

# Woodland & Glendon Wood Hospital

Quality Account  
2026/27



Public

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# Welcome to Ramsay Health Care UK

## Woodland and Glendon Wood Hospitals are part of the Ramsay Health Care Group

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

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

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

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

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

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

I am proud to share these results with you.



**Nick Costa**

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

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

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

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

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



**Jo Dickson**

# Introduction to our Quality Account



Woodland Hospital



Glendon Wood Hospital

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

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

## Part 1

# 1.1 Statement on quality from the Hospital Director

## Mrs Sarah Bowrey, Hospital Director

### Woodland and Glendon Wood Hospitals

During 2025/2026, Woodland and Glendon Wood Hospitals have maintained strong and consistent performance across the range of services we provide. We have continued to see growth in private patient activity, reflecting sustained confidence in our services. The reorganisation of NHS Integrated Care Boards and wider financial pressures have created challenges across Kettering and the surrounding areas, where demand for NHS care remains significant. Ramsay Health Care remains committed to supporting the local population and wider healthcare system through high-quality, safe and effective care.

This year's Quality Account outlines the progress made in delivering safe, effective and patient-centred care, with a continued focus on reducing waiting times and achieving positive clinical outcomes.

We continue to work closely with local NHS Trusts to support patients experiencing long waits for treatment, delivering care across a broad range of specialities. We are also collaborating with The Fitzwilliam Hospital in Peterborough to optimise capacity and improve access for patients across the eastern part of our region.

Woodland and Glendon Wood Hospitals operate in close partnership under a shared leadership structure. This model enables patients to access complementary facilities across both sites, supporting a more responsive and tailored care experience. A number of colleagues work across both hospitals, enabling services to be flexed safely and efficiently in line with patient demand.

Patients continue to report very high levels of satisfaction at both hospitals. Glendon Wood Hospital currently holds the second-highest Net Promoter Score in the Ramsay Health Care Group at 93%, with Woodland also achieving an excellent score of 90%. Staff survey feedback confirms that patient safety remains a clear priority for our workforce. We are also pleased that 13 members of the team are currently undertaking apprenticeships, supporting workforce development and strengthening clinical and operational capability across the hospitals.

Our Quality Account sets out the actions taken over the past year to maintain and strengthen high standards of patient care, ensuring that quality, safety and continuous improvement remain central to all that we do.

We are proud of what has been achieved for the local community in 2025/2026 and remain committed to further enhancing the quality, safety and accessibility of our services for the population we serve.

In developing our local and strategic priorities, we have consulted with staff, our Medical Advisory Committee and patient feedback sources to ensure that our improvement focus reflects the needs of patients, colleagues and stakeholders.

The Committee Chairs, Head of Clinical Services and I have reviewed this document and confirm that the content, including the data presented, is accurate and reflects the actions described within this Quality Account.

If you would like to comment on or provide feedback regarding the content of this Quality Account, please contact me by email at Sarah.Bowrey@ramsayhealth.co.uk. Alternatively, my Personal Assistant can be contacted at Angela.Edwards@ramsayhealth.co.uk.

## 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 Sarah Bowrey, Hospital Director**

**Woodland and Glendon Wood Hospital, Ramsay Health Care UK**

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

**Joanne Milton, Head of Clinical Services**

**Bhavik Shah, Clinical Governance Chair**

**Hamidreza Khairandish, Medical Advisory Committee Chair**

**Stephen Matthews, Deputy Head of Clinical Services**

**Katie Reynolds, Clinical Lead Glendon Wood**

**Jennie Lovell, Clinical Governance Manager**

**Northamptonshire Integrated Care Board**

# Welcome to Woodland and Glendon Wood Hospitals

Woodland Hospital has proudly served the local community for 37 years. In August 2023, Glendon Wood Hospital became its sister site, enabling Woodland Hospital to focus on more complex inpatient and overnight surgery, while Glendon Wood Hospital provides less complex day-case procedures. Across both sites, our dedicated teams work together to ensure every patient feels safe, supported and well cared for throughout their journey. Whether attending for a consultation, day surgery or a major procedure, patients can expect compassionate, highly trained staff delivering skilled, high-quality care at every stage.

Over the past 37 years, our hospital has continued to grow and evolve in response to the needs of our patients and the wider community. From our welcoming reception teams to our experienced surgeons and clinical staff, delivering excellent care and listening to patient feedback remain central to everything we do. The positive feedback we receive is a source of pride, and we use patient insight to shape and drive improvements that enhance the overall experience. Our skilled clinical and support teams work closely with a wide range of healthcare professionals to provide safe, effective and compassionate care.

At Woodland and Glendon Wood Hospital, we are committed to delivering the highest standards of care across all our services. We are proud to present this year’s Quality Account, which sets out our ongoing work to improve patient care, safety and satisfaction. It also reflects our continued commitment to quality, learning and excellence in everything we do for our patients, staff and consultants.

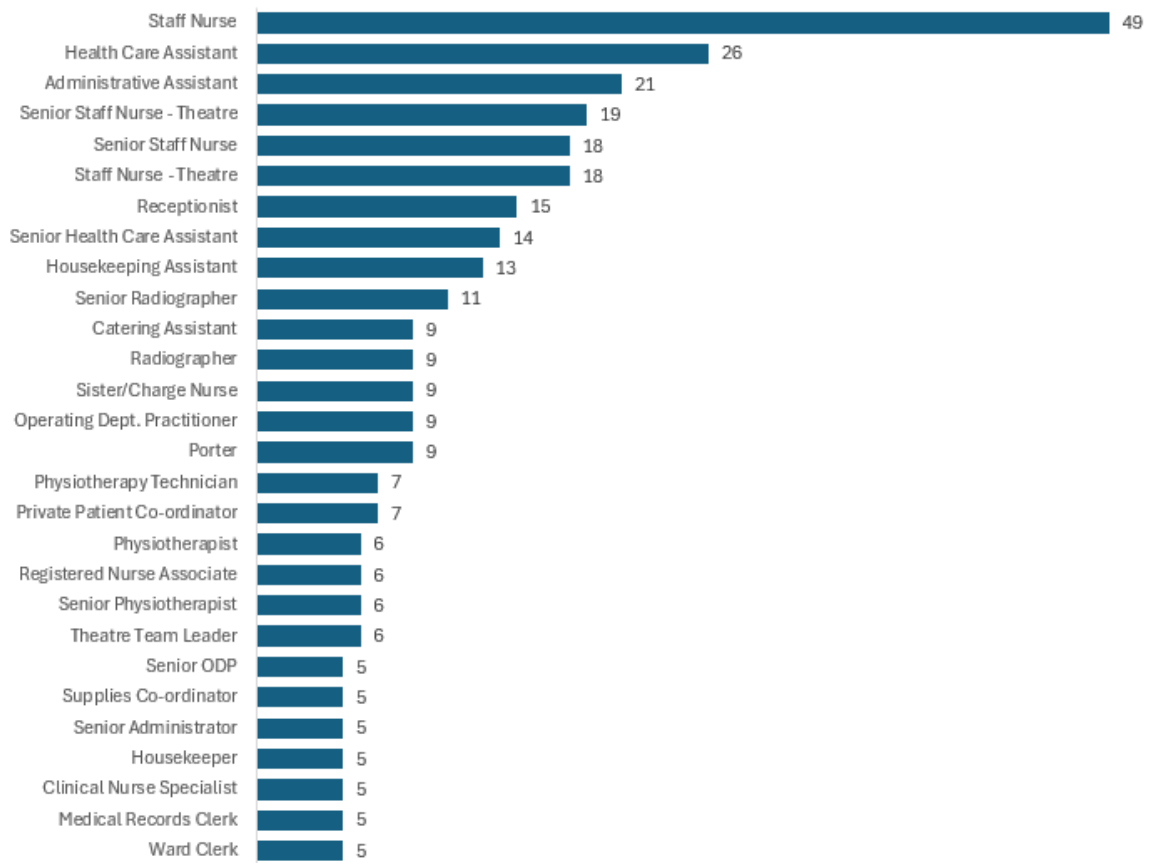
We provide a range of medical and surgical services for privately insured, self-paying and NHS patients, and we are committed to delivering the same high standard of care to every individual we treat.

The table below shows the number of patients treated at Woodland and Glendon Wood Hospitals during 2025/2026.

Patient Type	Patient No.	Activity %	Total Patients Treated 2025/26
NHS	9,663	75%	12,879
Private (Med Ins)	2,222	17%	
Private (Self Pay)	994	8%	

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

### Current Active Employees by Job Title



## Supporting Our Community

In 2025/2026, Woodland & Glendon Wood Hospital's proudly continued to support **The Squirrels**. The Squirrels cares for children and young people who have complex health and physical disabilities alongside their learning disability. They provide a residential Short Break Service for ages 4-18. This service extends to the person and their families across Northamptonshire.

As shown in the photo below our Woodland and Glendon Wood team members are delighted to present a cheque of £1500.00 on behalf of the hospitals, demonstrating once again our ongoing commitment to supporting those who make a positive difference in people's lives and families.



*Cheque presented by Rebecca Dray, Chair of the Social and Charity committee and Business Relations Manager*

By the end of the calendar year a grand total of £5608.12 was raised, through the support and generosity of the staff at Woodland and Glendon Wood Hospitals.

However, it was the ideas and dedication of the Social & Charity Committee that brought some new events to the Hospitals. From croissant days, quiz nights, bake sales, Easter raffles and 'date with a book'. A family fun day was held at the local rugby ground, with inflatables assault courses, child and adult races, as well as stall like 'hook a duck'. Refreshments were also available.

Due to the incredible amount raised, it was agreed that the money would be split between a few local organisations, so they are all able to benefit from the hard work by everyone at Woodland and Glendon Wood, remaining strong in the ethos of 'People caring for People'. This was remainder (after The Squirrels) was allocated; Kettering Food Bank - £1000 cash + £365 food shop; Johnny's Happy Place (a weekend café for anyone, with the aim to acknowledge we all have down days and talking, socialising and being with others is important) - £500; The Green Patch (a thriving and essential community asset which makes

a difference to the lives of hundreds of local people every week and is embedded in the fabric of the Kettering community. Offering after-school clubs, adult volunteer days and community events and run a successful 'veg box' scheme, providing the local community with fresh produce at an affordable cost) - £500 and £500 will be donated to the Kinder Scout walk in May 2026 organised by Katharine Dexter, to raise awareness for Mental Health. The remaining was kept helping support the next committee and events.



From all the support and generosity in 2025 with the events held by the Social and Charity Committee together a grand total of £5608.12 was raised.

This was divided as follows;

£1,500 to The Squirrels – Care facility supporting children with learning disabilities and their families

£1,000 and a £365 food shop to Food Bank Kettering – supporting the community in times of crisis.

£500 to Johnny's Happy Place – A café with the aim of allowing people a chance to meet, socialise and talk, with the added help to signpost people to mental health facilities and supportive services.

£500 to The Green Patch – A Kettering based initiative to support children and adults with a variety of needs, through growing fruit and vegetables.

£500 to the Kinder Scout walk in May 2026 organised by Katharine Dexter in support of Mental Health Week.

The remainder will be kept in the pot as we head into 2026 to help support the organisation of planned events.



The chosen charity for 2026 is... **High Five Northamptonshire**

<https://enfold.org.uk/support-group-for-parents-with-autistic-children/>

# Part 2

## 2.1 Quality priorities for 2026/27

### Plan for 2026/27

On an annual cycle, Woodland and Glendon Wood Hospitals develop 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 2025/26 (looking back)

#### Patient Safety



#### Implementation of Martha's Rule

During the last 12 months, Woodland Hospital and Glendon Wood Hospital prioritised the implementation of Martha's Rule, a national patient safety initiative designed to strengthen the early recognition and escalation of clinical deterioration.

Martha's Rule aims to ensure that the concerns of patients, families, carers and staff are actively listened to and acted upon, empowering individuals to request a senior clinical review if they are worried that a patient's condition is getting worse.

