

Woodthorpe Hospital

Quality Account 2023/24



Ramsay
Health Care

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

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

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

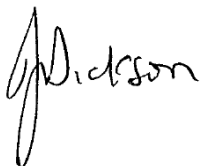
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this did not provide enough in-depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

PART 1 – Statement on Quality

1.1 Statement from the Hospital Director

Mr Paul Scott, Hospital Director

Woodthorpe Hospital

Woodthorpe Hospital has a strong history of providing quality care to the Nottingham and Midlands areas, for both privately and NHS patients and as such the entire team pride themselves with providing high quality healthcare to all the patients we serve. The team work to ensure the quality of care underpins every decision made by every member of staff every day with the drive to getting it right first time every time.

Ramsay's "People Caring for People" is at the heart of all we do and is at the core of Woodthorpe Hospital success. Our consultants and hospital teams work hand in hand to provide high quality collaborative individual care to those patients visiting the Woodthorpe Hospital. As a learning organization, we develop and enhance the partnerships we have to promote innovation, research and evidence-based care.

Safety and Governance are also a key focus at the hospital; and we work in partnership across the healthcare sector to ensure we provide a seamless service for the communities we care for. To achieve this, we maintain strong communication channels with our NHS colleagues, regulators, independent providers and patients.

Woodthorpe Hospital has a strong focus on patient outcomes and as such, we benchmark locally and nationally against key metrics to ensure our services remain safe and patient focused. Working with our patients and visitors to listen to their views and experiences is important to us to shape and improve the services we deliver. We are currently rated as Care Quality Commission (CQC) "Good", with our aim to always ensure this is our minimum standard.

Over the next 12 months, our aim is to continue to focus on the quality of care we provide, to continue to attract, retain, support and train our staff through effective and engaging leadership and to be recognized as a care hospital and hospital of choice for our patients.



Paul Scott

CMgr MCMI, MBA, BSc

Ramsay Health Care UK - Hospital Director

1.2 Hospital Accountability Statement

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

Mr Paul Scott

Hospital Director

Woodthorpe Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

- **Paul Scott, Hospital Director**
- **Alix Collins, Head of Clinical Services**
- **Woodthorpe Hospital Clinical Governance Committee**
- **Dr Amar Alwitary Medical Advisory Committee (MAC) Chair**
- **Dr Ndu Okonkwo Clinical Governance Medical Lead**
- **Nottingham & Nottinghamshire Integrated Care Board (ICB)**

Welcome to Woodthorpe Hospital

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

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

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

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

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

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

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

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

- free on-site parking facilities and access to public transport nearby,
- an x-ray department, mobile MRI and CT scanner, allowing our consultant radiologists to provide expertise in a wide variety of medical fields,
- 10 consulting rooms,

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

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

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

GP Partnerships

The Business Relationship Manager at Woodthorpe Hospital maintains and establishes close partnerships with Nottinghamshire and the surrounding areas GP surgeries, providing information, training and liaison in order to monitor the local needs and requirements.

GP surgeries are contacted and visited on a regular basis, sent regular newsletters, updates and information packs containing useful information about the hospital and the referral process, including acceptance criteria. GP practices and other local services are also invited to visit and spend the day at the hospital, so they can appreciate first-hand the services and facilities that are offered.

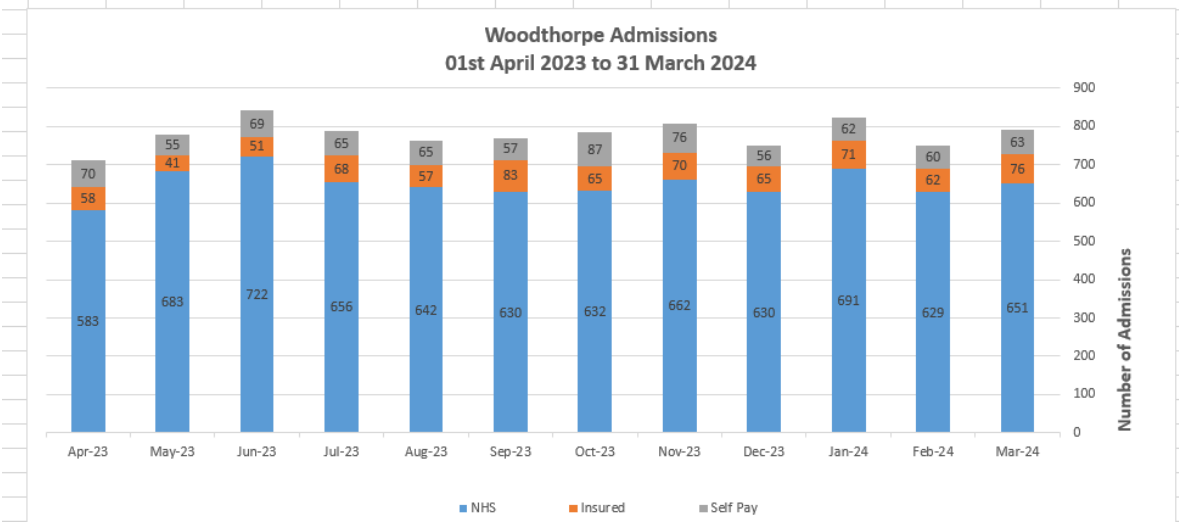
A thematic focused programme of educational visits during practice learning times is also organised by Woodthorpe Hospital, complemented by GP Educational events hosted at the hospital and other local venues. Examples of those include:

- GP talk for Latham House Medical Centre on "When is a haemorrhoid not a haemorrhoid" – in collaboration with Woodlands Hospital (March 2024),
- Optometrist Talk (by Mr Alwitry) on "OCT Assessment and Analysis" (March 2024).

