Woodthorpe Hospital

Quality Account
2025/26

Ramsay Health Care

Contents

Welcome to Ramsay Health Care UK

Woodthorpe Hospital is part of the Ramsay Health Care Group

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

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

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

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

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

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

I am proud to share these results with you.

Nick Costa

Chief Executive Officer

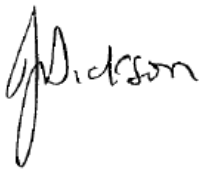
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Woodthorpe 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

Mr Paul Scott, Hospital Director

Woodthorpe Hospital

Woodthorpe Hospital, part of Ramsay Health Care UK, is dedicated to providing the highest-quality healthcare to both private and NHS funded patients in Nottingham and the Midlands. Our team ensures that quality care underpins every decision, striving to get it right the first time, every time.

We focus on patient outcomes, benchmarking locally and nationally to maintain safe and patient-focused services. Currently rated as Care Quality Commission (CQC) “Good”, our aim is to always meet or exceed this standard.

We are proud to meet some of healthcare's highest standards, including Joint Advisory Group (JAG) accreditation, Gold award for Aseptic Non-Touch Technique (ANTT), and Gold award for NJR. Additionally, we are committed to sustainability, ensuring that our practices and the way in which we run our hospital are environmentally responsible.

Over the next 12 months, we will continue to enhance the quality of care, attract and retain staff through effective leadership, support our staff, and offer opportunities to those from neurodiverse backgrounds

The engagement of patient groups, our teams, and the local healthcare economy is key to the continued success of Woodthorpe. We aim to be recognised as the hospital of choice for our patients.

Paul Scott

CMgr MCMI, MBA, BSc

Ramsay Health Care UK - Hospital Director

1.2 Hospital Accountability Statement

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

Mr Paul Scott
Hospital Director
Woodthorpe Hospital
Ramsay Health Care UK

This report has been reviewed by:

- Paul Scott, Hospital Director
- Alix Collins, Head of Clinical Services
- Woodthorpe Hospital Clinical Governance Committee
- Mr Paul Szyprt, Local Medical Advisory Committee (MAC) Chair
- Nottingham and Nottinghamshire Integrated Care Board (ICB)

1.3 Welcome to Woodthorpe Hospital

Woodthorpe Hospital has been caring for the people of Nottingham for nearly 150 years. The site, which has provided healthcare services since 1877, is proudly located to the north of Nottingham city centre and is easy to reach by car or public transport, with convenient access from the M1 and A1, and bus stops situated directly outside the hospital.

We are proud to work in partnership with some of the region's most experienced and highly qualified consultants across a wide range of specialities. Supported by our dedicated and skilled staff, we are committed to delivering the highest standards of patient-centred care, helping every patient feel supported, safe, and confident throughout their journey with us.

Woodthorpe Hospital provides high-quality care for adult patients aged 18 and over, whether privately insured, self-funding, or NHS-funded. While we do not provide accident and emergency services or higher-level care, we work closely with our local NHS partners to ensure patients receive the most appropriate care in the right setting.

A large proportion of our NHS patients access our services through the Electronic Referral Service (eRS). By working collaboratively with ICB's across Nottinghamshire, Derbyshire, and Leicestershire, as well as with local NHS hospitals, we help to reduce pressure on acute services, improve patient flow, and increase access to planned care.

We also offer direct access diagnostic services for General Practitioner (GP) referrals, including diagnostic endoscopy, ultrasound, plain-film X-ray, and MRI scanning, supporting timely diagnosis and treatment for patients in the community.

At Woodthorpe Hospital, we are committed to continuous improvement. We regularly review and develop our services and are proud to offer a comprehensive range of specialist inpatient and outpatient care, including:

Hip surgery	Knee surgery	Foot & Ankle	Hand & Wrist
Podiatry	Shoulders & Elbows	Spine & Neck	Ear, Nose & throat
General Surgery	Urology	Gynaecology	Endoscopy
Ophthalmology	Vascular	Hernia Repair	Physiotherapy
Sports Injury	Radiology Service (including on site MRI)	Dermatology	Diagnostics

Our modern, well-equipped hospital provides patients with access to advanced medical technology and comfortable, high-quality facilities, including:

- Free on-site parking and excellent public transport links
- A comprehensive radiology department offering X-ray, CT, MRI and ultrasound, as well as image-guided joint injections
- Nine consultation rooms
- Two fully equipped operating theatres, supporting a wide range of procedures including keyhole and day surgery, with a dedicated recovery and post-anaesthetic care unit
- 41 private en-suite patient bedrooms
- High-quality catering services with enhanced menus for private patients, Level 5 Food Hygiene certification, and staff trained to Level 3 standards
- A specialist ophthalmology operating suite featuring the innovative Surgicube (unique within the local area)
- Two minor procedure rooms, including an Endoscopy Suite and an Injections Treatment Suite

Growing patient demand has also led us to expand our outpatient services, including physiotherapy and sports injury treatment. Many of these services can be accessed directly, without the need for a GP referral.

To support the wider community, we also run several outreach clinics, providing convenient local access to our services at:

- Rosebery Medical Centre and Pinfold Medical Practice, Loughborough
- Latham House, Melton Mowbray
- Nottingham Road Clinic, Mansfield

At Woodthorpe Hospital, our focus is always on delivering safe, compassionate, and high-quality care - putting patients at the heart of everything we do.

GP Partnerships

Our Business Relationship Manager plays a key role in building strong, supportive relationships with GP practices across Nottinghamshire, Leicestershire, Derbyshire, Lincolnshire and other surrounding areas. Through regular, open communication, we aim to ensure local GPs feel well-informed, valued and confident when accessing services at Woodthorpe Hospital.

We maintain close and responsive contact with GP practices through a mixture of personalised practice visits, routine telephone conversations and regular email updates. These communications help keep practices up to date with referral activity, waiting times across specialties, and developments such as the arrival of new consultants. We also actively engage and network with the wider primary care community by attending local medical committee GP events.

To further support our GP partners, we provide clear and accessible referral information, including referral processes and acceptance criteria, consultant profiles,

and a comprehensive directory of services. These resources are designed to make referring into Woodthorpe Hospital as straightforward and efficient as possible.

Education and Continuing Professional Development

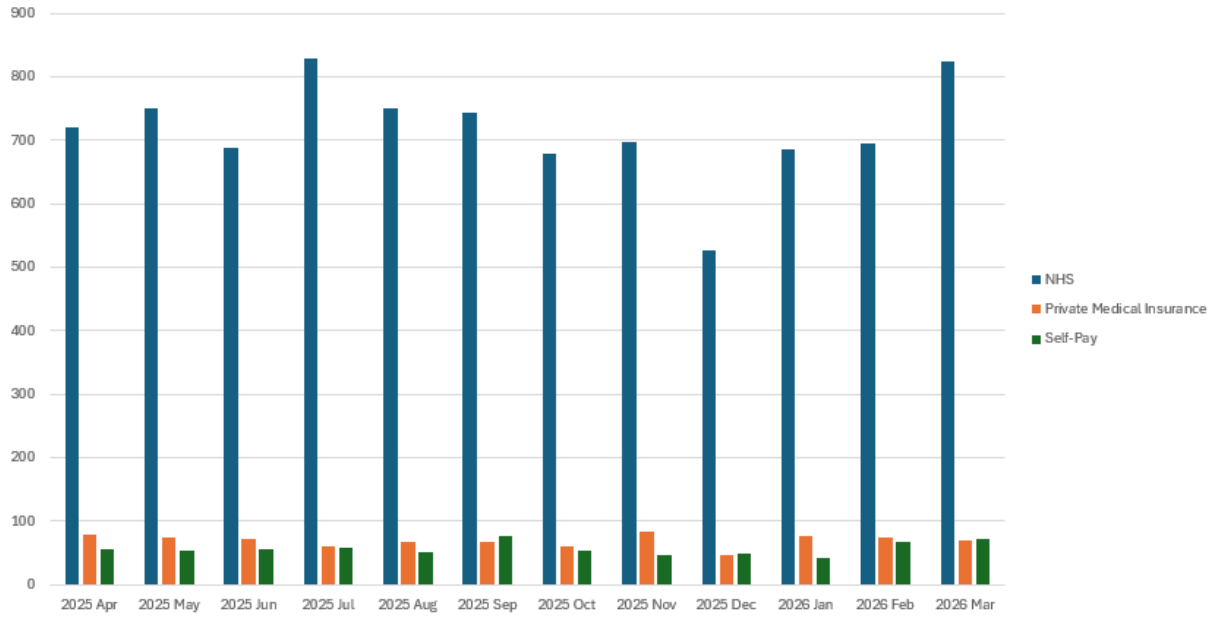
We are committed to supporting the ongoing professional development of primary care teams. Throughout the year, we host GP education events both at Woodthorpe Hospital and at local venues. These sessions offer continuous professional development opportunities, strengthen connections between GPs and our consultants, and encourage the sharing of knowledge and best practice across the local health system.

Together, this approach helps strengthen our partnerships with primary care, enhances the referral experience, and supports our shared goal of delivering high-quality, patient-centred care across our region.

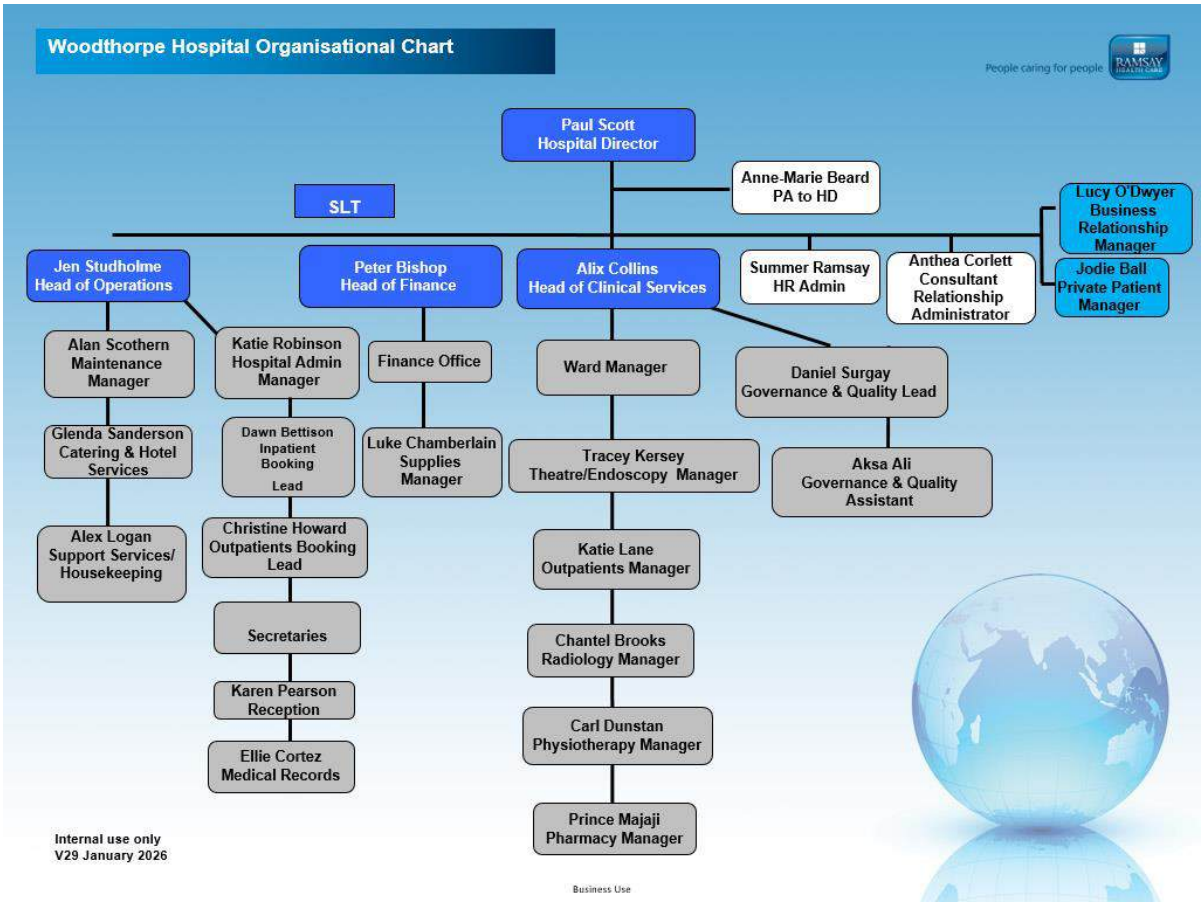
In 2025/26 (1st April 2025 to 31st March 2026), Woodthorpe Hospital has managed 10,100 patients' admissions:

Payor	Admissions	Percentage
Insured	826	8.18%
Self-Pay	679	6.72%
NHS	8595	85.10%
Total	10100	100%

A graph to show Woodthorpe Hospital admissions 1st April 2025 – 31st March 2026:



By 31st March 2026, Woodthorpe Hospital employed 205 permanent staff and 67 bank staff. The organisational chart is seen below:


Woodthorpe Hospital Organisational Chart
People caring for people
Paul Scott
Hospital Director
Anne-Marie Beard
PA to HD
SLT
Lucy O'Dwyer
Business Relationship Manager
Jodie Ball
Private Patient Manager
Jen Studholme
Head of Operations
Peter Bishop
Head of Finance
Alix Collins
Head of Clinical Services
Summer Ramsay
HR Admin
Anthea Corlett
Consultant Relationship Administrator
Alan Scothern
Maintenance Manager
Katie Robinson
Hospital Admin Manager
Finance Office
Ward Manager
Daniel Surgay
Governance & Quality Lead
Glenda Sanderson
Catering & Hotel Services
Dawn Bettison
Inpatient Booking Lead
Luke Chamberlain
Supplies Manager
Tracey Kersey
Theatre/Endoscopy Manager
Aksa Ali
Governance & Quality Assistant
Alex Logan
Support Services/ Housekeeping
Christine Howard
Outpatients Booking Lead
Katie Lane
Outpatients Manager
Secretaries
Chantel Brooks
Radiology Manager
Karen Pearson
Reception
Carl Dunstan
Physiotherapy Manager
Ellie Cortez
Medical Records
Prince Majaji
Pharmacy Manager
Internal use only
V29 January 2026
Business Use

Part 2

2.1 Priorities for Improvement

Plan for 2026/27

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

We have a clear commitment to our self-pay and privately funded 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 (SLT) 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.

