

Woodland Hospital

Quality Account
2022/23



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Woodland Hospital is part of the Ramsay Health Care Group

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

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 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

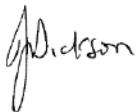
Chief Executive Officer
Ramsay Health Care UK

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

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

1.1 Statement on quality from the Hospital Director

Mrs Helen Tait, Hospital Director

Woodland Hospital

The year 2022/2023 has marked the return to usual operations at Woodland Hospital following bespoke support to the healthcare system during the pandemic. Our teams have focussed on supporting the patients who, in some cases, have been waiting longer than usual for their care and treatment. This year's Quality Account demonstrates the progress we have made in delivering quality care and reducing waiting times, whilst aiming for efficient and effective outcomes.

Many services have returned to be face to face, whilst some services have continued to offer the convenience of remote or digital support where appropriate. Our patients report extremely high levels of satisfaction and our staff survey demonstrated that our workforce feel supported. We continue to foster strong relationships across the healthcare system, supporting our local Trusts with transfers of patients as needed, to ensure timely care and system recovery. Woodland is an active member of the local Elective Care Board and other key committees such as the Eyecare Steering Group, ensuring that there is clear understanding of system requirements, support for transformation programmes and resulting provision of services within our hospital.

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. We have refreshed our approach to the review of all clinical, patient and governance data, meeting more frequently as a leadership team to ensure that trends are understood, actions are timely and that we are all assured of optimum care for our patients. Services have been re-located to improve and streamline pathways for patients and minimise the number of visits required to the hospital.

Having joined the Woodland team in October 2022, I can see that the cultural 'Ramsay Way' is active within Woodland, with the Ramsay focus on strong relationships, continuous improvement and sustainability brought to life with

examples throughout this report. We are proud of all that has been achieved for the local community in 2022/2023 and look forward to an exciting year ahead with the opening of our second hospital in the region in August 2023, Glendon Wood Hospital.

In developing our approach for both local and strategic priorities we have consulted with our staff, our MAC and reviewed our patient feedback. Together, the Committee Chairs, Head of Clinical Services and I have reviewed this document and agree with the content within the report including all data is accurate together with the actions detailed within the Quality Account.

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me via email at the following address helen.tait@ramsayhealth.co.uk, alternatively I can be contacted via my Personal Assistant on 01536 536846.

1.2 Hospital Accountability Statement

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



Helen Tait

Hospital Director

Woodland Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Helen Tait, Hospital Director

Joanne Milton, Head of Clinical Services

Divyang Shukla, Medical Advisory Committee Chair

Stephen Matthews, Assistant Head of Clinical Services

Welcome to Woodland Hospital

Woodland Hospital has been part of the local community for 33 years. We have a dedicated workforce that is committed to making every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or a major procedure we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care 24 hours a day.

Over the past 33 years our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled surgeons, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Not only do we continue to have positive feedback from our service users, but we have also listened to the feedback from our patients and strived to make improvements to enhance patient experience. We have highly skilled clinical and support staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care.

At Woodland Hospital we provide medical and surgical services for privately insured, self-paying and NHS patients. We strive to offer the same level of outstanding care to all our patients. The table below shows the number of patients treated by the hospital in 2022/2023.

Patient Type	Patient No.	Activity %	Total Patients Treated 2021/22
NHS	8952	75%	11,909
Private (Med Ins)	1866	16%	
Private (Self Pay)	1,091	9%	

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

under the direct care of a consultant at each step of their patient care pathway. Details of our full range of services can be found in Appendix A.

Our Staffing Mix is highlighted below

Employed Consultants	0
Senior Leadership (Hospital Director, General Manager and Head of Clinical Services)	2
Registered Nursing Staff	88
Operating Department Practitioners	9
Physiotherapists	8
Healthcare Assistants	45
Admin & Clerical Staff	62
Facilities & Sterile Services	40
Shared Services (HR, Finance, Quality, H&S Officer, Ops Manager)	15

The Physiotherapy Team provide pre-assessment classes, to support patients with pre-operative exercises prior to their procedure, to support the patient having the best possible outcome following their surgery. These classes returned to face to face during 2022, following easing of pandemic measures.

We consistently engage with local General Practitioners on the services we offer and the most current pathways for patient care. This has resulted in our ability to tailor care to meet the needs of patients and improve quality. Woodland Hospital provide educational events to assist General Practitioners and medical staff when referring into a secondary Care Provider. At Woodland Hospital we have a dedicated General Practitioners Liaison role, this role is to co-ordinate the post graduate program which runs monthly and covers a range of topics from orthopaedic surgery to cardiology.

In the Autumn of 2022, a new Registered Manager was appointed, since her appointment the hospital's structure has been reviewed, strengthening processes, and engaging and involving our teams, in problem solving, budget setting and prioritising requirements and projects.

Woodland Hospital continues to foster good relationships with our local Trusts, Kettering General Hospital & Northampton General Hospital together with our lead Commissioner Northamptonshire Integrated Care Board.

The hospital's charity of the year for 2022/2023 was Kettering Food Bank, - the cost-of-living crisis is leading to increased need and rising costs for food banks, and the hospital staff wanted to support the rising number of people requiring access to food banks, in our local area. Now that pandemic restrictions have been lifted the hospital' has plans for many more events to support this worthy charity, as pictured below our Operations Manager is seen presenting the cheque on behalf of the Hospital.



Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

On an annual cycle, Woodland Hospital develops an operational plan to set objectives for the year ahead. We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services. To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospital's Senior Leadership Team considering 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

Project EVOLVE

Woodland Hospital has actively implemented the EVOLVE pre-assessment strategy. This has allowed patients to be triaged by a Pre-assessment Nurse at the point of their initial consultation when their elective list entry is generated. This has reduced the re-attendances for patients and has provided a streamlined patient journey on their way to surgery. Clinicians can identify any health issues and ensure these are optimised early in the journey. This has led to reduced cancellations and delays.

Clinical Effectiveness

New Day case and Diagnostic Development

To further streamline patient pathways and allow a greater offering of services for both day case patients and complex patients, a new facility is being commissioned locally to support Woodland Hospital in its service delivery. Glendon Wood Hospital will consist of 2 laminar flow theatres, an endoscopy suite, and a full diagnostic suite. This will allow greater stability of the CT service which is currently provided by RDUK on a mobile basis as well as freeing up Woodland theatre capacity to provide services to patients with more complex needs. The Hospital is due to be operational on 1st August 2023 and the project management of the commissioning is being managed in-house to allow full alignment between both sites in terms of clinical and non-clinical processes and Governance.

Patient Experience

Patient Feedback

Woodland Hospital continue to drive patient feedback levels and monitor the feedback we receive regularly. All departments are actively engaging with our patients and encouraging them to tell us what their experience of the service has been. Different ways of obtaining this feedback have been implemented including the use of QR codes for patients to use on their smart phones.

We have also re-launched the Speaking Up for Safety (SUFS) initiative with our staff which encourages them to empower patients to speak up if they feel something is not right or could be improved at the point of care rather than after discharge. This allows us to correct issues in real time and learn from any mistakes proactively. A new SUFS trainer is in place and is undertaking face to face training for all staff on induction to the hospital and annual refreshers as part of mandatory training.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

“Think Drink” – Reducing patient fasting time before surgery.

