Fulwood Hall Hospital

Quality Account
2025/26

Ramsay Health Care

Contents

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

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

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

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.
With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.
Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.

Nick Costa

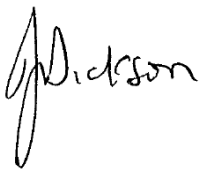
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

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

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

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

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



Jo Dickson

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.

Each site within the Ramsay Group 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

Over the past year, the hospital has continued to build on its commitment to delivering safe, effective and patient-centred care. We have remained focused on maintaining high standards of clinical quality, strengthening engagement across our teams and ensuring that patient experience continues to inform how we develop and improve our services.

Our vision remains to be a leading healthcare provider where clinical excellence, safety, care and quality are central to everything we do. This Quality Account provides an overview of our performance during the past year and sets out our broad priorities for continued improvement in the year ahead.

I am pleased to report that we have continued to place patient safety, clinical effectiveness and patient experience at the centre of our approach. By listening to patients, colleagues and stakeholders, and by reviewing feedback alongside a range of quality and governance measures, we are able to recognise areas of good practice and identify opportunities for further improvement. These measures provide assurance that care is evidence-based and delivered by appropriately qualified and experienced healthcare professionals. Further detail on our performance, outcomes and improvement work is set out throughout this Quality Account. As Hospital Director, ensuring the delivery of consistently high standards of clinical care for our patients remains my highest priority.

This Quality Account is an accurate reflection of the hospital's performance and demonstrates our ongoing commitment to continuous improvement. We remain focused on delivering compassionate, high-quality, patient-centred care and on further strengthening the services we provide for our patients, colleagues and wider stakeholders.

Mrs Helene Delaney, 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 Helene Delaney
Hospital Director
Fulwood Hall Hospital
Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Richard Boden
MAC Chair

Dr Graham Jones
Clinical Governance Lead Consultant

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

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, private general practice, 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 and a physiotherapy department.

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 24 private, en-suite bedrooms which have been comfortably furnished to ensure your stay with us is a pleasant one. All bedrooms have a TV and Wi-Fi is 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 9,612 patients, 90% of which were treated under the care of the NHS.

During the reporting period we saw 50,210 outpatient appointment across all specialties which 85% were seen under NHS arrangements.

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 10 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 80 Consultant Surgeons/Specialists, 51 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 175 members of contracted staff comprising 48 nurses, 28 health care assistants, 17 support staff and 42 admin support staff.

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 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 leads ensure 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 Doctor (RD) 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, Lancashire and South Cumbria 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 as 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.

The Business Relations Manager plays a pivotal role in building and sustaining effective partnerships with local GP practices, supporting integrated working across the wider health community. This includes regular engagement with primary care teams through practice visits, meetings and educational events such as lunch and learn sessions, enabling the sharing of service updates, clinical pathways and best practice. The role supports the development of efficient referral pathways and improves communication between primary and secondary care, for example through collaborative work with GP practices to ensure consultant correspondence is clear and appropriately actioned, and by identifying opportunities to streamline referral processes and reduce unnecessary delays. The Business Relations Manager also leads on the production of GP newsletters and targeted communications to keep referrers informed of service developments and access routes, while actively gathering feedback to inform service improvement.

GP and Community Engagement:

- Regular GP practice visits and relationship management to maintain strong links with primary care teams and understand local service needs.
- Delivery of educational engagement opportunities (e.g. lunch and learn sessions and events) to support shared learning and awareness of hospital services.
- Production and distribution of GP newsletters to provide updates on services, referral pathways and key information for referrers.
- Collaboration with local GP practices and health centres to improve communication processes, including clarification of consultant correspondence and appropriate referral routes.
- Ongoing review and improvement of referral pathways to reduce delays and

ensure patients are directed to the most appropriate services efficiently.
- Active participation in community and stakeholder engagement initiatives to support wider health promotion and service accessibility across the local population.

We have exhibited at local events and met with people from the community. Our team was on hand to answer questions and provide complimentary blood pressure checks at some of these events.

Fulwood Hall Hospital has strengthened its partnership with Preston North End (PNE) to support both community health and staff wellbeing. This partnership supports population health across the local community while also extending accessible wellbeing opportunities to our staff group, helping them feel connected, supported and engaged beyond the hospital setting.

The hospital collaborated with other North-West hospitals to deliver a regional Pick Up 6 educational event, held at Wrightington Hotel. The event was attended by over 80 healthcare professionals, including physiotherapists, radiologists and GPs. Six Trauma and Orthopaedic consultants delivered clinical presentations, supporting education, shared understanding of local services, and collaborative working across organisational boundaries.

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

- Collecting and donating a range of toiletry items to The Salvation Army.
- Donating surplus medical equipment to support healthcare facilities in Ukraine.
- Collecting and donating gifts to Cash for Kids to help make a difference to children in need over the festive season.
- Raising money for Rosemere Cancer Foundation by organising events such as an Easter raffle and bingo evening.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

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 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 A review of clinical priorities 2025/26 (looking back)

In 2025/2026 we focussed on 3 Clinical Priorities:

1. **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 Health Care 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.

We have:

- Improved compliance to VTE Risk Assessments to 98% ensuring the vast majority of patients are comprehensively assessed prior to undergoing procedures and exceeding target compliance.

2. **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.

We have:

- As an organisation, produced dashboards to allow greater visibility of key performance indicators as set out by GIRFT
- Set up a GIRFT champion to review data and update action plans to improve our services

3. **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.

We have:

- Continued to develop our processes for gaining patient feedback through multiple channels of communication and ensuring we have up to date contact details
- Improved our complaints and investigation processes to better involve patients at earlier stages of investigations
- Undertaken a Patient Led Assessment of the Care Environment (PLACE) audit in November 2025
- Stepped down our efforts to set up a patient focus group at this stage in favour of other initiatives to improve patient experience

2.1.2 Clinical Priorities for 2026/27 (looking forward)

In this section we will outline our clinical plans and focus areas for the year 2026/2027 as part of our commitment to provide the highest standards of care to our patients. We will set out the reasons for why they are priorities, how we will listen to our staff, partners, stakeholders and patients and how we will evidence progress against them.

The focus areas for this year have been adapted from the five key domains from the CQC.

- **Safe**
- **Effective**

- **Caring**
- **Responsive**
- **Well Led**

We will target three key focus areas for 2026/2027 which will relate to three of the domains. This year we will be focusing on **Safe, Effective and Responsive.**

Under Safe: Infection Prevention and Control

Infection prevention and control remains a fundamental component of patient safety and quality of care at Fulwood Hall Hospital. Preventing avoidable harm associated with healthcare-acquired infections is critical to ensuring positive clinical outcomes, protecting patient experience, and maintaining public confidence in our services.

During 2025/26, our surveillance and audit data identified an increase in infection rates compared to previous years. While our overall infection rates remain low in comparison to national benchmarks, this trend has prompted a focused and proactive response. Through detailed investigation, including thematic review of lower limb arthroplasty infections and multidisciplinary “deep dive” analysis involving orthopaedic consultants, we have strengthened our understanding of contributory factors and identified clear opportunities for improvement.

As a result, infection prevention and control has been identified as a key clinical priority for 2026/27, with a focus on enhancing the consistency, reliability, and quality of IPC practices across all clinical areas. Our approach is aligned to Ramsay Health Care UK policies, national guidance, and best practice standards, and is supported by our established governance structures, including the Infection Prevention and Control Committee and PSIRF processes for learning and improvement.

Our Aim:

We aim to reduce healthcare-associated infections through improved compliance with IPC standards, strengthened clinical practice, and enhanced multidisciplinary ownership of infection prevention.

Key Actions for 2026/27

To support this priority, Fulwood Hall Hospital will deliver a comprehensive programme of improvement across four key areas:

1. **Workforce capability and competence**
   We will strengthen staff capability through targeted training and competency assessment, including increasing compliance with face-to-face hand hygiene and ANTT training. All relevant staff will be supported to achieve and maintain ANTT competencies, with a continued focus on embedding best practice into everyday clinical care. Additional specialist wound care training will be expanded to ensure

staff are equipped with the skills and knowledge to manage complex wounds effectively.

2. **Audit, monitoring and assurance**
   We will enhance our audit programme to provide real-time assurance of IPC practice. This will include continued monitoring of hand hygiene compliance, ANTT practice, and surgical site infection surveillance, alongside regular review of audit outcomes at governance committees. Audit findings will be used proactively to identify variation, challenge poor practice, and drive targeted improvement actions. PSIRF methodology will continue to be applied to all infection-related incidents to ensure learning is embedded and shared across the organisation.

3. **Clinical practice and pathway optimisation**
   We will continue to improve clinical pathways and practice to reduce infection risk. This includes the optimisation and audit of antibiotic prophylaxis regimes in partnership with consultant anaesthetists, improvements in intraoperative temperature monitoring, and ensuring theatre workflows minimise unnecessary traffic while maintaining patient safety. Patient preparation and education will also be strengthened, including pre-operative guidance on warming and post-operative wound care, to support better outcomes beyond the clinical setting.

4. **Environment, estates and accreditation**
   We will review and enhance our clinical environment to support infection prevention, including targeted estates improvements where required. We will continue our work towards achieving higher levels of ANTT Patient Protection Accreditation, building on our current Bronze award, as part of our commitment to continuous improvement and external validation of high standards.

Measuring Success

Progress against this priority will be monitored through:

- Reduction in infection rates and surgical site infections
- Compliance with hand hygiene and ANTT audits
- Audit outcomes for IPC practice and documentation
- Patient safety incident trends and PSIRF outputs
- Regular reporting through IPC and Clinical Governance Committees

Under Effective - Venous Thromboembolism (VTE)

Venous thromboembolism (VTE) remains a significant and potentially preventable cause of patient harm, particularly within surgical pathways. Ensuring robust risk

assessment, appropriate prophylaxis, and consistent documentation is essential to safeguarding patient outcomes. VTE reduction continues to be a key patient safety priority across Ramsay Health Care UK, aligned to national guidance and the organisation's patient safety improvement programme.

