

Fulwood Hall Hospital

Quality Account 2024/25



Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2024/25 (looking back)	
2.1.2	Clinical Priorities for 2025/26 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholder views on 2025/26 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Fulwood Hall Hospital is part of the Ramsay Health Care Group

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

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

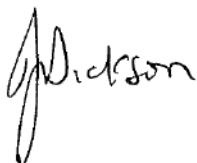
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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.

A handwritten signature in black ink, appearing to read 'Jo Dickson', with a stylized, cursive script.

Jo Dickson

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the Hospital Director

This last year has seen the hospital grow from strength to strength across several areas. We have seen an increase in patient footfall and staff engagement with new consultants joining the hospital. As ever we continue the excellent work across the hospital teams to improve patient satisfaction and clinical quality outcomes.

The hospital's vision remains to be the leading healthcare provider where clinical excellence, safety, care and quality are at the heart of everything we do. The Quality Account outlines our performance over the past year and describes our priorities for the year ahead.

I am pleased to report that we have continued to achieve high patient satisfaction scores. By involving and listening to our stakeholders and acting on patient feedback, we have been able to identify areas of good practice and key areas to focus on to improve patient care. Whilst patient and stakeholder feedback are very important, a range of other measures based on patient safety and clinical effectiveness are used to provide assurances that treatment is evidence-based and delivered by appropriately qualified and experienced doctors, nurses and other healthcare professionals. Further information on these measures and outcomes are evident throughout the Quality Account. As Hospital Director at Fulwood Hall Hospital, ensuring the delivery of high standards of clinical care for our patients remains my highest priority.

The Quality Account is an accurate representation of the hospital's performance and outlines the ongoing initiatives to continuously improve the quality of services that we provide. We are and will remain, a hospital that is totally committed to patient centric care.

Mrs Fiona Thornhill, Hospital Director
Fulwood Hall 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.

Mrs Fiona Thornhill

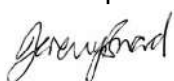
Hospital Director

Fulwood Hall Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

MAC Chair - **Mr Jeremy Ward**, Consultant General Surgeon, Fulwood Hall Hospital



Clinical Governance Committee Chair - **Mr Richard Boden**, Consultant Orthopaedic Surgeon, Fulwood Hall Hospital



Welcome to Fulwood Hall Hospital



Hospital Facilities

Fulwood Hall Hospital was opened as a purpose-built healthcare facility in 1986. We provide fast, convenient, effective, and high-quality treatment for patients, whether medically insured, self-pay, or from the NHS.

The facility is registered with the Care Quality Commission to provide care and treatment for adults, aged 18yrs and over for diagnostic and screening procedures, surgical procedures, treatment of disease, medical disorders, and sports injury.

The hospital has eight private consulting rooms supported by two fully equipped outpatient treatment rooms, a pre-operative assessment unit for screening and assessing patients prior to surgery as well as modern imaging facilities.

Patient accommodation consists of a dedicated day care facility providing individual accommodation for patients that do not require an overnight stay. Our day care facility has been designed specifically to support patients in their recovery so they can be treated and return home as soon as they are clinically able and confident to leave.

For patients that are having procedures which do require an overnight stay, there are 28 private, en-suite bedrooms which have been comfortably furnished to ensure your stay with us is a pleasant one. All bedrooms have TV/radio and WI-FI available throughout the building. Our in-house chefs prepare a seasonal menu using fresh healthy ingredients.

The hospital has three operating theatres with an additional minor procedures suite and patients are assured that a resident doctor is available on site 24 hours a day, 7 days a week.

During the reporting year we treated a total of 11,814 patients, 90% of which were treated under the care of the NHS.

At Fulwood Hall Hospital we truly live the Ramsay Values of 'People Caring for People'. Fulwood Hall has had a huge focus on mental health in the last 3 years. We have 9 mental health first aiders representing almost all departments across the hospital. A key area of focus was raising awareness and ensuring the stigma around discussing mental health issues was reduced.

Treatments and Services at the hospital

Approximately 70 Consultant Surgeons/Specialists, 49 Anaesthetists and 9 Radiologists are available at Fulwood Hall Hospital each of whom work through approved Practising Privileges, providing a wide range of medical and surgical procedures and services. These include orthopaedic surgery, neurosurgery, general surgery, cosmetic surgery, pain management, dermatology, gynaecology, neurology, ophthalmology, and urology. In support, onsite X-ray, MRI, and Ultrasound facilities are available.

Fulwood Hall Hospital has 178 members of contracted staff, where approximately 58% are clinical staff, and 42% are operational.

All patients at Fulwood Hall are allocated a 'named nurse' at the beginning of each shift, the role of the named nurse is to provide co-ordinated care, support and treatment which is personalised to meet individual patient needs. The named nurse approach enables our patients to identify one nurse who is specifically and consistently responsible for their overall nursing care on any specific day.

Infection Prevention and Control Lead

Leading in the delivery of our 2024/25 Infection Prevention and Control Annual Plan, our IPC lead ensures all actions are completed throughout the hospital. This evidences our compliance with requirements of the 'Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections', related guidance and 'Care Quality Commission Standard Outcome 8 - Regulation 12 - Cleanliness and Infection Control'.

Resuscitation Lead

Our resuscitation leads ensure we meet guidance set by the Resuscitation Council (UK) in having safe systems, policies, processes, and protocols which enable us to care for patients where their condition may deteriorate. This includes (but is not limited to) training (Basic Life Support, Intermediate Life Support, Advanced Life Support, Acute Illness Management, Transfer), audit, equipment reviews and regular scenarios for staff. They also take a lead in ensuring compliance to internal Resuscitation policy and procedures.

Blood Transfusion Lead

Our blood transfusion lead ensures our blood storage, ordering and administration processes are in line with MHRA regulations. They also lead in ensuring staff are trained on blood

products, prescribing, storage, administration and that we have a clear massive haemorrhage policy which is tested with planned scenarios.

Occupational Health Lead

Our occupational health lead supports the corporate Occupational Health team at site level. They ensure all staff wellbeing is supported, from up-to-date vaccinations, to monitoring the skin (hands) of identified staff cohorts. They also deliver staff education regarding the importance of the annual flu vaccination programme.

All our consultants have regular appraisals and are encouraged to submit data to PHIN. Specialist services such as Orthopaedics and Neurosurgery use multi-disciplinary team working to remove the potential for one consultant to make key decisions in complex cases.

We have a live in onsite doctor in the role of Resident Medical Officer (RMO) who supports the delivery of consultant instruction. Working alongside the nursing team, they support the provision of on-site medical support to all our patients 24 hours a day, 7 days a week.

We work very closely with our local NHS Lancashire Teaching Hospitals Trust where we have an agreement to transfer acutely ill patients for high dependency and intensive care. We also have contracts with them to supply blood and laboratory services. We regularly meet with the trust to share best practice around blood transfusion and ensure our trainers meet competencies to deliver high quality training.

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

Working within the Department of Health guidelines, we screen patients for MRSA, and have a strong focus on patient safety. Over the period covered in this report the hospital has a 0% infection rate for MRSA.

Working with the Local Community

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

One of our gynaecology consultants delivered an information event for patients related to chronic pelvic pain, and testosterone use with HRT in March 2025. This was well attended from a range of clinicians in the area.

During the reporting period Fulwood Hall Hospital held events for a number of charities and good causes, including:

- Raising funds for Pride by wearing something sparkly or sequins.
- Staff gave back to our local food bank on national foodbank day.

