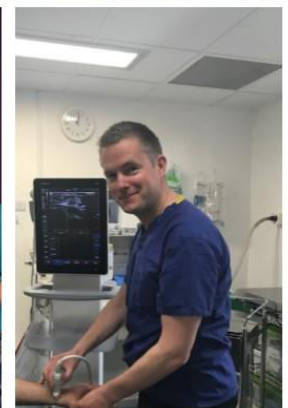
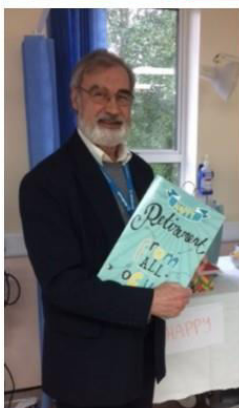




**Quality Accounts**  
for the year ended  
31 March 2019





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# Part 1

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## 1. Forward

This report outlines the Trust's approach to quality improvement, progress made in 2018-19 and plans for the forthcoming year.

Our hospital is regulated by the Care Quality Commission and the Charities Commission. Tetbury Hospital Trust was faced with closure in the late 1980s. The local community pulled together and raised over £1,000,000 to purchase the hospital from the National Health Service and take over the running of the services. Tetbury Hospital Trust Ltd was established on 28 January 1992 and registered as a charity on 27 February 1992. The Charity refurbished the hospital and re-opened the doors of the hospital to patients on the 8<sup>th</sup> February 1993, this year is our 25 year anniversary.

The Trusts focus is to deliver high quality services to our local population and surrounding areas. The hospital has 6 key values which underpin everything we do as an organisation. WE CARE about our patients, staff, visitors and stakeholders, we are:

- **Welcoming** to patients, carers, visitors, staff and stakeholders. Embracing diversity and delivering services to meet individuals needs
- **Efficient** and effective in everything we do
- **Charitable**, ensuring the organisation is well led and governed appropriately and our status as a registered charity is maintained
- **Accountable** for our actions, acting with integrity and openness at all times. Celebrating what we do well and learning from our set backs
- **Respectful** of our patients, visitors and staff at all times, treating them with dignity and listening and supporting them
- **Excellence** is the standard we strive to achieve

The aim of the Quality Account is to provide information to our patients, members and commissioners to assure them we are committed to making progressive improvements. We provide a safe and friendly environment where patients feel valued and respected in decisions about their care and are fully informed about their treatment at each step of their pathway.

The experience that patients have in our Trust is important to us; we are committed to delivering services where the patient is at the centre of everything we do. Our patients receive a personalised service; they are treated quickly and safely. Our service is enhanced by good communication and respecting our patients' privacy and dignity at all times.

We have excellent clinical and medical leadership and we value patient feedback about their care. In the last year we have taken part in the NHS patient survey and received excellent feedback. We have also participated in NHS Friends and Family Test (FFT), and have been delighted with the results and comments from patients.

## **2. Welcome from the Chief Executive**

Our Quality Account for 2018-19 sets out the Trust's performance against quality initiatives and standards for the year and outlines our plans for the coming year.

This year has been challenging for trusts across the NHS, and those independent hospitals, like us, who deliver services for the NHS via contract. During a year of significant change, we have maintained our high standards. The environment we are operating in has dramatically changed with local Acute hospitals terminating their agreement for outreach clinics and independent suppliers who assisted us in delivering services serving notice on their contracts.

Our staff have been a credit to themselves and the Trust. They have remained entirely committed to delivering the best possible care to our patients and my thanks, and those of the Board are extended to everyone who has supported the Trust.

The Trust has continued to develop and embed its values and behaviours. The Board has heard many patient stories this year and it fills me with pride to hear how our patients appreciate the care they receive from our staff and volunteers.

The year has seen some significant investments in our estate. Building work has been commissioned, and the works started in February, our investment will provide our community with a state of the art procedure room to deliver care, with a view to increase the types of services we can offer locally, and the refurbishment of the day surgery unit will improve patient confidentiality and single sex accommodation.

Zena Dalton  
Chief Executive

## **3. Introduction to our Quality Accounts**

The Health Act 2009 requires all providers of NHS services in England to produce a Quality Account to provide information about the quality of the services they deliver.

There is an exemption for organisations that have fewer than 50 full-time employees and provide under £130,000 of NHS services. Tetbury Hospital Trust Ltd holds contracts with the NHS in excess of £130,000, however, has fewer than 50 full time employees. In 2018/19 our head count was 45 and our full-time employee number was 19.5 wte. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 31 Consultants (physicians and surgeons) and 47 anaesthetists hold Tetbury Hospital practising privileges and can manage patient care within our Trust.

A Quality Account is a report about the quality of services delivered by an NHS healthcare provider, this includes independent providers. Although Tetbury Hospital Trust is not mandated to publish this annual report the Board has decided that our quality information should be available to our members, our commissioners and published on the internet for the public to access.