2.1.1 Review of Clinical Priorities 2025/26 (Looking Back)

Care Quality Commission (CQC)

Woodthorpe Hospital underwent an unannounced Care Quality Commission (CQC) inspection during March and April 2025, with the final report published in September 2025. The hospital was rated as ‘Good’ overall, with several aspects of care recognised as ‘Outstanding’. This represents an important external assessment of the quality, safety and consistency of care provided across the organisation.

The inspection included detailed review of surgery, endoscopy, outpatient and diagnostic imaging services, providing robust assurance across the hospital’s core clinical pathways. Inspectors identified a positive safety and learning culture, effective governance and leadership oversight, well-maintained facilities, and a skilled and committed workforce delivering patient-centred care. Patients were consistently reported to be treated with kindness, dignity and respect, while staff were recognised for their professionalism, teamwork and commitment to continuous improvement.

This outcome reflects the sustained efforts of multidisciplinary teams (MDT) across the hospital and reinforces Woodthorpe Hospital's position as a high-performing organisation delivering safe, effective and compassionate care. The findings also provide valuable external assurance to patients, commissioners and regulators regarding the strength of the hospital's governance, culture and quality systems.

Aseptic Non-Touch Technique (ANTT) Gold Accreditation

Following a formal external assessment on the 22nd July 2025, Woodthorpe Hospital achieved gold ANTT accreditation. This represents a significant quality milestone and reflects the sustained commitment, professionalism and collaborative effort of the MDT across the hospital.

Gold ANTT accreditation represents the highest level of assurance that infection prevention principles are consistently embedded within day-to-day clinical practice. Achievement of this standard requires demonstrable compliance in practice, effective education and training programmes, robust audit and surveillance arrangements, meaningful use of quality data, and clear governance oversight to support continuous improvement.

This achievement is particularly noteworthy given the pace of progress, with the hospital having attained bronze and silver accreditation within the preceding 12 months. Progression through all three accreditation levels within such a short timeframe demonstrates a strong organisational commitment to patient safety, consistency of aseptic practice and continuous quality improvement.

External assessors highlighted the strength of the hospital's supporting data and, importantly, a clear organisational commitment to ANTT principles at all levels. As an independent hospital delivering high-volume surgical care, achievement of gold ANTT accreditation provides strong assurance to patients, clinicians and regulators that infection prevention and control remains a core priority and is delivered to a consistently high standard.

Association of Perioperative Practice (AfPP)

Woodthorpe Hospital achieved AfPP accreditation, with formal confirmation received on the 29th January 2026. This achievement made Woodthorpe Hospital the first Ramsay Health Care UK hospital to receive this nationally recognised accreditation and reflects the sustained commitment, professionalism and collaborative effort of perioperative teams across the organisation.

AfPP accreditation is underpinned by a robust evidence-based assessment of perioperative services against recognised standards for patient safety, clinical

effectiveness and governance. The process requires demonstrable assurance of safe and compliant practice, a positive safety culture, clear and effective policies, comprehensive staff training, and a strong focus on continuous quality improvement supported through audit and assurance processes.

This achievement provides strong assurance that perioperative care at Woodthorpe Hospital consistently meets high professional standards. It reinforces the hospital's ongoing commitment to patient safety, staff development and continuous improvement, while recognising the important contribution of perioperative teams in delivering high-quality, patient-centred care.

Orthopaedic Getting it Right First Time (GIRFT)

During 2025/26, Woodthorpe Hospital underwent a GIRFT review of its orthopaedic services, with the review finalised on the 12th June 2025. While the GIRFT process is not an accreditation programme, it provides an important external review of service quality, clinical outcomes and opportunities for improvement. Participation in this review reflects the hospital's commitment to transparently evaluating performance and continuously strengthening the quality of orthopaedic care.

The GIRFT programme is a nationally recognised, data-led improvement initiative focused on reducing unwarranted variation in clinical practice, improving patient outcomes and ensuring the best use of resources. GIRFT reviews draw on clinical outcome data, benchmarking information, governance arrangements and service delivery processes to identify strengths and support targeted improvement.

During the review, the hospital's orthopaedic service was noted for excellent primary hip and knee replacement revision rates and below-average lengths of stay. These findings provide positive external assurance regarding clinical quality and outcomes, and support Woodthorpe Hospital's ongoing commitment to continuous improvement and the delivery of consistently high-performing orthopaedic services.

Clinical area refurbishment

During 2025/26, Woodthorpe Hospital successfully completed its planned refurbishment programme, delivered across three phased stages. Importantly, all works were undertaken whilst services continued safely, minimising disruption to patients and supporting the hospital's ongoing contribution to reducing long elective waiting times.

Completed improvements included the full refurbishment of Ward 1, incorporating the reception area, patient bedrooms and flooring. These improvements have created a more modern, clean and welcoming environment for patients and visitors.

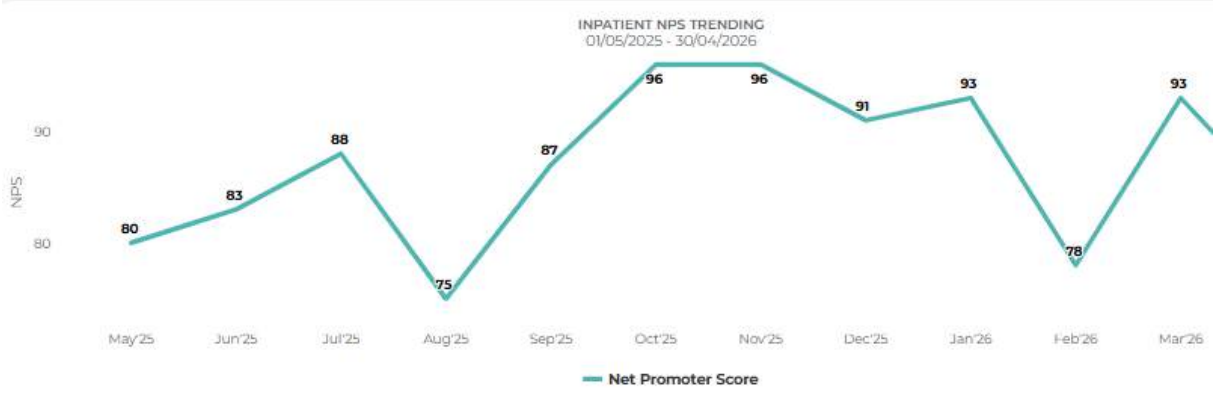
Feedback from both patients and staff has been consistently positive. Woodthorpe Hospital remains committed to using patient and staff experience feedback to inform future environmental improvements and to ensure that the care setting continues to improve in line with feedback received.

Patient experience 2025/26

Cemplicity

Woodthorpe Hospital continues to use Cemplicity patient feedback to inform service improvement and provide assurance regarding the quality of patient-centred care. Patient experience feedback remains an important component of the hospital's wider quality and governance arrangements, supporting both service development and ongoing monitoring of care standards.

Between 1st April 2025 and 31st March 2026, Woodthorpe Hospital received 3,189 patient feedback responses, representing a 27.8% increase compared with the previous year's annual Quality Account report. Analysis of this feedback demonstrates consistently high levels of patient satisfaction, with particularly strong performance in patients feeling safe, being treated with kindness, dignity and respect, and the cleanliness of the care environment. These findings provide positive assurance regarding the quality of care delivered and reflect the hospital's sustained focus on patient experience and environmental standards.



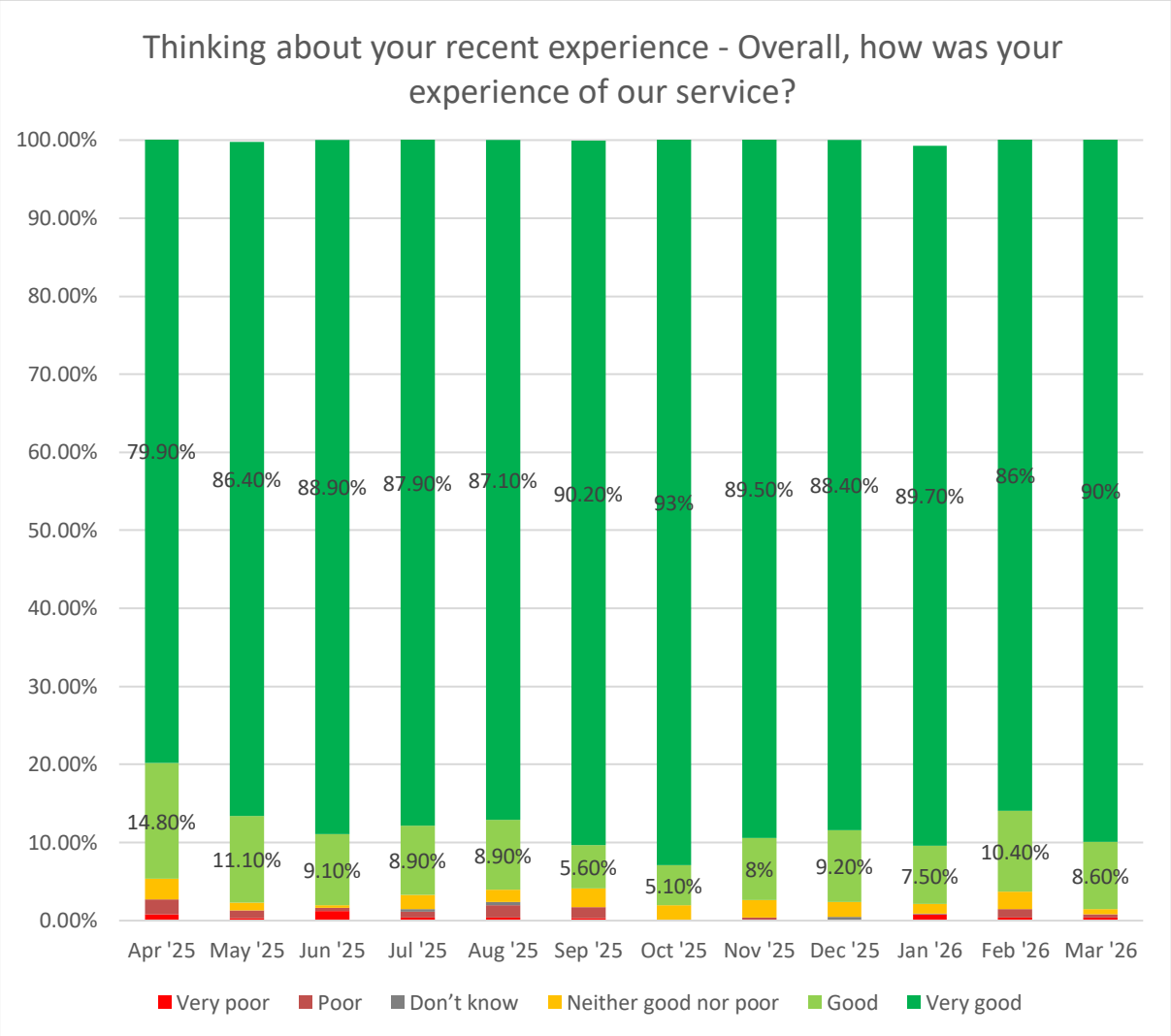
The Friends and Family Test (FFT)

The NHS FFT is a nationally mandated feedback mechanism designed to help providers and commissioners understand patient experience and identify opportunities for service improvement. During 2025/26, Woodthorpe Hospital maintained a clear focus on strengthening patient engagement and increasing FFT response rates across all patient pathways.

To support this objective, the hospital implemented a range of system improvements to increase accessibility and ease of completion. These included the introduction of an electronic FFT survey with QR code functionality, promoted through posters displayed throughout the hospital, alongside investment in dedicated iPads to support patients who may experience accessibility or usability barriers.

Between 1st April 2025 and 31st March 2026, Woodthorpe Hospital received 3,156 FFT responses, with a combined 97% of respondents reporting their experience of care as 'very good' and 'good' during the reporting period (see below graph).

Work continues to promote FFT completion and embed its use within routine clinical practice. This supports the consistent capture of timely and meaningful patient feedback, enabling the hospital to monitor experience, identify areas of good practice, and inform ongoing service improvement.



Patient Participation Group (PPG)

The Woodthorpe Hospital Patient Participation Group (PPG) is now an established and embedded component of the hospital's clinical governance framework. The group provides a structured forum for patient engagement, ensuring that patient perspectives directly inform service development and quality improvement activity.

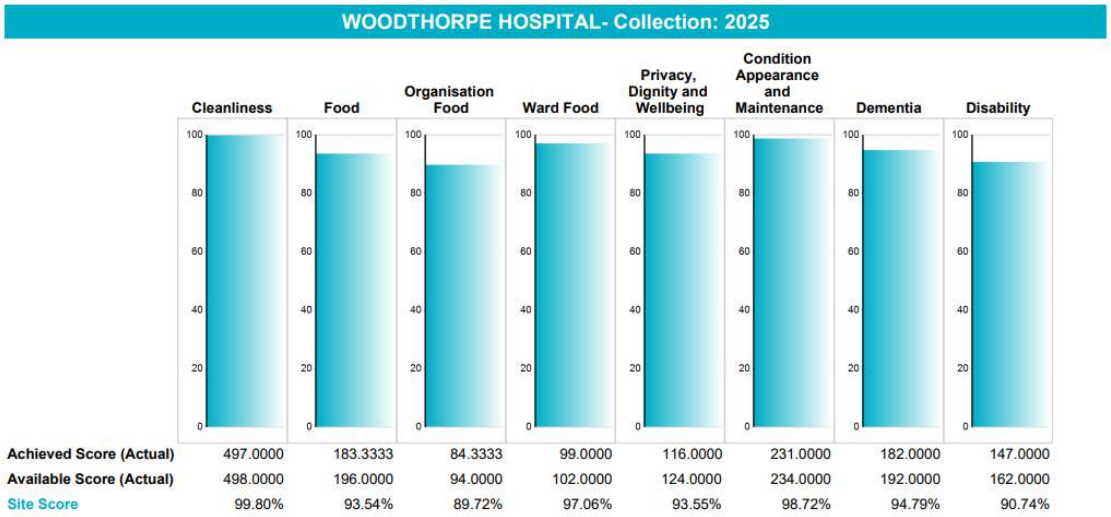
During 2025/26, the PPG continued to develop, supported by refreshed membership and strengthened representation from both NHS and private patients across a range of specialties. The hospital has proactively supported the recruitment of new members to help ensure that the patient voice remains current, representative and meaningful.