- Raising funds for Macmillan cancer support taking part in the coffee morning.
- Taking part in wear pink for breast cancer awareness month.
- Helping a local primary school by painting their classrooms.
- Raising funds for Mental Health Foundation Charity.
- Raising funds for Alder Hey Hospital after the Southport attack.

At Fulwood Hall Hospital all the services we offer on the NHS are directly bookable through the NHS e-Referral Service website.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

On an annual cycle, Fulwood Hall 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 hospitals Senior Management 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 A review of clinical priorities 2024/25 (looking back)

Patient Safety:

Patient Safety Incident Response Framework (PSIRF) Implementation

Learning from patient safety incidents has always been core to Ramsay Healthcare but the application of PSIRF tools allows us to ensure proportionate responses and learning from incidents. We will look to develop a Patient Safety Incident Response Group to encourage our teams to use these tools independently and share updates and patient outcomes. PSIRF has been implemented widely in the NHS and many of our staff and partners have familiarity with PSIRF. By effectively embedding the principles of PSIRF, we as a key contributor to the local health economy of Lancashire and the North West can deliver rapid and effective learning from patient safety incidents.

We have:

1. Implemented a Patient Safety Incident Response Group (PSIRG) to review incidents, events and themes to identify learning and effective responses to that learning.

2. Implemented a daily Patient Safety Incident Response Triage to create a more rapid review of incidents and ensure those with the highest potential for learning are given priority.

Clinical Effectiveness:

PROMS (Patient Reported Outcome Measures)

Patients attend our hospital as part of a care pathway to improve their health. As a health organisation it is important we are transparent about the outcomes of our patients to help patients make effective choices about their care. Obtaining outcomes also allows the hospital to learn and improve on delivering care pathways to maximise patient outcomes. We will look to increase our patient uptake of PROMS across procedures including cataract, hip replacement, knee replacement and spinal surgery.

We have:

1. Significantly improved the participation rate of patients undergoing Cataract Surgery, shoulder replacements, carpal tunnels, TURP and Breast Augmentation.
2. Looked at our data to identify areas where outcomes could be improved.
3. Significantly improved our Health Gains for Total Hip Replacements and are now a positive outlier.

Patient Experience:

Patient Focus Group

Consistently maximising the feedback from our patients and learning from their experience is core to our values of People Caring for People. Only by listening to patient experiences can we tailor our care pathways, skills, and infrastructure to effectively meet their needs. In the past year we have implemented a Patient Experience Committee. In the coming year we will look to use this committee to develop a patient experience strategy and set up a patient focus group with our past patients. The patient focus group will report into our Patient Experience Committee to refine the feedback of patients and to gain their input on future improvements to the hospital and its services.

We have:

1. Re-started our Patient Experience Committee with new chair.
2. Successfully undertaken a PLACE inspection of our facilities with the help of our patients.
3. We still require further progress in Patient Experience and the creation of a focus group and strategy will be a focus for 25/26.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety:

VTE Risk Assessment

VTE remains one of the most significant risks to patients undergoing elective surgery. Reducing VTE incidence remains a key focus for the Ramsay Healthcare UK Group. Data collection for VTE was restarted in 2024 by NHS England. Working together with our partners in the NHS we will look to improve our compliance to VTE risk assessment for all admitted care procedures to 95%. As part of this we will re-train staff to focus on risk assessing more minor procedures and ensuring documentation standards are met.

Clinical Effectiveness:

Getting It Right First Time

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. As a hospital we will review the recommendations from the GIRFT programme and implement them over the next year.

Patient Experience:

Patient Focus Group

Continuing the work from 24/25, we will continue to focus on consistently maximising the feedback from our patients and learning from their experience as this remains core to our values of People Caring for People. Only by listening to patient experiences can we tailor our care pathways, skills, and infrastructure to effectively meet their needs. In the coming year we will develop our Patient Experience Committee as we look to develop a patient experience strategy and set up a patient focus group with our past patients. The patient focus group will report into our Patient Experience Committee to refine the feedback of patients and to gain their input on future improvements to the hospital and its services.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2024/25 Fulwood Hall Hospital provided and/or subcontracted 8 NHS services. Fulwood Hall Hospital has reviewed all the data available to them on the quality of care in all 8 of these NHS services.

The income generated by the NHS services reviewed in 1st April 2024 to 31st March 2025 represents 114.5% per cent of the total income generated from the provision of NHS services by Fulwood Hall Hospital for 1st April 2023 to 31st March 2024.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2024/25, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

- Staff Cost % Net Revenue - 28.1%
- HCA Hours as % of Total Nursing - Ward: 24%; OPD 54%
- Agency Cost as % of Total Staff Cost - 5.8%
- Ward Hours PPD - 3.89
- % Staff Turnover – 19.4%
- % Sickness - 5%
- % Lost Time – 21.3%
- Appraisal % - 74%
- Mandatory e-learning 97.5%
- Face to Face Mandatory Training - 77%
- Staff Satisfaction Scores:
 - Engagement 81% (+9% v UK Norm)
 - Well-being 75% (+2% v UK Norm)
 - Inclusion 72% (0% v UK Norm)
 - Burnout Indicator 65% (+4% v UK Norm)
- Number of Significant Staff Injuries - 0

Patient

- Formal Complaints per 1000 HPD's - 0

- Patient Satisfaction - Overall Experience - 97.6%
- PHIN Patient Experience Score - 93.7%
- Net Promoter Score - 91
- Significant Clinical Events per 1000 Admissions - 0.32
- Readmission per 1000 Admissions - 1.8

Quality

- Health and Safety audits for the hospital have now been transferred to the Tendable system, where smaller, more focused audits are completed each month. The most recent audit performed was related to Legionella, with a score of 92.9%.
- Infection Control Audit Score - IPC Governance and Assurance - 95.2%; IPC Environmental infrastructure - 96.7%

2.2.2 Participation in clinical audit

During 1st April 2024 to 31st March 2025 Fulwood Hall Hospital participated in 4 national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Fulwood Hall Hospital participated in, and for which data collection was completed during 1st April 2024 to 31st March 2025, 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.

Count	Project name (A-Z)	Provider organisation
1	British Spine Registry	Amplitude Clinical Services Ltd
2	Elective Surgery (National PROMs Programme)	NHS Digital
3	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
4	Surgical Site Infection Surveillance	Public Health England

The reports of 4 national clinical audits from 1st April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Fulwood Hall Hospital intends to take the following actions to improve the quality of healthcare provided:

- Fulwood Hall Hospital increased data quality and achieved the Gold award for data collection from the National Joint Registry - an aim outlined in last year's Quality Account.
- We have had a rise in participation rate for PROMS this year and this is still a focus to improve the rate. We have staff dedicated to inputting all our Amplitude information and continue to focus on increasing our data scores.
- Fulwood Hall Hospital has a monthly Infection Prevention and Control Committee meeting, and a local action plan developed from learning from any infections or incidents.

Local Audits

The reports of 218 local clinical audits on the 'Tendable' audit system from 1st April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Fulwood Hall Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2. In addition to this audit schedule, we carry out locally developed audits as required for quality improvement.

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

Fulwood Hall Hospital's income from 1 April 2024 to 31st March 2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

Fulwood Hall Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2025 is registered without conditions.

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

The CQC have rated Fulwood Hall Hospital as: '**Good Overall**' for Surgery, Outpatients and Diagnostic Imaging. The last inspection took place on 14th and 15th August 2018.

2.2.6 Data Quality

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

At Fulwood Hall Hospital, we recognise that high-quality data is fundamental to delivering safe, effective, and patient-centred care. Accurate, timely, and complete data underpins every aspect of our clinical governance, operational decision-making, and quality improvement efforts. It ensures that our healthcare professionals can make informed decisions, our patients receive the best possible care, and our organisation delivers value for money.