Quality Accounts are an important way for us to report on quality and show improvements in the services we deliver to our local community and stakeholders. The quality of our service is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

This is the fifth published set of Quality Accounts for Tetbury Hospital Trust Ltd. The format is similar to that of a mandatory set of Quality Accounts. The report will set out the approach we are taking to continuously improve quality of care and experience at the Trust. We aim to provide high quality, safe care for all our patients, and this report will document our key achievements for this year and our future plans.

## **4. Description of Services**

The Trust has a number of departments which deliver services on behalf of the National Health Service, these are

### **4.1 Minor Injuries Unit**

Our Minor Injuries Unit is open from 8.30am and accepts its last patient at 4pm, it is a nurse led service delivered by an Emergency Nurse Practitioner (ENP).

### **4.2 Out Patient Department**

Our Outpatient Department has seven clinic rooms and a range of consultants delivering services from them, we provide appointments in Cardiology, Dermatology, Ear Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecology, Oral Surgery, Ophthalmology, Orthopaedics, Pain Management, Respiratory Medicine and Urology. A new procedure room will be available in August 2019, the building work commenced late this year (February 2019).

### **4.3 Private GP practice**

Last year saw the introduction of our private GP practice. This service can offer fast access to private blood tests, private X-rays, scans and private specialist consultations. They also provide private medical reports, well-woman and well-man checks. The private GP service is not part of the NHS, it is completely private. No NHS resources are used to deliver this service. Income generated from this service is invested back into the hospital to help safeguard and grow our NHS services.

### **4.4 Day Surgery Unit**

Our Day Surgery Unit consisting of one theatre and ten recovery bays. The Day Surgery Unit is able to offer patients the choice of local, IV sedation and general anaesthesia for a variety of operations such as: gynaecological procedures, urology procedures, knee arthroscopy, removal of cataracts, laparoscopic procedures, the removal of skin lesions, teeth extractions, facet joint injections and podiatric surgery. The Day Surgery Unit refurbishment program commenced in February 2019, and is due to be completed in August 2019, this will increase the number of recovery bays, and improve patient privacy and confidentiality.

### **4.5 Imaging Department**

Our Imaging Department offers GP direct access for plain film x-rays and a service to our Outpatient department and Minor injuries unit. We also have a C-arm which is used in theatre during operations. An ultrasound machine is also available for use in theatres and clinics.

### **4.6 Therapies**

Our physiotherapy services are provided by Gloucestershire Care Services who rent the facility so they can deliver care closer to our patient's home, we also have a private physiotherapy service provided by the Courtyard and other independent practitioners.

### **4.7 The Vale Hospital**

We provide dermatology out-patient clinics from the Vale Hospital.



## 5. User Involvement

The Trust is committed to improving services not only through the identification of local needs and gaps in service, but also by seeking user perspectives. The difficulty we face in achieving this is that many of our patients have a very limited time within our hospital environment, so capturing information from users can prove to be difficult.

The Trust uses patient feedback forms which are given to all patients on the day they attend. Patients are encouraged to complete the form on site and submit it before they leave. The feedback form contains a comment box; any comments received are reviewed monthly by the Matron and Departmental Managers. We also perform a more formal patient experience survey annually which gives the Trust more information on patient's experiences as well as providing us information on what could be improved.

As a charity we have 58 members, and over 659 friends, we pull from this representational group to advise us on areas of the hospital that they feel can be improved, and for more formal assessments, such as the Patient Led Assessment of the Care Environment (PLACE). Due to the unique way we are embedded into our community, many of our members and friends of Tetbury Hospital are also patients who value the services we deliver and contact us if they feel they could be delivered better.

Our Patient Led Assessment in the Care Environment (PLACE) was submitted to HSCIC in May 2018. The timelines for submissions are set by HSCIC. Our PLACE assessment is a valuable feedback tool, in previous years the questionnaire was directed at larger hospitals that have patients staying overnight. Changes have now been made to the national reporting template and the volunteers who completed the assessment felt the questions were more appropriate for our hospital

## 6. Outside Quality Inspections

The Chief Executive is the CQC Registered Manager for the Trust. Tetbury Hospital was formally inspected by the Care Quality Commission (CQC) in September 2016 and the report was published March 2017. As a result of the inspection an action plan was developed and is kept updated when actions have been completed. This is shared with the CQC and our Commissioners.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement

Since the CQC inspection we now hold an additional registration for Family planning. This is to complement our private GP practice, however, we are exploring whether we could commission an NHS service from the hospital.

Our ISO 9001 and ISO 14001 certification continues to be upheld and the hospital underwent two surveillance visits that were conducted in May and October 2018 by our UKAS accredited



certification company, Alcumus ISOQAR. They reported that the integrated management system continues to be well controlled and sits in line with the requirements of ISO 9001:2015 and ISO14001:2015.