During 2025/26, Fulwood Hall Hospital made strong progress in improving compliance with VTE risk assessment, supported through targeted staff training, improved documentation standards, and increased focus on capturing risk assessments across all patient groups, including those undergoing minor procedures. This resulted in consistently high levels of documented VTE risk assessment across clinical areas.

However, learning from incidents, audit findings, and governance review has demonstrated that while compliance is high, there is further opportunity to strengthen the quality, accuracy, and clinical application of VTE risk assessment and prophylaxis. In particular, the need to move beyond risk assessment completion statistics and focus on clinical decision-making, documentation quality, and system-wide learning has been identified.

As a result, VTE prevention remains a key clinical priority for 2026/27, with a deeper focus on embedding learning from incidents, strengthening multidisciplinary ownership, and ensuring consistent application of best practice. This approach aligns with the Patient Safety Incident Response Framework (PSIRF), which prioritises thorough investigation, thematic analysis, and implementation of system-wide improvements to reduce future risk.

Our Aim

To improve the quality and effectiveness of VTE risk assessment and management by embedding learning from incidents, strengthening documentation and clinical decision-making, and ensuring consistent application of best practice across all patient pathways.

Key Actions for 2026/2027

1. **PSIRF-led investigation and thematic learning**
   We will undertake structured thematic reviews of VTE-related incidents, with particular focus on cases associated with moderate or severe harm. These reviews will be undertaken in line with PSIRF methodology, using appropriate learning response tools to identify underlying system factors and contributory causes. Findings will be triangulated across incidents, complaints, and audit data to identify common themes and drive sustainable improvements. Learning will be shared across teams through governance committees and clinical forums to ensure system-wide impact.

2. **Strengthened audit, implementation and monitoring**
   Our audit programme will be enhanced to assess not only completion of VTE risk

assessments, but also the quality, accuracy, and clinical appropriateness of decision-making. This will include review of risk stratification, prophylaxis prescribing, and documentation standards. Audit findings will be regularly reviewed through Clinical Governance, Mortality & Morbidity, and Patient Safety Incident Review Group structures, with clear action plans, owners, and timescales to ensure improvements are implemented, monitored, and sustained.

3. **Workforce training and clinical engagement**
   Targeted education will be delivered to staff and consultants to reinforce best practice in VTE prevention, with a focus on clinical reasoning, documentation quality, and application of risk assessment outcomes. Training will utilise real case examples and learning from incidents to support practical understanding and improve consistency of practice. Ongoing competency assessment will ensure staff remain confident and compliant in VTE management.

4. **Communication and multidisciplinary working**
   We will strengthen communication across clinical teams to ensure a consistent and shared understanding of VTE risk and prevention throughout the patient pathway. This includes improved handover of VTE risk status, clearer communication between pre-assessment, theatres, and ward teams, and engagement with consultants to promote ownership of VTE decision-making. Learning from incidents and audits will be actively disseminated across departments to support continuous improvement.

5. **Alignment to national guidance and best practice**
   We will ensure continued alignment with national guidance and Ramsay Health Care UK policies relating to VTE prevention. This includes regular review of guidelines, integration of best practice into local protocols, and ensuring that any changes are effectively communicated and embedded into practice. Compliance with these standards will be monitored through audit and governance processes.

Measuring Success

Progress against this priority will be monitored through:

- Improvement in the quality and completeness of VTE documentation
- Reduction in VTE-related incidents and severity of harm
- Evidence of learning and improvement from PSIRF-led thematic reviews
- Compliance with training and competency requirements
- Regular reporting through Clinical Governance, Mortality & Morbidity, and Patient Safety forums

Under Responsive – Patient Safety Incident Response Framework (PSIRF)

The implementation of the Patient Safety Incident Response Framework (PSIRF) has significantly strengthened the way Fulwood Hall Hospital responds to, investigates, and learns from patient safety incidents. PSIRF enables a structured, proportionate,

and learning-focused approach, promoting a culture of openness, transparency, and continuous improvement.

During 2025/26, we made strong progress in embedding PSIRF processes across the hospital, with an increased focus on learning responses, multidisciplinary involvement, and meaningful analysis of incidents. However, we now wish to broaden capability across our clinical leadership teams and ensure learning is consistently and rapidly translated into practice.

In addition, the timeliness of processes ensuring that learning is shared more effectively across teams is key to achieving the full benefits of PSIRF. Early and meaningful involvement of patients, families, and carers will also strengthen the quality of our insights and support a more compassionate, person-centred approach to incident investigation and learning.

As such, PSIRF development and maturity is a key clinical priority for 2026/27, aligned to Ramsay Health Care UK's Patient Safety Incident Response Plan and organisational commitment to continuous improvement.

Our Aim

To strengthen PSIRF capability across the organisation by embedding a consistent, timely, and high-quality approach to incident learning, increasing multidisciplinary ownership, and ensuring that learning leads to measurable improvements in patient safety.

Key Actions for 2026/2027

1. **Building capability and leadership across clinical teams**
   We will upskill a broader cohort of staff, particularly clinical leaders, to confidently lead PSIRF learning responses and thematic reviews. This will include targeted training, coaching, and support to ensure consistent application of PSIRF principles and high-quality outputs. The aim is to move from reliance on a small number of experienced individuals to a distributed model of leadership and learning.

2. **Strengthening patient and family involvement**
   We will ensure that patients, families, and carers are involved early in the PSIRF process, in line with best practice and Duty of Candour requirements. Their insights will be actively sought and incorporated into learning responses, ensuring that investigations fully capture the patient perspective and support more meaningful and compassionate learning.

3. **Timely and effective learning responses**
   We will improve the timeliness of PSIRF processes by streamlining our approach to learning responses, ensuring that reviews are proportionate, efficient, and focused on identifying actionable learning. This includes reducing

the number of open PSIRF incidents at any one time, enabling teams to focus on quality and impact rather than volume.

4. **Dissemination of learning and communication across teams**
   We will strengthen mechanisms for sharing learning from incidents across the hospital. This will include structured feedback through governance committees, safety briefings, and team-based discussions, ensuring that learning is rapidly disseminated and embedded into practice. A consistent approach will be taken to ensure that all teams understand key risks, themes, and required actions.

5. **Thematic reviews and focus on key risk areas**
   We will undertake thematic reviews of incidents in line with Ramsay's key patient safety priorities, including areas such as VTE, infection prevention and control, and deteriorating patients. These reviews will identify system-wide themes and contributory factors, supporting targeted improvement plans and reducing the risk of recurrence.

6. **Embedding governance, monitoring and continuous improvement**
   All PSIRF activity will be clearly reported through the local Patient Safety Incident Review Group and Clinical Governance Committee, ensuring robust oversight and accountability. Actions arising from learning responses will be tracked to completion, with evidence of implementation and sustained improvement.

Measuring Success

Progress against this priority will be monitored through:

- Increased number of trained and competent staff leading PSIRF learning responses
- Reduction in the number and duration of open PSIRF incidents
- Evidence of timely completion of learning responses
- Demonstrable learning and improvement from thematic reviews
- Feedback from patients and staff on involvement in the PSIRF process
- Regular reporting and assurance through governance structures

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 2025/26 Fulwood Hall Hospital provided and/or subcontracted 11 NHS services.

Specialties:

- Spinal
- Gynaecology
- Ophthalmology
- Diagnostics
- Neurosurgery
- General Surgery
- Pain management (service decommissioned 31st December 2025)
- Physiotherapy
- Orthopaedics
- Vascular surgery
- Urology

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

The income generated by the NHS services reviewed between 1st April 2025 to 31st March 2026 represents 107 per cent of the total income generated from the provision of NHS services by Fulwood Hall Hospital for 1st April 2024 to 31st March 2025.

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 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 2025/26, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Staff Cost % Net Revenue - 29.5%
HCA Hours as % of Total Nursing - 31%
Agency Cost as % of Total Staff Cost - 3%
Ward Hours PPD - 4.43
% Staff Turnover - 20%
% Sickness - 4.57%
% Lost Time - 22.6%
Appraisal - 94.7%
Mandatory Training 95%
Staff Satisfaction Score 81%
Number of Significant Staff Injuries - between 1st April 2025 and 31st March 2026 no significant injuries occurred at Fulwood Hall Hospital.

7 minor injuries occurred

Finger injury	4
Head injury	1
Sharps injury	1
Arm injury	1

Patient

Serious Complaints per 1000 HPD's - 0.87
Patient Satisfaction: PHIN Patient Experience Score - 95.5%
Patient Satisfaction: Hospital FFT - 98.3%
Net Promoter Score - 92
Significant Clinical Events per 1000 Admissions - 0.7
Readmission per 1000 Admissions - 1.21

Quality

A corporate Health & Safety audit was carried out by the Head of Health & Safety on 10th February 2026. Areas covering COSHH, RA, PUWER were reviewed alongside PPM compliance. The overall score following the audit was 91%.

Infection Control Audit Score
- IPC Governance and Assurance - 95.7%
- IPC Environment Infrastructure - 97.7%

Consultant Satisfaction Score - 96%

2.2.2 Participation in clinical audit

During 1st April 2025 to 31st March 2026 Fulwood Hall Hospital participated in 6 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 2025 to 31st March 2026 are listed below.

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 2025 to 31st March 2026 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 maintained the Gold award for data collection from the National Joint registry and will continue to record data to this standard.
- We will continue to proactively identify and learn from any postoperative infections.

- There has been an improvement in our British Spine Registry data collection, therefore we will continue to support the staff dedicated to inputting this information.

Local Audits

The reports of 294 local clinical audits completed using the 'Tendable' platform from 1st April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee. The clinical audit schedule can be found in Appendix 2. Using information from larger audits, incidents and patient feedback, focused local 'mini' audits were also developed.

Fulwood Hall Hospital intends to take the following actions to improve the quality of healthcare provided:

- Ongoing maintenance and upgrading of estates & facilities.
- Establishing and maintaining high standards of clinical documentation.
- Maintaining a focus on infection prevention and control measures.

2.2.3 Participation in Research

During 2025/26, Fulwood Hall Hospital supported participation in research activity approved through Ramsay Health Care UK's corporate governance processes, in line with the Research and Development Policy. This included involvement in a study exploring the use of Patient Initiated Follow-Up (PIFU) pathways following upper limb surgery.

