

# Woodthorpe Hospital

## Quality Account 2024/25



**Ramsay**  
Health Care

Confidential Patient Information

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# Welcome to Woodthorpe Hospital, part of the Ramsay Health Care UK

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

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

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

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

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

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

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



**Nick Costa**

Chief Executive Officer

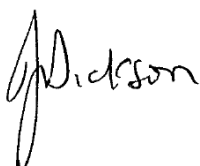
### **Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK**

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

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

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

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



**Jo Dickson**

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.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this did not provide enough in-depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now 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 – Statement on Quality

## 1.1 Statement from the Hospital Director

### Mr Paul Scott, Hospital Director

#### Woodthorpe Hospital

Woodthorpe Hospital, part of Ramsay Health Care UK, is dedicated to providing 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 JAG accreditation, Silver award for 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 recognized 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 and approved by:**

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



# Welcome to Woodthorpe Hospital

The site on which Woodthorpe Hospital now stands has provided healthcare to the people of Nottingham since 1877 and is conveniently located towards the north of Nottingham city centre, accessible from the M1 and A1.

We are proud to be in partnership with some of the most qualified and experienced consultants, along with dedicated staff who are highly trained and pride themselves on maintaining the highest levels of patient care to encourage a full and speedy recovery.

We provide safe, convenient, effective and high-quality treatment for adult patients 18 years and over, whether privately insured, self-pay, or NHS. Woodthorpe Hospital does not have accident and emergency facilities or higher-level care.

A high percentage of patients access our services via the “Choose and Book” system. Our services help to ease the pressure on local NHS facilities and relieve acute bed pressures within the local trusts by working closely with local Integrated Care Boards (ICBs) in Nottinghamshire, Derbyshire and Leicestershire and the local NHS hospitals, which promotes improved access for patients.

We also offer **direct access services** for GPs to refer patients who may require a diagnostic endoscopy, Ultrasound scans, plain film X-Rays or MRI.

We continually assess and develop our services; and we are proud of our comprehensive range of specialist departments and the high standard of care that they allow us to offer all our patients. Woodthorpe Hospital provides NHS and Private inpatient and outpatient facilities for:

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

Woodthorpe Hospital is a modern well-equipped hospital where patients have access to some of the most up-to-date medical equipment available and the highly advanced diagnostic services:

- free on-site parking facilities and access to public transport nearby,
- a radiology department providing x-ray, CT, MRI and ultrasound imaging along with image guided joint injections, allowing our consultant radiologists to provide expertise in a wide variety of medical field
- 10 consulting rooms,

- 2 operating theatres, equipped for a wide range of procedures, including keyhole and day surgery techniques, and a recovery/post anaesthetic care unit,
- 42 private ensuite bedrooms,
- excellent catering facilities with improved menus for private patients, Level 5 Food Hygiene certification (the highest level of food hygiene and safety practices); and several members of staff competent at Level 3 qualification, ensuring best practice for food handlers' supervision,
- 1 Ophthalmology operating Optom suite equipped with the innovative Surgicube (unique in the local area) and,
- 2 minor procedural rooms (Endoscopy Suite and Injections Treatment Suite).

This financial year we have invested in refurbishments of our inpatient areas with further works planned for the 25/26 year to include physiotherapy departments and public areas.

Patients' demand has led us to establish an extensive range of out-patient services, such as physiotherapy and sports injury treatment. Some of these services can be booked directly with the hospital without involving your GP. We also have a number of outreach clinics to offer our services to the wider community:

- Rosebery Medical Centre and Pinfold medical practice in Loughborough,
- Latham House in Melton Mowbray and,
- Nottingham Road Clinic in Mansfield.

## GP Partnerships

The Business Relationship Manager aims to develop and maintain partnerships with GP practices across Nottinghamshire and surrounding areas. Ensuring that local GPs are kept well-informed and supported in accessing services.

Regular contact with GP practices via:

- Personalised practice visits – These visits are based on increase/decrease in referrals
- Routine telephone contact
- Regular email communications – Advising wait times for specialities and new information such as a new consultant.
- Attend networking events such as LMC GP event.

We provide information to GP practices. This includes:

- Clear referral process
- Acceptance criteria
- Consultant profiles
- A directory of available services

These materials are designed to make referring into Woodthorpe Hospital as efficient as possible.

Education and Continued Professional Development (CPD)

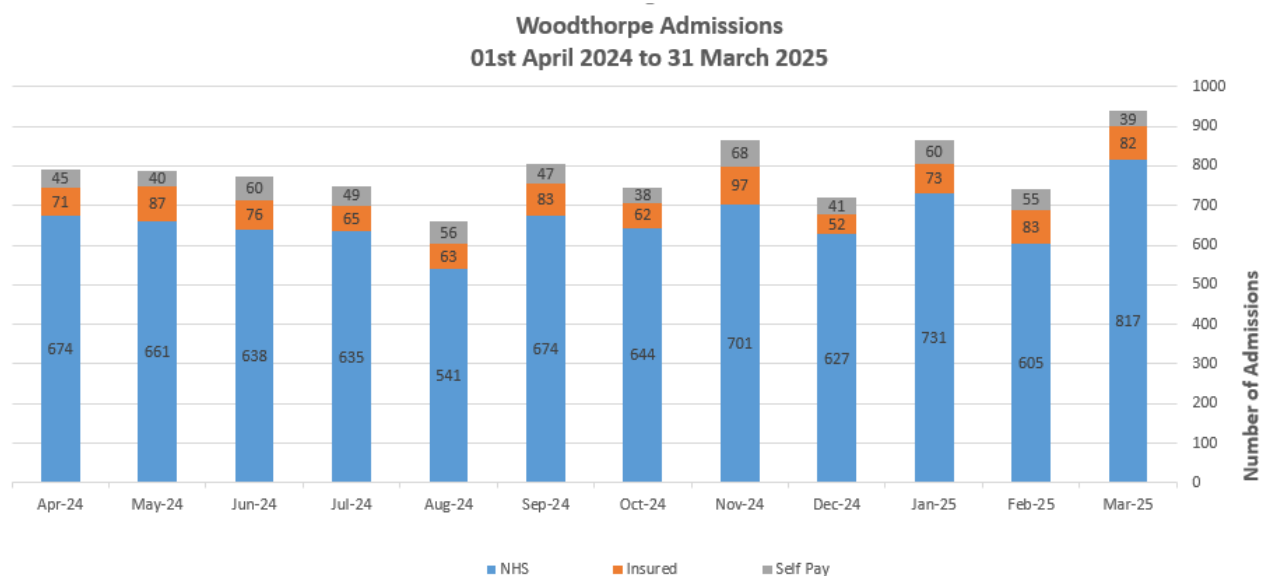
To support the professional development of local primary care teams, we host GP Education Events both on-site at Woodthorpe Hospital and at local venues. These events:

- Provide accredited CPD opportunities
- Enable valuable networking between GPs and consultants
- Encourage sharing knowledge across the healthcare system

This all contributes to strengthening partnerships with primary care, improves referral experience and contributes to the overall quality of care for patients across our region.

In 2024/25 (1 April 2024 to 31 March 2025), Woodthorpe Hospital has managed 9440 patients' admissions:

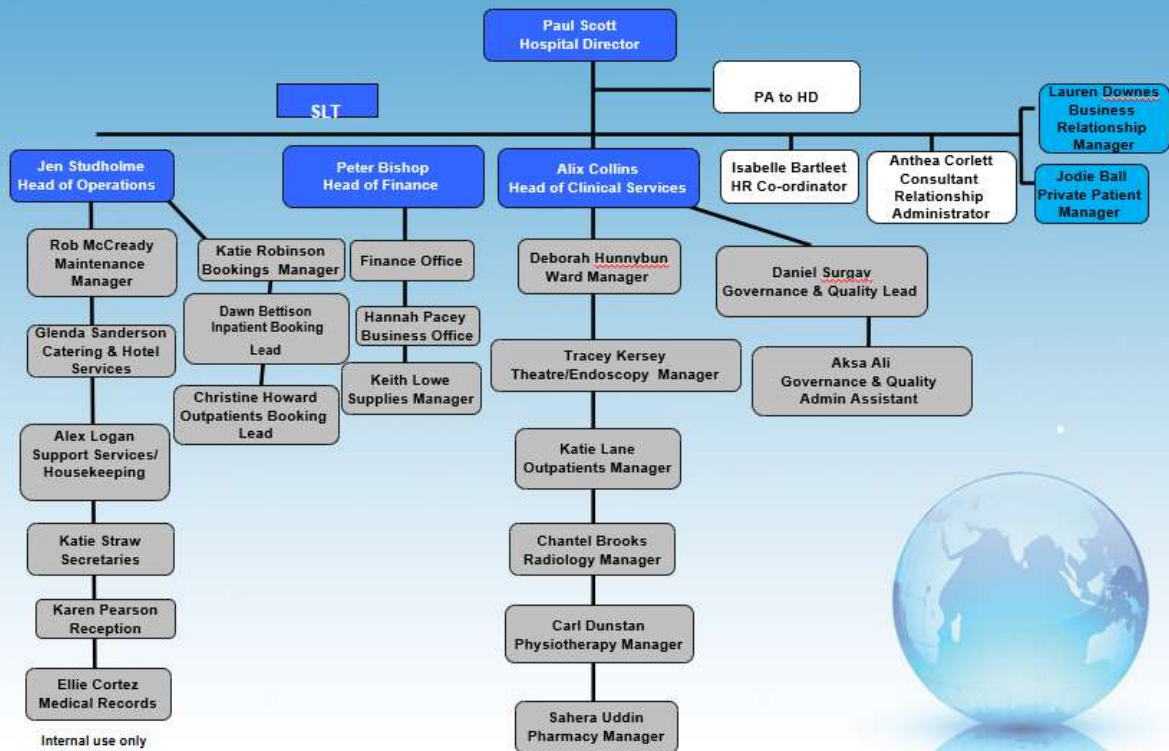
Payor	Admissions	Percentage
Insured	894	9%
Self Pay	598	6%
NHS	7948	84%
Total	9440	100%



By the end of March 2025, Woodthorpe Hospital employed 205 permanent staff and 58 bank staff. The Organisational Structure is as follows:

## Woodthorpe Hospital Organisational Chart

People caring for people



# PART 2 – Quality Priorities for 2025/26

## 2.1 Quality Priorities

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

We have a clear commitment to all our patients as well as working in partnership with insurance companies and the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all 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.

To meet these aims, we set specific objectives and priorities determined by national healthcare priorities, Ramsay corporate strategy and the hospital's Senior Management Team taking into account patient feedback, audit results, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must fit with good governance, patient safety, clinical effectiveness and improvement to the experience of everyone visiting our hospital.