The level of compliance for CQC is far greater than that required for ISO9001/14001, the Board have therefore taken the decision not to continue with ISO9001 and ISO14001 certification from November 2019. After five years of no serious compliance issues being raised they are confident that the Trusts processes are safe and can be monitored by our regulators CQC.

The Trust is also registered with the Private Healthcare Information Network (PHIN) and provides information on its private operations to the Network.

## **7. Safety of Medications, including Controlled Drugs**

The Chief Executive is the Accountable Officer. The role of the Accountable Officer is to ensure the safe management of medicines including controlled drugs from ordering through to their disposal. The responsibility for the Accountable Officer is to make quarterly reports to NHS England on any concerns within the organisation, this is achieved by completing an occurrence report. This year there were no incidents reported and the mandated CD occurrence reports were returned as 'NIL reports'.

### **7.1 Gosport Independent Panel Review**

The Trust has reviewed the Gosport Independent Panel Report which was published in June 2018, and the "Learning from Gosport" document which was published in November 2018. The report found that hundreds of elderly patients had their lives shortened at Gosport War Memorial Hospital in the 1990s by the inappropriate use of high dose opiate medication.

The key recommendations from the 'learning from Gosport' document were all designed to minimise the chance of something similar happening again. The Trust have reviewed the report and assessed the eight recommendations and concluded that due to the nature of care we deliver there are robust embedded processes that would prevent anything similar occurring here. However, we are continually reviewing our freedom to speak out practices to ensure staff feel safe and supported when they do. Ensuring we continue to promote a culture of listening, learning and changing.

The Trust has robust processes around the prescribing and monitoring of controlled drugs.

## **8. Registration**

The Trust welcomes the CQCs approach to inspection. To support our internal monitoring processes, we continue to report to our Board using five key questions.

- ***Are we Safe?***
  - ✓ Ensuring people are protected from abuse and avoidable harm
- ***Are we Effective?***
  - ✓ Promoting a good quality of life and achieving good evidenced based outcomes
- ***Are we Caring?***
  - ✓ Involving people and treating them with compassion, kindness, dignity and respect
- ***Are we Responsive?***

- ✓ Organising products and services to provide wide access to meet people's needs
- **Are we Well-led?**
  - ✓ Promoting high quality person-centered care through strong leadership

## 9. Hospital Accountability Statement

To the best of my knowledge the information in the report is accurate.  
Mrs Zena Dalton, Chief Executive.

This report has been reviewed by the Medical Advisory Committee and approved by the Chair Mr Michael Rigby, Medical Director.

## 10. The Board of Trustees Statement

The Board of Trustees is fully committed to the provision of a high quality service. This report has been approved by the Board for publication.

The Hospital has a robust clinical and corporate governance structure, with members of the Board playing an active part in ensuring the trust fulfills its mission, according to its charitable intentions and insuring the organisation remains responsible and compliant in all areas of CQC registration, health and safety, employment law and other relevant legislation.

## 11. Please Feedback comments on our Quality Accounts

This year is the fifth time Tetbury Hospital Trust has published a set of Quality Accounts. We would value your feedback on whether you found them useful and easy to follow.

If you would like to feedback please email [enquiries@tetburyhospital.co.uk](mailto:enquiries@tetburyhospital.co.uk), or write to:

The Chief Executive  
Tetbury Hospital Trust  
Malmesbury Road  
Tetbury  
Glos.  
GL8 8XB

# Part 2

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## 12. A review of our Quality priorities

On an annual basis, Tetbury Hospital Trust develops an operational plan to set objectives for the year ahead. The priorities are determined by the hospitals senior management team taking into account patient feedback, audit results, national guidance and recommendations from various committees and staff meetings which represent all clinical and non-clinical professions.

### 12.1. The plan for 2018/19 (looking back)

In last year's accounts we set out our priorities for improvement. The following section details our achievements against these priorities during the year.

#### 12.1.1 Patient Safety

We have completed our pledge 'to sign up to safety' and we are committed to continue to deliver harm free care for every patient every time. We have signed up to deliver the following pledges:



- **Putting patients first**
  - We will sign up to safety
    - *The Trust officially signed up to safety returning paperwork to NHSLA*
  - We will develop local safety standards for invasive procedures based on national standards
    - *The Day Surgery Unit developed and implemented competencies in line with the Standard Operating Procedures developed to support Local safety standards for invasive procedures (LOCSSIPs) that reflected national guidance*
  - We will further develop our infection prevention and control monitoring and documentation
    - *Infection control monthly and quarterly audits continue. The environment is improving with the ward and procedure room refurbishments underway. The hospital has been assessed and additional hand gel stations have been put in place. The monitoring of surgical site infections has been added to our clinical audit programme, and microbial stewardship continues*
- **Continually learning**
  - We will develop a robust peer review system in accordance with our CQC action plan
    - *Internal peer reviews were undertaken in September 2018, an external peer review was undertaken in January 2019*
  - We will flag extra ordinary clinical 'episodes' and review in a formal process to share 'lessons learnt'
    - *A programme of talks and training sessions were initiated across the organisation to share knowledge. These were presented by nurses, operating department practitioners and doctors*
  - We will collect data from children visiting the hospital to gain their experience
    - *We now collect age specific friends and family data, we have also introduced an annual carers satisfaction survey to ask carers how they felt our service met their child's needs*