Supporting Quality Statements with Robust Data

Our data quality directly supports the integrity of our Quality Account and other statutory and internal reporting. It enables us to:

- Monitor clinical outcomes and patient safety indicators with confidence.
- Benchmark performance across services and against national standards.
- Provide assurance to regulators, commissioners, and patients that our care is evidence-based and continuously improving.

This year's Quality Account reflects our continued commitment to transparency and excellence, as highlighted in our recent communications and planning documents

Actions to Monitor and Improve Data Quality

We have implemented a range of measures to ensure the accuracy and completeness of both electronic and paper-based records:

- **Electronic Patient Record (EPR) System:** Our EPR system continues to evolve and we continue to evolve our processes to harness the capability of the technology. This include utilising secure remote access for consultant anaesthetists to support the safe admission of appropriate patients whilst they are off site.
- **Clinical Records Audits:** Regular audits are conducted in line with our clinical audit schedule. These include reviews of operation notes, anaesthetic documentation, and discharge summaries to ensure completeness and compliance with best practice
- **Spot Checks and Leadership Oversight:** The Senior Leadership Team conducts regular spot checks to validate data accuracy and identify areas for improvement. Findings are shared with teams and used to inform training and process refinement
- **Staff Training and Engagement:** Ongoing training ensures that staff understand the importance of accurate data entry and are equipped with the skills to maintain high standards. Data quality is also embedded in our induction and mandatory training programmes
- **Incident Reporting and Learning:** Data quality issues are logged, investigated, and addressed through our governance framework. Lessons learned are shared across departments to drive continuous improvement

- **Information Security and GDPR Compliance:** We recognise the challenges with regards to data security in the modern environment. We adhere to GDPR principles, ensuring that personal data is accurate, up to date, and handled securely. Annual internal audits assess compliance and inform our action plans.

Evidence of Progress and Year-on-Year Improvement

We continue to demonstrate year-on-year improvements in data quality through:

- Enhanced audit compliance rates and reduced documentation errors.
- Improved consultant engagement in data validation processes.
- Integration of data quality metrics into our hospital-wide strategy

Our commitment to data quality is not only a regulatory requirement but a reflection of our values. It empowers our clinicians, reassures our patients, and strengthens our reputation as a provider of outstanding care.

NHS Number and General Medical Practice Code Validity

Fulwood Hall 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:

- 99.83% for admitted patient care;
- 99.98% 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

Fulwood Hall 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	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Fulwood Hall	Completed April 2025	98%	99.5%	100%	98%	Level 3

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as of April 2025*

2.2.7 Stakeholders views on 2024/25 Quality Account



**Lancashire and
South Cumbria**
Integrated Care Board

Level 3, Christ Church Precinct
County Hall
Fishergate Hill
Preston
PR1 8XB

Tel: 0300 373 3550

www.lancashireandsouthcumbria.icb.nhs.uk

10 June 2025

To:

Fiona Thornhill
Hospital Director
Ramsay Health Care UK – Fulwood Hall Hospital

Re: Ramsay Health Care UK – Fulwood Hall Hospital Quality Account 2024/25 –
Stakeholder Feedback Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Board (LSCICB) appreciates the opportunity to review and comment on the Ramsay Health Care – Fulwood Hall Hospital (FHH) Quality Account 2024/25. LSCICB would like to extend thanks to FHH for preparing this Quality Account, including reflection on progress made over the past year and quality priorities for the coming year. We acknowledge the importance of maintaining quality at a time when Providers continue to experience challenges with demand and patient flow under increasingly pressured finances.

Commentary provided in this response letter relates to services commissioned by LSCICB as well as recognising key programmes of work that the FHH has undertaken during 2024/25. We have a continued commitment to commissioning high quality services from FHH and take seriously their responsibility to ensure that patients' needs are met by consistent and high standards of safe care, provision of effective services and that the views and expectations of patients and the public are listened to and acted upon.

LSCICB is pleased with progress that FHH has made against their clinical priorities for 2024/25. It is positive to see that FHH have implemented the Patient Safety Incident Response Framework (PSIRF) and are focussing on identifying learning. LSCICB hopes to see more narrative around PSIRF in future accounts including the learning from incidents and impact of any arising actions and improvements and how compassionate engagement with families has been embedded into the investigation process.

LSCICB notes the work undertaken on patient experience and is encouraged that the Patient Experience Committee has re-started, which will focus improvements on feedback from patients. It is encouraging to read that Patient Lead Assessments of the Care Environment (PLACE) are taking place, which is generating useful feedback. LSCICB looks forward to the further development of the patient experience committee and the patient experience strategy in 2025/26.

It is positive to see FHH continuing to enhance Patient Reported Outcome Measures (PROMS), with improved participation rates and significant health gains reported for total hip replacements. LSCICB appreciates the focus on PROMS data to identify where outcomes could be improved.

Chair – Emma Woollett

Chief executive (interim) – Sam Proffitt

VTE is a significant risk to patients undergoing elective surgery. It is positive that FHH is prioritising risk assessments for all admitted care procedures and LSCICB notes the current performance at 94% which is above the national average. LSCICB would like to see FHH challenge themselves to stretch above the 95% national target in 2025/26.

FHH has performed well in the national audits that they participated in and LSCICB commends the achievement of gold award for data collection from the National Joint Registry. High quality data is essential for the NHS because it directly impacts patient care, policy decisions and resource allocation. LSCICB notes the local audits that FHH has undertaken across the year and in future accounts would welcome narrative on how these audits have informed quality improvement.

There has been a reduction in infection rates reported by FHH in 2024/25 and it is pleasing to see that infections are being managed through PSIRF for continuous sharing of learning to improve services.

LSCICB supports the clinical priorities for 2025/26 with a focus on VTE risk assessment, Getting it Right First Time and Patient Focus Group and looks forward to working with and supporting FHH around these areas.

The Quality Account illustrates FHH's commitment to enhancing the quality of care and patient safety. Future accounts would benefit from a focus on the impact and outcomes of improvements.

LSCICB appreciates the amount of work involved in producing this account and values the opportunity to comment, acknowledging the contribution to public accountability in relation to quality and enhancing the provision of safe and effective care.

Yours sincerely

Kathryn Lord

**Lancashire and South Cumbria Integrated Care Board
Director of Nursing, Quality Assurance and Safety**

Part 3: Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Thomas Capstick

Review of quality performance 1st April 2024 - 31st March 2025

Introduction

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.

