

Rivers Hospital

Quality Account 2017/18



People caring for people



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Welcome to Ramsay Health Care UK

Rivers Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

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

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

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

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

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

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

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

Dr Andrew Jones
Chief Executive Officer

Introduction to our Quality Account

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

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

Part 1

1.1 Statement on quality from the General Manager

'As the General Manager of the Rivers I am passionate that all our patients receive high standards of care from caring staff that are competent with the required skill and the appropriate qualification. We will ensure that we have an effective organisational structure in place which will support the delivery of excellent services within the facility.

Rivers Hospital will continue to work closely with our consultants and patients to ensure the best quality healthcare is consistently being delivered. To ensure that we have a co-ordinated approach to the delivery of the care which we provide, we have a Clinical Governance Committee and Medical Advisory Committee who review and monitor our compliance with the professional standards and legislative requirements. The committee's review the hospital's clinical performance and activity on a quarterly basis. Our hospital staff are fully trained in the latest procedures and thus maintain all areas to the highest standards. As General Manager of Rivers Hospital, I take great pride in the service we offer to our patients and relatives which can only be achieved through a cohesive approach and working as an effective team.

Rivers Hospital Vision Statement is to be a leading provider of health care services by delivering high quality outcomes for patients in the local community and ensuring long term profitability. We will actively seek ways to improve the performance of our business and we have continued to invest significantly with the refurbishment of patient facing areas and a new Day Surgery Unit and 5th Operating theatres with more investment planned over the next 12 months, including the building of our dedicated chemotherapy unit for our cancer patients receiving treatment at Rivers.

This vision is reflected throughout the Quality Report, in that the hospital will constantly strive to improve the quality and suitability of the services offered to patients by ensuring there are adequate core policies and skills, effective feedback mechanisms on the quality and efficacy of its

activities and processes in place to affect improvement at all levels of the organisation.

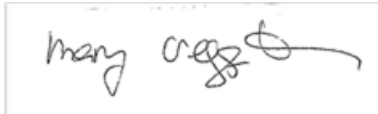
Our Quality Account details the actions that we have taken over the past year, to demonstrate that our high standards in delivering patient care, remain our focus for everything we do. Through our vigorous audit regime and by listening to our stakeholders, including patient feedback, we have been able to identify areas of good practice and also areas where we can improve the care patients receive. This has enabled us to refine some of our processes to make changes to the patient pathway and the delivery of services which we offer our patients.

In preparing this report, the hospital has taken into account the views of a wide range of stakeholders in the hospital's activities, including staff, consultants and Ramsay as an organisation. Most importantly the views of patients and their families which have been sought through questionnaires / Friends & Family Test/ comment sheets and focus groups. Furthermore, you are invited to feedback on this document by sending any comments in writing to me at Rivers Hospital.

Mary Cregg-Lock
Acting General Manager

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.

A handwritten signature in black ink, appearing to read 'Mary Cregg-Lock', enclosed within a thin black rectangular border.

Mary Cregg-Lock

Registered General Manager

Rivers Hospital Ramsay Health Care UK

This report has been reviewed and approved by:

MAC chair

Clinical Governance Committee Chair

Regional Director

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

Mid Essex CCG

West Essex CCG

Welcome to Rivers Hospital



Rivers 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.

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

The hospital is well-lead with a robust Governance and Risk Management system in place.

Staff are given the opportunity to engage with the Senior Management Team and feel supported and listened to. The hospital 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 feel 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 team are proud to work with us providing the best possible service.

We have over 93 highly trained nursing staff who alongside a wide variety of other healthcare professionals to deliver the best possible care. Our wards are staffed with 70:30 qualified to non-qualified nurse ratio. Patient to nurse ratio does not exceed 6:1, which is within the staffing levels suggested by NICE.

Admissions in the last 12 months were 15,150 of which 2,130 were inpatients. The hospital employs a number of specialist nurses, including dedicated chemotherapy nurses, plastics, urology and orthopaedic nurses. In addition we have 2 contracted paediatric nurses (RSCN's) and 4 regular bank RSCN's to support our children and Young Person's Services both on the ward and in clinic. We regularly run Paediatric Pre-Admission clinics for these patients on a Sunday which allows the Children and their parents an opportunity to tour the hospital following the patient pathway at a less busy time.

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

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

We currently have 49 beds split between 2 wards, 45 of these beds are in individual rooms as 2 of our rooms are double occupancy. 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 are en-suite enhancing patient comfort.

Following an expansion in 2017, we now have five fully equipped theatres with ultra clean air technology and separate recovery room. We also opened our new Meadow Day Surgery Unit in September 2017. This expansion includes a brand new fifth operating theatre which is fully integrated and is also fitted with ultra clean ventilation and an additional 12 day-stay pods, along with a Minor procedure theatre. The new Meadow Day Surgery Unit the unit accommodates patients as a surgical day case including pain management and minor urology procedures.

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). We also are staffed in accordance with the Association for Perioperative Practice, AFPP.

There is a dedicated 9 bay Endoscopy Unit, which is fully JAG accredited, where we have performed over 4,900 endoscopy procedures in the past year. Prior to the opening of the new Meadow Day Surgery Unit the unit has accommodated day case patients for pain management and minor urology procedures.

The outpatient department has 17 consulting rooms, 2 of which are fully dedicated and equipped for eye consultations, and 3 treatment rooms which are used for minor procedures. We have a pre-admission unit which enables us to assess the needs of our patients prior to admission. These departments are open until 21.00 Monday to Friday and 15.30 on Saturdays. This allows patients access to care and treatment at a time to suit. Over the past 12

will months, 94,631 patients were seen in our outpatient department by one of our 253 consultants which includes 63 consultants

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. In 2017/2018 we introduced a Functional Restoration Programme for patients with Chronic back pain, which has proved to be very successful.

We refurbished and upgraded our imaging department at the end of 2016 / beginning of 2017 and refurbished our Thomas Rivers Wing in Out-patients and the Physiotherapy treatment Rooms in August/

September 2017. The services we currently provide include x-ray, ultrasound, CT & MRI scanning facilities, Mammography and DEXA scanning (Osteoporosis).

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 Local Clinical Commissioning Groups (CCG's). Rivers employs a GP liaison officer and holds events to ensure local GPs are well informed about the services offered at the hospital, this enables Rivers to tailor care to meet the needs of patients in the surrounding areas and improve quality. We also continue to foster good relationships with our local NHS Trust, Princess Alexandra NHS Trust (Harlow) and East and North Herts NHS Trust (Welwyn Garden City and Stevenage). This affiliation promotes a robust governance process which in turn enhances patient safety.

Rivers Hospital has been recognised twice as the Private Healthcare UK's 'Patients' Choice' for the best clinic in the UK and was named as a finalist in the Customer Care category of the Hertfordshire Business Awards 2015.

Rivers Hospital has been awarded 5 out of 5 stars for hygiene by the East Herts Council for 8 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

The hospital is recognised for its patient outcomes for hip and knees replacement surgery in the Patient Reported Outcome Measures (PROMs) which measures the average health gain of all hospitals in the country, including both NHS and Independent Healthcare Providers.

The Hospital participates in the Annual PLACE Assessment with positive ratings published in 2017 and we will again go through this process in 2018 and we eagerly await the 2018 assessment reports due to be published later in the year.

Part 2

2.1 Quality Priorities for 2017/2018

Plan for 2017/2018

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 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.

In line with our CQUIN 2017/2018 /2019 we have had a significant focus on are staff wellbeing as we recognise the importance of having staff that are Physically and Emotionally well to care for our patients.

Priorities for improvement

2.1.1 A review of clinical priorities 2017/2018 (looking back)

Improving safety

In 2016/2017, as a direct response to the publication of key reviews and reports; namely Francis, Berwick, Keogh and Cavendish reports, which all highlighted the need for guidelines on safe staffing, Rivers looked into nursing red flags as a tool to monitor staffing levels in the ward area.

Rivers recognises the importance of safe staffing levels and monitoring this daily, to ensure that the “Red Flags” are not being triggered.

Rivers Hospital maintains staffing levels and has a high retention rate and rarely use agency staff on our wards. Staffing in the ward area is responsive to the patient numbers and acuity and staff ratio is reviewed daily for the current day and the following days as well as monitored the patient: staff ratio 4 hourly between 08:00-00:00.

On a monthly basis we report on staffing vacancies/ sickness & absence/ agency usage/ ratio of qualified staff versus Health Care Assistants, to both Ramsay Group Clinical Team and the Clinical Commissioning Groups. We also provide assurances on safe staffing in our monthly reports to the Clinical Commissioning Groups.

Rivers are compliant with the required standards for Safeguarding children and young people, delivering training and competences for all healthcare staff in line with the intercollegiate document and Ramsay Policy. These documents specify the levels of training required for the appropriate staff roles. Our training tracker is updated weekly as the training is on a rolling 12 months however we will always have new staff joining during the year, staff sickness and maternity leave.

We are pleased that after much hard work we now have

- Over 95% of all staff employed by the Rivers trained to level 1
- Over 96% of identified staff are trained to level 2.
- Over 99% of identified staff are trained to level 3
- The Ramsay Group has a dedicated Safeguarding Lead Nurse for the Level 4/5 position

The CQUIN chosen for 2017/2018 was Improving Staff Health and Wellbeing

The hospital had to demonstrate doing so by meeting the following criteria:

1a) Improvement in staff health and wellbeing

1a part a) Introducing a range of physical activity schemes for staff. We were expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges.

1a part b) Improving access to physiotherapy services for staff.

We were expected to offer a fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay.

1a part c) Introducing a range of mental health initiatives for staff.

We were expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.

1b) we were expected to provide health food options for staff/ patients and visitors whilst not incentivising or encouraging non-healthy options.

1c) we were expected to improve the uptake of Flu vaccinations with front line staff

National Safety Standards for Invasive Procedures, NatSSIP's

A key Clinical Priority for Rivers in 2017/2018 continues to be NatSSIPs.