- **Being Honest**

- We will use patient stories for reflection throughout the organisation and feed up to the Trust Board
  - *Clinicians have attended board and presented patient stories, where patients wish to give their feedback in person Board members will meet with them*
- We will listen to our patients via PLACE audit feedback about their clinical environment
  - *The PLACE audit continues and improvements have been made, the refurbishment of the day surgery unit, procedure room, sluice and outpatient toilets will significantly improve the outcome of next year's audit*

- **Collaboration**

- We will strengthen links with Oxford Brookes via the student nurse placement program
  - *We continue to train student nurses and the feedback we receive is very positive, our staff have attended and received mentorship training and our matron has strong links with the educational team. In June 2018, we were informed that we had been nominated for student nurse placement of the year by Oxford Brooks University. The Trust was 'Highly commended'. The placement team wrote to us stating "We at Oxford Brookes Swindon are tremendously thankful for your support of all the students who have been in placement with you this last academic year. We're looking forward to continuing this successful work and supporting the Adult Nursing programme in practice for the September 2018 to August 2019 year"*
- We will develop links with other providers to expose our staff to other practices, to prevent isolation
  - *We continue to work with Gloucestershire Hospitals NHS Foundation Trust; nurses have attended clinical sessions to learn techniques. Also, other independent hospitals have attended our Trust to learn techniques*
- We will collaborate with Gloucestershire Hospitals NHS Foundation Trust in the safe use of our electronic patient record (TRAK) system
  - *Our CEO is a member of the Smartcare Board which meet monthly and our Head of IT and Administration meets regularly with the operational teams. Our electronic patient record system is safe, however, the direction of travel the project is taking has resulted in a system that is evolving and changing from the specification we originally purchased*
- We will join the County wide Radiation safety committee
  - *The Trust has joined and attends the County wide Radiation safety committee*

- **Being Supportive**

- We will nominate a Health and Wellbeing lead at Senior Management Level to drive the Health and Safety Executive (HSE) initiatives regarding staff physical and mental health
  - *The health and wellbeing committee is chaired by the Chief Executive, the Terms of reference have been agreed and the committee meets every three months. In 2018 we became a mindful employer*



- We will initiate staff engagement surveys and act on results
  - *The first staff survey was undertaken and reported on in May 2018; 35 surveys were handed out and 32 were completed, a response rate of 91%, the results were very good. An action plan was put in place to improve on the results for the following year, this is due to be reported in May 2019*
- We will use National Institute for Health and care Excellence (NICE) and HSE management standards to guide a programme of development and delivery of the above pledge
  - *The Trust reviews all NICE publications and adopts HSE standards in the delivery of its services*

### **12.1.2 Clinical Effectiveness**

- We will be actively participating in national clinical audit programmes to enable us to benchmark our services. This will include the NHS national ophthalmology audit, and the Private Healthcare Information Network (PHIN) Patient reported outcomes measures audit for private cataract patients
  - *The Trust partakes in the PHIN outcome measures audit of private cataracts and submits its data to the national portal. However, we have not been able to join the national NHS national ophthalmology audit. To join the audit data needed to be collected via a computer software system which would have cost the Trust several tens of thousands of pounds. It was agreed that as the national audit was to end in September 2019, and our patient numbers were statistically low, the cost outweighed benefit, to our organisation and to the NHS as a whole*
- We will work with our partners to deliver 'Joining up Your Information' (JUYI). Which enables the hospital and local health & social care professional's access to online up-to-date information about patients directly under their care. Phase 1 includes our Minor Injuries Unit information and joining up to the on line Child Protection Information Service (CPiS)
  - *The Trust is now formally part of Joining up your information, and was one of the early implementation sites for the new CP-IS software (Child protection Information Service).*

### **12.1.3 Patient Experience**

- We will commission and build a new procedure room and improve the patient environment within the Day Surgery Unit
  - *The building work commenced in February 2018 and is due to conclude in August 2019.*
- We will continue to work with commissioners to increase the amount of NHS services delivered from our hospital. We will prioritise diagnostic cardiology, dermatology 2 week waits and family planning services
  - *The Trust has submitted a business case to the commissioners for diagnostic echocardiogram's we await a response; Our dermatology service faced pressures in the year which resulted in our providers serving notice and the service being delivered by GPs with extended roles, therefore the plan to introduce a fast track referral process for potential skin cancers (known nationally as 2 week waits) was put on*

*hold. We successfully registered with CQC as a family planning centre and we offer family planning through our private GP service, and we plan to provide a vasectomy service in 2019/20*

## **12.2. The plan for 2019/20 (looking forward)**

We have used the same methodology as previous years to develop the priorities for improvement they have been identified through the collation of different sources of information.

