

# Fitzwilliam & Boston West Hospitals

Quality Account  
2025/26



Public



**Ramsay**  
Health Care

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# Welcome to Ramsay Health Care UK

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

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

Founded in 1964 in Sydney, Australia, Ramsay Health Care is a leading global healthcare provider, recognised for outstanding patient care and integrated services across Australia, Europe and the United Kingdom.

Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation across all our 25 endoscopy units; we were awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals, for the second consecutive year and we received consistently positive outcomes from Care Quality Commission (CQC) inspections. These achievements were further strengthened by the positive findings of the Getting It Right First Time (GIRFT) review of Ramsay's orthopaedic and spinal services.

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.

With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.

Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.



**Nick Costa**

# Introduction to our Quality Account

This Quality Account is Fitzwilliam & Boston West 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 Helen Tait, Hospital Director*

*Fitzwilliam & Boston West Hospitals*

The year 2025/2026 has seen Fitzwilliam and Boston West Hospitals working ever more closely together to provide a broader range of services and improved access for our patients. The growth reflects the increasing demand for healthcare service across our counties and the surrounding areas, and Ramsay's commitment to supporting the population in this region.

Investment has continued with significant renovation and upgrading of Boston West Hospital. The hospital now has two theatres, a refurbished reception and waiting area and new consulting suites, as well as behind the scenes new equipment and instrumentation. Fitzwilliam has equally benefitted from investment in new equipment, with our team particularly excited to now offer leading edge robotic and laser solutions for both orthopaedic and prostate conditions, providing patients with advanced surgical options close to home.

This year's Quality Account demonstrates the progress we have made in delivering quality care and continuing to reduce waiting times, whilst aiming for efficient and effective outcomes. Demand for both private and NHS care continues to grow, and this means that 7-day working has become a more regular feature at Fitzwilliam in particular. In recognition of the needs of the population, Ramsay has secured land and is in the process of building a further hospital in Peterborough which will work in partnership with Fitzwilliam. We are excited to provide care from this facility in 2027.

Fitzwilliam and Boston West Hospitals work closely together with a shared leadership team. Patients benefit from more options and shared pathways which provide care close to home wherever possible. A number of staff work flexibly across both sites, and this ensures we can efficiently resource departments as per the demands of those services on that day.

Our patients continue to report extremely high levels of satisfaction in both hospitals and our staff survey demonstrated that our workforce feel more supported than ever. Upon joining the team last Summer, I was incredibly proud to note the passion and enthusiasm every department display in wanting to provide the very best care and service for all of our patients.

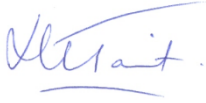
Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Services continue to be reviewed and have been re-located to streamline pathways for patients and minimise the number of visits required to the hospital.

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

If you would like to comment or provide feedback regarding the content of the quality account, please do not hesitate to contact me via email at the following address [helen.tait@ramsayhealth.co.uk](mailto:helen.tait@ramsayhealth.co.uk) , alternatively I can be contacted via my Personal Assistant on 01733 842308

## 1.2 Hospital Accountability Statement

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



**Helen Tait**  
**Hospital Director**  
**Fitzwilliam & Boston West Hospitals, Ramsay Health Care UK**

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

- Fitzwilliam Hospital Medical Advisory Committee Chair – Mr Richard Hartley, Consultant Orthopaedic Surgeon
- Boston West Hospital Medical Advisory Committee Chair – Mr Motkur, Consultant Orthopaedic Surgeon

The report has also been shared with the following groups for their review and comment prior to submission:

- Lincolnshire Integrated Care Board (ICB)
- Cambridgeshire & Peterborough Integrated Care Board (ICB)
- Health Watch – Peterborough
- Health Watch – Lincolnshire
- Patient & Public Involvement Group (PPIG) Chair – Fitzwilliam Hospital
- Patient & Public Involvement Group (PPIG) Chair – Boston West Hospital

## 1.3 Welcome to Fitzwilliam & Boston West Hospitals

The Fitzwilliam Hospital has been part of the local community for 43 years, since 1983, and the Boston West Hospital for 22 years. We have a dedicated workforce that are committed to making every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or in the case of Fitzwilliam Hospital, an admitted procedure, we want them to feel they are cared for by compassionate and highly trained staff that provide skilled care.



Over the years, our establishments have grown from strength to strength. From our friendly reception staff to our highly skilled Consultants, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Although we celebrate the wonderful comments we receive from our service users, we are also dedicated to listening to every piece of feedback from our patients and strive to make improvements to enhance patient experience. At the Fitzwilliam Hospital, we employ 58 highly trained nursing staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care, including a Level 2 Registrar-standard Resident Doctor (RD) who is on site 24/7 to ensure our patient care is of the highest level of safety and quality. At the Boston West Hospital, we employ 11 highly trained nursing staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care.

At Fitzwilliam & Boston West Hospitals, we provide medical and surgical services for privately insured, self-paying and NHS patients aged 18 years and over. We strive to offer the same level of outstanding care to all our patients. We offer a wide range of services across both sites, including Orthopaedic, Gynaecology, Ear, Nose & Throat (ENT), Ophthalmology, Spine, General Surgery, General Medicine, Diagnostic and Physiotherapy services. Additionally, we also offer aspirational medical procedures such as Plastic Surgery at the Fitzwilliam Hospital. We offer consultant led care, meaning that all our patients are under the direct care of a consultant at each step of their patient care pathway.

Between April 2025 and March 2026, the Fitzwilliam admitted a total of 10,565 patients, of which approximately 58% were NHS patients. On average 1,416 patients per week were seen in our outpatient department by one of our 145 Consultants. The Boston West Hospital admitted a total of 3,307 patients, of which approximately 93% were NHS patients. On average 311 patients per week were seen in our outpatient department by one of our 48 Consultants.

We have continued to engage with local General Practitioners this year on the services we offer and the most current pathways for patient care. This has resulted in our ability to tailor care to meet the needs of patients and improve quality. GP's have access to the national NHS Electronic Referral System (ERS), which facilitates direct NHS patient referrals into Fitzwilliam & Boston West Hospitals for all of our specialties; this gives GP's and our patients greater control, choice and flexibility throughout the referral process. Fitzwilliam Hospital has continued to participate in the Advice & Guidance scheme, which provides GPs with access to consultant advice prior to referring patients into secondary care as part of the non-urgent elective referral process. The Boston West Hospital has continued to foster good working relationships with our NHS Integrated Care Boards to facilitate improved access and capacity for patients requiring day case surgery, and with our surrounding care facilities, including Pilgrim Hospital, to offer patient choice for NHS services.

We have invested in our commitment to quality to provide our patients with the best clinical care and patient experience. We also continue to foster good, communicative and proactive relationships with our local North West Anglia NHS Foundation Trust (NWAFT) and United Lincolnshire Hospital Foundation Trust (ULHT). These affiliations promote a robust governance process, which in turn enhances both patient safety and patient experience.

We are privileged to work closely with many charities and organisations, such as Children in Need, Breast Cancer Awareness, Sports Relief, and the Macmillan Coffee morning. We also continued to take part in our annual collection and donation of food to our local foodbank over the Christmas period. During the year, staff at each site voted on a charity to support for the coming year. The Fitzwilliam Hospital will be supporting Debra, the butterfly skin charity, which is a national charity and patient support organisation for people living with epidermolysis bullosa (EB). The Boston West will be supporting the UK Sepsis Trust, who aim to end preventable deaths and improve outcomes for sepsis survivors, striving to raise public awareness and working to support anyone affected.

We have continued to foster strong relationships within the local community, and our teams have once again engaged with local schools to shine a light on the various job roles within healthcare. Both sites, following achievement of ANTT Silver Accreditation, will be going for Gold this year, and you can read more about the steps we will be taking to achieve this within our clinical priorities for 2026/27 on page 16.



# Part 2

## 2.1 Quality Priorities for 2026/2027

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

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

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

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

### Priorities for improvement

#### 2.1.1 Review of Clinical Priorities 2025/26 (looking back)

##### Clinical Effectiveness

##### Day Case Joint Replacements

Following successful implementation of the enhanced recovery pathway for our joint replacement patients, we endeavour to implement a Day Case pathway, for clinically appropriate patients, undergoing joint replacement surgery during 2025/26. This will be achieved by collaborative working between the wider MDT, to ensure that patients are fully prepared and optimised prior to surgery. Work has begun and we hope to have our first patients on this pathway during 2025.

##### How did we do? Initiative Successful

Day case joint replacement surgery has been successfully implemented, delivering safe, effective, and patient-centred care. The first day case patients were listed and their surgeries completed in October 2025.

The initiative has been well received by patients, with positive feedback highlighting earlier mobilisation and recovery at home. Operationally, it has reduced length of stay, released bed capacity, and improved theatre efficiency, supporting elective recovery. Ongoing monitoring ensures the pathway remains safe, sustainable, and continues to deliver high-quality outcomes. We look forward to offering this as our routine pathway for joint replacement patients moving forward and looking to further expand to other procedures where deemed appropriate.

## Patient Safety

### Getting it Right First Time (GIRFT)

Ramsay has commissioned the Getting It Right First Time (GIRFT) programme, hosted by the Royal National Orthopaedic Hospital (RNOH), to review its Orthopaedic and Spinal Services. GIRFT is a clinician-led, data-focused initiative designed to enhance healthcare quality and patient outcomes by identifying unnecessary variations in clinical procedures and recognising best practice.

The Fitzwilliam have been included as part of this review and any recommendations will be reviewed and implemented during 2025/26.

#### How did we do? Initiative Successful

During 2025/26, the Fitzwilliam & Boston West Hospitals underwent a GIRFT review which offered helpful insight into our joint replacement and spinal services, to ensure we offered evidence-based and safe care to our patients. The feedback was overwhelmingly positive and confirmed that care was being delivered in line with national best practice.

### ANTT Gold Accreditation

After the success of achieving ANTT Silver Accreditation during 2024/25, we strive to achieve Gold Accreditation during 2025/26. To achieve Gold status all relevant staff must be assessed, and we will be subject to an external assessment by the ANTT assessors. Our dedicated IPC Lead Nurse will spear head the efforts and we hope to achieve this prestigious award within the next year.

#### How did we do? Ongoing

Our IPC Lead Nurse has been working with staff across the clinical departments at both the Fitzwilliam & Boston West Hospitals to ensure they are fully prepared to achieve Gold ANTT Accreditation. This work has culminated in a date for external assessment set for the 19<sup>th</sup> May 2026. We look forward to reporting a successful assessment in next year's quality account.

## Patient Experience

### Cemplicity

The Cemplicity system can be utilised in many different ways and allows for detailed data analysis. One mechanism that is available to us is the collation and collection of our Patient Reported Outcome Measures (PROM). When patients complete their pre- and post-operative PROM this is uploaded into the Cemplicity system. When a patient reports a worsened outcome post-procedure, an alert is sent to the Senior Managers and Clinical Team for review. Our Quality Improvement Team review the response and inform the Consultant so that the patient can be rebooked into clinic. This ensures that patients receive the appropriate care as and when they need it. Looking ahead to 2025/6, we will continue to utilise this system for our joint replacements and further expand its use for all other patient PROMs that have since moved on to the e-PROM model.



## How did we do? Initiative Successful

The use of Cemplicity to review patient feedback and outcomes following surgery is now an embedded part of our practice at the Fitzwilliam and Boston West Hospitals. During the period, we have also rolled out the use of MSK e-PROMs, for Outpatient non-surgical patients, Radiology specific feedback and the Friends and Family Test (FFT). These steps ensure we are responsive to patients and helps to further strengthen our service for the communities we serve. We will continue to utilise Cemplicity to capture valuable information from the patients we treat.

## **Boston West Hospital – Expansion**

Boston West Hospital continues to grow, and we are seeing a wide range of patients for different specialities from our vast geographical surroundings. It is important to us to serve the community and ensure that patients can access high quality healthcare. Building work to increase the size of the hospital is anticipated to finish in the latter part of 2025. Boston West will increase to 2 operating theatres and expand Outpatient facilities by increasing the number of consulting rooms. The addition of more consulting rooms will allow more patients to start their pathway at Boston West Hospital, and access surgery at the Fitzwilliam Hospital, that is not undertaken at Boston West Hospital. A light and bright reception area has been included in the upgrade to the facility which patients are already using. Staff have also benefitted from new areas in which to and rest during breaks.