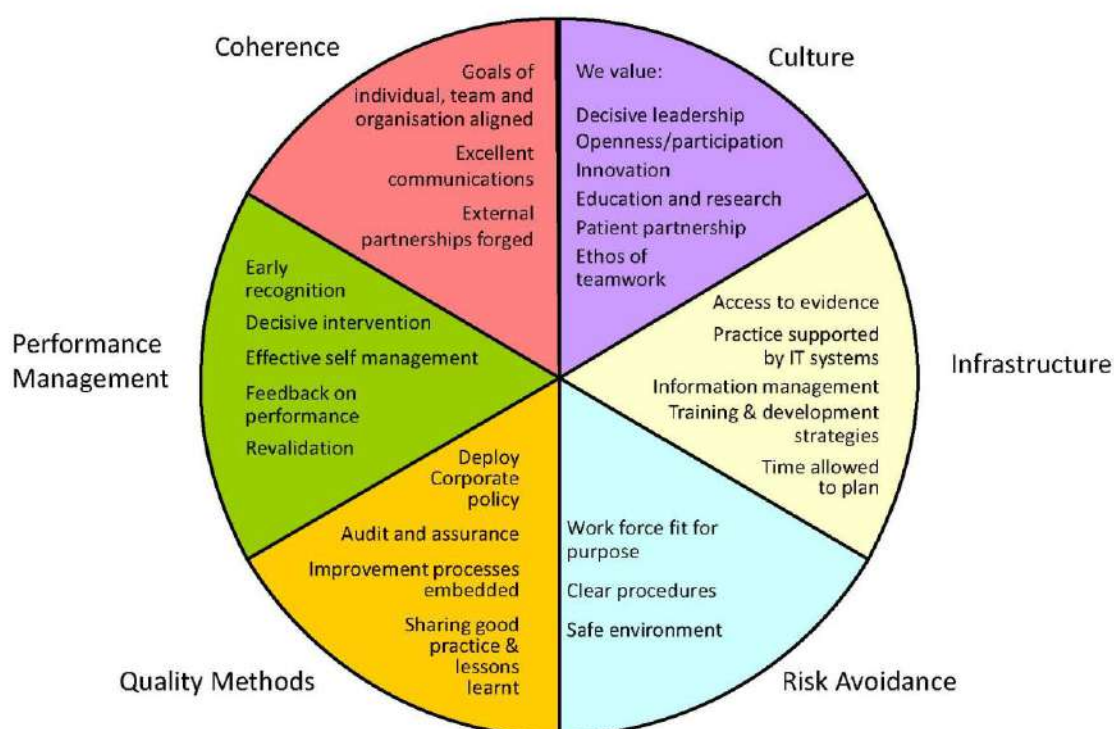
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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
- Performance Management
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

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

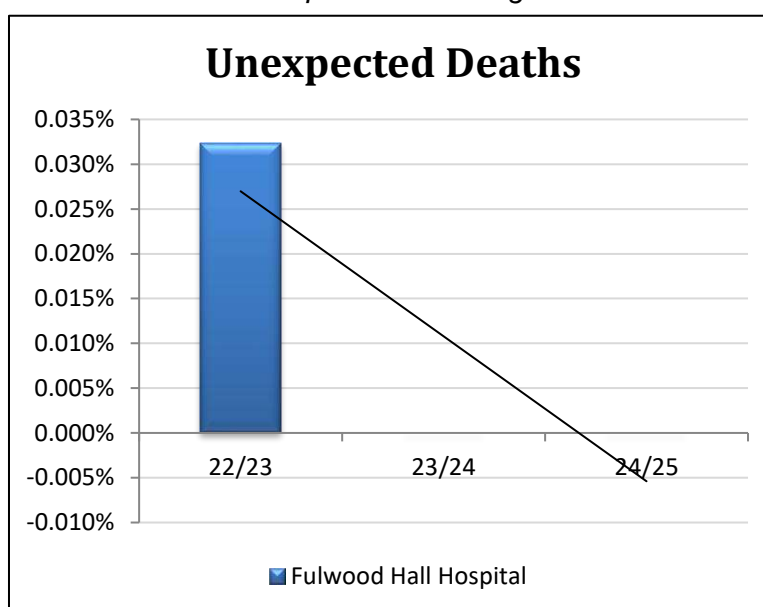
Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Fulwood	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC07	0.0003
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC07	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC07	0.0000

Rate per 100 discharges:



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

The above data shows that Fulwood Hall Hospital have had no unexpected deaths during the reporting period. Any deaths occurring would be fully investigated using the principles of PSIRF. Patients admitted for elective surgery undergo pre-operative assessment and are managed effectively post operatively.

National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Fulwood	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC07	21.051
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC07	23.498
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar 23	NVC07	23.969

PROMS: Knees	Period	Best		Worst		Average		Period	Fulwood	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC07	*
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC07	19.602
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC07	16.519

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

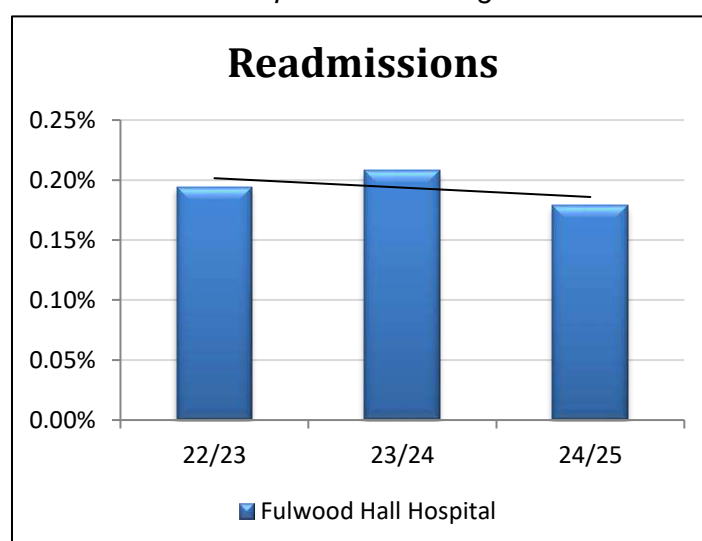
The tables above show the average adjusted health gain reported by patients, who have undergone Total Hip Replacements and Total Knee Replacements at Fulwood Hall Hospital. The data shows that the health gains noted by patients following their surgery are above the national average for Hips and below the national average for knees.

In the last year, as part of the 24/25 priorities for improvement, Fulwood Hall Hospital has greatly increased the overall participation of patients with PROMS. This gives us the opportunity to make more accurate assumptions about the effectiveness of our care. As such, we have reviewed the Total Knee Replacement health gain data and have identified actions within our therapies team to improve outcomes for patients.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Fulwood	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC07	0.00194
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC07	0.00206
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC07	0.00179

Rate per 100 discharges:



Fulwood Hall Hospital intends to take the following actions to reduce the number of readmissions by continuing to provide additional training above the mandatory training offering to all clinical staff, particularly staff on the ward and in the theatre department. Patient activity continues to rise, with an increase in the number of major surgeries such as joint replacements being performed at Fulwood Hall Hospital. We have an established exclusion criteria to ensure that we accept the patients most appropriate for treatment at our hospital, and we are using patient feedback and readmission information to improve our discharge procedures. Any patient readmissions will be investigated using PSIRF processes, with a thematic review taking place to identify trends if appropriate.

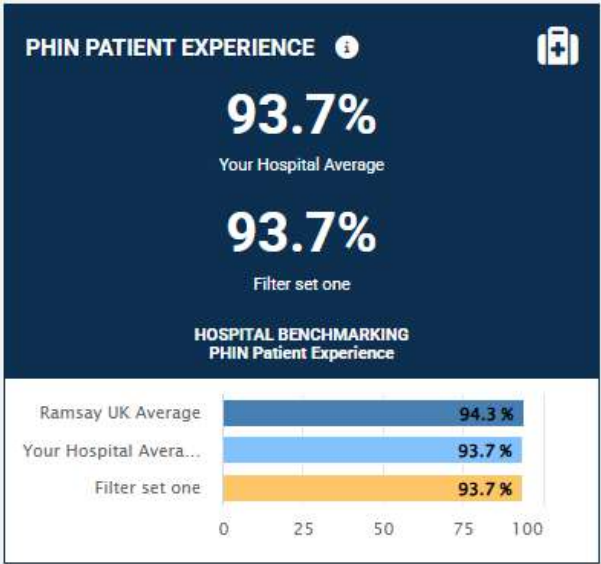
Responsiveness to Personal Needs

Responsiveness: to personal needs	Period		Best		Worst		Average		Period	Park Hill	
	2012/13		RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC14	92.5
	2013/14		RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC14	91.6

