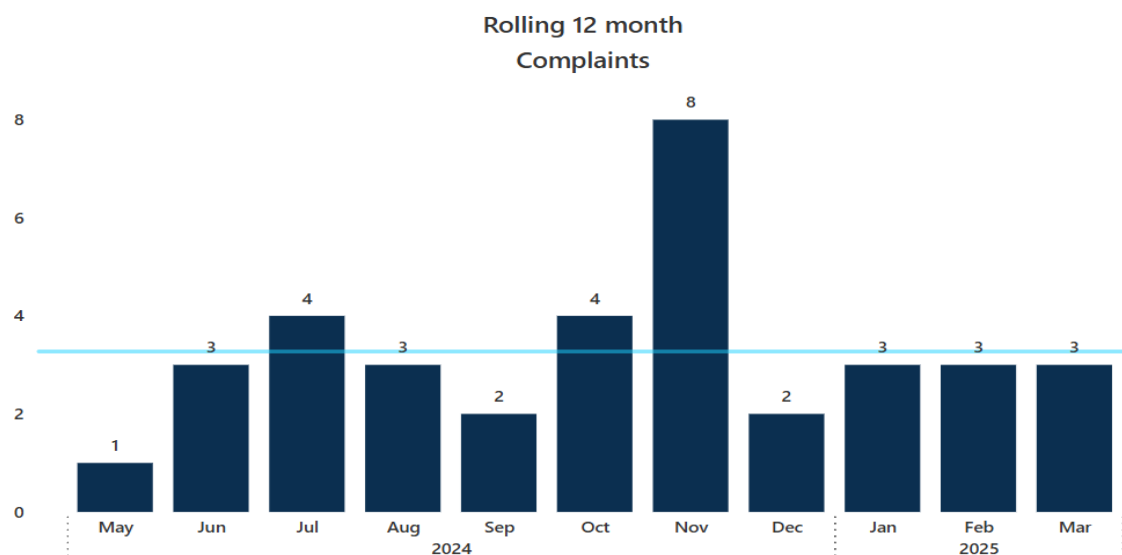
Direct staff cost % Net Revenue	24%
Total staff costs % Net Revenue	30%
Agency Cost as % of Total Staff Cost	9%
Staff Turnover	10%
Staff Sickness	5.2%

Appraisal	83%
Mandatory Training	86%
E-Learning Compliance	98%

Patient

At Woodland Hospital, the Clinical Governance Committee and Medical Advisory Committees review the themes and trends of patient complaints. Lessons learned from these complaints are discussed and shared with staff for reflection and improvement. From April 2024 to March 2025, Woodland Hospital recorded 45 formal complaints. The primary themes of these complaints included:

- Unhappy with Consultations
- Cancellations of appointments
- Administration Processes & Communication

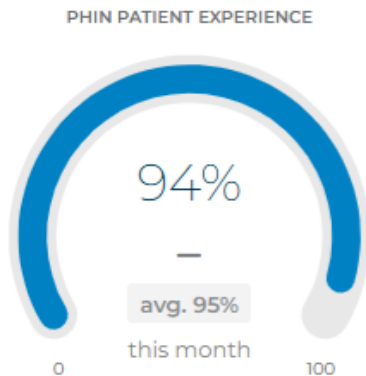
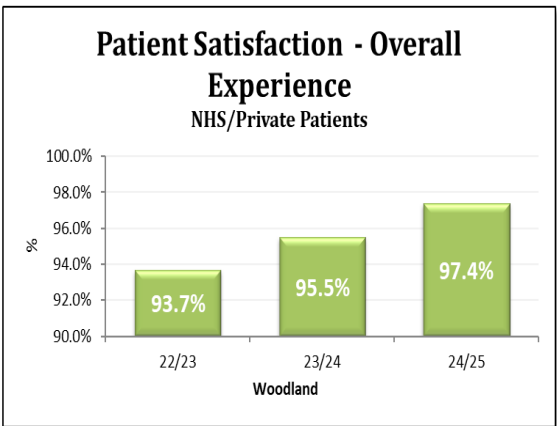


All complaints have been investigated, and responses have been provided to the patients. Every complaint is shared with the consultants involved, who are encouraged to reflect on their communication styles. Complaints are also discussed during their annual appraisals. Ramsay Health Care, which oversees governance, regularly provides feedback and benchmarking information to Woodland Hospital.

To gather unbiased patient feedback, Woodland Hospital utilises an external organisation that collects data on patient experiences and satisfaction. This data is released quarterly, and any areas requiring improvement are reviewed and addressed accordingly. Additionally, Ramsay Health Care provides another patient feedback mechanism through a discharge questionnaire, which includes space for free text comments.

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

Serious Complaints per 1000 HPD's (Hospital Patient Days)	0%
Patient Satisfaction Score	97.4%
Never Events per 1000 Admissions	0%
Readmission per 1000 admissions	5.5%



The Net Promoter Score (NPS) is a widely recognised metric used to gauge patient satisfaction and loyalty by measuring the likelihood of patients recommending our services to others. It is calculated based on responses to the question, "How likely are you to recommend Woodland Hospital to friends or family?" with scores ranging from 0 to 10. Respondents are categorised as Promoters (9-10), Passives (7-8), or Detractors (0-6), and the NPS is derived by subtracting the percentage of Detractors from the percentage of Promoters, resulting in a score from -100 to 100.

Over the past 12 months, Woodland Hospital has improved its NPS from 88 to 91, reflecting our ongoing commitment to enhancing patient experience.

Woodland Hospital

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July - December 2024 Results

Woodland Hospital saw positive improvements in two key patient experience measures in July – December 2024. There was a significant increase in the percentage of patients who had privacy, improving from improvement in privacy ratings from 95% to 97%. There was also significant positive change in patients who found someone to talk to about their worries and fears, rising from 75% to 82%. Additionally, the hospital performed better than the Ramsay Health Care average for this measure.