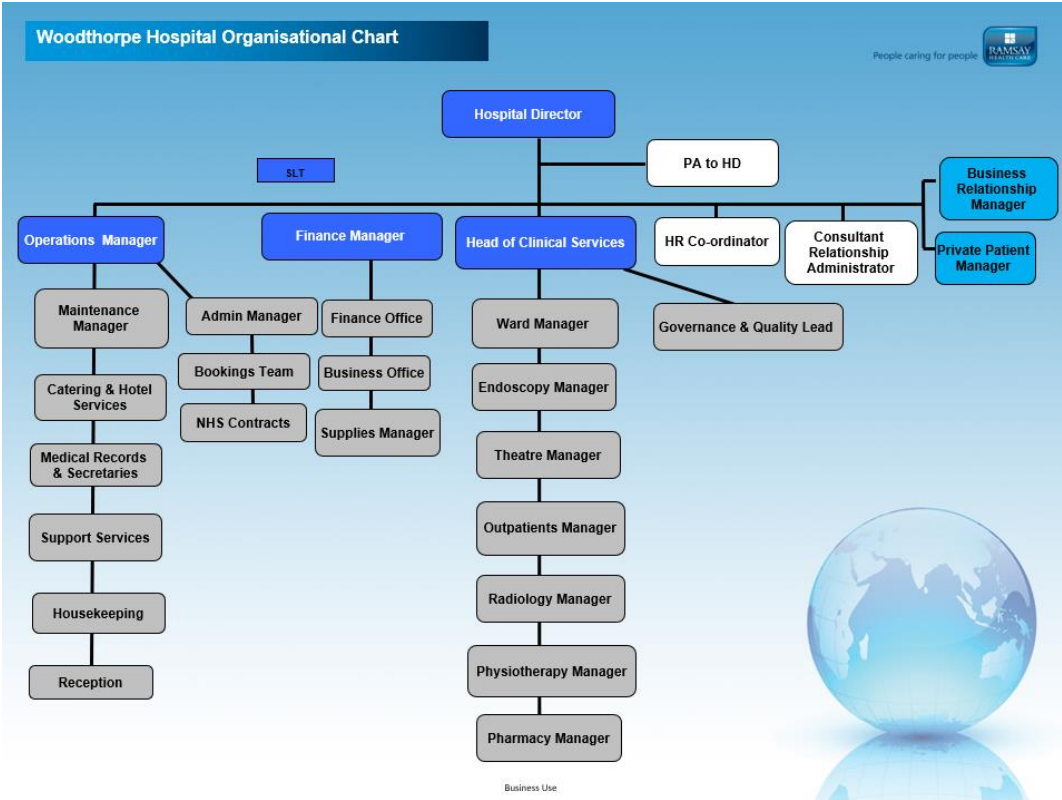
Involvement in the local community is further supported by outside activities including hosting public open evenings for various clinical specialities when a need is identified.

In 2023/24 (1 April 2023 to 31 March 2024), Woodthorpe Hospital has managed 9363 patients' admissions:

- Self-Pay: 785 patients (8.5%)
- Insured: 767 patients (8%)
- NHS: 7811 patients (83.5%)



By the end of March 2024, Woodthorpe Hospital employed 195 permanent staff and 73 bank staff. The Organisational Structure is as follows:



PART 2 – Quality Priorities

2.1 Priorities for improvement

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

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

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

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

2.1.1 A review of clinical priorities 2023/24 (looking back)

Digital transformation of health and social care has been a top priority for the Department of Health and Social Care (DHSC) and NHS England (NHSE). Subsequently, new technologies and systems have been integrated into clinical care.

Ramsay has implemented MAXIMS an electronic patient record (EPR), which has seen a number of modifications and upgrades over the last 12 months in response to users' feedback, continued developments in technology; and ensure it is robust in practice as well as contributing to our strategy of 'green' and promoting a 'paper light' culture at the hospital.

Ramsay has also introduced a new electronic incident management database 'RADAR' in November 2023, replacing the previous system, which was no longer fit for purpose. RADAR also permits complaints, compliments, Risk Register and Clinical Alert system (CAS) management within the same system. Training has been provided to all staff to ensure the effective embedment of this new tool.

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

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

Speaking Up For Safety (SUFS)

The Ramsay tool was launched in 2018 and encourages all staff to communicate their concerns when unintended harm to a patient, visitor or staff member may be about to occur, allowing the hospital to build a culture of safety, by empowering staff to support each other and raise concerns. The programme supports the hospital to overcome established behaviours that can lead to poor patient outcomes, by leading to a cultural change from within, normalising collegiate two-way communication to prevent unintended patient harm.

This applies to all staff from the most senior to the most junior, who develop the skills and insights to respectfully raise issues with colleagues when they are concerned about a patient's safety.

Alongside the compliance training provided for all staff on induction, we aimed to normalise the use of SUFS amongst all staff, and identified incidents where SUFS has been applied, sharing them with our team's following discussion within our clinical governance committee meetings. Ongoing discussions surrounding SUFS

have successfully helped to empower staff to utilise its principles within day-to-day practice by using the SUF programme, supported by our local SUFs guardians.

As an example of Ramsay's involvement in this programme in 2023/24, and in response to areas of highlighted concerns within the media, Ramsay ensured that robust service level agreements were in place to support the hospital with microbiology services, transfer of patients from the hospital via ambulance to adequate higher facility care where a need arisen; and importantly, had a mechanism by which our staff could speak up if they had a concern for patient safety through our safety Code.

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

Pre-Assessment Triage: Ramsay UK EVOLVE Project

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

The aim was to create an efficient and effective pre-assessment to ensure that patients are optimised for surgery and reduce cancellations on the day of surgery and patients' length of stay. Ramsay process outlined the patient pathway from referral into the hospital to appropriate pre-assessment following patient triage by a registered nurse. The pathway aimed to enhance the patients' experience, by reducing the need to return to the hospital several times for assessments and tests.

Woodthorpe Hospital has a dedicated pre-assessment team to facilitate this pathway and the focus has been on the effective implementation of the standard process and pathway to reduce on the day cancellations and increase efficiency and optimisation of the utilisation of clinics.

Following the assessment of effectiveness of this project, further improvements in the process have been identified and agreed, which will be implemented in 2024/25.

Patient Safety Incident Response Framework (PSIRF)

PSIRF is a national initiative, mandated by NHS(E) which commenced in November 2023 and utilises a specific systemic approach with a particular focus on the development and maintenance of an effective patient safety incident response system; with the aim to lead to more compassionate engagement and involvement for those affected by patient safety incidents and give staff space for reflection.

As an independent organisation that provides NHS funded secondary care, this framework is applicable to Woodthorpe Hospital, with the principles to also be applied to our privately funded patients to ensure patient engagement is a priority when incidents occur, and learnings are widely shared.

It replaced the previous ‘Serious Incident Framework’ (2015); and represented a significant shift in the way Woodthorpe Hospital responded to patient safety incidents, and supported the development and maintenance of an effective patient safety incident response system that integrates four key aims:

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

Woodthorpe Hospital focus was to start the implementation of this framework by embedding the core principles into incident investigations carried out, so the hospital is responsive to incidents that occur, and obtain lessons learned to be widely shared; and this initiative is to remain a focus in 2024/25.

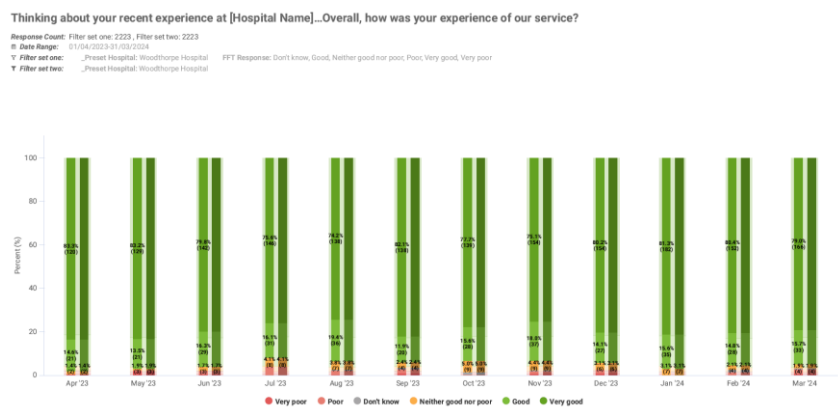
Patient Feedback

Feedback from our patients is extremely important to us and is vital in the continued improvement of our care and service delivery. Woodthorpe Hospital has a few key mechanisms in retrieving patient feedback including:

- the Friends and Family Test (FTT) via the ‘We Value Your Opinion card completion’,
- Complaints and concerns,
- Reputation (Goggle reviews),
- 3rd party unbiased data from patients about their experience and satisfaction with the services they have received is collected via email, within 30 days of their visit to the hospital, by an external organisation called ‘Cemplicity’.

