

Rivers Hospital

Quality Account 2025/26



Confidential



Ramsay
Health Care

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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

Since its establishment in 1964 in Sydney, Australia, Ramsay Health Care has grown into one of the world's longest established and most respected healthcare providers. We are incredibly proud to be part of this global network, renowned for delivering safe, high-quality, patient-centred care that consistently leads to positive outcomes. In the UK, this legacy of excellence continues to resonate with both our patients and healthcare partners.

Patients choose Ramsay because they trust us to maintain the highest standards of clinical quality and provide exceptional care. This trust is reflected in our consistently high patient feedback scores and achievements, such as JAG accreditation held for all endoscopy services that have been inspected by the Royal College of Physicians Joint Advisory Group (JAG). Furthermore, 97% of our hospitals have been rated as 'Good' by the Care Quality Commission, with several recent inspections reaffirming our commitment to quality.

We are particularly proud of the Ramsay mobile diagnostic service, which has been awarded the prestigious Quality Standard for Imaging (QSI) Quality Mark. Developed by The Royal College of Radiologists (RCR) and The College of Radiographers (CoR), this mark sets national quality criteria for imaging services and encourages continuous improvement. We are honoured to be the first mobile service to receive this recognition, with our assessment highlighting excellence in MRI safety, IR(ME)R procedures, and equipment management.

Earlier this year, we launched our updated Social Impact Report, in partnership with The Purpose Coalition. This report highlights the significant strides we've made in driving positive change within the communities we serve. We remain focused on our Purpose Goals, including Positive Destinations Post-16+, Fair Career Progression, Good Health and Wellbeing, and Building Sustainable Communities. A key addition this year is our new goal, 'Working in Partnership,' which highlights our ongoing collaboration with the NHS. With waiting lists at record levels, Ramsay UK is proud to play a crucial role in supporting the NHS, reducing waiting times, and addressing health inequalities across the country.

At Ramsay, we believe that clinical excellence is a shared responsibility. Our organisational culture ensures that the patient is at the centre of everything we do. We recognise that our people—our colleagues and doctors—are key to our success, and teamwork is the foundation of meeting the high expectations of our patients.

I am incredibly proud of Ramsay Health Care's longstanding reputation for delivering safe, quality care. It is with great pleasure that we share our results with you and look forward to continuing to make a positive impact.



Nick Costa

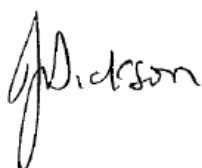
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care, patient safety and quality of care are our top priorities. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion shown by our clinical teams, whose commitment to delivering compassionate, evidence-based care ensures that patients always come first.

Across our 34 hospitals, mobile diagnostic fleet, 3 decontamination hubs, and 2 corporate offices, I am continually inspired by the outstanding care provided by both our clinical and operational teams. The saying, "The whole is greater than the sum of its parts," truly resonates at Ramsay UK. Our teams deliver exceptional service that reflects our values of "People Caring for People," as evidenced by our impressive patient feedback, including a group NPS rating of 88 and a 95.9% Friends and Family rating. Each team member's individual contribution is vital, and we remain committed to recognising, supporting, and championing their efforts.

Our ability to provide first class healthcare services is supported by continuous investment in our facilities, equipment, and colleagues. We encourage leadership, professional and personal development and support innovation in our clinical processes and pathways. Additionally, our ongoing digital advancements are enhancing the delivery and management of patient services. With an exciting roadmap which further integrates and develops our digital systems, we are committed to empowering patients and improving their healthcare journey with Ramsay UK.

I look forward to continuing this journey and building on our commitment to delivering high-quality healthcare, with sustained investment and a focus on innovation.

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

Jo Dickson

Introduction to our Quality Account

This Quality Account is 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.

Each site within the Ramsay Group develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

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 do not 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 2025/26 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 homes.

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. In the last 12 months we have continued our ongoing programme of refurbishment within the hospital and over the next 12 months plan to refurbish our main theatre complex and 2 of our bedrooms.

My thanks to the Senior Leadership Team and colleagues across Rivers, our doctors, service users, and our partners for their support during 2024 and 2025 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 2022 it celebrated 30 years of serving the local community. It is equipped with the 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

Approximately 7600 NHS patients received inpatient care and there were 54300 NHS Outpatient visits at the Rivers Hospital during 2024/25 and this represents approximately 50% of the activity of the Hospital.

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. The Rivers hospital has embedded the Patient safety incident response Framework (PSIRF) since November 2023, this included robust mechanisms for sharing the learning across Rivers and the wider Ramsay Group. 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 thirty 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 88 whole time equivalent qualified nursing staff, and 33 allied professionals who alongside a total number of 314 contracted staff deliver the best possible care to all patients who choose to utilise our services. Our wards qualified to non-qualified nursing ratio is a minimum of 70:30 Patient to nurse ratio does not exceed 7:1, which is within the staffing levels suggested by NICE.

The Rivers Hospital employs a number of specialist nurses, including dedicated Chemotherapy Nurses, Breast Care Specialist Nurse, and nursing staff specialising in Plastics, Urology and Orthopaedics.

As part of the Rivers team we have contracted Children's nurses (RSCN's) and regular bank RSCN's who support our Children and Young Person's Services across the hospital. Ensuring that we provide a safe and effective dedicated service to children and young people.

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 Consultants are granted practicing privileges Rivers. There are currently 222 Consultants that have practicing privileges at the Rivers Hospital. The service is supported by the presence of the Resident Doctor (RD) who is available 24 hours a day 7 days per week.

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 43 beds split across 2 wards and all these beds are in individual rooms. The day units consist of 12 individual pods. This not only maintains the privacy and dignity of patients, this also supports maintaining infection prevention control

standards. All 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.

The Rivers Hospital has 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 Chemotherapy unit also provides a “Chemo at Home” service to a select patient group following hospital assessment which facilitates the patient to remain in the comfort of their own home for their treatment.

The outpatient department has 16 consulting rooms, 1 of which is a fully dedicated and equipped for eye consultations, and 4 treatment rooms which are used for minor procedures. We have onsite phlebotomy team and an onsite laboratory provided by TDL to process samples. The outpatient department is 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 fully 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 Diagnostic imaging department includes x-ray, ultrasound, CT and MRI scanning facilities, Mammography and DEXA scanning.

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 received the highest award for excellent hygiene conditions, very high standard of compliance with food hygiene legislation and receives good feedback on the quality of the food provided.

Part 2

2.1 Quality priorities for 2025/26

Plan for 2025/26

On an annual cycle, Rivers Hospital develops an operational plan to set objectives for the year ahead. The Rivers Hospital vision and purpose is to be the number 1 choice for patients in our local community, delivering outstanding patient-centred care in a great place to work.

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

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

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

Priorities for improvement

2.1.1 A review of clinical priorities 2024/25 (looking back)

Rivers Hospital Clinical Vision and Strategy 2023/2026 Putting Patients First

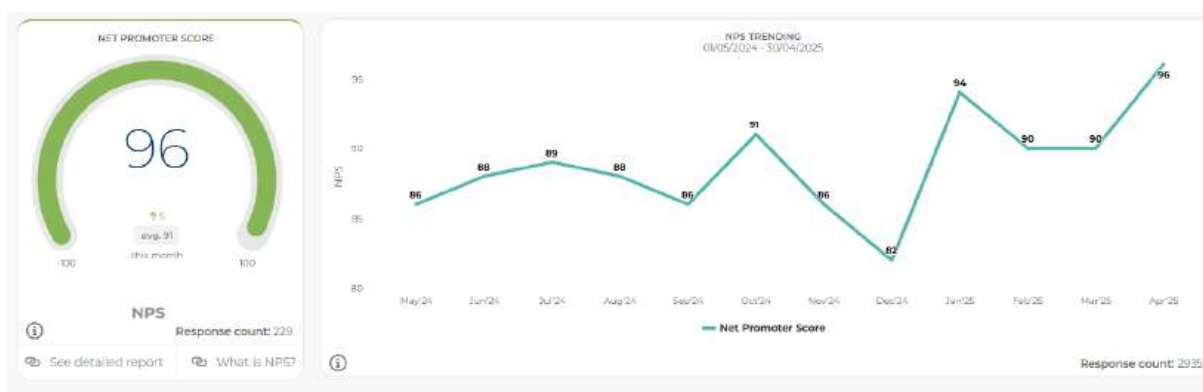


Patient Experience

Patient Focus Group

We aim to deliver a patient experience that would make a great review. The Rivers patient centric approach is embedded in all aspects of the hospital service delivery.