Woodland Hospital undertakes planned surgery whereby patients can be fully optimised prior to their procedure to minimise risk of postoperative complications. This has shown to decrease length of stay in the hospital, reduce unplanned re-admissions, and enhance patients’ overall health and surgical experience. Historically patients have been kept nil by mouth from midnight as a patient safety requirement, however excessive fasting has a negative effect on patient outcomes and experience and recent evidence shows that remaining hydrated and drinking up to two hours prior to surgery can have significant benefits. The clinical teams strive to keep to the Association of Anaesthetists guidelines on preoperative fasting for elective cases (6 hours for solid food, 2 hours for water), patient feedback about their experiences was indicative of patients being excessively fasted. Many studies have shown prolonged fasting triggers a metabolic response that precipitates preoperative discomfort, postoperative nausea, and increased pH levels. Tenable audit data indicated excessive fasting times for patients, an average of 6-8 hours; this coupled with some negative feedback from patients, saying they were thirsty and kept without fluid for extended periods prior to their surgery. In response to this, Woodland Hospital will actively form a ‘Think Drink Project Group’ and deliver the Think Drink initiative which was established in 2015 at Nottingham University Hospitals. The overall aim of the initiative is to minimise fasting times for patients thus improving patient outcomes and experience, reducing dehydration and morbidity. The project group will analyse the feedback from patients and the audit data which will then be disseminated to theatre and ward staff at team meetings along with an action plan. The reasons for excessive fasting will be explored from both process (theatre list planning, clarity of information given to patients), cultural (the ritual of nil by mouth from midnight) and educational (what are the recommended fasting times). The Project group will meet regularly to discuss innovative ways in which to minimise fasting times for our patients waiting for surgery. Develop ‘Think Drink guidelines and algorithms’ for staff to aid decision making and improve the communication and cohesion between theatres and the ward and admission areas. They will Incorporate ‘Think Drink’ moments in theatre briefings to enhance decision-making and communication. They will Identify Nutrition link champions who continue to champion the project in individual ward areas. Patient information will be made available to reinforce the importance of remaining hydrated prior to surgery. The success of the project will be measured by improved feedback and audit data; fasting times reduced from 8 hours to 2 hours.

Clinical Effectiveness

Investing in modern medicine technology

Implementation of ROSA Robotic arthroplasties and create a USP, as the first East Midlands Hospital to offer robotics and aid further orthopaedic growth.



The ROSA knee system puts even greater accuracy into the experienced hands of your surgeon to make sure your knee replacement fits and functions as precisely as possible.

Utilising robotic assisted knee surgery has been associated with reduced pain, lower usage of pain relief medication, fewer physiotherapy sessions and overall improved knee function following surgery. Robotic surgery has also been linked to shorter hospital stays meaning you can get back to doing the things you love, sooner than you might think.

The success of knee replacement surgery is closely linked to the fit and function of the new knee implant. The ROSA Knee system provides the surgeon with a 3D model of a patient's knee so they can accurately plan every step of your procedure. By knowing what to expect, the surgeon can predetermine how they will best fit the implant to give patients the best outcome based on your unique anatomy. The surgeon can choose between three clinically proven knee implant systems based on patient needs.

SURGEON-CENTERED

ROSA Knee allows you to maintain your current approach, philosophy and surgical technique, including Personalized Alignment™.

Quantify Previously Subjective Information

Factoring in soft tissue balance is not a new concept in knee replacement, but finding the right soft tissue balance with static, traditional instruments is highly subjective. With ROSA Knee, surgeons can objectively measure soft tissue and predictively plan a balanced knee replacement before performing any resections.

Easy to Integrate with Minimal Learning Curve

The initial learning curve for the ROSA Knee System can be achieved in 6–11 cases for operative time and has similar 90-day complication rates with improved implant alignment compared to manual instrumentation in TKA.¹⁰

Offering an Enhanced TKA Surgical Experience

Total Knee Arthroplasty with robotic surgical assistance results in less physician stress and strain than conventional methods.¹¹

Perform a variety of approaches with ROSA Knee:



Patient Experience

Improving patient experience and outcomes

Ramsay Health as an organisation is taking a fresh look at its values as conveyed by The Ramsay Way. Individual hospitals are being asked to review how they might improve patient experience and customer satisfaction. In addition, the CQC requires that we are able to evidence patient and community involvement. At

Woodland Hospital we have an excellent approach to how we respond to patient's concerns, but we want to look at more creative ways to enhance patient involvement and experience in general.

How we will achieve this

- Adhere to Ramsay policy and respond effectively to patient incidents and complaints in a timely manner.
- Utilising online Review tools, Cemplicity dashboard, Friend & Family Test, Social media reviews.
- Effectively demonstrate improvements in practice that have been informed by patient incidents and complaints.
- Engage with the Ramsay 'Speak up for Safety' programme whereby all new staff complete on induction and refreshers held annually as part of mandatory training.
- Evidence of duty of candour.
- Active involvement in processes and audits related to patient outcomes.
- Involvement of patients in relevant audits e.g., PLACE
- Improve our level of patient engagement focusing on the principles of good customer service.
- Implementation of the Patient Safety Incident Response Framework (PSIF).

How will we measure this?

- Discussion of patient incidents/complaints in relevant forums e.g., Team meetings, 1:1s, Clinical Governance Committee, Medicines Advisory Committee, Infection control, Health and Safety.
- Evidence of 'You said, we did' in response to patients concerns/complaints.

-
- Audit to evidence full duty of candour practice e.g., robust documentation relating to discussions with patients where things have not gone as planned.
- Evidence of PROMs/ICHOMS related data.
- An increased patient satisfaction response rates from friends and Family questionnaires.
- Monthly percentages illustrated within the Integrated Governance Report sent to Ramsay Head Office and the commissioning ICB.

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 Woodland Hospital subcontracted no NHS services. The income generated by the NHS services reviewed on 1 April 2021 to 31st March 2022 represents 75% per cent of the total income generated from the provision of NHS services by Woodland Hospital for 1 April 2022 to 31st 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 hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Human Resources

In 2022/23 our expectation was to continue to recruit to permanent positions and retain permanent staff to continue to reduce the percentage of agency use. During this time, the hospital increased its headcount of staff showing a commitment to the reduction of agency staff in previous years and concentrating on staff recruitment and retention. The Woodland Hospital has a robust mandatory training program and regular monitoring of training compliance is completed. This allows us to meet our contractual obligations and to ensure staff are fully compliant to deliver our high standards of care. The Mandatory training compliance as at the end of 2022/23 was recorded as 75% compliant and e-learning at 96%. A staff satisfaction survey was completed during the reporting period along with various face to face staff engagement sessions.

How enabled are employees?

Enablement is the “can do” of work. Are employees skills and abilities fully utilised in their roles, and does the organisational environment support them in getting work done?