4b Patient experience of hospital care

No longer collected

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



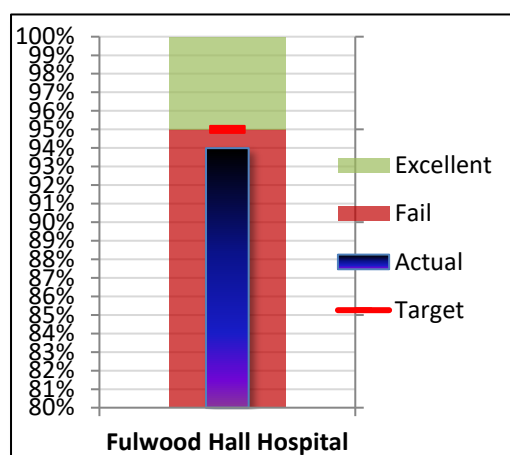
Our **Net Promoter Score (NPS)** is shown below:
1st April 2024 - 31st March 2025 - **NPS 91** (from 2921 responses)

Fulwood Hall Hospital considers that this data is as described due to a focus on patient experience, and using patient feedback to improve our services. This is reflected in the increase in both PHIN patient experience and Net Promoter scores in the last year. An increase in responses as compared with last year may be attributed to efforts to increase patient engagement with this feedback, but also the increased number of patients that we have treated. PHIN experience questions scoring below 9/10 are discussed at our Patient Experience Group meetings.

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Fulwood	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC07	97.6%
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC07	98.2%
	Q3 24/25	Severall	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC07	94.0%

Fulwood Hall Hospital intends to take the following actions to improve this percentage and so the quality of its services, by working with nursing and medical staff to understand the reasons why this risk assessment may not take place, and seek to remove these barriers. Steps will be taken to ensure that all patients have had a full VTE risk assessment prior to having their procedure. The hospital will complete both mandatory and additional focussed audits on the completion of VTE risk assessments, and ensure that any improvements made can be maintained. This has been identified as a priority for improvement above in the Quality Accounts.



C difficile infection

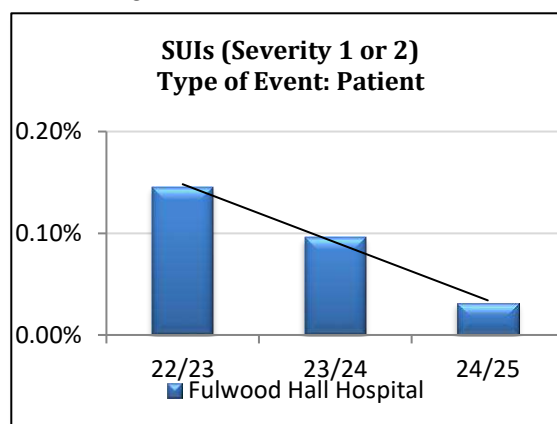
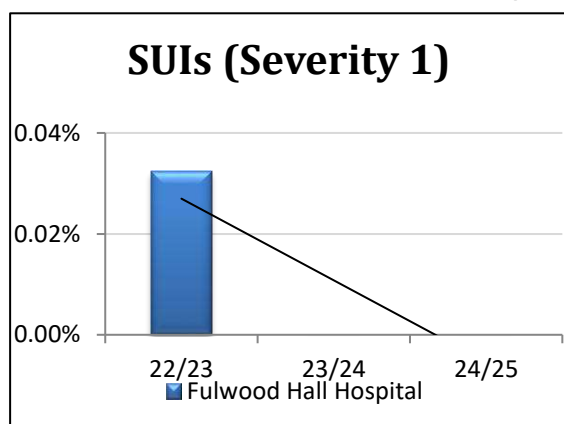
C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Fulwood	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2022/23	NVC07	0.000
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2023/24	NVC07	0.000
	2023/24	Severall	0	RPY	56.6	Eng	18.8	2024/25	NVC07	0.000

Fulwood Hall Hospital considers that this data is as described for the following reasons: There have been no incidences of C. Diff infections at Fulwood Hall Hospital during this period.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Fulwood	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC07	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC07	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC07	0.000

Rate per 100 discharges:



Fulwood Hall Hospital has taken the following actions to improve this number, and so the quality of its services, by continuing to promote a positive safety culture, where staff feel empowered to speak up for safety. We close the loop by providing staff with updates and outcomes of incidents and learn from these events.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Fulwood	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC07	99.2%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC07	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC07	100.0%

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

In addition to providing safe and effective care, overall patient experience is a key measure of quality. We see patient feedback received from the Friends and Family test as pivotal in shaping future services to ensure they meet the needs of our patients, and this feedback is shared with our teams every month. We use the information received from our patient survey to improve the services and care we provide. We take pride in the service that we provide to our patients, which is shown in the above table demonstrating a score above the national average where patients were asked if they would recommend the care and treatment at Fulwood Hall Hospital.

3.2 Patient safety

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

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

At Fulwood Hall Hospital, we are committed to ensuring the safety of every patient in our care.

We are continuously working to make improvements in patient safety through audit, incident reporting and management, lessons learned and complaints. We work to identify any themes or trends in patient incidents to address wider contributing factors.

We are not afraid to make changes to process or practice that can lead to an improvement in patient safety.

During 2024/2025 we introduced a new face to face mandatory training programme and have systematically set about training all staff. At the end of the period we have completed 77% of staff and are on track to hit 95% mid-way through 2025/2026.

We are an open, honest, and transparent hospital, and we believe in keeping patient at the centre of everything that we do.

Our focus on patient safety has resulted in a marked improvement in several key indicators as illustrated in the graphs above.

3.2.1 Infection prevention and control

Fulwood Hall Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 5 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 continuously.

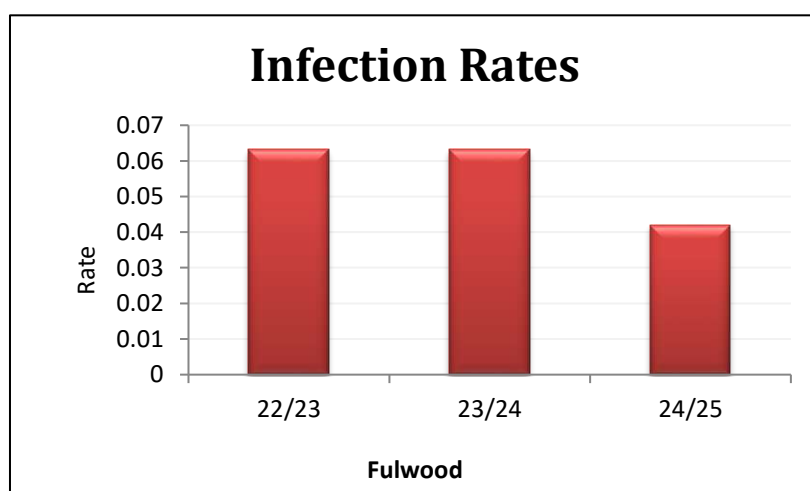
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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