In order to do this the Rivers aimed to respond to all patient feedback either positive or negative. During 2024/25 the Rivers increased the patient satisfaction by enhancing the response to all feedback across all of the forums available and to embed the learning from feedback either positive or negative. This has resulted in an improvement in the hospital Net promoter score as detailed in the graph below with score in May 2025 being the highest across the Ramsay group at 96.



The Rivers aimed in 2024/25 to implement a patient focus group. This has proved challenging to set up and will be rolled forward in the 2025/26. However during 2024/25 the Rivers have set up a customer engagement group to improve the patient experience by learning from patient feedback.

Clinical Effectiveness

In 2024/25 Rivers adopted a new approach to pre-operative fluid intake to end pre-surgical oral fluid deprivation – Introduction of 'SipTilSend' All patients now waiting for GA are encouraged to sip from one 170ml glass of clear fluids, refilled every hour, until sent to theatre. As part of the clinical pathways in Rivers for patients awaiting surgery under General Anaesthesia (GA), we advise patients to stop drinking clear fluids for an excessive time prior to surgery with no clear, evidenced based safety benefit.

Patient Safety Incident Response framework

In 2024/25 Rivers Hospital embedded the Patient Safety Incident Response framework (PSIRF). As an organisation we are now focusing on the key priorities to enable effective cultural change through compassionate and inclusive leadership to foster a culture of psychological safety. This is essential to continue to develop high quality, safe patient care with a just, fair and learning culture. Staff affected by patient safety incidents are supported with a compassionate and just approach ensuring there is no focus on blame or punitive measures for individuals involved in events. This has resulted in an improvement in the turnaround times for incident investigations and a faster implementation of learning outcomes from incidents.

The improvement programmes and priorities for Rivers in 2024/25 were i

- Deteriorating Patient – recognition

Following a PSIRF after action review It was identified that a deteriorating patient trolley was needed on the ward. This was due to staff finding it difficult to locate equipment out of hours. Since introduction the deteriorating patient trolley has been in use and has been used multiple times to assist the teams.

- VTE Reduction

A thematic review was undertaken into all incidents of VTE and actions developed as a result to ensure that all preventive measures have been undertaken. The number of VTE incident reported has reduced across the year 2024/25, when compared to 2023/24.

2.1.2 Clinical Priorities for 2025/26 (looking forward)

Patient Safety

In 2025/26 the Rivers aim to introduce a falls safe project. This is based on a review of no harm incidents across 2024/2025. The project will review any clinical incident reported as a fall regardless of harm. The group will implement prevention strategies to reduce risk of falls with harm from occurring. The group will review Falls policies and ensure training package in place which includes a fall prevention strategy. The group will make recommendations for local/National learning response to reduce the risk of future falls with harm from occurring and ensure best practice is reflected. The success of this initiative will be measured via the Ramsay clinical dashboard which details the number of falls incidents per month. Trends and any actions will taken and monitored through the local and national falls group.

Clinical Effectiveness

In 2025/26 the Rivers Hospital is planning to achieve Gold Association for Safe Aseptic Practice (ANTT) status. The Association for Safe Aseptic Practice provides support to practitioners, healthcare organisations, industry and patients in the education and clinical practice of ANTT, the world's most used aseptic technique. In 2024/25 hospital achieved the Bronze award and plans to build upon this to achieve silver and then gold over the coming year.

Patient Experience

To deliver the Rivers Hospital vision to enhance our reputation with the patients that utilise our services. We aim to deliver a patient experience that would make a great review. The Rivers patient centric approach is embedded in all aspects of the hospital service delivery. The Rivers will implement a patient focus group in 2025/26 to our existing customer service meeting to ensure that all our staff are equipped with the essential skills, knowledge, compassion, and caring attitude to deliver a truly excellent service. To build upon our patient experience and to improve the environment for patients. the Rivers will undertake a full place audit in 2025/26.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2024/25 Rivers Hospital provided both in and outpatient NHS services.

Rivers Hospital has reviewed all the data available to them on the quality of care across all the NHS services they provide.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 60% per cent of the total income generated from the provision of NHS services by Rivers Hospital for 1 April 2023 to 31st March 2024

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior

Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

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

Human Resources

Appraisal 73 %

Rivers Hospital has not met the Ramsay standard of 80% appraisal completion in the year 2024/25. This will be a focus through the coming year. Additional training will be made available to all employees with line management responsibilities to ensure that this standard is met in the next year.

Mandatory Training face to face achieved 88 % and eLearning is at 94 %. These are below the Ramsay standard. During the year 2024/25 Rivers have engaged with an external training company to provide the face to face training. This has proved very successful, and we have received great feedback on the new training. The Rivers will continue to utilise this training in the next year.

Mandatory e-learning modules are inclusive of:

- Safeguarding levels 1 and 2
- Oliver McGowan Learning Disability
- Infection Prevention and Control levels 1 and 2
- GDPR and Data Security
- Equality and Diversity
- Manual Handling
- Consent
- Medical gases

Face to face training is inclusive of:

- Basic Life Support
- Immediate Life Support
- Safeguarding levels 2 and 3

- Infection Prevention and Control inclusive of hand hygiene and Aseptic non Touch Technique

- Manual Handling basic and advanced levels

- Blood Transfusion

- Medicine Management

- Sexual harassment training

- Equality and diversity training

Staff Cost % Net Revenue = 25%

Ward Hours PPD = 6.52

% Sickness =4.4%

% Lost Time =22.7%

Number of Significant Staff Injuries 0

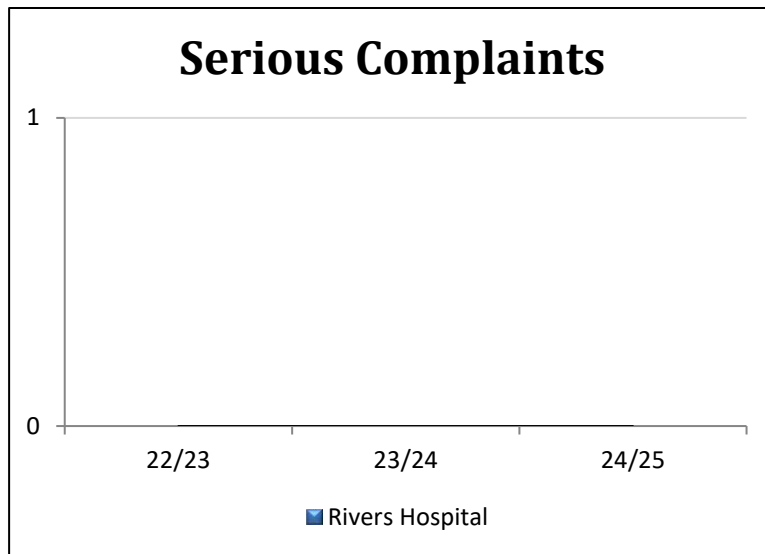
Staff satisfaction scores



Rivers Hospital has produced an action plan to departmental level for 2025/26 based on the feedback from the staff.

