

# Winfield Hospital

## Quality Account 2022/23



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

## Winfield Hospital is part of the Ramsay Health Care Group

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

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

I am very proud of Ramsay Health Care's reputation in the delivery of safe and quality care. It gives us great pleasure to share our results with you.



### **Nick Costa**

Chief Executive Officer

Ramsay Health Care UK

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

I am looking forward as we continue this journey to support our ongoing commitment to providing high-quality health services to our patients, with continued investment and a focus on utilising digital systems to support the patient journey.



**Jo Dickson**

Chief Clinical and Quality Officer  
Ramsay Health Care UK

# Introduction to our Quality Account

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

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 didn't 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

## 1.1 Statement on quality from the Hospital Director

Mrs Kathie Rimmer, Hospital Director

### Winfield Hospital

Ramsay Health Care UK is committed to maintaining an organisational culture that puts the patient at the centre of everything we do. The Winfield Hospital has provided high quality care to our patients for the last 30 years and as Hospital Director I continue to take great pride in the services and care we offer.

This Quality Account will demonstrate that the Hospital will constantly strive to improve the quality of its services we offer. It contains information for our patients and commissioners to provide assurance that we are committed to sharing our progressive achievements from one year to the next.

Ramsay has established a record as a safe and responsible healthcare provider worldwide and we are proud to share our results. We especially value patient feedback about their stay, treatment and outcome. In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and the Ramsay organisation, but most importantly the views of patients and their families. Patients are at the centre of our care planning and we are dedicated to ensure that each patient receives a personalised service, enhanced by good communication and a commitment to ensure their privacy and dignity are respected at all times.

Our vision for our hospital includes a commitment to deliver exemplary health services within the scope of safe clinical practice with patient safety as our highest priority. The Winfield Hospital has a very strong record as a safe and responsible healthcare provider and we are proud to share our results.

The following pages set out our quality assurance policies and underline our commitment to delivering the highest possible standard of service in every circumstance.

## 1.2 Hospital Accountability Statement

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

**Mrs Kathie Rimmer**

**Hospital Director**

**Winfield Hospital**

**Ramsay Health Care UK**

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

Mr Navraj Atwal, Consultant Orthopaedic Surgeon – Medical Advisory Committee Chair

Dr Neil Kellie, Consultant Anaesthetist – Clinical Governance Committee Chair

Mr Alex Torrie, Consultant Spinal Surgeon – Clinical Governance Committee Chair/Deputy Medical Advisory Committee Chair

Mr Robert Mauler, Senior Manager – Quality and Commissioning

Ms Laura Hill – Clinical Quality Partner



# Welcome to Winfield Hospital



The Winfield Hospital opened in 1992 and is one of Gloucestershire's leading independent hospitals. The Hospital is located on the outskirts of the City of Gloucester and has excellent road and rail links.

The Winfield is an acute surgical hospital with 39 inpatient beds, 33 of which are single occupancy and 3 double. With three fully equipped theatres with ultra-clean air technology, we are particularly suited for Orthopaedic surgery, along with a JAG accredited endoscopy suite.

The Hospitals' Outpatient department offers 11 consulting rooms, one of which is suited for ENT diagnostics and minor procedures and one for ophthalmology services, with 2 minor treatment rooms. The Ashton House, a standalone Pre-Assessment unit, opened in March of 2023 offering additional treatment rooms tailored for Pre-Assessment.

Our onsite radiology department includes x-ray, ultrasound and dental x-ray equipment. We have an onsite MRI scanner 3 days a week and a CT scanner once every other week, coinciding with our busiest Orthopaedic clinics to provide a one-stop service.

The Winfield's Physiotherapy department is staffed by fully chartered physiotherapists and has a fully equipped gymnasium and treatment rooms. The services provided include; Hydrotherapy, Pilates, Hand Therapy, Continence/Women's Health, Sports Injuries, Musculoskeletal Assessment, Acupuncture, Pre and Post-Operative Rehabilitation and UVB Therapy.

We have an onsite pharmacy, which supplies medicine to all departments and patients registered with the Winfield Hospital.



Consideration for our patients is at the heart of everything that we do. We are constantly seeking new ways of working and bringing in fresh clinical practices that will improve our outcomes for our patients.

Our approach to service delivery, which currently includes working in partnership with the NHS, is courteous and professional and we take great pride in our ability to innovate and look at new ways of working. We continue to participate in the NHS initiative of improving staff health and wellbeing with a focus of providing healthy food choices including meat free Mondays, offering a flu vaccination campaign and an alcohol and smoking cessation to improve healthy living.

The Winfield welcomes NHS patients, insured patients and those who chose to pay for their own treatment. In 2022/23, we treated a total of 5285 patients, of these 2655 were private patients (50.2%) and 2630 were NHS patients (49.8%).

The Winfield has a close working relationship with the local Integrated Care Board (ICB) and provide a range of surgical services. We have an excellent relationship with Tetbury Hospital and support their inpatient NHS activity.

The Winfield employs a GP liaison officer who maintains and establishes relationships with GP's and practice staff and actively promotes the Winfield as a Hospital of Choice.

The Winfield is well managed with a robust clinical governance and risk management processes, with an emphasis on learning from outcomes and 'closing the loop'. Our staff are encouraged to engage with the senior leadership team and promotes an open door policy and no blame culture ensuring that staff feel supported and listened to. The senior leadership team host a staff forum quarterly, providing a Q&A format for staff to discuss concerns and ask questions.

The hospital invests in all staff, ensuring that they have the skills and training required to perform in their role effectively. Training is available through the Ramsay Academy as well as an opportunity for funded development through apprenticeships and scholarships. The Winfield sources external training to develop staff in areas that are beneficial to their role; from August 2021 we have engaged in a programme with SCM, which has seen staff attend 21 courses from Pre-Assessment to Wound Management, Endoscopy to Joint Replacement skills. We also engaged with external providers to deliver ILS training, which used to be provided in our local trust but has proven challenging since COVID. Learning Disability Awareness was sourced externally following our CQC assessment where concerns were raised that this was not a mandatory course for staff, this has since become mandatory within Ramsay.

A committed workforce is vital for delivering quality care and ensuring patient safety. The Winfield employs a variety of staff, from support services who provide cleaning and catering services that the hospital could not function without, to

administrative staff who are typically the first point of contact with our patients and ensure they are appropriately booked into the correct services, to our clinical staff whose skills and knowledge allow us to provide safe and effective care to our patients. In 2022/23, the Winfield employed the below staff:

	<b>Contract</b>	<b>Bank</b>
Clinical	78	21
HCA's	24	3
Support Services	42	14
Admin	51	16
Operational Management	5	2
<b>Total</b>	<b>200</b>	<b>56</b>

The nurse to patient ratio is calculated in accordance to the number of patients admitted and the level of care and needs required. Our nursing staff to patient varies between 1:5 to 1:8 with additional HCAs available when the ratio is over 1:5. Staffing levels are assessed daily to ensure that we are providing safe staffing for patient care at all times. We also have an experienced Residential Medical Officer (RMO) on site 24 hours a day.

Consultant led care is provided at each step of the patient's pathway and treatment includes a full range of surgical and medical services. Consultants are rigorously vetted to ensure that only suitably qualified and experienced surgeons and physicians are granted privileges at the Winfield. We have a total of 145 consultants plus an additional 5 medical practitioners with practicing privileges.

The Winfield offers a variety of services, from outpatient dermatology and ENT diagnostics, to joint replacements and major cosmetic procedures. In 2023, we introduced a new private GP service covering general assessments to management of ongoing medical care. The Winfield holds informational events for patients covering different medical/surgical subjects, which have previously included Plastic Surgery, Orthopaedic and Bariatric Surgery.

We hold regular information seminars/meetings for local GP practices and we are proud to continue to support the Gloucestershire General Practitioner Education Trust (GGPET). These meetings have more recently moved to a virtual platform.

In 2022, the Winfield engaged with our local Sue Ryder Hospice following a thought provoking speech that they provided at our Annual General Meeting. Since then, we have had a number of staff using their 'giving back' day to volunteer at the Hospice and assist in building their summerhouse.

We have also arranged collections and donations for a number of different charities and community needs including collection of items for the Gloucester Foodbank, donation of £285.50 for the Somalia Famine Appeal to more recent toy, books and clothing donations to families in need.

### CQC

In May 2022, the Winfield Hospital had an unannounced CQC inspection and achieved a 'Good' rating across all areas. The Hospital was assessed against the five domains; caring, safe, well led, responsive and effective. During the inspection the CQC identified two areas that needed action, lack of training around learning disabilities and the servicing of Ophthalmology equipment in Outpatients. Following this, we sourced external training for Learning Disability Awareness with a specific focus on Autism; this has now become mandatory training across Ramsay. The Ophthalmology equipment was serviced within 10 days following the CQC inspection.