## How did we do? Initiative Successful

On Wednesday 11th February, Boston West held the official opening of Theatre 2. We are grateful that the opening was led by the Mayor, Barrie Pierpoint, alongside Boston Heroes Award winner 2025, Alison Fairman. The additional theatre capacity enhances our ability to meet growing demand, reduce waiting times, and improve patient flow. We would like to thank everyone involved in making this project a success and look forward to the positive impact this development will have on patients and services going forward.

## **2.1.2 Clinical Priorities for 2026/27 (looking forward)**

### **Clinical Effectiveness**

#### **Thorpe Wood Hospital – Peterborough**

Plans have been approved during the reporting period for a second Ramsay site in Peterborough. Thorpe Wood Hospital looks to support the existing services offered at both the Fitzwilliam & Boston West Hospitals. Our aim is to expand healthcare capacity for the local community, ensuring timely access to high-quality, safe care.

By increasing theatre capacity, and outpatient services, Thorpe Wood hopes to reduce pressure on existing services,

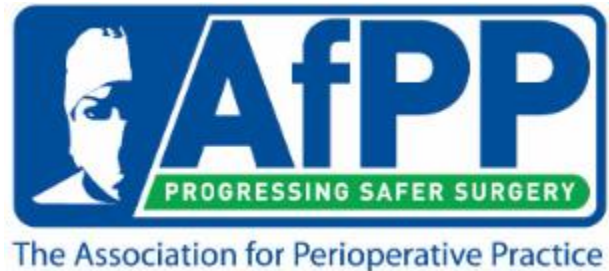


shorten waiting times, and improve patient flow. Modern clinical environments and updated infrastructure will support efficient working practices, enhanced patient experience, and improved outcomes.

In addition, the hospital will create wider benefits for the community through local employment, collaboration with community services, and improved resilience of health services. The construction of Thrope Wood has begun and is expected to open midway through 2027.

### **AfPP Behaviours Charter**

The AfPP Behaviours Charter sets out a clear, evidence-based framework for promoting civility, professionalism and respectful communication within the perioperative environment. It recognises that positive behaviours and psychological safety are as critical to high-quality patient care as clinical competence.



Achieving the Charter demonstrates a collective commitment to a culture of respect, teamwork and accountability, supporting staff wellbeing, effective communication and safer patient outcomes. The Fitzwilliam & Boston West hope to achieve the Behaviours Charter during 2026/27.

### **Patient Safety**

#### **ANTT Gold Accreditation**

Our dedicated team will build on the good work that has been undertaken during 2025/26 to ensure we achieve Gold Accreditation during our external assessment on the 19<sup>th</sup> May 2026.

#### **e-Consent**

Electronic consent (e-consent) is a modern, digital approach to capturing and managing patient consent for investigations and procedures. Replacing paper-based processes with electronic systems supports safer, more efficient, and more patient-centred care. E-consent also enables patients to access clear, standardised information about their treatment earlier in the care pathway, and reduces the risk of missing, incomplete, or outdated consent forms by embedding consent directly within the electronic patient record. Mandatory fields and standard templates ensure consent is procedure-specific and clinically appropriate. A clear audit trail demonstrates when and how consent was obtained, reviewed, or amended, supporting safer clinical decision-making and continuity of care across teams.

The Fitzwilliam Hospital will be piloting a new e-consent model for General Surgery during 2026/27, and the hope is this will be rolled out across all specialities, at both the Fitzwilliam & Boston West Hospitals, during 2026/27.

### **Patient Experience**

#### **Hybrid Mail**

Hybrid Mail is a new, streamlined process that enables patient letters generated in our electronic patient system, MAXIMs, to be sent through the most appropriate communication channel automatically. This includes printed letters as well as digital delivery where applicable, helping ensure patients receive information in a

timely, consistent, and reliable way. We look forward to implementing this change at both the Fitzwilliam & Boston West Hospitals.

### **The National Autism Society – Autism Accreditation Award**

Autism Accreditation supports the delivery of care that is more accessible, predictable and responsive to individual needs. By embedding reasonable adjustments, clear communication and sensory-aware environments, autistic patients experience reduced anxiety, improved engagement and safer, more personalised care. This leads to better patient experience, greater trust in services, and reduced risk of distress-related incidents or complaints.



The accreditation framework encourages ongoing review, service user involvement and continuous improvement rather than a one-off achievement. This ensures autism-inclusive practice remains embedded, monitored and responsive over time, supporting long-term quality improvement and organisational learning. At the Fitzwilliam & Boston West Hospitals our aim is to support every person who uses our services, and therefore, we feel obtaining this accreditation in 2026/27 will further demonstrate our commitment to this.

## 2.2 Mandatory Statements Relating to the Quality of NHS Services Provided

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

### 2.2.1 Review of Services

During 2025/26, the Fitzwilliam Hospital provided 37 NHS services, and the Boston West Hospital provided 27. The Fitzwilliam & Boston West Hospitals have reviewed all the data available to assess the quality of care in all these NHS services.

The income generated by the NHS services reviewed between 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026 represents 47.7% of the total income generated from all Fitzwilliam Hospital services and 90.2% of all Boston West services.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the Hospital's Senior Leadership Team, together with the 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 2025/26, the indicators on the scorecard that affect patient safety and quality were:

#### Human Resources

In the period 2025/26, our expectation was to continue to recruit permanent positions and retain permanent staff, thereby reducing the percentage of agency use. This strategy remains in place with a 2.15% agency usage being recorded in 2025/26, and no agency usage being recorded at Boston West. This is a significant decrease of 4.85% on the previous financial year for the Fitzwilliam Hospital. Long term sickness, maternity leave, new starter induction and training contributed to lost hours, which in 2025/26 sits at 17.3% at Fitzwilliam Hospital and 18.7% at Boston West Hospital. 'Ward Staff Hours Worked per Hospital Patient Day' at the Fitzwilliam Hospital was 5.57.

Levels of sickness at the Fitzwilliam Hospital saw an increase from 2.7% in 2024/25, to 3.9% this reporting period, and the Boston West Hospital also saw a slight increase from 1.1% in 2024/25 to 1.9% this reporting period. We will continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service.

During 2025/26, staff turnover at Fitzwilliam Hospital and Boston West Hospitals saw a slight increase from 8.4% to 13.5% this reporting period. Ensuring our staff feel well looked after and our ongoing commitment to ensuring our Ramsay motto "People Caring for People" is at the heart of what we do will continue to be a key area of focus for 2025/26.

The total skill mix calculation for the Fitzwilliam & Boston West Hospitals was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants and is primarily appropriate across all departments. Many of our Theatre Nurses have completed their studies to become Surgical First Assistants, further enhancing our skill mix and expertise. During 2025/26, the skill mixes on the Wards (Fitzwilliam only) and in the Outpatient and Theatre setting remains in a good and balanced position.

## **Fitzwilliam Hospital**

- 58 contracted Registered Nurses
- 25 contracted Health Care Assistants
- 8 contracted Operating Departmental Practitioners

## **Boston West Hospital**

- 1 employed Anaesthetist
- 11 contracted Registered Nurses
- 8 contracted Health Care Assistants
- 1 contracted Operating Departmental Practitioners

The Fitzwilliam & Boston West Hospitals have a robust Mandatory Training program and regular monitoring of training compliance is completed. This allows us to meet our contractual obligations and ensure staff are fully compliant with delivering a high standard of patient care. In March 2026, our overall mandatory training compliance was 91% at Fitzwilliam Hospital, and 89% at Boston West Hospital, this is a slight decrease on the 2024/25 Mandatory Training position. Both Mandatory Training and Induction training program has returned to being delivered face to face during 2025/26. All training is regularly carried out by internal and external trainers in our dedicated training room at the Fitzwilliam Hospital. The staff appraisal completion rate at Fitzwilliam Hospital sits at 85.7% and 80% at the Boston West Hospital. There were no RIDDOR events reported at either the Fitzwilliam or Boston West Hospitals during 2025/26.

## **Staff Satisfaction**

In September 2025, Ramsay Health Care UK carried out a group independent colleague engagement survey, which Fitzwilliam & Boston West Hospitals participated in. The Survey is completed annually and is called “One Voice”. It gives all staff members the opportunity to complete an electronic survey, rating different categories either unfavourable, neutral or favourable as a percentage.

The Staff Engagement Survey results were published in October 2025 and showed an impressive increase in participation rates, with Boston West Hospital at 90%, and Fitzwilliam Hospital at 83%. Staff feedback was favourable which is excellent.

Members of the Senior Leadership Team attended-- staff team meetings to share the results of the survey which provided opportunity for staff to offer feedback. The actions taken locally and nationally to address areas of improvement are:

- Introduction of a new Ramsay Health Care UK Benefits platform, promoting staff discounts and other benefits available to Ramsay Staff inclusive or private medical insurance, and private dental cover
- Local celebration and “Thank You Days” to praise the great work of all the departments.
- Introduction of “Thank You Thursdays” for those staff who go above and beyond. Nominations are made by fellow colleagues
- Ramsay are supporting their leaders to adopt best practices through the “Leading Our People and Leading Our Leaders training”. Plus, the addition of a new course “Stepping into Leadership” for those who are new to management.
- Work continues ensuring banding for staff is in line with national targets – majority of roles have now been brought in line with national pay grades.
- Promotion of “give back days” allowing staff to utilise a day to undertake an activity of their choosing that helps support a local charity or cause that is special to them.

We are dedicated to continuing to listen to and celebrate our staff throughout the coming year. We encourage staff to continue to provide their feedback year-round in advance of the next Ramsay group-wide survey planned for 2026/27.

## **Ramsay UK Consultant Pulse Survey Results 2025**

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to continuing to engage with our Doctors as it provides valuable information to understand their concerns, and what we are doing well. In October 2025, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 33% of the Consultant body at Boston West Hospital and 35% at Fitzwilliam Hospital completed the survey, which was a significant improvement over 2023. Positive feedback included improved SLT and MAC visibility, and receiving feedback. Quality of care, customer service, and patient satisfaction scores are very high: 98% for quality of care (up from 88%), 89% for customer service (up from 85%), and 98% for patient satisfaction (up from 94%). Consultants highlighted robust facilities, governance, and a friendly culture as reasons for recommending the organisation. The organisation plans to use these insights to shape a consultant engagement program for 2026, focusing on technology, innovation, and maintaining high standards of care and service.

## **Patient Services**

The Fitzwilliam Hospital reported 19 NHS complaints during 2025/26, which equates to 0.31% of total NHS admissions. The Boston West Hospital reported 5 NHS complaints, which equates to 0.16% of total NHS admissions. We complete a full assessment of the circumstances of each complaint, engaging with the complainant by undertaking direct personal contact and providing detail of what can be expected. With a genuine desire to improve patient satisfaction, we determine if the complaint is upheld or not and complete a full 360-degree root cause analysis. The themes and trends of the complaints are reviewed by the Clinical Governance and Medical Advisory Committees. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the issues raised and agree a plan to improve service or perception. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Fitzwilliam & Boston West Hospital on a regular basis. Top trending themes of complaints during 2025/26 were:

- Communication with the Consultant & Hospital
- Care on the Wards
- Cancellation of procedures for medical reasons
- National waiting time for surgery
- NHS ICB funding restrictions

Whilst 47% of the complaints were not upheld at Fitzwilliam Hospital and 40% at the Boston West Hospital, we acted on feedback and some of the actions taken in response to formal complaints were:

- End to end pathway reviewed for all complaints.
- To support effective communication, regular contact with, and visits to, patients, in addition to clinical requirements (observations).
- Delivering messages to patients in an appropriate and professional manner.
- Patients nationally are waiting longer for procedures due to the number of patients using the service. We have continually reviewed patient waitlists and pro-actively try and keep patients informed as to when their procedure might take place.

