

Glendon Wood Hospital

Quality Account
2023/24



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Clinical Priorities for 2023/24 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2023/24 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Glendon Wood Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our Social Impact Report in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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. 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 and it gives me great pleasure to share our results with you.



Nick Costa Chief Executive Officer

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

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account



This Quality Account is Glendon Wood Hospitals first 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.

The first Ramsay 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 Helen Tait, Hospital Director

Glendon Wood Hospital

The year 2023/2024 has been a momentous one for Ramsay Healthcare in Kettering, with the opening of our new state of the art Daycase Hospital in Glendon. The opening reflects the growing demand for healthcare services in Kettering and the surrounding areas and Ramsay's commitment to supporting the population in this region.

This year's Quality Account demonstrates the progress we have made in delivering quality care and continuing to reduce waiting times, whilst aiming for efficient and effective outcomes. We are working ever more closely with local NHS Trusts to provide support for their long waiting patients, delivering treatment across a range of specialities. Ramsay has also been an active member of key committees in the region such as the Integrated Care Board's Spinal Project Group, looking at ways in which pathways can be redesigned to improve access for patients and effectively use resources. Ramsay has assisted with the provision of increased spinal services in the last year and is preparing to support the introduction of E-eRS, a digital solution that will enable optometrists in the region to electronically refer their patients who require hospital care.

The opening of Glendon Wood has provided new and improved facilities and services for the local population, including a new outpatients physiotherapy department and gym, a dedicated endoscopy unit, additional diagnostic MRI and CT scanning units and two new operating theatres. Woodland and Glendon Wood work closely together, operating as sister hospitals with a shared leadership team. Patients benefit from two closely located hospitals who now provide an enhanced patient experience with more tailored facilities on both sites to meet patients' needs.

Our patients continue to report extremely high levels of satisfaction in both hospitals and our staff survey demonstrated that our workforce feel more supported than ever. We are proud that there are now 6 members of our team actively undertaking Nursing Associate and Registered Nursing degree apprenticeships, having originally joined us as support staff.

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.

We are proud of all that has been achieved for the local community in 2023/2024 and look forward to continuing to improve services for our population.

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 & Glendon Wood 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 Glendon Wood Hospital

Welcome to the first Quality Account for Glendon Wood Hospital Kettering. As we embark on this important journey of continuous improvement, we are excited to share with you our commitment to delivering the highest standard of healthcare. Glendon Wood Hospital Kettering is dedicated to providing exceptional patient care, cutting-edge medical services, and a compassionate environment for our patients, their families, and our community. Our mission is to combine advanced medical practices with a patient-centred approach, ensuring that everyone receives the best possible care tailored to their unique needs. This Quality Account reflects our dedication to excellence, detailing our achievements, identifying areas for growth, and setting forth our objectives for the future. Through this report, we aim to demonstrate our commitment to quality, safety, and patient satisfaction.

At Glendon Wood Hospital, we believe that quality healthcare is a collaborative effort. It involves the collective contributions of our skilled medical professionals, dedicated support staff, engaged patients, and a supportive community. We are proud of the progress we have made and are eager to highlight the innovative programs, patient safety initiatives, and quality improvement projects that have defined our year.

As we look to the future, we are guided by a vision of continuous enhancement in all aspects of patient care. We invite you to join us on this journey, as we strive to exceed expectations and set new benchmarks in healthcare excellence.

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 2022/23
NHS	2,750	85%	3,246
Private (Med Ins)	333	10%	
Private (Self Pay)	163	5%	

At Glendon Wood Hospital, we offer a comprehensive range of services including endoscopy, orthopaedics, ENT, ophthalmology, pain management, urology, state-of-the-art imaging, physiotherapy, and general surgery. Additionally, we provide access to a private GP service for our patients. Our facility is equipped with state-of-the-art medical equipment, ensuring that we can deliver the latest and most effective treatments.

Our Staffing Mix is highlighted below.

Employed Consultants	0
Senior Leadership (Hospital Director, General Manager and Head of Clinical Services)	3
Registered Nursing Staff	64
Operating Department Practitioners	10
Physiotherapists	8
Healthcare Assistants	28
Admin & Clerical Staff	63
Facilities & Sterile Services	53
Shared Services (HR, Finance, Quality, H&S Officer, Ops Manager)	13

Supporting Our Community: Charity of the Year 2022/2023 - Kettering Food Bank

In 2022/2023, Glendon Wood Hospital proudly supported Kettering Food Bank as our Charity of the Year. With the cost-of-living crisis driving increased demand and rising costs for food banks, our dedicated staff felt a strong commitment to assist those in our local area who rely on these vital services. Recognising the growing need for support, we have planned numerous events to raise funds and awareness for this worthy cause.

As shown in the photo below, our Woodland and Glendon Wood team members are delighted to present a cheque on behalf of the hospital, demonstrating our ongoing commitment to making a positive impact in our community.



We are also committed to supporting global health initiatives. As part of our community outreach, we actively collect used mobility aids such as walking sticks, elbow crutches, and zimmer frames. These items are donated to the charity Physionet, which distributes them to people and countries in need around the world. The accompanying picture shows our team collecting these items, demonstrating our commitment to making a difference both locally and globally.

Giving back – Support For Charity



Part 2

2.1 Quality priorities for 2023/24

Plan for 2023/24

Commitment to Excellence at Glendon Wood Hospital Kettering

At Glendon Wood Hospital, we develop an operational plan annually to establish our objectives for the year ahead. Our unwavering commitment extends to both our private patients and our partnerships with the NHS, ensuring that the services we provide meet the highest standards of safety and quality for all NHS patients under our care.

We are dedicated to continually enhancing clinical safety and standards through a systematic governance process, which includes thorough audits and valuable feedback from those who experience our services.

To achieve these aims, we have a range of ongoing initiatives. Our priorities are carefully determined by the hospital's Senior Leadership Team, considering patient feedback, audit outcomes, national guidelines, and recommendations from various hospital committees representing all professional and managerial levels.

Above all, our priorities are focused on driving patient safety, ensuring clinical effectiveness, and enhancing the experience of everyone who visits Glendon Wood Hospital.

Priorities for improvement

2.1.1 Clinical Priorities (looking forward)

Patient Safety

1) Incident Response Framework (PSIRF) Implementation

In November 2023, Glendon Wood Hospital, part of Ramsay Health Care UK, launched the Patient Safety Incident Response Framework (PSIRF). This initiative is central to our commitment to enhancing patient safety and fostering a culture of continuous improvement and learning.

Training and Initial Rollout

To ensure the effective implementation of PSIRF, Heads of Departments underwent a two-day training session. This foundational training was crucial in equipping our leaders with the knowledge and skills needed to drive this initiative. Additionally, we have successfully completed several after-action reviews (AARs) with selected staff, laying the groundwork for broader engagement.

