

# Fitzwilliam Hospital

Quality Account  
2017/18



People caring for people



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# Welcome to Ramsay Health Care UK

## Fitzwilliam Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 32 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs and Clinical Commissioning Groups.

### Introduction

#### **Statement from Dr. Andrew Jones, Chief Executive Officer, Ramsay Health Care UK**

*“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.*”

*Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.*

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

*Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.*

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

**Dr. Andrew Jones  
Chief Executive Officer  
Ramsay Health Care UK**

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on Quality from the General Manager

*Carl Cottam, General Manager*

*Fitzwilliam Hospital*

As the General Manager 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. 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 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 our patients. We have also enhanced our training and education plan throughout the year 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 committee’s review the hospitals 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 General Manager, 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](mailto:carl.cottam@ramsayhealth.co.uk) or telephone 01733 842308.

A handwritten signature in black ink, appearing to read 'Carl Cottam', is written on a light-colored background.

**Mr Carl Cottam, General Manager, 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**  
**General Manager**  
**Fitzwilliam Hospital, Ramsay Health Care UK**



**This report has been reviewed and approved by:**

- Medical Advisory Committee Chair – Mr Richard Hartley, Consultant Orthopaedic Surgeon
- Clinical Governance Committee Chair – Dr Darlymple, Consultant Anaesthetist

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

- South Lincolnshire Clinical Commissioning Group
- Peterborough & Cambridge Clinical Commissioning Group
- Health Watch – Peterborough
- Patient & Public Involvement Group Chair

# Welcome to Fitzwilliam hospital

The Fitzwilliam Hospital has been part of the local community for thirty six years. 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 a major 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 thirty six years our establishment has grown from strength to strength. From our friendly reception staff to our highly skilled surgeons, patient care and opinions are what matters most; and our positive feedback from our patients gives our entire team great pride. Not only do we continue to have positive feedback from our service users we have listened to the feedback from our patients and strived to make improvements to enhance patient experience. We employ 79 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 the 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. Last year we admitted a total of 10,569 patients, of which approximately 76% were NHS patients. On average an additional 1,100 patients per week were seen in our outpatient department by one of our 152 consultants.

We offer a wide range of services covering orthopaedic and general medicine right through to aspirational medical procedures such as breast augmentation, liposuction, weight loss management and facial cosmetic surgery. At Fitzwilliam Hospital we offer consultant led care, meaning that all our patients are under the direct care of a Consultant at each step of their patient care pathway.

We engage with local General Practitioners 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. We have fostered good working relationships with our surrounding care facilities, such as Peterborough City Hospital, Stamford Hospital and Pilgrim Hospital to offer enhanced patient choice for continued services, such as physiotherapy; we also operate an outreach physiotherapy clinic at the Sheepmarket GP Surgery, Stamford to give patients better access to our services.

GP's have access to an Electronic Referral System (ERS) for NHS patients which facilitates direct 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 also participates in the Advice & Guidance scheme, which provides GP's with access to consultant advice prior to referring patients in to secondary care as part of the non-urgent 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 relationships with our local Trust, North West Anglia NHS Foundation Trust. This affiliation promotes a robust governance process which in turn enhances both patient safety and patient experience.



We also work closely with many charities and organisations such as Sue Ryder, supporting the annual Dragon Boat race event during 2017/18. We supported the Great Eastern Run during 2017/18 providing assistance with training sessions at the local running track and by giving sports massage support to the runners on the day. Hospital staff participated in charity events throughout the year including Children in Need, Breast Cancer Awareness and Sports Relief.

# Part 2

## 2.1 Quality Priorities for 2017/2018

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 to ensure that those services commissioned, 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 service users.

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

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

### Priorities for Improvement

#### 2.1.1 A review of clinical priorities 2017/18 (looking back)

##### **Complaints Process – Continued Learning**

During both 2016/17 and 2017/18, we continued to focus on learning from incidents, complaints and feedback from patients; last year we made pledges against specific objectives to achieve this continued learning and our areas of focus alongside our progress updates can be seen below.

##### Departmental Learning

In 2017/18 we supported departments to continue to learn lessons from complaints, to make improvements to the service we provide to our patients and their relatives. All complaints received were shared both with individual staff members and anonymously with departments via shared learning workshops, so that staff may reflect on patient experience and to encourage the sharing of best practice for future care and service delivery.

##### Continued Education Program

During 2017/18 we focussed on continued staff education of the complaints and investigation processes, particularly with emphasis on the development of individual statement writing skills. The education project has enhanced staff knowledge of how and why we complete investigations which, coupled with an increase in the quality of statements that

are submitted, has been vital in the continued improvement of root cause analysis investigations and patient complaint investigations. In turn this has helped our Senior Management Team and Quality Improvement team to collect robust information and to complete quality responses more quickly, to provide patients and external stakeholders with assurance that concerns are being listened to, that we have advanced the learning that is extracted from investigation processes and that we are being responsive to incidents that occur.

Promoting advancements in the Hospital's patient safety and clinical care excellence, staff education and engagement has been and will continue to be at the centre of our Quality Improvement initiatives.

#### Quality Improvement Team to monitor how well the hospital handles complaints and concerns to encourage improvement

During 2017/18 we have introduced a new formal process for the handling of patient concerns and informal patient complaints. The process outlines and clarifies a structured process for staff for the directing concerns and complaints to the most appropriate Head of Department, requesting they contact the patient at the earliest opportunity to discuss their concerns and find a timely resolution, where possible. This new strategy puts an emphasis on resolving concerns raised at an informal level before escalation to a formal complaint, causing potential investigation delays for the patient unnecessarily. This has helped shape the lines of enquiry, ensuring the correct details have been taken and all aspects of the patients concerns are addressed at the earliest opportunity. The new process has proved successful with the majority of patient concerns being addressed efficiently in a timely manner, preventing delays and increasing patient satisfaction.

Where formal complaints are logged, weekly meetings have been introduced whereby the Quality Improvement team and the relevant Heads of Department meet to discuss cases on an individual basis; this encourages a holistic approach to finding a resolution, discussing the investigation findings and creating a positive outcome for the patient. The implementation of those complaints meetings have proved very successful, with patient complaints being handled much faster and with more engagement from the Heads of Departments involved. Individuals are now actively involved in the process, which assists future development and creates positive cross departmental team working for with patient care and experience at the centre.

#### Testing the effectiveness of actions taken

Ongoing reviews of the effectiveness of the actions has been undertaken, to ensure the correct changes have been implemented, as a result of learning from complaints.

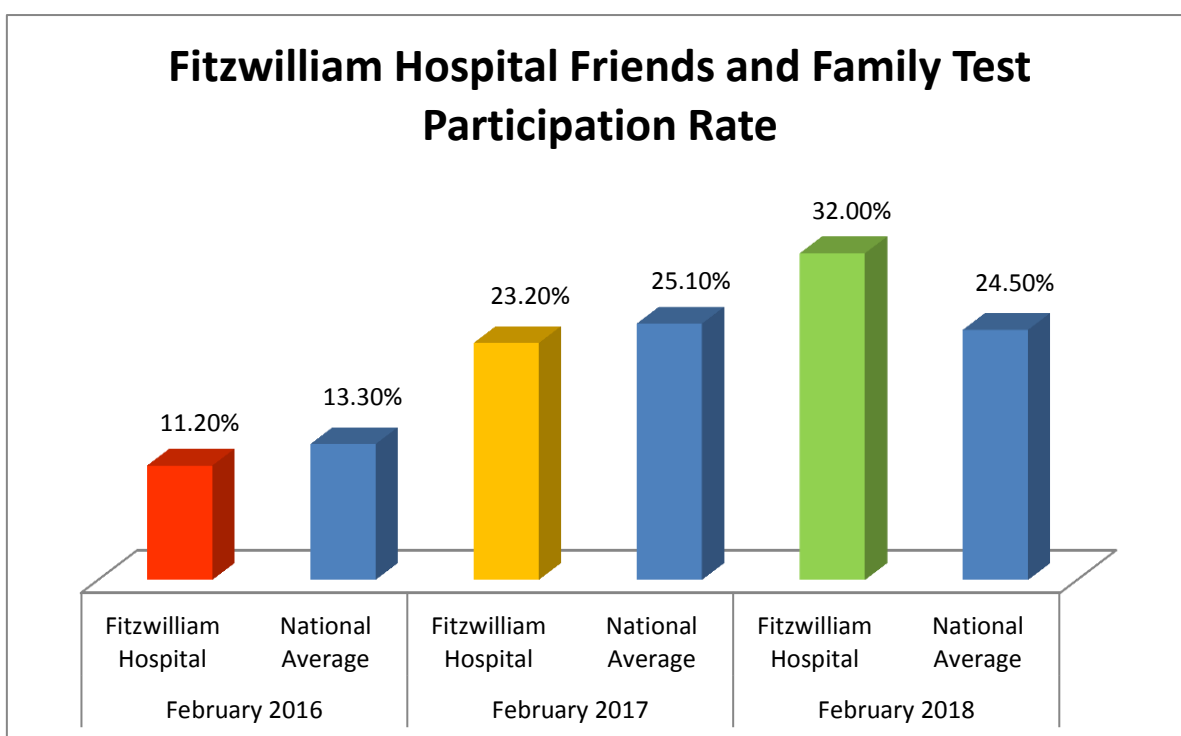
#### ISCAS – National Private Complaints Training

During 2017/18, the Quality Improvement Lead attended the Independent Sector Complaints Advisory Services (ISCAS) Complaints Handling training event. The day focussed on educating candidates on the handling of patient concerns and complaints in the private sector and learning from this session was instrumental in the development of our local complaints and concerns handling process.

## Friends & Family Feedback

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for our patients to provide their feedback after receiving care or treatment at Fitzwilliam Hospital. During 2017/18 we have concentrated on improving the participation rate of the Friends & Family test, as during the past two consecutive years the participation rate has been under the national average.

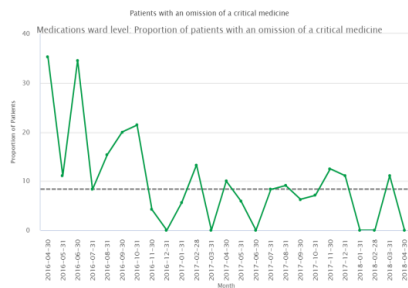
This year we have encouraged patients to complete the Friends and Family Test at each and every hospital visit so that they can provide specific feedback about a particular department or staff group; we have also made it easier for patients to have their say by giving them opportunity during their visit to complete the questionnaire anonymously. The participation rate has increased dramatically from 11.20% in 2015/16 to 32.00% in 2017/18; this has provided the hospital with a larger data set to analyse patients' experience. Specifically, we have been able to look at data by speciality level to provide robust assurances around the services offered to patients and the facility to act on any feedback which may require further attention.



