

Fitzwilliam Hospital

Quality Account 2024/25



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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa

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 42 years, since 1983. We have a dedicated workforce that is committed to making 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 42 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 every piece of feedback from our patients and strive to make improvements to enhance patient experience. We employ 56 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 Cosmetic surgery. At Fitzwilliam Hospital, we offer consultant led care, meaning that all our patients are under the direct care of a consultant at each step of their patient care pathway.

Between April 2024 and March 2025, we admitted a total of 11,599 patients, of which approximately 63% were NHS patients. On average 1,416 patients per week were seen in our outpatient department by one of our 141 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, such as Children in Need and Breast Cancer Awareness. We also continued to take part in our annual collection and donation of food to our local foodbank over the Christmas period. We have also been delighted to foster strong relationships within the local community. A great example of this is when Ashley Watson, Physiotherapist provided an educational session for children at a local primary school in Peterborough – you can read more about this on page 48 of the Quality Account.

We are also delighted to announce that Fitzwilliam Hospital have recently been awarded the Antiseptic Non-Touch Technique (ANTT) Silver Accreditation and the National Joint Registry Gold Data Quality Award.



Part 2

2.1 Quality Priorities for 2025/2026

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 2024/25 (looking back)

Patient Safety

Patient Safety Incident Response Framework (PSIRF)

PSIRF was successfully implemented within the Fitzwilliam Hospital during 2023/24. Much of the ethos was already embedded in routine practice, which ensured the transition was very smooth. Our Ramsay Corporate Team issued new policy relating to PSIRF and the Patient Safety Incident Response Plan (PSIRP), which was supported by local policies that were introduced. The plan is to ensure that all staff feel empowered and able to speak up within a just culture, to ensure that lessons can be learned from any event that occurs.

We've recently identified an opportunity for improvement relating to pain management. Using our local PSIRP, our Pharmacist and Ward Manager are collaborating to deliver a campaign to all staff to ensure they fully understand the complex nature of pain and how best to support the patients we see.

Looking forward we will continue to offer patient centred care to all our patients and be responsive to feedback and events that occur.

How did we do? Initiative successful

PSIRF continues to be an embedded part of the culture and practice at Fitzwilliam Hospital. PSIRF has allowed us to look at incidents that arise with a holistic approach and ensure that lessons can be learned and actioned. This ultimately ensures patient, and staff safety is at the forefront of all that we do. Our Ward Manager and Pharmacy Manager have worked together to deliver sessions to staff and we have seen an improvement in how our patients perceive their care following surgery.

Patient Experience

Cemplicity – Net Promoter Score

Cemplicity is an external company that has been utilised by the NHS and private sector, inclusive of Ramsay Health Care, to aid in the collating and analysis of patient feedback and outcomes. A key measure of performance and patient satisfaction used by Ramsay Healthcare is the Net Promoter Score (NPS). On discharge from the hospital patients are electronically sent a questionnaire through Cemplicity, which contains several questions pertaining to their experience and aspects of their care. These responses are collated and analysed. These answers in turn generate areas for focused improvement. Whilst the majority of feedback exceeded 80% in positive responses, some patients identified that more information could be provided regarding medication side effects.

Therefore, we will endeavour to address this by:

- Arranging teaching and educational sessions for staff delivered by the Pharmacist and Ward Manager
- Focusing on medicines specific e-learning packages on our internal learning system (WorkDay)

The success of this initiative will be measured by an improvement in the feedback provided by patients in this specific metric, which in turn will improve our overall position.

How did we do? Initiative successful

The Ward Manager and Pharmacy Manager have worked in collaboration to deliver informative training sessions to all staff on the importance of relaying medication side effects to patients. This has seen a decrease in the number of patients calling the hospital post-discharge with medication queries. Our Pharmacy Manager also delivers a Medicines Management session on Induction Training so that all new staff understand any medication issues and queries that may arise. The culmination of this work has seen an improvement in the NPS score, and the Fitzwilliam Hospital is routinely achieving an NPS in the high 80's for patient satisfaction, with our latest NPS score for April 2025 achieving over 90. The great work will continue into 2025/26, strive to achieve further improvements moving forwards.

Clinical Effectiveness

Innovation in Dental Radiology

October 2023 saw Fitzwilliam's Imaging department receive a new dental CT scanner. The Italian FUJI CT scanner generates 3D-images of the craniofacial region in a single scan. It scans teeth and dental structures, soft tissues, nerves, and bones in a patient's skull and face.

This cutting-edge technology provides high contrast and finely detailed 3D-images of a patient's mouth and allows for more precise dentistry treatment planning. It is used when regular dental or facial X-rays are not sufficient.

It is useful in the surgical planning for impacted and wisdom teeth, and the accurate placement of dental implants. Using this scanner to understand where roots and nerves are, can help prevent serious problems such as permanent nerve damage after wisdom tooth removal.

The CT Scanner is also used in diagnosing temporomandibular joint disorder (TMJ), evaluating cavities in the craniofacial area, reconstructive surgery, and detecting and treating jaw tumours.

This latest compact addition seamlessly fits into X-ray room one. Ideal for claustrophobic patients who prefer a more open scanner with a large mirror and adaptable for wheelchairs, it offers a more supportive yet gentle experience for all.



Using low-dose protocols and SafeBeam™ technology, the lowest radiation dose is delivered to protect patients' health. Radiation is based on diagnostic needs and the area being examined. This is particularly important when investigating a patient's thyroid and eyes.

Lastly, this kit has intuitive, user-friendly software. This means that data acquired during scanning is processed in just a few simple steps to produce 3D-images. FUJI delivered on-site training too all users individually which was excellent for this new service.

How did we do? Initiative successful

The new dental scanner has been a fantastic addition to the Fitzwilliam Hospital and has allowed us to accommodate the needs of all our patients, ensuring the highest standard of patient care. We will continue to utilise this cutting edge equipment during 2025/26.

SipTilSend – Enhancing Patient Recovery

The requirement for all adult surgical patients undergoing general anaesthesia to be in the fasted state has been routine practice for many years. This has been challenged, and many now accept that the morbidity caused by prolonged fluid fasting is no longer acceptable and offers no safety benefit (Morrison et al 2020)

SipTilSend is a new approach to pre-operative drinking which encourages patients to sip from one 170ml glass of water, refilled every hour, until sent to theatre. Ramsay have conducted a very successful pilot study of SipTilSend at Clifton Park Hospital and as a result, took the decision to roll this out at Fitzwilliam Hospital. Following engagement with the Anaesthetic Consultant body and with full support, SipTilSend was implemented on 4th December 2023.

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

SipTilSend has been successfully implemented with its purpose to 'end pre-surgical oral fluid deprivation'. There is a dedicated member of staff within the ward who provides information to and oversees the process for all patients ensuring that the process is adhered to.



Hyponatremia Risk Assessment

Ramsay have developed and implemented the use of a hyponatremia risk assessment that is used to identify patients who may be at risk of developing hyponatremia. This tool is a research-based approach and key to help reduce the risk of patients being transferred to another provider.

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

Patients are now routinely screened at the pre-assessment stage for any hyponatremia risk factors. The document is uploaded to their medical records and an alert for all staffs' awareness is placed on the patient card. A treatment plan is also devised by the Pharmacy Manager to ensure that any risks can be mitigated to ensure the safety and surgical optimisation of all our patients.

Hyponatremia Risk Assessment

Hyponatremia is a common electrolyte abnormality. Hyponatremia can range from an asymptomatic variation to a life-threatening condition. Hyponatremia can occur with hyponatremia or hyponatremia or sodium deficit. Common causes include diuretics, vomiting and/or diarrhea, renal and liver disease. Fluid management, adjusting diuretics and other medications can reduce risk of hyponatremia. Nausea or vomiting, dizzy spells, headache, confusion, hypotension and/or fatigue are early signs of hyponatremia.

