

Fitzwilliam Hospital

Quality Account 2023/24



Public



Ramsay
Health Care

Contents

Introduction Page	3
Welcome to Ramsay Health Care UK	3
Introduction to our Quality Account	4
PART 1 – STATEMENT ON QUALITY	5
1.1 Statement on Quality from the Hospital Director	5
1.2 Hospital Accountability Statement	7
1.3 Welcome to Fitzwilliam Hospital	8
PART 2	10
2.1 Quality Priorities for 2023/24	10
2.1.1 Review of Clinical Priorities 2023/24 (looking back)	10
2.1.2 Clinical Priorities for 2024/25 (looking forward)	14
2.2 Mandatory statements relating to the quality of NHS services provided	19
2.2.1 Review of Services	19
2.2.2 Participation in Clinical Audit	23
2.2.3 Participation in Research	25
2.2.4 Goals agreed with Commissioners	25
2.2.5 Statement from the Care Quality Commission	25
2.2.6 Statement on Data Quality	25
2.2.7 Stakeholder views on 2023/24 Quality Accounts	27
PART 3 – REVIEW OF QUALITY PERFORMANCE	34
3.1 The Core Quality Account indicators	36
3.2 Patient Safety	40
3.3 Clinical Effectiveness	44
3.4 Patient Experience	46
3.5 Case Studies	50
Appendix 1 – Services Covered by this Quality Account	54
Appendix 2 – Fitzwilliam Hospital Statement of Purpose	55
Appendix 3 – Clinical Audits	57
Appendix 4 – Glossary of Abbreviations	60

Welcome to Ramsay Health Care UK

Fitzwilliam Hospital is part of the Ramsay Health Care Group

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

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our [Social Impact Report](#) in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

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

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



Nick Costa
Chief Executive Officer

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on Quality from the Hospital Director

Mr Carl Cottam, Hospital Director

Fitzwilliam Hospital

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

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

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

Our Vision is that:

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

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

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

To ensure we have a coordinated approach to the delivery of the care we provide, we have our Clinical Governance Committee and Medical Advisory Committee, who monitor the adherence to professional standards and legislative requirements. The committees review the hospital's clinical performance and activity on a quarterly basis. The committees have reviewed and agree with the content and actions detailed within the Quality Account.

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

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

Mr Carl Cottam, Hospital Director, Fitzwilliam Hospital

1.2 Hospital Accountability Statement

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



Carl Cottam
Hospital Director
Fitzwilliam Hospital, Ramsay Health Care UK

This report has been reviewed and approved by:

- Medical Advisory Committee Chair – Mr Richard Hartley, Consultant Orthopaedic Surgeon

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

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

1.3 Welcome to Fitzwilliam Hospital

The Fitzwilliam Hospital has been part of the local community for 41 years, since 1983. We have a dedicated workforce that is committed to making each and every patient feel secure and safe. Whether our patients are coming in for a consultation, day surgery or an admitted procedure, we want them to feel that they are cared for by compassionate and highly trained staff that provide skilled care, 24 hours a day.



Over the past 41 years, our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled Consultants, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Although we celebrate the wonderful comments we receive from our service users, we are also dedicated to listening to every piece of feedback from our patients and strive to make improvements to enhance patient experience. We employ 54 highly trained nursing staff who work alongside a wide variety of other healthcare professionals to deliver the best possible care, including a Level 2 Registrar-standard Resident Medical Officer (RMO) who is on site 24/7 to ensure our patient care is of the highest level of safety and quality.

At Fitzwilliam Hospital, we provide medical and surgical services for privately insured, self-paying and NHS patients aged 18 years and over. We strive to offer the same level of outstanding care to all our patients. We

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

Between April 2023 and March 2024, we admitted a total of 10,676 patients, of which approximately 60% were NHS patients. On average 1,310 patients per week were seen in our outpatient department by one of our 140 Consultants.

We have continued to engage with local General Practitioners this year on the services we offer and the most current pathways for patient care. This has resulted in our ability to tailor care to meet the needs of patients and improve quality. GP's have access to the national NHS Electronic Referral System (ERS), which facilitates direct NHS patient referrals into Fitzwilliam Hospital for all 13 of our specialties; this gives GP's and our patients greater control, choice and flexibility throughout the referral process. Fitzwilliam Hospital has continued to participate in the Advice & Guidance scheme, which provides GPs with access to consultant advice prior to referring patients into secondary care as part of the non-urgent elective referral process.

We have invested in our commitment to quality to provide our patients with the best clinical care and patient experience. We also continue to foster good, communicative and proactive relationships with our local North West Anglia NHS Foundation Trust. This affiliation promotes a robust governance process, which in turn enhances both patient safety and patient experience.

We are privileged to work closely with many charities and organisations, such as Children in Need and Breast Cancer Awareness. We also take part in our annual collection of food to our local foodbank over the Christmas period. Jonathan Jones, Hand and Wrist Surgeon, and Anthony Barabas, Hand and Plastic Surgeon, spent 4 weeks volunteering at a new hospital in Malawi to help patients with traumatic hand injuries, this particular story is covered in more depth on page 50 of this Quality Account.

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



Part 2

2.1 Quality Priorities for 2024/2025

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

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

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

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

Priorities for improvement

2.1.1 Review of Clinical Priorities 2023/24 (looking back)

Patient Safety

RADAR

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



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

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

How did we do? Initiative successful

In August 2023, Radar was successfully implemented across all Ramsay Health Care UK sites, helping us to streamline the way we work regarding incident recording and beyond. In the lead up to the launch date, numerous

training sessions were held both locally, and corporately, to teach all staff how to best use the new system, and ensure staff felt confident moving forward.

The implementation has seen many positive benefits for staff and the hospital, such as:

- Centralisation of hospital risks, for easier management and oversight.
- Clearer user interface for easier navigation.
- Easier communication channel for corporate updates to site level.

The Radar system is another tool to ensure robust governance processes and transparency within the hospital. It further helps us promote a safe environment for our patients and staff alike.

Patient Safety Incident Response Framework (PSIRF)

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

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

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

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

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

Processes for incident reporting, investigation and learning lessons at Fitzwilliam Hospital were progressive and already aligned very closely with the principals set out in PSIRF; the success of this initiative would be determined by a review and change in processes to ensure the 4 key principals above drove the way we responded to patient safety incidents for the purpose of learning and improving patient safety.

How did we do? Initiative successful

Fitzwilliam Hospital have successfully transitioned to the PSIRF framework during 2023. During this period, staff received specific role-based training to ensure they understand the core values of PSIRF. Additionally, 2 new e-learning modules were added for staff to complete and further consolidate their understanding.

As mentioned, the Fitzwilliam Hospital already adopted an open and progressive approach to incident reporting that was very much in tandem with the PSIRF framework, which made for a much smoother transition period. PSIRF has been utilised already in review of cases and learning points have been generated following these reviews.

SurgiCube



In 2023, Fitzwilliam Hospital wanted to explore the possibility of creating new pathways for minor surgeries without the need for patients to visit the main Theatre environment. This could be achieved by the installation of a SurgiCube. The SurgiCube is a self-contained, fully functional theatre environment which provides a localised, optimally filtered, ultra clean surgical area to carry out microsurgical procedures and minor surgeries. The SurgiCube supplies ultra clean air around the operating surface using laminar down flow technique. The surgical team can move around freely without adversely affecting the sterile field and all possible sources of contamination are side-lined. It's a modular system which can be assembled and placed easily and the preparation



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

How did we do? N/A

An operational review was undertaken on theatre utilisation to maximise productivity. Upon completion of this review, it was decided that the air handling unit in the existing Braithwaite Suite could be upgraded, to allow for wider services to be delivered in our existing environments. It was therefore deemed unnecessary to pursue the installation of a SurgiCube.

Orthopaedic Centre of Excellence (OCE)

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

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

In 2023/24, Fitzwilliam Hospital were working towards achieving OCE status, and focused on:

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

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

How did we do? Initiative Successful

During 2023, we continued work on the 4 focus areas on our quest to obtaining OCE status. Our progress is detailed below:

- The enhanced recovery pathway is now the standard pathway for all patients who are clinically appropriate undergoing joint replacement surgery – this is a continuation from the good work in 2022.
- Fitzwilliam Hospital obtained Aseptic Non-Touch Technique (ANTT) Bronze Accreditation.
- A newly appointed MDT co-ordinator started at the Fitzwilliam Hospital in January 2024 and has continued to ensure robust governance around our various MDT's.
- The Ramsay National Average for NHS Inpatients Friends and Family Response rates is set at 28%. The Fitzwilliam Hospital currently sits well above this at 45% for NHS Inpatients with an average patient satisfaction score of 95.9%.

Staff have worked diligently to maintain high standards to ensure we are working as an Orthopaedic Centre of Excellence. The OCE status is not a destination, but instead a journey, and is built on a safe and effective culture that offers the best care for all patients. We look forward to continuing the good work in 2024/25.

