

# Rivers Hospital

## Quality Account 2022/23



**Ramsay**  
Health Care

# Contents

<b>Introduction Page</b>		
<b>Welcome to Ramsay Health Care UK</b>		
<b>Introduction to our Quality Account</b>		
<b>PART 1 – STATEMENT ON QUALITY</b>		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
<b>PART 2</b>		
<b>2.1</b>	<b>Priorities for Improvement</b>	
2.1.1	Review of clinical priorities 2021/22 (looking back)	
2.1.2	Clinical Priorities for 2022/23 (looking forward)	
<b>2.2</b>	<b>Mandatory statements relating to the quality of NHS services provided</b>	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on Quality Accounts	
<b>PART 3 – REVIEW OF QUALITY PERFORMANCE</b>		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
<b>Appendix 1 – Services Covered by this Quality Account</b>		
<b>Appendix 2 – Clinical Audits</b>		

# Welcome to Ramsay Health Care UK

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

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

Being part of a responsible, global healthcare provider widely respected for a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes is something we are incredibly proud of in Ramsay Health Care UK.

Patients are confident when they come to one of our hospitals for treatment because we are unwavering in our commitment to maintaining the highest standards of clinical quality and providing exceptional care. We see this in our consistently high patient feedback, as well as achievements such as 95% of our endoscopy services being JAG accredited, Bupa recognition as a Breast Centre of Excellence in two of our hospitals providing cancer services, and an overall 97% record of our hospitals being rated as 'Good' by the Care Quality Commission.

We are committed to being a welcoming and supportive organisation for all people who come into contact with us and our services. We want to make sure that we are listening to the needs of our colleagues, teams, and patients in order to create an inclusive and diverse organisation that is known not only for its high-quality services and clinical outcomes, but also for its welcoming and supportive culture. We were thrilled to launch our People and Culture Forum in 2022, with representatives from across the organisation joining forces to make Ramsay a truly great place to work. I am personally delighted that this forum is co-chaired by a Consultant Orthopaedic Surgeon who has chosen to establish an independent practise with Ramsay and is committed to promoting Diversity, Equity, and Inclusion.

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 teamwork is the central foundation in meeting the expectations of our patients.

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



**Nick Costa**

Chief Executive Officer

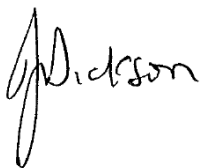
Ramsay Health Care UK

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

**UK** I joined Ramsay Health Care UK in December 2022, having previously worked in both the NHS and the independent sector. For me, the prospect of being clinically responsible for the services and care provided across all 34 hospitals in Ramsay UK's estate is both daunting and exciting. The extremely high standards that are expected of our clinical teams to deliver clinical services to our patients has allowed Ramsay to cultivate a strong reputation for providing excellent care with excellent outcomes.

Ramsay leads the industry by having implemented an electronic patient record across all hospital sites. With immediate access to patient records that are updated at the point of care, clinicians and staff can be confident that they have the most up-to-date information about the patient, giving confidence to both the team treating the patient and the individual receiving care. We have more plans for increasing the use of digital services to improve care in coming years.

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



**Jo Dickson**

Chief Clinical and Quality Officer

Ramsay Health Care UK

# Introduction to our Quality Account

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

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

# Part 1

## 1.1 Statement on quality from the Hospital Director

### Ms Chloe Senneck, Hospital Director Rivers Hospital

Rivers hospital is very proud to deliver a high quality service to the local community and as a hospital, we value our people and our team.

Our aim is to listen to our patients, treating each patient as an individual and always go the extra mile. As Hospital Director I am particularly proud of the consistently high patient feedback scores and comments that articulate the care and compassion with which our colleagues treat our patients. Ramsay's purpose of 'People Caring for People' really comes to life and our team strive to deliver these standards every day. I am equally proud of how we respond when we don't get it right. We take complaints seriously and have robust processes to ensure that they are reviewed, investigated, responded to and most importantly learnt from.

Our plans for 2023/24 focus on continuing to deliver safe, effective care to our local community and beyond as we develop our core services of elective surgery and chemotherapy delivered both in the hospital setting and in patients' own home.

High quality care would not be possible without having great staff in place to deliver it, and we are committed to attracting, developing, and retaining the wide range of expertise and talent at Rivers.

We continue to care for our patients in a safe and clean environment, which is on a continuous improvement programme as we seek to accommodate continued growth in demand for our services. We have recently refurbished eight of our 41 en suite bedrooms to a high specification, and we are looking forward to rejuvenating the patient facing areas throughout the hospital by replacing all flooring and updating the furniture.

My thanks to the Senior Leadership Team and colleagues across Rivers, our doctors, service users, and our partners for their support during 2022 and 2023 and I look forward to working with you all to build on this progress over the coming year.



Chloe Senneck, Hospital Director

## 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.



**Ms Chloe Senneck**

**Hospital Director**

**Rivers Hospital**

**Ramsay Health Care UK**

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

**MAC Chair**

**Clinical Governance Committee Chair**

# Welcome to Rivers Hospital

Rivers Hospital is located in Sawbridgeworth on the Essex /Hertfordshire border, in beautiful countryside. The hospital opened in 1992 and in 2017 it celebrated 25 years of serving the local community.

It is equipped with the latest medical facilities for diagnosis and treatment, and maintains high clinical standards where patients are treated with care and compassion, in a safe environment.

Rivers Hospital welcomes NHS patients, insured patients and those choosing to pay for their own treatment. The hospital provides consultations, investigations and treatment in most specialties including; Orthopaedics, General surgery, Oncology, Women's Health, Men's Health, ENT and Ophthalmology, as well as specialist services such as Cosmetic and Weight-Loss Surgery.

Rivers attracts referrals from our sister hospitals within the Ramsay Eastern Cluster as a specialised centre for services such as Chemotherapy services (Cancer), Brachytherapy (Prostate Cancer), DEXA scanning (Osteoporosis), Phototherapy (Skin conditions) and on site CT scanning (Diagnostic Imaging). We also have on site MRI and Mammography.

We provide fast, convenient, effective and high quality treatment for all patients whether medically insured, self-pay, or from the NHS. We see children privately, up to the age of 18 years in clinic and we are registered to treat children surgically for set procedures from the age of 3 years to 18 years of age.

Staff are given the opportunity to engage with the Senior Leadership Team and feel supported and listened to. Ramsay invests in all staff, ensuring they have the relevant training and skills to be effective in their role. The hospital has access to online training, webinars and the Ramsay Academy. This provides strategic and consistent training provision across the Ramsay Company. The hospital has systems in place to keep our patients safe, including processes for reporting incidents, with robust investigations and shared learning. Evidenced based assessments, care and treatment is delivered to patients following national guidance by qualified and competent staff. Outcomes for patients are monitored on an ongoing basis to ensure that treatment is effective.

We have a dedicated workforce that is committed to making each and every patient feel safe and secure. Whether our patients are attending a consultation, day surgery or undergoing a major procedure we want everyone to know that they are cared for by compassionate and highly trained, competent staff that provide skilled care 24 hours a day.



Over the past twenty-five 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 patient feedback ensures the entire teams are proud to work with us providing the best possible service.

We have over 93 fully qualified nursing staff, who alongside a wide variety of other healthcare professionals deliver the best possible care.

Rivers employs a number of specialist nurses, including dedicated Chemotherapy Nurses, Breast Care Specialist Nurse, an Inflammatory Bowel Disease (IBD) Nurse, and nursing staff specialising in Plastics, Urology and Orthopaedics.

In addition, we have 4 contracted Children's nurses (RSCN's) and 2 regular bank RSCN's to support our Children and Young Person's Services both on the ward, in clinic and Radiology.

We regularly run Paediatric Pre-Admission clinics for these patients, these have historically been undertaken on a Sunday which allowed the children and their parents an opportunity to tour the hospital following the patient pathway at a less busy time.

Rivers Hospital offers Consultant Led Care; all our patients are seen by a Consultant at each step of their patient care pathway. The Consultants must go through a formal application process for Practising Privileges and in doing so, they must provide evidence and meet the requirements to ensure that only suitably qualified and experienced surgeons are granted practicing privileges Rivers. The service is supported by the presence of the Resident Medical Officer (RMO) who is available 24 hours a day.