Pre-Operative Assessment

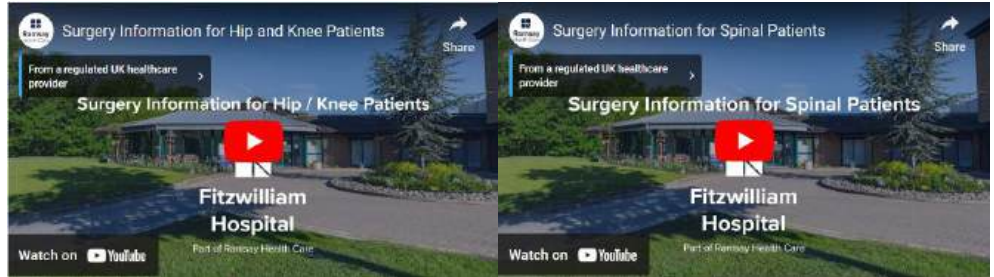
Planned Procedure: _____ Date: _____

Assessment of patient specific risks

Risk Factor	Patient specific information
Pre-existing Conditions	
Sodium <135 pre-op	Sodium:
Age >70	Age:
Female	
Chronic Kidney Disease	
Hypertension	
Diabetes Type I and Type II	Type: Medication:
COPD	
Connective tissue disorder	
Drug Risk Factors	
Non-steroidal anti-inflammatory drugs (NSAIDs)	Drug: Dose: Frequency:
ACE Inhibitor	Drug: Dose: Frequency:
Thiazide	Drug: Dose: Frequency:
Antidepressant (selective Serotonin reuptake inhibitors) (SSRIs)	Drug: Dose: Frequency:

Patient Information Videos – Total Hip & Knee Replacements and Spinal Surgery

Pre-assessment introduced an online virtual pre-assessment tool for patients undergoing hip, knee & spinal surgery during 2024 which is supported by supplementary leaflets. These videos help empower patients pre-operatively and ensure they are as prepared as they can be for surgery. The videos also help to ensure any chronic diseases are optimised and provide patients with pre-op information to reduce length of appointments.



How did we do? Initiative successful

All patients are supplied with a link to these informative videos as routine practice during the pre-assessment clinic appointment. The feedback we have received has been overwhelmingly positive. We will continue to use this tool as part of the patient journey during 2025/26.

Digital Dictation – “T-PRO”

As part of Ramsay’s ongoing digital innovation agenda, 2023 saw the introduction of digital dictation and the acquisition of a software called “T-PRO” to help facilitate this. Digital dictation allows consultants to dictate patient letters straight after an appointment, and T-PRO will transcribe the consultant’s dictation and allow for automatic upload onto a patient’s electronic patient record. This innovation further strengthens our processes ensuring patient records are kept up to date and there is no timelapse between appointment and generation of consultant letters.



Our dedicated T-PRO experts facilitated 1-1 training sessions with consultants to give them the knowledge to use this tool effectively. Communications via letter and email were also sent to the consultant body further explaining the benefits of T-PRO.

How did we do? Initiative successful

The majority of the consultant body now use T-Pro as part of their embedded practice, which ensures that clinic letters are available on the electronic patient record system without delay.

Aseptic Non-Touch Technique Accreditation (ANTT)

ANTT is a framework that provides healthcare professional with a logical and standardised process that promotes safe and efficient aseptic techniques. ANTT sets out to:

- Improve patient safety by supporting effective education, competency assessment and safe clinical practice.

- Standardise aseptic technique across organisations and countries and reduces variability in practice.
- Provides a foundation for the effective clinical governance of aseptic technique.
- Helps protect and reassure patients by providing more consistent standardised aseptic technique.

A focus area during 2023/24 was for the Boston West and Fitzwilliam Hospitals to achieve Bronze accreditation. Our Infection Prevention & Control Nurse worked closely with staff and clinical Heads of Departments to carry out audits and competencies and was on hand to offer advice and guidance where needed to educate staff.

The criteria for the Bronze accreditation included having 30% percent of staff competency assessed and 50 audits completed in a 12-month period. In October 2023, the Boston West and Fitzwilliam Hospitals were awarded the prestigious ANTT Bronze Accreditation.

The work continues to obtain Silver Accreditation in 2024/25, and we are proud of the progress that has been made in 2023/24.



How did we do? Initiative successful

In April 2024 the Fitzwilliam Hospital obtained ANTT Silver Accreditation. The criteria for Silver Accreditation included ensuring 60% of the relevant clinical workforce had undertaken the ANTT Competency Assessment and that the hospital had a minimum of 20 Level-2 ANTT staff assessors. This is a fantastic achievement and shows the hard work and dedication of our staff to be clinically excellent. Moving into 2025/26 we aspire to achieve ANTT Gold Accreditation.

Investment in Leadership

At Fitzwilliam Hospital we pride ourselves on investment in staff to continue their professional development along their career pathway. We believe that effective leadership can help boost productivity of staff and foster a good working environment for all.



Ramsay Academy offer the Leading our People and Leading our Leaders courses – both of which are nationally recognised Leadership & Management qualifications. During 2023/24, 3 members of the Fitzwilliam Hospital Senior Leadership Team and 2 Heads of Department commenced the respective courses.

Staff are expected to complete these courses by the end of 2024, further strengthening our wider leadership teams.

How did we do? Initiative successful

All staff have successfully gained their Leadership & Management qualifications. We are also delighted that 2 of the members of staff who attended have now been promoted into the Senior Leadership Team. At Fitzwilliam Hospital we are committed to investing in our people and we look forward to carrying this into 2025/26.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Clinical Effectiveness

Day Case Joint Replacements

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

Patient Safety

Getting it Right First Time (GIRFT)

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

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

ANTT Gold Accreditation

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

Patient Experience

Cemplicity

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



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 2024/25, 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 2024 to 31st March 2025 represents 52% 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 2024/25, the indicators on the scorecard that affect patient safety and quality were:

Human Resources

In the period 2024/25, our expectation was to continue to recruit permanent positions and retain permanent staff, thereby reducing the percentage of agency use. This strategy remains in place with a 7% agency usage being recorded in 2024/25. This is a significant decrease of 13.9% on the previous financial year. Long term sickness, maternity leave, new starter induction and training contributed to lost hours, which has seen a decrease of 0.8% from 2023/24 and now sits at 16.7%. 'Ward Staff Hours Worked per Hospital Patient Day' was 5.42.

Levels of sickness saw a decrease from 3.13% in 2023/24 to 2.7% this reporting period. We will continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service.

During 2024/25, staff turnover at Fitzwilliam Hospital saw a slight increase from 5.3% to 8.4% this reporting period. Ensuring our staff feel well looked after and our ongoing commitment to ensuring our Ramsay motto "People Caring for People" is at the heart of what we do will continue to be a key area of focus for 2025/26.

The total skill mix calculation for the Fitzwilliam Hospital was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants and is primarily appropriate across all departments. Many of our Theatre Nurses have commenced their studies to become Surgical First Assistants, further enhancing our skill mix and expertise. During 2024/25, the skill mixes on the Wards and in the Outpatient and Theatre setting remains in a good and balanced position.

- Fitzwilliam Hospital have 56 contracted Registered Nurses caring for our patients.
- Fitzwilliam Hospital have 28 contracted Health Care Assistants caring for our patients.
- Fitzwilliam Hospital have 12 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 with delivering a high standard of patient care. In March 2025, our overall mandatory training compliance was 93.2%,

this is a slight increase on the 2023/24 Mandatory Training position. 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 regularly carried out by internal and external trainers in our dedicated training room at the Fitzwilliam Hospital. The staff appraisal completion rate at Fitzwilliam Hospital sits at 77.8%. One RIDDOR event was reported at the Fitzwilliam Hospital during 2024/25 relating to a staff wrist injury. Upon review of this event, it was found that the incident was unavoidable. The staff member has been assisted by our Occupational Health team and their Head of Department and is now fully recovered and back at work.

Staff Satisfaction

In September 2024, Ramsay Health Care UK carried out a group independent colleague engagement survey, which Fitzwilliam Hospital participated in. The Survey is completed annually and is called “One Voice”. It gives all staff members the opportunity to complete an electronic survey, rating different categories either unfavourable, neutral or favourable as a percentage.