# Clinical Effectiveness

## Medicines Safety Thermometer

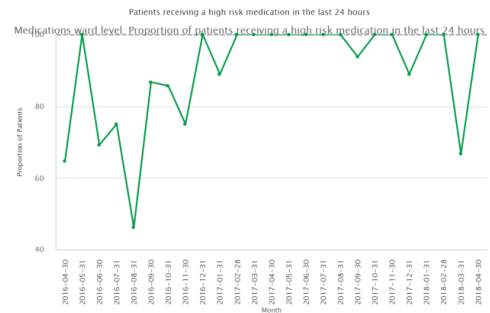
During 2017/18 we continued with the good work that was fostered as part of a previous CQUIN initiative for the Medication Safety Thermometer. The Fitzwilliam Hospital Pharmacist undertook monthly audits of the medications activity within the hospital as part of the national audit and fed their findings internally to the Senior Management Team, Heads of Department and frontline staff, in addition to our Ramsay Corporate team, to provide assurances of our safe and effective practice regarding medication management. Part of the initiative incorporated regular training sessions for all clinical staff, the dissemination of new clinical guidelines purporting to medication safety and ongoing support where required ensuring staff continue to have sound knowledge regarding medications management.



### Omitted doses in 24 hours

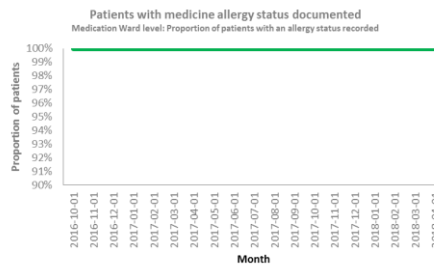
Fitzwilliam Hospital operates at 0% omitted doses in 24 hours of surgery. This means that none of our patients have a dose of their medication missed in error.

The graph above shows that we operate at approximately 5% of omitted doses. All of these patients either refused medications or their medications were omitted for a clinical reason.



### Patients receiving high risk medicine in the last 24 hours

During the reporting period we have seen a significant improvement in the use of high risk medicine. This means that we are able to manage the majority of pain with lower risk medication.



### Allergy recording

100% of patients have their allergy status recorded to ensure individualised, safe and effective care.

## Patient Safety - JAG

In 2017/18 Fitzwilliam Hospital underwent an inspection by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy to achieve a gold standard Accreditation for Endoscopy. The inspection reviewed the following:

- The Hospital maintains a standard of clinical excellence for individual Endoscopists
- The Hospital maintains high standards for training in endoscopy
- Quality assurance undertaken in the endoscopy unit
- Quality assurance in all aspects of staff education, training and satisfaction
- Quality assurance that the Hospital is safe, effective, responsive, caring and well-led in all aspects of patient care and service delivery

The Fitzwilliam Hospital received the JAG Accreditation to certify a gold standard Endoscopy Unit in March 2018.



**JAG**  
Joint Advisory Group  
on GI Endoscopy

### Certificate of Endoscopy Unit Accreditation

On behalf of the JAG accreditation scheme

**Fitzwilliam Hospital**  
**Ramsay Health Care**

**Unit Registration Number: ENG/1127**

is hereby granted JAG accreditation for the year 2018.

JAG accreditation is dependent on the unit continuing to maintain the scheme standards and submitting appropriate evidence to the JAG on request.

**Cert no. 6362      Date: 15 March 2018**

**JAG ACCREDITED ✓**

*Siwan Thomas-Gibson*  
Dr Siwan Thomas-Gibson  
Chair, the JAG

Hosted by  
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**2018**

## 2.1.2 Clinical Priorities for 2018/19 (looking forward)

### Clinical Effectiveness

#### Service Development

Throughout 2018/19 we plan to develop key services in response to increased population demand, particularly for our privately insured patients and for those who choose to pay for their treatment, to increase the availability of high quality private care in specialised services.

Our focus will be on development of the following 3 key service initiatives:

- Spinal Services
- Urology
- Cardiology

We plan to develop these services both to offer increased patient choice and to continue to offer an excellent range of excellent clinical care at Fitzwilliam Hospital that is responsive to our local community. The services will be developed incorporating the most advanced techniques and technology and will include consultant led care by some of the best in the country.

### Patient Experience

#### Patient Information Journal Development

In response to patient feedback, patient complaints and incident investigations undertaken in 2017, during 2018/19 we would like to undertake a review of our patient communication methods and care pathways for NHS hip & knee patients, with an objective of producing a patient journal, to improve communication and the overall patient experience.

A Patient Information journal will be developed to "travel" with the patient throughout their care pathway; this will ensure all important information is accessible to the patient in one place. This will also allow staff members to monitor information already given to patients at any point in their pathway. Subsequently this is likely to support increased patient satisfaction and reduce the likelihood of patients requiring additional community support via GP services or attendance to other NHS providers following discharge.

The journal will include information such as:

- Contact details for the hospital with supporting signposting information, such as telephone numbers for the Admissions Bookings team, Reception team, Pre-Assessment team and the Ward Nursing team
- Details on how to raise concerns or make a formal complaint
- Procedure specific literature, such as consent leaflets
- Summary of the risks and benefits of the procedure
- A place to keep important documents, such as the patient copy of the consent form
- Information about Daycase or inpatient stay
- Guidance on wound care
- Details of other post-operative care, such as physiotherapy exercises

The Journal will initially be developed with focus for patients undergoing a Total Hip Replacement and Total Knee Replacement procedure. The Journal may then be developed for our other services subject to the outcome of the trial.

## Patient Safety

### Signup to Safety Pledge

Sign up to Safety is a national patient safety campaign announced by the Secretary of State for Health. It was launched in June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. In 2018/19, Fitzwilliam Hospital will be joining the Sign up to Safety Campaign and making a pledge for patient safety.

Fitzwilliam hospital will be developing a directed strategy to listen to patients, relatives and staff, to learn from what they say when things go wrong and take action to improve patient's safety, helping to ensure patients receive the highest quality care and treatment and ensuring patients have a positive experience. We aim to do this by fostering the ethos of the five Sign up to Safety pledges:

1. **Putting safety first.** Committing to taking a systematic approach to safety by developing specific goals and plans.
2. **Continually learn.** Continue to regularly review incident reporting and investigation processes to make sure that we are adapting to sector changes and are truly learning from when things go wrong. In turn we hope to become more and more resilient to risks. We also pledge to continue to be committed to listening and responding to patient relative and staff feedback, to increase patient and staff satisfaction.
3. **Be honest.** Being open and transparent with people about our progress and ensuring that we support staff to be candid with patients and their families if something goes wrong, sits at the core of our values. We will continue to foster a culture of open and honesty across the hospital to tackle patient safety issues and create an environment of clinical safety.
4. **Collaborate.** Actively collaborating with other organisations and teams; sharing our work, our ideas and our learning to create a truly national approach to safety. Working together with others, joining forces and creating partnerships that ensure a sustained approach to sharing and learning across the system.
5. **Be supportive.** Being kind to our staff, helping them bring joy and pride to their work. Being thoughtful when things go wrong; helping staff cope and creating a positive just culture that asks why things go wrong in order to put them right. We pledge to continue to give staff the time, resources and support to work safely and to work on improvements. Thanking our staff, rewarding and recognising their efforts and celebrating our progress towards safer care.



## 2.2 Mandatory Statements

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

### 2.2.1 Review of Services

During 2017/18 the Fitzwilliam Hospital provided 34 NHS services.

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

The income generated by the NHS services reviewed in 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 represents 61.49% per cent 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 Management Team together with Regional and 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 2017/18, the indicators on the scorecard which affect patient safety and quality were:

#### **Human Resources**

In the period 2017/18 our expectation was to continue to recruit to permanent positions and retain permanent staff in order to continue to reduce the percentage of agency use. In 2017/18 our percentage of agency staff usage was 6.92%; in 2016/17 this figure was 16%, demonstrating a decrease of 9.08%. Long term sickness, maternity leave, new starter induction and training contributed to lost hours which were recorded as 26.2% in 2017/18. Staff worked per hospital days was 22.51 and staff costs as a percentage of net revenue was 23.74%. Ward Hours worked Per Patient Days (Ward Hours PPD) were recorded at 3.42.

The 2017/18 Fitzwilliam Hospital staff sickness was 2.59%; this demonstrated a significant 1 year decrease of 1.23%; in addition to a 1.17% decrease of staff sickness between 2015/16 to 2016/17, this has resulted in a cumulative 2 year decrease of 2.4%. To achieve these improvements, we have continued to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service and continue to support Staff Health and Wellbeing with our CQUIN initiatives that have been completed in this reporting period.

During 2017/18, staff turnover at Fitzwilliam Hospital decreased by 10.8%, from 23.3% last year to approximately 12.5%; this is attributed to the continued dedication by all managerial and frontline staff members to foster a positive culture where wellbeing is a key focus.

The total skill mix calculation for the Fitzwilliam Hospital was completed by reviewing the contracted bank hours for Registered Nursing staff and Healthcare Assistants. In the previous financial year, we planned to review the skill mix in the Outpatient and Theatre departments based on a workforce review that had been undertaken. Our Outpatient

department now has a good balance of registered Nurses and Healthcare Assistants and work continues to improve the balance in the theatre department, with our recruitment drive for theatre Operating Departmental Practitioners (ODP's) and Nursing staff continues.

- Fitzwilliam Hospital have 79 Registered Nurses caring for our patients
- Fitzwilliam Hospital have 40 Healthcare Assistants
- Fitzwilliam Hospital have 5 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 care. In March 2018, our overall mandatory training compliance sat at approximately 92%.

The staff appraisal completion rate at Fitzwilliam Hospital currently sites at 80%.

### **Staff Satisfaction**

During 2017/18 we participated in the NHS Culture of Care Barometer which is designed to help organisations gauge culture of care they provide and the level of their staff satisfaction. The barometer and associated discussions with staff can detect early signs of cultural issues which could impact on patient care. During quarter 1 of 2017/18, our staff undertook the survey which asked 30 questions relating the following 3 factors:

**Factor 1:** Hospital level values and culture (Values, Ethos & Responsiveness)

**Factor 2:** Team level support and management and Respect between colleagues (Management & Appraisals)

**Factor 3:** Concerns constraints in undertaking the job (Resource & Safety)

From the feedback received, an action plan was created which focused on things like revitalising staff forums with the general manager, providing more regular platforms for staff to have their say, giving staff the resources to utilize their time effectively and order additional equipment and making the process of discussing and actioning staff appraisal and satisfaction a robust part of the management agenda.

In quarter 4 of 2017/18, the Culture of Care Barometer was completed again by our staff and the results showed a significant improvement of at least 10% in each area, with overall satisfaction sitting at approximately 83%.

There were three RIDDOR events reported at the Fitzwilliam Hospital during 2017/18.

### **Patient Services**

The Fitzwilliam Hospital reported 64 complaints during 2017/18 which equates to 0.60% of total admissions. This identified a slight decrease in reported complaints from the previous year. The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committees. Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the complaint and collectively discuss where improvements could be made. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Fitzwilliam Hospital on a regular basis.

