

Fitzwilliam Hospital

Quality Account
2022/23



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

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

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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

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



Nick Costa

Chief Executive Officer

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Fitzwilliam 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

Mr Carl Cottam, Hospital Director

Fitzwilliam Hospital

As the Hospital Director of the Fitzwilliam Hospital, I am passionate about ensuring that we deliver consistently high standards of care to all our patients. Our Quality Account provides information about how we monitor and evaluate the quality of the service that we deliver.

My number one priority is safety for all our staff and patients. Since joining the Fitzwilliam Hospital in 2012, I have been overwhelmingly impressed by the attitude of the staff and the consultants and their desire to develop the hospital. Staff are proud of their hospital and the care delivered for patients is compassionate, dignified and respectful.

This document has been developed with the involvement of our staff, who have been instrumental in developing a systems approach to risk management, which focuses on providing safe quality care to mitigate the risk of adverse events.

Our Vision is that:

“As a committed team of professional individuals, we aim to consistently deliver quality holistic care for all of our patients across a full range of care services. We believe we are able to achieve this by continually updating our key skills and knowledge, enabling us to deliver evidence based clinical practice throughout the Hospital.”

Our Quality Account details the actions that we have taken over the past year to ensure that our high standards in delivering patient care remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders and patient feedback, we have been able to identify areas of good practice and where we can improve the care patients receive. This has enabled us to refine some of our processes to make improvements to the service we offer. We have also continued to enhance our training and education plan, involving both the administrative and clinical teams. It is important we have robust training programs to deliver excellent care and service standards.

Through publication of this Quality Account, we hope to share our progressive improvements over the past year. The Fitzwilliam Hospital has a very strong track record as a safe and responsible provider of health care services, and we are proud to share our results.

To ensure we have a coordinated approach to the delivery of the care we provide, we have our Clinical Governance Committee and Medical Advisory Committee, who monitor the adherence to professional standards and legislative requirements. The committees review the hospital's clinical performance and activity on a

quarterly basis. The committees have reviewed and agree with the content and actions detailed within the Quality Account.

As Hospital Director, I am aware of all aspects of clinical quality and NHS services provided at the Fitzwilliam Hospital and can confirm the accuracy of this document.

If you would like to comment or provide feedback regarding the content of the Quality Account, please do not hesitate to contact me at carl.cottam@ramsayhealth.co.uk or telephone 01733 842308.

Mr Carl Cottam, Hospital Director, Fitzwilliam Hospital

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.

Carl Cottam
Hospital Director
Fitzwilliam Hospital, Ramsay Health Care UK



This report has been reviewed and approved by:

- Medical Advisory Committee Chair – Mr Richard Hartley, 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
- Patient & Public Involvement Group (PPIG) Chair

1.3 Welcome to Fitzwilliam Hospital

The Fitzwilliam Hospital has been part of the local community for 40 years, since 1983. We have a dedicated workforce that is committed to making each and every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or an admitted procedure, we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care, 24 hours a day.



Over the past 40 years, our establishment has 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 each and every piece of feedback from our patients and strive to make improvements to enhance patient experience. We employ 50 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 Medical Officer (RMO) who is on site 24/7 to ensure our patient care is of the highest level of safety and quality.

At Fitzwilliam Hospital, 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 13 specialities, including Orthopaedic, Gynaecology, Ear, Nose & Throat (ENT), Ophthalmology, Spine, General Surgery, General Medicine, diagnostic and Physiotherapy services, right through to aspirational medical procedures such as Weight Loss Management and Cosmetic surgery. At Fitzwilliam Hospital, we offer consultant led care, meaning that all of our patients are under the direct care of a consultant at each step of their patient care pathway.

Following a significantly challenging period since the global outbreak of the Covid-19 pandemic, we have now moved to 'business as usual' and normal services have resumed. We are exceptionally proud of the hard work and dedication of our staff, having continued to safely deliver a significant amount of essential care to our community during the pandemic.

Between April 2022 and March 2023, we admitted a total of 10,324 patients, of which approximately 63% were NHS patients. On average 1,142 patients per week were seen in our outpatient department by one of our 136 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 Hospital for all 13 of our specialities; 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.

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. This affiliation promotes 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 and continue to fundraise and shine a light on many of them, including Children in Need, Breast Cancer Awareness Day, 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. Sarah Kail, Physiotherapist has opened her home to Ukrainian Refugees since the outbreak of the war in Ukraine, and Gora Pathak, Orthopaedic Surgeon has been showcasing his artwork to raise funds for the Oundle School, in Oundle near Peterborough. Please take a closer look at Sarah and Mr Pathak's stories on pages 48 and 51 of this Quality Account.

We are also delighted to announce that Fitzwilliam Hospital have recently been re-awarded their Joint Advisory Group (JAG) Accreditation, awarded to outstanding Endoscopy services offering high-quality care and patient experience. More information about the accreditation can be found in Case Study 4 on page 50 of this Quality Account.

Part 2

2.1 Quality Priorities for 2023/2024

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 2022/23 (looking back)

Patient Experience

Cemplicity

Continuous improvement remains a high priority within the hospital. We take every opportunity to obtain and react to patient feedback. In addition to direct patient contact and discussion, we receive feedback through the following channels.

- The Friends and Family Test
- NHS Choices
- Complaints
- We Value Your Opinion cards
- 3rd Party Data Collection of Patient Feedback

Cemplicity are a highly respected and widely utilised 3rd Party, specialist health care data collector, who analyse responses from patients. During 2022/23, we planned to continue to analyse the content of the patient feedback we receive via Cemplicity to identify areas which require improvement and drive focussed actions, to enhance the care and experience we deliver to our patients.

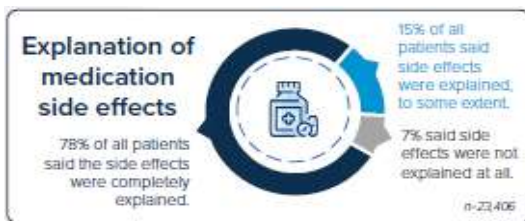
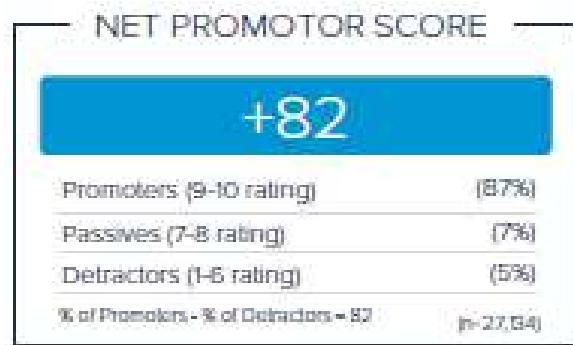
How did we do? Initiative successful

A recently launched dash-board style annual report, provides a broad summary of both Key Patient Experience Indicators and Ratings Summary. The published results strongly indicate a very good overall position for the Fitzwilliam Hospital. The metrics below are up to year end 2022 and are the most recently published.

Other Key Patient Experience indicators are displayed on the dashboard and include:

The Net Promotor Score gives an instant snapshot of overall Patient Feedback and their comment:

'This metric clearly shows that Fitzwilliam Hospital has provided world class care throughout 2022'



"Friendly and patient centric experience from start to finish. Every single member of staff involved was professional with a personal touch and at times, much appreciated humour. I never felt like a number but was treated as an individual. Full credit to the team to provide this in such tough times. Thank you."



Contact after discharge

Ninety per cent of patients at Ramsay Health Care in 2022 were **definitely** told who to contact if they were worried about their condition or treatment after they left hospital. Five percent say they were not told who to contact, whilst the rest can't recall if they were told.

n=27,545

Ratings Summary

We committed in our previous plan to continually analyse and work with the patient feedback received via Cemplicity. From our review of the ratings summary, we are paying much closer attention to the Management of Pain and Nausea as an area for improvement. A Nurse Training Plan has been implemented, to support and enable knowledge, across the whole Nursing team. A new Pharmacist is in post who wholly supports the longer-

term objectives. We also recognise an opportunity to engage more closely with our wider Anaesthetist Group to focus on the management of chronic pain.

Scoring 84%, 'Information' is also an area where improvement can be achieved. It is our objective to constantly check and refresh the documentation, ensuring patients receive the right amount of relevant information. Other feedback also highlights that communication could improve and our attention is placed on making sure our patient experience is enhanced with more open and inquisitive conversations.

The overall Ratings Summary score is 89% and represents a very positive patient focussed environment, but where initiatives and plans recognise and determine the changes that lead to overall improved patient experience.

Clinical Effectiveness

Enhanced Recovery Pathway

One of our main objectives for 2022/23 was the successful implementation of the Enhanced Recovery pathway for our joint replacement patients. The planning surrounding this new pathway was overseen by Physiotherapy Manager, Kate Booth, and aimed to facilitate a shorter Length of Stay (LoS) for patients following a total knee or hip replacement – routinely between 1 and 2 nights. The benefits of a shorter LoS include reduced risk of infection and blood clots, less pain, and the rehabilitation and recovery are both quicker and simpler.

Kate had worked closely with the wider multidisciplinary team (MDT) to ensure that processes were robust to facilitate a safe and effective pathway for our patients. The rollout of the Enhanced Recovery pathway was scheduled to commence in July 2022.

How did we do? Initiative successful

The Enhanced Recovery pathway was successfully initiated as planned in July 2022, moving us one step closer to the goal of a Day-Case Joint Replacement pathway. The Enhanced Recovery pathway was meticulously planned to ensure patients hit all milestones needed to facilitate an earlier discharge.

There have been many highlights following the implementation, such as:

- Improved process of patients presenting for x-ray directly from theatre following a joint replacement
- Improved identification of social circumstances during preadmission
- LoS on average trending downwards

We continue to push forward with this initiative, and it is now the default pathway for all patients who have a joint replacement with us. Into 2023/24, we hope to move towards planning the implementation of a Day-Case pathway for patients.