This work reflects our commitment to contributing to the development of evidence-based practice and improving patient pathways through innovation. Participation in this research has supported a greater understanding of how follow-up care can be tailored to patient need, with the potential to improve patient experience, increase flexibility, and reduce unnecessary outpatient attendances.

All research activity undertaken at Fulwood Hall Hospital is subject to appropriate governance and ethical oversight, ensuring that patient safety, confidentiality, and informed consent remain central to the process.

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

Fulwood Hall Hospital's income from 1st April 2025 to 31st March 2026 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 2026 is registered without conditions.

The current CQC rating of Good is based on a comprehensive 2-day inspection at Fulwood Hall Hospital on 14th and 15th August 2018.

However, it should be noted that the CQC conducted a one-day inspection of Surgery services on 4th December 2025 at Fulwood Hall Hospital. A further CQC inspection of Diagnostic and Outpatient services was carried out over 2 days on 7th and 8th April 2026. At the time of writing this Quality Account, we have not yet received an updated rating following these visits. It is expected that the combination of reports from the two inspections will yield an updated rating for the hospital.

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 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data included:
The patient's valid NHS number:

- 99.69% for admitted patient care;
- 100% 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 2025/2026 submission is due by 30th June 2026.

This information is publicly available on the DSP website at:
https://www.dsptoolkit.nhs.uk/

Fulwood Hall Hospital was subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	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

2.2.7 Stakeholders views on 2025/26 Quality Account

Our ref: QA2526Ful Davis 03

NHS
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

11 June 2026

Helene Delaney
Hospital Director
Fulwood Hall Hospital
Ramsay Healthcare UK

Dear Helene

Re: Lancashire and South Cumbria ICB Response to Fulwood Hall Hospital Quality Account 2025/26

Lancashire and South Cumbria Integrated Care Board (LSCICB) welcomes the opportunity to review and comment on Fulwood Hall Hospital's Quality Account for 2025/26. We thank Ramsay Health Care UK for the development of this report and for its continued focus on reflecting on performance, improvement activity, and priorities for the year ahead.

The ICB recognises the continued pressures across the healthcare system, including increasing demand, workforce challenges, and financial constraints. Within this context, maintaining a strong focus on quality, safety, and patient experience remains essential. The ICB is committed to working in partnership with providers; however, this must be supported by clear and demonstrable evidence that services are delivering safe, effective, and continuously improving care.

The ICB acknowledges areas of positive performance outlined within the Quality Account. In particular, we recognise the consistently high levels of patient satisfaction, the continued development of clinical governance arrangements, and the organisation's focus on improving data quality to support decision-making and oversight.

Ongoing investment in governance processes, audit, and learning frameworks is welcomed; however, it will be important to demonstrate more clearly how these arrangements are translating into measurable improvements in outcomes and not solely evidencing activity.

The organisation's priorities are broadly aligned with system-wide objectives, including strengthening patient safety, improving clinical effectiveness, and enhancing patient experience. The focus on infection prevention and control, VTE, and the further development of the Patient Safety Incident Response Framework (PSIRF) is appropriate, particularly given the risks and areas of variation identified within the report.

The ICB notes with sadness the reported patient death during the period and acknowledges the organisation's review of the case; we would expect continued transparency and clarity regarding any learning identified and how this is embedded into practice.

The ICB would, however, expect future reporting to more clearly demonstrate how these priorities are translating into sustained improvements. Strengthening the link between identified risks, actions taken, and the impact achieved will be critical in providing assurance of progress.

The ICB notes the monitoring of key safety and clinical indicators and acknowledges the actions being taken to address areas of concern. In particular, the increase in surgical site infections represents a significant risk. While the response outlined is appropriate, the Quality Account does not provide sufficient assurance regarding the underlying causes, the trajectory for improvement, or the effectiveness of actions implemented. This will require more robust analysis and clearer evidence of impact in future reporting.
The ICB will continue to seek assurance that:

- Emerging risks are clearly identified and escalated in a timely way
- Improvement actions are specific, measurable, and effectively monitored
- Progress is evidenced through demonstrable and sustained improvements in outcomes over time

Strengthening the focus on impact, rather than activity alone, will be essential in this area.
The ICB welcomes the strong patient experience outcomes reported and the continued focus on patient feedback. However, there remains an opportunity to strengthen how patient insight is used to drive improvement. In particular, where areas of weaker performance have been identified, such as communication relating to medication and discharge information, the ICB would expect to see clearly defined improvement actions and evidence of impact.

The ICB notes the high level of compliance with VTE risk assessment; however, it is acknowledged within the report that compliance does not equate to quality. It will be important to demonstrate how the organisation is strengthening the quality, consistency, and clinical application of VTE assessment, and how this is contributing to improved patient outcomes and harm reduction.

The ICB expects a clear and comprehensive approach to reporting on patient safety incidents, learning, and improvement. While progress has been made in implementing PSIRF, further clarity is required regarding how learning is consistently embedded into practice and translated into measurable improvements in safety.

The ICB recognises the central role of workforce capability, stability, and engagement in delivering high-quality care. While strong compliance with mandatory training is noted, the Quality Account provides limited clarity on wider workforce risks, including sustainability and turnover. The ICB would expect greater transparency in this area to support overall assurance.

The ICB supports the organisation's focus on key priority areas, including patient safety, clinical effectiveness, and patient experience.
A key area for development in future Quality Accounts will be demonstrating the impact of improvement activity. This includes providing clearer evidence of:

- Measurable improvements in outcomes
- Sustained progress against identified risks
- The link between quality initiatives and patient benefit

This will be essential in strengthening assurance and demonstrating continuous improvement.

The ICB values its ongoing partnership with Ramsay Health Care UK and Fulwood Hall Hospital and will continue to work through robust contractual and quality assurance arrangements to ensure that identified risks are addressed and improvements are evidenced.

We acknowledge the work involved in producing this Quality Account and its role in supporting transparency, public accountability, and continuous improvement. The ICB looks forward to continuing to work collaboratively with the organisation to ensure the delivery of safe, effective, and high-quality care for all patients.

Yours sincerely

Claire Lewis
Associate Director Quality Assurance

Part 3

Review of quality performance 2025/26

Statements of quality delivery

Head of Clinical Services (Matron), Thomas Capstick, Fulwood Hall

Review of quality performance 1st April 2025 - 31st March 2026

Introduction

As Head of Clinical Services, I am pleased to present the Quality Account for Fulwood Hall Hospital. This report reflects the continued commitment of our teams to delivering safe, effective, and high-quality care, while maintaining a clear focus on learning and continuous improvement.

Throughout the year, we have maintained strong performance across a number of key quality indicators, including high levels of patient satisfaction and positive feedback. Our teams consistently demonstrate compassion, professionalism, and a commitment to delivering personalised care aligned to Ramsay's value of "People caring for people."

We have continued to strengthen our clinical governance framework, ensuring that safety, clinical effectiveness, and patient experience remain central to decision-making at every level of the organisation. This includes robust oversight through our governance committees, regular audit activity, and increasing maturity in our approach to incident management and organisational learning, including the implementation of the Patient Safety Incident Response Framework (PSIRF).
A key area of progress has been the development of our data quality and digital maturity, enabling improved visibility of clinical outcomes and supporting more informed, timely decision-making. This has allowed us to identify areas of variation and focus our improvement efforts where they will have the greatest impact on patient care.

While there is much to be proud of, we recognise that some areas require further improvement. In particular, we are focused on strengthening the quality of infection prevention and control performance and preventing VTE ensuring that high compliance rates are matched by high-quality clinical practice. We are also continuing to develop our approach to learning from incidents and feedback, ensuring that improvements are embedded and sustained.

Our priorities for the coming year reflect these areas of focus and are aligned to national guidance and local system priorities.

I would like to thank all our staff, consultants, and partners for their continued dedication and professionalism. Their commitment is essential to maintaining our standards and driving ongoing improvement.

I confirm that to the best of my knowledge, the information contained within this Quality Account is accurate and reflects the quality of services provided at Fulwood Hall Hospital.

Ramsay Clinical Governance Framework 2025/26

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

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

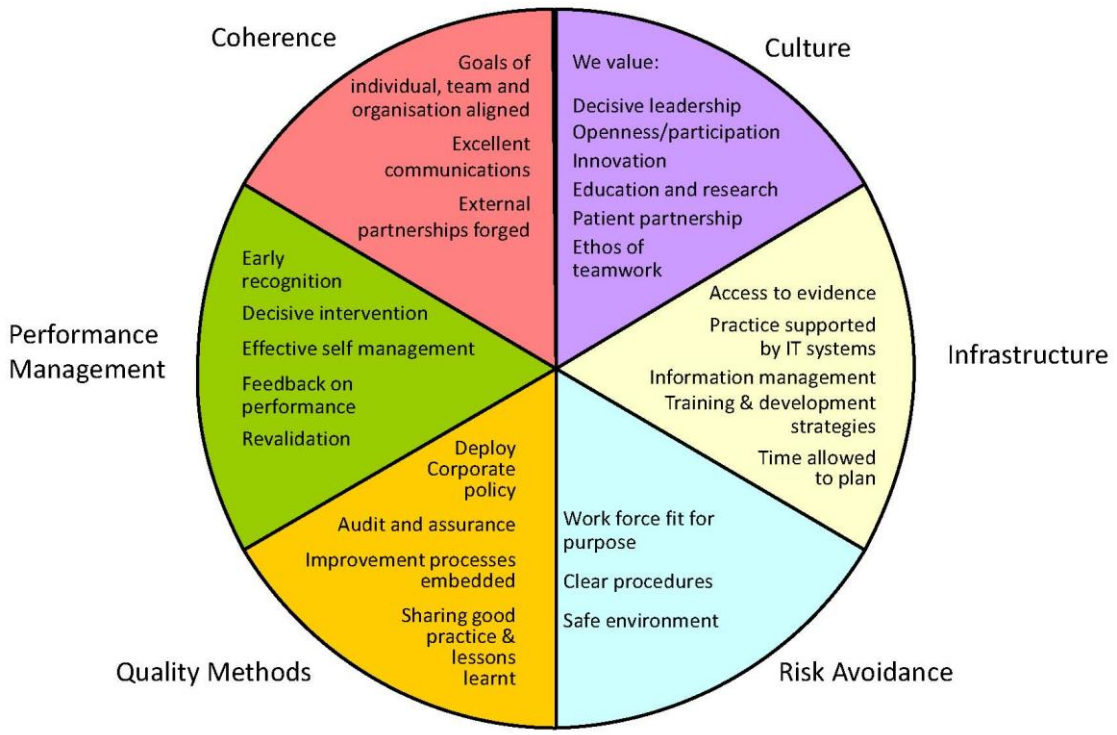
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