From 1 April 2023 to 31 March 2024, 2196 responses were received through the Cemplicity platform, which represents a return rate of 28% (based on 7811 admissions). Patients’ feedback analysis highlighted the following:

- On average, 94.71% patients rated their experience of Woodthorpe Hospital as ‘good’ or ‘very good’,
- 96.9% of patients reported that they were treated with respect and dignity,
- 95.1% of patients reported that they had a good experience.



Example of positive comments:

- 'Theatre team and after care team were very good',
- 'Everybody is always so friendly and the hospital is very clean',
- 'All the staff very friendly, understanding and efficient',
- 'Can't fault nursing staff and consultant which is more than I can say for some of the behind-the-scenes staff'.

Example of suggested improvements:

- 'I have rung Woodthorpe Hospital several times since my treatment; but the phone goes unanswered and despite leaving messages requesting a call back no one has returned my calls'.
- 'Could have allowed for someone to stay with me'.

In response to some of the feedback, a new telephony system has been implemented since September 2023. Initial monitoring of the system indicates a positive improvement in the telephony service to patients allowing a faster response to their needs and requirements.

We have also updated our visiting policy to be more inclusive; we now allow visitors on our day case unit to support patients through their journey.

Friends and family Test (FFT)

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

In 2023/24, there has been a focussed drive on collection of the FFT data, particularly from outpatients. Results were found to be similar to the ones received through the Cemplicity platform with 94.8% of the patients reporting having had a 'very good/good experience'.

For example, in March 2024 (214 responses via the FFT Survey Monkey):

- 99% of NHS Day case patients reported having had 'very good/good experience',
- 100% of NHS Inpatient reported having had 'very good/good experience',
- 100% of Private patients reported having had a 'very good/good experience'.

Moving to 2024/25, Woodthorpe Hospital will continue to value and promote patients feedback and staff commendations.

Patient Engagement Group

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

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

An initial meeting was held on site on 30 January 2024, with an aim to be organised bi-annually, which was an opportunity to meet with previous patients willingly offered to share their experiences in an open and honest discussion with full transparency; and it allowed an opportunity to provide an update of future developments.

Moving forward, Woodthorpe Hospital is keen for patients, with a range of experiences about the hospital's experiences, to join the group to enable constructive discussions and shape future improvements.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

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

Care Quality Commission (CQC) Inspection

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

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

Woodthorpe Hospital aims to be compliant with this new framework requirements.

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

Speaking Up For Safety (SUFS)

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

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

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

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

Comprehensive Improved Pre-Assessment Triage

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

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

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

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

Effectiveness of this project will be assessed at regular intervals and when further improvements are identified and agreed, they will be implemented in a timely manner.

Patient Safety Incident Response Framework (PSIRF)

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

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

PSIRF four key aims are as follow:

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

Alongside the compliance training provided for all staff during their induction, we aim to continue to normalise the use of PSIRF amongst all staff; and develop a robust patient safety incident response plan strategy.

Audit Programme – ‘Tendable’ audit tool

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

Woodthorpe Hospital remains engaged in improving the quality of patient care by achieving 100% compliance in completing the local audit schedule.

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

The first publication in 2015 was a landmark report for the orthopaedic specialty, highlighting areas of excellence and areas for focus and improvement. The initial

orthopaedic surgery review established the GIRFT methodology and became the pilot for the current programme.

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

Further information can be found here:

https://gettingitrightfirsttime.co.uk/surgical_specialties/orthopaedic-surgery/

Aseptic Non-Touch Technique (ANTT) Accreditation

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

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

Patient Feedback

Woodthorpe Hospital will continue to value and promote patients feedback and staff commendations; and implement actions in response to the feedback.

Patient Participation Group

Woodthorpe Hospital will continue to value and promote staff (internal representations from Outpatients, Ward, Reception and Operations) and patients (external representations from a mixture of Private and NHS patients who received treatment from Woodthorpe in the last 2 years and over a variety of specialities) feedback to allow an opportunity to provide an update of future developments.

2.2 Mandatory Statements relating to the Quality of Services Provided

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

2.2.1 Review of Services

During 2023/24 Woodthorpe Hospital provided and/or subcontracted 2 NHS services (Acute and Diagnostic, Screening and/ or Pathology services).

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

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

Staff Cost % Net revenue	32%
HCA Hours as Total Nursing	29%
Agency Cost as Total Staff Cost	8.1%
Ward Hours PPD	28.3%
Reduction in Staff Turnover from 2022/23 (21.4%)	12.4%
Sickness	5.3%
Lost Time	5.3%
Appraisal (to note: 6.1% of staff unable to have a PDR carried out at the moment due to long term sickness, apprenticeship leave or maternity leave)	90%

Improvement noted in Mandatory Training compliance	98.2%
Improvement noted in Staff Satisfaction Score	83%
Number of Significant Staff Injuries	1

Patient

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

Quality

Workplace Health & Safety Score 'Good'	95.2%
Infection Control Audit Score	96.4%

2.2.2 Participation in Clinical Audit

During 1 April 2023 to 31 March 2024 Woodthorpe Hospital participated in 7 of the national clinical audits, which it was eligible to participate in.

The national clinical audits that Woodthorpe Hospital participated in, and for which data collection was completed during 1 April 2023 to 31 March 2024, are listed below with some examples of submissions:

Clinical Review Programmes	submissions
National Joint Registry (NJR)	100%
Surgical Site Infection Surveillance Service	100%

The reports of all national clinical audits from 1 April 2023 to 31 March 2024 were reviewed by the Clinical Governance Committee; and the following actions have been agreed to improve the quality of healthcare provided at Woodthorpe Hospital:

- 1. Elective Surgery – 3 National Patients Recorded Outcome Measures (PROMs) programme including Cataract, Hip, Knee & shoulder surgery and carpal tunnel:** this data collection has become integrated into our patient experience database Cemplicity and collected electronically via emails. We have a dedicated team overseeing the management of PROMS and are working with them to encourage our patients to participate in the audit. Progress continues to be measured via regular reports produced by our

corporate team. This data is reviewed, discussed with staff so relevant actions can be implemented. PROMs programme has improved both the quantitative and qualitative data making it more robust and meaningful for the hospital to include in its service improvements.