- 1-1 discussions were undertaken with consultants reinforcing expectations surrounding effective communication with patients.
- Continued work with the Ward Team regarding patient centred care, specifically our campaigns regarding effective discharge, communication and timely documentation
- Review of our pre-assessment pathways to ensure patients are cancelled at the earliest opportunity, should they be deemed as unsuitable for surgery at either the Fitzwilliam or Boston West Hospital due to medical reasons

Other feedback mechanisms include NHS Choices, NHS Friends and Family Test and we Value Your Opinion card completion. We also utilise an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received. We deploy a system called Cemplicity and receive regular feedback, comment and complaints through this medium.

Complaints are subject to regular audits as part of our local audit programme and provide reassurance that our approach and methodology is compliant with established, documented procedures.

## Quality

The annual audit program is inclusive of reviewing infection prevention and control with periodic audits, looking at a range of infection prevention and control activities. This includes hand hygiene, isolation, surgical site surveillance, peripheral venous cannula care bundles, urinary catheter bundles and infection control environmental audits and cleaning schedules within every department. This year has seen a focus on pre- and post-operative normothermia, and our dedicated IPC Lead nurse has been actively engaging with the clinical teams at both Fitzwilliam & Boston West Hospital, alongside the Consultant and Anaesthetist bodies, to ensure standards and procedures are being adhered to. Several local audits are undertaken in addition to the national Clinical Audits that can be found on pages 54-56 of this document.

The Fitzwilliam & Boston West Hospitals have a framework of governance processes that monitors significant clinical events. The most serious incidents are classified as either 4 or 5. During the period 2025/26, 3 serious significant events (severe harm) were reported – further details can be found in **(Section 31.1 – Unexpected Deaths)**.

All serious incidents are investigated under the PSIRF framework, which utilises after action reviews and hot debriefs as part of the review process. We ensure that any learning points that are identified are shared with the wider hospital team, and where appropriate, Duty of Candour is always followed with patients, and or, their families.

### 2.2.2 Participation in Clinical Audit

Between 1<sup>st</sup> April 2025 and 31<sup>st</sup> March 2026, the Fitzwilliam Hospital participated in 8 national clinical audits and Boston West Hospital participated in 2. These are listed below alongside the number of cases submitted to each audit or enquiry.

	Fitzwilliam Hospital	Boston West Hospital
Name of audit / Clinical Outcome Review Programme	Cases submitted	Cases submitted
<b>National Joint Registry (NJR)</b> Total Hip, Total Knee & Total Shoulder Replacements (1 <sup>st</sup> April 2025 – 31 <sup>st</sup> March 2026)	1803	N/A
<b>Elective Surgery (National PROMs Programme)</b> Total Hip Replacement & Total Knee Replacement	1745	N/A
<b>Elective surgery – Private PROMs Programme</b>	1607	119
<b>ICHOMs Cataract PROMs</b> Cataract Surgery	930	1365
<b>Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection</b> (All procedures)	10,565	N/A
<b>Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*</b> (All procedures)	10,565	N/A
<b>Surgical Site Infection Surveillance Service</b> Total Hip Replacement & Total Knee Replacement	1745	N/A
<b>British Spine Registry</b>	504	N/A

The reports of the 8 national clinical audits were reviewed by the Clinical Governance Committee and Fitzwilliam Hospital has taken the following actions to improve the quality of healthcare provided.

- Our BSR coordinator actively engages with the Spinal Consultants to ensure accurate and timely uploading of cases.
- The introduction of MSK e-PROMs enables us to analyse the outcomes of our Outpatient Physiotherapy patients.

All audits the Fitzwilliam Hospital could participate in for 2026/27 will be reviewed by the local Clinical Governance Committee and a decision will be made as to whether we are to participate in the coming year.

### Local Audits

The Fitzwilliam Hospital completed 342 local clinical audits, and the Boston West Hospital completed 268 audits from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026. The average score at Fitzwilliam Hospital was 93.6% and 95.4% at the Boston West Hospital. All audit results have been reviewed by the Clinical Governance and Medical Advisory Committees at Fitzwilliam Hospital. The clinical audit schedule can be found in Appendix 2.

Audits are completed using Tendable, a bespoke accessible on-line audit system which also automatically prompts the audits from the set schedule for each area. The system allows us to see at a glance, how the completed audits match the schedule and can instantly review the scores to determine where additional focus

and action may be needed. During 2025/26, we have seen a continued high standard of compliance achieved across many of our clinical areas. Some consistently high scoring audits include:

- Department Cleanliness
- Hand Hygiene
- NatSSIPs – Swab Count
- NatSSIPs – Prosthesis
- NatSSIPs – Stop Before You Block
- NatSSIPs – Histology
- NatSSIPs – Instruments
- LSO and 5 Steps Safer Surgery
- Medicine Prescribing
- Controlled Drugs
- Infection Prevention & Control – Governance and Assurance
- Infection Prevention & Control – Infrastructure
- Infection Prevention & Control – Management of Linen
- Infection Prevention & Control – Surgical Site Infection
- Infection Prevention & Control – Urinary Catheterisation Bundle
- Blood Transfusion Compliance
- Blood Transfusion – Cold Chain
- Resuscitation & Emergency Response
- Essential Care: Falls Prevention
- MRI Safety
- Patient Journey: Intra-Operative Observation
- Patient Journey: Recovery Observation
- Patient Journey: Safe Transfer of the Patient
- Decontamination- Endoscopy
- Safeguarding
- Medical Records – Pre-Operative Assessment
- Catering (Kitchen & Ward)
- Sharps
- H&S Slips, Trips and Falls

All audit findings are shared with the relevant teams, to recognise and congratulate them on effectiveness and success, as well as inform about areas for further improvement.

The Fitzwilliam & Boston West Hospitals implemented several initiatives following learning from audit results. Audit results are widely disseminated internally for action and learning. Actions taken in response to audit results include:

- The introduction of shared drafts within the Tendable system – this allows for collaborative working intra-departmentally, and within the wider hospital
- The appointment of a bank Pharmacist to assist with medicine reconciliation on the Ward
- Focus on pain management with dedicated sessions delivered to staff by the Pharmacy and Ward Manager

Audit outcomes are reviewed during departmental meetings where feedback, both positive and negative is discussed with all staff. When a need to improve is identified, action plans are in place, with repeat audits undertaken, to ensure appropriate standards are achieved and maintained. Lessons and good practice examples

are shared with the wider Consultant body via individual feedback at Clinical Governance and Medical Advisory Committee meetings.

### 2.2.3 Participation in Research

There were no patients recruited during 2025/26 to participate in research approved by a research ethics committee at either the Fitzwilliam or Boston West Hospitals.

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

Fitzwilliam & Boston West Hospital's income from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the National NHS CQUIN framework ceased in 2020/21.

### 2.2.5 Statement from the Care Quality Commission (CQC)

The Fitzwilliam & Boston West Hospitals are registered with the Care Quality Commission and their registration status on 31<sup>st</sup> March 2026 is 'Without Conditions'. Fitzwilliam Hospital were inspected by the CQC on the 27<sup>th</sup> February 2024 and the full report was published on the 26<sup>th</sup> April 2024. The link to the most recent report can be found at the link below:

<https://www.cqc.org.uk/location/1-128732743/reports/AP1289/overall>

The CQC visited Boston West Hospital on 25<sup>th</sup> September & 20<sup>th</sup> October 2025. They stayed for the day on each occasion and conducted a review of our theatre department, specifically focusing their attention on surgery, Outpatients and Endoscopy. The report was overwhelmingly positive, and the Boston West Hospital was awarded a "Good" rating. The link to the full report can be found below:

<https://www.cqc.org.uk/location/1-128732808>

The Fitzwilliam & Boston West Hospitals have not participated in any special reviews or investigations by the CQC during the reporting period.

### 2.2.6 Statement on Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. In 2025/26 our key goals were to:

- **At Fitzwilliam Hospital, staff will ensure that all relevant patients complete the newly released Breast Augmentation e-PROM. This was the last remaining PROM to be transitioned to the e-PROM model**  
Patients who undergo either breast augmentation or breast reduction are now completing the PROMs electronically. This data is collated via Cemplicity and allows us to track patient outcomes.
- **At Boston West Hospital, staff will continue to work to capture relevant patients and support the completion of the Cataract and Carpal Tunnel e-PROMs to ensure that we are able to closely monitor any concerns following surgery**

Participation in Cataract and Carpal Tunnel e-PROMs is ongoing, and we can track patient outcomes via the action register function within Cemplicity. We actively engage with patients should we receive alerts and escalate to clinicians where indicated.

In 2026/27 our area of focus to improve the capture of patient data at both sites is:

- With the rolling out of Hybrid Mail at both Fitzwilliam & Boston West Hospital, staff will ensure that patients communication preferences are captured to ensure they receive timely information regarding appointments, in a way that suits them

### NHS Number and General Medical Practice Code Validity

Fitzwilliam & Boston West Hospitals submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

	Fitzwilliam Hospital	Boston West Hospital
<b>Admitted Care</b>	99.69%	99.69%
<b>Outpatient Care</b>	99.98%	100%
<b>Accident &amp; Emergency</b>	N/A – not undertaken at our hospital	N/A – not undertaken at our hospital

The General Medical Practice Code:

	Fitzwilliam Hospital	Boston West Hospital
<b>Admitted Care</b>	100%	100%
<b>Outpatient Care</b>	100%	100%
<b>Accident &amp; Emergency</b>	N/A – not undertaken at our hospital	N/A – not undertaken at our hospital

### Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2025/2026 submission is due by 30th June 2026.

This information is publicly available on the DSP website at:

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

### Clinical coding error rate

Fitzwilliam & Boston West Hospitals were subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Fitzwilliam	96%	98%	96%	99%
Boston	95%	94%	98%	99%

## 2.2.7 Stakeholders views on 2025/26 Quality Account

### 2.2.7.1 NHS Lincolnshire ICB Commentary on Fitzwilliam and Boston West Hospital Quality Account 2025/26

Fitzwilliam Hospital & Boston West Hospital submitted the Quality Account 2025/26 to Lincolnshire ICB for review and comment on 29<sup>th</sup> May 2026, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, we have not received a response. Upon receipt of a response from Lincolnshire ICB, the Quality Account 2025/26 will be republished.

## 2.2.7.2 NHS Central East ICB Commentary on Fitzwilliam & Boston West Hospital Quality Account 2025/26



### **NHS Central East Integrated Care Board response to the Quality Account of Fitzwilliam Hospital for 2025/2026**

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the Fitzwilliam Hospital Quality Account for 2025/26. Fitzwilliam Hospital is part of Ramsay Health Care UK and the ICB commissions NHS-funded activity through the hospital.

The ICB considers that this Quality Account provides a clear, comprehensive and balanced overview of the quality of services delivered by Fitzwilliam Hospital.

The ICB recognises Fitzwilliam Hospital's continued commitment to delivering high-quality services for local populations. We particularly acknowledge the progress made during 2025/26 in:

- the successful implementation of the day case joint replacement pathway, improving patient experience and supporting efficient use of capacity
- the outcomes of the Getting It Right First Time (GIRFT) review, demonstrating alignment with national best practice in orthopaedic and spinal services
- sustained progress towards Aseptic Non-Touch Technique (ANTT) Gold Accreditation
- the use of digital systems, including Cemplicity, to support the collection and review of patient feedback and outcomes following surgery

The ICB also recognises the hospital's achievements during the year, including consistently positive patient experience across services supported by multiple feedback mechanisms, progress in embedding the 'Speak Up for Safety' programme across the organisation, and the implementation of the Rad Alert digital alerting system.

The proposed quality priorities for 2026/27 are well aligned with both Place and system priorities. The focus on:

- clinical effectiveness, including expanding healthcare capacity
- patient safety, including piloting a new e-consent model for general surgery
- patient experience, including aiming to achieve Autism Accreditation

represents a balanced and appropriate approach to improving safety, outcomes and experience.

As the organisation moves forward, the ICB encourages continued focus on:

- actions and learning identified from national and local surveys
- learning from complaints, incidents and audits
- demonstrating measurable impact from quality improvement initiatives

Central East ICB wishes to acknowledge and commend the staff at Fitzwilliam Hospital for their ongoing efforts to support the NHS and deliver high-quality, safe and effective care to populations in our system. We also recognise the organisation's commitment to continuous improvement and innovation.