# Part 2

## 2.1 Quality priorities for 2022/23

### Plan for 2022/23

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

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

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

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

## Priorities for improvement

### 2.1.1 A review of clinical priorities 2021/22 (looking back)

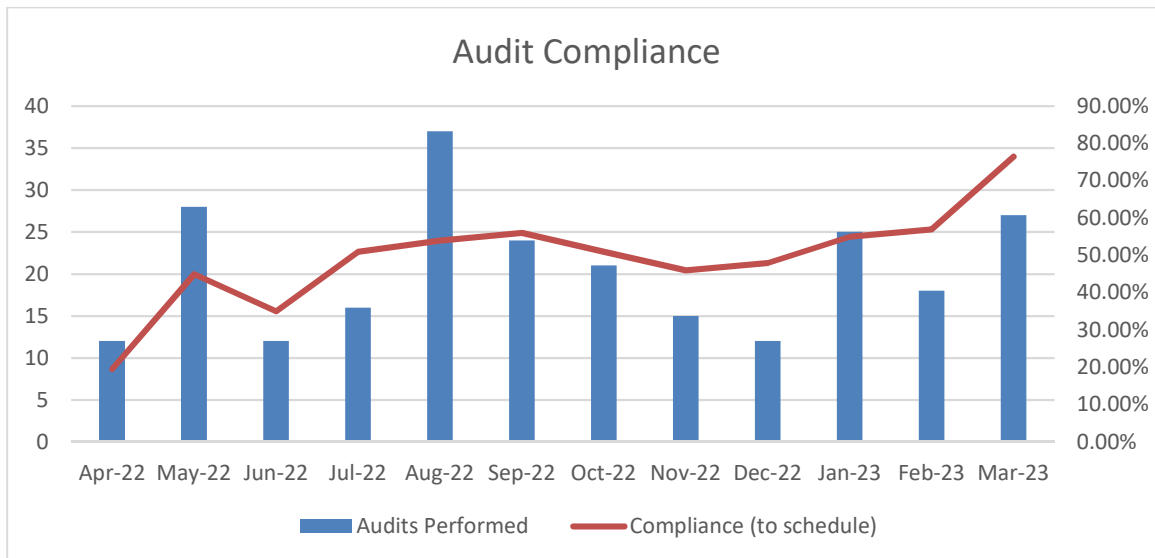
#### Patient Safety

COVID-19 has become part of everyday challenges in healthcare. The Winfield has continued to maintain a high standard in infection prevention control practices guided by Ramsay and Public Health England. The past year has seen COVID-19 restrictions lift significantly including the lifting of lateral flow testing for staff and patients and removing requirements for facemasks in patient facing areas, but a focus still remains on ensuring that our environment is clean and safe. We continue to screen all patients and visitors for COVID symptoms and risk assessments are performed as required. Despite maintaining a 'no outbreak' status in the Hospital, staff sickness due to COVID related absences remain at a similar level to the previous year with 61 positive cases in 2022-23 and 64 in 2021-22.

Clinical audits remain an integral tool for reviewing our practices and ensuring that they are safe and in line with standards and policies. It also helps identify whether our services are performing well or whether they need any improvements. Any audit that does not meet a standard of 95% or higher requires an action plan to address and improve the non-compliances and standards.

Tendable is the platform used to perform audits with ease, encourage the creation of action plans and monitor compliance. It also provides an audit schedule for when and how often audits should be performed. In 2021-22, we performed 140 clinical audits including 15 NATSSIPs audits. In 2022-23, we increased our audit performance and a total of 247 audits were carried out including 34 NATSSIPs audits. All clinical audit results are discussed in detail in monthly meetings, including action plans and ensuring that these are completed.

Clinical departments have increased the amount of people who have the access and capability to complete the audits and line managers' schedule allotted time into their rosters on a monthly basis to ensure they have the time to do this. This was an action taken to improve compliance to our audit schedule (as seen below).



A key way that we raise awareness and share actions following incidents or poor audit results is through the use of Lessons Learnt and Outcomes with Learning (OWLs). Some of the things we have focused on at the Winfield is raising awareness and embedding processes around:

- Theatre Kit Checking Process
- Equipment Failures
- Radiation Exposures
- Escalation of Deteriorating Patient
- Medication Doses
- Out of Hours Blood Process
- Urgent Blood Results
- DVTS

All of our lessons learnt and OWLS are shared amongst staff and discussed in a number of our monthly and quarterly head of department and clinical governance meetings.

### Clinical Effectiveness:

One of our long-term goals is to achieve a status of Centre of Orthopaedic Excellence, embedded by enhanced recovery pathways, robotics and patient education joint schools. We continue to support our consultants in enhancing their surgical ability in the Winfield by empowering them to perform new techniques and use state of the art equipment. In 2022, we began performing Conformis knee replacements using fully customised prosthesis designed for the patient and have performed 10 successful procedures with Conformis. The Winfield have also trialled Rosa, a knee replacement robot that enables surgeons to carry out procedures with greater precision and a higher standard of care.

An electronic patient record was embedded across 21 Ramsay sites in 2021-22 including the Winfield Hospital. The system required changes in processes across all departments with the main one to move away from paper, it also relies heavily on accurate and timely input from clinicians and administrators alike. The

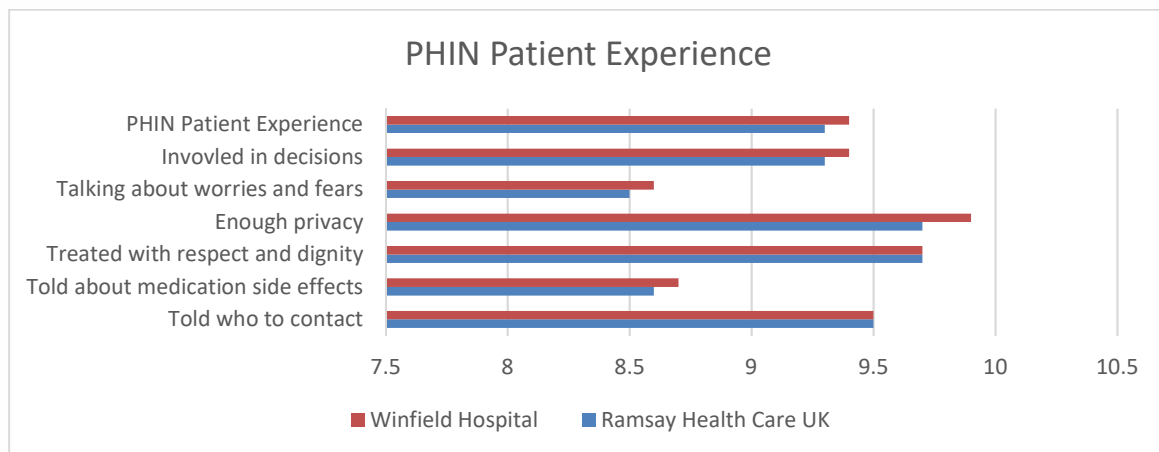


challenging part of this system was to have full engagement from all clinicians and consultants, compliance issues have been monitored and addressed as they are identified and additional training and support has been provided as necessary.

A multi-disciplinary team (MDT) is crucial to delivering person-centred and coordinated care providing the best possible outcome for patients. We have focused on embedding a robust MDT process, which has included producing a local policy, terms of reference and supporting documents. These documents have been reviewed and approved by our Medical Advisory Committee and will be put into practice once consultants are able to remotely access our radiology imaging services. Corporately, a new MDT process will be imbedded into the electronic patient system, which will allow clinicians to better access and document the outcome of their discussions.

### Patient Experience

On a monthly basis data is collected and submitted to the Private Healthcare Independent Network (PHIN). This data represents a consultant’s practice, activity and complications and this information is available to patients to help make informed decisions on their future treatments. It is also useful for hospitals and consultants to improve the safety and quality of their services. In 2022/23, the Winfield scored 93.8% on PHIN Patient Experience.



Cemplicity and Reputation are platforms used to collate and measure all patient feedback. It allows us to compare our scores against the Ramsay UK average and also provides useful insight reports and graphs for us to measure our performance. The scores and patient feedback available through Cemplicity and Reputation are discussed at our monthly clinical heads of department meetings raising awareness around where we need to improve and what we are doing well.

Patients are able to register whether they would like a response to feedback and we respond to these within 24 hours. This allows us to acknowledge and address the feedback left by the patient as well as find out further details and put things in place to improve our services.

## 2.1.2 Clinical Priorities for 2023/24 (looking forward)

### Patient Safety:

#### Infection Prevention and Control

Infection prevention and control (IPC) remains as a high priority for the Winfield, we base our practice on an evidence-based approach to ensure that we are preventing avoidable infections for our patients and staff. Infection prevention and control effects all aspects of health care, including hand hygiene, surgical site infections, patient pathways and policies, antimicrobial resistance and how we respond to infections.

The Winfield audits infections, hand hygiene and department cleanliness on a regular basis and any issues identified are action planned and discussed in monthly meetings. Some of the trends and non-compliances identified include poor documentation around wound care advice and intra-operative temperature taking. We also do a trend analysis on each infection reported to identify any common themes, whether this be the consultant, the procedure, practice related or patient related and any concerns are raised to our Clinical Governance committee and local microbiologist. We will continue to monitor and action plan on this basis, but a main focus will be an emphasis on infection prevention best practice and embedding further training and awareness with staff and consultants. This will be covered in further detail on our annual Infection Prevention and Control report and plan.

The Winfield has accounted for a £750,000 refurbishment covering the entire ward, improving the standards and quality of every patient room. This was initially raised as a concern from a department cleanliness audit and escalated as an infection concern.

## Speaking Up For Safety

Speaking Up For Safety (SUFS) is a programme that embeds a culture of empowering staff to support each other and raise concerns, overcoming behaviours that can lead to poor patient outcomes. This is achieved by normalising a two-way conversation to prevent any unintended patient harm and we embed the skills and insight for staff and consultants to raise concerns about patient safety. The Winfield recently had a lapse in trainers for this essential programme and a focus for this coming year is to accredit a new trainer and re-embed this training for all staff and consultants.

## Outcomes

We ask our patients to provide and complete information surrounding their outcomes so that we are able to monitor results of surgery and make any necessary improvements. This is done through national data collection via Patient Reported Outcome Measures (PROMS), National Joint Registry (NJR) and the British Spine Registry (BSR). Information provided allows for better understanding of procedures and techniques and around the patient's experience and quality of life pre and post-surgery.