Patient Experience

Cemplicity

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

How did we do? Initiative successful

We analyse feedback from patients monthly and this is reported in our various committee meetings. We ensure that we are proactive in contacting patients who have identified areas of improvement to discuss this with them and this enables us to formulate an action plan for improvement, where appropriate. An example of good practice change surrounds call bell response times. Following a focused campaign, which included targeted staff training and review of instructions given to patients, the score has now improved from 82% to 97%.

We strive to continue to improve patient pathways and be responsive to patient feedback in 2024/25.

Enhanced Recovery Pathway

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

How did we do? Initiative successful

The Enhanced Recovery Pathway is now the standard pathway at the Fitzwilliam Hospital for all joint replacement patients who meet the set criteria at their pre-assessment appointment. All departments have worked closely to ensure a seamless pathway for patients and to aid this, a pre-admission video for patients who are due to undergo joint replacement surgery has been developed. This is available in the public domain and patients can view this here:

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety

Patient Safety Incident Response Framework (PSIRF)

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

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

Looking forward to 2024/25 we will continue to offer patient centred care to all our patients and be responsive to feedback and events that occur.

Patient Experience

Cemplicity – Net Promoter Score

A key measure of performance and patient satisfaction used by Ramsay Healthcare is the Net Promoter Score (NPS). On discharge from the hospital patients are electronically sent a questionnaire through Cemplicity, which contains several questions pertaining to their experience and aspects of their care. These responses are collated and analysed. These answers in turn generate areas for focused improvement. The Fitzwilliam Hospital are in the green for most patient responses, however, patients identified that more information could be provided regarding medication side effects.

Therefore, we will endeavour to address this by:

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

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

Clinical Effectiveness

Innovation in Dental Radiology

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

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

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

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

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

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

Lastly, this kit has intuitive, user-friendly software. This means that data acquired during scanning is processed in just a few simple steps to produce 3D-images. As would be expected, FUJI came to the hospital and trained all users individually. The staff have nothing but positive praise for this equipment!



SipTilSend – Enhancing Patient Recovery

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

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



Hyponatremia Risk Assessment

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

Hyponatremia Risk Assessment

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

Pre-Operative Assessment

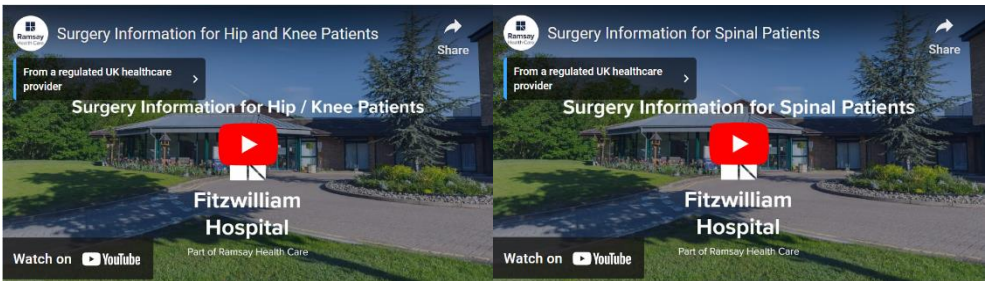
Planned Procedure: _____ Date: _____

Assessment of patient specific risks

Risk Factors	Patient specific information
Pre-existing Comorbidities	
Sodium <136 pre-op	Sodium: _____
Age >70	Age: _____
Female	
Knee Arthroplasty	
Hypertension	Type: _____
Diabetes Type I and Type II	Medication: _____
COPD	
Connective tissue disorder	
Drug Risk Factors	
Non-steroidal anti-inflammatory drugs (NSAIDs)	Drug: _____
	Dose: _____
	Frequency: _____
ACE Inhibitor	Drug: _____
	Dose: _____
	Frequency: _____
Thiazides	Drug: _____
	Dose: _____
	Frequency: _____
Antidepressant (Selective Serotonin reuptake inhibitors) SSRIs	Drug: _____
	Dose: _____
	Frequency: _____

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

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



Digital Dictation – “T-PRO”

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



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

Aseptic Non-Touch Technique Accreditation (ANTT)

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

- Improve patient safety by supporting effective education, competency assessment and safe clinical practice.
- Standardise aseptic technique across organisations and countries and reduces variability in practice.
- Provides a foundation for the effective clinical governance of aseptic technique.
- Helps protect and reassure patients by providing more consistent standardised aseptic technique.

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

The criteria for the Bronze accreditation included having 30% percent of staff competency assessed and 50 audits completed in a 12 months period. In October 2023, the Fitzwilliam Hospital was awarded the prestigious ANTT Bronze Accreditation.

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



Investment in Leadership

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



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

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

2.2 Mandatory Statements Relating to the Quality of NHS Services Provided

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

2.2.1 Review of Services

During 2023/24, the Fitzwilliam Hospital provided 34 NHS services. The Fitzwilliam Hospital has reviewed all the data available to us, to assess the quality of care in all of these NHS services.

The income generated by the NHS services reviewed between 1st April 2023 to 31st March 2024 represents 45% of the total income generated from all Fitzwilliam Hospital services.

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

In the period for 2023/24, the indicators on the scorecard that affect patient safety and quality were:

Human Resources

In the period 2023/24, our expectation was to continue to recruit to permanent positions and retain permanent staff, thereby reducing the percentage of agency use. This strategy remains in place with a 20.88% agency usage being recorded in 2023/24. This is a slight increase of 1.88% on the previous financial year. Long term sickness, maternity leave, new starter induction and training contributed to lost hours, which has seen a decrease of 1.5% from 2022/23 and now sits at 17.5%. 'Ward Staff Hours Worked per Hospital Patient Day' was 5.33.

Levels of sickness saw a slight increase from 2.11% in 2022/23 to 3.13% this reporting period. We will continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service.

During 2023/24, staff turnover at the Fitzwilliam Hospital decreased from 6.7% to 5.3% this reporting period. Ensuring our staff feel well looked after and our ongoing commitment to ensuring our Ramsay motto "People Caring for People" is at the heart of what we do will continue to be a key area of focus for 2024/25.

The total skill mix calculation for the Fitzwilliam Hospital was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants and is primarily appropriate across all departments. Many of our Theatre team are due to commence study to become Surgical First Assistants, further enhancing our skill mix and expertise. During 2023/24, the skills mix on the Ward and in the Outpatient and Theatre setting remains in a positive position.

- Fitzwilliam Hospital have 54 contracted Registered Nurses caring for our patients.
- Fitzwilliam Hospital have 32 contracted Health Care Assistants caring for our patients.
- Fitzwilliam Hospital have 8 contracted Operating Departmental Practitioners caring for our patients.

The Fitzwilliam Hospital has a robust Mandatory Training program and regular monitoring of training compliance is completed. This allows us to meet our contractual obligations and ensure staff are fully compliant to deliver a

high standard of patient care. In March 2024, our overall mandatory training compliance was 92.3%. This is a 3.85% increase on the 2022/23 Mandatory Training position. We have continued to use our virtual Induction training program and a Mandatory Training program developed in 2020 and these courses are now an embedded part of our staff development project. Training that requires face to face delivery is regularly carried out by internal and external trainers in our dedicated training room at the Fitzwilliam Hospital. The staff appraisal completion rate at Fitzwilliam Hospital remains broadly the same as the last reporting period at 92.9%. One RIDDOR event was reported at the Fitzwilliam Hospital during 2023/24 relating to a staff member fall. Upon review of this event, it was found that the fall was unavoidable. The staff member has been assisted by our Occupational Health team and their Head of Department and is now fully recovered and back at work.

Staff Satisfaction

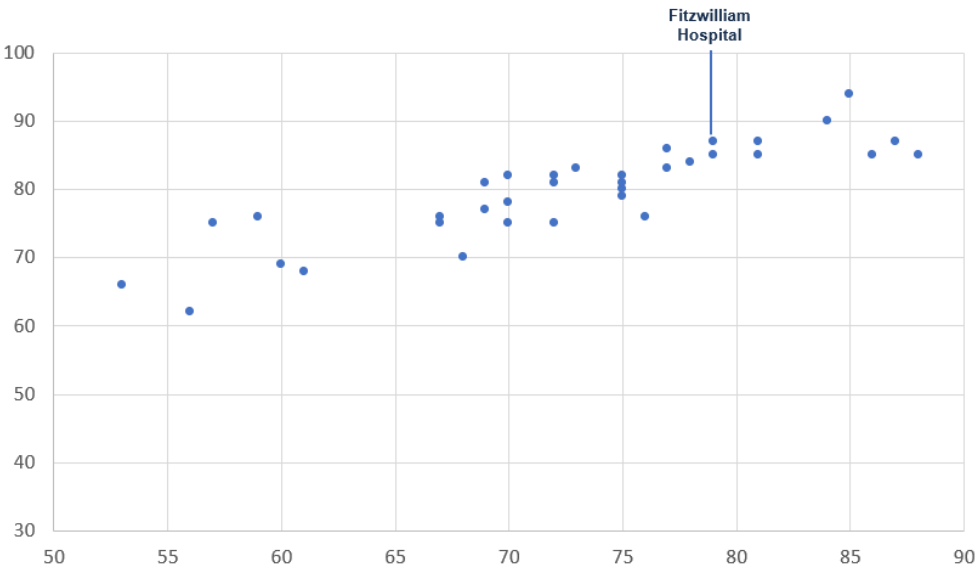
During 2023, Ramsay Health Care UK carried out a group wide Staff Satisfaction Survey, which Fitzwilliam Hospital participated in. The Survey is completed annually and is called “Your Voice”. It gives all staff members the opportunity to complete an online survey, rating different categories either ‘Very Poor’, ‘Poor’, ‘Moderate’, ‘Good’ or ‘Very Good’.