Tendable – Clinical Audit Application

The logo for Tendable, featuring the word "tendable" in a dark blue, lowercase, sans-serif font. The logo is set against a light blue rectangular background.

In 2020, Ramsay contracted with “Tendable” (previously known as “Perfect Ward”). Tendable is a smart inspection application for smartphone and tablet devices that makes clinical audits quicker, easier and more effective. The application can be used to score questions, capture photos and write free-text comments straight into the tool, significantly reducing the time it takes to carry out audits. Capturing the information directly in electronic format means there is no need to write up and send reports afterwards either. As soon as an inspection is complete, everyone with the application can be alerted and see the results of that audit. Reporting is automated, so you can easily compare performance with other areas and see trends, areas for attention and progress made. Roll out training was completed with all inspectors, and training on the Tendable system now forms part of staff Induction for all applicable job roles. All clinical audits are now completed using the Tendable application and the system is an embedded part of our clinical audit practice. Please see Appendix 3: Clinical Audit Programme which provides details of our audits, all of which are being completed with Tendable.

Feedback from our inspectors is that the application is very user friendly, which makes completing audits a faster and more efficient process. In addition to the actual completion of audits now being much easier than before, analysis of audit results is also simple and clear, and gives us full visibility of our performance, highlights areas of excellent practice and also identifies areas for improvement. In 2022/23, we hoped to build upon the successful implementation of Tendable by accessing a new area of the application which allows direct action planning to assigned individuals. We felt that the success of this initiative would be demonstrated by the logging and completion of actions where areas of improvements are identified via audit completion.

How did we do? [Initiative successful](#)

Clinical Audit action planning is now entirely completed on the Tendable system. The system identifies areas of non-compliance as each audit is completed and prompts inspectors to create an action to drive improvement for the appropriate assigned individual to complete. The inspector can provide guidance to that individual on what they believe the action should look like. The assigned individual then accesses the system and writes an action for completion. This action can be re-accessed and updated as the action is progressed, and ultimately allows the action owner to upload evidence and mark the action as complete. All actions are fully “exportable” into full action plans that can be displayed by inspection type or by department – this function provides an overview of actions created, progress on completion of those actions and evidence as confirmation of completion.

The Tendable system now not only provides a tool for audit completion and accountability of audits, but also acts as a robust clinical governance tool delivering assurance of follow through of actions required for improvement. Providing a platform to evidence actions taken in response to audits complements our existing mechanisms for quality improvement and has enabled the continued advancement of our clinical effectiveness, care delivery and patient experience.

Patient Safety

Speak Up For Safety (SUFS)

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. Speak Up for Safety is both a Training Programme and an embedded culture, designed to safeguard our patients and staff against unsafe practice. The ‘Safety C.O.D.E.’

(which stands for Checks, Options, Demands, Elevates) toolkit 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. Staff are coached on how best to have difficult conversations and manage challenging situations, providing them with the confidence to speak up for safety. Speaking Up for Safety is designed to help to build and embed a culture of safety and quality between staff. All of our staff have graduated the Speak Up for Safety training scheme and new starters complete this training programme as part of their induction. This has resulted in an environment of heightened team working, accountability and communication to produce outstanding care centred on the best interests of the patient.

How did we do? Initiative successful

This year at Fitzwilliam Hospital, we have continued to drive the local SUFS campaign. Our dedicated local SUFS trainer has continued to undertake new-staff training and has provided refresher training and 1:1 coaching for existing staff. We take regular opportunities to review our “near misses” and clinical safety incidents as part of our Clinical Governance processes and discuss how our teams have managed difficult situations at our quarterly Clinical Governance Committee meetings. We have shared examples of “staff speaking up” with our clinical teams at bi-monthly departmental meetings, to celebrate where the team have advocated for the patient’s safety and best interests. During 2022/23, all difficult situations were managed well by staff and all opportunities for staff to “speak up” were acted upon, in the interest of patient safety and improving the quality of the care we provide. We are extremely proud of our staff at Fitzwilliam Hospital for continuing to advocate for the wellbeing of our patients and for fostering a culture of clinical excellence.

2.1.2 Clinical Priorities for 2023/24 (looking forward)

Patient Safety

RADAR

In 2023, Ramsay Health Care UK are investing in a new software for the management of some quality and compliance processes. Radar is an integrated system that will be used as part of the framework Ramsay Health Care UK uses to manage lots of different elements of risk, providing a platform for incident reporting, recording risk assessments, communicating national alerts and monitoring actions required for improvement.



It is hoped that the system will provide reliable processes and consistent communications via a streamlined and centralised approach. Configured specifically for Ramsay Health Care UK, the cloud-based, fully auditable system will be accessible on any device, anywhere, and will allow users to view personalised, role-based platforms, creating a culture of ownership and standardised behaviours.

Achievement of this initiative will be demonstrated by the successful implementation of the Radar system at Fitzwilliam Hospital, not just as a new piece of software, but as an embedded culture of quality and compliance and a smooth transition to this new way of working.

Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) is a national policy which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF will replace the current Serious Incident Framework (2015).

Implementation of PSIRF will not be achieved by a change in policy alone, and it cannot be implemented in days or weeks, as it requires work to design a new set of systems and processes. Organisations are expected to transition to PSIRF by Autumn 2023.

The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

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

Current processes for incident reporting, investigation and learning lessons at Fitzwilliam Hospital are progressive and do already align very closely with the principals set out in PSIRF; the success of this initiative will be determined by a review and change in current processes to ensure the 4 key principals above drive the way we respond to patient safety incidents for the purpose of learning and improving patient safety.

Clinical Effectiveness

SurgiCube



In 2023, Fitzwilliam Hospital would like to explore the possibility of creating new pathways for minor surgeries



without the need for patients to visit the main Theatre environment. This could be achieved by the installation of a SurgiCube. The SurgiCube is a self-contained, fully functional theatre environment which provides a localised, optimally filtered, ultra clean surgical area to carry out microsurgical procedures and minor surgeries. The SurgiCube supplies ultra clean air around the operating surface using laminar down flow technique. The surgical team can move around freely without adversely affecting the sterile field and all possible sources of contamination are side-lined. It's a modular system which can be

assembled and placed easily and the preparation time for surgery in a SurgiCube is much less than in a conventional operating room, which has a beneficial impact on planning and efficiency.

This initiative would be considered as achieved should a review of Fitzwilliam Hospital's current business plan be undertaken, to ascertain the viability of installing a SurgiCube system.

Orthopaedic Centre of Excellence (OCE)

Ramsay Health Care UK have been working closely with the National Orthopaedic Strategic group to identify how we can bring innovation and new pathways into our Orthopaedic speciality. A working group has been launched to identify how we can achieve 'Orthopaedic Centres of Excellence' for our hospitals. There are many NHS and Independent hospitals in the UK who declare themselves as Orthopaedic Centres of Excellence (OCE), however, we found there is no formal UK accreditation which directs this status. International research has found that hospitals where they state they are a OCE have used their own data to determine this status, and some have no underlying data.

The decision has been taken to form a Ramsay Orthopaedic Centre Of Excellence (OCE) accreditation tool. Using 7 Gold Standard Domains, we have mapped out Key Performance Indicators and Criteria under each domain. The clinical KPIs are National or Ramsay benchmarks. Where hospitals can evidence 'Green' across all criteria, they will become an Orthopaedic Centre of Excellence and will be awarded a Ramsay OCE badge and certificate.

In 2023/24, Fitzwilliam Hospital will be working towards achieving OCE status, and would like to focus on:

- Enhanced recovery pathways
- Aseptic Non-Touch Technique (ANTT) Bronze Accreditation
- Local MDT process
- Friends and Family Response rates for NHS Inpatients

Success in this initiative will be measured by improvements in the above areas, ultimately working towards a longer-term goal of achieving OCE status over the coming years.

Patient Experience

Cemplicity

During 2023/24, we aspire to continue to analyse the content of the patient feedback we receive via Cemplicity to identify areas which require improvement and drive focussed actions, to enhance the care and experience we deliver to our patients.

Enhanced Recovery Pathway

During 2023/24 we will continue to improve upon the delivery of our Enhanced Recovery pathway for patients and push towards implementation of a Day-Case pathway for our joint replacement patients.

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 2022/23, the Fitzwilliam Hospital provided 34 NHS services. The Fitzwilliam Hospital has reviewed all the data available to us, to assess the quality of care in all of these NHS services.

The income generated by the NHS services reviewed between 1st April 2022 to 31st March 2023 represents 48% of the total income generated from all Fitzwilliam Hospital 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 for 2022/23, the indicators on the scorecard that affect patient safety and quality were:

Human Resources

In the period 2022/23, our expectation was to continue to recruit to permanent positions and retain permanent staff, thereby reducing the percentage of agency use. This strategy remains in place with a 19% agency usage being recorded in 2022/23. This is an increase of 10% on the previous financial year. Long term sickness, maternity leave, new starter induction and training contributed to lost hours, which currently sits at 19%. 'Staff Hours Worked per Hospital Patient Day' was 21.11.

Levels of sickness saw a significant decrease of 3.02% from 5.13% in 2021/22 to 2.11% in 2022/23, and this again was impacted significantly by COVID-19. COVID-19 cases were managed appropriately in line with Government guidelines. 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 2022/23, staff turnover at the Fitzwilliam Hospital decreased from 27.2% last year to approximately 6.7%. Continuing to foster a positive culture where wellbeing is a key focus will be an ongoing priority for 2023/24.

The total skill mix calculation for the Fitzwilliam Hospital was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants and is primarily appropriate across all departments. The recruitment of specialist Theatre staff remains a key focus. During 2022/23, we have created excellent management support structures in both the Outpatient and Theatre department and the Ward skill mix remains in a good and balanced position.