Some of this data is submitted manually by administrators at the Hospital but has recently been made electronic to enable patients to input their own data. Staff have undergone additional training on inputting and accessing this data through the electronic platforms and a level of gentle encouragement needs to be provided to our patients to ensure completion.

## Safe Staffing

Staffing and recruitment continues to be a challenge for the healthcare sector with skilled staff being vital to ensuring patient safety and cohesive teamwork. The past couple of years have been some of the more difficult for registered clinicians and the use of agency staff has increased significantly. Despite this, we review our staffing levels on a daily basis to ensure the correct level and skill mix of staff is assigned, including the allocation of agency within limits. If we are unable to allocate staffing safely then we will cancel lists based on safety concerns. Ramsay have provided a staffing tool to help determine safe levels and skill mixes of staff for the activity we have on. A key focus moving forward is to drive recruitment in clinical roles and retaining our staff.

Healthcare is in a continuous state of development as services, technology and equipment improves. The Winfield provides upskilling training alongside mandatory training to all staff to ensure they have the knowledge and skills to perform their job, improve their practices and help develop their careers. The Winfield are proud to support their staff and have engaged with external training providers to enable staff to have access to training that suits them and their role.

We contract 20 positions on SCM training courses per year (which can be increased as required) and this training is aimed for Nurses, ODPs, HCA's and Physiotherapists. The training offered varies for specific surgery skills i.e. Gynaecology, Laser or Orthopaedic skills to the management of patients in courses such as Tissue Viability & Wound Care and Nurse-Led Pre-Assessment. We have upskilled 21 staff members through SCM since August 2022. Apprenticeships and courses are also available through Ramsay and we currently have three HCAs studying for their nursing degree through this platform.

### Clinical Effectiveness:

#### Well Led:

Creating a no blame and open-door culture where staff are empowered to speak out and feel supported and listened to is a priority at the Winfield Hospital. This is a culture embedded by the leaders in the Hospital and on reflection on staff surveys this has improved by 4% over the previous year with a score of 81% feeling that they are able to access managers when needed, however only 57% of staff feel that they have trust and confidence in the senior leaders at their workplace. This is something we need to focus on in the upcoming year and we will achieve this by:

- Being accessible and available to staff when needed
- Listening and supporting staff, addressing any issues or concerns raised
- Ensuring that we have a level of safe staffing with relevant training and skills to effectively do their job
- Providing staff with business and clinical strategies so they are aware of future investments that may enhance their roles and development

#### Developing a 3 year Clinical Strategy:

Healthcare organisations must plan and set clinical goals to ensure safe practices of care and to transform services and clinical pathways to achieve improved quality of care. A clinical strategy sets out the hospitals vision for its services and care, setting long-term goals with realistic timescales of achieving them; it will be driven by our commitment to ensure that high quality person centred care is at the heart of what we do. It will reflect on the strategies created by individual clinical departments and their vision for how they plan on developing their departmental services and how all of these individual strategies align with the overall vision.

The clinical strategy will be defined by the five directives:

- **Safe:** Ensuring that effective systems and pathways are in place to deliver safe care and treatments and that measures are in place to prevent both patients and staff from unsafe care or harm

- Effective: Assessing patient needs on an individual basis and delivering evidence based care and treatment to provide good outcomes
- Caring: Ensuring that patients are treated with kindness, compassion and dignity and are given the transparency to make informed and involved decisions
- Responsive: Provide person-centred care, listening to and involving our patients and staff on an organised patient pathway
- Well Led: Compassionate leadership with a shared direction and culture, building a culture to speak up and feel supported

The aim of the strategy will set clear quality improvement objectives to improve our patient care and services. It will recognise us locally as a leading independent health provider delivering excellent outcomes and patient centred care.

#### New and Evolving Techniques, Medical Devices and Medicines:

We are passionate about supporting and engaging with our consultant body at the Winfield and encourage them to develop their practices with the ever-advancing healthcare industry. Over the past year, we have supported our consultants and clinicians in the approval of the below new or evolved techniques, devices and medicines:

- Clarifix: Cryotherapy of the Nasal Nerve Neurectomy (Procedure)
- Touch Thumb Replacement (Implant and Procedure)
- Morcellation (requested approval based on NICE Guidance)
- Blueprint 3D planning for Wright Medical Shoulder Arthroplasty
- Conformis Knee Replacement
- Physio Lab

We also endeavour to ensure that all of our equipment is up to date with the advancement in healthcare technology. Clinical equipment is serviced on a regular basis and this is managed via a corporate tracking system for all of our Althea equipment and via a local spreadsheet for all other equipment. The equipment is regularly maintained and serviced to ensure that it meets the standards required for operation. We have invested in new equipment, such as stacking systems for Endoscopy and Outpatients or new power tools so that our clinicians and consultants are able to perform their job to a high standard.

#### Patient Experience:

We will continue to monitor patient feedback through the use of Cemplicity and Reputation and use the insight and analysis tools available to identify trends and areas for improvements as well as highlighting what we do well. This will continued to be discussed and awareness raised with staff.

As an organisation that is patient-centred, we listen and learn from patient feedback and use this as a way to improve our services. The common themes

recognised from formal complaints revolve around consultants and invoicing, whilst the common themes from Cemplicity/Reputation stem from nursing care, information available to them and the maintenance of our facilities. We use this feedback to improve and some of the actions taken following feedback include:

- Changes to patient pathways
- Creation of new leaflets (HRT, Anti-coagulation)
- Transparency around Outpatient Fees (leaflets produced)
- Senior ward staff completing daily ward rounds to speak to patients regularly, check in on their stay and if there are any issues resolve them whilst they are admitted
- £750k refurbishment allocated for patient bedrooms

We will continue to encourage data submission to Private Healthcare Information Network (PHIN). This will allow our patients and staff to have transparency and allow them to make informed decisions.

In 2023/24, we intend on reinstating our Patient Focus Group (PFG) by inviting new members who have recently had treatment to join our existing group. The last initiation of members happened pre-COVID and a lot of the group haven't been patients in a number of years so building a committee with fresh and recent perspectives is necessary to bring these meetings back.

The Winfield have a Staff Engagement group who explore options to improve the working environment for staff as well as improving our sustainability and charitable work. The staff engagement group recognises good deeds such as implementing 'meal tokens' providing staff who car share or walk to work a free meal at lunch, arranging staff socials and team building opportunities as well as charity events and competitions.



## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2022/23 Winfield Hospital provided and/or subcontracted 17124 NHS services.

Winfield Hospital has reviewed all the data available to them on the quality of care in all 17124 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2021 to 31<sup>st</sup> March 2022 represents 100% per cent of the total income generated from the provision of NHS services by Winfield Hospital for 1 April 2022 to 31<sup>st</sup> March 2023

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 2022/23, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	37.36%
HCA Hours as % of Total Nursing	24.41%
Agency Cost as % of Total Staff Cost	13.61%
Ward Hours PPD	5.41
% Staff Turnover	19.3%
% Sickness	9.84%
% Lost Time	24.61%
% Appraisal	77%
% Mandatory Training	89.5%
Staff Satisfaction Score	53% engaged 59% enabled
Number of Significant Staff Injuries	0

Patient	
Formal Complaints per 1000 HPD's	0%
Patient Satisfaction Score	93.8%
Significant Clinical Events/Never Events per 1000 Admissions	0.76%
Readmission per 1000 Admissions	0.38%

Quality	
Workplace Health & Safety Score	96.5%
Infection Control Audit Score	95.9%
Consultant Satisfaction Score	N/A

### Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

### 2.2.2 Participation in clinical audit

During 1 April 2022 to 31<sup>st</sup> March 2023 Winfield Hospital participated in four national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Winfield Hospital participated in, and for which data collection was completed during 1 April 2022 to 31<sup>st</sup> March 2023, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme
British Spine Registry
Elective Surgery - National PROMs Programme

National Joint Registry (NJR) <sup>2,3</sup>
Surgical Site Infection Surveillance Service

Footnotes:

<sup>1</sup> National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

<sup>2</sup> Project participates in the Clinical Outcomes Publication (COP)

<sup>3</sup> Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)  
Version: January 2019

The reports of four national clinical audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided.

From the four national audits the Winfield participated in, we made a few actions following the results of the data:

- We are comparing SSI data with data reported onto Riskman to ensure that all of our infections are accurately reported and investigated
- Electronic PROMs has been implemented which allows us to monitor the submission of data to ensure we have inclusive outcomes

## Local Audits

The reports of 247 local clinical audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Actions from local audits:

- Improvement in the management of VTE assessments pre-admission and on discharge
- Awareness around correctly addressing errors in the CD register rather than crossing out
- Refresher sharps training implemented from the IPC link nurse after repeated issue of sharp bins not being closed

### 2.2.3 Participation in Research

There were no patients recruited during 2022/23 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

Winfield Hospital's income from 1 April 2022 to 31<sup>st</sup> March 2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

### **2.2.5 Statements from the Care Quality Commission (CQC)**

The Care Quality Commission has not taken enforcement action against Winfield Hospital during 2022/23.

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

## 2.2.6 Data Quality

### Statement on relevance of Data Quality and your actions to improve your Data Quality

Data Quality is vital to our overall care quality, particularly with the implementation of an electronic patient record and the significant importance of accurate and relevant documentation and its ease of access.

Winfield Hospital monitor non-compliance to our medical records policies and data quality standards through the use of reports and audits, which help identify best practice and where improvements are required. Any data breaches identified are managed in guidance of our Duty of Candour processes, including reporting to the CQC and being open and honest with our patients.