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

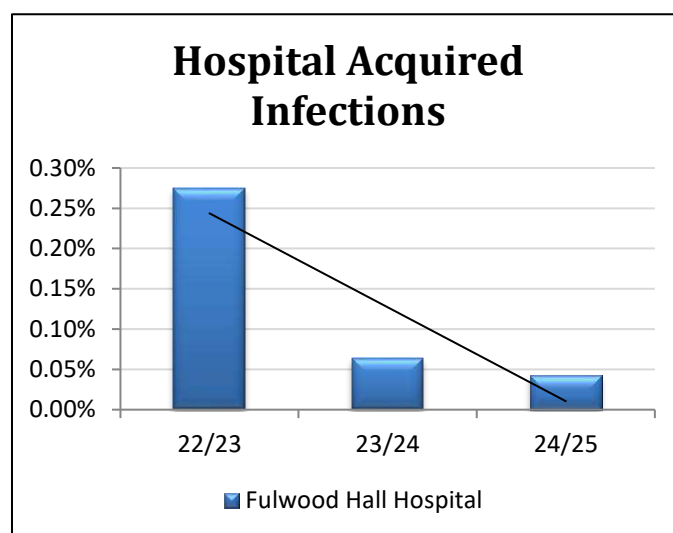
Programmes and activities within our hospital include:

- Fulwood Hall Hospital has been awarded Bronze ANTT® (Aseptic Non-Touch Technique) Patient Protection Accreditation, and we are working to attain the Silver award.
- During 2024/25 we have continued to collect data from our patients who have had hip and knee replacement surgery in line with the Public Health England (PHE) 'Surveillance of surgical site infections'.

- We have a designated Infection Prevention and Control link who is a member of the Regional IPC Committee, chaired by a Consultant Microbiologist and consisting of representatives from each hospital. The Committee meets quarterly to oversee implementation of corporate policies, national guidance and review clinical audit & practice.
- Our infection control lead is proactive in identifying and investigating any post-operative infections and supporting such patients, with a view to identify contributing factors and trends, and apply learning to benefit patient outcomes going forwards.
- During the last year, Fulwood Hall Hospital has continued to hold a local Infection Prevention and Control (IPC) meeting every month, with representatives from across the hospital.
- As can be seen in Appendix 1, hand hygiene, ANTT and 50-steps cleaning audits are undertaken regularly as part of the Ramsay Health Care UK audit schedule. Designated hand hygiene, hand surveillance and ANTT sessions are now included in our annual mandatory training day.
- Our staff undertake mandatory IPC e-learning, as well as face to face training sessions annually.
- Audit results are used to identify trends and create action plans which are completed and evidenced.
- Adherence to antimicrobial stewardship will be an area of focus in the coming year, to ensure antimicrobial prescribing is in line with the Ramsay formulary and local NHS Trust protocols.
- Any IPC incidents/infections are managed using the Patient Safety Incident Response Framework (PSIRF) processes, which allow for the identification of learning to be shared and help improve our services.



Rate per 100 discharges:



As can be seen in the above graphs our infection rate has decreased over the last year. In comparison to the national average, it is below average. This is due to preoperative screening processes, strict adherence to infection control measures within the hospital, and improving our services by learning from any infections which do occur.

3.2.2 Cleanliness and hospital hygiene

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

PLACE assessments occur annually at Fulwood Hall Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

The latest PLACE assessment at Fulwood Hall Hospital took place in December 2024.

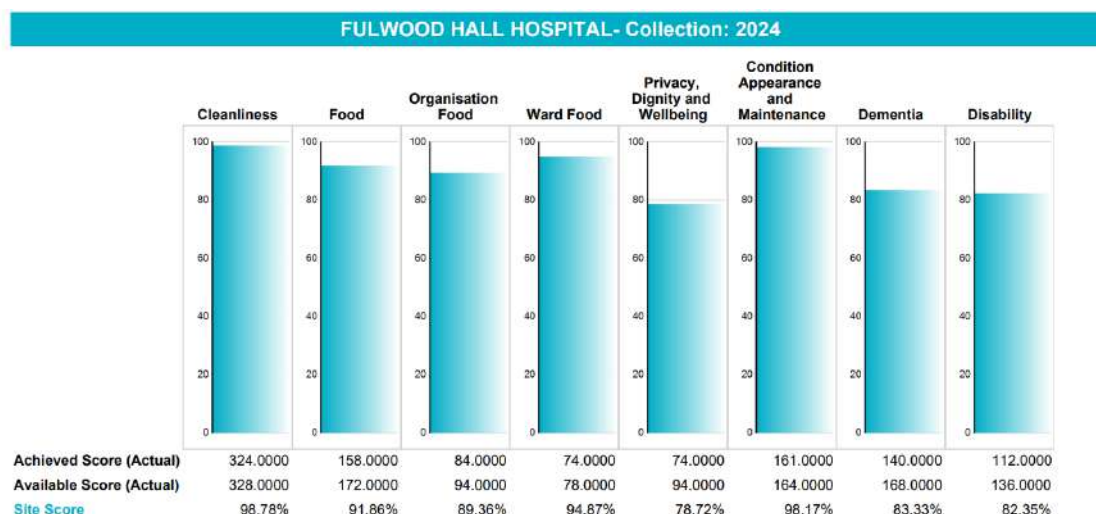
Positive feedback:

- The assessors felt 'very confident' that a good level of care and patient experience could be delivered in the ward environment.
- Patients can change and wait in complete privacy.
- There is a good selection of meals to suit all tastes. Patients are handed the menus in plenty of time to chose. You can sit in a chair or have the over-bed table which is adjustable, at mealtimes.

Feedback for review in preparation for the next assessment:

- Reception desk is too open and doesn't allow for privacy, and seats are very close together.
- There were no wheelchairs in reception.

- Some ceiling tiles need replacing, and joinery and painting works required in waiting area.
- Some painting work is required in the outpatient department.



3.2.3 Safety in the workplace

The safety and wellbeing of our staff and patients is a priority at Fulwood Hall Hospital.

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

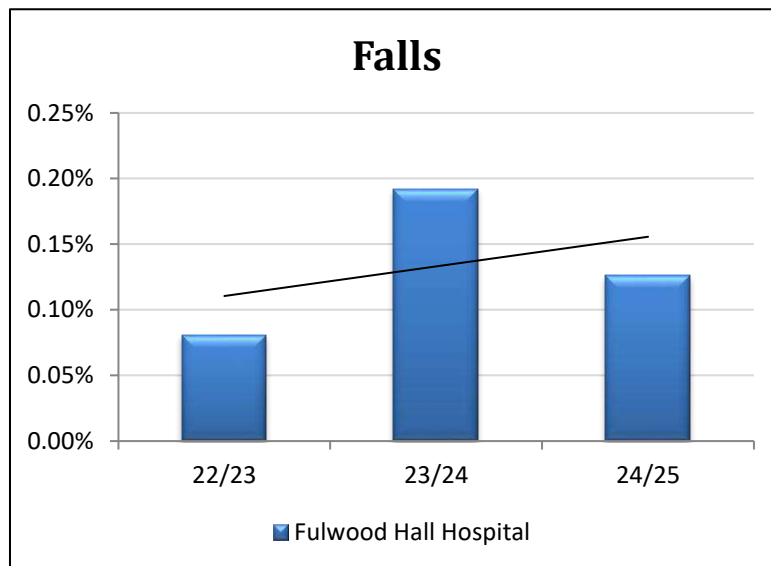
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

At Fulwood Hall we ensure all staff undertake mandatory and supplementary training which provides knowledge and skill in maintaining their and their colleagues' safety. Modules include fire, moving and handling infection prevention and control for example.

Our staff are encouraged to report any safety incidents via the RADAR online reporting system.

Each department has a local risk register which is reviewed annually, and new ones carried out as required. Any issues scoring 9 or above are escalated to the hospital risk register and reviewed by our Senior Leadership Team each month.

