

Fulwood Hall Hospital

Quality Account
2021/22



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

Fulwood Hall Hospital is part of the Ramsay Health Care Group

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

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

With an unrelenting focus on excellence in clinical quality and delivery of outstanding patient care, Ramsay UK has continued to operate throughout the pandemic with assurance that our processes and clinical approach to protect patients has been, and continues to be, safe and proper. Through strict infection prevention control and COVID secure pathways, Ramsay has treated over 650,000 patients in a safe, clinical environment, allowing access to vitally needed care.

Our company focus on best practice standards through global initiatives such as the Speaking Up for Safety programme ensures we are continually focusing on maintaining a safe, speak up culture in our hospitals. This was recognised in 2021 as Ramsay UK won the Healthcare Outcomes Award at the LaingBuisson Awards, which identified excellence in the delivery of better healthcare outcomes with a focus on ability to demonstrate those outcomes.

Our flexible and collaborative approach with the NHS, providing assistance and support as required, has been a core part of our operational delivery throughout the pandemic. We are proud of our strong partnership with colleagues in NHS Trusts across England, demonstrating the benefits of a joined up, coordinated system working in partnership between all providers to provide real, tangible outputs for the benefit of patients.

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

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



Nick Costa
Chief Executive Officer
Ramsay Health Care UK

Case Studies

Electronic Patient Record

“Good quality records underpin safe, effective, compassionate, high-quality care. They communicate the right information clearly, to the right people, when they need it. They are an essential part of achieving good outcomes for people.”¹

In 2021, Ramsay UK marked an important achievement of implementing a full Electronic Patient Record (EPR) across all 35 hospitals. The successful roll out makes Ramsay the only acute private hospital provider in the UK to operate from a single patient record system across multiple site locations.

Over 11,000 active users now operate from a single system to manage patient information consistently supporting the entire patient journey from referral through to discharge. This accomplishment fulfils the Care Quality Commission regulation for healthcare providers to operate from a single contemporaneous record.

Key functionality of the EPR includes patient admission and discharge information, referral management and triage, scheduling and appointment correspondence, order communications, referral to treatment pathways, real-time bed management and theatre management.

In partnership with IMS MAXIMS, the bespoke system has been designed to be patient-centred to enable the efficient management of information in a consistent, reliable and secure way. Driving efficiencies in the management of the patient pathway and bringing together information in a standardised manner enables robust reporting of outcomes that can be measured and benchmarked in a continuous cycle of clinical and operational improvement

Ramsay has invested over £25m into the project, which has revolutionised the way we operate. It is the first step on the road to digitising our services. We recognise to meet the needs of our patients, referrers, doctors and industry regulators, we must continue to develop, digitise and deliver outstanding care in a person-centred, accurate and quality assured way, utilising suitable technology to enable us to do so. The EPR roll out forms part of Ramsay UK’s i-Care programme strategy, which aims to build an integrated healthcare system to deliver advanced digital health services and facilitate exceptional care.

Buckshaw Hospital

In October 2021, Ramsay Health Care UK hosted the official opening of its brand new, state-of-the-art, day case facility, Buckshaw Hospital, based in Chorley. This is the third day case hospital Ramsay has built and opened within the last two years.

The new hospital has provided additional capacity for both of Ramsay’s already established Fulwood Hospital and Euxton Hall Hospital, building on the excellent reputation of delivering high quality clinical care to patients in the local area. The new facility has further strengthened Ramsay’s ability to offer patients joined up healthcare services in Preston, Chorley and surrounding communities. The hospital offers services including diagnostics, physiotherapy, urology, endoscopy, orthopaedics, gynaecology, ENT and gastroenterology and for private, insured and NHS patients within the local community and further afield.

¹ CQC: [What good looks like for digital records in adult social care](#)

Professor Tim Briggs CBE, National Director of Clinical Quality and Efficiency of NHS England officially opened the hospital, and were joined by representatives from the local referral community. Karen Crockatt, Hospital Director at Buckshaw Hospital said:

“We are delighted to have opened the doors of our new day case hospital, and provide access to high quality healthcare with good outcomes to the local community. Our modern and discreet facility offers patients with access to treatment provided by top class consultants and an experienced team, all delivered in a safe, clean and high quality clinical environment.

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director Mrs Margaret-Ann Worrell, Hospital Director, Fulwood Hall Hospital

Welcome to Fulwood Hall Hospital's Quality Account. I am proud to report that we continue the excellent work with the hospital teams to improve patient satisfaction and clinical quality outcomes.

The hospital's vision is to be the leading healthcare provider where clinical excellence, safety, care and quality are at the heart of everything we do.

The Quality Account outlines our performance over the past year and describes our priorities for the year ahead. I am pleased to report that we have continued to achieve extremely high patient satisfaction scores. By involving and listening to our stakeholders and to our patient feedback, we have been able to identify areas of good practice and also areas to focus on to improve patient care.

Whilst patient and stakeholder feedback is very important, a range of other measures of patient safety and clinical effectiveness are used to provide assurances that treatment is evidence-based and delivered by appropriately qualified/experienced doctors, nurses and other healthcare professionals. Further information on these measures and outcomes are evident throughout the Quality Account.

As Hospital Director of Fulwood Hall Hospital, ensuring the delivery of high standards of clinical care for our patients remains my highest priority. The Quality Account is an accurate representation of our hospital's performance and outlines the ongoing initiatives to continuously improve the quality of services that we provide.

All of the above is supported and driven by our Hospital Strategy, which is summarised below;

Fulwood Hall Strategy 2022/2023 - Evolve



Evolve

M Worrell

Margaret-Ann Worrell

Hospital Director, Fulwood Hall Hospital

Ramsay Healthcare UK

1.2 Hospital Accountability Statement

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

Mrs Margaret-Ann Worrell
Hospital Director
Fulwood Hall Hospital
Ramsay Healthcare UK

This report has been reviewed and approved by:

- Chief Accountable Officer,
NHS Chorley & South Ribble Clinical Commissioning Group
- **Mr Ahsanul Haq**, Consultant Urologist and Medical Advisory
Committee Chair, Fulwood Hall Hospital
- **Mr Jeremy Ward**, Consultant General Surgeon and Clinical
Governance Chair, Fulwood Hall Hospital

Welcome to Fulwood Hall Hospital



Fulwood Hall is a private hospital situated near the M55/M6 motorway link in Fulwood, Preston in Lancashire.

The hospital offers care to patients with private medical insurance, patients who wish to self-pay for their treatments and patients who are transferred through the local NHS trusts.

Fulwood Hall Hospital was opened as a purpose built facility in 1986. Independent patient satisfaction surveys show that 100% of our patients would recommend the hospital to family and friends and due to careful screening and rigorous infection control processes, the hospital continues to have a 0% MRSA incidence.

Hospital Facilities

All bedrooms have TV/radio and telephone with WIFI being available throughout the building. Freshly prepared meals are provided by in-house chefs and served directly to each patient in their room. Visitors are usually free to visit between the hours of 2pm and 4pm and from 6pm until 8pm. Extended visiting hours are usually available for our private patients but this was not possible for 2021 and into early 2022 due to Covid restrictions.

We also have a dedicated day care facility providing individual accommodation for up to 12 patients that are with us for less than a day. Our day care facility has been designed specifically to support patients in their recovery so they can be treated and return home as soon as they are clinically able and confident to leave.

The hospital has 3 continually updated operating theatres with ultra clean, laminar air flow technology. A resident doctor is available on site 24 hours/day, 7 days/week.

Our specialist ophthalmology suite and 9 private consulting rooms are supported by a fully equipped outpatient treatment room for minor procedures. Our pre-operative assessment unit screens and assesses patients prior to surgery.

Modern imaging facilities with ultrasound and mobile MRI and CT scanners are also available along with a physiotherapy and sports therapy department which includes a fully equipped gymnasium

Treatments and Services

Fulwood Hall Hospital provides timely, convenient, effective and high quality treatment for patients of all ages (excluding children below the age of 19), whether medically insured, self-pay or from the NHS. Our full range of high quality services include; outpatient consultation, outpatient procedures, investigations/diagnostics, surgery and follow-up care.

Fulwood Hall Hospital has over 80 Consultants who work through approved Practising Privileges providing a wide range of medical and surgical procedures and services including orthopaedic surgery, neurosurgery, general surgery, ENT, gastroenterology, gynaecology, ophthalmology, vascular surgery, colorectal surgery and urology.

Competitively priced cosmetic surgery is also available from our specialist and highly experienced cosmetic surgeons - all of which hold substantive posts in NHS teaching hospitals.

All patients at Fulwood Hall can be assured that they will only be seen and treated by their chosen operating Consultant throughout their treatment from first consultation to discharge.

Fulwood Hall Hospital is BUPA accredited for gynaecology and colorectal cancer treatments and is one of the leading private providers for services in the North West.

During the last 12 months the hospital has treated 5144 inpatients, 86% of which were treated under the care of the NHS. Fulwood Hall Hospital employs 190 contracted members of staff and 74 members of bank staff.

Free car parking and disabled access is available at Fulwood Hall Hospital.

Nursing and Medical Care

In 1992 the Department of Health issued the Patients Charter in which the requirement for all inpatients to have a designated 'named nurse' was specifically mentioned.

All patients at Fulwood Hall are allocated a 'named nurse' at the beginning of each shift, the role of the named nurse is to provide co-ordinated care, support and

treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care on any specific day.

We are developing specialist support nurses to support the hospital Team and assure patient safety and optimum care delivery at all times.

Infection Prevention and Control Lead

Leading in the delivery of our 2021/22 Infection Prevention and Control Annual Plan, and ensuring all actions are completed throughout the hospital. This evidences our compliance with requirements of the 'Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Commission Standard Outcome 8 - Regulation 12 - Cleanliness and Infection Control'.