Generic Standards

1. Governance and audit
2. Documentation of invasive procedures
3. Workforce
4. Scheduling and list management
5. Handovers and information transfer



Sequential Standards

1. Procedural verification and site marking
2. Safety briefing
3. Sign in
4. Time out
5. Prosthesis verification
6. Prevention of retained foreign objects
7. Sign out
8. Debriefing



Ramsay introduced a new Theatre Operational Policy with SOPS in 2016 to ensure that NatSSIPs was adopted and implemented. Rivers Hospital and its staff have embedded these, to evidence safe practice and reinforce patient safety in our Operating Theatres, Out-Patients and Radiology Departments.

The NatSSIPs and LocSSIPs will continue to be a priority going forward and we will continue to monitor compliance with regular audits.

Improving Responsiveness

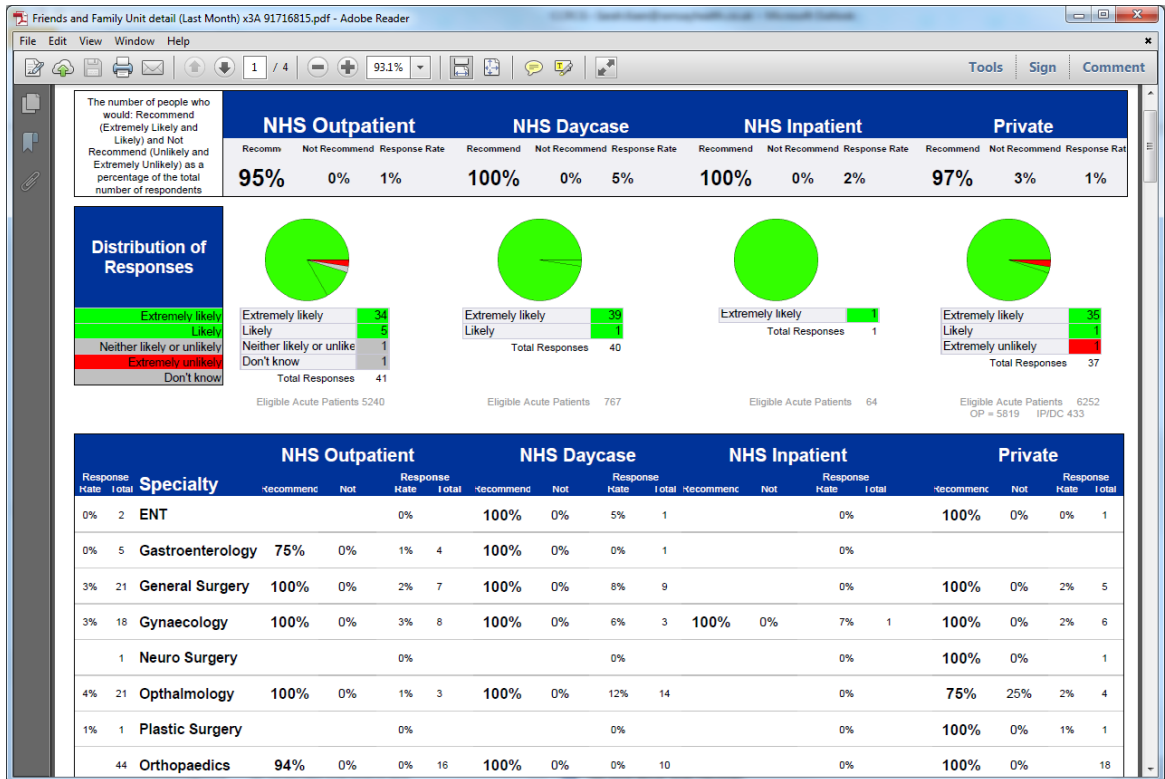
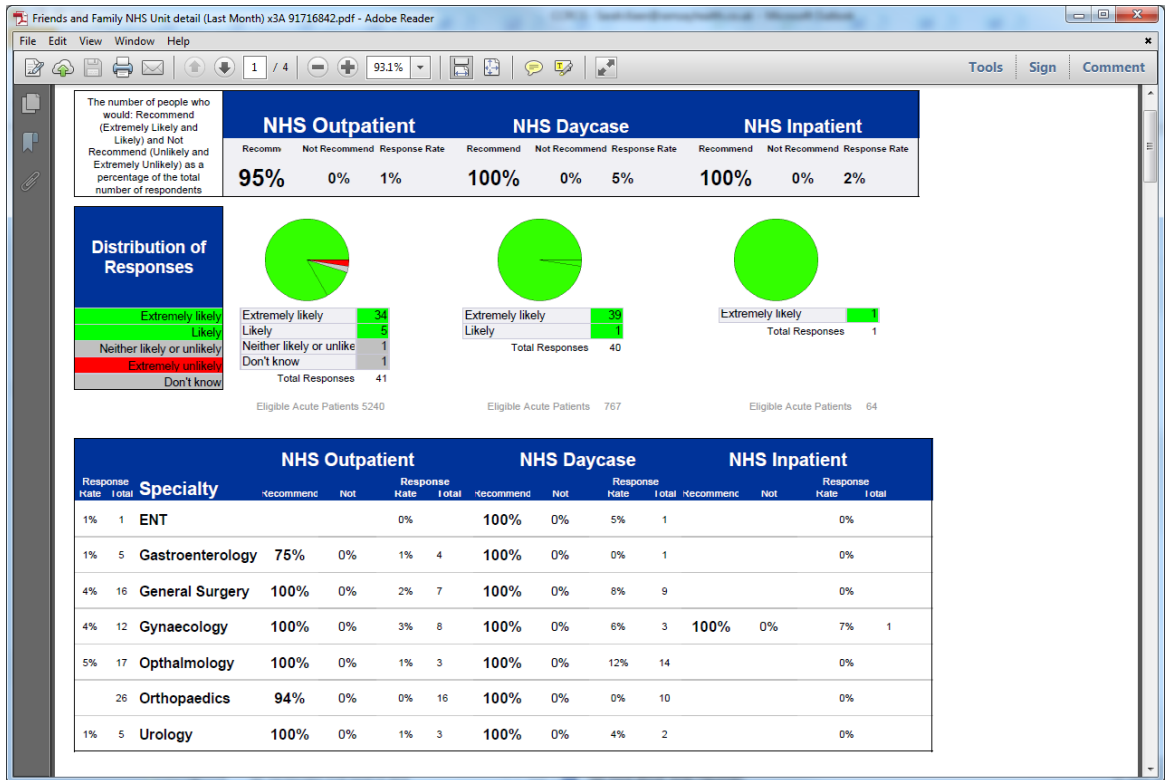
Rivers still has plans to respond to the needs of the population with the planned development of the cancer centre. Unfortunately, due to circumstances beyond control, this was delayed and now continues to be a target for 2018/2019.

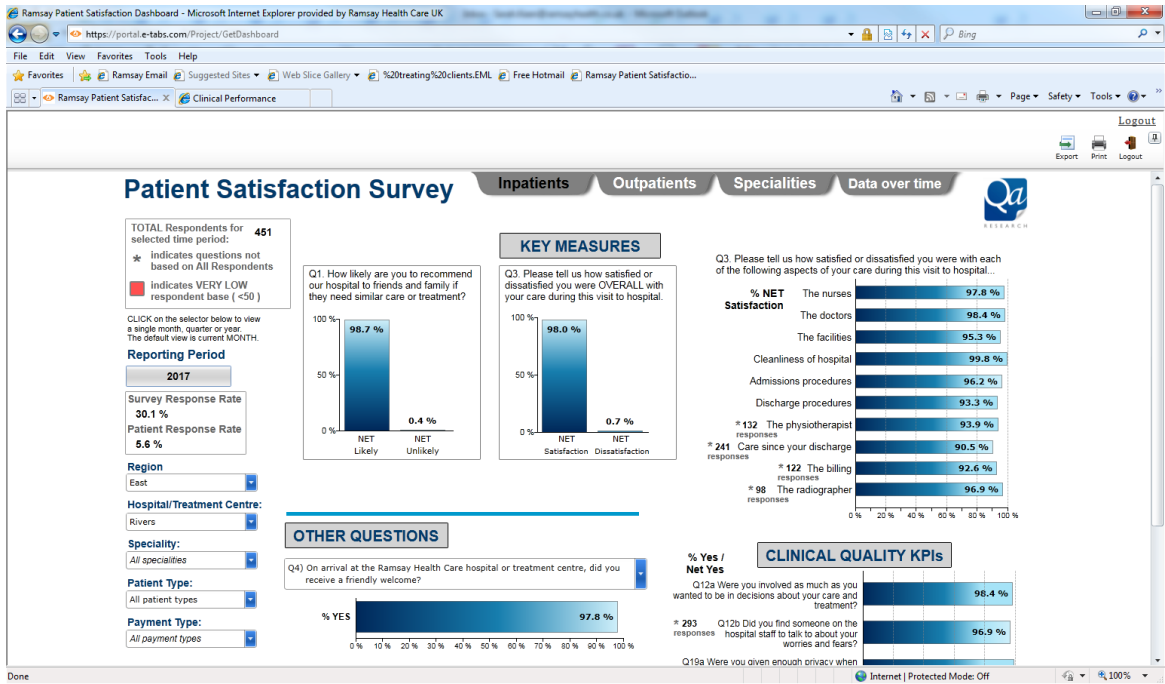
The first phase of this is building a new hospital wing for delivering chemotherapy to our patients, these works commenced in May 2018.

The second phase will involve the building a radiotherapy suite, in responding to the needs of the local population. We are currently proposing that we expand or re-locate the existing radiology department as part of this project.