Expanding Engagement and Embedding Practices

The next step is to open up the PSIRF process to all staff across the hospital. This expansion will involve a series of roadshows tailored to different departments. These sessions will not only introduce PSIRF to staff but also emphasise the importance of shared learning from patient safety incidents. Departmental meetings will also be utilised to disseminate this information.

Achieving Comprehensive Staff Training

A key objective for 2023/2024 is to ensure that over 85 percent of our staff complete the PSIRF e-learning modules. These modules are designed to provide comprehensive training on patient safety incident responses, equipping all staff members with the necessary knowledge to contribute to our safety goals.

Integration with Consultants

The final phase of our PSIRF rollout involves embedding these practices within departmental operations and among our consultants. By integrating PSIRF principles deeply into everyday workflows and clinical practices, we aim to ensure that patient safety is a continuous, proactive priority.



2) Achieving Bronze Accreditation in Aseptic Non-Touch Technique (ANTT)

Aseptic Non-Touch Technique (ANTT) is a globally recognised standard for aseptic practice that aims to prevent infections during clinical procedures by ensuring asepsis is maintained. Achieving bronze accreditation in ANTT reflects a commitment to maintaining high standards of infection control and patient safety. Our Infection Prevention Control Lead for Glendon Wood Hospital will be driving the implementation for us to achieve bronze accreditation within the next 12 months.

Implementation Plan

Staff Training and Education

- **Objective:** Ensure all relevant clinical staff are trained in ANTT principles and practices.
- **Action:** Conduct ANTT training sessions, both theoretical and practical, for all staff involved in aseptic procedures.
- **Measurement:** Track training completion rates and assess staff competence through evaluations and assessments.

Standardising Procedures

- **Objective:** Standardise aseptic techniques across all relevant procedures.
- **Action:** Develop and implement standardised protocols and guidelines for ANTT, ensuring consistency in practice.
- **Measurement:** Audit compliance with ANTT protocols during procedures

Monitoring and Feedback

- **Objective:** Continuously monitor adherence to ANTT and provide feedback.
- **Action:** Implement audits and observational studies to monitor adherence to ANTT practices.
- **Measurement:** Report audit results and provide feedback to staff to reinforce good practice and address any areas for improvement.

Leadership and Support

- **Objective:** Ensure strong leadership and support for ANTT implementation.
- **Action:** Designate ANTT champions within departments to lead the initiative and provide ongoing support and mentorship.
- **Measurement:** Monitor the involvement and effectiveness of ANTT champions in promoting best practices.

Monitoring and Reporting

Training Completion Rates

- **Content:** Report the percentage of clinical staff who have completed ANTT training.
- **Frequency:** Monthly updates to the clinical governance committee.

Clinical Effectiveness



Implementing GIRFT for Ophthalmology

As we look to the future, Glendon Wood Hospital Kettering is committed to advancing the quality of care we provide by focusing on several key clinical priorities. One of our primary goals for the coming year is the implementation of the "Getting It Right First Time" (GIRFT) initiative for our Ophthalmology services.

The GIRFT program aims to improve the quality of medical and surgical care within by reducing unwarranted variations, improving patient outcomes, and maximising resource efficiency. For our Ophthalmology department, the implementation of GIRFT will involve several strategic actions:

Benchmarking and Data Analysis: We will conduct a thorough analysis of our current ophthalmology services, comparing our performance against national benchmarks. This will help us identify areas where we can improve efficiency and patient outcomes.

Standardisation of Procedures: We will work towards standardising clinical protocols and procedures within the Ophthalmology department. This will ensure that all patients receive consistent, high-quality care, reducing variations in treatment and improving overall outcomes.

Patient Pathway Optimisation: By reviewing and optimising patient pathways, we aim to reduce waiting times and enhance the overall patient experience. This includes streamlining referral processes, improving diagnostic services, and ensuring timely access to surgical interventions.

Resource Utilisation: Efficient use of resources is a cornerstone of the GIRFT initiative. We will focus on reducing waste, optimising the use of medical equipment, and ensuring that our resources are deployed where they can have the most significant impact.

Outcome Measurement and Feedback: We will implement the live PROMS action register for collecting patient outcomes and gathering feedback. This data will be crucial for ongoing improvements and ensuring that our services are aligned with the needs and expectations of our patients.

By adopting the GIRFT principles in our Ophthalmology department, we are committed to enhancing the quality of care, reducing inefficiencies, and achieving better clinical outcomes for our patients.

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 2023/24 Glendon Wood Hospital subcontracted no NHS services. The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 85 per cent of the total income generated from the provision of NHS services by Glendon Wood Hospital for 1 August 2023 to 31st March 2024

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.

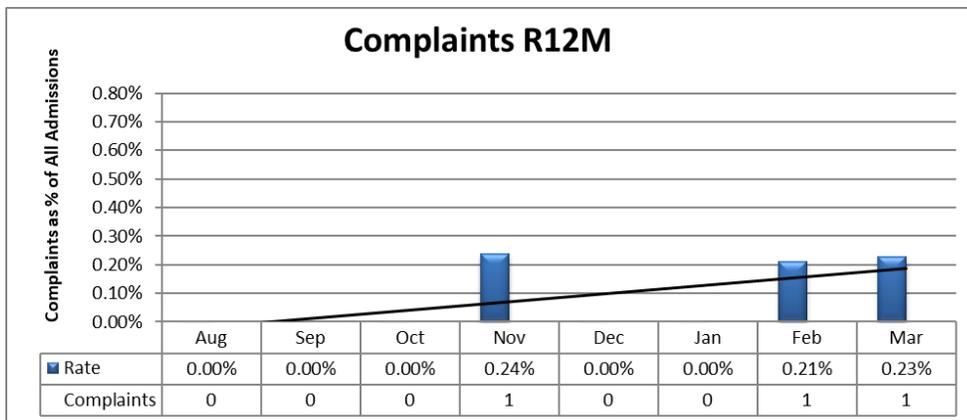
In the period for 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Direct staff cost % Net Revenue	28%
Total staff costs % Net Revenue	35%
Agency Cost as % of Total Staff Cost	0%
Staff Turnover	13.6%
Staff Sickness	4.48%
Appraisal	89%
Mandatory Training	86%
E-Learning Compliance	96%

Patient

At Glendon Wood Hospital, the Clinical Governance Committee and Medical Advisory Committees review the themes and trends of patient complaints. Lessons learned from these complaints are discussed and shared with staff for reflection and improvement. During 2022/23, Glendon Wood Hospital recorded 3 formal complaints. The primary theme of these complaints was that the patient was unhappy with the service provided.