Resuscitation Lead

Ensures we meet guidance set by the Resuscitation Council (UK) and we have safe systems, policies, processes and protocols which enable us to care for patients where their condition may deteriorate. This includes (but is not limited to) training (Basic Life Support, Intermediate Life Support, Advanced Life Support, Acute Illness Management, Transfer), audit, equipment review and regular scenarios for staff. Leads in ensuring compliance to internal Resuscitation policy and procedures.

Clinical Training Lead

Shared with the other Ramsay Health Care north west hospitals who develops training programmes and delivers training for the clinical team. There is also bespoke in house training providing following any incidents if lessons learned are identified

Blood Transfusion Lead

Ensures our blood storage, ordering and administration processes are in line with MHRA regulations. Our lead is supported by a Consultant Haematologist who ensures we follow maximum blood ordering schedules. Also leads in ensuring staff are trained on blood products, prescribing, storage, administration and that we have a clear massive haemorrhage policy which is tested with planned scenarios.

Occupational Health Lead

Supports the corporate Occupational Health team at site level. Ensures all staff wellbeing is supported, from up to date vaccinations to monitoring the skin (hands) of identified staff cohorts. Delivers staff education about the importance of flu vaccinations. 82% of our staff received a flu vaccination in 2021 and 99% of contracted staff have had both Covid vaccines.

Care and treatment provided at Fulwood Hall Hospital is Consultant led.

All our Consultants have regular appraisals, are encouraged to submit data to PHIN and specialist services such as Orthopaedic, Neurosurgery and cancer services all use Multi-disciplinary team working to remove the potential for one Consultant to make key decisions in complex cases.

We have a live in onsite doctor in the role of Resident Medical Officer (RMO) who supports the delivery of Consultant instruction. Working alongside the nursing team, they support the provision of round the clock medical support to all our patients.

The hospital has built up excellent working relationships with our local Commissioners, Greater Preston CCG and the local Lancashire Teaching Hospitals NHS Foundation Trust in order to deliver a joint approach to patient care delivery across the patient economy.

Our hospital staff are fully trained in the latest procedures and thus maintain all areas to the highest standards. Any patient who wishes to satisfy themselves on the quality of the hospital and its consultants can be reassured by the Care Quality Commission (CQC) Audits undertaken by the Department of Health which support the hospital's excellent reputation.

Working within the Department of Health guidelines, we screen patients for MRSA, and have a strong focus on patient safety. Cleanliness is vital to minimising infection.

Working with the Local Community

Fulwood Hall Hospital continues to focus on delivering high standards of patient care in a friendly and approachable manner. Working with our partners, which include local GPs, consultants and other specialists, we deliver an individual personal service to patients, tailored to meet their needs.

The GP Liaison Officer's (GPLO) key role is to engage with local healthcare professionals across the Healthcare community to ensure all clinical stakeholders are fully aware of the services available at Fulwood Hall Hospital and that they have access to any information that can assist them when referring into a secondary Care Provider, specifically Fulwood Hall Hospital. The GPLO ensures that by meeting regularly with the referring teams they remain fully aware of new services under development, new consultants, and changes in services etc.

Part of the GP Liaison's role is to coordinate a bespoke educational programme for GP Practices across the local community which are offered on a regular basis, cover a wide range of topics and are relevant to those attending. These would previously have taken place in surgery settings but have now moved to being offered virtually (making access even easier for clinical colleagues to attend) and still completely free of charge.

Fulwood Hall Hospital also works closely with charities within the local community, hosting events in their support. The hospital supported:

- 2016 - Little Teds Baby Beat Appeal - raising £1,788.00
- 2017 - Defying Dementia - raising £2,417.49
- 2018 - North West Blood Bikes - raising £2,159.54
- 2019 - Cedar House Counselling Centre in Preston - raising £1,944.95
- 2020 - Bowland and Pennine Mountain Rescue - raising £1,604.03
- 2020 - Australian Bush fire appeal – raising £500
- 2021 - 'Bowland and Pennine Mountain Rescue'. – raising £2,916
- 2022- Multiple System Atrophy Society

These are all either local charities or charities close to the heart of members of our staff and were decided by a vote through nominations received and discussed through our Staff Engagement Committee.

Part 2

2.1 Quality priorities for 2022/23

Plan for 2022/23

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

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

To meet these aims, our hospital and clinical strategy is driven by our commitment to ensure that quality is at the heart of everything we do. As a leading Independent healthcare provider we aim to continuously improve quality, safety and patient experience.

Our strategy priorities are determined by the hospital's Senior Management Team and our people (Department Heads and their teams) taking into account patient feedback, audit results, national guidance, and the recommendations from various local and national hospital committees which represent all professional and management levels. Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital. At Fulwood Hall the patient experience is at the centre of everything we do within the hospital. We seek to identify what matters to our patients, their relatives and carers so we can enhance the quality of our services.

Our Quality Improvement Programme focuses on the five domains identified by the CQC when monitoring service provision Safe, Effective, Caring, Responsive and Well led. These in turn incorporate Ramsay identified domains: patient experience, patient safety and the clinical effectiveness of care and treatment. Our Quality Account seeks to provide accurate, timely, meaningful and comparable measures to allow our partners to assess our success in delivering our vision.

People are at the centre of how we ensure we operate safely – all united in a common purpose to achieve zero avoidable harm. To support our employees to achieve this goal, we have mandatory systems and processes across Fulwood Hall to protect and care for all of our patients, members and our own people.

Priorities for improvement

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

Fulwood Hall Hospital's Clinical Strategy for 2021/2024 continues to be driven throughout 2021 and into 2022. We committed to ensure that quality is at the core of everything we do. As a leading Independent Healthcare Provider we aimed to continuously improve; quality, safety and patient experience.

The following clinical priorities were planned for 2021/22:

- Patient Safety - Covid related and speak up for safety
- Orthopaedic pathways / GIRFT (best practice) and reducing length of stay
- Developing a more robust governance framework and working together with other Ramsay Health Care hospitals

Patient safety

We continued to focus on patient safety and maintained our commitment to managing our patients safely whilst COVID remained a prominent risk in healthcare.

We completed with regular assurance audits and process reviews. We stopped the use of all multi-occupancy rooms and provided single occupancy accommodation only, into early 2022. We will worked with ever changing pathways and ensure all our teams were updated with all changes timely, and completed screening, risk assessments and consents related to relevant Covid risks on an individual basis. In doing this we were able to best protect both our patients and our workforce.

The Speak up for Safety culture is now fully embedded at Fulwood Hall and forms part of the induction process. We continued to encourage our teams to embrace this process and feel safe and empowered to do so. We ensured it remains part of the theatre and ward daily huddles and forms part of every theatre list huddle, which is when every patient is discussed, and the team are asked if anyone has any concerns

Orthopaedic pathways and GIRFT – getting it right first time and reducing length of stays

Our last CQUIN looked at patient pathways and involvement and one of the surprising outcomes from this was that it led to a reduced length of stay for the patients. Unfortunately as the Covid pandemic and resulting restrictions continued during most of 2021, we remained unable to facilitate face-to-face consultations and pre-operative classes therefore delaying progress with the personalised plans for these patients. We saw unexpected increases in length of stay for our patient cohorts, which we attribute to limited exposure to pre-operative classes, and therefore our move towards day case joint replacement surgery was delayed, as was progress towards recognition as an Orthopaedic Centre of Excellence. In early 2022 we have started to recommence face-to-face consultations and pre-operative classes and expect to see the plans we had for 2021 reinvigorate, and have observed length of stay again begin to safely reduce. We are again now looking at developing a benchmarking tool which will allow us to compare our performance with other Ramsay Health Care sites with the aim to be up near the top with the KPI that are identified to be used.

We continued to use quality outcome data and PROMS to inform patients and our key stakeholders how we are performing, as well as monitoring our length of stays to ensure these meet the needs of our patients, and identify trends that may increase these.

Developing a more robust Governance framework to support Clinical Governance.

We developed our clinical strategy in conjunction with our teams ensuring it that supports what the teams want to achieve and addresses areas for improvement identified by the team. In turn supported the teams motivation in working towards our identified aims, creating a joint sense of purpose in improving quality care delivery for our patients.

We worked closely with our neighbouring hospitals to improve quality and compliance in all areas, and formulated a Quality Plan which we have been working towards, providing a consistent approach. This has helped us to strengthen many areas of governance, providing evidence of actions, improvements and changes.

This Quality Plan (QP) developed for Ramsay North West Hospitals (Euxton Hall, Fulwood Hall, Renacres, Buckshaw, Oaklands) outlined the improvements required to deliver sustained improvements in care and services within each hospital. The quality objectives identified in section 3.0 gave everyone who works in the North West Hospitals a clear sense of where we are heading, what we considered to be important, how we are going to get there and how long it will take.

This Quality Plan was the first step in developing high quality care at each Ramsay North West Hospital, the objectives within this plan is the foundation to enable success of the 3 Year Clinical Strategy, the strategy will then map out the plan to enable each site to achieve 'outstanding' in patient safety, clinical effectiveness and patient experience. We have made some progress in implementing parts of the Quality Plan and continue to use this for the year ahead.

2.1.2 Clinical Priorities for 2022/23 (looking forward)

Welcome to our Quality Account for 2022/23. In this section, we will describe our clinical development plans and ambitions over the next year. We will demonstrate our commitment to providing the highest possible standards of clinical quality, and demonstrate how we seek to listen and respond our patients, staff and partners, and how we will work collaboratively to deliver services that are appropriate to the people who use them.

Our Vision

At Fulwood Hall we seek to make a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We commit to the delivery of individualised person centred care, and ensure our staff are equipped with the appropriate knowledge and skill to enable them to deliver the highest quality safe, effective care that is responsive, caring and well led.