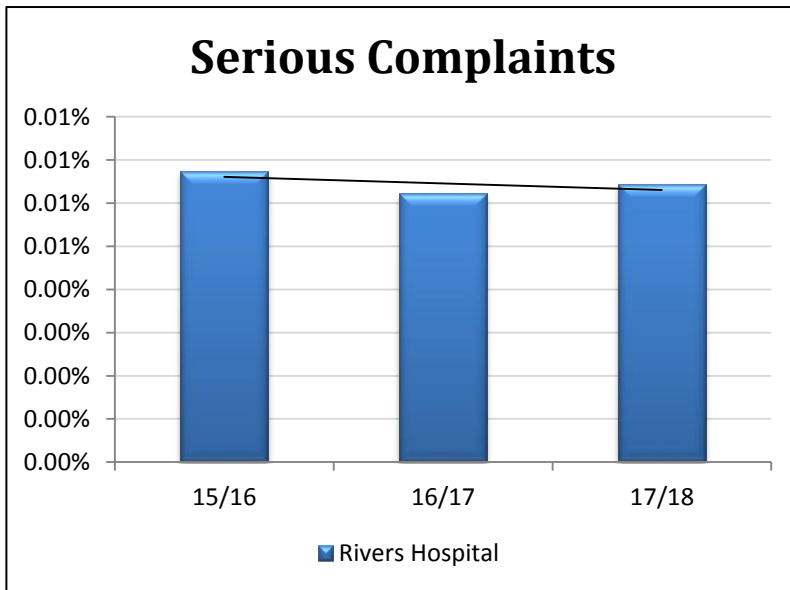
Improving Care and effectiveness

Rivers continues to focus on patient feedback in order to build upon the patient experience at Rivers Hospital. We pride ourselves as being the hospital of choice for all our patients and fully intend to continue to provide a first class service. Satisfaction has been monitored through patient feedback and complaints. With the aim of continuing to improve care through learning and listening, responding to patients needs and concerns.





Complaints



In comparing complaints over the last three years:

In 2015/2016 we received 73 complaints versus a total of 108,435 attendances which saw a reduction from 0.09% to 0.07%. The reduction was achieved by responding to complaints in a timely manner with feedback and initiating prompt changes when applicable.

In 2016/2017 we received 100 complaints versus a total of 106,573 attendances which was 0.09% of all patients seen. We have encouraged patient feedback and we do advise patients on how to raise a complaint with literature accessible across the hospital. Where we receive verbal feedback we will write to patients to acknowledge their comments and enclose information on the complaints process. We actively encourage feedback so that we are continually learning how we can improve on our patient services and the quality of care.

In 2017/2018 we received 83 complaints versus an attendance of 109,781 which was 0.07% of all patients seen. We actively encourage feedback and respond to any feedback that is published on the Internet.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Improving Safety

2017/2018 has seen the theatre team continue to build on our safety culture. Monthly clinical audits are completed to review clinical safety and effectiveness. The average compliance rate for these audits during 2017/2018 was above 90%.

We aim to continue this momentum and build on an already sound culture, having now extended this safety culture with NatSSIPs for all invasive procedures, in Theatres, Out-patients and Radiology.

This was undertaken in 2016/2017 in response to the publication of the National Safety Standards for Invasive Procedures (NatSSIPs). These standards aim to reduce the number of patient safety incidents relating to invasive procedures in which surgical Never Events could occur. These national standards were a starting point for Rivers to develop their own local safety standards for invasive procedures (LocSSIPs).

Under the 'invasive procedure' definition, NatSSIPs are intended to "address those procedures that have the potential to be associated with a Never Event if safety standards are not set and followed." This includes "all surgical and interventional procedures performed in

operating theatres, outpatient treatment areas, labour ward delivery rooms, and other procedural areas within an organisation.”

We will continue to audit practice to ensure that these standards are fully embedded in practice.

Rivers continues to monitor staffing levels in theatres daily to ensure that we are compliant with the Association for Perioperative Practice Guidelines (AFPP) and Ramsay Operating Theatre Policy.

We plan to train all staff in 2018/2019 on ‘Speaking up for Safety’ which we are hoping will build staff confidence in speaking up when they have concerns, To develop insights and skills to respectfully raise issues with colleagues when concerned about a patient safety. This will be delivered by a member of staff who is presently undergoing training delivered by the Cognitive Institute.

We will continue to ensure that we achieve high of compliance with Mandatory Training across the hospital.

Improving Responsiveness, Clinical Effectiveness & Care

Responsive and clinical effectiveness are interlinked.

By responsive, we mean that services are organised so that they meet our patients’ needs to and to do so we will continually ensure safe staffing levels at all times monitoring this over 24 hours. We ensure that along with adequate staffing numbers, we continue to focus on the correct skill mix and training staff to maintain their skills and competencies.

By effective, we mean that our patients’ care, treatment and support achieve good patient outcomes. We will continue to evidence patient outcomes through reporting PROMS on our patients undergoing joint replacement surgery and increase the response rate for cataract procedures which we started to report on in 2017/2018.

We will continue to share patient outcomes for joint replacement surgery and spinal surgery with Public Health England and the National Joint Registry. We will also continue to share patient outcomes for breast surgery with the Breast Implant Registry.

We will effectively monitor and report any clinical outcome variance to ensure that we are monitoring practice and continuously looking for ways at which we can improve patient care to ensure we meet individual patient’s needs.

Improving the Effectiveness will continue to be a priority for 2018/2019, shared learning from incidents, closing the loop and improving practice to continuously improve standards of care.

CQUIN

Our CQUIN for the next 12 months is to continue to focus on Staff Health & Wellbeing.

We have chosen this CQUIN as we believe the benefits for Rivers should include:

- **Improved patient safety and experience**
- **Improved staff retention and experience**
- **Reinforced public health promotion and prevention Initiatives**
- **Setting an example for other companies to follow**
- **Reduced costs to the hospital, releasing funds which can be invested in patient facilities**

In 2018/2019 we will continue to share lessons learned through Audit/ Incidents / adverse events and complaints to key clinical staff. We introduced Lessons Learned Sessions in 2017/2018 which staff across the hospital have attended and will continue to run these in 2018/2019 to ensure that there is shared learning from significant events and preventing similar incidents happening in the future.

To aid the sharing of such information we are planning to continue to use the visual aid below. This gives a succinct overview of issues and lessons learnt.



Patient Experience

Patient experience continues to be a key focus that underpins every priority at the Rivers Hospital. Fostering an environment that enables us to learn and respond to patient feedback that is critical to the growth and development of our services.

We intend to continue to monitor patient feedback in order to build upon the patient experience and we pride ourselves as being the hospital of choice for all our patients and fully intend to continue to provide a first class service. Satisfaction will continue to be monitored through patient feedback and complaints. We aim to continue to improve care through learning and listening, responding to patients needs and concerns. This will be monitored monthly through regular meetings and reports, fostering an environment that enables us to learn from patient feedback is critical to the growth and development of our services. We aim to introduce information boards to display the results from patient feedback and highlight the responsiveness.

Rivers will continually strive to build upon and improve facilities for our customers and outside stakeholders. Over the past year we have completed the expansion which included a 5th theatre for day surgery and 12 day care beds. The hospital is continuing to respond to the needs of the population with the ongoing planned investment of a Cancer Centre, to optimise the patient pathway for anyone receiving chemotherapy in a dedicated area.

2.2 Mandatory Statements

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

2.2.1 Review of Services

During 2017 / 2018 Rivers provided and/or sub-contracted the following NHS services:

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

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

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

In the period for 2017/2018, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

Indicator
HCA Hours as % of Total Nursing
Agency Cost as % of Total Staff Cost
Ward Hours PPD
% Staff Turnover
% Sickness
% Lost Time Appraisal
% Mandatory Training
% Staff Satisfaction score
Number of Significant Staff Injuries

In 2017/2018 our expectation was to continue to recruit to any permanent positions and maintain the excellent rate of retention of permanent staff in order to maintain the low percentage of agency use. In 2017/2018 our percentage use of agency was incredibly low, the percentage of agency hours used was 0.8% of total hours worked over 12 months.

The recruitment drive will continue through 2018/2019 to replace any further losses of staff. Long term sickness, maternity leave, new starter induction and training all contributed to lost hours. Staff hours worked per patient hospital day were 24.35

Staff turnover at the Rivers is low, the figures for Jan- March 2018 are:

March 2018

- 12 Month Clinical turnover is: 8.00%
- 12 Month Support Staff Turnover: 9.5 %
- 12 Month rolling total employee turnover: 8.6%

On review of the 2017/2018 sickness levels this remains similar but we continue to work with our "Wellbeing Service" to support employees both in the workplace and as part of a structured return to work service.

The total skill mix calculation for the Rivers Hospital was completed by reviewing the contracted and bank hours for registered nursing staff and healthcare assistants:

- Pharmacy: 84% Trained, 16% Pharmacy Assistants
- Physiotherapy: 70% Trained 30% Technician
- Imaging & Radiology: 70% Qualified to 30% non-Qualified.
- Theatre: Trained 75% Trained, 25% HCA.
- Ward: 70% Registered Nurse 30% HCA (5% of Qualified are Chemotherapy Nurses)
- Pre-admission 100% Qualified staff, undertaking pre-assessments with admin support staff & a HCA
- OPD: 70% Registered, 30% HCA

The hospital delivers a Mandatory Training Programme internally for all staff members including clinical and non-clinical. Staff attendance is recorded to ensure compliance and the training is facilitated on a monthly basis throughout the year.

The Senior Management Team are pleased to announce that the Employee Engagement Group has been positive and well received by the staff, proving a platform for staff to support and implement change in the hospital. Staff forums are held regularly giving staff and opportunity for staff to ask questions or raise concerns with the General Manager.

We reported 2 RIDDOR events at the Rivers Hospital during this period. One of these related to a patient falling in the hospital grounds and one related to a staff member who had a fall.

Patient Feedback

Indicator
Formal Complaints per 1000 HPD's
Patient Satisfaction Score
Significant Clinical Events per 1000 Admissions
Readmission per 1000 Admissions

The hospital reported 4.6 complaints per 1000 hospital patient days during 2017/2018. The themes and trends of the complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis.

Lessons learned from complaints are discussed in departmental meetings to offer staff an opportunity to reflect on the complaint and collectively discuss where improvements could be made. Ramsay also has an overarching view of governance and provides feedback and benchmarking information to the Rivers Hospital on a regular basis.

Rivers Hospital utilises patient surveys to gather unbiased data from patients about their experience and satisfaction with the services they have received, the Ramsay Health UK Patient Satisfaction Tracker. The data set is released on a monthly basis, areas which require improvement are reviewed and actions taken accordingly. Feedback from our patients is important to us, based on the feedback during 2017, we have maintained or made improvements with an average compliance score of over 90% in the following areas:

There are 2 key measures of satisfaction; likely to recommend; which received 98.7%, and Overall satisfaction which scored 98.0%.