2. **National Joint Registry (NJR):** all data continues to be submitted for joint arthroplasty activity; and received the Gold Award for data completion and quality for 2022/23 (the most recent data period).
3. **Surgical Site Infection Surveillance Service (SSISS):** all feedback from patients and internal reporting database any post operative infections are reported to SSISS. An action plan has been formulated to address areas where practice can be improved and where we have become aware of any infections.
4. **British Spinal Register (BSR):** Woodthorpe Hospital has moved to the newly introduced electronic database Amplitude Enterprise Pro introduced late 2023, with most spinal surgeons having transitioned from the previous BSR to Amplitude by March 2024. There are three main reasons why Ramsay has implemented Amplitude Enterprise Pro and mandated its use for all spinal surgical procedures:
 - It supports Ramsay's clinical governance requirements. The BSR is a consultant-led system, with the clinicians being the data owner. This means Ramsay has little direct control over the data recorded in the BSR or an ability to directly report from it. We rely upon the consultants, or their delegates, to get information about patients' outcomes when treated in Ramsay hospitals,
 - For NHS patients, Ramsay is required to comply with "Best Practice", which includes a requirement for audit data to be submitted to the BSR. The introduction of Amplitude Enterprise Pro will support the submission process, making it easier for all spinal surgery activity data to be recorded in line with national requirements,
 - Contracts with Private Medical Insurers require submission of spinal surgery activity data to the BSR. Implementing Amplitude Enterprise Pro is the best way to ensure compliance to this requirement and to enable the requisite reporting to evidence both compliance and patient outcomes to the insurers.
5. **Joint Advisory Group (JAG):** Woodthorpe Hospital endoscopy service is JAG accredited; and conforms to all data requirements to them and has an endoscopy user group within its governance framework to maintain its full accreditation.

All National clinical audits that Woodthorpe Hospital will be participating in 2024/25 have been reviewed by the local Clinical Governance Committee; and a decision was made to continue to participate to the same National clinical audits as 2023/24 (see above).

Local Audits - Ramsay audit programme TENDABLE

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

improvements in quality clinical care.

The average score across all audits undertaken in this reporting period is 93.01%, which is positive, with actions undertaken and re-audits carried out where necessary, to improve clinical practice.

The reports of 221 clinical audits from 1 April 2023 to 31 March 2024 were reviewed by the Clinical Governance Committee (the clinical audit schedule can be found in Appendix 3); and Woodthorpe Hospital intends to continue to take the following actions to improve the quality of healthcare provided:

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

2.2.3 Participation in Research

There were no patients recruited during 2023/24 period to participate in research approved by a research ethics committee.

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

Woodthorpe Hospital's income from 1 April 2023 to 31 March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the contract is not considered within the scope of the Aligned Payment and Incentives (API) rules.

2.2.5 Statement from the Care Quality Commission (CQC)






Woodthorpe Hospital is required to register with the Care Quality Commission and its current registration status on 31 March 2024 is registered for persons 18 year and over without conditions.

Woodthorpe Hospital has not participated in special reviews or investigations by the Care Quality Commission during 2023/24.

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

Overview

Latest inspection: 23-24 February 2016 and 2 March 2016 Report published: 19 May 2016

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

2.2.6 Statement on Data Quality

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

- Review the process of the Cemplicity patient questionnaire post discharge to identify how the participation rate can be improved, which will allow the hospital to collect more feedback from patients and make improvements to the services we offer our patients,
- Perform quality checks of our medical records and documentation in all departments. We have moved to EPR; and this has helped to ensure contemporaneous notes are maintained and all patient activity is fully recorded and accessible,
- Monthly exception reports are monitored to ensure that there are no omissions in the data we are submitting to our commissioners through Secondary Uses Service (SUS),
- We have a corporately set clinical audit calendar shared as an annual audit plan (Appendix 3). All audit results are discussed at the Medical Advisory, Head of Department, Clinical Governance, and Health and Safety meetings. Results are compared against previous year results. The departments are required to identify any issues that are pertinent and plan the actions required

to improve. We also receive corporate clinical audit updates on a quarterly basis which provides us with quantitative data and comparative results from other regions,

- The “Tendable” Audit tool allows audits to be completed live electronically via an app. This provides visibility and comparability across departments and other sites, with the facility for action plans being automatically generated now in place. We continue to work with departments, improving engagement and prompt completion of audits and their associated action plans.

NHS Number and General Medical Practice Code Validity

Woodthorpe Hospital submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient’s valid NHS number:

- 99.64% for admitted patient care;
- 99.96% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 100% for admitted patient care;
- 100% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 28/06/2024 for 2023/24. The status is ‘Standards Met’.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

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

Hospital Site	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Woodthorpe 2023	98%	95%	100%	98%

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

2.2.7 Stakeholders views on 2023/24 Quality Account

Dr Amar Alwitary Medical Advisory Committee (MAC) Chair

'I think these are a fantastic set of Quality Accounts and deliver a true reflection of the hard work of all of my Colleagues at the Woodthorpe Hospital. We have strong leadership, a strong administration team and strong medical staff all working together to deliver the best possible care. As with all healthcare providers we have faced challenges but have risen to them and addressed them forwarding our overarching goal of delivering safe and effective care for our patients and serving our local communities.'

Nottingham & Nottinghamshire Integrated Care Board (ICB)

No comment provided for this report.

PART 3 - Review of Quality Performance

3.1 Statement of Quality Delivery

Head of Clinical Services (Matron), Alix Collins

Review of quality performance for 2023/24

Woodthorpe has had an exciting and positive 12 months with a new and expanded senior leadership team. The benefits of further transformation within the clinical leadership can be seen across the hospital through enhanced service provision, quality improvements and real positive engagement from the workforce to continually improve our patient journey and outcomes.

Woodthorpe has been pro-active and enthused about engaging with healthcare innovations that prioritise patient outcomes; we have implemented “sip till send” protocols, which challenge the previous thoughts around the nil by mouth status before a procedure is undertaken. Implementing this evidence-based approach to hydration pre-operatively leads to a reduction in post-operative complications.

We have implemented PSIRF (the new Patient Safety Incident Reporting Framework). This has been fully embraced by our teams in how they learn from incidents, facilitating positive reflection and sharing of learning in a much more holistic and meaningful way. It has supported more cohesion between our healthcare professionals in learning together to implement the highest standards of care delivery and prevent harm to our patients. We know that we don't always get it right, but through implementing PSIRF we are engaging more with any patients that have been affected by a safety event. We are therefore more able and focussed on learning from our patients experiences to inform and shape our future practice.

We have invested heavily in the digital capabilities of the hospital to help us to optimise our patients' experiences; we have introduced a new telephony system, a new incident reporting platform, and introduced an online platform for patient feedback for prompt daily review and quick response to any concerns.

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

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

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



Alix Collins

Head of Clinical Services

Woodthorpe Hospital

3.2 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, responsive and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

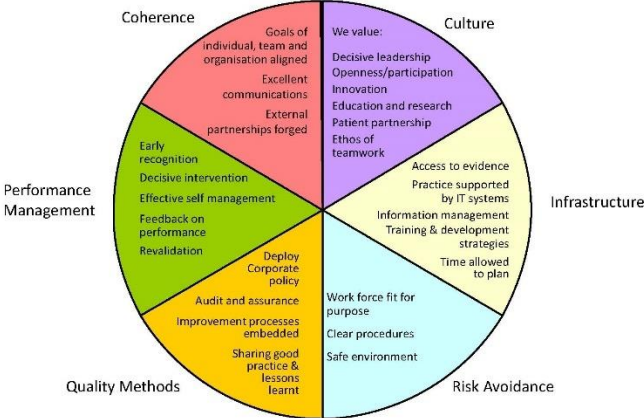
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we

believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance and encouraged to provide ‘an environment in which excellence will flourish.’ The domains of this model are:

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

Ramsay Health Care Clinical Governance Framework



3.2.1 National Guidance

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

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

3.2.2 The Core Quality Account indicators

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.