The Staff Engagement Survey results for the Fitzwilliam Hospital were published in October 2024 and showed that 78% of contracted staff participated and we achieved an Engagement score of 76%. Staff feedback was favourable which is excellent.

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

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

We are dedicated to continuing to listen to and celebrate our staff throughout the coming year. We encourage staff to continue to provide their feedback year-round in advance of the next Ramsay group-wide survey planned for 2025/26.

Patient Services

The Fitzwilliam Hospital reported 25 NHS complaints during 2024/25, which equates to 0.33% of total NHS admissions. We complete a full assessment of the circumstances of each complaint, engaging with the complainant by undertaking direct personal contact and providing detail of what can be expected. With a genuine desire to improve patient satisfaction, we determine if the complaint is upheld or not and complete a full 360-degree root cause analysis. The themes and trends of the complaints are reviewed by the Clinical Governance

and Medical Advisory Committees. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the issues raised and agree a plan to improve service or perception. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Fitzwilliam Hospital on a regular basis. Top trending themes of complaints during 2024/25 were:

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

Whilst 68% 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.
- Patients nationally are waiting longer for procedures due to the number of patients using the service. We have continually reviewed patient waitlists and pro-actively try and keep patients informed as to when their procedure might take place. We
- 1-1 discussions were undertaken with consultants reinforcing expectations surrounding effective communication with patients.
- Continued work with the Ward Team regarding patient centred care, specifically our campaigns regarding pain management and ensuring an effective discharge. Ensuring that the Ward Senior Team are routinely reviewing patients and ensuring that their needs are being met in a timely manner.

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

The annual audit program is inclusive of reviewing infection prevention and control with periodic audits, looking at a range of infection prevention and control activities. This includes hand hygiene, isolation, surgical site surveillance, peripheral venous cannula care bundles, urinary catheter bundles and infection control environmental audits and cleaning schedules within every department. This year has seen the introduction of a new Antimicrobial Stewardship audit, which will see our IPC Lead Nurse and Pharmacy Manager join forces to ensure the highest quality of care is afforded to our patients. Several local audits are undertaken in addition to the national Clinical Audits that can be found on pages 54-56 of this document.

The Fitzwilliam Hospital has a framework of governance process that monitors significant clinical events. With the implementation of a new incident reporting system, the most serious incidents are classified as either 4 or 5 – historically they were 1 and 2. During the period 2024/25, 1 serious significant event (severe harm) was reported, however, a full investigation and root cause analysis concluded that the appropriate clinical actions had been taken and the care provided at the Fitzwilliam Hospital had not contributed to the event.

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

2.2.2 Participation in Clinical Audit

Between 1st April 2024 and 31st March 2025, the Fitzwilliam Hospital participated in 10 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 2024 – 31 st March 2025 – latest published data set)	1887 100%
Elective Surgery (National PROMs Programme) Total Hip Replacement & Total Knee Replacement	1314 100%
Elective surgery - Private PROMs Programme	1375 100%
ICHOMs Cataract PROMs Cataract Surgery	930 100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (All procedures)	11,599 100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)* (All procedures)	11,599 100%
Surgical Site Infection Surveillance Service Total Hip Replacement & Total Knee Replacement	1314 100%
National Audit Project of the Royal College of Anaesthetists: Perioperative Cardiac Arrest Fitzwilliam Hospital have taken part in all surveys to date.	100%
British Spine Registry	483 100%
National Bariatric Surgery Register 2 Fitzwilliam Hospital ceased Bariatric Services in July 2024	9 100%

The reports of the 10 national clinical audits were reviewed by the Clinical Governance Committee and Fitzwilliam Hospital has taken the following actions to improve the quality of healthcare provided.

- We have employed a BSR coordinator to directly liaise with consultants and help increase submission rates.
- All PROMs have now been transitioned to e-PROMs enabling easier correlation of data and analysis.
- Regular engagement with the Consultant body to ensure that there is a consistent message to patients about the importance of completing PROMs.

All audits the Fitzwilliam Hospital could participate in for 2025/26 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 541 local clinical audits from 1 April 2024 to 31 March 2025, with an average score of 95.9%. 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 completed audits match the schedule and can instantly review the scores to determine where additional focus and action may be needed. During 2024/25, we have seen a continued high standard of compliance achieved across many of our clinical areas. Some consistently high scoring audits include:

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

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 several initiatives following learning from audit results. Audit results are widely disseminated internally for action and learning. Actions taken in response to audit results include:

- The implementation of a new QR code for staff to scan if they would like to report maintenance issues. This allows for better management of works that need to be carried out.

- The introduction of a dedicated falls prevention lead who has proactively engaged with clinical staff.
- Emphasis on collaborative working between the heads of departments and housekeeping lead, to complete departmental cleanliness audits. This allows for better oversight and team working.
- Focus on pain management with dedicated sessions delivered to staff by the Pharmacy and Ward Manager

Audit outcomes are reviewed during departmental meetings where feedback, both positive and negative is discussed with all staff. When a need to improve is identified, action plans are in place, with repeat audits undertaken, to ensure appropriate standards are achieved and maintained. Lessons and good practice examples are shared with the wider Consultant body via individual feedback at Clinical Governance and Medical Advisory Committee meetings.

2.2.3 Participation in Research

There were no patients recruited during 2024/25 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 2024 to 31st March 2025 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 2025 is 'Without Conditions'. Fitzwilliam Hospital was inspected by the CQC on the 27th February 2024 and the full report was published on the 26th April 2024. The link to the most recent report can be found at the link below:

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

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

2.2.6 Statement on Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. In 2024/25 our key goal was to:

- **Following the release of a new version of the Breast and Cosmetic Implant Register (BCIR), staff will continue to ensure embedded practice is adhered to and data is uploaded.**
100% of all applicable procedures are being uploaded by the theatre team onto the BCIR. This allows for more effective data analysis both locally and nationally.

In 2025/26 our areas of focus to improve the capture of patient data are:

- Staff will ensure that all relevant patients complete the newly released Breast Augmentation e-PROM. This was the last remaining PROM to be transitioned to the e-PROM model.

NHS Number and General Medical Practice Code Validity

Fitzwilliam Hospital submitted records during 2024/25 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:

- 99.2% for admitted patient care;
- 99.97% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is ‘Standards Met’. The 2024/2025 submission is due by 30th June 2025.

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 2024/25 by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Fitzwilliam	96%	98%	96%	99%

2.2.7 Stakeholders views on 2024/25 Quality Account

2.2.7.1 NHS Lincolnshire ICB Commentary on Fitzwilliam Hospital Quality Account 2024/25



Lincolnshire Integrated Care Board

Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

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

Julie Ikeda
Quality Improvement Manager
Fitzwilliam Hospital
Ramsay Healthcare UK

11 June 2025

Dear Julie,

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the draft Fitzwilliam Hospital Quality Account 2024/ 25.