- Fitzwilliam Hospital have 50 contracted Registered Nurses caring for our patients.
- Fitzwilliam Hospital have 31 contracted Health Care Assistants caring for our patients.
- Fitzwilliam Hospital have 6 contracted Operating Departmental Practitioners caring for our patients.

The Fitzwilliam Hospital has 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 to deliver a high standard of patient care. In March 2023, our overall mandatory training compliance was 88.45%. This is a 15% increase on the 2021/22 Mandatory Training position, which was previously impacted significantly by the COVID-19 pandemic and social distancing restrictions. Throughout 2022/23 we have continued to use our virtual Induction training program and a Mandatory Training program developed in 2020 and these courses are now an embedded part of our staff development project. Training that requires face to face delivery is being completed with smaller groups of staff, more frequently, in a socially distanced way. The staff appraisal completion rate at Fitzwilliam Hospital increased to 88% from 66% in 2021/22. One RIDDOR event was reported at the Fitzwilliam Hospital during 2022/23.

Staff Satisfaction

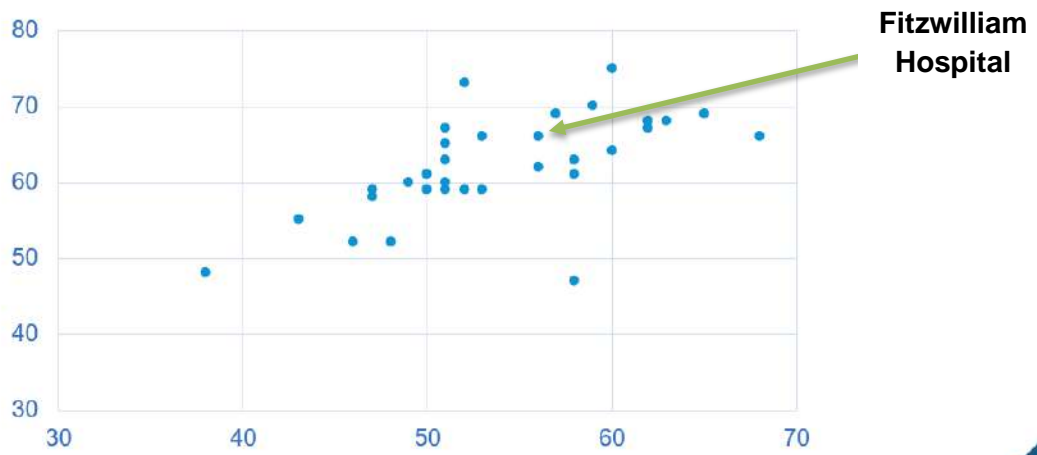
During 2022, Ramsay Health Care UK carried out a group wide Staff Satisfaction Survey, which Fitzwilliam Hospital participated in. The Survey is completed annually and is called “Your Voice”. It gives all staff members the opportunity to complete an online survey, rating different categories either ‘Very Poor’, ‘Poor’, ‘Moderate’, ‘Good’ or ‘Very Good’.

Staff survey results were collated to show the staff satisfaction for each individual question. For overall staff satisfaction, Fitzwilliam Hospital placed in the top half of all Ramsay Health Care units overall and this is an encouraging result.

Engagement & Enablement by Site

How enabled are employees?

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



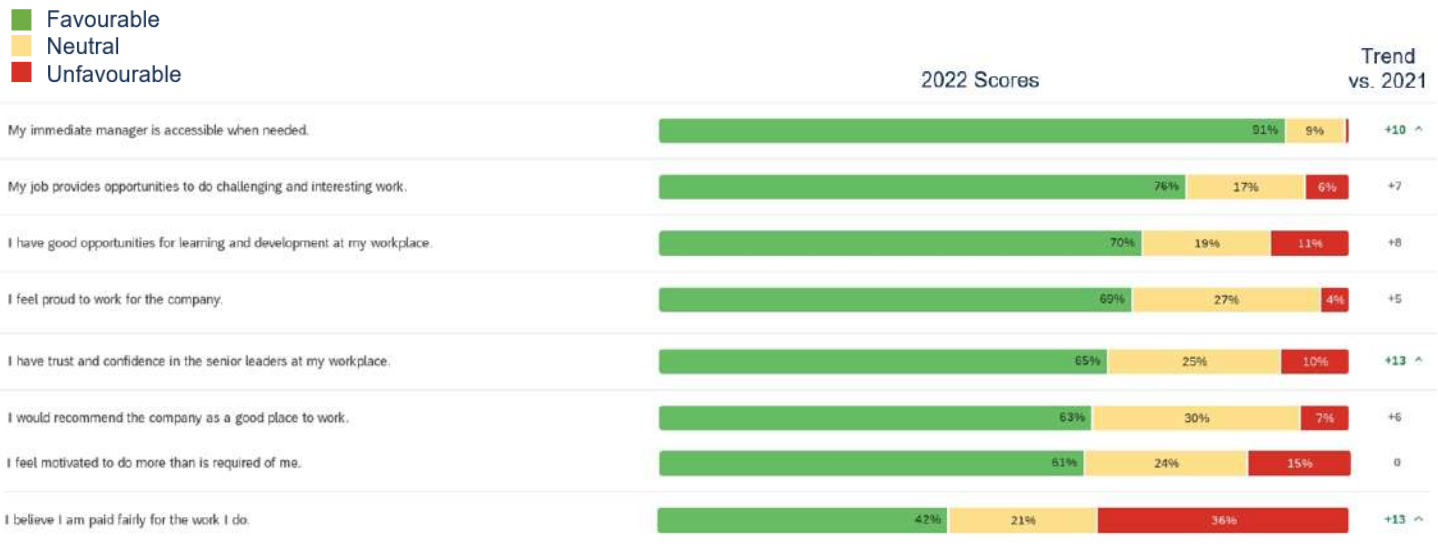
How engaged are employees?

Engagement is the “want” to work. Are employees committed to the organisation, and are they willing to put in extra effort for the good of the organisation?

Ramsay UK Sites (n=between 21 and 224 per site, see appendix for full list of respondent sizes;)



Some questions of note can be seen below, alongside the trend following the 2021 Staff Survey:



The results of the survey were shared with all staff members and feedback sessions were organised for staff to speak with members of the Senior Leadership Team to discuss any of the findings. The actions taken locally and nationally to address areas of improvement are:

- Promotion of the benefits available to staff for working for Ramsay Health Care UK, for example, access to the Ramsay Training Academy to support Continuing Professional Development, and the Blue Light Card.
- Local celebration and “Thank You Days” to praise the great work of all the departments.
- Ahead of annual pay reviews in July, Ramsay commit to open communication on the topic of pay and grading.
- Ramsay are implementing the use of Microsoft Teams to everyone in the business, to help people connect better within their teams and across departments.
- Develop communication training and workshops to help teams communicate better with the communication tools available.
- Ramsay are supporting their leaders to adopt best practices through the ‘Managing Our People’ training.

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 2024/25.

Ramsay UK Consultant Pulse Survey Results 2023

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 conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is

required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

Patient Services

The Fitzwilliam Hospital reported 65 complaints during 2022/23, which equates to 0.6% of total admissions, a decrease of 0.2% on last year. 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 Hospital on a regular basis. Top trending themes of complaints during 2022/23 were:

- Communication challenges.
- National waiting time for surgery.
- Missed opportunities to manage post-operative pain.

While 47% of the complaints were not upheld, 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.
- Managing Chronic Pain Campaign
 - o Chronic Pain Management educational workshops held for the Pre-Assessment and Ward Teams, providing focussed training on the tools and techniques available to manage chronic pain in addition to post-operative, surgical pain.
 - o Close engagement with the Anaesthetic team to drive a holistic, MDT approach to managing Chronic pain and encourage bespoke treatment plans to be crafted in advance of the patient's admission and procedure.
- The demand for services nationally is extremely high and waiting times for procedures across the UK are at unprecedented levels. The team here are all directed and committed to ensure every patient receives the best possible attention and that patient expectations are managed effectively.

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 have been the subject of an audit by our Corporate team who recorded a very positive outcome, thus providing reassurance that our approach and methodology is compliant with established, documented procedures.

Quality

During 2022/23, the following estates work and refurbishments were undertaken to improve the services we offer patients and staff:

- Installed a new replacement Static MRI scanner.



- Refurbished 4 Ward bedrooms as part of the continued schedule of upgrades.

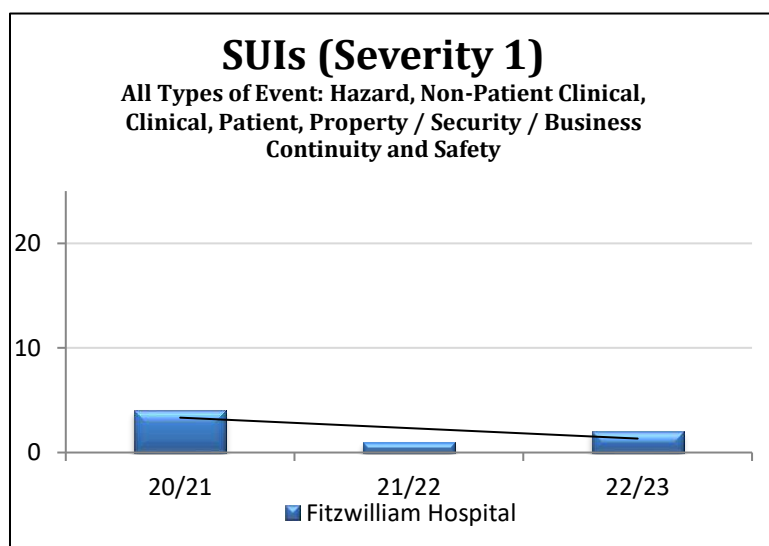
These activities show the continued commitment to ensure the facilities are modern and have continual investment. In 2023/24, the hospital plans to:

- Install a new static CT scanner.
- Continue an ongoing schedule to replace LED lighting, as part of our environmental strategy.
- Continue the ongoing schedule of refurbishment of décor and fitments as part of our investment programme, to maintain high quality standards.