Rivers Hospital staff are friendly, professional and deliver high levels of customer service, this is evidenced by the positive patient feedback which we continue to receive.

We currently have 40 beds split across 2 wards and all of these beds are in individual rooms. The day units consist of 12 individual pods. This not only maintains the privacy and dignity of patients, it also supports infection prevention and maintaining infection control isolation. All of our patient rooms have ensuite facilities, enhancing patient comfort. The 12 pods in Meadow Day Surgery Unit accommodate patients for surgical day case procedures, including; pain management, cataracts and minor urology procedures. We have a pre-admission unit which is situated off the main ward area. Each patient is assessed with support from Anaesthetists and a Cardiologist.

We have five fully equipped theatres with ultra clean airflow technology and a separate recovery room. The theatre team are highly skilled, with specialist interests and adhere to the WHO Safe Surgery Checklist and The National Safety

Standards for Invasive Procedures (NatSSIPs) and we are staffed in accordance with the Association for Perioperative Practice, AFPP.

There is a dedicated 9 bay Endoscopy Unit, which is JAG accredited. We provide an endoscopy service to insured and self-funding patients as well as NHS patients.

Following an Expansion in December 2018 we opened a purpose built oncology suite which has 7 individual bays and allows all Oncology patients to be seen in a dedicated unit allowing patients a smooth pathway for their treatment with a dedicated team of oncology specialist nurses and Consultants.

The outpatient department has 16 consulting rooms, 2 of which are fully dedicated and equipped for eye consultations, and 4 treatment rooms which are used for minor procedures. We have onsite phlebotomy and TDL are onsite process samples. The Out-patient departments are open until 21:00 Monday to Friday and 15:30 on Saturdays. We have a private GP service offering patients access to a GP service, 5 days a week.

There is modern equipped physiotherapy department with 7 treatment rooms and a large gymnasium. Patients can access a wide variety of specialist physiotherapy including therapy for orthopaedics, sports injuries, hand therapy, women's health, sports massage, respiratory and paediatrics.

The Mammography area was upgrade and refurbished in 2020. The services we currently provide include x-ray, ultrasound, CT & MRI scanning facilities, Mammography and DEXA scanning (Osteoporosis). We upgraded the CT and MRI scanner in 2021.

The hospital is regulated and audited by the Care Quality Commission (CQC). Throughout the past year we have continued to be responsive to local needs by maintaining close relationships with the Integrated Commissioning Board. We also continue to foster good relationships with our local NHS Hospital, Princess Alexandra NHS Hospital (Harlow) and East and North Herts NHS Hospital (Welwyn Garden City and Stevenage). This affiliation promotes a robust governance process which in turn enhances patient safety.

Rivers Hospital has been consistently awarded 5 out of 5 stars for hygiene by the East Herts Council for 10 years in a row. Rivers received the highest award for excellent hygiene conditions, very high standard of compliance with food hygiene legislation and very high confidence in the management.

Rivers is part of the national initiative called 'Speak up for Safety', which has had a positive impact on enabling staff to raise or escalate concerns effectively.

# Part 2

## 2.1 Quality priorities for 2022/23

### Plan for 2022/23

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

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

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

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

### Priorities for improvement

#### **2.1.1 A review of clinical priorities 2022/23 (looking back)**

##### **Patient Safety: SUFS phase 2 – Promoting Professional Accountability (PPA)**

As well as consolidating and ensuring all new staff receive SUFS training, phase 2 which includes Promoting Professional Accountability (PPA) specifically. This evidence-based programme provides a framework for defining critical safety and professionalism standards, and identifying, measuring and addressing behaviours that undermine them. This phase targets peer-to-peer engagement for our Consultant.

The Promoting Professional Accountability (PPA) programme provides healthcare organisations with a sustainable, organisation-wide framework to achieve the highest levels of safety and reliability. It helps to identify, engage with and hold accountable staff who demonstrate repeated unprofessional behaviour.

This evidence-based programme provides a framework for defining critical safety and professionalism standards, and identifying, measuring and addressing behaviours that undermine them.

Cognitive Institute promotes and supports development of an organisational culture where all staff feel safe to speak up about any safety issue and the receiver welcomes it.

However if speaking up face to face is not possible, safe or effective and not related to imminent patient harm, there is an important role for the organisation to represent a staff member and share the message on their behalf.

The PPA programme ideally works alongside the Speaking Up for Safety™ programme to embed an organisation-wide speaking up culture.

The success of the Promoting Professional Accountability programme is maximised by an organisation-wide, three-stage approach: commitment, readiness and implementation. This model ensures commitment to a 'no blink' approach by board and executive leaders.

79% River staff have completed the training for SUFS by the end of May 2023. Training is ongoing and will continue to be a focus during 2023/24.

### Clinical Effectiveness: Enhanced Recovery Pathway for Total Hip & Knee Replacements

Only a decade ago, it was common for people to spend a week or more in hospital after a hip replacement, a lot of that time lying in bed waiting for things to happen. Nowadays, the average stay in hospital is around three nights, but this is continually reducing. We are now in the situation where increasing numbers of people are having a hip replacement and returning home. Rivers hospital has set up this innovative Day case pathway; this is aimed to supplement our existing enhanced pathway of 1-2 days. Shorter stays in hospital are appealing to many people, there is also a notable association between longer hospital stays and increased rates of complications. An association does not equal causation and those staying in hospital longer may have had a complication to keep them in hospital. However, prolonged time in bed increases the risk of deep vein thrombosis. All the members of the healthcare team have a significant impact on how quickly discharge occurs. An anaesthetic that results in prolonged immobilisation will prevent getting out of bed on the day of the operation. The use of post-operative pain medication that makes patients feel sick will also increase time in bed. Physiotherapist, Pharmacist, Radiology availability are all-key to ensuring the pathway is successful.

This service will not be available to all of our patients but it will be available to those that fit the criteria and who collectively; the consultant, physio, pre admission and pharmacy feel appropriate. The team have devised a pathway for the patient to follow to ensure success. This pathway was available to suitable patients and is now embedded into practice across the Rivers. Due to the suitability of patients we

did not reach our target of 40% patient going through this pathway in 2022-23 but will retain this ambition for 2023-2024.

## Patient Experience: Patient Experience Strategy 2022 – 2024

The Patient Experience strategy 2022-2024 is a two-year plan that builds on the work we have been undertaking with our patients, their relatives, and carers. We are committed to actively engaging and involving patients, their relatives, and carers to listen and act on the information we receive. This strategy will promote working together and will set out how we will do this to ensure maximum involvement and engagement.

This strategy has been developed to embrace the aims and objectives set out in the Rivers Strategy to deliver 'excellent health care, improved health for all'. The aim of the strategy is to ensure that all patients, relatives, carers and visitors have a positive experience in our care, ensuring their emotional and physical needs and expectations are met. The Hospital's values underpin everything we do, and we expect our staff to work to these values in the delivery of safe, consistent, and high-quality patient care.

Our Hospital's patient experience strategic objectives for 2022/2023 are to:

1. Improve communication between our staff and patients
2. Build innovative partnerships for better health outcomes for our patients
3. Enhance our listening and responding to what people say

Our feedback is received via a number of mechanisms that have been designed to enhance the patient experience and improve learning, including complaints, national and local surveys (cemplicity), focus groups and listening into action events, and the friends and family test.

A thematic review of our patient feedback shows that communication is a continuous recurring concern identified by our patients, for all departments and teams and consequently demonstrates an area for improvement. Our strategic objectives have been developed to ensure that all patients receive care in a way that respects what is important to them and that patients are informed and involved in decisions affecting their future and that of the Hospital. Experience of care, clinical effectiveness and patient safety together make the three key components of quality in Healthcare. We aim to create a culture of learning and improvement to deliver quality services that are patient and staff driven and aligned to the Hospital's vision and goals. The patient experience strategy sets out the Hospital's commitment to continuously improve the patient's experience of our services.