- Favourable
- Neutral
- Unfavourable

My immediate manager is accessible when needed.	84%	9%	8%	+10 ^
My job makes good use of my skills and abilities	71%	14%	15%	+6
My job provides opportunities to do challenging and interesting work.	69%	23%	8%	+12 ^
I have good opportunities for learning and development at my workplace.	67%	19%	15%	+4
I feel motivated to do more than is required of me.	62%	17%	21%	+3
Conditions in my job allow me to be about as productive as I can be.	57%	19%	24%	+4
I have trust and confidence in the senior leaders at my workplace.	54%	26%	20%	+2

Direct staff cost % Net Revenue	24%
Total staff costs % Net Revenue	30%
Agency Cost as % of Total Staff Cost	5%
Staff Turnover	20.3%
Staff Sickness	2.24%
Appraisal	90%
Mandatory Training	75%
E-Learning Compliance	96%

Patient

The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committees. Lessons learned from complaints are discussed with staff and shared with staff for reflection. Woodland Hospital recorded 54 formal complaints during 2022/23.

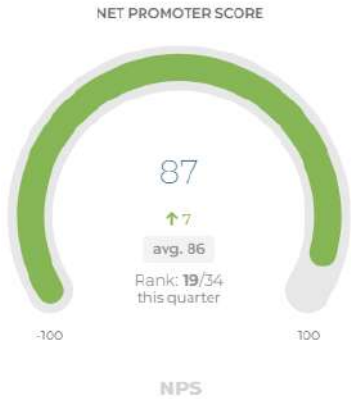
The top themes within formal complaints related to

- Administration Processes & Communication
- Consultant communication
- Cancellations

All complaints have been investigated and responses provided to patients. Administration re-design has been completed in 2022, with the view of developing and embedding processes to streamline administrative procedures. All complaints

have been shared with the Consultants who have been involved in any concern – the Consultants are asked to reflect on their communication styles and the complaint is also an item for discussion at their annual appraisal. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Woodland Hospital on a regular basis. Woodland Hospital is not deemed as an outlier for patient concerns within the group. Woodland Hospital utilise an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received. The data set is released on a quarterly basis, areas which require improvement are reviewed and actions taken accordingly. Ramsay also has a further patient feedback mechanism which allows patients to comment on their stay at discharge. The patient completes a questionnaire allowing free text for any comments or feedback. This feedback is reviewed by the Senior Leadership Team and areas identified for improvement are considered. All feedback is reviewed by the Quality Improvement Team and relevant Head of Department, the patient is then contacted to discuss their comments, any actions taken by the hospital to make improvements to the services we offer is then shared with the patient.

Formal Complaints per 1000 HPD's (Hospital Patient Days)	0.46%
93.4 % Patient Satisfaction Score	93.4%
Never Events per 1000 Admissions	0%
Readmission per 100 Discharges	0.15%



2.2.2 Participation in clinical audit

From 1 April 2022 to 31st March 2023 Woodland Hospital participated in 8 national clinical audits.

The national clinical audits that Woodland Hospital participated in, and for which data collection was completed during 1 April 2022 to 31st 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	
ICHOMS – Cataract Outcome Measures	Compliant
PROMS – NHS Hip	Compliant
PROMS – NHS Knee	Compliant
JAG Accreditation	Compliant
British Spinal Registry	Compliant
National Bariatric Surgery Registry (NBSR) ²	Compliant
National Cardiac Arrest Audit (NCAA)	Compliant
National Joint Registry (NJR) ^{2,3}	Compliant
Surgical Site Infection Surveillance Service	Compliant

Footnotes:

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

² Project participates in the Clinical Outcomes Publication (COP)

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

Local Audits

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

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

Emergency Call Bell Response

To ensure we have a dedicated resuscitation team who have clear roles and responsibilities in the event of a resuscitation event we test our Emergency Responses daily by activating an emergency call bell. We audit the team response to the test call and record the team's name, roles, and responsibilities. Our current compliance to the Emergency call bell Response is 100%.

Emergency Trolley Audit

To ensure that emergency equipment is ready for immediate use, a routine check of the defibrillator, oxygen and suction is undertaken daily. There is also a weekly audit of the content of the emergency trolley, this provides assurance that all emergency equipment is in date and there is enough in each trolley as indicated by the Resuscitation Council (UK). These audit results are discussed and reviewed at the Resuscitation committee meeting which is held quarterly.

Group and Save compliance Audit.

To ensure we are compliant with Medicines and Health products Regulatory Agency (MHRA) guidelines. A monthly audit is carried out to make sure that staff are completing the appropriate documentation and patient identity checks when obtaining a group and save blood sample.

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

Woodland Hospital's income from 1 April 2022 to 31st 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)

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

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

Woodland Hospital

CQC inspection area ratings

(Latest report published on October 2018)

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well Led	Good

2.2.6 Data Quality

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

NHS Number and General Medical Practice Code Validity

Woodland 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:

- 96.6 % for admitted patient care;
- 96.6 % for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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 publicly available on the DSP website at:

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

Clinical coding error rate

Woodland Hospital was subject to the Payment by Results clinical coding audit during 2022/23 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	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Woodland	98.3%	98.8%	96.7%	100%

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as of September 2020*

2.2.7 Stakeholders views on 2022/23 Quality Account

No comments received from stakeholders.

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.

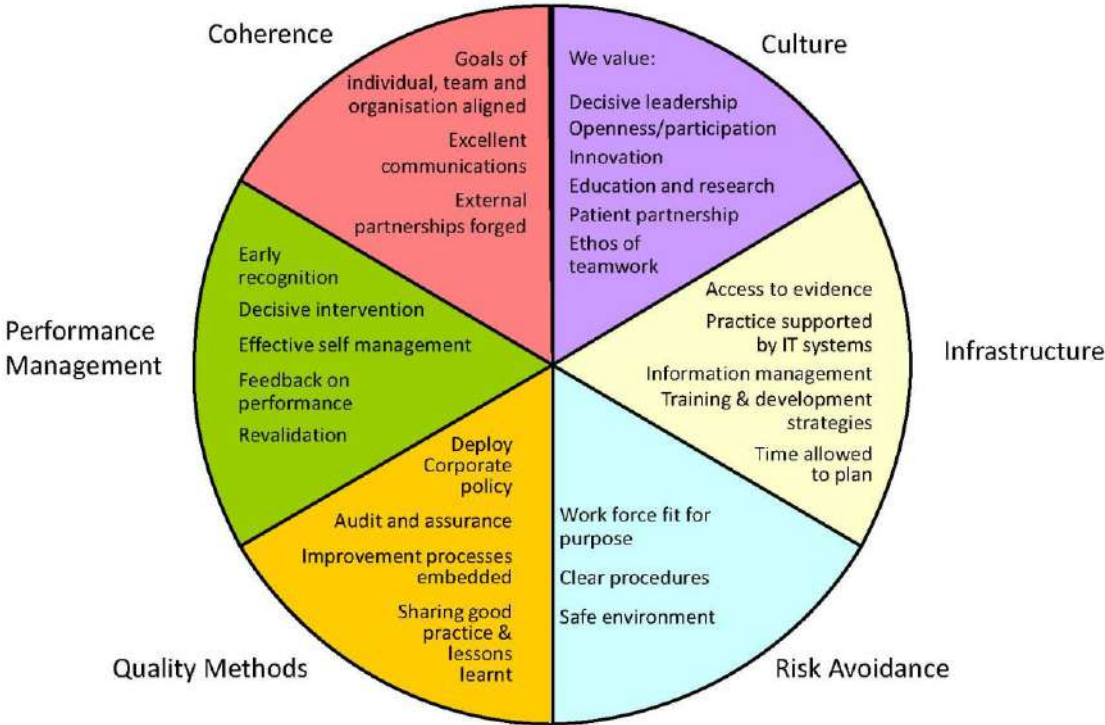
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