As part of this priority, both hospitals introduced clear and accessible escalation processes to enable patients and those close to them to speak up at any time, including out of hours. This included the development and display of information posters, outlining how to request a senior clinical review and providing direct contact details for senior clinicians including out of hours.

The implementation programme was supported through staff communication, including inclusion within hospital-wide clinical newsletters, to ensure all team members understood their role in supporting escalation and responding promptly and appropriately to concerns raised.

Woodland Hospital  
Glendon Wood Hospital  
Part of Greater North Care

*Martha's Rule*

**Are you worried about your own,  
or your relative's condition?**  
Ask for a Senior Clinical Review

Martha's Rule is a patient safety initiative to support early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon.

Hi, my name is:  
Jo Wilson  
Head of Clinical Services  
Contactable via [redacted]

Hi, my name is:  
Stephen Matthews  
Deputy Head of Clinical Services  
Contactable via [redacted]

If out of hours  
please contact  
the clinical on call  
on [redacted]

If you have any comments or questions concerning you or your relatives care and would like to discuss them further, please ask to speak to a senior member of the team.

Woodland Hospital  
Glendon Wood Hospital  
Part of Greater North Care

*Martha's Rule*

**Are you worried about your own,  
or your relative's condition?**  
Ask for a Senior Clinical Review

Martha's Rule is a patient safety initiative to support early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon.

Hi, my name is:  
Jo Wilson  
Head of Clinical Services  
Contactable via [redacted]

Hi, my name is:  
Katie Reynolds  
Clinical Lead  
Contactable via [redacted]

If out of hours  
please contact  
the clinical on call  
on [redacted]

If you have any comments or questions concerning you or your relatives care and would like to discuss them further, please ask to speak to a senior member of the team.

## Clinical Effectiveness



### Achievement of ANTT Silver Accreditation

Woodland and Glendon Wood Hospitals are proud to have achieved Silver ANTT Accreditation, reflecting the significant progress made since attaining Bronze Accreditation in May 2025. This achievement demonstrates our continued commitment to strengthening clinical governance in aseptic technique practice, embedding high standards of policy, education, competency assessment and monitoring across the organisation. Reaching Silver Accreditation highlights the dedication of our teams to infection prevention, patient safety, and continuous improvement, and marks an important milestone in our ongoing ambition to achieve Gold Accreditation during 2026/27.

ANTT is a nationally recognised framework that promotes safe, consistent and evidence-based aseptic technique across all clinical procedures. Achieving Silver Accreditation demonstrates that both hospitals have embedded ANTT principles into routine clinical practice, ensuring that critical parts and key sites are always protected during invasive procedures.

This achievement followed a structured programme of audit, education and practice development. Staff across clinical areas were supported through training and competency assessment to ensure a consistent understanding of ANTT principles, with ongoing monitoring through audit to sustain compliance and drive continuous improvement.



The Association for Safe Aseptic Practice

### ANTT<sup>®</sup> Patient Protection Accreditation



Awarded to:

**Ramsay Health Care -**

**Woodland and Glendon Wood Hospital**

in recognition of attaining

Silver Level ANTT<sup>®</sup> Accreditation



©The Association for Safe Aseptic Practice • ANTT<sup>®</sup> Patient Protection Accreditation Programme • Silver Level Accreditation Award 2025

## **Enhancing Patient Discharge Information and Wound Care Education**

Woodland and Glendon Wood Hospitals, continued to prioritise the enhancement of patient discharge information and wound care education in response to an increasing incidence of infections and a high volume of patient enquiries following discharge.

A key development has been the introduction of a dedicated Discharge Coordinator role, designed to improve the patient journey, support safe and timely discharge, and strengthen post-operative care. The Discharge Coordinator acts as a central point of contact for patients following their procedure, managing a post-operative patient enquiry line, supporting complex discharges, and undertaking follow-up telephone calls to assess patient recovery and address any concerns at an early stage.

These follow-up calls have provided valuable insight into the patient experience after discharge, particularly in relation to post operative wound care instructions. Data collected through this process is now being analysed to identify common themes, areas of uncertainty, and opportunities to improve the clarity and effectiveness of discharge information.

A key component of this work is the development of an enhanced wound care leaflet. This resource is being designed with patient input, with draft versions shared with patients to gather feedback on content. This approach ensures that the final materials reflect the needs and preferences of those who use them.

The wound care leaflet is being developed to address frequently asked questions and will include visual aids, such as photographs, to help patients recognise the difference between normal healing and signs of infection. Clear, step-by-step guidance will also be provided on what actions to take if concerns arise.

By the end of the 2025/26 period, the aim is to implement standardised, patient-friendly wound care information leaflets across both hospitals. This work is expected to enhance patient understanding, improve recovery outcomes, and contribute to a reduction in infection-related complications and readmissions.

**Discharge Coordinator** Ramsay

*Hi! My name is Alex Cooke and I am Woodland Hospital's Discharge Coordinator. A Discharge Coordinator ensures patients are safely discharged, well-supported at home, and have clear access to advice and follow-up care.*

**-For someone who's never heard of this role before, what is a Discharge Coordinator and what does a typical day look like for you?**

My role is varied, which is one of the things I enjoy most. I regularly manage the post-operative advice line, working closely with consultants and the RD to support patients following their procedures. I also make post-operative follow-up calls to check on recovery and address any concerns. In addition, I support nursing teams on both the inpatient and day-case wards with complex discharges, including arranging additional support at home where needed.

**-Why was the Discharge Coordinator role introduced – what problems or pressures was it designed to improve?**

The Discharge Coordinator role was introduced to improve the patient journey by supporting smoother patient flow and identifying post-operative concerns earlier. Clear communication is key to patient safety, and the post-operative advice line helps ensure patients' needs are met promptly and delays are avoided.

**-How does having a Discharge Coordinator make a difference for patients and their experience of leaving hospital?**

The Discharge Coordinator role ensures patients have a clear point of contact for any worries or concerns after leaving hospital. Patients are given the post-operative advice line, which helps reduce anxiety and provides reassurance. Follow-up calls a few days after discharge further support patients, offering comfort and confidence during their recovery.

**-What has been the biggest learning curve for you since moving into this role, and what part of the job do you find most rewarding so far?**

My biggest learning curve so far is supporting the Nurses with any complex discharges. This certainly has its challenges, but when our plans are in place and the patient is safely discharged home. It is very rewarding knowing I was able to achieve this.

“ Having a follow-up call made me feel more confident that my recovery was on track.

“ It was so refreshing dealing with the same person

“ I knew exactly who to contact after discharge, which made me feel much more at ease.

“ It was really helpful to speak to someone early– it stopped me worrying about what was normal.

## Implementation of Ophthalmic Electronic Primary Care Referral System



Glendon Wood Hospitals are pleased to celebrate the implementation of Cinapsis, an electronic primary care referral system for Ophthalmology, as part of our continued service improvement programme for 2025/26. This important development modernises the referral pathway for eye care services, replacing the existing paper-based process used by optometrists with a more efficient, streamlined and secure digital system. In May 2026, the Cataract Hub went live, with Cinapsis switching over to the hub so that all referrals are now directed through this pathway. The Cataract Hub is a collaborative NHS initiative aimed at improving the efficiency and quality of cataract surgery, helping to support timely access to care and a more consistent referral process. Referrals are reviewed and patients are offered provider choice, supporting greater flexibility and enhancing the patient experience.

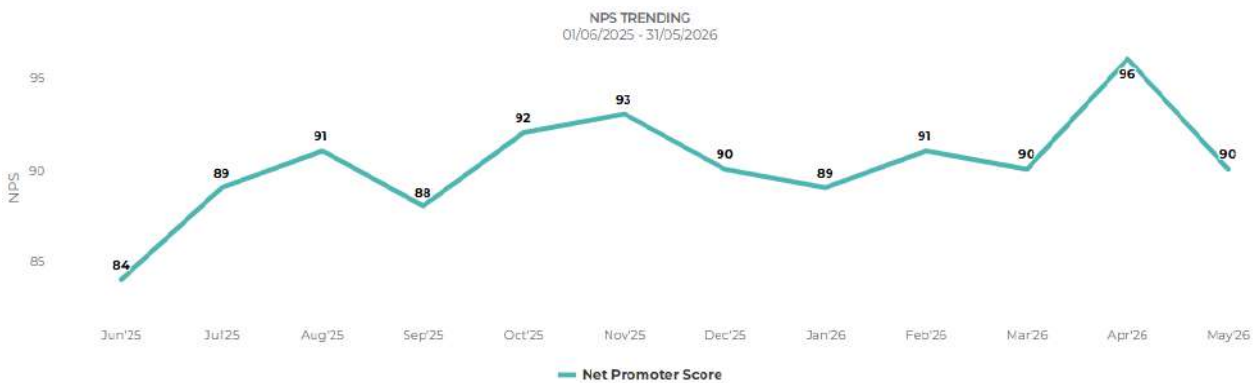
## Endoscopy JAG Accreditation / GRS standards



Glendon Wood Hospital is proud to confirm that, as part of our JAG accreditation, GRS standards are reviewed annually, the Endoscopy service has achieved compliance with these standards for 2026. This demonstrates the continued strength of the Endoscopy service in maintaining high standards of quality, safety and governance, and reflects the team’s ongoing commitment to delivering effective, patient-centred care. Achieving compliance through the annual review provides assurance that robust processes remain in place and supports our continued focus on service excellence and continuous improvement.

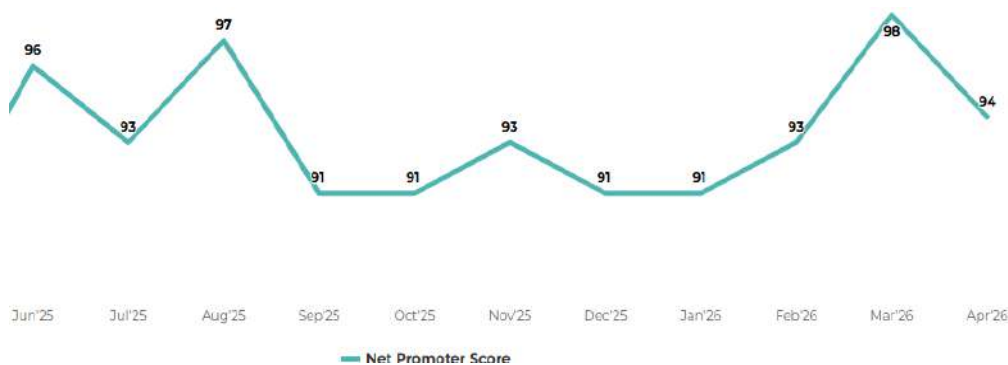
### Net Promoter Score

#### Woodland



Woodland Hospital maintained consistently strong patient experience scores over the year, with NPS ranging from 84 to 96. Following an overall upward trend, scores remained consistently high above 89 for most months, peaking at 96 in April 2026 before returning to 90 in May 2026, demonstrating sustained positive patient feedback.

#### Glendon Wood



Glendon Wood Hospital has consistently delivered a Net Promoter Score (NPS) of greater than 90 over the last 12 months. NPS is a recognised measure of patient experience and satisfaction, reflecting how likely patients are to recommend a service based on the care they have received. Maintaining a score above 90 demonstrates sustained excellence in patient experience and highlights the dedication of our teams to delivering compassionate, responsive and patient-centred care. This achievement provides clear evidence of the confidence and satisfaction patients have in the care they receive.

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

### Patient Safety



#### Increase provision of Advanced Life Support (ALS) providers

Advanced Life Support (ALS) trained staff are critical in independent healthcare settings—such as Woodland and Glendon Wood Hospitals—because they ensure patient safety during emergencies where immediate, in-house, specialised care is required. At Woodland and Glendon Wood Hospitals we already have several ALS providers in our Theatre Recovery, but we wish to increase the numbers of staff outside of theatres with this skill.