The group has played an active role in quality assurance activity, including direct involvement in the Patient-Led Assessment of the Care Environment (PLACE) assessment (further details included within following point), bringing valuable patient-led insight into the safety, cleanliness and condition of the care environment. The PPG now meets formally on a quarterly basis, with agendas informed by themes and priorities identified through patient feedback.

Strengthening patient involvement remains a core priority, with continued commitment to ensuring that patient feedback informs improvement, assurance and service development across Woodthorpe Hospital.

PLACE

The PLACE assessment was undertaken in December 2025. Patients were supported to undertake walkabouts across the hospital to gather direct feedback across eight key domains. Assessment data were entered onto the national PLACE system and independently scored. Woodthorpe Hospital achieved consistently high results across all domains, with overall site scores ranging from approximately 90% to 100%. The hospital was particularly commended for cleanliness, ward food provision, and the condition, appearance and maintenance of the environment. These results provide strong external assurance of a safe, welcoming and patient-centred care environment, reflecting sustained attention to quality and patient experience across the hospital. Further information can be found in section 3.2.2.



2.1.2 Clinical Priorities 2026/27 (Looking Forward)

Patient Safety

Patient Safety Priority: Strengthening Venous Thromboembolism (VTE) prevention, assurance and pathway compliance

During 2026/27, Woodthorpe Hospital will continue to prioritise VTE prevention as a key patient safety priority. Although the hospital has demonstrated good levels of compliance with VTE risk assessment and continues to report strong outcomes, VTE remains a significant potential risk for surgical patients. For this reason, the hospital has identified an opportunity to undertake more detailed review and assurance work to strengthen consistency in assessment, prophylaxis, documentation and pathway compliance.

This priority has been selected through review of patient safety data, audit findings and local governance discussions. While current performance is positive, VTE prevention is an area where continued attention is required to ensure that good practice is consistently embedded and that opportunities for further improvement are identified early. Given the nature of the hospital's surgical activity, maintaining a strong focus on VTE prevention is an important component of safe, high-quality care.

The aim of this priority is to strengthen compliance and consistency in VTE prevention processes across the patient pathway, while maintaining strong patient outcomes and reducing avoidable variation in practice. This will include improving assurance around the quality of documentation, the timeliness of assessment and prophylaxis, and the consistency of decision-making in relation to individual patient risk.

To achieve this, the hospital will undertake more detailed review of VTE-related practice through audit, case review and pathway evaluation. This work will include examination of risk assessment completion, prescribing and administration of prophylaxis where indicated, documentation standards, and compliance with agreed pathways. Findings will be used to identify any areas requiring standardisation, targeted education or process improvement, with learning shared through the hospital's governance structure.

Progress will be monitored through regular audit of VTE risk assessment and documentation compliance, review of relevant incidents or exceptions, and thematic analysis of findings from case review activity. Oversight will be provided through the hospital's established governance processes, including the VTE Working Group and CGC, to ensure progress is tracked, reported and any required actions are implemented and reviewed.

Clinical Effectiveness

Clinical Effectiveness Priority: Embedding the NHS Right Treatment, Right Place Framework

During 2026/27, Woodthorpe Hospital will prioritise the embedding of the NHS Right Treatment, Right Place framework within relevant clinical pathways. This approach is intended to ensure that patients receive the most appropriate treatment in the most appropriate setting, supporting safer, more effective and more efficient care. Embedding this framework will help increase access to services, reduce waits, and minimise the risk of over-treatment or under-treatment.

This priority has been identified through review of existing services and pathways, alongside consideration of national NHS direction on improving access, pathway efficiency and value in healthcare delivery. Standardising pathways in line with the Right Treatment, Right Place framework provides an important opportunity to strengthen consistency in clinical decision-making and ensure patients are directed to the most appropriate service at the right point in their care journey.

The aim of this priority is to improve access to care, reduce avoidable delays, and support more consistent treatment decisions by ensuring pathways are aligned to patient need and clinical appropriateness. Through this work, Woodthorpe Hospital intends to support timely access to services while improving pathway reliability and reducing unnecessary variation in practice.

To achieve this, the hospital will undertake review and standardisation of selected clinical pathways, working with relevant clinical and operational stakeholders to identify where pathway redesign or clarification is required. This will include reviewing referral routes, treatment criteria, points of decision-making and handovers between

services, to ensure that pathways remain clear, proportionate and aligned to the principles of the framework.

Progress will be monitored through review of pathway compliance, changes in waiting times and access to services, and oversight of whether patients are being directed to the most appropriate treatment setting. Feedback from clinicians and operational teams, together with local governance oversight, will be used to assess effectiveness, identify any further improvements required and support reporting on progress during the year.

Clinical Effectiveness Priority: Implementing Hybrid Mail

During 2026/27, Woodthorpe Hospital will progress the implementation of Hybrid Mail as a clinical effectiveness priority to support more reliable, timely and efficient communication across patient pathways. By reducing reliance on manual printing, collation and posting processes, Hybrid Mail will help improve the consistency and speed of patient correspondence, support quicker access to information, and reduce the risk of administrative error. This will contribute to safer, more streamlined pathways, improve the availability of clinical information for decision-making, and support a more efficient and responsive service for patients and clinical teams.

Clinical Effectiveness Priority: Maintaining Joint Advisory Group (JAG) accreditation

During 2026/27, Woodthorpe Hospital will prioritise the continued maintenance of its JAG accreditation for endoscopy services as it approaches onsite reassessment. Following the successful completion of annual submissions, the hospital aims to sustain the standards required for continued accreditation and provide ongoing assurance that endoscopy services remain safe, effective and patient-centred.

This priority has been selected because JAG accreditation is a recognised marker of quality within endoscopy services and provides independent assurance regarding service delivery, governance, workforce competence and patient experience. Continued maintenance of accreditation reflects the hospital’s commitment to sustaining high standards and ensuring readiness for external reassessment.

The aim of this priority is to maintain JAG accreditation throughout 2026/27 by ensuring the hospital remains compliant with the required standards ahead of onsite reassessment. This will support the continued delivery of high-quality endoscopy care and provide assurance to patients, clinicians and commissioners regarding the safety and effectiveness of the service.

To achieve this, the hospital will continue to monitor compliance with JAG standards, maintain required annual submissions, review supporting evidence, and prepare for onsite reassessment through regular service review and operational oversight. This will include ongoing focus on endoscopy governance, training, audit activity, patient feedback and service performance.

Progress will be monitored through review of compliance against JAG standards, completion of annual submission requirements, internal audit and service performance reporting, with oversight provided through the hospital's governance structures. This will support early identification of any gaps and ensure actions are implemented in preparation for reassessment.

Clinical Effectiveness Priority: T-Pro Ambient Scribe

During 2026/27, Woodthorpe Hospital intends to introduce T-Pro Ambient Scribe as a clinical effectiveness priority to support more efficient clinical documentation. T-Pro's ambient scribe functionality can generate multiple outputs from a single consultation or dictation, including clinical notes, GP letters and patient correspondence. Once generated, documents can be directed into Maxims, the hospital's electronic patient record, where they can be reviewed, approved and edited prior to issue. This will provide an alternative to the traditional transcription process and support a more streamlined and responsive documentation pathway.

This priority was identified through service review and engagement with consultants. As T-Pro is already used within the hospital for dictation and integrates with existing systems, the development of ambient scribing represents a natural progression in the continued improvement of digital clinical documentation processes.

The aim of this priority is to reduce the time taken for clinical letters and related documentation to be produced, reviewed and received by the relevant parties, thereby improving timeliness of communication and supporting a more efficient patient pathway.

To achieve this, Woodthorpe Hospital is working collaboratively with T-Pro to tailor the system to local requirements. Following configuration, the solution will be introduced initially with a small test group of consultants to evaluate usability, workflow integration and operational effectiveness before any wider rollout is considered.

Progress will be monitored through uptake within the test group, qualitative review of the quality and accuracy of generated documentation, and comparative measurement of turnaround times against the traditional transcription process. Findings will be reviewed through local governance and operational oversight arrangements to inform any decision regarding further implementation.

Patient Experience

Patient Experience Priority: Progressing Continuous Advancement Programme (CAP) standards in housekeeping and catering

During 2026/27, Woodthorpe Hospital will prioritise the continued development of environmental and hospitality standards through progression of CAP awards in housekeeping and catering. During 2025/26, the hospital achieved the Silver CAP award in housekeeping and Gold CAP in catering. Building on this achievement, the hospital aims to progress housekeeping to Gold and catering to Platinum during 2026/27.

This priority has been selected because high standards in housekeeping and catering make an important contribution to patient experience, while also supporting wider patient safety and infection prevention and control requirements. Clean, well-maintained environments and high-quality catering services are central to a positive patient journey and provide assurance regarding the quality of the care setting.

To achieve this, the hospital will continue to review CAP standards, identify any gaps against higher award criteria, and implement targeted improvement actions across housekeeping and catering services. This will include continued focus on audit, environment, food quality, presentation, service delivery, staff training and responsiveness to patient feedback.

Progress will be monitored through CAP assessment outcomes, internal audit activity, patient feedback, PLACE findings and routine governance review. This will provide assurance that improvement actions are effective and support reporting on progress towards the hospital's 2026/27 environmental and hospitality objectives.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2025/26 Woodthorpe Hospital provided and/or subcontracted two NHS services (Acute and Diagnostic, Screening and/or pathology services).

Woodthorpe Hospital has reviewed all the data available to them on the quality of care in all two of these NHS services.

The income generated by the NHS services reviewed from 1st April 2025 to 31st March 2026 represents 88% of the total income generated from the provision of NHS services by Woodthorpe Hospital.

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 SLT 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 identify key areas for improvement.

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

Human Resources	
Staff Cost as % of Net Revenue	29.8%
HCA Hours as % of Total Nursing	30.0%
Agency Cost as % of Total Staff Cost	2.2%
Ward Hours PPD	28.1%
% Staff Turnover	10.0%
% of Staff Sickness	6.1%
% of Lost Time	28.1%
% of Appraisal Completion	72.4%

Mandatory Training	97.8%
Staff Satisfaction Score	90%
Number of Significant Staff Injuries	0
Patient	
Formal Complaints per 1000 HPD's	1.1%
Patient Satisfaction Score (FFT)	97.1%
Patient Satisfaction Score (Cemplicity)	96%
Significant Clinical Events per 1000 Admissions	0.27%
Readmission per 1000 Admissions	2.7%
Quality	
Workplace Health & Safety Score	99.3%
Infection Control Audit Score	95.63%
Consultant Satisfaction Score	84%

2.2.2 Participation in clinical audit

From 1st April 2025 to 31st March 2026 Woodthorpe Hospital participated in 3 national clinical audits from those that we were eligible to partake in; These are listed below.

Name	Provider organisation	Score
British Spine Registry	Amplitude Clinical Services Ltd	95%
Surgical Site Infection Surveillance (SSIS) Service	Public Health England	100%
National Joint Registry (NJR)	Healthcare Quality improvement Partnership	100%

Local Audits – Tendable

Woodthorpe Hospital has continued to utilise the Tendable audit platform as its primary system for the planning, delivery, monitoring and reporting of clinical audit activity, in line with an established annual audit programme approved through Ramsay Health Care UK's governance framework. Clinical audit remains a core component of the hospital's quality assurance and improvement processes, providing systematic oversight of compliance with policies, standards and evidence-based practice.

Engagement with the clinical audit programme remains strong, with increasing participation from clinical team members, demonstrating a positive culture of quality improvement and shared accountability for patient safety. Audit findings are routinely reviewed, and outcomes are used to inform targeted quality improvement actions to support the continual improvement of clinical care.

During the reporting period (2025/26), the average audit score achieved was 94.7%, indicating a consistently high level of compliance against agreed standards. Where audits identified opportunities for improvement, structured action plans were developed, implemented and monitored, with re-audits undertaken where appropriate to provide assurance that improvement actions were effective and embedded into practice.

Between 1st April 2025 and 31st March 2026, a total of 344 local clinical audit reports were completed, representing an increase from 298 in the previous year. All audit reports were reviewed through the CGC, providing oversight and assurance of audit outcomes, actions and learning. The full clinical audit programme is detailed in Appendix 2.

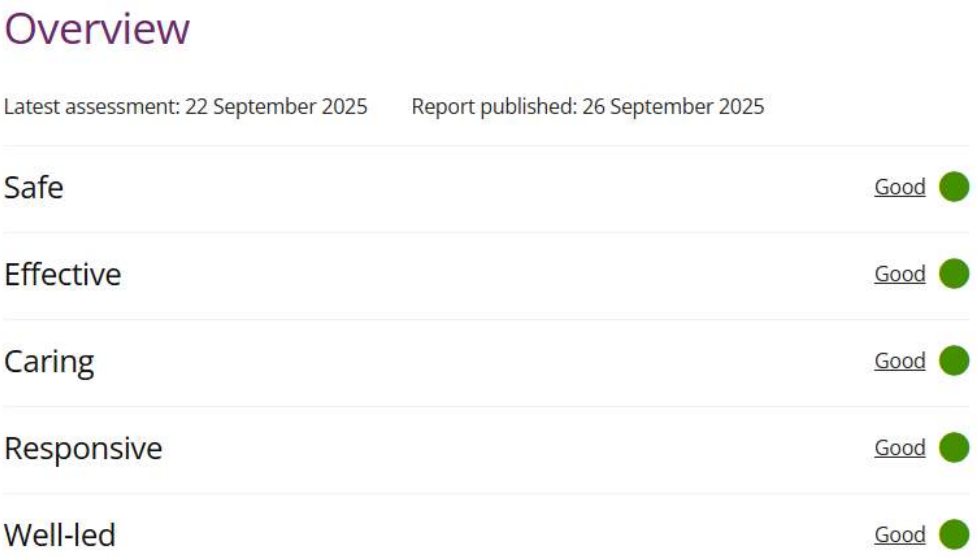
2.2.3 Participation in Research

There were no patients recruited during 2025/26 period to participate in research approved by a research ethics committee.