These Five Key domains will direct what we want to achieve in 2022/23:

- Safe.
- Effective.

- Caring.
- Responsive.
- Well led.

Under each domain we will provide clear objectives, which demonstrate our commitment to quality improvement and how we will achieve these objectives. Evidence and best practice will underpin all our objectives.

Having patients and staff (our people) at the heart of everything we do, our strategic objectives and our values will determine our quality vision for the next year.

These objectives will also ensure the delivery of the Ramsay identified areas of;

- Patient Safety,
- Clinical Effectiveness
- Patient Experience.

Under **SAFE:**

Medicines Optimisation: Helping patients to make the most of medicines

We will:

1. Develop effective systems for the safe and secure handling of medicines, medicines procurement, the controlled introduction of new drugs etc. in accordance with current guidance. Led by our pharmacist we will build systems which are audited to ensure safe and secure handling of medicines, any new drug introduction is reviewed by our Ramsay Drugs and Therapeutics Committee and then monitored locally through our Clinical Governance and Medical Advisory Committee.
2. We will hold a Monthly Medicines Management Committee to analyse all incidents, develop actions and improve practices. The committee will review National Patient Safety Alerts (NPSA) and Medicines & Healthcare products Regulatory Agency (MHRA).
3. Every in-patient will have their medicines reconciled within 24 hours of admission in line with NICE Guidelines (NG5 2015) *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.*
4. We will conduct monthly audits which evidence safe, effective administration of medications by the clinical team in line with Nursing Midwifery Council (NMC 2008) *Safe Standards for Medicines Management.*

The audits are:

- Safe and Secure Medicines.
- Controlled Drugs.
- Prescribing / Medicines Management.
- Medicine Reconciliation.
- Medicines Missed Dose.

5. We will promote a **safety culture** around medicines through staff training and education. We will encourage reporting of medicine related incidents through our Riskman reporting system. We have seen an increase in medicines related incidents in 2021/22 this has enabled learning and action from incidents and we will seek to continue this culture of open reporting and learning.
Our pharmacist will complete a monthly 'intervention report' highlighting medicine related errors that were made but did not reach the patient because the pharmacy team intervened prior to dispensing. This report will be fed back to the clinical teams, and discussed with our clinical staff and doctors to ensure learning.
6. We will deliver Medicines Management training to all staff involved in the handling of medication, and assess competency, this will included an annual 'drug test'.

Our training will cover:

IV fluid administration, drug test, self-medication, IV drugs administration, out of drugs, Controlled Drugs, patients own medications management, Medicines Management 'Accountability', Local and Group Polices, VTE (NICE Guidance) self-medication.

Under **EFFECTIVE**

We will:

Offer all nurses and clinical practitioners **Clinical Supervision** which will improve the quality and safety of patient care through staff building on knowledge, skills through reflection and learning.

Essentially, Clinical Supervision at Fulwood Hall will allow a Clinical Practitioner to receive professional supervision in the workplace by a skilled supervisor, be that on a one to one basis with a senior staff member, or a group session with peers.

We will meet the Clinical Supervision requirements by:

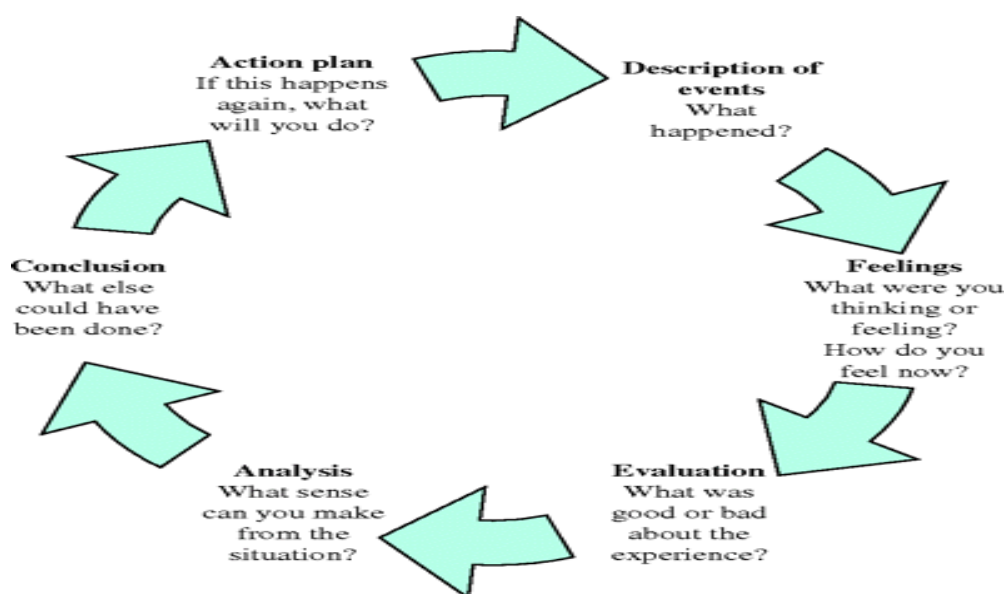
1. Providing training to all staff about what clinical supervision is and the benefits for them and patients.
2. We will deliver training to key clinical staff from all clinical departments (wards, OPD, pre admission, theatre, radiology, physiotherapy and pharmacy) in the facilitation of Clinical Supervision.
3. We will identify a Clinical Supervision Lead for the hospital to support the process and the supervisors.

Below is our plan:

- All staff will be offered clinical supervision on a voluntary basis and led by the supervisee. Whilst Clinical Supervision is not mandatory it supports insightful practitioners so Fulwood Hall will take an obligatory approach.
- Clinical Supervisors from each clinical area will be identified and complete a supervisors training course.
- Clinical Supervisors will meet quarterly as a group to discuss the supervision process and undertake group clinical supervision themselves.
- Clinical Supervision provision will be scheduled in advance to support access and will take place in groups of up to six people.
- A contract will be signed between the supervisor and supervisees at the first session.

- The contents of the supervision will be confidential between the supervisor and supervisees in the group and confidentiality issues must be discussed during the contract setting.
 - The supervisee will keep a record of the session in the form of a reflective diary or portfolio based on Gibbs cycle of reflection.
 - Evidence of the session taking place, date, attendees and general topic of discussion will be recorded in a confidential central Clinical Supervision folder.
 - All staff will reflect on the supervisory process and attendance at their monthly one to ones and annual appraisal.

We will adopt the **Gibbs Reflective Cycle (1988)** to deliver our Clinical Supervision, this model supports reflection and learning.



Under **CARING**

We will:

Strengthen the **Fundamental Care** delivery to our patients.

Meeting patients' fundamental care needs is essential for optimal safety and recovery and positive experiences within any healthcare setting. At Fulwood Hall we value fundamental care as it is these care elements that enhance patients experience and comfort.

To ensure we deliver holistic care, consistently, and with compassion, we will focus on:

Intentional Rounding - At Fulwood Hall we will develop an intentional grounding process where a member of the clinical team visit patients as a minimum every 2 hours to ensure all their personal needs are met.

Our Ward Registered Nurses and Healthcare Assistants will visit patients every two hours to ensure they are:

- Observed and safe.
- Physical and psychological needs are met.
- Personal needs are met (hygiene, elimination).
- Patients are comfortable (position, room temperature).
- Patient possessions are checked (ensure items i.e. drinks, books, tissues, glasses are within reach, that the call bell is working & within reach, mobility aids are appropriate and within reach)
- Patient safety (ensure the bed area is free from clutter, footwear is appropriate and walking routes clear of hazards, bedrails are fitted and working properly if required).

We will provide training to our staff, to ensure they carry out intentional rounding appropriately, and develop a template to support this.

We will identify other key areas to support fundamental care for example:

- Rest and sleep - ensuring nursing care delivery does not disrupt patient rest and sleep and that the environment is peaceful.
- Eating and drinking - we will actively promote 'protected meal times' to ensure patients can focus on their nutritional needs. We have developed a guide for our clinical staff which will ensure key fundamental tasks are completed throughout the day.

Under **RESPONSIVE**

We will:

Develop a process where every patient's discharge is seamless, where patients are fully informed and are part of their **Discharge Planning**. This will begin as part of their pre admission and continue through their journey, be that in-patient or day case.

Fulwood Hall recognises that to facilitate a smooth discharge from care in hospital the discharge plan must be well defined, prepared and agreed with each individual patient and their family / carer. To allow sufficient time for suitable and safe arrangements to be made, discharge planning should begin at pre-admission clinics, with a predicted date of discharge.

We will ensure every patient is discharged from the ward when clinically ready and medically fit, in a controlled, organised and safe manner. Patients and their family/carers will be involved in their discharge planning at every step of their journey.

We will develop a standard for all nurses and clinical practitioners to follow who are involved in patient discharge.

- Elements/details of the standard will include:
 - Timing of discharge
 - Information given
 - Safety
 - Discharge from ward

Our Patient Journey Policy dictates that all our patients are contacted post discharge, within 24-48 hours, to ensure they continue to recover, help answer any further questions that may have arisen and to assess their experience with us. We will embed this practice within the ward daily routine to ensure this is maintained at all times. We will monitor / audit the number of calls we have made compared to number of discharges.

Under **WELL LED**

We will focus on:

Developing and maintaining a Skilled Knowledgeable Workforce. High quality, compassionate care is about people, we want the right staff, with the right skills, in the right place at the right time. At Fulwood Hall we will commit to ensuring we have the staffing capacity and capability required to provide 'outstanding' care to our patients.

We recognise high quality, compassionate care is about people. Fulwood Hall will do all we can to support our staff to provide high quality, compassionate care.

We want the right staff, with the right skills, in the right place at the right time. There is no single ratio or formula that can calculate the answers to such complex questions. With this in mind, Fulwood Hall will ensure there is a staffing establishment which meets the needs of the services provided and patient groups.