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. More recently, in light of the COVID-19 pandemic, additional hand hygiene and PPE audits have been introduced to monitor compliance more closely and more regularly, in line with evolving national guidance. We also undertake regular Risk Assessments surrounding social distancing measures within the workplace and continually assess the vulnerability of our workforce, to keep both our staff and our patients as safe as possible. A number of local audits are undertaken in addition to the national Clinical Audits that can be found on pages 55-57 of this document.

The Fitzwilliam Hospital has a framework of governance process that monitors significant clinical events. During the period 2022/23, our overall number reported serious significant events (severe harm) was 2; this is an increase of 1 incident in comparison to 2021/22 data. All serious incidents have been fully investigated and root cause analysis reviews have been undertaken, to ensure that the appropriate clinical actions have been taken in each case and to identify any actions that need to be taken, to inform sharing reflective lessons learned and improve the quality of care and service we deliver. The themes of our severity 1 and 2 incidents were:

- Reoperations - patients being returned to theatre due to post-operative complications.
- Transfers out – transfer to other providers of care, where it is deemed more appropriate for the patient's care to continue at a facility that regularly treats patients with more complex care needs.



The overall top trending incident theme in 2022/23 was non-hospital acquired COVID-19 infections, which impacted both patients and staff. In patients, as all elective surgeries in question were found to be non-urgent, these patients were postponed in the interest of clinical safety and rescheduled as soon as it was safe to do so. Investigations into this non-hospital acquired cases of COVID-19 via the reporting process found that patients and staff were managed in a clinically appropriate way to keep all involved as safe as possible.

2.2.2 Participation in Clinical Audit

Between 1st April 2022 and 31st March 2023, the Fitzwilliam Hospital participated in 7 national clinical audits. These are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR) Total Hip, Total Knee & Total Shoulder Replacements (1 st April 2022 – 30 th March 2023 – latest published data set)	853 100%
Elective Surgery (National PROMs Programme) Total Hip Replacement & Total Knee Replacement	734 100%
Elective surgery - Private PROMs Programme	526 100%
ICHOMs Cataract PROMs Cataract Surgery	534 57%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (All procedures)	10,324 100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)* (All procedures)	10,324 100%

Surgical Site Infection Surveillance Service Total Hip Replacement & Total Knee Replacement	734 100%
National Audit Project of the Royal College of Anaesthetists: Perioperative Cardiac Arrest Fitzwilliam Hospital have taken part in all surveys to date.	100%

The reports of the 7 national clinical audits were reviewed by the Clinical Governance Committee and Fitzwilliam Hospital intends to take the following actions to improve the quality of healthcare provided.

- Build upon the 49% improvement in Cataract PROMs compliance from 8% in 2021/22 to 57% in 2022/23 over the coming year.
- Engage with Consultants who are involved in the PROMs process on patient outcome data.
- Continue to monitor infection cases across all specialties and infection types. Please see the Fitzwilliam Hospital Infection Control Annual Plan 2023/24 for further information.

All audits the Fitzwilliam Hospital could participate in for 2023/24 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 hospital completed approx. 300 local clinical audits from 1 April 2022 to 31 March 2023, with an average score of 95.3%. 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' (previously 'Perfect Ward'), 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 audits completed match the schedule and can instantly review the scores to determine where additional focus and action may be needed. During 2022/23, 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 – Safety Briefing
- NatSSIPs – Sign in, Time Out, Sign Out
- NatSSIPs – Handling and Checking Surgical Equipment
- NatSSIPs – List Safety Officer
- NatSSIPs – Swab Count
- NatSSIPs – Selection and Checking of Intra-Ocular Lenses
- NatSSIPs – Prosthesis
- NatSSIPs – Stop Before You Block
- NatSSIPs – Site Marking
- NatSSIPs – Management of Histology Specimens
- Medicine Prescribing
- Controlled Drugs
- Personal Protective Equipment
- Infection Prevention & Control – Infrastructure
- Infection Prevention & Control – Management of Linen
- Infection Prevention & Control – Surgical Site Infection
- Infection Prevention & Control – Peripheral Venous Cannula Care Bundle

- Non-Radiologist Reported Imaging
- MRI Safety
- Intra-Operative Journey
- Recovery Journey
- Safe Transfer of the Patient to Theatre
- Safeguarding Referrals: Audit of Practice
- Radiology Reporting: MRI
- Radiology Reporting: CT
- Duty of Candour
- Complaints

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 Hospital implemented a number of initiatives following learning from audit results. Audit results are widely disseminated internally for action and learning. Actions taken in response to audit results include:

- Engagement with Consultants regarding examples of exemplary Consent.
- Specialist training materials created for staff, to support their learning and development in specific areas.
- Recruitment of a Multi-Disciplinary Team Coordinator.
- Spot checks of departmental team meeting documentation, to ensure good governance is being achieved.

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 2022/23 to participate in research approved by a research ethics committee.

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

Fitzwilliam Hospital's income from 1st April 2022 to 31st March 2023 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)

Fitzwilliam Hospital is registered with the Care Quality Commission and its registration status on 31st March 2023 is 'Without Conditions'. Fitzwilliam Hospital had its last full CQC Inspection in November 2016. The Hospital was rated overall as "Good" by the CQC following their inspection. The full inspection report can be found at:

<https://api.cqc.org.uk/public/v1/reports/2be52666-fbb5-48a4-b8e2-58db54fc0b6b?20210120211449>

2.2.6 Statement on Data Quality

Statement on 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 2022/23, our key goals were to:

- **Drive a campaign for the completion of Hip and Knee replacement patient PROMs questionnaires, as low volumes can cause score disparity.**
Total Hip and Knee PROMs questionnaires are now being completed electronically; opportunities to do so are now more frequent, with online questionnaires being sent to patients ahead of their procedure at a number of intervals to increase the likelihood of capturing this data. Implementation of this process has been successful, and we await the latest data publication in order to measure the impact of the change on the volume of responses.
- **Review of Cemplicity Patient Feedback to inform improvement actions around the care and service we offer our patients.**
During 2022/23, Cemplicity patient feedback has improved significantly, with an annual “dashboard” now being made available to all Ramsay Health Care UK hospital sites. Please see section 3.4 Patient Experience for more information on what the data says about our service.

In 2023/24 our areas of focus to improve the capture of patient data are:

- To achieve >98% of patients recorded with an NHS number, in line with National targets for the Independent Sector

NHS Number and General Medical Practice Code Validity

Fitzwilliam Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.8% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 98.7% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd submitted its response on 30/06/2022. The status is ‘Standards Met’. The 2023/2024 submission is due by 30th June 2023. This information is publicly available on the DSP website at:

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

Clinical coding error rate

Fitzwilliam Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Fitzwilliam	96.6%	98.3%	96.6%	99.0%

2.2.7 Stakeholders views on 2022/23 Quality Account

2.2.7.1 NHS Lincolnshire ICB Commentary on Fitzwilliam Hospital Quality Account 2022/23



Mrs K Cornwall
Fitzwilliam Hospital
Milton Way
Bretton
Peterborough
PE3 9AQ

Lincolnshire Integrated Care Board
Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

Tel: 01522 573939
Email: licb.office@nhs.net

9 June 2023

Dear Kayleigh,

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the Ramsay Healthcare Fitzwilliam Hospital (the provider) Draft Quality Report 2022/23.

The Quality Account 2022/2023 provides comprehensive information on the quality priorities that the provider has focused on during the year in relation to patient safety, clinical effectiveness and patient experience. The provider has continued to engage and foster good relationships with all system partners and continued investing in their commitment to patient experience, quality care and safety.

The commissioners note the provider delivered on several quality priorities and will be continuing them into the coming year. These include:

- Patient Experience; in 2022, the provider launched their results dashboard, which has 5 mechanisms for patient feedback, Friends and Family Test, NHS Choices, Complaints, Opinion Cards and Cemplicity, the 3rd party data collection of patient feedback. The providers dashboard shows high satisfaction scores, however, recognises requirements to improve patient experience relating to post operative pain and nausea. In response to this, the provider has rolled-out a nurse training plan, with support from a clinical pharmacist to manage the longer-term objectives.
- Clinical Effectiveness; the provider has rolled out an enhanced recovery pathway for patients requiring joint replacements and this has been overseen by the providers physiotherapy manager. The data shows a reducing length of stay in hospital for those patients requiring joint replacements and the provider is aiming for the pathway to be developed safely into a day case procedure.
- Infection prevention and control (IPC); the commissioner acknowledges that the provider continues to report no clostridium difficile, methicillin sensitive staphylococcus aureus (MSSA) or methicillin-resistant staphylococcus aureus (MRSA) due to best clinical practice and management of IPC practices.

Sir Andrew Cash, Interim ICB Chair and Mr John Turner, Chief Executive
www.lincolnshire.icb.nhs.uk

Quality priorities that focus on shared governance and increased involvement of patients, relatives and the public demonstrate the providers' commitment to embed quality improvement into the culture of the organisation. The provider continues to value the patient voice to help drive safety through learning and reduce local health inequalities.

The provider is transitioning towards Patient Safety Incident Response Framework (PSIRF) in line with national requirements, to manage any serious incidents of which there has only been 2 declared for the provider in 2022/23.

The commissioner confirms that, to the best of our knowledge, the accuracy of the information presented within the working draft of the Quality Account submitted, is a true reflection of the quality delivered by the provider.