We want to listen to our patients, families, and carers to understand what is important to them, to value their ideas and learn from and act on the feedback we receive. We want to work in partnership with our communities when reviewing our services and ensure that patients as the 'experts' are instrumental in redesigning and shaping future services. Our 2022-2024 strategy focusses on increased engagement activity for the next year through partnership working with our stakeholders, and voluntary and community groups and organisations. The Hospital's focus is reflected in our objectives through building relationships,

improving communication, listening, learning, and putting patients, families, and communities at the centre of healthcare. The strategy encourages people to speak up about what is important to them and for staff to listen, learn, and respond to what our patients are saying to enable them to have better understanding of what matters to them. The strategy aims to ensure that patients feel involved and included, and more in control of their own healthcare. “Experience is improved when people have more control over their care and the ability to make informed choices about their treatment” (NHS England 2013)”. An increased focus on partnership working and improving communication between staff and patients intends to create a system in which our staff feel motivated and valued through sharing good practice and promoting lessons learned to improve services and further enhance the patient experience.

The patient experience strategy is intrinsically linked to various other strategies within the Hospital who all work together to promote the services we provide and to meet the needs of the communities we serve: The strategy is supported by a strong organisational philosophy that promotes a culture of putting the experience of patients and staff at the forefront of everything we do. We will monitor our progress against delivering the objectives in this strategy through the measures identified below:

- Key Performance Indicators Measure KPI Target Patient experience scores are increasing
- % Very good/good FFT scores are increasing
- Increase in national survey score Above the national average Respond to and learn from patient feedback
- Reduction in the number of complaints
- Percentage of complaints resolved within 30 working days
- Hospital can demonstrate that learning from complaints has been implemented
- Trend in compliments received
- We will know we are successful when we have evidence that our Processes for improving patient experience and engagement are reliable and are making an impact on outcomes for patients demonstrated by increased patient experience scores.

This strategy provides a framework for a consistent approach to experience and engagement. It sets out the Hospital’s commitment to conduct meaningful engagement with our patients, staff and the public to shape services and improve experience. We believe that every member of staff is responsible for ensuring that our patients, relatives, and carers have an excellent experience. We aim to ensure that all our staff are equipped with the essential skills, knowledge, compassion, and caring attitude to deliver a truly excellent service.

This is a two year strategy and the Rivers Hospital will continue to build on this into 2023/24, During 2022/23 the hospital received 26 complaints out of 13661 admissions.

### **2.1.2 Clinical Priorities for 2023/24 (looking forward)**

The Ramsay Way of 'people caring for people' means our people and patients are our priority. We are focused on:

- Fostering a safe, caring and inclusive culture
- Engaging and developing our people
- Delivering high-quality patient outcomes and experience
- Being a trusted partner for our doctors and clinicians
- Mental health and wellness

Our Vision.

Rivers Hospital, as the leading Independent Healthcare Provider, makes a positive difference in the lives of our patients by providing compassionate high quality care that is customer focused. We will go that 'extra mile' to provide person centred care and ensure our staff are equipped with knowledge and skills, enabling them to deliver safe, effective care that is responsive, caring and well led. Our Vision is to be the Leading Healthcare Provider where Clinical Excellence, Safety, Care and Quality are at the Heart of everything we do whilst growing our business and profitability.

Our priorities for improvement during 2023/24 are to build on the foundations of 2022/23 as part of our 2 year strategy as follows:

#### [Patient Safety: SUFS phase 2 – Promoting Professional Accountability \(PPA\)](#)

In 2023/2024 the Rivers aim to continue to embed the Speak up for safety culture and are committed to achieving 95% of all staff trained.

#### [Clinical Effectiveness Enhanced Recovery Pathway for Total Hip & Knee Replacements](#)

During 2022/23 Rivers embarked on the enhanced recovery pathway for Total Hip and Knee replacements. This pathway was available to quotable patients and is now embedded into practice across the Rivers. Due to the suitability of patients we did not reach our target of 40% patient going through this pathway in 2022-23 but will retain this ambition for 2023-2024.

#### [Patient Experience](#)

The Patient Experience strategy 2022-2024 is a two-year plan that builds on the work we have been undertaking with our patients, their relatives, and carers. We are committed to actively engaging and involving patients, their relatives, and carers to listen and act on the information we receive. This strategy will promote working together and will set out how we will do this to ensure maximum involvement and engagement.

This strategy has been developed to embrace the aims and objectives set out in the Rivers Strategy to deliver 'excellent health care, improved health for all'. The aim of the strategy is to ensure that all patients, relatives, carers and visitors have a positive experience in our care, ensuring their emotional and physical needs and expectations are met. The Hospital's values underpin everything we do, and we expect our staff to work to these values in the delivery of safe, consistent, and high-quality patient care.

Our Hospital's patient experience strategic objectives for 2023/2024 are to:

1. Improve communication between our staff and patients
2. Build innovative partnerships for better health outcomes for our patients
3. Enhance our listening and responding to what people say

The patient experience strategy is intrinsically linked to various other strategies within the Hospital who all work together to promote the services we provide and to meet the needs of the communities we serve: The strategy is supported by a strong organisational philosophy that promotes a culture of putting the experience of patients and staff at the forefront of everything we do. We will monitor our progress against delivering the objectives in this strategy through the measures identified below:

- Key Performance Indicators Measure KPI Target Patient experience scores are increasing
- % Very good/good FFT scores are increasing
- Increase in national survey score Above the national average Respond to and learn from patient feedback
- Reduction in the number of complaints
- Percentage of complaints resolved within 30 working days
- Hospital can demonstrate that learning from complaints has been implemented
- Trend in compliments received
- We will know we are successful when we have evidence that our Processes for improving patient experience and engagement are reliable and are making an impact on outcomes for patients demonstrated by increased patient experience scores.

This strategy provides a framework for a consistent 2 year approach to experience and engagement. It sets out the Hospital's commitment to conduct meaningful engagement with our patients, staff and the public to shape services and improve experience. We believe that every member of staff is responsible for ensuring that our patients, relatives, and carers have an excellent experience. We aim to ensure that all our staff are equipped with the essential skills, knowledge, compassion, and caring attitude to deliver a truly excellent service.



## 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 2022/23 Rivers Hospital provided and/or subcontracted 18 NHS services.

Rivers Hospital has reviewed all the data available to them on the quality of care in all 18 these NHS services.

The income generated by the NHS services reviewed in 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023 represents 60 per cent of the total income generated from the provision of all services by Rivers Hospital for 1st April 2022 to 31<sup>st</sup> March 2023

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

In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

#### Human Resources

- Sickness 4.86%
- 12 Month Clinical turnover is: 11.8%
- 12 Month rolling total employee turnover: 15.8%
- Appraisals 58%
- E learning compliance is at 92%
- Number of Significant Staff Injuries 0

#### Patient

- Formal Complaints a total of 26 complaints 1st April 2022 – 31st March 2023

All of these were investigated thoroughly complying with CQC (Care Quality Commission) timeframes for response. Every complaint received is considered very seriously and given the immediate attention of the Hospital Director and Head of Clinical Service on the day it is received, following which a thorough investigation is commenced into the concerns raised as per the Ramsay Complaints Policy. We discuss all complaints at our head of department meeting, Clinical Governance Committee and Medical Advisory Committees to ensure appropriate action is taken and learning can be evidenced. All complaints are discussed with our staff and Consultants to ensure we learn and take action making improvements identified as a result of the complaint. Comments and complaints are important to us because they are vital for making improvements to the quality of care service we provide. We learn from complaints as without them, we would keep repeating the same mistakes.

- Patient Satisfaction Score 89%

Throughout 2022/23 we have seen a decrease in our Friends and Family responses and we continue to focus on obtaining feedback from patients through this method. We consistently achieve 95-99% of our patients stating they would recommend our hospital to Friends and Family.

Rivers has had 0 Never Event in this reporting period.

There were no EMSA (Eliminating Mixed Sex Accommodation) breaches throughout 2022/23.

The Rivers have had 16 readmission during this reporting period.