Staff survey results were collated to show the staff satisfaction for each individual question. For overall staff satisfaction the Fitzwilliam Hospital was placed in the top half of all Ramsay Health Care UK hospitals which is positive.

Engagement Vs Meeting and Exceeding Expectation - site

The % of meets and exceeds expectations.

If experiences exceed expectations, everyone wins.



How engaged are employees (%)?

Engaged people are more motivated to meet or exceed goals

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

- Regular emails from the Ramsay Health Care UK Benefits Team, promoting staff discounts and other benefits available to Ramsay Staff.
- Local celebration and “Thank You Days” to praise the great work of all the departments.
- Ramsay are supporting their leaders to adopt best practices through the “Leading Our People and Leading Our Leaders training”.
- Promotion of “give back days” allowing staff to utilise a day to undertake an activity of their choosing that helps support a local charity or cause that is special to them.

We are dedicated to continuing to listen to and celebrate our staff throughout the coming year. We encourage staff to continue to provide their feedback year-round in advance of the next Ramsay group-wide survey planned for 2024/25.

Ramsay UK Consultant Pulse Survey Results 2023

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

Patient Services

The Fitzwilliam Hospital reported 18 NHS complaints during 2023/24, which equates to 0.27% of total NHS admissions. We complete a full assessment of the circumstances of each complaint, engaging with the complainant by undertaking direct personal contact and providing detail of what can be expected. With a genuine desire to improve patient satisfaction, we determine if the complaint is upheld or not and complete a full 360-degree root cause analysis. The themes and trends of the complaints are reviewed by the Clinical Governance and Medical Advisory Committees. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the issues raised and agree a plan to improve service or perception. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Fitzwilliam Hospital on a regular basis. Top trending themes of complaints during 2023/24 were:

- Consultant Communication.
- Missed opportunities to enhance patient experience.
- Care on the Wards.

Whilst 61% of the complaints were not upheld, we acted on feedback and some of the actions taken in response to formal complaints were:

- End to end pathway reviewed for all complaints.
- To support effective communication, regular contact with, and visits to, patients, in addition to clinical requirements (observations).
- Delivering messages to patients in an appropriate and professional manner.

- Focused Training Sessions with the Ward staff
- 1-1 discussions were undertaken with consultants reinforcing expectations surrounding effective communication with patients.

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

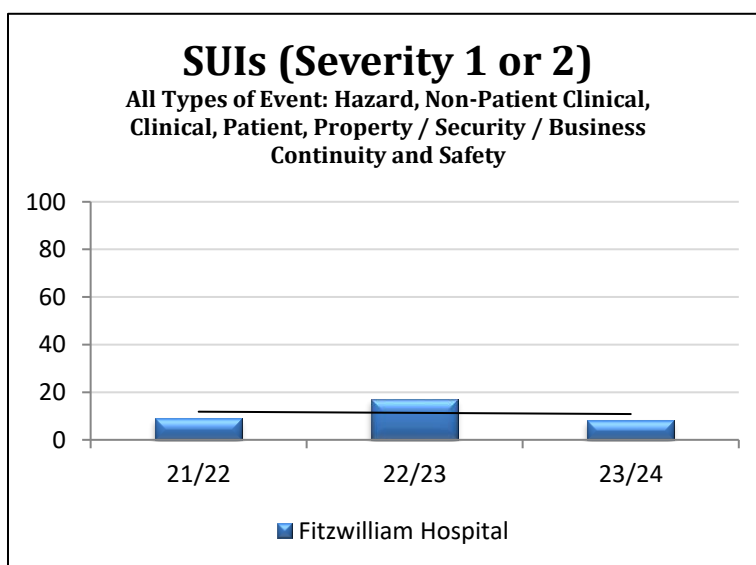
Complaints have been the subject of an audit by our Corporate team who recorded a very positive outcome, thus providing reassurance that our approach and methodology is compliant with established, documented procedures.

Quality

The annual audit program is inclusive of reviewing infection prevention and control with periodic audits, looking at a range of infection prevention and control activities. This includes hand hygiene, isolation, surgical site surveillance, peripheral venous cannula care bundles, urinary catheter bundles and infection control environmental audits and cleaning schedules within every department. Several local audits are undertaken in addition to the national Clinical Audits that can be found on pages 56-58 of this document.

The Fitzwilliam Hospital has a framework of governance process that monitors significant clinical events. During the period 2023/24, 1 serious significant event (severe harm) was reported, however, a full investigation and root cause analysis concluded that the appropriate clinical actions had been taken and the care provided at the Fitzwilliam Hospital had not contributed to the event. The themes of our severity 1 and 2 incidents were:

- Post-operative complications – these were known and consented prior to surgery.
- Transfers out – transfer to other providers of care, where it is deemed more appropriate for the patient's care to continue at a facility that regularly treats patients with more complex care needs.



All serious incidents are investigated under the PSIRF framework, which utilises after action reviews and hot debriefs as part of the review process. We ensure that any learning points that are identified are shared with

the wider hospital team, and where appropriate, Duty of Candour is always followed with patients, and or, their families.

2.2.2 Participation in Clinical Audit

Between 1st April 2023 and 31st March 2024, the Fitzwilliam Hospital participated in 9 national clinical audits. These are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR) Total Hip, Total Knee & Total Shoulder Replacements (1 st April 2023 – 30 th March 2024 – latest published data set)	1678 100%
Elective Surgery (National PROMs Programme) Total Hip Replacement & Total Knee Replacement	996 100%
Elective surgery - Private PROMs Programme	768 100%
ICHOMs Cataract PROMs Cataract Surgery	836 100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (All procedures)	10,676 100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)* (All procedures)	10,676 100%
Surgical Site Infection Surveillance Service Total Hip Replacement & Total Knee Replacement	996 100%
National Audit Project of the Royal College of Anaesthetists: Perioperative Cardiac Arrest Fitzwilliam Hospital have taken part in all surveys to date.	100%
British Spine Registry	363 83%
National Bariatric Surgery Register 2	32 100%

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

- Ramsay Corporate have acquired Amplitude Enterprise Pro. This will further aid in the submission of data to the British Spin Registry (BSR).
- We have employed a BSR coordinator to directly liaise with consultants and help increase submission rates.
- The implementation of an E-PROMs for Cataracts ensures that all patients now have the opportunity to participate.

All audits the Fitzwilliam Hospital could participate in for 2024/25 will be reviewed by the local Clinical Governance Committee and a decision will be made as to whether we are to participate in the coming year.

Local Audits

The hospital completed 291 local clinical audits from 1 April 2023 to 31 March 2024, with an average score of 96.4%. All audit results have been reviewed by the Clinical Governance and Medical Advisory Committees at Fitzwilliam Hospital. The clinical audit schedule can be found in Appendix 2.

Audits are completed using 'Tendable' (previously 'Perfect Ward'), a bespoke accessible on-line audit system which also automatically prompts the audits from the set schedule for each area. The system allows us to see at a glance, how the audits completed match the schedule and can instantly review the scores to determine where additional focus and action may be needed. During 2023/24, we have seen a continued high standard of compliance achieved across many of our clinical areas. Some consistently high scoring audits include:

- Department Cleanliness
- Hand Hygiene
- NatSSIPs – Swab Count
- NatSSIPs – Prosthesis
- NatSSIPs – Stop Before You Block
- NatSSIPs – Histology
- LSO and 5 Steps Safer Surgery
- Medicine Prescribing
- Controlled Drugs
- Medicines Reconciliation
- Infection Prevention & Control – Governance and Assurance
- Infection Prevention & Control – Infrastructure
- Infection Prevention & Control – Management of Linen
- Infection Prevention & Control – Surgical Site Infection
- Infection Prevention & Control – Peripheral Venous Cannula Care Bundle
- Blood Transfusion Compliance
- Blood Transfusion – Cold Chain
- Essential Care: Nutrition & Hydration
- Essential Care: Falls Prevention
- CT Last Menstrual Period
- MRI Safety
- Patient Journey: Intra-Operative Observation
- Patient Journey: Recovery Observation
- Patient Journey: Safe Transfer of the Patient
- Safeguarding
- Medical Records – VTE
- Duty of Candour
- Complaints

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

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

- Review of patient hydration and the introduction of “SipTilSend” – a new approach to pre-operative drinking. (For further information, please see Case Study 5 on page 52)
- The introduction of a dedicated falls prevention lead who has proactively engaged with clinical staff.
- Emphasis on collaborative working between the heads of departments and housekeeping lead, to complete departmental cleanliness audits. This allows for better oversight and team working.