NET PROMOTOR SCORE

+89

Promoters (9-10 rating)	91%
Passives (7-8 rating)	7%
Detractors (0-6 rating)	2%
% of promoters - % of detractors = 89 (n=1175)	

Key Patient Experience Indicators

VERY GOOD
83%

GOOD 14%

Neither 1%
Poor 1%
Very poor 1%

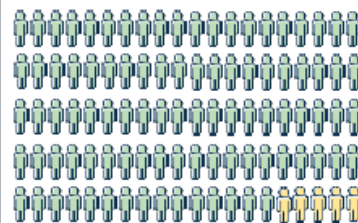
Overall Rating (Friends and Family Test)

In July - Dec 2024, 97% of patients were satisfied with the care they received from Woodland Hospital, rating it 'very good' (83%) or 'good' (14%).

n=1179

"I felt that each member of the team at each stage understood my needs and their guidance and thoughtfulness made a great difference in my experiences."

Treated with respect and dignity



Most patients (95%) were treated with respect and dignity at Woodland Hospital, with 4% experiencing occasional lapses.

n=1178

Medication side effects

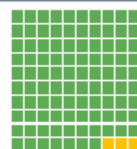
Most patients (87%) said medication side effects were fully explained, 12% said they were partially explained, and 1% said they were not explained.



n=1179

Privacy

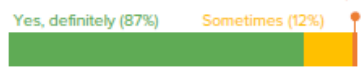
Privacy was provided to the majority (97%*) of patients in July - December 2024. Three percent experienced privacy **sometimes**.



n=1179

Involvement in decisions

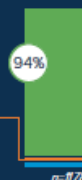
Most patients at Woodland Hospital said they were always involved in decisions about their care in July - Dec 2024.



n=1179

Contact after discharge

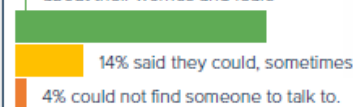
From July to December 2024, 94% of patients at Woodland Hospital were told whom to contact if they had concerns after discharge. **Three percent** were not informed, and the rest **couldn't recall**.



n=1178

Worries and fears

82%* of patients at Woodland Hospital said they could find someone to talk to about their worries and fears



n=848

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

*Percentages do not total 100% due to rounding.

Ratings summary

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



Kindness and compassion

93%



Confidence in care

94%



Cleanliness and comfort

90%



Communication

91%



Consistent and coordinated care

86%



Meals

89%



Information

86%



Managing pain and nausea

91%



Overall customer service

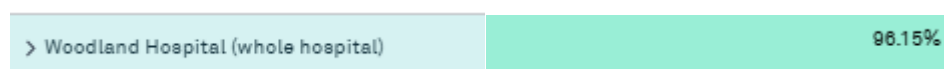
92%

Quality

Workplace Health & Safety Score



Infection Control Audit Score



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

Biggest Strengths

Name	Distribution			2023	Healthcare	UK Norm
Patient/customer safety is a priority in my organisation	75%	14%	11%	-1	-5	+7
I have good opportunities to learn and develop at this organisation	61%	26%	11%	-4	-13	-6
I believe in the Ramsay Way	60%	29%	11%	+2	-17	-22

Consultant Satisfaction Score = 94% of our consultants agree that

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

2.2.2 Participation in clinical audit

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

Project name (A-Z)	Provider organisation
BAUS Urology Audits ^{2, 3}	British Association of Urological Surgeons (BAUS)
British Spine Registry	Amplitude Clinical Services Ltd
Mandatory surveillance of HCAI	Public Health England
Elective Surgery (National PROMs Programme)	NHS Digital
National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia ³	NHS Blood and Transplant
National Joint Registry 2, 3	Healthcare Quality improvement Partnership
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England

Footnotes:

1 National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

2 Project participates in the Clinical Outcomes Publication (COP)

3 Projects with multiple work streams are reflected in the HQIP National Clinical Audit and Enquiries Directory

Version: January 2019

Local Audits

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

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

Digital dictation

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

Group and Save compliance Audit.

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

VTE Audit

In the last 12 months, Woodland Hospital has continued to prioritize the quality of its healthcare services by focusing on VTE (venous thromboembolism) prevention. A key area of ongoing work is the pre-operative assessment of VTE risk by consultants. Audits have shown that while these assessments have improved, we are committed to ensuring they are consistently thorough to further enhance patient safety. Woodland Hospital is actively working to maintain and build upon the progress made in the rate and quality of these assessments. This reflects our ongoing dedication to best practices, patient safety, and continuous quality improvement.

Emergency Call Bell Response

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

Emergency Trolley Audit

To ensure emergency equipment is always ready for immediate use, we perform daily checks on the defibrillator, oxygen, and suction devices. Additionally, we conduct a weekly audit of the emergency trolley's contents to confirm that all

equipment is up to date and adequately stocked, in accordance with Resuscitation Council (UK) guidelines. The results of these audits are discussed and reviewed at the quarterly Resuscitation Committee meetings, providing ongoing assurance of our emergency preparedness.

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

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

2.2.5 Statements from the Care Quality Commission (CQC)

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

Woodland Hospital was inspected on 23rd January 2025 and 20th February 2025. All requested data was submitted 14th March 2025. We are currently awaiting the draft report and rating.