## Quality

- Workplace Health & Safety Score 86.7%
- Infection Control Audit Score 98%

### **Ramsay UK Consultant Pulse Survey Results 2023**

Ramsay Health Care conducted its first global survey of Doctors working in its facilities across the territories where it operates in 2022. Despite a low response rate, this provided key areas of focus in the UK. We committed to conducting a follow-up survey to assess our impact as part of our action planning, which focused on communication, visibility of our Executive and Senior Leaders, and

engagement. In April 2023, Ramsay UK conducted a follow up pulse survey to assess the level of engagement and advocacy with our Doctors. Overall, 25% of the Consultant body completed the survey, which was a significant improvement over the previous year, and the results showed a positive response in terms of engagement and advocacy of Ramsay UK. More work is required to build on this, with an initial focus on Hospital Medical Advisory Committees and how to better support these important forums for Doctors' voices.

### 2.2.2 Participation in clinical audit

During 1 April 2022 to 31<sup>st</sup> March 2023 Rivers Hospital participated in 4 national clinical audits.

The national clinical audits and national confidential enquiries that Rivers Hospital participated in, and for which data collection was completed during 1 April 2022 to 31<sup>st</sup> March 2023, 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
Elective Surgery - National PROMs Programme 20/21	100%
National Joint Registry (NJR) <sup>2,3</sup>	97%
Surgical Site Infection Surveillance Service	100%

Footnotes:

<sup>1</sup> National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

<sup>2</sup> Project participates in the Clinical Outcomes Publication (COP)

<sup>3</sup> Projects with multiple work streams are reflected in the [HQIP National Clinical Audit and Enquiries Directory](#)  
Version: January 2019

The reports of national clinical audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee.

### Local Audits

The reports of local clinical audits from 1 April 2022 to 31<sup>st</sup> March 2023 were reviewed by the Clinical Governance Committee and Rivers Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2.

### 2.2.3 Participation in Research

There were no patients recruited during 2022/23 period 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

Rivers Hospital’s income from 1 April 2022 to 31<sup>st</sup> March 2023 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

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

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

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






The CQC rated Rivers Good Overall

Medical care (including older people’s care)	25 March 2019	Good	●
Services for children & young people	25 March 2019	Outstanding	☆
Diagnostic imaging	25 March 2019	Good	●
Outpatients	25 March 2019	Good	●
Surgery	25 March 2019	Good	●

In all the Five CQC Domains (Safe, Effective, Responsive, Caring and Well Led) we achieved 'Good'.

Latest inspection: 17, 18 and 19 December 2018. Report published: 25 March 2019

---

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

---

## 2.2.6 Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. On induction staff are trained about how to obtain and input data correctly onto our electronic systems and also how to handle electronic and hard copy data confidentially. Staff are monitored on correct data capture via internal reports, and data quality training is updated regularly throughout the hospital. The hospital's data quality remains one of our highest priorities to ensure we produce clean and accurate electronic data which we can use to monitor and improve our quality of care and service. Throughout the year we have updated and strengthened our processes to capture data in a timely manner and to audit data prior to submission. Monthly quality reports are shared with the administration team to identify data quality errors and training requirements within each department. We are constantly looking to improve data capture and reporting processes supported by a dedicated corporate quality team.

## NHS Number and General Medical Practice Code Validity

Rivers Hospital submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

The patient's valid NHS number:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 96.6% for admitted patient care;
- 96.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

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

## Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd The status is 'Standards Met' .

This information is publicly available on the DSP website at:

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

## Clinical coding error rate

Rivers Hospital was subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Rivers	98.3%	90.7%	98.3%	100%

*\* Ramsay Health Care DSPT IG Requirement 505 Attainment Levels as of March 2023*

## 2.2.7 Stakeholders views on 2022/23 Quality Account

### **NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Rivers Hospital for 2022 /2023.**

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this

statement on the Rivers Hospital Quality Account for 2022/23. The ICB would like to thank Rivers Hospital for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment, and resilience of staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from Rivers Hospital. During the year the ICB has been working closely with Rivers Hospital in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

During the year the ICB has been working closely with Rivers Hospital gaining regular assurance on the quality and safety of provision to ensure a positive patient experience. Looking forward to 2023/24, the ICB supports Rivers Hospital's quality priorities, and we look forward to continued partnership work, including in responding to new developments in requirements such as the change from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF).

The ICB looks forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.



David Wallace

**Deputy Director of Nursing & Quality, Hertfordshire and West Essex ICB**



# Part 3: Review of quality performance 2022/2023

## Ramsay Clinical Governance Framework 2022/23

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

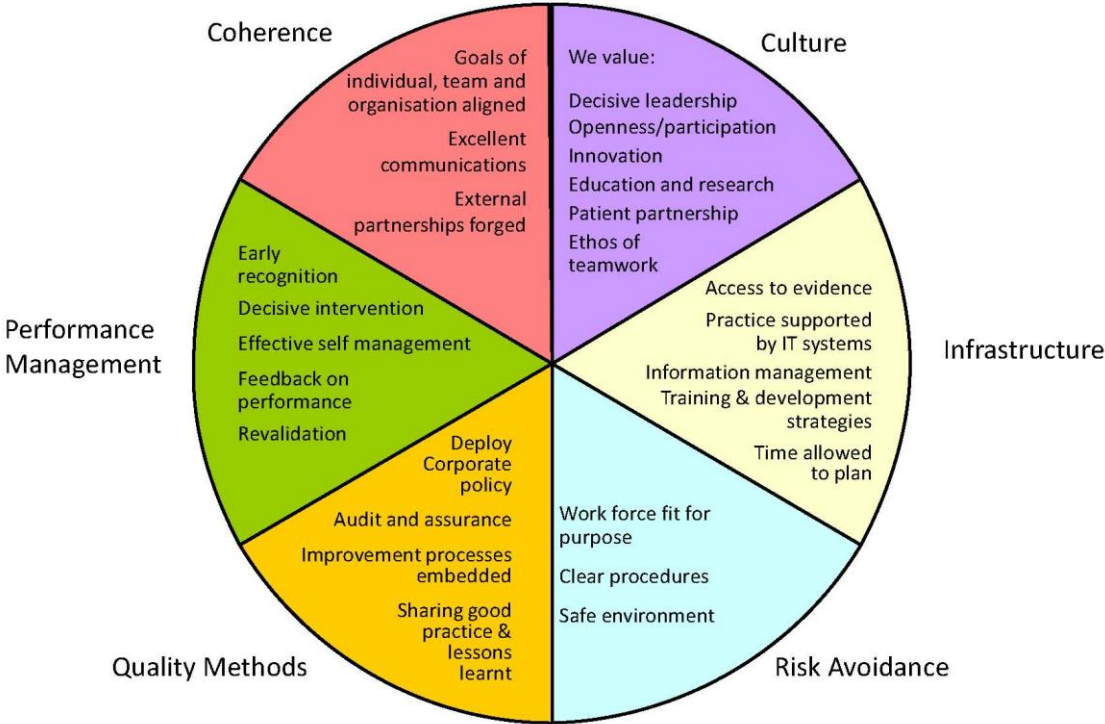
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