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

2.2.3 Participation in Research

There were no patients recruited during 2023/24 to participate in research approved by a research ethics committee.

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

Fitzwilliam Hospital's income from 1st April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the National NHS CQUIN framework ceased in 2020/21.

2.2.5 Statement from the Care Quality Commission (CQC)

Fitzwilliam Hospital is registered with the Care Quality Commission and its registration status on 31st March 2023 is 'Without Conditions'. Fitzwilliam Hospital were inspected by the CQC on the 27th February 2024 and the full report was published on the 26th April 2024. The link to the most recent report can be found at the link below:

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

2.2.6 Statement on Data Quality

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

The annual audit program reviews the quality of our data via clinical systems together with medical and paper records. In 2023/24 our key goal was to:

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

Patients are sent registration forms and patient health questionnaires electronically, which allows them to input their NHS number. Upon attendance at the hospital, they will again be asked to disclose their NHS number. A report is pulled which identifies any patient being seen, who does not have an NHS number on file and patients are contacted to obtain this. At present >98% of our patients have an NHS number recorded on their file.

In 2024/25 our areas of focus to improve the capture of patient data are:

- Following the release of a new version of the Breast and Cosmetic Implant Register (BCIR), staff will continue to ensure embedded practice is adhered to and data is uploaded.

NHS Number and General Medical Practice Code Validity

Fitzwilliam Hospital submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.92% for admitted patient care;
- 99.97% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

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

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

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2024.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Fitzwilliam Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

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

2.2.7 Stakeholders views on 2023/24 Quality Account

2.2.7.1 NHS Lincolnshire ICB Commentary on Fitzwilliam Hospital Quality Account 2023/24



Lincolnshire
Clinical Commissioning Group



Lincolnshire
Integrated Care Board

Jane Groom
Fitzwilliam Hospital
Milton Way
Bretton
Peterborough
PE3 9AQ
Jane.Groom@ramsayhealth.co.uk

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

12th June 2024

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

Dear Jane,

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the Ramsay Healthcare; Fitzwilliam Hospital (the provider) Draft Quality Report 2023/24. The commissioner confirms that, to the best of our knowledge, the accuracy of the information presented within the working draft of the quality account submitted, is a true reflection of the quality delivered by the provider. The quality account provides comprehensive information on the quality priorities that the provider has focussed on during the year in relation to patient safety, clinical effectiveness and patient experience.

Throughout 2023/2024, the provider has engaged with system partners and the provider is investing in their commitment to patient experience, quality care and safety. The provider has made the most of digital technologies for audit purposes and patient experience feedback.

The provider delivered on several quality priorities and has committed to these continuing into the coming year. These include:

- **Patient Experience:** The Friends and Family Test (FFT) reflects a 96% satisfaction score for NHS patients at the Fitzwilliam Hospital, which is 1.7% down from 2022/2023, however the commissioners recognise that the providers scores compare favourably against the national average. The provider received 18 complaints for 2023/24. The providers instigated a full 360 root cause analysis to understand the key themes of the complaints, as the provider stands by their commitment to deliver a patient focussed service.
- **Patient Safety:** the provider has successfully transitioned to the PSIRF framework during 2023. The commissioners recognise that staff have received specific role-based training to ensure they understand the core values of PSIRF. The commissioners note there has been a decrease in serious incidents recorded from the previous year.
- **Clinical Effectiveness:** the provider has invested in "The Italian FUJI CT" scanner which generates 3D-images of the craniofacial region in a single scan. As the scanner is more open it reduces anxiety for claustrophobic patients. The provider has developed and implemented the use of a hyponatremia risk assessment that is used to identify patients who may be at risk of developing hyponatremia. The provider has also made a suite of patient videos to help patients understand their anticipated journey whilst having treatment at the hospital.
- **Infection prevention and control (IPC);** The provider continues to maintain zero cases of hospital acquired infections, whilst adhering to national guidance. The commissioners acknowledge that there has been no clostridium difficile, methicillin sensitive staphylococcus aureus (MSSA) or methicillin-resistant staphylococcus aureus (MRSA) cases in the hospital, this is due to best practice and management of IPC practices.

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

The Quality Account has numerous examples of the good work undertaken by the provider over the past year. The commissioners are pleased with the providers rollout of the Enhanced Recovery Pathway which is now the standard pathway at the Fitzwilliam Hospital for all joint replacement patients who meet the set criteria at their pre-assessment appointment.

Fitzwilliam Hospital have achieved Ramsay Orthopaedic Centre Of Excellence (OCE) focussing on:

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

Looking forward to the coming year the commissioners are pleased that the provider is committed to continuing to build on patient experience, patient safety, IPC, clinical effectiveness and robust clinical audits. The commissioners acknowledge that the provider is committed to supporting staff via the wellbeing services. Staff resilience contributes to the quality of care for patients and enhancing patient and staff experience. The commissioners support the providers stance on staff adopting best practices through the "Leading Our People and Leading Our Leaders training" for all leaders at Fitzwilliam Hospital.

The commissioners acknowledge that the last Comprehensive Care Quality Commission inspection was on the 27th February 2024 and as the outcome was a rating of "Good", the commissioners thank the provider for their hard work in relation to this.

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

The commissioners look forward to working with the provider over the coming 12 months to further improve the quality of services available for our patients to deliver better outcomes, and the best possible patient experience.

Yours sincerely,



Vanessa Wort
Associate Chief Nurse

Cambridgeshire & Peterborough Integrated Care Board

Stakeholder Feedback – Fitzwilliam Hospital Quality Account 2023/24

NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) has reviewed the Quality Account produced by Fitzwilliam Hospital for 2023/24.

The organisation continued to report serious incidents in line with the serious incident framework as required. Fitzwilliam have a Patient Safety Incident Response policy and plan in place and approved by Suffolk, North East Essex (SNEE) ICB in November 2023. The organisation transitioned to PSIRF during 2023/2024.

Patient experience feedback is positive with increasing levels of patient satisfaction, resulting in high percentages of satisfaction. Learning is being drawn from the negative feedback which are significantly low, however learning can also be taken from the positives.

The hospital has set themselves a target for all patients (other than choice) waiting over 65 weeks for treatment must be cleared by end of September 2024. Patients on the waiting list who have been waiting between 52-65 weeks are being monitored through weekly meetings and other waiting list processes to ensure that they do not breach this target.

The Fitzwilliam Hospital did not report any deaths related to NHS regulated activity during 2023/24, however deaths within an Independent elective care setting are rare.

There is no focused section on safeguarding within the report. However, safeguarding of patients underpins all aspects of the care delivered by the Fitzwilliam and is an integral part of all pathways.

The report specifies that no research activity or recruitment was undertaken in 2023-24, however the Fitzwilliam did participate in ten national clinical audits.

The last CQC inspection (27 February 2024 with the report published on 26 April 2024) rated the Fitzwilliam as Good in each category and Good overall. They did raise that the Fitzwilliam Hospital was non-compliant with the Ramsay medicines policy, but the CQC noted that the service had an action plan in place to address any short falls in the service to ensure compliance. The Fitzwilliam are compliant with national guidance.

A Pharmacist and Ward Manager are collaborating to deliver a campaign to all staff to ensure they fully understand the complex nature of pain and how best to support the patients we treat. This will be part of the PSIRF quality improvement plan.

The Fitzwilliam has attained the bronze Aseptic Non-Touch Technique (ANTT) award, which is a great achievement, and they are now working towards silver.

The hospital has Introduced the "sip til send" programme allowing patients to sip small amounts of water until they are transferred to the operating theatre. There have been some good positive outcomes of the programme nationally and it would be good to see the local outcomes for patients and patient experience improvements achieved by the Fitzwilliam.

The hospital has completed staff case studies with very positive experiences being reported by student nurses.

The ICB would like to thank all the staff at Fitzwilliam Hospital for their continued efforts and high-quality care offered to patients during 2023/24.

Overall Cambridgeshire and Peterborough ICB agree the Fitzwilliam Hospital Quality Account is a true representation of quality during 2023/24.



Carol Anderson
Chief Nursing Officer
Cambridgeshire & Peterborough ICB

2.2.7.3 Healthwatch Lincolnshire Commentary on Fitzwilliam Hospital Quality Account 2023/24



Fitzwilliam Hospital submitted the Quality Account 2023/24 to Healthwatch Lincolnshire for review and comment on 28th May 2024, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, Fitzwilliam Hospital have not received a response. Upon receipt of a response from Healthwatch Lincolnshire, the Quality Account 2023/24 will be republished.

2.2.7.4 Healthwatch Cambridgeshire & Peterborough Commentary on Fitzwilliam Hospital Quality Account 2023/24



Fitzwilliam Hospital submitted the Quality Account 2023/24 to Healthwatch Cambridgeshire & Peterborough for review and comment on 28th May 2024, in accordance with the 30-day timeline for review ahead of publication. Unfortunately, to the best of our knowledge, Fitzwilliam Hospital have not received a response. Upon receipt of a response from Healthwatch Cambridgeshire & Peterborough, the Quality Account 2023/24 will be republished.