We will do this by:

1. Using the NICE Safe Staffing tool to ensure patients dependency is accounted for when making a decision on nurse patient ratio. **NICE Guidelines (SG1): Safe Staffing for Nursing in Adult In-patient Wards in Acute Hospitals (2014).**

Each ward will determine its nursing staff requirements to ensure safe patient care. This guideline will be used and recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment will be applied.

On the day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24 hour period will be completed.

2. Identify specialties where the number of patients are small and develop key staff members who become leads.
3. Specialist / lead nurses in:
 - Infection Prevention.
 - Resuscitation.
 - Pain Management.
 - Wound Management.
 - Blood Transfusion.
 - Diabetes Management

To ensure patient safety and effective delivery of care that is evidenced based we will have key lead nurses focusing on the quality elements that support nursing care.

Examples:

- Our **Infection Prevention Lead** will ensure actions in our 2022/23 Infection Prevention and Control Annual Plan are completed which evidences compliance with requirements of the 'Health and Social Care Act 2008 – Code

of Practice for Health and Adult Social Care on the Prevention and Control of Infections'. Also related guidance and 'Care Quality Commission Standard Outcome 8 – Regulation 12- Cleanliness and Infection Control'. This is a role currently in place, however more focus and development is needed to fulfil to an optimum level.

- Our **Resuscitation lead** will ensure staff training is up to date and meets the requirements set by the UK Resuscitation Council (ALS, ILS, AIMS training) and the resources available to support patients who become unwell are up to date and readily available. Again this is a role currently in place, however more focus and development is needed to fulfil to an optimum level.
- New lead roles in **Pain, Diabetes and Wound Management** will be identified to support the delivery of optimum high quality care to our patient cohort, and support the knowledge and skill development of our clinical staff.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2021/22 Fulwood Hall Hospital provided and/or subcontracted 9 (including 94 subspecialties) NHS services.

Fulwood Hall Hospital has reviewed all the data available to them on the quality of care in all 9 of these NHS services.

- The income generated by the NHS services reviewed in 1 April 2021 to 31st March 2022 represents 77% per cent of the total income generated from the provision of NHS services by Fulwood Hall Hospital for 1 April 2021 to 31st March 2022
- 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 2021/22, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

- Staff Cost % Net Revenue – 31.5%
- HCA Hours as % of Total Nursing – 29.58%
- Agency Cost % Total Staff Cost – 2%
- Ward Hours PPD – 7.17
- Staff Turnover – 17.6%
- Sickness – 7.54%
- Appraisal - 98%
- Mandatory Training - 95%
- Number of Significant Staff Injuries – 0

Patient

- Formal Complaints per 1000 HPD's – 0.068%
- Friends & Family Score – 100%
- Significant Clinical Events per 1000 Admissions – .24%
- Readmission per 1000 Admissions - 1.23

Quality

- Workplace H & Safety Score – 94.1%
- Infection Control Audit Score – 97.6%

2.2.2 Participation in clinical audit

During 1 April 2021 to 31st March 2022 Fulwood Hall Hospital participated in four national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in unfortunately due to Covid.

The national clinical audits and national confidential enquiries that Fulwood Hall Hospital participated in, and for which data collection was completed during 1 April 2021 to 31st March 2022, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR) ^{1, 2}	95.7%
Elective surgery (National PROMs Programme)	Hip & Knee (combined) 91% Shoulder 76% Breast Augmentation 38% Carpal tunnel 65% Cataract 20%
British Spinal Register	80%
Surgical Site Infection Surveillance Service	96% Hips & Knees

The reports of these four national clinical audits from 1st April 2020 to 31st March 2021 were reviewed by the hospital's Clinical Governance Committee and Fulwood Hall Hospital intends to take the following actions to improve the quality of healthcare provided.

The hospital had been an outlier for Hip Revisions on the Annual NJR report however the consultant that had the outlying practice no longer works at Fulwood Hall, a review was requested from the NJR and it has been agreed the hospital will be removed from the outlier list and return to regular monitoring status.

Local Audits

The reports of all local clinical audits from 1 April 2021 to 31st March 2022 were reviewed by the Clinical Governance Committee and Fulwood Hall Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

Fulwood Hall Hospital participates in the Ramsay Corporate Audit Program. The audit topic and schedule is set centrally by Ramsay Health Clinical Governance

Committee to allow greater opportunity for benchmarking. Additionally, Fulwood Hall Hospital also carries out a number of local clinical audits all of which go through the Clinical Governance Committee where actions are taken to improve the quality of the healthcare provided.

Summary of some of the local clinical audits undertaken from 1st April 2021 to 31st March 2022:

- Consent Audit - Covid 19
- Hand Hygiene Technique (Assurance)
- Hand Hygiene observation (5 moments)
- Sharps
- Cleaning (49 Steps)
- Surgical Site Infection
- NatSSIPS
- Patient Journey: Safe Transfer of the Patient
- Medical Records
- Controlled Drugs



Safe_Transfer_of_the_Patient_to_Theatri



Controlled_Drugs_report_Fulwood_Hall



Sharps_report_Fulwood_Hall_Hospital_



Medical_Records_-_Surgery_report_Fulw



NatSSIPs_List_Safety_Officer_report_Ful

2.2.3 Participation in Research

There were no patients recruited during 2021/22 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

Fulwood Hall Hospital's income from 1 April 2021 to 31st March 2022 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework due to Covid 19 suspension.

2.2.5 Statements from the Care Quality Commission (CQC)

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

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

2.2.6 Data Quality

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

Fulwood Hall Hospital will be taking the following actions to improve data quality:

- Electronic patient record system implemented enabling us to go 'paper light' with more data now recorded electronically rather than in paper form. All care pathways are within electronic records with the exception of a few key documents such as consent, anaesthetic record, NEWS and prescription charts
- The scanning of all paperwork has a two tier checking system and is externally audited for accuracy 6 monthly.
- Regular training to ensure staff understand the importance of accurate data input and have sufficient technical competence.
- Spot checks completed by Senior Leadership Team to ensure data accuracy.
- Data quality issues reported, investigated and actioned; lessons learnt, processes reviewed and sharing with teams as necessary.
- Internal Information Security Audited and action plan devised.
- Supporting national Ramsay projects to ensure data accuracy.

NHS Number and General Medical Practice Code Validity

Fulwood Hall Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) .

The latest published figures, as per the NHS Digital published figures at the below site, are as follows
...

The patient's valid NHS number:

- 98.1% for admitted patient care;
- 97.3% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care;
- 99.5% 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#historic-dgmi-publications>

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted it's response on 21/06/2021. The status is 'Standards Met'. The 2021/2022 submission is due by 30th June 2022.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Fulwood Hall Hospital was subject to the Payment by Results clinical coding audit during 2021/22 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	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Fulwood Hall	June 22	96.4%	97.1%	100%	100%

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

2.2.7 Stakeholders views on 2021/22 Quality Account



Chorley and South Ribble Clinical Commissioning Group
Greater Preston Clinical Commissioning Group

Your Reference: RHC Quality Account 21/22
Our Reference: SD/DG/TS FHHQA2122

Contact: Samantha Davis
Tel: 01772 214478
E-mail: Samantha.davis13@nhs.net

NHS Chorley and South Ribble CCG
NHS Greater Preston CCG
Chorley House
Lancashire Business Park
Centurion Way
Leyland
Lancashire
PR26 6TT

15 June 2022

Margaret-Ann Worrell
Hospital Director
Fulwood Hall Hospital
Midgery Lane
Fulwood
Preston
PR2 9SZ

Dear Margaret-Ann

CCG Response to Ramsay Health Care (Fulwood Hall Hospital) Quality Account 2021/22

NHS Chorley and South Ribble Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the Ramsay Health Care (RHC) annual quality account for Fulwood Hall Hospital for 2021/22.

The CCG reviews the quality of provider services in relation to safety, effectiveness, and patient experience utilising a variety of methods. These include formal monitoring processes, partnership discussions and a programme of quality assurance visits. The CQC rating of 'Good' awarded in 2018 remains unchanged.

Performance in relation to NHS Constitutional target had been impacted by the pausing of elective activity and the national contract which had been in place during 2020/21. Reporting has been resumed with the cessation of the national contract and management has returned to the CCG's. The CCG commends the significant work Fulwood Hall Hospital has undertaken to begin improvements in their performance and looks forward to seeing this continued positive improvement across 2022/23.

In relation to the clinical priorities for 2021/22, the CCG is pleased to see a continued focus on patient safety including the continued embedding of 'Speak up For Safety', it is pleasing to note the attainment by Ramsay Healthcare of the LaingBuisson award regarding this area, and the development of a clinical strategy and quality plan (linked across Ramsay Northwest).

The CCG notes that due to the Covid-19 pandemic recovery there were resultant delays within the planned improvement for the Orthopaedic pathway and the 'Getting it Right



Healthcare shaped around you

Dr Lindsey Dickinson – Chair
Denis Gizzi – Chief Officer

First Time' initiatives. The CCG looks forward to positive progress to realign these plans over the coming year.

The focus going forward into 2022/23 focused across the five pillars of the CQC (Safe, Effective, Caring, Responsive, Well-led) provides the CCG with reassurance that further improvements can be seen across all patient care delivered by Fulwood Hall Hospital.

It is pleasing to note the continued zero incidence of both *C.difficile* and MRSA infections throughout 2021/22. In addition, clinical audits have continued throughout the year with appropriate improvements in practice taking place.

The CCG commends the actions that have resulted in a reduction in surgical site infections across 2021/22.

The CCG notes that the hospital has previously been an outlier listing for Hip Revision and commends the actions that have been undertaken to resolve these issues.

The CCG acknowledges that Fulwood Hall Hospital reported 2 serious incidents in 2021/22 which related to unexpected mortality. Fulwood Hall demonstrates a good reporting culture and an open and transparent methodology to investigating issues. The CCG continues to work closely with Fulwood Hall where learning and action plans are in place.