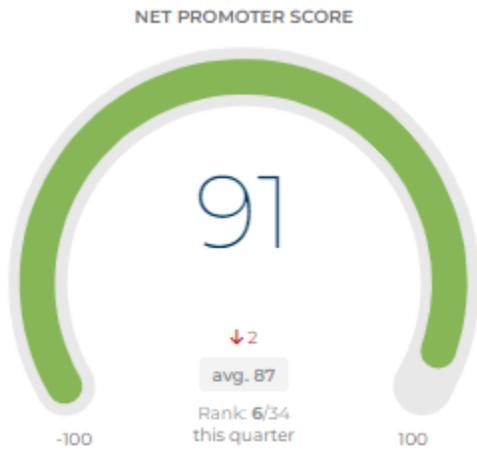
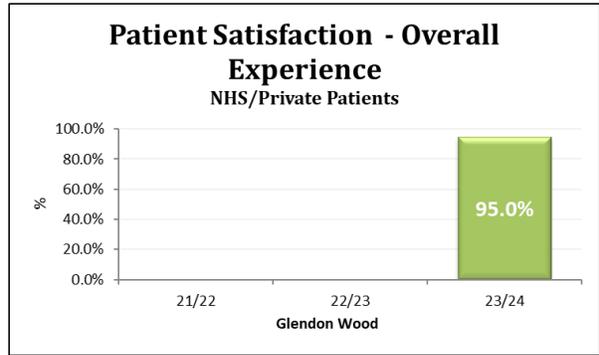


All complaints have been investigated, and responses have been provided to the patients. Every complaint is shared with the involved consultants, who are encouraged to reflect on their communication styles. Complaints are also discussed during their annual appraisals. Ramsay Health Care, which oversees governance, regularly provides feedback and benchmarking information to Glendon Wood Hospital.

To gather unbiased patient feedback, Glendon Wood Hospital utilises an external organisation that collects data on patient experiences and satisfaction. This data is released quarterly, and any areas requiring improvement are reviewed and addressed accordingly. Additionally, Ramsay Health Care provides another patient feedback mechanism through a discharge questionnaire, which includes space for free text comments.

The Quality Improvement Team and relevant Heads of Department review all feedback. Patients are contacted to discuss their comments, and any actions taken by the hospital to improve services are shared with them.

Serious Complaints per 1000 HPD's (Hospital Patient Days)	0%
Patient Satisfaction Score	95%
Never Events per 1000 Admissions	0%
Readmission per 100 Discharges	0%



NPS

2.2.2 Participation in clinical audit

During 1 August 2023 to 31st March 2024 Glendon Wood Hospital participated in 11 national clinical audits.

The national clinical audits that Glendon Wood Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below:

Project name (A-Z)	Provider organisation
JAG Accreditation	Royal College of Physicians
Elective Surgery (National PROMs Programme)	NHS Digital
Mandatory Surveillance of HCAI	Public Health England
National Bariatric Surgery Register ²	British Obesity and Metabolic Surgery Society
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK
National Cardiac Audit Programme (NCAP) ^{1, 2, 3}	Barts Health NHS Trust / National Institute for Cardiovascular Outcomes Research (NICOR)
The blood safety and Quality Regulations audit.	NHS Blood and Transplant
National Gastro-intestinal Cancer Programme ^{1, 2, 3}	NHS Digital
National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists
Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
Surgical Site Infection Surveillance	Public Health England

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

Glendon Wood 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 benching marking.

Glendon Wood 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.

VTE Audit

Glendon Hospital has significantly enhanced the quality of its healthcare services by focusing on VTE (venous thromboembolism) prevention.

A crucial area of improvement identified through audits has been the pre-operative assessment of VTE risk by Consultants. Initially, it was found that these assessments were not consistently thorough, potentially leaving patients at risk. However, over the past year, there has been a substantial improvement in the rate and quality of these assessments.

As a result of these concerted efforts, Glendon Wood Hospital has seen a significant improvement in the pre-operative VTE assessment rates by Consultants, significantly enhancing patient safety and care quality. This not only demonstrates the hospital's commitment to best practices but also underscores its proactive approach to patient safety and continuous quality improvement.

Emergency Call Bell Response

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

Emergency Trolley Audit

To ensure emergency equipment is always ready for immediate use, we perform daily checks on the defibrillator, oxygen, and suction devices. Additionally, we conduct a weekly audit of the emergency trolley's contents to confirm that all equipment is up to date and adequately stocked, in accordance with Resuscitation Council (UK) guidelines. The results of these audits are discussed and reviewed at the quarterly Resuscitation Committee meetings, providing ongoing assurance of our emergency preparedness.

2.2.3 Participation in Research

There were no patients recruited during 2023/24 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

Glendon Woods' income from 1 April 2023 to 31st March 2024 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)

Glendon Wood is required to register with the Care Quality Commission. The hospital was registered by CQC on 1st August 2023 and its current registration status on 31st March 2024 is registered without conditions. Up until 31st March 2024, Glendon Wood Hospital Kettering has not been inspected by the Care Quality Commission (CQC).

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

2.2.6 Data Quality

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

As Glendon Wood Hospital Kettering has only been operational since 1st August, there is currently no data available for the following headings. However, we are committed to establishing robust data collection and quality assurance processes to ensure high standards moving forward.

NHS Number and General Medical Practice Code Validity

Since our hospital has only been open since 1st August, we do not yet have data to report on the validity of NHS numbers and General Medical Practice codes. As we continue to grow, we will prioritise the accurate recording and validation of these identifiers to ensure seamless patient care and efficient service delivery.

Information Governance Toolkit attainment levels

Given our recent opening, we have not yet achieved formal attainment levels in the Information Governance Toolkit. However, we are actively working towards compliance by establishing comprehensive information governance policies and procedures to safeguard patient data and ensure confidentiality.

Clinical coding error rate

We currently do not have data available on clinical coding error rates due to our recent establishment. Moving forward, we will implement rigorous clinical coding practices and regular reviews to minimise errors and enhance the reliability of our clinical data.

2.2.7 Stakeholders views on 2023/24 Quality Account

The Ramsay Woodland annual quality account for 2023/24 has been reviewed by Northamptonshire Integrated Care Board in final submission.

The account follows the recommended format of the quality accounts toolkit where appropriate.

The account contains 3 service development and improvement priorities for 2023-24 and details how these will be monitored, measured and reported.

Indicators that were not included within the report are as below:

- The percentage of staff employed by, or under contract to, the hospital during the reporting period who would recommend the hospital as a provider of care to their family or friends.

Commissioners will continue to work closely with Ramsay Woodland and encourage and support ambitions to continue to improve the quality standards of care and patient experience.

Part 3: Review of quality performance 2023/24

Ramsay Clinical Governance Framework 2023/24

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.