We utilise an external organisation to gather unbiased data from patients about their experience and satisfaction with the services they have received. The data set is released on a quarterly basis, areas which require improvement are reviewed and actions taken accordingly. Feedback from our patients is important to us, based on the feedback during 2017/18, we have maintained or made improvements with an average compliance score of over 95% in the following areas:

- Patients felt they received a friendly welcome on arrival to hospital
- Patients felt they were given enough privacy and dignity when being examined
- Patients felt they were given enough privacy and dignity when discussing their condition and treatment plan
- Patients felt they were provided with answers they could understand from both the nursing staff and our consultants when raising questions about their clinical care.
- Patients felt that they were involved as they wanted to be in the decision making for their care and treatment
- Patients felt that hospital staff did everything they could to control and manage their pain
- Patients felt that the cleanliness of the hospital was of a good standard
- Patients were satisfied with the care provided by the doctors, nurses and other healthcare professionals, such as radiographers and physiotherapists

Ramsay also has two further patient feedback mechanisms the first being, “We Value Your Opinion” which allows patients 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 Management Team and areas identified for improvement are considered. The second mechanism is the “Hot Alert” this is a web based feedback questionnaire, allowing patients to comment on any aspect of their stay. All “HOT Alerts” are reviewed by the General Manager and Matron, the patient receives a written response based on their comments, to highlight any actions taken by the hospital to make improvements to the services we offer.

## **Quality**

During 2017/18 the following estates work and refurbishments were undertaken to improve the services we offer patients and staff.

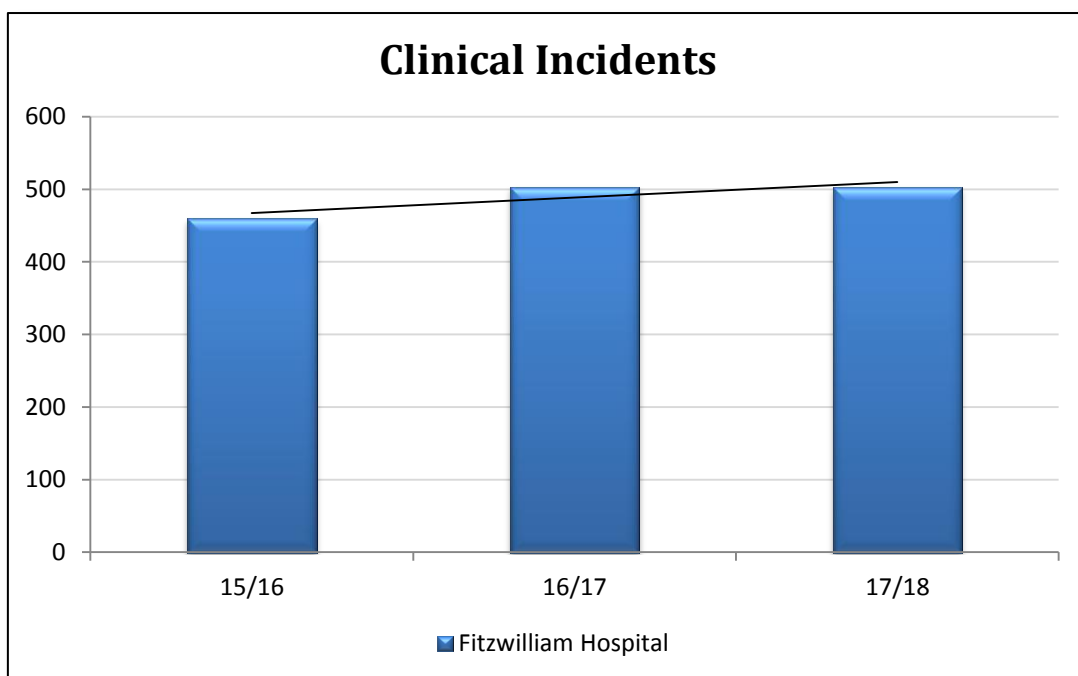
- Fifth Theatre Build completed
- 23 additional car parking spaces were created, based on patient feedback and comments
- Major refurbishment works to the patient main reception area
- Relocated and refurbished patient High Care Unit
- Additional Outpatient clinic rooms
- New Physiotherapy clinic rooms and enhanced gym facility
- New Administration offices
- New bicycle shelter for staff and patient use
- Refurbished main theatre and goods lifts
- New conference room
- Resurfaced patient and staff car park
- Air Handling Unit (AHU) replacement in Theatres 1 & 2.

These activities show the continued commitment to ensure the facilities are modern and have continual investment. In 2018/19 the hospital plans to:

- Renovate the delivery goods bay to make the procurement of goods easier for staff members
- New Nurses station on the Ward
- Refurbishment of two x-ray rooms that will commence on 1<sup>st</sup> July 2018

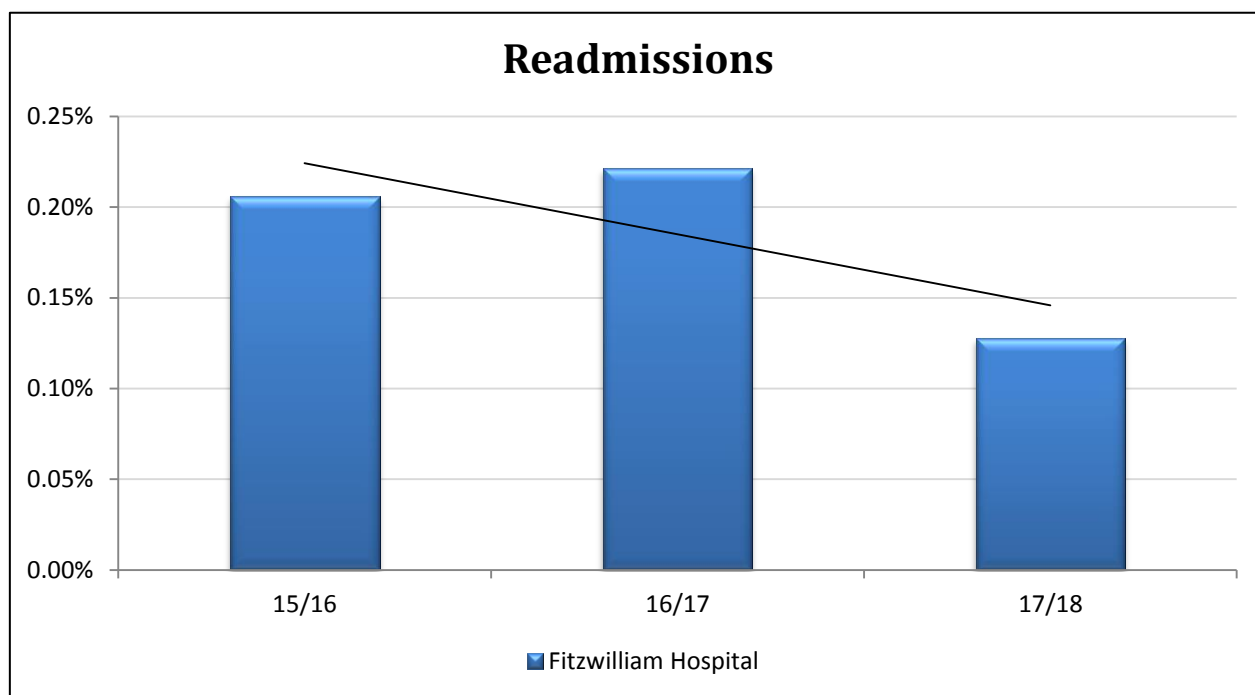
The annual audit program is inclusive of reviewing infection prevention and control with periodic audits looking at a range of infection prevention and control activities. This includes hand hygiene, isolation, surgical site surveillance, peripheral venous cannula care bundles, urinary catheter bundles and infection control environmental audits. A number of local audits are also undertaken, regular mattress audits are completed to ensure all mattresses are appropriate for use. Any mattresses which are not deemed suitable are replaced through the audit actions to ensure our equipment meets the industry required standards.

The Fitzwilliam Hospital has a governance process which monitors significant clinical events. During the period 2017/18 our overall percentage for reported serious significant events (severe harm) was 4.59% per 100 discharges; this is a decrease from the previous reporting period.



The top trending incident theme in 2017/18 was extended length of stay due to delayed discharge. Extended length of stays, usually for Daycase patients, are for patients that require additional support, or further monitoring as a precautionary measure. Investigations into all extended length of stay cases via the reporting process found that it was clinically appropriate and in the best interests of all patients from them to stay for additional night(s).

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 are reviewed on a bi-monthly basis at the Medical Advisory Committee and Clinical Governance Committee, the data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group. In percentage terms the readmission rate relates to 0.13% of our inpatient stays during 2017/18.



## 2.2.2 Participation in Clinical Audit

During 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 Fitzwilliam hospital participated in 4 national clinical audits. The national clinical audits that Fitzwilliam Hospital participated in, and for which data collection was completed during 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, 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) (November 2016 – November 2017)	796
Elective surgery (National NHS PROMs Programme)	828
Elective surgery - Private PROMs Programme	139
ICHOMs Cataract PROMs	163

The reports of 4 national clinical audits from 1 April 2017 to 31<sup>st</sup> March 2018 were reviewed by the Clinical Governance Committee and Fitzwilliam Hospital intends to take the following actions to improve the quality of healthcare provided.

- Continue to improve the process around PROMs compliance
- Continue to improve the process around ICHOMs Cataract PROMs compliance

## Local Audits

The hospital completed 100 local clinical audits from 1 April 2017 to 31 March 2018 were reviewed by the Clinical Governance Committee and Fitzwilliam Hospital. The clinical audit schedule can be found in Appendix 2.

The clinical audit program works very differently to previous years; for the majority of clinical areas, an audit is undertaken at the beginning of the year to identify areas for actions and improvement and sets a benchmark for improvement for the rest of the year. The responsibility to implement and complete the associated actions then sits with the hospital via the “local audit” function. The local audit function is supported and complimented by a hospital action plan.

During 2017/18 we have seen a continued high standard of compliance achieved with post radiology imaging protocols, the audit findings were shared with the radiology team, to congratulate the team on their clinical effectiveness.

The Fitzwilliam Hospital implemented a number of initiatives following learning from audit results. All audit information is disseminated to both the local teams and the consultant body for action and learning.

Areas identified for improvement from audit has resulted in specialist training materials being created for staff, to support their learning and development in specific areas.

Audit is discussed at departmental meetings and feedback is given to staff, each audit that requires any improvement has an action plan attached. It was identified that there was a need to ensure all quality information and actions from audit was cascaded to the wider consultant body, to ensure key areas of focus were being shared. A consultant newsletter was implemented last year and the publication has been well received by the consultant body, this has allowed us to share lessons and good practice to reach the wider consultant body.