- **Rapid Recognition of Deterioration:** ALS training enables staff to identify and treat deteriorating patients early using a structured ABCDE approach, potentially preventing the need for cardiac arrest intervention altogether.
- **Immediate Management of Cardiac Arrest:** In independent settings, which may not have the same immediate on-site, around-the-clock emergency infrastructure as a large NHS hospital, ALS-trained professionals provide immediate, high-quality CPR, defibrillation, and advanced airway management.
- **Effective Team Leadership:** ALS courses teach non-technical skills, including team leadership and communication, ensuring a structured, calm, and effective response to high-pressure, life-threatening scenarios.
- **Confidence in Complex Situations:** Staff with ALS certification feel more competent and confident, allowing them to manage complex, time-critical emergencies efficiently.

### Clinical Effectiveness

#### To achieve Gold Aseptic Non-Touch Technique (ANTT) Accreditation.



Having successfully achieved ANTT Silver level accreditation last year, Woodland and Glendon Wood Hospitals are now focused on attaining ANTT Gold 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 Gold standards, incorporating documentation and monitoring of aseptic practices. We will conduct frequent compliance audits with real time feedback to identify and address gaps. Woodland and Glendon Wood Hospitals aim to achieve ANTT Gold Accreditation by the end of the year, reinforcing our commitment to patient safety and excellence in infection prevention.

## Patient- Centred Care



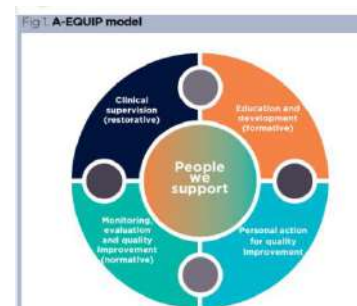
### National Autistic Society Accreditation

Woodland and Glendon Wood Hospitals have commenced the process to earn an Autism Accreditation Inclusion Award- for Mainstream Health Services. This award is intended for mainstream health services that are not specialist services for autistic people but nevertheless work closely with autistic individuals and have a responsibility to ensure that they are not disadvantaged because of their autism. The inclusion award standards support provisions in addressing the specific barriers that autistic people often experience in accessing information and services. The standards have considered current research into good autism practice, as well as the experiences and insights of autistic individuals.

## Governance and Leadership

### Embedding the Professional Nurse Advocate Role

Woodland and Glendon Wood Hospitals have invested in training two Professional Nurse Advocates (PNAs) during 2025/2026, with an additional nurse completing the training this year. In 2026/2027, we are committed to fully integrating this role within our clinical teams. The PNA is a recognised clinical leadership and advocacy position, specifically introduced to implement the A-EQUIP model for registered nurses. PNAs foster continual professional development, strengthen clinical leadership, enhance care quality, and support nurses in achieving professional revalidation.



In summary, the PNA role encompasses the following key functions:

- Implementation of the A-EQUIP model to promote professional accountability and growth.
- Development and advancement of nurse advocacy within the organisation
- Provision of guidance and support to nurses, enabling actions that positively impact colleagues, patients, and families
- Facilitation of tailored support and constructive feedback to strengthen the skills and confidence of the nursing workforce

## Development and expansion of Cardiac Services



### **We plan to develop and expand Cardiology services.**

The development of new cardiac services presents a significant opportunity to improve timely access to diagnostics and support better patient outcomes. Our strategic plan is to grow the cardiac CT service, expand the echocardiography service through a £70,000 investment in new technology aligned with British Society of Echocardiography standards and guidelines, and review the feasibility of introducing cardiac MRI as part of the wider service offer. The service development will also include the relocation of cardiac outpatient clinics and echocardiography scans to Glendon Wood Hospital, creating a more cohesive and accessible model of care for patients. This investment will strengthen diagnostic capability, enhance quality and efficiency, and ensure services are delivered in line with recognised professional standards. Expanding these services will help meet increasing local demand, offering patients faster access to essential cardiac investigations and outpatient review.

## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2025/2026 Woodland and Glendon Wood Hospitals have provided 9,663 NHS services and did not subcontract any NHS Services.

The income generated by the NHS services reviewed in 1 April 2025 to 31<sup>st</sup> March 2026 represents 64 per cent of the total income generated from the provision of NHS services by Woodland and Glendon Wood Hospitals for 1 April 2025 to 31<sup>st</sup> March 2026

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

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

**Human Resources**

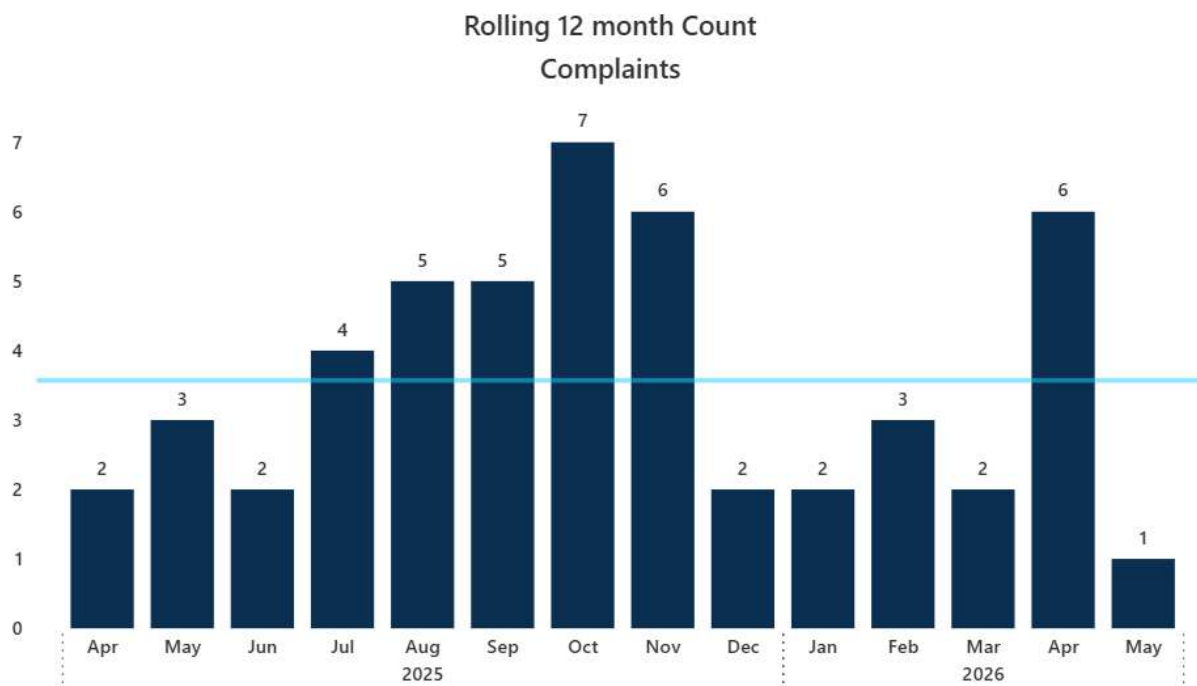
Direct staff cost % Net Revenue	27%
Total staff costs % Net Revenue	33%
Agency Cost as % of Total Staff Cost	2%
Staff Turnover	4.9%
Staff Sickness	5.2%
Appraisal	82.8%
Mandatory Training	89%
E-Learning Compliance	98%

**Patient**

At Woodland and Glendon Wood Hospitals, 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 2025 to March 2026, Woodland Hospital recorded 37 formal complaints, and Glendon Wood reported 7 formal complaints. The primary themes of these complaints included:

- Unhappy with consultations
- Unhappy with outcome of surgery
- Consultant care & 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 gather unbiased patient feedback, Woodland and Glendon Wood Hospitals utilise 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, Senior Nursing 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.

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 or Glendon Wood Hospitals 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). The NPS is derived by subtracting the percentage of detractors from the percentage of promoters, resulting in a score from -100 to 100.

Woodland Hospital



Over the past 12 months, Woodland Hospital has maintained an NPS between 84 and 96, this reflects our ongoing commitment to providing outstanding patient experience.

Glendon Wood Hospital



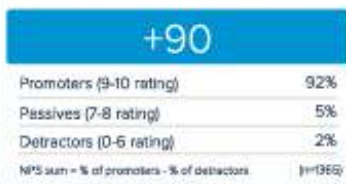
Over the past 12 months, Glendon Wood Hospital has maintained an NPS score of over 91, ranging from 91 to 98. This reflects our ongoing commitment to enhancing patient experience.

# Woodland Hospital

complecity<sup>o</sup>

## July – December 2025 Results

### NET PROMOTER SCORE



*"The staff were amazing, all of them were there to support you no matter what. Fantastic care, much different from what I've received elsewhere. I've never felt more relaxed about having a procedure, and I have already recommended Woodlands to people I know"*

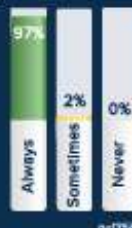
### Overall Rating (Friends and Family Test)

In Jul - Dec 2025, 99% of patients were satisfied with the care they received at Woodland Hospital, rating it **very good (91%)** or **good (8%)**.<sup>\*</sup>



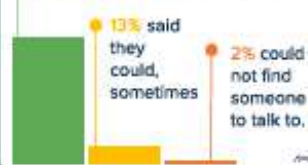
### Treated with respect and dignity

Most patients (97%) said they were treated with respect and dignity whilst in the care of Woodland Hospital in Jul - Dec 2025. Three percent said they were treated with respect and dignity, sometimes.<sup>\*</sup>



### Worries and fears

85% of patients at Woodland Hospital said they could find someone to talk to about their worries and fears



### Medication side effects

Most patients (87%) said medication side effects were fully explained, 10% said they were partially explained, and 3% said they were not explained.



### Privacy

Privacy was provided to the majority (98%) of patients in July - December 2025. One percent experienced privacy sometimes and one percent not at all.<sup>\*</sup>



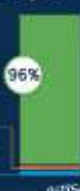
### Involvement in decisions

Most patients at Woodland Hospital said they were always involved in decisions about their care in Jul - Dec 2025. No (1%)



### Contact after discharge

From July - December 2025, 96% of patients at Woodland Hospital were told whom to contact if they had concerns after discharge. Two percent were not informed, and the rest couldn't recall.



\*Percentages do not total 100% due to rounding.

## Woodland Hospital comparison tables

### Significant Changes

Green figures indicate a significant positive change\* in Jul - Dec 2025 compared with the previous report. Red indicates a significant negative change.

Data relates to top response e.g. "very good".

All other differences are a result of standard fluctuation and reflect normal variation rather than a real shift in performance.

INDICATOR	Q1 - Q2, 2025	Q3 - Q4, 2025
Net Promoter Score	+90	+91
Overall Rating	88%	91%
Respect and Dignity	97%	97%
Worries and Fears	84%	85%
Medication Side Effects	86%	87%
Privacy	97%	98%
Involvement in Decisions	90%	92%
Contact after Discharge	95%	96%

### Comparison with Ramsay Average (Q 3-4, 2025)

Green indicates results significantly above the overall average. Red indicates results significantly below.

INDICATOR	Ramsay Avg.	Woodland
Net Promoter Score	+89	+91
Overall Rating	91%	91%
Respect and Dignity	97%	97%
Worries and Fears	84%	85%
Medication Side Effects	86%	87%
Privacy	97%	98%
Involvement in Decisions	92%	92%
Contact after Discharge	93%	96%

\*Statistical significance is calculated at  $p < 0.05$ , meaning there is less than a 5% likelihood that the observed difference has occurred by chance.

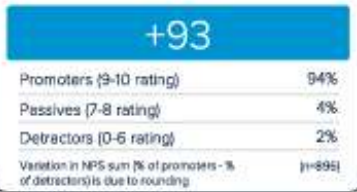
Ramsay Health Care

# Glendon Wood Hospital

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## July – December 2025 Results

### NET PROMOTER SCORE



*"Each and every staff member I interacted with was very helpful and extremely welcoming and kind! I felt comfortable, cared for and respected. I am so grateful for the care that I have received from Glendon Wood Hospital."*

### Overall Rating (Friends and Family Test)

In Jul - Dec 2025, 98% of patients were satisfied with the care they received at Glendon Wood Hospital, rating it **very good (93%) or good (5%)\***.