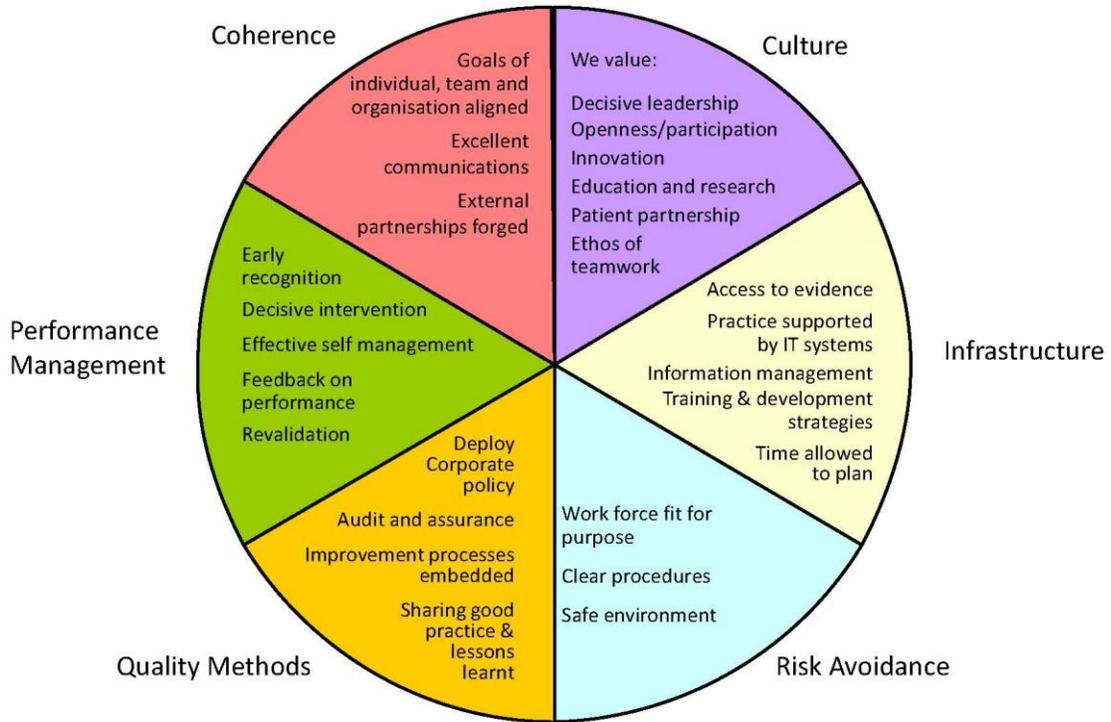
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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.

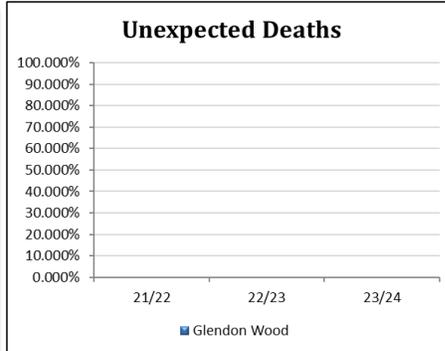
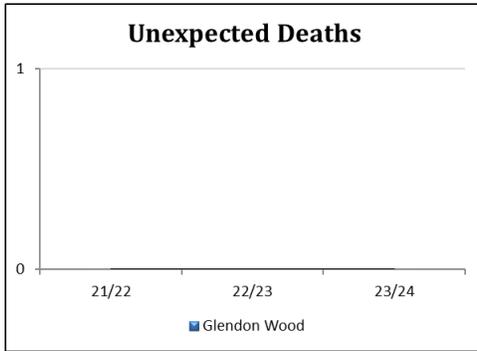
Mortality

Mortality:	Period	Best		Worst		Average		Period	Glendon Wood	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	K814X	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	K814X	0.0000	
Nov22- Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	K814X	0.0000	

Glendon Wood considers that this data is as described.

Absolute Numbers:

Rate per 100 discharges:



National PROMs/ICHOMS

Glendon Wood Hospital participates in the Department of Health PROM's/ICHOMs survey for carpal tunnel, for NHS and private patients. PROMs/ICHOMs 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/ICHOMs offer an important means of capturing the extent of patients' improvement in health following ill health or injury.

Ramsay UK has made a substantial shift from paper-based PROMS/ICHOMs to a modern, electronic-first approach. This digital method allows us to identify trends in patient outcomes more effectively and provides the capability to alert staff members in real-time when patients exhibit adverse outcomes following surgery. When such cases are detected, the patients are promptly contacted, and either a Physiotherapy session or a consultation with a Consultant is arranged to address their needs.

8 of 10

Patients reported improvement between PreOp and Post OP for Carpal Tunnel Score.



CARPAL TUNNEL SCORE THIS YEAR



CARPAL TUNNEL SCORE - NHS PATIENTS



Glendon Wood considers that this data is as described.

GENERAL HEALTH AT BASELINE

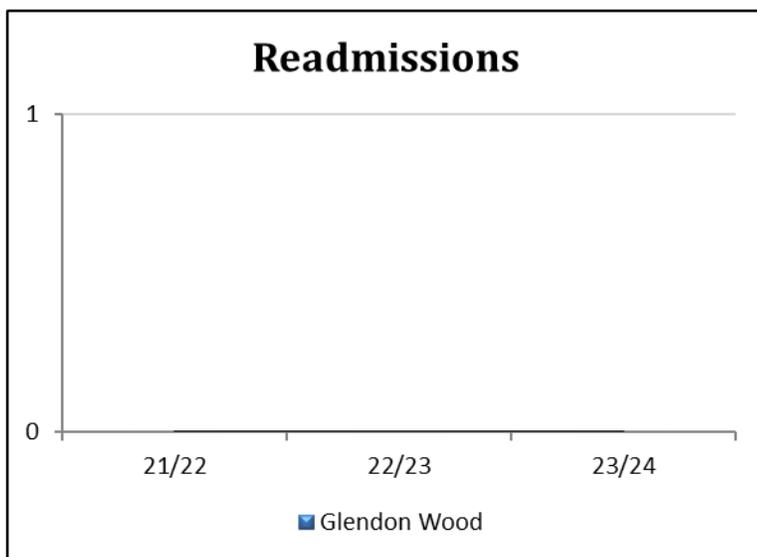


Readmissions within 28 days

Period	Best		Worst		Average		Glendon Wood	
2021/22	SiteA2	24.5	SiteB2	21	Eng	22.1	K814X	0.0000
2021/23	SiteA3	25.5	SiteB3	22	Eng	23.1	K814X	0.0000
2021/24	SiteA4	26.5	SiteB4	23	Eng	24.1	K814X	0.1232

Glendon Wood Hospital considers that this data is as described for the following reasons.

