



Quality Accounts
for the year ended
31 March 2022



A COMPANY LIMITED BY GUARANTEE
COMPANY REGISTRATION NUMBER:
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Part 1

1. Forward

This report outlines the Trust's approach to quality improvement, progress made in 2021-2022 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 8th of February 1993.

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 setbacks
- **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 through positive leadership, effective teamwork and the ongoing dedication and support of our hospital members, friends and volunteers.

The NHS patient and carer survey was undertaken in November 2021, with 100% of patients rating us as excellent/very good. Furthermore, feedback from other sources such as NHS website, Google reviews and I Want Great Care, have provided valuable testament to the care delivered from our hospital. A selection of the feedback can be found at the end of the account.

2. Welcome from the Chief Executive

This quality account reflects the year 1st April 2021 to the year ending 31st March 2022. I was appointed to my role as Chief Executive Officer in May 2022, following on from Zena Dalton who led the organisation as Chief Executive during this period of reporting.

The focus for the year ahead is to develop the strategic priorities for the organisation which will then guide our direction for the next 5 years.

Since taking on my role as Chief Executive, I have been impressed by the excellence of care and service being delivered by our hospital staff, which I know is highly valued by our patients and the local community. I recognise that our care teams need the support of our administration and estates team, who provide an ever-essential role as our activity increases. The participation and contribution of staff, friends, and volunteers with fundraising efforts to support the hospital, enables the Trust to continue to grow and treat more patients in a hospital that is welcoming and effective.

Health and social care is now entering a new phase with the implementation of the integrated care board in Gloucestershire. Tetbury Hospital is excited to work together with all our partners to support service development and innovation in care.

Tetbury Hospital is well equipped to meet the challenges that lay ahead, and I am confident that by working together we can achieve great things in the coming year.

Laura Williams, Chief Executive Officer

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 2021/22 our full-time employee number was 38WTE, with a head count of 68. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust.

37 Consultants (physicians and surgeons) and 32 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 eighth 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 several departments which deliver services on behalf of the National Health Service, these are:

4.1 Minor Injuries Unit (MIU)

Our Minor Injuries Unit is open from 8.30am and accepts its last patient at 4pm Monday to Friday, it is staffed and led by experienced and skilled Emergency Nurse Practitioners (ENPs). The department has recruited a triage paramedic practitioner and a triage nurse with practice nursing experience.

4.2 Outpatient Department (OPD)

Our Outpatient Department has seven clinic rooms and a purpose-built procedure room. We have a range of consultants delivering outpatient consultations. We also deliver many outpatient procedures, for example, varicose vein treatments and non-scalpel vasectomies in our procedure room.

4.3 Day Surgery Unit (DSU)

The Day Surgery Unit (DSU) offers a bright and private space for day surgery procedures for our patients. The increased floor space has enabled the accommodation of social distancing for our patients during the pandemic.

The layout of the department provides excellent patient flow and a one-way system. There are eight allocated recovery bays, which allows for individual areas that offer our patients privacy and dignity. In addition, there is a room that offers quiet space for consultation or care. The dementia specialist flooring has reduced noise and improved grip to aid safe mobility. We operate using local, IV sedation and general anesthesia for a variety of procedures and specialties.

4.4 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. The Trust contributes to the County Wide Radiological Safety Committee, and we continue to be compliant with all EMER regulations.

5. User Involvement

5.1 Local Networks

We are awaiting future decisions regarding unscheduled care commissioning.

We represent the hospital at the Tetbury Health, Wellbeing and Youth Working Group which is a Town Council initiative, where all health and social partners who work in and around Tetbury come together to discuss how we can improve the health and wellbeing of our communities. Furthermore, we continue to contribute to the Gloucestershire Eye Health CPG which is attended by members of the public, and Wiltshire's BSW Ophthalmology network professionals meeting.

5.2 NHS Friends and Family Test

The Trust always values patient experience feedback. The NHS Friends and Family Test is a national programme which encourages our patient's voice to be heard. Patients are also encouraged to use alternative methods of giving feedback which are detailed on our website. The friends and family forms can be downloaded from our website and shared with the hospital. We continue to enable feedback via the, "Speak Up" link on our website which is supported by the NHS to help improve opportunities for patients who may need additional help with understanding and completing patient experience forms.

Any comments received are reviewed monthly at the Hospital Quality Committee by Chief Executive Officer, Matron, Lead Nurse Quality, Audit and Risk, and all Departmental Managers.

Patient experience NHS survey was completed In November 2021, with 100% of respondents rating our service as excellent/very good. The Trust values all patient experiences as well as providing us information on what could be improved.

5.3 Members, Friends and Volunteers

As a charity we have 57 Members, and in excess of 800 Friends on our database and 22 Volunteers. 18 of our volunteers form The Friends of Tetbury Hospital, our fundraising committee. 4 volunteers work in our Reception department. All staff are encouraged to become Members. We pull from this representational group to advise us on areas of the hospital that they feel can be improved. Their involvement and support are essential to the continued programme of work and respect of the hospital in the community.