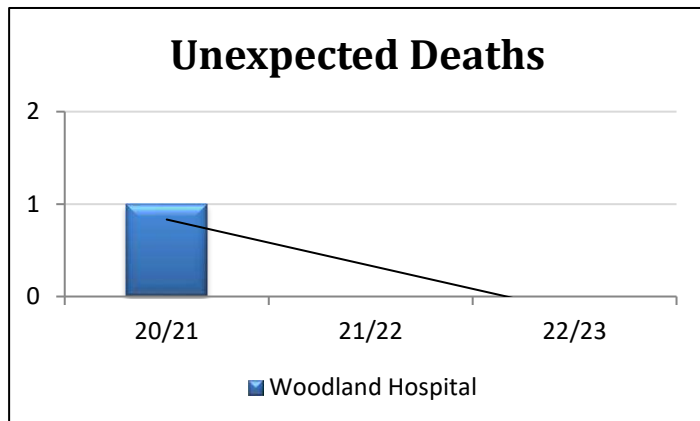
All acute hospitals are required to report against these indicators using a standardised statement set out below. Hospitals are only required to include indicators in their Quality Accounts relevant to the services they provide.

Mortality

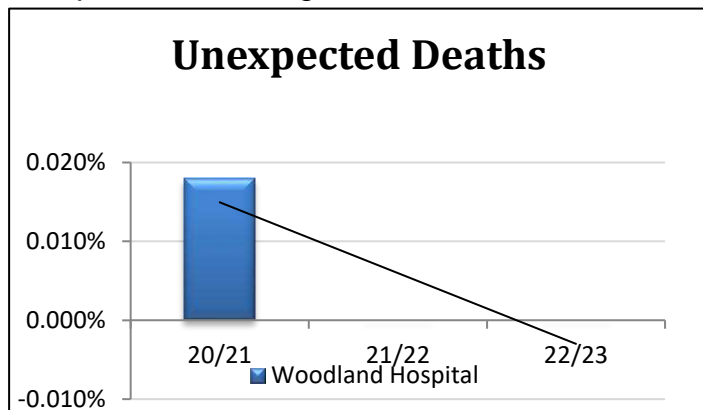
Mortality:	Benchmarking period						Ramsay			
	Period	Best	Worst		Average		Period	Woodland		
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC23	0.0000
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC23	0.0000

Woodland Hospital considers that this data is as described.

Absolute Numbers:



Rate per 100 discharges:



National PROMs

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

PROMS:	Period		Best		Worst		Average		Period		Woodland	
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC23	22.586	
Apr20 - Mar 21		NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC23	19.678		
PROMS:	Period		Best		Worst		Average		Period		Woodland	
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC23	18.278	
Apr20 - Mar 21		NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC23	20.250		

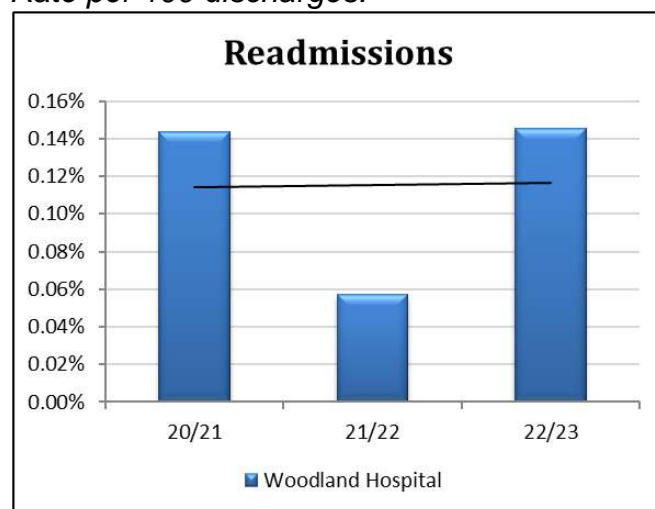
Woodland Hospital considers that this data is as described.

Readmissions within 28 days

Readmissions:	Period		Best		Worst		Average		Period		Woodland	
		18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC23	0.00	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC23	0.00		

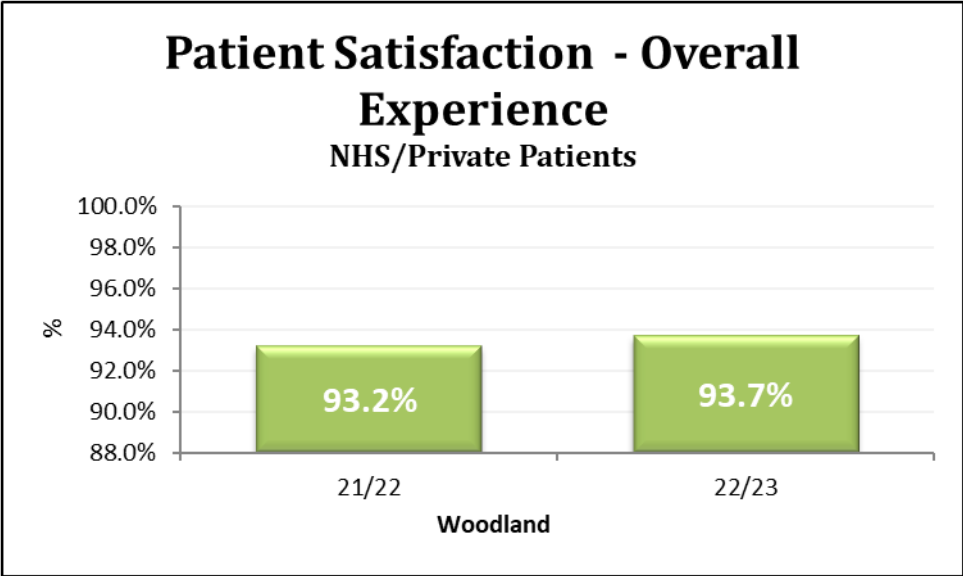
Woodland Hospital considers that this data is as described.

Rate per 100 discharges:



The number of readmission rate per 100 discharges is shown above. Woodland Hospital is not deemed an outlier for patient readmissions. This is demonstrated by the positive impact to the work performed by the clinical team in improving patients' discharge. The staff ensure patients are not only clinically fit for discharge but feel confident about their continued recovery post discharge. We ensure patients are fully optimised prior to discharge, preventing re-admissions and a detailed assessment of the patient is undertaken by a multidisciplinary team which include Doctors, Nurses, Physiotherapists, Pharmacists and Anaesthetists. We continue to ensure staff have the skill and knowledge to provide care to patients in their differing state of recovery and make sure patients are not discharged home too early after treatment. Woodland Hospital will continue to provide patients with support with aftercare advice, this includes a 48 hour "check-up" following discharge from hospital whereby further advice is administered depending on the patients' needs. All patients are given a 24-hour helpline in which they are encouraged to call if required.