The commissioners acknowledge that the Care Quality Commission assessed the provider in 2017 with a "good" rating. The CQC reviewed this in May 2023 and upheld the rating.

The commissioners would like to thank Ramsay Fitzwilliam Hospital for the continued collaborative work with the Lincolnshire Health System.

The commissioners look forward to working with the provider over the coming year to further improve the quality of services available for our population, to deliver better outcomes and strive for the best possible patient experience.

Yours sincerely,



Vanessa Wort
Associate Director of Nursing
NHS Lincolnshire ICB

[2.2.7.2 NHS Cambridgeshire & Peterborough ICB Commentary on Fitzwilliam Hospital Quality Account 2022/23](#)



Awaiting clarification.

2.2.7.3 Healthwatch Lincolnshire Commentary on Fitzwilliam Hospital Quality Account 2022/23



Fitzwilliam Hospital submitted the Quality Account 2022/23 to Healthwatch Lincolnshire for review and comment on 26th May 2023, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, Fitzwilliam Hospital have not received a response. Upon receipt of a response from Healthwatch Lincolnshire, the Quality Account 2022/23 will be republished.

[2.2.7.4 Healthwatch Cambridgeshire & Peterborough Commentary on Fitzwilliam Hospital Quality Account 2022/23](#)



Fitzwilliam Hospital submitted the Quality Account 2022/23 to Healthwatch Cambridgeshire & Peterborough for review and comment on 26th May 2023, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, Fitzwilliam Hospital have not received a response. Upon receipt of a response from Healthwatch Cambridgeshire & Peterborough, the Quality Account 2022/23 will be republished.

[2.2.7.5 Fitzwilliam Hospital Patient and Public Involvement Group \(PPIG\) Commentary on Fitzwilliam Hospital Quality Account 2022/23](#)

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 2023/24.

Part 3:

Review of Quality Performance 2022/2023

Statements of Quality Delivery

Head of Clinical Services, Jane Groom

Review of Quality Performance 1st April 2022 - 31st March 2023

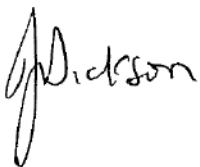
Introduction

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

I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2023

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.

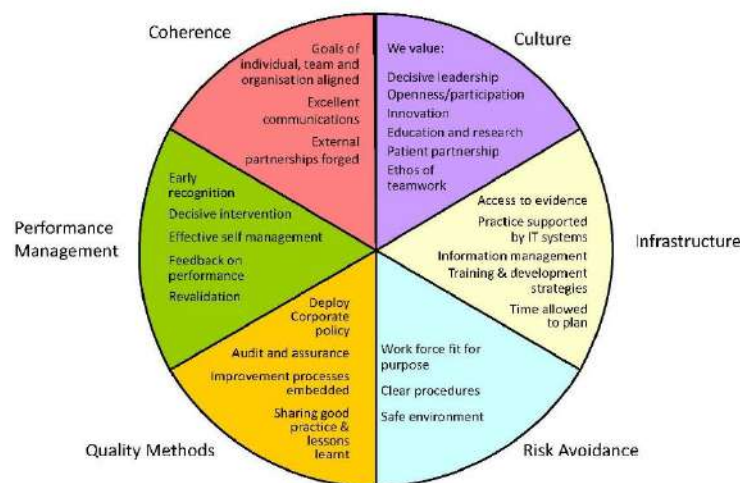
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

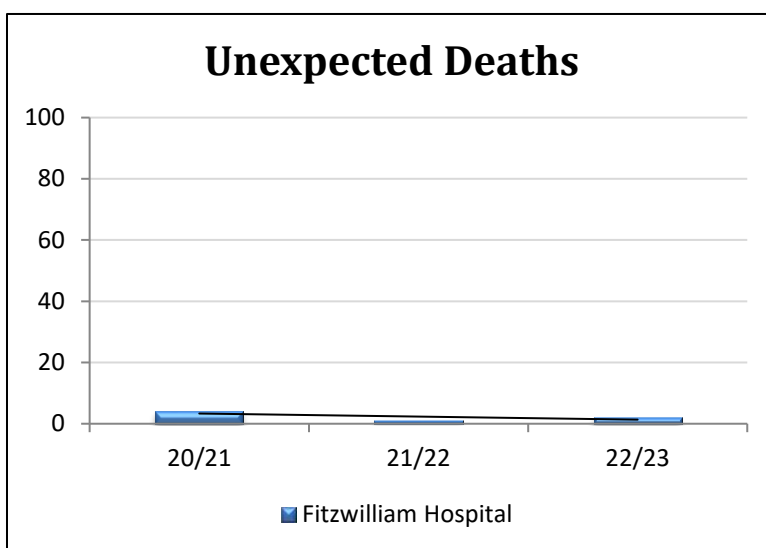
All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

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:

- The national average for the same; and
- 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, 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	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965

Period	Fitzwilliam	
21/22	NVC06	0.0002
22/23	NVC06	0.0003

The Fitzwilliam Hospital considers the data is a true reflection of activity for the following reason.

- A death within an elective care setting is rare. As illustrated in the graph above, there were 2 deaths reported within 30 days of elective surgery in 2022/23; these deaths did not occur at the Fitzwilliam Hospital but occurred off site following discharge and were not attributed to care delivered at the hospital.

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 2020 – March 2021 being evident below for both total hip replacement procedures and total knee replacement procedures.

Most recent data release - Feb 2022 for the data period Apr 2020 – Mar 2021: Hip Replacement & Knee Replacement

Total Hip Replacement

The table 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.

		Modelled Records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted Average Post-Op Q Score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
Hip	Fitzwilliam Hospital 2019/20	189	0.380402	0.835116	0.454714	169 (89.4%)	15 (7.9%)	5 (2.6%)	0.805016	0.456185	0.206899
	Fitzwilliam Hospital 2020/21	15	0.306	0.89	0.584	15 (100%)	0 (0%)	0 (0%)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
	National Average 2020/21	7,622	0.327	0.792	0.46467	6,863 (90.0%)	381 (5.0%)	378 (5.0%)	0.792	0.46467	0.225105

Total Knee Replacement

The table 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 above the national average.

		Modelled Records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted Average Post-Op Q Score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
Knee	Fitzwilliam Hospital 2019/20	226	0.43158	0.771841	0.340261	190 (84.1%)	19 (8.4%)	17 (7.5%)	0.762124	0.341966	0.219709
	Fitzwilliam Hospital 2020/21	10	0.378	0.832	0.454	9 (90%)	1 (10%)	0 (0%)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
	National Average 2020/21	7,624	0.434	0.749	0.315	6,251 (82.0%)	672 (8.8%)	701 (9.2%)	0.748751	0.314689	0.224572

Upon release, the NHS 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 Orthopaedic Consultants have also been written to formally with the results and responses regarding any actions to be taken to improve Outcome scores have been requested. It should be noted that PROMS outcome data publication is approximately 24 months behind real time procedures which can lead to difficulty in triggering immediate change.

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

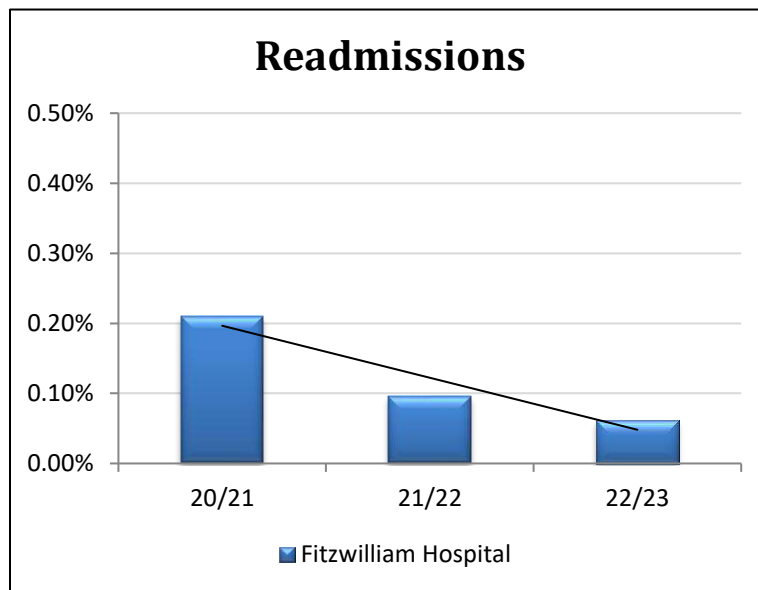
- Patient outcomes continue to improve year on year, which could be attributed to the focussed work undertaken in relation to staff and consultant engagement in patient outcomes.

- Patient Participation Improvement seen in patient health gains from the previous year, as part of a wider PROMS review undertaken at the hospital to improve patient participation.

The Fitzwilliam Hospital 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 process was reviewed throughout 2022/23 to introduce electronic completion of PROMS questionnaires; opportunities to do so are now more frequent, with online questionnaires being sent to patients ahead of their procedure at a number of intervals to increase the likelihood of capturing this data. Implementation of this process has been successful, and we await the latest data publication in order to measure the impact of the change on the volume of responses. Further work will progress throughout 2023/24, to engage and communicate with patients, staff and Consultants regarding the NHS outcome measure.

Readmissions within 28 days

It is unusual for patients to require readmission 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 the Fitzwilliam Hospital are reviewed on a quarterly basis at the Medical Advisory Committee and 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 particular theme attributed to any one consultant or specialty.



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

- We have seen a decrease on 2020/21 and 2021/22 data and readmissions remain below the national average, which could be attributed to good standards of clinical care and treatment preventing readmission.
- Patients could also choose to represent at another provider.
- Patients are provided with key information at the point of discharge about care services following their procedure.