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

The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- 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, selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

Mortality

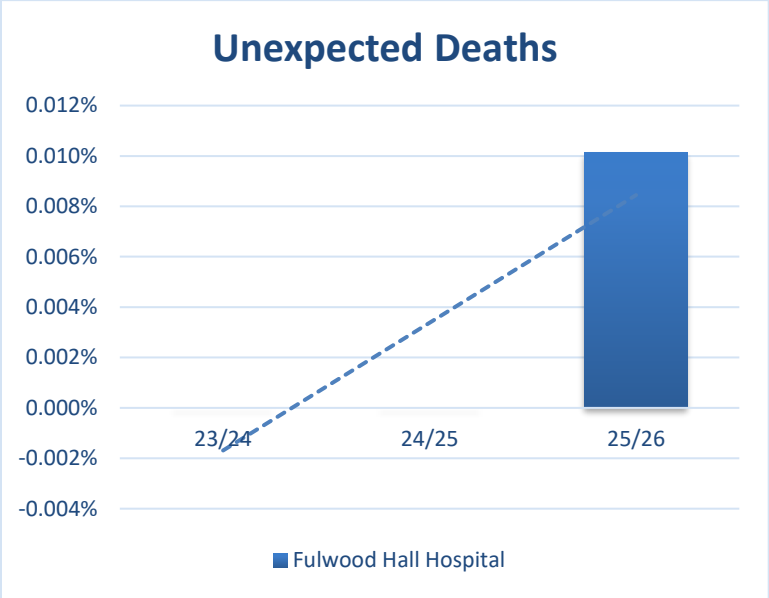
Mortality:	Period	Best		Worst		Average		Period	Fulwood	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC07	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC07	0.0000
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC07	0.0001

SHMI Figures are not available for Independent Sector Hospitals

Fulwood Hall Hospital can confirm the above data is correct. During the reporting period, one patient passed away unexpectedly. The patient was not in the hospital when this happened. Fulwood Hall Hospital has reviewed this case for the entire patient journey. Whilst a coroner's inquest awaits, the hospital has found no learning

that could have prevented the death. There were no unexpected deaths in the previous 2 years.

Rate per 100 discharges:



National PROMs

Oxford Hip Score - Primary Hip

PROMS:	Period	Best		Worst		Average		Period	All Sites	
	Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	All Sites	21.561
	Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	All Sites	21.147
	Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	All Sites	*22.172

Oxford Knee Score - Primary Knee

PROMS:	Period	Best		Worst		Average		Period	All Sites	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	All Sites	18.166
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	All Sites	17.253
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	All Sites	*16.087

*There is no data published by NHS Digital for hip or knee PROMS during the period April 2023 - March 2024). Our data is collected through the Cemplicity platform to NHSE. The correct scores 22.172 for hips and 16.087 for knees are taken directly from our data dashboard on Cemplicity and have been recorded above.

Fulwood Hall Hospital participates in national data collection programmes for NHS and private patients hip and knee surgery. PROMS are a key indicator for demonstrating improvements in health or health related quality of life for patients following interventions. This is based on questionnaires collected before and after the intervention at standardised time points. The tables above compare Fulwood Hall Hospital with the best, worst and average performance of hospitals in England.

Hip and Knee PROMS

Fulwood Hall Hospital recognises that the health gains recorded in PROMS questionnaires comparing before and after surgery are lower than the national average.

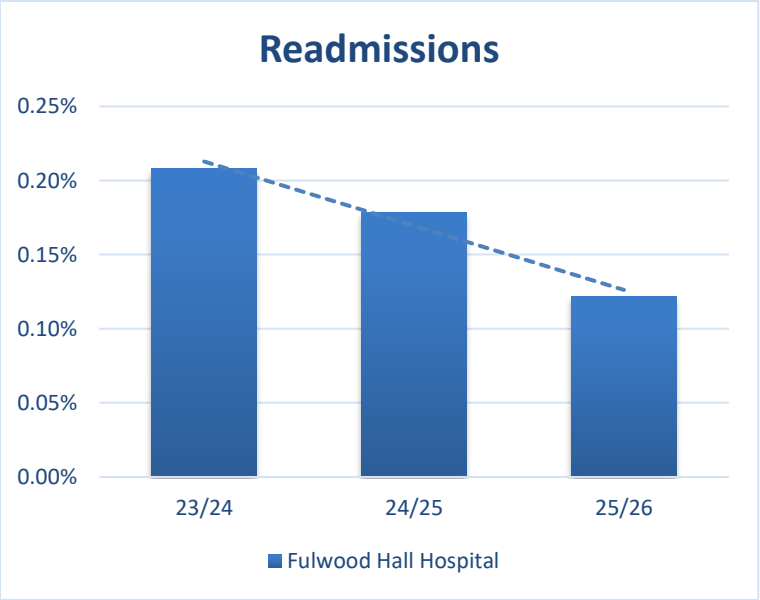
Fulwood Hall Hospital intends to take the following actions to improve this score, and so the quality of its services, by:

- Reviewing this data with local partners and teams including the Arthroplasty MDT Committee.
- Enhanced Patient Education: Provide comprehensive pre-op education sessions to set realistic expectations and improve patient engagement.
- Timely Physiotherapy: Ensure early and consistent post-op physiotherapy, both inpatient and outpatient.
- Structured Follow-up Pathways: Implement regular follow-ups to monitor recovery and address issues early.
- Real-time PROMs Monitoring: Use the digital tool (Cemplicity) to track PROMs data continuously and identify trends.
- Staff Training and Engagement: Educate clinical teams on the importance of PROMs and how their actions influence scores.

Readmissions within 28 days

Readmissions:	Period	Best		Worst		Average		Period	Fulwood	
	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
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC07	0.00122

Rate per 100 discharges:



Reviewing the rates of readmissions is a valuable measure of clinical effectiveness and patient outcomes. The rates for Fulwood Hall Hospital have declined for the period 25/26 and has now declined 2 years in a row.

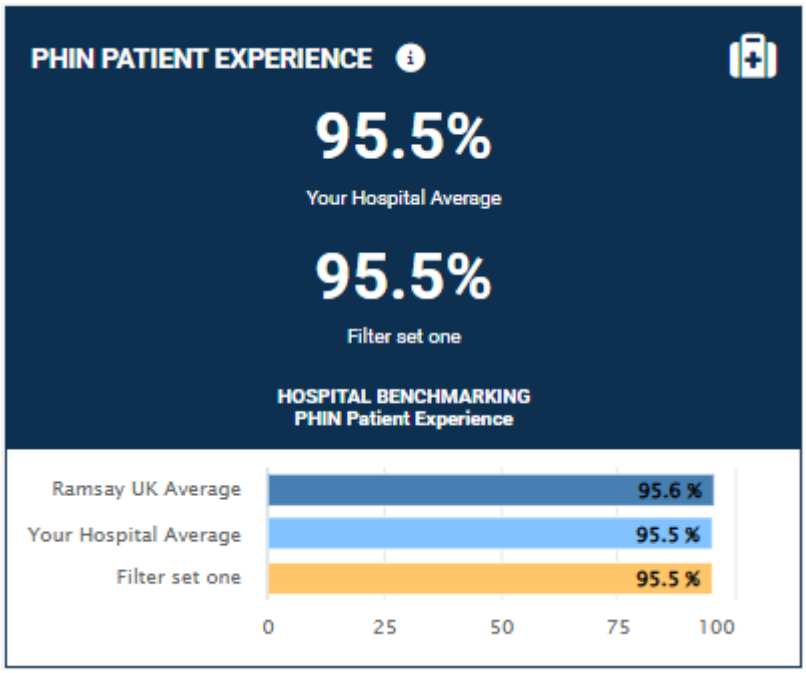
Fulwood Hall Hospital has taken the following actions to improve this rate, and so the quality of its services, by:

- Investigation of readmissions through thematic review.
- Additional training above the mandatory training offering to all clinical staff, particularly staff on the ward and in the theatre department.
- Further development and dissemination of the hospital exclusion criteria to ensure only the most appropriate patients are accepted for treatment at our hospital.
- Utilisation of patient feedback and readmission information to improve discharge procedures.

Responsiveness to Personal Needs

Ramsay Healthcare uses Cemplicity as the electronic patient feedback system.

Fulwood Hall Hospital's PHIN Patient Experience Score is displayed below for the period 1st April 2025 – 31st March 2026. The score (light blue bar) of 95.5% is 0.1% below the Ramay UK average score (dark blue bar).



Within the PHIN Experience score, there are a suite of 6 questions giving overall Responsive to Personal Needs. Shown below is a 'score' for Fulwood Hall Hospital next to the Ramsay UK average. In 4 out of 6 categories, Fulwood Hall Hospital scored above the national average. We are proud to maintain our privacy, respect and dignity score of 9.9/10.

In 2 areas (“told about medication side effects” and “told who to contact”) Fulwood Hall Hospital scored below the national average, and these areas form part of our recently developed Patient Experience Strategy.

	Score	National Average
PHIN Patient Experience	9.5 (3,001)	9.6 (73,707)
PHIN: Privacy	9.9 (2,813)	9.8 (69,487)
PHIN: Worries And Fears	9.1 (1,607)	9.0 (41,802)
PHIN: Respect And Dignity	9.9 (3,001)	9.8 (73,575)
PHIN: Involved In Decisions	9.6 (3,001)	9.5 (73,483)
PHIN: Side Effects	9.0 (2,262)	9.1 (60,552)
PHIN: Who To Contact	9.5 (2,856)	9.7 (70,530)

Fulwood Hall Hospital uses the Net Promoter Score (NPS) to monitor patient feedback on a regular basis, providing a simple and effective measure of overall patient sentiment. This is shared with staff at our daily huddle. The score is based on patients’ responses to whether they would recommend the hospital to friends or family and is widely recognised as an indicator of patient satisfaction and experience.