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

Ramsay's CEMPLICITY database management, which was introduced 4 years ago, includes patient feedback (including the Friends and Family Test), data for Patients Recorded Outcome Measures (PROMS) and private healthcare information network (PHIN). The reporting and analytics element has developed significantly for the hospital to view and utilise the data it produces; and allows a more focused approach on specific areas where patient experiences can be enhanced. Some of the data from this database is incorporated into elements of this report.

There are also significant developments taking place within healthcare nationally for which Ramsay and Woodthorpe Hospital have needed to respond to over the last year, specifically:

#### Care Quality Commission (CQC) Inspection

Since January 2023, CQC has introduced a new single assessment framework (SAF) to assess health and social care services in England. To make their judgements more structured and consistent, CQC have developed six categories for the evidence they collect, which are as follows:

1. People's experiences,
2. Feedback from staff and leaders,
3. Observations of care,
4. Feedback from partners,
5. Processes,
6. Outcomes of care.

To ensure compliance with this new framework requirements, local processes were reviewed, robust evidence compiled in the required format, regular internal meetings undertaken.

Woodthorpe Hospital had an unannounced two-part inspection by the CQC in March and April 2025, with a focus on: outpatients, endoscopy, ward (inpatients) and theatres. Immediate feedback was positive but Woodthorpe is awaiting the full assessment outcome.

Further information on the new CQC key points can be found here:  
<https://www.cqc.org.uk/news/our-new-single-assessment-framework>.

#### Speaking Up For Safety (SUFS)

Woodthorpe Hospital continued to support the programme to overcome established behaviours that can lead to poor patient outcomes, by leading to a cultural change from within, normalising collegiate two-way communication to prevent unintended patient harm.



Alongside the compliance training provided for all staff during their induction, the aim was to continue to normalise the use of SUFS amongst all staff, and identify incidents where SUFS has been applied, sharing them with our team's following discussion within our clinical governance committee meetings with the aim to empower staff to utilise its principles within day-to-day practice and encourage safe practice. Several members of staff undertook their 'train the trainer' training to support the local demands.

Further information can also be found here: <https://www.cqc.org.uk/guidance-regulation-nhs-key-question-well-led-speak-up>

Ramsay is continuing with its SUFS Programme and is currently training up some master trainers to ensure that 'Speaking Up For Safety' continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America'.

### **Comprehensive Improved Pre-Assessment Triage**

A comprehensive pre-operative assessment and preparation service is fundamental to high quality, safe practice therefore, each patient must be individually assessed to determine the level of pre-operative assessment required; this may be face to face, or by information submitted via a Patient Health Questionnaire.

Following the assessment of effectiveness of the Ramsay UK EVOLVE project in 2023/24, further improvements in the process had been identified and agreed, which were implemented in 2024/25.

The aim was to continue to create a more efficient and effective pre-assessment to ensure that patients are optimised for surgery and reduce cancellations on the day of surgery and patients' length of stay. The Ramsay process now outlines the patient pathway from referral into the hospital to appropriate pre-assessment following patient triage by a registered nurse at the point of referral.

Woodthorpe Hospital has a dedicated pre-assessment team to facilitate this pathway; and the focus remained on the effective implementation of the proposed improved process. Shortly after patients have been referred to the hospital, the proposed improved pathway aimed to enhance the patients' experience, by assessing whether the acceptance criteria requirements had been met (supported by an internal referral to a weekly complex multi-disciplinary team (MDT) when required), early-recognition of the need for further investigations and earlier inter-provider transfer when patients are not suitable to be treated at the Woodthorpe Hospital. The pathway also aimed at minimising hospital attendance for assessments, investigations and tests.

Effectiveness of this project has been assessed at regular intervals; and when further improvements were identified and agreed, they were implemented in a timely manner.

### **Patient Safety Incident Response Framework (PSIRF)**

As a NHS funded secondary care provider, Woodthorpe Hospital remained focused on the implementation of this framework and embedding the core principles into incident investigations carried out, so the hospital is responsive to incidents that occur, and obtain lessons learned to be widely shared.

This supports more compassionate engagement and involvement for those affected by patient safety incidents and give staff space for reflection, with the principles to also be applied to our NHS and privately funded patients to ensure patient engagement is a priority when incidents occur, and learnings are widely shared.

PSIRF four key aims are as follow:

1. Compassionate engagement and involvement of those affected by patient safety incidents.
2. Application of a range of system-based approaches to learning from patient safety incidents.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focused on strengthening response system function and improvement.

Alongside the compliance training provided for all staff during their induction, we continued to normalise the use of PSIRF amongst all staff; and developed a robust patient safety incident response plan strategy (including ADHOC thematic reviews and multi-disciplinary meetings). In January 2025, a weekly PSIRG meeting was introduced with the aim to review incidents weekly (grading, causative factors, after actions review where relevant, duty of candour, additional support to patients & staff, escalation).

### **Audit Programme – ‘Tendable’ audit tool**

Clinical audit provides the framework to improve the quality of patient care in a collaborative and systematic way. Benefits of clinical audit include identification of trends, which enables identification of risks and implement actions before it becomes a larger issue. Auditing also allows identification and promotion of good practice, which improves the quality of the services and outcomes to users; and similarly, to identify where services require improvement. Further quality insurance is offered through review at local Audit & Governance Committee making the necessary changes to support best practice.

Woodthorpe Hospital remained engaged in improving the quality of patient care by achieving 91.76% compliance in completing the local audit schedule.

### **Getting it Right the first time (GIRFT) orthopaedic / spinal program**

The first publication in 2015 was a landmark report for the orthopaedic specialty, highlighting areas of excellence and areas for focus and improvement. The initial orthopaedic surgery review established the GIRFT methodology and became the pilot for the current programme.

Woodthorpe Hospital focused on the implementation of this initiative that seeks improving outcomes for patients, including reductions in complications, rates of hip revision surgery and reduces length of stay and infection.

Due to this, a hospital wide project was initiated which we aptly named 'Day Zero Discharge'. The main aims of this project were to provide a day case discharge pathway for major joint arthroplasty at Woodthorpe Hospital. Thus far, we have had outstanding results with 100% of the partaking patients going home on the same day as their operation, with no re-admissions or complications. This success has given us great hope that we can continue with this project and strive forward integrating the latest research and techniques into our major joint replacement pathways.

Further information can be found here:

[https://gettingitrightfirsttime.co.uk/surgical\\_specialties/orthopaedic-surgery/](https://gettingitrightfirsttime.co.uk/surgical_specialties/orthopaedic-surgery/)

### Aseptic Non-Touch Technique (ANTT) Accreditation

In the UK, the CQC assess organisational requirements for aseptic technique as mandated in the Health and Social Care Act 2008 (DH 2010, 2015); and Woodthorpe Hospital was required to demonstrate effective clinical governance to regulators and the public for the critical clinical competency of aseptic technique. ANTT was therefore a primary focus at Woodthorpe Hospital in achieving ANTT accreditation.

- On 16 July 2024, Woodthorpe was awarded Bronze ANTT accreditation.
- On 25 January 2025, Woodthorpe was awarded Silver ANTT accreditation.

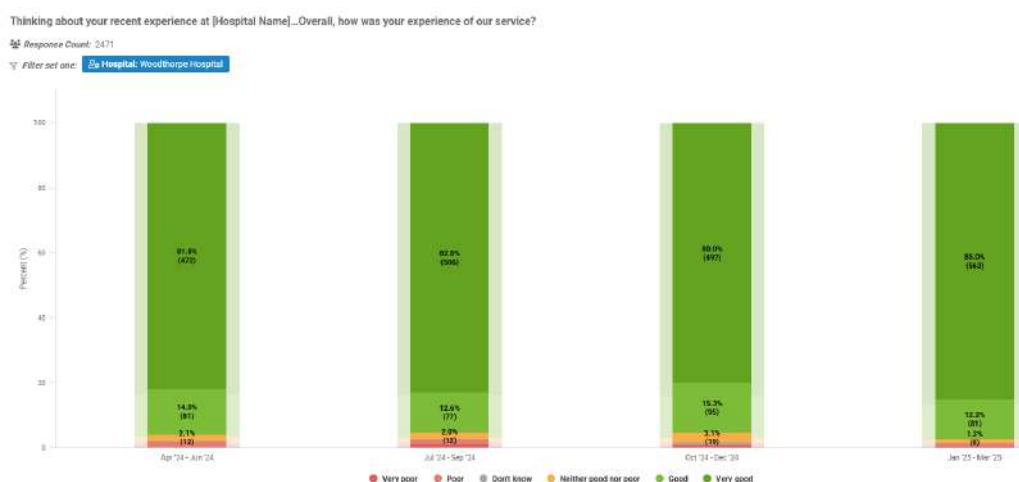
Further information can be found here: <https://www.antt.org/antt-accreditation.html>

### Patient Feedback

Woodthorpe Hospital continues to value and promoted patients feedback and staff commendations; and implemented actions in response to the feedback.

**From 1 April 2024 to 31 March 2025**, 2471 responses were received through the Cemplicity platform, which represents a return rate of 26.1% (based on 9440 admissions). Patients' feedback analysis highlighted the following:

- On average, 96% patients rated their experience of Woodthorpe Hospital as 'good' or 'very good'
- 99.2% of patients reported that they were treated with respect and dignity



### Example of positive comments:

- “All staff were considerate, cheerful and efficient at all times”
- “Very attentive staff. Had time to devote when needed. Nothing too much trouble”
- “Staff are friendly, very professional, caring and helpful. The hospital is always clean and tidy”

### Example of suggested improvements:

- “Everything service wise was outstanding. The only reason I didn't put very good is because I can't get hold of anyone over the phone. I have been trying to contact the hospital to arrange a check-up but cannot get through”

In response to some of the feedback, a ‘spinal injection working Group’ was organised (September-November 2024); and the telephony system was externally audited to provide further options to patients.

## Friends and family Test (FFT)

The NHS FFT was created to help service providers and commissioners understand whether patients were happy with the service provided, or where improvements were needed. At Woodthorpe Hospital, we aimed to significantly increase our response rates across all areas which included outpatient, day case, inpatients and private patient care. Complementary cards were distributed to our patients, with dedicated collection boxes and QR codes were advertised around the hospital.

In 2024/25, there has been a focussed drive on collection of the FFT data, particularly from outpatients. Results were found to be similar to the ones received through the Cemplicity platform with 96.3% of the patients reporting having had a ‘very good/good experience’.

- 96.8% of NHS Day case patients reported having had ‘very good/good experience’,

- 94.9% of NHS Inpatient reported having had 'very good/good experience',
- 94.5% of Private patients reported having had a 'very good/good experience'.