Responsiveness to Personal Needs



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



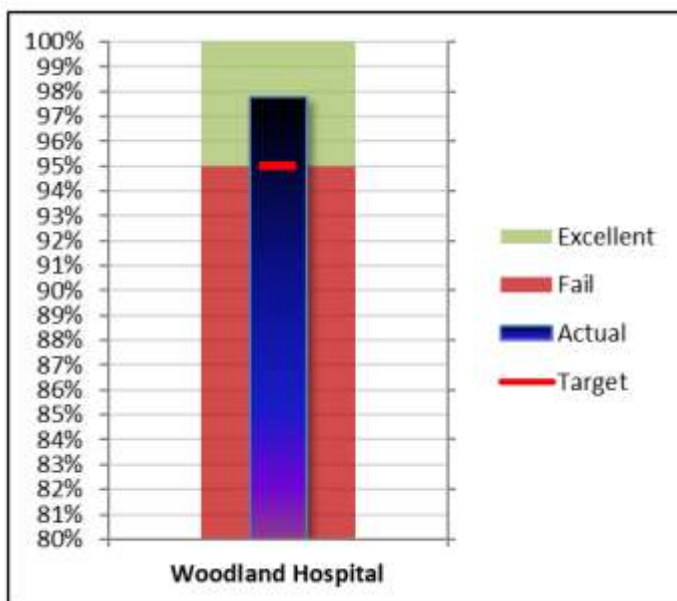
Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey, Period April 2022 - March 2023.

VTE Risk Assessment

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

Woodland Hospital considers that this data is as described.

Due to covid this submission was paused. There is no data published after Q3 19/20



Woodland Hospital demonstrate that we are above the National average for VTE risk assessment completion, as evidenced in the table above, this reflects our commitment to patient safety and risk management. VTE risk assessment completion has also been discussed at the hospital’s clinical governance committees. VTE compliance is also reported at quarterly Medical Advisory Committee.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Woodland	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC23	0.0
	2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	NVC23	0.0

Woodland Hospital considers that this data is as described.

- Woodland Hospital shows lower than average rates of Clostridium Difficile infection. It should be noted that Woodland Hospital has again achieved a zero rate of Clostridium Difficile infections.
- An annual strategy for Infection Prevention and Control (IPC) is developed at a corporate level by Group.
- IPC and policies are revised and reissued every two years. Infection and Prevention programmes are designed to bring about improvements in performance and practice.
- A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and best clinical practice.
- Woodland Hospital employs a Specialist Infection Control Nurse and there are Infection Control link nurses in all clinical areas ensuring that IP& C management remains a high priority throughout the hospital.

Woodland Hospital has taken the following actions to maintain this score so the quality of its services can be consistently monitored, and its objective will be to maintain a zero rate of Clostridium Difficile infections in the year;

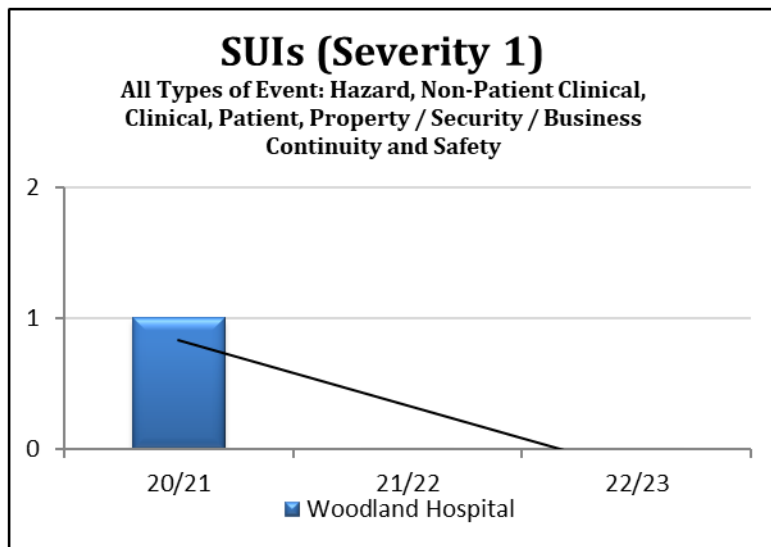
- Maintain high standards of IPC practice to minimise the risk of occurrence of Clostridium Difficile infections.
- Follow national and corporate guidance on Infection Prevention and Control standards, audits, and processes.

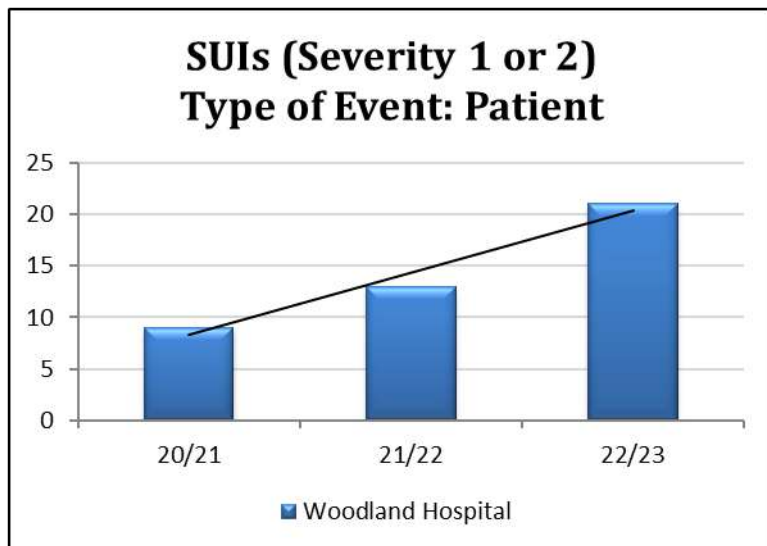
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Woodland	
	Oct19 - Mar20	Several	0.00	Several	0.50	Eng	0.20	2021/22	NVC23	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC23	0.00	

Woodland Hospital considers that this data is as described

Rate per 100 discharges:





- All incidents that result in harm are categorised and reported to the regulators and commissioners for review and assessment.
- Initial incident reports are completed within 72 hours of all moderate 2 incidents. This is then presented at the serious incident meeting whereby it is decided the level of investigation that needs to take place.
- The hospital works closely and has forged good relationships with the commissioners and regulator and shared information relating to serious incidents through regular review and discussion.
- The RiskMan system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at the Woodland Hospital and throughout the Ramsay organisation.
- All incidents are reported through the Clinical Governance Committees structure.

Woodland hospital has taken the following actions to improve this rate, and so the quality of its services, by:

- Monthly Risk management and Clinical Governance meetings are held where key performance indicators and incidents are discussed and disseminated.
- The Centralised Alert System (CAS) disseminates all alerts for NPSA/ MDE and FSN to all departments with required actions feedback.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Woodland	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC23	97.8%
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC23	100.0%

Woodland Hospital considers that this data is as described.