These included, but were not limited to:

- Output from Clinical audits
- Government policy, to include NHS England
- Feedback from patients and carers
- Feedback from staff on service issues
- Identification of service gaps
- Review of incidents and complaints

The priorities for 2019/20 have been developed, as follows:

### **12.2.1. Patient Safety**

- We will protect patients and carers by ensuring 75% of staff are vaccinated against influenza
- We will commission a larger procedure room which will ensure the environment is welcoming for patient and has sufficient room for staff to work comfortably
- We will ensure the new ward flooring is dementia friendly, thereby reducing confusion by ensuring the colours are suitable, and keeping patients calm by reducing noise
- We will complete our water safety programme of work, by replacing the final sections of pipework throughout the building
- We will employ a lead nurse in Quality and Audit, this will result in a focus on quality audits and learning, to improve the service we deliver to our community, it will also release more of our Matrons time to increase her visibility in the hospital departments
- Activity is increasing through our Minor Injuries Unit, we will increase our staffing numbers to ensure patients continue to be seen and treated promptly
- We will appoint an administrator to support the clinical teams in outpatient, day surgery and the minor injuries unit, releasing nursing time which can be devoted to patient care rather than administrative tasks

### **12.2.2. Clinical Effectiveness**

- We will increase the number of procedures we offer to patients using best practice and NICE guidance, for example we will increase the urological procedures we offer to include cystoscopy
- We will work with our health partners (e.g. GPs, Opticians, Physiotherapists) by offering education events at the hospital, that will be speciality focused and accredited. We will go out to GPs and ensure they have all the information they need about our services
- We will work with both Wiltshire and Gloucestershire commissioning teams to deliver the national agenda for unscheduled care. Ensuring that access to treatment for Minor Injuries is maintained within our rural setting

- We will assess the functionality and usefulness of our Patient Administration System, to ensure the programme of work that begun in 2016 is on track to deliver our information ambitions
- We will work closely with our local GP practices to ensure a joined up approach to healthcare is delivered

### **12.2.3. Patient Experience**

- Wherever possible we will strive to deliver services closer to home for our local population. Working with commissioners to increase the portfolio of services available
- We will ensure that all our community has access to both NHS or Private Healthcare, dependant on how they want their care to be delivered
- Local GPs have asked whether we are able to deliver a vasectomy service. We will investigate whether this is possible
- We will work with architects to design a new unscheduled care facility, this will enable us to move our current service from our Minor Injuries Unit to a purpose built Urgent Care Unit
- We will improve our Day Surgery environment by completing the building works that begun in February 2019. Providing a private consult room for conversations and consent, and segregating the ward to improve privacy by enabling male and female areas
- We will improve access to the hospital by investing in a new telecoms system, the system has an audit function, it will enable our managers to schedule staff at peak times, to ensure our callers do not get frustrated when trying to make contact



# Part 3

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## **13. Data Quality**

We continue to build our reporting requirements. Our SUS extracts was performed by Gloucestershire Hospital NHS Foundation Trust on our behalf. Mandatory reports are performed by ourselves extracting information from the Trak IT system. The data is audited and checked by our Trust to ensure it is robust.

Data contained within the medical records are part of our annual audit programme, this includes our medicine management audit.

We complete the clinical Indicator submission for the Health and Social Care Information Centre (HSCIC).

We complete monthly data submissions to the Private Health Information Network (PHIN) as per the Competitions and Markets requirements.

Our quality and access standards are monitored by the Wiltshire and Gloucestershire Clinical Commissioning Groups (CCGs) and we formally meet quarterly with Gloucestershire CCG, and twice a year with Wiltshire CCG.

We have assessed our compliance against the General Data Protection Regulations (GDPR) which came into force in May 2018 and we have completed the new Data Security and Protection Toolkit where standards were met.

## **14. Information Governance**

Information Governance sits alongside clinical and corporate governance and the aim of Tetbury Hospital is to ensure that information is dealt with legally, securely, efficiently and effectively. In addition it is also about supporting the provision of high quality care by ensuring that the right information is available to the right people, when and where it is needed in order to deliver the best possible care. There is a range of national guidance that Tetbury Hospital complies with.

Tetbury Hospital is monitored via completion of the Data Security and Protection Toolkit which reflect elements of the Network and Information Systems (NIS) Regulations 2018, Cyber Assessment Framework (CAF) (for larger organisations National Cyber Security Centre). The Information Commissioner also has the power to impose penalties, including monetary penalties.