### 2.2.3 Participation in Research

There were no patients recruited during 2017/18 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

The Ramsay Group did not participate in the all of the National CQUIN Goals for the financial year 2017/18, as many were applicable to NHS Trusts only. Of NHS National CQUINS, Fitzwilliam Hospital undertook Flu Vaccination and Advice and Guidance. All other CQUIN initiatives undertaken were local initiatives and can be seen in the table below.

Goal Name	Indicator Name	Indicator Description
Preventing ill health by risky behaviours – tobacco	Tobacco Screening	<ul style="list-style-type: none"> <li>Screening Patients at Pre Assessment Clinics to provide identify those patients at risk of smoking</li> </ul>
	Tobacco Advice	<ul style="list-style-type: none"> <li>NHS patients who have been identified as being at risk through smoking and are offered very brief advice or referral to specialist services</li> </ul>
Preventing ill health by risky behaviours – alcohol	Alcohol Screening	<ul style="list-style-type: none"> <li>Screening Patients at Pre Assessment Clinics to provide identify those patients at risk of alcohol</li> </ul>
	Alcohol Advice	<ul style="list-style-type: none"> <li>NHS patients who have been identified as being at risk through drinking and are offered very brief advice or referral to specialist services</li> </ul>
The Culture of Care Bundle	Care Barometer	<ul style="list-style-type: none"> <li>The Culture of Care Barometer is designed to help organisations gauge culture of care they provide.</li> </ul> <p>This allows staff the opportunity to engage and discuss organisational culture by area/team. The barometer and discussion can detect early signs of cultural issues which could impact on patient care.</p>
Improvement of staff health and wellbeing	Health & Wellbeing Continued	<ul style="list-style-type: none"> <li>The improvement of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.</li> </ul>
	Flu Vaccination	<ul style="list-style-type: none"> <li>Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</li> </ul>
Advice & Guidance	Local Variation of National CQUIN	<ul style="list-style-type: none"> <li>The scheme requires providers to set up and operate Advice &amp; Guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.</li> </ul>

## Local 2018/19 CQUIN Goals

Goal Name	Indicator Name	Indicator Description
Communication Pathways	Development of a Patient Communication Journal	<ul style="list-style-type: none"> <li>Review of patient communication methods and care pathways for NHS hip &amp; knee patients, with an objective of producing a patient journal, to improve communication and the overall patient experience.</li> <li>A Patient Journal to "travel" with the patient throughout their pathway; this will ensure all important information is accessible to the patient in one place. This will also allow staff members to monitor information already given to patients at any point in their pathway. Subsequently this is likely to increase patient satisfaction and reduce the likelihood of patients requiring additional community support via GP services or attendance to other NHS providers following discharge.</li> </ul>
Improvement of staff health and wellbeing	Flu Vaccination <i>Local Variation of National CQUIN</i>	<ul style="list-style-type: none"> <li>Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</li> </ul>
Advice & Guidance	Local Variation of National CQUIN	<ul style="list-style-type: none"> <li>The scheme requires providers to set up and operate Advice &amp; Guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.</li> <li>Continue to develop the 2017/18 CQUIN achievements for Advice &amp; Guidance - during 2017/18, the hospital achieved 100% of specialties offering the A&amp;G facility. Engagement with GP's in relation to the use of the Advice &amp; Guidance service also commenced.</li> <li>In 2018/19: <ul style="list-style-type: none"> <li>- 95% of Advice and Guidance requests for 4 specified specialties (Orthopaedics, Gynaecology, General Surgery and Ophthalmology) should be responded to within 2 working days.</li> <li>- 80% of advice and guidance to be available for the other 9 specialties within 5 working days.</li> </ul> </li> </ul>
Service Specification	Development of Service Specifications for specified services	<ul style="list-style-type: none"> <li>To complete detailed service specifications including full pathway information for the following specialties: <ol style="list-style-type: none"> <li>1. General Surgery</li> <li>2. Gynaecology</li> <li>3. Ophthalmology</li> <li>4. Pain</li> </ol> </li> </ul> <p>Review of the 4 pathways to ensure that we are delivery a safe and effective service to our patients with a holistic approach.</p>
Sign up to Safety	Sign up to a National NHS Campaign	<ul style="list-style-type: none"> <li>Develop a "sign up to safety" campaign to reduce avoidable harms.</li> <li>The campaign will run in line with the national "sign up to safety" campaign to achieve two main objectives: Reducing harm in peri-operative care and ensuring patients have a positive experience.</li> </ul>



## 2.2.5 Statements from the Care Quality Commission (CQC)

Fitzwilliam Hospital is required to register with the Care Quality Commission and its current registration status on 31<sup>st</sup> March 2018 is registered without conditions.

Fitzwilliam Hospital had their CQC Inspection during November 2016. The Hospital was rated overall as “Good” by the CQC following their inspection. The full inspection report can be found at:

<http://www.cqc.org.uk/search/site/fitzwilliam%20hospital?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html>

During 2017/18, Fitzwilliam reported two Wrong Level Spinal Surgery Never Event incidents and a number of perforations sustained during gynecology procedures. In addition to an internal investigation, a Ramsay provider review and reviews by external specialists were conducted. Both external reviews concurred with the findings from the internal reviews undertaken and the Hospital was complimented on having robust governance processes.

The Care Quality Commission revisited Fitzwilliam Hospital in September 2017 in response to the above mentioned incidents. The CQC were satisfied with the robust governance processes at the hospital and the actions that had been taken in response to the incidents; the outcome of the review was that the “Safe” domain was increased from “Requires Improvement” to “Good” for surgery.

## 2.2.6 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 2017/18 our key goals were to:

- Continue improve the process regarding the capture of patient data
- Review the process of the QA research patient questionnaire post discharge to identify if the participation rate can be improved to allow the hospital to collect more feedback from patients to make improvements to the services we offer our patients.
- Ensure all inpatient discharge letters are send electronically to General Practices within 24 hours of patient discharge, to ensure patients General Practitioners have timely information.
- Continue to review KPI performance via committee reporting and review the viability of a high level dashboard for hospital Senior Management use and action.
- A review of PROMS data for Hip and Knee replacements to review patient data relating to outcome measures, to identify any improvements that could be made.

In 2018/19 the key areas of focus to improve the capture of patient data

- The CQUIN regarding Advice and Guidance will assist the hospital to work collaboratively with General Practice, allowing General Practitioner’s to access consultant advice prior to referring patients in to secondary care.

- The Quality Improvement Team to continue to provide comprehensive reports regarding activity to the Medical Advisory Committee and Clinical Governance Committee which are supported by clinical audit.
- A further focus on the Friends & Family participation rate will be undertaken in 2018/19, to obtain a greater number of comments from patients, to allow the hospital to further analyse the feedback to make any improvements to the service offered to patients.

### **NHS Number and General Medical Practice Code Validity**

The Ramsay Group submitted records during 2016/17 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

### **Information Governance Toolkit attainment levels**

Ramsay Group Information Governance Assessment Report score overall for 2017/18 was 83% and was graded 'green' (satisfactory).

This information is publicly available on the DH Information Governance Toolkit website at: <https://www.igt.hscic.gov.uk>

### **Clinical Coding Error Rate**

There were no external clinical coding audits undertaken at Fitzwilliam Hospital during 2017/18.

## 2.2.7 Stakeholders views on 2017/18 Quality Account

### NHS South Lincolnshire CCG Commentary on Fitzwilliam Hospital Quality Account 2017/18

NHS South Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Ramsay Hospitals Fitzwilliam site (the organisation) Annual Quality Account 2017 – 18.

The Quality Account provides comprehensive information on the quality priorities the trust has focussed on during the past year with detailed information on how these were undertaken. However the commissioner believes that a number of the activities including The Management of Complaints and the NHS Friends and Family Test would be expected core processes for any organisation undertaking NHS work.

For the second consecutive year the commissioner has not had the opportunity to participate in the developing of Quality Priorities for 2018 – 19. The commissioner supports the Sign Up to Safety and Patients Journal but is concerned that these activities are also the organisations CQUINs (Commissioning for Quality and Innovation) developed between the commissioner and organisation for the coming year. Engaging with the commissioner and other external stakeholders in developing different priorities would have introduced more stretch into the organisation.

Through regular monitoring of the providers incidents the commissioner became concerned that a higher than expected number of Never Events and Serious Incidents were occurring across both the Fitzwilliam and Boston West Sites (page 25 of the Quality Account).

The commissioner worked with the provider at a number of formal meetings to understand the root causes, the increase in number (which was unusual) and further external assurance required from the Royal College of Obstetricians and Gynaecologists who undertook an external independent review. The commissioner is assured by the actions taken for the incidents above and will continue to monitor the organisation on patient safety.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the Quality Account submitted is a true reflection of the quality delivered by Ramsay Hospitals Fitzwilliam site based upon the information submitted to the regular Quality Contract Meetings.

The commissioner can confirm that this Quality Account has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the organisation.

Finally the Statements of Quality Delivery from the Matron are informative with the case studies giving a greater level of detail.

NHS Lincolnshire South Clinical Commissioning Group looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.



Elizabeth Ball  
Executive Nurse  
NHS Lincolnshire South Clinical Commissioning Group

## Fitzwilliam Hospital Response:

Fitzwilliam Hospital (the Hospital) welcomes the feedback from NHS South Lincolnshire Clinical Commissioning Group (the Commissioners) on the Annual Quality Account 2017/18.

The Hospital's Quality Priorities for 2017/18 are formed by identifying areas for continuous improvement. The Management of Patient Complaints and improvements to participation rates of the NHS Friends and Family test, although form part of our core processes, were areas of focus in which we have strived to achieve improvements in the quality of care and service that we offer to our patients. Although two of our priorities for the coming year incorporate our CQUIN projects, the Hospital feels that it is important to highlight that these initiatives will be a focus for the Hospital throughout the coming year. It is standard procedure that any hospital facility would include their CQUIN projects as part of their quality priorities for the year ahead.

The Hospital was disappointed to learn that the Commissioners felt that they had not been given the opportunity to participate in the developing of Quality Priorities for 2018/19. The Hospital welcomes the chance to help shape future health care provision in the locality, working with the local health economy and the Commissioners. The Hospital has regular liaison with the Commissioners throughout the year; to the best of our knowledge, the Hospital has not been invited to any discussions or meetings with the Commissioners regarding any changes that may drive our Quality priorities for the coming year. The Fitzwilliam Hospital would welcome any input and engagement from the Commissioners. The Hospital assures our stakeholders that all relevant developments that have occurred during 2017/18 and are planned for 2018/2019 have been included within this Quality Account.

In accordance with the Hospital's robust reporting culture, the Hospital informed the Commissioners of the Serious Incidents and Never Events that occurred during the reporting period. Please see sections 2.2.5 – "Statements from the Care Quality Commission (CQC)" and 3.3.2 - "Royal College of Obstetricians and Gynaecologists (RCOG) review of the Gynaecological Services at Fitzwilliam Hospital – December 2017" of this Quality Account, for further information. Throughout the internal investigations and external review processes, requested by Fitzwilliam Hospital, stakeholders, including Lincolnshire CCG and the Care Quality Commission (CQC) were kept informed and updated of any progress.