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

2.2.6 Data Quality

NHS Number and General Medical Practice Code Validity

Woodland 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:

Outpatients

% NHS Numbers missing	0.06%
% NHS Numbers submitted	99.94%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Admitted patient care

% NHS Numbers missing	0.24%
% NHS Numbers submitted	99.76%
% GP Practice codes missing	0%
% GP Practice codes submitted	100%

Information Governance Toolkit attainment levels

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

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Woodland 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
Woodland	Completed Aug 2024	98%	98%	98%	99%	Level 3

2.2.7 Stakeholders views on 2025/26 Quality Account

Northamptonshire Integrated Care Board

Stakeholder Feedback – Ramsey Woodland Quality Account 24/25

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

The report follows the recommended format and has reviewed three key priorities from 2024/25: Patient Safety Incident Response Framework (PSIRF) implementation; achieving bronze accreditation in Aseptic Non-Touch Technique (ANTT); implementing 'Getting it Right First Time' (GIRFT) for Hip and Knee replacements, highlighting areas of good practice and surpassing objectives in some areas. These priorities have influenced three key priorities for 2025/26: Patient Safety – implementation of Martha's Rule; Clinical Effectiveness – to achieve silver ANTT; enhancing patient discharge information and wound care education.

The Hospital highlights the process for obtaining patient feedback and sets out actions and learning taking to enhance services and improve patient experiences. There is also reference to national and local audits undertaken, with the aim of improving care quality.

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

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

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

The Hospital has introduced a placemat for all bedside tables that provides essential information relating to the Hospital environment and patient guides to support recovery which has received positive feedback from patients.

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



Maria Laffan, Chief Nursing Officer
Northampton Integrated Care Board

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Joanne Milton

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

We were honoured to receive a PHIN (Private Healthcare Information Network) award nomination for the best use of clinical data through our PROMS (Patient reported outcome measures) for our action register process, which identifies patients reporting less-than-ideal outcomes post-surgery. Our process affords us the opportunity to improve our patient's experience and outcomes through identifying requirements for increased physiotherapy or initiate further clinical reviews.

Additionally, we improved our net promoter score and have seen positive reviews and comments from our patients reflecting our team's efforts to act on and improve care based on patient feedback.

We saw a real reduction in our numbers of patients transferred to acute care from our facility despite seeing increasingly complex patients, we achieved this through improved pre-assessment processes and care planning.

Despite these successes, we have faced challenges, including increased infection rates due to the increased number of reported hip, knee and spinal infections. The rise in hip infections has also been a theme across the latter part of the year and the non-compliances in the surgical pathway are being highlighted to the specific departments and specific Consultants where this is applicable.

To benefit our patients, we implemented several positive changes:

- Weekly complex patient clinical reviews for those patients listed for surgery with more complex needs so that care can be planned, informed and seamless.
- Weekly infection review meetings for outpatients, with input from our Infection Control Nurse ensuring best practice is maintained for all patients diagnosed with an infection post procedure
- Monthly clinical newsletter to enhance communication with our clinical teams

We are incredibly proud of our dedicated clinical teams who rise to every challenge we introduce with engagement and compassion. I look forward to leading the team for another year of improving and enhancing our 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.

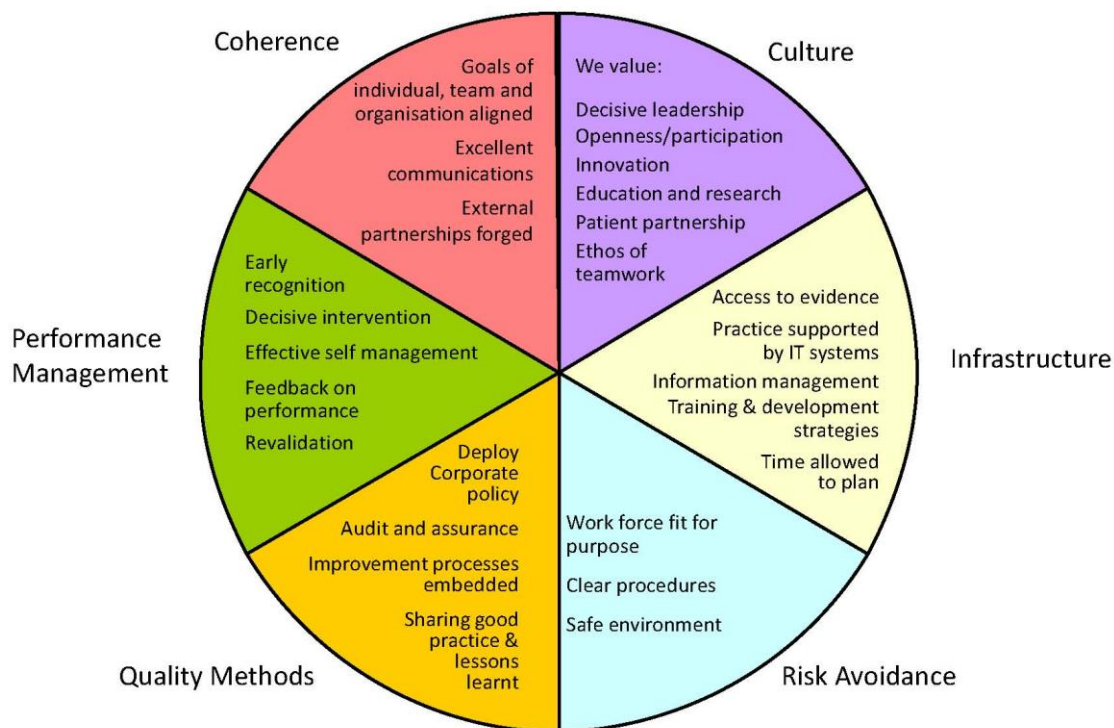
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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.