# Ramsay Health Care Clinical Governance Framework



## National Guidance

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

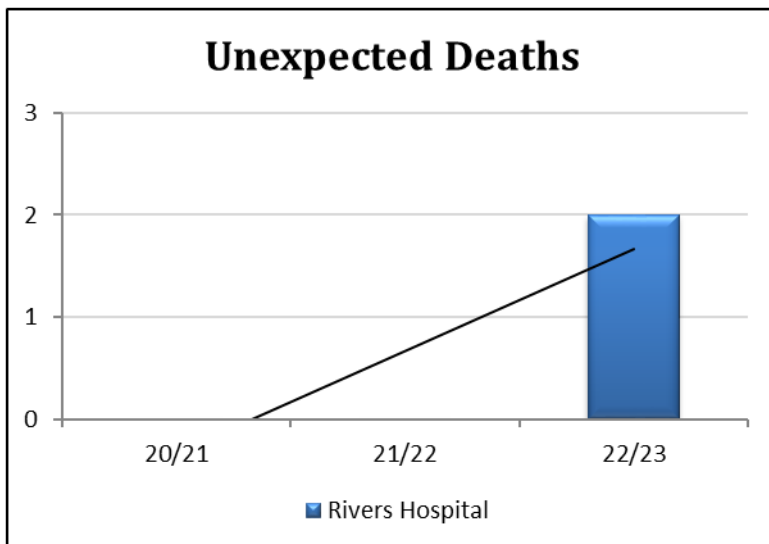
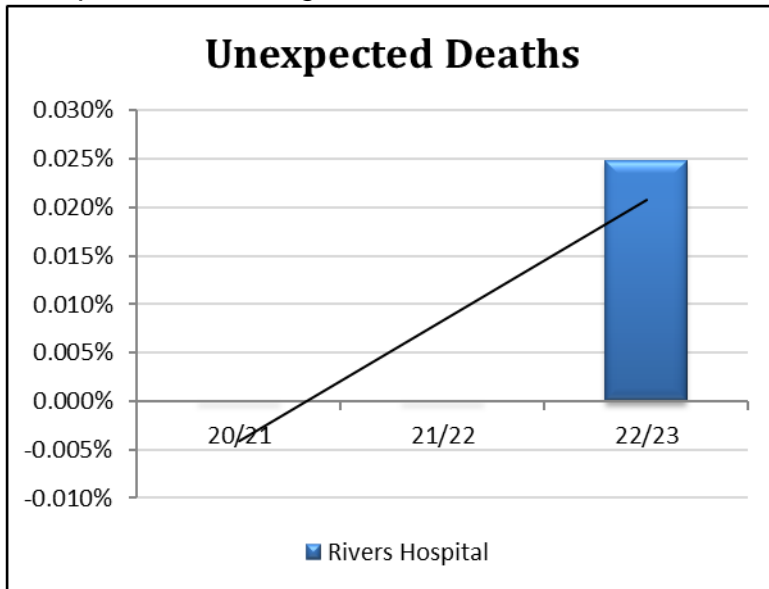
Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

### 3.1 The Core Quality Account indicators

#### Mortality

Mortality:	Period	Best		Worst		Average		Period	Rivers	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC19	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC19	0.0002	

Rate per 100 discharges:



Patient 1 passed away within 28 days of having a Primary total hip replacement. The cause of death was Pulmonary Hypertension due to Ischemic heart disease. The patient was found to have undiagnosed stenosis (95%). The post mortem did not attribute the death to the surgery.

A full SUI report was completed, incident reported to the ICB and CQC. The patient's family were supported and Duty of Candour applied.

Patient 2 passed away within 28 days of breast augmentation. The post-mortem examination detailed the cause of death as multi organ failure, sepsis of unknown origin, systemic lupus erythematosus and that the death was natural. A full SUI report was completed, incident reported to the ICB and CQC. The patient's family were supported and Duty of Candour applied

## National PROMs

PROMS:	Period	Best	Worst	Average	Period	Rivers				
Hips	Apr19 - Mar 20	NTPH1	25.5465	NT411	17.059	Eng	22.6867	Apr19 - Mar 20	NVC19	24.010
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC19	24.270

PROMS:	Period	Best	Worst	Average	Period	Rivers				
Knees	Apr19 - Mar 20	RR7	20.6878	R1K	12.6215	Eng	17.4858	Apr20 - Mar 21	NVC19	18.330
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr19 - Mar 20	NVC19	15.981

\*Caveat REQUIREMENT is for ADJ. Health Gain Oxford Hip Score - Primary Hip  
Publication has been paused for 22/23

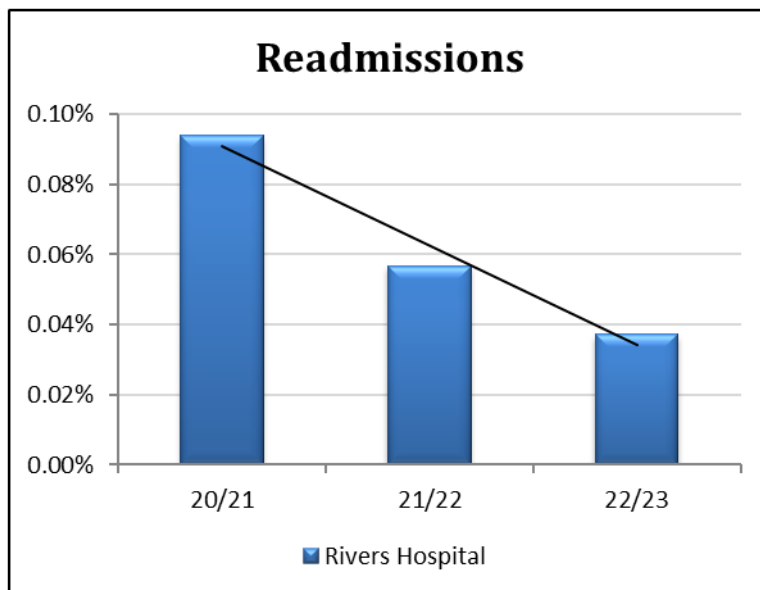
Rivers Hospital considers that this data is as described.

## Readmissions within 28 days

Readmissions:	Period	Best	Worst	Average	Period	Rivers				
	18/19	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC19	0.00
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC19	0.00

\*Caveat Data no longer reported. There is no data published after 19/20

Rate per 100 discharges:



## Responsiveness to Personal Needs

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

4b Patient experience of hospital care

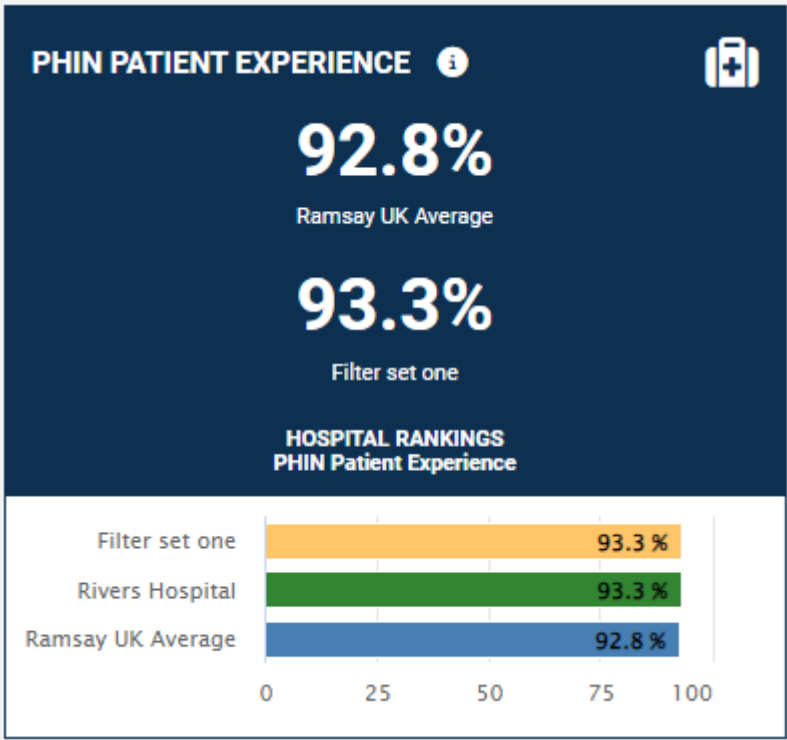
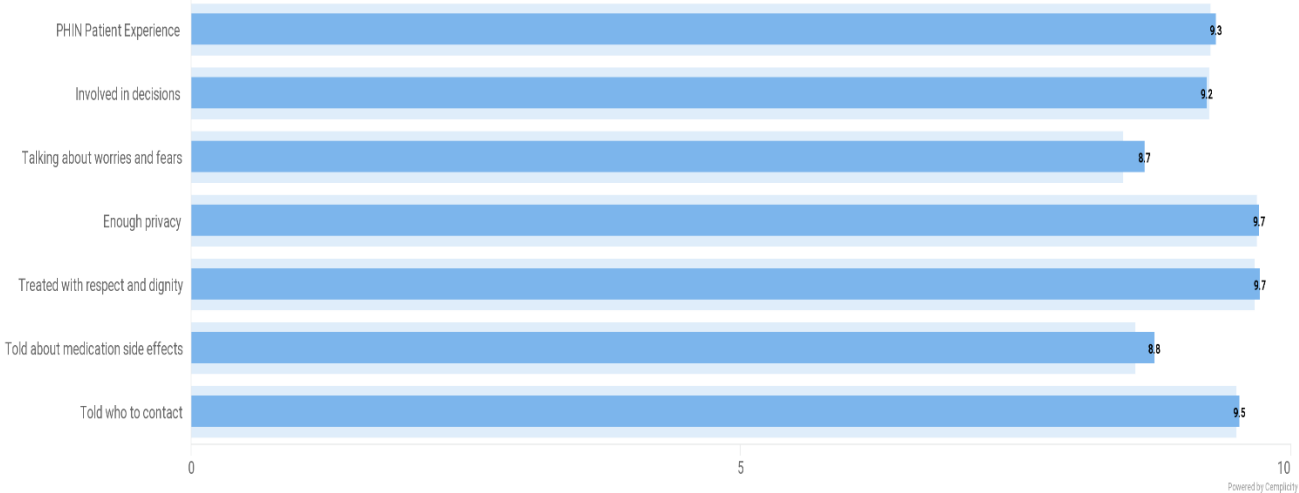
No longer collected