Mortality

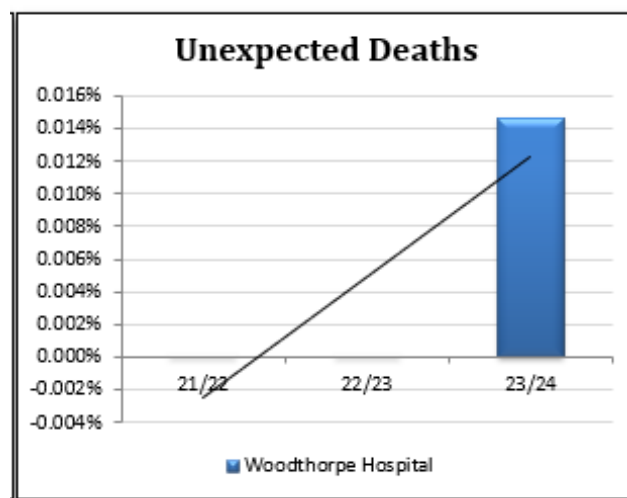
Mortality:	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC40	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC40	0.0000	
Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC40	0.0001	

Woodthorpe Hospital considers that this data is as described for the following reasons: A review of local data shows the mortality rate at 0.0001 in 2023/24.

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

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

Per 100 discharges:



National PROMs hip, knee & shoulder

PROMS: Hips	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC40	20.937
Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC40	21.228	
Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC40	21.448	

PROMS: Knees	Period	Best		Worst		Average		Period	Woodthorpe	
	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC40	16.515
Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC40	16.671	
Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr20 - Mar 21	NVC40	16.958	

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

- Woodthorpe hospital participates in the Department of Health PROMs survey for hip and knee surgery for NHS patients.
- The PROMs questionnaire is a “before and after” assessment of the health gain that patients show following surgery. The figures above demonstrate that the Woodthorpe Hospital, although slightly below the national average, is not an outlier.
- Woodthorpe Hospital with Ramsay UK has made significant improvement to the methodology of collecting PROMS data with the use of electronic and technological advances. This has enabled better quantitative and qualitative data collection and analysis to inform practice.

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

- The hospital will continue to provide patients with information around the importance of completing both the pre and post-operative questionnaire as part of their enhanced recovery to raise awareness, in conjunction with the National Joint Registry requirement.
- Quarterly PROM reports are shared during the clinical governance committee held monthly, and medical advisory committee meetings held quarterly, with health gain scores and capture rates shared with clinical managers and consultants, so full discussion can take place regarding how procedures are undertaken; and recovery managed post-operatively, to identify how care can be optimised, and health gain scores improved.

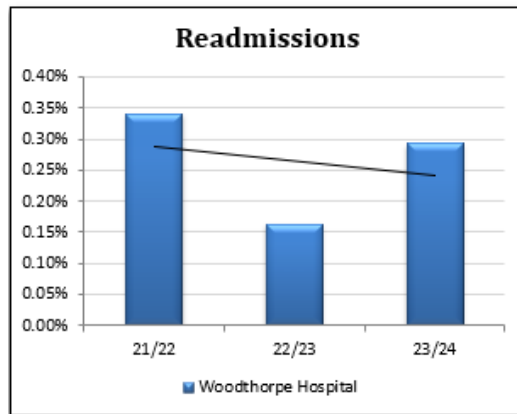
Readmissions within 28 days

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

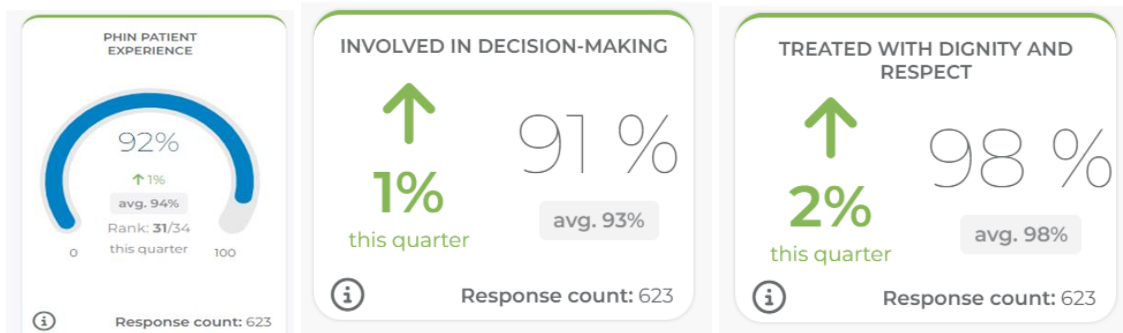
- Ensuring a robust pre-operative assessment allowing an early recognition of individualised needs,
- Ensuring patients are involved in their care pathway, not discharged home too early after treatment, are independently mobilised and that patients and carers are fully informed of individual discharge information,
- Providing patients with information upon discharge that if they require advice or support, they can telephone the hospital in the post-operative period,
- Conducting post-discharge phone calls to follow-up patient progress and answer any questions or concerns the patient may have.

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

Rate per 100 discharges:



Responsiveness to Personal Needs



The Private Healthcare Information Network (PHIN) Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):

Summary of PHIN Patient Experience performance

Export

Filter set one: Hospital: Woodthorpe Hospital



The above demonstrated a breakdown per question and overall responsiveness score taken from Ramsay’s external patient experience survey, period April 2023 - March 2024:

Woodthorpe Hospitals scores slightly below that of the Ramsay National average, at 92% with the lowest scoring questions surrounding discussion on ‘patient fears and worries’ as well as ‘understanding of medications and their side effects’. An improvement in the scoring of ‘involved in decision-making’ and ‘treated with respect and dignity’, respectively 91% and 98% has been noted.

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

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Woodthorpe	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC40	85.1%
Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC40	91.4%	

Woodthorpe Hospital considers that this data is as described for the following reasons: there is both corporate and local emphasis on collection of VTE incidences across the hospital as it is the most common post operative complication.