2.2.7.5 Fitzwilliam Hospital Patient and Public Involvement Group (PPIG) Commentary on Fitzwilliam Hospital Quality Account 2023/24

We have been unable to obtain commentary from our Patient and Public Involvement Group (PPIG) this year. We look forward to being able to welcome the PPIG back to Fitzwilliam Hospital during 2024/25.

Part 3:

Review of Quality Performance 2023/2024

Statements of Quality Delivery

Head of Clinical Services, Jane Groom

Review of Quality Performance 1st April 2023 – 31st March 2024

Introduction

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

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment, and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

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



Jo Dickson

Chief Clinical and Quality Officer

Ramsay Clinical Governance Framework 2023/24

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

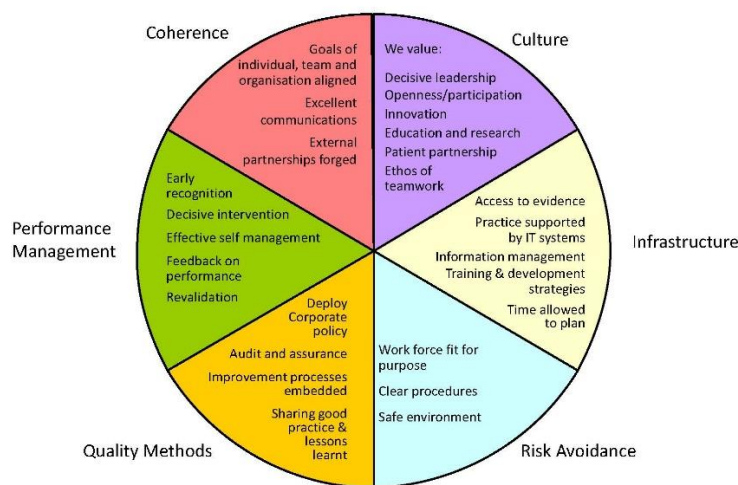
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care, and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority. Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter, monitoring their implementation.

3.1 The Core Quality Account indicators

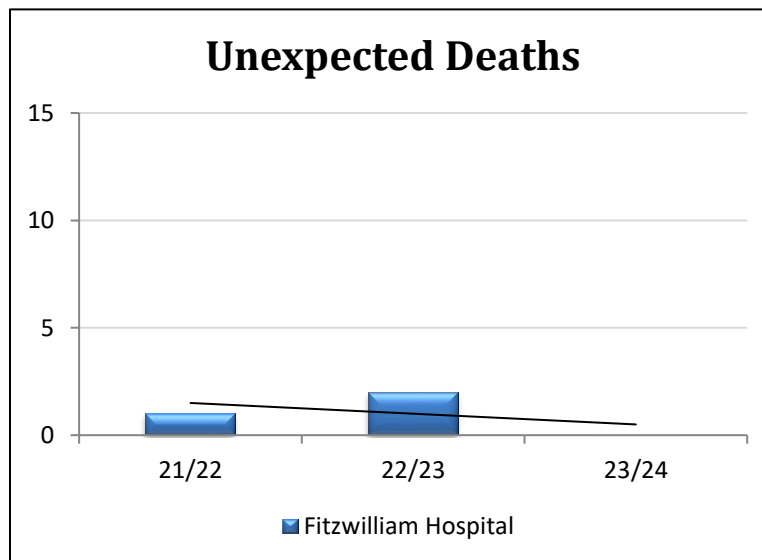
All acute hospitals are required to report against the indicators below as part of the Quality Account. We have only included indicators relevant to the services provided by the hospital.

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

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

Mortality

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



Mortality:	Period	Best		Worst		Average	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965
	Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021

Period	Fitzwilliam	
21/22	NVC06	0.0002
22/23	NVC06	0.0003
23/24	NVC06	0.0000

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

- A death within an elective care setting is rare and the Fitzwilliam Hospital did not report any deaths related to NHS regulated activity during 2023/24.

Patient Reported Outcome Measures (PROMS)

The information in the tables below show data reviews in relation to helping people to recover from elective surgery. The domain reviews patient feedback and the measure is the adjusted health gain described by the patient. The HSCIC data for PROMS includes private providers, with the most recent complete data release covering the period April 2021 – March 2022 being evident below for both total hip replacement procedures and total knee replacement procedures.

Most recent data release – July 2023 for the data period Apr 2021 – Mar 2022: Hip Replacement & Knee Replacement

Total Hip Replacement

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

		Modelled Records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted Average Post-Op Q Score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
Hip	Fitzwilliam Hospital 2020/21	15	0.306	0.89	0.584	15 (100%)	0 (0%)	0 (0%)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
	Fitzwilliam Hospital 2021/22	58	0.349	0.803	0.453	53 (91.4%)	3 (5.2%)	2 (3.4%)	0.795	0.467	0.2
	National Average 2021/22	14,627	0.328	0.784	0.456	13,096 (89.5%)	727 (5.0%)	804 (5.5%)	0.784	0.456	0.234

Total Knee Replacement

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

		Modelled Records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted Average Post-Op Q Score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
Knee	Fitzwilliam Hospital 2020/21	10	0.378	0.832	0.454	9 (90%)	1 (10%)	0 (0%)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
	Fitzwilliam Hospital 2021/22	86	0.509	0.814	0.305	73 (84.9%)	6 (7.0%)	7 (8.1%)	0.77	0.345	0.179
	National Average 2021/22	14,779	0.424	0.75	0.323	12,132 (82.1%)	1,275 (8.6%)	1,372 (9.3%)	0.748	0.324	0.231

Upon release, the NHS PROMs data was analysed and has been fed back to the staff and Consultant body via Clinical Governance Committee and Medical Advisory Committee meetings. The Orthopaedic Consultants have also been written to formally with the results and responses regarding any actions to be taken to improve Outcome scores have been requested. It should be noted that PROMs outcome data publication is approximately 24 months behind real time procedures which can lead to difficulty in triggering immediate change.

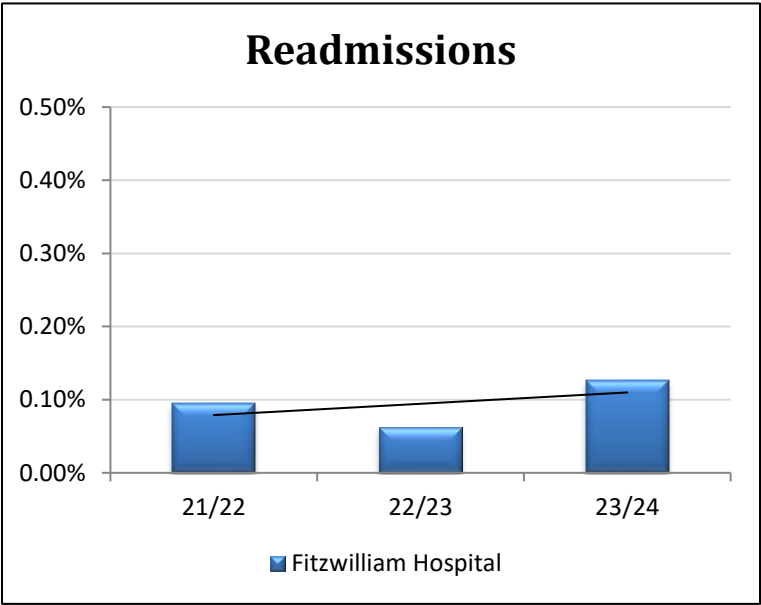
The Fitzwilliam Hospital considers that the Total Hip Replacement and Total Knee Replacement PROMs data is described for the following reasons:

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

The Fitzwilliam Hospital continually reviews the PROMS process at hospital level to increase patient participation and ensure the process is capturing the patient data at pre assessment. Tablets are also available within the Outpatient department for patients to access during and after their pre-assessment appointments to ensure no opportunity is missed. Further work will progress throughout 2024/25, to engage and communicate with patients, staff, and Consultants regarding this NHS outcome measure.

Readmissions within 28 days

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



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

- Although there 2023/24 has seen a slight increase in readmissions rates, they remain low, below the national average, and this could be attributed to good standards of clinical care and treatment.
- Patients are provided with key information at the point of discharge about care instructions following their procedure.
- Patients are encouraged to contact the hospital should they feel they need support or guidance following their procedure.

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

Responsiveness

Venous ThromboEmbolism (VTE) Assessment

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

VTE Assessment:	Period	Best		Worst		Average		Period	Fitzwilliam	
	Q1 to Q4 18/19	Several	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC06	96.2%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC06	97.8%

The data shows the Fitzwilliam Hospital has performed better than national benchmarking data, with a consistent performance. Analysis of 2019/20 shows an overall compliance percentage of 97.8%. This is the most recent data available, as due to the Covid-19, this submission was paused and there is no published data after Q3 19/20.

The VTE management of patients post operatively has been reviewed via periodic audits during 2023/24, to ensure the best possible care is being delivered to patients. Work is ongoing to ensure all patients have the appropriate review to ensure treatment plans are reviewed and monitored, with any changes to treatment plans noted and documented and any treatment is provided in accordance with the Consultant's post-operative assessment, to mitigate the risk of avoidable harm.