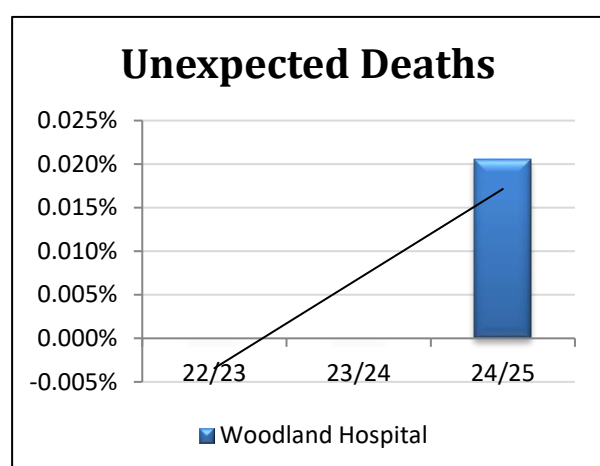
The hospital has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Woodland	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC23	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC23	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC23	0.0002

Rate per 100 discharges:



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

Woodland Hospital recorded one unexpected death within 30 days post-surgery. A multidisciplinary team (MDT) conducted a patient safety incident investigation (PSII), with findings reviewed through our clinical governance committee. Actions from this review, included enhanced pre-admission checks (PAC) swabbing chronic wounds to determine if antibiotics are required before surgery to further improve patient safety and care quality.

National PROMs

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

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

PROMS: Hips	Period	Best		Worst		Average		Period	Woodland	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC23	19.678
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC23	19.472
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar 23	NVC23	19.248

PROMS: Knees	Period	Best		Worst		Average		Period	Woodland	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC23	20.250
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC23	18.449
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC23	16.579

KNEE SCORE - IMPROVEMENT RATIO

9 of 10
Patients reported improvement between Pre Op and Post Op for Oxford Knee Score.



HIP SCORE - IMPROVEMENT RATIO

9 of 10
Patients reported improvement between Pre Op and Post Op for Oxford Hip Score.



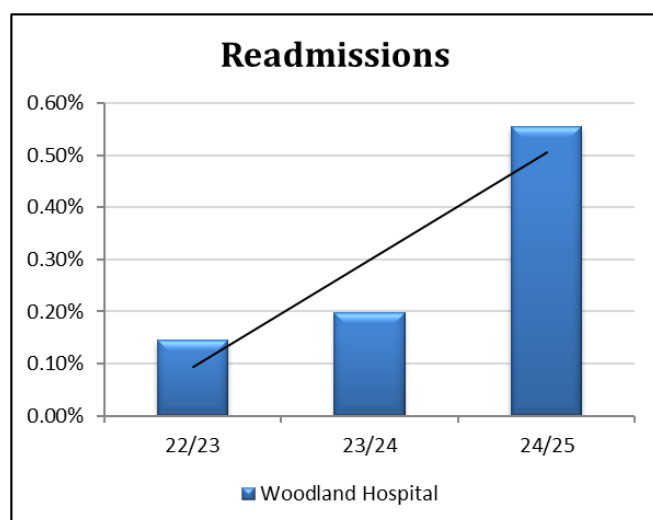
Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Woodland	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC23	0.00146
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC23	0.00197
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC23	0.00554

The increase in readmission rates at Woodland Hospital is partly attributable to the increasing complexity of our patient population. We are managing a growing number of patients with multiple comorbidities and complex care requirements, which inherently elevate the risk of readmission due to post-discharge complications.

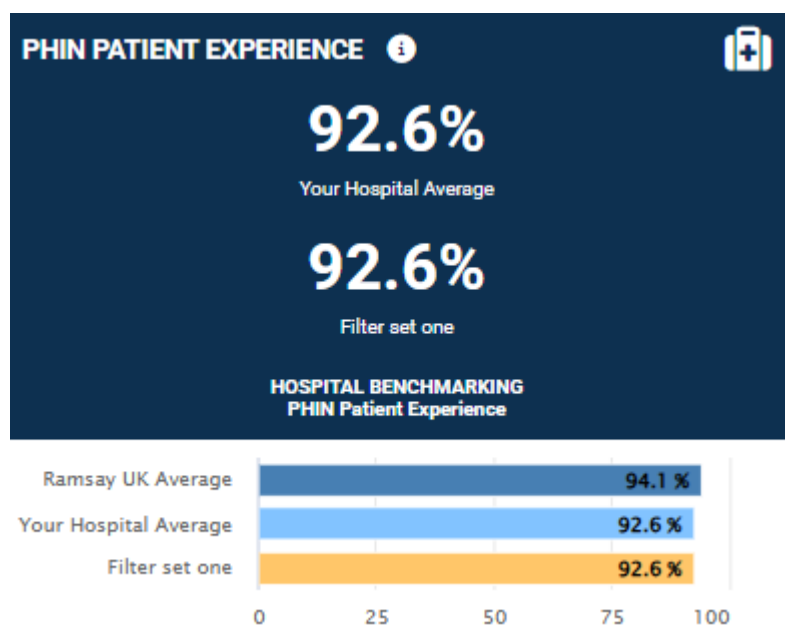
To address this, Woodland Hospital conducts comprehensive After Action Reviews (AARs) following readmissions to identify contributing factors and implement lessons learned. Additionally, we have collaborated with our Anaesthetists to review and refine our inclusion and exclusion criteria for procedures, ensuring that patient selection is optimised to balance clinical suitability and risk. As a further proactive measure, we now provide all patients with a bespoke mobile telephone contact number managed by the nurse in charge on duty. This dedicated line ensures rapid access for clinical support, enabling timely responses to patient enquiries and concerns to reduce preventable readmissions.