Moving to 2025/26, Woodthorpe Hospital will continue to value and promote patients feedback and staff commendations.

### Patient Participation Group

Woodthorpe Hospital 'Patient Engagement Group' was re-introduced in 2022, post Covid Pandemic; and was positive and engaging. Initial focus was derived from incidents reported and audits undertaken to allow local discussions and reflections from patients, staff and members of the public.

This key initiative was revamped into 'the Patient Participation Group' in 2024, with internal representations from Outpatients, Ward, Reception and Operations; and external representations from a mixture of Private and NHS patients who received treatment from Woodthorpe Hospital in the last 2 years and over a variety of specialities.

In 2024/25, we reviewed the Patient Engagement Group further and included additional feedback measures. We utilised the group to support our PLACE audit and our 15 steps initiative and have now agreed to quarterly reviews. We have been proactive in engaging with our patients and opening up the opportunity for new patients to join our groups.

Moving forward, enhancing patient voices remains a priority for 2025/26. We aim to continue refining our processes and ensuring that our patients have ample opportunities to contribute to the improvement of our services.

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

Our clinical priorities are published within our clinical strategy which demonstrates core themes (see appendix 2).

### Aseptic Non-Touch Technique (ANTT) Accreditation

Building on the bronze and silver accreditations received in 2024/25, Woodthorpe is now striving to achieve Gold ANTT Accreditation. This accreditation highlights Woodthorpe's dedication to infection prevention and prioritising patient safety.

### Association of Perioperative Practice (AfPP)

Achieving AfPP (Association for Perioperative Practice) accreditation in the 2025/26 period will significantly bolster Woodthorpe's commitment to maintaining the highest standards in perioperative care. This accreditation will not only affirm our dedication to excellence and patient safety but also position Woodthorpe as a leader in the healthcare industry.

AfPP accreditation serves as a rigorous benchmark, ensuring that our practices align with the best and most current standards. It will enhance staff morale by fostering a culture of continuous improvement and professional development. Furthermore, it will build patient trust and satisfaction, as the accreditation is a testament to our unwavering commitment to delivering exceptional care.

Ultimately, striving for and achieving AfPP accreditation will drive us to continually refine our processes, leading to improved clinical outcomes and operational efficiency.

### Orthopaedic Getting it Right First Time (GIRFT)

Woodthorpe's pursuit of orthopaedic GIRFT (Getting It Right First Time) accreditation for the 2025/2026 period is set to deliver significant benefits to our healthcare services. This accreditation will enhance our clinical outcomes by reducing variability and promoting best practices in orthopaedic care. It will also streamline processes, leading to greater efficiency and cost-effectiveness.

Additionally, the accreditation aims to improve patient satisfaction through the provision of high-quality, consistent care. Furthermore, it will support our staff by offering comprehensive training and development, ensuring they are equipped with the latest knowledge and skills in orthopaedic surgery. Ultimately, this initiative reinforces our commitment to excellence and continual improvement in patient care.

### Clinical area refurbishment's

Woodthorpe Hospital has begun renovating clinical inpatient areas this financial year with 5 rooms having undergone refurbishment, the remaining inpatient areas and rooms will all be undergoing further refurbishment in this 25/26 year. This will

enhance the patient experience and ensure that patients are able to recover in a comfortable, modern and clean environment.

## 2.2 Mandatory Statements relating to the Quality of Services Provided

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

### 2.2.1 Review of Services

During 2024/25 Woodthorpe Hospital provided and/or subcontracted 2 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 2 of these NHS services.

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Woodthorpe Hospital has reviewed all the data available to them on the quality of care in all 2 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31 March 2024 represents 88% per cent of the total income generated from the provision of NHS services by Woodthorpe Hospital for 1 April 2024 to 31 March 2025.

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

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

### Human Resources

Staff Cost as % of Net revenue	32%
HCA Hours as % of Total Nursing	29%
Agency Cost as % of Total Staff Cost	8.1%
Ward Hours PPD	28.3%



Staff Turnover from 2024/25	22.5%
<i>(to note: This figure is including bank staff that had been removed from Woodthorpe Hospital due to a number of reasons including, but not limited to: lack of requested and allocated shifts. When excluding removed bank staff members, the figure totals: 11.4%)</i>	
Sickness	5.3%
Lost Time	5.3%
Appraisal	90%
<i>(to note: 6.1% of staff unable to have a PDR carried out at the moment due to long term sickness, apprenticeship leave or maternity leave)</i>	
Improvement noted in Mandatory Training compliance	98.2%
Improvement noted in Staff Satisfaction Score	83%
Number of Significant Staff Injuries	1

## Patient

Formal Complaints per 1000 HPD's	1.24%
Patient Satisfaction Score (Cemplicity)	94.7%
Patient Satisfaction Score (FFT)	94.8%
Significant Clinical Events/Never Events per 1000 Admissions	0.43%
Readmission per 1000 Admissions	2.90%

## Quality

Workplace Health & Safety Score: 'Good'	95.2%
Infection Control Audit Score	96.4%
Consultant satisfaction Score	89.0%

## 2.2.2 Participation in Clinical Audit

During 1 April 2024 to 31 March 2025 Woodthorpe Hospital participated in 7 of the national clinical audits, which it was eligible to participate in.

The national clinical audits that Woodthorpe Hospital participated in, and for which data collection was completed during 1 April 2024 to 31 March 2025, are listed below with some examples of submissions:

Clinical Review Programmes	submissions
National Joint Registry (NJR)	100%

Surgical Site Infection Surveillance Service	99.6%
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The reports of all national clinical audits from 1 April 2024 to 31 March 2025 were reviewed by the Clinical Governance Committee; and the following actions have been agreed to improve the quality of healthcare provided at Woodthorpe Hospital:

- 1. Elective Surgery – 3 National Patients Recorded Outcome Measures (PROMs) programme including Cataract, Hip, Knee & shoulder surgery and carpal tunnel:** this data collection has become integrated into our patient experience database Cemplicity and collected electronically via emails. We have a dedicated team overseeing the management of PROMS and are working with them to encourage our patients to participate in the audit. Progress continues to be measured via regular reports produced by our corporate team. This data is reviewed and discussed with staff so relevant actions can be implemented. PROMs programme has improved both the quantitative and qualitative data making it more robust and meaningful for the hospital to include in its service improvements.
- 2. National Joint Registry (NJR):** all data continues to be submitted for joint arthroplasty activity; and received the Gold Award for data completion and quality for 2024/25 (the most recent data period).
- 3. Surgical Site Infection Surveillance Service (SSISS):** all feedback from patients and internal reporting database any post-operative infections are reported to SSISS. An action plan has been formulated to address areas where practice can be improved and where we have become aware of any infections.
- 4. Joint Advisory Group (JAG):** Woodthorpe Hospital endoscopy service is JAG accredited; and conforms to all data requirements to them and has an endoscopy user group within its governance framework to maintain its full accreditation.
- 5. Orthopaedic Getting it Right First Time (GIRFT):** Woodthorpe has included orthopaedic gift in its clinical strategy for the forthcoming year to enhance patient care and satisfaction through advanced surgical techniques and state-of-the-art equipment. This initiative aims to improve outcomes and expedite recovery times for patients requiring orthopaedic procedures.
- 6. Association of Perioperative practice (AfPP) accreditation:** Woodthorpe has begun its journey towards AfPP accreditation to ensure the highest standards of perioperative care and professional development for its surgical teams. This certification underscores the hospital's commitment to excellence and continuous improvement in patient safety and clinical practices.

All National clinical audits that Woodthorpe Hospital will be participating in 2025/26 have been reviewed by the local Clinical Governance Committee; and a decision was made to continue to participate to the same National clinical audits as 2024/25 (see above).

**Local Audits - Ramsay audit programme TENDABLE**

Woodthorpe Hospital has used the 'tendable' platform for a number of years now to complete all audits in line with a pre-determined annual timetable. Engagement remains positive with more frontline staff undertaking audits and the results driving continued improvements in quality clinical care.

The average score across all audits undertaken in this reporting period is 93.8% which is positive, with actions undertaken and re-audits carried out where necessary, to improve clinical practice.

The reports of 298 clinical audits from 1 April 2024 to 31 March 2025 were reviewed by the Clinical Governance Committee (the clinical audit schedule can be found in Appendix 3); and Woodthorpe Hospital intends to continue to take the following actions to improve the quality of healthcare provided:

- For the majority of clinical areas, benchmarking audits are undertaken at the beginning of the audit year in line with the Ramsay Health Care UK Audit timetable to identify areas for actions and improvement, which ascertains priority areas for the rest of the year. The generated actions from the audits completed are the responsibility of each clinical department and managed by the Head of Department to ensure prompt completion;
- Continue to improve compliance in the completion of audits; and complete action plan to promote best practice within clinical areas following issues identified (with re-audit to ensure effectiveness of the actions);
- Audits are to be discussed at departmental meetings; and feedback is given to staff, with each audit that requires any improvement having an action plan attached;
- Continue to work with the Clinical Governance and Medical Advisory Committees to ensure that all quality information and actions from audits are cascaded to the wider consultant body ensuring that key areas of focus, lessons learned and good practice were being shared; and actions effectiveness is being evaluated.

### **2.2.3 Participation in Research**

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

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

Woodthorpe Hospital's income from 1 April 2024 to 31 March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the contract is not considered within the scope of the Aligned Payment and Incentives (API) rules.

## 2.2.5 Statement from the Care Quality Commission (CQC)

Woodthorpe Hospital is required to register with the Care Quality Commission and its current registration status on 31 March 2025 is registered for persons 18 year and over without conditions.

Woodthorpe Hospital has not participated in special reviews or investigations by the Care Quality Commission during 2024/25.






Woodthorpe Hospital was graded 'Good' by the CQC at the latest inspection report on 23-24 February 2016 and 2 March 2016, for which the report is accessible at: <https://www.cqc.org.uk/location/1-1512006286>

Woodthorpe has been inspected by the CQC in March and April 2025 but the report and subsequent rating is not yet available.

### Overview

Latest inspection: 23-24 February 2016 and 2 March 2016

Report published: 19 May 2016

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

## 2.2.6 Statement on Data Quality

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. Woodthorpe Hospital will be taking the following actions to improve data quality:

- Review the process of the Cemplicity patient questionnaire post discharge to identify how the participation rate can be improved, which will allow the hospital to collect more feedback from patients and make improvements to the services we offer our patients,
- Perform quality checks of our medical records and documentation in all departments. We have moved to EPR; and this has helped to ensure

contemporaneous notes are maintained and all patient activity is fully recorded and accessible,

- Monthly exception reports are monitored to ensure that there are no omissions in the data we are submitting to our commissioners through Secondary Uses Service (SUS),
- We have a corporately set clinical audit calendar shared as an annual audit plan (Appendix 3). All audit results are discussed at the Medical Advisory, Head of Department, Clinical Governance, and Health and Safety meetings. Results are compared against previous year results. The departments are required to identify any issues that are pertinent and plan the actions required to improve. We also receive corporate clinical audit updates on a quarterly basis which provides us with quantitative data and comparative results from other regions,
- The “Tendable” Audit tool allows audits to be completed live electronically via an app. This provides visibility and comparability across departments and other sites, with the facility for action plans being automatically generated now in place. We continue to work with departments, improving engagement and prompt completion of audits and their associated action plans.