In addition we have maintained or made improvements with an average compliance score of over 95% in the following areas:

- *How satisfied were you with the nurses? 97.8% were satisfied.*
- *How satisfied were you with the cleanliness of the hospital? 99.8% were satisfied*
- *How satisfied were you with the admissions procedures? 96.2% were satisfied*
- *How satisfied were you with the physiotherapy services? 93.9% were satisfied*
- *How satisfied were you with the radiographer? 96.9% were satisfied*
- *When you had important questions to ask a doctor did you get answers you could understand? 98.7% of respondents said yes*
- *When you had important questions to ask a nurse did you get answers you could understand? 99% of respondents said yes*
- *On arrival at the Ramsay Health care Hospital or treatment Centre did you receive a friendly welcome 97.8% of respondents said yes*
- *Were you involved as much as you wanted to be in decisions about your care and treatment? 98.4% of respondents said yes*
- *Were you given enough privacy when discussing your treatment or condition? 100% of respondents said yes*

- *Did you feel you were treated with dignity and respect while you were in the hospital? 99.6% of respondents said yes*
- *How satisfied were you with the facilities? 95.3% were satisfied*

Those areas which have not demonstrated satisfaction scores which are considered good enough are listed below and all are areas where improvement plans are in place to increase overall quality and satisfaction.

- *How satisfied were you with the discharge procedures? 90.5% were satisfied*
- *How satisfied were you with your care since discharge? 87.4% were satisfied*
- *Did a member of staff tell you about medication side effects to watch out for when you went home? 69% of respondents said yes*
- *Were you told how to take your medication in a way you could understand? 88.9% of respondents said yes*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after leaving the hospital? 88% of respondents said yes*

Ramsay also has two further patient feedback mechanisms the first being, “We Value Your Opinion” which allows patients to comment on their stay at discharge. The patient completes a questionnaire allowing free text for any comments or feedback. This feedback is reviewed by the Senior Management Team, fed back to the individual departments and areas identified for improvement are considered.

The second mechanism is the “Hot Alert” this is a web based feedback questionnaire, allowing patients to comment on any aspect of their stay. All “HOT Alerts” are reviewed by the General Manager and Matron, the patient receives a phone call to discuss any issues raised, and to highlight any actions taken by the hospital to make improvements to the services we offer.

Rivers participates in the NHS friends and family scheme. . The hospital team members have been working hard over the last 12 months to increase the number of responses being received so that areas can be identified to further make improvements in achieving patient satisfaction.

When feedback is reviewed from all patients, both in-patient and out-patient, 100% of patients said that they would be likely to recommend to friends and family.

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

For further details please visit:

<http://www.nrls.npsa.nhs.uk/resources/collections/never-events>

We have had no never events at the Rivers in the past year.

It is unusual for patients to require readmission to hospital following their procedure, when a patient is readmitted they are reviewed by the duty doctor and a treatment plan is discussed with the patient's consultant and implemented. The statistics regarding readmissions to the Rivers are reviewed on a quarterly basis at the Medical Advisory Committee and Clinical Governance Committee, the data is also benchmarked against the wider Ramsay group to review our individual hospital performance within group as Key Performance Indicators. The Rivers have had 31 re-admissions for the year April 2017- March 2018 rate of 0.2% of patient admissions.

Quality

Indicator
Workplace Health & Safety Score
Infection Control Audit Score
Consultant Satisfaction Score

Our annual workplace Health and Safety score was 99% which was an improvement of 2% from the previous year. A number of refurbishment works were undertaken during 2017/2018 including theatres and the Day Surgery Unit. We have also replaced Air Handling Units in Endoscopy and two theatres with plans to replace and upgrade the Air Handling Units in Recovery in May 2018 to ensure that we remain fully compliant.

The Ward has planned refurbishment of the patient lounge and there is a rolling programme for re-decorating the bedrooms. The nurse's equipment cupboard has been refurbished with new shelving aiding efficiency and stock control. The Commissioners have conducted Quality Assurance visits during the year, which have resulted in additional improvements being made, including the implementation of more robust cleaning schedules for the hospital.

As part of our auditing of mattresses we have replaced 6 mattresses which no longer met the standards expected. We have a robust checking procedure for all mattresses which ensures they are checked thoroughly for both condition and cleanliness between each patient, this is evidenced by the daily checking sheet in each room. During 2017/2018, 90% of all general waste at the hospital was recycled. We continue to monitor how much we recycle to continue to the recycling undertaken.

The Rivers Hospital has a governance process which monitors significant clinical events. During the period 2017/2018 our overall percentage for reported serious significant events (death or severe harm) was 0.1% per 1000 hospital days.

Rivers undertakes 5 separate Infection control audits:

Environmental audit: 98% This has improved on last year as the flooring has been replaced in the ward corridors and a refurbishment of the Physiotherapy treatment rooms.

Patient isolation audit 100%

We have 100% compliance with reporting Surgical Site infection to Public Health England (PHE) and the Health Protection Agency (HPA)

Hand Hygiene: 99 % This score has improved as Skin surveillance is a Mandatory requirement for staff and all have their hands checked at their yearly mandatory training day. Any staff identified as being at risk will then be treated/ or prescribed specific gloves to remove allergens.

We will be undertaking our bi-annual Consultant Satisfaction Survey in 2018/2019

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Rivers participated in 3 national clinical audits (NJR, JAG, PROMS) and 100% national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Rivers participated in, and for which data collection was completed during 1 April 2017 to 31st March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% cases submitted
National Joint Registry (NJR) Valid NHS numbers and consent	98.5%
Elective surgery (National PROMs Programme)	81%
Inflammatory Bowel Disease (IBD) programme – commenced in 2018	12 month data not yet available
National Bariatric Surgery Registry (NBSR) – commenced in 2018	12 month data not yet available
Pain in Children – Local Audit quarterly	40
SSI- Surgical Site Surveillance (Hips, knees and Spines, 30 day post surgery)	100%
JAG GPRS Audit	100%

Action has been taken to improve the Elective Surgery PROMs submission which are distributed by the Out Patient department to ensure they are given to all eligible patients

We continue to ensure compliance with accurate data entered on the NJR register

We commenced Ophthalmology PROMs in 2017/2018 and these are given out by the Ophthalmology nurse at the patient's preadmission appointment and we aim to increase the response rate in 2018/2019

In addition to the above we also take part in the NHS Safety Thermometer and the Health Protection Agency Surgical Site surveillance (see section 2.3.1).

NHS Safety Thermometer

It was recognised that we needed more transparency between ourselves and other independent sector providers/the NHS in order to monitor and improve our services.

Rivers submit monthly data to the NHS safety thermometer site. 100% of all NHS patients on the date chosen are included in the thermometer. The NHS Safety Thermometer "Classic" allows teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism during their working day, for example at shift handover or during ward rounds with Rivers submitting data for 100% of the identified patients. Below is snap shot of the current "classic" data available. This shows the Rivers at 100% harm free for 17/18

Rivers carries out a VTE risk and falls assessment on all admitted surgical patients as per Ramsay Policy and adheres to National Institute for Clinical Excellence (NICE) Guidance 2010. Compliance is audited through a robust corporate and local audit programme and results/action plans reviewed through Clinical Governance. Compliance results are benchmarked through the National Statistics at:

<http://www.safetythermometer.nhs.uk>

Surgical Site Surveillance

Rivers submit data to Public Health England to monitor the percentage of Surgical Site Infections. The Rivers has maintained the submission rates throughout the year.

	Actual No of operations	Completed forms	% Submission
Spine	331	331	TBC
THR	299	299	TBC
TKR	272	272	TBC

(Data from PHE No. of operations and completed post-discharge questionnaires with rates of SSI by selected period (Oct-Dec 2016) and the last 3 periods for which data are available (Jul-Sep 2016, Oct-Dec 2016, Jan-Mar 2017)

Local Audits

In response to the Francis report on The Mid Staffordshire NHS Foundation Trust's Public Enquiry Rivers is committed to ensuring that we offer safe consistent practice and care by instigating regular reviews and auditing practice.

The hospital participates in the Ramsay Corporate Audit programme (the schedule can be found in appendix 2) the audit topic and schedule is set centrally by Ramsay Health Clinical Governance Committee to allow greater opportunity for benchmarking. The programme includes audits such as WHO Safer Surgery and Hand Hygiene. Additionally, Rivers also carries out a number of internal clinical audits all of which are discussed and reviewed and actions are taken to improve the quality of healthcare provided. The completion of local audits ensures compliance is monitored to ensure continuity of care and safe effective practice.

Rivers evaluates all audits by completing action plans if the scores of audits fall within 95% or less of the rating score. These action plans are reviewed and amended as required until achievement is met. Audit is discussed at departmental meetings and feedback is given to staff, each audit that requires any improvement has an action plan attached.

2.2.3 Participation in Research

There were no patients recruited during 2017/2018 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

A proportion of Rivers income in from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

For 2017/2019 CQUIN, we have chosen to focus on Staff Health & Wellbeing.

CQUIN 1a Improvement of health and wellbeing of staff

Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges.

Please see the information provided using this web link:

<https://www.england.nhs.uk/wp-content/uploads/2016/03/HWB-CQUIN-Guidance.pdf>

In 2015 Public Health England estimated the cost of sickness abscess to the NHS at 2.4 billion as well as the cost, it is recognised that this can impact on patient care. The NHS health and well-being review led by Dr Steven Boorman and NICE Guidance have outlined the link between staff health and well-being and patient care, including improvements in safety, efficiency and patient experience from introducing employer led health and wellbeing schemes.

Having set a target of three teams, we have had a huge response from the staff at Rivers with twelve teams from across different departments prepared to sign up to a programme.

The teams joined together and supported one another on the following four areas:

- Physical activity
- Psychological wellbeing
- Nutrition
- Sleep

There was an entire plan of engagement behind this and all participants were provided with a step tracker and access to mobile apps, online stats and reading material that provided all of the staff with the motivation to stay with the plan and enjoy the benefits which increased wellbeing can bring to both their work and family life.

The benefit for Rivers includes:

- Improved patient safety and experience
- Improved staff retention and experience
- Reinforced public health promotion and prevention initiatives
- Setting an example for other companies to follow
- Reduced costs to the hospital, releasing funds which can be invested in patient facilities

We have achieved 100% of our CQUIN for 2017/2018 which also included a minimum of 70% uptake of clinical staff with the flu vaccination programme

2.2.5 Statements from the Care Quality Commission (CQC)

Rivers is required to register with the Care Quality Commission and its' current registration status on 31st March is registered without conditions.