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 Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC06	96.2%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC06	97.8%

The data shows the Fitzwilliam Hospital has performed better than national benchmarking data, with a consistent performance. Analysis of 2019/20 shows an overall compliance percentage of 97.8%. This is the most recent data available.

The VTE management of patients post operatively has been reviewed via periodic audits during 2022/23, 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 reviewed and monitored, with any changes to treatment plans noted and documented and any 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 Hospital is amongst the best performing organisations in the country for C-Difficile rates with a 0% rate in C-Difficile cases for 2022/23.

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 Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

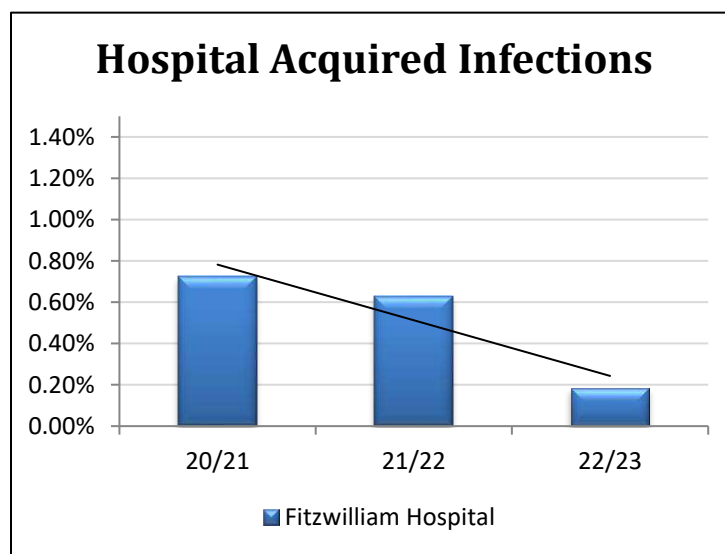
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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 2022/23, Fitzwilliam Hospital Acquired Infections decreased, as demonstrated in the graph below:



At Fitzwilliam Hospital, 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, we also take part in the UK Health Security Agency (UKHSA) Surgical Site Infection Surveillance Service (SSISS) for Total Hip Replacement and Total Knee Replacement 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 Hospital, in 2022/23, our highly experienced Infection Control Lead Nurse progressed the following actions:

- Developed new patient wound leaflet, providing information and pictorial support on how to identify wound infections.
- Introduced a patient wound card, given to patients following hip or knee surgery. The card is used if the patient is admitted to another hospital a wound infection. This will enable the Fitzwilliam Hospital to investigate the potential infection in a timely manner.
- Continued to engage with staff regarding the accurate reporting of non-confirmed wound infections via our incident reporting tool, RiskMan.
- Undertook ongoing, best practice, training for clinical staff responsible for obtaining wound swabs.
- Undertook refresher training and coaching with Consultants in skin cleansing and using the correct preparations as per NICE guidelines.
- Analysed air handling reports, water sample testing reports and added these as a standing item on the IPCC agenda for ongoing, regular monitoring by the whole committee.
- Continued to utilise our dedicated Pharmacist who has an ongoing focus on direct engagement with consultants regarding antibiotic stewardship.

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 site and complete the audit once per year. Please see our scores below.

Fitzwilliam Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
2022	100.00%	98.81%	97.92%	100.00%	95.92%	100.00%	100.00%
2021	99.44%	100.00%	100.00%	100.00%	92.68%	100.00%	100.00%
National Average 2022	98.01%	90.23%	DATA NOT AVAILABLE	DATA NOT AVAILABLE	86.08%	95.79%	82.49%

As you can see, all of the 2022 results are higher than the National Average and Ramsay Average for all organisations. Areas that did not score full marks were:

Food

- Are you currently using a digital menu ordering system? (New question for 2022)

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.

Privacy, Dignity & Wellbeing – Social Spaces & Ward

- Are there area(s)/room(s) designated exclusively for use as family/visiting?
- Is there a day room, social/communal area or playroom on the ward?

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.

A discussion took place with the PPIG to feedback the results, advise of actions taken and gain their thoughts for improvements and share initiatives that are ongoing or to be carried out by the hospital to make improvements.

Fitzwilliam Hospital scores demonstrate our commitment to ensuring our Hospital provides a safe, clean, welcoming and friendly environment for our patients.

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 2022/23, we completed a number of safety initiatives:

- Continued the training program delivered to staff at both mandatory training and induction regarding the incident reporting system, RiskMan.
- Ongoing sharing of lessons learned sessions with the clinical teams, sharing learning from adverse events.
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes.
- Incident Reporting campaign to provide ongoing support and education regarding the responsibilities staff have to report incidents.

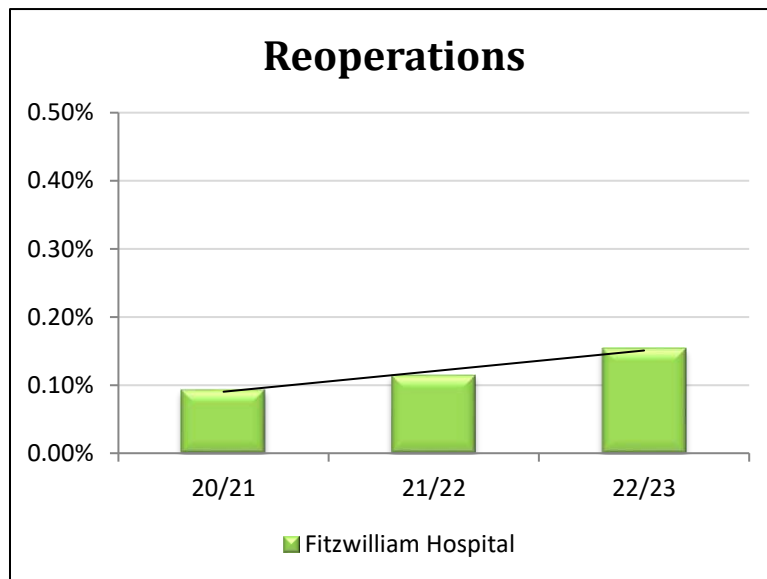
3.3 Clinical Effectiveness

Fitzwilliam Hospital has a 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 bench marked 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 readmission rate at 0.15%. Although we have seen a slight increase in reoperations in comparison to 2021/22, reoperations remain below the national average.

3.3.2 Learning from Deaths

Fitzwilliam Hospital reported two deaths within 30 days of elective surgery in 2022/23; the deaths did not occur at the Fitzwilliam Hospital site but occurred post discharge off site. Due to the timeframe from their elective care with us, it is a requirement for us to report any cases to the Care Quality Commission under Regulation 16: Death of a Service User within 30 days of Elective Surgery and to undertake a root cause analysis investigation. The review concluded that in both cases, the procedure, treatment and care provided were delivered to an acceptable standard and there appeared to be no connection between the procedures at Fitzwilliam Hospital and the deaths.

3.3.3 Staff Who Speak Up

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 centred on 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 at another Ramsay site with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews at other Ramsay sites, evidence indicated that some staff may not be happy speaking up and identifying risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally. In response to this, Ramsay introduced 'Speaking Up for Safety'.

The Safety C.O.D.E. (which stands for Checks, Options, Demands, Elevates) 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 at Fitzwilliam Hospital and across 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%. Currently, Fitzwilliam Hospital compliance sits at 86%.

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. uses, not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution. Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer-to-peer engagement for our Consultant users who work at Fitzwilliam Hospital and within Ramsay Health Care.

3.4 Patient Experience

Mechanisms of Patient Feedback

This data set looks at the positive experiences of care provided by the Fitzwilliam Hospital.



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
- 3rd 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 been priority for Fitzwilliam Hospital for 2022/23. We routinely analyse and comment on the feedback each month and value the information it delivers.

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 is taken, to prevent

reoccurrence. 95% of scores were favourable scoring 4 and 5 stars. One patient submitted a negative review and has been contacted to discuss his comments and experience further for review and remedial action.

Complaints

The Fitzwilliam Hospital reported 65 complaints during 2022/23 which equates to 0.6% of total admissions; this is a complaint number increase of 7 complaints year on year, which when compared to the uplift in activity reflects a reduction in complaints when taking account of the volumes. Around 47% of complaints received were not upheld. 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 2022/23, we achieved a 97% satisfaction score through this feedback channel. Feedback has been overwhelmingly positive this year, with the top trending positive theme being that they feel safe and well looked after, exceeding expectations for the considerate care offered. Negative comments mainly relate to food choices, this is always subjective due to personal preferences as well as communication in general, which we also recognise, so often has to be carefully tailored to the individual.

Patient Satisfaction Surveys (Cemplicity)

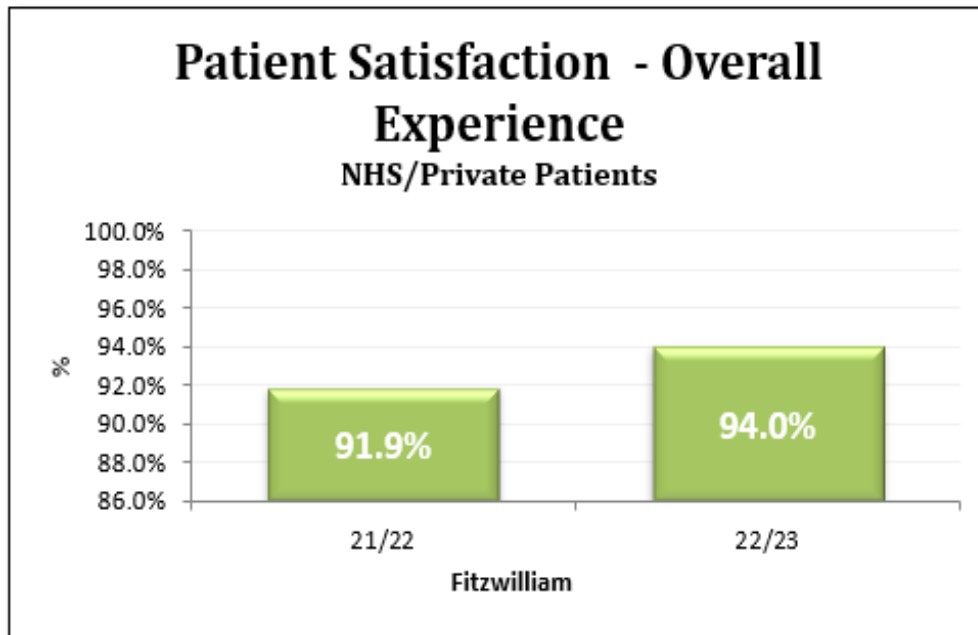
We utilise an external organisation, Cemplicity, to gather unbiased data from patients about their experience and satisfaction with the services they have received.