Patient

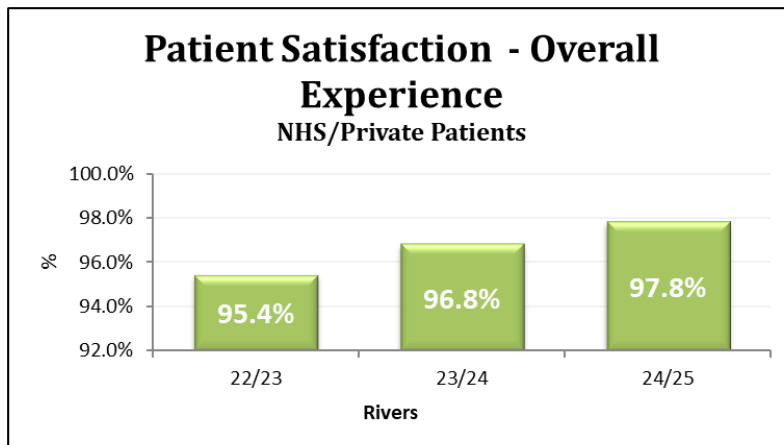
Serious Complaints per 1000 HPD's



The Rivers have received no formal Serious Complaints per 1000 HPD's for the year 2025/2026

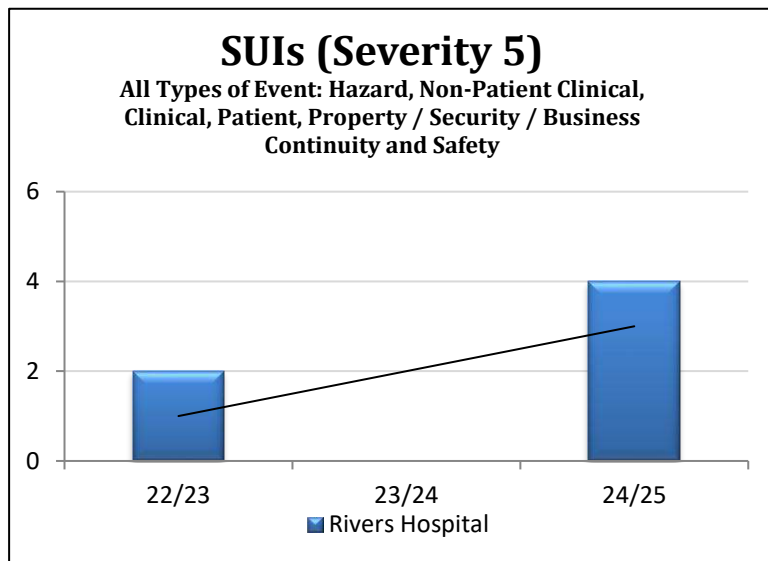
Any patient complaints are investigated thoroughly complying with CQC (Care Quality Commission) timeframes for response. Every complaint received is considered very seriously and given the immediate attention of the Hospital Director and Head of Clinical Service, following which a thorough investigation is commenced into the concerns raised as per the Ramsay Complaints Policy. We discuss all themes from 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.

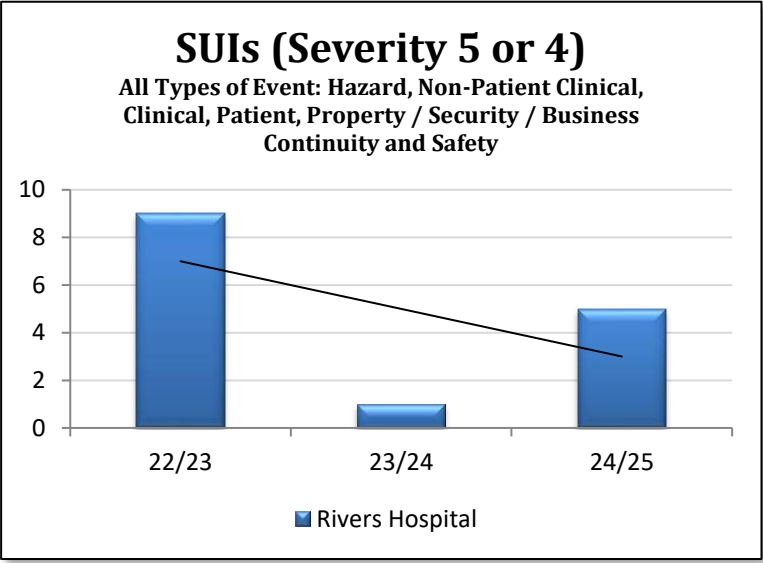
Patient Satisfaction Score



Throughout 2024/25 we have seen an increase of 1% in our overall patient satisfaction and we continue to focus on obtaining feedback from patients, to support our continuous improvement.

Incidents

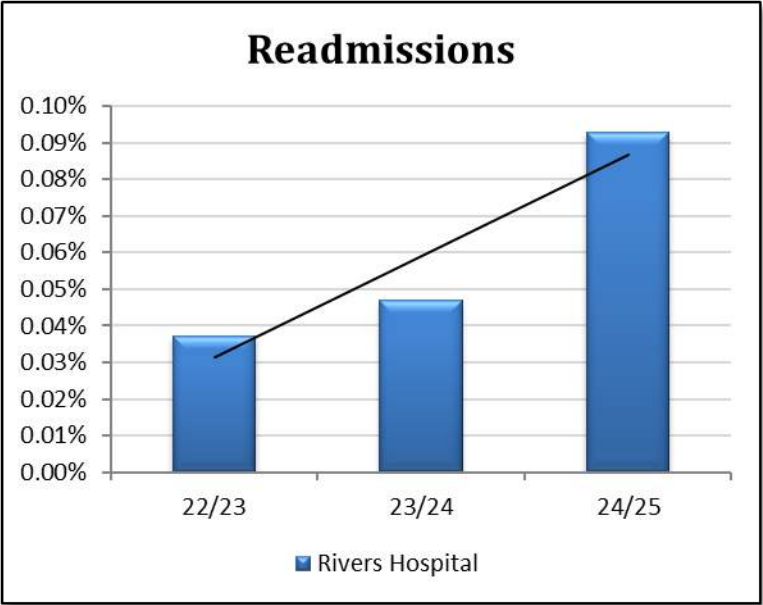




Rivers has had 4 serious untoward Incidents of severity 5 for 2024/25 and patient incident 1 incident of severity 2 in the year of 2024/25. The Rivers have an improved incident reporting culture over the year 2024/25. This has aligned with the increase in complexity and activity across this period.

There were 0 Eliminating Mixed Sex Accommodation (EMSA) breaches throughout 2024/25

Readmissions

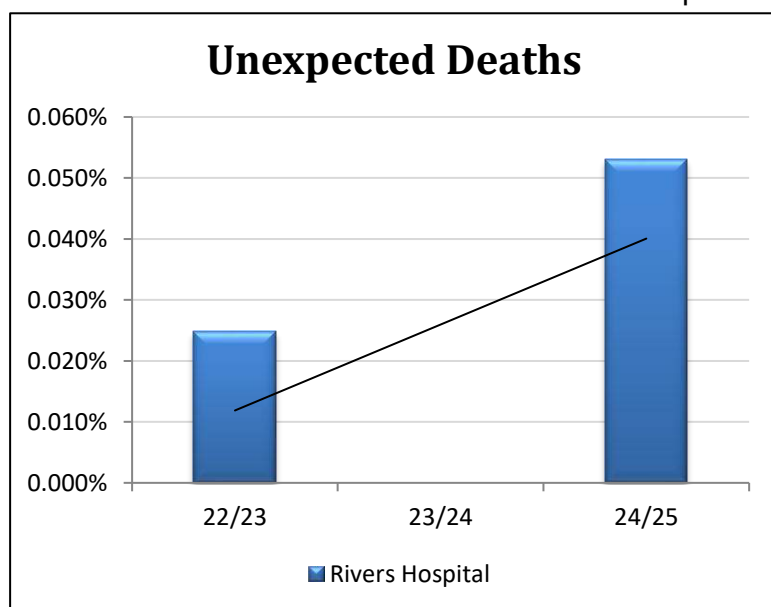


There were 7 readmissions during 2024/2025 this is an increase in the numbers from previous years. A thematic review of these did not find any common themes for these readmissions.