The Friends and Family Test 'recommendation of the care provided' is reported as 100% which is very encouraging.

The CCG notes there were no requirements for providers to submit CQUIN returns in 2021/22 due to the COVID-19 pandemic.

To conclude, 2021/22 has continued to be an exceptionally difficult year for Ramsay in terms of the operational and workforce challenges it has experienced due to the ongoing impact of the pandemic. The CCG feels that throughout the year a clearly defined, communicative and professional relationship has been maintained with the provider. The CCG values the open and transparent working relationship that is in place and looks forward to working together in 2022/23.

Yours sincerely



Denis Gizzi
Chief Accountable Officer



Healthcare shaped around you

Dr Lindsey Dickinson – Chair
Denis Gizzi – Chief Officer

Part 3: Review of quality performance 2021/22

Statements of quality delivery

Head of Clinical Services (Matron), Claire Hall

Review of quality performance 1st April 2021 - 31st March 2022

Introduction

“This publication marks the twelfth successive year since the first edition of Ramsay Quality Accounts. It has been a difficult and landmark year due to the global pandemic, and through it all we have continued to analyse our performance on many levels, month on month. We compare to previous years and we compare to both the public and private elements of the healthcare sector. We reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional assessments and opinions received from our health care practitioners, staff, regulators and commissioners. We listen and act where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open, transparent and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients. We deliver our care within our company values and practice high quality compassionate care ‘The Ramsay Way’”

(Vivienne Heckford, National Director of Clinical Services, Ramsay Health Care UK)

Ramsay Clinical Governance Framework 2022

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

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

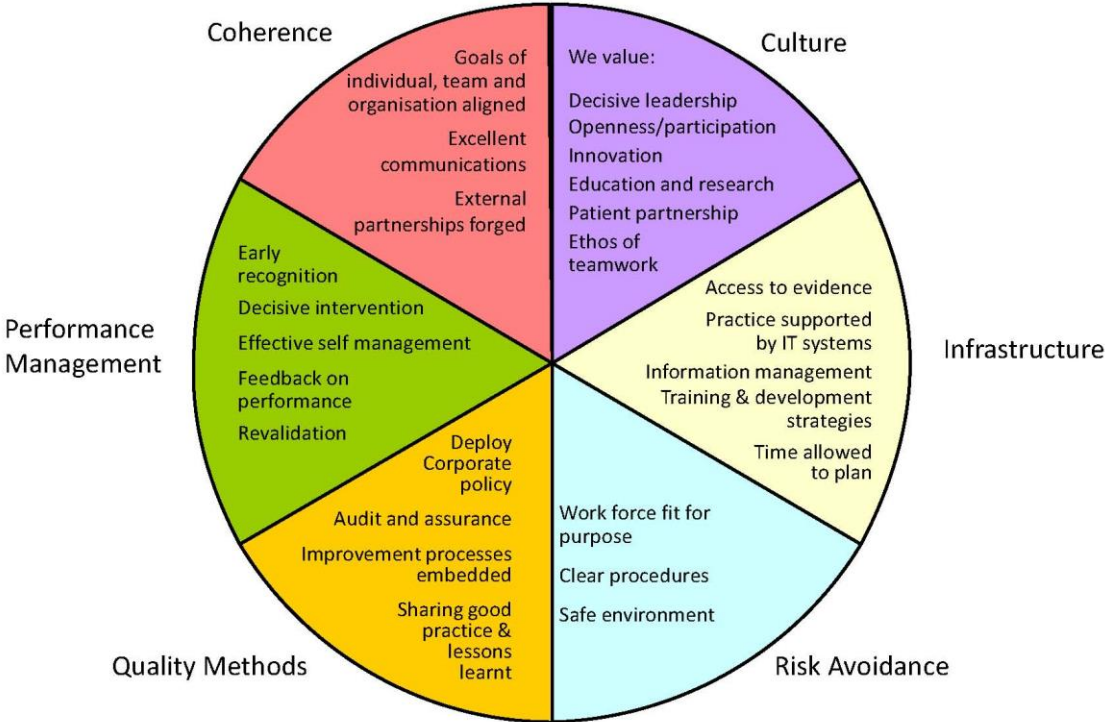
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

Mortality

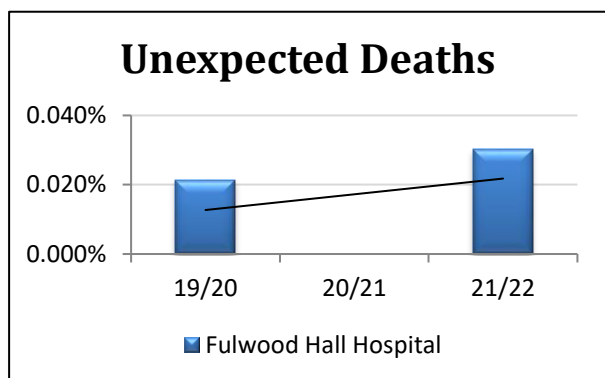
Mortality:	Period	Best		Worst		Average		Period	Fulwood	
	19/20	RRV	0.6851	RFR	1.1997	Average	1.0019	20/21	NVC07	0.0000
	20/21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC07	0.0003

SHMI Figures are not available for Independent Sector Hospitals
RiskMan data is used to find mortality rate

Fulwood Hall Hospital considers that this data is as described for the following reasons: patient admitted for elective surgery are optimised and managed effectively post operatively.

Fulwood Hall Hospital intends to take the following actions to improve the quality of its services, by ensuring patient optimisation and investigating all incidents timely and effectively, sharing learnings from all sites.

Rate per 100 discharges: 0.30%



National PROMs

PROMS:	Period	Best		Worst		Average		Period	Fulwood		
	Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC07	22.011
		Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC07	21.051

PROMS:	Period	Best		Worst		Average		Period	Fulwood		
	Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr19 - Mar 20	NVC07	17.495
		Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC07	*

REQUIREMENT is for ADJ. Health Gain
Oxford Hip Score
Primary Hip
REQUIREMENT is for ADJ. Health Gain
Oxford Knee Score
Primary Knee

Fulwood Hall Hospital considers that this data is as described for the following reasons Fulwood has strict inclusion criteria so the patients will be generally fitter so will be starting at a higher level so there is less scope for improvement in this cohort of patients. The response rates have been improving but these could still be improved further which will improve the quality of the data.

Fulwood Hall Hospital intends to take the following actions to improve this rate, and so the quality of its services, by continuing to monitor the health gains and in conjunction with the NJR results look at any possible outliers and any actions required to improve these results. We are also reviewing how the PROM'S forms are given to patients to see if we can find a better way to boost the response rate. This will be challenging over the coming year when patients are kept in the hospital for as little time as possible and have an increased amount of paperwork to contend with.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Fulwood	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	20/21	NVC07
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	21/22	NVC07	0.00

Data no longer reported

There is no data published after 19/20

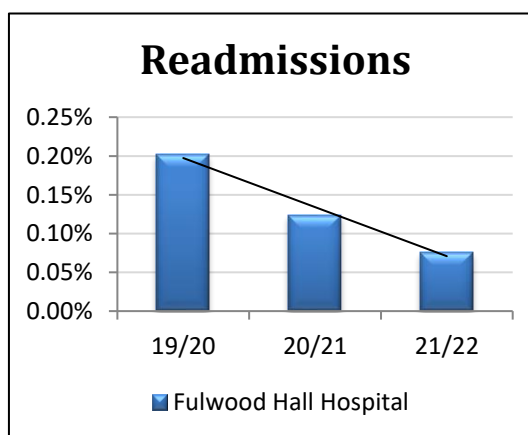
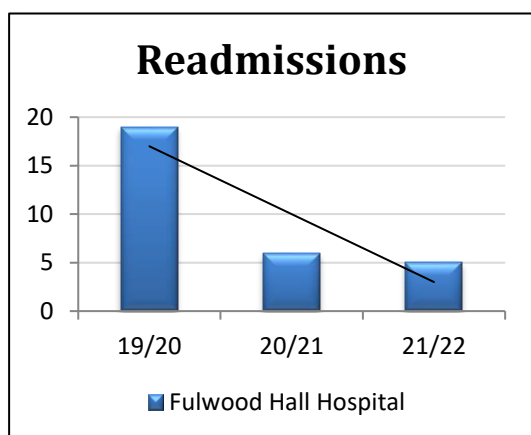
Fulwood Hall Hospital considers that this data is as described for the following reasons:

Robust optimisation and high quality post-operative care and timely response to post discharge complications.

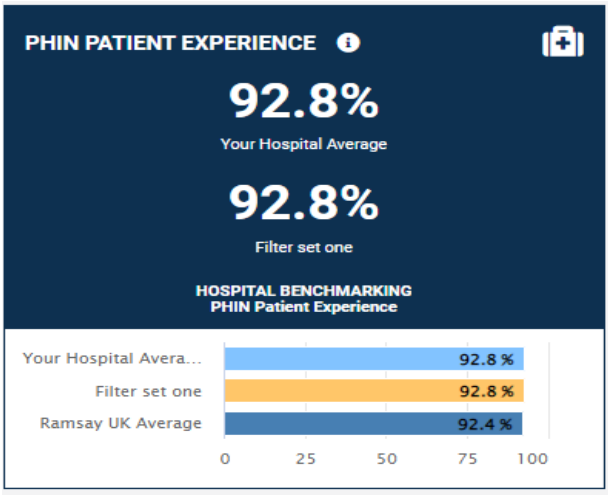
Fulwood Hall Hospital intends to take the following actions to improve this rate and so the quality of its services, by: remaining committed to optimising patients pre operatively and continuing to provide a high standard of post-operative care, being responsive to post discharge enquiries and acting timely in the event of post discharge complications.