C Difficile Rates

From the data analysed, the Fitzwilliam Hospital is amongst the best performing organisations in the country for C-Difficile rates with a 0% rate in C-Difficile cases for 2023/24.

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

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

3.2 Patient Safety

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

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

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

3.2.1 Infection Prevention and Control

Fitzwilliam Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 4 years.

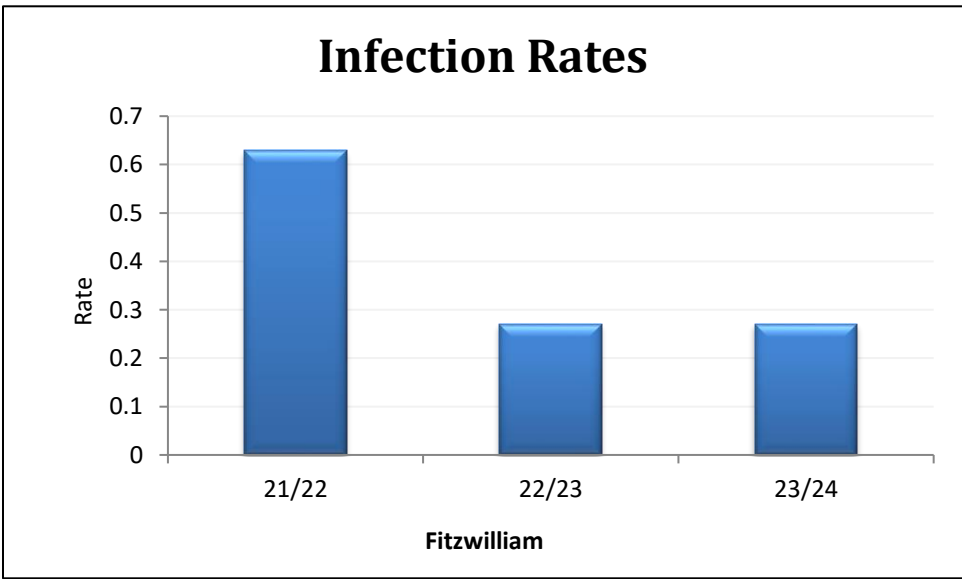
We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

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

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

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

During 2023/24, Fitzwilliam Hospital infection rates remained the broadly the same and falls within expected parameters against activity, as demonstrated in the graph below:



At Fitzwilliam Hospital, we have a dedicated Infection Control Committee who meet regularly throughout the year to manage our Infection Prevention and Control processes to monitor any incidences of infection following any type of surgery. Specifically, we also take part in the UK Health Security Agency (UKHSA) Surgical Site Infection Surveillance Service (SSISS) for Total Hip Replacement, Total Knee Replacement procedures, and as of January 2024, we now submit data for spinal procedures. Data is collected by engaging with patients at 30 days' post-procedure, to determine how their wound is healing and whether they might have experienced an infection. All data is submitted to UKHSA, and some wound infections for these procedures are reportable to Public Health England if they meet pre-determined criteria.

To continue to manage hospital-acquired infection at Fitzwilliam Hospital, in 2023/24, our highly experienced Infection Control Lead Nurse progressed the following actions:

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

3.2.2 Cleanliness and Hospital Hygiene

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

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

Fitzwilliam Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Disability
2023	100.00%	95.93%	97.87%	93.59%	94.87%	97.62%	100.00%
2022	100.00%	98.81%	97.92%	100.00%	95.92%	100.00%	100.00%
National Average 2023	NOT YET PUBLISHED	NOT YET PUBLISHED	NOT YET PUBLISHED	NOT YET PUBLISHED	NOT YET PUBLISHED	NOT YET PUBLISHED	NOT YET PUBLISHED

Results in all areas are higher than the 2022 National and Ramsay Average, although national averages for 2023 have not yet been published. Areas that did not score full marks were:

Food

- Are you currently using a digital menu ordering system?

We will not be introducing a digital menu ordering system, as we would prefer to continue to deliver the personalised service provided at Fitzwilliam Hospital.

Privacy, Dignity & Wellbeing – Social Spaces & Ward

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

Although we do not have a designated area with the sole purpose of a patient social space, communal area, playroom or family visiting, inpatients all have individual patient bedrooms where visitors can be accommodated.

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

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

3.2.3 Safety in the Workplace

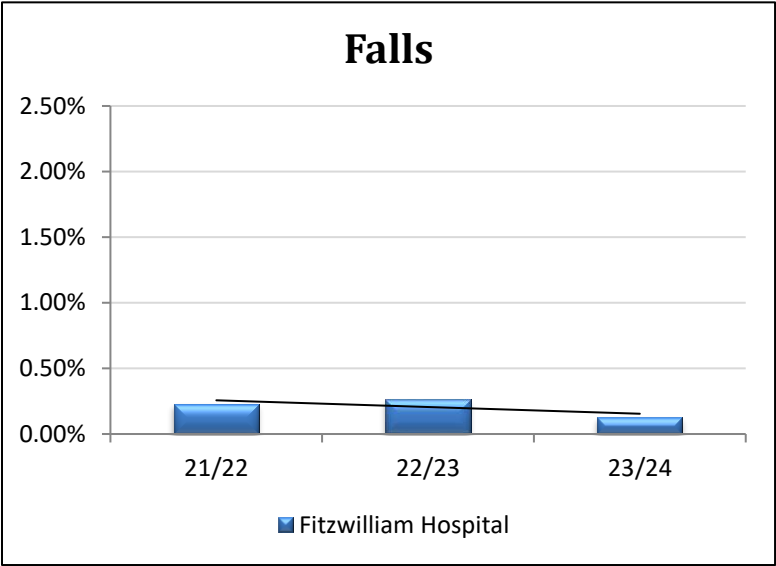
We seek to ensure our staff have a high safety awareness through an overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety supports the effectiveness of our safety training and local safety initiatives.

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

During 2023/24, we completed a number of safety initiatives:

- Continued the training program delivered to staff at both mandatory training and induction regarding the incident reporting system, Radar.
- Ongoing sharing of lessons learned sessions with the clinical teams, sharing learning from adverse events.
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes.
- Incident Reporting campaign to provide ongoing support and education regarding the responsibilities staff must report incidents.
- Ongoing training with all staff surrounding good principles surrounding the safe manual handling of objects and patients.
- Annual and regular updating of department PUWER registers to ensure the safe use of equipment at work.

- Introduction of a dedicated falls champion who attends the Falls Working Group, communicates actions to the hospital, and is an advocate to promote falls prevention. Below is a graph that demonstrates the low incidences of falls at the Fitzwilliam Hospital:



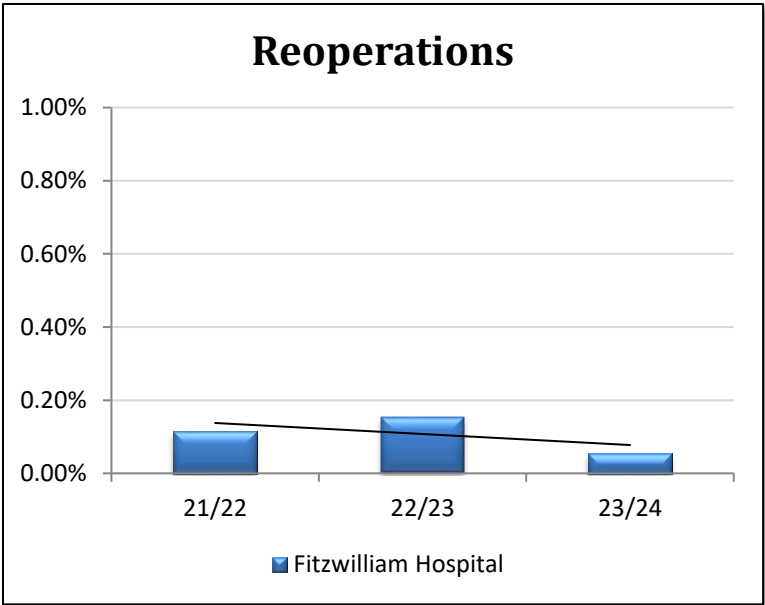
3.3 Clinical Effectiveness

Fitzwilliam Hospital has a Clinical Governance Committee that meet regularly through the year to monitor quality and effectiveness of care and undertake regular thematic reviews in relation to our governance and audit activity. Regular national audits are undertaken to enable performance to be bench marked against national parameters (as described in section 3.1 of this report). Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and at Medical Advisory Committee meetings, to ensure results are reviewed and actions taken where required by the organisation as a whole.

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

3.3.1 Return to Theatre

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



The data has been analysed for reoperation against total admissions for the period, which sets the Fitzwilliam Hospital readmission rate at 0.05%, which is a 0.1% decrease from the previous reporting period, and we remain below the national average.

3.3.2 Learning from Deaths

Fitzwilliam Hospital completes an annual summary report on how investigations and learnings from deaths have informed the hospital's quality improvement plans, which includes the number of patient deaths that have occurred during a reporting period. Fitzwilliam Hospital did not report any deaths following elective NHS surgery in 2023/24.