We look forward to continuing to work in partnership with Fitzwilliam Hospital over the forthcoming year and hope that the provider finds these comments helpful.

**Rowan Procter**  
Deputy Director Quality Assurance  
NHS Central East Integrated Care Board



### [2.2.7.3 Healthwatch Lincolnshire Commentary on Fitzwilliam & Boston West Hospital Quality Account 2025/26](#)



Fitzwilliam Hospital & Boston West Hospital submitted the Quality Account 2025/26 to Healthwatch Lincolnshire for review and comment on 29<sup>th</sup> May 2026, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, we have not received a response. Upon receipt of a response from Healthwatch Lincolnshire, the Quality Account 2025/26 will be republished.

#### [2.2.7.4 Healthwatch Cambridgeshire & Peterborough Commentary on Fitzwilliam & Boston West Hospital Quality Account 2025/26](#)



Fitzwilliam Hospital & Boston West Hospital submitted the Quality Account 2025/26 to Healthwatch Cambridgeshire & Peterborough for review and comment on 29<sup>th</sup> May 2026, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, we have not received a response. Upon receipt of a response from Healthwatch Cambridgeshire & Peterborough, the Quality Account 2025/26 will be republished.

### **2.2.7.5 Fitzwilliam Hospital Patient and Public Involvement Group (PPIG) Commentary on Fitzwilliam Hospital Quality Account 2025/26**

We have been unable to obtain commentary from our Patient and Public Involvement Group (PPIG) this year. We look forward to being able to welcome the PPIG back to Fitzwilliam Hospital during 2025/26.

**2.2.7.6 Boston West Hospital Patient and Public Involvement Group (PPIG) Commentary on Fitzwilliam & Boston West Hospital Quality Account 2025/26**

We have been unable to obtain commentary from our Patient and Public Involvement Group (PPIG) this year. We look forward to being able to welcome the PPIG back to Boston West Hospital during 2025/26.

# Part 3:

## Review of Quality Performance 2025/2026

### Statements of Quality Delivery

#### Head of Clinical Services, Jane Groom

Review of Quality Performance 1<sup>st</sup> April 2025 – 31<sup>st</sup> March 2026

##### Introduction

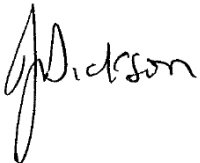
##### Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care UK, patient safety and the quality of care are paramount. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion demonstrated by our clinical teams. Their unwavering commitment to delivering compassionate, evidence-based care ensures that patients always remain our foremost priority.

Across the UK group, I am continually inspired by the outstanding care provided by both our clinical and operational teams. Every day, they deliver exceptional service that embodies our core value of "People Caring for People." This dedication is clearly reflected in our impressive patient feedback scores, as well as the positive engagement received from colleagues and doctors. The contribution of every team member is vital, and we remain steadfast in our commitment to recognising, supporting, and championing their efforts.

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.



**Jo Dickson**

## Ramsay Clinical Governance Framework 2025/26

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

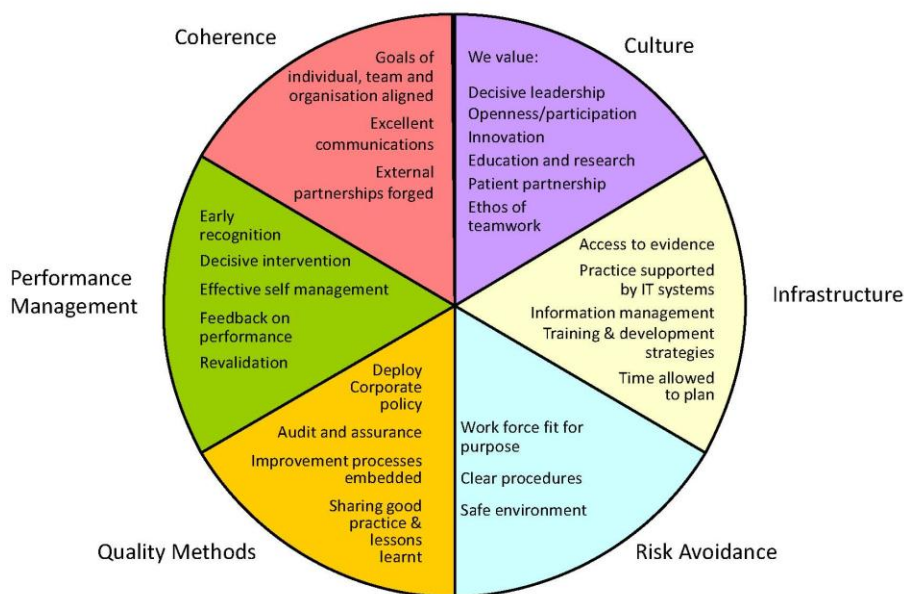
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

### Ramsay Health Care Clinical Governance Framework



## National Guidance

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

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

# 3.1 The Core Quality Account indicators

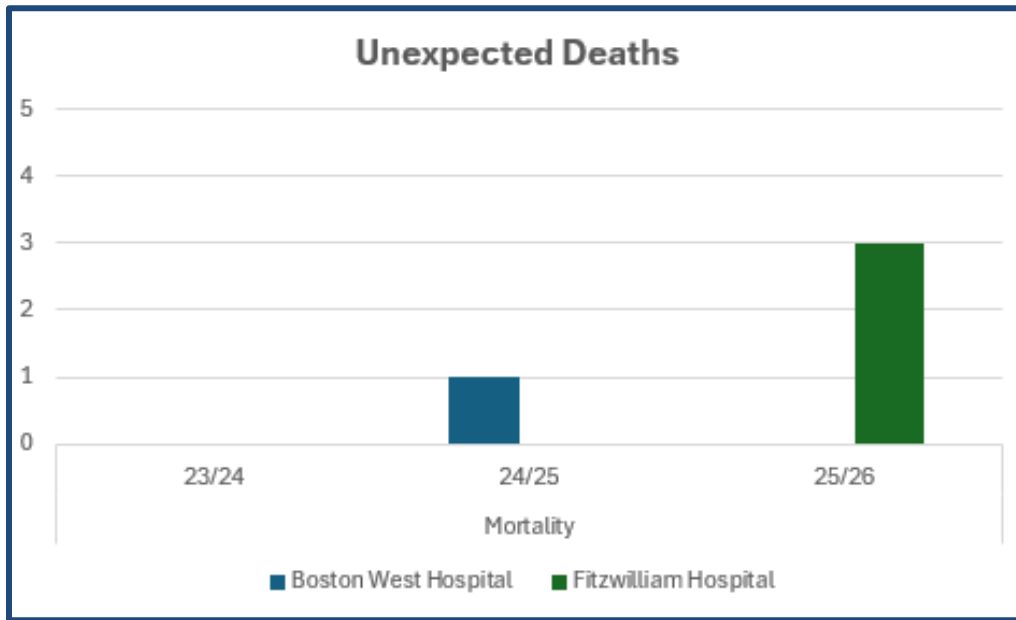
All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

Data sets are routinely submitted to the NHS Trust or NHS ICB and Non-NHS bodies via NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the NHS Trust and non-NHS bodies (as applicable) are included for each of those listed in the tables below with:

- a. The national average for the same; and
- b. With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

## Mortality

The table below shows the Mortality data for Fitzwilliam & Boston West Hospitals, the latest data release from NHS Digital. The mortality data is a Summary Hospital-level Mortality Indicator (SHMI). The figures below have been extracted from the most recent data sets available. The data submission is to prevent people from dying prematurely and enhancing quality of life for people with long-term conditions as part of the NHS outcomes framework.



Mortality:	Period	Best		Worst		Average		Period	Fitzwilliam	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC06	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC06	0.0000
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC06	0.0001

Mortality:	Period	Best		Worst		Average		Period	Boston West	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC27	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC27	0.0003
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC27	0.0000

The Fitzwilliam & Boston West Hospitals consider the data is a true reflection of activity for the following reasons:

- The Boston West Hospital did not report any deaths related to NHS regulated activity during 2025/26.
- Fitzwilliam Hospital reported 3 deaths within 30 days of elective surgery in 2025/26; these deaths did not occur at the Fitzwilliam Hospital site but occurred following discharge. The cases are still subject to review; however, no immediate concerns or themes have been identified.

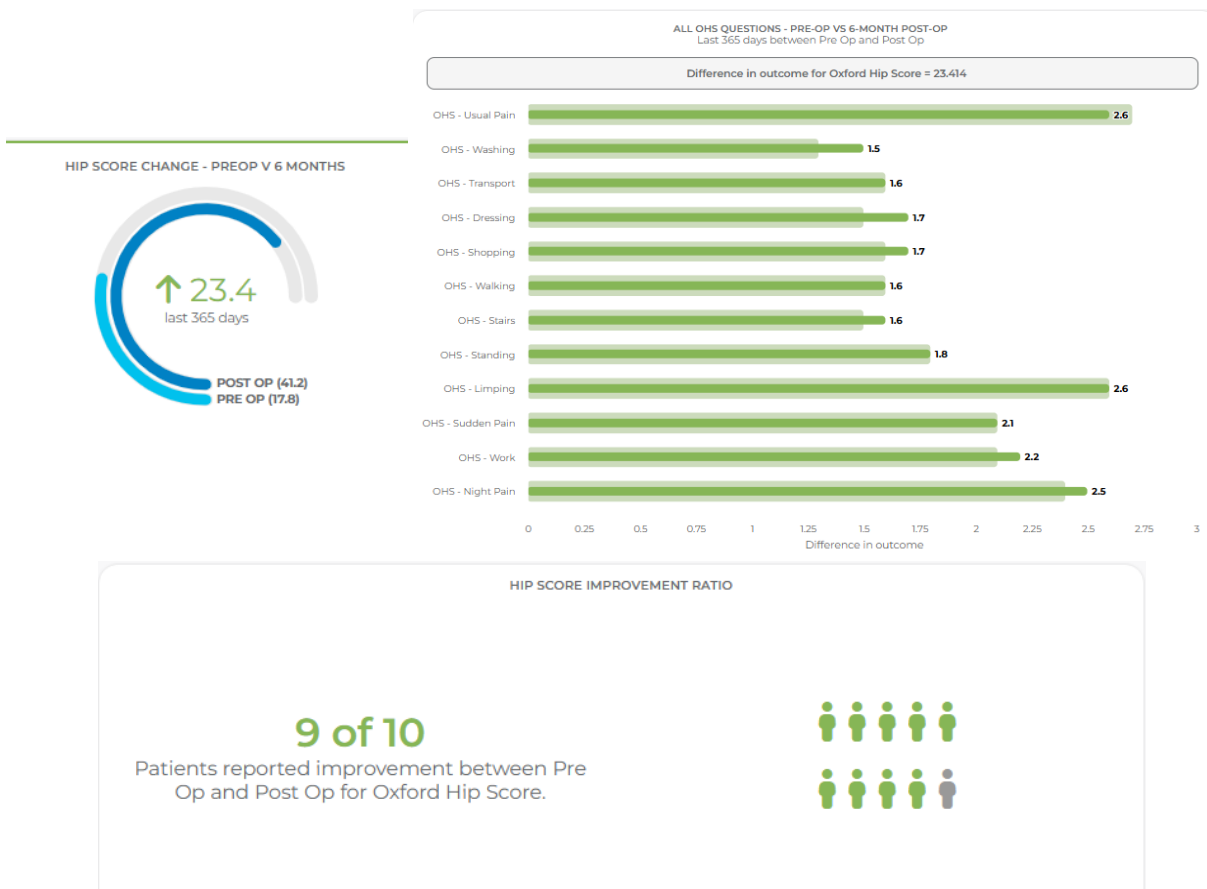
## Patient Reported Outcome Measures (PROMS)

The information in the tables below show data reviews in relation to helping people to recover from elective surgery. The domain reviews patient feedback and the measure is the adjusted health gain described by the patient. The HSCIC data for PROMS includes private providers, with the most recent complete data release covering the period April 2023 – March 2024 being evident below for both total hip replacement procedures and total knee replacement procedures.