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

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

Clostridium difficile infection

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

- Participating to the development of an annual strategy for Infection Prevention and Control (IPC) at a corporate level by the group,
- Revising local IPC policies on a regular basis and/or when updated national professional guidance is published,
- Designing Infection and Prevention programmes to bring about improvements in performance and practice,
- Participating to a network of specialist nurses and infection control link nurses operate across the Ramsay Health Care UK organisation to support good networking and best clinical practice,

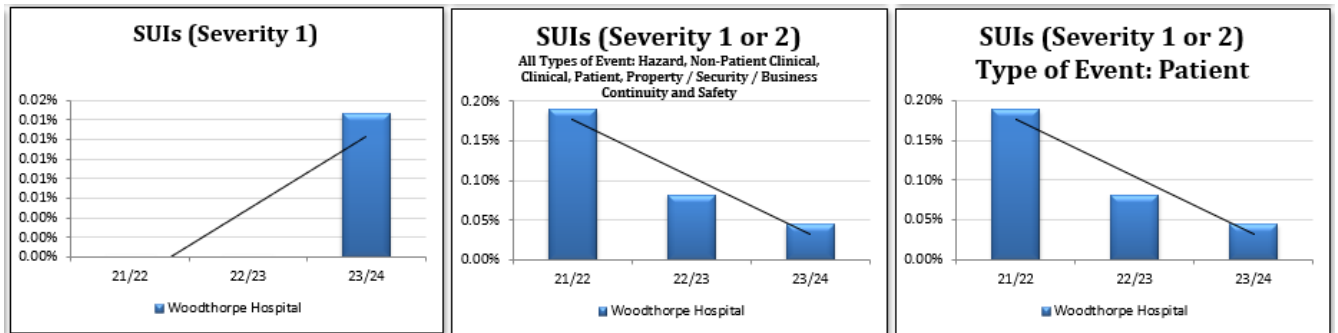
- Employing an IPC Lead and Infection Control link nurses in all clinical areas, ensuring that IPC management remains a high priority throughout the hospital,
- Maintaining high standards of IPC practice to minimise the risk of occurrence of clostridium difficile infections,
- Implementing the correct treatment and nursing intervention for any confirmed or suspected clostridium difficile infections,
- Reporting any incidence of clostridium difficile infections to the appropriate public health bodies, responsible microbiologist, consultants and clinical commissioning groups,
- Following national and corporate guidance on IPC standards, audits and processes.

Patient Safety Incidents with Harm

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

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

Rate per 100 discharges:



FFT

F&F Test:	Period	Best	Worst			Average		Period	Woodthorpe	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC40	99.1%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC40	99.4%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC40	100.0%

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

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

A review of local data shows the FFT at 100% in 2023/24.

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

- Monitoring the FFT survey feedback in all departments,
- Disseminating individual department feedback from the FFT survey,
- Acting on patient feedback and complaints to improve quality in areas where issues may have been identified,
- Analysing the FFT results and identifying trends; acting on comments and suggestions for improvement.

3.3 Patient Safety

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

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

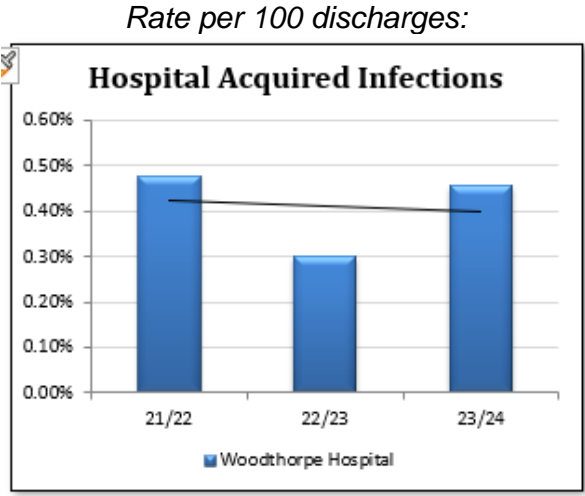
Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.3.1 Infection prevention and control (IPC)

Woodthorpe Hospital has a just over 0.4% rate (per 100 discharges) of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

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

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



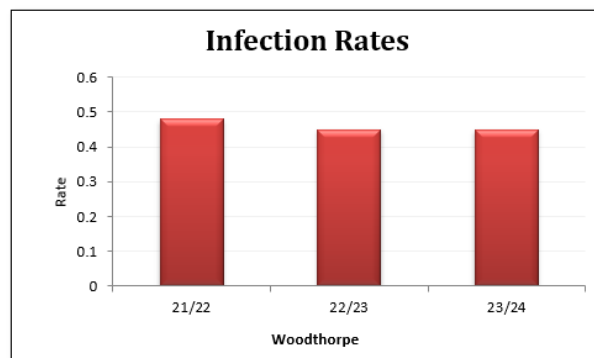
Programmes and activities within the hospital include:

- Bi-monthly infection control meetings with links to Consultant Microbiologist at Nottingham University Hospital NHS Trust. This is a proactive group with representation from all departments to ensure that each part of the patient’s pathway is safeguarded against the risks of infections,
- Hand washing is high on our agenda in addition to regular staff training. Alcohol gel units are readily available around the hospital where they will be visible and accessible to patients to encourage their use. Monthly hand hygiene audits are undertaken by each clinical department with findings shared through a number of committee meetings to identify where improvements can be made,

- Monthly outcomes reports from our infection control committee to the Clinical Governance Committee and quarterly to the Medical Advisory Committee,
- IPC forms part of the monthly clinical audit programme. The different elements of IPC are selected and include sharps, environment, hand washing, surgical site infection and catheter care,
- Thematic review of patients' reported infections to identified trends; and design a plan of actions in response to trends.

Due to the local reporting process for infection notification, all suspected infections contracted within 30 days from surgery that we are made aware of are recorded on our risk system, with our IPC Lead following each incident up with the relevant Trust or GP practice to seek confirmation when relevant. As depicted in the graph below, the local infection rate for hip and knee replacements remains above the national average of <1.0% over the last year; however, it was noted that most reported infections were deemed 'minor' and treated conservatively. Woodthorpe has committed to reviewing this infection status and has pro-actively engaged with all teams across the hospital to develop an action plan that re-address' all practice in line with best practice frameworks and conduct a thematic review to ascertain factors that may be influencing.

A greater focus is therefore been placed on IPC and understanding infections' themes, with significant operational and standard operating practices implemented to reduce the risk of infection.