### NHS Number and General Medical Practice Code Validity

Winfield Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 96.7% for admitted patient care;
- 96.7% for out patient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 96.7% for admitted patient care;
- 96.7% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

<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 30.6.22 for 2021/2022. The status is 'Standards Met'.

This information is publically available on the DSP website at:

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

**Clinical coding error rate**

Winfield Hospital was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.



## 2.2.7 Stakeholders views on 2022/23 Quality Account

### NHS Gloucestershire Integrated Care Board (ICB) response to Ramsey Health Care Group Winfield Hospital's Quality Accounts 2022/2

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

GLICB is responsible for planning and procuring local NHS funded services which accounts for 49% of the services provided by the Winfield Hospital (a reduction on last year's 54%). As the hospital noted, they are a key partner for the safe and effective delivery of healthcare with a focus on good patient experience.

Over the last year the Winfield Hospital has once again offered NHS patients a high quality and safe service. The hospital has invested in its workforce offering ongoing personal development and training through the Ramsay Academy as well as other training opportunities. We also note the positive volunteering opportunities given to staff, many of whom have chosen to use this time to support the Sue Ryder Hospice.

GLICB were pleased that the CQC rated the hospital as 'good' across all domains, with minor improvement actions having been completed. This rating reflects our own views of the hospital and is supported by the patient feedback we have received.

Several improvements included in this year's Quality Account, including audit of compliant, introduction of electronic patient records and the trial of robots. All this shows how forward looking the hospital is in its desire to offer the very best patient-centered evidence based care. We commend the Winfield for their maintenance of 'above Ramsay average' patient experience scores reaching 93.8%, slightly up from 93.7% last year.

Looking forward, we're pleased to see the investment Ramsay are making to support improved IPC standards and are pleased to note the work on a longer-term strategy.

Last year we commented that the hospital's Patient Focus Group has remained paused following the pandemic. While the patient experience information provided by the hospital shows positive outcomes and experiences, we support the desire to fully reintroduce the PFG to enable the hospital to have a deeper understanding of the patient experience and support further improvement.

GLICB is pleased with the information presented in the Quality Account, which we consider provides a balanced view of the Winfield Hospital's services. We look

forward to seeing the outcome of their ambition to further improve services for patients in 2023/24.

A handwritten signature in blue ink, appearing to read 'M.S. Andrews-Evans', is enclosed in a thin black rectangular border.

Dr Marion Andrews-Evans

**Executive Chief Nurse**  
**NHS Gloucestershire ICB**

## Part 3: Review of quality performance 2022/2023

### Ramsay Clinical Governance Framework 2022/23

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

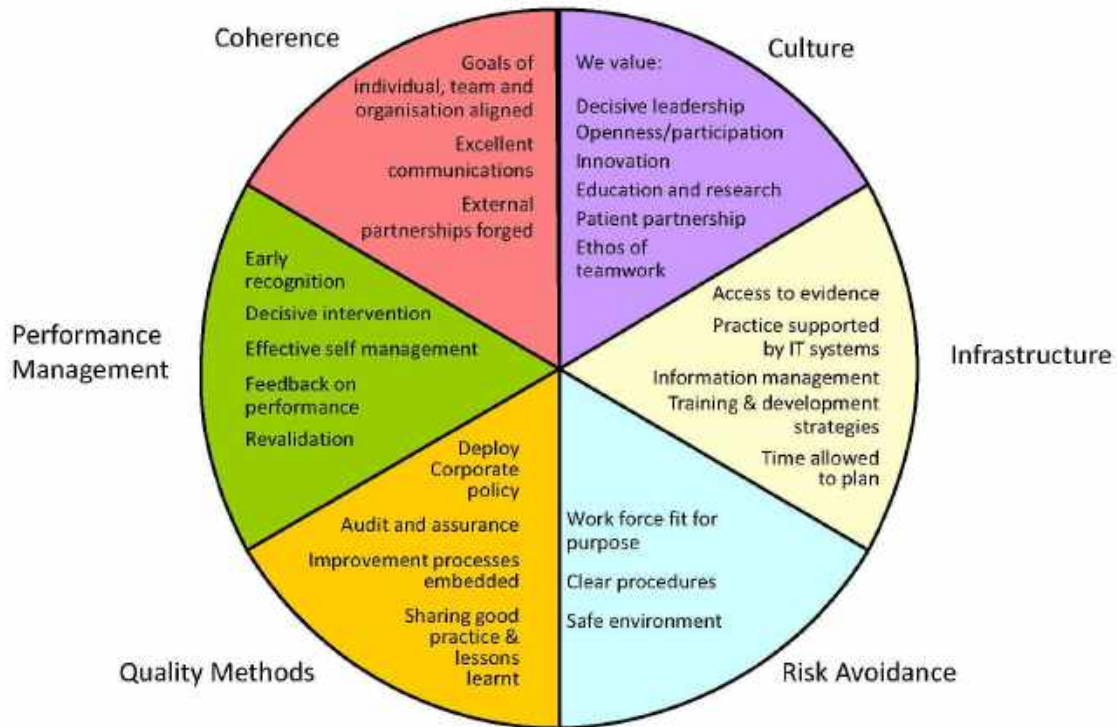
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

# Ramsay Health Care Clinical Governance Framework



## National Guidance

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

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

## 3.1 The Core Quality Account indicators

### Mortality

Mortality:	Period	Best		Worst		Average		Period	Winfield	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC22	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC22	0.0000	

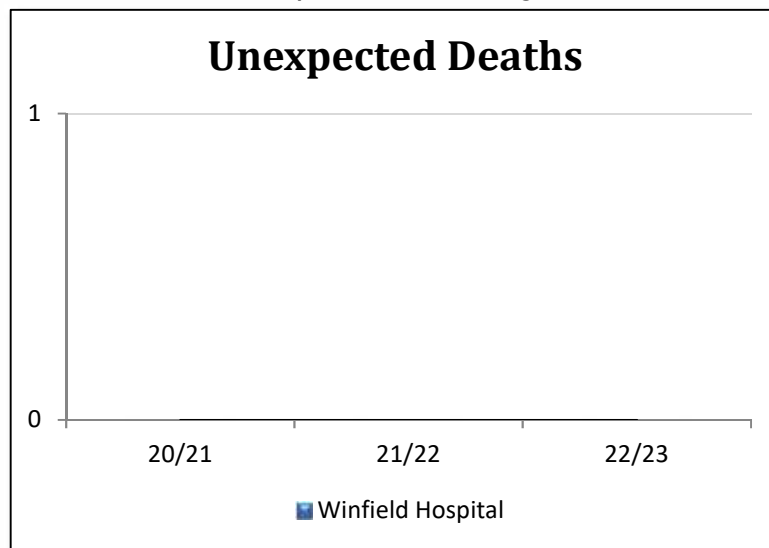
**Winfield Hospital considers that this data is as described for the following reasons:**

During this period, the Winfield have had zero reported deaths.

**Winfield Hospital intends to take the following actions to maintain a low death rate and so the quality of its services, by:**

The Winfield Hospital will continue to ensure that there is training in place to maintain and develop the skills and knowledge of our staff to ensure that they are able to react effectively and in line with national processes to a deteriorating patient. The Winfield will continue to report any serious incidents or deaths to the Care Quality Commission and local Clinical Commissioning groups.

Rate per 100 discharges:



### National PROMs

PROMS:	Period	Best	Worst	Average	Period	Winfield				
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC22	21.524
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC22	24.193
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC22	18.314
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC22	18.828

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

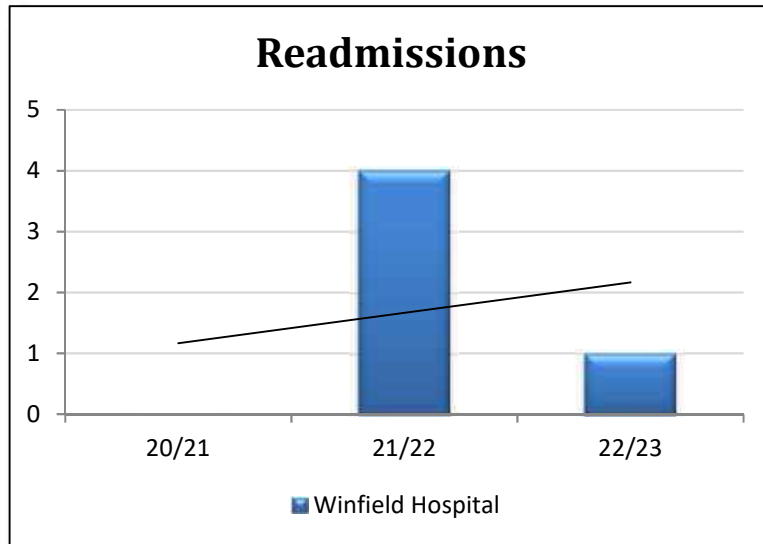
From the period of April 2022 to March 2023, our patients have reported good outcomes.

**Winfield Hospital intends to continue submitting patient data for PROMs collection to improve our quality of service.**

Readmissions within 28 days:

Readmissions:	Period	Best		Worst		Average		Period	Winfield	
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC22	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC22	0.00

Rates per 100 discharges:



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

Data collection for readmissions ceased after 2019/20, however the data is submitted to the Private Healthcare Information Network (PHIN). There have been seven readmissions during this period and the main reason for readmission was due to infection related reasons in which the patient required further observations or required a wash out. All of these infections have been investigated and lessons learnt shared within the Hospital for best practice.

**Winfield Hospital intends on taking the following actions to reduce the readmission rate and so the quality of its services:**

Continuing to report re-admissions to our risk reporting system alongside completing an investigation. Re-admissions, as a KPI, are monitored through regular trend analysis and if any non-compliances to best practice or policy are identified these are discussed and actioned. The Winfield will also continue to submit data to PHIN on a monthly basis. All readmissions are discussed during monthly Heads of Department meetings and quarterly Clinical Governance and Medical Advisory Committee meetings.