2.2.4 Statements from the CQC

Woodthorpe Hospital is required to register with the CQC and its current registration status on 31st March 2026 is registered for persons aged 18 years old and over without conditions.

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



Summary Statements have been provided by the CQC for the above pillars:

Safe:

"The service had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly. People were protected and kept safe. Staff understood and managed risks. The facilities and equipment met the needs of people, were clean and well-maintained and any risks mitigated. There were enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular appraisals to maintain high-quality care. Staff managed medicines well and involved people in planning any changes."

Effective:

"People were involved in assessments of their needs. Staff reviewed assessments taking account of people's communication, personal and health needs. Care was based on latest evidence and good practice. People always had enough to eat and drink to stay healthy. Staff worked with all agencies involved in people's care for the best outcomes and smooth transitions when moving services. They monitored people's health to support healthy living. Staff made sure people understood their care and treatment to enable them to give informed consent. Staff involved those important to people took decisions in people's best interests where they did not have capacity."

Caring:

"People were treated with kindness and compassion. Staff protected their privacy and dignity. They treated them as individuals and supported their preferences. People had choice in their care and were encouraged to maintain relationships with family

and friends. Staff responded to people in a timely way. The service supported staff wellbeing."

Responsive:

"People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. The service was easy to access and worked to eliminate discrimination. People received fair and equal care and treatment. The service worked to reduce health and care inequalities through training and feedback. People were involved in planning their care and understood options around choosing to withdraw or not receive care."

Well-led:

"Leaders and staff had a shared vision and culture based on listening, learning and trust. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. Staff felt supported to give feedback and were treated equally, free from bullying or harassment. People with protected characteristics felt supported. Staff understood their roles and responsibilities. Managers worked with the local community to deliver the best possible care and were receptive to new ideas. There was a culture of continuous improvement with staff given time and resources to try new ideas. However, the service did not have a named freedom to speak up guardian on site."

2.2.5 Data Quality

High-quality, reliable data is fundamental to Woodthorpe Hospital's ability to deliver safe, effective care and to demonstrate value for money. Strong data quality governance arrangements ensure that information used to monitor performance, report outcomes and inform decision-making is accurate, complete, timely and meaningful. During the reporting period, data quality has been supported through a structured programme of clinical records audits, assurance over electronic and paper-based documentation, and thematic reviews of data which has been reviewed within established governance committees.

Data submitted to commissioners continues to be subject to routine validation and scrutiny through regular exception reporting, including monthly and quarterly governance reports reviewed with the local ICB. This provides assurance that performance data is accurate, monitored appropriately and escalated where required. The hospital's clinical audit programme, delivered via the Tendable platform, provides additional, independent assurance of data quality and compliance with standards. Audit findings, associated action plans and re-audit outcomes are reviewed at the

CGC, enabling oversight of progress and sustained improvement on a year-on-year basis.

Demonstrable improvements in audit outcomes during the year further evidence the effectiveness of these arrangements. The 'One Together' Infection Prevention and Control (IPC) audit improved from 84.6% to 100% following targeted actions led by the IPC lead, with the 'Management of Linen' audit also achieving improvement from 85.7% to 100%. Improvements were also seen in governance-focused audits, including Duty of Candour and Complaints, which increased from 88.9% and 82.6% to 94.7% and 95.5% respectively. Additionally, the Resuscitation and Emergency Response audit showed a sustained improvement from 82.9% to 95%.

Collectively, these measures provide robust assurance that data quality at Woodthorpe Hospital is effectively governed, audited and continuously improved, supporting high-quality care delivery, informed decision-making and the efficient use of resources.

NHS Number and General Medical Practice Code Validity

Woodthorpe Hospital submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data, which included:

The patient's valid NHS number:

- 99.69% of admitted patients care;
- 99.93% for outpatient care; and
- N/A for accident and emergency care (not undertaken at Woodthorpe Hospital).

The General Medical Practice Code:

- 100% of admitted patients care;
- 100% for outpatient care; and
- N/A for accident and emergency care (not undertaken at Woodthorpe Hospital).

Information Governance Toolkit attainment levels

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

This information is publicly available on the Data Security and Protection (DSP) website at:
https://www.dsptoolkit.nhs.uk/

During 2025/26, Woodthorpe Hospital underwent a Payment by Results (PbR) clinical coding audit conducted by the Audit Commission. The error rates reported in the most recently published audit for this period, relating to diagnosis and procedure (clinical) coding, were as follows:

Woodthorpe 2025	Next Audit Sept 2026	Prim Diag 100%	Sec Diag 100%	Prim Proc 100%	Sec Proc 100%	DSPT Level 3

2.2.6 Stakeholders views on 2025/26 Quality Account

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)

NHS Nottingham and Nottinghamshire ICB (the commissioners) welcomes the opportunity to review the Woodthorpe Hospital Annual Quality Account 2025 – 26.

The Quality Account provides comprehensive information on the quality priorities that the organisation has focused on during the year and looking forward to the 2026 – 27 Quality Priorities the commissioner is pleased that the approach focusing on safe care is being continued.

The Quality Account has examples of the good work undertaken by the organisation over the past year, these put patients at the center of the care and treatment pathways.

The commissioners would like to thank Woodthorpe Hospital, who have worked well with system partners in the local health economy to ensure patients' needs are met.

NHS Nottingham and Nottinghamshire Integrated Care Board looks forward to working with the organisation over the coming year particularly in delivering the commissioners 5 Year Population Health Strategy and Strategic Commissioning Plan to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Rebecca Neno

Director of Quality, Safety and Improvement

Part 3: Review of quality performance 2025/2026 Statements of quality delivery

Mrs Alix Collins, Head of Clinical Services (Matron), Woodthorpe Hospital

As I reflect on the progress Woodthorpe Hospital has made over recent years, I feel incredibly proud of what has been achieved by our teams and of the culture we continue to strengthen together. We have seen consistent progress across patient safety, clinical effectiveness and patient experience, underpinned by a clear commitment to clinical excellence and to doing the right thing for every patient, every time. What is particularly encouraging is that this progress has not only been felt internally but has also been recognised externally through a range of important achievements and independent reviews.

Our CQC inspection outcome, including recognition of a positive safety culture, strong governance arrangements and a clear focus on learning and improvement, provided meaningful assurance that the values we talk about are genuinely reflected in practice. Alongside this, Woodthorpe achieved Gold ANTT accreditation, demonstrating the highest standards in aseptic practice and infection prevention, and became the first Ramsay Health Care UK hospital to achieve AfPP accreditation, recognising the quality and professionalism of our perioperative services. Our orthopaedic GIRFT review also highlighted excellent hip and knee revision rates and below-average length of stay, providing further evidence of high-quality outcomes for patients. These achievements sit alongside consistently strong patient feedback, excellent PLACE results, growth in local audit activity, and continued progress in areas such as patient engagement, environmental standards and service development.

For me, these achievements are important not simply because of the recognition they bring, but because they demonstrate the kind of organisation Woodthorpe is becoming: one that listens, learns, reflects and continually strives to improve. I am particularly proud of the compassion, professionalism and determination shown by colleagues across all departments, and of the way teams have worked together to build a strong foundation for safe, effective and person-centred care. While there is always more to do, I believe the progress we have made gives us real confidence for the future and reinforces our firm commitment to delivering the very best care possible for our patients.

Alix Collins

Exec MBA, CMgr, FCMI, NMC

Ramsay Health Care UK – Head of Clinical Services

Ramsay Clinical Governance Framework 2025/26

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

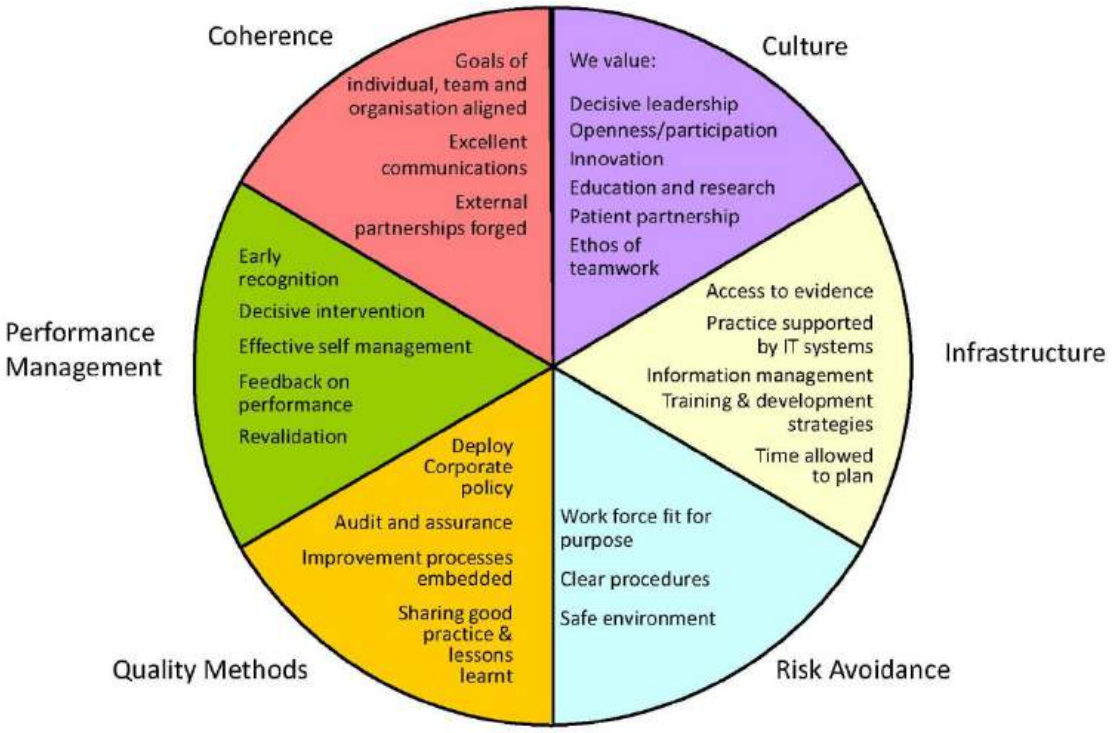
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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 Health Care UK 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 for 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	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092

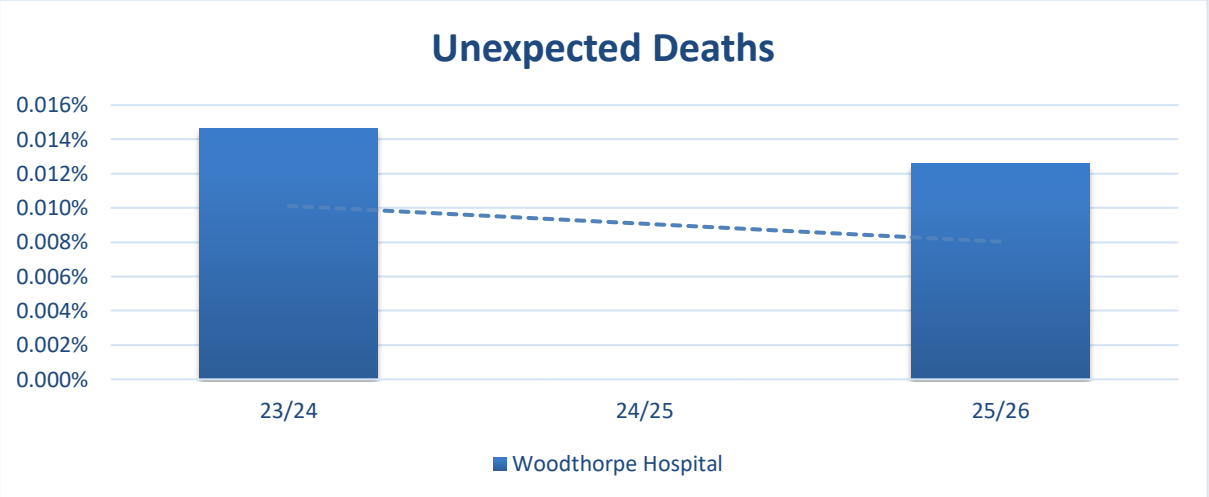
Period	Woodthorpe	
23/24	NVC40	0.0001
24/25	NVC40	0.0000
25/26	NVC40	0.0001

Woodthorpe Hospital considers that this data is as described for the following reasons: A review of local data shows the mortality rate at 0.0001% in 2025/26.

Woodthorpe Hospital has taken the following actions to maintain this already significantly low rate, and so the quality of its services, by completing the following actions:

- All patient deaths are subject to prompt review, with appropriate escalation and statutory reporting undertaken in line with regulatory requirements.
- Corporate audits, statutory notifications, incident investigations, thorough analyses of care episodes, and ongoing evaluation of care quality are completed to support continuous improvement.
- Information is shared through established clinical governance structures at local and corporate levels, and with commissioners. Governance oversight is also maintained through the local MAC and patient safety meetings.

Rate per 100 discharges:



National Patient-Reported Outcome Measures (PROMs)

PROMS: Hips	Period	Best		Worst		Average	
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744

Period	Woodthorpe	
Apr22 - Mar23	NVC40	22.821
Apr23 - Mar24	NVC40	No data*

PROMS: Knees	Period	Best		Worst		Average	
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868

Period	Woodthorpe	
Apr22 - Mar23	NVC40	15.863
Apr23 - Mar24	NVC40	No data*

**No data published by NHS Digital for the PROMs during Apr23-Mar24. This is due to the reporting period preceding the shift to Cemplicity, limiting the volume of information available.*

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

- Woodthorpe Hospital takes part in the Department of Health PROMs programme for NHS-funded hip and knee surgery.
- In collaboration with Ramsay Health Care UK, Woodthorpe Hospital has significantly enhanced its PROMs data collection methodology. The introduction of electronic and technological solutions has improved both the quality and volume of quantitative and qualitative data, supported more robust analysis and informed ongoing clinical practice improvements. While the overall score has been limited for this Quality Account due to the transition to the Cemplicity platform, a real-time continuous review of PROMs occurs at a local level and is reviewed at each CGC meeting.