The quality account provides comprehensive information on the quality priorities that the provider has focused on during the year in relation to patient safety, patient experience and clinical effectiveness. The account details progress in relation to these priorities and the commissioners commend the Fitzwilliam Hospital on their achievements which include:

- Patient safety: building on the implementation of PSIRF in 2023/24 by developing a new policy that embeds learning from events as part of culture and practice. Additionally seizing an opportunity for improvement relating to pain management through PSIRF and PSIRP
- Patient experience: using the Cemplicity Net Promoter Score gained through patient feedback to identify actions to provide more information to patients on medication side effects
- Clinical effectiveness: continuing to use innovation in dental radiology, embedding the SipTilSend approach to pre-operative hydration, introducing hyponatraemia risk assessment processes, introducing patient information videos as part of the pre-assessment process, the wider use of digital dictation software, achieving Silver accreditation for Aseptic Non Touch Technique (ANTT) practice

The Quality Account has numerous examples of the delivery of safe and high-quality care undertaken by the provider over the past year such as:

- Taking a root cause analysis approach to the review of complaints and using governance processes to identify themes, lessons learned and improve services
- The introduction of a new Antimicrobial stewardship audit to strengthen existing Infection Prevention and Control processes and 0% rate of C- Difficile and MRSA rates
- Embedding of the PSIRF framework and use of a new incident reporting system to consistently identify areas for improvement and share learning

Dr Gerry McSorley, ICB Chair and Mr John Turner, Chief Executive
www.lincolnshire.icb.nhs.uk

- 100% participation in 10 National clinical audits and high compliance with local clinical audit standards (95.9% overall)
- Zero patient deaths related to NHS regulated care in 2024/25
- Above the national average score for health gains following Total Hip Replacement and Total Knee Replacement surgery (indicated through latest available PROMs data)
- Below national average for re-admission rates to hospital within 28 days of surgery and return to theatre rates
- Positive comparison to national benchmarking data for compliance with Venous Thrombo-Embolic Assessment
- Demonstration of above average regional and national scores for PLACE assessments across all domains

The commissioners also note that the provider uses a wide range of patient feedback mechanisms and receives consistently positive feedback which provides assurance that the standard of care provided is good.

The Fitzwilliam Hospital can be proud of its latest staff survey results which demonstrate high response and engagement rates and favourable staff feedback.

Looking forward to the coming year, the commissioners are pleased that there continues to be a focus on clinical effectiveness, patient safety and patient experience through the identification of new priorities for 2025/26, which are:

- The implementation of a daycase pathway for clinically appropriate patients undergoing joint replacement surgery
- The commissioning of the Getting It Right First Time (GIRFT) programme to recognise best practice, identify unnecessary variations in care and implement recommendations
- An aspiration to achieve ANNT Gold accreditation
- To collect PROMs data more widely and use the Cemplicity system to analyse this to highlight and address any worsened outcomes post procedure

The current Care Quality Commission rating for the hospital is Good which was awarded during the last inspection on the 27th February 2024. The commissioners recognise the hard work delivered by the provider in achieving this rating.

The commissioners would like to thank the Fitzwilliam Hospital, who have continued to work closely with partners in the Lincolnshire Health System to ensure patients' needs are met.

NHS Lincolnshire Integrated Care Board looks forward to working with the Fitzwilliam Hospital over the coming year to further improve the quality of services available for our population, to deliver better outcomes and optimal patient experience.

Yours sincerely,



Vanessa Wort
Associate Chief Nurse
NHS Lincolnshire Integrated Care Board

Cambridgeshire & Peterborough Integrated Care Board

Stakeholder Feedback – Fitzwilliam Hospital Quality Account 2024/25

NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) has reviewed the Quality Account produced by Fitzwilliam Hospital for 2024/25.

The Fitzwilliam is part of the Ramsey Healthcare group and the ICB commission NHS activity through the hospital.

In November 2023, the hospital transitioned to the Patient Safety Incident Response Framework (PSIRF), with their PSIRF policy and plan approved by South Norfolk and East Essex ICB with input from our quality and patient safety team. We are looking forward to working with the hospital and supporting their implementation of the new framework over the next year.

The Fitzwilliam Hospital did not report any deaths related to NHS regulated activity during 2024/25, however deaths within an Independent elective care setting are rare.

It is noted that there has been a gradual increase of patient readmissions within 28 days of surgery over the last 3 years. It would be useful to understand the reasons for the readmissions and any themes and trends identified, resulting in an improvement action plan. This should be a focus for the hospital during 2025/26.

There has also been an increase in the return to theatre score for 2024/25 in comparison to 2023/24, however, when benchmarked the rate of return is still low overall against total number of patients seen whilst continuing to maintain consistent clinical outcomes. It is recommended that further work on themes and any learning identified is undertaken in the future.

In relation to Infection prevention and control, the hospital is performing well and the ICB have no concerns in relation to their outcomes. The hospital has engaged with the ICB team as required throughout the year.

There is no focused section on safeguarding within the report. The hospital mention that a safeguarding audit was completed, however there is no information on what the audit consisted of or any outcomes. However, safeguarding of patients underpins all aspects of the care delivered by the Fitzwilliam and is an integral part of all pathways.

The report specifies that no research activity or recruitment was undertaken in 2024-25, however the Fitzwilliam did participate in ten national clinical audits (100% compliance) and completed 541 local clinical audits. These provide ongoing quality monitoring and actions taken from the audit reviews are being implemented to improve the quality of care provided. The hospital may want to benchmark themselves against other similar providers during 2025/26 to gauge their success and outcomes.

The hospital is commissioning the GIRFT programme which supports their eagerness to ensuring patient safety. The review and recommendations will provide opportunity for improvement.

The ICB would like to thank all the staff at Fitzwilliam Hospital for their continued efforts and high-quality care offered to patients during 2024/25.

Overall Cambridgeshire and Peterborough ICB agree the Fitzwilliam Hospital Quality Account is a true representation of quality during 2024/25.



Carol Anderson
Chief Nursing Officer
Cambridgeshire & Peterborough ICB

2.2.7.3 Healthwatch Lincolnshire Commentary on Fitzwilliam Hospital Quality Account 2024/25



Fitzwilliam Hospital submitted the Quality Account 2024/25 to Healthwatch Lincolnshire for review and comment on 27th May 2025, 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 2024/25 will be republished.

2.2.7.4 Healthwatch Cambridgeshire & Peterborough Commentary on Fitzwilliam Hospital Quality Account 2024/25



Fitzwilliam Hospital submitted the Quality Account 2024/25 to Healthwatch Cambridgeshire & Peterborough for review and comment on 27th May 2025, 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 2024/25 will be republished.

2.2.7.5 Fitzwilliam Hospital Patient and Public Involvement Group (PPIG) Commentary on Fitzwilliam Hospital Quality Account 2024/25

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

Part 3:

Review of Quality Performance 2024/2025

Statements of Quality Delivery

Head of Clinical Services, Jane Groom

Review of Quality Performance 1st April 2024 – 31st March 2025

Introduction

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

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.



Jo Dickson

Ramsay Clinical Governance Framework 2024/25

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

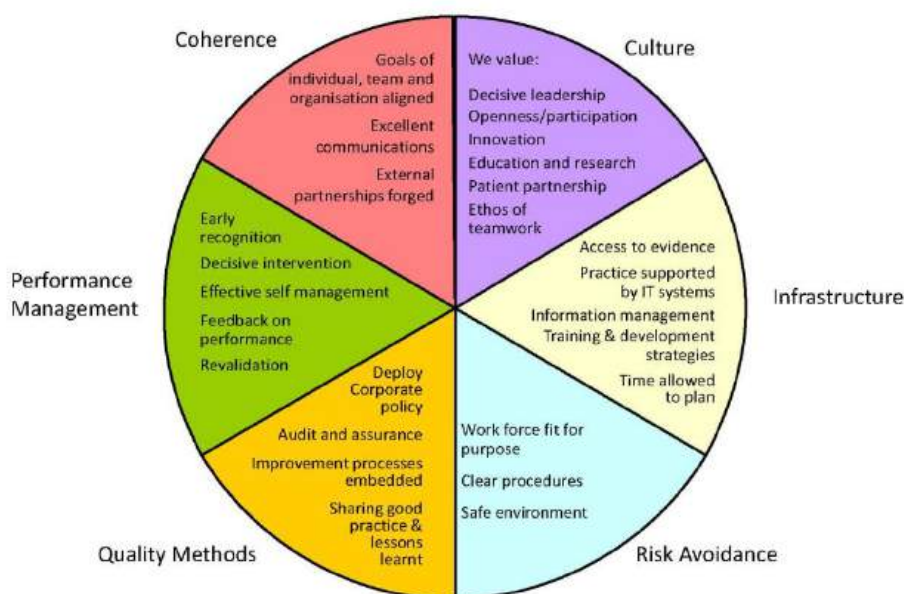
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