Ramsay Healthcare UK’s average scores consistently achieve above 90, which is considered “world class” and reflects a very high level of patient satisfaction. Fulwood Hall Hospital had a score of 92 for the 2025/26 period. These results are consistently above the average for UK healthcare providers.

Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Fulwood	
	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%
	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	Jan-26	NVC07	100.0%

Fulwood Hall Hospital elicits feedback from its patients in a variety of ways to ensure we are responsive to patients’ needs and experience. The Friends and Family Test is a short questionnaire sent to all patients, and they are asked if they would recommend our hospital to their family and friends.

Fulwood Hall Hospital has consistently performed above the national average and consistently scores 100%, reflecting the outstanding patient experience we deliver.

Patient experience feedback is extremely valuable to improving services and ensuring that we meet the needs of our patients. Fulwood Hall Hospital continuously monitors patient feedback within specific patient experience committee meetings and identifies areas for improvement.

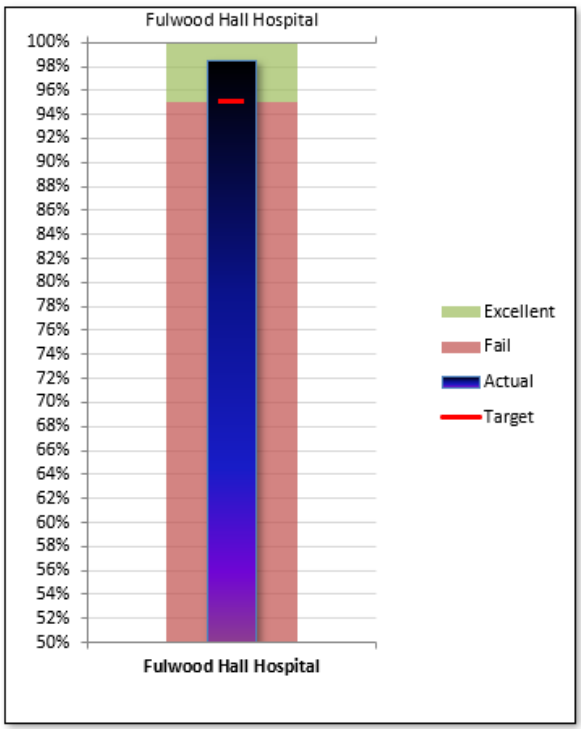
Fulwood Hall Hospital intends to take the following actions to maintain this score, and so the quality of its services, by:

- Increasing participation in patient feedback (such as the FFT).
- Actioning points of dissatisfaction feedback where analysis indicate improvements in services are possible.
- Recognising staff and teams for high performance and specific mentions of excellent patient care.
- Communicating to our teams how we are performing and what actions we are taking to further improve.

VTE Risk Assessment

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

Period	Fulwood	
Q1 to Q3 19/20	NVC07	98.2%
Q3 24/25	NVC07	94.0%
Q1 to Q3 25/26	NVC07	98.4%



VTE Risk Assessment is one of the major risks to patient safety for those patients undergoing elective surgery. Ramsay Healthcare recognises this risk and has it as a focus area within the Patient Safety Incident Response Plan. Fulwood Hall Hospital had VTE risk assessment as a focus area for 2025/26 and has made significant improvements. VTE will again be a focus area for Fulwood Hall Hospital as can be seen in the priorities for 2026/27.

Fulwood Hall Hospital has taken the following actions to improve this percentage, and so the quality of its services, by:

- Provided additional staff training on the completion and documentation of VTE risk assessments.
- Used VTE incident case studies as examples in staff teaching sessions related to VTE risk assessment and audit requirements.
- Worked with our consultants to increase the quality of information recorded within VTE risk assessments.
- Increased focus on completion of VTE risk assessments for minor procedures under local anaesthetic.

C difficile infection

C. Diff rate:	Period	Best		Worst		Average		Period	Fulwood	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC07	0.0000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC07	0.0000
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC07	0.0000

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

Patient Safety Incidents with Harm

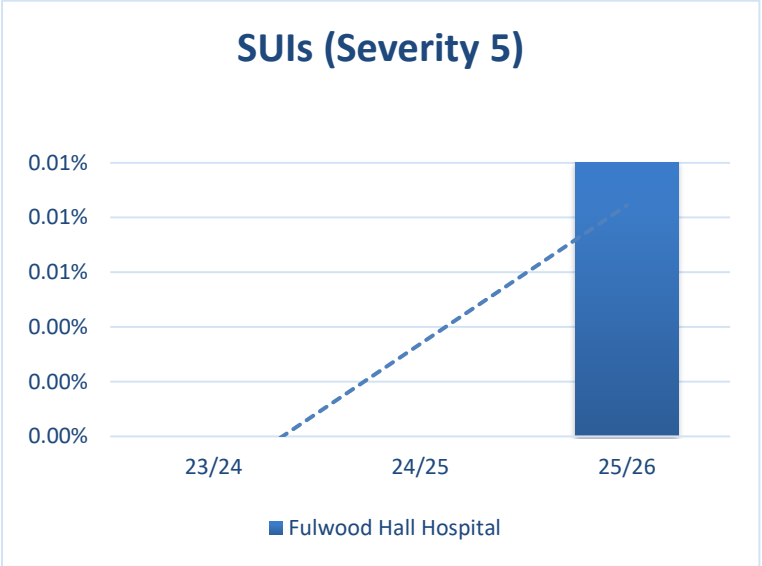
SUIs:	Period	Best		Worst		Average		Period	Fulwood	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC07	0.0000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC07	0.0000
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC07	0.0001

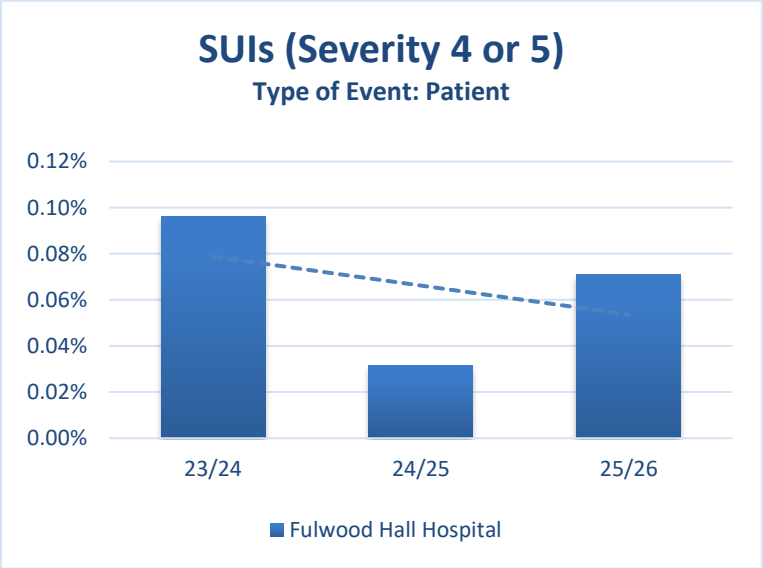
Fulwood Hall Hospital considers that this data is as described for the following reasons: The increase in severity 5 incidents seen in the graph below represents an unexpected patient death. Although there has been an increase in severity 4 and 5 incidents since 2024/25, a general downward trend overall can be seen since 2023/24.

Fulwood Hall Hospital has taken the following actions to improve the quality of its services by:

- Undertaking thematic reviews of clinical incidents to identify trends and learning.
- Ongoing monitoring of patients after discharge when an incident has occurred.
- Sharing learning from incidents with staff at all levels.

Rate per 100 discharges:





3.2 Patient safety

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

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

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more

routinely from tracking trends in performance indicators. 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.

Our staff maintain over 95% compliance to our mandatory training programme, ensuring that our staff have the skills and knowledge to carry out their roles safety and competently.

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

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

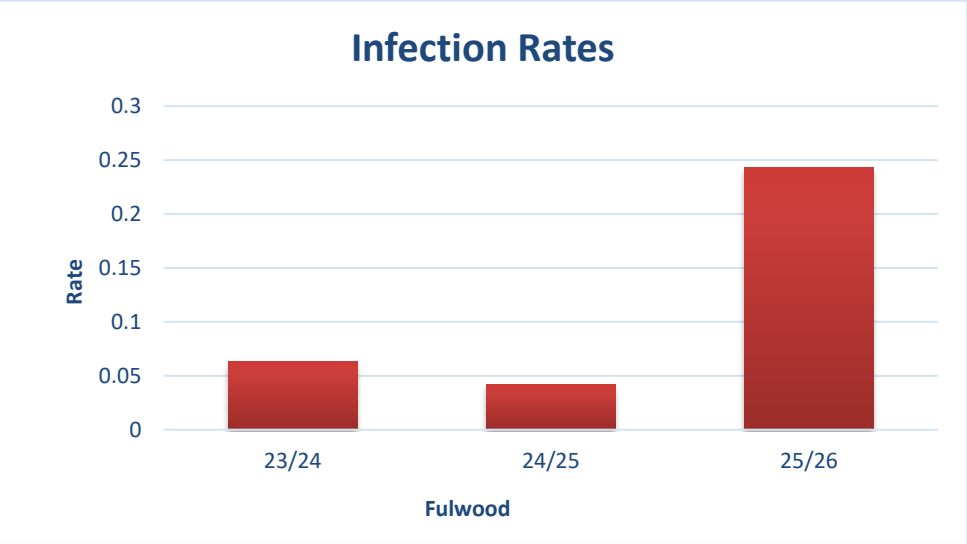
3.2.1 Infection prevention and control

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.

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. Fulwood Hall Hospital has a very low rate of hospital acquired infection and has had no reported cases of MRSA Bacteraemia or Clostridium Difficile for more than 5 years. We have however, seen an increase in the number of surgical site infections reported since 2024/25. Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and these are also monitored.