## NHS Number and General Medical Practice Code Validity

Woodthorpe Hospital submitted records during 2023/24 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:

Category	Code	% NHS Numbers Missing	% NHS Numbers Submitted	% GP Practice Codes Missing	% GP Practice Codes Submitted
Outpatients	NVC40	0.03%	99.97%	0%	100%
Admitted Patient Care	NVC40	0.15%	99.85%	0%	100%

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#top>

## Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on March 2025 for. The status is ‘Standards Met’.

This information is publicly available on the DSP website at:  
<https://www.dsptoolkit.nhs.uk/>

### Clinical coding error rate

Woodthorpe Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Woodthorpe 2023	100%	100%	100%	100%

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

## 2.2.7 Stakeholders views on 2024/25 Quality Account

### Nottingham & Nottinghamshire Integrated Care Board (ICB)

#### Introduction

Nottingham and Nottinghamshire Integrated Care Board (NNICB) has continued to work with The Woodthorpe Hospital in Nottingham in pursuit of the monitoring and continuous improvement of services during 2024/25, in accordance with the statutory functions of the ICB1.

The intention for 2024/25 was for NNICB and The Woodthorpe Hospital to continue fostering and developing collaborative and systems-based working, and this statement provides a reflection of progress.

The Woodthorpe Hospital Quality Account for 2024/25 illustrates the scope of work undertaken in the last year and an organisation that continues to develop.

Key achievements included within the account include receiving a number of Clinical Excellence and Accreditations relating to: a) The Royal College of Physicians Joint Advisory Group (JAG) accreditation for all endoscopy services b) Awarded prestigious Quality Standard for Imaging Quality Mark for the Ramsy mobile diagnostic service. c) Received Silver Aseptic accreditation for aseptic non-touch technique.

The Woodthorpe Hospital has maintained a high standard of good or very good Patient Feedback and Satisfaction with 99.2% of patients reporting that they were treated with respect and dignity

## **Oversight Arrangements**

The Woodthorpe Hospital last received a Care Quality Commission (CQC) rating of 'Good' overall in 2016. It is expected that CQC will revisit The Woodthorpe in 2025/26 to assess the Hospital against the new assessment Framework.

Oversight is undertaken via routine quarterly quality focused meetings, The Woodthorpe Hospital has provided sufficient assurances to the ICB in response to its quality activities relating to patient safety, patient experience and effectiveness and the ICB has continued to maintain oversight of relevant improvements via this route

Quarterly highlight updates and exceptions are escalated and discussed through routine contract review meetings.

## **Quality Visits**

One quality visit was undertaken at the Woodthorpe Hospital in 2024/2025. The aim of the visit was to meet new members of their Quality and Leadership Team, to visit clinical areas and observe processes and practices following the implementation of the Patient Safety Incident Response Framework (PSIRF).

The visit was positive with staff demonstrating a clear commitment to quality and continuous improvement. A 15 steps methodology was used to conduct the visit and there were no concerns or areas for improvement identified.

### **Working with System Partners**

The Woodthorpe Hospital, in partnership with the ICB, has developed and improved collaboration with system partners in alignment with the local Quality Schedule and adoption of nationally recommended quality improvement schemes.

The Woodthorpe Hospital continues to collaborate with the ICB Quality team and has extended ICB participation in their 15 Steps Audit and Patient Participation Group in 2024/25 and into 2025/26.

### **Forward View 2025/2026**

A continued focus on people, culture, learning, and improvement is evident throughout The Woodthorpe's Quality Account for 2024/25 and key clinical priorities and initiatives identified to support and enhance patient care and operational efficiency during 2025/26 will be key to sustaining this



Moving into 2025/26 NNICB looks forward to a continued collaboration with Ramsay Woodthorpe around improvement work both within the organisation and across our health system

Woodthorpe Hospital Clinical Governance Committee

## PART 3 - Review of Quality Performance

### 3.1 Statement of Quality Delivery

#### Head of Clinical Services (Matron), Alix Collins

Reflecting on the past 12 months at Woodthorpe, it is heartening to see how the new clinical leadership has significantly enhanced practice and embedded numerous changes to improve the patient journey, focusing on safety, quality, and experience. The rewards of these efforts are evident in our clinical quality performance.

The teams began the year with a strong focus on improving infection rates in our post-operative patients. Alongside significantly reducing these rates, they have achieved two accreditations in infection prevention and control, demonstrating a steadfast commitment to preventing infections in our hospital.

Committed to improving patient outcomes, the teams have revised numerous pathways, from the way we pre-assess our patients to introducing day case arthroplasty. This approach is based on strong evidence that patients following this pathway report fewer post-operative complications.

As we step into 2025/26, we are excited about plans for further accreditations, demonstrating that Woodthorpe is on a clinical journey to excellence.

I am immensely proud of the teams at Woodthorpe who work tirelessly to provide an excellent service and experience for all our patients. They continually strive to improve and show incredible resilience to the pace of change over the last 12 months.

Improving our quality and measuring our performance will continue to be a key objective for the next 12 months at Woodthorpe. We commit to keeping patient safety and the quality of patient experience at the forefront of everything we do at the hospital.

As the Head of Clinical Services, I commit to supporting the teams in achieving these goals through visible and inclusive leadership, and by encouraging and championing their efforts against our objectives.

We are pleased to report that the recent CQC inspections have been positive and well received by our staff. The feedback from the inspections has been encouraging, highlighting our commitment to maintaining high standards of care. Specific feedback from the CQC included praise for our infection prevention measures, patient safety protocols, and the overall quality of care provided. The dedication and hard work of our teams have been recognized, and we are optimistic about our rating. We are committed to maintaining and improving our standards to ensure the best possible care for our patients.

Over the past year, we have also focused on building system-wide relations to proactively manage patient safety events and foster collaborative working. By strengthening our partnerships with other healthcare providers and stakeholders, we have been able to share best practices, learn from each other, and implement innovative solutions to enhance patient safety. This collaborative approach has enabled us to be more proactive in identifying and addressing potential safety issues, ensuring that our patients receive the highest quality of care.

As we progress, I trust that our shared dedication and enthusiasm will lead us to achieve excellence. By working together, we will surmount any obstacles and embrace opportunities for innovation and improvement. Our steadfast commitment to patient well-being continues to be our guiding principle, and with the strength and collaboration of our exceptional teams, I am confident that the future at Woodthorpe looks promising.



**Alix Collins**

**Head of Clinical Services**

**Woodthorpe Hospital**

## 3.2 Ramsay Clinical Governance Framework 2024/25

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

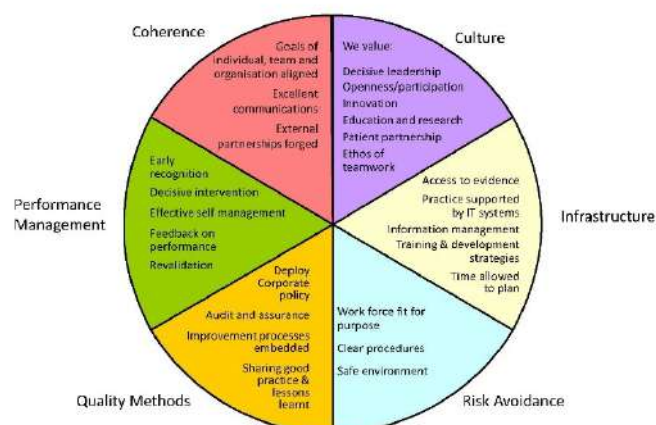
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe, responsive and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right 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 and encouraged to provide ‘an environment in which excellence will flourish.’ The domains of this model are:

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

### **Ramsay Health Care Clinical Governance Framework**



### 3.2.1 National Guidance

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

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

### 3.2.2 The Core Quality Account indicators

#### Mortality

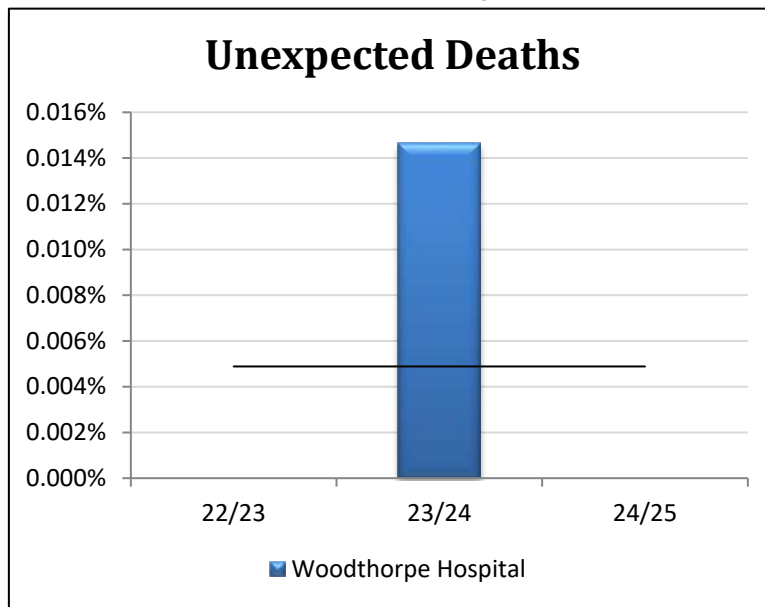
Mortality:	Period	Best		Worst		Average		Period	Woodthorpe	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC40	0.0000
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC40	0.0001
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC40	0.0000

**Woodthorpe Hospital considers that this data is as described for the following reasons:** A review of local data shows the mortality rate at 0.0000 in 2024/25.

**Following on from the previous quality report results, Woodthorpe Hospital has taken the necessary actions to improve this figure, from an already statistically low number in 23/24, to nil in 24/25 and has done so accordingly by implementing and continuing to complete the below actions:**

- Any patient death is subject to immediate review and appropriate reporting,
- Completion of corporate audits, statutory notifications, incident investigation, root cause analysis of care episodes and continuous evaluation of care,
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Governance is also shared at the local Medical Advisory Committee and risk management meetings.