3.1 The Core Quality Account indicators

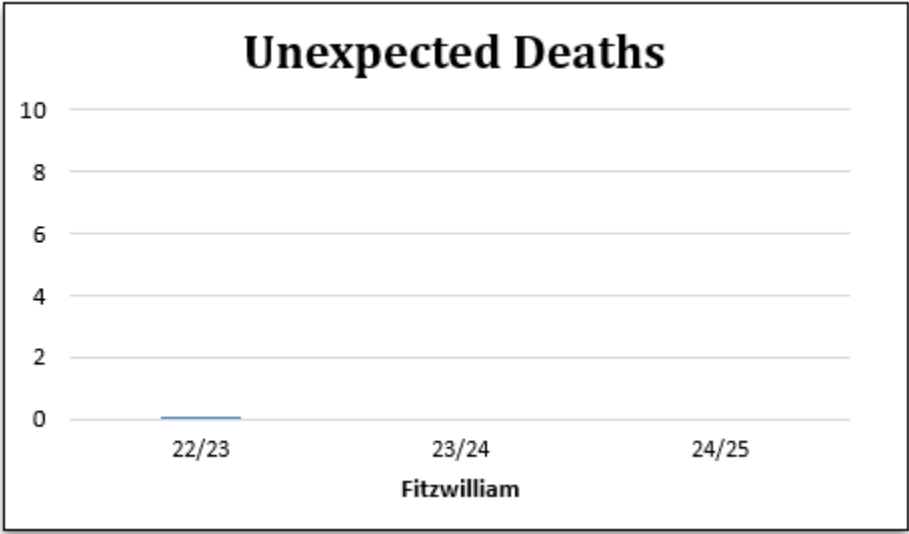
All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

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

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

Mortality

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



Mortality:	Period	Best		Worst		Average		Period	Fitzwilliam	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC06	0.0003
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC06	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC06	0.0000

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 and the Fitzwilliam Hospital did not report any deaths related to NHS regulated activity during 2024/25.

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 2022 – March 2023 being evident below for both total hip replacement procedures and total knee replacement procedures.

Most recent data release – December 2024 for the data period Apr 2022 – Mar 2023: 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 2021/22	58	0.349	0.803	0.453	53 (91.4%)	3 (5.2%)	2 (3.4%)	0.784	0.456	0.234
	Fitzwilliam Hospital 2022/23	121	0.281	0.791	0.511	107 (88.4%)	8 (6.6%)	6 (5%)	0.786	0.463	0.244
	National Average 2022/23	19,278	0.323	0.778	0.454	17,239 (89.4.0%)	991 (5.1%)	1048 (5.4%)	0.778	0.454	0.231

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 2021/22	86	0.509	0.814	0.305	73 (84.9%)	6 (7%)	7 (8.1%)	0.770	0.345	0.179
	Fitzwilliam Hospital 2022/23	113	0.448	0.791	0.343	99 (87.6%)	6 (5.3%)	8 (7.1%)	0.776	0.365	0.208
	National Average 2022/23	21,611	0.411	0.743	0.332	17,773 (82.2%)	1,853 (8.6%)	1,985 (9.2%)	0.743	0.332	0.233

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. 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.

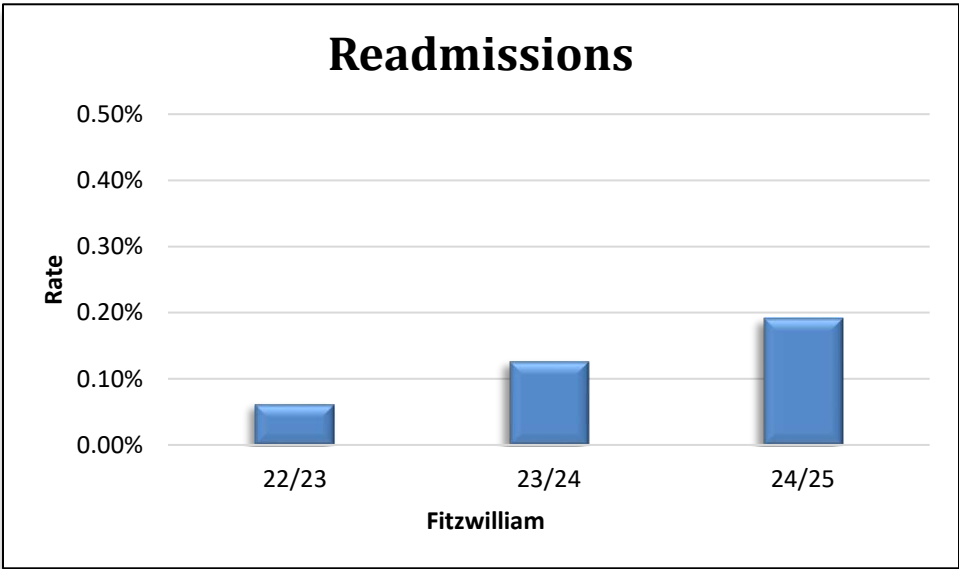
The Fitzwilliam Hospital considers that the Total Hip Replacement and Total Knee Replacement PROMs data is described for the following reasons:

- Patient health gains continue to be above national averages. This may be due to the quality of clinical care and after care provided to patients.
- Patient participation continues to improve following on from COVID pandemic and further helped by the implementation of electronic completion of PROMs questionnaires.

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. Tablets are also available within the Outpatient department for patients to access during and after their pre-assessment appointments to ensure no opportunity is missed. Ramsay Health Care have also utilised the Cemplicity system to alert us should a patient report a worsened outcome following completion of their post-operative PROM questionnaire, allowing us to be proactive in ensuring patients are assessed and treated as necessary. Further work will progress throughout 2025/26, to engage and communicate with patients, staff, and Consultants regarding this NHS outcome measure.

Readmissions within 28 days

It is unusual for patients to require re-admission to hospital following their procedure. When a patient is readmitted, they are reviewed by the duty doctor and a treatment plan is initiated. The statistics regarding readmissions to Fitzwilliam 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 theme attributed to any one consultant or specialty.



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

- Although there 2024/25 has seen a slight increase in readmission rates, they remain low, below the national average, and this could be attributed to good standards of clinical care and treatment.
- Patients are provided with key information at the point of discharge about care instructions following their procedure.
- Patients are encouraged to contact the hospital should they feel they need support or guidance following their procedure to enable us to pro-actively manage any concerns that arise post-discharge

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

Responsiveness

Venous ThromboEmbolism (VTE) Assessment

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

VTE Assessment:	Period	Best		Worst		Average	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%

Period	Fitzwilliam	
Q1 to Q4 18/19	NVC06	96.2%
Q1 to Q3 19/20	NVC06	97.8%
Q3 24/25	NVC06	98.3%

The data shows the Fitzwilliam Hospital has performed better than national benchmarking data, with a consistent performance. Analysis of Q3 2024/25 shows an overall compliance percentage of 98.3% and exceeds the national average by 8%.

The VTE management of patients post operatively has been reviewed via periodic audits during 2024/25, to ensure the best possible care is being delivered to patients. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are monitored, with any changes to treatment plans noted and documented. All treatment is provided in accordance with the Consultant's post-operative assessment, to mitigate the risk of avoidable harm.

C Difficile Rates

From the data analysed, the Fitzwilliam Hospital is amongst the best performing organisations in the country for C-Difficile rates with a 0% rate in C-Difficile cases for 2024/25.

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 4 years.