Unexpected Deaths

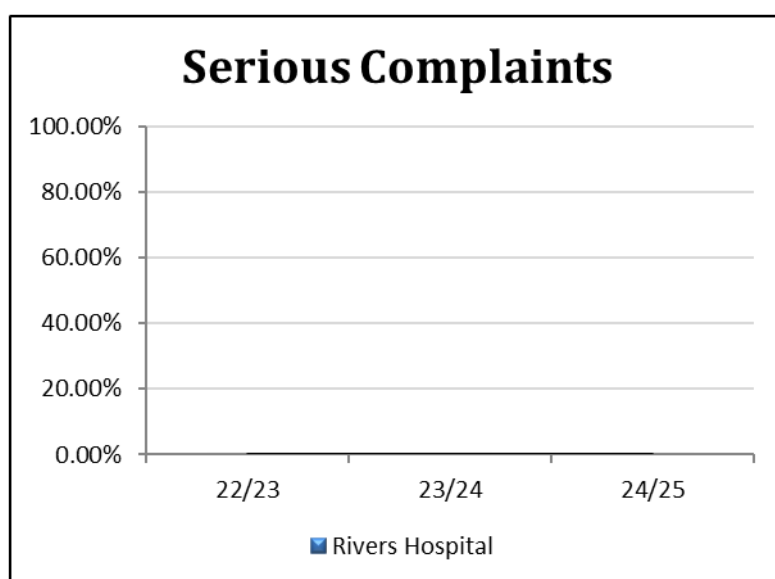
The Rivers have unfortunately experienced 4 unexpected deaths in the year 2024/25

- 2 deaths were as a result of a pulmonary embolism post surgery
- 2 were deemed unrelated to the recent hospital stay



Rate per 100 Discharges

Serious Complaints



The Rivers has had 0 Formal Complaints per 1000 HPD's

Quality

Workplace Health & Safety Score – 93%

Infection Control Audit Score – Governance and Assurance – 100%

2.2.2 Participation in clinical audit

During 1 April 2024 to 31st March 2025 Rivers Hospital participated in 7 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 2024 to 31st March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Count	Project name (A-Z)	Provider organisation
1	British Spine Registry	Amplitude Clinical Services Ltd
2	Mandatory Surveillance of HCAI	Public Health England
3	National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia 3	NHS Blood and Transplant
4	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
5	National Prostate Cancer Audit (NPCA) ^{1, 2}	Royal College of Surgeons (RCS)
6	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
7	Surgical Site Infection Surveillance	Public Health England

The reports of 7 national clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Rivers Hospital intends to take the following actions to improve the quality of healthcare provided.

Local Audits

The Rivers reported 372 clinical audits from 1 April 2024 to 31st March 2025 were reviewed by the Clinical Governance Committee and Rivers Hospital some of the actions intended to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2. The Rivers were 92 % compliant with the clinical audit schedule for the year 2024/25 with 3 out of the last quarters achieving 100%. The average inspection score for the period was 92%.

2.2.3 Participation in Research

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

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

Rivers Hospital's income from 1 April 2023 to 31st March 2024 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 31st March 2025 is registered without conditions.

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

2.2.6 Data Quality

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

The data below is a percentage of Ramsay Healthcare compliance. Improving data quality and clinical coding can deliver clinically meaningful information that can be used to demonstrate quality, patient safety and act as an early warning system for poor or declining performance.

On induction, our staff are trained in how to obtain and input data correctly into our electronic systems and how to handle it confidentially. Staff are monitored on correct data capture via internal reports and data quality training is updated regularly throughout the hospital.

Data is monitored through:

- Clinical records audit divided into Pre-assessment records, surgical theatre records and medical records from the ward.
- Reports are reviewed on operation note completion
- Missing visit worklists are closed down daily to ensure that all episodes of care are linked to a referral, with a corporate dashboard league table published and shared monthly. This is reviewed at monthly Senior leadership meetings

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2024/2025 submission is due by 30th June 2025.

This information is publicly available on the DSP website at:

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

Clinical coding error rate

Rivers Hospital was subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct	DSPTK Attainment Level
Rivers	2023	98%	90%	98%	100%	Level 3

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

2.2.7 Stakeholders views on 2024/25 Quality Account



NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Rivers Hospital for 2024/2025.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Rivers Hospital Quality Account for 2024/25. The ICB would like to thank Rivers Hospital for preparing this Quality Account, developing future quality 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.

When reviewing the progress highlighted against the 2024/25 priorities the ICB notes the ongoing work, and the areas of focus related to Patient Experience and Clinical Effectiveness for 2025/26. The ICB acknowledges the increase in patient feedback satisfaction results and the continued focus on obtaining feedback to support continuous improvement.

The Quality Account outlines Rivers Hospital's focus on Infection Prevention and Control throughout 2024/25 and the ICB would like to encourage Rivers Hospital to continue the reflective learning mechanisms and governance in this area.

The ICB acknowledges Rivers Hospital for their dedication in implementing the Patient Safety Incident Response Framework (PSIRF), strengthening how the NHS learns from patient safety incidents to enhance care and outcomes. We will continue our joint working with Rivers Hospital and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025/26, the ICB supports Rivers Hospital quality priorities, and we look 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

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



Part 3

Review of quality performance 2024/25

Statements of quality delivery

Head of Clinical Services (Matron), Rivers

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

Introduction

Over the past year, Rivers Hospital has remained dedicated to enhancing the quality of care delivered to our patients. This annual review highlights our key performance metrics, quality improvement initiatives, patient satisfaction outcomes, and future goals aimed at further advancing the standard of our services.

We take pride in the progress made in improving patient care quality, safety, and overall satisfaction. Our commitment to continuous improvement is unwavering, and we welcome feedback from patients and stakeholders alike.

We believe in being open, transparent, and accountable. When outcomes or experiences fall short of patient expectations, we take action—learning from these events, implementing changes, and improving our practice. Our approach is grounded in our core values and in delivering high-quality, compassionate care in line with ‘The Ramsay Way’.

Ramsay Clinical Governance Framework 2025/26

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

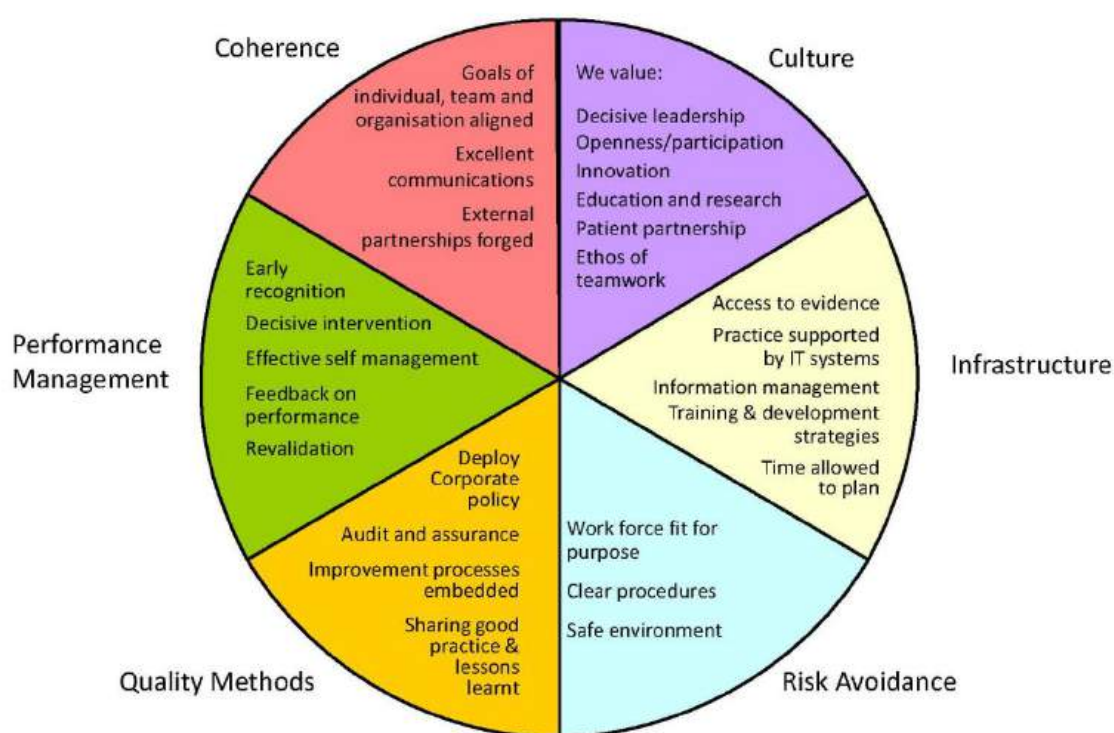
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

- Infrastructure
- Culture
- Quality methods
- 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.