### Most recent data release – February 2025 for the data period Apr 2023 – Mar 2024: Hip Replacement & Knee Replacement

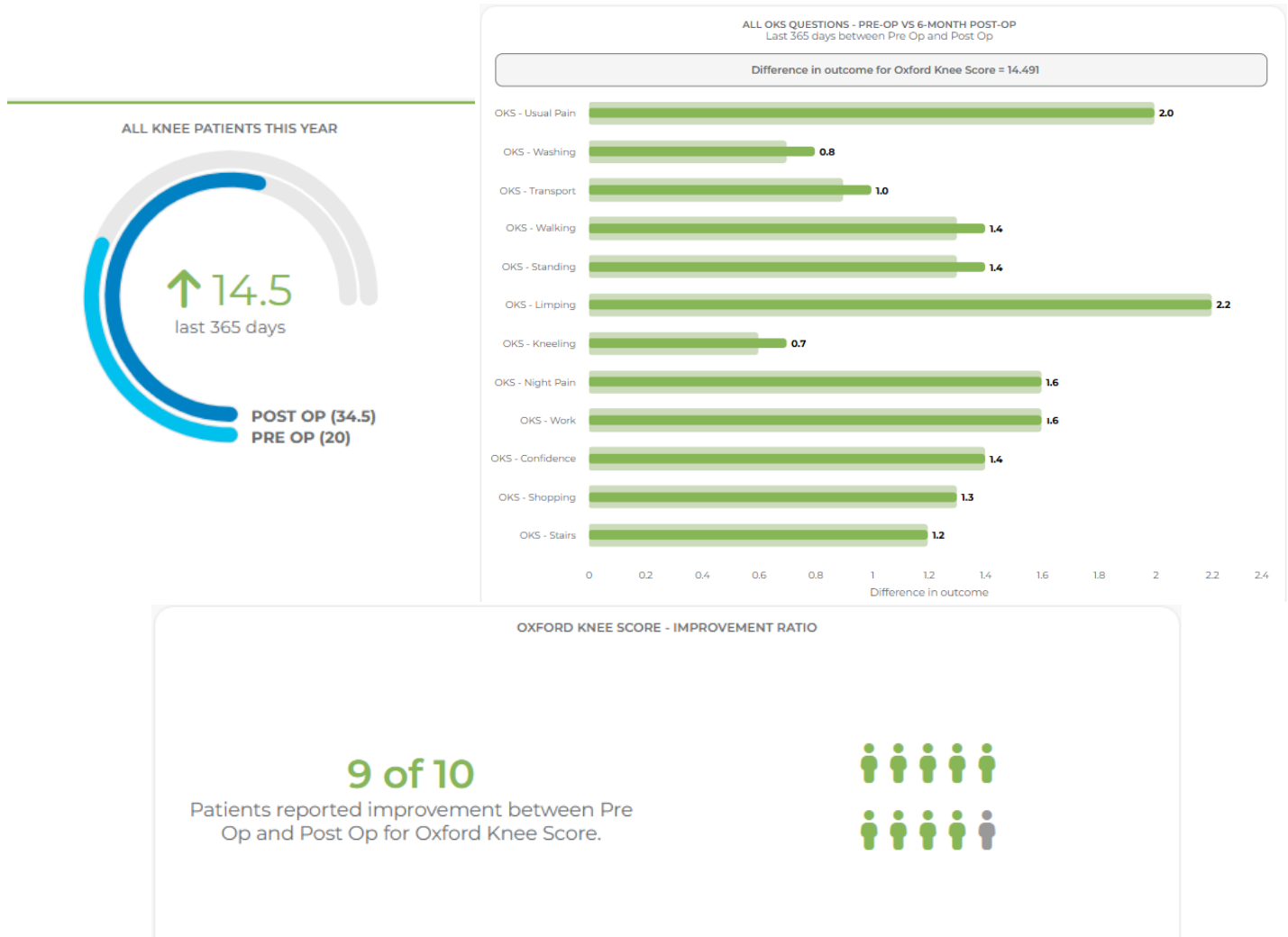
#### Total Hip Replacement

The illustrations below shows the average adjusted health gain reported by patients, who have undergone a Total Hip Replacement at Fitzwilliam Hospital. The data shows that the health gains noted by patients following their surgery are above the national average.



## Total Knee Replacement

The illustrations below shows the average adjusted health gain reported by patients, who have undergone a Total Knee Replacement at Fitzwilliam Hospital. The data shows that the health gains noted by patients following their surgery are slightly below the national average.



PROMs data was analysed and has been fed back to the staff and Consultant body via Clinical Governance Committee and Medical Advisory Committee meetings.

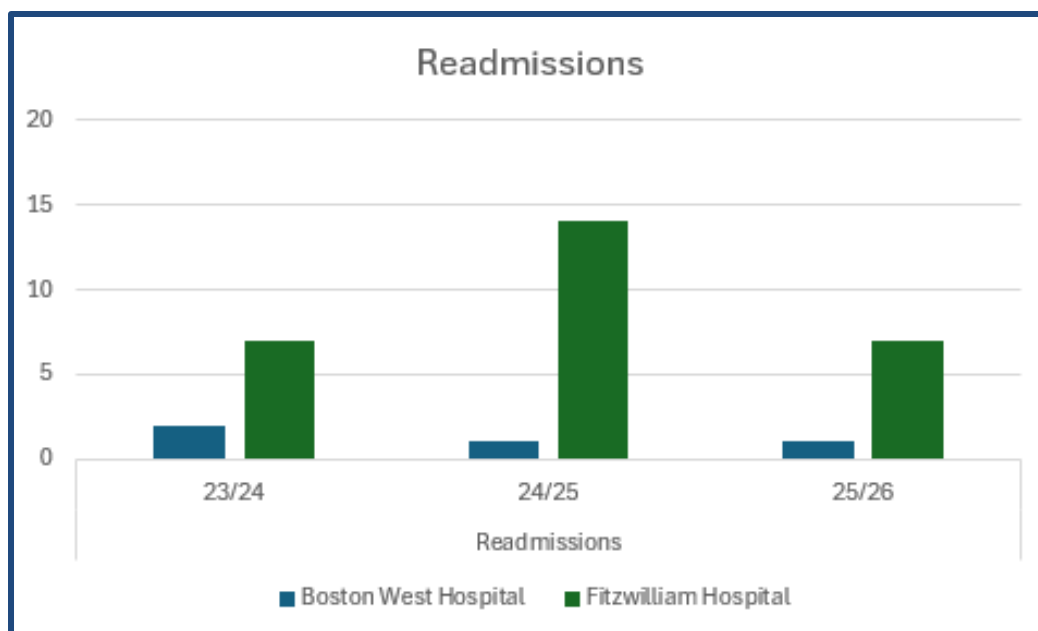
The Fitzwilliam Hospital considers that the Total Hip Replacement and Total Knee Replacement PROMs data is described for the following reasons:

- Patient health gains continue to be above Ramsay and national averages for hip replacement patients. This may be due to the quality of clinical care and after care provided to patients. Whilst total knee replacements are slightly lower than national averages, they are still positive,
- Patient participation continues to improve following implementation of electronic completion of PROMs questionnaires.

The Fitzwilliam & Boston West Hospitals continually reviews the PROMS process at hospital level to increase patient participation and ensure the process is capturing the patient data at pre assessment. The reception team

pro-actively ask patients to provide their email addresses to ensure they are able to complete the PROMs at a time convenient for them. For those who are unable to provide an email address, tablets are also available within the Outpatient department for patients to access during and after their pre-assessment appointments to ensure no opportunity is missed. Ramsay Health Care have also utilised the Cemplicity system to alert us should a patient report a worsened outcome following completion of their post-operative PROM questionnaire, allowing us to be proactive in ensuring patients are assessed and treated as necessary. In 2026/27, we will look to continue the good work in ensuring we are proactive to patients changing clinical pictures, should they need us.

### Readmissions within 28 days



It is unusual for patients to require re-admission to hospital following their procedure. When a patient is readmitted, they are reviewed by the duty doctor, and a treatment plan is initiated. The statistics regarding readmissions to Fitzwilliam & Boston West Hospitals are reviewed on a quarterly basis at the Medical Advisory Committee and monthly at the Clinical Governance Committee meetings. The data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group. Trend analysis has been undertaken on all cases of readmission and there is no theme attributed to any one consultant or specialty.

The Fitzwilliam & Boston West Hospital considers the data is a true reflection of activity for the following reasons:

- There were fewer readmissions recorded at Fitzwilliam Hospital during 2025/26, in comparison to 2024/25, and none recorded at the Boston West Hospital. Readmission rates have remained consistently low, below the national average, and this could be attributed to good standards of clinical care and treatment.
- Patients are provided with key information at the point of discharge about care instructions following their procedure.
- Patients are encouraged to contact the hospital should they feel they need support or guidance following their procedure to enable us to pro-actively manage any concerns that arise post-discharge

The Fitzwilliam Hospital will continue to provide patients with support with aftercare advice and encourage patients to return where clinically indicated.

## Responsiveness

### Venous ThromboEmbolism (VTE) Assessment

The VTE assessment domain reviews data to see if patients are being treated and cared for in a safe environment and are being protected from avoidable harm. The data looks at all patients who have had an adequate risk assessment prior to admission in relation to the prevention of post-operative VTE events.

VTE Assessment:	Period	Best		Worst		Average		Period	Fitzwilliam	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC06	97.8%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC06	98.3%
	Q1 to Q3 25/26	Severall	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC06	99.3%

VTE Assessment:	Period	Best		Worst		Average		Period	Boston West	
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC27	95.5%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC27	99.5%
	Q1 to Q3 25/26	Severall	100%	NVC0Y	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC27	99.6%

The data shows the Fitzwilliam Hospital & Boston West Hospitals have performed better than national benchmarking data, with a consistent performance. Analysis of Q1 to Q3 2025/26 shows an overall compliance percentage of 99.3% at Fitzwilliam and 99.6% at Boston West Hospital. Both sites exceed the national average by 8%.

The VTE management of patients post operatively has been reviewed via periodic audits during 2025/26, to ensure the best possible care is being delivered to patients. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are monitored, with any changes to treatment plans noted and documented. All treatment is provided in accordance with the Consultant's post-operative assessment, to mitigate the risk of avoidable harm.

### C Difficile Rates

From the data analysed, the Fitzwilliam & Boston West Hospitals are amongst the best performing organisations in the country for C-Difficile rates with a 0% rate in C-Difficile cases for 2025/26.

The hospital shows consistent practice in pre assessment procedures. Continued commitment has been shown by the clinical staff to support the local antibiotic policy in line with best practice.

The scores reflect good practice from clinical staff in the ability to isolate patients when required, promoting good infection control processes.

## 3.2 Patient Safety

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

Risks to patient safety come to light through a number of routes including routine audit, complaints, 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 areas below.

### 3.2.1 Infection Prevention and Control

***Fitzwilliam & Boston West Hospital have very low rates of hospital acquired infections and have had no reported MRSA Bacteraemia in the past 4 years.***

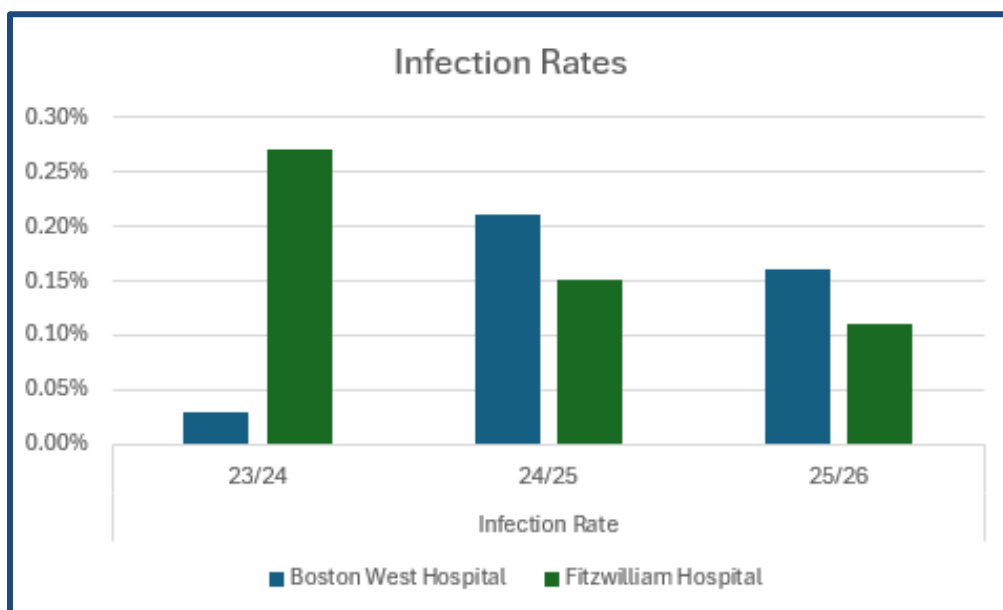
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

Infection Prevention and Control (IPC) management is very active within our hospital. An annual strategy is developed by a Corporate level IPC Committee and group policy is revised and disseminated every two years, or more often where required. Our IPC programmes are designed to bring about improvements in performance and 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.