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

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

- Using the Friends and family survey feedback to continuously monitor patient feedback in all department.
- Disseminating individual department feedback from the friends and family survey.
- Acting on patient feedback and complaints to improve quality in areas where issues may have been identified.
- Using corporately generated Friends and Family results to analyse and act upon any trends, individual comments, and suggestions for improvement.

3.2 Patient safety

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

Risks to patient safety come to light through several routes including routine audit, complaints, 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 several key indicators as illustrated in the sections below

3.2.1 Infection prevention and control

Woodland Hospital has an extremely low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 10 years.

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.

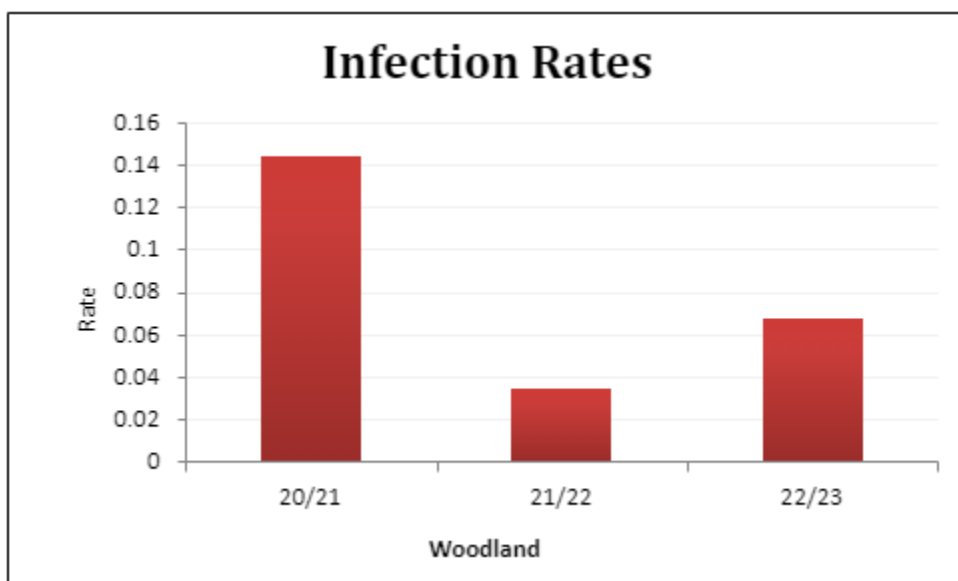
Infection Prevention and Control management is continually active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

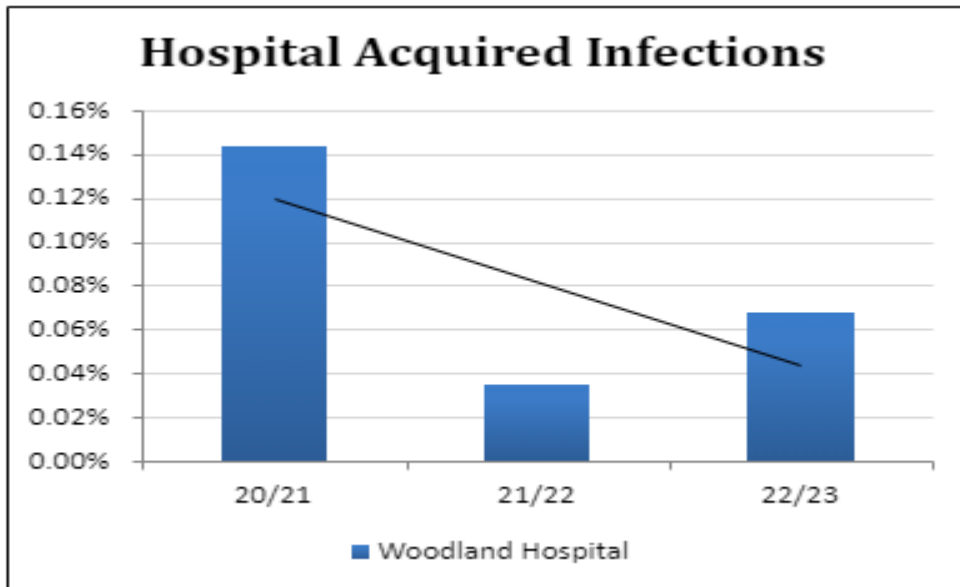
Programmes and activities within our hospital include:

- Access to a dedicated Infection Control Lead Nurse who is responsible for the delivery of the Ramsay annual strategy for infection control. The annual plan is inclusive of training, audit, surveillance, and screening programmes.
- Access to director of Infection Prevention & Control.

- Discussion of infection activity at the Infection Prevention & Control committee, key items from the meeting are further disseminated through the Medical Advisory Committee and Clinical Governance Committee.
- Infection Prevention & Control Champions in each clinical department who support the clinical audit programme and Infection Prevention & Control agenda.
- Dedicated e-learning module which is tailored to specific staffing groups to ensure they have the adequate knowledge and experience to support sound infection prevention practices throughout the hospital environment.



Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Woodland 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 following actions were identified during Woodland Hospital annual PLACE audit.

You said	We Did
Signage to main reception from car park would be better if higher as the view is blocked by a handrail.	Signage have been moved so that it is more visible.
Car park very congested on the day of inspection.	Additional staff car parking spaces created which has enabled the hospital to increase patient car park capacity.
Some areas of tarmac uneven.	Areas of concern have been re-surfaced.
Portion sizes of food could be smaller.	Communicated to Chef and portion sizes have been reduced.

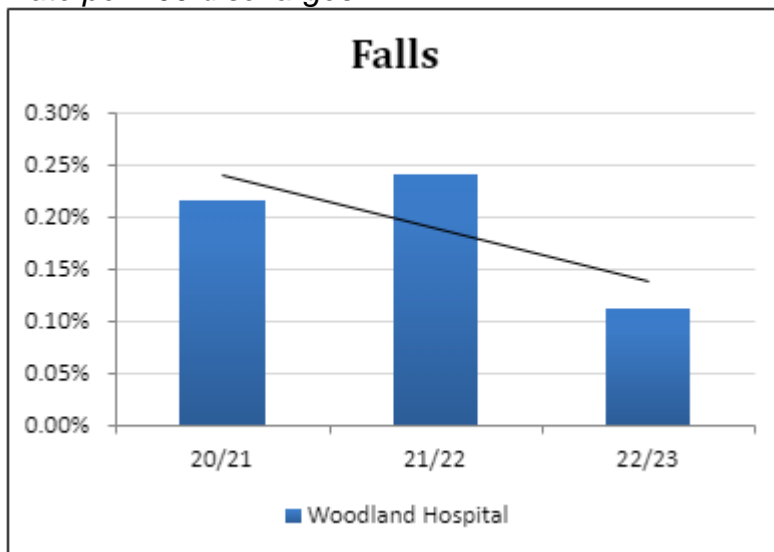
3.2.3 Safety in the workplace

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.