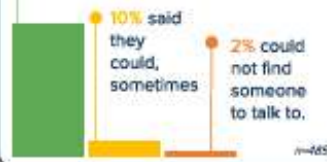
### Treated with respect and dignity

Most patients (98%) said they were treated with respect and dignity whilst in the care of Glendon Wood Hospital in Jul - Dec 2025. Two percent said they were treated with respect and dignity, sometimes.



### Worries and fears

88% of patients at Glendon Wood Hospital said they could find someone to talk to about their worries and fears



### Medication side effects

Most patients (92%) said medication side effects were fully explained, 6% said they were partially explained, and 2% said they were not explained.



### Privacy

Privacy was provided to the majority (97%) of patients in July - December 2025. Three percent experienced privacy **sometimes**.



### Involvement in decisions

Most patients at Glendon Wood Hospital said they were **always** involved in decisions about their care in Jul - Dec 2025.



### Contact after discharge

From July - December 2025, 95% of patients at Glendon Wood Hospital were told whom to contact if they had concerns after discharge. **One percent** were not informed, and the rest **couldn't recall**.



\*Percentages do not total 100% due to rounding.

## Glendon Wood Hospital comparison tables

### Significant Changes

**Green** figures indicate a significant positive change\* in Jul - Dec 2025 compared with the previous report. **Red** indicates a significant negative change.

Data relates to top response e.g. "very good".

All other differences are a result of standard fluctuation and reflect normal variation rather than a real shift in performance.

INDICATOR	Q1 - Q2, 2025	Q3 - Q4, 2025
Net Promoter Score	+93	+93
Overall Rating	89%	93%
Respect and Dignity	98%	98%
Worries and Fears	87%	88%
Medication Side Effects	89%	92%
Privacy	95%	97%
Involvement in Decisions	91%	93%
Contact after Discharge	94%	95%

### Comparison with Ramsay Average (Q 3-4, 2025)

**Green** indicates results significantly above the overall average. **Red** indicates results significantly below.

INDICATOR	Ramsay Avg.	Glendon Wood Hospital
Net Promoter Score	+89	+93
Overall Rating	91%	93%
Respect and Dignity	97%	98%
Worries and Fears	84%	88%
Medication Side Effects	86%	92%
Privacy	97%	97%
Involvement in Decisions	92%	93%
Contact after Discharge	93%	95%

\*Statistical significance is calculated at  $p < 0.05$ , meaning there is less than a 5% likelihood that the observed difference has occurred by chance.



Ramsay Health Care

## Quality

	Woodland	Glendon Wood
Serious Complaints per 1000 HPD's (Hospital Patient Days)	0.7%	0%
Patient Satisfaction Score	99.6%	99.7%
Never Events per 1000 Admissions	0%	0%
Readmission per 1000 admissions	4.42%	0.55%

### Woodland Hospital

#### Workplace Health & Safety Score



#### Infection Control Audit Score



### Glendon Wood Hospital

#### Workplace Health & Safety Score



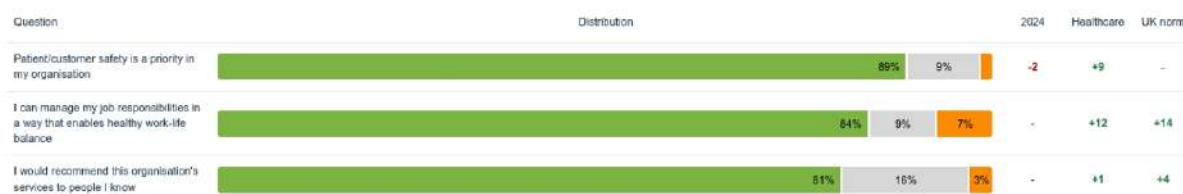
#### Infection Control Audit Score



It was identified on Glendon Wood Hospital's infection control environmental audit, that some hand washing and water outlets had not regularly been flushed. This has been addressed and all departments across both hospitals now have a specific log that is monitored weekly by the maintenance team.

**Staff Satisfaction Score – please see below a screenshot of the results of our most recent staff survey (October 2025).**

**Biggest Strengths**



**Consultant Satisfaction Score = 98% 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 & Glendon Wood Hospital participated in, and for which data collection was completed during 1 April 2025 to 31<sup>st</sup> March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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
JAG Accreditation*	Royal College of Physicians

National Cardiac Audit Programme (NCAP) 1, 2, 3*	Barts Health NHS Trust / National Institute for Cardiovascular Outcomes Research (NICOR)
National Gastro-intestinal Cancer Programme 1, 2, 3*	NHS Digital
National Ophthalmology Database Audit 2*	The Royal College of Ophthalmologists
Inflammatory Bowel Disease (IBD) Audit 3*	IBD Registry

Footnotes:

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

2 Project participates in the Clinical Outcomes Publication (COP)

3 Projects with multiple work streams are reflected in the HQIP National Clinical Audit and Enquiries Directory Version: January 2019

4 \* Glendon Wood Hospital only

5 # Woodland Hospital only

## Local Audits

Woodland and Glendon Wood Hospitals participate in the Ramsay Corporate Audit Program (CAP), 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 and Glendon Wood Hospital also perform 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.

From October 2025, a monthly audit committee has been set up to facilitate excellence in audits and subsequent actions. Members of the committee are made up of departmental clinical audit leads within clinical departments, the Deputy Dead of Clinical Services, Clinical Lead and a Quality Improvement Assistant. The aim of the committee is to keep oversight of the CAP and equip the audit leads with the necessary skills to complete the audit, address actions where there are actions for multiple departments and make sure that these are communicated via the audit leads for discussion at departmental meetings.

## Digital dictation

Digital dictation at Woodland Hospital and Glendon Wood Hospitals 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. Where there is a reduction in compliance, communication with the clinician and secretary is reinforced by the Hospital Director.

## 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 and Glendon Wood Hospitals have continued to prioritise 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 and Glendon Wood Hospitals are 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 2025/26 to participate in research approved by a research ethics committee.

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

Woodland and Glendon Wood Hospitals income from 1 April 2025 to 31<sup>st</sup> March 2026 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 31<sup>st</sup> March 2025 is registered without conditions.

Woodland Hospital was inspected on 23<sup>rd</sup> January 2025 and 20<sup>th</sup> February 2025. All requested data was submitted 14<sup>th</sup> March 2025, positive feedback was received on the day, and no actions were identified. However, the report was not completed by the CQC within the expected timeframe, and we were notified of their planned unannounced return in February 2026.

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

Glendon Wood Hospital is required to register with the Care Quality Commission and was registered with them on 1<sup>st</sup> August 2023.

Glendon Wood Hospital was inspected on 23<sup>rd</sup> April 2026 again positive feedback was received on the day and no actions identified on the day. However, the report was not completed by the CQC within the expected timeframe, and we were notified of their planned unannounced return in February 2026.

Glendon Wood 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 and Glendon Wood Hospitals submitted records during 2025/2026 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 = K814X – Glendon Wood; NVC23 - Woodland

<b>Outpatients</b>			
	<b>K814X</b>	<b>NVC23</b>	<b>Grand Total</b>
<b>% NHS Numbers missing</b>	0.08%	0.01%	0.07%
<b>% NHS Numbers submitted</b>	99.92%	99.99%	99.93%
<b>% GP Practice codes missing</b>	0%	0%	0%
<b>% GP Practice codes submitted</b>	100%	100%	100%

#### Admitted patient care = K814X – Glendon Wood; NVC23 - Woodland

<b>Admitted Patient Care</b>			
	<b>K814X</b>	<b>NVC23</b>	<b>Grand Total</b>
<b>% NHS Numbers missing</b>	0.05%	0.31%	0.31%
<b>% NHS Numbers submitted</b>	99.95%	99.69%	99.69%
<b>% GP Practice codes missing</b>	0%	0%	0%
<b>% GP Practice codes submitted</b>	100%	100%	100%

#### Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is ‘Standards Met’. The 2025/2026 submission is due by 30<sup>th</sup> June 2026.

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

Woodland and Glendon Wood Hospitals are subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

#### Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of April 2026

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
<b>South</b>						
<b>Midlands</b>						
<b>Woodland</b>	Completed Aug 2024	98%	98%	98%	99%	Level 3
<b>Glendon Wood</b>	Completed Aug 2024	96%	98%		100%	Level 3

### 2.2.7 Stakeholders views on 2025/26 Quality Account

Sent to the NHS Northamptonshire ICB 8<sup>th</sup> June 2026, email acknowledged but no further communication received.

## Part 3: Review of quality performance 2025/26

### Statements of quality delivery

## Head of Clinical Services (Matron), Joanne Milton

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

Over the past year, Woodland and Glendon Wood Hospitals have delivered strong, sustained performance across clinical quality, patient experience, safety, workforce development, and governance. This reflects a well-led organisation with a clear focus on continuous improvement and delivery of high-quality, patient-centred care.

### Clinical Quality and Outcomes

The organisation has demonstrated robust performance against national standards and internal benchmarks. Key achievements include:

- NJR Gold status (100% data compliance)
- Continued JAG accreditation for Endoscopy services
- Strong outcomes in the GIRFT programme, including leading performance for orthopaedic and spinal length of stay.
- Progression from ANTT Bronze to Silver accreditation, strengthening aseptic practice and infection prevention.

### Patient Experience and Personalised Care

Patient experience remains a core strength:

- Sustained above-average Net Promoter Scores across both sites.
- Significant improvements in personalised care include introduction of My Care Passport to support individualised care planning and enhanced provision for vulnerable groups through dementia-friendly resources and inclusive environments.
- Improved accessibility via real-time interpretation services (Language Line)

### Patient Safety and Governance

There has been a clear strengthening of safety systems and governance.

- Patient Safety Incident Response Framework (PSIRF), embedding a learning culture.
- Improvements to incident reporting and infection surveillance systems
- Recognition of audit quality through an Audit Bronze Award at Glendon Wood Hospital

### Workforce Capability and Development

The organisation has invested in building workforce resilience and capability:

- Expansion of Advanced Life Support (ALS) provision, with 100% pass rates and increased trained staff.
- Strengthening of Professional Nurse Advocate (PNA) roles, supporting staff wellbeing and supervision
- Enhanced mandatory training programs, focused on safety and quality.

- Implementation of clinicalskills.net, improving access to competency-based training

## Service Development and Innovation

Considerable progress has been made in modernising services and infrastructure:

- Growth of robotic-assisted surgery (ROSA)
- Investment in clinical equipment, including new defibrillators, monitoring systems, and patient warming technology.

This is underpinned by the launch of:

- A new Clinical Strategy (2026–2027)

### Woodland and Glendon Wood Hospitals Clinical Strategy 2026/2027 - The Ramsay Way

#### 1. Strong relationships

Healthy working relationships lead to positive outcomes for all. We look out for the people we work with, and we respect and recognise them.

- Enhance patient discharge
- Embed the role of Professional Advocate
- Core Certificate for all Health Care Assistants
- Achieve National Autism Society accreditation at both sites
- Train Preceptors and introduce new programme
- Embed electronic eye referral system
- Gloucestershire Service Partner as external company
  - PLACE screens
- Introduction of a Public Patient Involvement Group
  - Reduction in readmissions
  - Review Pharmacy Service practices

#### 2. Continuous improvement

We do things the right way. We enjoy our work and take pride in our achievements. We are not afraid to challenge the status quo to find better ways.