Rate per 100 discharges:



Fulwood Hall Hospital acknowledges the increase in reported surgical site infections and has already taken measures to improve this. This increase also coincides with requests for all wound swabs taken to be entered onto our incident reporting system as possible infections, to be stepped down if an infection is not confirmed. We will continue working to ensure the highest possible quality of data in our incident reports.

In response to the noted increase in reported infections, Fulwood Hall Hospital will be focusing on infections for the 2025/2026 period as a clinical priority.

3.2.2 Cleanliness and hospital hygiene

Fulwood Hall Hospital, situated in Fulwood, Preston, is a part of Ramsay Health Care UK, one of England's leading independent healthcare providers. Since its establishment in 1986, the hospital has earned a strong reputation for providing exceptional healthcare services to both private and NHS patients.

Housekeeping Overview for Ramsay Hospital Fulwood

The housekeeping team at Ramsay Hospital Fulwood ensures the highest standards of cleanliness and hygiene, creating a safe, clean, and welcoming environment for patients, visitors, and staff. This overview highlights our key procedures, infection control measures, and commitment to sustainability.

Cleaning Protocols

Daily Cleaning:

Patient rooms and clinical areas are cleaned daily, with emphasis on high-touch surfaces like bed rails, door handles, and light switches. Public areas, including corridors, waiting rooms, and toilets, are cleaned and monitored multiple times daily.

Cleaning Schedules:

At Ramsay Hospital Fulwood, our cleaning schedules are designed to ensure that no area is missed. Patient rooms, clinical spaces, and public areas are cleaned at regular, designated intervals, with high-touch surfaces receiving special attention. Thorough checks and audits are performed to maintain consistency and uphold the highest hygiene standards, ensuring a safe and clean environment for everyone.

Infection Control:

High-risk areas follow enhanced cleaning protocols using hospital-grade disinfectants and microfibre cloths for effective pathogen removal.

Deep Cleaning & Quality Checks:

Regular deep cleaning of patient and clinical areas with advanced equipment such as UV auditing tools.

Waste Management:

Strict waste segregation and disposal protocols ensure safe handling of clinical, hazardous, and general waste.

Quality Assurance:

Regular audits, including Tendable, room inspections, and high-touch point checks using UV gel, ensure strict compliance with CQC and PLACE standards. These measures uphold cleanliness, hygiene and safety while driving continuous improvement in line with regulatory requirements.

Feedback from patients, staff, and visitors is actively gathered and utilised to continuously improve cleaning services, ensuring a hygienic, safe, and welcoming environment for everyone.

A colour-coded cleaning system is implemented to prevent cross-contamination between areas, ensuring thorough hygiene practices are followed and maintaining the highest standards of cleanliness throughout the hospital.

Training and Development:

All our cleaners are trained to NVQ level 1, or, for new starters, trained to BICS standards. They receive training in infection control, COSHH (Control of Substances Hazardous to Health), and health and safety. Additionally, housekeeping staff stay updated on best practices and new cleaning technologies to continually improve cleaning efficiency.

Prevention and Control (IPC) Collaboration:

The housekeeping team collaborates closely with the Infection Prevention and Control (IPC) department to ensure cleaning practices meet or exceed NHS and Ramsay Health Care standards, minimising infection risks and maintaining a safe environment for all patients, staff, and visitors.

CAP Award:

Ramsay Hospital Fulwood has been awarded the Silver CAP Award, a testament to our exceptional housekeeping standards. Achieving this Silver Award highlights the team's dedication to service delivery that goes beyond 'best practice' standards.

Commitment to Excellence:

Housekeeping at Ramsay Hospital Fulwood goes beyond just cleaning; it's about creating a reassuring and comfortable atmosphere for patients, embodying our core belief of "people caring for people." Our commitment to cleanliness, infection control, and sustainability ensures the hospital remains a centre of healthcare excellence, supporting our mission to deliver outstanding care for all.

PLACE:

This publication provides the results from the 2025 Patient-Led Assessments of the Care Environment (PLACE) Programme. PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of members of the public (known as patient assessors) and staff. The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The PLACE collection underwent a major national review between 2018 – 2019, significantly revising the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims. The 2019 review established a new baseline, and scores are not comparable with any previously published.

Site Name	NHS or Independent	PLACE Site Type	Cleanliness	Combined Food	Orgs Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
FULWOOD HALL HOSPITAL	Independent Sector	Acute/Specialist	100%	92.48%	89.01%	97.14%	89.13%	97.65%	95.24%	94.85%

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 and relevant departments 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. Staff also complete numerous E-Learning modules on various topics every year these include, lifting and handling, hand hygiene, safe use of medical gases, fire, safeguarding etc.

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

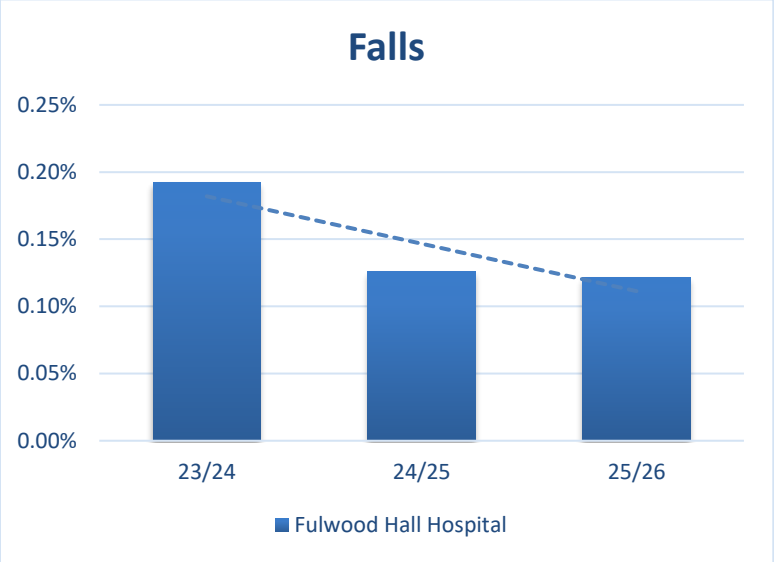
Each department has a local risk register which is reviewed annually, and new ones carried out as required. Any issues scoring 9 or above are escalated to the hospital risk register and reviewed by our Senior Leadership Team each month.

Health and safety audits on various topics are carried out monthly via our Tendable portal and audit monitoring system including work at height, PUWER and LOLER, Legionella, Fire Safety and slips trips and falls.

Health and safety committee meetings take place bi-monthly to discuss risk assessments, policies, radar incidents and various other topics. All meeting minutes are shared corporately.

We undergo an annual corporate health & safety audit, this was carried out on 10th February 2026 and the final audit results are awaited.

Rate per 100 discharges:



The graph above shows an overall reduction in the rate of falls since 2023/24. To further improve the rate of falls, Fulwood Hall Hospital will continue to use falls mats and complete falls risk assessments. We have a 'falls champion' within the hospital, who has worked with staff to increase our falls prevention audit score to 96%.

We will continue to 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 will be increased as appropriate. We will also continue to use the PSIRF processes to investigate, action, share and learn from any falls incidents.

3.3 Clinical effectiveness

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

We continue to use our monthly (now renamed) 'Audit & Effectiveness Working Group' to measure the effectiveness of our services against national benchmarks and guidance, with a focus on using audit results to continually inform and improve our practices.

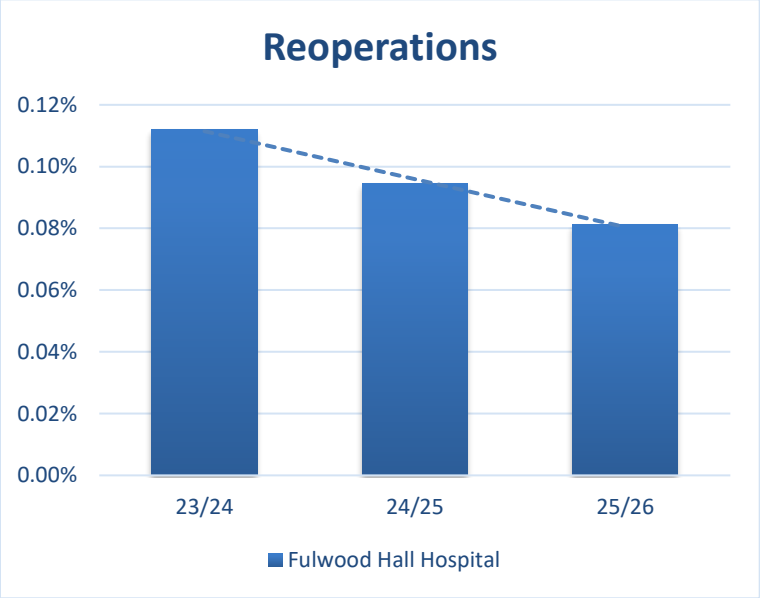
3.3.1 Return to theatre

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.

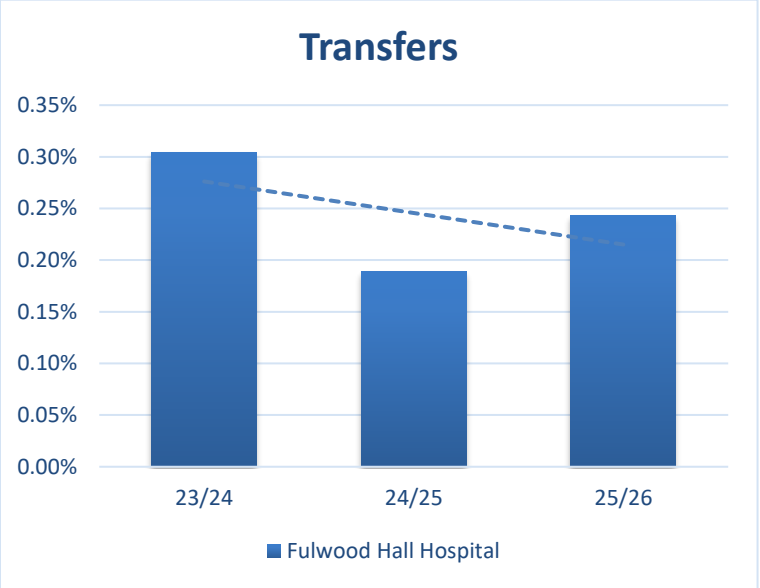
As can be seen in the graph below, our return to theatre rate has decreased over the last 2 years. In comparison to the Ramsay Health Care UK national average, our rate it is slightly higher (0.075% vs 0.08%). We have conducted a thematic review of reoperations to look for any themes and trends. We will continue to report all internal and external returns to theatre, investigating using PSIRF processes to gain insight and learning into our reoperations and improve our services.