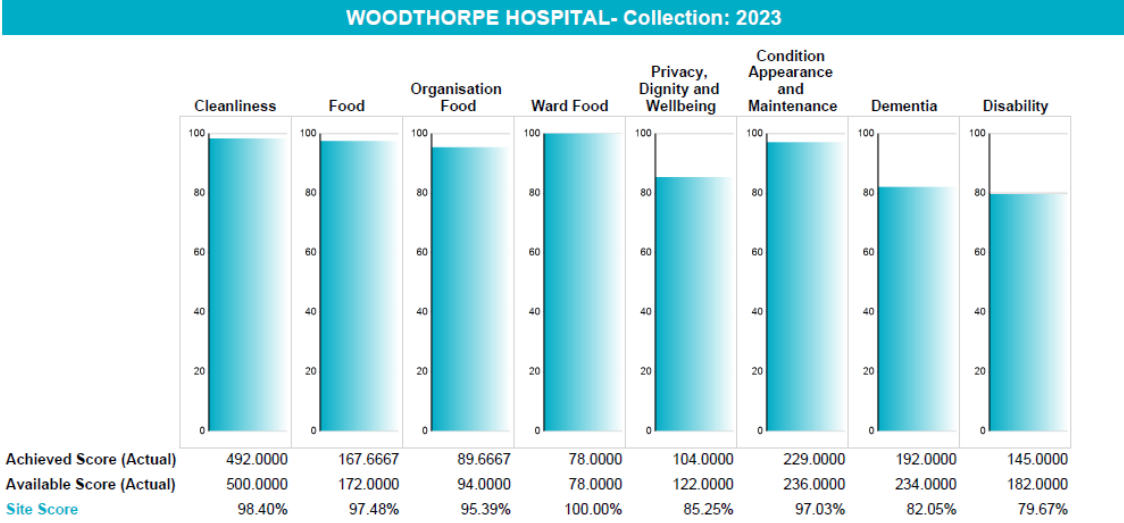
3.2.2 Cleanliness and hospital hygiene

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

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

In 2023, the hospital undertook the PLACE inspection, with a team of former service user, relative and hospital staff. The inspection team provided feedback and raised any issues regarding the findings of the inspection.

The Bar chart below shows the results from the audit carried out in November 2023 at Woodthorpe Hospital, reflecting areas we excelled at, and which areas require improvement.



Copyright © 2023, NHS England

On the next graph, local scores are compared with the rest of the Ramsay sites and the National average:



Copyright © 2023, NHS England

Food

High scores of 97.48% (food), 95.39% (organisational food) and 100% (ward food) were noted.

Dementia and Disability

High scores of 82.05% (dementia) and 79.67% (disability) were noted.

Comments: 'day and date' signage to be displayed in all patients' areas; consideration for alternatives to glass table, which could be a potential hazard for visually impaired patients and signage in the lift to be reviewed (including further braille and tactile/raise surface buttons).

Cleanliness, Condition & Appearance

High scores of 98.40% (cleanliness) and 97.03% (condition, appearance and maintenance) were noted.

Comments: minor recommended maintenance work; installation of a handrail in the x-ray area and further signage in main reception required.

Privacy, Dignity and Wellbeing

A High score of 85.25% (privacy, dignity and wellbeing) was noted.

Comments: acknowledgment that privacy glass are planned.

Overall, cleanliness and food scored highly in the audit, with improved scores in 4 categories inspected; and with the group impressed with the works that had been undertaken since their last visit in the appearance of the hospital, the MRI suite in place on site and the food provided.

3.2.3 Safety in the workplace

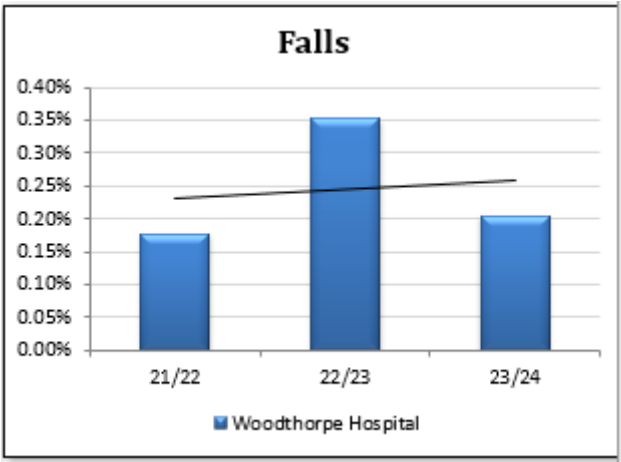
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

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

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

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

Rate per 100 discharges:



3.4 Clinical Effectiveness

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

3.4.1 Return to theatre

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

specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.

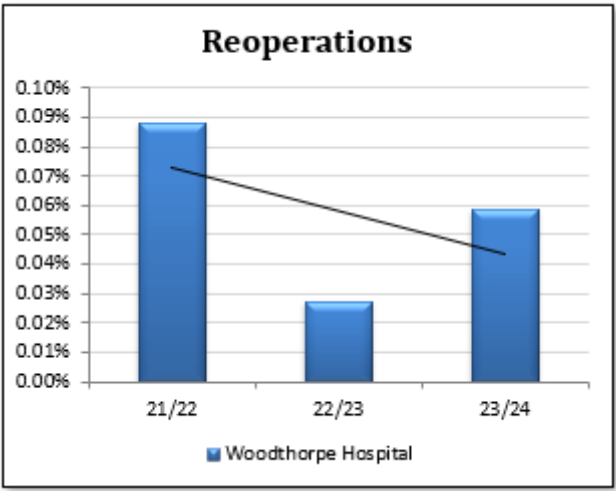
As demonstrated by the graph below, the local returns to theatre rate has slightly increased over the last year showing a <0.06% return to theatre rate, which can be explained by an increase of patients treated locally as well as an increase in the complexity of patients treated over the past 12 months.



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

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

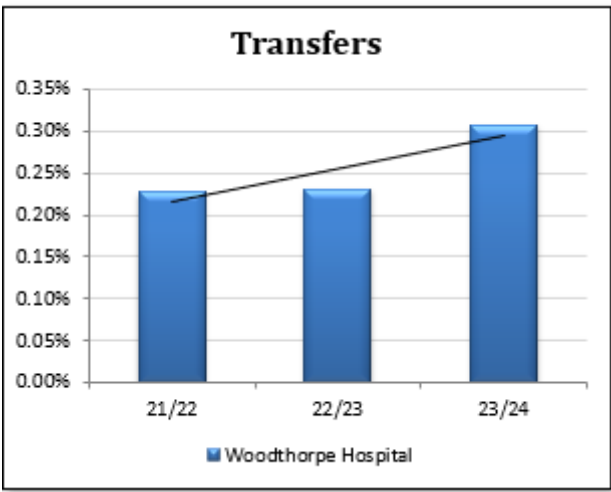
Rate per 100 discharges:



The rate of transfers to another facility for further investigation or treatment following complication of surgery or during recovery has slightly increased over the last year.

Transfers are closely monitored to ensure they are not excessive, and all treatment possible is delivered on site prior to making the decision to transfer.

Rate per 100 discharges:



3.4.2 Learning from Deaths

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

3.4.3 Staff Who Speak up

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

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

working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.