- Launch Martin's Law
- Achieve ANTT Gold
  - Embed PRU
- Increase confidence levels in Hip/Knee PROMS
- Neurodiversity Project
- CIBT actions complete
- NJR Gold maintain
- JAG Accreditation Maintain
- Increase A&S provision
- Peer review process for annual department reviews
- Introduce shared learning from investigations section in Clinical newsletter
  - 98% VTE completion
  - 98% case file by 98%
  - NPSQoP at all enclosures
  - Review and enhance SexEd Service
  - Refine Hip SSJ
  - Housekeeping formal training
  - Oliver McGowan Level 2 testing

#### 3. Sustainable growth

Maintaining sustainable levels of profitability are only part of our success. We prioritise long term success because we care about our people, planet and community.

- Out of theatre procedures
- Introduction of Carotid CT
- Clinical Skills, not for all clinical competencies
- Equipment Management System
  - Minnow Ode reduce use
  - Review cytotoxicity service
  - Green Committee Revival

*Excellent Care the Ramsay Way*

- A Patient's with Additional Needs Strategy, reinforcing inclusive, personalised care.

**Patients with Additional needs – Strategy Woodland & Glendon Wood Hospitals**

**Vision & Purpose**  
Our vision is to provide compassionate, personalised care that recognises and respects the unique needs of each patient. We are committed to creating an inclusive environment where individuals with additional needs receive the support and attention necessary to promote their well-being and dignity. Through collaboration, empathy, and continuous improvement, we strive to empower every patient to achieve the best possible health outcomes.

**Patient Groups**  
Autistic patients often face unique challenges when accessing healthcare services, particularly in settings such as elective independent diagnostics where moodiness and environmental sensory differences can cause significant distress. This strategy outlines practical measures to ensure high-quality, person-centred care for autistic individuals, aiming to reduce anxiety, improve communication, and optimise health outcomes.  
Dementia is a progressive condition impacting memory, cognition, and behaviour, presenting unique challenges in a hospital setting. We must adopt tailored approaches to ensure high quality, person-centred care that respects the dignity and individuality of patients with dementia. This document outlines a comprehensive strategy for supporting dementia patients in our hospital environment.

**Our Strategy**  

- All staff receive regular training about autism, how to communicate, and how to manage sensory issues and behaviours.
- All staff receive the Autism Champion's who help with all patients during their time in hospital.
- We ensure dependent levels, lifts, riggers, and ramps are checked before they come in. Talk to the patient and their carer or family. Encourage completion of the My Care Passport.
- We refer to the hospital before admission in patients care case. The support must staff, and learn what will support.
- We write up individual care plans that show how best to communicate and what adjustments are needed.
- We provide cycle helmets, portable lighting, and sensory tools (like fidget toys or weighted blankets) for patients in hospital.
- We use clear signs and icons to help patients find their way and know what's happening.
- We keep our care plans up to date and make sure they are easy to read and use.
- We explain things using clear language, pictures, and written information.
- We let patients help us with decisions about their care and support their choices.
- We encourage patients to help us with providing important times, so they can help plan and monitor.
- We use feedback with appropriate times, so patients don't have to wait long.
- We give clear guides and visual aids to help understand what is going on in the hospital.
- After procedures, we provide a space for patients to relax and get support.
- We will continue to improve our services based on feedback and our ideas.
- We regularly review care plans to make sure they are based on feedback and our ideas.
- Working to achieve National Autism Accreditation in 2026.
- Patients with additional needs get to meet and discuss an individual support plan (ISP) meeting for themselves.
- Patients with lived experience participate in our hospital improvement and a research.

**Resources available**  

- Change sheet: people with lived experience
- Change board
- Change notice
- Change notices for communication needs in the team
- Change notice for communication needs in the team
- Change notice for communication needs in the team

## Ramsay Clinical Governance Framework 2025/26

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

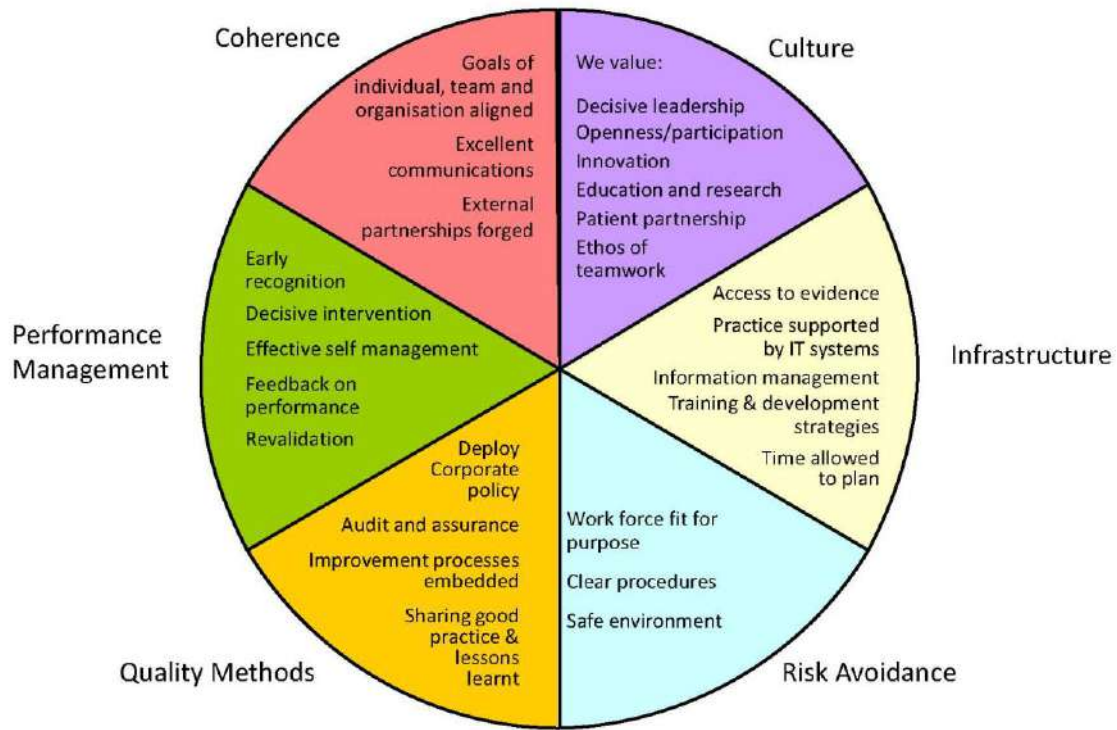
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

## Ramsay Health Care Clinical Governance Framework



### National Guidance

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

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

### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	Woodland	
	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	
Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC23	0.0004	

Mortality:	Period	Best		Worst		Average		Period	Glendon Wood	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	K814X	0.0000
Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	K814X	0.0000	
Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	K814X	0.0000	

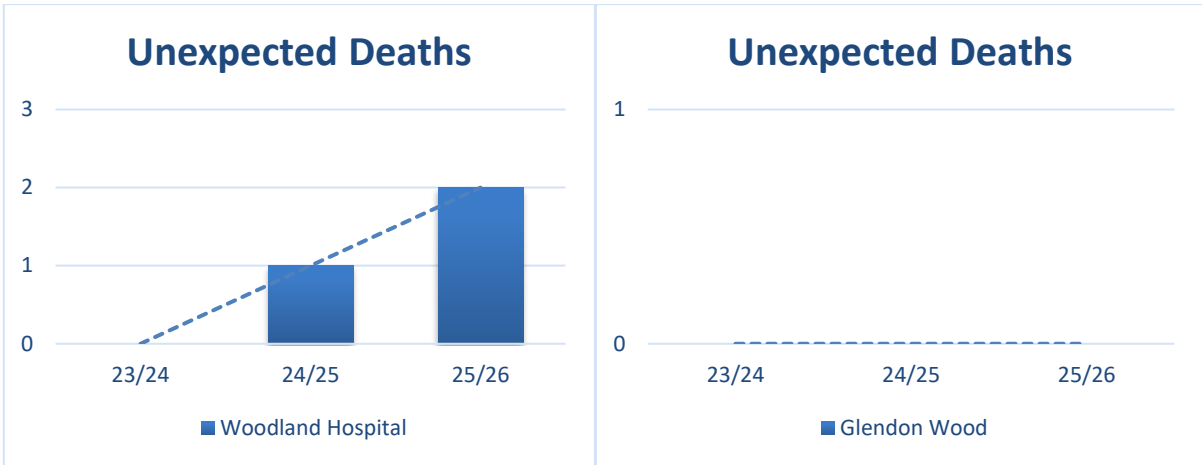
## **Woodland Hospital considers that this data is as described for the following reasons**

Woodland Hospital reported two unexpected deaths within 30 days of surgery during the 2025/26 reporting year. Both incidents were managed in line with the Patient Safety Incident Response Framework (PSIRF), including an after-action review presented at the local Patient Safety Incident Review Group, which is held weekly, and a thorough Patient Safety Incident Investigation (PSII). Both incidents were reported to the Care Quality Commission (CQC) in line with regulatory requirements and Duty of Candour obligations. The hospital also remained in contact with the Coroner and maintained good communication links throughout. Findings and learning were shared through the Clinical Governance Committee to improve awareness and support shared learning across the organisation. Incidents are also presented at the corporate Patient Safety Incident review Group and Morbidity and Mortality meetings, with feedback provided where any additional action or information is required. This further supports positive management, oversight, and shared learning.

Learning actions arising from these incidents which have been implemented or strengthened current processes include;

- Ensure that patients are discussed at the Complex MDT following recent emergency care at an NHS trust
- Enhance the sepsis protocol and training through acute illness management and resuscitation scenarios
- Strengthen medication management processes, with particular emphasis on the risks associated with abrupt cessation of medicines and missed doses
- Undertake NEWS audits outside of the corporate audit programme
- Share learning with the local Integrated Care Board (ICB), with further work to support joint reviews where patients are transferred for ongoing care and management
- To involve the pharmacy team in the preassessment of patients with complex medication regimes
- Reduce the proportion of imaging referrals marked as clinically urgent to prevent alert fatigues and safeguard true high priority cases
- Mandate alerts for all unexpected or significant radiological finds to maintain safety needs
- Complete and update falls prevention care plans throughout the patient's journey and ensure a falls leaflet is provided to patients at risk of falls on discharge.

Glendon Wood Hospital reported no incidents of unexpected death within 30 days of surgery during the 2025/26 reporting year.



**National PROMs**

PROMS:	Period	Best		Worst		Average		Period	Woodland	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC23	19.472
Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC23	19.248	
Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC23	21.679	

PROMS:	Period	Best		Worst		Average		Period	Woodland	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC23	18.449
Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC23	16.579	
Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC23	14.276	

PROMS:	Period	Best		Worst		Average		Period	Glendon Wood	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	K814X	
Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	K814X		
Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	K814X		

PROMS:	Period	Best		Worst		Average		Period	Glendon Wood	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	K814X	
Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	K814X		
Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	K814X	no data	

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

Woodland and Glendon Wood Hospitals participate in the Department of Health Patient Reported Outcome Measures (PROMs) survey. PROMs are a vital tool within the NHS for assessing the quality of care provided to patients. They offer valuable insight into a patient's health status and quality of life from the patient's own perspective and are collected through an electronic questionnaire completed before and after surgery. This enables providers of NHS-funded care to measure health gains following surgical treatment and to better

understand the extent of improvement after illness, injury, or intervention.

Ramsay UK uses a digital system to identify trends in patient outcomes more effectively and to alert staff in real time when patients report adverse outcomes following surgery. When this occurs, a member of the senior nursing team contacts the patient promptly. Patients respond positively to this proactive approach, and concerns are often resolved informally. Where further input is needed, arrangements are made for review by the appropriate Consultant or physiotherapist.

PROMs outcomes are discussed monthly within our Clinical Governance meetings to support oversight, shared learning, and continuous improvement in patient care.