The last CQC announced comprehensive inspection of Rivers Hospital on the 21st & 22nd June 2016 with a follow up unannounced inspection on the 1st of July 2016

The hospital was inspected using the new Inspection Regime and our Services were measured against the 5 Key Lines of Enquiry: Safe / Caring / Effective / Responsive and Well Led

The Core services inspected included:

- Medical care (which included Endoscopy & Chemotherapy)
- Surgery
- Services for Children and Young People
- Outpatients and Diagnostic Imaging

The overall rating for Surgery was good as was Out-Patients and Diagnostics, whilst the overall rating for Medical Care and Children and Young people at that time was 'Requires improvement'.

This meant that our overall rating as a hospital was 'Requires Improvement' we have identified the weaknesses in these areas and we immediately took significant steps to address these and are confident that we will be able to evidence improvements across all services.

The CQC did confirm that our 'Patient feedback was overwhelmingly positive' based on the feedback cards to the CQC prior to the inspection and the verbal patient feedback during the announced and unannounced inspection.

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

2.2.6 Data Quality

Continuous reporting of quality information is essential to evidence good patient care and improvements. All staff are trained on how to obtain and input data correctly on to the Electronic system and how to handle data confidentially. The annual audit programme reviews the quality of our data via clinical systems together with medical records. These audits allow us to identify where issues have occurred and provide opportunities for training on accurate documentation and reporting.

We review the reported data for the previous quarter in our quarterly Clinical Governance Committee and Medical Advisory Committee and departmental meetings.

Our data quality remains high on our clinical agenda, to ensure we continuously monitor and improve our quality of care. We will continue to train new staff and maintain data capture and to resolve any data quality issues that might arise.

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2017/2018 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

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

The General Medical Practice Code:

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

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report score overall for 2017/2018 was 83% and was graded 'green' (satisfactory).

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

This information is publicly available on the DH Information Governance Toolkit website at:

<https://www.igt.hscic.gov.uk/>

Clinical coding error rate

Rivers employs Clinical Coders who are responsible for all procedure coding and internal clinical coding audits are performed on a regular basis. Rivers Hospital was not subject to the Payment by Results clinical coding audit during 2017/2018 by the Audit Commission.

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Rivers	TBA	98.3%	90.7%	98.3%	100%

2.2.7 Stakeholders views on 2017/18 Quality Account

Feedback was received from West Essex CCG pertaining to an early draft version of 2017/2018 Quality Account and therefore the statement received on the 17th of May 2018, does not reflect the end report.

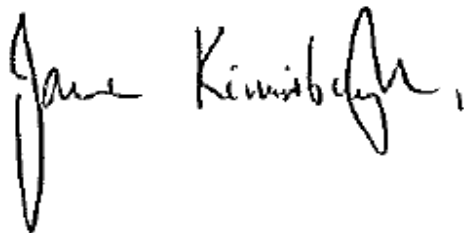
We re-submitted the final report to Quality Lead for West Essex CCG on the 22nd of June 2018 with all of the data included, to ask if they wished to update their Statement before publishing the report however they were happy to leave it as it is.

Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for commissioning a range of elective surgical procedures and diagnostic tests from Rivers Hospital, run by Ramsay Health Care UK, for the citizens of west Essex.

As a private hospital Rivers is required to publish a Quality Account because they take care of NHS patients under an NHS contract.

The draft Quality Account provided does not appear to have been updated with available information for 2017/18 or the newly required learning from deaths information, so unfortunately we are not in a position to comment on this document.



Jane Kinniburgh
Director of Nursing and Quality
West Essex Clinical Commissioning Group.
May 2018

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Sarah Keen acting Matron

**Review of quality performance 1st April 2017 - 31st March
2018**

Introduction

Statement from Vivienne Heckford

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

Vivienne Heckford
Director of Clinical Services
Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

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

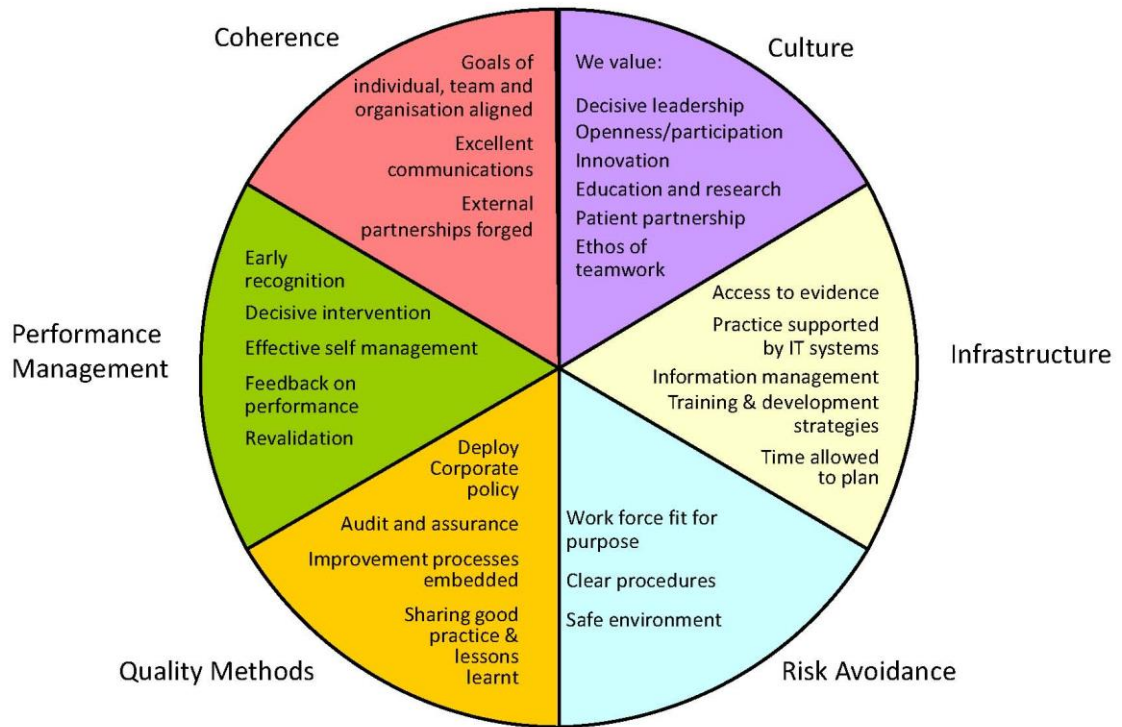
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

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

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

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

Ramsay Health Care Clinical Governance Framework



National Guidance

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

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

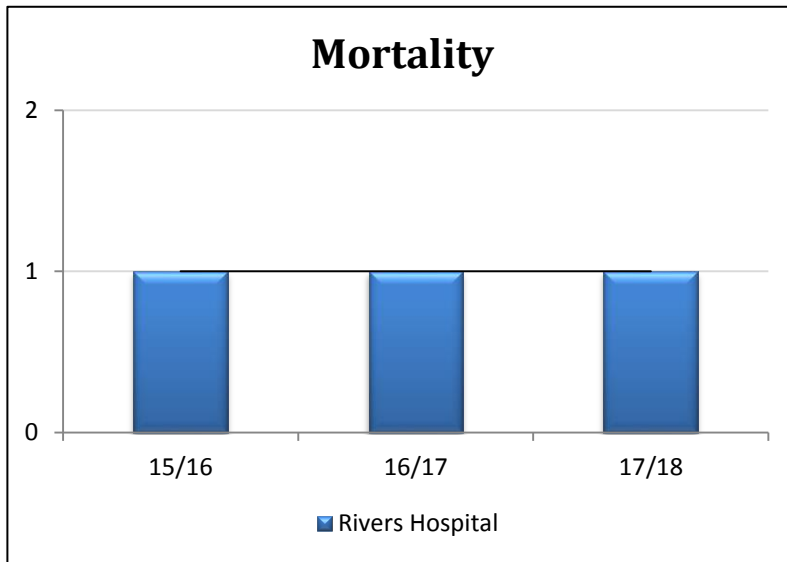
3.1 The Core Quality Account indicators

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

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

Mortality

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



Mortality:	Period	Best		Worst		Average		Period	Rivers	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC19	6.22E-05
	Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC19	6.427E-05

Prescribed Information	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to—</p> <p>(a) the value and banding of the Summary hospital-Level Mortality indicator (“SHMI”) for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p> <p>*The palliative care indicator is a contextual indicator.</p>	<p>1: Preventing people from dying prematurely</p> <p>2: Enhancing quality of life for people with long-term conditions</p>

Rivers Hospital considers that this data is as described for the following reasons:

In addition to providing elective surgical care and treatment, Rivers provides care and treatment for private patients with long term chronic medical conditions and end stage cancer under the care of Consultant Oncologists and Physicians. A proportion of these patients choose to stay at the hospital for their end of life care. We have seen a decrease in the number of deaths reported in this period. We are supported by two Palliative Care Consultants. We confirmed a Service Level Agreement with Isabel Hospice in 2017 which enables easy access to support for patients, patients families and staff as well as additional training for staff.

Our low rate of unexpected death is evidence of our surgical safety and commitment to preventing people dying prematurely.

Rivers Hospital intends to maintain this extremely low level of mortality

Patient Reported Outcome Measures (PROM's)

PROM's are a series of questions that patients are asked in order to gauge their views on their own health. The purpose of PROMs is to get patients' own assessment of their *health* and *health-related quality of life* – PROMs questionnaires do not ask about patients' satisfaction with or experience of health care services, or seek their opinions about how successful their treatment was. Annual datasets are typically finalised fifteen months after the end of the reporting period that they cover. The Oxford Scores focus on joint function and pain and include questions about patients' mobility and factors such as ability to navigate stairs and use transport specifically affected by the hip or knee. The EQ-5DTM Score, is a standardised instrument for use as a measure of health outcome and has a broader base than the Oxford Scores. Its' questions relate to mobility, self-care, usual life activities, pain/discomfort and anxiety/depression.