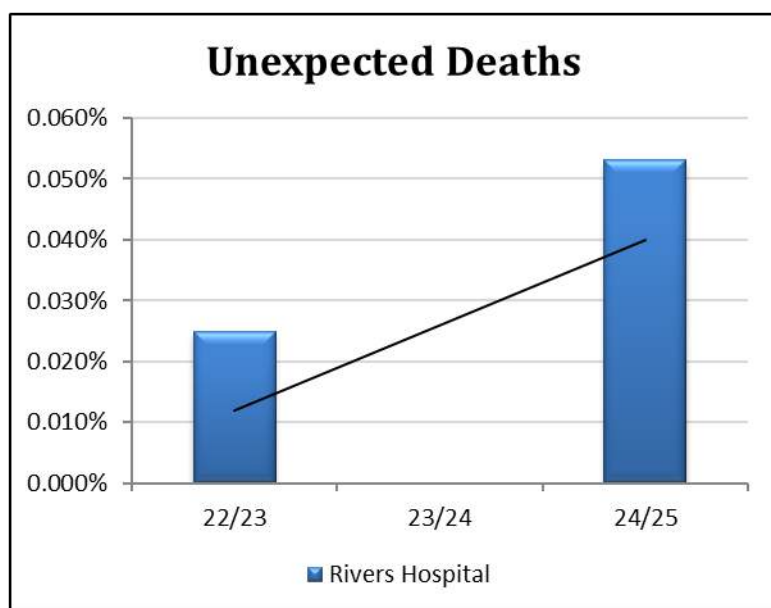
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period	Best		Worst		Average		Period	Rivers	
	Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC19	0.0002
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC19	0.0000
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC19	0.0005

Rivers Hospital considers that this data is as described as there have been 4 unexpected deaths in the reporting period.

Rate per 100 discharges:



National PROMs

PROMS: Hips	Period	Best		Worst		Average		Period	Rivers	
	Apr20 - Mar 21	NV302	25.7015	NVC20	17.335	Eng	22.9812	Apr20 - Mar 21	NVC19	24.270
	Apr21 - Mar 22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar 22	NVC19	23.482
	Apr22 - Mar 23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr21 - Mar 23	NVC19	22.491

PROMS: Knees	Period	Best		Worst		Average		Period	Rivers	
	Apr20 - Mar 21	NVC23	20.2502	RXP	11.9159	Eng	16.8858	Apr20 - Mar 21	NVC19	15.981
	Apr21 - Mar 22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar 22	NVC19	18.535
	Apr22 - Mar 23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar 23	NVC19	17.786

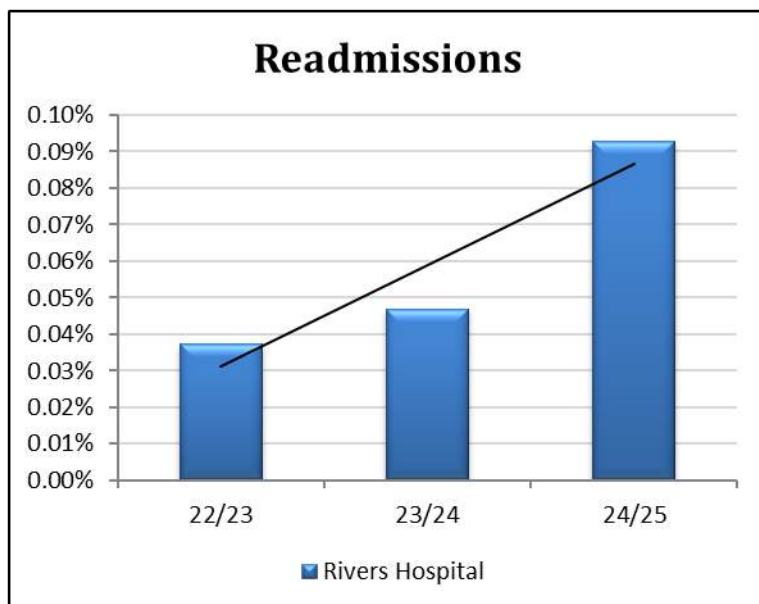
Rivers Hospital considers that this data is as described.

Readmissions within 28 days

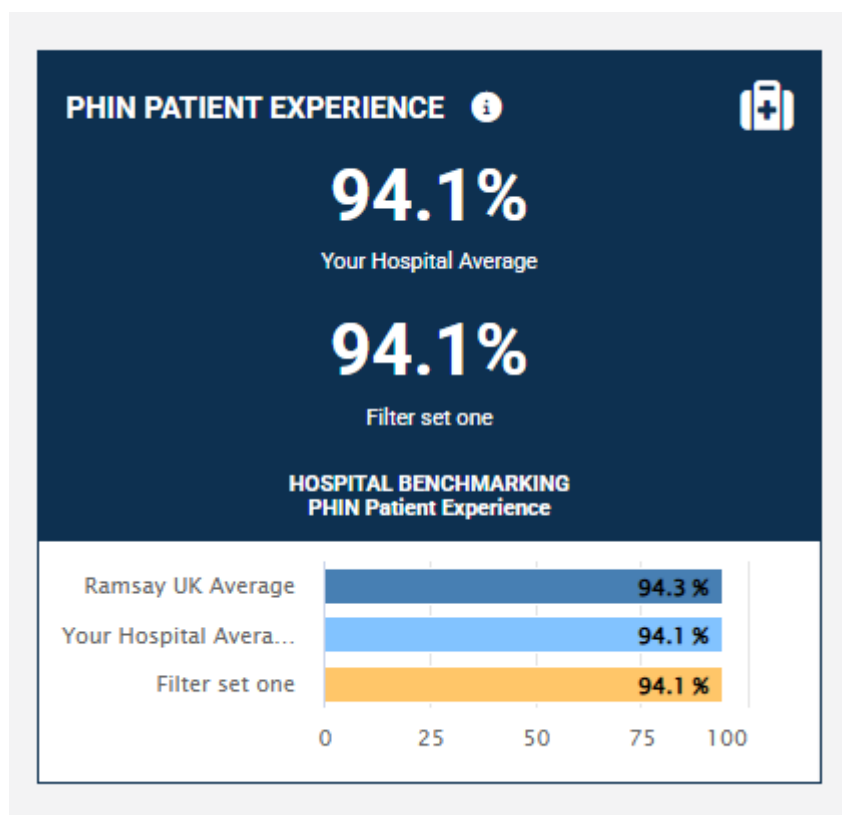
Readmissions:	Period	Best		Worst		Average		Period	Rivers	
	19/20	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC19	0.00037
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC19	0.00047
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC19	0.00093

Rivers Hospital considers that this data is as described.

Rate per 100 discharges:



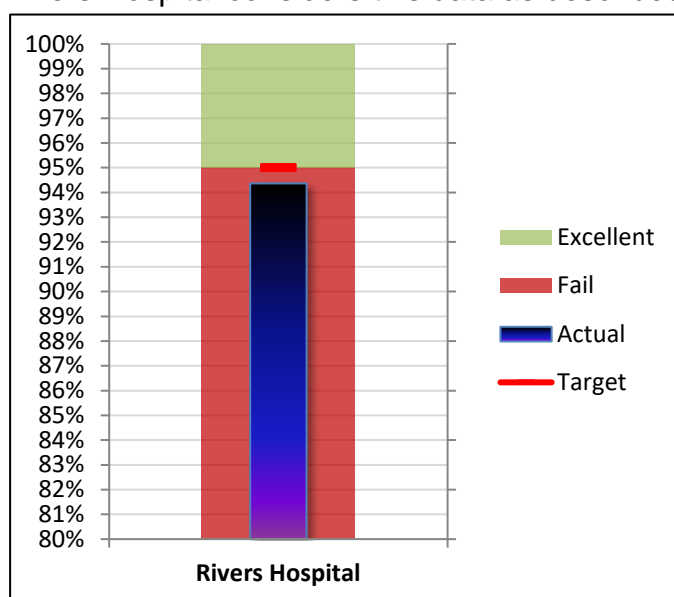
PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):



VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Rivers	
	Q1 to Q4 18/19	Several	100%	NVC0M	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC19	98.9%
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC19	99.5%
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC19	94.4%

Rivers Hospital considers this data as described.