**Readmissions within 28 days**

Readmissions:	Period	Best		Worst		Average		Period	Woodland	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC23
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC23	0.00554
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC23	0.00442

Readmissions:	Period	Best		Worst		Average		Period	Glendon Wood	
	20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	K814X
23/24	N/A	N/A	N/A	N/A	N/A	Eng	14.2	24/25	K814X	0.00055
24/25	N/A	N/A	N/A	N/A	N/A	Eng	14.7	25/26	K814X	0.00000

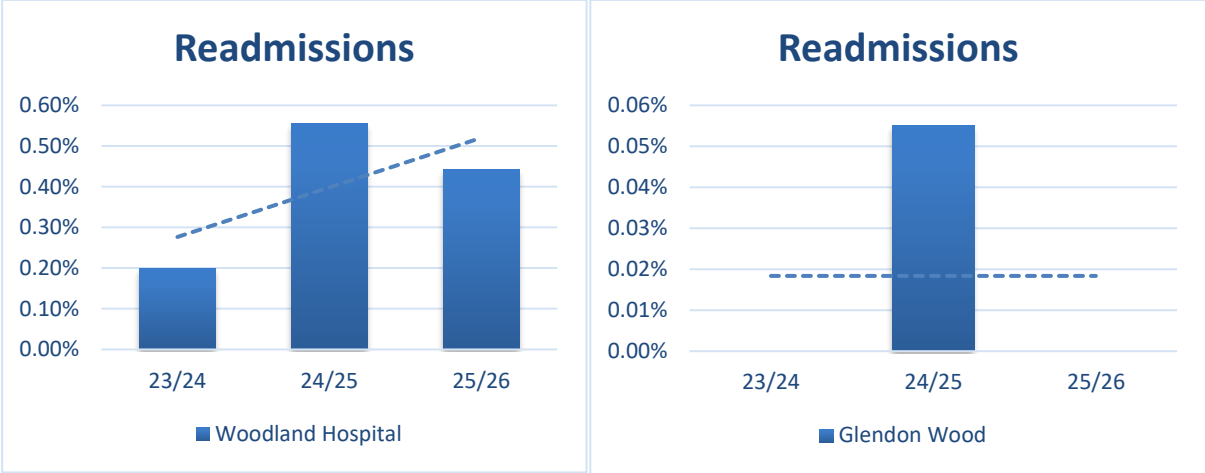
**Woodland and Glendon Wood Hospital considers that this data is as described for the following reasons**

Readmissions at Woodland Hospital have reduced from the 2024/25 reporting year to the 2025/26 reporting year, despite the increasing complexity of our patient population. This increased complexity has been influenced in part by the opening of Glendon Wood Hospital as a low-risk day case surgical hospital, resulting in Woodland Hospital caring for a higher proportion of patients with multiple comorbidities and more complex care requirements. These factors inherently elevate the risk of readmission due to post-discharge complications. This reduction has been supported by the introduction of targeted follow-up calls to patients through the newly established Discharge Coordinator Nursing Associate role. This team member also manages an enquiry phone, providing valuable advice, and signposting to support patients after discharge. Readmission rates are proactively monitored and managed through our monthly Clinical Governance Committee. At Glendon Wood Hospital, readmission rates have also reduced, with no readmissions reported for 2025/26.

Any patients highlighted with complex needs are referred into the weekly Complex MDT meeting via pre-assessment and are managed and discussed through this forum to support safe care and ensure shared discussion across both hospitals, with representation from all clinical departments. In addition, a weekly patient activity review meeting is held to review all patients listed for surgery across Woodland and Glendon Wood Hospitals. This meeting is attended by the senior clinical team or departmental lead, with representation from the pre-assessment team. This is to ensure that any additional needs, complexities, or safety alerts are identified early, shared appropriately with all relevant teams, and that staff involved in the

patient's care are fully informed. These processes support the safe management of patient care, contribute to reducing readmissions, and ensure that interventions are put in place as necessary.

*Rate per 100 discharges:*



**Responsiveness to Personal Needs**

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



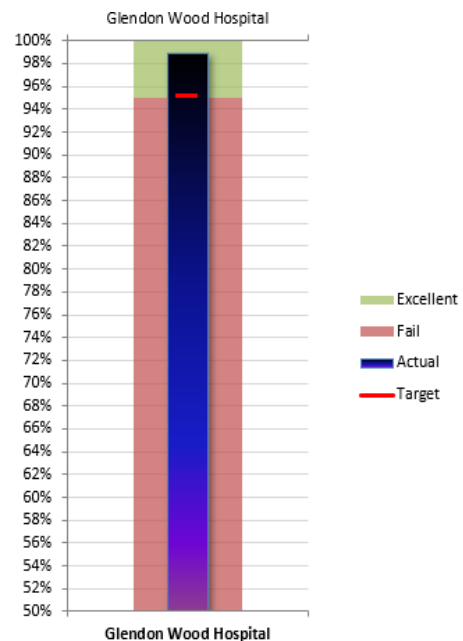
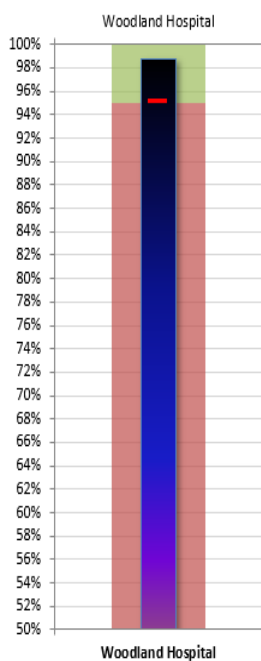
Break down per question and Overall responsiveness score taken from Ramsay's external patient experience survey.

Survey Question	Woodland	Glendon Wood
PHIN: Privacy	98.7%	98.4%
PHIN: Respect And Dignity	98.4%	98.7%
Cleanliness	98.3%	98.8%
Confidence In Staff	97.9%	98.4%
PHIN: Who To Contact	97.7%	97.8%
Consultant Aspects Of Care <i>Did you have confidence that your consultant would deliver the appropriate care for you?</i>	97.6%	97.7%
Consultant Aspects Of Care <i>Did your consultant show you understanding when assessing your need for treatment?</i>	96.7%	96.9%
Staff Listening	96.7%	97.3%
Manage Pain	96.2%	96.7%
PHIN: Involved In Decisions	95.2%	95.8%

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Woodland	
	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%
	Q1 to Q3 25/26	Severall	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC23	98.8%

VTE Assessment:	Period	Best		Worst		Average		Period	Glendon Wood	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	K814X	0.0%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	K814X	91.7%
	Q1 to Q3 25/26	Severall	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	K814X	98.9%



Name	Fail	Excellent	Actual	Target
Woodland Hospital	95%	5%	98.8%	95%
Glendon Wood Hospital	95%	5%	98.9%	95%

Woodland and Glendon Wood Hospitals have 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, both hospitals have seen a significant improvement in the preoperative VTE assessment rates by consultants, significantly enhancing patient safety and care quality.

**C difficile infection**

C. Diff rate:	Period	Best		Worst		Average		Period	Woodland	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC23	0.0000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC23	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC23	0.0000

C. Diff rate:	Period	Best		Worst		Average		Period	Glendon Wood	
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	K814X	0.0000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	K814X	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	K814X	0.0000

**Woodland and Glendon Hospital consider that this data is as described**

Woodland and Glendon Wood Hospital continue 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 and Glendon Wood Hospitals, employ a network of specialist nurses and infection control link nurses to promote good networking and best clinical practices. At Woodland and Glendon Wood Hospitals, a Qualified Infection Prevention & Control Nurse (IPCN) and Infection Control champions in all clinical areas ensure that IPC management remains a high priority. To maintain this zero-infection rate, both Hospitals uphold 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:	Period	Best		Worst		Average		Period	Woodland	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC23	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC23	0.0002
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC23	0.0004

SUIs:	Period	Best		Worst		Average		Period	Glendon Wood	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	K814X	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	K814X	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	K814X	0.0000

Ramsay have paused the annual publishing of this data. There is no nationally published data for LFPSE at present (Ramsay went live in November 23).

## Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Woodland	
	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%
	Jan-26	Severall	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC23	100.0%

F&F Test:	Period	Best		Worst		Average		Period	Glendon Wood	
	Jan-24	Severall	100%	RTK	74.0%	Eng	94.0%	Jan-24	K814X	100.0%
	Jan-25	Severall	100%	RL4	71.0%	Eng	95.0%	Jan-25	K814X	100.0%
	Jan-26	Severall	100%	RTK	74.0%	Eng	95.0%	Jan-26	K814X	100.0%

Woodland and Glendon Hospitals 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 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 “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 and Glendon Wood Hospitals have an extremely low rate of healthcare acquired infection and has had no reported MRSA Bacteraemia in the past 8 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 and all spinal surgery and these are also monitored.

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

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

#### Programmes and activities within our hospital include:

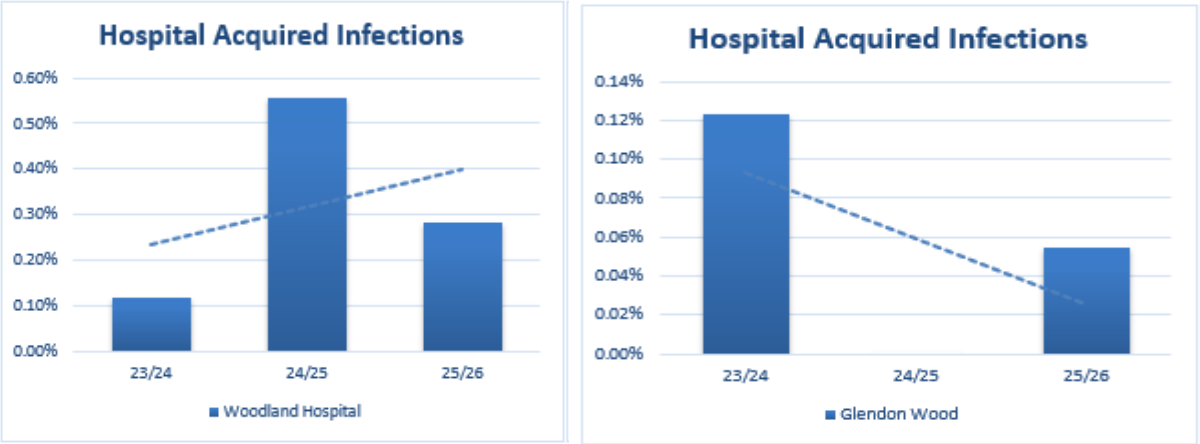
The Infection and Control Annual Programme of work for 2025/2026 has focused on 4 areas of compliance, these were; Antibiotic stewardship, Wound management including sampling, simple urine infections including sampling and housekeeping services. Progress has been made in all four areas. For antibiotic stewardship a regular meeting between the Head of Clinical services, IPCN and Lead Pharmacist takes place to review antibiotic prescribing, look at trends and address when non-compliance is seen. A comprehensive manual has been developed for each consultant detailing the first- and second-line treatments for wound infection or urine infections. Wound management and patient education have led to a discharge co-ordinator being nominated to field patient queries and provide consistency with action, as well as a wound care clinic taking place at Woodland Hospital Day Case Unit, to prevent less patients seeing a GP, for clip/suture removal.



Our housekeeping team went through the British Institute of Cleaning Services (BICS) training in February 2026. This was a great foundation to the updated Ramsay Housekeeping Policy that came out in April 2026, that is in line with the NHS Standards for Cleanliness document.

Normothermia during all hip & knee replacements and spinal surgery remains a focus, with a reduction being seen in non-infective oozy wounds, that have required extended admissions and increased dressing regimes, such as PICO application.

Rate per 100 discharges:



### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Woodland and Glendon Wood Hospitals, providing us with a patient’s eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

The latest PLACE assessments were undertaken in October 2025 with the results being as displayed below;

	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Woodland	99.44%↑	94.13%↑	88.77%↓	100%↑	87.76%↓	98.33%↑	95.98%↑	96.48%↑
Glendon Wood	99.39%↑	N/A	N/A	N/A	96.97%↑	100%↑	100%↑	98.31%↑
National Average	99.02%	93.24%	91.96%	94.82%	91.41%	97.27%	88.98%	88.86%

Glendon Wood Hospital is above the national average on every available score.