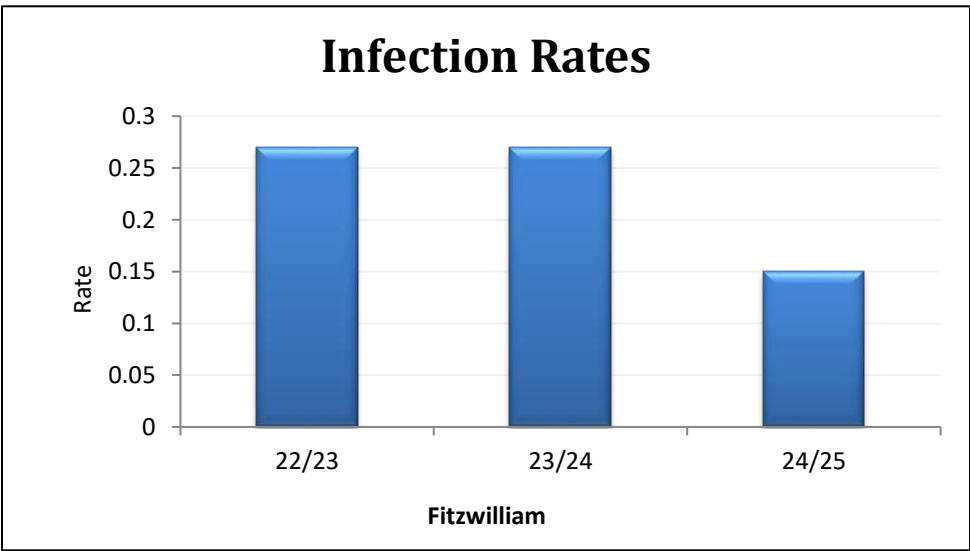
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

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

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

During 2024/25, Fitzwilliam Hospital saw a reduction in infection rates, and continue to fall within expected parameters against activity, 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, Total Knee Replacement procedures, and spinal procedures. Data is collected by engaging with patients at 30 days' post-procedure, to determine how their wound is healing and whether they might have experienced an infection. All data is submitted to UKHSA, and some wound infections for these procedures are reportable to Public Health England if they meet pre-determined criteria.

To continue to manage hospital-acquired infection at Fitzwilliam Hospital, in 2024/25, our highly experienced Infection Control Lead Nurse progressed the following actions:

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

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.

Fitzwilliam Hospital PPIG met on 14th November 2024 to complete the PLACE audit, please see our scores below:

Fitzwilliam Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
2024	100.00%	98.81%	97.92%	100.00%	95.24%	100.00%	100.00%
2023	100.00%	95.93%	97.87%	93.59%	94.87%	97.62%	100.00%
Ramsay Average 2024	98.60%	93.40%	91.30%	95.90%	84.10%	97.50%	86.90%
National Average 2024	98.31%	91.32%	92.17%	91.38%	88.22%	96.36%	85.20%

Results in all areas are higher than the 2024 National and Ramsay Average. Areas that did not score full marks were:

Food

- Are you currently using a digital menu ordering system?

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?
- Is there a safe and secure outside space e.g. garden, courtyard or terrace for patients

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. The overall feeling was exceptionally positive and demonstrate our commitment to ensuring our hospital provides a safe, clean, welcoming and friendly environment for our patients.

The Fitzwilliam Hospital looks forward to welcoming the PPIG back to the hospital in 2025/26 period.

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 2024/25, we completed a number of safety initiatives:

- Continued to reinforce the importance of reporting all incidents via RADAR to all staff
- Ongoing sharing of lessons learned sessions with the clinical teams, sharing learning from adverse events as per PSIRF – inclusive of Hot Debriefs and After-Action Reviews
- Regular meetings undertaken by the Hospital Health and Safety 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.
- Ongoing training with all staff regarding good principles surrounding the safe manual handling of objects and patients.
- Annual and regular updating of department PUPER registers to ensure the safe use of equipment at work.
- Additional Speak up for Safety Trainers have been trained to ensure that staff feel safe and supported should they need to raise concerns relating to patient/staff safety.

- Continued work by our dedicated falls champion who attends the Falls Working Group and communicates actions to the hospital. Our falls champion also works closely with the wider MDT to ensure that any patients who may be a falls risk are highlighted as early as possible to ensure safety measures can be put into place. Incidences of patient falls remain low in comparison to admissions at 0.09%.

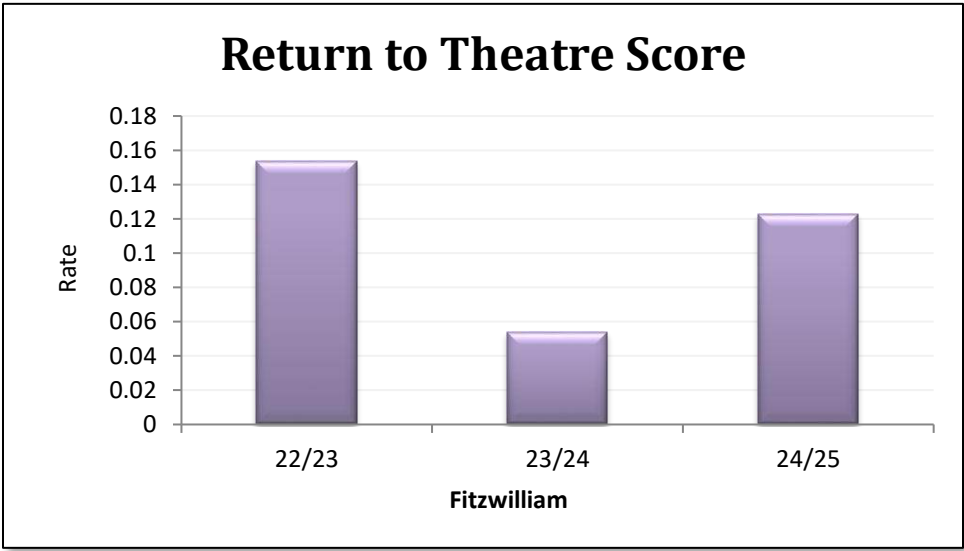
3.3 Clinical Effectiveness

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 0.12%, which is a slight increase from the previous reporting period, however, we remain below the national average and are not seen as outlier for this KPI.

3.3.2 Learning from Deaths

Fitzwilliam Hospital applies the principles of the learning from Patient Safety Incident Framework (PSIRF) and CQC notification requirements for any death and in the interests of shared learning shares all data for all payor groups. Historically, the Fitzwilliam did not have permitted authority to utilise the national care record system (NCRS), however, in 2024, we were granted access and staff were trained to access the NCRS, with private patient consent, enabling staff to access important patient information. Whilst there has been no patient harm linked to the previous inability to access, the sharing of NCRS access with our staff has been an important component of shared learning.

3.3.3 Staff Who Speak Up

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

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 2024/25. 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 identified and undertaken, to prevent reoccurrence. We received 13 reviews in the past year on this platform of which 77% of scores were favourable scoring 4 and 5 stars. Three patients submitted a negative review, these are looked at and the lessons learnt from the feedback are used to continually improve and build on our service.

Complaints

The Fitzwilliam Hospital reported 47 complaints during 2024/25, which equates to 0.4% of total admissions; this is a complaint number increase of 4 from the previous reporting period. 53% of the complaints were not upheld, however, every complaint is discussed during regular compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint. Collaborative working provides a holistic and timely completion of the investigation. Complaint themes and actions are discussed at departmental meetings, core level management meetings and at Clinical Governance and Medical Advisory Committees, as well as being reported to our corporate team.

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

We Value Your Opinion Cards

"We Value Your Opinion" cards are completed by patients following surgery and allow them to comment on their stay at discharge. The patient completes a questionnaire, allowing free text for any comments or feedback. This feedback is reviewed by the Senior Leadership Team and areas identified for improvement are considered. In 2024/25, we received 1419 responses and achieved a slight increase from the previous year with an increase of 1% from 94% to 95% satisfaction score through this feedback channel. Feedback is overwhelmingly positive, and most patients report; the clinical teams were caring, efficient, and knowledgeable, putting them at ease. Our data also includes the top trending positive theme being that they feel safe and well looked after, exceeding expectations for the considerate care offered. Any negative comments are also recorded, and steps are promptly taken to implement changes where possible.

Patient Satisfaction Surveys (Cemplicity)

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

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. The data set, though a dashboard format is then later released to local sites where it is reviewed and analysed to inform areas and help identify opportunity to improvement and drive focussed actions. Responses for the year reflect a very positive, overall picture for the Fitzwilliam Hospital who report a net promotor score (NPS) of 86 an improvement on last years score of 85. A score exceeding 80 is considered 'world class'. Although, we look to constantly improve as there is plenty of room to increase this score further.