C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Rivers	
	2020/21	Several	0	RPC	81.0	Eng	15.0	2022/23	NVC19	0.000
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC19	0.000
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC19	0.000

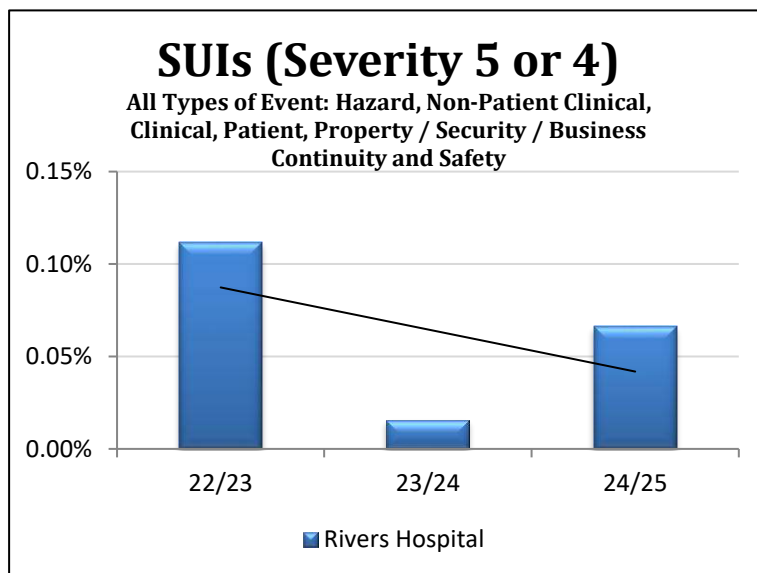
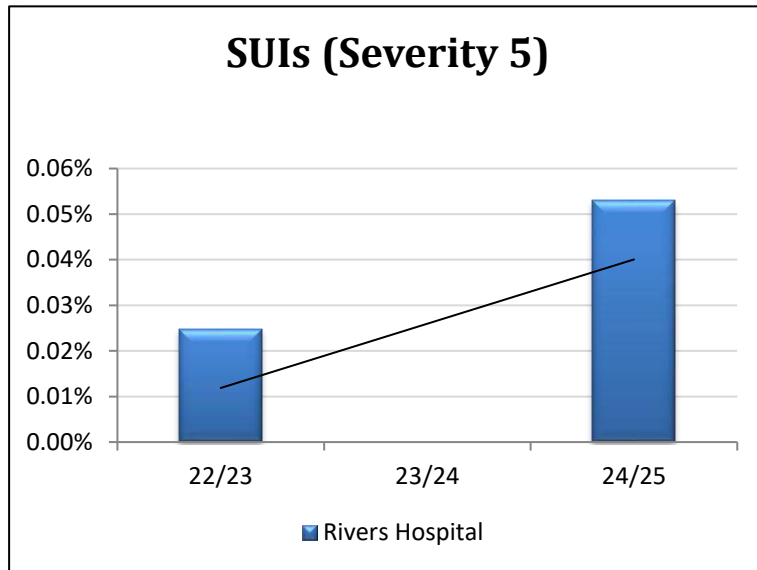
Rivers Hospital considers that this data is as described.

Patient Safety Incidents with Harm

SUIs: (Impact 5 only)	Period	Best		Worst		Average		Period	Rivers	
	2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC19	0.000
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC19	0.000
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC19	0.001

Rivers Hospital considers that this data is as described.

Rate per 100 discharges:



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Rivers	
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC19	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC19	100.0%
	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	Jan-25	NVC19	*

Rivers Hospital considers that this data is as described.

3.2 Patient safety

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

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

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

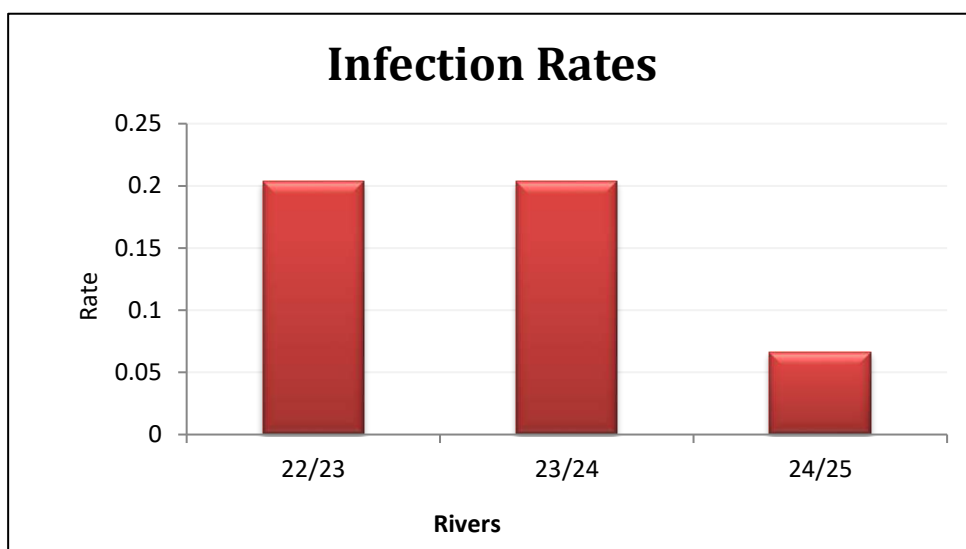
Rivers Hospital has a very low rate of hospital acquired infection and has had 0 MRSA Bacteraemia in the past 5 years

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

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored. There have been no outbreaks or IPC incidents during the year.

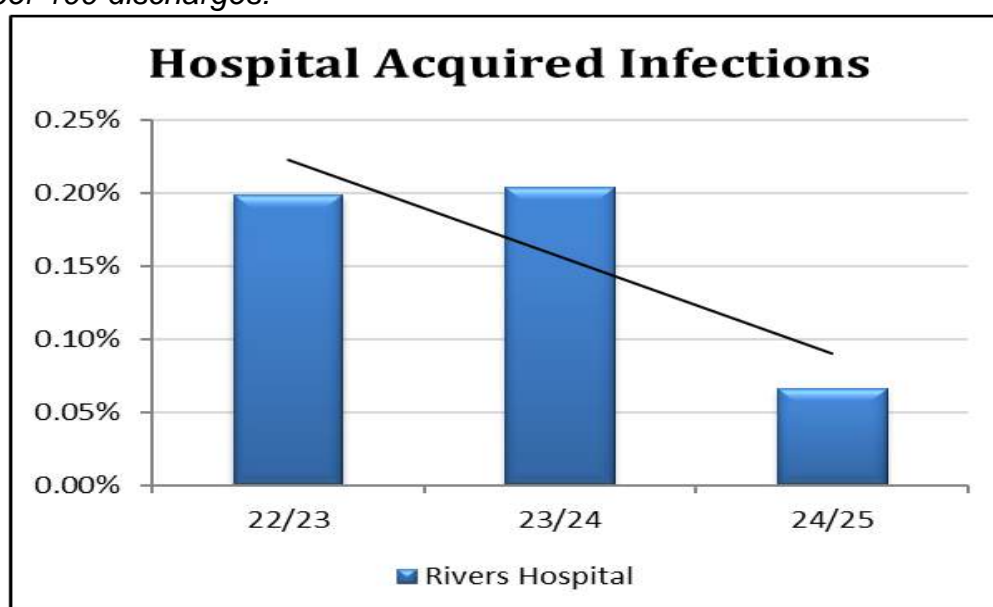
Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements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



As can be seen in the above graph our infection control rate has decreased over the last year.

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.

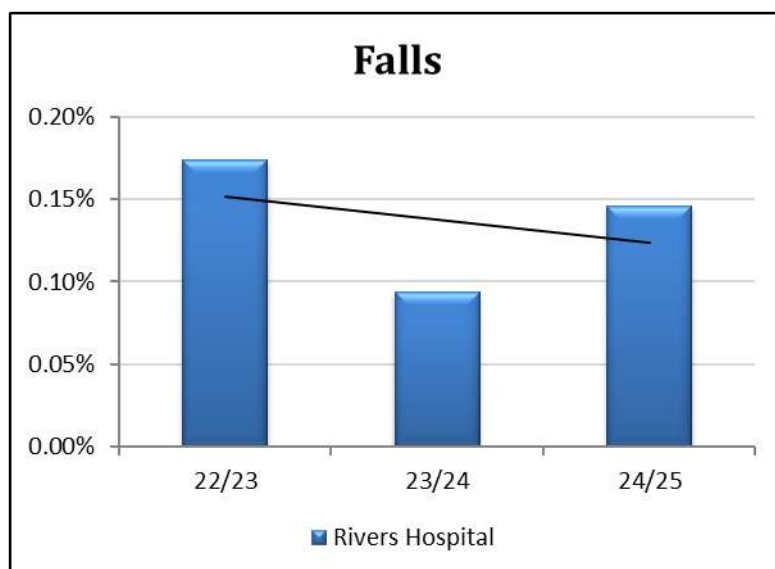
The main purpose of a PLACE assessment is to get the patient view.