Woodland Hospital is above average on 6 of 8 measures, but below average for: Organisation Food & Privacy and Dignity and Wellbeing.

The audit was participated with valuable patient representation throughout the process, including neurodiverse representation to help ensure a broad and inclusive perspective. Following completion of the audit, an action plan was developed to address identified opportunities for improvement and has been monitored through monthly Head of Department meetings to support progress and accountability. We are pleased to report that three quarters of the actions are now either completed or currently in progress, demonstrating our ongoing commitment to enhancing the patient environment and experience.

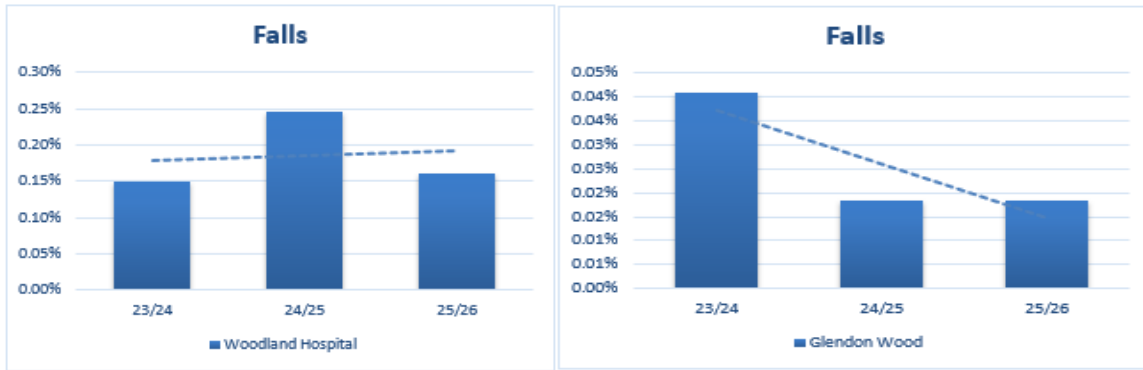
### 3.2.3 Safety in the Workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

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

Rate per 100 discharges:

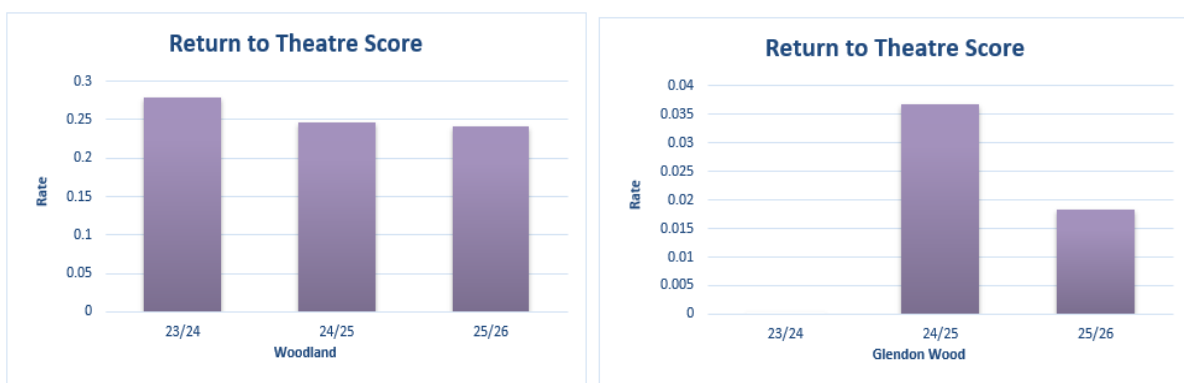


### 3.3 Clinical Effectiveness

Woodland and Glendon Wood Hospitals have a joint Clinical Governance Committee that meets monthly throughout the year to monitor the quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trends that require further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and Medical Advisory Committees to ensure results are visible and tied into actions required by the organisation as a whole.

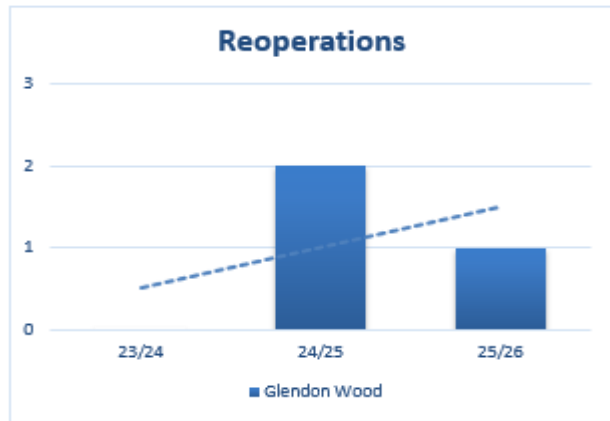
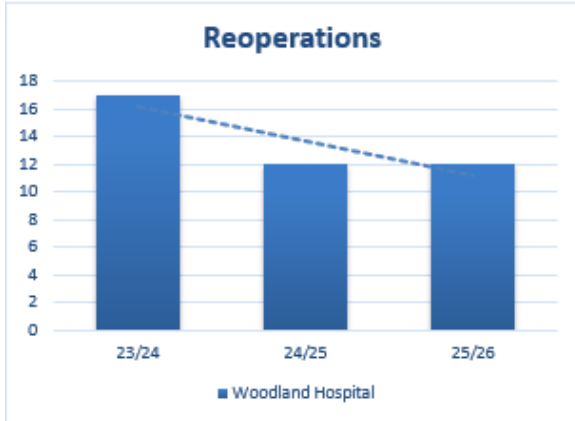
#### 3.3.1 Return to Theatre

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



As demonstrated in the above graphs our return to theatre rate have decreased over the last year at both hospitals. All return to theatre (RTT) cases are reviewed in the weekly PSIRG meeting to analyse if there are any gaps in care or if any themes need to be addressed. Thematic reviews will take place should there be any theme or trends identified to inform learning and improvement.

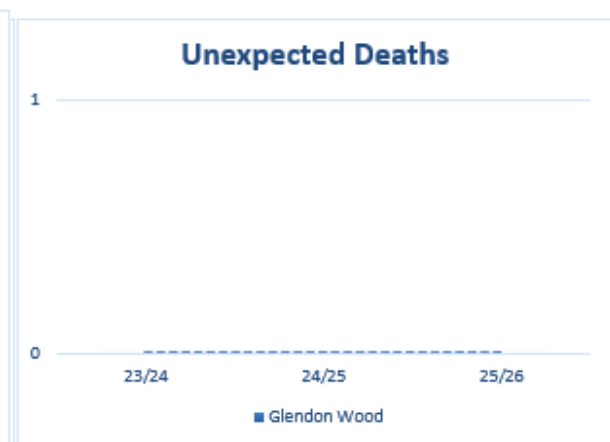
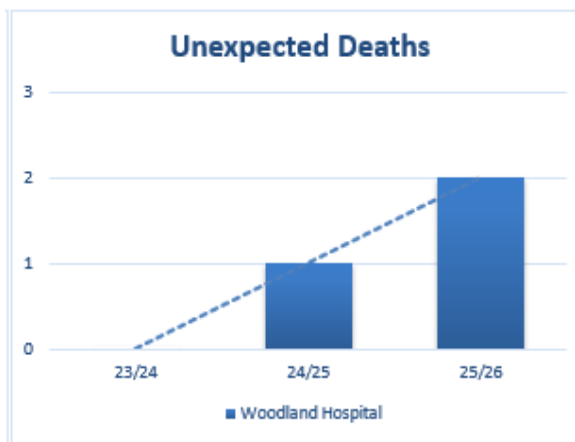
Rate per 100 discharges:



Rate per 100 discharges:



### 3.3.2 Learning from Deaths



All unexpected deaths are subject to a structured review in line with the Patient Safety Incident Response Framework (PSIRF) to ensure a thorough and transparent assessment of care. Investigations focus on understanding how systems and processes contribute to outcomes, rather than attributing individual blame, with the aim of identifying opportunities for learning and improvement

In one case during the reporting period, an elderly patient underwent elective surgery and initially made expected post-operative progress. The patient subsequently developed signs of clinical deterioration were treated in line with sepsis and escalation protocols and was transferred to an NHS acute hospital where their condition worsened. Despite further treatment, the patient sadly passed away.

A patient safety incident investigation (PSII) was undertaken, which identified some contributing system factors and areas for improvement, including communication between organisations and medication management processes. Action plans have been implemented to address these findings, including strengthening training, improving documentation, and enhancing multidisciplinary oversight of complex patients.

We remain committed to openness and learning, working closely with patients' families in line with Duty of Candour, and sharing learning to support continuous improvement in patient safety.

### 3.3.3 Staff Who Speak up Speaking Up for Safety



Creating a culture where staff feel confident to speak up about concerns is a key priority across Woodland and Glendon Wood Hospitals. Speaking Up for Safety supports our commitment to delivering safe, high-quality care by ensuring that all staff are empowered to raise concerns, share ideas, and contribute to service improvement.

We have two dedicated Speaking Up for Safety Leads, our Clinical Lead and Deputy Head of Clinical Services, this ensures representation across both hospitals with further staff being trained. These leads provide a visible and approachable point of contact for staff, offering confidential support and guidance when raising concerns. They also promote awareness of the programme and help ensure that concerns are addressed promptly and appropriately.

Our approach is underpinned by the Safety C.O.D.E., a structured communication framework that supports staff to raise concerns in a clear, respectful, and progressive way. The Safety C.O.D.E. consists of four stages: Check, Option, Demand, and Elevate, enabling staff to escalate concerns if initial discussions do not resolve the issue. This approach helps staff to balance professionalism and assertiveness, ensuring that patient safety concerns are voiced effectively, even in complex or hierarchical situations.

The use of the Safety C.O.D.E. reinforces a shared responsibility for patient safety and encourages a culture where it is accepted and expected that staff will speak up if something does not feel right. It also provides a clear signal to colleagues when a concern is becoming more serious and may require further action or escalation.

Speaking Up for Safety is embedded within our organisational culture. It forms part of all staff induction programmes, ensuring that new colleagues are introduced to the importance of raising concerns from the outset of their employment. In addition, we have incorporated

Speaking Up for Safety into our annual mandatory training, reinforcing key messages and expectations for all staff on an ongoing basis.

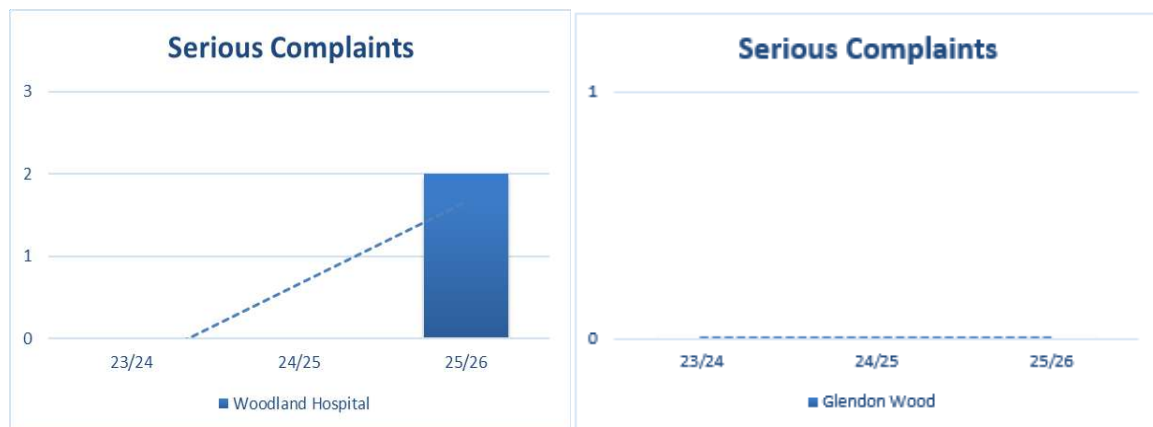
Through this approach, we continue to foster a culture of openness, transparency, and continuous learning, where staff feel supported to speak up and where feedback is actively used to improve patient safety and experience.