Rate per 100 discharges:



Responsiveness to Personal Needs

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



Survey Question	Filter set one
Cleanliness	99.0%
Confidence In Staff	98.4%
Respect And Dignity	98.1%
Manage Pain	98.1%
Who To Contact	98.0%
Consultant Aspects Of Care <i>Did you have confidence that your consultant would deliver the appropriate care for you?</i>	98.0%
Meal Quality	97.7%
Staff Listening	97.3%
Consultant Aspects Of Care <i>Did your consultant show you understanding when assessing your need for treatment?</i>	97.1%
Call Button	96.4%

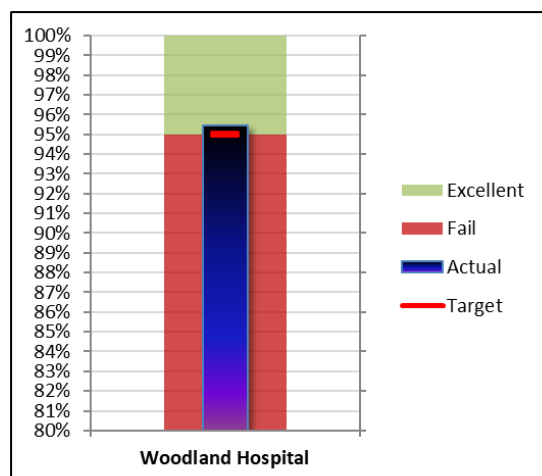
VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Woodland	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC23	96.8%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC23	97.8%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC23	95.5%

Woodland Hospital has significantly enhanced the quality of its healthcare services by focusing on VTE (venous thromboembolism) prevention. One of the key initiatives in this effort has been the undertaking of VTE audits which are monitored through our clinical governance committee.

An area of improvement identified through these audits has been the preoperative assessment of VTE risk by consultants. Initially, it was found that these assessments were not consistently thorough. All Consultants received written information to include their roles and responsibilities and expectations in relation to the safe assessment and management of VTE prevention. Where significant or frequent non-compliance with Ramsay Policy has been highlighted, face to face meetings have been arranged with individuals and followed up with written confirmation outlining the expectations around improvement with compliance of VTE assessment.

As a result of this, Woodland Hospital has seen a significant improvement in the preoperative VTE assessment rates by consultants, significantly enhancing patient safety and care quality.



Name	Fail	Excellent	Actual	Target
Woodland Hospital	95%	5%	95.48%	95%

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Woodland	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2022/23	NVC23	0.000
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC23	0.000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC23	0.000

Woodland Hospital continues to have a lower-than-average rate of *Clostridium difficile* or what is now termed as *Clostridioides difficile*, infection and has consistently achieved a zero rate of these infections. This success is supported by an annual Infection Prevention and Control (IPC) strategy developed at the corporate level by the Group, with IPC policies revised and reissued every two years. Infection prevention programs are designed to enhance performance and practice. The Ramsay organisation, which includes Woodland Hospital, employs a network of specialist nurses and infection control link nurses to promote good networking and best clinical practices. At Woodland Hospital, a Qualified Infection Prevention & Control Nurse (IPCN) and Infection Control link nurses in all clinical areas ensure that IPC management remains a high priority. To maintain this zero-infection rate, Woodland Hospital upholds high standards of IPC practice, follows national and corporate guidance on IPC standards, conducts regular audits, and adheres to established processes. This ensures the consistent monitoring and quality of its services, with the ongoing objective of maintaining a zero rate of *Clostridioides difficile* infections.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Woodland	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC23	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC23	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC23	0.000

All incidents that result in harm are categorised and reported to the regulators and commissioners for review and assessment.

At Woodland Hospital, we are committed to continuously improving patient safety and care quality. Following an incident, we adhere to the Patient Safety Incident Response Framework (PSIRF) to ensure a thorough and systematic process. This begins with the immediate reporting and logging of the incident, followed by a preliminary assessment to determine its severity and potential impact. We then investigate to identify root causes, involving relevant staff and, where appropriate, patients or their families. Lessons learned from these investigations are documented and shared across the hospital to prevent recurrence. Action plans are developed and implemented. This structured approach under PSIRF not only helps us to address individual incidents effectively but also fosters a culture of safety and continuous improvement throughout Woodland Hospital.

The hospital works closely and has forged good relationships with the commissioners and regulator and shared information relating to serious incidents through regular review and discussion. The RADAR system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at Woodland Hospital and throughout the Ramsay organisation. All incidents are reported through the Clinical Governance Committees structure.

Woodland hospital has taken the following actions

Monthly Clinical Governance meetings are held where key performance indicators and incidents are discussed and disseminated.

The Centralised Alert System (CAS) disseminates all alerts for NPSA/ MDE and FSN to all departments with required actions feedback.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Woodland	
	Feb-23	Severall	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC23	100.0%
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC23	99.5%
	Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC23	100.0%

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

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment. It is demonstrated in the results above that Woodland Hospital continues to perform above the national average. All patients are encouraged to complete the friends and family forms. Woodland Hospital have also utilised specific QR codes to facilitate electronic collections.

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

- Using the Friends and family survey feedback to continuously monitor patient feedback in all department.
- Disseminating individual department feedback from the friends and family survey.

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

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regard 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.

3.2.1 Infection prevention and control

Woodland Hospital has a very low rate of hospital acquired infection and has reported zero MRSA bacteraemia for the year 2024/25. There have also been zero reported MRSA bacteraemia for past 5 years.

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

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint (Total Hips & Total Knee replacements) and spinal surgery. These are actively monitored via the ward, with assistance of the outpatient and physiotherapy department's, under the supervision and sign off of the IPCN.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control

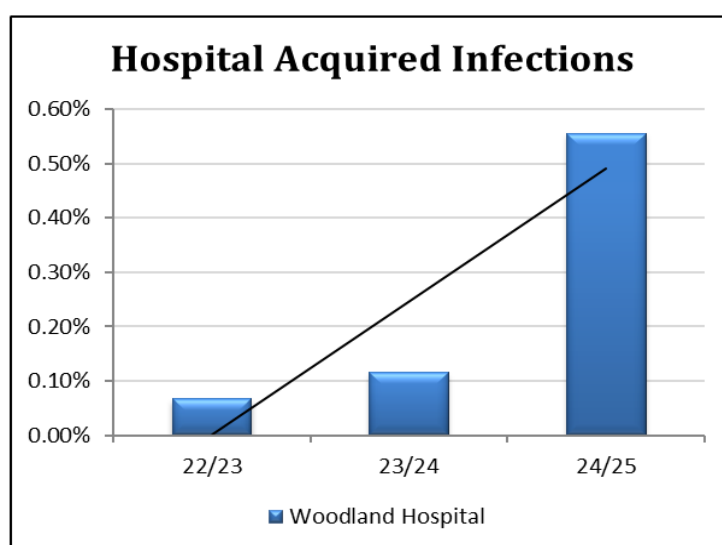
(IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