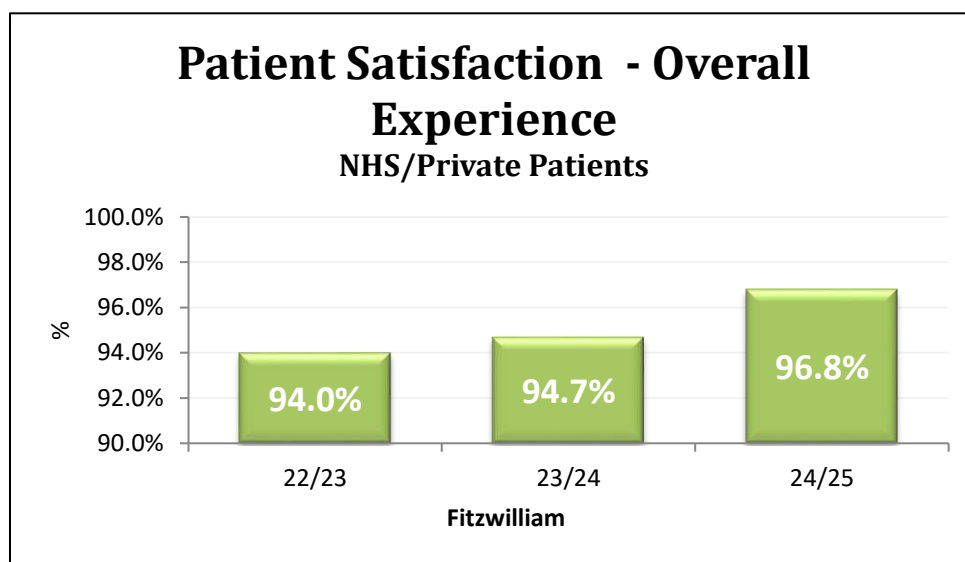
Focussed questions concerning confidence in care, kindness and compassion have seen an increase or the score has been maintained when compared to 2023/24 in 29 of 37 areas. Overall, our customer service scores are consistently high. We also recognise the areas where there is scope to improve, specifically with making patient discharges more efficient and timelier, discussing the side effects of medication and post discharge follow ups. We are actively seeking and implementing additional steps in response to feedback. On the whole, the scores provide assurance that most patients consider the care and treatment to be of a consistently high (world class) standard.

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

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

Overall Patient Satisfaction

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



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

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

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

Patient experiences feature as regular agenda items on Local Governance Committees for discussion, trend analysis and further action, where necessary. Escalation and further reporting to Ramsay Corporate and Department of Health (DH) bodies occurs as required and according to Ramsay and DH policy.

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

- Continuous patient satisfaction feedback via a web-based invitation.
- Friends and family questions asked at patient discharge.
- 'We value your opinion' leaflet.
- Verbal feedback to Ramsay staff - including Consultants, Head of Clinical Services/Hospital Directors whilst visiting patients and through Provider/CQC direct feedback.
- Written communication via letters/e-mails.
- Patient focus groups.

- PROMs surveys.
- Care pathways – patients are encouraged to read and participate in their plan of care.

Our position remains very positive, and we undertake careful analysis of feedback from all sources. This enables us to drive improvements through awareness. Respecting our patients by listening and acting upon feedback improves scores and fosters an open and honest environment for all. Exceeding the national average, the rate of response gives us so much reassurance. Patient feedback provides valuable market research, 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. More importantly, it steers our attention and direction for the future, to constantly evaluate and improve both patient experience and perception.

3.5 Fitzwilliam Hospital Case Studies

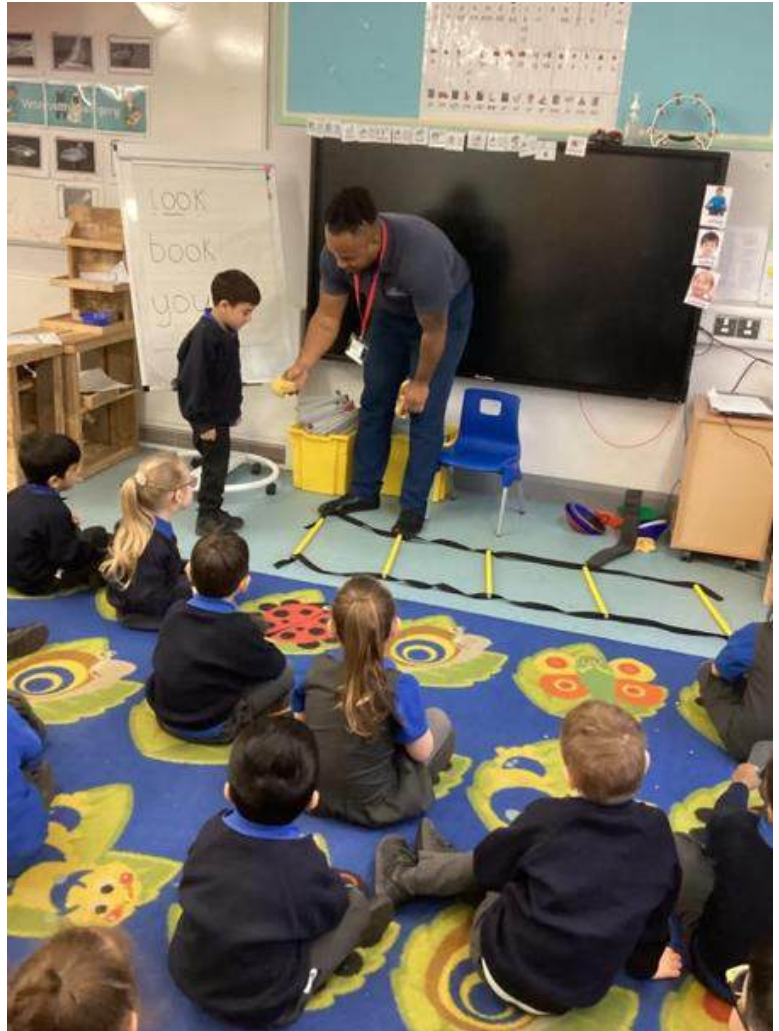
Case Study 1

People Who Help Us – Ashley Watson

We want to give a very special shout out to one of our Physiotherapists, Ashley Watson. Ashley recently undertook a Ramsay Giving Back Day – which allows staff to take a paid day to give back to the local community or to a cause close to their hearts – and went to spend time with Reception classes at West Town Primary Academy, which coincidentally was his mother's school, so keeping close to his family ties.

Ashley confesses that he initially thought he would be talking to slightly older children, but turned out to be pre-schoolers, however never one to be phased he adapted to the challenge and drew on his skills as a Physiotherapist to bring his profession alive at West Town Primary.

He spent time with his young audience engaging and put them through their paces doing some work on agility ladder/drills and cone work. His goal was to not only to show how Physiotherapy helps our patients strengthen after surgery or injury. But also, to open their minds to a rewarding and enjoyable career that has allowed him to work with patients from all walks of life including Olympic Medallists. After each class Ashley asked how many would like to be a Physiotherapist when they grow up and he said it was a real buzz for him to see a room full of raised arms.



Well done Ashley for shining a light on the Physiotherapy work you do and championing both the Fitzwilliam hospital and the Ramsay Way.

Case Study 2

Employee Breakfast

The Catering Department introduced a new menu for staff to ensure that they are well fed prior to their shifts.

The menu included warm Bacon and Egg rolls. We were also treated to bagels dressed in Smoked Salmon and Cream Cheese, a selection of Danish pastries and Chocolate Croissants.

The feedback from staff was that the initiative was appreciated and a well thought out addition to the existing menu.

We look forward to expanding the offerings for staff in 2025/26 alongside theme days that are on offer during the year.



Case Study 3

Fitzwilliam consultant performs life-changing surgeries to children living in India with scoliosis

Consultant Orthopaedic Spinal Surgeon, Mr Girish Swamy, based at Fitzwilliam Hospital has recently returned from a trip to India, where he and his esteemed team performed corrective surgery on children with complex scoliosis for the second consecutive year.