The Hospital looks forward to working with NHS Lincolnshire South Commissioning Group over the coming year to improve and deliver and achieve the best possible outcomes for patients

Fitzwilliam Hospital submitted the Quality Account 2017/18 to Cambridgeshire and Peterborough CCG for review and comment on 4<sup>th</sup> June 2018, 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 Cambridgeshire and Peterborough CCG, the Quality Account 2017/18 will be republished.

## [Healthwatch Peterborough Commentary on Fitzwilliam Hospital Quality Account 2017/18](#)

Fitzwilliam Hospital submitted the Quality Account 2017/18 to Healthwatch Peterborough for review and comment on 13<sup>th</sup> June 2018. Unfortunately, to the best of our knowledge, Fitzwilliam Hospital have not received a response. Upon receipt of a response from Healthwatch Peterborough, the Quality Account 2017/18 will be republished.

# Part 3: Review of Quality Performance 2017/2018

## Statements of Quality Delivery

Matron, Jane Groom

**Review of Quality Performance 1 April 2017 - 31 March 2018**

### Introduction

#### Statement from Vivienne Heckford

“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

**(Vivienne Heckford, Director of Clinical Services, Ramsay Health Care UK)**

### Ramsay Clinical Governance Framework 2018

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.

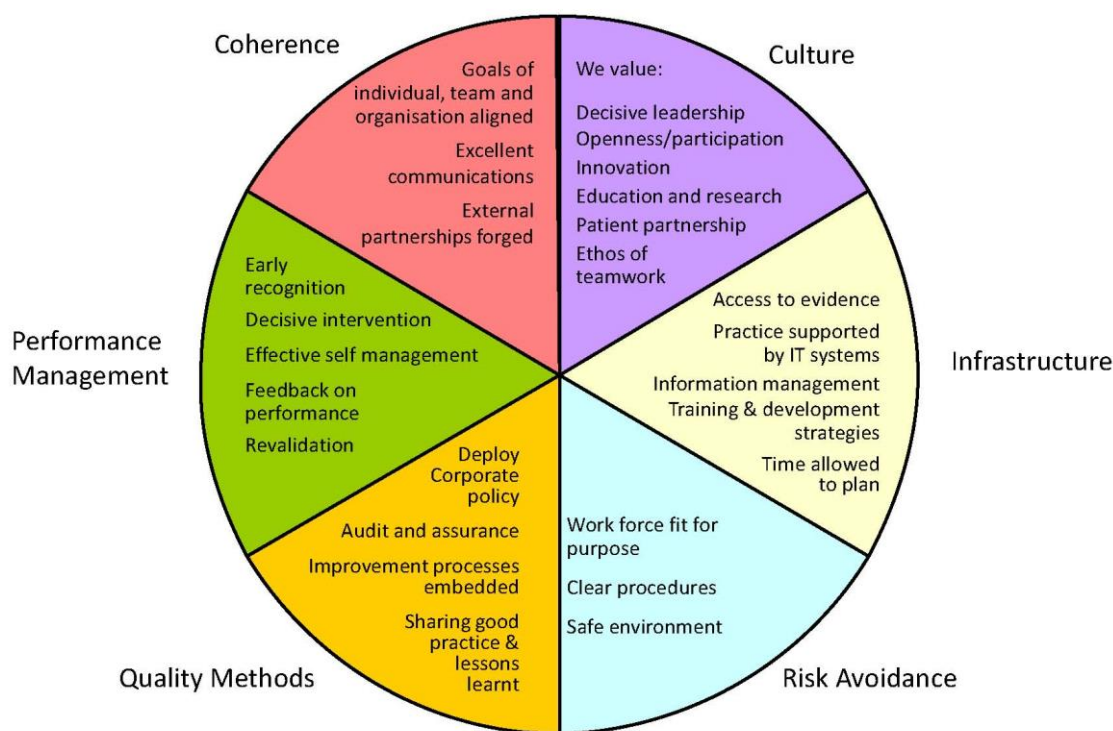
It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc., are inter-dependent with actions in one area impacting on others.

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. The Fitzwilliam Hospital review all National Guidance released from the National Institute of Clinical Excellence at the Clinical Governance Committee and reviews undertaken by the speciality representative at the Medical Advisory Committee, all guidance releases from Ramsay are also issues to the



Consultant Body to ensure they are aware of recent releases and requirements. The hospital compliance is registered in a local database and is regularly monitored.

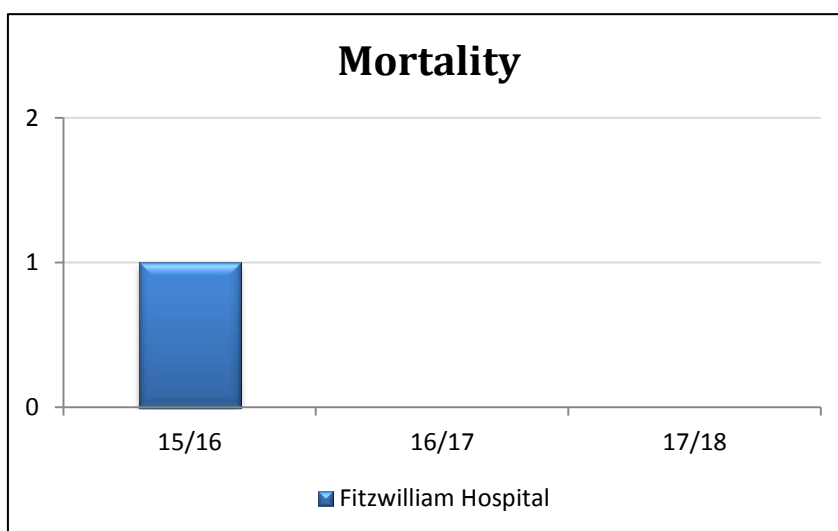
### 3.1 The Core Quality Account indicators

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 NHS and Non-NHS bodies via the Health and Social Care Information Centre, 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.

#### Mortality

The table below shows the Mortality data, the latest data release from the Health & Social Care Information Centre (HSCIC) the mortality data is a Summary Hospital-level Mortality Indicator (SHMI). The figured 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.

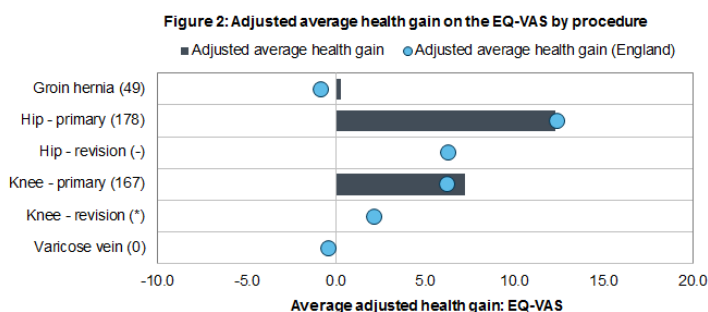
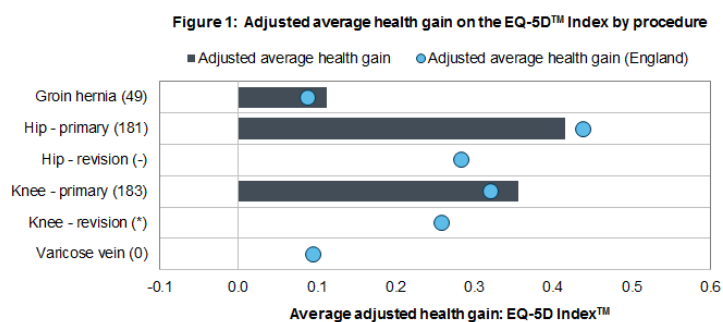


The Fitzwilliam Hospital considers the data is a true reflection of activity for the following reason.

- A death is rare and as illustrated in the graph above, there were no deaths in either the 2016/17 or 2017/18 period.

## Patient Reported Outcome Measures (PROMS)

The information in the table below shows reviews data in relation to helping people to recover from episodes of ill health or following injury. The domain reviews patients 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 2015 – March 2016 is evident below for both total hip replacement procedures and total knee replacement procedures and groin hernia repair.



## 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 within the national average.

Period	Best	Worst	Average
Apr15 - Mar16	RYJ 24.973	RBK 16.892	Eng 21.617
Apr16 - Mar 17	NTPH1 25.068	RAP 16.427	Eng 21.799

Period	Fitzwilliam
Apr15 - Mar16	NVC06 20.858
Apr16 - Mar 17	NVC06 20.971

## 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 within the national average.

Period	Best		Worst		Average		Period	Fitzwilliam	
Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC06	17.02
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC06	15.865

The Hospital has recently undertaken a review of their PROMS data and has identified area where improvement could be made to increase the health gain recorded by our patients. This should show further improvement during 2017/18; however, PROMs outcome data publication is approximately 24 months behind real time procedures.

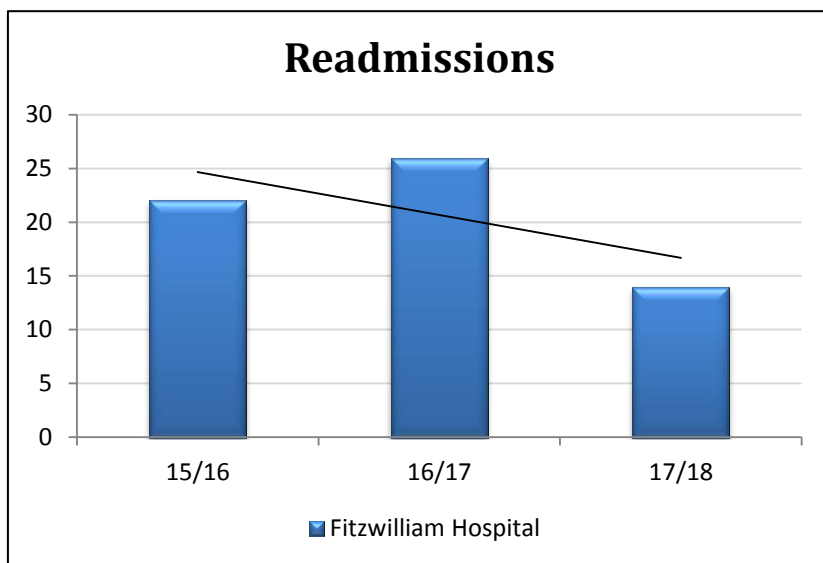
The Fitzwilliam Hospital considers that the Total Hip and Total Knee Replacement PROMs data is as described for the following reasons:

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

The Fitzwilliam Hospital continually reviews the PROMS process at hospital level to increase patient participation and ensure the process is capturing the patient data at pre assessment. The process was reviewed throughout 2017/18 which is reflected in the improved health gain scores. Further work is required to engage and communicate with patients regarding the NHS outcome measure and work will progress during 2018/19.