Rate per 100 discharges:



To improve the rate of falls, Fulwood Hall Hospital continues to use falls mats and complete falls risk assessments. We allocate rooms that are close to the nurses' station where risks are identified and communicate patients at risk of falls in the morning / night safety huddles. If patients are staying overnight, staffing is increased as appropriate. We continue to use the PSIRF processes to identify, action, share and learn from incidences.

3.3 Clinical effectiveness

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

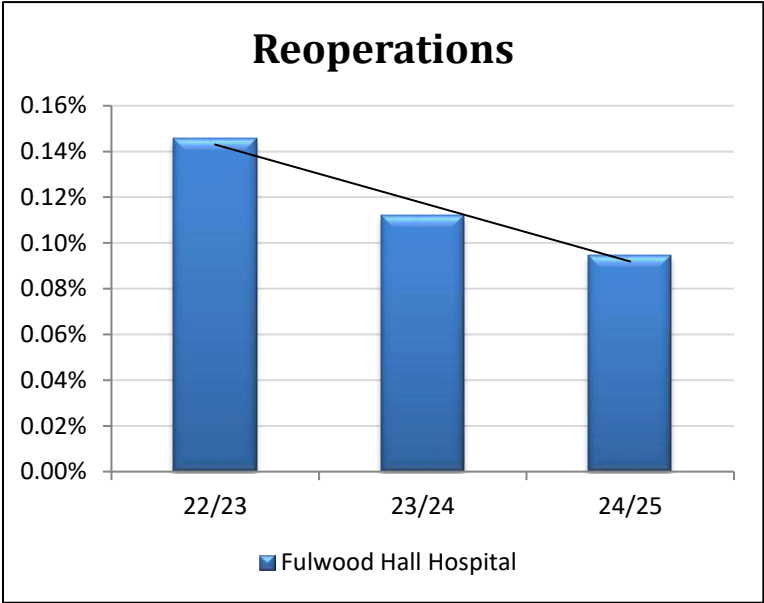
During the last year, Fulwood Hall Hospital has developed and maintained a monthly 'Quality & Effectiveness Working Group', where leaders from across clinical and non-clinical teams meet to discuss areas such as audit, patient outcomes, training and updates to national guidance.

3.3.1 Return to theatre

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

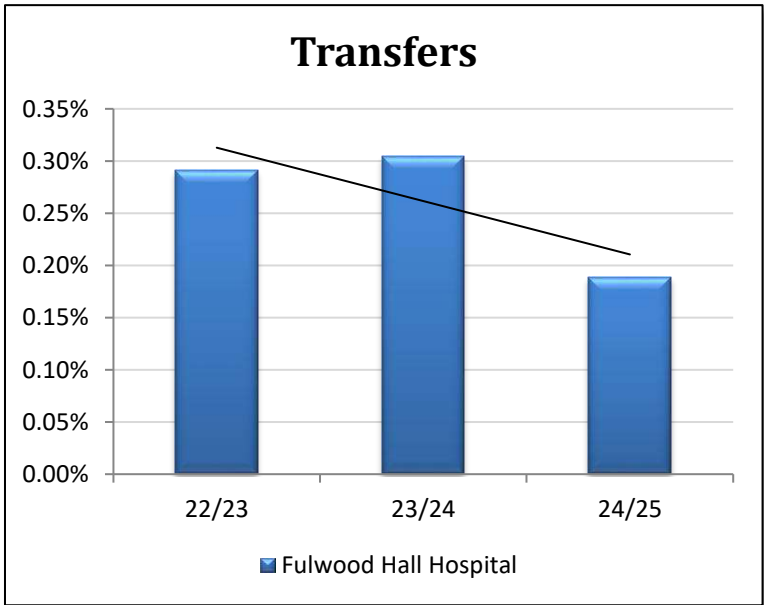
As can be seen in the graph below, our return to theatre rate has decreased over the last 2 years. In comparison to the national average within Ramsay Health Care UK, it is slightly higher (0.09% vs 0.08%). We continue to monitor our reoperation rate, investigating using PSIRF processes where appropriate to ensure learning and improvement to our services.

Rate per 100 discharges:



Rate per 100 discharges:

As can be seen in the graph below, our transfer rate has decreased during the last year. In comparison to the national average within Ramsay Health Care UK, it is slightly higher (0.19% vs 0.17%). We continue to monitor our transfer rate, and all transfers are reviewed and audited by our Resuscitation Leads.



3.3.2 Learning from Deaths

In the reporting period, 1st April 2024- 31st March 2025 there were no unexpected deaths at Fulwood Hall Hospital.

3.3.3 Staff Who Speak up

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

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

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

During the last year, two of our operating theatre staff have undertaken a professional development course which has enabled them to deliver 'Speak Up For Safety' training in-house directly to our teams.

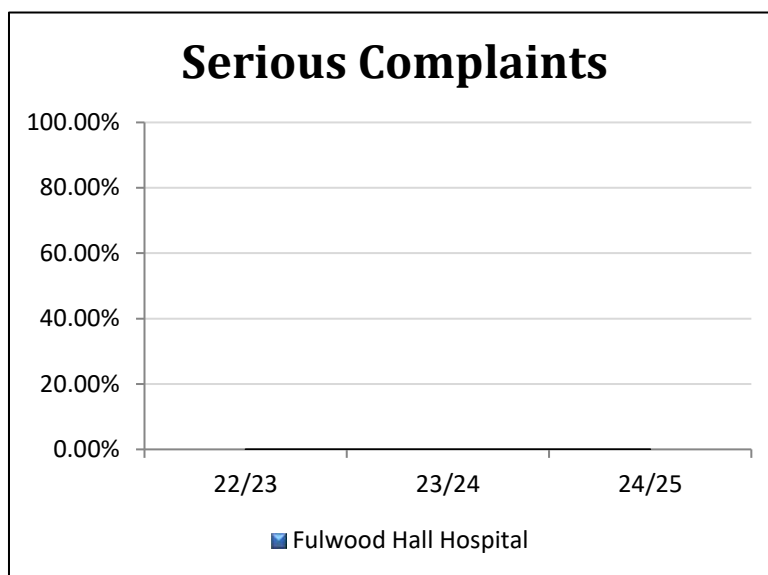
Ramsay Healthcare UK has a National Freedom to Speak Up Guardian and Whistleblowing Hot Line to enable staff to escalate concerns where necessary.

3.4 Patient experience

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

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

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



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

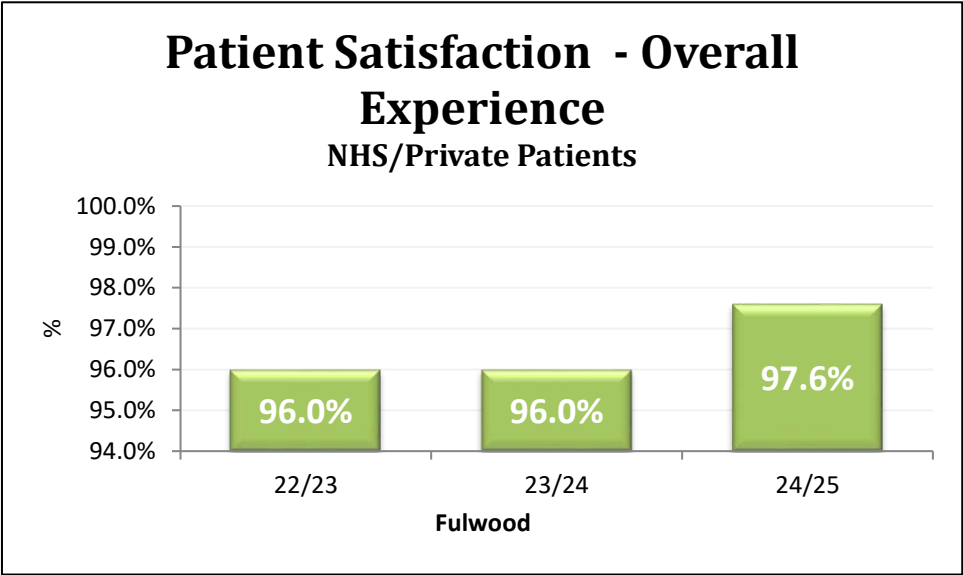
Feedback regarding the patient's experience is encouraged in various ways via:

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

3.4.1 Patient Satisfaction Surveys

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

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



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. In comparison to the national average, it is slightly higher (97.6% vs 97.3%). Fulwood Hall Hospital has made patient experience an area of focus during the past year, using patient feedback and learning from incidents to make improvements to our services. We implemented a Patient Experience Working Group and made smaller working groups for key areas highlighted in patient feedback.