Rate per 100 discharges:



As can be seen in the graph below, our transfer rate has increased during the last year. Having said this, the graph also shows an overall negative trend during the past 2 years. In comparison to the Ramsay Health Care UK national average, our rate is slightly higher (0.16% vs 0.24%). We have conducted a thematic review of transfers out to look for any themes and trends. We will continue to monitor our transfer out rate, and all transfers will be reviewed by our Resuscitation Committee.

Rate per 100 discharges:



3.3.2 Learning from Deaths

There was 1 unexpected patient death during the reporting period.

The learning responses employed following this incident were hot debrief, after-action review, clinical record review, and Patient Safety Incident Investigation (PSII). Investigations identified several areas for improvement during the patient's pathway, however these were incidental findings that did not directly contribute to their death.

Learning and actions implemented by Fulwood Hall Hospital are related to:

- High quality clinical documentation
- Maintaining staff familiarity with equipment used less frequently
- Implementation of a pre-transfer checklist
- Strengthen pre-operative assessment processes
- Logistical considerations when transferring a patient

Positive practice identified:

- Leadership, teamwork and support during cardiac arrest
- The care and attention provided to the patient by an individual team member maintained a person-centred focus during the high-pressure situation

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure

should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

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

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

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

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools that 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.

A member of our operating theatre team is established in providing in-house ‘Speak Up for Safety’ training to staff, and we have two further colleagues in line to begin a professional development course which will enable them to provide this training. 94% of our staff have now received ‘Speak Up for Safety’ training across the hospital.

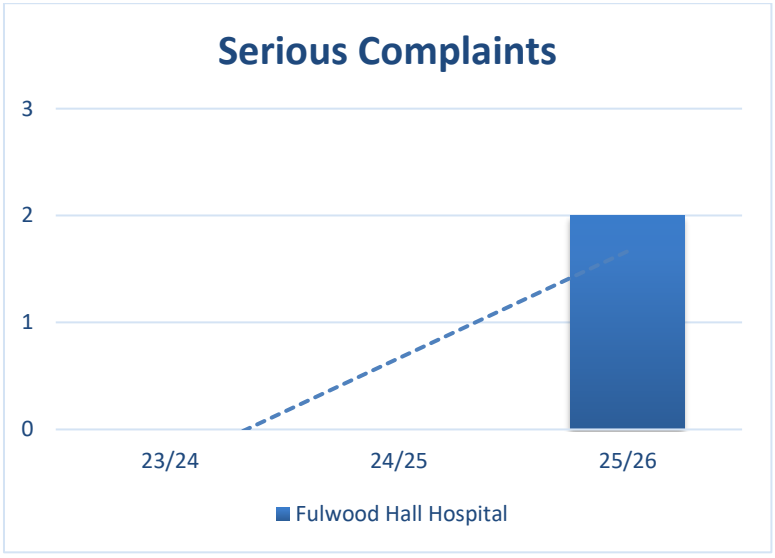
Ramsay Healthcare UK has a National Freedom to Speak Up Guardian and Whistleblowing Hot Line to enable staff to escalate concerns where necessary.

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 on 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 using direct feedback. All staff are aware of our complaints procedure 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

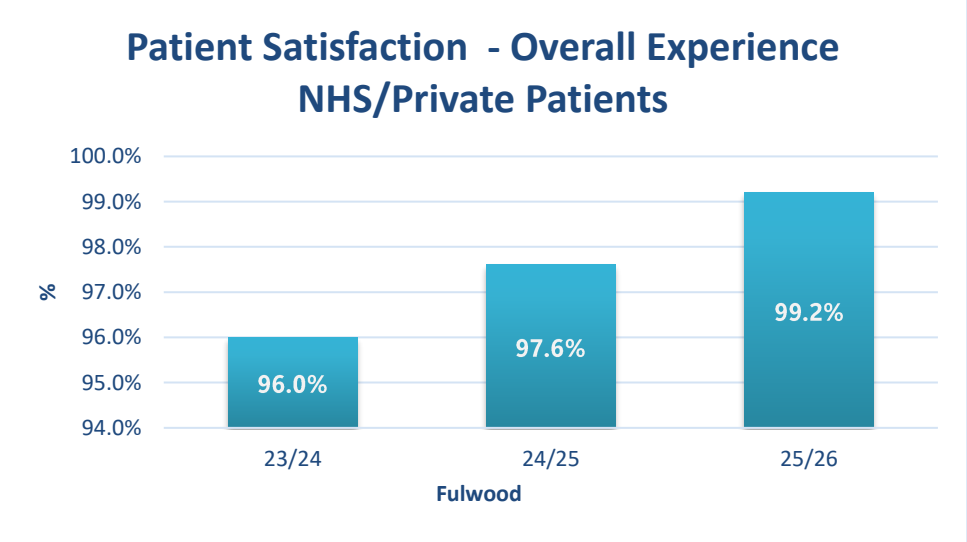
- Patient focus groups
- PROMs surveys
- Care pathways – patients are encouraged to read and participate in their plan of care

In 2025/26, Fulwood Hall Hospital saw an increase in stage two complaints which is an increase on the previous two years where there were none. Learning from these complaints includes:

- Clarifying processes for patients with regards to NHS patient transport
- Improving staff training to enhance patient experiences of chaperoning in outpatients

3.4.1 Patient Satisfaction Surveys

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 2 years. In comparison to the Ramsay Health Care UK national average, it is slightly above (99.0% vs 99.2%). Patient experience continued to be an area of focus for Fulwood Hall Hospital last year, with increased engagement with our Patient Experience Group seen across all departments and staff groups across the hospital.

3.5 Fulwood Hall Hospital Case Study

Case Study: Improving Urology Flow Testing in Outpatients

Identifying the Issue

Patient and staff feedback supported a review of the urology flow testing pathway within outpatient services, identifying opportunities to further enhance the overall experience and environment. Patients highlighted the benefit of receiving more detailed information in advance of their appointment, particularly in relation to preparation and what to expect on the day. Supporting patients with clearer information was identified as an important opportunity to further reduce anxiety, especially for those attending with a clinical need to void urgently. Staff also identified opportunities to strengthen the clinical environment, including ensuring consistent access to appropriate facilities for safe disposal of urine and enhancing arrangements to support patient privacy and dignity.

Improvements Implemented

In response to this feedback, a series of service improvements were implemented to enhance both the patient experience and clinical efficiency:

- Flow testing has been redesigned and is now delivered through a planned and structured clinic, improving the use of staff time and resources.
- Testing is undertaken in a designated ward room, allowing for safe disposal of urine and enabling doors to be locked to support patient privacy and dignity.
- Patients are empowered to book their own appointments following their initial consultation, providing greater flexibility and reducing delays.
- Clear patient information is now provided at the point of referral, including written guidance on how to prepare and what to expect during the procedure. Staff have been standardised in the information provided to ensure consistency.
- Clinical processes have been streamlined, with results sent directly to consultants for review. Urgent findings are escalated immediately to ensure timely follow-up.
- Communication pathways between outpatient teams, consultants, and patients have been improved to support coordinated and responsive care.

Impact and Outcomes

These improvements have delivered measurable benefits for both patients and staff:

- **Reduced waiting times:**
  End-to-end pathways from initial consultation to test and follow-up have been reduced significantly, with pathways as short as 14 days compared to previous waits of up to five months. The average time from consultation to test has reduced from 46.2 days to 28.1 days, and overall pathway duration has reduced from 75.9 days to 67.3 days.

- **Improved patient experience:**
  Structured clinic delivery and reduced waiting on arrival have helped minimise anxiety, particularly for patients experiencing urgency. Patients now receive clearer information in advance, supporting better preparation and reducing uncertainty.
- **Enhanced clinical efficiency and communication:**
  Results are available to consultants within 2–3 working days, supporting timely clinical decision-making and reducing delays in diagnosis and treatment planning. Feedback from consultants indicates increased confidence in the availability and reliability of results.
- **Reduced duplication and improved quality:**
  Improved patient preparation and clearer communication have contributed to a reduction in repeat flow tests.
- **Improved environment and dignity:**
  The move to a suitable clinical setting with appropriate facilities has strengthened patient privacy, dignity, and overall safety.
- **Improved data capture:**
  Whilst a reduction in 'did not attend' (DNA) rates has not yet been realised, improved tracking now provides greater insight to inform future improvement.

Patient Feedback

Feedback following the introduction of the new clinic model has been consistently positive:

"She runs this clinic like clockwork. I was so embarrassed coming to this appointment, but the way the nurse supported me made me feel at ease."

"Very well run clinic. Everything was explained clearly and professionally."

"The nurse was very understanding of how anxious I was feeling and communicated everything clearly to me and my wife. We felt reassured throughout."

"A very professional and well-organised service. I wouldn't change anything."

Ongoing Improvement

We will continue to review patient and consultant feedback alongside operational and clinical data to identify further opportunities for improvement and ensure the service continues to meet patient needs.