During 2025/26, Fitzwilliam & Boston West Hospitals saw a reduction in infection rates, and continue to fall within expected parameters against activity, as demonstrated in the graph below:



At Fitzwilliam & Boston West Hospitals, we have a dedicated Infection Control Committee who meet regularly throughout the year to manage our Infection Prevention and Control processes to monitor any incidences of infection following any type of surgery. Specifically, at the Fitzwilliam Hospital we also take part in the UK Health Security Agency (UKHSA) Surgical Site Infection Surveillance Service (SSISS) for Total Hip Replacement, Total Knee Replacement procedures, and spinal procedures. Data is collected by engaging with patients at 30 days' post-procedure, to determine how their wound is healing and whether they might have experienced an infection. All data is submitted to UKHSA, and some wound infections for these procedures are reportable to Public Health England if they meet pre-determined criteria.

To continue to manage hospital-acquired infection at Fitzwilliam & Boston West Hospitals, in 2025/26, our highly experienced Infection Control Lead Nurse progressed the following actions:

- Continue to pro-actively invite patients back to the Hospital for wound checks, thus ensuring that their progress is closely monitored.
- Continued to engage with staff regarding the accurate reporting of non-confirmed wound infections via our incident reporting tool, RADAR.
- Continue to utilise our dedicated Pharmacist who has an ongoing focus on direct engagement with consultants regarding antibiotic stewardship.
- Continued work on achieving ANTT Gold Accreditation, following on from the great work of achieving Silver Accreditation.
- Ongoing training with dedicated Link Champions within each clinical department, to ensure best practice is being adhered to.
- Regular audits of the environment and clinical practice to ensure high standards of infection prevention continue to be adhered to.
- The development of a surgical normothermia working group, to ensure best practice is being adhered to.

### 3.2.2 Cleanliness and Hospital Hygiene

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

This is an annual audit undertaken by all NHS trusts, voluntary, independent, and private healthcare providers. The assessment team is made up of staff and patients but must be made up of at least 50% patients/members of the public. Our Patient and Public Involvement Group (PPIG) routinely visit the Hospital sites and complete the audit once per year, and provides 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.

Fitzwilliam Hospital PPIG met on 26<sup>th</sup> November 2025, and the Boston West Hospital PPIG met on the 4<sup>th</sup> December 2025 to complete the PLACE audit, please see our scores below:

## Fitzwilliam Hospital

Fitzwilliam Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
2025	99.13%	97.32%	95.14%	100.00%	88.10%	99.42%	94.29%
2024	100.00%	98.81%	97.92%	100.00%	95.24%	100.00%	100.00%
Ramsay Average 2025	98.98%	94.51%	91.74%	97.54%	90.52%	97.93%	89.77%
National Average 2025	98.55%	92.13%	92.79%	92.30%	89.37%	97.00%	87.12%

Results in all areas are slightly lower in some areas in comparison to the 2024 audit; however, we remain above the Ramsay and National Average in 6 out of the 7 domains. Areas that did not score full marks were:

### Food

- Are you currently using a digital menu ordering system?
- Do patients have 24-hour access to food

We will not be introducing a digital menu ordering system, as we would prefer to continue to deliver the personalised service provided at Fitzwilliam Hospital. Patients have access to the snack menu 24/7, and should they request hot food outside of core hours, staff have been trained to reheat pre-packaged food as an alternative

- Does the organisation audit meals provided using the International Dysphagia Diet Standardisation Initiative (IDDSI) framework

The Fitzwilliam Hospital does not treat patients who have dysphagia, however, should a patient require a specialised diet post-operatively this would be discussed as part of a wider MDT (inclusive of medical staff and Chef).

### Buildings and Facilities

- Are cleaning scores displayed in all patient facing areas

The Main Reception and Braithwaite Reception have recently been refurbished, and cleaning scores will be displayed in these areas

- Is there sufficient seating for patients leading up to the building entrance area within the organisation's ground

The distance from the car parks and reception areas is short, and therefore it is felt that seating leading up to the entrances would not be needed. Should a patient require assistance, staff would be on hand to provide this by way of a wheelchair.

### Privacy, Dignity & Wellbeing – Social Spaces & Ward

- Is there a day room, social/communal area or playroom on the ward?
- Is there a safe and secure outside space e.g. garden, courtyard or terrace for patients?
- Are there area(s)/room(s) designated exclusively for use as family/visiting

Although we do not have a designated area with the sole purpose of a patient social space, communal area, playroom or family visiting, inpatients all have individual patient bedrooms where visitors can be accommodated. Furthermore, there are no designated outdoor areas for patients, however, there are areas around the Hospital where benches are located and can be used if necessary.

A discussion took place with the PPIG to feedback the results, advise of actions taken and gain their thoughts for improvements. Fitzwilliam Hospital scores demonstrate our commitment to ensuring our hospital provides a safe, clean, welcoming and friendly environment for our patients.

- Is information available to indicate participation in a scheme which allows people with identified or registered carers to visit at any time, including at mealtimes (e.g. John’s Campaign or Carer’s passports)

The Hospital has available a “Hospital Passport” for those patients who require additional assistance. Information regarding this is available on request, however, we will ensure that these are displayed in relevant areas. The Ward has set visiting times, however, if it was identified that it was in the best interests of the patient to extend these times, we would accommodate this.

The PPIG also made mention to general wear and tear with paintwork within the Hospital – they did concede that these were minor points – all points have now been actioned by the Housekeeping and Maintenance teams.

### **Boston West Hospital**

Boston West Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
2025	98.97%	N/A	N/A	N/A	85.00%	100.00%	93.75%
2024	100.00%	N/A	N/A	N/A	100.00%	100.00%	100.00%
Ramsay Average 2025	98.98%	94.51%	91.74%	97.54%	90.52%	97.93%	89.77%
National Average 2025	98.55%	92.13%	92.79%	92.30%	89.37%	97.00%	87.12%

Results in all, except, one area are slightly lower in comparison to the 2024 audit; however, we remain above the Ramsay or the National Average in 3 of the 4 domains. Areas that did not score full marks were:

### **Buildings and Facilities**

- Are cleaning scores displayed in all patient facing areas

Cleaning audits are routinely undertaken via our audit system Tendable. Scores from these audits will be displayed in all patient facing areas.

### **Privacy, Dignity and Well-Being**

- Are there area(s)/room(s) designated exclusively for use as family/visiting

The Boston West Hospital is a treatment centre with no inpatient facilities; therefore, patients are not with us for long periods of time. If a family/visitor required somewhere to stay as an exception, we could use one of the Consulting Rooms.

- Is a Changing Places toilet available within the organisation

We have spacious disabled toilets for patients to use should they wish and feel this is adequate for the patient group we serve.

- Is information available to indicate participation in a scheme which allows people with identified or registered carers to visit at any time, including at mealtimes (e.g. John's Campaign or Carer's passports)

The Hospital has available a "Hospital Passport" for those patients who require additional assistance. Information regarding this is available on request, however, we will ensure that these are displayed in relevant areas.

A discussion took place with the PPIG to feedback the results, advise of actions taken and gain their thoughts for improvements. Boston West Hospital scores demonstrate our commitment to ensuring our Hospital provides a safe, clean, welcoming and friendly environment for our patients.

We look forward to welcoming back the Fitzwilliam & Boston West Hospital PPIGs in 2026/27.

### 3.2.3 Safety in the Workplace

We seek to ensure our staff have a high safety awareness through an overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety supports the effectiveness of our 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 across the Fitzwilliam Hospital to ensure we keep up to date with all safety matters.

During 2025/26, we completed a number of safety initiatives:

- Continued to reinforce the importance of reporting all incidents via RADAR to all staff
- Ongoing sharing of lessons learned sessions with the clinical teams, sharing learning from adverse events as per PSIRF – inclusive of Hot Debriefs and After-Action Reviews
- Regular meetings undertaken by the Hospital Health and Safety Committees to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes.
- Ongoing training with all staff regarding good principles surrounding the safe manual handling of objects and patients.
- Annual and regular updating of department PUWER and COSHH registers to ensure the safe use of equipment and substances at work.
- Delivery of further Speak up for Safety sessions on staff induction training days, and standalone sessions to ensure that staff feel safe and supported should they need to raise concerns relating to patient/staff safety.
- Continued work by our dedicated falls champion who attends the Falls Working Group and communicates actions to the hospital. Our falls champion also works closely with the wider MDT to ensure that any patients who may be a falls risk are highlighted as early as possible to ensure safety measures can be put into place. Incidences of patient falls remain low in comparison to admissions at 0.26% for Fitzwilliam Hospital, and no falls reported at Boston West Hospital.

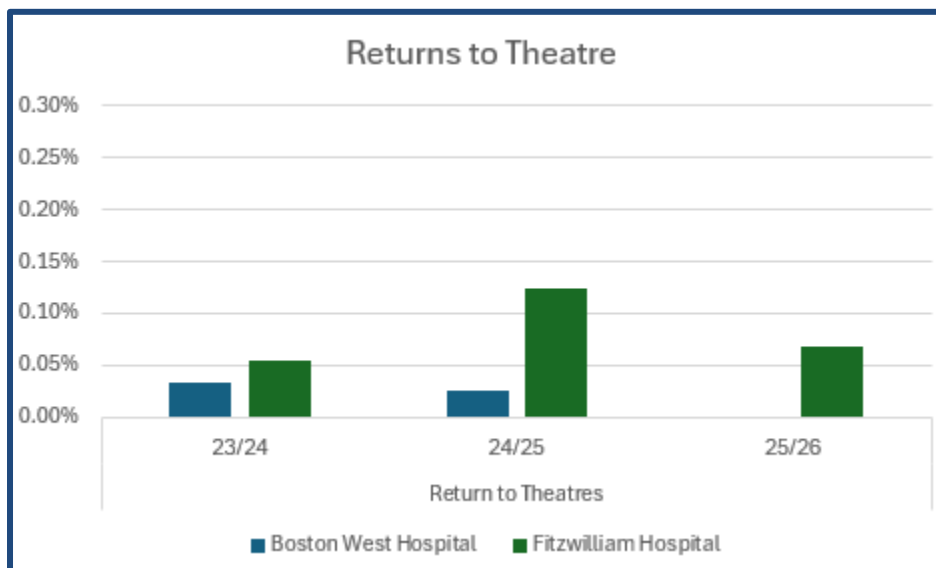
## 3.3 Clinical Effectiveness

Fitzwilliam & Boston West Hospitals have a joint Clinical Governance Committee that meet regularly through the year to monitor quality and effectiveness of care and undertake regular thematic reviews in relation to our governance and audit activity. Regular national audits are undertaken to enable performance to be benchmarked against national parameters (as described in section 3.1 of this report). 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 at Medical Advisory Committee meetings, to ensure results are reviewed and actions taken where required by the organisation as a whole.

The National Institute of Clinical Excellence (NICE) guidance information is reviewed locally on a quarterly basis at the Medical Advisory Committee, to ensure clinicians are aware of the latest national guidance to provide safe and effective care and treatment.

### 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 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.



The data has been analysed for reoperation against total admissions for the period, which sets the Fitzwilliam Hospital reoperation rate at 0.07% and Boston West at 0%, which is a decrease from the previous reporting period. We continue to remain below the national average and are not seen as outlier for this KPI.