## Readmissions

The table below shows the data set of patients who were readmitted to hospital within 28 days of being discharged; the numbers have been analysed for readmission per 100 discharges which sets the Hospital readmission rate at 0.13%. The latest data sets available from SUS have been reported on for this Quality Account.



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

- Readmissions are below the national average and could be attributed to good standards of clinical care and treatment preventing readmission.
- Patients could also choose to represent at another provider
- Patients are provided with key information at the point of discharge about care services following their procedure.
- Each year the hospital has seen a rise in the readmission rate; this rise has been relative to the increase in patient activity over the reporting period.

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

## Responsiveness

### Mechanisms of Patient Feedback

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

The hospital will continue to listen and act upon patient feedback during 2018/19, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients. We continually review our feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Fitzwilliam Hospital.

During the reporting period the hospital received 64 complaints comparing this to the number of patient visits to the hospital for the same period showing a 0.06% complaint rate for the hospital. The complaint numbers received by the hospital are below the national average for complaints when comparing against activity.

All complaints are discussed at weekly compliant meetings held between the Quality Improvement team and the Heads of Departments involved in the patient complaint, for a holistic and timely completion of the investigation. All complaints are discussed by frontline clinical staff members during their team meetings via a reflective workshop. Complaints themes and actions are displayed on departmental governance boards that are updated monthly. Complaints are discussed at core level management meetings and at Clinical Governance and medical Advisory Committees, as well as being reported to our corporate team.

### VTE Assessment

The VTE assessment domain reviews data to see if patients are being treating 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.

Period	Best		Worst		Average	
16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%
16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%

Period	Fitzwilliam	
Q3 2016/17	NVC06	96.3%
Q4 2016/17	NVC06	96.2%

The data shows the Fitzwilliam Hospital has exceeded national benchmarking data, with consistent performance. Analysis of 2017/18 shows an overall compliance percentage of 96.25%.

The VTE management of patients post operatively has been reviewed via periodic audits during 2017/18, to ensure the best possible care is being delivered to patients. We monitor our VTE compliance through audit and the National Safety Thermometer which looks at patient avoidable harms in hospital. During 2017/18 the hospital reported a “harm free” status for all aspects of the audit. 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 any treatment is provided in accordance with the consultant’s post-operative assessment, to mitigate patients from avoidable harm.

As Fitzwilliam Hospital was identified as a Ramsay outlier for post-operative VTE episodes against total admissions, during 2017/18 we completed a VTE assurance report which identified the following:

- The National Institute for Health & Clinical Excellence (NICE) 2009 state that the incidence of nonfatal clinical DVT with PE is up to 5% in hip replacement and up to 14% in knee replacement. More recent data from NICE in 2015 has reviewed 57,899 HES (hospital episode statistics) for hips and 52,535 HES for knees and found the average incidence for hips 0.51% and 0.94% for knees.
- The total activity across the lower limb arthroplasty for the time period in which the VTE events have occurred have been reviewed and amount to a total of 863 joints and 6 VTE events, resulting in a rate of 0.70%. Outside of this there were two VTE events relating to lower limb non-arthroplasty surgery.
- The VTE events occurred across three out of 15 orthopaedic consultants
- Patients with lower limb arthroplasty are higher risk of clot
- Root cause analysis investigations into the patient cases were completed

## C Difficile Rates

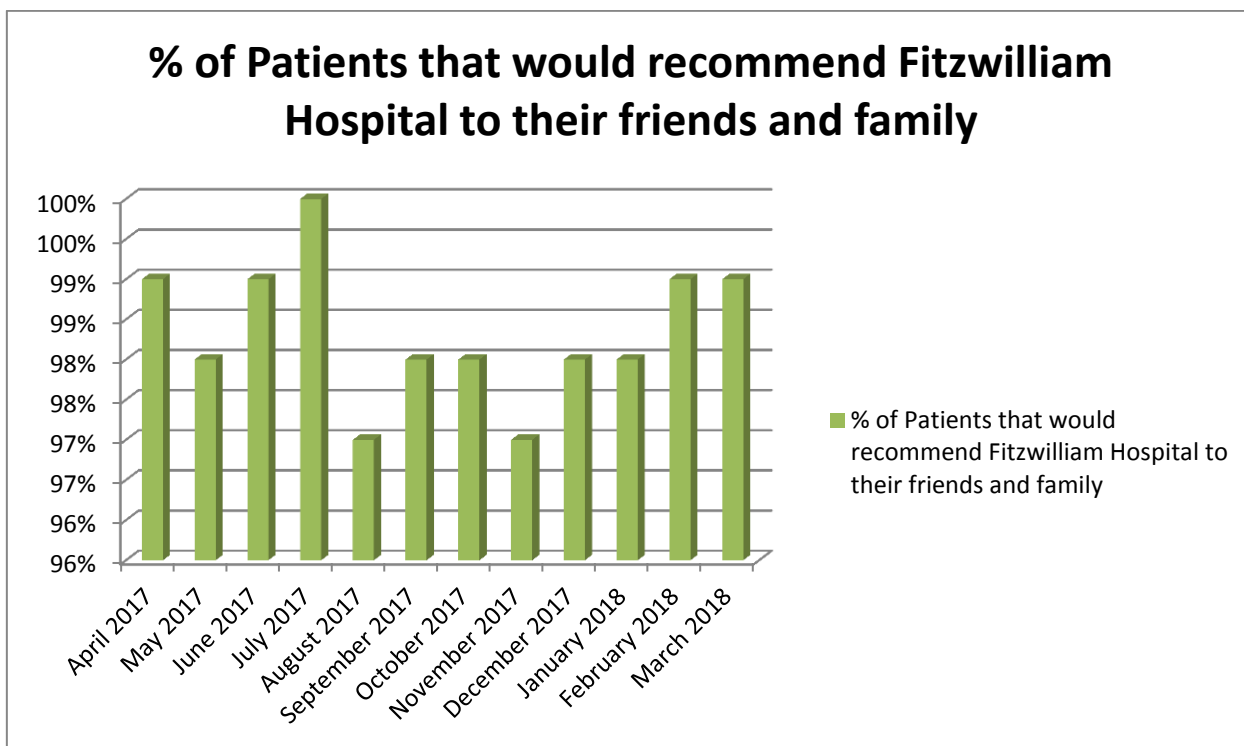
From the data analysed, the Fitzwilliam Hospital is amongst the best performing organisations in the country for C-Difficile rates.

The hospital have reported 0 cases of C Difficile which 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, this can be supported by a 0% rate in C-Difficile cases for 2017/18.

The scores reflect good practice from clinical staff in the ability to isolate patients which required, promoting good infection control processes. The Fitzwilliam Hospital intends to continue its current practice to remain one of the best performing hospitals for their C-Difficile rates.

## Friends & Family Test

The NHS domain for the Friends and Family tests aims to seek the opinion of service users; ensuring patients have a positive experience of care.



The Fitzwilliam Hospital considers the data to be as described. Further analysis shows that the average patient satisfaction score for the duration of 2017/18 was 98.3%. This is supported by the overall scores as Fitzwilliam Hospital are performing above the national benchmark for patient satisfaction.

The Fitzwilliam Hospital consider this data to be a true reflection of activity. The scores are positive and reported above the national average, showing patients have a positive experience. The hospital has a strong emphasis on customer

excellence training, staff to patient ratios and taking action on feedback from patients when they have not had a positive experience.

We will continue to listen and act upon feedback to improve responsiveness score despite exceeding the national average, as patient feedback is vital in enabling the hospital to make improvements to the services offered to patients. We continually review of feedback mechanisms and proactively contact patients should they wish to feedback regarding any aspect of their care or treatment at the Fitzwilliam Hospital.

The Fitzwilliam Hospital aim is to continue its commitment in ensuring patients have a positive experience when they visit hospital and aim to build on the positive results experienced in 2017/18 during 2018/19.

## 3.2 Patient Safety

We are a progressive hospital and focussed on improving our performance in all aspects of the business, with a focus on patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in key performance indicators. Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

### 3.2.1 Infection Prevention and Control

***The Fitzwilliam Hospital has a low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 6 years.***

The Fitzwilliam Hospital are proud to report a zero rate of both MRSA Bacteraemia and Clostridium Difficile for the past four financial years including 2017/18, making the hospital one of the best performing hospitals against national benchmarking for the prevention of infection.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery. Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by the Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. The IPC programmes are designed to bring about improvements in performance and in practice year on year.

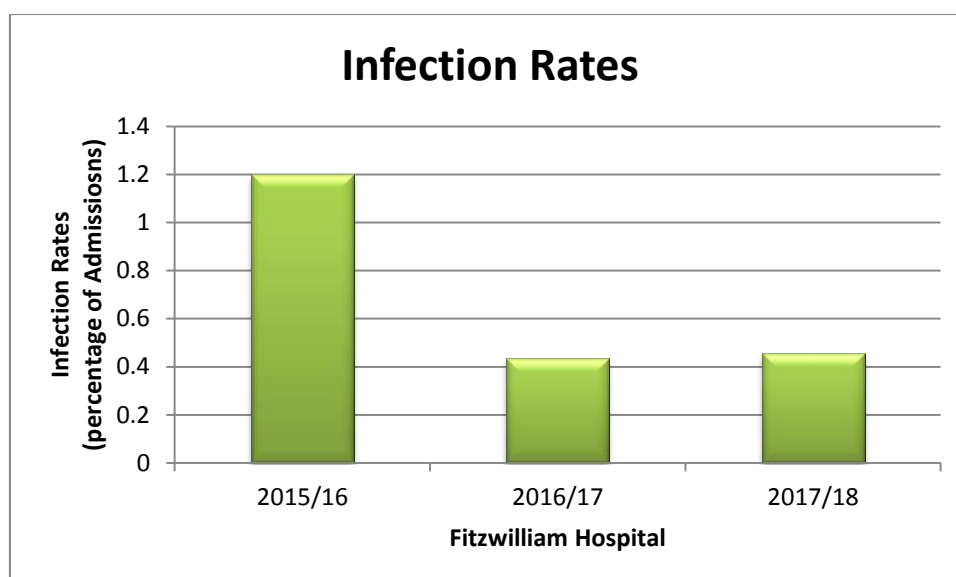
A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. Further commitment has been shown by our Corporate Ramsay Clinical Leadership Team with the introduction of a Lead Infection Control Nurse to support Ramsay units and local link nurses, to ensure infection performance within the Ramsay Group remains above the national average and continues to perform well.