Invited by Operation Straight Spine Trust (OSST), a charitable organisation dedicated to providing surgical and medical care for underprivileged children with the musculoskeletal disease scoliosis in India, Mr Swamy and his Norwich team journeyed to Kolkata to make a difference.



Scoliosis, characterised by twisting and curvature of the spine, poses significant physical and emotional challenges for affected children. It can cause severe pain and disability, recurrent chest infections and heart problems. Having a visibly curved spine can lead to emotional problems including body image, self-esteem and overall quality of life. Recognising the profound impact of this condition, Mr Swamy and his team spent a week working tirelessly to alleviate pain, disability, and emotional distress in their patients.

Flying in on Sunday 17th March 2024, the spinal team met their patients and families that evening. They brought regenerated supplies and operated from Monday to Friday at the Jagannath Gupta Institute of Medical Sciences and Hospital (JIMSH).

The team performed complex surgeries, which can each take more than 8 hours, on 9 children from North India, Nepal, and Bangladesh. From inserting special rods in young children to performing spinal fusion for teenagers, each surgery aimed to correct and straighten the curved spine, offering hope and healing. They were observed by other surgeons, junior doctors, teaching nurses, and healthcare professionals from other faculties.

Beyond surgical interventions, on Saturday, Mr Swamy and his colleagues contributed to the Fourth Kolkata Spine Deformity Conference, sharing invaluable insights and knowledge gained from their experiences. Their participation underscored the importance of collaboration and global awareness in tackling musculoskeletal diseases.

Mr Girish Swamy said:

“Scoliosis can be treated with highly specialised surgery. A better understanding of scoliosis and a greater awareness that it can be treated is needed in rural Indian villages. By raising awareness and providing access to specialised care, lives can be transformed and disabilities prevented. What’s more, surgery would be less challenging if patients sought treatment sooner before their condition progressed.”

“It is with great gratitude that OSST can fund these surgeries. They play a critical role in providing access to complex and expensive orthopaedic treatment for Indian children. Without charity funding, these underprivileged children would not benefit from surgery, without which their lives would become a struggle, and they could become severely disabled.”

“All the operations were a success, and we have been invited back again next year for a slightly longer period of 8 to 10 days to help accommodate more patients. My colleagues and I are excited by this and the opportunity to help again.”

Mr Swamy's unwavering dedication to combating childhood scoliosis and collaborative efforts in healthcare exemplifies the impact on patients and their communities. His commitment to improving lives is an inspiration to us all.

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.

Outreach clinical locations:

- Terrington St Clement, Churchgate Way, Terrington St Clement, King's Lynn PE34 4LZ
- St James Medical Practice, Edward Benefer Way, South Wootton, Kings Lynn, Norfolk, PE30 2FQ
- The Acorn Surgery, 1 Oak Dr, Huntingdon PE29 7HN

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

Location: Fitzwilliam Hospital

Bretton Way, South Bretton, Peterborough PE3 9AQ

Tel: 01733 261717

Registered Manager

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, Outreach clinics Pain Management, Physiotherapy (including satellite clinic), Private GP service, Psychotherapy, Psychology, Rheumatology, Speech Therapy, Urological, Vascular	All adults 18 yrs and over
Surgical Procedures	Breast surgery, Cancer surgery (breast and colorectal), Colorectal, 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 and Urological	<p>All adults excluding:</p> <ul style="list-style-type: none"> ○ Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) ○ Pregnant women ○ Patients on renal haemodialysis ○ 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 <p>All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
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

Clinical Audit Programme 2024/25

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 observation (5 moments)	Ward, Ambulatory Care, Theatres, IPC (all other areas)	Monthly
Surgical Site Infection (One Together)	Theatres	October, April
IPC Governance and Assurance	IPC	July to September
IPC Environmental infrastructure	SLT	October to December
IPC Management of Linen	Ward, Ambulatory Care	August, February
IPC Aseptic Non-Touch Technique: Standard	IPC	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	As required
Sharps	IPC	August, December, April
50 Steps Cleaning (Functional Risk 1)	Theatres,	Fortnightly
50 Steps Cleaning (Functional Risk 1)	Theatres	Fortnightly
50 Steps Cleaning (FR2)	Ward, Ambulatory Care, Outpatients, POA	Monthly
50 Steps Cleaning (FR4)	Physio, Pharmacy, Radiology	July, October, January, April
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	July to September
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	July to September
Peripheral Venous Cannula Care Bundle	Theatres	July to September
Urinary Catheterisation Bundle	Ward	October to December
Patient Journey: Safe Transfer of the Patient	Ward	August, February
Patient Journey: Intraoperative Observation	Theatres	August/September February/March (if required)

Patient Journey: Recovery Observation	Theatres	October to December April to June (as required)
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	July to September January to March
NatSSIPs Stop Before You Block	Theatres	July/August December/January May/June
NatSSIPs Prosthesis	Theatres	July/August December/January May/June
NatSSIPs Swab Count	Theatres	July/August December/January May/June
NatSSIPs Instruments	Theatres, Outpatients, Radiology	October to December April to June
NatSSIPs Histology	Theatres, Outpatients, Radiology	October to December April to June
Blood Transfusion Compliance	Blood Transfusion	October to December
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Complaints	SLT	August/September February/March
Duty of Candour	SLT	August/September February/March
Practising Privileges - Non-consultant	HoCS	July, October, January, April
Practising Privileges - Consultants	HoCS	July, October, January, April
Privacy & Dignity	Ward	November/December (as required)
Essential Care: Falls Prevention	Physio	September / October (as required)
Essential Care: Nutrition & Hydration	Ward	September / October
Resuscitation & Emergency Response	Theatres	July, October, January, April
Medical Records - Therapy	Physio	July to September January to March
Medical Records - Surgery	Theatres	July to September January to March
Medical Records - Ward	Ward	July to September January to March
Medical Records - Pre-operative Assessment	Outpatients, POA	July to September January to March
Medical Records - Radiology	Radiology	July to September January to March
Medical Records - Cosmetic Surgery	Outpatients	July to September January to March
Medical Records - NEWS2	Ward, SLT	July to September January to March

Medical Records - VTE	Ward	July to September January to March
Medical Records - Patient Consent	HoCS	October to December April to June
Medical Records - MDT Compliance	HoCS	July to September January to March
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
Antimicrobial Stewardship & Prescribing	Pharmacy, IPC	October to December April to June
Safe & Secure – Outpatients, Radiology, Theatres, Ward, POA, Ambulatory Care, Pharmacy	Pharmacy	July to September January to March
Prescribing, Supply & Administration'	Pharmacy	October to December April to June
Medicines Reconciliation	Pharmacy	July, October, January, April
Controlled Drugs	Pharmacy	September, December, March, June
Pain Management	Pharmacy	October, April
Medicines Governance	Pharmacy	January to March
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December
Safeguarding	SLT	December
Decontamination - Endoscopy	Decontamination (Corp)	As required
OH: Occupational Health Delivery On-site	HoCS	November to January
Catering (Kitchen)	Ops Managers	July, October, January, April
Catering (Ward)	Ops Managers	July, October, January, April
H&S Fire Safety	Ops Managers	January, July
H&S Legionella	Ops Managers	February, August
H&S PUWER/LOLER	Ops Managers	March
H&S Management	Ops Managers	April
H&S Moving & Handling	Ops Managers	May
H&S Work at Height	Ops Managers	June
H&S Slips Trips & Falls	Ops Managers	September (25)
H&S COSHH	Ops Managers	October (25)
H&S Electrical Safety	Ops Managers	November (25)
H&S Violence at Work	Ops Managers	December (25)

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
EVL	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
NWAF	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.

For further information, please contact:

01733 261717

The Fitzwilliam Hospital Address:

Fitzwilliam Hospital
Milton Way
Bretton
Peterborough
PE3 9AQ

Fitzwilliam Hospital Website:

www.fitzwilliamhospital.co.uk