We have a robust Pre-Assessment process in place, which includes a thorough investigation by an Anaesthetist as and when required, reducing the amount of patients who are not suitable to proceed for surgery at the Winfield.



## Responsiveness to Personal Needs:

4b Patient experience of hospital care

No longer collected

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



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2019 - March 2020:

	Score	Ramsay UK Average
<b>PHIN Patient Experience</b>	9.4	9.3
<b>Involved in decisions</b>	9.4	9.3
<b>Talking about worries and fears</b>	8.6	8.5
<b>Enough privacy</b>	9.9	9.7
<b>Treated with respect and dignity</b>	9.7	9.7
<b>Told about medication side effects</b>	8.7	8.6
<b>Told who to contact</b>	9.5	9.5

### VTE Risk Assessment

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

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

All of our patients are assessed for VTE and bleeding risks during Pre-Assessment and again on admission, this is managed in accordance to NICE guidance.

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

Due to COVID, VTE data submission was paused and the latest data was published in Q3 2019/20. The Winfield Hospital will continue to monitor VTE risks and investigate these on an individual basis. All VTE incidents are discussed in regular meetings and awareness has been raised this year via the use of a Lessons Learnt.

### C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Winfield	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC22	0.0
2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC22	0.0	

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

The Winfield Hospital has had no reported cases of clostridium difficile infection.

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

Maintaining high standards of infection prevention control and reporting all infections and infection related incidents. The Winfield will report any cases of

clostridium difficile infection to the appropriate public health bodies, microbiologist, consultants and commissioning groups as required.

*Patient Safety Incidents with Harm*

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Winfield	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC22	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC22	0.00	

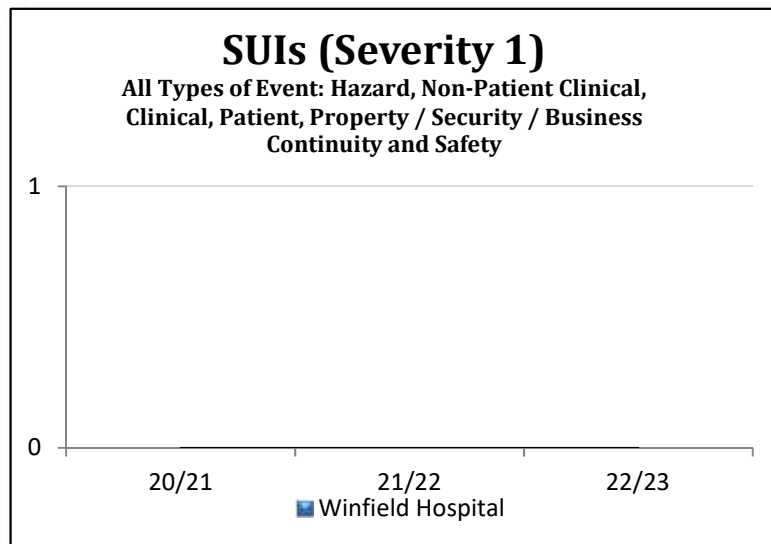
**Winfield Hospital considers that this data is as described for the following reasons:**

The Winfield Hospital has reported no patient safety incidents that have caused harm in 2022/23. All patient safety incidents are reported and monitored through our risk reporting system; these are all discussed at length with the Clinical Governance committee. All incidents are subject to a full root cause analysis and investigation by a member of the Senior Leadership Team.

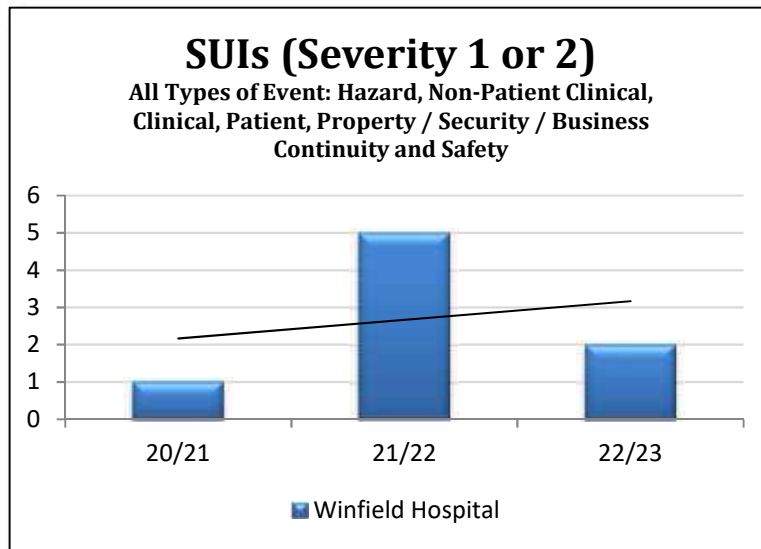
**Winfield Hospital intends to take the following actions to improve this and so the quality of its services, by:**

Ensuring that all staff have the access and the knowledge to report incidents onto our risk management system as and when required. We will continue to discuss all incidents at meetings and if any non-compliance to best practice is identified this will be actioned on an individual basis, whilst awareness is raised across the Hospital.

*Rate per 100 discharges:*



Rates per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Winfield	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC22	100.0%
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC22	100.0%

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

Friends and Family tests incorporates all departments at the Hospital from inpatient to outpatient care. Feedback received through these surveys provide us with a quick snapshot of the patients experience as well as what we can improve on. We actively encourage patients to provide feedback through the Friends and Family test, whether this is done electronically or via a paper form.

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

The Winfield will continue to encourage the completion of the survey and drive to improve the response rate. We will monitor the results and feedback left and highlight trends identified. All feedback received is discussed during monthly meetings.

3.2 Patient safety

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

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

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

### **3.2.1 Infection prevention and control**

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

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

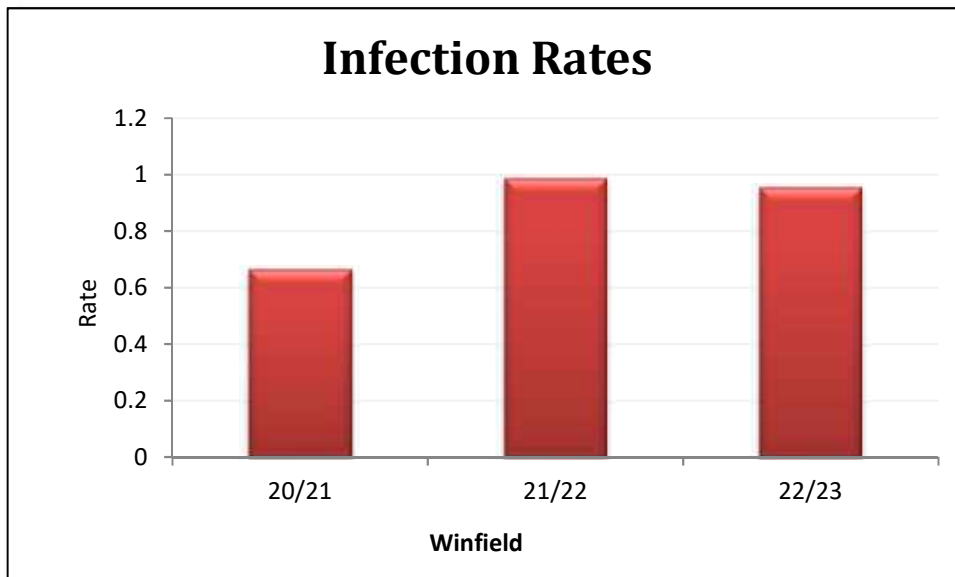
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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

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

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

- Quarterly infection control meetings
- All infections are discussed in Clinical Governance meetings
- Mandatory training for all staff on hand hygiene and infection control completed annually with high training percentages.
- Excellent links with our local NHS trust who provide excellent microbiology advice
- Monthly audits of our environment by either clinical or housekeeping measures
- Infection prevention and control audits
- Training in aseptic non touch techniques
- Annual Hospital Infection Control plan
- Annual Infection Control report
- One Together Infection and Prevention Competencies



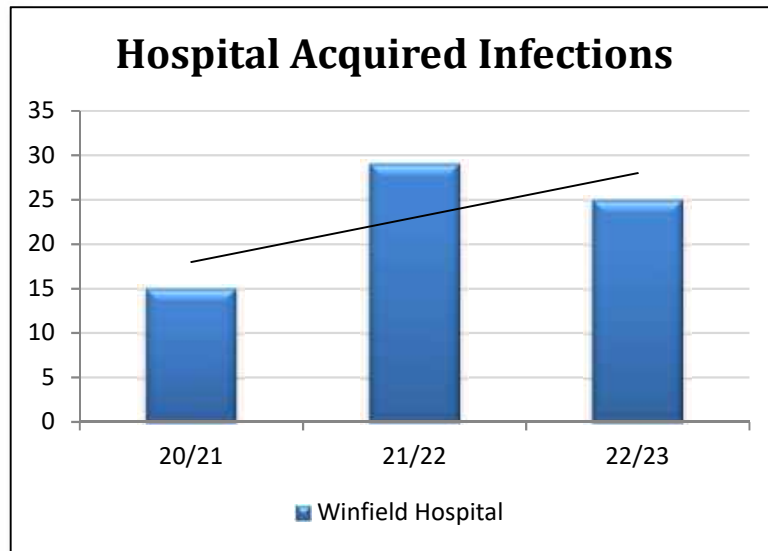
The infection rates remain at a similar level from 2021/22, although slightly reduced. The Winfield remain an outlier in 'Other Infections (excluding THR and TKR)' and we have identified a trend which is being investigated.