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.

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

Rate per 100 discharges:



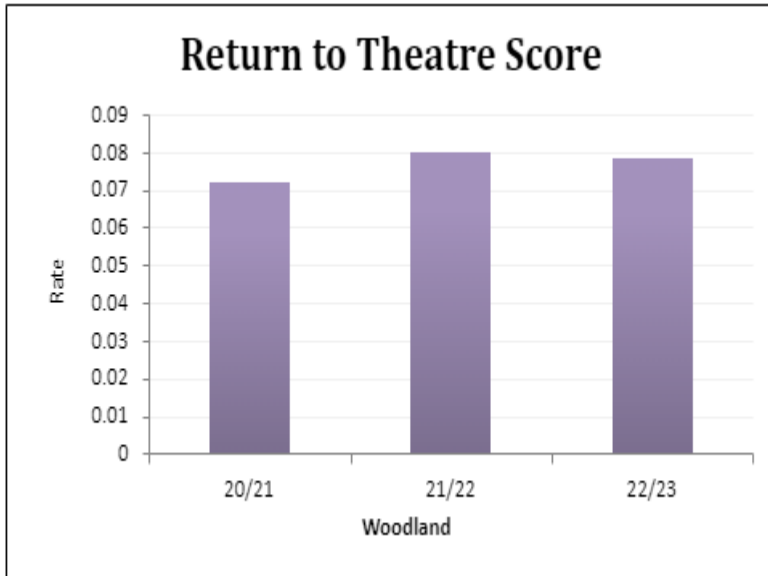
3.3 Clinical effectiveness

Woodland 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. Key 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.

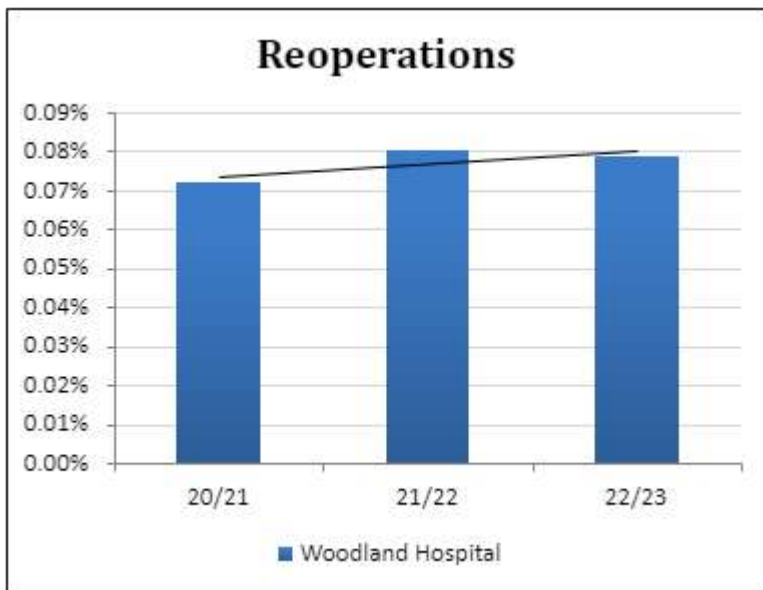
3.3.1 Return to theatre

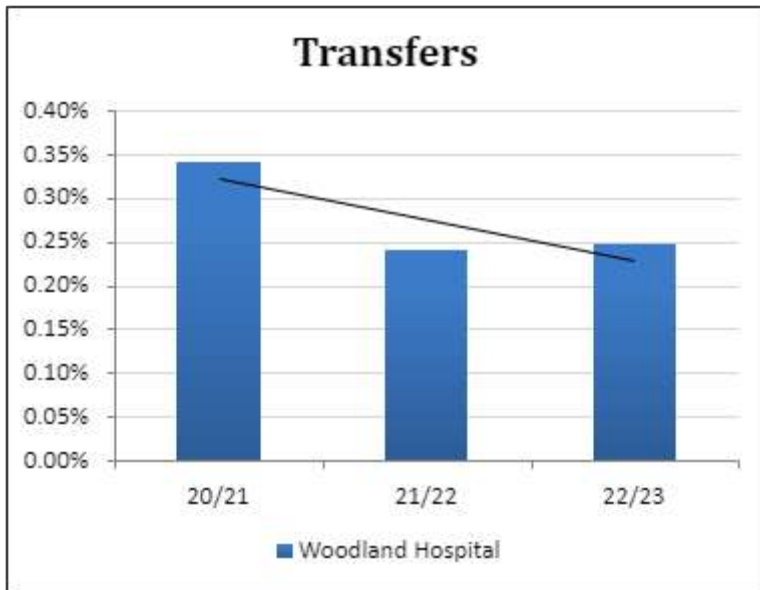
Ramsay Healthcare is treating significantly higher numbers of patients every year as our services grow. Many of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention 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 extremely low consistent with our track record of successful clinical outcomes.

Rate per 100 discharges:



Rate per 100 discharges:





As can be seen from the graphs above our returns to theatre and reoperation rates are consistent and our patient transfers have decreased year on year for the last three years and track below the national average this is despite the complexity of patients increasing during this time. The Hospital has utilised the deteriorating patient and resuscitation sub-committee to review cases and support training with staff to spot the signs of early deterioration. The Hospital is currently offering staff extended skills training by way of AIMS training for both Registered Staff and Health Care Assistants. There is a rolling programme of staff members having the opportunity to complete Advanced Life Support. All return to theatre and transfers out are followed up with an initial incident review, to learn lessons to influence practice going forward.

3.3.2 Learning from Deaths

There have been no unexpected deaths at Woodland Hospital during the reporting period. Any learning from unexpected deaths across Ramsay Healthcare UK is shared at a corporate level for cascading within the individual sites.

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 diverse 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 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.

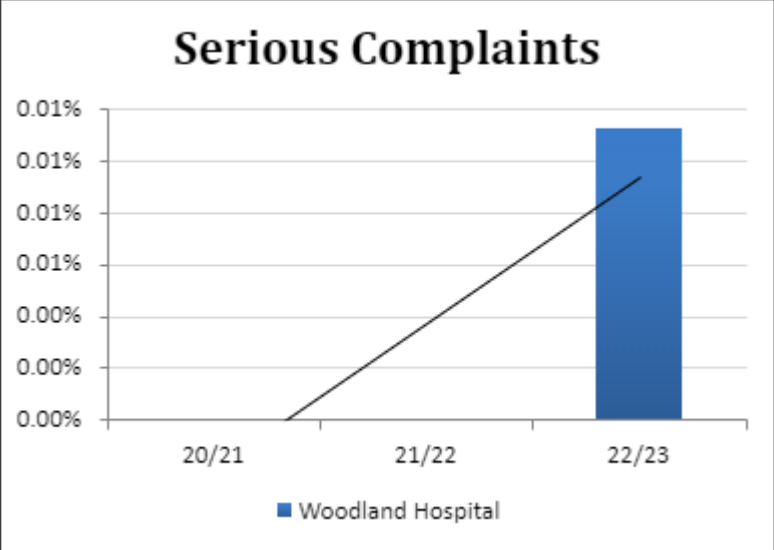
Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer-to-peer engagement for our consultant users who work at Woodland Hospital and within Ramsay Health Care.