Per 100 discharges:



### National PROMs hip, knee & shoulder

PROMS: Hips	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.981	Apr20 - Mar 21	NVC40	21.228
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.3101	Eng	22.847	Apr21 - Mar 22	NVC40	21.448
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.922	Eng	22.451	Apr22 - Mar 23	NVC40	22.821

PROMS: Knees	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.916	Eng	16.886	Apr20 - Mar 21	NVC40	16.671
	Apr21 - Mar 22	RCF	20.6336	NT209	14.267	Eng	17.625	Apr21 - Mar 22	NVC40	16.958
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.12	Eng	17.488	Apr22 - Mar 23	NVC40	15.863

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

- Woodthorpe hospital participates in the Department of Health PROMs survey for hip and knee surgery for NHS patients.
- The PROMs questionnaire is a “before and after” assessment of the health gain that patients show following surgery. The figures above demonstrate that Woodthorpe Hospital is now currently above the national average for hip PROMs which is an expected increase following changes made (such as achieving the gold award on the national joint registry). Although knee PROMs have decreased marginally and are slightly below the national average, it is not an outlier.

- Woodthorpe Hospital with Ramsay UK has made significant improvement to the methodology and continues collecting PROMS data with the use of electronic and technological advances. This has enabled better quantitative and qualitative data collection and analysis to inform practice.

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

- The hospital will continue to provide patients with information around the importance of completing both the pre and post-operative questionnaire as part of their enhanced recovery to raise awareness, in conjunction with the National Joint Registry requirement.
- Quarterly PROM reports are shared during the clinical governance committee which is held monthly, along with medical advisory committee meetings held quarterly. Health gain scores and capture rates are also shared with clinical managers and consultants. This allows full discussion to take place regarding how procedures are undertaken and how recovery is managed post-operatively, therefore allowing identification of how care can be optimised, and how health gain scores can be improved.
- Integration of GIRFT principles with 'Day Zero Discharge' project as a way and means of improving PROM's by reducing inpatient length of stay, further increasing patient outcome / health gain score and optimising overall major joint pathway programme.

**Readmissions within 28 days**

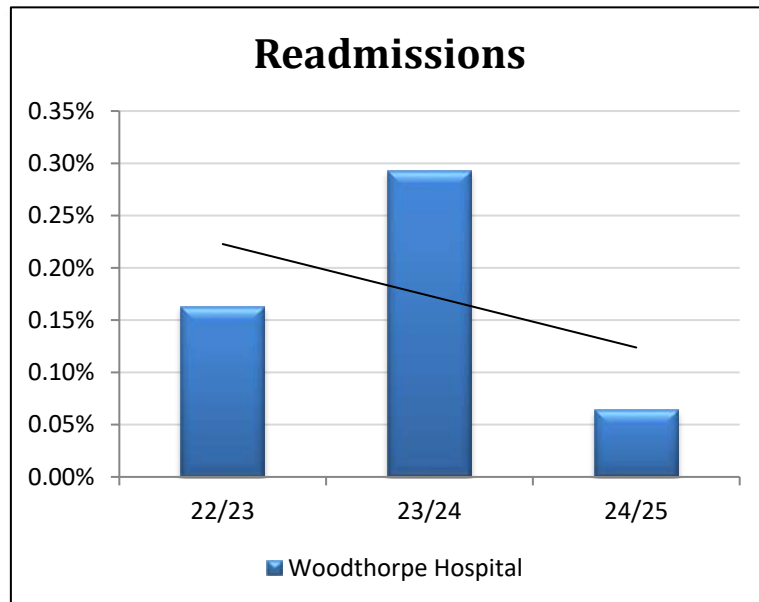
***Woodthorpe Hospital continues to reduce the risk of readmission and improve the quality of its services, by:***

- Ensuring a robust pre-operative assessment allowing an early recognition of individualised needs.
- Completion of pre-operative phone calls 1-3 days prior to operation date which allows time to clarify questions and ensure correct guidelines are followed pre-operatively.
- Ensuring patients are involved in their care pathway, discharged safely after treatment, are appropriately mobilised and that patients and carers are fully informed of individual discharge information.
- Providing patients with up to date contact information upon discharge that if they require advice or support, they can telephone the hospital in the post-operative period.
- Conducting routine post-discharge phone calls to follow-up patient progress and answer any questions or concerns the patient may have.

This encourages early communication of any potential clinical post-operative complications. The hospital staff can advise and support patients and if necessary, the patient can return to the hospital for a review by the appropriate clinical team member, with a resident medical officer (RMO) on site 24-hours a day to direct any concerns in the absence of the treating consultant.

The continued implementation of the above points has resulted in a large decrease in readmission rates (as shown in the graph below) which provides positive feedback that we are ensuring patients and carers have the necessary information, both pre- and post-operatively, to avoid being re-admitted. This is encouraging for the hospital and demonstrates the success that comes with quality improvement.

*Rate per 100 discharges:*

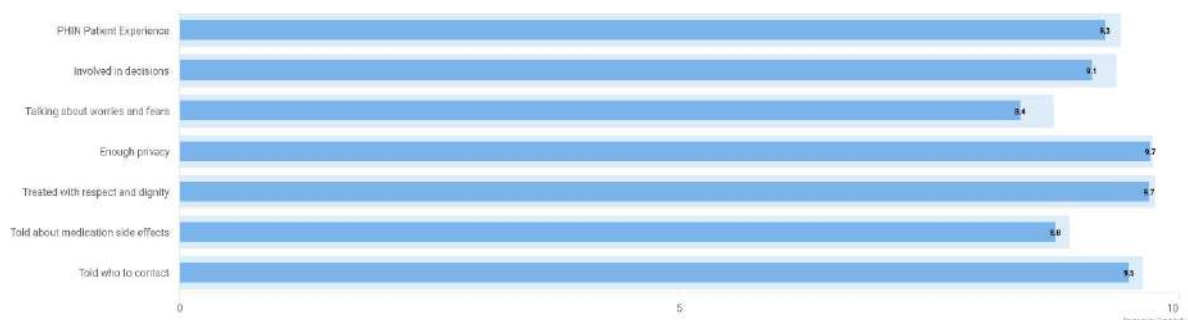


## Responsiveness to Personal Needs

The Private Healthcare Information Network (PHIN) Experience score (suite of 6 questions giving overall Responsive to Personal Needs score):

### Summary of PHIN Patient Experience performance

□ Date Range: 01/04/2024-31/03/2025  
 ▼ Filter set one: Hospital: Woodthorpe Hospital





The above demonstrated a breakdown per question and overall responsiveness score taken from Ramsay's external patient experience survey, period April 2024 - March 2025:

All patient comments are responded to, aiming to address concerns highlighted and become resolved at the earliest opportunity to provide a service that meets the expectation of the hospital and the patient. This remains ongoing, with discussions carried out via committee meetings and data shared on a monthly basis with all staff.

Woodthorpe Hospital has scored 92.7% which is marginally below the Ramsay national average (94.3%). The lowest scoring questions, including dialogue on 'worries and fears' along with 'medication side effects', highlighted to us that further improvement is required in these areas. Overall, a small improvement of 0.7% to the already respectable PHIN Patient Experience Score from last year (92.0%) has been noted which should be encouraging as we are not only upholding the high standards we set for ourselves, but improving with each year.

## VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Woodthorpe	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC40	85.1%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC40	91.4%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC40	75.3%

**Woodthorpe Hospital considers that this data is as described for the following reasons:** there is both corporate and local emphasis on collection of VTE incidences across the hospital as it is the most common post operative complication. A regular VTE audit is also completed through our audit platform 'Tendable' which enables us to record and track our VTE risk assessments. The reduction VTE assessment percentage for Woodthorpe hospital in 24/25 is noted and will be on the agenda to increase with a review pending.

**Woodthorpe Hospital has taken the following actions to improve this percentage and so the quality of its services, by:**

- Completing VTE risk assessments, as per Ramsay patient pathway (these are commenced at pre-assessment and completed on admission for all patients).
- Completing discharge medical record checks for all patients, as part of an additional system, within the patient's electronic record.
- Completing monthly checks of corporate report for VTE assessments and ensuring identified actions are completed.
- Reporting VTE compliance at quarterly Medical Advisory Committee meetings to maintain consultant co-operation and at monthly Clinical Governance Committees.

## Clostridium difficile infection

**Woodthorpe Hospital continues to reduce the risk of C difficile infection and improve the quality of its services, by:**

- Participating to the development of an annual strategy for Infection Prevention and Control (IPC) at a corporate level by the group.
- Revising local IPC policies on a regular basis and/or when updated national professional guidance is published.
- Designing Infection and Prevention programmes to bring about improvements in performance and practice, including the recent certification of 'Silver' with the ANTT awards.
- Participating to a network of specialist nurses and infection control link nurses operate across the Ramsay Health Care UK organisation to support good networking and best clinical practice.
- Employing an IPC Lead and Infection Control link nurses in all clinical areas, ensuring that IPC management remains a high priority throughout the hospital.
- Maintaining high standards of IPC practice to minimise the risk of occurrence of clostridium difficile infections.
- Implementing the correct treatment and nursing intervention for any confirmed or suspected clostridium difficile infections.
- Reporting any incidence of clostridium difficile infections to the appropriate public health bodies, responsible microbiologist, consultants and clinical commissioning groups.
- Following national and corporate guidance on IPC standards, audits and processes.