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

Summary of PHIN Patient Experience performance

Date Range: 01/04/2022-31/03/2023

Filter set one: Hospital: Rivers Hospital



Break down per question and overall responsiveness score taken from Ramsay’s external patient experience survey,

## VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period		Rivers	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC19	98.9%		
	Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC19	99.5%		

\*Caveat Due to Covid this submission was paused. There is no data published after Q3 19/20

## C difficile infection

C. Diff rate: per 100,000 bed days	Period		Best		Worst		Average		Period		Rivers	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC19	0.0		
	2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC19	0.0		

\*Caveat Benchmarking Data as published up to 2021/22 as at 14/04/23

Rivers Hospital considers that this data is as described we have had 0 c difficile infections in the reporting period.

Rivers Hospital takes the following actions to maintain this number, and so the quality of its services, by:

- Have a Local IPC Committee, chaired by a Consultant Microbiologist and consists of representatives from all areas of the hospital. The Committee meets quarterly to oversee implementation of corporate policies, National Guidance and review clinical audit and practice.
- Ensure all staff undertake mandatory Infection Prevention and Control (IPC) training annually.
- Complete clinical audits identifying trends are then action.
- Have a dedicated Infection Control Lead Nurse.
- Have a whole-system approach to Infection Prevention and Control with clear structures, roles and responsibilities aimed at reducing lapses in care and harm from avoidable infection

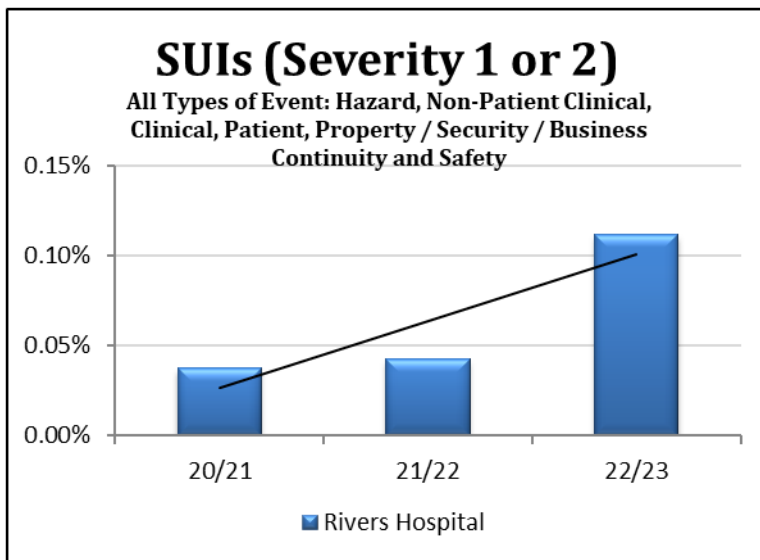
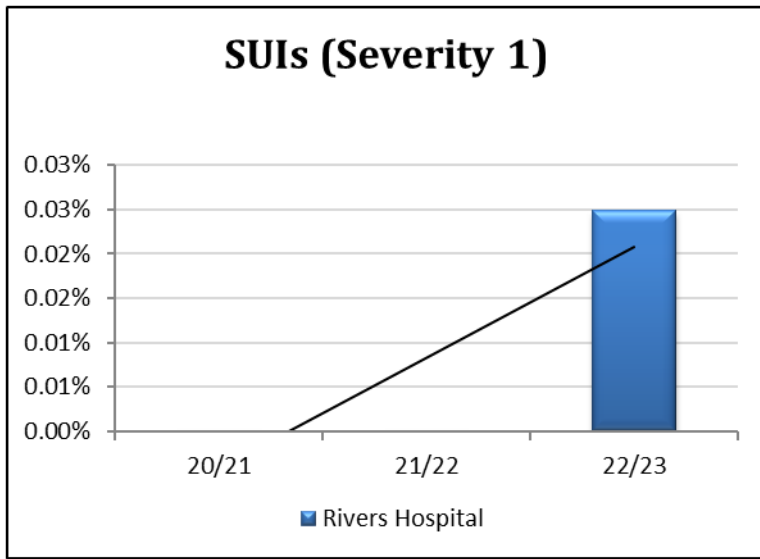
## Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period		Best		Worst		Average		Period		Rivers	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC19	0.00		
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC19	0.00		

\*Caveat No independent sector data, Ramsay data is from Riskman (Overall Sev 1). Acute Non-Specialist Data From NRLS, England Average based on these sites only 19/20 was only for the period of Oct19 to Mar20

Rivers Hospital considers that this data is as described as the Rivers has an embedded safety programme and has seen activity increase steadily over the last year and therefore an associated slight increase incidents.

Rate per 100 discharges:



### Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Rivers	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC19	*
	Feb-22	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC19	100.0%

\*Caveat Percentage Positive

Rivers Hospital considers that this data is as described for the following reasons:  
 F&F Test (<https://www.england.nhs.uk/ourwork/pe/fft/friends-and-familytest-data/>)

All patients at Rivers are routinely invited to take part in this anonymous survey by completing a simple questionnaire asking whether they would recommend our hospital to their family and friends. Scores are published on the NHS Choices Website [www.gov.uk](http://www.gov.uk)

Alongside providing clinical excellence and safe care, patient experience is the key measure of quality. Rivers uses the information received from our patients in this survey in order to improve the services and care we provide. Rivers continues to score above the England Average as shown in the table above where patients are asked would they recommend care and treatment. Rivers sits well above the national average with a score of 100%. Rivers Hospital intends to improve the number of returns during 2023/24.

### 3.2.1 Infection prevention and control

***Rivers Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.***

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

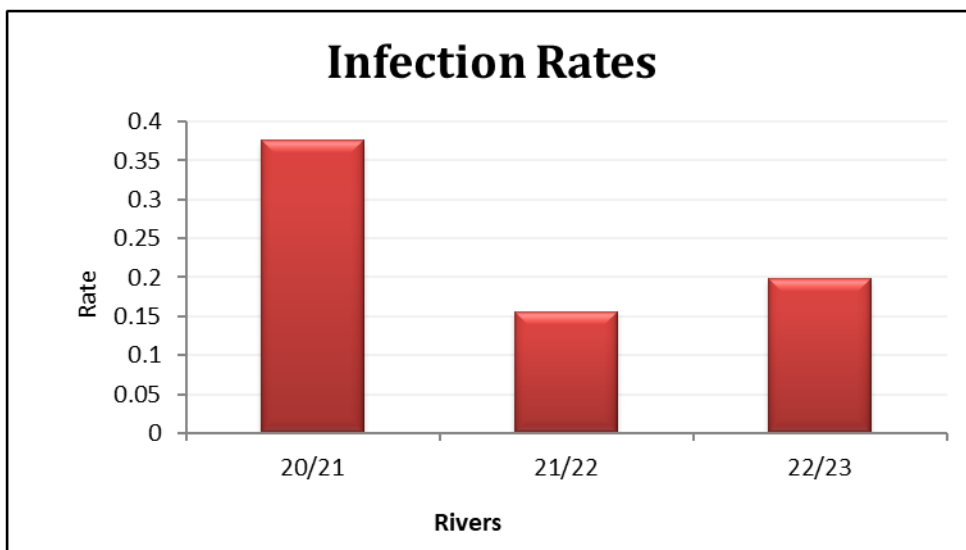
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