Appendix 1

Services covered by this quality account

Regulated Activities – Fulwood Hall Hospital

	Services Provided	Peoples Needs Met for:
Treatment of Disease, Disorder Or injury	Cardiology services, Dermatology, General medicine, Nephrology, , Physiotherapy, Pain management, Rheumatology, Sports Medicine, outreach clinic at Captain French Surgery	All adults 18 years and over
Surgical Procedures	Cosmetic/Plastic Surgery, Dermatological, Gastrointestinal, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Spinal and Neurosurgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery,	<p>All adults excluding:</p> <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative. • Patients who are likely to need ventilatory support post operatively. • Patients who are above a stable ASA 3. • Any patient who will require planned admission to ITU post-surgery. • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) • CVA in last 6 months <p>However, all patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 years and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2

Clinical Audit Programme 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. "Tendable" is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (updated 03/02/25)

Fulwood Hall Hospital

Audit	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ward	Ward	Monthly	Month end
Hand Hygiene observation (5 moments)	Ambulatory Care	Ambulatory Care	Monthly	Month end
Hand Hygiene observation (5 moments)	Theatres	Theatres	Monthly	Month end
Hand Hygiene observation (5 moments)	IPC	Whole Hospital	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September
IPC Environmental infrastructure	SLT	Whole Hospital	October to December	End of December
IPC Management of Linen	Ward	Whole Hospital	August, February	End of August End of February
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required
Sharps	IPC	Whole Hospital	August, December, April	Month end

50 Steps Cleaning (FR1)	Theatres	Theatres	Fortnightly	14th & 28th of each month
50 Steps Cleaning (FR2)	Ward	Ward	Monthly	Month end
50 Steps Cleaning (FR2)	Ambulatory Care	Ambulatory Care	Monthly	Month end
50 Steps Cleaning (FR2)	Outpatients	Outpatients	Monthly	Month end
50 Steps Cleaning (FR2)	POA	POA	Monthly	Month end
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	Month end
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR5)	SLT	Whole Hospital	July to September	End of September
50 Steps Cleaning (FR6)	SLT	Whole Hospital	July to September	End of September
Peripheral Venous Cannula Care Bundle	HoCS	Whole Hospital	July to September	End of October
Urinary Catheterisation Bundle	HoCS	Whole Hospital	October to December	End of December
Patient Journey: Safe Transfer of the Patient	Ward	Whole Hospital	August, February	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres	October to December April to June (as required)	End of December No deadline
LSO and 5 Steps Safer Surgery	Theatres	Theatres	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	July to September January to March	End of September End of March
LSO and 5 Steps Safer Surgery	Radiology	Radiology	July to September January to March	End of September End of March
NatSSIPs Stop Before You Block	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Prosthesis	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Swab Count	Theatres	Theatres	July/August December/January May/June	End of August End of January End of June
NatSSIPs Instruments	Theatres	Theatres	October to December April to June	End of December End of June

NatSSIPs Instruments	Outpatients	Outpatients	October to December April to June	End of December End of June
NatSSIPs Histology	Theatres	Theatres	October to December April to June	End of December End of June
NatSSIPs Histology	Outpatients	Outpatients	October to December April to June	End of December End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	August/September February/March	End of September End of March
Duty of Candour	SLT	Whole Hospital	August/September February/March	End of September End of March
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	July, October, January, April	Month end
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline
Privacy & Dignity	Ward	Whole Hospital	November/December (as required)	No deadline
Essential Care: Falls Prevention	HoCS	Whole Hospital	September / October (as required)	No deadline
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September / October	End of October
Essential Care: Wound Management (TBC)	HoCS	Whole Hospital	TBC	TBC
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of month
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Ward	Ward	Ward	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	July to September January to March	End of September End of March
Medical Records - Pre-operative Assessment	POA	POA	July to September January to March	End of September End of March
Medical Records - Radiology	Radiology	Radiology	July to September January to March	End of September End of March
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March
Medical Records - NEWS2	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March
Medical Records - Patient Consent	HoCS	Whole Hospital	October to December April to June	End of December End of June

Medical Records - MDT Compliance	HoCS	Whole Hospital	July to September January to March	End of September End of March
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end
CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end
No Report Required	Radiology	Radiology	August, February	Month end
MRI Safety	Radiology	Radiology	January, July	Month end
CT Last Menstrual Period	Radiology	Radiology	July, October, January, April	Month end
Antimicrobial Stewardship & Prescribing	Pharmacy	Whole Hospital	October to December April to June	End of December End of June
Safe & Secure (OPD)	Pharmacy	Outpatients	July to September January to March	End of September End of March
Safe & Secure (Radiology)	Pharmacy	Radiology	July to September January to March	End of September End of March
Safe & Secure (Theatres)	Pharmacy	Theatres	July to September January to March	End of September End of March
Safe & Secure (Ward)	Pharmacy	Ward	July to September January to March	End of September End of March
Prescribing, Supply & Administration (previously Medical Prescribing)	Pharmacy	Pharmacy	October to December April to June	End of December End of June
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
Pain Management	Pharmacy	Pharmacy	October, April	Month end
Medicines Governance (previously Medicines Optimisation)	Pharmacy	Pharmacy	January to March	End of March
Dept Governance (Ward)	Ward	Ward	October to December	End of December
Dept Governance (Theatre)	Theatres	Theatres	October to December	End of December
Dept Governance (Physio)	Physio	Physio	October to December	End of December
Dept Governance (OPD)	Outpatients	Outpatients	October to December	End of December
Dept Governance (Radiology)	Radiology	Radiology	October to December	End of December
Safeguarding	SLT	Whole Hospital	December	Month end
Occupational Health Delivery On-site	HoCS	Whole Hospital	November to January	End of January

Catering (Kitchen)	Ops Managers	Health & Safety	July, October, January, April	End of month
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of month
H&S Fire Safety	Ops Managers	Health & Safety	January, July	End of January End of July (25)
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March
H&S Management	Ops Managers	Health & Safety	April	End of April
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May
H&S Work at Height	Ops Managers	Health & Safety	June	End of June
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)
H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)

Appendix 3

Glossary of Abbreviations

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

Fulwood Hall Hospital

Ramsay Health Care UK

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

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

For further information please contact:

Hospital phone number:

01772 340928

Hospital website:

www.fulwoodhallhospital.co.uk

Hospital address:

Fulwood Hall Hospital
Midgery Lane
Fulwood
Preston
Lancashire
PR2 9SZ