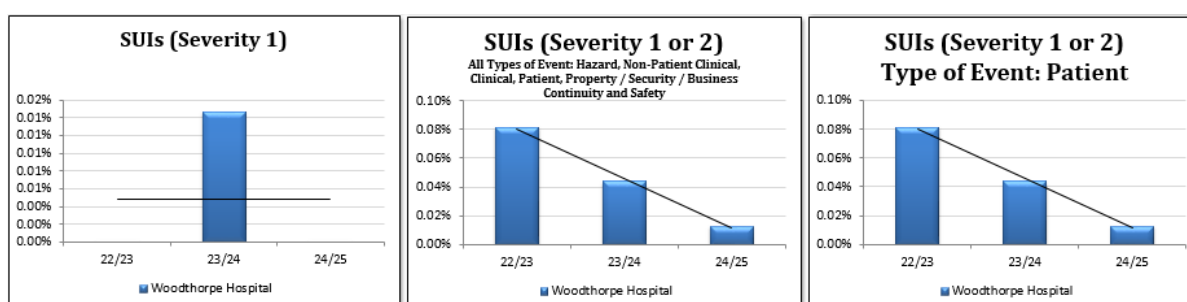
## Patient Safety Incidents with Harm

***Woodthorpe Hospital continues to reduce the risk of patient safety incidents with harm and improve the quality of its services, by:***

- Ensuring that incidents are investigated by senior management team; and when lessons are learned from these events, they are shared with staff across the hospital so that we can prevent similar or same types of incidents re-occurring.
- Ensuring that the Hospital Director and Head of Clinical Services, supported by the Quality & Governance Lead, review all incidents; supported by a robust investigation process, Root Cause Analysis and action plan implemented where appropriate.
- Identification of trends at Woodthorpe Hospital and throughout the Ramsay organisation via the Radar system reports incidents, as managed by the Corporate Risk Management Team.
- Reporting all incidents through the Clinical Governance Committees structure.
- Improving reporting across the hospital whilst managing higher severity incidents promptly.
- Promoting the use of comprehensive risk assessment tools that are available to identify and minimise risk,
- Organising daily and/or weekly clinical heads of department forums; and monthly clinical governance committee meetings where key performance indicators and incidents are discussed and disseminated,
- Disseminating all alerts from the Centralised Alert System (CAS) for NPSA/MDE and FSN to all departments with required actions feedback,

- Assessing and evaluating of patient dependency and accorded placement of nurse-to-patient ratios,
- Ensure all staff have received incidents Radar induction training,
- Engaging in SUFs and PSIRFs framework.
- Integration of local PSIRG meeting (held weekly) to review hospital wide patient safety incidents, allowing an increase in transparency and shared learning.
- Promoting regular After Action Reviews (AAR's) following incidents at the hospital to help instil a culture of safety and responsiveness.

*Rate per 100 discharges:*



## FFT

F&F Test:	Period	Best		Worst		Average		Period	Woodthorpe	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC40	99.4%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC40	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC40	100.0%

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

- The NHS-wide FFT test to improve patient care and identify the best performing hospitals in England was announced in 2012 by the Prime Minister. Since then, FFT survey has been expanded year on year at Woodthorpe Hospital and now incorporates all our departments,
- All patients at Woodthorpe Hospital are now routinely invited to take part in this anonymous survey asking simply whether they would recommend our hospital to their family and friends. This is reflected in our response rates and current high scores that would recommend us to their friends and family.

A review of local data shows the FFT at 100% in 2024/5

**Woodthorpe Hospital has taken the following actions to continue to improve this service and so the quality of its services, by:**

- Monitoring the FFT survey feedback in all departments.
- Disseminating individual department feedback from the FFT survey.

- Acting on patient feedback and complaints to improve quality in areas where issues may have been identified.
- Analysing the FFT results and identifying trends; acting on comments and suggestions for improvement.

## 3.3 Patient Safety

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

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

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

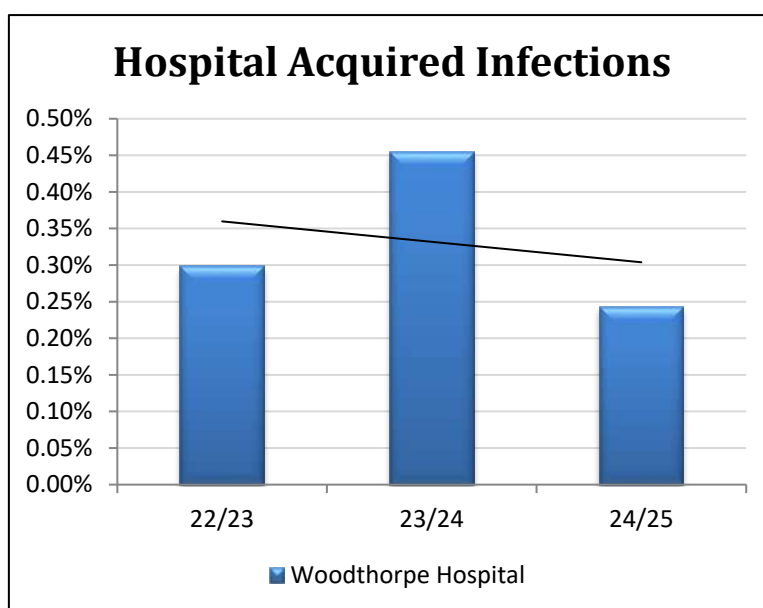
### 3.3.1 Infection prevention and control (IPC)

***Woodthorpe Hospital has a just below 0.25% rate (per 100 discharges) of hospital acquired infection (which is a significant decrease on an already low figure from last years quality account) and has had no reported MRSA Bacteraemia in the past 4 years.***

An annual strategy is developed by a Ramsay IPC Committee; and group policy is revised and re-deployed every two years or as and when new IPC guidelines are published. Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored. A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Woodthorpe Hospital complies with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and C Difficile infections with a programme to reduce incidents year on year. IPC management is very active locally. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

*Rate per 100 discharges:*

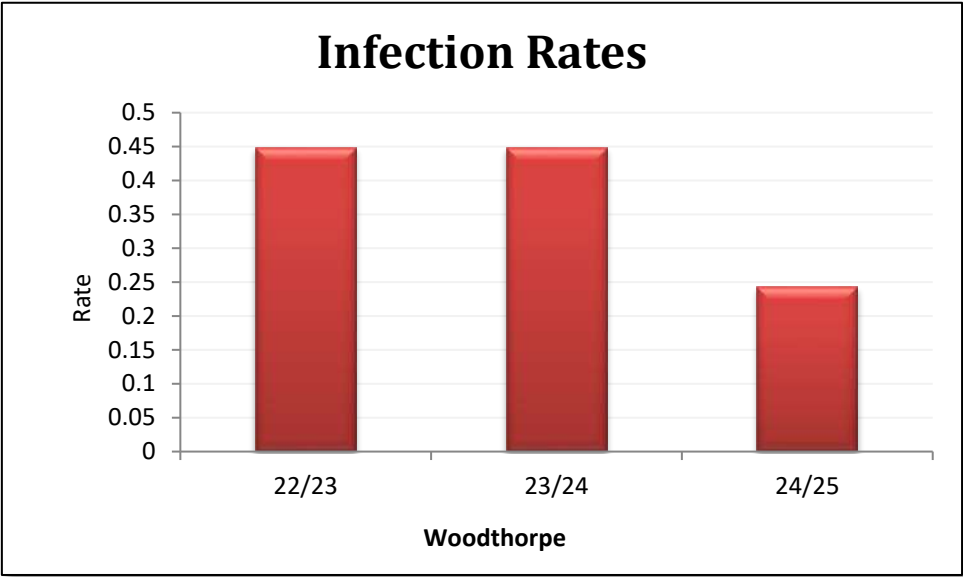


#### Programmes and activities within the hospital include:

- Bi-monthly infection control meetings with links to Consultant Microbiologist at Nottingham University Hospital NHS Trust. This is a proactive group with representation from all departments to ensure that each part of the patient's pathway is safeguarded against the risks of infections.
- Hand washing is high on our agenda in addition to regular staff training. Alcohol gel units are readily available around the hospital where they will be visible and accessible to patients to encourage their use. Monthly hand hygiene audits are undertaken by each clinical department with findings shared through a number of committee meetings to identify where improvements can be made.
- Monthly outcomes reports from our infection control committee to the Clinical Governance Committee and quarterly to the Medical Advisory Committee.
- IPC forms part of the monthly clinical audit programme. The different elements of IPC are selected and include sharps, environment, hand washing, surgical site infection and catheter care.
- Thematic review of patients' reported infections to identified trends; and design a plan of actions in response to trends.

Due to the local reporting process for infection notification, all suspected infections contracted within 30 days from surgery that we are made aware of are recorded on our risk system, with our IPC Lead following each incident up with the relevant Trust or GP practice to seek confirmation when relevant. As depicted in the graph below, the local infection rate for hip and knee replacements has decreased following actions taken since last year's quality account. Woodthorpe has committed to reviewing this infection status and has pro-actively engaged with all teams across the hospital to develop an action plan that re-address' all practice in line with best practice frameworks and conduct a thematic review to ascertain factors that may be influencing.

A greater focus is therefore been placed on IPC and understanding infections' themes, with significant operational and standard operating practices implemented to reduce the risk of infection. Achieving 'Silver' ANTT certification was a huge milestone for Woodthorpe hospital; Following this further actions have been put in place to try and achieve 'Gold' certification and further reduce, the already low, infection rates.



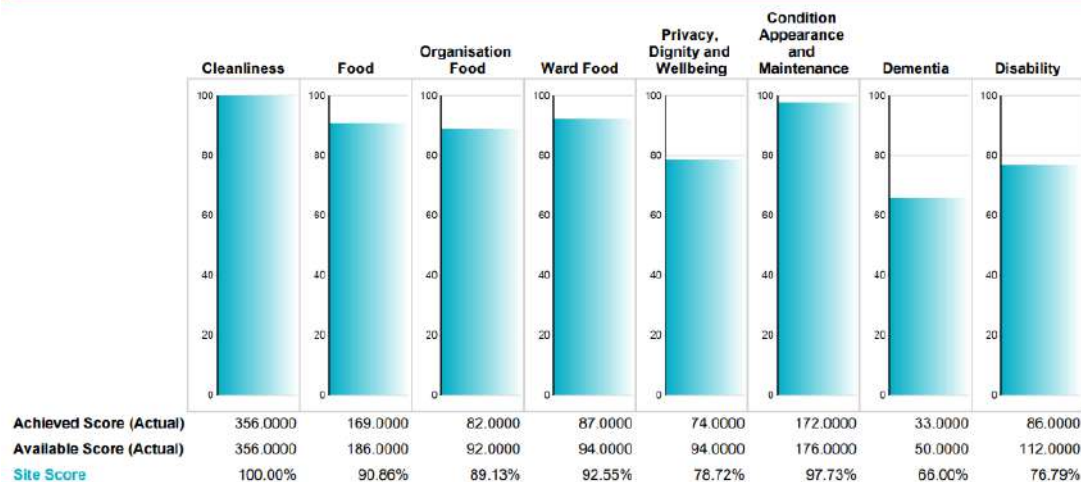
### 3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Woodthorpe Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

On 30 December 2024, the hospital undertook the PLACE inspection, with a team of former service user, relative and hospital staff. The inspection team provided feedback and raised any issues regarding the findings of the inspection.

The Bar chart below shows the results from the audit carried out in December 2024 at Woodthorpe Hospital, reflecting areas we excelled at, and which areas require improvement.



## Food

High scores of 90.86% (food), 89.13% (organisation food) and 92.55% (ward food) were noted.

**Comments:** A very substantial menu with a wide variety of options. As a whole, food is very nice with great presentation. Food portions were deemed as marginally too large at times, but this not an outlier when compared to the majority.

## Dementia and Disability

Scores of 66.00% (dementia) and 76.79% (disability) were noted.

**Comments:** Noted improvements from last year comments were made relating to increased signage (with dates and times) across the ward.