PROMS:	Period		Best		Worst		Average		Period		Rivers	
	Hernia	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC19	0.094	
	Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC19	0.113		
PROMS:	Period		Best		Worst		Average		Period		Rivers	
	Veins	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC19		
	Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC19		no data	
PROMS:	Period		Best		Worst		Average		Period		Rivers	
	Hips	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC19	22.192	
	Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC19	21.477		
PROMS:	Period		Best		Worst		Average		Period		Rivers	
	Knees	Apr15 - Mar16	NTPH1	19.920	ROX	11.960	Eng	16.368	Apr15 - Mar16	NVC19	17.116	
	Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC19	16.751		

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's Patient Reported Outcome Measures scores for—</p> <ul style="list-style-type: none"> (i) groin hernia Surgery, (ii) varicose vein Surgery, (iii) hip replacement Surgery, and (iv) knee replacement Surgery, <p>during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Rivers Hospital considers that this data is as described for the following reasons:

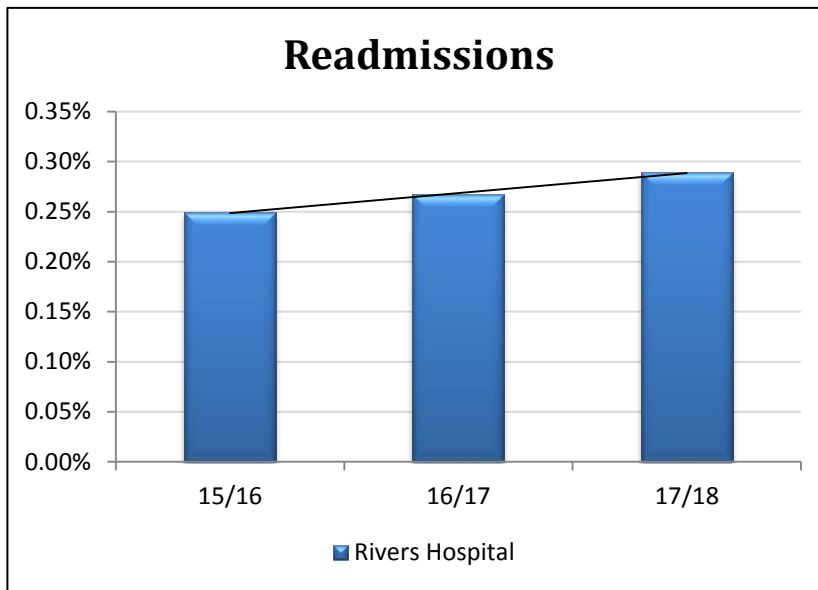
Rivers Hospital has taken actions to improve the number of forms submitted and therefore

Rivers has actively improved the number of PROMs forms submitted as last year both values for hips and knees were not statistically viable.

Hospital Re-admissions

Monitoring rates of readmission to hospital is another valuable measure of clinical effectiveness and outcomes. Any emerging trend identified with a specific surgical operation or surgical team may identify contributory factors to be addressed.

The table below shows the data set reviewing patients aged 16 or over, who were readmitted to hospital within 28 days of being discharged. The latest data sets available from SUS have been reported on for this Quality Account, this data is not updated until August 2017.



Readmissions:	Period		Best		Worst		Average		Period		Rivers	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC19	0.002892		
	2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC19	0.0026745		

<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged—</p> <p>(i) 0 to 14; and</p> <p>(ii) 15 or over,</p> <p>Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>3: Helping people to recover from episodes of ill health or following injury</p>
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Rivers Hospital considers that this data is as described for the following reasons; as evidenced in the template readmission rates are below the average national rate, in part, is due to sound clinical practice & governance ensuring patients are not discharged home too early after treatment. This ensures that patients are independently mobile and that patients are fully informed of individual discharge information. We are committed to helping people recover from episodes of ill health or injury. In addition, patients are provided with key information at the point of discharge about care services following their procedure. Re-admissions at the Rivers are usually directly attributed to post –surgery symptoms such as pain and discomfort.

Rivers Hospital intends to try and continue to improve this rate further and the quality of its services, by:

- Completion of Corporate audits, incident investigation, reporting, root cause and gap analysis. This will aid to monitor any trends in readmission to enable eradication

Responsiveness to the personal needs

Patients and the public justifiably expect public services which are responsive to their needs and driven by them. Monitoring Patient experience and improving patient satisfaction leads to positive service improvements. This composite measure is made up of the following five survey questions:

- *Were you involved as much as you wanted to be in decisions about your care and treatment?*

- *Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*
- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

This data set looks at the positive experiences of care provided by the hospital. The data has been extracted from the Care Quality Commissions inpatient survey. The latest data release from the CQC has been reported.

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Rivers	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC19	92.5
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC19	93.9

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care
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Rivers Hospital considers that this data is as described for the following reasons: the above table demonstrates that Rivers score at the 93.9%, is significantly better than the national average.

We are receiving very positive feedback from the patients, when negative comments are received Rivers acts quickly to amend and respond to patients. This is an improvement on the previous year.

Rivers are putting patients at the heart of everything, delivering timely access to services, treatment and care that is compassionate, dignified and respectful wherever it is provided.

Rivers Hospital continually monitors patient feedback with prompt response and positive reaction to any areas requiring improvement

We produced an action plan in 2017 for the CCG, to improve patient information on discharge and discharge planning and this demonstrated improved practice and increased satisfaction.

Venous Thromboembolism (VTE)

VTE Assessment:	Period		Best		Worst		Average		Period		Rivers	
	16/17 Q3	Several	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC19	88.5%		
	16/17 Q4	Several	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC19	95.1%		

<p>The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism during the reporting period.</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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Rivers Hospital considers that this data is accurate for the following reasons; on average over 6 months over 92% of our patients have been screened with the VTE risk assessment tool. We do monitor this monthly and additional data training with staff we can see over the last quarter this has risen, the data pulled will also include some patients that will have minor day case procedures under local anaesthetic. Rivers carry out a VTE risk assessment on all admitted patients as per Ramsay policy which is based upon the National Institute for Clinical Excellence (NICE) Guidance 2010, CG92. Our pre-assessment team complete a VTE competency assessment via the Department of Health on line assessment tool. VTE Prevention is well served by national standards that facilitate high quality care and NICE guidelines for reducing risk in patients admitted to hospital. Rivers Hospital is clearly demonstrating the commitment to protecting patients from avoidable harm.

Rivers Hospital has taken the following actions to improve this percentage and so the quality of its services; educating the nursing staff

to the importance of VTE prevention procedures, and the reasons why these procedures take place. The VTE management of patients post operatively has been reviewed during 2017/2018 to ensure the best possible care is being delivered to patients.

C -Difficile infection

Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment.

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Rivers	
	2015/16	Several	0	RPY	67.2	Eng	14.92	2016/17	NVC19	0.0
	2016/17	Several	0	RPY	82.7	Eng	13.19	2017/18	NVC19	0.0

<p>The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C-difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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Rivers Hospital considers that this data is as described for the following reasons;

Rivers has succeeded in protecting its patients from the harms of C-diff, and has had 0 cases in the last year. Rivers Hospital intends to take the following actions to maintain this percentage and so the quality of its services, by:

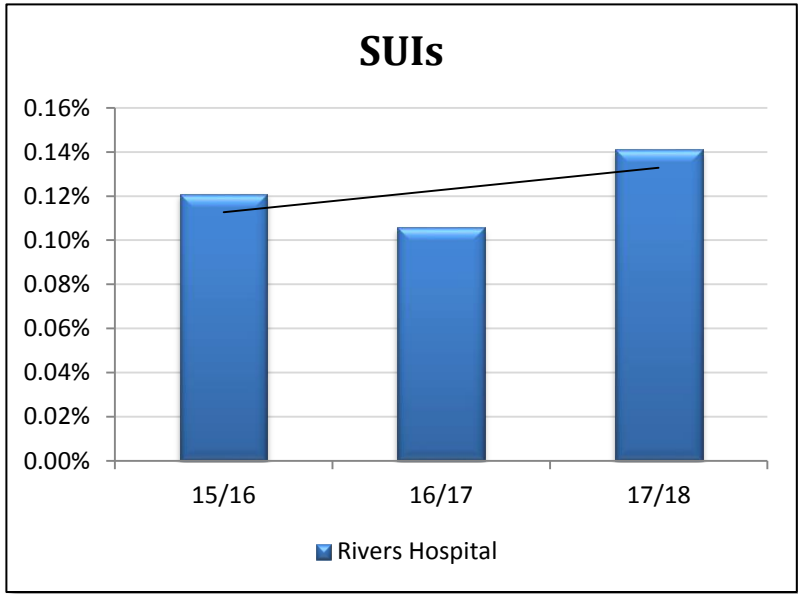
- The Local IPC Committee is chaired by our Infection Prevention and Control lead and consists of representatives from all key areas of the hospital and includes a Consultant Microbiologist. The committee meets quarterly to oversee implementation of corporate policies and National guidance and review clinical audit & practice.

- All staff undertake mandatory infection prevention and control (IPC) training annually
- Completion of corporate clinical audits, incident reporting, identifying trends and identification of further training requirements
- Information sharing at Clinical Governance level locally, corporately and with our commissioners. Also through local Medical Advisory Committee and Senior management meetings.
- Rivers has an Anti-Microbial Policy & Anti-Microbial Prescribing Template in place which prohibits the use of restricted antibiotics and is in line with that of the Local Trust.

Patient Safety Incidents

The Francis Report (2013) emphasised the need to put patients first at all times, and that they must be protected from avoidable harm. In addition, the Berwick report (2013) recommended 4 guiding principles for improving patient safety, including: placing the quality and safety of patient care above all other aims for the NHS, engaging, empowering, and hearing patients and carers throughout the entire system, and at all times. Incident reporting supports clinicians to learn about why patient safety incidents happen within their own service and organisation, and what they can do to keep their patients safe from avoidable harm.

<i>SUIs:</i> (Severity 1 only)	Period	Best		Worst		Average		Period	Rivers	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC19	0.00141
April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85	2017/18	NVC19	0.00106	



No independent sector data, pulled from RM
(Overall Sev 1)

Acute Non-Specialist Data From NRLS, England Average based on these sites only

Figures are severe/death patient safety incidents per 1000 admissions (13/14) or per 1000 bed days(Apr-Sep14)

<p>The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
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Rivers Hospital has low numbers of SUI's, this is attributed to the hospitals commitment to safe care. The above figures represent severe harm and patient death incidents per 1000 admissions.