Woodthorpe Hospital will take the following actions to improve this score, and so the quality of its services, by:

- We continue to support high-quality PROMs data capture by ensuring patients receive clear, timely and consistent information about the importance of completing both pre-operative and post-operative PROM questionnaires. This is embedded within the enhanced recovery pathway and aligned with NJR requirements, helping to ensure data completeness and reliability.
- PROMs performance is subject to robust governance oversight. Quarterly PROMs reports are reviewed within the CGC and at quarterly MAC meetings. This structured review process supports early identification of variation, targeted learning, and ongoing optimisation of care delivery.
- We actively apply GIRFT principles across the major joint replacement pathway to drive continuous improvement in PROMs performance. This includes initiatives focused on reducing unwarranted length of stay, enhancing

patient experience and functional recovery, and improving health gain scores through pathway optimisation and evidence-based practice.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5
	23/24	N/A	N/A	N/A	N/A	Eng	14.2
	24/25	N/A	N/A	N/A	N/A	Eng	14.7

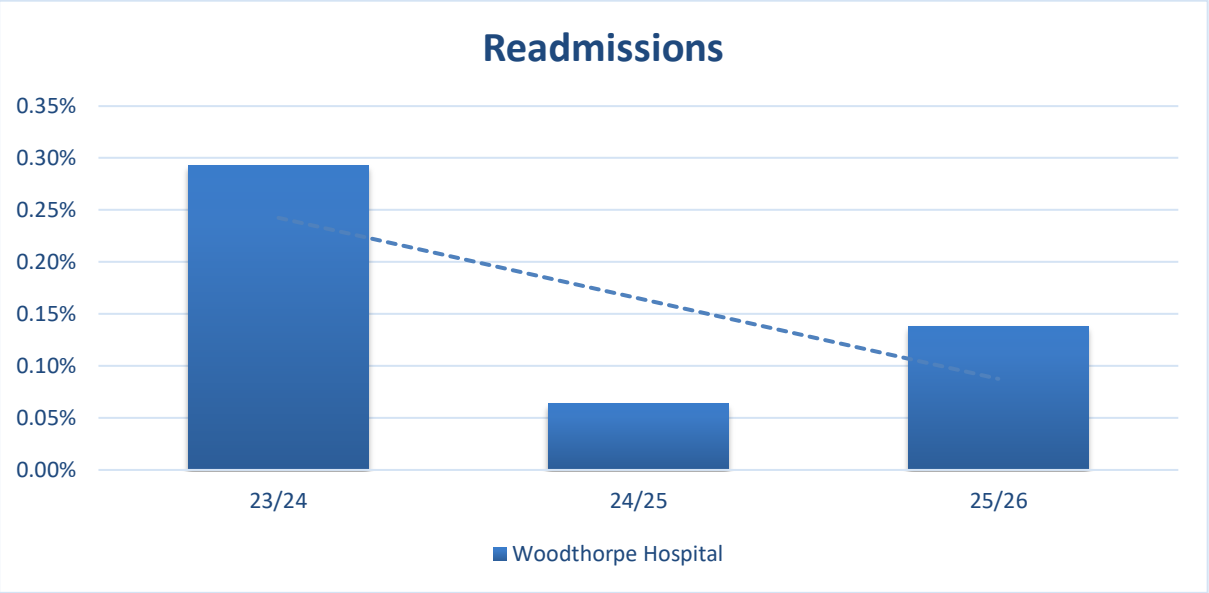
Period	Woodthorpe	
23/24	NVC40	0.00290
24/25	NVC40	0.00064
25/26	NVC40	0.00138

Woodthorpe Hospital considers that this data is as described for the following reasons: Woodthorpe Hospital has consistently maintained very low readmission rates year-on-year. The small variation seen most recently reflects increased surgical activity and patient throughput, rather than any deterioration in quality of care. Readmission remains a recognised inherent risk of surgery, and these figures continue to demonstrate strong performance when considered in the context of rising admission volumes and sustained service delivery.

Woodthorpe Hospital will take the following actions to improve this score, and so the quality of its services, by:

- Ongoing review and enhancement of the robust pre-operative assessment process to support early identification and proactive management of individual patient risks and needs.
- Regular review and application of clear inclusion and exclusion criteria to ensure patients are appropriately selected for treatment at Woodthorpe Hospital, supporting safe care delivery and optimal outcomes.
- Consistent completion of pre-operative telephone assessments 1–3 days prior to surgery to confirm patient readiness, reinforce pre-operative instructions, and address any outstanding questions or concerns.
- Continued emphasis on active patient and family engagement throughout the care pathway, supporting safe mobilisation, effective discharge planning and clear understanding of personalised post-operative instructions.
- Provision of clear, up-to-date contact information at discharge, enabling patients to access timely advice and reassurance during the post-operative period and reducing avoidable readmissions.
- Ongoing review of discharge processes to ensure patients receive accurate, comprehensive and consistent information to support recovery and prevent unplanned returns to hospital.

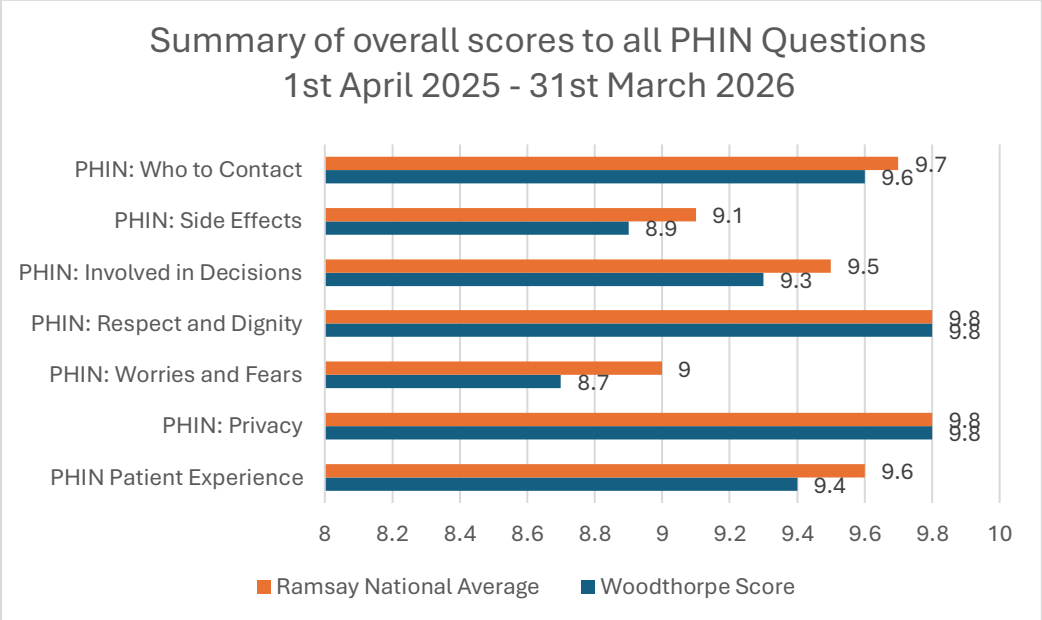
Rate per 100 discharges:



Responsiveness to Personal Needs

The chart below provides a question-by-question overview of scores from Ramsay Health Care UK's external patient experience survey (Private Healthcare Information Network – PHIN) for the period April 2025 to March 2026. While Woodthorpe Hospital continues to demonstrate consistently high performance across key domains, most notably dignity and privacy, targeted opportunities for improvement have been identified where scores are marginally below the Ramsay national average. In response, a series of structured and measurable action plans will be implemented following collaboration across clinical teams and the Business Relations Manager / Private Patient team in line with PHIN requirements. All feedback requiring action is acknowledged and responded to promptly, ensuring timely resolution of patient concerns and clear communication throughout the patient pathway.

These collective efforts will focus on strengthening communication, improving patient involvement in decision-making, and better addressing patient worries and concerns. Learning from PHIN feedback is actively shared beyond the immediate teams and embedded across the wider hospital through governance forums and quality improvement processes, ensuring that improvements are translated into sustained, clinically meaningful change. This approach supports continued enhancement in responsiveness to individual patient needs and reinforces a culture of teamwork, accountability and continuous improvement.



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%
	Q1 to Q3 25/26	Several	100%	NVC0Y	3.08%	Eng	91.3%

Period	Woodthorpe	
Q1 to Q3 19/20	NVC40	91.4%
Q3 24/25	NVC40	75.3%
Q1 to Q3 25/26	NVC40	93.0%

Woodthorpe Hospital considers that this data is as described for the following reasons: There is a clear and sustained corporate and local focus on the proactive identification, monitoring and management of VTE across the hospital, recognising it as a rare but serious post-operative complication. VTE compliance and incidents are subject to routine audit using the Tendable platform, providing robust oversight of VTE risk assessment completion and quality. During 2025/26, there was improvement seen within VTE risk assessment percentage completion from 75.3% to 93.0%. It was noted that while there has been a marginal increase in reported VTE incidents over the reporting period when compared to the previous year, this is reflective of an overall rise in surgical activity across the hospital. VTE remains a recognised inherent risk within the post-operative patient population, and ongoing focus is maintained on risk assessment completion, prophylaxis guideline adherence and early identification to support safe patient outcomes.

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

A dedicated VTE Working Group has been established with clear governance oversight to further strengthen compliance with VTE risk assessment and prevention of VTE events. The group provides a structured forum for reviewing VTE performance, undertaking in-depth case reviews, and ensuring consistent application of recognised best practice across the hospital. A range of targeted interventions is currently being progressed to further standardise VTE care and strengthen preventative measures, with a sustained objective of achieving and maintaining over 95% VTE risk assessment completion.

C-Difficile Infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average	
	2021/22	Several	0	RPY	54.0	Eng	16.0
	2023/24	Several	0	RPY	56.6	Eng	18.8
	2024/25	RQ3	2	RPY	81.0	Eng	23.0

Period	Woodthorpe	
2023/24	NVC40	0.0000
2024/25	NVC40	0.0000
2025/26	NVC40	0.0000

Woodthorpe Hospital considers that this data is as described for the following reasons: Woodthorpe Hospital maintains a proactive and robust approach to IPC, supported by the achievement of Gold ANTT accreditation. This strong focus on best practice and safe care delivery has contributed to sustained excellent performance, with no cases of C-Difficile infection reported during the 2025/26 year.

Woodthorpe Hospital has taken the following actions to maintain this score, and so the quality of its services, by:

- Active participation in the development and implementation of the annual corporate IPC Strategy across Ramsay Health Care UK, ensuring local practice aligns with group priorities and national expectations.
- Delivery of structured IPC improvement programmes to drive continuous quality improvement and standardisation of practice, most recently demonstrated through the achievement of Gold ANTT accreditation.
- Maintenance of strong local leadership through a dedicated IPC Lead and named Infection Control Link Nurses in all clinical areas, providing clear oversight of IPC standards.
- Ongoing surveillance and monitoring arrangements to maintain high IPC compliance and minimise the risk of C-Difficile infection and other healthcare-associated infections.
- Clear escalation processes to ensure preparedness and timely, appropriate management should any suspected or confirmed case arise.
- Routine IPC audit and assurance processes, with findings reviewed through established clinical governance structures to provide senior oversight and assurance.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A

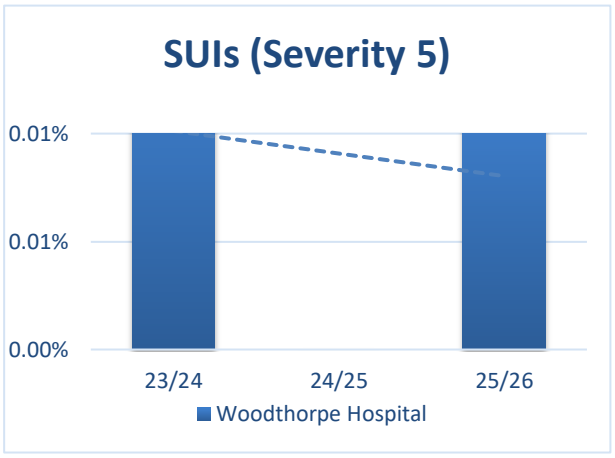
Period	Woodthorpe	
2023/24	NVC40	0.0001
2024/25	NVC40	0.0000
2025/26	NVC40	0.0001

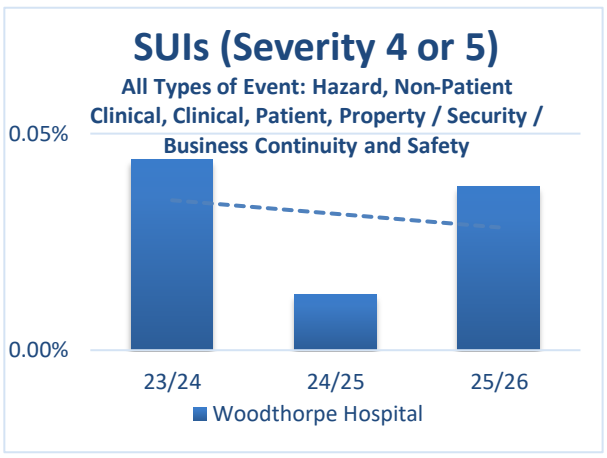
Woodthorpe Hospital considers that this data is as described for the following reasons: Woodthorpe Hospital has a well-embedded patient safety culture supported by robust governance arrangements and strong clinical oversight. Consistently low levels of patient safety incidents resulting in harm reflect effective prevention, early risk identification and adherence to standardised clinical standard operating procedures / policies. Regular review of incidents near-misses, and safety trends ensures learning is captured and systems are continually strengthened to maintain high-quality, safe care.