Absolute Numbers:

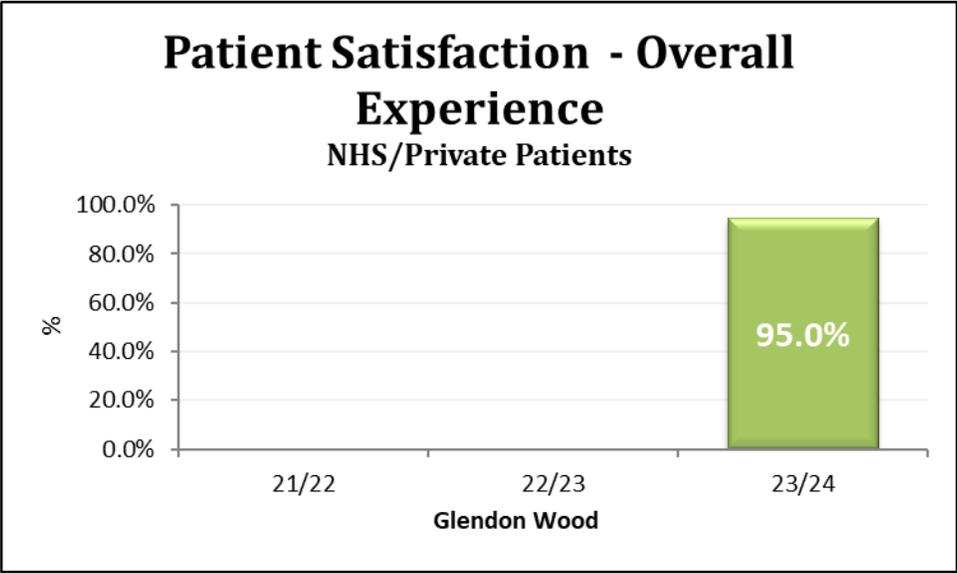


As shown in the graph above, we are proud to report that Glendon Wood Hospital has had no readmissions. This achievement underscores our commitment to delivering high-quality, effective care and ensuring the best possible outcomes for our patients. Our staff ensures that patients are not only clinically ready for discharge but also feel confident about their ongoing

recovery post-discharge. We optimise patients fully before discharge to prevent readmissions, conducting assessments with the multidisciplinary team that includes Doctors, Nurses, Physiotherapists, Pharmacists, and Anaesthetists.

We continue to ensure that our staff possesses the skills and knowledge necessary to care for patients at various stages of recovery, avoiding premature discharges. Glendon Hospital is committed to providing patients with support through aftercare advice, and all patients receive a 24-hour helpline, which they are encouraged to use if needed.

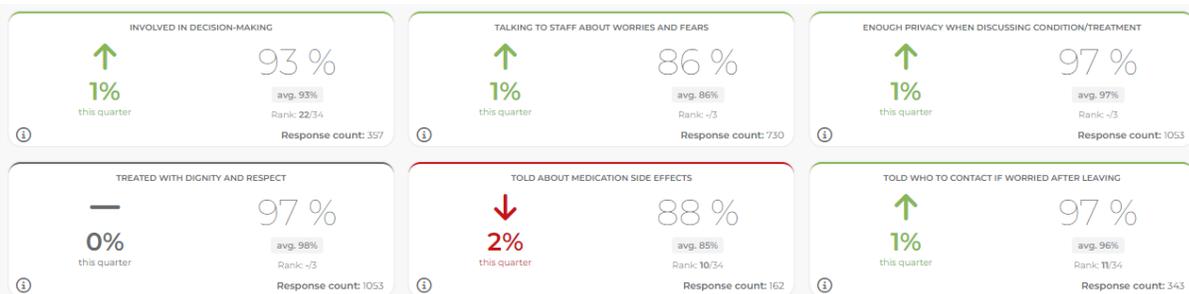
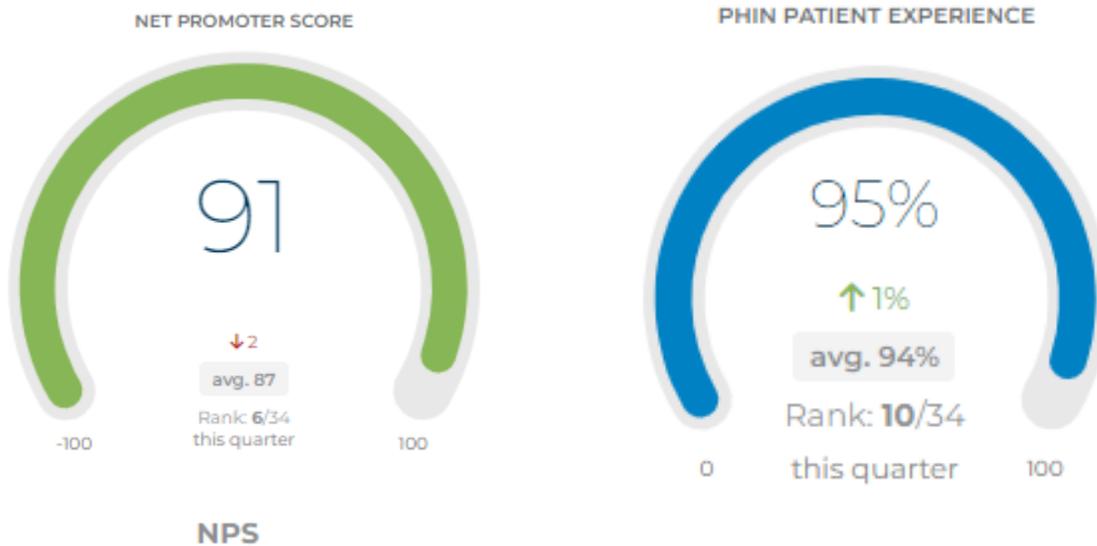
Responsiveness to Personal Needs



The Net Promoter Score (NPS) is increasingly used to measure patient satisfaction and loyalty. The goal is to gauge how likely patients are to recommend a healthcare provider, clinic, or hospital to others, reflecting their overall experience and trust in the care they received.

Glendon Wood Hospitals' Net Promoter Score (NPS) of 91 underscores a level of patient satisfaction and trust in the hospital's care. This score reflects the commitment of Glendon Wood to provide outstanding healthcare services that not only meet but exceed the expectations of patients.

PHIN Experience score (series of questions giving overall Responsive to Personal Needs score)



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Glendon Wood	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	K814X	0.0%
Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	K814X	0.0%	

Glendon Wood considers that this data is as described.

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

Glendon Hospital has significantly enhanced the quality of its healthcare services by focusing on VTE (venous thromboembolism) prevention. One of the key initiatives in this effort has been the undertaking of VTE audits.

A crucial area of improvement identified through these audits has been the pre-operative assessment of VTE risk by Consultants. Initially, it was found that these assessments were not consistently thorough, potentially leaving patients at risk. However, over the past year, there has been a substantial improvement in the rate and quality of these assessments.

As a result of this, Glendon Hospital has seen a significant improvement in the pre-operative VTE assessment rates by Consultants, significantly enhancing patient safety and care quality.