Programmes and activities within our hospital include:

- The Fitzwilliam Hospital has a dedicated Infection Control Nurse who is responsible for the delivery of the Ramsay annual strategy for infection control. The annual plan is inclusive of training, audit, surveillance and screening programmes.
- The infection control agenda forms part of the clinical nursing strategy.
- The Infection Control Nurse participated in the national antibiotic awareness day which involved both staff at the hospital and our patients. Posters and Leaflets were made available to all, quizzes were provided to clinical staff and a stand was available throughout the day with key information and messages regarding antibiotic use.
- Discussion of infection activity at the Infection Prevention and Control Committee, key items from the meeting are further disseminated through the medical advisory committee and clinical governance committee.
- Good sound relationships have been fostered with the Clinical Lead for Microbiology at Peterborough City Hospital and their representative is invited to attend the local infection control meeting to provide support and guidance in line with best practice guidelines.
- A specific training module in respect of infection prevention and control is delivered on our induction programs, mandatory training and via an e-learning package, staff are required to be 100% compliant with their training.
- The dedicated infection control nurse attends the annual infection control and prevention conference to update on current practice and policy in relation to infection.

## Infection Control

The graph below shows the infection rates per 100 discharges of the Fitzwilliam Hospital's admissions. The graph demonstrates that Fitzwilliam Hospital recorded 50 Hospital Acquired Infections (HAI). The analysis shows that 0.45% of total patient admissions at the Fitzwilliam Hospital reported an infection.



In comparison to the national average the Fitzwilliam Hospital are performing approximately in line with national benchmarks; this is a significant decrease on previous years. There is an active local Infection Prevention and Control committee which is chaired by a Microbiologist with clinical engagement actively working hard to identify trends during



2017/18 to reduce the number of infections. We aim to build on our sound infection control practice during 2018/19 and further analyse our infections to make improvements where required, to mitigate the risk of infection to our patients.

### 3.2.2 Cleanliness and Hospital Hygiene

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

PLACE assessments occur annually at Fitzwilliam Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved. The main purpose of a PLACE assessment is to get the patient view.

In 2017/18, the members of the Fitzwilliam Hospital Patient and Public Involvement Forum Committee formed part of the PLACE inspection team in addition to a member from the Peterborough Health Watch organisation. The inspection team provided feedback and raised any issues regarding the findings of the inspection.

The table below illustrates the 2017, 2015, 2016 and 2017 comparisons for the audit.

Fitzwilliam Hospital	Cleanliness	Food and Hydration	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
2017	100.00%	95.66%	94.38%	97.52%	81.48%	97.27%	71.36%	83.58%
2016	99.80%	93.59%	92.08%	95.96%	78.33%	97.33%	83.59%	84.56%
2015	99.49%	97.02%	94.20%	100.00%	91.07%	95.42%	86.95%	N/A
2014	98.68%	92.70%	N/A	N/A	91.43%	94.23%	N/A	N/A
Ramsay Average 2017	98.75%	93.74%	92.52%	95.19%	83.52%	93.47%	81.07%	83.71%
National Average 2017	98.44%	90.83%	89.24%	92.41%	85.87%	93.82%	80.17%	85.16%

Although the majority of the 2017 results are higher than the national average scores for NHS organisations, in response to the Patient Participation group feedback and to make improvements, the following actions were completed:

- New patient folder implemented for the bedrooms. This contains information about the hospital and catering facilities. It includes update on information on feeding assistance, and how to ask for any special requests.
- Meal times have been reviewed and do not require changing. The meal times are communicated in the patient folder in the bedroom.
- Previously Menus were left in the patient bedroom before patient arrival. This process was not always robust. The current menus have been reviewed and the access to patients has been improved. Now all menus are placed within the patient folder.
- Menus are reviewed by Ramsay Healthcare in collaboration with a nutritionist.
- A Privacy and Dignity champion has been identified to take forward the privacy, dignity and wellbeing agenda forward.
- Based on the feedback, details of TV and Radio systems have been placed in patient bedroom folder. This also includes a step by step guide on how to log onto the free Cloud Wi-Fi. There are also pop up Cloud Wi-Fi leaflet

stands to explain how to use this. Nurses and Pantry staff also trained in assisting patients to log onto the Cloud Wi-Fi.

Having the same group of patients from the public and patient involvement group, offered us the chance to demonstrate to the group that we listen and engaged with patients and service users, to implement change and inform and improve the service we deliver to our patients.

### 3.2.3 Safety in the Workplace

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

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

During 2017/18 we completed a number of safety initiatives:

- Continued the training program delivered to staff at both mandatory training and induction regarding the incident reporting system Riskman.
- Ongoing sharing of lessons learned sessions with the clinical teams sharing learning from adverse events
- Regular meetings undertaken by the Hospital Health and Safety Committee to ensure robust systems are in place for the monitoring and review of safety issues.
- Multiple updates to key staff relating to drugs/equipment/policy changes and updates.
- Incident Reporting poster campaign to provide ongoing support and education regarding the responsibilities staff have to report incidents.
- Our CQUIN activity has further developed our safety culture during 2015/16.
- NATSIPPs.

### 3.3 Clinical Effectiveness

The Fitzwilliam Hospital undertake regular thematic reviews in relation to their governance and audit activity. Regular national audits are undertaken to enable performance to be benchmarked against national parameters (as described in section 3.1 of this report.)

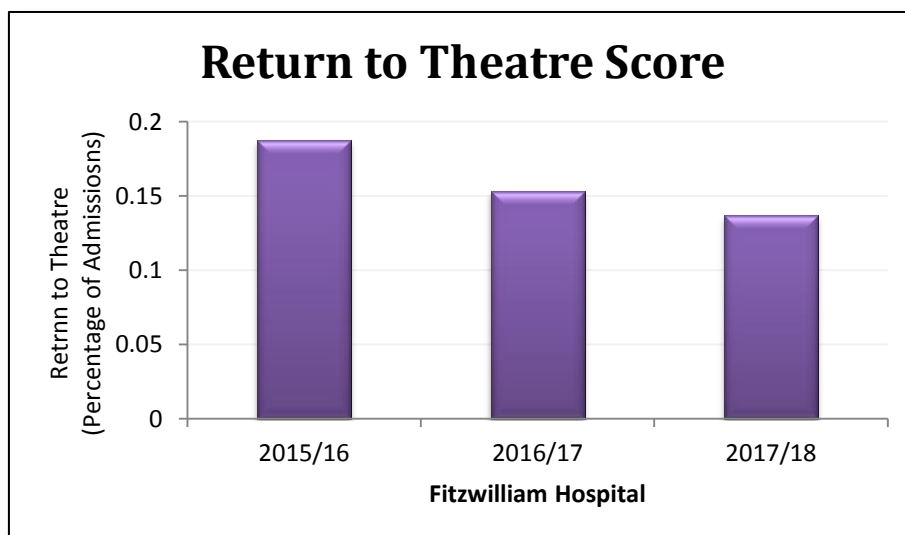
The National Institute of Clinical Excellence (NICE) guidance information is reviewed locally on a bi-monthly basis at the Medical Advisory Committee, to ensure clinicians are aware of the latest national guidance to provide safe and effective care and treatment.

To ensure governance processes and activity is reviewed the Clinical Governance Committee meet bi-monthly to review all aspects of governance and policy to provide a robust review. The Quality Improvement Team supports the Senior Management Team, developing governance monitoring systems and ensure actions from audit, incidents, complaints and other information data sets are followed up and lessons have been learned.

#### 3.3.1 Return to Theatre

Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication therefore 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 graph below shows the Fitzwilliam Hospital's return to theatre performance comparing the last 3 financial year's activity. The graph shows the Fitzwilliam Hospital currently have a 0.13% return to theatre rate. There is a noted decrease in the reoperation rate for 17/18.



### **3.3.2 Royal College of Obstetricians and Gynaecologists (RCOG) review of the Gynaecological Services at Fitzwilliam Hospital – December 2017**

During the reporting period, a cluster of 8 Gynaecological perforations and occurred in patients treated at Fitzwilliam Hospital. The Royal College of Obstetricians and Gynaecologists (RCOG) were invited by the General Manager and Ramsay Group Medical Director to review the service and the individual cases.

The RCOG assessors were asked to examine and advise upon the safety and effectiveness of planned gynaecology services at the hospital, review index cases with respect to episodes of patient harm, and advise on case selection, causation, management of complications, note keeping, communication with women and adequacy of investigations. Team working, clinical governance arrangements and multidisciplinary team (MDT) engagement were also reviewed.

The report concluded that Fitzwilliam Hospital has robust governance processes and the investigations undertaken in each of the perforation cases were of a good standard. The RCOG provided clarity around reporting requirements for Visceral and Non-Visceral perforations. The Hospital is currently working through recommendations from the report but was assured of the safety of the service following the RCOG review.

### **3.3.3 Learning from Deaths**

Fitzwilliam Hospital has not recorded any patient deaths within the reporting period.

### **3.3.4 Priority Clinical Standards for Seven Day Hospital Services**

All care provided at the hospital is consultant led care. There is a requirement for the consultant to be available for the first 24 hours following the patient's surgical procedure being undertaken. If this is not possible, cross cover arrangements at Consultant and Speciality level are available to ensure the patient have the appropriate senior review to ensure decisions regarding their ongoing care/treatment is made in a timely manner. There is also a Registered Medical Officer on site 24/7.

The unit does not accept emergency admissions for acute onset conditions, which would require an A&E assessment. Although for post-operative complications the hospital would review the patient and make a decision as to whether further emergency care was required. The unit also does not provide maternity or paediatric services.

The hospital operates the NEWS observational checks and these are completed on admission for elective care.

No "high" risk patients would be admitted for care at the unit for a surgical procedure as per the statement of purpose conditions.

The hospital holds Service Level agreements for to provide a full 7 day service for key services.