Woodthorpe Hospital will continue to implement the below strategies to maintain this already significantly low score, and so to the quality of its services, by:

- Embedding learning and assurance from the established Patient Safety Incident Review Group (PSIRG), ensuring themes, risks and improvement actions are systematically reviewed, tracked and shared across the hospital.
- Maintaining continuous oversight of the RADAR incident reporting system to proactively identify trends, emerging risks and learning from clinical incidents, non-clinical incidents and patient complaints, informing targeted quality improvement actions.
- Actively implementing the Patient Safety Incident Response Framework (PSIRF) to strengthen accountability, promote a learning-focused safety culture, and ensure proportionate, timely and effective responses to patient safety events.

Rate per 100 discharges:





Friends and Family Test

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

Period	Woodthorpe	
Jan-24	NVC40	100.0%
Jan-25	NVC40	100.0%
Jan-26	NVC40	100.0%

Woodthorpe Hospital considers that this data is as described for the following reasons; All patients attending Woodthorpe are routinely invited to complete the FFT via a QR code provided on a patient leaflet, on a dedicated iPad, or through a handwritten form. Patient feedback is monitored through the Cemplicity Portal and is used to generate actions, which are escalated to the appropriate teams for review. In addition, the data is collated into graphs and charts for presentation at committee meetings. Moving forward into 2026/27, Woodthorpe Hospital aims to continually strive for excellence in promoting patient feedback.

Woodthorpe Hospital has taken the following actions to maintain this score, and so the quality of its services, by:

- Ensuring all patients are routinely invited to provide FFT feedback through multiple accessible routes, including QR code, dedicated iPads and paper formats, maximising opportunity for participation.
- Actively monitoring patient feedback through the Cemplicity platform, enabling timely identification of themes, positive feedback and areas for improvement.
- Translating patient feedback into meaningful actions, which are appropriately escalated to clinical and operational teams for review, response and improvement.
- Collating FFT data into clear dashboards, graphs and reports that are routinely reviewed at governance and committee meetings to support oversight, assurance and continuous improvement.
- Maintaining a strong organisational focus on patient experience, with a commitment to continuously promoting and strengthening feedback mechanisms across 2026/27.

3.2 Patient Safety

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

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

PSIRF is a nationally mandated NHS framework that defines how organisations respond to, learn from, and improve following patient safety incidents. PSIRF is applied consistently across Woodthorpe Hospital, reflecting our commitment to patient safety and to collaborative working in alignment with NHS standards and expectations.

Infection prevention and control (IPC)

Woodthorpe Hospital has a very low rate of hospital-acquired infections and no reported cases of MRSA or MSSA bacteraemia in recent years.

We comply with mandatory reporting of all alert organisms including MSSA / MRSA and C-Difficile infections with a programme to reduce incidents year-on-year.

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

Surgical Site Infection Rates (last two years):

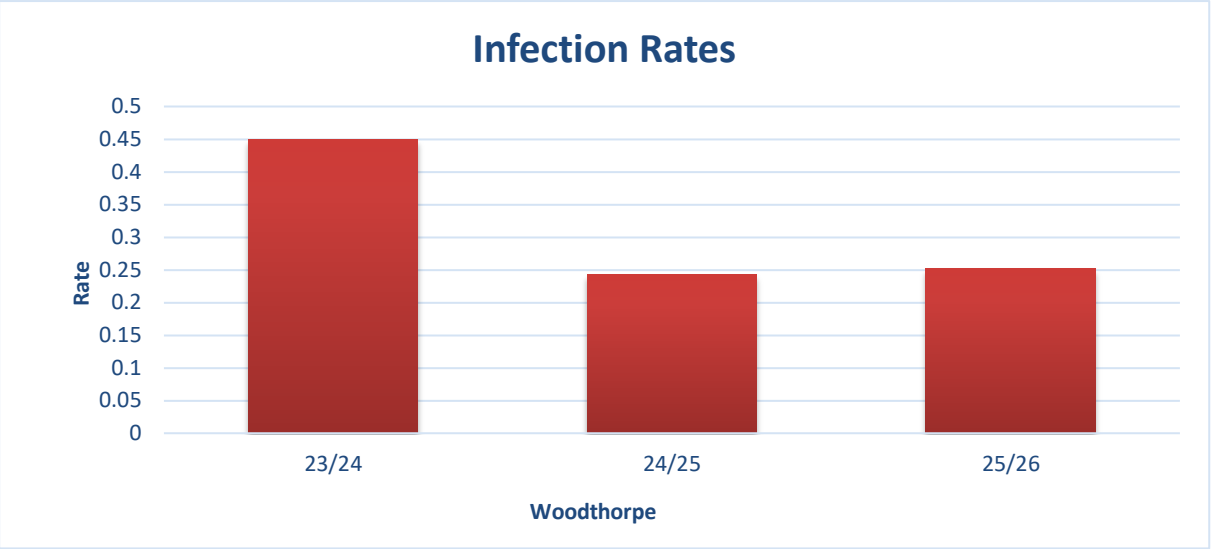
- Total Hip Replacement (THR): 0.2% (national benchmark: 0.7%)
- Total Knee Replacement (TKR): 0.7% (national benchmark: 0.9%)
- Spinal surgery: 0.9% (national benchmark: 1.6%)

These results demonstrate that Woodthorpe Hospital performs consistently better than the national benchmarks, reflecting strong adherence to IPC protocols and high standards of perioperative care.

IPC management is extremely active within our hospital. An annual strategy is developed by a corporate level 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 IPC link nurses operate across the Ramsay organisation to support good networking and clinical practice.

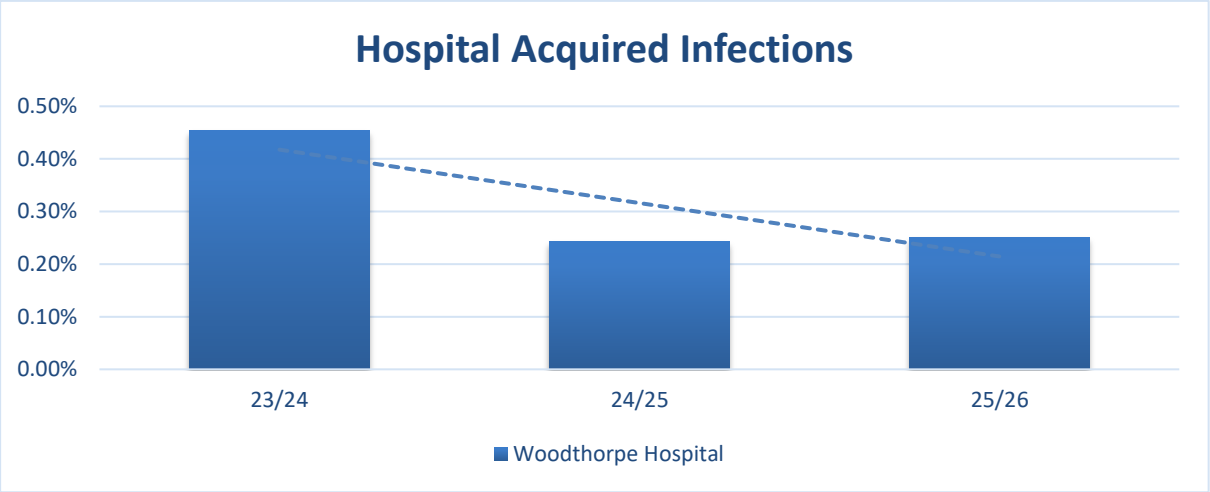
Rate per 100 discharges:



Programmes and activities within our hospital include:

- Targeted IPC training for clinical staff on products in use, including: Chloraprep, Octenisan, Hexi prep, Ecolab products and more.
- Focused training addressing areas identified through audits and current IPC priorities, including:
    - Sharps safety
    - Carbapenem-resistant Enterobacteriaceae (CPE) awareness and management
    - Hand hygiene compliance
    - Maintenance of normothermia
    - Environmental cleaning standards
- IPC training programmes specifically for housekeeping staff, including safe and effective use of cleaning products
- Ongoing audit programmes (hand hygiene, environment, clinical practice) with action plans implemented where required
- Participation in national and international IPC initiatives and conferences, including ‘One Together’ and ‘ANTT’
- Engagement in awareness campaigns such as ‘Antimicrobial Resistance Awareness’ activities
- Continuous staff education, feedback and improvement planning

Rate per 100 discharges:



Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include PLACE.

As described in 2.1.1, PLACE assessments occur annually at Woodthorpe Hospital, and forms part of a national audit of which the findings are shown here: **https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2025**

This audit provides 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.

PLACE Assessment narrative:

- Food:

High scores of 93.54% (food), 89.72% (organisation food) and 97.06% (ward food) were noted.

Narrative: "All food was beautiful with great presentation throughout each course; Food portions were large and the menu catered to many" – comments taken following meal tasting assessment.

- Dementia and Disability

Scores of 94.79% (dementia) and 90.74% (disability) were noted.

Narrative: This score notes a vast improvement on last year's results in this section, evidenced by actions completed; This included renovations to ward areas, additional signage noted, along with further indicators of potential hazards (ramps and steps).

- Cleanliness, Condition & Appearance

High scores of 99.80% (cleanliness) and 98.72% (condition, appearance and maintenance) were noted.

Narrative: Overall, Woodthorpe Hospital is very well maintained and holds extremely high standards for cleanliness. Cleaning and housekeeping staff were visible throughout the hospital and appeared proactive in their duties of maintaining the high standards set.

- Privacy, Dignity and Wellbeing

A high score of 93.55% (privacy, dignity and wellbeing) was noted.

Narrative: Woodthorpe Hospital scored well in this section due to the privacy and intimacy of each patient room, along with the personalised nature that staff took to maintain a patient centred care approach. However, it was noted that Woodthorpe Hospital would benefit from a separate 'difficult conversations' room.

Overall, the scores provided to the hospital have demonstrated a high standard that we aim to constantly uphold. Comments have been noted for improvements where necessary. Assessors were pleased throughout with the actions taken from last year's plan following the PLACE audit.

Safety in the workplace

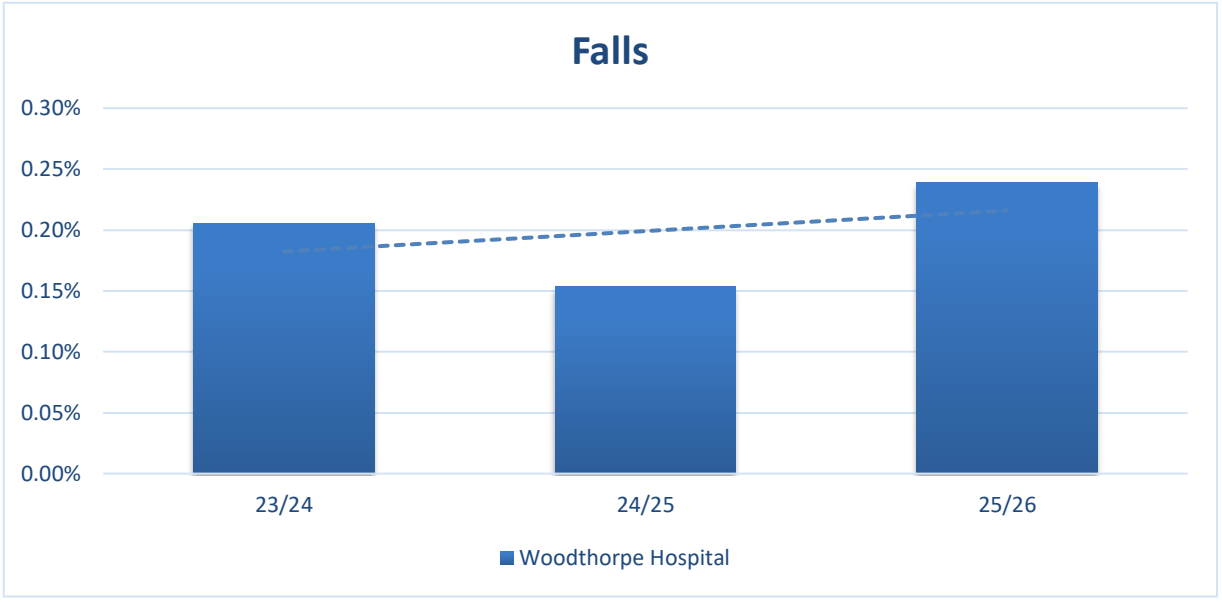
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

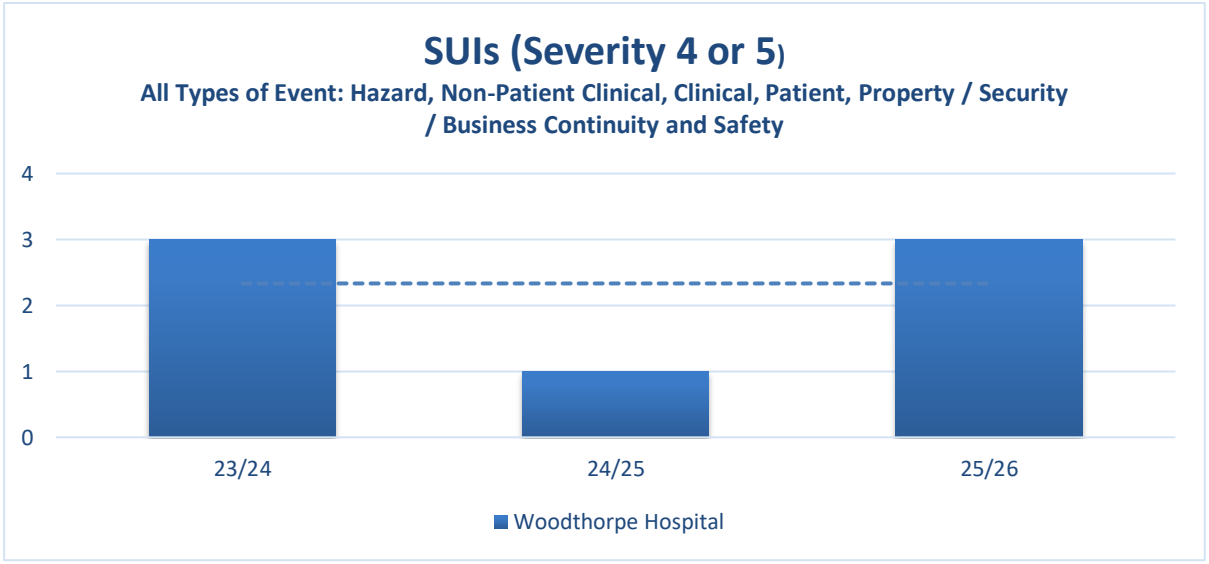
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls 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. All relevant CAS alerts are reviewed and responded to on an individual basis, with actions identified and implemented where required. CAS alerts and associated policy updates are also reviewed at the local CGC meetings to ensure timely dissemination, oversight, and effective implementation. As well as this, regular meetings are held by the Hospital Health and Safety Committee to ensure robust systems are in place for the effective monitoring and review of health and safety matters.