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

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

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

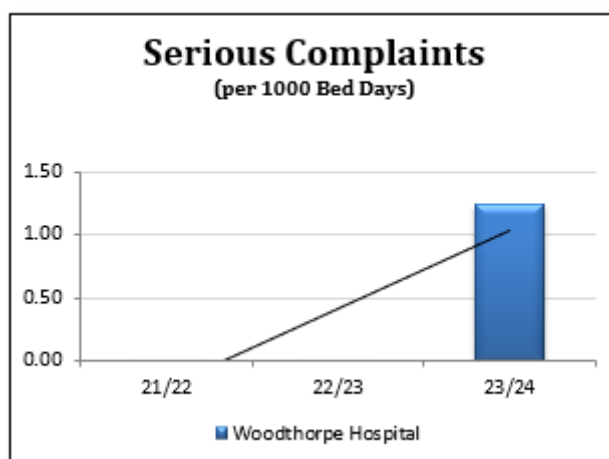
3.5 Patient Experience

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

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

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

Rate per 1000 Bed Days:



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

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

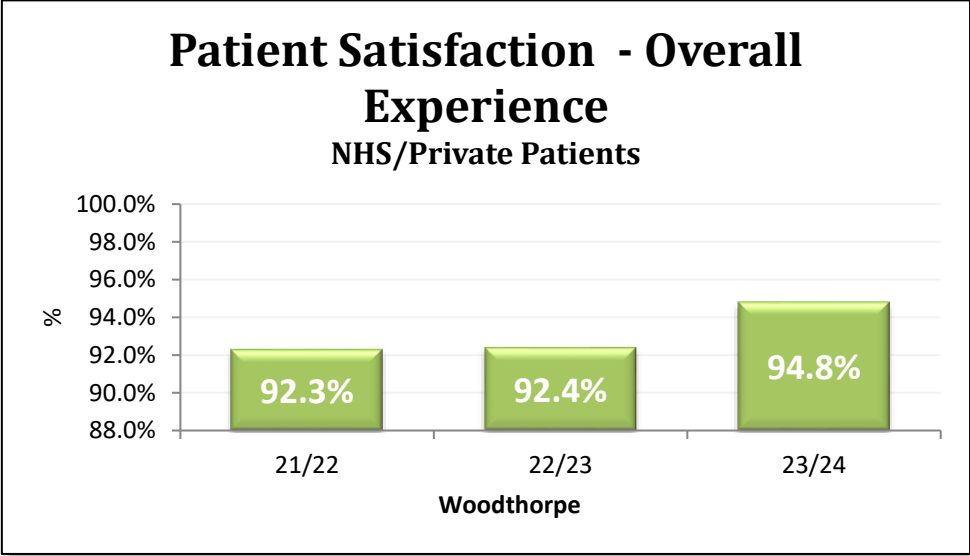
- Continuous patient satisfaction feedback via a web-based invitation,
- Hot alerts received within 48hrs of a patient making a comment on their web survey,
- FFT "We value your opinion" card and QR code,
- Verbal feedback to Woodthorpe Hospital staff - including Consultants, Heads of Clinical Services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

Patient Satisfaction Surveys

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

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

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



3.6 Woodthorpe Hospital Service Improvement

3.6.1 Procedure Packs, Drapes & Gowns project

Aim of the project: Improve service levels especially around clinical support, communication and stock availability; review sustainability element of packs to align with the Ramsay Cares Global Strategy.

Overview of some of the benefits of this project:

Procedure Pack Range review:

- Rationalise the number of packs in our range,
- Allow for reasonable variation and choice,
- Ensure most surgical activity is covered.

Procedure Pack Contents review:

- Standardise contents,
- Reduce wastage,
- Ensure that packs are fit for purpose and clinically acceptable.

3.6.2 'Sip till Send' a quality improvement project

Aim of the project: increase peri-operative patients' satisfaction.

Patients often are nil by mouth for prolonged periods pre-operatively, which is associated with adverse effects including discomfort, anxiety, thirst and nausea. As a result, 6 months ago, Ramsay have introduced a more liberal approach of pre-operative drinking across all their hospitals, with patients encouraged to sip small volumes of water until transfer to the operating theatre ('Sip till Send'). The impact of 'Sip till Send' on patient satisfaction is still to be determined; but early observations indicate a positive response on pre-operative patients' care on the ward by offering reassurance to patients waiting for surgery; and improved post-operative nausea and vomiting (PONV) have been noted. Further measurements of the effectiveness of this initiative are to take place at Woodthorpe Hospital.

3.6.3 Digital and Technology upgrades

During 2023, Woodthorpe Hospital upgraded the telephone system. Teams Telephony was introduced in September 2023 and has had a significant and positive effect on how we communicate with our service users. The new system is bespoke to Woodthorpe Hospital in terms of options available with a direct dedicated line for the main Ward out of hours. This allows a 24-hour service available to all patients, should they need to contact staff post discharge.

Telephone calls can now be monitored, and this has helped us to deploy staff to the busier areas at peak times to ensure our patients can get through to their desired departments effectively.

Since January 2024, our answer rate has improved to 85.2%.

3.6.4 National Care Record Service (NCRS)

Woodthorpe now has access to National Care Record Service. Allowing allocated and authorised staff to access GP records. This access is then monitored by our Information Governance Lead (Operations Manager) to ensure patients data is accessed accordingly and with relevance.

3.6.5 Digital Dictation (TPRO)

TPro was introduced to Woodthorpe Hospital earlier this year. This system allows digital dictation rather than recorded dictation as we previously used. The system has the ability to detect accents and auto functions for a faster production of patient correspondence.

3.6.6 Introduction of Ramsay's Digital Front Door

In mid-2024, Woodthorpe Hospital will be offering all Self Pay patients the option of digital appointments, consultant reviews, lists of conditions seen and pricing via our new Digital Front Door programme. Once this process is successfully embedded the programme will be available for our NHS patients.

Appendix 1 - Services covered by this Quality Account

Regulated Activities –Woodthorpe Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or Injury	Clinical Immunology and Allergy Testing, Clinical Oncology, Community Nursing Beds' Cosmetics, Counselling services, Dermatological lasers, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, General Medicine, Genitourinary medicine, Geriatric Medicine, Gynaecological, Haematology (non clinical), Nephrology, Ophthalmic (inc laser), Orthopaedic including outreach clinics, Orthodontics, Orthoptic, Occupational medicine, Occupational therapy, Pain Management, Psychotherapy, Psychology, Rheumatology, Speech Therapy, Urological, Vascular	All adults 18 yrs and over People with dementia
Surgical Procedures	Colorectal, Cosmetics, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), Endoscopy, Gastrointestinal, General surgery, Genitourinary surgery, Gynaecological, Ophthalmic, , Neuro Surgery, Orthopaedic, Plastic Surgery, Spinal Surgery, Vascular Surgery, Upper GI surgery, Urological	All adults 18 yrs and over excluding: <ul style="list-style-type: none"> • 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 • New pacemaker within the last 6 months • BMI limit of 40 excluding gastric banding and bariatric surgery • History of major post op complications • Alzheimer's Disease <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated
Diagnostic and screening	GI physiology, Imaging services, Exercise ECG, Health screening, , Urinary Screening and Specimen collection.	All adults 18 yrs and over People with dementia

Appendix 2 – Clinical Strategy

Clinical Strategy

Be a significant partner in Nottingham's healthcare community

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

Deliver outstanding care for our patients with sound clinical outcomes

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

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

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

Develop clinically sustainable services

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



Appendix 3 – Clinical Audit Programme 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.

Appendix 4 - Glossary of Abbreviations

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

Woodthorpe Hospital

Ramsay Health Care UK

Hospital phone number

0115 920 9209

Hospital website

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

Hospital address

748 Mansfield Road, Nottingham NG5 3FZ

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

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

Via email: Jennifer.Studholme@ramsayhealth.co.uk

or via phone: 0115 920 9209, extension 280