Absolute numbers: 5

Rate per 100 discharges: 0.08%



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



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2020 - March 2022:

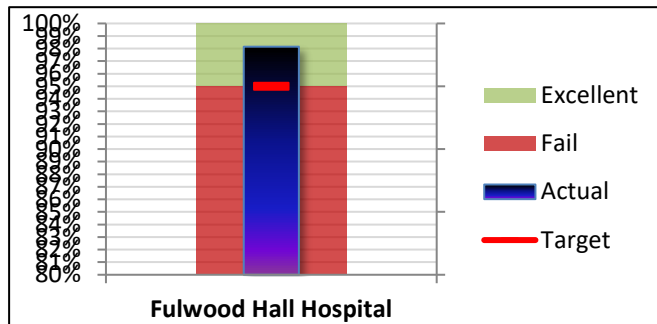
VTE Risk Assessment

VTE Assessment:	Period	Best	Worst	Average	Period	Fulwood
	Q1 to Q4 18/19	Severall	100%	NVCOM 41.6%	Eng 95.6%	Q1 to Q4 18/19
Q1 to Q3 19/20	Severall	100%	RXL 71.8%	Eng 95.5%	Q1 to Q3 19/20	NVC07 98.2%

Please note data is only for Q1 to Q3 19/20 as no further data published after this time due to this data collection being paused because of Covid

Fulwood Hall Hospital considers that this data is as described for the following reasons , it reflects the quality governance in place to enable VTE Assessment and Prevention. We demonstrate that we are significantly above the national average for VTE risk assessment completion, as evidenced in the table above, this reflects our commitment to patient safety and risk management.

Fulwood Hall performs VTE risk assessment on all admitted patients as per Ramsay Policy which is based upon the National Institute for Clinical Excellence (NICE) Guidance 2010.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Fulwood	
	2020/21	Several	0	RPY	51.0	Eng	13.6	2020/21	NVC07	0.0
2021/22	Several	0	RPC	81.0	Eng	15.0	2021/22	NVC07	0.0	

C Diff Rate per 100,000 bed days.

- a. Rate per 100,000 bed days comes from:
<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>
- b. Independent data is not included so our own data is used for comparison against the same time frame (*C Diff* pulled from Riskman).

The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of *C difficile* infection reported within the Trust amongst patients aged 2 years or over during the reporting period.

Fulwood Hall Hospital considers that this data is as described for the following reasons; due to stringent controls pre admission and our high standards of infection prevention and control processes.

To ensure we maintain this score, and the quality of our services, Fulwood Hall Hospital

- Have a Regional IPC Committee which is chaired by a Consultant Microbiologist and consists of representatives from each hospital. The Committee meets quarterly to oversee implementation of Corporate policies, National Guidance and review clinical audit & practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.

- Complete clinical audits identifying trends which are then actioned.
- Have an Infection Prevention and Control Lead.
- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection
- Have effective systems of education, audit and surveillance. Developed a culture of continuous improvement to enhance patient safety, compliance with Infection Prevention and Control policies and guidelines to ensure good infection prevention practice.

Are actively working on ways to adhere to antimicrobial stewardship and ensure antimicrobial prescribing is compliant with the Ramsay formulary

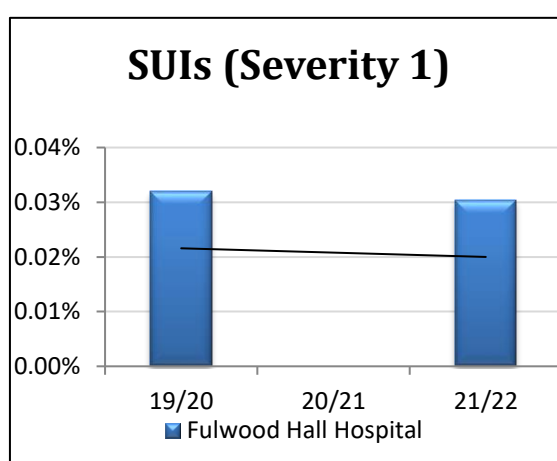
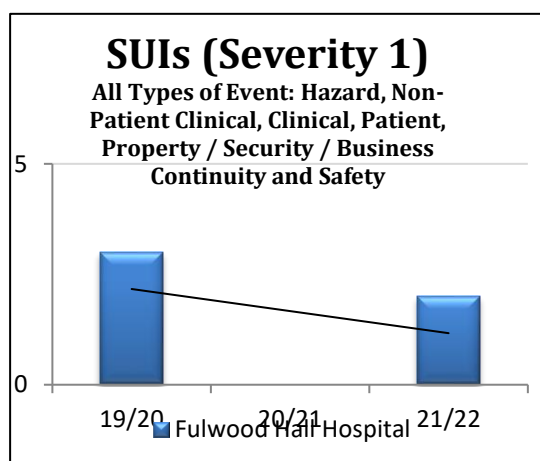
Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Fulwood	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2020/21	NVC07	0.00
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2021/22	NVC07	0.00

Fulwood Hall Hospital considers that this data is as described for the following reasons; we have had two patient safety incidents within the reporting period this is reflected in the 'Unexpected Mortality'

Fulwood Hall Hospital intends to take the following actions to improve this percentage and so the quality of its services, by continuing to complete robust pre admission processes and patient optimisation prior to admission, as well as ensuring we have high quality post-operative care provision.

Rate per 100 discharges: 0.03%



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Fulwood	
	Feb-21	Severall	100%	RAP	48.0%	Eng	95.0%	Feb-21	NVC07	100.0%
	Feb-22	Severall	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC07	100.0%

Fulwood Hall Hospital considers that this data is as described for the following reasons; Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. Fulwood Hall uses the information received from our patients in this survey in order to improve the services and care we provide.

Fulwood Hall continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment at Fulwood Hall. Our commitment to provide care with compassion and confidence is reflected by this score. We see patient feedback received from the Friends and Family test as pivotal to shaping the future services to ensure they meet the needs of our patients, we learn from the feedback and take action where improvements are required.

3.2 Patient safety

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

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

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

3.2.1 Infection prevention and control

Fulwood Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 12 years.

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

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

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

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

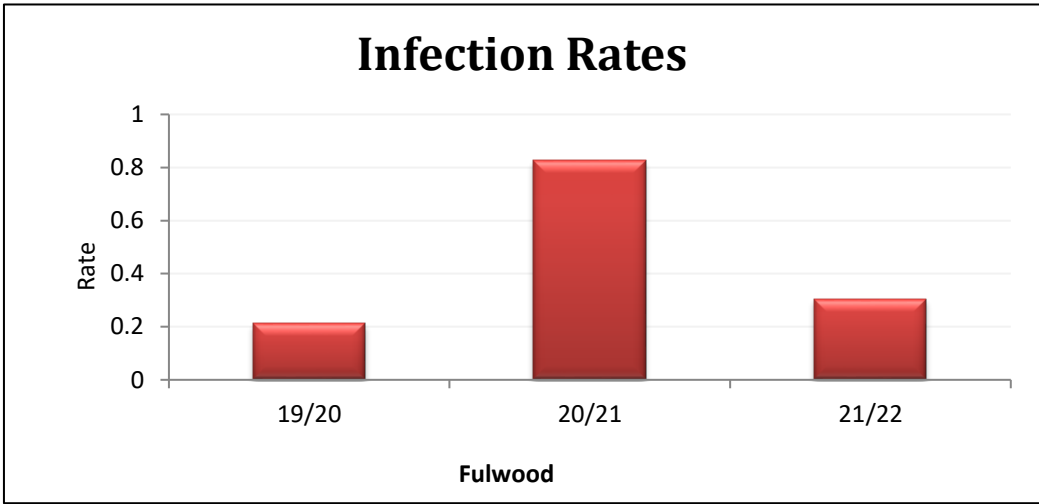
Programmes and activities within our hospital include:

During 2021/22 we have continued collecting data from our patients who have had Hip

and Knee replacement surgery in line with the Public Health England (PHE) 'Surveillance of surgical site infections programme'.

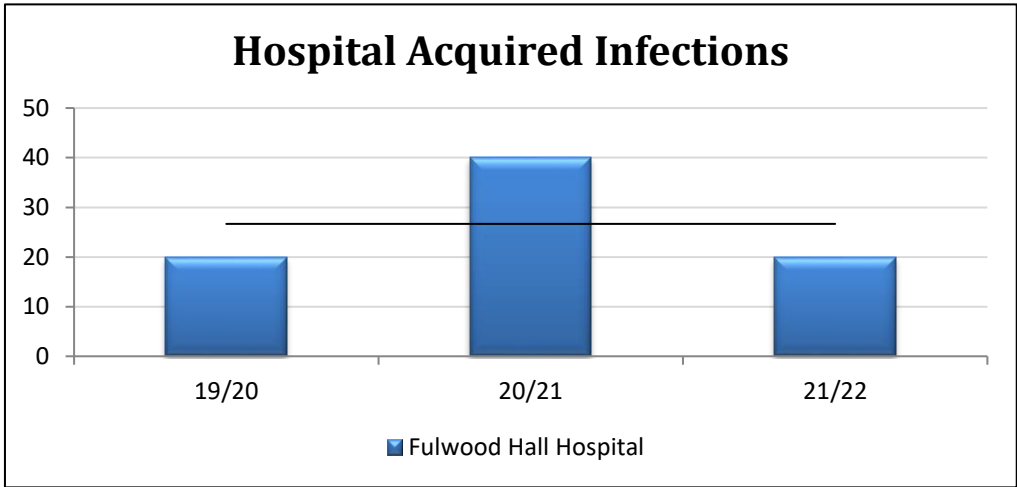
We have improved our processes to ensure we receive information about all our patients' wounds at 30 days post discharge, this enables us to report any wound infections; through investigation and analysis we can learn and improve our practices.