### 3.3.2 Learning from Deaths

Fitzwilliam & Boston West Hospital applies the principles of the learning from Patient Safety Incident Framework (PSIRF) and CQC notification requirements for any death and in the interests of shared learning shares all data for all payor groups. Historically, the Fitzwilliam & Boston West Hospitals did not have permitted authority to utilise the national care record system (NCRS), however, in 2024, we were granted access and staff were trained to access the NCRS, with private patient consent, enabling staff to access important patient information. Whilst there has been no patient harm linked to the previous inability to access, the sharing of NCRS access with our staff has been an important component of shared learning. During the 2025/26 period, we have recorded 3 deaths following elective surgery, however, the reviews are still ongoing and have not identified any immediate concerns or themes.

### 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

## Mechanisms of Patient Feedback



Feedback from our patients is extremely important to us and an essential tool, to achieve continued improvement of our care and service delivery; Fitzwilliam Hospital has 5 mechanisms of patient feedback:

- The Friends and Family Test
- NHS Choices
- Complaints
- We Value Your Opinion card completion
- 3<sup>rd</sup> Party Data Collection of Patient Feedback (Patient Satisfaction Surveys)

### The Friends and Family Test

The NHS domain for the Friends and Family test aims to seek and record the opinion of service users, ensuring patients have a positive experience of care. The Friends and Family Test has continued to be a priority for Fitzwilliam & Boston West Hospital for 2025/26. We routinely analyse and comment on the feedback each month and patients rating the care “very good” or “good” continues to sit, at both sites, at 99%.

### NHS Choices

Patients can also leave feedback about Fitzwilliam Hospital on the NHS Choices website; when feedback is input, we are directly notified by email. Positive comments are shared with all staff via email in recognition of their hard work, and negative comments are investigated, and improvement action identified and undertaken, to prevent reoccurrence.

## **Complaints**

The Fitzwilliam Hospital reported 19 complaints and Boston West 5 complaints during 2025/26, which equates to 0.17% of total admissions at Fitzwilliam Hospital, and 0.15% at Boston West Hospital. 34% of the complaints were not upheld at the Fitzwilliam Hospital and 60% were not upheld at the Boston West Hospital, however, every complaint is discussed during regular compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint. Collaborative working provides a holistic and timely completion of the investigation. Complaint themes and actions are discussed at departmental meetings, core level management meetings and at Clinical Governance and Medical Advisory Committees, as well as being reported to our corporate team.

The hospital has a strong emphasis on customer excellence training, staff to patient ratios, and taking tangible action on feedback from patients when they share their experiences. We routinely discuss individual feedback with our patients and encourage an open and honest culture. Our genuine desire to continuously improve and actively engage with our patients and staff serves to identify and enhance every aspect of our offering.

## **We Value Your Opinion Cards**

“We Value Your Opinion” cards are completed by patients following surgery and allow them to comment on their stay at discharge. The patient completes a questionnaire, allowing free text for any comments or feedback. This feedback is reviewed by the Senior Leadership Team and areas identified for improvement are considered. In 2025/26, we received 1380 responses at Fitzwilliam Hospital and 867 at Boston West, with both Hospitals achieving satisfaction scores of 97% and 99% respectively. Feedback is overwhelmingly positive, and most patients report that their care was exceptionally well managed. Our data also includes the top trending positive theme being that they feel safe and well looked after, exceeding expectations for the considerate care offered. Any negative comments are also recorded, and steps are promptly taken to implement changes where possible.

## **Patient Satisfaction Surveys (Cemplicity)**

We utilise an external organisation, Cemplicity, to gather unbiased data from patients about their experience to determine and gauge satisfaction with the services they have received.

Surveys are emailed to patients 48 hours post-discharge following a procedure at either the Fitzwilliam or Boston West Hospital – they then have 3 weeks to complete this survey. The data set, though a dashboard format is available for analysis and helps identify areas of opportunity to improvement and drive focussed actions. Responses for the year reflect a very positive, overall picture for the Fitzwilliam Hospital who report an average net promotor score (NPS) of 88 – this constitutes an improvement on last year’s average score of 86. Additionally, Boston West Hospital had an average NPS score for the reporting period of 89%, which is a slight decrease from 2024/25. A score exceeding 80 is considered ‘world class’. Although, we look to constantly improve as there is plenty of room to increase this score further.

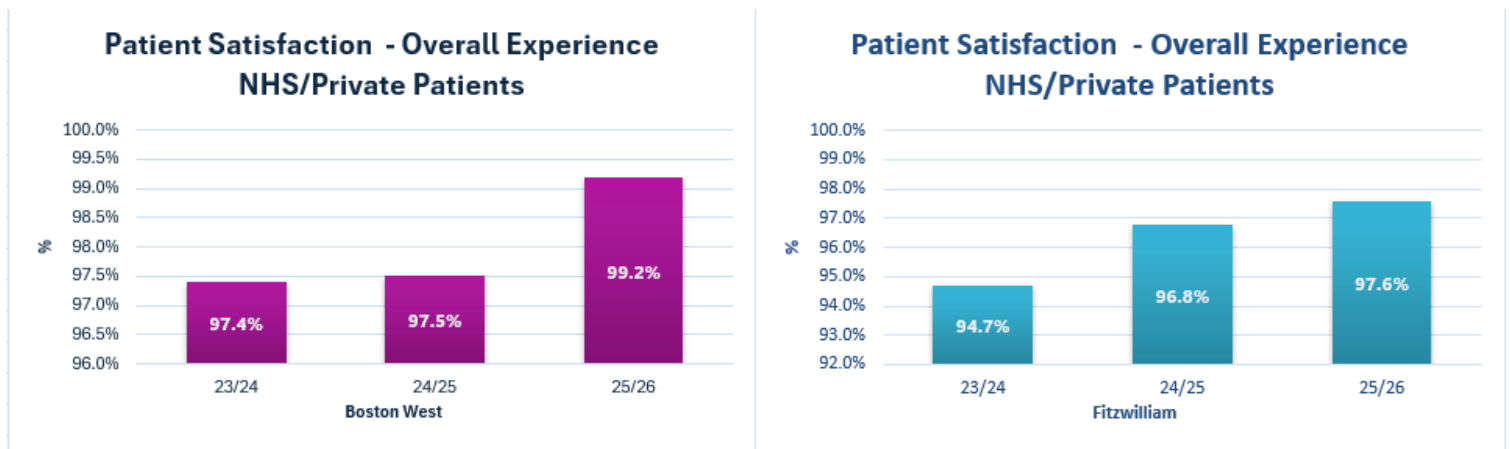
Focussed questions concerning confidence in cleanliness, privacy and respect & dignity are amongst the highest scoring across all patient groups during 2025/26. We also recognise the areas where there is scope to improve, specifically with ensuring patients are aware of the medication side effects and have the appropriate copies of consultant clinic letters. We are actively seeking and implementing additional steps in response to feedback. On the whole, the scores provide assurance that most patients consider the care and treatment to be of a consistently high (world class) standard.

We continue to engage with patients to encourage engagement with Cemplicity, to increase the number of email addresses collected and to ensure patients are well informed about the process when providing their consent to

be contacted. The Fitzwilliam Hospital has achieved an above average rate of response when compared to the Ramsay Group average, our scores for the year, pleasingly, exceed 80%.

## Overall Patient Satisfaction

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.



Patient experience, provided through the feedback channels or directly to us, is welcomed and supports service developments and process improvements or reassurance that we are meeting patient expectations.

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 commended accordingly.

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

Patient experiences feature as regular agenda items on Local Governance Committees for discussion, trend analysis and further action, where necessary. Escalation and further reporting to Ramsay Corporate and Department of Health (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.
- Friends and family questions asked at patient discharge.
- 'We value your opinion' leaflet.
- Verbal feedback to Ramsay staff - including Consultants, Head of Clinical Services/Hospital Directors whilst visiting patients and through Provider/CQC direct feedback.
- Written communication via letters/e-mails.
- Patient focus groups.
- PROMs surveys.
- Care pathways – patients are encouraged to read and participate in their plan of care.

Patient feedback continues to demonstrate a very positive experience of care across services, with consistently favourable responses received through multiple feedback mechanisms, including the Friends and Family Test, Cemplicity surveys, NHS Choices, written comments, and direct patient contact. Patients frequently express high levels of satisfaction with the professionalism, kindness, and responsiveness of staff, as well as the quality of clinical care received.

Overall, patient feedback provides strong reassurance that patients feel respected, well cared for, and confident in the services provided. The ongoing analysis and sharing of positive feedback help the organisation identify what is working well, celebrate staff achievements, and continue to improve the patient journey across all stages of care.

## 3.5 Fitzwilliam Hospital Case Studies

### Case Study 1

#### Royal College of Nursing (RCN) Training Sessions

We had the pleasure of hosting representatives from the Royal College of Nursing (RCN), who delivered sessions to our clinical staff. The sessions were facilitated by RCN representatives, who brought both clinical and professional expertise to the training. The structured format combined presentations with interactive discussion and scenario-based learning, allowing staff to apply RCN guidance to real-world situations.

A key strength of the sessions were their practical focus. Participants were supported to develop skills in statement writing related to serious incidents and coronial inquests, with opportunities to practise and receive guidance in a supportive environment. This approach helped demystify complex processes and increased staff confidence in managing challenging professional scenarios.

The accountability sessions were well attended by staff from both Fitzwilliam and Boston West Hospitals, demonstrating a strong appetite for professional development in this area. Feedback from attendees was positive, with staff valuing the opportunity to engage directly with the RCN and to clarify expectations around accountability and professional standards.

We hope to organise further sessions throughout the coming year, to ensure staff feel supported whilst delivering high quality patient care.



## Case Study 2

### Boston West CQC Inspection - Good

Boston West Hospital, is proud to announce it was awarded an overall rating of 'Good' following its latest inspection by the Care Quality Commission (CQC).

The inspection was carried out across two days in September and October 2025 and focused on reviewing the hospital's standards against all domains of Safe, Effective, Caring, Responsive and Well-led care for Surgery, Diagnostics and Outpatients.

The CQC inspection team commended Boston West Hospital for an outstanding standard of care, highlighting that the service was exceptional at treating people with kindness, empathy and compassion and in how they respected people's privacy and dignity.

This excellent achievement reflects the hospital's hard work, dedication, and the commitment of every team member in delivering safe, effective, and compassionate care.



## Case Study 3

### Ramsay Benefits & Rewards – Supporting Staff

On 11th March 2026, staff at The Fitzwilliam and Boston West Hospitals were excited to welcome the launch of our brand-new benefits platform – Ramsay BAR (Benefits & Rewards)

Designed with our teams in mind, Ramsay BAR is an easy-to-access, one-stop hub that brings together everyday essentials. From quick links to the Employee Assistance Programme, Workday payslips, payroll information, and the Benefits Hub, everything staff need is right at their fingertips.

Ramsay BAR also unlocks a fantastic range of discounts and rewards, helping money go further with savings on every day shopping, high street and bespoke retailers, travel, health and fitness, and dining out. As the saying goes.....every little does help.

Beyond the financial perks, colleagues can also access Health and Dental cover, as well as the option to buy or sell annual leave, giving greater flexibility to suit individual needs.

Finally, one of the most exciting features of our new platform is the ability to recognise and celebrate each other. RAMSAY BAR makes it easy to give a shout-out, say thank you, and acknowledge colleagues for their support, inspiration, and for living our values every day.

The logo for Ramsay BAR features the text "Ramsay BAR" in a bold, white, sans-serif font. A thick white horizontal line is positioned below the text, extending from the left edge of the logo area to the right edge of the "BAR" portion. The entire logo is set against a dark blue background.The text "Benefits and Rewards" is displayed in a white, sans-serif font, arranged in two lines. It is positioned to the right of the Ramsay BAR logo, within the same dark blue background.

# Case Study 4

## Boston West Theatre Opening

During 2025/26, Ramsay Health Care UK invested in Boston West by way of the opening of a second operating theatre, consulting room and additional recovery bays and also underwent a refurbishment of the reception and waiting area at Boston West Hospital. This was undertaken to improve hospital capacity, patient care and to strengthen services in the community.