#### **14.1 Assurance Framework**

The Chief Executive has overall responsibility for the compliance with the relevant legislation surrounding Information Governance – The Chief Executive is also the Senior Information Risk Owner. The Caldicott Guardian, is the Medical Director, he is responsible for the arrangements around the use and sharing of clinical information.

The Information Governance Lead (Head of Information, Technology & Administration) is responsible for the development, communication and monitoring of Information Governance policies, procedures and action plans. The information Governance Lead is also the Trusts Data Protection Officer (DPO).

The Information Governance committee is responsible for providing assurance to the Board that the Information Governance Framework is implemented and that information governance systems and processes are developed, coordinated and monitored.

All staff are responsible for any records or data they create and what they do with information they use, and they must adhere to all information governance policies, procedures and standards which are written into the terms and conditions of their contracts of employment.

This year NHS Digital have introduced a new Toolkit to monitor compliance – Data Security and Protection Toolkit which is based on Cyber Essentials – this was completed and the Trust was rated as ‘Standards Met’ and are therefore, compliant. This new toolkit is a working document and can be updated regularly to improve standards further.

We have signed up for the Countywide Project ‘Joining up Your Information’ (JUYI) and are in the process of signing this off to become live over the next few weeks. The Trust has signed up to JUYI to enable us and local health & social care professional’s access to online up-to-date information about patients directly under their care. Phase 1 includes our Minor Injuries Unit and joining up to the Child protection information service.

As part of our compliance with our NHS contract we now use Docman to transfer all clinical letters to the GP’s following patient appointments, this ensures that the information is transferred to the doctor within 5 days of an outpatient appointment and within 24 hours following surgery. This is an electronic secure system for transferring information securely and efficiently.

### **15. Environmental Objectives and Monitoring & Measurement**

#### **15.1 Reduction of overall consumption**

Last year our electricity usage was down by 2.9% and Gas consumption was down by 7.1%.

#### **15.2 Recycling**

We now recycle more waste through the rental of dry mixed recycling bins. The waste is segregated at a couple of points in the hospital and the domestics who empty these collection points segregate in the waste bins appropriately. This staged introduction process is allowing us all to look at our recycling/waste disposal behaviour, habits and knowledge.

## **16. National Guidance**

The Trust complies with the recommendations contained in Technical Appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the Central Alerting System

We scrutinise national guidance, at the Hospital Quality Committee (monthly) and the Medical Advisory Committee (quarterly) selecting those that are applicable to our services and monitor their implementation.

## **17. Review of Quality Performance**

### **17.1 Commissioning for Quality and Innovation**

The Trust achieved 100% of funding for its Commissioning for Quality and Innovation Standards for Wiltshire Clinical Commissioning Group.

Our Gloucestershire CQUIN for 2018/19 was the completion and continued delivery of the objectives within the 'sign up to safety' program; the Trust achieved 100% of funding for its Commissioning for Quality and Innovation Standards.

## **18. Infection prevention and Control (IPC)**

The focus on Infection Prevention and Control remains a priority. We have a very low rate of hospital acquired infections and have had no incidents of patients contracting MRSA or Clostridium Difficile whilst at the hospital.

We participate in the screening program for MRSA at preoperative assessment, if patients are to be admitted to the Day Surgery Unit.

Infection Prevention and Control management is very active within our Trust, we have invested in training for staff in this area and we work in partnership with a larger network to ensure we are kept abreast of best practice.

- All staff received education and training in IPC and hand-washing
- The cleanliness of the hospital is audited regularly by Departmental Managers and reported through the Hospital Quality Committee in the Matrons report
- We have an annual infection control audit completed by an external IPC lead
- All clinical staff wear a uniform and protective clothing when required
- There are hand gel dispensers throughout the hospital
- Staff take their responsibility in preventing infection very seriously

Our infection rates remain very low. Between April 2018 and March 2019 the trust had:

- Zero MRSA bacteraemia cases / 100,000 bed days
- Zero MSSA cases / 100,000 bed days
- Zero E.coli cases / 100,000 bed days
- Zero Clostridium difficile / 100,000 bed days

We are not required to submit surgical site infection (SSI) data to Public Health England as we do not perform hip or knee replacements at the Trust.

Environmental cleanliness is an important factor in infection prevention, and our patients rate the cleanliness of our facilities in our patient satisfaction feedback, 99% of patients said

the hospital was 'very clean' which was an increase in last year, when 88% described the overall environment as very clean. This improvement was also reflected in the Annual IP&C Audit.

## 19. Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slips, trips or falls to incidents around sharps and needles. Our staff are very aware of safety and our external health and safety consultants visit us every month to ensure safe systems of work are in place. All incidents are reported via our manual incident reporting system. This year there was one needle stick injuries reported for clinical staff.