Through improving our processes where we now have a dedicated person monitoring surgical site wounds for infection, we make contact with all our joint replacement patients post discharge. We have made many changes to our infection control practices through learning from the incidents reported.



As can be seen in the above graph our infection control rate has decreased over the last year. In comparison to the national average it is below average. This is due to stringent screening and infection prevention measures within the hospital.

Rate per 100 discharges:0.303%



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 Fulwood Hall 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. Due to Covid restrictions, there has not been a PLACE assessment within the reporting timeframe. We do however continue to complete 'PLACE Light' audits in house so keep it high on our agenda.

3.2.3 Safety in the workplace

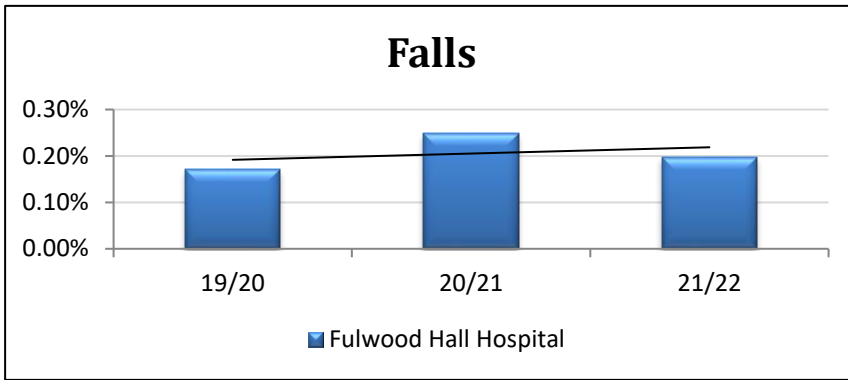
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding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

Fulwood Hall Hospital has an Occupational Health Link Nurse on site who is linked to the Wellbeing programme ensuring staff are supported and there is robust reporting of incidents. All clinical staff complete skin surveillance assessments which is directly accessed through the Riskman reporting system, and where any staff have any 'issues' they are supported through our Well-being

team. All staff complete a health screening questionnaire before employment commencement; through this they are supported to ensure they are safe and fully equipped to undertake their role. Mental health first-aiders are available and mental health is accepted as important as physical health for staff.

Rate per 100 discharges:0.20%

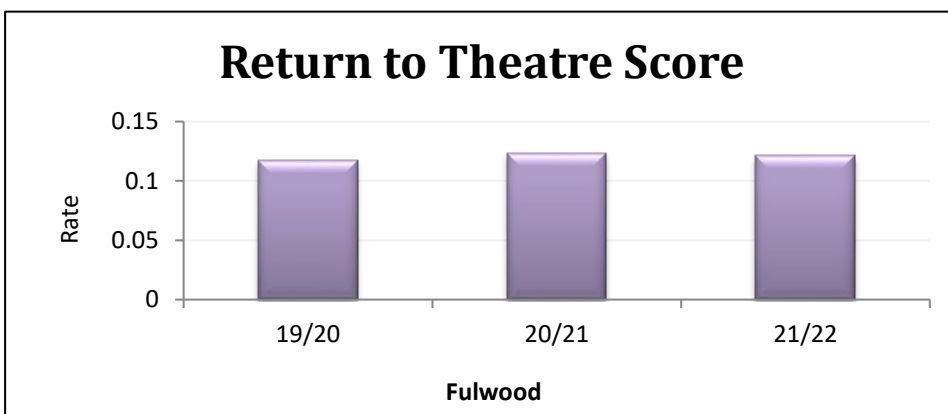


3.3 Clinical effectiveness

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

3.3.1 Return to theatre

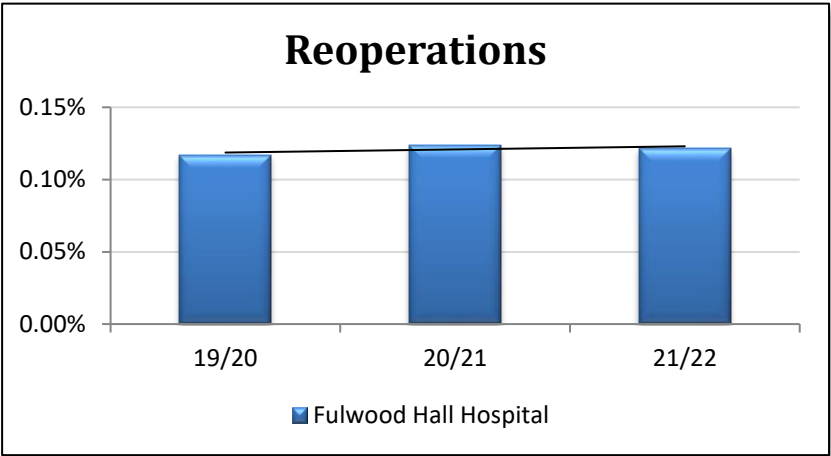
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention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



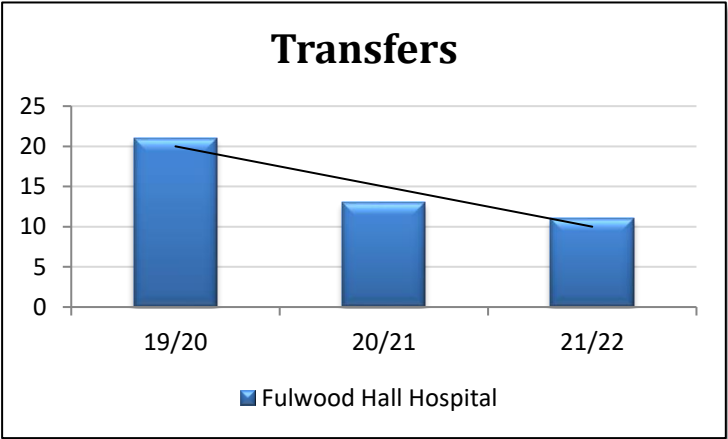
As can be seen in the above graph our returns to theatre rate has decreased over the last year. In comparison to the national average it is below average. This was as a

result of ensuring every return to theatre was captured and monitored to identify any trends; we worked in collaboration with our Consultants to improve where trends were identified. We report every return to theatre on our Riskman reporting tool and investigate to ensure we can assure ourselves that all risks were minimised to prevent patients return to theatre. In the cases below for 2021/22 we did not find a trends for patients return to theatre in this reporting period, all cases were individual, related to patients risk factors or unexpected complications. There were no themes with regards surgeons or specialities. Consent forms reflected discussion by the surgeon with the patients with regards to the risks of re-operation. We continue to monitor and ensure learning where we can make improvements to prevent any returns to theatre.

Rate per 100 discharges:0.12%



Rate per 100 discharges:11



3.3.2 Learning from Deaths

There is a robust governance process in place at Fulwood Hall to learn from unexpected death events.

- Debrief held following each event with all staff involved

- Investigation terms of reference outlined]
- Lead investigator appointed
- Investigation involves staff, consultants and patient relatives where appropriate.
- Investigation clearly analyses what happened, why it happened and identifies trends and lessons learnt.
- Investigation findings shared with internal and external stakeholders for wider learning.
- Actions are monitored through Fulwood Hall Clinical Governance Committee and Medical Advisory Committee until all members assured of completion. Within this reporting period there have been two unexpected deaths reported and investigated. There were no common themes identified.

3.3.3 Staff Who Speak up

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

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

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

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel

something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer to peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

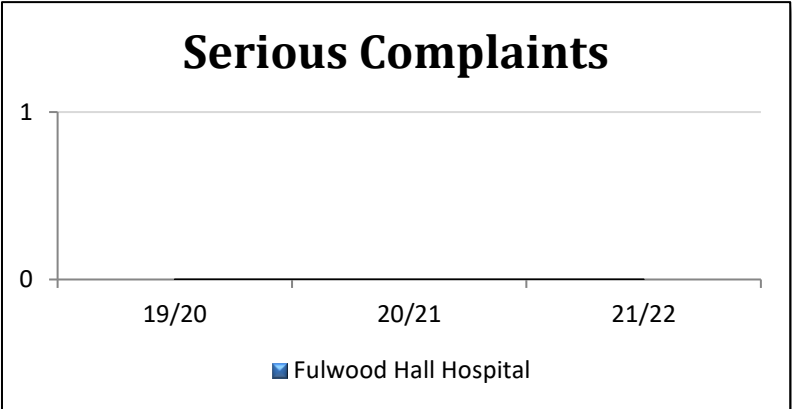
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace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

3.4 Patient experience

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

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

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



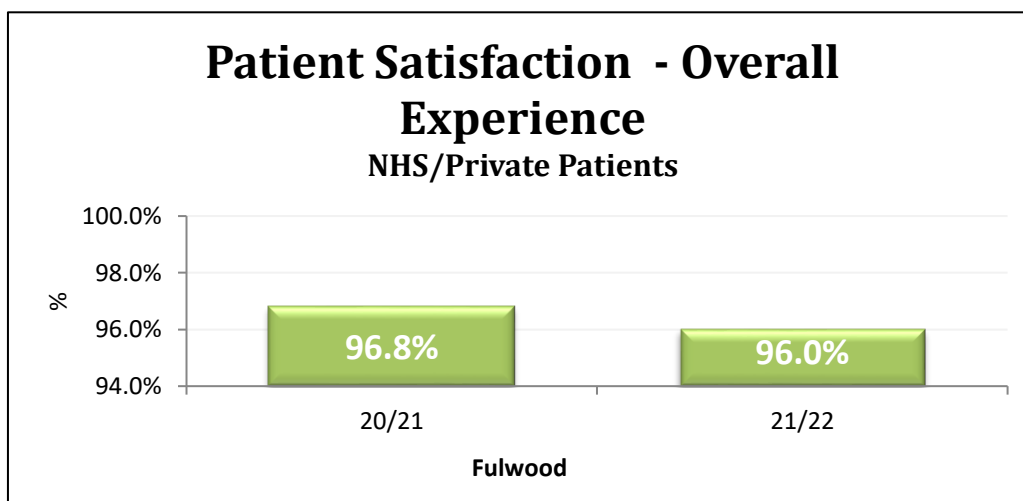
Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy. Feedback regarding the patient’s experience is encouraged in various ways via:

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

3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has decreased over the last year. In comparison to the national average it is above average. We continue to actively seek and review our patient feedback, identify any trends, and take action according to our findings. We will be commencing a monthly Customer Focus Group, and are seeking to create a Patient Focus Group which will be led by our own patients, and drive quality and improvements.