Ramsay utilise the Riskman system to report all patient incidents in real time. All incidents are initially reviewed by the Matron and an investigation process, root cause analysis and action plan are implemented where appropriate. The Riskman system immediately reports incidents directly to the Corporate Risk Management Team for central review and recognition of trends. Serious incidents are reported externally to both commissioners and the CQC.

The openness of staff is essential for the delivery of safe high quality care. Rivers effective reporting leads to development of strategies which in turn prevent further error and enhance the patients care.

Rivers Hospital intends to maintain the low number of SUI's, and so the quality of its services, by:

- Continuing to promote the importance of accurate reporting of all incidents.
- Training staff on the Riskman reporting system
- Monthly Risk management and Clinical Governance meetings are instigated where risk key performance indicators and incidents are discussed and disseminated
- Continuing staff training in risk assessment of patients
- Riskman introduction training updates via web based rolling programme

Friends and Family Test – Patient

The NHS Friends and Family Test (FFT) is an opportunity for patients to provide feedback on the hospitals services. It was introduced in 2013 and asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This gives the hospital a better understanding of the needs of their patients and enabling improvements.

F&F Test:	Oct	Best		Worst		Average		Period	Rivers	
	Feb-18	Several	100%	U731/RTFD	63.0%	Eng	96.0%	Jan-17	NVC19	100.0%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Feb-17	NVC19	100.0%

Percentage Recommended

<p>Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)</p>	<p>4: Ensuring that people have a positive experience of care This indicator is not a statutory requirement.</p>
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Rivers Hospital considers that this data is as described for the following reasons;

NHS England is now calculating and presenting the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family. Alongside providing clinical excellence and safe care, patient experience is the key measure of quality.

Rivers Hospital will continue with the following actions to maintain this percentage and so the quality of its services by;

- Continue to raise awareness of staff of the importance of patient feedback by highlighting results through Clinical Governance meetings, staff meetings and Customer Care Excellence training
- Review the feedback and instigate action plans to address issues highlighted

3.3 Patient safety

We are a progressive hospital, and focused on stretching our performance every year 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.

Infection prevention and control

Rivers Hospital has a very low rate of hospital Acquired Infection and has had no reported MRSA bacteraemia in more than 7 years.

The Department of Health requires mandatory surveillance of specific categories of healthcare associated infections (HCAI). This allows national trends to be identified and can be used as a measure of progress within a Trust and an indicator of standards. 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.

In the past year Rivers have had no incidences of any of the alert organisms:

MRSA (methicillin resistant staphylococcus aureus) bacteraemia

Clostridium difficile infection (CDI).

Escherichia coli (E.coli) bacteraemia

MSSA (Methicilin Sensitive Staphylococcus Aureus) bacteraemia

Ramsay participates in mandatory Surveillance of Surgical Site infections for orthopaedic joint Surgery and these are also monitored. We have also extended this surveillance to measure Spine and Total Abdominal Hysterectomy operations

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Type of Operation	%SSI
Spine	2.67%
Total Hip Replacement (THR)	3.2%
Total Knee Replacement (TKR)	2.5%

Surgical site infection Data for (PHE February 2018 data release)

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.

Ramsay Sterile Services East has been awarded third party certification for ISO 13485:2012, ISO 9001:2008 and 93/42/EEC Annex V limited to sterility. The unit is now able to register with Medicines and Healthcare products Regulatory Agency. (MHRA) and is permitted to provide products to other organisations (anywhere within Europe). The audit was performed by Intertek, which is a Notified Body (reg no. 0473) for the Medical Devices D

Programmes and activities within our hospital include:

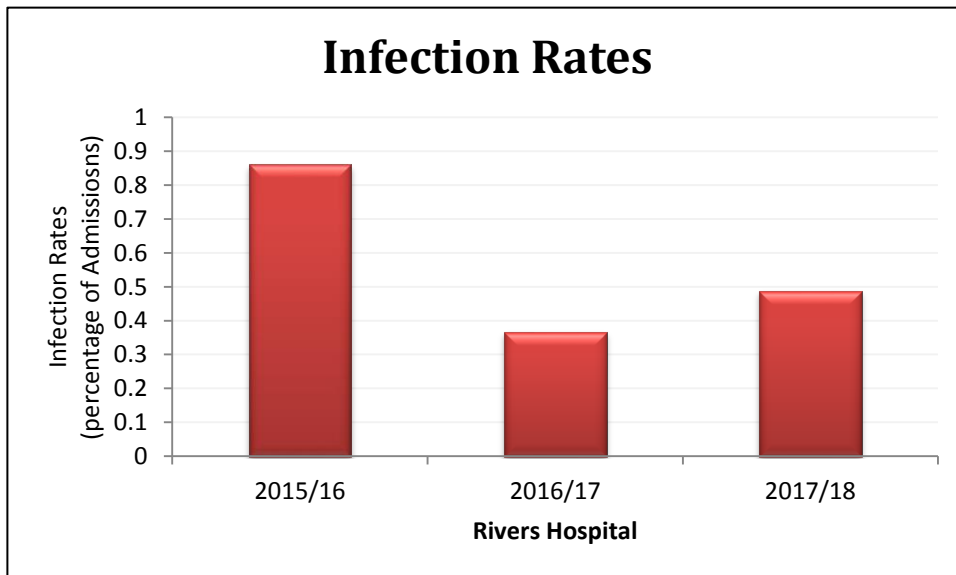
Rivers Hospital understands that Infection Control is a core part of an effective risk management programme, aiming to improve the quality of patient care and the occupational health of staff, in addition to the clinical need to prevent Healthcare Associated Infections (HCAI), and protect patients from harm.

Rivers infection control processes are coordinated and led by the Infection Prevention and Control nurse. Rivers Hospital Infection Prevention & Control Committee comprises of Consultant Microbiologist, Infection Control Lead; hospital Matron; Pharmacy link and Theatre manager, and links from all departments including X-Ray, theatre and housekeeping. Meetings are held quarterly and provide the hospital with infection prevention advice and guidance in conjunction with Ramsay Infection Prevention & Control Policies and Procedures and National Guidance.

All staff undertakes mandatory annual e-learning and practical training sessions for Infection Prevention and our Consultant Microbiologist also provides advice and guidance with any queries and supports us with our Infection Prevention and Control Committee meetings. A comprehensive Infection Control Audit Programme has been maintained throughout 2017/2018.

Audits undertaken during 2017/2018 achieved the following scores:

Audit	% Compliance
Hand Hygiene	98
Environment Cleanliness	97
Surgical Site Infection	100
Peripheral Venous Catheter Care	94
Urinary Catheter Care	96



Rivers closely monitor all Infections. As can be seen in the above graph our infection rate has increased slightly on the previous year. This can be attributed to the continued improvement in attention to reducing infections and the high standards of cleanliness within the hospital. The % of infection remains below 1% of admissions. All Infections are reported and fully investigated and we are closely with our Consultant Microbiologist to implement an Action Plan to improve our infection rates

Cleanliness and Hospital hygiene

Assessments of safe healthcare environments also include Patient-Led Assessments of the Care Environment (PLACE), The outcome of the Annual PACE Audit is not published until August and so the results provided are for 2017.

Rivers Hospital undertakes an annual PLACE assessment providing us with patient's view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our services, see it and how we can improve.

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

Rivers received the following scores during the most recent PLACE audit:

CLEANLINESS	FOOD OVERALL	WARD FOOD	ORGANISATION FOOD	PRIVACY/DIGNITY	DEMENTIA
100%	97.07%	100%	94.43%	88.39%	87.32%

All the scores that the Rivers received were above both the Organisational and National score. We continue to score 100% in both the cleanliness and the Food.

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 a high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety.

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

up to date with all safety issues. All relevant CAS alerts which require action are reviewed and discussed through Risk, Clinical Governance and Medical Advisory meetings.

Rivers have allocated nurses on site who are linked to the wellbeing programme. This ensures the needs of staff are met locally and facilitates close monitoring and robust reporting. All staff members complete a health surveillance programme on appointment of position. Any occupational health issues during employment are tracked through the Riskman reporting system.

Local Safety Initiatives

All staff at Rivers attend mandatory training, this includes:

A comprehensive Health and Safety

Manual Handling

Emergency Fire Safety

Risk Assessment Training

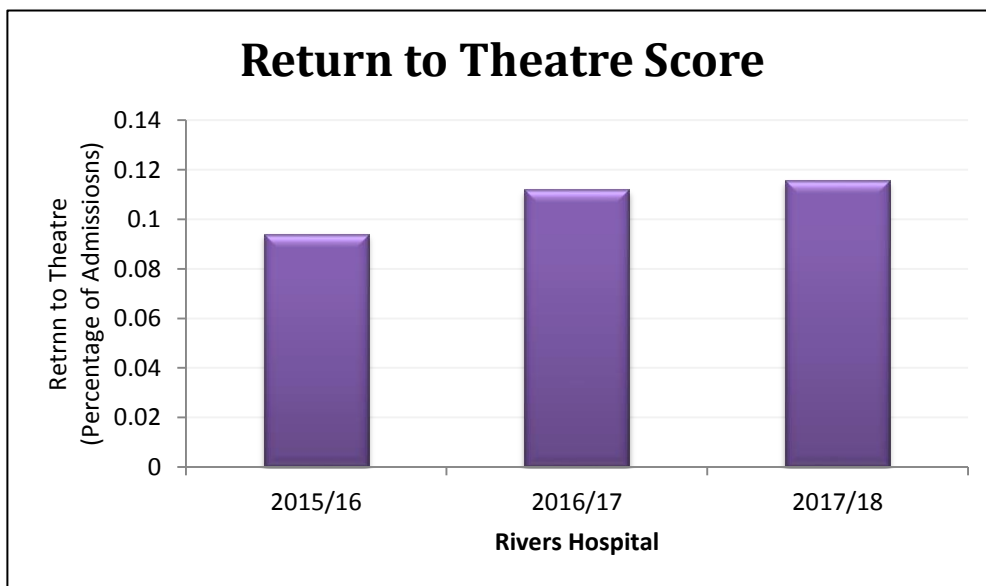
COSHH training and two Senior Managers completed IOSHH in 2017/ 2018