As part of the investigation, there were non-compliances found which were identified in root cause analysis, audits and observations. This included:

- Lack of documentation around wound care advice on discharge
- No recorded temperatures intra-operatively
- Patients having wound checks with GP's

As an action, the Winfield provided additional information and wound care advice that is given to the patient on discharge, including who to contact if they have any complications. The main change which has significantly improved is re-enforcing that the patient should contact us in the first instance if they have any signs of infection. This allows our staff to manage the wound in accordance to the post-operative instructions and in line with our own practices and policies.

Rate per 100 discharges:



### 3.2.2 Cleanliness and hospital hygiene

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

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

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

The last PLACE assessment took place pre-COVID in 2019 and the data below reflects the last available scores from this assessment.

Area	Score %	National Average
Cleanliness	100%	98.6%
Food	99.12%	92.2%
Privacy, Dignity and Wellbeing	79.59%	86.1%
Condition, Appearance and Maintenance	96.67%	96.4%
Dementia	79.35%	80.7%
Disability	82.24%	82.5%

### 3.2.3 Safety in the workplace

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

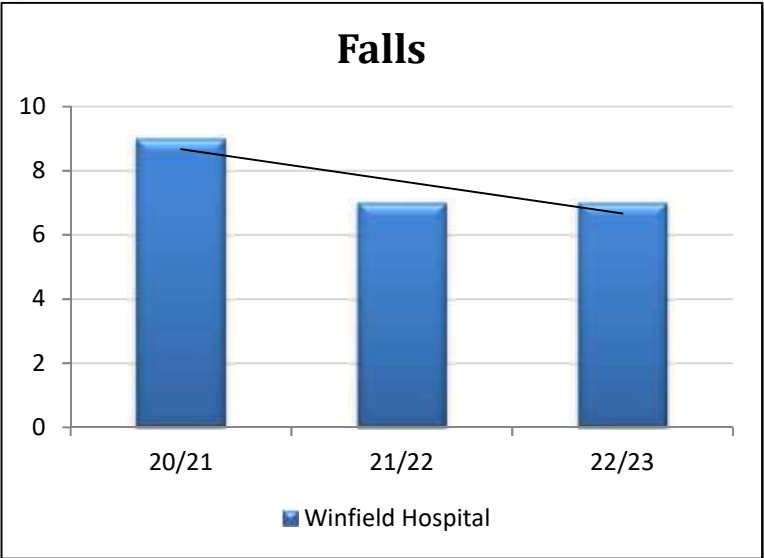


safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

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

- Mandatory training for all staff
- Training on the risk reporting system
- Promote the importance of accurate risk reporting
- Investigations into incidents as required, outcomes discussed and shared with staff
- Review all risks and incidents at Health and Safety Meetings, Clinical Governance and monthly SLT meetings
- Completion of audits as per the audit schedule, creation of action plans for any issues identified
- Speaking up for Safety
- Health and Safety plans reviewed on annual basis
- Annual review of the Business Continuity Plan
- Weekly fire alarm tests
- Ramsay Central Alert System (CAS) shared amongst HODs and the leadership team

Rate per 100 discharges:

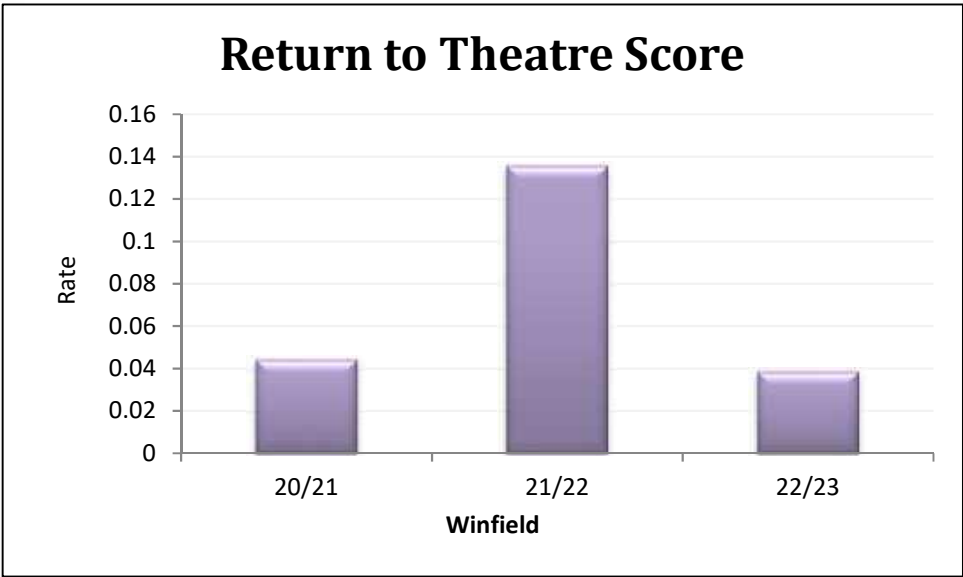


### 3.3 Clinical effectiveness

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

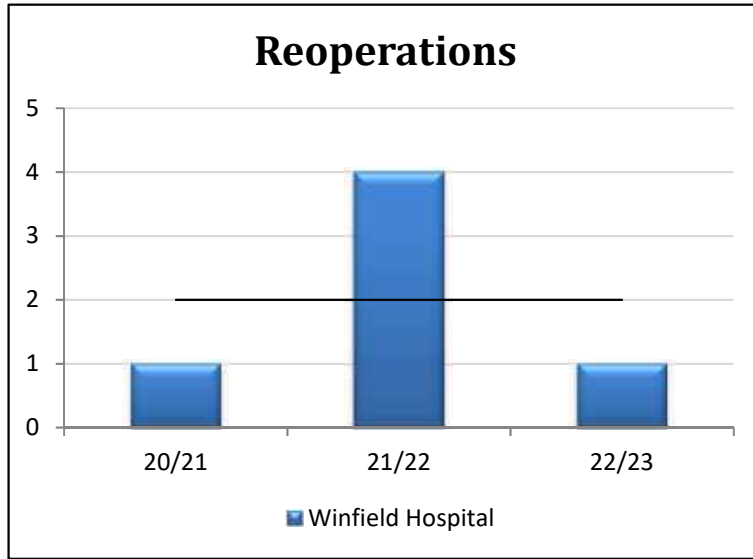
#### 3.3.1 Return to theatre

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

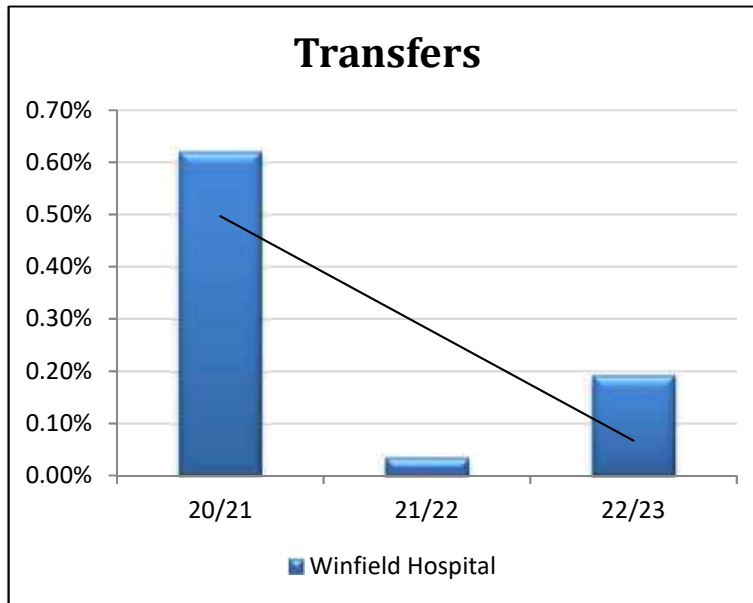


As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is low. The Winfield has a very strict admission criteria, reinforced by a comprehensive Pre-Assessment process and anaesthetic review criteria. All patients are now Pre-Assessed under a joint nurse and anaesthetist led service, with face-to-face anaesthetist reviews as required. This ensures that only patients who are suitable for treatment at the Winfield proceed.

Rate per 100 discharges:



Rate per 100 discharges:



### 3.3.2 Learning from Deaths

The Winfield have had no unexpected deaths during 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

The Winfield will continue to ensure compliance with guidance from the ICB and Ramsay policies on reporting incidents. The Winfield employ a high level of skilled workers who are trained on the relevant policies including Management of the Deteriorating Patient and Introduction to the Sepsis Pathway, as well as they

ensuring that they are all competent with the escalation process. We run quarterly resuscitation scenarios to ensure that all staff are confident and have the knowledge to react effectively.

### 3.3.3 Staff Who Speak up

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

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

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

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

compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

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

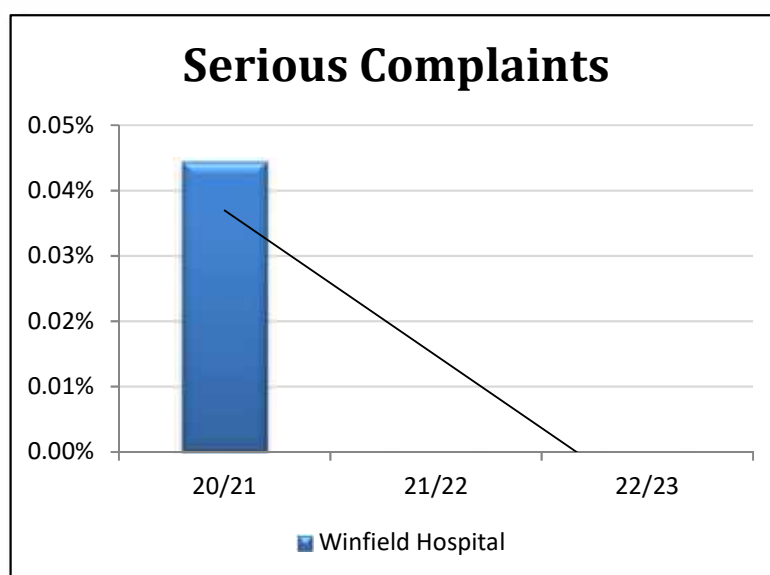
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Winfield Hospital and within Ramsay Health Care.