## Cleanliness, Condition & Appearance

High scores of 100% (cleanliness) and 97.73% (condition, appearance and maintenance) were noted.

**Comments:** Noted minor recommended maintenance work; changing paint colours of handrails. Overall, hospital is very well maintained and holds extremely high standards for cleanliness.

## Privacy, Dignity and Wellbeing

A High score of 78.72% (privacy, dignity and wellbeing) was noted.

**Comments:** Privacy glass has now been removed allowing for ease when having conversations with receptionists. Noted that the addition of a spare room for difficult conversations would be useful.

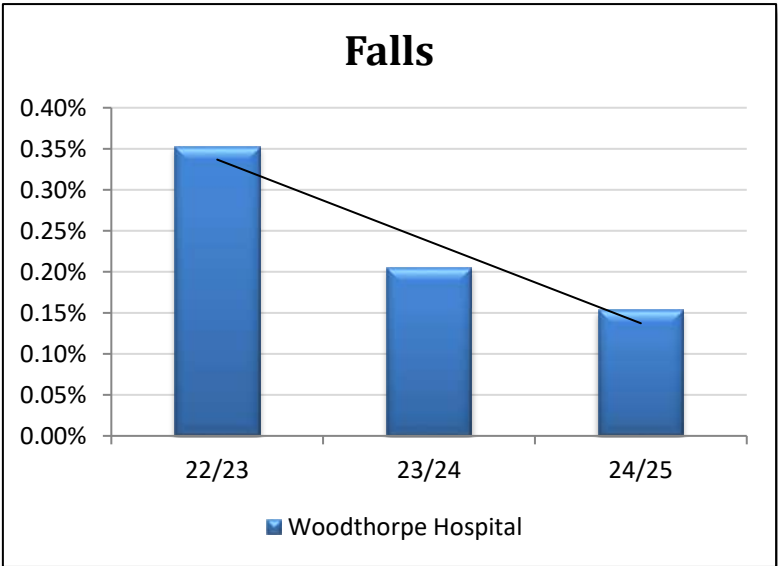


Overall, the scores provided to the hospital have maintained a high standard that we aim to constantly uphold. Comments have been noted for improvements where necessary. Assessors were pleased throughout with the actions taken from last year’s plan following the PLACE audit.

3.2.3 Safety in the workplace

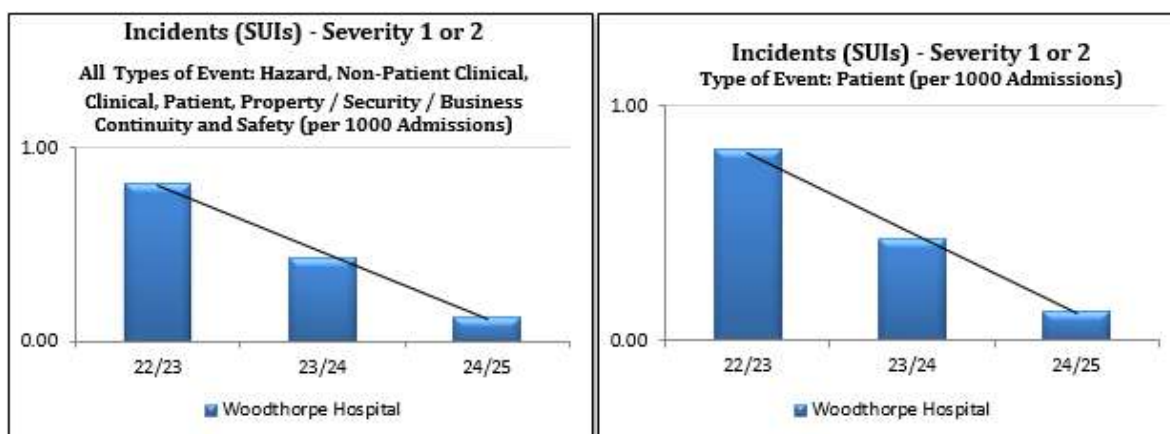
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. As the graph depicts below, safety is paramount at Woodthorpe hospital and having a ‘safety culture’ is something that is proactively commented on. Hospital falls have reduced year-on-year and we are proud of the additional lengths we are going to in the aim of further reducing this already statistically low figure.

Rate per 100 discharges:



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

Rate per 100 discharges:



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 General Manager which ensures we keep up to date with all safety issues.

At Woodthorpe Hospital, we include health and safety training as part of our annual mandatory training programme within our staff's induction process and delivered by our local Health & Safety Co-Ordinator. Audits are carried out such as fire safety as well as weekly fire alarm checks and regular unannounced fire drills to ensure all staff are aware of what to do in case of an emergency and practice the processes in place.

All relevant central Alerting System (CAS) alerts are responded to individually and actions provided where required. All relevant CAS alerts and policy updates are discussed at the monthly local Clinical Governance Committee meetings to ensure they are disseminated and actioned effectively.

## 3.4 Clinical Effectiveness

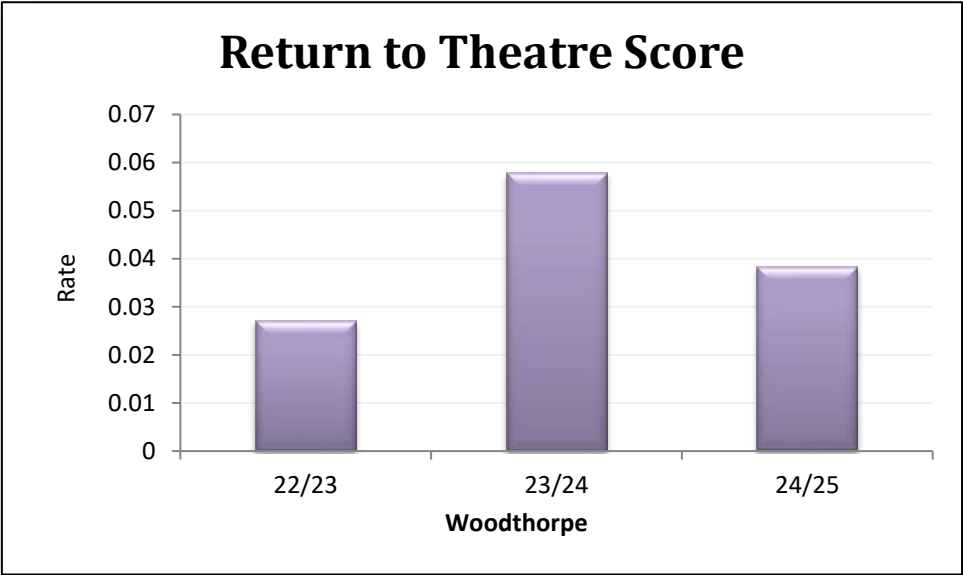
Woodthorpe Hospital has a Clinical Governance team and committee that meet monthly to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations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

### 3.4.1 Return to theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so

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

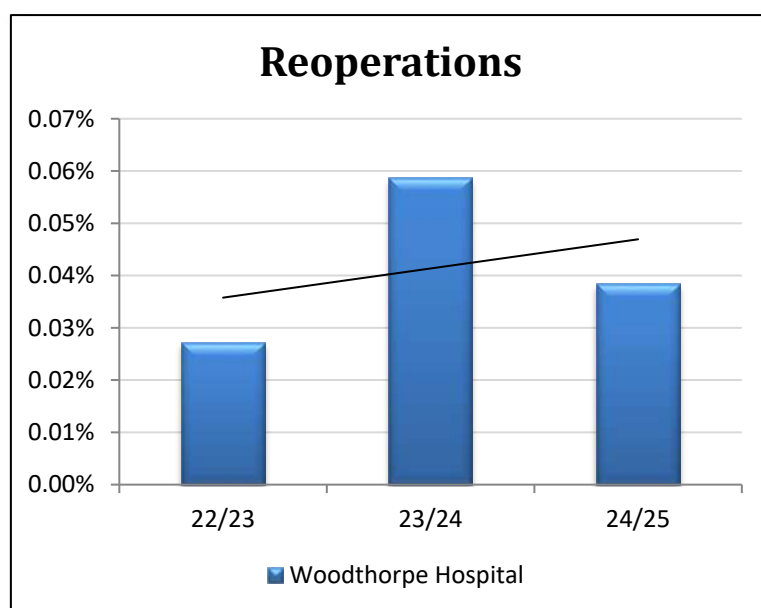
As demonstrated by the graph below, the hospitals returns to theatre rate did marginally increase in 23/24. However, actions were taken to reduce this figure and we are now seeing the benefit from these changes. We are pleased with this progress as even though our admission figures and complexity of surgeries undertaken at Woodthorpe hospital have increased in 24/25, we are seeing a reduction in the return to theatre score.



The implementation of the NEWS 2 Track & Trigger escalation protocol has made staff more aware of patient condition and in 2023/24, the hospital continued with its AIMS training for all appropriate clinical staff.

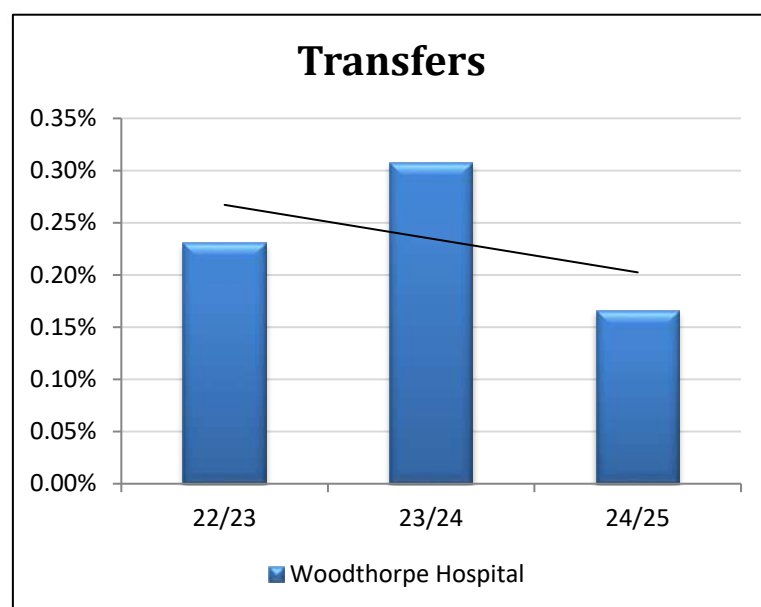
Any return to theatre is followed up with a review to identify learn lessons to influence practice going forward.

*Rate per 100 discharges:*



The rate of transfers to another facility for further investigation or treatment following complication of surgery or during recovery has slightly increased over the last year. Transfers are closely monitored to ensure they are not excessive, and all treatment possible is delivered on site prior to making the decision to transfer.