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

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

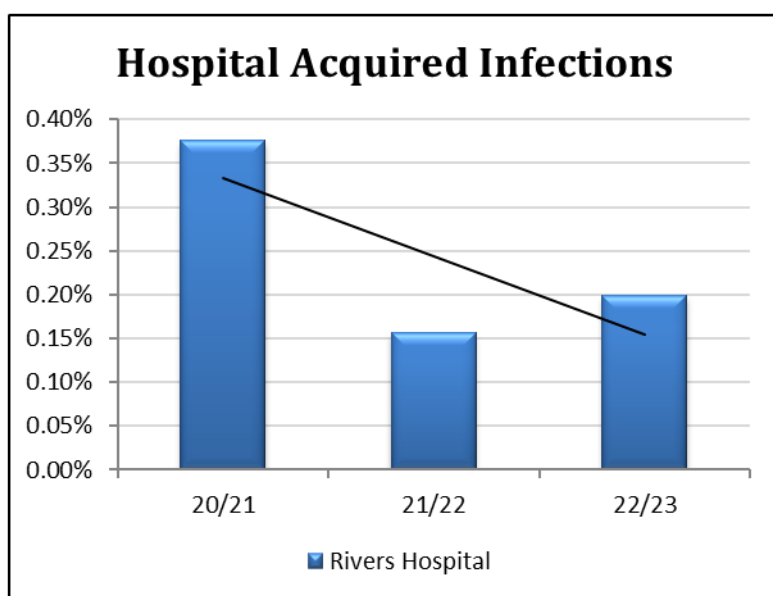
**Programmes and activities within our hospital include:**





As can be seen in the above graph our infection control rate has increased slightly over the last year but still remains below the 20/21 level.

*Rate per 100 discharges:*



### 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 Rivers 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. PLACE audit completed November 2022 no non conformities noted on this audit.

### 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. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

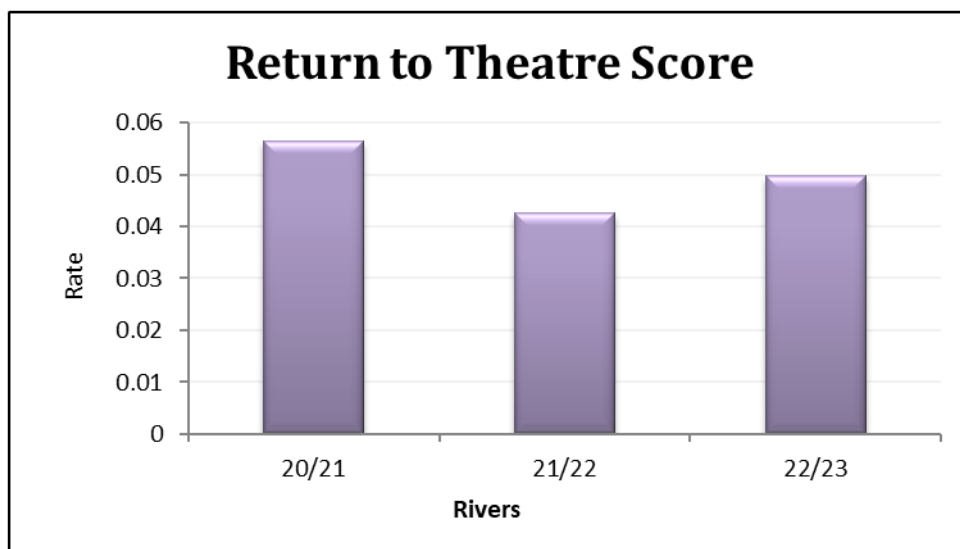
Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls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

### 3.3 Clinical effectiveness

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

#### 3.3.1 Return to theatre

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



As can be seen in the above graph our returns to theatre rate has increased over the last year. In comparison to the national average it is below average

### 3.3.2 Learning from Deaths

As outlined above Rivers had 2 unexpected death in the period April 2022 to March 2023. These were not attributed to the surgery.

As part of the investigations for patient 1 The Rivers examined all the information taken during the pre-admission to ascertain if all steps had been taken to avoid this outcome. The patients had undergone a full pre-assessment including anaesthetic review prior to surgery. The ECG was checked by the Cardiologist prior to surgery, and no evidence of coronary disease was evident. This was an unavoidable incident. It did however evidence the robust pre-admission assessment at the Rivers.

As part of the investigations for patient 2 the investigation noted that the patient was fully screened in pre assessment and her Rheumatology Consultant in London was contacted to ensure it was safe to proceed with surgery. A discussion was also had with the Anesthetist prior to surgery taking place

### 3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is

given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

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

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

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

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

Ramsay UK is currently embedding the second phase of the programme which focuses on Promoting Professional Accountability, specifically targeted for peer to peer engagement for our Consultant users who work at Rivers Hospital and within Ramsay Health Care.

### 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.

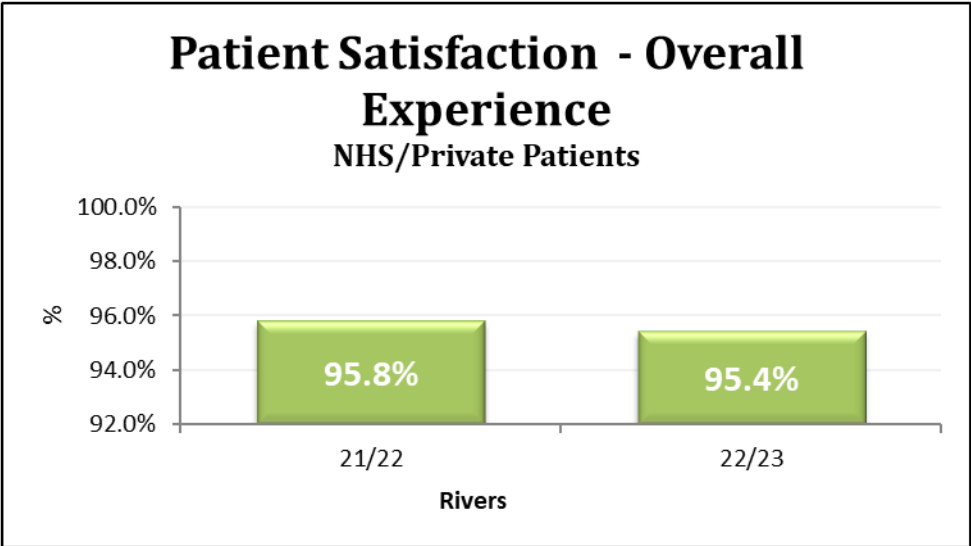
Feedback regarding the patient's experience is encouraged in various ways via:

- 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 questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

#### 3.4.1 Patient Satisfaction Surveys

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



As can be seen in the above graph our Patient Satisfaction rate has remained steady over the last year. The patient experience is a part of our 2 year strategy and will remain a focus for the upcoming year.