The Mayor of Boston Borough, Barrie Pierpoint together with Alison Fairman from the Boston Heroes Awards joined staff in officially cutting the ribbon to open Boston West Hospital new facility.

Helen Tait, Hospital Director, said "I'm delighted to be adding another theatre to our hospital and to unveil our new reception and waiting area as well as our new consulting room and recovery bays. At Boston West Hospital, we put our patients at the heart of everything we do, and we continue to invest in our facilities to support our community and further our capacity and patient care".

Following the visit, Mayor of Boston Borough, Barrie Pierpoint said "It was a real pleasure as a member of the local community together with the Mayoress, Pamela Love and Alison Fairman, Boston Heroes Award Winner of 2026, to help celebrate the official opening of the new theatre at Boston West Hospital".

We look forward in 2026/27, and beyond to be able to continue to support the local community so they are able to access timely healthcare when needed.



# Case Study 5

## RadAlert Implementation

Timely communication of significant and unexpected radiological findings is critical to patient safety and effective clinical decision-making. Delays in acknowledging or acting upon such findings present a recognised risk to patient outcomes and clinical governance. To strengthen assurance and standardise escalation, RadAlert was implemented as a digital alerting system within our Radiology department, which serves both the Fitzwilliam and Boston West Hospitals.



When a radiologist identifies a significant or unexpected finding, a RadAlert notification is generated and issued to the referring clinician. The alert requires an explicit response to acknowledge or appropriately decline responsibility, ensuring clarity of clinical ownership.

Where alerts are not acknowledged within defined parameters, RadAlert enables automated escalation to senior clinical or operational colleagues to prompt action and prevent delays in care. Escalation communications are recorded, providing an auditable trail for governance, review, and learning.

The implementation of RadAlert strengthens patient safety by:

- Reducing the risk of missed or delayed follow-up of critical imaging findings
- Improving clarity of responsibility between radiology and referrers
- Providing a reliable audit trail for assurance and investigation

RadAlert contributes to a proactive safety culture, supporting early intervention and organisational learning.

# Services covered by this Quality Account

- Adult Bunion Surgery NHS clinic
- Adult Carpal Tunnel Syndrome and \Trigger Finger Clinic
- Adult Hip Arthroscopy NHS Clinic
- Adult Ligament and Cartilage (Meniscus) Injury Clinic
- Ophthalmology (inc. Cataracts)
- Colorectal Surgery
- Colorectal Medical
- Dermatological Lasers
- Dietician
- ENT Clinic
- Endo Venous Laser Treatment (EVLT)
- Endoscopy
- Foot & Ankle Clinic
- Gall Stone & Gall Bladder Clinic
- Gastrointestinal Clinic
- General Medicine
- General Surgery
- General Oral & Maxillofacial Clinic
- General Urology Clinic
- Gynaecology
- Haematology (non-clinical)
- Hand & Wrist Clinic
- Hernia Repair Clinic
- Knee Arthroscopy Clinic
- Knee Clinic
- Lumps and Bumps Minor Skin Surgery Clinic
- Ophthalmology & YAG Laser
- Pain Management Services
- Chronic Pain Management Services (private healthcare only)
- Radiology services
  - Computed Tomography (CT)
  - Interventional
  - X-Ray and Diagnostic
  - MRI Diagnostic Imaging Service
- Shoulder & Elbow Clinic
- Shoulder Only Clinic
- Spinal Assessment Clinic
- Spine & Back Pain Clinic
- Urology
- Urogynaecology/Adult Incontinence Clinic

# Fitzwilliam Hospital Statement of Purpose

## Fitzwilliam Hospital



Fitzwilliam Hospital was established in 1983 and is set in spacious grounds adjoining the Milton Estate in Bretton, Peterborough.

To support the activity the hospital has 41 beds, 4 theatres (with laminar flow) and a purpose-built ambulatory care unit together with a separate Braithwaite Suite ambulatory unit providing an endoscopy / minor operations theatre (non-laminar flow) pathway.

On site facilities include Radiology, Physiotherapy including a gym, a static MRI unit and a visiting mobile CT service.

Outreach clinical locations:

- Terrington St Clement, Churchgate Way, Terrington St Clement, King's Lynn PE34 4LZ
- The Acorn Surgery, 1 Oak Dr, Huntingdon PE29 7HN

We are committed to providing patients and other customers with the very highest level of care and services in a variety of specialities, whilst respecting individual needs. The CQC overall rating for the Fitzwilliam Hospital is 'Good' (last date of inspection – January 2024).

Location: Fitzwilliam Hospital

Bretton Way, South Bretton, Peterborough PE3 9AQ

Tel: 01733 261717

Registered Manager

Mrs Helen Tait

[Helen.tait@ramsayhealth.co.uk](mailto:Helen.tait@ramsayhealth.co.uk)

## Regulated Activities – Fitzwilliam Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Clinical Immunology and Allergy Testing, Clinical Oncology, Plastic and reconstructions, Counselling services, Chiropody, Dermatological lasers, Dietician, Ear, Nose and Throat (ENT), Gastrointestinal, General surgery, General Medicine, Geriatric Medicine, Gynaecological, Genito urinary medicine, Haematology (non-clinical), Nephrology, Ophthalmic (inc. laser), Orthopaedic, Orthodontics, Orthoptic, Occupational medicine, Occupational therapy, Outreach clinics Pain Management, Physiotherapy (including satellite clinic), Private GP service, Psychotherapy, Psychology, Rheumatology, Speech Therapy, Urological, Vascular	All adults 18 yrs and over
Surgical Procedures	Breast surgery, Cancer surgery (breast and colorectal), Colorectal, Day and Inpatient Surgery, Dermatology, Ear, Nose and Throat (ENT), Endoscopy, Gastrointestinal, General surgery, Genito urinary surgery, Gynaecological, Ophthalmic, Oral and Maxillofacial surgery, Orthopaedic, Plastic and reconstruction, Spinal Surgery, Vascular Surgery, Upper GI surgery and Urological	<p>All adults excluding:</p> <ul style="list-style-type: none"> <li>○ Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>○ Pregnant women</li> <li>○ Patients on renal haemodialysis</li> <li>○ Patients with history of malignant hyperpyrexia</li> <li>○ Planned surgery patients with positive MRSA screen are deferred until negative.</li> <li>○ Patients who are likely to need ventilatory support post operatively.</li> <li>○ Patients who are above a stable ASA 3.</li> <li>○ Any patient who will require planned admission to ITU post-surgery.</li> <li>○ Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>○ Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>○ MI in last 6 months</li> <li>○ Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>○ CVA in last 6 months</li> <li>○ New pacemaker within the last 6 months</li> <li>○ BMI limit of 40 excluding selected surgical patients up to 41 and gastric banding and bariatric surgery</li> <li>○ History of major post operative complications</li> <li>○ New diagnosis of, or unstable diabetes</li> <li>○ New diagnosis of Atrial Fibrillation</li> </ul>

		All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
<b>Diagnostic and screening</b>	Exercise ECG, GI physiology, Health screening, Imaging services, Phlebotomy, Urinary Screening, and  Specimen collection MRI	All adults 18 yrs and over
<b>Family Planning Services</b>	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
<b>Slimming Clinics</b>	Providing weight loss injection clinics	All adults 18 years and over as clinically indicated

# Boston West Hospital Statement of Purpose

## Boston West Hospital



Boston West Hospital is a purpose-built day case Hospital which provides services for assessment, diagnosis and treatment of common medical conditions for the population of Lincolnshire. The hospital has been upgraded to provide 6 large consulting suites, and two well-equipped modern theatres undertake a range of surgical procedures and endoscopic (diagnostic) JAG accredited investigations.

On site facilities include Physiotherapy. The hospital places a high level of importance on effective communication with patients. Consultants will fully explain treatment at the time of consultation and there is a range of patient information leaflets to support this process.

The hospital was inspected by the CQC in September 2025 and rated as 'Good'.

Location: Boston West Hospital

West Business Park, Sleaford Road, Sleaford, Road, Boston PE21 8EG

Tel: 01205 591860

Registered Manager

Helen Tait

Helen.tait@ramsayhealth.co.uk

## Regulated Activities – Boston West Hospital

	Services Provided	Peoples Needs Met for:
<b>Treatment of Disease, Disorder Or injury</b>	Physiotherapy, Plastic and reconstruction, Gastroenterology, General Surgery, Medico Legal, Ophthalmology, Orthopaedics, Gynaecology, Urology and Pain management	All adults 18 yrs and over
<b>Surgical Procedures</b>	Ambulatory and Day Surgery only: Gastroenterology, General surgery, Endo venous laser treatment (EVL), Endoscopy, Gastroenterology, General Surgery, Gynaecology, Ophthalmology & YAG Laser, Orthopaedic surgery, Urology, Pain management injections.	<p>All adults excluding:</p> <ul style="list-style-type: none"> <li>o Patients with blood disorders (haemophilia, sickle cell, thalassaemia)</li> <li>o Patients on renal dialysis</li> <li>o Patients with history of malignant hyperpyrexia</li> <li>o Planned surgery patients with positive MRSA screen are deferred until negative.</li> <li>o Patients who are likely to need ventilatory support post operatively.</li> <li>o Patients who are above a stable ASA 3.</li> <li>o Any patient who will require planned admission to ITU post-surgery.</li> <li>o Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest)</li> <li>o Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)</li> <li>o MI in last 6 months</li> <li>o Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest)</li> <li>o CVA in last 6 months</li> <li>o Sleep Apnoea requiring CPAP</li> </ul> <p>All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p> <p>All patients must meet social/clinical criteria for day surgery.</p>
<b>Diagnostic and screening</b>	Clinical Chemistry, Cytology and Histopathology, Diagnostic Radiology, GI Physiology, Haematology, Microbiology, MRI, Phlebotomy, Transfusion, Ultrasound, Bone Densitometry, Urinary Screening and Specimen collection, Urological Screening	All adults 18 years and over
<b>Family Planning Services</b>	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 3

# Clinical Audit Programme 2025/26

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 RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identified, QI initiatives may be led by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy	IPC Blood Transfusion Decontamination (Corp)

	OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
<b>July</b>	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug) One Together Surveillance of Surgical Site Infection (Jul–Aug) One Together Practice Review (Jul–Aug and Jan–Feb) IPC Governance and Assurance (Jul–Sep) Safe & Secure (Jul–Sep and Jan–Mar) 50 Steps Cleaning (FR5) – Receptions (Jul; Jan) Practising Privileges – Doctors in Training (Jul; Jan, where applicable) Medicines Reconciliation (Jul; Oct; Jan; Apr) MRI Reporting for BUPA (Jul; Nov; Mar) H&S Fire Safety (Jul; Jan)	IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK
<b>August</b>	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar) CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb) Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward HoCS SLT
<b>September</b>	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct) X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology
<b>October</b>	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK
<b>November</b>	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH

	OH: Case Management Referrals (May; Nov)	Corporate OH
<b>December</b>	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
<b>January</b>	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
<b>February</b>	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
<b>March</b>	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
<b>April</b>	H&S Management	Ops Managers, RDUK
<b>May</b>	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
<b>June</b>	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

# Glossary of Abbreviations

CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
COVID-19	An infectious disease caused by the SARS-CoV-2 virus
DH	Department of Health
ERS	Electronic Referral System
GP	General Practitioner
HCA	Health Care Assistant
HAI	Hospital Acquired Infection
HPD	Hospital Patient Days
HOCS	Head of Clinical Services
H&S	Health and Safety
ICB	Integrated Care Board
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
MAC	Medical Advisory Committee
MDT	Multi-Disciplinary Team
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NatSSIPs	National Safety Standards for Invasive Procedures
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC06	Code for Fitzwilliam Hospital used on the data information websites
NVC27	Code for Boston West Hospital used on the data information websites
NWAFT	North West Anglia Foundation Trust
ODP	Operating Department Practitioner
PLACE	Patient Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
SLT	Senior Leadership Team
SUFS	Speak Up For Safety
SUI	Serious Untoward Incident
SUS	Secondary Uses Service
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

# Fitzwilliam & Boston West Hospitals

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