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Glendon Wood	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2021/22	K814X	0.0
2021/22	Several	0	RPY	54.0	Eng	16.0	2022/23	K814X	0.0	

Glendon Wood Hospital considers that this data is as described
Benchmarking Data as published up to 2021/22 as at 14/04/23 No data published since 21/22

Glendon Wood have had no cases of Clostridium Difficile. Infection prevention programs are designed to enhance performance and practice. The Ramsay organisation, which includes Glendon Wood Hospital, employs a network of specialist nurses and infection control link nurses to promote good networking and best clinical practices. At Glendon Wood Hospital, a

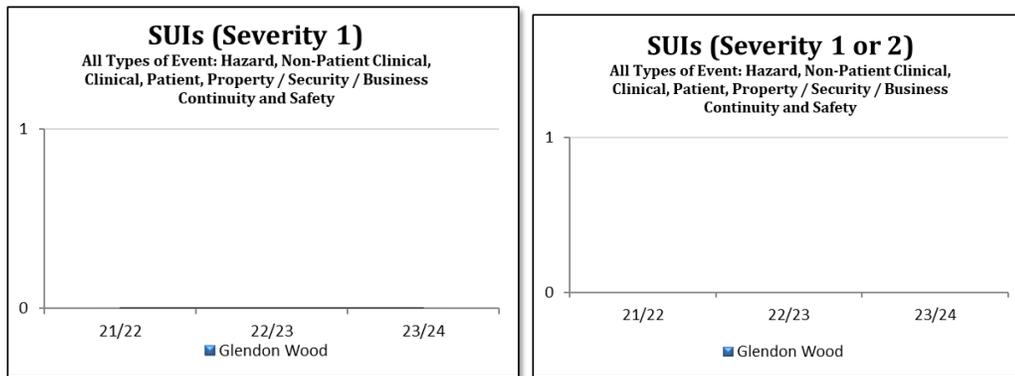
Specialist Infection Control Nurse and Infection Control link nurses in all clinical areas ensure that IPC management remains a high priority. To maintain this zero-infection rate, Glendon Wood Hospital upholds high standards of IPC practice, follows national and corporate guidance on IPC standards, conducts regular audits, and adheres to established processes. This diligent approach ensures the consistent monitoring and quality of its services, with the ongoing objective of maintaining a zero rate of Clostridium Difficile infections.

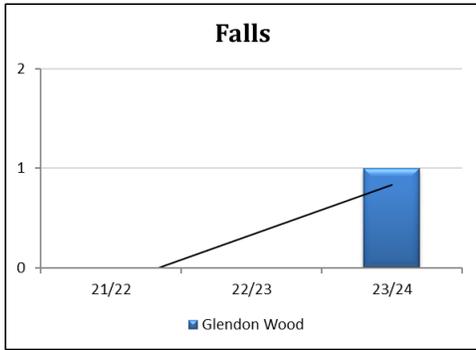
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Glendon Wood	
	Oct19 - Mar20	Severl	0.00	Severl	0.50	Eng	0.20	2021/22	K814X	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	K814X	0.00
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	K814X	0.00

Glendon Wood 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.

At Glendon Wood, we are committed to continuously improving patient safety and care quality. Following an incident, we adhere to the Patient Safety Incident Response Framework (PSIRF) to ensure a thorough and systematic process. This begins with the immediate reporting and logging of the incident, followed by a preliminary assessment to determine its severity and potential impact. We then investigate to identify root causes, involving relevant staff and, where appropriate, patients or their families. Lessons learned from these investigations are documented and shared across the hospital to prevent recurrence. Action plans are developed and implemented. This structured approach under PSIRF not only helps us to address individual incidents effectively but also fosters a culture of safety and continuous improvement throughout Glendon Wood.

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 RADAR system reports incidents directly to the Corporate Risk Management Team allowing the identification of trends at Glendon Hospital and throughout the Ramsay organisation. All incidents are reported through the Clinical Governance Committees structure.

Glendon Wood Hospital undertake monthly Clinical Governance meetings 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	Glendon Wood	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	K814X	N/A
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	K814X	N/A
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	K814X	100.0%

Thinking about your recent experience at [Hospital Name]...Overall, how was your experience of our service?

Response Count: 973

Date Range: 01/06/2023-31/05/2024

Filter set one: _Preset Hospital: Glendon Wood Hospital



Powered by **Glendon**

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 Glendon Hospital continues to perform above the national average. All patients are encouraged to complete the friends and family forms. Glendon Wood Hospital have also utilised specific QR codes to facilitate electronic collections.

Glendon Wood 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 these are discussed at monthly Clinical Governance Committee meetings.
- As part of our commitment to transparency and accountability, we have introduced "You Said, We Did" posters to showcase the changes made based on patient suggestions. This initiative has fostered a culture of continuous improvement and has significantly enhanced patient satisfaction.



3.2 Patient safety

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

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

3.2.1 Infection prevention and control

Glendon Wood 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.

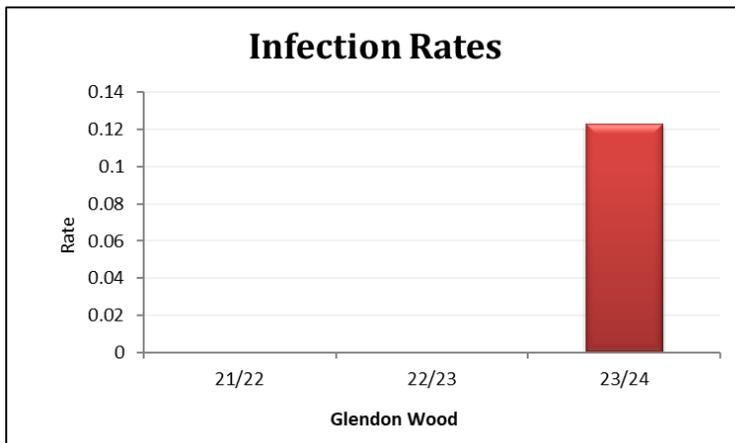
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and spinal operations and these are also monitored.

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:

- 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 National Infection Prevention and Control Lead.
- Discussion of infection activity at the Infection Prevention and 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 and 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.



3.2.2 Cleanliness and hospital hygiene

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

Up until 31st March 2024, no PLACE audit has been conducted at Glendon Wood Hospital, as we have only recently opened. However, we are currently in the process of organising our first-PLACE audit for this year. This forthcoming assessment will help us ensure that our facilities meet the highest standards of cleanliness, safety, and patient care, reflecting our commitment to providing an optimal environment for our patients and staff.