**Appendix 1**

## Services covered by this quality account

- Carpel Tunnel and Trigger finger
- Cataract Surgery
- Colorectal Surgery
- Ear Nose and Throat
- Gall Stones and Gall Bladder Surgery
- Gastroenterology
- Upper Endoscopy
- Lower Endoscopy
- General Surgery
- Gynaecology
- Hernia Repair
- Hip and Knee Arthroscopy
- Hip and Knee Clinics
- Ophthalmology including Laser
- Orthopaedics
- Pain Management
- Spine and Neck Clinic
- Urology

[Appendix 2 – Clinical Audit Programme 2022/23](#). Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

## Clinical Audit Programme

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

Audit	Department Allocation / Ownership (may be delegated)	QR Code Allocation	Frequency (subject to review)	Deadline for Completion
Hand Hygiene Technique (Assurance)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	July, October, January, April	By month end
Hand Hygiene observation (5 moments)	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, RDUK	Monthly	By month end
Surgical Site Infection (One Together)	Theatres (IPC)	Theatres	October, April	By month end
IPC Governance and Assurance	IPC, RDUK	Whole Hospital, RDUK	July, January	By month end
IPC Environmental infrastructure	IPC, RDUK	Whole Hospital, RDUK	August, February	By month end
IPC Management of Linen	Ward	Ward	August <i>February (as required)</i>	By month end NA
Sharps	IPC	Whole Hospital	August, December, April	By month end



<b>High Risk PPE (when using)</b>	IPC	Whole Hospital	<i>August, February (as required)</i>	NA
<b>Standard PPE</b>	IPC	Whole Hospital	July, October, January, April	By month end
<b>Cleaning (49 Steps)</b>	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Ward, Theatres, Radiology, Physio, Outpatients, Amb Care, Pharmacy, RDUK	Monthly	By month end
<b>Central Venous Catheter Care Bundle</b>	Oncology	Oncology	July to September	End of December
<b>Peripheral Venous Cannula Care Bundle</b>	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	Ward, Theatres, Ambulatory Care, Paediatric, Oncology	July to September	End of December
<b>Urinary Catheterisation Bundle</b>	Ward, Theatres, Paediatric	Ward, Theatres, Paediatric	July to September	End of December
<b>Isolation</b>	IPC	Whole Hospital	October	By month end
<b>Patient Journey: Safe Transfer of the Patient</b>	Ward	Ward	July/August, January/February	End of August End of February
<b>Patient Journey: Intraoperative Observation</b>	Theatres	Theatres	August/September, February/March	End of September End of March
<b>Patient Journey: Recovery Observation</b>	Theatres	Theatres	September/October, March/April	End of October End of April

<b>NatSSIPs LSO</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	July/August, January/February	End of August End of February
<b>NatSSIPs Safety Brief</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, February/March	End of September End of March
<b>NatSSIPs Sign In, Time Out &amp; Sign Out</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, March/April	End of October End of April
<b>NatSSIPs Site Marking</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	October/November, April/May	End of November End of May
<b>NatSSIPs Stop Before You Block</b>	Theatres	Theatres	November/December, May/June	End of December End of June
<b>NatSSIPs Prosthesis</b>	Theatres	Theatres	December/January, June/July (23)	End of January End of July 23
<b>NatSSIPs IOLs</b>	Theatres	Theatres	July January/February	End of July End of February
<b>NatSSIPs Swab Count</b>	Theatres	Theatres	July/August, February/March	End of August End of March
<b>NatSSIPs Instruments</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	August/September, March/April	End of September End of April

<b>NatSSIPs Histology</b>	Theatres, Outpatients, Radiology, RDUK	Theatres, Outpatients, Radiology, RDUK	September/October, April/May	End of October End of May
<b>Blood Transfusion Compliance</b>	Blood Transfusion	Whole Hospital	July/September	End of October
<b>Blood Transfusion – Autologous</b>	Blood Transfusion	Whole Hospital	July/September – <i>As required</i>	NA
<b>Blood Transfusion - Cold Chain</b>	Blood Transfusion	Whole Hospital	As required	NA
<b>Walkabout</b>	SLT / HoCS	Whole Hospital	As required	NA
<b>Staff Questions</b>	SLT / HoCS	Whole Hospital	As required	NA
<b>Complaints</b>	SLT	Whole Hospital	November	By month end
<b>Duty of Candour</b>	SLT	Whole Hospital	January	By month end
<b>Practicing Privileges - Non-consultant</b>	HoCS	Whole Hospital	October	By month end
<b>Practicing Privileges - Consultants</b>	HoCS	Whole Hospital	July, January	By month end
<b>Practicing Privileges - Doctors in Training</b>	HoCS	Whole Hospital	July, January (as applicable)	NA
<b>Observation Audits - Physio</b>	Physio	Physio	July/August <i>January/February (as required)</i>	End of August NA
<b>Observation Audits - Ward</b>	Ward	Ward	August/September <i>March/April (as required)</i>	End of September NA

<b>Observation Audits - OPD</b>	Outpatients	Outpatients	July/August <i>January/February (as required)</i>	End of August  NA
<b>Privacy &amp; Dignity</b>	Ward	Ward	May/June, November/December	End of June  End of December
<b>Medical Records</b>	Physio, Theatres, Ward, Outpatients/Pre-Op Assess, Radiology, RDUK	Physio, Theatres, Ward, Outpatients, Radiology, RDUK	July/September  January/March (as required)	End of December  NA
<b>Medical Records - Cosmetic Surgery</b>	Outpatients	Whole Hospital	July/September  January/March (as required)	End of December  NA
<b>Medical Records - Bariatric Services</b>	Bariatric Services	Whole Hospital	July/September  January/March (as required)	End of December  NA
<b>Medical Records - Paediatrics</b>	Paediatrics	Paediatrics	August  February	End of September  End of March
<b>Medical Records - NEWS2</b>	Ward	Whole Hospital	October, February, June	By month end
<b>Medical Records - VTE</b>	Ward	Whole Hospital	July, November, March	By month end
<b>Medical Records - Patient Consent</b>	HoCS	Whole Hospital	March  September	End of April  End of October
<b>Medical Records – MDT Compliance</b>	HoCS	Whole Hospital	December	End of January
<b>Non-Medical Referrer</b>	Radiology	Radiology	July, January	By month end

<b>Documentation and Records</b>				
<b>MRI Reporting for BUPA</b>	Radiology	Radiology	July, November, March	By month end
<b>CT Reporting for BUPA</b>	Radiology	Radiology	August, December, April	By month end
<b>No Report Required</b>	Radiology	Radiology	August, February	By month end
<b>MRI Safety</b>	Radiology, RDUK	Radiology, RDUK	January, July	By month end
<b>CT Last Menstrual Period</b>	Radiology, RDUK	Radiology, RDUK	July, October, January, April	By month end
<b>RDUK - Referral Forms - MRI</b>	RDUK	RDUK	August, October, December, February, April, June	By month end
<b>RDUK - Referral Forms - CT</b>	RDUK	RDUK	July, September, November, January, March, May	By month end
<b>RDUK - Medicines Optimisation</b>	RDUK	RDUK	October, March	By month end
<b>RDUK - PVCCB</b>	RDUK	RDUK	July, January	By month end
<b>RDUK - Walkabout</b>	RDUK	RDUK	October	By month end
<b>RDUK - Staff Questions</b>	RDUK	RDUK	October	By month end
<b>Paediatric Services</b>	Paediatric	Paediatric	July, January	By month end
<b>Paediatric Outpatients</b>	Paediatric	Paediatric	September	By month end
<b>Paediatric Radiology</b>	Paediatric	Paediatric	October	By month end

<b>Safe &amp; Secure</b>	Pharmacy	Outpatients, Radiology, Theatres, Ward, RDUK, POA, Pharmacy	August, February	By month end
<b>Prescribing</b>	Pharmacy	Pharmacy	September, March	By month end
<b>Medicines Reconciliation</b>	Pharmacy	Pharmacy	September, March	By month end
<b>Controlled Drugs</b>	Pharmacy	Pharmacy, RDUK	September, December, March, June	By month end
<b>Governance - Pharmacy</b>	Pharmacy	Whole Hospital, RDUK	July	End of July
<b>SACT</b>	Pharmacy	Pharmacy	January/February	End of February
<b>Operational (Ward)</b>	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	Ward, Theatres, Physio, Outpatients, Radiology, RDUK	October to December	End of January
<b>Operational - Safeguarding</b>	SLT / HoCS	Whole Hospital	July	End of August
<b>Decontamination - Sterile Services</b>	Decontamination (Corporate)	Decontamination	June	NA
<b>Decontamination - Endoscopy</b>	Decontamination (Corporate)	Decontamination	June	NA

## 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
EVLT	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
NVC19	Code for Rivers Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
TLF	The Leadership Factor
ULHT	United Lincolnshire Hospitals Trust
VTE	Venous Thromboembolism

# Rivers Hospital

## Ramsay Health Care UK

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

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

For further information please contact:

### Hospital phone number

**01279 600282**

### Hospital website

**[www.rivershospital.co.uk](http://www.rivershospital.co.uk)**

### Hospital address

Rivers Hospital  
High Wych Rd  
Sawbridgeworth  
CM21 0HH