At Woodthorpe Hospital, health and safety training is embedded within the annual mandatory training programme and forms a core component of staff induction. Training is delivered by the local Health and Safety Co-ordinator to ensure staff are equipped with the knowledge and skills required to maintain a safe working environment.

A programme of health and safety audits are in place, including fire safety inspections, weekly fire alarm testing, and regular unannounced fire drills. These measures provide assurance that staff are aware of emergency procedures and are able to practise and follow established processes effectively in the event of an incident.

Rate per 100 discharges:





3.3 Clinical Effectiveness

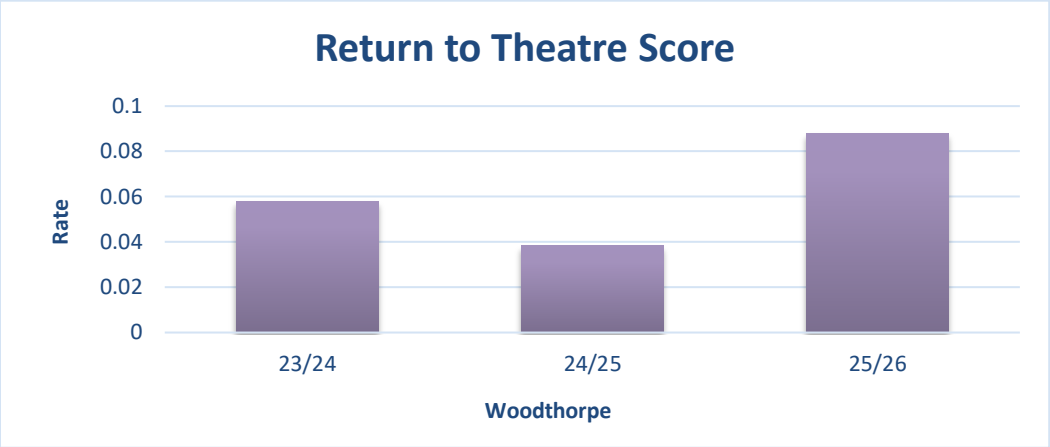
Clinical effectiveness at Woodthorpe Hospital is overseen through a robust clinical governance framework, with the CGC meeting regularly throughout the year to monitor the quality and effectiveness of care delivered. Clinical incidents, alongside patient and staff feedback, are reviewed to identify themes, trends and opportunities for further analysis or investigation. Findings are translated into clear recommendations for action and improvement, which are escalated to the SLT and the MAC, ensuring outcomes are visible, accountable, and embedded into organisational learning and improvement plans.

Return to theatre

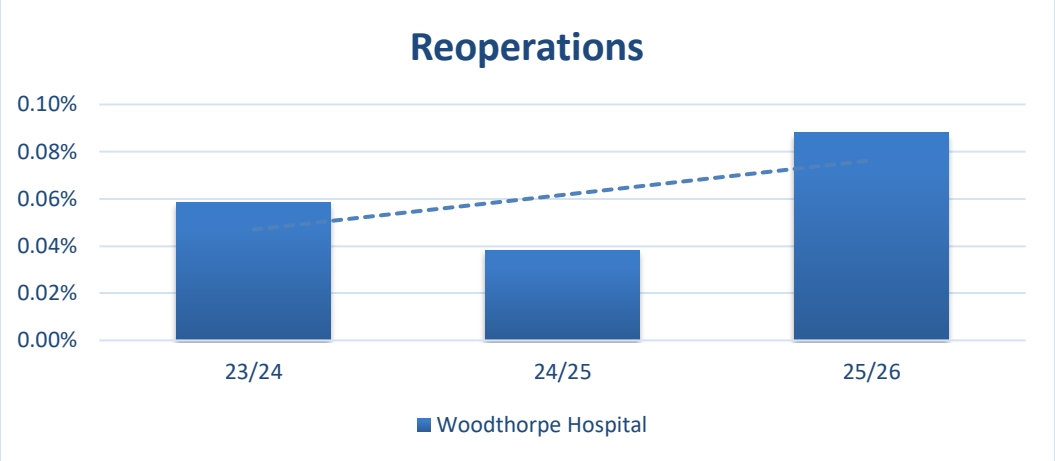
As Ramsay services continue to grow, Woodthorpe Hospital is caring for an increasing number of patients each year, the vast majority of whom undergo planned surgical procedures with positive outcomes. Monitoring returns to theatre forms an important part of our approach to measuring clinical effectiveness and maintaining high standards of care. While all surgical interventions carry an inherent level of risk and a small number of returns to theatre is expected, this metric is used proactively to identify patterns or trends associated with specific procedures or surgical teams. This enables timely review, learning and, where appropriate, targeted improvement. Reassuringly, Woodthorpe Hospital's rate of return to theatre remains consistently low, reflecting our strong track record of safe surgery, effective clinical governance and successful patient outcomes.

As demonstrated in the below graphs, there has been a small increase in the return to theatre, reoperation, and transfer out rate during 2025/26. These figures remain low in absolute terms and should be considered in the context of a continued increase in surgical activity and admissions. The trends have been identified early through our routine clinical governance monitoring processes and has prompted targeted quality improvement actions. These include enhanced pre-operative assessment and patient optimisation, strengthened post-operative follow-up, and focused review of relevant clinical pathways to minimise any further uptakes in return to theatres, reoperation and transfer outs. Cases are also reviewed through the PSIRG where appropriate, providing multidisciplinary oversight, learning and assurance. These actions ensure that patient safety, quality of care and positive surgical outcomes remain central as activity levels continue to grow.

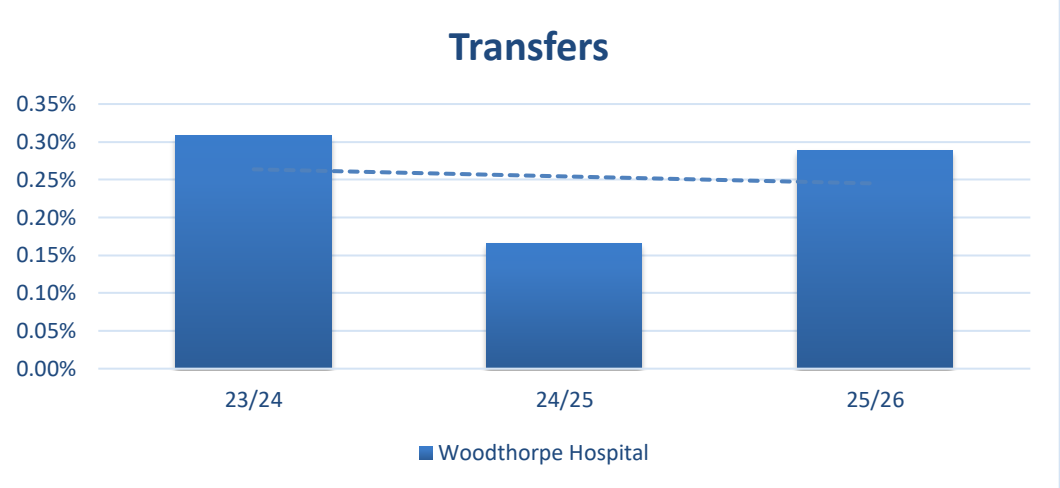
Rate per 100 discharges:



Rate per 100 discharges:



Rate per 100 discharges:



Learning from Deaths

During the reporting period, Woodthorpe Hospital recorded one unexpected death within the applicable reporting timeframe. A comprehensive, multi-agency review was undertaken, including input from relevant NHS organisations and post-mortem findings. The investigation concluded that the care provided by Woodthorpe Hospital was not a contributory factor in the individual's death, and no specific learning for the organisation was identified.

Staff Who Speak up

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

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

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

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital SLT oversee

the roll out and integration of the programme and training across all our hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

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

Woodthorpe Hospital is consistently promoting Speaking up for Safety via the use of two on site Speaking up for Safety Leads who are not only there to offer advice but also provide training to empower staff members on speaking up for safety.

Speaking Up for Safety continues to be a core priority at Woodthorpe Hospital and is firmly embedded within our safety culture. Use of the RADAR incident reporting system demonstrates a positive and open reporting culture, with incidents and concerns raised by staff across all roles and disciplines for both patient and staff safety. Colleagues are actively encouraged to escalate any concerns directly with the SLT and Speaking Up for Safety Leads, irrespective of perceived severity, reinforcing a culture where early escalation and transparency are valued. Speaking Up for Safety training is provided to all staff at induction, ensuring expectations around openness, psychological safety and professional accountability are clearly established from the outset and consistently reinforced in everyday practice.

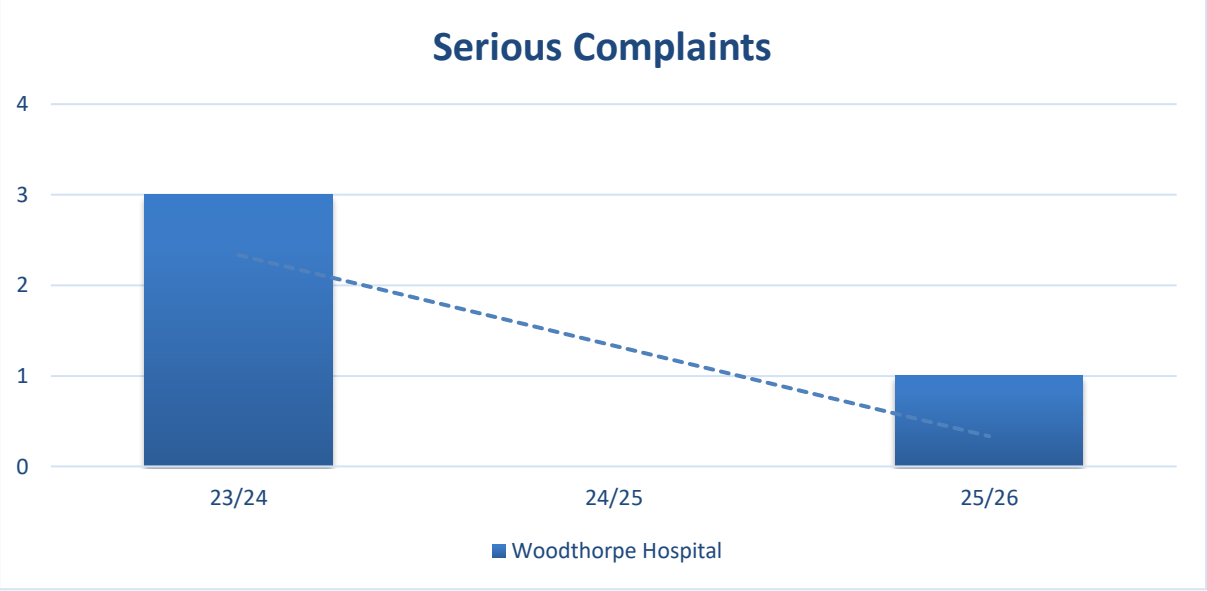
Woodthorpe Hospital is further supported by Angela Evans, Chief Customer Officer, in her role as Freedom to Speak Up Guardian. This role provides an additional, independent avenue for staff to raise concerns in confidence, ensuring they feel listened to, supported and protected when speaking up. The Freedom to Speak Up Guardian plays a key role in reinforcing an open and transparent culture, offering impartial advice and escalation where required, while providing assurance that concerns are taken seriously and addressed appropriately through established governance processes.

3.4 Patient Experience

All feedback, both positive and negative, from patients regarding their experiences with Ramsay Health Care UK is actively encouraged and plays a vital role in informing continuous service development.

Positive feedback is shared with relevant staff to recognise and reinforce high standards of care, professional behaviours, and good practice. Letters and cards are displayed within staff areas, including notice boards and staff rooms, to promote a culture of appreciation. Managers ensure that patient compliments are acknowledged, and individuals are formally praised where appropriate.

Feedback indicating concerns, dissatisfaction, or opportunities for improvement is also disseminated for wider reflection and discussion, supporting learning and service enhancement. All staff are familiar with, and adhere to, the organisation's complaints procedures to ensure that any concerns raised by patients are managed promptly, transparently, and in line with best practice.



Patient experience feedback is captured through a range of established channels and is reviewed regularly as a standing agenda item at local CGC meetings. This enables structured discussion, trend analysis, and the identification of any required actions to support continuous improvement. Where appropriate, issues are escalated and reported to Ramsay Corporate and relevant Department of Health bodies in accordance with organisational and national policy requirements.