3.3 Clinical effectiveness

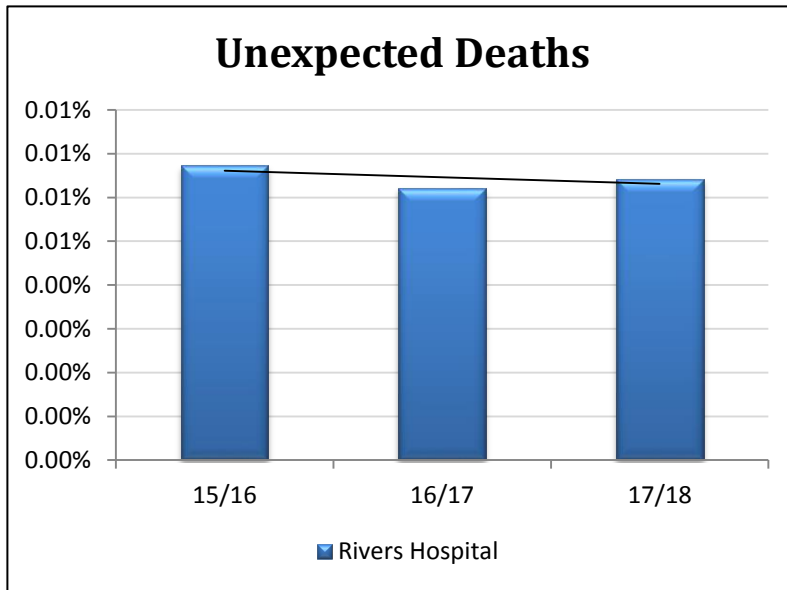
Rivers Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, 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 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.



An operation, however minor, is a serious event and we understand that this can make our patients feel nervous. However, we work hard to ensure all our patients receive the best possible outcome first time round. The graph shows that we had a slight increase in return to theatres over the past 12 months however we have recognised a trend following Laparoscopic Cholecystectomies and these were reviewed closely.



- In the year 2017/2018, Rivers hospital unfortunately had one unexpected patient death which went to a coroner's inquest, the outcome of which was a narrative verdict
- This case was fully investigated by Rivers Hospital and West Essex CCG to ensure that there was significant learning from this patient death
- There were a number of recommendations made following this patients death which have since been implemented, these included:
 - Reviewing the pre-admission process and patient admission criteria
 - Adopting a recognised pathway for Adult Patients refusing blood transfusion
 - The hospital issued clear guidance to all consultants on the consent process and documentation
 - Increasing awareness with consultants and staff on the relevant guidance from the Royal College of Surgeons (RCOS) and Association of Anaesthetists for Great Britain & Ireland (AAGBI)

3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Standard 1:

Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.

At Rivers Hospital:

Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty at all times- evidence by our Patient Satisfaction Survey

The information to patients is appropriate to the patient's needs

Standard 2:

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

At Rivers Hospital;

All patients have consultant led care and all patients are admitted under a named consultant. All consultants have to be available to see their admitted patient 7 days a week, with nominated cover in their absence

The RMO reviews the patient on admission and reports to the named consultant who reviews the patient within the recommended timescale

Standard 3:

All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.

At Rivers Hospital;

We comply with this standard with multi-disciplinary team on call for all emergency needs

Standard 4:

Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

At Rivers Hospital:

Shift handovers are kept to a minimum: morning/ afternoon and the night shift and these take place on/ or adjacent to the ward

Standard 5:

Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

At Rivers Hospital:

All patients can access diagnostic services 7 days a week using the on-call team.

We have laboratory & diagnostic services on site however CT and MRI out of hours are requested by a consultant.

Standard 6:

Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

At Rivers Hospital:

All patients can access to level one care 24 hours a day

Any patients requiring services at level care 2 and above need to be transferred to the NHS and we have a Service Level Agreement in place

Standards 7-10

Patient requiring these services, would need to be referred onto the appropriate specialist service within the NHS

3.5 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) with 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 monitored through 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 occurs as required and according to Ramsay 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
- Friends and family questions asked on patient discharge

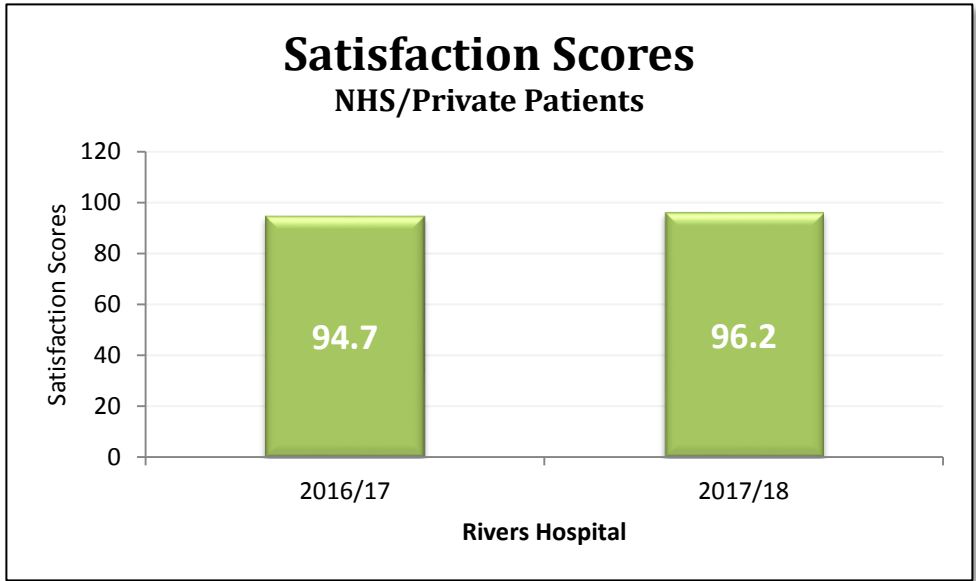
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

Patient Satisfaction Surveys

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

Examples of positive patient feedback we have received have been added to photographs of teams & departments which are proudly displayed across the hospital.



It can be seen above that the satisfaction score has marginally improved on the previous year. The overarching negative comments were regarding the lack of car parking, which has become a problem with building work on site .we are working to find a solution .



It can be seen from the chart above that Patient Satisfaction is greater than 93% in all areas across the hospital. This is extremely positive and proof of the hard work and commitment staff have for delivering a high quality service that is safe from harm.

3.5 Rivers Hospital Case study

In the last year we have opened a new day unit with 12 day unit Pods and two areas for cataract patients. The area is purpose built for day surgery and is next to Theatres to allow quick transfer to and from the theatre. This has enabled us to offer the patients a smooth pathway .Day case patients are contacted by the day unit before surgery .On the day of surgery the patient are admitted straight into the Pods and seen quickly by both the Consultant and Anaesthetist. As the patient are all in the same area it allows the list to run efficiently and avoids delays in both attending theatre and allows and early discharge home.

Appendix 1

Services covered by this quality account

Audit Programme v10.0 2017/18		Hospital Name: Rivers												Implemented: July 2017		
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald														For review: June 2018		
Use arrow symbol to locate required audit																
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN				
Medical Records - POA, admission, theatre, discharge	Med Rec	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Patient Journey	PT Journe	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Ward	Ward Operat	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Outpatients	81%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Outpatients		→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Controlled Drugs			96%	local audit	local audit	100%	local audit	local audit	100%	local audit	local audit	local audit	local audit			
Prescribing / Medicines Management				90%	100%	local audit	local audit	local audit	local audit	83%	Prescribing 100%	local audit	local audit			
Medicine Safe and Secure	99%	93%	93%	95%	94%	94%	90%	94%	89%	94%	Safe & Secure 84%	Secure 84%	local audit			
Medicine Reconciliation	89%	100%	94%	100%	97%	94%	97%	94%	93%	93%	Med Re 97%	Med Re 100%	local audit			
Medicine Missed Dose	100%	100%	95%	88%	100%	100%	100%	100%	100%	98%	Missed Dose 100%	Missed Dose 100%	local audit			
Radiology	95%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Radiology	83%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Radiology - MRI / NRR		74%	NRR	local audit	80%	local audit	local audit	85%	NRR	local audit	MRI Report	local audit	local audit			
Radiology - CT		93%	local audit	local audit	92%	local audit	local audit	91%	local audit	local audit	CT Report	local audit	local audit			
Physiotherapy	98%	→	→	local audit	local audit	local audit	local audit	85 data front sheet	local audit	local audit	Front sheet 88%	local audit	local audit			
Physiotherapy	97%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
TSSU	Operational	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Decontamination	TSSU	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Decontamination	90%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Theatre operational						8% Perioperative temperature recording		Perioperative Management Unit March 2018	local audit	surgical safety audit	local audit	local audit	local audit			
Theatre observational				31/2018 theatre observational audit	and checking surgical instruments list		local audit - list safety officer Jan 2018		local audit	local audit	Checking IL matters	local audit	local audit			
Infection Prevention and Control*	Infection control	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
IPC - CVCCB (if applicable)	CVCCB	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
IPC - Isolation (if applicable)	Isolation	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Infection Prevention and Control*	Hand hygiene	local audit	local audit	local audit	local audit	local audit	local audit	Hand	local audit	local audit	local audit	local audit	local audit			
IPC - Hand Hygiene Action			hand	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action	Hand Hygiene Action			
IPC - Environmental	environment	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
IPC - Cleaning Schedules			96%	clean sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	Clean Sched	98%	99%	local audit			
Transfusion (if applicable)		→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Transfusion (if applicable)	Autologous	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Bariatric Services (if applicable)	89%	→	→	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit	local audit			
Childrens Services (if applicable)	Childrens Services	→	→	local audit	local audit	local audit	local audit	90% - Wait	local audit	local audit	local audit	local audit	local audit			

Traffic light score	
Green	95%+
Amber	80 - 94%
Red	79% and under

*or above previous audit score if 95% or m

Rivers Hospital

Ramsay Health Care UK

This detailed document is produced by the Acting Matron & Acting General Manager on behalf of Rivers hospital and is supported in doing so by the senior clinical staff at Rivers, Ramsay's Clinical Information Analyst and the Clinical Performance Manager. We are measured as a hospital against our previous performance and against national statistics.

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

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

For further information please contact:

The General Manager and Matron

01279 600282

www.rivers-hospital.co.uk