The feedback data is collected via email. Patients consent to deliver feedback during their visit to Ramsay Hospitals and provide us with an email address; within 30 days of that visit, they will receive an email link to a short survey about their experience. A new method of presenting the data set, through a dashboard format is then later released to local sites where it is reviewed and analysed to inform areas and help determine improvement and drive focussed actions. Responses for year-end reflect a very positive, overall picture for the Fitzwilliam Hospital who report a net promoter score (NPS) of 81, which is considered to be ‘world class’.

Focussed questions concerning confidence in care, kindness and compassion have a score exceeding 90%. Overall, across eight categories, our customer service achieved a score of 89%. We also recognise the areas where there is scope to improve, specifically with communication and better, tailored pain management. We are actively seeking and implementing additional steps in response to this feedback. On the whole, the scores provide assurance that the majority of patients consider the care and treatment to be of a consistently high (world class) standard.

Throughout 2022/23 we worked hard to engage with patients about Cemplicity, to increase the number of email addresses collected and to ensure they were 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 most recent months, pleasingly, exceed 80%.

Overall Patient Satisfaction



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

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

All negative feedback or suggestions for improvement are also fed back to the relevant staff 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.

While we are very proud of our positive position, we continue to carefully analyse and act on the output and results from all feedback. We strive to be the very best we can be, as we embrace every improvement opportunity, listening and acting upon feedback to improve responsiveness score. Exceeding the national average, gives us no agenda to rest on our Laurels, patient feedback opens the door, enabling the hospital to make improvements to the wide range of services we offer our patients. We continually review our feedback mechanisms and proactively contact patients as requested to discuss any aspect of their care or treatment at the Fitzwilliam Hospital.

Overall, the volume and content of responses highlights the great standard of care we offer and importantly steers our attention and direction for the future, to constantly evaluate and improve both patient experience and perception.

3.5 Fitzwilliam Hospital Case Studies

Case Study 1

Kath & Mr Clifton – London Marathon

The prospect of running 26.2 miles in the pouring rain would be daunting for most people, but not these 2 Fitzwilliam superstars. Rupert Clifton, Consultant Orthopaedic Surgeon and Kath Berrisford, Radiographer, together tackled the iconic London Marathon course on Sunday 23rd April 2023.

They ran to raise money for The Bone Cancer Research Trust. Mr Clifton commented on why this charity was close to his heart *“My career has enabled me to see and treat patients diagnosed with primary bone cancer, which has included children and adults of all ages and my aim was to highlight a lack of funding for research into this type of cancer.”*



Kath Berrisford



Mr Rupert Clifton

Running the London Marathon is not just about what you do on the day but is also about the work and dedication that is needed behind the scenes in preparation. In between a busy work, and life schedule, Kath managed to clock up an impressive 500 miles during training to ensure she was prepared on the day.

Their efforts culminated in a finish time of 4 hours and 8 minutes for Kath and 3 hours, 59 minutes, and 7 seconds for Mr Clifton – breaking that elusive 4-hour mark. They also managed to raise over £5,000 together for The Bone Cancer Research Trust, which I’m sure you can agree, is an exceptional achievement.

Everyone at The Fitzwilliam Hospital is supremely proud of both Mr Clifton and Kath for their efforts.

Case Study 2

Sarah Kail - Providing a home for Ukrainian Refugees

A National Appeal by the UK Government was made to the British public, to help house fleeing Ukrainian refugees following the invasion of Russia in March 2022. Sarah Kail, Senior Hand Physiotherapist, was one of the people to answer this call.

Sarah has been a member of the Physiotherapy Team at the Fitzwilliam Hospital for over 16 years and is one of the kindest people you could meet. She is always concerned for the welfare of others, so it was no surprise when she offered to house a mother and daughter from the city of Lviv in Ukraine.

The family were housed in a separate annex on her home grounds, where they could have some independence and feeling of safety. The 2 families would routinely have dinners together and share stories of their cultures – Sarah even learnt a bit of Ukrainian! It was important for Sarah to ensure that the family settled into life in the UK and therefore arranged English lessons for the daughter, which helped her find work in a local pub.

After 8 months together, the family are now living independently in Peterborough and continue to do well, adjusting to life in their new home. Sarah comments that they regularly keep in touch, and it has been a fantastic experience to help the wider world community.

Case Study 3

Early Recognition of Sepsis

The Fitzwilliam offers a very efficient and inclusive service for patients with Breast problems, including Cancer Patients. The dedicated team within this specialism work very closely together and collectively have expert knowledge to provide the very best care and treatment. At the very heart of the team is Staff Nurse, Adele Miller, who modestly provided her story. A bountiful chronical, details her life and career journey which makes for a fascinating read and gives The Fitzwilliam Hospital a justified, massive sense of pride.

During the early part of her career, once qualified as a Nurse, Adele accepted a post in a very busy A&E department, undergoing specialist trauma and life support training. This environment offered exposure to a wide range of patients presenting with symptoms and conditions across the health spectrum. Adele is ever thankful for the experience this 'baptism of fire' provided, making for the best grounding and learning within this setting. Later, she accepted a role within a GP surgery and her time was then divided between the two roles, another valuable learning and patient facing opportunity.

2000 gave us a new millennium and Adele a new career path, conveniently fitting around her young family. As a school nurse she supported the pupils and with health, safeguarding, pastoral care and as a mental well-being counsellor. This was both humbling and grounding for her, building resilience and coaching others in what were often vulnerable family settings.

A change of direction saw Adele move from an educational setting into a more specialist health environment. Completing a breast care course at the Royal Marsden hospital, allowed the creation of pathway to the 'best job ever'.

The valuable reward in the long-term nature of close patient relationships, Adele, describes her involvement with patients as special. She is totally absorbed, supporting her patients from referral, diagnosis, pre-op, surgery, radiology, chemotherapy, relapse, remission and full recovery.

When asked about a recent positive patient incident, Adele has shared an account of a breast cancer patient whose journey had been difficult. In her 30's the patient has struggled with the neo adjuvant chemotherapy treatment, this had not been effective within the initial time frame leading to an extended treatment period, therefore delaying surgery. She had also experienced ongoing issues with treatment including adverse reactions to the contrast solutions administered for scans. Difficulties, delays and unexpected events within the patient pathway, required specialist support to help the patient manage from both a physical and psychological perspective.

Attending the hospital for pre-op checks, it was recognised that the patient wasn't 'herself', while she looked and stated she felt well, Adele knew the patient. The patient's observations showed raised heart rate and body temperature. Taking no chances Adele sourced appropriate further treatment and the patient attended the A&E department and then onto a specialist oncology unit when they confirmed and treated a sepsis infection. The patient recovered over the following five days and stayed in hospital. The patient now has her surgery scheduled and all indicators are positive for this to go ahead as planned.

With many interesting first-hand accounts Adele's journey is fascinating, she could write a book. With so many commendable qualities, her experience is rich, and her achievements hard earned.

Case Study 4

Joint Advisory Group Accreditation

The Joint Advisory Group (JAG) are an organisation that were founded in 1994 in response to the expanding multidisciplinary nature of endoscopy. The programme works across three areas: Endoscopist Training, Accreditation of Screening Endoscopists and **Endoscopy Service Accreditation**. The JAG programme assesses endoscopy services that are registered with JAG, in the United Kingdom, Ireland and New Zealand. Services who demonstrate they meet the standards are awarded JAG accreditation.

Fitzwilliam and Boston West Hospital are both registered with JAG and underwent their 5 Yearly JAG Assessment in September 2022. Following an immense effort and teamwork by the Endoscopy team members, both sites achieved JAG accreditation, which verifies that both sites are meeting rigorous, high-quality standards and ensures that our patients receive high quality of care in Endoscopy services. The team showcased the two, gold standard Endoscopy Units and received overwhelmingly positive feedback from the assessors.

The assessment team felt that our approach to quality improvement and quality assurance is remarkably impressive and well supported by enthusiastic individuals. They highlighted that the service management team has a highly effective capacity review and operational planning meeting structure in place and noted that the Clinical Services Manager and Responsible Officer have full understanding and input into the outcomes of clinical review. The assessors also described a well-maintained decontamination environment, commended the team on the effective management of all Endoscopy waits and noted that there are excellent procedures and close working relationships to ensure a robust approach. The assessment team highlighted that the administrative and booking team are enthusiastic and committed to patient care, with the same opinion and understanding of the services' policies and processes, and equally clear about daily challenges and what they do well.

In summary, the assessment team felt that Fitzwilliam and Boston West Hospitals have set the benchmark for Endoscopy that all services should strive to achieve.

Obtaining the JAG accreditation is a fantastic achievement, and we are so very proud of the Endoscopy Team, and excellent care they deliver to our Endoscopy patients.