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

- Continuous patient satisfaction feedback via a web-based invitation
- Yearly CQC patient surveys
- FFT Forms (both online and offline)
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients
- Written feedback via letters/emails
- PPG
- PROMs surveys
- Care pathways – patient is encouraged to read and participate in their plan of care

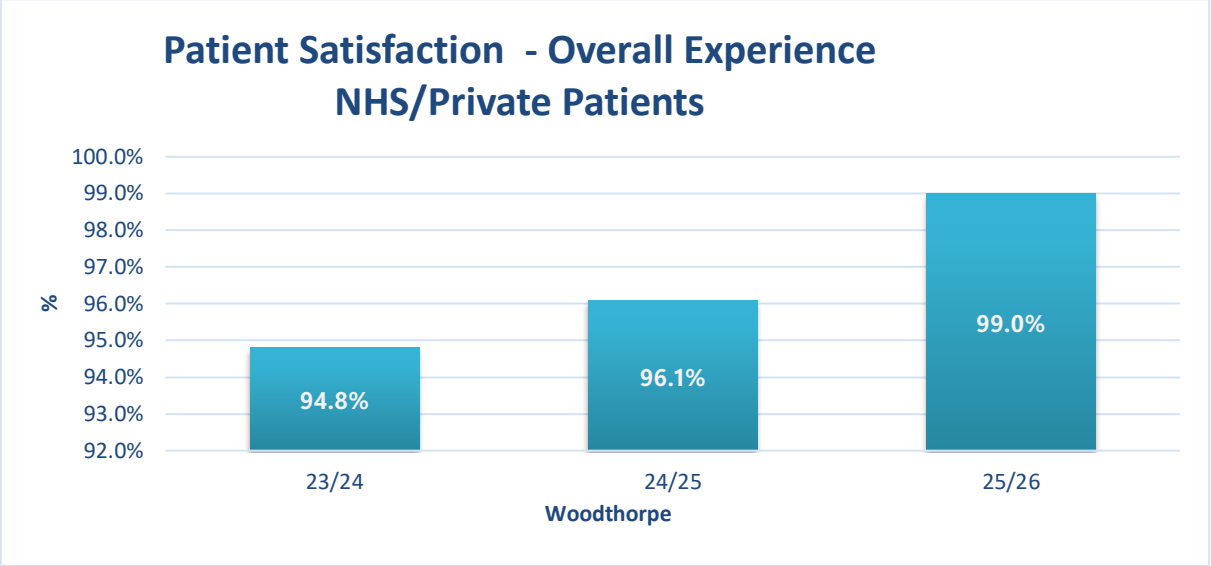
From the 1st April 2025 to the 31st March 2026, we received 3,189 responses via Cemplicity.

Examples of positive comments:
"The care and compassion shown by both the nursing team and physio team was outstanding, something that the entire Ramsay group should be very proud of. From admission through to discharge, everything ran incredibly smoothly, there were no delays and it was very efficient."

"I was treated with respect at every stage and time was taken for me to understand everything clearly. I received 1st class treatment and can't recommend the Woodthorpe Hospital highly enough thanks to all staff for their kindness and proficiency."

Patient Satisfaction Surveys

All patients are invited to provide consent to receive either an electronic survey or a follow-up phone call after their discharge from hospital. The feedback gathered from these surveys is used to help guide and improve the hospitals services. Any written comments submitted by patients with suggested improvements are shared as 'Action items' with the relevant teams within 48 hours of submission, enabling a timely response to each patient.



As illustrated in the graph above, patient satisfaction rates have increased over the past year. This reflects the ongoing efforts to improve FFT scores and to reduce the number of feedback that may escalate into formal complaints.

3.5 Woodthorpe Hospital Case Study

Rapid MDT as a patient-centred safety improvement:

The introduction of Rapid MDT reviews at Woodthorpe Hospital was informed by staff feedback highlighting that, on a rare number of occasions, there was reduced clarity in management plans for patients with extended inpatient stays. While the hospital operates a high-throughput elective pathway, with most patients discharged on day one or two post-operatively, those remaining inpatients beyond this point often present with more complex or evolving needs. In such cases, variability in communication and coordination across teams had the potential to contribute to avoidable delays in decision-making and, in some instances, extended lengths of stay.

In response, Woodthorpe Hospital implemented a Rapid MDT review process as a targeted patient safety initiative. This is an ad hoc, patient-centred intervention (separate from daily huddles) triggered for any patient remaining an inpatient from day three post-operatively, or earlier where clinical concern is identified. The process brings together key members of the MDT, including: nursing, medical, therapy, and pharmacy staff, to facilitate timely and coordinated decision-making.

The Rapid MDT model supports early identification of clinical risks, promotes a holistic assessment of patient needs, and ensures alignment of specialty-specific management plans. It also reinforces a proactive safety culture by enabling any member of staff to escalate concerns and initiate a review, supporting the organisation’s commitment to speaking up for safety. Structured communication and clear documentation underpin the process, ensuring that agreed plans, escalation decisions, and discharge pathways are consistently recorded and communicated.

Since implementation, the initiative has improved transparency and consistency in care planning, supported more timely clinical decision-making, and strengthened multidisciplinary collaboration. Staff feedback indicates increased confidence in the clarity and robustness of patient management plans, particularly for those with more complex or prolonged inpatient journeys.

Overall, the Rapid MDT review process has enhanced patient safety by reducing unwarranted variation in care planning and supporting more coordinated, responsive management of patients who deviate from expected recovery pathways.

Appendix 1

Services covered by this quality account

Regulated Activities – Woodthorpe Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder **Or injury**	Clinical Immunology and Allergy Testing, Cosmetics, Counselling services, Dermatological lasers, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, General Medicine, Genitourinary medicine, Gynaecological, Haematology (non-clinical), Nephrology, Ophthalmic (inc. laser), Orthopaedic including outreach clinics, Orthodontics, Orthoptic, Pain Management, Rheumatology, Speech Therapy, Urological, Vascular, Colorectal, Cosmetics, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), Endoscopy, Gastrointestinal, General surgery, Genitourinary surgery, Gynaecological, Ophthalmic, Neuro Surgery, Orthopaedic, Plastic Surgery, Spinal Surgery, Vascular Surgery, Upper GI surgery, Urological	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)	All adults excluding: ○ Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) ○ Pregnant women ○ Patients on renal haemodialysis ○ Patients with history of malignant hyperpyrexia ○ Planned surgery patients with positive MRSA screen are deferred until negative. ○ Patients who are likely to need ventilatory support post operatively. ○ Patients who are above a stable ASA 3. ○ Any patient who will require planned admission to ITU post-surgery. ○ Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) ○ Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) ○ MI in last 6 months ○ Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) ○ CVA in last 6 months new pacemaker in last 6 months ○ BMI > 40 (individual cases will be reviewed by an anaesthetist) ○ History of post operative complications All patients will be individually assessed, and we will only exclude patients if we are unable to

		provide an appropriate and safe clinical environment.
Diagnostic and screening	GI physiology, Imaging services, Exercise ECG, Health screening, Urinary Screening and Specimen collection.	All adults 18 yrs and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – Clinical Audits

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. Tendable is our electronic audit platform. Staff access the tool online using iPads supplied to each department, or via a computer.

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ward	Ward	Monthly	Month end
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly	Month end
One Together Practice Review	IPC	Whole Hospital	July to August January to February	End of August End of February
One Together Surveillance of Surgical Site Infection	IPC	Whole Hospital	July to August	End of August
One Together Peri-Operative Warming: Pre-Operative	IPC	Whole Hospital	July to August	End of August
One Together Peri-Operative Warming: Intra-Operative	IPC	Whole Hospital	July to August	End of August

One Together Peri-Operative Warming: Post-Operative	IPC	Whole Hospital	July to August	End of August
One Together Warming Intravenous & Irrigation Fluids	IPC	Whole Hospital	January to February	End of February
One Together Patient Washing	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Hair Removal	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Antiseptic Skin Preparation	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Preventing Skin Recolonisation	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Reducing Nasal Recolonisation	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Prophylactic Antibiotics	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Maintaining Asepsis: Surgical Practice	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Maintaining Asepsis: Instrument Management	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Surgical Environment	IPC	Whole Hospital	Annually	Audit Cycle Year End
One Together Incision Management: Closure	IPC	Whole Hospital	Annually	Audit Cycle Year End

One Together Incision Management: Wound Care	IPC	Whole Hospital	Annually	Audit Cycle Year End
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December
IPC Management of Linen	Ward	Whole Hospital	August, February	End of August End of February
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required
Sharps	IPC	Whole Hospital	August, December, April	End of August End of December End of April
Cleaning Standards Efficacy	Head of Operations	Whole Hospital	June	End of June
50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14th & 28th of each month
50 Steps Cleaning (FR2)	Ward	Ward	Monthly	Month end
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly	Month end
50 Steps Cleaning (FR4)	POA	POA	Monthly	Month end
50 Steps Cleaning (FR4)	Physiotherapy	Physiotherapy	July, October, January, April	End of July End of October End of January End of April

50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR5) - Receptions	SLT	Whole Hospital	July, January	End of July End of January
50 Steps Cleaning (FR6) - Non-Patient Facing	SLT	Whole Hospital	July to September	End of September
Peripheral Venous Cannula Care Bundle	Head of Clinical Services	Whole Hospital	July to September	End of September
Urinary Catheterisation Bundle	Head of Clinical Services	Whole Hospital	October to December	End of December
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March (if required)	End of September End of March (if required)
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)	End of December End of June (if required)
LSO and 5 Steps Safer Surgery	Theatres	Theatres	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	Radiology	Radiology	September to November February to April	End of November End of April

NatSSIPs Stop Before You Block	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPS Prosthesis	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Swab Count	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Instruments	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Instruments	Outpatients	Outpatients	September to November February to April	End of November End of April
NatSSIPs Instruments	Radiology	Radiology	September to November February to April	End of November End of April
NatSSIPs Histology	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Histology	Outpatients	Outpatients	September to November February to April	End of November End of April
NatSSIPs Histology	Radiology	Radiology	September to November February to April	End of November End of April
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	August to September February to March	End of September End of March

Duty of Candour	SLT	Whole Hospital	August to September February to March	End of September End of March
Practising Privileges - Non-consultant	Head of Clinical Services	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Practising Privileges - Consultants	Head of Clinical Services	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Practising Privileges - Doctors in Training	Head of Clinical Services	Whole Hospital	July, January (where applicable)	As required
Privacy & Dignity	Ward	Whole Hospital	November to December (as required)	As required
Essential Care: Falls Prevention	Head of Clinical Services	Whole Hospital	July to September	End of September
Essential Care: Nutrition & Hydration	Head of Clinical Services	Whole Hospital	September to October	End of October
Essential Care: Wound Management	Head of Clinical Services	Whole Hospital	August, November, February, May	End of August End of November End of February End of May
Resuscitation & Emergency Response	Head of Clinical Services	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Medical Records - Therapy	Physiotherapy	Physiotherapy	July to September January to March	End of September End of March
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March

Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	POA	POA	July to September January to March	End of September End of March
Medical Records - Plastic & Reconstructive Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June
Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	End of July End of November End of March
CT Reporting for BUPA	Radiology	Radiology	August, December, April	End of August End of December End of April
Antimicrobial Stewardship & Prescribing	HoCS	Whole Hospital	October to December April to June	End of December End of June
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March	End of September End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September	End of September End of March

Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March	End of September End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March	End of September End of March
Safe & Secure (Ambulatory Care)	Pharmacy	Ambulatory Care	July to September January to March	End of September End of March
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy	July to September January to March	End of September End of March
Prescribing, Supply & Administration (previously Medoical Prescribing)	Pharmacy	Pharmacy	October to December April to June	End of December End of June
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	End of July End of October End of January End of April
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	End of September End of December End of March End of June
Pain Management	Pharmacy	Pharmacy	October, April	End of October End of April
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March	End of March
Dept Governance (Ward)	Ward	Ward	October to December	End of December
Dept Governance (Ambulatory)	Ambulatory Care	Ambulatory Care	October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres	October to December	End of December
Dept Governance (Physio)	Physiotherapy	Physiotherapy	October to December	End of December

Dept Governance (OPD)	Outpatients	Outpatients	October to December	End of December
Safeguarding	SLT	Whole Hospital	December	End of December
OH: Occupational Health Delivery On-site	Head of Clinical Services	Whole Hospital	November to January	End of January
Catering (Kitchen)	Head of Operations	Health & Safety	July, October, January, April	End of July End of October End of January End of April
Catering (Ward)	Head of Operations	Health & Safety	July, October, January, April	End of July End of October End of January End of April
H&S Fire Safety	Head of Operations	Health & Safety	July, January	End of July End of January
H&S Legionella	Head of Operations	Health & Safety	August, February	End of August End of February
H&S PUWER/LOLER	Head of Operations	Health & Safety	March	End of March
H&S Management	Head of Operations	Health & Safety	April	End of April
H&S Moving & Handling	Head of Operations	Health & Safety	May	End of May
H&S Work at Height	Head of Operations	Health & Safety	June	End of June
H&S Slips Trips & Falls	Head of Operations	Health & Safety	September	End of September
H&S COSHH	Head of Operations	Health & Safety	October	End of October
H&S Electrical Safety	Head of Operations	Health & Safety	November	End of November

H&S Violence at Work	Head of Operations	Health & Safety	December	End of December
MHRA	MR Lead	Radiology	January to February	End of February
CT	Radiology	Radiology	August to September March to April	End of September End of April
X-Ray	Radiology	Radiology	September to October March to April	End of October End of April
MRI	Radiology	Radiology	November to December May to June	End of December End of June
Ultrasound	Radiology	Radiology	September to October March to April	End of October End of April
Interventional Fluoroscopy	Radiology	Radiology	November to December May to June	End of December End of June
Image Quality	Radiology	Radiology	July to August January to February	End of August End of February

Appendix 3

Glossary of Abbreviations

AfPP	Association of Peri-Operative Practice
ANTT	Aseptic Non-Touch Technique
CAP	Continuous Advancement Programme
CAS	Central Alert System
CGC	Clinical Governance Committee
CPE	Carbapenem-resistant Enterobacteriaceae
CQC	Care Quality Commission
DSP	Data Security and Protection
eRS	Electronic Referral Service
FFT	Friends and Family Test
GIRFT	Getting It Right First Time
GP	General Practitioner
HES	Hospital Episode Statistics
ICB	Integrated Care Board
IPC	Infection Prevention and Control
JAG	Joint Advisory Group
MAC	Medical Advisory Committee
MDT	Multidisciplinary Teams
NICE	National Institute for Health and Clinical Excellence
NJR	National Joint Registry
NVC40	Code for Woodthorpe Hospital used on the data information websites
PbR	Payment by Results
PHIN	Private Healthcare Independent Network
PLACE	Patient-Led Assessment of the Care Environment
PPG	Patient Participation Group
PROMs	Patient-Reported Outcome Measures
PSIRF	Patient Safety Incident Reporting Framework
PSIRG	Patient Safety Incident Reporting Group
SLT	Senior Leadership Team
SSIS	Surgical Site Infection Surveillance
SUS	Secondary Uses Service
THR	Total Hip Replacement
TKR	Total Knee Replacement
VTE	Venous Thromboembolism

Woodthorpe Hospital

Ramsay Health Care UK

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

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

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