3.2.3 Safety in the workplace

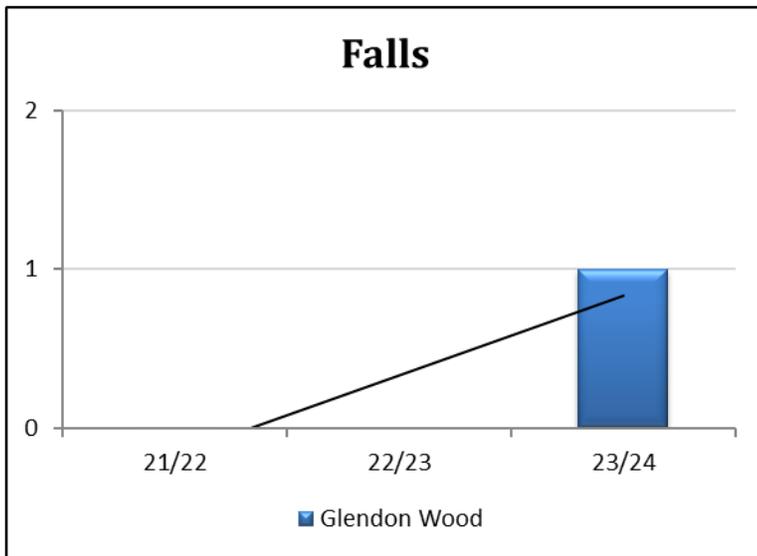
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

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

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

- Medical Gases mandatory training
- Speaking up for Safety Campaign for all staff on induction and annual refresher training.

Absolute numbers:



One patient fall noted as shown on the graph above. This data demonstrates Glendon Wood Hospitals commitment to patient safety and highlights the effectiveness of our fall prevention strategies, for patients undergoing elective surgeries. The continuous decline in fall incidents reflects positively on the hospital's quality improvement efforts.

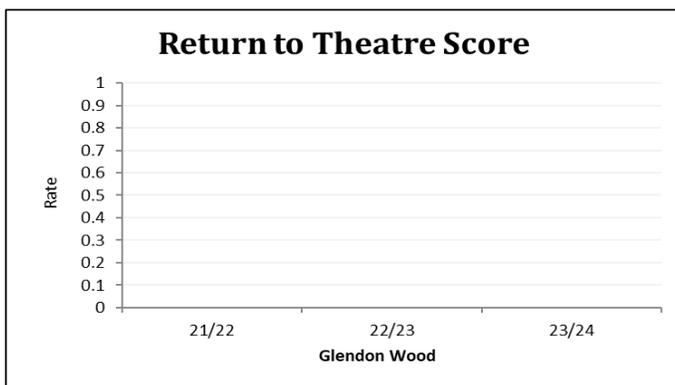
- Patient Risk Assessments: Comprehensive risk assessments are conducted for each patient to identify those at higher risk of falls, allowing for targeted interventions.
- Patient Information Leaflets: Informative leaflets are provided to patients and their families, educating them on fall prevention strategies and safety measures.

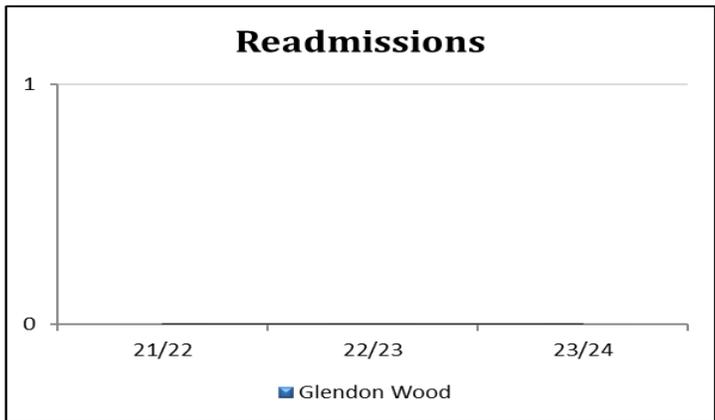
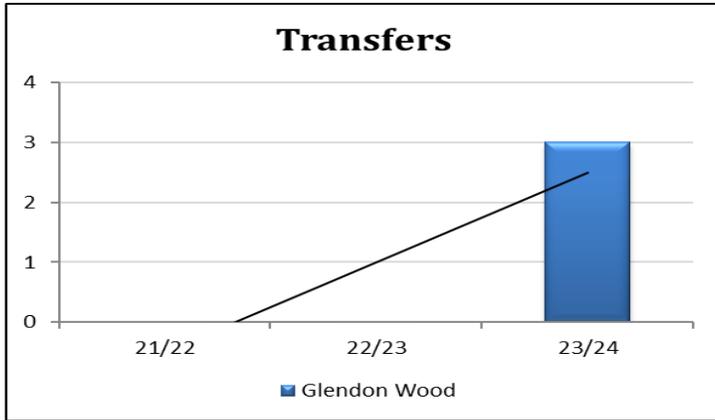
3.3 Clinical effectiveness

Glendon Wood 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. 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.





Glendon Wood Hospital is pleased to report exceptional patient outcomes, with no patients requiring a return to theatre or reoperation, and no readmissions. Additionally, only three patients required a transfer to the local trust for further ongoing monitoring or management, and no harm came to these patients. These results underscore the effectiveness and quality of our surgical procedures, as well as the comprehensive care provided by our dedicated medical team.

3.3.2 Learning from Deaths

There have been no unexpected deaths at Glendon 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

Speaking Up
for Safety



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

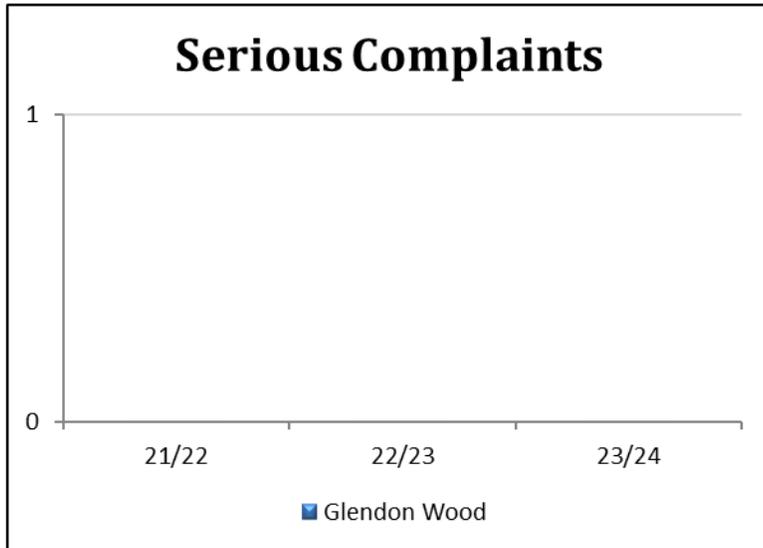
At Glendon Hospital, we prioritise the safety and well-being of our patients and staff. To support this commitment, we have a designated Speaking Up for Safety Trainer who ensures all new staff members receive comprehensive training during their induction. Additionally, we provide annual refresher courses to reinforce the importance of maintaining a safe and supportive environment. This ongoing training is part of our dedication to fostering a culture of safety and open communication within our hospital.