### 3.4 Patient Experience

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

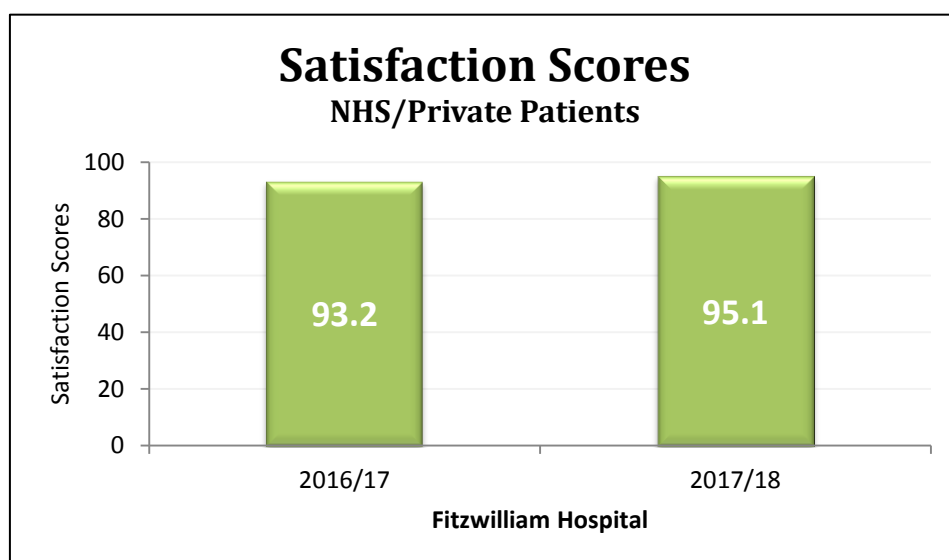
All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

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

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

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

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family test questions asked at point of discharge
- 'We Value Your Opinion' leaflet – local patient feedback mechanism
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients
- Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient & Public Involvement Group
- PROMs surveys
- Care pathways – patients are encouraged to read and participate in their plan of care and have the opportunity to document their experience prior to discharge

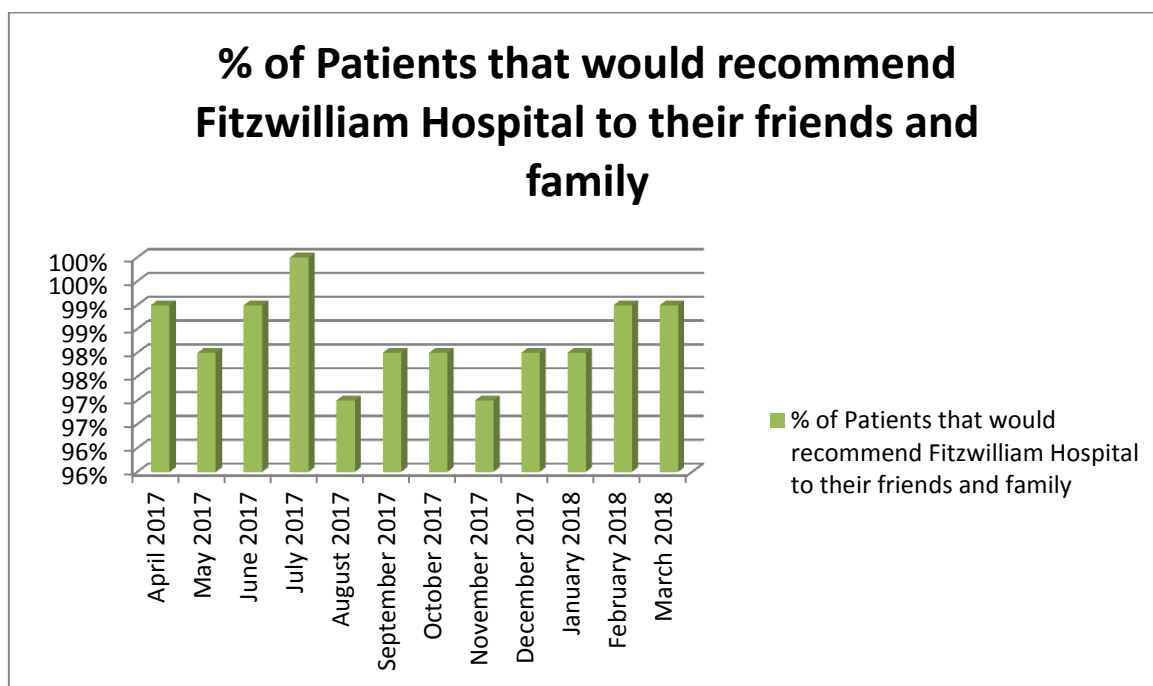


### 3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'QA Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

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

The NHS domain for the Friends and Family tests aims to seek the opinion of service users; ensuring patients have a positive experience of care. Further analysis shows that the average patient satisfaction score for the duration of 2017/18 was 98.3%.



As the number of patients we see and treat at the Fitzwilliam Hospital grows year on year, ensuring we maintain high levels of patient satisfaction is important to the entire team and is an ongoing priority. The hospital is committed to an ongoing training program delivered in house regarding customer service, staff continue to be recognised through a reward program for exceptional levels of customer service.

During 2017/18 we aimed to ensure our feedback remained above 95% satisfaction by continually reviewing the themes and trends identified by our patients, to promote good practice and make any improvements where necessary. Feedback to staff about what our patients say about the services we offer will be an area of focus during the coming year at team meetings, to allow staff the opportunity to reflect on patient's experience and make positive changes.

## 3.5 Fitzwilliam Hospital Case Studies

### Case Study 1

#### Consultant Certificate of Excellence – Mr Mark Latimer

We are delighted to announce Mr Mark Latimer, a Consultant Orthopaedic surgeon with a special interest in adult hip, knee surgery and trauma surgery at Fitzwilliam Hospital, has been awarded the Certificate of Excellence 2018 by iWantGreatCare, the world's largest independent patient experience website.

This annual award is only made to clinicians who receive consistently outstanding patient feedback and is testimony to the great care Mr Latimer offers his patients.

Looking at the reviews on the iWantGreatCare, Mr Latimer has received five-star ratings in all three categories of recommend, trust and listening from all patients who have commented on their care from Mr Latimer on this website.



*Mr Mark Latimer  
Consultant Orthopaedic Surgeon, Fitzwilliam Hospital*

**The most recent testimonials for Mr Latimer at Fitzwilliam Hospital include:**

*“Mr Latimer put me completely at ease about my knee replacement. He explained what the problem was with my knee and the best way to help me. He answered all my questions carefully and thoroughly and gave me great confidence during and immediately after the operation Mr Latimer and his team were most caring and thoughtful and helped me to feel safe. I think he is a superb surgeon.”*

*“Mark Latimer came across as knowing his field. He listened to all of my comments and gave a clear understanding of my health and what treatment was needed.”*

*“An extremely skilled surgeon, this was my second knee replacement, both were done by Mr Latimer and his skill, knowledge and personality allows you to trust him totally. Even in theatre, he keeps you informed and creates a relaxed and reassuring atmosphere.”*

*“I found Mr Latimer very friendly and was very good at telling me what he was going to do and the after care. He came to visit me the next day and had a friendly chat about how I was feeling etc. I would recommend him to anyone - a great guy.”*

**This is an impressive accolade for Mr Latimer. Only a handful of UK clinicians receive this award.**

**Mr Mark Latimer said: “I am thrilled to achieve this award as evidence that I am providing the best quality care for my patients. It’s so rewarding to see such meaningful feedback on the iWantGreatCare website. This useful site helps new and apprehensive patients feel more confident about their healthcare professionals, allowing them to read evidence that they are serving their patients well and improving lives. It increases transparency in healthcare and also empowers patients to review the care they receive,” added Mr Latimer.**



## Case Study 2

### Patient Story

An 82 year old patient was admitted for a Total Hip Replacement procedure on 27 January 2018. Prior to his admission, the patient struggled to mobilise due to pain, immobility and his comorbidities. The patient agreed to the surgery and with the help of the fantastic theatre team, physiotherapy team and nursing team made a fast and full recovery as an inpatient at Fitzwilliam Hospital. On the patient's return to the hospital for his 6 weekly outpatient review with the consultant, the patient described a drastic improvement in his quality of life and is now pain free. The patient stated that the surgery has "made a huge difference to his life and he cannot thank the hospital staff enough".



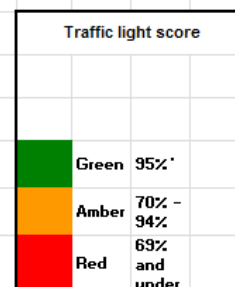
## Services covered by this Quality Account

- Adult Bunion Surgery NHS clinic
- Adult Carpel Tunnel Syndrome and \Trigger Finger Clinic
- Adult Hip Arthroscopy NHS Clinic
- Adult Ligament and Cartilage (Menisculus) Injury Clinic
- Ophthalmology (inc. Cataracts)
- Chiropody
- 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
- MRI Diagnostic Imaging Service
- Pain Management Services
- Radiology services
  - Computed Tomography (CT)
  - Interventional
  - X-Ray and Diagnostic
- Shoulder & Elbow Clinic
- Shoulder Only Clinic
- Spinal Assessment Clinic
- Spine & Back Pain Clinic
- Urogynaecology/Adult Incontinence Clinic

## Appendix 2 – Clinical Audit Programme 2017/18.

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

Audit Programme v10.0 2017/18		Hospital Name:										
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald		Implemented: July 2017										
Use arrow symbol to locate required audit		For review: June 2018										
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Medical Records - POA, admission, theatre, discharge	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Patient Journey	Patie Journey	→	→	→	→	→	→	→	→	→	→	→
Ward	Ward Operational	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD M Rec	→	→	→	→	→	→	→	→	→	→	→
Outpatients	OPD Operational	→	→	→	→	→	→	→	→	→	→	→
Controlled Drugs			Control Drugs	→	→	Control Drugs	→	→	Control Drugs	→	→	Control Drugs
Prescribing / Medicines Management				Medicine Management	Prescribing	→	→	→	→	Medicine Management	Prescribing	→
Medicine Safe and Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure	Safe & Secure
Medicine Medical Records	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs	Med Recs
Medicine Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose	Missed Dose
Radiology	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Radiology	Operational	→	→	→	→	→	→	→	→	→	→	→
Radiology - MRI / NRR		MRI Report	NRR	→	→	MRI Report	→	→	MRI Report	NRR	→	MRI Report
Radiology - CT		CT Report	→	→	→	CT Report	→	→	CT Report	→	→	CT Report
Physiotherapy	Med Rec	→	→	→	→	→	→	→	→	→	→	→
Physiotherapy	Operational	→	→	→	→	→	→	→	→	→	→	→
TSSU	Operational	→	→	→	→	→	→	→	→	→	→	→
Decontamination	TSSU	→	→	→	→	→	→	→	→	→	→	→
Decontamination	Endoscopy	→	→	→	→	→	→	→	→	→	→	→
Theatre	Operational	→	→	→	→	→	→	→	→	→	→	→
Theatre	Observation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Infect. Control	→	→	→	→	→	→	→	→	→	→	→
IPC - CVCCB (if applicable)	CVCCB	→	→	→	→	→	→	→	→	→	→	→
IPC - Isolation (if applicable)	Isolation	→	→	→	→	→	→	→	→	→	→	→
Infection Prevention and Control*	Hand Hygiene	→	→	→	→	→	→	→	→	→	→	→
IPC - Hand Hygiene Action			Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action
IPC - Environmental	Environ	→	→	→	→	→	→	→	→	→	→	→
IPC - Cleaning Schedules	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched
Transfusion (if applicable)	Compliance	→	→	→	→	→	→	→	→	→	→	→
Transfusion (if applicable)	Autologous	→	→	→	→	→	→	→	→	→	→	→
Bariatric Services (if applicable)	Bariatric Services	→	→	→	→	→	→	→	→	→	→	→
Childrens Services (if applicable)	Childrens Services	→	→	→	→	→	→	→	→	→	→	→



\* or above previous audit score if 95% or more, or 5

## Appendix 3

# Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC27	Code for Boston West Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PEAT	Patient Environmental Action Team
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SAC	Standard Acute Contract
SMT	Senior Management Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
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 General Manager using the contact details below.

For further information please contact:

**01733 261717**

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