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, Private GP service, Rheumatology, Sports Medicine, outreach clinic at Captain French Surgery	All adults 18 yrs and over
Surgical **Procedures**	, Dermatological, Gastrointestinal, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Plastic and reconstruction, Spinal and Neurosurgery, Urological, Vascular, Ambulatory, Day and Inpatient Surgery	All adults excluding: o Patients with complex blood disorders (haemophilia, sickle cell, thalassaemia) o Pregnant women o Patients on renal haemodialysis o Patients with history of malignant hyperpyrexia o Planned surgery patients with positive MRSA screen are deferred until negative. o Patients who are likely to need ventilatory support post operatively. o Patients who are above a stable ASA 3. o Any patient who will require planned admission to ITU post-surgery. o Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g., from kitchen to bathroom or dyspnoea at rest) o Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months) o MI in last 6 months o Angina classification 3/4 (limitations on normal activity e.g., 1 flight of stairs or angina at rest) o CVA in last 6 months All patients will be individually assessed, and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.
Diagnostic and screening	Imaging services, Phlebotomy, Urinary Screening and Specimen collection.	All adults 18 yrs and over
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 - Clinical Audit Programme 2025/26.

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

Clinical Audit Programme

The 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.

RHCUK Clinical Audit Programme (Jul 2025-Jun 2026)

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

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

RHCUK Clinical Audit Programme v18.1 Summary		
Month / frequency	**Audit**	**Owner(s)**
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK

		Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument Management); Surgical Environment; Incision Management (Closure; Wound Care)	IPC
As required	IPC Aseptic Non-Touch Technique: Standard; Surgical Blood Transfusion – Cold Chain; Autologous; Compliance Decontamination – Sterile Services; Endoscopy OH: Occupational Health Delivery On-site; Managing Health Risks On-site Privacy & Dignity Resuscitation & Emergency Response Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient Department Governance	IPC Blood Transfusion Decontamination (Corp) Corporate OH; HoCS, RDUK Ward HoCS Theatres; Ward Ward, Ambulatory Care, Theatres, Physio, Outpatients
July	One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug) One Together Surveillance of Surgical Site Infection (Jul–Aug) One Together Practice Review (Jul–Aug and Jan–Feb) IPC Governance and Assurance (Jul–Sep) Safe & Secure (Jul–Sep and Jan–Mar) 50 Steps Cleaning (FR5) – Receptions (Jul; Jan) Practising Privileges – Doctors in Training (Jul; Jan, where applicable) Medicines Reconciliation (Jul; Oct; Jan; Apr) MRI Reporting for BUPA (Jul; Nov; Mar) H&S Fire Safety (Jul; Jan)	IPC IPC One Together Practice Review IPC OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy SLT HoCS Pharmacy Radiology Ops Managers, RDUK
August	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar) CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb)	IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward

	Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	HoCS SLT
September	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct) X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology
October	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK
November	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May) OH: Case Management Referrals (May; Nov)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

Local Audit Programme

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
One Together Practice Review	IPC	Whole Hospital	July to August January to February	End of August End of February
One Together Surveillance of Surgical Site Infection	IPC	Whole Hospital	July to August	End of August
One Together Peri-Operative Warming: Pre-Operative	IPC	Whole Hospital	July to August	End of August
One Together Peri-Operative Warming: Intra-Operative	IPC	Whole Hospital	July to August	End of August
One Together Peri-Operative Warming: Post-Operative	IPC	Whole Hospital	July to August	End of August
One Together Warming Intravenous & Irrigation Fluids	IPC	Whole Hospital	January to February	End of February
One Together Patient Washing	IPC	Whole Hospital	Annually	No deadline
One Together Hair Removal	IPC	Whole Hospital	Annually	No deadline
One Together Antiseptic Skin Preparation	IPC	Whole Hospital	Annually	No deadline
One Together Preventing Skin Recolonisation	IPC	Whole Hospital	Annually	No deadline
One Together Reducing Nasal Recolonisation	IPC	Whole Hospital	Annually	No deadline
One Together Prophylactic Antibiotics	IPC	Whole Hospital	Annually	No deadline
One Together Maintaining Asepsis: Surgical Practice	IPC	Whole Hospital	Annually	No deadline
One Together Maintaining Asepsis: Instrument Management	IPC	Whole Hospital	Annually	No deadline
One Together Surgical Environment	IPC	Whole Hospital	Annually	No deadline

One Together Incision Management: Closure	IPC	Whole Hospital	Annually	No deadline
One Together Incision Management: Wound Care	IPC	Whole Hospital	Annually	No deadline
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	End of August End of December End of April
Cleaning Standards Efficacy	Head of Operations	Whole Hospital	June	End of June
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 (FR4)	POA	POA		
50 Steps Cleaning (FR4)	Physio	Physio	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR4)	Radiology	Radiology	July, October, January, April	End of July End of October End of January End of April
50 Steps Cleaning (FR5) - Receptions	SLT	Whole Hospital	July, January	End of July End of January
50 Steps Cleaning (FR6) - Non-Patient Facing	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	End of August End of February
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to 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	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	Outpatients	Outpatients	September to November February to April	End of November End of April
LSO and 5 Steps Safer Surgery	Radiology	Radiology	September to November February to April	End of November End of April
NatSSIPs Stop Before You Block	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPS Prosthesis	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Swab Count	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Instruments	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Instruments	Outpatients	Outpatients	September to November February to April	End of November End of April
NatSSIPs Histology	Theatres	Theatres	September to November February to April	End of November End of April
NatSSIPs Histology	Outpatients	Outpatients	September to November February to April	End of November End of April
NatSSIPs Histology	Radiology	Radiology	September to November February to April	End of November End of April
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	October to December	End of December
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July to September (where applicable)	As required
Blood Transfusion – Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	August to September February to March	End of September End of March

Complaints	SLT	Whole Hospital	August to September February to March	End of September End of March
Duty of Candour	SLT	Whole Hospital	August to September February to March	End of September End of March
Practising Privileges – Non-consultant	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Practising Privileges – Consultants	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Practising Privileges – Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	As required
Privacy & Dignity	Ward	Whole Hospital	November to December (as required)	As required
Essential Care: Falls Prevention	HoCS	Whole Hospital	July to September	End of September
Essential Care: Nutrition & Hydration	HoCS	Whole Hospital	September to October	End of October
Essential Care: Wound Management	HoCS	Whole Hospital	August, November, February, May	End of August End of November End of February End of May
Resuscitation & Emergency Response	HoCS	Whole Hospital	July, October, January, April	End of July End of October End of January End of April
Medical Records – Therapy	Physio	Physio	July to September January to March	End of September End of March
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 – Plastic & Reconstructive 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 – MDT Compliance	**HoCS**	**Whole Hospital**	July to September January to March	End of September End of March
MRI Reporting for BUPA	**Radiology**	**Radiology**	July, November, March	End of July End of November End of March
Antimicrobial Stewardship & Prescribing	**HoCS**	**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 Medoical Prescribing)	**Pharmacy**	**Pharmacy**	October to December April to June	End of December End of June
Medicines Reconciliation	**Pharmacy**	**Pharmacy**	July, October, January, April	End of July End of October End of January End of April
Controlled Drugs	**Pharmacy**	**Pharmacy**	September, December, March, June	End of September End of December End of March End of June
Pain Management	**Pharmacy**	**Pharmacy**	October, April	End of October End of April
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 (Ambulatory)	**Ambulatory Care**	**Ambulatory Care**	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
Safeguarding	**SLT**	**Whole Hospital**	December	End of December

OH: 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 July End of October End of January End of April
Catering (Ward)	Ops Managers	Health & Safety	July, October, January, April	End of July End of October End of January End of April
H&S Fire Safety	Ops Managers	Health & Safety	July, January	End of July End of January
H&S Legionella	Ops Managers	Health & Safety	August, February	End of August End of February
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	End of September
H&S COSHH	Ops Managers	Health & Safety	October	End of October
H&S Electrical Safety	Ops Managers	Health & Safety	November	End of November
H&S Violence at Work	Ops Managers	Health & Safety	December	End of December
IR(ME)R	IR(ME)R Lead	Radiology	August to September	End of September
IRR	RPS	Radiology	November to December	End of December
MHRA	MR Lead	Radiology	January to February	End of February
X-Ray	Radiology	Radiology	September to October March to April	End of October End of April
MRI	Radiology	Radiology	November to December May to June	End of December End of June
Ultrasound	Radiology	Radiology	September to October March to April	End of October End of April
Image Quality	Radiology	Radiology	July to August January to February	End of August End of February

Appendix 3 - Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
ANTT	Aseptic Non-Touch Technique
ASA	American Society of Anaesthesiologists (scale)
BICS	British Institute of Cleaning Science
CAS	Central Alert System
COSHH	Control Of Substances Hazardous to Health
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computerised Tomography
CVA	Cerebrovascular Accident
DDA	Disability Discrimination Audit
DH	Department of Health
EPR	Electronic Patient Record
EVLT	Endovenous Laser Treatment
FFT	Friends and Family Test
GDPR	General Data Protection Regulation
GIRFT	Getting It Right First Time
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HES	Hospital Episode Statistics
HOCS	Head of Clinical Services
HPD	Hospital Patient Days
H&S	Health and Safety
ICB	Integrated Care Board
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
ITU	Intensive Treatment Unit
JAG	Joint Advisory Group
LINk	Local Involvement Network
MAC	Medical Advisory Committee
MDT	Multi-Disciplinary Team
MHRA	Medicines & Healthcare products Regulation Agency
MI	Myocardial Infarction
MR	Magnetic Resonance (Imaging)
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
NPS	Net Promotor Score
NPSA	National Patient Safety Agency
NVC07	Code for Fulwood Hall Hospital used on the data information websites
NVQ	National Vocational Qualification
ODP	Operating Department Practitioner

OH	Occupational Health
OSC	Overview and Scrutiny Committee
PHIN	Private Healthcare Information Network
PIFU	Patient Initiated Follow Up
PLACE	Patient-Led Assessment of the Care Environment
POA	Pre-Operative Assessment
PPE	Personal Protective Equipment
PROM	Patient Reported Outcome Measures
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PUWER	Provision and Use of Work Equipment Regulations
RA	Risk Assessment
RD	Resident Doctor
RDUK	Ramsay Diagnostics UK
RHCUK	Ramsay Healthcare UK
RNOH	Royal National Orthopaedic Hospital
RIMS	Risk Information Management System
RPS	Radiation Protection Supervisor
SACT	Systemic Anti-Cancer Therapy
SUI	Serious Untoward Incident
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
UV	Ultra Violet
VTE	Venous Thromboembolism

Fulwood Hall Hospital
Ramsay Health Care UK

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

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