### 3.4 Patient experience

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

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

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



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

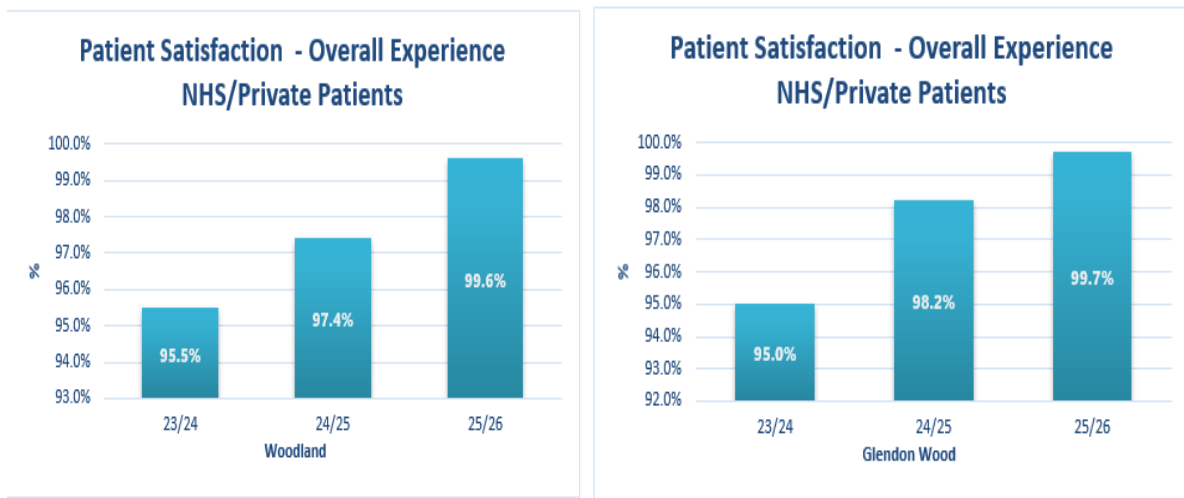
Feedback regarding the patient's experience is encouraged in various ways via:

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

- PROMs surveys
- Care pathways – 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 year annually for the past 3 years.*

### 3.5 Hospital Case Study

# Normothermia

In July 2025 at an Infection Prevention and Control Study session run by Solventum© and over seen by the National Clinical Lead for Infection Prevention and Control Nurse (NCLIPCN) the subject of Normothermia was explored. Given the multiple benefits from using specialised Bair-Hugger Universal (BHU) patient gowns that can use the Bair-Hugger© warming system to maintain a patient’s temperature above 36°C from ward → theatre → recovery → ward. Projected evidence that as well as reducing surgical site infections (SSI), decreases in cardiac events, better medication effectiveness and more importantly increased comfort for the patient. An audit based on the OneTogether© programme was carried out at both hospital’s to review compliance with best practice around Normothermia. Results are displayed below:

Audit	Score
SSI Surveillance of Surgical Site Infection*	77.8%
SSI Peri-Operative Warming: Pre-operative*	0.0%
SSI Peri-Operative Warming: Intra-operative*	28.6%
SSI Warming Intravenous & Irrigation Fluids*	66.7%
SSI Peri-Operative Warming: Post-Operative*	50.0%
SSI Practice (OneTogether)*	78.6%

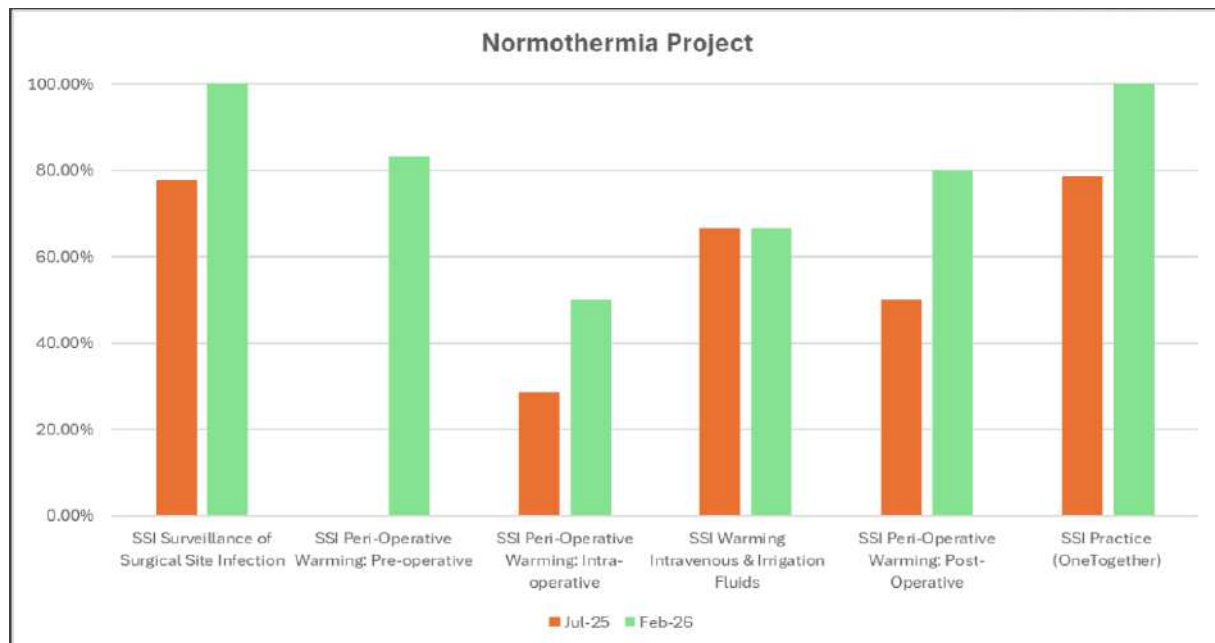
Due to Woodland Hospital being an outlier (within Ramsay) for Total Hip Infections, the agreement was given by the Head of Clinical Services who is also the local Director of Infection Prevention and Control (DIPC), to use the gowns and pre-warming system on patients who undergo a total hip or knee replacement and all spinal surgery.

The project has followed the timeline ad detailed below:

# Implementation Plan



Re-audits showed an increase in compliance over all areas by using the BHU Gowns. Results below:



The project has been met with some scepticism, and as with all IPC initiatives proving that an infection hasn't occurred requires different data to be gathered. For Woodland and Glendon Wood Hospitals, this will be noted by a reduction in the transfer of patients for cardiac events, such as new atrial fibrillation (AF) symptoms post-surgery, the reduction in the need to keep patient admitted for non-infective leaking or 'oozy' wounds.

Complexity of patients has increased over the past few years and therefore changes to standard theatre practice requires to compliment this rise. The project will review each phase, against patient outcome, cost and benefits.

## Appendix 1

### Services covered by this quality account

### Regulated Activities – Woodland Hospital

#### 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"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> </ul> <p>All patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
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

## Regulated Activities – Glendon Wood Hospital

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

<b>Diagnostic and screening</b>	Endoscopy, Radiology services, Phlebotomy, Specimen collection	All adults 18 yrs and over
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## Appendix 2 – RHCUK Clinical Audit Programme (Jul 2025–Jun 2026)

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

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

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients

<b>July</b>	<p>One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug)</p> <p>One Together Surveillance of Surgical Site Infection (Jul–Aug)</p> <p>One Together Practice Review (Jul–Aug and Jan–Feb)</p> <p>IPC Governance and Assurance (Jul–Sep)</p> <p>Safe &amp; Secure (Jul–Sep and Jan–Mar)</p> <p>50 Steps Cleaning (FR5) – Receptions (Jul; Jan)</p> <p>Practising Privileges – Doctors in Training (Jul; Jan, where applicable)</p> <p>Medicines Reconciliation (Jul; Oct; Jan; Apr)</p> <p>MRI Reporting for BUPA (Jul; Nov; Mar)</p> <p>H&amp;S Fire Safety (Jul; Jan)</p>	<p>IPC</p> <p>IPC</p> <p>One Together Practice Review</p> <p>IPC</p> <p>OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy</p> <p>SLT</p> <p>HoCS</p> <p>Pharmacy</p> <p>Radiology</p> <p>Ops Managers, RDUK</p>
<b>August</b>	<p>IR(ME)R (Aug–Sep)</p> <p>Complaints (Aug–Sep and Feb–Mar)</p> <p>CT (Aug–Sep and Mar–Apr)</p> <p>Sharps (Aug; Dec; Apr)</p> <p>CT Reporting for BUPA (Aug; Dec; Apr)</p> <p>IPC Management of Linen (Aug; Feb)</p> <p>Essential Care: Wound Management (Aug; Nov; Feb; May)</p> <p>Duty of Candour (Aug–Sep and Feb–Mar)</p>	<p>IR(ME)R Lead, RDUK</p> <p>SLT</p> <p>Radiology, RDUK</p> <p>IPC</p> <p>Radiology</p> <p>Ward</p> <p>HoCS</p> <p>SLT</p>
<b>September</b>	<p>Paediatric Outpatients</p> <p>H&amp;S Slips Trips &amp; Falls</p> <p>LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr)</p> <p>Essential Care: Nutrition &amp; Hydration (Sep–Oct)</p> <p>Controlled Drugs (Sep; Dec; Mar; Jun)</p> <p>OH: Vaccination Records (Sep; Mar)</p> <p>SACT Services (Sep–Oct)</p> <p>X-Ray; Ultrasound (Sep–Oct and Mar–Apr)</p>	<p>Paediatric</p> <p>Ops Managers, RDUK</p> <p>Theatres, Outpatients, Radiology</p> <p>HoCS</p> <p>Pharmacy</p> <p>Corporate OH</p> <p>Pharmacy; SACT</p> <p>Radiology</p>
<b>October</b>	<p>H&amp;S COSHH</p> <p>IPC Environmental infrastructure (Oct–Dec)</p> <p>Urinary Catheterisation Bundle (Oct–Dec)</p> <p>Antimicrobial Stewardship &amp; Prescribing; Prescribing, Supply &amp; Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun)</p> <p>Pain Management (Oct; Apr)</p> <p>50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)</p>	<p>Ops Managers, RDUK</p> <p>SLT</p> <p>HoCS</p> <p>HoCS; Pharmacy</p> <p>Pharmacy</p> <p>Physio, POA; Pharmacy; Radiology, RDUK</p>
<b>November</b>	<p>H&amp;S Electrical Safety</p> <p>IRR (Nov–Dec)</p> <p>MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI)</p> <p>OH: Immunity Screening (Nov; May)</p> <p>OH: Case Management Referrals (May; Nov)</p>	<p>Ops Managers, RDUK</p> <p>RPS, RDUK</p> <p>Radiology, RDUK;</p> <p>Radiology</p> <p>Corporate OH</p> <p>Corporate OH</p>
<b>December</b>	<p>Safeguarding</p> <p>H&amp;S Violence at Work</p>	<p>SLT</p> <p>Ops Managers, RDUK</p>
<b>January</b>	<p>One Together Warming Intravenous &amp; Irrigation Fluids (Jan–Feb)</p> <p>MHRA (Jan–Feb)</p>	<p>IPC</p> <p>MR Lead, RDUK</p>

	Medicines Governance (Jan–Mar)	Pharmacy
<b>February</b>	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
<b>March</b>	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
<b>April</b>	H&S Management	Ops Managers, RDUK
<b>May</b>	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
<b>June</b>	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

## Appendix 3 Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Meticillin-Resistant Staphylococcus Aureus
MSSA	Meticillin-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
K814X	Code for Glendon Wood 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 & Glendon Wood Hospitals

### 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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