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.

Rate per 100 discharges:



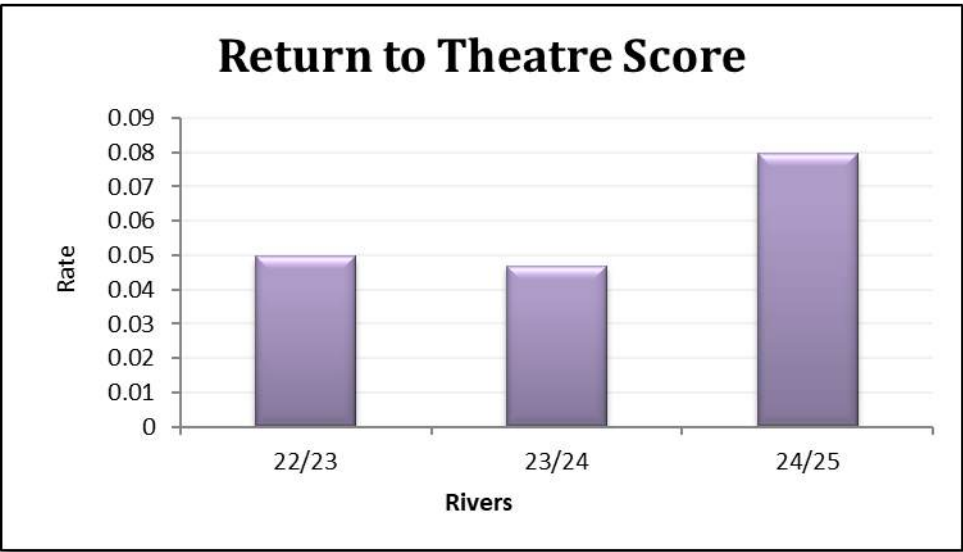
3.3 Clinical effectiveness

Rivers Hospital has a Clinical Governance 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.

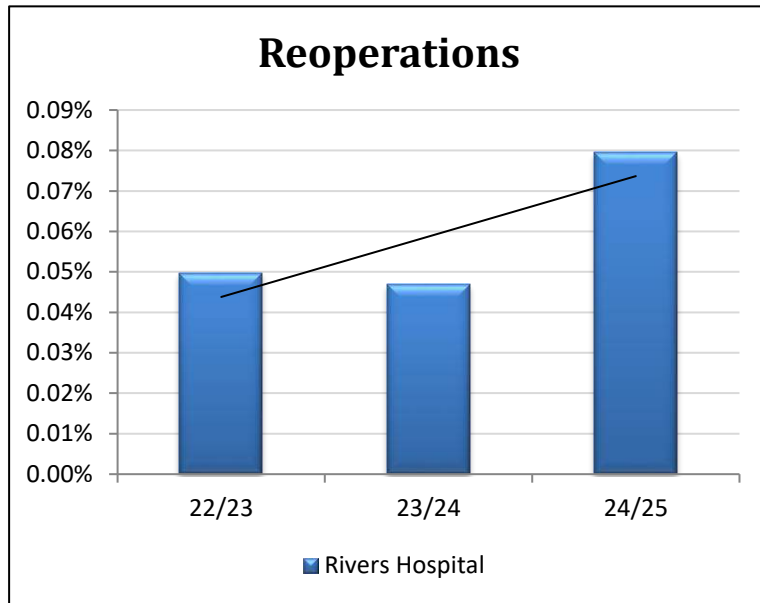
3.3.1 Return to theatre

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.

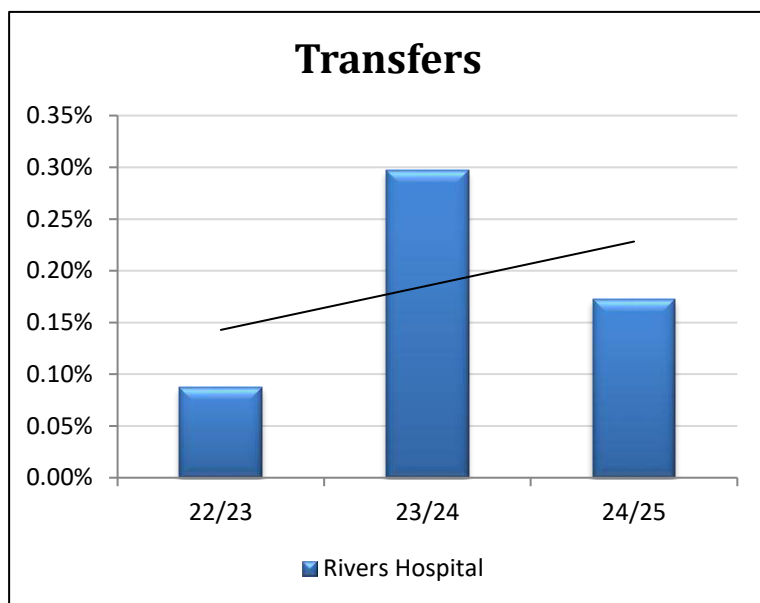


As can be seen in the above graph our returns to theatre rate has increased over the last year. This equates to 6 patients over the reporting period there are no common themes found across these returns to theatre.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

As outlined above Rivers had 4 unexpected deaths in the period April 2024 to March 2025. Of the 4 deaths 2 were unrelated to the patients' inpatients stay. 2 deaths were because of confirmed pulmonary embolism post operatively. As part of the investigations for these patients 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. These were deemed as unfortunate unavoidable incidents. Organisational learning was gained as a result of the investigations, but no learnings have identified which could have altered the outcome for the patient.

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%.

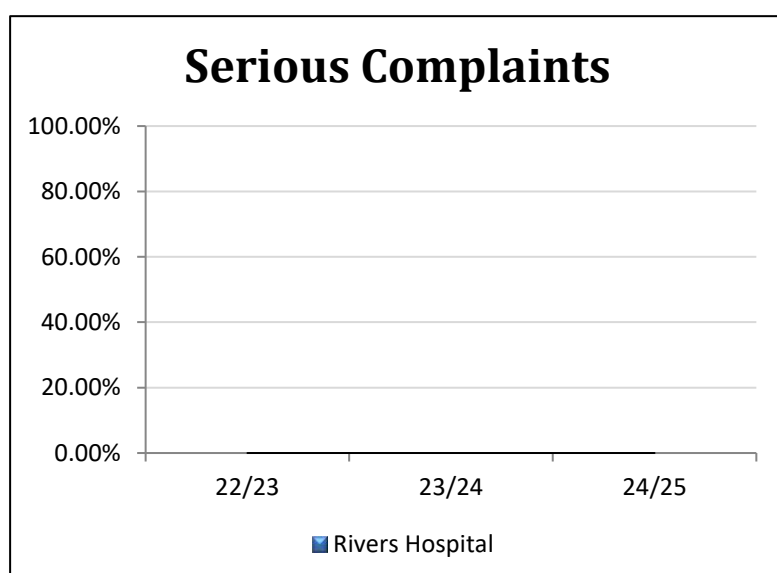
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace 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.