### **3.4 Patient experience**

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

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

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



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

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

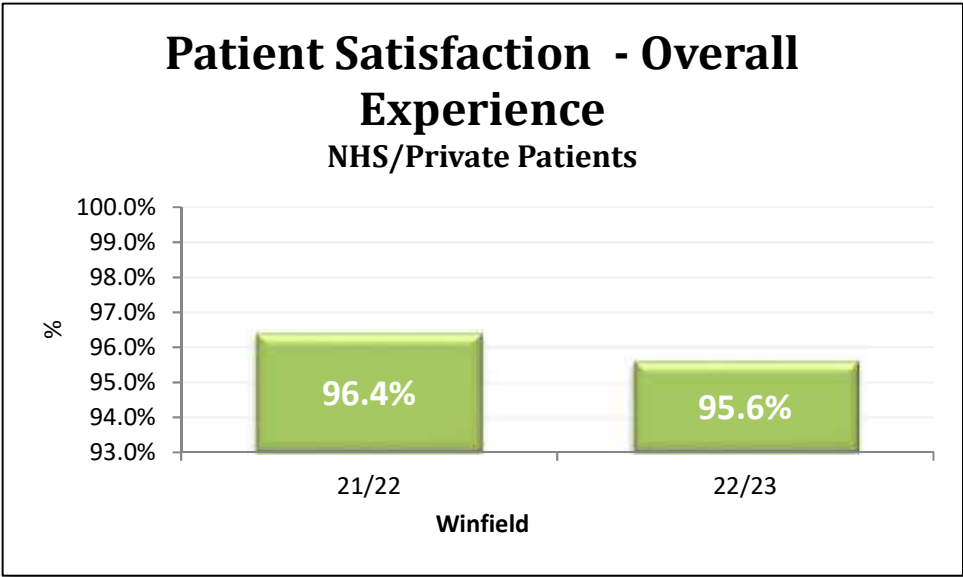
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay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

### 3.4.1 Patient Satisfaction Surveys

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 above graph our Patient Satisfaction rate has decreased over the last year. We remain with high scores across the range of questions asked with a rating of 90% or above.

In whole, the Winfield scored above the Ramsay UK average for the majority of the survey questions, scoring below in only these areas:

Area	Winfield Score	Ramsay UK Average
Daycase: rate follow up	4.4	4.8
Call, clinic visit or follow up after discharge	8.6	8.9
Should and shouldn't after leaving discharge	9.2	9.3
Call button	9.7	9.8
Staff professionalism	9.7	9.8
Customer service	9.4	9.5

We review all feedback left through Cemplicity, Reputation, Friends and Family and monitor for trends and areas to improve. We respond to patients to obtain further details and resolve their concerns. Some of the trends we have found include:

Issue Raised	Action
Lack of information/advice for post-discharge issues and/or expectations	Discharge information improved, additional contact information added. Awareness raised with nurses to ensure that they talk through the leaflets



Quality of Care/Customer Service	Ward Manager/Senior Sister now make ward rounds every day to ensure that a senior member of staff has conversations with patients, ensures their admission is going well and manage expectations
Quality of rooms (maintenance related)	£750k allocated to a ward refurbishment covering every patient room

Our formal complaints are also monitored for trends and common issues, with the most recent revolving around invoicing issues and consultant care/opinions (mostly from Outpatient Consultations). We have implemented new Outpatient leaflets with more transparency around fees that are provided to the patient beforehand, this has currently been created for Dermatology procedures and a focus is now to produce a similar document for other specialities.

Consultants are appraised of every complaint that involves them for their feedback and for reflection of their practices. If a consultant has repetitive or significantly upheld complaints then this may be raised with the Medical Director for advice. All complaints are discussed during our quarterly Clinical Governance and MAC meetings and any concerns would be escalated.

## Appendix 1

# Services covered by this quality account

## Regulated Activities – Winfield Hospital

Winfield Hospital	Services Provided	Peoples Needs Met For:
Treatment of Disease, Disorder or Injury	Cardiology, Cosmetics, Dermatology, Ear Nose and Throat (ENT), Elderly Care, Gastroenterology, General Medicine, Genito-Urinary Medicine, Gynaecology, Neurology, Ophthalmology, Orthopaedics, Pain Management, Psychology, Physiotherapy (both at the Winfield and at Richmond Village Care Home), Rheumatology, Urology, Weight Loss	All Adults
Surgical Procedures	Day and Inpatient Surgery, Colorectal, Cosmetics, Ear Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecology, Ophthalmic, Oral Maxillofacial, Orthopaedics, Urology	<p>All Adults</p> <ul style="list-style-type: none"> <li>• Patients with blood disorders</li> <li>• Patients on renal dialysis</li> <li>• Patients with history of malignant hyperpyrexia</li> <li>• Planned surgery patients with positive MRSA screen are deferred until negative</li> <li>• Patients who are above a stable ASA 3.</li> <li>• Dyspnoea grade ⅓</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 ⅓</li> <li>• CVA in last 6 months</li> <li>• BMI &gt; 35 (individual cases will be reviewed by an anaesthetist)</li> </ul> <p>All patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and Screening	Imaging Services	All Adults

Appendix 2 – Clinical Audit Programme 2022/23. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Audit Programme v12.1 2019/20		Hospital Name:										Implemented: July 2019 For review: June 2020		
Authors: S. Harvey / A. Hemming-Alan / S. Needham / H. King / A. Adebayo		Use arrow symbol to locate required audit												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Head of Clinical Services	Consultants PPs	→	→	local audit	Non-Co PPs	Complaints	Duty & Candour	local audit	local audit	local audit	local audit	local audit		
Ward	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Operational	→	→	Walkabout Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Observational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Operational	→	→	Walkabout Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Observational	→	→	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Pre-Operative Assessment	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Controlled Drugs			Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs	local audit	local audit	Control Drugs		
Prescribing / Medicines Management				Medicines Management	Prescribing	local audit	local audit	local audit	local audit	Medicines Management	Prescribing	local audit		
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe Secure	Safe & Secure	Safe Secure	Safe Secure	Safe Secure	Safe Secure	Safe Secure	Safe Secure	Safe Secure	Safe Secure		
Medicine Reconciliation	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec	Med Rec		
Radiology	Medical Records	→	→	Walkabout Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology	Operational	→	→	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit		
Radiology - MRI / NRR		MRI Report	NRR	local audit	MRI Report	local audit	local audit	MRI Report	NRR	local audit	MRI Report	local audit		
Radiology - CT		CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit	local audit	CT Report	local audit		
Physiotherapy	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Operational	→	→	Walkabout Staff Questions	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Observational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
TSSU	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Decontamination	Endoscopy	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Medical Records	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Theatre	Observational	→	→	local audit	Staff Questions	NatSSIPs	local audit	local audit	NatSSIPs	local audit	local audit	NatSSIPs	local audit	
Infection Prevention and Control*	Infection Control	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - CVCCB and Isolation (if applicable)	CVCCB	local audit	local audit	Isolation	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Infection Prevention and Control*	Hand Hygiene	local audit	local audit	local audit	local audit	local audit	local audit	Hand Hygiene	local audit	local audit	local audit	local audit		
IPC - Hand Hygiene Action	Hand Hygiene Action	local audit	local audit	local audit	local audit	local audit	local audit	Hand Hygiene Action	local audit	local audit	local audit	local audit		
IPC - Environmental	Environ	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
IPC - Cleaning Schedules				Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched		
Transfusion (if applicable)	Compliance	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Transfusion (if applicable)	Autologous	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Bariatric Services (if applicable)	Bariatric Services	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Childrens Services (if applicable)	Childrens Services	Paed Pain	Paed OPD	Paed Way MRL CT	local audit	local audit	Childrens Services	Paed Pain	local audit	local audit	local audit	local audit		