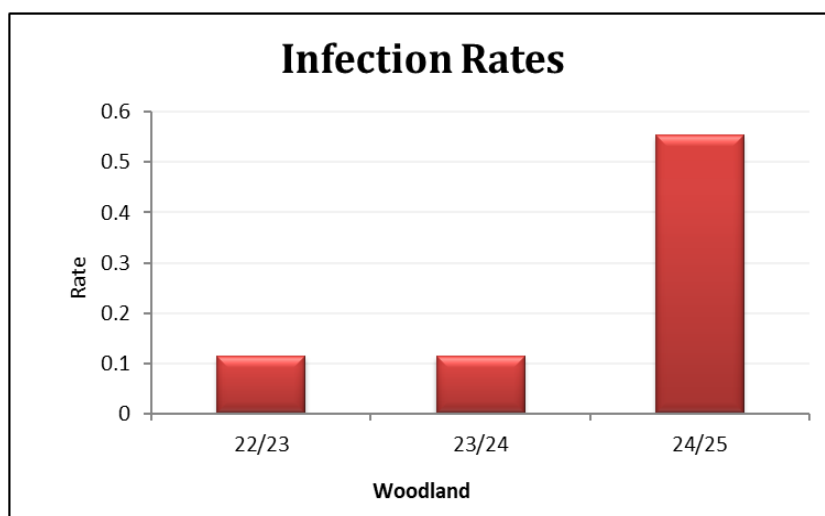
Face to face Infection Prevention and Control training is delivered by the IPCN at induction and annual mandatory updates, for all staff.

Programmes and activities within our hospital include:

- Access to a dedicated Infection Control Lead Nurse who is responsible for the delivery of the Ramsay annual strategy for infection control. The annual plan is inclusive of training, audit, surveillance, and screening programmes.
- Access to National Infection Prevention and Control Lead.
- Infection Prevention & Control Champions in each clinical department who support the clinical audit programme and Infection Prevention and Control agenda.
- Discussion of infection activity at the Infection Prevention and Control committee, key items from the meeting are further disseminated through the Medical Advisory Committee and Clinical Governance Committee.

Rate per 100 discharges:





As can be seen in the above graphs our infection control rate has increased over the last year, due to the increased number of reported hip, knee and spinal infections. The mandatory spinal surgery surveillance was commenced in January 2024, and this was expected to increase this rate due to a new cohort of patients being reviewed. This was directed by the National Clinical Infection Prevention and Control Lead for Ramsay. Rates of infections and individual patient concerns have been fed back at Clinical Governance Committee, the local Infection Prevention and Control Committee and the specific speciality meetings. For spinal surgery there is now 12 months data available which can allow for consistent comparison and benchmarking for Woodland hospital. The rise in hip infections has also been a theme across the latter part of the year and the non-compliances in the surgical pathway are being highlighted to the specific departments and with specific Consultants where this is applicable.

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 Woodland 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.

Below is the current action plan from the latest PLACE audit

Area	Issue
External Area Car Park	Arrows marked on the car park tarmac would make Entry/Exit routes more obvious
External Area Car Park	Numerous potholes in the car park
External Area	No rubbish bins
External Area Signage	PAC sign not visible from the car park, would be better placed on the building near the entrance door
External Area Signage	EV Charging Points Signage not clear
External Area Signage	There is no "no smoking" signs
External Area	There is no designated smoking areas
External Area Seating	Seating area not defined, looks like it belongs to Schofield House
Communal Area Reception	Only 1 hand sanitiser
Communal Area Waiting Room Toilet	Should the baby change station be moved into the disabled toilet in OPD?
Communal Area Main Waiting Room	Repainting required
Communal Area Main Waiting Room	Availability of wheelchairs is not advertised
Communal Area Main Waiting Room	Privacy Signage for patients queuing at reception requires review
Communal Area Main Waiting Room	What aids/facilities are available for visual impaired or patients who are deaf?
Communal Area Waiting Room Toilets	Sign ? needed to signpost the toilets
All areas	No cleaning schedules visible

3.2.3 Safety in the workplace

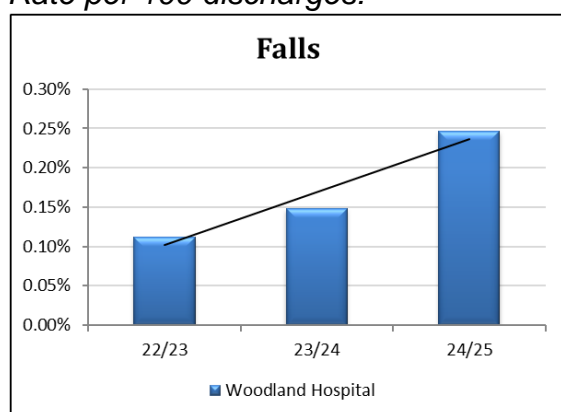
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our Hospital Director which ensures we keep up to date with all safety issues.

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

Rate per 100 discharges:



The increase in patient falls at Woodland Hospital can be attributed to the growing complexity of our patients following the opening of our sister hospital Glendon Wood. As Woodland Hospital now manages all complex patients and procedures, including a significant rise in joint replacement and spinal surgeries, the clinical demands and patient acuity have increased. These procedures often involve patients with higher mobility challenges and recovery needs, contributing to the elevated fall risk. To address this, we conduct a thorough post-fall analysis for every incident to identify contributing factors and implement targeted interventions to enhance patient safety.