3.3.3 Staff Who Speak Up

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

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

The Safety C.O.D.E. (which stands for Checks, Options, Demands, Elevates) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training at Fitzwilliam Hospital and across Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%. Currently, Fitzwilliam Hospital compliance sits at 86%.

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

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

3.4 Patient Experience

Mechanisms of Patient Feedback

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



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

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

The Friends and Family Test

The NHS domain for the Friends and Family test aims to seek and record the opinion of service users, ensuring patients have a positive experience of care. The Friends and Family Test has been priority for Fitzwilliam Hospital for 2023/24. We routinely analyse and comment on the feedback each month and value the information it delivers.

NHS Choices

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

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

Complaints

The Fitzwilliam Hospital reported 43 complaints during 2023/24, which equates to 0.4% of total admissions; this is a complaint number decrease of 22 from the previous reporting period. 68% of the complaints were not upheld, however, every complaint is discussed during regular compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint. Collaborative working provides a holistic and timely completion of the investigation. Complaint themes and actions are discussed at departmental meetings, core level management meetings and at Clinical Governance and Medical Advisory Committees, as well as being reported to our corporate team.

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

We Value Your Opinion Cards

"We Value Your Opinion" cards are completed by patients following surgery and allow them to comment on their stay at discharge. The patient completes a questionnaire, allowing free text for any comments or feedback. This feedback is reviewed by the Senior Leadership Team and areas identified for improvement are considered. In 2023/24, we achieved a 94% satisfaction score through this feedback channel. Feedback is overwhelmingly positive, and the majority of patients report; the clinical teams were friendly, efficient and put them at ease. Our data also includes the top trending positive theme being that they feel safe and well looked after, exceeding expectations for the considerate care offered. Any negative comments are also recorded, and steps are promptly taken to implement changes where possible. Food choices are always subjective and individual patient preferences personal. However, our three chefs are adaptive and creative, delivering a commendable service with freshly prepared delicious food options.

Patient Satisfaction Surveys (Cemplicity)

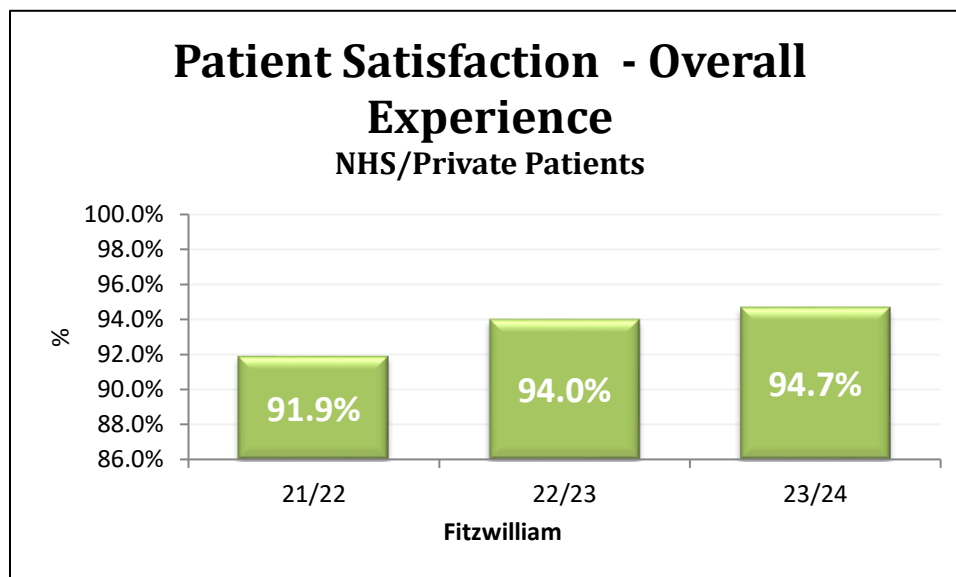
We utilise an external organisation, Cemplicity, to gather unbiased data from patients about their experience to determine and gauge satisfaction with the services they have received.

The feedback data is collected via email. Patients consent to deliver feedback during their visit to Ramsay Hospitals and provide us with an email address; within 30 days of that visit, they will receive an email link to a short survey about their experience. The data set, though a dashboard format is then later released to local sites where it is reviewed and analysed to inform areas and help identify opportunity to improvement and drive focussed actions. Responses for the year reflect a very positive, overall picture for the Fitzwilliam Hospital who report a net promotor score (NPS) of 85. A score exceeding 80 is considered to be 'world class'. Although, we look to constantly improve as there is plenty of room to increase this score further.

Focussed questions concerning confidence in care, kindness and compassion have seen an increase or the score has been maintained when compared to 22/23 in 24 of 37 areas. Overall, our customer service scores are consistently high. We also recognise the areas where there is scope to improve, specifically with making patient discharges more efficient and timely, discussing the side effects of medication and post discharge follow ups. We are actively seeking and implementing additional steps in response to feedback. On the whole, the scores provide assurance that the majority of patients consider the care and treatment to be of a consistently high (world class) standard.

We continue to engage with patients to encourage engagement with Cemplicity, to increase the number of email addresses collected and to ensure patients are well information informed about the process when providing their consent to be contacted. The Fitzwilliam Hospital has achieved an above average rate of response when compared to the Ramsay Group average, our scores for the year, pleasingly, exceed 80%.

Overall Patient Satisfaction



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

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

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

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

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

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

We are positively positioned and our careful analysis of feedback from all sources continues to drive improvements through awareness. Striving to deliver the very best we can be, we embrace every improvement opportunity. Respecting our patients by listening and acting upon feedback improves scores and creates a great open and honest environment. Additionally, an increase in confidence in the services we offer to patients, and other stakeholders. Exceeding the national average, the rate of response gives us so much reassurance. However, this is not a reason to take our eye off the ball. Patient feedback provides valuable market research, enabling the hospital to make improvements to the wide range of services we offer our patients. We continually review our feedback mechanisms and proactively contact patients as requested to discuss any aspect of their care or treatment at the Fitzwilliam Hospital.

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

3.5 Fitzwilliam Hospital Case Studies

Case Study 1

Fitzwilliam Nursing Placement Students – Theatre Experience

2 students shared their Theatre Experiences

Toni Silk

Peterborough student Toni Silk found her nine-week placement in Fitzwilliam Hospital's theatres an amazing experience. Despite her initial trepidation, she fell in love with the theatre roles and now hopes to start her career as a scrub nurse once she qualifies.

In her third year at Anglia Ruskin University in Peterborough, Toni is studying for a BS Hons in Adult Nursing. Her previous placements have been in Cardiac wards, ITUs, Acute Assessment, Gastroenterology, and a Urology ward but never theatres.

Toni's 9-week theatre placement involved a rotation of the different areas within theatres. She spent three weeks with the scrub nurses, three weeks with the Operating Department Practitioners (OPDs), and three weeks with the recovery nurses.

Toni says, "It has been an amazing experience. I started very hesitant and worried as I wasn't sure how I was going to respond to blood and open body cavities. I'd never had a theatre experience before and the one time I did see a surgery, it didn't go too well, and I almost became the patient myself! However, Fitzwilliam's theatre team were very kind and gave me time to adjust to seeing and being in a theatre situation."

"Once I had settled in, theatres just became a part of my everyday life. I really enjoyed being involved and supportive whenever I could. My supervisors were very willing for me to take an active role. I supported the scrub nurses and anaesthetists, and I was able to take charge of the care of a patient in recovery."

"I want to say a massive thank you to everyone who supported me and took the time to teach me whilst I was on placement. I know having a student isn't always easy! I'd like to commend Fitzwilliam's theatre team on their professionalism and their strength of care and teamwork. They support each other and work through adversity, going to lengths to teach and provide a safe environment to learn from. It has been by far a hard time for nurses after Covid-19 but this team is definitely full of superheroes. Keep being the great and wonderful team you are."

"It has been the best and most grateful placement I have had throughout my entire university journey. It has helped to consolidate my learning and make me feel better about my career options and prospects."



"I really enjoyed learning all aspects of being a nurse in theatre, but I especially enjoyed my time in scrubs, being able to give support during surgeries. I also had such a great time learning with the recovery nurses. My mentor there was super supportive and gave me confidence in my skills and developed in me a sense of pride in my choice to become a nurse."

"Also, the food is the best I've had in a workplace in my whole adult life and so great for value! A little added bonus!"

"I have fallen in love with the roles and hope to do this within my future career. I would love to go into scrub nursing. I just adored the environment and Fitzwilliam has such a great team who made me feel like family from day one. I couldn't be more grateful, and I hope that perhaps I may return when I qualify."

Irina Dinut

Please see a fantastic email sent to our Theatre Manager –

"As I reflect on my time spent in the theatre during my nursing placement, I am grateful for the support and guidance the team provided throughout their experience. I wanted to take a moment to express my heartfelt thanks for everything I learned under their mentorship.

Your leadership and expertise created an environment where I felt empowered to grow and develop as a student nurse. Theatre nurses' willingness to share their knowledge and insights and their dedication to patient care left a lasting impression on me. I am truly grateful for the opportunity I had.