Appendix 1

Services covered by this quality account

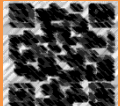
Regulated Activities – Fulwood Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardiology services, Dermatology, General medicine, Haematology, Nephrology, , Physiotherapy, Pain management, Rheumatology, Sports Medicine, outreach clinic at Captain French Surgery	All adults 18 yrs and over
Surgical Procedures	Cosmetic/Plastic Surgery, Dermatological, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Spinal and Neuro Surgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery,	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months <p>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>
Diagnostic and screening	GI physiology, Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over
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

Appendix 2 – Clinical Audit Programme 2021/22. 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.

Audit	Audit Group / Area (where applicable)	Department Allocation / Ownership (may be delegated)	QR Code Allocation 	Frequency (subject to review)	Deadline for completion
Facility Assurance	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Facility Assurance (Neuro)	IPC	HoCS	Whole Hospital	As guided by CQP (COVID-19 specific)	NA
Hand Hygiene Technique (Assurance)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	January, April, July, October	By month end
Hand Hygiene observation (5 moments)	IPC	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Ambulatory Care, Pharmacy, Neuro, RDUK	Monthly	By month end
IPC Governance & Assurance	IPC	IPC	Whole Hospital	January, July	By month end
IPC Environmental Infrastructure	IPC	IPC / RDUK	Whole Hospital / RDUK	August / February	By month end
IPC Management of Linen	IPC	Ward	Ward	August / February	By month end

Sharps	IPC	IPC / RDUK	Whole Hospital / RDUK	August, December, April	By month end
High Risk PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as dictated by activity)	By month end
Standard PPE	IPC	IPC	Whole Hospital	(MONTHLY during COVID-19, as dictated by activity)	By month end
Cleaning (49 steps)	IPC Practice Standards	All Departments	Each Department, RDUK, Neuro	Monthly	By month end
Central Venous Catheter Care Bundle	IPC Practice Standards	IPC	Oncology	July to September (yearly)	End of December
Peripheral Venous Cannula Care Bundle	IPC Practice Standards	IPC	Amb Care/Day Case, Oncology, Paediatrics, Ward, Theatres	July to September (yearly)	End of December
Surgical Site Infection	IPC Practice Standards	IPC	Theatres	October, April	By month end
Urinary Catheterisation Bundle	IPC Practice Standards	IPC	Paediatrics, Theatres, Ward	July to September (yearly)	End of December
Isolation	IPC	IPC	Whole Hospital	October	By month end
Patient Journey: Safe Transfer of the Patient to Theatre	Ward	Ward	Ward	July, October, January, April	By month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	Theatres	August (optional), November, February (optional), May	By month end
Patient Journey:	Theatres	Theatres	Theatres	September (optional),	By month end

Recovery Observation				December, March (optional), June	
NatSSIPs LSO	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	July, January	By month end
NatSSIPs Safety Brief	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	August, February	By month end
NatSSIPs Site Marking	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	September, March	By month end
NatSSIPs Stop Before You Block	Theatres	Theatres	Theatres	October, April	By month end
NatSSIPs Prosthesis	Theatres	Theatres	Theatres	November, May	By month end
NatSSIPs IOLs	Theatres	Theatres	Theatres	December, June	By month end
NatSSIPs Swab Count	Theatres	Theatres	Theatres	January (July 2022)	By month end
NatSSIPs Instruments	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	February (August 2022)	By month end
NatSSIPs Histology	Theatres	Theatres, Radiology, OPD, RDUK	Theatres, Radiology, OPD, RDUK	March (September 2022)	By month end
Blood Transfusion Compliance	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Blood Transfusion – Autologous	Blood Transfusion	Blood Transfusion	Whole Hospital	July to September	End of October
Consent Audit - Covid 19 (weekly)	Consent	HoCS	Whole Hospital	Weekly (COVID-19 specific)	Weekly
Consent Audit (6 monthly)	Consent	HoCS	Whole Hospital	March, September	End of April, October

Walkabout (Optional)		SLT/HoCS	Whole Hospital	March, July, October	By month end
Staff Questions (Optional)		SLT/HoCS	Whole Hospital	April, May, September,	By month end
Complaints		SLT	Whole Hospital	November	By month end
Duty of Candour		SLT	Whole Hospital	January	By month end
Practicing Privileges - Non-consultant	PPs	HoCS	Whole Hospital	February, August,	By month end
Practicing Privileges - Consultants	PPs	HoCS	Whole Hospital	January, July	By month end
Doctors In Training	PPs	HoCS	Whole Hospital	December, June	End of January, July
Observation Audits - Physio		Physiotherapy	Physiotherapy	October, April (optional)	End of December
Observation Audits - Ward		Ward	Ward	July to August, January to February (optional)	End of December
Observation Audits - OPD		OPD	OPD	July to August, January to February (optional)	End of December
Privacy & Dignity		Ward	Ward	May, November	By month end
Medical Records - Therapy	Medical Records	Physiotherapy	Physiotherapy	July to September, January to March (optional)	End of December
Medical Records - Surgery	Medical Records	Theatres	Whole Hospital	July to September, January to March (optional)	End of December
Medical Records - Ward	Medical Records	Ward	Ward	July to September	End of December
Medical Records - Pre-operative	Medical Records	Pre-Operative Assessment	Pre-Operative Assessment	July to September, January to March (optional)	End of December

Assessment					
Medical Records - Radiology	Medical Records	Radiology	Radiology	July to September	End of December
Medical Records - Cosmetic Surgery	Medical Records	OPD	Whole Hospital	May, November	End of June, December
Medical Records - Bariatric Services	Medical Records	Bariatric Services	Whole Hospital	July to September	End of December
Medical Records – NEWS2 (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Medical Records – VTE (not live yet)	Medical Records	Ward, Ambulatory Care, Theatres	Whole Hospital	January, July	End of February, August
Non-Medical Referrer Documentation and Records	Radiology	Radiology	Radiology	January, July	End of February, August
MRI Reporting	Radiology	Radiology	Radiology	March, July, November	End of April, August, December
CT Reporting	Radiology	Radiology	Radiology	April, August, December	End of May, September, January
Non Radiologist Reported Imaging	Radiology	Radiology Theatres (where there is no imaging dept)	Radiology	February, August	End of March, September
MRI Safety	Radiology	Radiology RDUK	Radiology, RDUK	January, July	End of month
RDUK - Referral	Radiology	RDUK	RDUK	February, April, June, August, October, December	End of month

Forms - MRI					
RDUK - Referral Forms - CT	Radiology	RDUK	RDUK	January, March, May, July, September, November	End of month
RDUK - Medicines Management	Radiology	RDUK	RDUK	March, October	End of month
RDUK IPC Environmental	Radiology	RDUK	RDUK	January, July	End of month
RDUK - PVCCB	Radiology	RDUK	RDUK	January, July	End of February, August
RDUK - Medical Records	Radiology	RDUK	RDUK	July	End of August
RDUK - Walkabout	Radiology	RDUK	RDUK	October	End of month
RDUK - Staff Questions	Radiology	RDUK	RDUK	October	End of month
RDUK - Observational	Radiology	RDUK	RDUK	July	End of month
Paediatric Services	Paediatric	Paediatric	Paediatric	January, July	End of month
Paediatric – Medical Records	Paediatric	Paediatric	Paediatric	February, August	End of month
Paediatric Outpatients	Paediatric	Paediatric	Paediatric	September	End of month
Paediatric Radiology	Paediatric	Paediatric	Paediatric	October	End of month
Safe & Secure	Pharmacy	Pharmacy	OPD, Radiology, Theatres, Ward, RDUK, Neuro	February, August	End of month

Prescribing & Medicines Reconciliation	Pharmacy	Pharmacy	Pharmacy, Neuro	March, September	End of month
Controlled Drugs	Pharmacy	Pharmacy	Pharmacy, RDUK, Neuro	July, September, January, April	End of month
Governance - Pharmacy	Pharmacy	Pharmacy	Whole Hospital, RDUK, Neuro	July	End of September
SACT	Pharmacy	Pharmacy	Pharmacy	July to August	End of month
Operational (Theatre, Ward, OPD, Physio)		Theatre, Ward, Physio, OPD	Theatre, Ward, Physio, OPD	July to September	End of December
Decontamination - Sterile Services	Decontamination	Decontamination	Decontamination	July to September	End of month
Decontamination - Endoscopy	Decontamination	Decontamination	Decontamination	July to September	End of month
Neuro Medical Records	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Diabetes	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: End of Life	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Respiratory	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Catheter	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month
Neuro: Epilepsy	Neuro	Neuro	Neuro (G/1 st Floor)	Monthly	End of month

Neuro: PEG	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: MCA & DoLS	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Enhancing Lives	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: Spinal	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month
Neuro: NSEWS	Neuro	Neuro	Neuro (G/1st Floor)	Monthly	End of month

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
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
NVCXX	Code for Fulwood Hall 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

Fulwood Hall Hospital

Ramsay Health Care UK

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

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

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