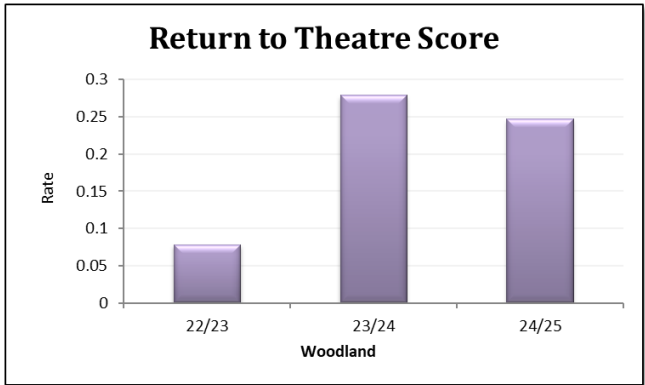
3.3 Clinical effectiveness

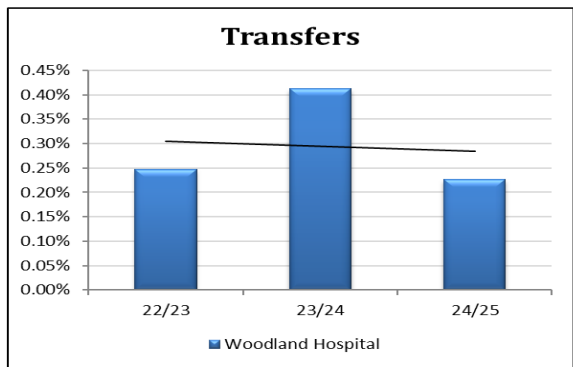
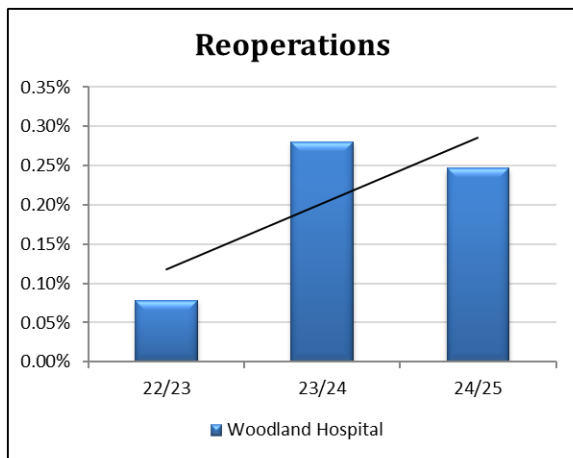
Woodland Hospital has a Clinical Governance committee that meet monthly to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for 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.

Rate per 100 discharges:





3.3.2 Learning from Deaths

In 2024, Woodland Hospital recorded one unexpected patient death 25 days after a total hip replacement. A Patient Safety Incident Investigation determined that an infection in the patient's non-operative leg, unrelated to the surgical site, contributed to the outcome. A key finding highlighted the need to improve the pre-assessment process by routinely swabbing chronic wounds to determine if antibiotics are required before surgery. To ensure consistent wound swabbing across relevant departments when infections are suspected, swabs are now monitored through the weekly infection control group meeting.

3.3.3 Staff Who Speak up

Speaking Up
for Safety



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

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

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

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff

delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

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

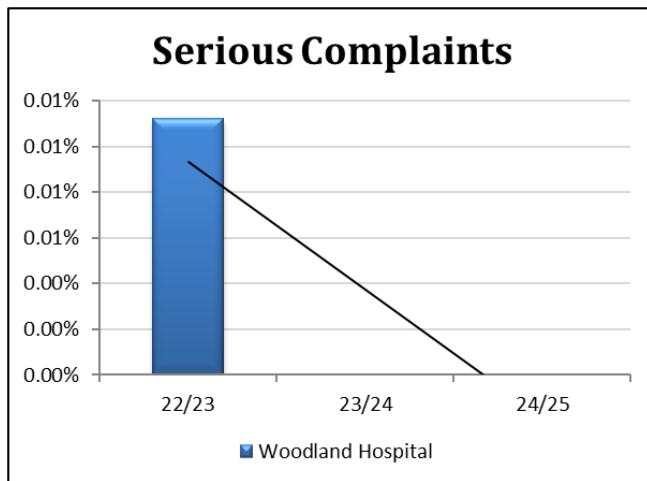
At Woodland Hospital, we prioritise the safety and well-being of our patients and staff. To support this commitment, we have a designated Speaking Up for Safety Trainer who ensures all new staff members receive comprehensive training during their induction. Additionally, we provide annual refresher courses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

3.4 Patient experience

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

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

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



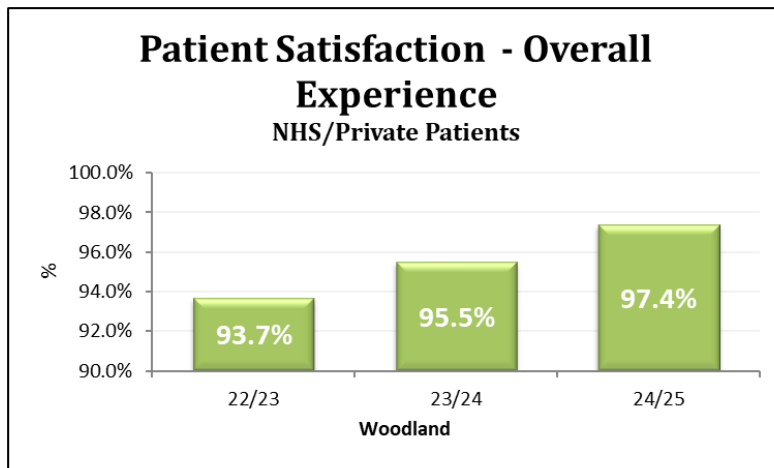
Patient experiences are fed back via the various methods below and are a regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay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

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

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

3.4.1 Patient Satisfaction Surveys

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



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

3.5 Woodland Hospital Case Study

In response to patient feedback, Woodland Hospital introduced a new placemat to enhance the patient experience. These placemats are situated on all bedside tables. These are designed to address frequently asked questions and provide essential information, the placemat outlines key details such as mealtimes, visiting hours, and practical steps for a safe and speedy recovery, including guidance on preventing falls, infections, and blood clots. This initiative has improved communication and has ensured patients feel informed and supported throughout their stay. Since its introduction the placemat has received very positive feedback.