During my placement, I encountered various challenges and opportunities for learning, and my mentors' support was instrumental in helping me navigate them effectively. Their constructive feedback, encouragement, and willingness to answer my questions significantly impacted my professional development.

Beyond the technical aspects of nursing, I also learned invaluable lessons about compassion, empathy, and the importance of holistic patient care.

As I continue my journey in nursing, I carry with me the lessons and experiences gained during my placement in the theatre. Their mentorship has equipped me with the skills and confidence needed to embark on this rewarding career path, and for that, I am immensely grateful.

Thank you once again for your unwavering support and encouragement."

Case Study 2

Fitzwilliam Hospital Surgeons Giving Back

Fitzwilliam Surgeons Volunteer in African Hospital

Two surgeons from Fitzwilliam Hospital in Peterborough travelled to Malawi in East Africa to help patients with traumatic hand injuries in a new hospital.

Consultant Hand and Wrist Surgeon Mr Jonathan Jones and Consultant Plastic, Cosmetic and Hand Surgeon Mr Anthony Barabas both spent four weeks voluntarily working for the British Society for Surgery of the Hand (BSSH) and the British Association of Hand Therapists (BAHT) to deliver free of charge orthopaedic and reconstructive hand surgery to patients in Malawi.

Mr Jones and Mr Barabas worked at a purpose-built healthcare facility called Lilongwe Institute of Orthopaedics and Neurosurgery (LION), in Lilongwe, Malawi's capital city.

BSSH and BAHT are assisting LION in its delivery of hand treatment in a five-year project. BSSH and BAHT volunteers are working in the LION Hand Unit throughout this period to assist local staff to run specialist hand clinics and regular hand trauma and elective lists.

They are also promoting sustainability through education and training so that at the end of the project LION can become self-sufficient.

Mr Jones said:

"I led the first team that comprised of myself as an orthopaedic hand surgeon and a plastics specialty trainee. After two weeks, we were ready to launch the surgery and therapy service and were joined by another orthopaedic hand surgeon and an occupational hand therapist. We could then offer a comprehensive multidisciplinary service.

"Our team quickly integrated with the local Orthopaedic department. We saw and treated a large number of hand trauma patients who had suffered road traffic and industrial accidents as well as those with machete injuries from street crime.

"We developed processes of care and organised equipment, including hand instrument sets. Weekly teaching sessions on hand surgery are being delivered and a virtual multi-disciplinary team service has been set up with surgeons working in national centres of excellence in the UK."

Mr Barabas added:

"This is an amazing project to be involved in. We make such a difference to the lives of patients in Malawi. Reconstructive surgery is primarily performed to rebalance the hand for useful function. This helps restore hand and finger function and relieves the burden of patients with hand trauma."

BSSH and BAHT have a Just Giving site to support this incredibly worthy cause and help deliver their promise of support to their friends.



Case Study 3

Life and times of a Catering Manager at the Fitzwilliam Hospital

Steve's catering skills are second to none at the Fitzwilliam Hospital, but it seems it's not his only talent – Outside of work he swaps his carving knife for a snooker cue....

Steve's interest in snooker started from the young age of ten years old. He reminisces on spending afternoons playing snooker at The Cresset for up to 2 hours, even missing school lessons to play with members. Thirty-five years later, and his interest is greater than ever, with him playing in the Peterborough Snooker League and captaining his team 'Court A'.

His achievements in snooker range from winning a singles competition (the Solbrite cup) as well as the knockout cup, and his team winning division 2, 3 times. He is the entertainment secretary on the committee for the league and has arranged the end of season presentation evenings for 5 years.

Steve comments 'I have also played a top snooker professional Joe Perry at the Court. I was first to play against Joe followed by 7 other local players, it was also the first time that I played in front of over a hundred people before and even had my own walk on music as I walked to the table. I was feeling a little bit nervous but got a few good pots in and managed to score the most points against Joe on the night. It was a great experience for me, and I have been fortunate to meet lots of professional snooker players, and even watched many of their tournaments live.'

Steve – whose heart is as sweet as his brownies!



Services covered by this Quality Account

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

Fitzwilliam Hospital Statement of Purpose

Fitzwilliam Hospital



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

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

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

We are committed to providing patients and other customers with the very highest level of care and services in a variety of specialities, whilst respecting individual needs. The CQC overall rating for the Fitzwilliam Hospital is 'Good' (last date of inspection – November 2016).

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

Tel: 01733 261717

Registered Manager: Carl Cottam

carl.cottam@ramsayhealth.co.uk

Regulated Activities – Fitzwilliam Hospital

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

Appendix 3

Clinical Audit Programme 2023/24

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

Clinical Audit Programme

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

Audit	Department Allocation	Frequency (subject to review)
Hand Hygiene observation (5 moments)	Ward, Theatres, Amb Care, IPC	Monthly
Surgical Site Infection (One Together)	Theatres (IPC)	October, April
IPC Governance and Assurance	IPC	July
IPC Environmental infrastructure	IPC	August, February
IPC Management of Linen	Ward	August <i>February (as required)</i>
Sharps	IPC	August, December, April
50 Steps Cleaning	Ward, Outpatients, POA, Amb Care	Monthly
50 Steps Cleaning	Theatres	Fortnightly
50 Steps Cleaning	Physio, Pharmacy, Radiology	July, October, January, April
50 Steps Cleaning (FR5-6)	SLT	July, January, August
Peripheral Venous Cannula Care Bundle	Head of Clinical Services	July to September
Urinary Catheterisation Bundle	Head of Clinical Services	July to September
Patient Journey: Safe Transfer of the Patient	Ward	August, February
Patient Journey: Intraoperative Observation	Theatres	August/September, <i>February/March (if required)</i>
Patient Journey: Recovery Observation	Theatres	October/November <i>April/May (if required)</i>
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	July/August, January/February
NatSSIPs Instruments	Theatres, Outpatients, Radiology	September/October, March /April

NatSSIPs Histology	Theatres, Outpatients, Radiology	November/December, May/June
NatSSIPs Stop Before You Block	Theatres	September/October, March/April
NatSSIPs Prosthesis	Theatres	November/December, May/June
NatSSIPs Swab Count	Theatres	July/August, January/February
Blood Transfusion Compliance	Blood Transfusion	July/September
Blood Transfusion - Cold Chain	Blood Transfusion	As required
Complaints	Senior Leadership Team	November
Duty of Candour	Senior Leadership Team	January
Practicing Privileges - Non-consultant	Head of Clinical Services	October
Practicing Privileges - Consultants	Head of Clinical Services	July, January
Privacy & Dignity	Ward	May/June, November/December
Essential: Falls Prevention	Head of Clinical Services	September/October
Essential: Nutrition & Hydration	Head of Clinical Services	September/October
Medical Records	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology	July/August <i>November/December (if required)</i>
Medical Records - Cosmetic Surgery	Outpatients	July/August <i>November/December (if required)</i>
Medical Records - NEWS2	Ward	October, February, June
Medical Records - VTE	Ward	July, November, March
Medical Records - Patient Consent	Head of Clinical Services	July, December, April
Medical Records – MDT Compliance	Head of Clinical Services	December
Non-Medical Referrer Documentation and Records	Radiology	July, January
MRI Reporting for BUPA	Radiology	July, November, March
CT Reporting for BUPA	Radiology	August, December, April
No Report Required	Radiology	August, February
MRI Safety	Radiology	January, July

CT Last Menstrual Period	Radiology	July, October, January, April
Bariatric Services	Ward	July/August, November/December (if required)
Safe & Secure	Pharmacy	August, February
Prescribing	Pharmacy	October, April
Medicines Reconciliation	Pharmacy	July, October, January, April
Controlled Drugs	Pharmacy	September, December, March, June
Pain Management	Pharmacy	July, October, January, April
Medicines Optimisation	Pharmacy	November
Departmental Governance	Ward, Amb Care, Theatres, Physio, Outpatients, Radiology	October to December
Safeguarding	Outpatients	July
Decontamination – Endoscopy	Outpatients	As Required
Occupational Delivery On-Site	Outpatients	November to January
Managing Health Risks On-Site	Outpatients	As Required

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
COVID-19	An infectious disease caused by the SARS-CoV-2 virus
DDA	Disability Discrimination Audit
DH	Department of Health
ERS	Electronic Referral System
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HAI	Hospital Acquired Infection
HPD	Hospital Patient Days
HOCS	Head of Clinical Services
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
ICB	Integrated Care Board
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MDT	Multi-Disciplinary Team
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NatSSIPs	National Safety Standards for Invasive Procedures
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC06	Code for Fitzwilliam Hospital used on the data information websites
NWAF	North West Anglia Foundation Trust
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUFS	Speak Up For Safety
SUI	Serious Untoward Incident
SUS	Secondary Uses Service
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

Fitzwilliam Hospital

Ramsay Health Care UK

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

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

For further information, please contact:

01733 261717

The Fitzwilliam Hospital Address:

Fitzwilliam Hospital
Milton Way
Bretton
Peterborough
PE3 9AQ

Fitzwilliam Hospital Website:

www.fitzwilliamhospital.co.uk