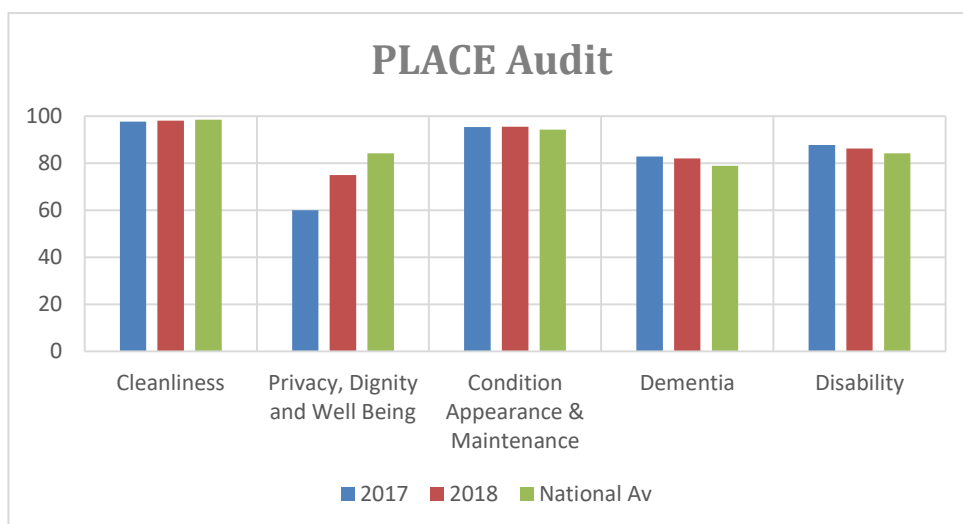
## 20. Patient Led Assessment of the Care Environment

We believe that a patient and their relatives should be cared for with compassion and dignity in a clean, safe environment. PLACE assessments provide patient feedback on improvements that could be made; we have conducted PLACE audits for the last four years.

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the Patient Environment Action Team (PEAT) inspections.

The assessment involves patients and staff who assess the hospital and how the environment supports people with dementia and disability. It assesses patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The 2018 audit shows that we are making progress on bridging the gap in our commitment to improve our compliance with the PLACE requirement for Privacy, Dignity and Wellbeing. The PLACE audit and our patient satisfaction audit was completed prior to the major refurbishment work on the ward to accommodate single sex accommodation and a consulting room where private discussions can take place. Our patient survey is reassuring when it states that 100% responded, 'yes, definitely' when asked if they were given enough privacy when being examined and treated. However, 13% felt they were not given enough privacy when discussing their condition, the new consulting room on the day surgery unit will ensure privacy is maintained at all times.



## **21. Clinical Incident Reporting**

A culture of patient safety requires staff to report and learn from errors or near misses, and therefore we need a reliable system for doing this. We do not report our incidents to the national reporting and learning system, we record our incidents on a paper record and then input the data manually on to a data base. We encourage all incidents or events where things didn't quite go right to be reported. These can be clinical and non-clinical.

This year there were 95 clinical and non-clinical near misses or incidents reported in total. This is consistent with previous years.

All incidents clinical and non-clinical are discussed at the Hospital Quality Committee and reported through to the Board on a monthly basis. The reporting system enables staff to highlight potential problems, have them investigated and actions put in place to reduce the risk to patients and improve their experience whilst in the Trust. We are required to report in these accounts if any incidents resulted in severe harm or death. NO incidents in the Trust resulted in patients experiencing severe harm or death.

## **22. Clinical Effectiveness**

Our Medical Advisory Committee and our Hospital Quality Committee meet regularly throughout the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are reviewed to determine if there are any trends which require further analysis or investigation.

## **23. Re-admissions within 28 days of discharge**

All re-admissions within 28 days of surgery are recorded as an incident and reviewed case by case at the Trusts Medical Advisory Committee and patterns and themes are assessed. There have been ZERO re-admissions in 2018/19

## **24. Venous Thromboembolism (VTE) risk assessment**

The Trust carries out VTE risk assessments as part of our routine pathway. In 2018/19 the percentage of patients requiring a VTE assessment who had one was 99%. This result is better than the National average and higher than the highest national score for the NHS.

## **25. Duty of Candour**

A culture of candour is required to improve the safety of patients, staff and visitors. Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors occur.

As part of our Duty of Candour, we will make sure that if mistakes are made, the affected person:

- Will be given the opportunity to discuss what went wrong
- What can be done to deal with any harm caused
- What will happen to prevent it happening again
- Will receive an apology

To achieve this Trust has a clear policy- Being Open and Duty of candour policy. To underpin the organisations WE CARE values, we designated our Trustee Kathy Callaghan as our 'Freedom to speak up guardian'.

## **26. Participation in clinical audits**

Tetbury Hospital Trust (where possible) will participate in NHS clinical audit programmes, however, due to the small volumes through the Trust it is not always possible.

For example, dermatology, we audit our performance against national standards to ensure the quality of care is comparable or exceeds the national benchmark, however, we do not submit the data nationally.