Welcome to Woodland Hospital

This information sheet is designed to guide you through your stay with us, please take a moment to read through it at your own pace. If you have any questions please do not hesitate to ask one of our team members.

Meal Times

Breakfast 8am-9am. | Lunch 12pm-1pm. | Dinner 5pm-6pm.

Regular hot drinks will be offered throughout the day and water jugs will be filled and available to you.

If you have specific dietary requirements or food allergies, please inform a member of our catering team.

Visiting Times

Daily Visiting 3pm until 7pm

Maximum 2 visitors at a time (Sorry no children unless prior agreed with Nurse in Charge)
Please be advised that you may be asked to wait outside if the patient requires treatment.

Protected Mealtimes: 5pm-6pm You're welcome to stay during mealtimes but as food and drink are important to help patients recover, mealtimes are set as above.

Your Healthcare Team

Head of Clinical Services (Matron)	Sister/Charge Nurse Specialist Nurse	Registered Nurse
Registered Nurse Associate	Health Care Assistant	Hospital Doctor
Physiotherapist Manager	Physiotherapist	Radiographer
Housekeeping	Pharmacist	

Leaving Hospital Checklist

Before you are discharged please make sure you have the following items/information:

- ☒ Your regular medication (if you usually use strong painkillers these may have been stored in our treatment room, please ensure all your medication is returned to you).
- ☒ Extra medication to treat pain and to prevent blood clots and infection (if applicable)
- ☒ Medication side effects explained by Pharmacist or Nurse
- ☒ Sharps bin (if applicable)
- ☒ Phone charger (if applicable)
- ☒ Written instructions for wound care and dressings (if applicable)
- ☒ Physiotherapy plan (if applicable)
- ☒ Discharge summary
- ☒ Contact details for the Ward and the Pharmacy Department
- ☒ Any valuables you may have stored securely
- ☒ Support stockings (if applicable)

We do not usually supply simple 'over the counter' medication such as paracetamol, ibuprofen and laxatives on discharge. Please ensure you have a good supply of these at home.

Simple Steps to a Safe and Speedy Recovery

Preventing Falls

- Do not mobilise after surgery until you have had approval to do so by the clinical team.
- Use good fitting comfortable shoes.
- Use the call bell if needed.

Preventing Infection

- Please do not remove dressing from procedure site at home, if you are concerned about some staining, please put a new dressing over the top.
- Maintain regular hand hygiene.
- Inform nurses immediately if you feel unwell.

Preventing Blood Clots

- Use blood thinners as advised.
- Keep well hydrated.
- Keep moving as much as possible.
- Use the stockings provided as directed

Your Medications

- Your nurse must document all medication taken during your stay on your drug chart.
- Please hand your regular medication to your nurse on arrival. These will be kept safe and returned to you when you leave.
- Inform your nurse of any allergies.

Hydration and Nutrition

- Prior to surgery we recommend 170mls of water to be sipped every hour.
- Aim to drink 1-2 litres of fluid per day.
- Inform staff of any food intolerances or dietary requirements.

Physiotherapy

- You will receive a tailored rehabilitation plan from your physiotherapist (for orthopaedic patients).
- Ensure you perform your exercises as instructed, to enhance your outcome.
- Practice deep breathing to keep your chest clear and reduce the risk of infection.

Frequently asked questions

- Q. What should I expect during the recovery period after surgery?**

A. During the recovery period, it's normal to experience some discomfort, swelling, and fatigue. Follow your surgeon's post-operative instructions carefully, including resting, taking prescribed medications, and attending follow-up appointments.
- Q. What activities should I avoid during the initial recovery period?**

A. Avoid strenuous activities, heavy lifting, and driving until cleared by your surgeon. Follow any activity restrictions provided to prevent complications and promote healing.

If you have any questions or queries following your surgery you can contact the ward on 01536 536 879 24 hours a day 7 days a week.

Useful Information

- Free WiFi is available. Please connect to **RAMSAY PUBLIC** and follow the screen instructions in order to gain guest access.
- The ward may sometimes be noisy at night time. Ear plugs are available for your comfort, please ask a member of the team.

Feedback

Your feedback helps us improve. Please complete the Friends and Family survey card or scan the QR code.

Vision: Excellent care, The Ramsay Way

Services covered by this quality account

Regulated Activities – Woodland Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Breast care, Bariatrics Cosmetics, Dermatology, Ear, nose and throat (ENT), Gastroenterology, General medicine, Gynaecology, Neurology, Oncology, Ophthalmology (inc laser), Orthopaedic medicine, Orthopaedic Outreach clinics, Pain management, Podiatry, Psychology, Physiotherapy, Rheumatology, Sports medicine, Urology, Vascular	All adults 18 yrs and over
Surgical Procedures	Ambulatory, Bariatric, Day and Inpatient Surgery, Breast surgery, Colorectal, Cosmetics/plastics, Dermatology, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecology, Neurology, Ophthalmic, Oral maxillofacial, Orthopaedic, Urology, Vascular (EVLT)	<p>All adults</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <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>
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical purposes	All adults 18 years and over as clinically indicated
Diagnostic and screening	Audiology, GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection	All adults 18 yrs and over

[Appendix 2 – Clinical Audit Programme 2023/24](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)
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AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	

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

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

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August	
			November/December (if req)	No December deadline	
			March/April	End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

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

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

Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	
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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
NVC23	Code for Woodland 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

Woodland Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Hospital Director using the contact details below.

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