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

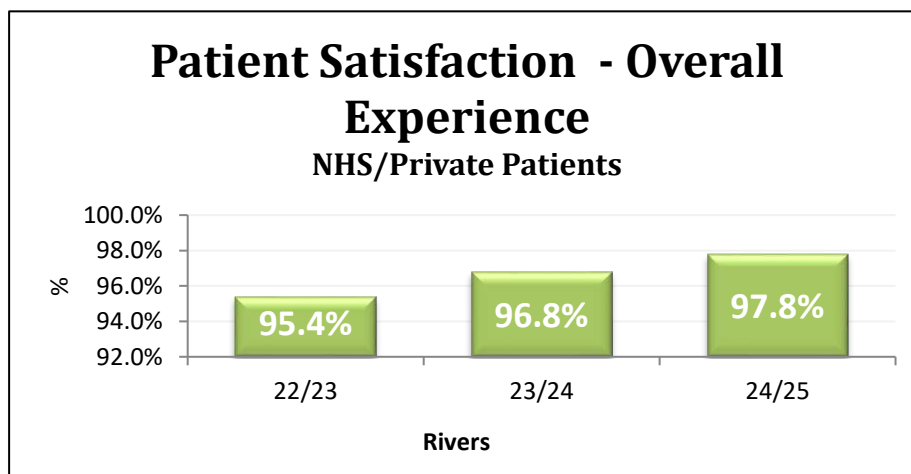
further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

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

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



As can be seen in the above graph our Patient Satisfaction rate has Increased over the last year.

3.5 Rivers Hospital Case Study

No case study submitted

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 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year. “Tendable” is our electronic audit platform. Staff access the app through iOS devices. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

Ramsay Health Care UK - Clinical Audit Programme v17.3 2024-2025 (list version)

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission	Delegated Auditor (Hospital Use)
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end	
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end	
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end	
IPC Governance and Assurance	IPC	Whole Hospital	July to September	End of September	
IPC Environmental Infrastructure	SLT	Whole Hospital	October to December	End of December	

IPC Management of Linen	Ward, Ambulatory Care	Whole Hospital	August, February	End of August End of February	
IPC Aseptic Non-Touch Technique: Standard	IPC	Whole Hospital	As required	As required	
IPC Aseptic Non-Touch Technique: Surgical	IPC	Theatres	As required	As required	
Sharps	IPC	Whole Hospital	Fortnightly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Monthly	Month end	
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	July, October, January, April	Month end	
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	July, October, January, April	Month end	
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July to September	End of September	
50 Steps Cleaning (FR4)	RDUK	RDUK	July to September	End of September	
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July to September	End of October	
50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	October to December	End of December	
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	August, February	Month end	

Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September January to March (if required)	End of September No March deadline	
Patient Journey: Safe Transfer of the Patient	Ward, Ambulatory Care	Whole Hospital	October to December April to June (if required)	End of December No deadline	
Patient Journey: Intraoperative Observation	Theatres	Theatres	July to September January to March	End of September End of March	
Patient Journey: Recovery Observation	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June	
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July to August December to January May to June	End of August End of January End of June	
NatSSIPs Stop Before You Block	Theatres	Theatres	July to August December to January May to June	End of August End of January End of June	
NatSSIPs Prosthesis	Theatres	Theatres	October to December April to June	End of December End of June	
NatSSIPs Swab Count	Theatres	Theatres	October to December April to June	End of December End of June	
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	October to December	End of December	
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/September (where applicable)	No deadline	
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	As required	As required	
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March	
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	August/September February/March	End of September End of March	

Complaints	SLT	Whole Hospital	July, October, January, April	Month end	
Duty of Candour	SLT	Whole Hospital	July, October, January, April	Month end	
Practising Privileges - Non-consultant	HoCS	Whole Hospital	July, January (where applicable)	No deadline	
Practising Privileges - Consultants	HoCS	Whole Hospital	May/June (as required)	No deadline	
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	September / October (as required)	No deadline	
Privacy & Dignity	Ward, Ambulatory Care	Whole Hospital	September / October	End of October	
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	TBC	TBC	
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	July, October, January, April	Month end	
Essential Care: Wound Management (to be developed)	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March	
Resuscitation & Emergency Response	HoCS (to delegate)	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Therapy	Physio	Physio	July to September January to March	End of September End of March	
Medical Records - Surgery	Theatres	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Ward	Ward	Ward	July to September	End of September End of March	

			January to March		
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July to September January to March	End of September End of March	
Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July to September January to March	End of September End of March	
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Paediatrics	Paediatrics	Paediatrics	July to September January to March	End of September End of March	
Medical Records - NEWS2	Ward	Whole Hospital	October to December April to June	End of December End of June	
Medical Records - VTE	Ward	Whole Hospital	July to September January to March	End of September End of March	
Medical Records - Patient Consent	HoCS	Whole Hospital	July, January	Month end	
Medical Records - MDT Compliance	HoCS	Whole Hospital	July, November, March	Month end	
Non-Medical Referrer Documentation and Records	Radiology	Radiology	August, December, April	Month end	
MRI Reporting for BUPA	Radiology	Radiology	August, February	Month end	
CT Reporting for BUPA	Radiology	Radiology	January, July	Month end	
No Report Required	Radiology	Radiology	July, October, January, April	Month end	

MRI Safety	MRI, RDUK	Radiology, RDUK	August, October, December, February, April, June	Month end	
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, September, November, January, March, May	Month end	
RDUK - Referral Forms - MRI	RDUK	RDUK	October, March	Month end	
RDUK - Referral Forms - CT	RDUK	RDUK	July, January	Month end	
RDUK - Medicines Optimisation	RDUK	RDUK	July to September January to March (if required)	End of September No deadline	
RDUK - PVCCB	RDUK	RDUK	July, January	Month end	
Bariatric Services	Bariatric Services	Whole Hospital	September	Month end	
Paediatric Services	Paediatric	Paediatric	October	Month end	
Paediatric Outpatients	Paediatric	Paediatric	October to December April to June	End of December End of June	
Paediatric Radiology	Paediatric	Paediatric	July to September January to March	End of September End of March	
Antimicrobial Stewardship & Prescribing	HoCS (to delegate)	Whole Hospital	October to December April to June	End of December End of June	
Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	July to September January to March	End of September End of March	

Prescribing, Supply & Administration'	Pharmacy	Pharmacy	September, December, March, June	Month end	
Medicines Reconciliation	Pharmacy	Pharmacy	October, April	Month end	
Controlled Drugs	Pharmacy	Pharmacy	January to March	End of March	
Pain Management	Pharmacy	Pharmacy	January to March	End of March	
Medicines Governance	Pharmacy	Pharmacy	September/October	End of October	
Medicines Governance	Pharmacy	RDUK	October to December	End of December	
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	October to December	End of December	
Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	December	Month end	
Departmental Governance (RDUK)	RDUK	RDUK	August, February	Month end	
Safeguarding	SLT	Whole Hospital	As required	No deadline	
IPC Environmental Infrastructure (RDUK)	RDUK	RDUK	As required (by corporate team)	No deadline	
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	May	Month end	
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	November to January	End of January	
Medical Records - SACT consent	SACT Services	SACT Services	As required	No deadline	
OH: Managing Health Risks On-site	Corporate OH	Whole Hospital	As required	No deadline	

OH: Occupational Health Delivery On-site	HoCS, RDUK	Whole Hospital, RDUK	November to January	End of January	
OH: Clinical Records	Corporate OH	Occupational Health	July, January	By month end	
OH: Case Management Referrals	Corporate OH	Occupational Health	May, November	By month end	
OH: Pre-Placement Clearance	Corporate OH	Occupational Health	October, April	By month end	
OH: UKAP & Hep B Non-Responders	Corporate OH	Occupational Health	March	By month end	
OH: Vaccination Records	Corporate OH	Occupational Health	September, March	By month end	
OH: BFE Exposure Management	Corporate OH	Occupational Health	Monthly	By month end	
OH: Skin Health Surveillance	Corporate OH	Occupational Health	Monthly	By month end	
OH: Management of OH Records	Corporate OH	Occupational Health	August, February	By month end	
H&S Legionella	Ops Managers	Health & Safety	February, August	End of February End of August (25)	
H&S PUWER/LOLER	Ops Managers	Health & Safety	March	End of March	
H&S Management	Ops Managers	Health & Safety	April	End of April	
H&S Moving & Handling	Ops Managers	Health & Safety	May	End of May	
H&S Work at Height	Ops Managers	Health & Safety	June	End of June	
H&S Slips Trips & Falls	Ops Managers	Health & Safety	September (25)	End of September (25)	
H&S COSHH	Ops Managers	Health & Safety	October (25)	End of October (25)	
H&S Electrical Safety	Ops Managers	Health & Safety	November (25)	End of November (25)	

H&S Violence at Work	Ops Managers	Health & Safety	December (25)	End of December (25)	
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Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVL	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
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
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.

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