We undertake internal audits as part of our audit programme, and this is led by the hospital Matron with the support of an NHS Audit Team, through a contract. The internal audits programme for 2018/19 covered a range of areas which were:

- Clinical record keeping
- Head injury
- Medicines Management
- Safeguarding Children
- Post operative infection rates
- Dermatology Audit
- Cataract PHIN data
- Discharge summary audit

Action plans were produced from each of these audit reports. The audits and action plans were discussed at the Clinical Audit Meetings and Hospital Quality Committee and were reported to the Trust Board via the Medical Advisory Committee. Audits are provided to our commissioners on request.

Additional patient surveys were also undertaken, including a carers survey, an older persons survey and a dementia carers survey.

## **27. Research**

Tetbury Hospital Trust has not engaged in any formal research and is not commissioned to do so.

## **28. Risk Management**

The hospitals risk register is maintained by the departmental managers and reported to the Hospital Quality Committee and reviewed by the Medical Advisory Committee (Clinical risks), the Health and Safety Committee (H&S risks) and the Risk and Audit Committee (Corporate risks).

## **29. Complaints and Compliments**

There were 3 written complaints, Physiotherapy complaints and compliments are reported through Gloucestershire Care Services NHS Trust.

When the number of complaints is compared to the number of patient contacts (THT regulated activity) the level of complaint as a percentage is 0.021% (0.015% last year) and as a ratio, 1 in 4,642 contacts (1 in 6,419 last year).

100% of complaints were responded to within 25 working days.

In total 20 written compliments were reported to the Board, plus 5 positive comments on the NHS choices website. This figure excludes the positive comments on the Friends and family test.

## **30. Friends and Family**

Comments from the friends and family forms are collated every month and discussed at the Hospital Quality Committee. This year we had a total of 1015 responses, which is an overall response rate of 7%, which reflects last year's overall response rate. We recognise the importance of feedback for all age groups using our service. We are in the process of improving our Friends and Family Feedback forms, to make them more user friendly for younger persons.

The percentage of patients who said that they would be 'extremely likely' or 'likely' to recommend Tetbury Hospital to their friends and family for care or treatment this year was 99%, this is the same as last year. The comments received are detailed in section 31

## **31. What others say about us**

Tetbury Hospital has not participated in any special reviews or investigations during 2018/19 by its regulators. We are regulated by the Charities Commission and the Care Quality Commission

### **31.1 Our Friends and Family comments**

31.1.1. Children's Friends and family, from children attending our MIU

Nice, good and funny nurses. Seen quickly with good advice. Really Fun!

Quick, efficient, professional and friendly service. Staff are helpful and kind. Quick and efficient The lady explained everything to me to make me feel at ease." Excellent at reception, booked in quickly.

31.1.2. Our Adults Friends and Family from patients attending MIU

'Staff friendly, efficient, pleasant and helpful. Staff gave confidence, made you feel at ease and were supportive and professional. Ease of parking. Simplicity of a community hospital. Faultless. Welcoming atmosphere.'

'Wonderful Reception and MIU staff. Polite, efficient, friendly and excellent care given. Seen quickly. Local hospital.'

31.1.3. Our Adults Friends and Family from patients attending day surgery unit



‘Received a high standard of care, reassurance and compassion. Staff are 100%, caring, kind, efficient and friendly. Staff are a credit to the hospital. Made to feel valued. Excellent explanation of procedures. Excellent speed of service. Clean tidy areas.’

‘Amazing staff who work well as a team. Good explanations and advice. Very relaxed, calm, social and friendly. Enjoyed the refreshments. Outstanding service!’

#### 31.1.4. Our Adults Friends and Family from patients attending outpatient department

‘Calm, clean and relaxing. Staff are considerate, polite, helpful and caring. Excellent prompt treatment. Good car parking and Wifi. Local hospital.

Staff friendly, efficient, pleasant and helpful. Staff gave confidence, made you feel at ease and were supportive and professional. Ease of parking. Simplicity of a community hospital. Faultless. Welcoming atmosphere.

### 31.2 Our patient participation survey comments

‘Excellent, could not have asked for better care. Thank you.’

“Never close! Keep going!”

“Excellent hospital and staff.”

“Excellent treatment.”

### 31.3 Our NHS choices rating is 5 stars, comments

“ First time at this hospital, went because waiting time half of alternatives. Experience could not have been better, excellent in every way, so much better than bigger and busier general hospitals. Keep up the good work!” - Posted on 12 January 2019

‘I’ve had several visits to Tetbury Hospital, from consultation to surgery. All the staff we met have been very kind, cheerful and totally professional. They made myself and my partner feel comfortable and reassured about what needed to be done and how it would happen. We cannot thank them all enough or praise them enough as it was more than professional they genuinely care. Theirs is an exceptionally good service”- Posted on 10 October 2018

### 31.4 Our Google review comments

“Why can’t all Hospitals be this friendly and efficient Thanks to all who helped me with great care and Kindness”