*Rate per 100 discharges:*



### 3.4.2 Learning from Deaths

There have been no reported onsite deaths to the ICB in this reporting period.

### 3.4.3 Staff Who Speak up

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

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

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

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

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an

ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

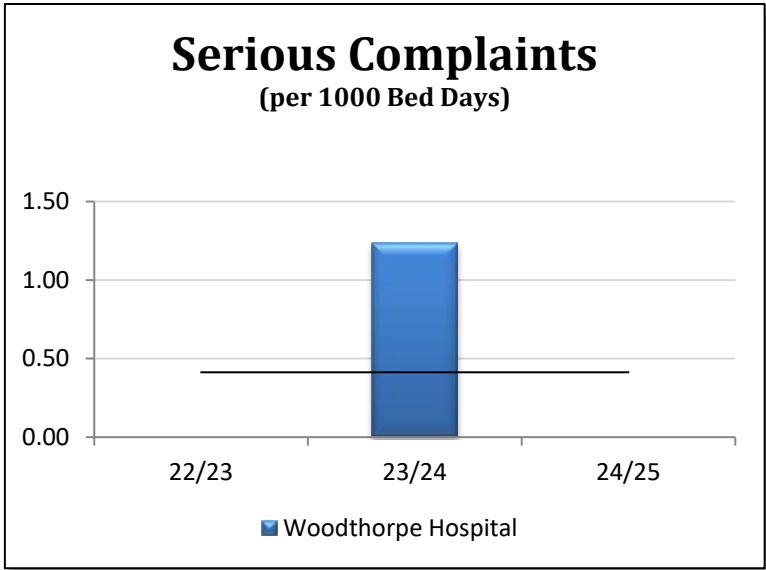
### 3.5 Patient Experience

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

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

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

*Rate per 1000 Bed Days:*



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

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

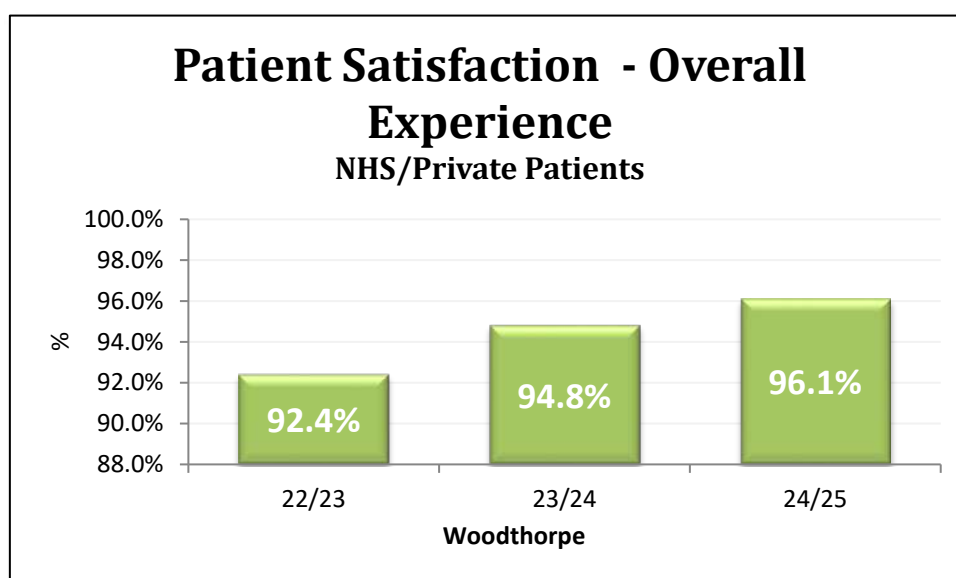
- Continuous patient satisfaction feedback via a web-based invitation,
- Hot alerts received within 48hrs of a patient making a comment on their web survey,
- FFT ‘We value your opinion’ card and QR code,
- Verbal feedback to Woodthorpe Hospital staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback,
- Written feedback via letters/emails,
- Patient Engagement Group,
- PROMs surveys,
- Care pathways with patient being encouraged to read and participate in their plan of care.

## Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third-party company called ‘Qa Research’. This is to ensure our results are managed completely independently of the hospital, so we receive a true reflection of our patient’s views.

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

As can be seen in the graph below our Patient Satisfaction rate has increased over the last year.







## 3.6 Woodthorpe Hospital Service Improvement

### 3.6.1 Woodthorpe continues to work on “project PB”

**Aim of the project:** this project is supporting a change in system and process on how we book our patients for theatre.

Previously, patients were given their surgery date first and then Pre-Assessment would be booked in beforehand. Our aim of this project is to ensure quicker access to Pre-Assessment and faster triage of patients so that we can earlier identify where patients may not meet our criteria due to health complexities and can provide faster referral onwards to the appropriate clinical environment. Introduction of this project in Quarter 1, which continues to be embedded throughout the year.

### 3.6.2 Spinal lists working group

**Aim of the project:** Following trends identified across patients' feedback & incidents, opportunities of service improvement were identified.

The project took place between September and November 2024, with the support of two local consultant. As a result of this project:

- New pre-admission patient information was put in place.
- Discharge criteria reviewed.
- New process designed for follow-up appointments.
- New process designed for communication of E-discharge to GPs.

### 3.6.6 Physiotherapy: same day discharge for knee and hip arthroplasty

**Aim of the project:** Develop pathway to safely discharge patients on the same day of surgery.

Working collaboratively with orthopaedic consultants, anaesthetists and the multidisciplinary teams at Woodthorpe a pathway was developed that would allow us to safely discharge on the same day and optimise patient outcomes.

We successfully completed this in March 2024 and whilst still in the pilot phase; we are keen to increase this further as it has been well received by the patients.

### 3.6.7 other projects

Radiographer-led authorisation of MRI scans

**Aim of the project:** To optimise patient flow through the department, enhance patient experience and maximise scanner utilisation.

All radiology imaging referrals have to be authorised by a practitioner (Radiologist) however, this process can be streamlined by having guidelines in place for Radiographers to undertake this role for specified scans.

By introducing radiographer led authorisation we have reduced the length of wait from a referral being made to booking relevant scans to 1-2 days and have increased our scanner utilisation by 20%.

This process will now continue as best practice.

# Appendix 1 - Services covered by this Quality Account

## Regulated Activities –Woodthorpe Hospital

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder Or Injury</b>	Clinical Immunology and Allergy Testing, Clinical Oncology, Community Nursing Beds' Cosmetics, Counselling services, Dermatological lasers, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, General Medicine, Genitourinary medicine, Geriatric Medicine, Gynaecological, Haematology (non clinical), Nephrology, Ophthalmic (inc laser), Orthopaedic including outreach clinics, Orthodontics, Orthoptic, Occupational medicine, Occupational therapy, Pain Management, Psychotherapy, Psychology, Rheumatology, Speech Therapy, Urological, Vascular	All adults 18 yrs and over People with dementia
<b>Surgical Procedures</b>	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 excluding: <ul style="list-style-type: none"> <li>• Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are likely to need ventilatory support post operatively</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Any patient who will require planned admission to ITU post surgery</li> <li>• Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>• Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>• MI in last 6 months</li> <li>• Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>• CVA in last 6 months</li> <li>• New pacemaker within the last 6 months</li> <li>• BMI limit of 40 excluding gastric banding and bariatric surgery</li> <li>• History of major post op complications</li> <li>• Alzheimer's Disease</li> </ul> <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
<b>Family Planning Services</b>	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
<b>Diagnostic and screening</b>	GI physiology, Imaging services, Exercise ECG, Health screening, , Urinary Screening and Specimen collection.	All adults 18 yrs and over People with dementia

# Appendix 2 – Clinical Strategy

## Clinical Strategy

### Be a significant partner in Nottingham's healthcare community

- Continue engagement with local trust and maintain trusted relationship
- Engagement with the wider community for better health services and minority and diverse groups
- Leader of collaboration working locally and within Ramsay working parties for improvement

### Deliver outstanding care for our patients with sound clinical outcomes

- Provide person centred clinical services
- Robust MDT systems
- Delivering harm free care leading to reduction in preventable incidents
- Acting on outcomes from Audit, incidents and Complaints.

### Engage with and support our people to deliver the best care for patients

- Focus on leadership, management and progression for clinical staff, offering new opportunities and challenges
- Improve knowledge and skills by sound educational pathways via Ramsay academy and clinical training

### Develop clinically sustainable services

- Improved patient experience by ensuring the environment and facilities are aesthetically pleasing for all patients, visitors and staff
- Improved efficiency through a digital framework
- New and improved techniques through procurement services
- Clinical practices that impact negatively on the environment are reviewed and discontinued



# Appendix 3 – Clinical Audit Programme 2024/25

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

## Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an ‘app’ base programme initially called Perfect Ward. In 2022, Perfect Ward rebranded to “Tendable.” Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

ADAPT AND SAVE TO LOCAL HOSPITAL DRIVE: May be used as a local tracker / filtered and printed off for individual departments

Ramsay Health Care UK - Clinical Audit Programme v17.2 2024-2025 (updated 23/01/25)										Hospital / Unit:									
Audit	Department Allocation / Ownership	OR Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency	Deadline for Submission			
Occupational Health Outlying On-site	HICS	Whole Hospital													November to January	End of January			
Occupational Health Outlying On-site	ROUK	ROUK													November to January	End of January			
Managing Health Risk On-site	Corporate OH	Whole Hospital													As required	As required			
OH Clinical Records	Corporate OH	OH													July, January	By month end			
OH Case Management Referrals	Corporate OH	OH													May, November	By month end			
OH Pre-Placement Clearance	Corporate OH	OH													October, April	By month end			
OH LIAISON & Top 8 Risk Responses	Corporate OH	OH													March	By month end			
OH Vaccination Records	Corporate OH	OH													September, March	By month end			
OH BRT Exposure Management	Corporate OH	OH													Monthly	By month end			
OH Skin Health Surveillance	Corporate OH	OH													Monthly	By month end			
OH Management of OH Records	Corporate OH	OH													August, February	By month end			



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# Appendix 4 - Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC40	Code for Woodthorpe Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

# Woodthorpe Hospital

## Ramsay Health Care UK

### Hospital phone number

0115 920 9209

### Hospital website

<https://www.ramsayhealth.co.uk/hospitals/woodthorpe-hospital>

### Hospital address

748 Mansfield Road, Nottingham NG5 3FZ

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

If you would like to comment or make any suggestions for the contents of future reports, please write to or telephone the Hospital Director:

Via email: [Jennifer.Studholme@ramsayhealth.co.uk](mailto:Jennifer.Studholme@ramsayhealth.co.uk)

or via phone: 0115 920 9209, extension 280