Case Study 5

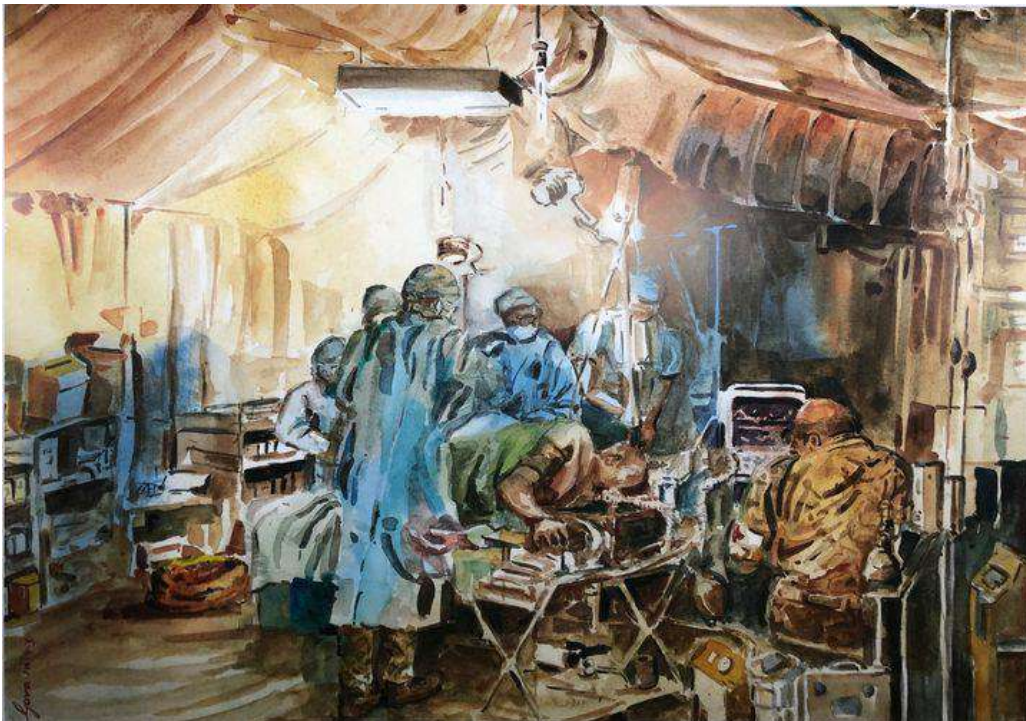
Artist and Orthopaedic Surgeon raising funds for Oundle School with exhibition

Fitzwilliam's Consultant Orthopaedic surgeon and ex-RAF Wing Commander, Mr. Gora Pathak, exhibited his 'Brush and Blade' artwork at Yarrow Gallery situated within the grounds of the private Oundle School, near Peterborough in November 2022.

Mr. Pathak has served in the Royal Air Force for 23 years. He has been on the frontline several times in Bosnia, Afghanistan, and Iraq. He has always carried his charcoal or watercolours and sketch pad alongside his gas mask and other essential protective kits with the aim of capturing the atmosphere of a war zone including its frontline hospitals and operating theatres. He recalls, "Soldier friends would laugh and say they needed to protect my paintings of them during the war." Many of Mr Pathak's paintings depict wartime scenes, inspired by the understated and unsung bravery of the soldiers he witnessed first-hand, many of whom had just turned 18 years of age.

Typically, Mr. Pathak uses watercolours, but he also works with pastels and oils. He paints many different subjects including portraits of family and friends, landscapes, as well as stories of the war heroes he met.

The 'Brush and Blade and Fleeting Faces' exhibition showed at the Yarrow Gallery at Oundle School in Oundle near Peterborough in November 2022. The proceeds of Mr Pathak's artwork purchased by exhibition visitors went to Oundle School. Through his artwork and other donations, Mr. Pathak has contributed to many armed forces charities over the years including the RAF, the British Legion, and Peterborough's war memorial.



Services covered by this Quality Account

- Adult Bunion Surgery NHS clinic
- Adult Carpel 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
- Endoscopy
- Foot & Ankle Clinic
- Gall Stone & Gall Bladder Clinic
- Gastrointestinal Clinic
- General Medicine
- 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
- 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
- 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.

Patients' requiring level 2 care are treated and cared for by a well-trained team of staff in a dedicated facility. On site facilities include Radiology, Physiotherapy including a gym, a static MRI unit and a visiting mobile CT service.

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 – November 2016).

Location: Fitzwilliam Hospital, Bretton Way, South Bretton, Peterborough PE3 9AQ

Tel: 01733 261717

Registered Manager: Carl Cottam

carl.cottam@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, Cosmetics, 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, Pain Management, Physiotherapy (including satellite clinic), Psychotherapy, Psychology, Rheumatology, Speech Therapy, Urological, Vascular	All adults 18 yrs and over
Surgical Procedures	Bariatric surgery, Breast surgery, Cancer surgery (breast and colorectal), Colorectal, Cosmetics, 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 Surgery, Spinal Surgery, Vascular Surgery, Upper GI surgery, Urological	<p>All adults 18 yrs and over excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months • New pacemaker within the last 6 months • BMI limit of 40 excluding selected surgical patients up to 41 and gastric banding and bariatric surgery • History of major post operative complications • New diagnosis of, or unstable diabetes • New diagnosis of Atrial Fibrillation • Alzheimers or dementia <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Exercise ECG, GI physiology, Health screening, Imaging services, Phlebotomy, Urinary Screening, and Specimen collection MRI	All adults 18 yrs and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 3

Clinical Audit Programme 2022/23

Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

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

Audit	Department Allocation	Frequency (subject to review)
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy	July, October, January, April
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, RDUK	Monthly
Surgical Site Infection (One Together)	Theatres (IPC)	October, April
IPC Governance and Assurance	IPC	July, January
IPC Environmental infrastructure	IPC	August, February
IPC Management of Linen	Ward	August <i>February (as required)</i>
Sharps	IPC	August, December, April
High Risk PPE (when using)	IPC	<i>August, February (as required)</i>
Standard PPE	IPC	July, October, January, April
Cleaning (49 Steps)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy	Monthly
Peripheral Venous Cannula Care Bundle	Ward, Theatres, Ambulatory Care	July to September
Urinary Catheterisation Bundle	Ward, Theatres	July to September
Isolation	IPC	October
Patient Journey: Safe Transfer of the Patient	Ward	July/August, January/February
Patient Journey: Intraoperative Observation	Theatres	August/September, February/March

Patient Journey: Recovery Observation	Theatres	September/October, March/April
NatSSIPs LSO	Theatres, Outpatients, Radiology	July/August, January/February
NatSSIPs Safety Brief	Theatres, Outpatients, Radiology	August/September, February/March
NatSSIPs Sign In, Time Out & Sign Out	Theatres, Outpatients, Radiology	September/October, March/April
NatSSIPs Site Marking	Theatres, Outpatients, Radiology	October/November, April/May
NatSSIPs Stop Before You Block	Theatres	November/December, May/June
NatSSIPs Prosthesis	Theatres	December/January, June/July (23)
NatSSIPs IOLs	Theatres	July January/February
NatSSIPs Swab Count	Theatres	July/August, February/March
NatSSIPs Instruments	Theatres, Outpatients, Radiology	August/September, March/April
NatSSIPs Histology	Theatres, Outpatients, Radiology	September/October, April/May
Blood Transfusion Compliance	Blood Transfusion	July/September
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Walkabout	SLT / Head of Clinical Services	As required
Staff Questions	SLT / Head of Clinical Services	As required
Complaints	SLT	November
Duty of Candour	SLT	January
Practicing Privileges - Non-consultant	Head of Clinical Services	October
Practicing Privileges - Consultants	Head of Clinical Services	July, January
Observation Audits - Physio	Physio	July/August <i>January/February (as required)</i>
Observation Audits - Ward	Ward	August/September <i>March/April (as required)</i>
Observation Audits - OPD	Outpatients	July/August <i>January/February (as required)</i>

Privacy & Dignity	Ward	May/June, November/December
Medical Records	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology	July/September January/March (as required)
Medical Records - Cosmetic Surgery	Outpatients	July/September January/March (as required)
Medical Records - Bariatric Services	Bariatric Services	July/September January/March (as required)
Medical Records - NEWS2	Ward	October, February, June
Medical Records - VTE	Ward	July, November, March
Medical Records - Patient Consent	Head of Clinical Services	March September
Medical Records – MDT Compliance	Head of Clinical Services	December
Non-Medical Referrer Documentation and Records	Radiology	July, January
MRI Reporting for BUPA	Radiology	July, November, March
CT Reporting for BUPA	Radiology	August, December, April
No Report Required	Radiology	August, February
MRI Safety	Radiology	January, July
CT Last Menstrual Period	Radiology	July, October, January, April
Safe & Secure	Pharmacy	August, February
Prescribing	Pharmacy	September, March
Medicines Reconciliation	Pharmacy	September, March
Controlled Drugs	Pharmacy	September, December, March, June
Governance - Pharmacy	Pharmacy	July
Operational (Ward)	Ward, Theatres, Physio, Outpatients, Radiology	October to December
Operational - Safeguarding	SLT / Head of Clinical Services	July
Decontamination - Endoscopy	Decontamination (Corporate)	June

Appendix 4

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
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
DDA	Disability Discrimination Audit
DH	Department of Health
ERS	Electronic Referral System
EVLT	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HAI	Hospital Acquired Infection
HPD	Hospital Patient Days
HOCS	Head of Clinical Services
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
ICB	Integrated Care Board
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
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
NCCAC	National Collaborating Centre for Acute Care
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
NWAFT	North West Anglia Foundation Trust
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUFS	Speak Up For Safety
SUI	Serious Untoward Incident
SUS	Secondary Uses Service
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

Fitzwilliam Hospital

Ramsay Health Care UK

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

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

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