3.4 Patient experience

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

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

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



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

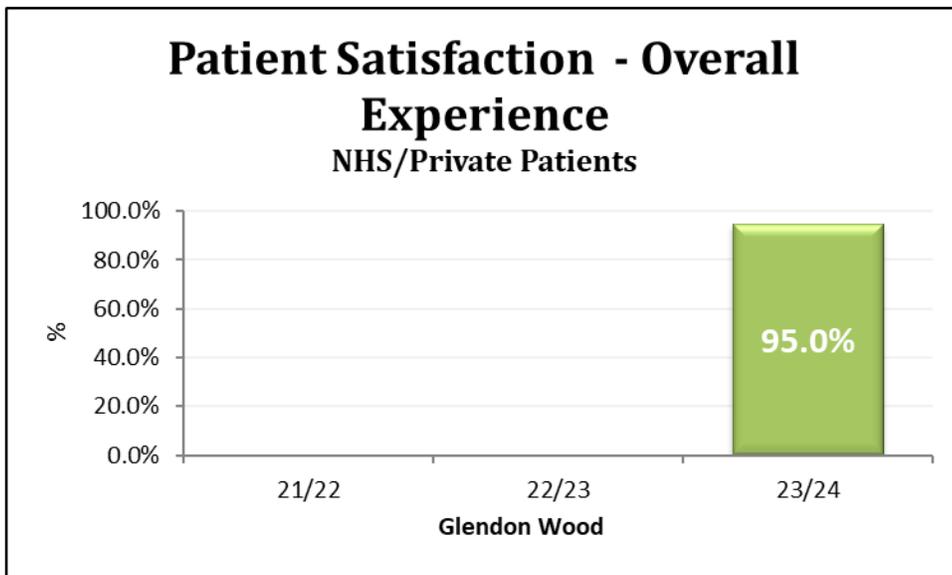
Feedback regarding the patient's experience is encouraged in various ways via:

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



3.5 Glendon Wood Case Study

Case Study: Enhancing Post-Discharge Communication on Medication Side Effects at Glendon Wood Hospital

									
Medication	Break	Lun	Dinn	Bedtin	Duration	Possible Side effects	Medication us	Additional information	Example
Aspirin 75mg					___ days	Stomach discomfort, indigestion, bruising*	Blood-thinner for blood clot prevention after surgery	Complete the whole course	
Codeine 30mg	ONE or TWO	ONE or TWO	ONE or TWO	ONE or TWO	When required	Constipation, dizziness, drowsiness, dry mouth, nausea, vomiting *	Strong pain killer	Try to reduce strong pain killers over the course of the week after your operation	
Paracetamol 500mg	TWO	TWO	TWO	TWO	Use regularly	Uncommon	Pain killer	Maximum of 8 tablets in 24 hours. Do not use other products containing paracetamol.	
<p><i>*List not exhaustive- a few common side effects mentioned. Check patient information leaflet for full list.</i> Please contact the Pharmacy team on 01536 536864 if you need any further support or advice</p>									

Background

Effective communication regarding medication side effects is crucial for patient safety and satisfaction. At Glendon Wood Hospital, post-discharge patient feedback highlighted a significant gap in this area. Patients reported feeling uncertain about potential side effects of their medications. In response to this feedback, our Pharmacy team developed a medications spreadsheet aimed at improving the clarity and accessibility of medication information provided to patients upon discharge.

Initiative Description

To address the identified communication gap, the Pharmacy team created a comprehensive, user-friendly spreadsheet detailing commonly used medications and their potential side effects. The key features of this initiative include:

Comprehensive Medication List: The spreadsheet includes a wide range of commonly prescribed medications, ensuring coverage for the majority of patients.

Customisable Instructions: Staff can easily filter the spreadsheet by medication name to generate customised information sheets for each patient. This allows for personalised and relevant information to be provided without overwhelming patients with unnecessary details.

Clear and Concise Information: The information sheets are designed to be easily understandable, featuring simple language and a straightforward layout. This ensures that patients of all literacy levels can comprehend the potential side effects and necessary actions if they occur.

Ease of Access for Staff: The spreadsheet is stored on a shared drive accessible to all healthcare providers involved in patient discharge processes. Training sessions were conducted to ensure that all relevant staff are proficient in using this tool.

Implementation Process

The implementation of this initiative involved several key steps:

Development of the Spreadsheet: Pharmacists and healthcare providers collaborated to compile a list of commonly prescribed medications and their side effects. Each entry was reviewed for accuracy and clarity.

Training for Staff: All healthcare providers involved in patient discharge received training on how to access, filter, and print the customised information sheets. This training emphasized the importance of clear communication and how to effectively use the new tool.

The introduction of the customised medication information sheets has had a positive impact on patient satisfaction and safety. These include:

Increased Patient Satisfaction: Post-implementation discussions with patients has indicated a significant increase in patient satisfaction regarding medication information received upon discharge. Patients have expressed appreciation for the clarity and relevance of the information provided.

Reduction in Medication-Related Issues: There has been a noticeable decrease in post-discharge patient enquiries related to medication side effects, suggesting that patients are better informed and more confident in managing their medications.

Positive Staff Feedback: Staff have reported that the tool is easy to use and has streamlined the discharge process. The ability to quickly generate customised information has also reduced the time spent on patient education.

The development and implementation of a comprehensive spreadsheet for medication side effects at Glendon Wood Hospital has significantly improved post-discharge communication. This initiative not only addresses a critical patient need but also enhances overall patient care and safety.

Appendix 1

Services covered by this quality account.

Services Provided – Glendon Wood Hospital

Ear Nose Throat (outpatients), Gastroenterology, General Surgery (day case) Ophthalmology, Orthopaedic (day case), Pain Management, Podiatry, Physiotherapy, Urology

Appendix 2 – Clinical Audit Programme 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Ramsay Health Care UK - Clinical Audit Programme v16.3 2023-2024 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end	

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end	
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February	
Sharps	IPC	Whole Hospital	August, December, April	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end	

50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October	
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end	
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline	
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February	
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April	
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June	

NatSSIPs Swab Count	Theatres	Theatres	July/August	End of August	
			January/February	End of February	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October	End of October	
			March/April	End of April	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December	End of December	
			May/June	End of June	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required	
Complaints	SLT	Whole Hospital	November	Month end	
Duty of Candour	SLT	Whole Hospital	January	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end	
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline	

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October	
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April	

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August November/December (if req) March/April	End of August No December deadline End of April	
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end	
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end	
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end	

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end	
No Report Required	Radiology	Radiology	August, February	Month end	
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April	
Paediatric Services	Paediatric	Paediatric	July, January	Month end	
Paediatric Outpatients	Paediatric	Paediatric	September	Month end	
Paediatric Radiology	Paediatric	Paediatric	October	Month end	

Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end	
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end	
Prescribing	Pharmacy	Pharmacy	October, April	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end	
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end	
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October	

Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December	
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December	
Safeguarding	SLT	Whole Hospital	July	Month end	
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end	
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline	
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end	
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January	
Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

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
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
K814X	Code for Glendon Wood Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Glendon Wood 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

01536 212141

Hospital website

www.glendonwoodhospital.co.uk

Glendon Wood Hospital
Glendon Lodge Farm
Glendon
Kettering
NN141QF