**Traffic light score - All except CD's**

Green	95%
Amber	80 - 94%
Red	75% and under

**Traffic light score - CD's**

Green	100%
Amber	80 - 99%
Red	75% and under



Audit	Department	July	August	Septem	October	Novem	Decem	January	Februa	March	April	May	June
Hand Hygiene Technique (Assurance)	Theatre	100%	98.50%					80.80%	97.20%				93.80%
Hand Hygiene Observation (5 moments)	Theatre	85.50%	92.50%					85%	99%				96%
Cleaning (49 Steps)	Theatre					85%		87%	77.70%	85.70%	82.40%		71.90%
Surgical Site Infection (One Together)	Theatre					93.50%							96.70%
Peripheral Venous Cannula Care Bundle	Theatre												
Urinary Catheterisation Bundle	Theatre												
Patient Journey: Intraoperative Observation	Theatre	97%							94.90%				
Patient Journey: Recovery Observation	Theatre									91.10%			
NatSSIPS: LSO	Theatre	88.40%						94.90%					
NatSSIPS: Safety Brief	Theatre		83.60%										93%
NatSSIPS: Sign In, Time Out & Sign Out	Theatre												
NatSSIPS: Site Marking	Theatre									98.80%	100%		
NatSSIPS: Stop Before You Block	Theatre	75%											
NatSSIPS: Prosthesis	Theatre												
NatSSIPS: IDLs	Theatre												100%
NatSSIPS: Siva b Count	Theatre	94.70%						97.90%					
NatSSIPS: Instruments	Theatre								95.40%				
NatSSIPS: Histology	Theatre										100%		
Medical Records: Surgery	Theatre							91%					
Operational: Theatre	Theatre												
Decontamination: Sterile Services	Theatre											89.80%	
Decontamination: Endoscopy	Theatre	91.20%											94.70%
Hand Hygiene Technique (Assurance)	Ward		98.50%		97.70%			96.40%			95.40%		
Hand Hygiene Observation (5 moments)	Ward	100%	100%		100%		100%	100%	83.80%	83.30%			93.80%
Cleaning (49 Steps)	Ward	95.90%		96%	99.10%	94.30%		98.70%	97.60%	88.90%	83%		87%
IPC Management of Linen	Ward		95%							100%			
Sharps	Ward												
Peripheral Venous Cannula Care Bundle	Ward		97.80%										
Urinary Catheterisation Bundle	Ward		96.80%					73%					
Patient Journey: Safe Transfer of the Patient	Ward	98.10%						91.40%					
Observation Audit	Ward		100%							96.90%			
Privacy & Dignity	Ward					97.60%						98.30%	
Medical Records: Ward	Ward	85.80%						87.70%					
Operational	Ward				93.20%								
Hand Hygiene Technique (Assurance)	Outpatients	100%	100%										
Hand Hygiene Observation (5 moments)	Outpatients	100%	100%	100%		100%		100%		100%			83.30%
Cleaning (49 Steps)	Outpatients		96.90%			100%		100%		100%		85.20%	96.90%
NatSSIPS: LSO	Outpatients			100%				100%					
NatSSIPS: Safety Brief	Outpatients		95.20%						100%				
NatSSIPS: Sign In, Time Out & Sign Out	Outpatients			100%						100%			
NatSSIPS: Site Marking	Outpatients				100%								
NatSSIPS: Instruments	Outpatients		100%							100%			
NatSSIPS: Histology	Outpatients			100%							100%		
Observation Audit	Outpatients	100%						96%					
Medical Records: POA	Outpatients	74.70%						78.80%					84.70%
Operational	Outpatients		93.70%										
Hand Hygiene Technique (Assurance)	Physiotherapy		100%		98.80%			100%	99.10%		88.50%	96.70%	
Hand Hygiene Observation (5 moments)	Physiotherapy	100%	100%	100%	100%		100%	100%	100%	100%	95.80%	95%	
Cleaning (49 Steps)	Physiotherapy	100%		100%	98%		96.60%	96.80%	97.20%	89.30%	91.10%	89.40%	
Observational Audit	Physiotherapy	95.60%				93.90%							
Medical Records - Therapy	Physiotherapy	94.10%							97.50%				
Operational Physio	Physiotherapy												
Hand Hygiene Technique (Assurance)	Radiology		100%		100%	98.30%					100%		
Hand Hygiene Observation (5 moments)	Radiology	100%	100%	100%	100%		100%		100%	100%		95%	
Cleaning (49 Steps)	Radiology		100%	95.70%		85.70%	100%		88.50%	100%	87%	87.20%	92.30%
NatSSIPS: LSO	Radiology			100%		100%							
NatSSIPS: Safety Brief	Radiology		100%						100%				
NatSSIPS: Sign In, Time Out & Sign Out	Radiology			100%						100%			
NatSSIPS: Site Marking	Radiology				80%					81.30%			
NatSSIPS: Instruments	Radiology		100%							100%			
NatSSIPS: Histology	Radiology			100%		100%						92.90%	

IPC Management of Linen	Ward		95%							100%			
Sharps	Ward												
Peripheral Venous Cannula Care Bundle	Ward		97.80%										
Urinary Catheterisation Bundle	Ward		96.80%					73%					
Patient Journey: Safe Transfer of the Patient	Ward	98.10%						91.40%					
Observation Audit	Ward		100%							96.90%			
Privacy & Dignity	Ward					97.60%						98.30%	
Medical Records: Ward	Ward	85.80%						87.70%					
Operational	Ward				93.20%								
Hand Hygiene Technique (Assurance)	Outpatients	100%	100%										
Hand Hygiene Observation (5 moments)	Outpatients	100%	100%	100%		100%		100%		100%			83.30%
Cleaning (49 Steps)	Outpatients		96.90%			100%		100%		100%		85.20%	96.90%
NatSSIPS: LSO	Outpatients			100%				100%					
NatSSIPS: Safety Brief	Outpatients		95.20%						100%				
NatSSIPS: Sign In, Time Out & Sign Out	Outpatients			100%						100%			
NatSSIPS: Site Marking	Outpatients				100%								
NatSSIPS: Instruments	Outpatients		100%							100%			
NatSSIPS: Histology	Outpatients			100%							100%		
Observation Audit	Outpatients	100%						96%					
Medical Records: POA	Outpatients	74.70%						78.80%					84.70%
Operational	Outpatients		93.70%										
Hand Hygiene Technique (Assurance)	Physiotherapy		100%		98.80%			100%	99.10%		88.50%	96.70%	
Hand Hygiene Observation (5 moments)	Physiotherapy	100%	100%	100%	100%		100%	100%	100%	100%	95.80%	95%	
Cleaning (49 Steps)	Physiotherapy	100%		100%	98%		96.60%	96.80%	97.20%	89.30%	91.10%	89.40%	
Observational Audit	Physiotherapy	95.60%				93.90%							
Medical Records - Therapy	Physiotherapy	94.10%							97.50%				
Operational Physio	Physiotherapy												
Hand Hygiene Technique (Assurance)	Radiology		100%		100%	98.30%					100%		
Hand Hygiene Observation (5 moments)	Radiology	100%	100%	100%	100%		100%		100%	100%		95%	
Cleaning (49 Steps)	Radiology		100%	95.70%		85.70%	100%		88.50%	100%	87%	87.20%	92.30%
NatSSIPS: LSO	Radiology			100%		100%							
NatSSIPS: Safety Brief	Radiology		100%						100%				
NatSSIPS: Sign In, Time Out & Sign Out	Radiology			100%						100%			
NatSSIPS: Site Marking	Radiology				80%					81.30%			
NatSSIPS: Instruments	Radiology		100%							100%			
NatSSIPS: Histology	Radiology			100%		100%						92.90%	

Medical Records: Radiology	Radiology	91.70%								
Non-Medical Referrer Documentation and Records	Radiology	100%					88.10%			98.60%
MRI Reporting for BUPA	Radiology	100%						95.60%		
CT Reporting for BUPA	Radiology	100%						89.60%		
No Report Required	Radiology	100%					75%			
MRI Safety	Radiology	100%					95.50%			
CT Last Menstrual Period	Radiology	100%						100%		
Operational	Radiology				100%					
Hand Hygiene Technique (Assurance)	Pharmacy	100%		100%					100%	
Hand Hygiene Observation (5 moments)	Pharmacy	100%		100%	100%			100%	100%	
Cleaning (49 Steps)	Pharmacy			100%	100%				100%	100%
Safe & Secure: Outpatients	Pharmacy		93.50%							
Safe & Secure: Radiology	Pharmacy							88.90%		95.20%
Safe & Secure: Theatres	Pharmacy			100%						
Safe & Secure: Ward	Pharmacy		97.60%	92.90%						94.30%
Safe & Secure: RDUK	Pharmacy									
Safe & Secure: POA	Pharmacy									
Safe & Secure: Pharmacy	Pharmacy									
Prescribing	Pharmacy			98.20%						94.70%
Medicines Reconciliation	Pharmacy									85.60%
Controlled Drugs	Pharmacy			99.30%	99.20%					96.60%
Governance - Pharmacy	Pharmacy		99%							
SACT	Pharmacy									
IPC Governance and Assurance	Whole Hospital	88%							100%	
IPC Environmental Infrastructure	Whole Hospital		99.40%						95.90%	
Isolation	Whole Hospital				100%					
Blood Transfusion Compliance	Whole Hospital		93.50%							
Blood Transfusion Autologous (as required)	Whole Hospital									
Medical Records: Cosmetic Surgery	Whole Hospital		88.20%					90%		
Medical Records: Bariatric Services	Whole Hospital		82.60%					87%		
Medical Records: NEWS2	Whole Hospital		60%	100%				89.40%		84.80%
Medical Records: VTE	Whole Hospital		93.30%		84.60%				81%	
Medical Records: Consent	Whole Hospital				88%				94.30%	
Medical Records: MDT Compliance	Whole Hospital									
Operational - Safeguarding	Whole Hospital						92.90%			
High Risk PPE (As Required)	Whole Hospital									
Standard PPE	Whole Hospital		100%					93.50%		
Sharps	Whole Hospital			93%	100%			92%		94%
Consent Audit - COVID 19 (weekly)	Whole Hospital		92%							
Walkabout (Optional)	SLT									
Staff Questions	SLT									
Complaints	SLT									
Duty of Candour	SLT									
Practising Privileges: Non-Consultants	SLT									
Practising Privileges: Consultants	SLT					95.70%				
Practising Privileges: Doctors in Training (as required)	SLT									

## Appendix 3

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL T	Endovenous Laser Treatment
GP	General Practitioner

GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
ICB	Integrated Care Board
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC22	Code for Winfield Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

# Winfield Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

### Hospital phone number

**01452 331111**

### Hospital website

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

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