3.4 Patient experience

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

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

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



Patient experiences are 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.

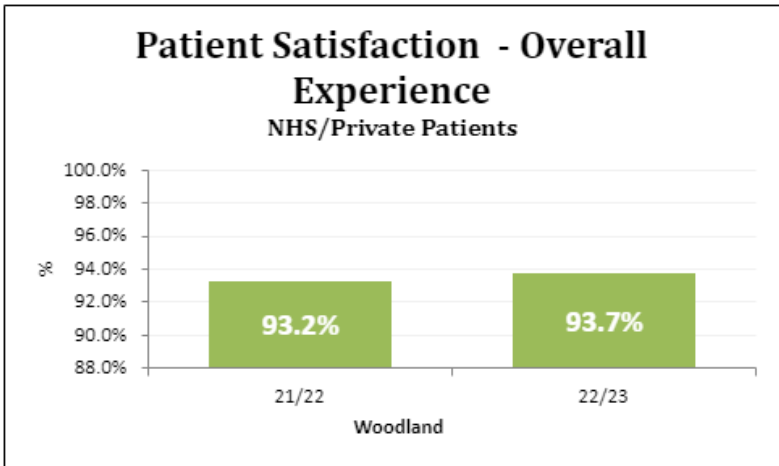
Feedback regarding the patient's experience is encouraged in many ways via:

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

3.4.1 Patient Satisfaction Surveys

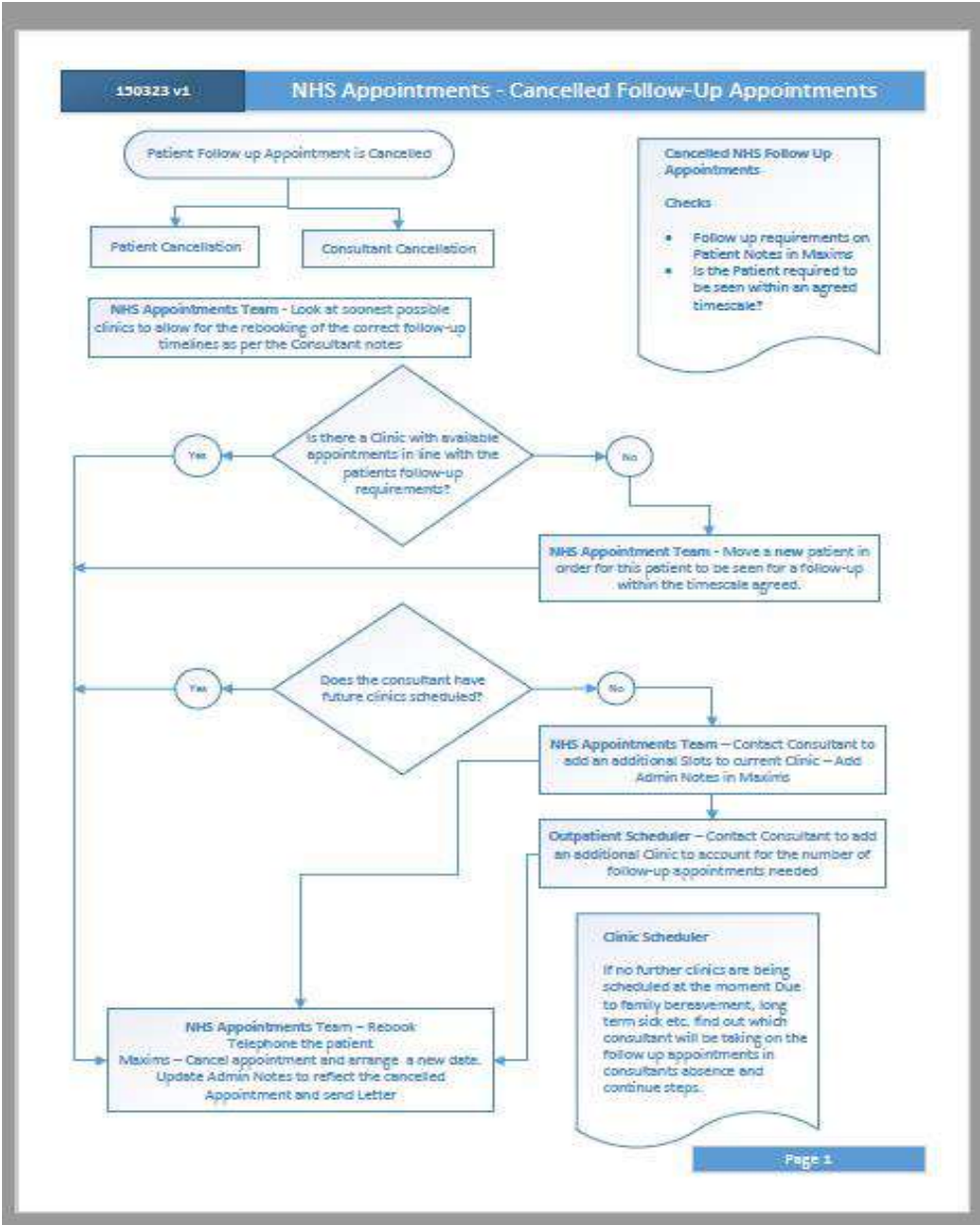
Our patient satisfaction surveys are managed by a third-party company called 'Qa Research.' This is to ensure our results are managed completely independently of the hospital, so we receive a true reflection of our patient's views.

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.



3.5 Woodland Hospital Case Study

Woodland Hospital has reviewed its rebooking of follow up appointments as a result of a patient's feedback. The patient had, had cataract surgery at Woodland Hospital and had a follow up appointment booked with the Consultant. His follow up appointment was cancelled by the appointments team at Woodland Hospital, as the Consultant he was seeing was unwell. The appointment was rebooked into the Consultant's next available appointment slot, which was a considerable time later. The patient contacted the Quality team to air his concerns. Our Head of Clinical Services and Administration Manager reviewed our processes for rebooking cancelled appointments and a new process was introduced.



Appendix 1

Services covered by this quality account

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

Appendix 2 – Clinical Audit Programme 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		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / H. King / A. Adebayo												For review: June 2020		
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 of 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	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Ward	Observational	→	→	Staff Questions	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	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
OPD	Observational	→	→	Staff Questions	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	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Radiology	Operational	→	→	Staff Questions	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	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit		
Physiotherapy	Observational	→	→	Staff Questions	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	→	→	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	Hand Hygiene	local audit	local audit	local audit	local audit	local audit		
IPC - Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action		
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 Xray, MRI, CT	local audit	local audit	Childrens Services	Paed Pain	local audit	local audit	local audit	local audit		



Traffic light score - All except CDs		
Green	95%	
Amber	80 - 94%	
Red	79% and under	

Traffic light score - CD's		
Green	100%	
Amber	80 - 99%	
Red	79% and under	

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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
EVLT	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
LIN	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC23	Code for Woodland Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

Woodland Hospital

Ramsay Health Care UK

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

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

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