The Friends of Tetbury Hospital are an established team of valued volunteers. They are well-known and respected and organise a programme of annual events, that are supported and anticipated by the local community. Additionally, they support the Trusts Fundraiser to drive forward the fundraising strategy to raise funds for vital medical equipment and upgrades to the hospital facility that are not funded by the NHS. Last year donations, grants and legacies raised a net income £98,440. These funds contributed to essential new capital assets and additionally continued to support the hospital with ongoing improvements to the facility.

The Friend's Committee is working towards an equal, diverse, and inclusive team. There are currently 18 members, 4 male and 14 females, across varying professions and age groups. There are 3 Trust Board members on the Committee. Committee meetings are held monthly and are attended by the Trusts Chief Executive. Over the last year they have continued to be held off-site with members attending virtually or face to face.

5.4 PLACE

Patient Led Assessment in the Care Environment (PLACE) lite was completed in September 2021 (see part 3 sec.20)

6. Outside Quality Inspections

The Chief Executive is the CQC Registered Manager for the Trust and in this year, Matron, Sarah Taylor became the Nominated Individual. 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 completed many years ago. We have engaged with CQC in preparation for inspection in the future and continue to review our quality outcomes.

The hospital was due an inspection in 2021, however due to COVID19 this was postponed. CQC are in the process of developing a new strategy for future inspections due later in 2022. The hospital has been assigned a new CQC inspector

and engagement meetings are taking place. The Trust are committed to supporting inspection and meeting our regulation requirements. 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. In 2021/22 there were nil incidents reported and the mandated CD occurrence reports were returned as 'NIL reports'.

7.1 The Safer management of Controlled Drugs

The Trust continues to benchmark from the "Learning from Gosport" document, which was published in November 2018. The Trust will continue to review against the eight recommendations. The Trust Board has concluded that due to the nature of care we deliver, there are robust embedded processes that would prevent anything similar occurring here.

We have continued to maintain safety and implement procedures for our patients in relation to controlled drugs. We do not offer palliative care services and our overall clinical usage of controlled drugs is minimal. Our Day Surgery and Minor Injuries have standard operating procedures in place regarding controlled drugs. We have a service level agreement in place regarding auditing of medicines and patient group directives. Our medicine audit by Gloucestershire Hospitals NHS Foundation Trust in January 2022, showed safety and compliance with medicines. There have been no reported incidents related to controlled drugs in 2021/22. The Trust has robust processes around the prescribing and monitoring of medicines and 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.

Laura Williams, Chief Executive. This report has been reviewed and approved by the Chair of the Medical Advisory Committee, 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 ensuring the organisation remains responsible and compliant in all areas of CQC registration, health and safety, employment law and other relevant legislation.

11. Feedback comments on our Quality Accounts

This year is the eighth 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, or write to:

The Chief Executive
Tetbury Hospital Trust
Malmesbury Road
Tetbury
Gloucestershire
GL8 8XB

Part 2

12. A review of our Quality priorities

12.1 What we achieved in 2021/22 (looking back)

- **We will ask our community to engage with us**

We will run a series of focus groups, to ask the community about the services they value and what services they would like the hospital to deliver for the community. We will use this information in our future planning.

We have engaged with the community including new housing developments where residents may not be familiar with our services. We have done this through online and offline media, community news and leaflet distribution.

Presentation to local groups did not resume due to the pandemic.

- **We will continue to work with commissioners and our local NHS Trusts**

We have continued to play a key role in supporting the NHS by providing additional capacity to reduce the elective wait times. Our theatre and procedure room have increased in capacity with our Theatres running at 100 per cent utilisation.

- **We will grow our GP and referrer network to offer our hospital services and increase our GP Liaison support into Wiltshire, whilst continuing to develop relationships with Gloucestershire referrers.**

We have continued to support GPs in Gloucestershire and increased our GP liaison support to referral support teams in Wiltshire. Additionally, we have good

relationships with our two closest referring GP practices in Wiltshire. Referrers are updated with NHS wait times and new services. We submit our indicative NHS referral to treatment times to Gloucestershire Local Optical Committee (GlosLoc), these are issued to referring opticians in the region.

- **We will maintain and continually strive to improve our Infection prevention & control compliance**

We have maintained the highest Infection Prevention and Control practices in line with Health Security Agency and NHS England, as we have continued through the COVID 19 Pandemic.

We have increased the number of employees in our housekeeping team to reflect our enhanced cleaning procedures and have invested in new cleaning machinery for the team.

Our public areas have remained socially distanced, and we have followed guidance on face masks when in the building. We have continued to monitor, risk assess and make changes as required to maintain patient and staff safety and confidence.

- **We will ensure we have the right person, doing the right job, with the right skills, at the right time**

We have completed a skill mix review of clinical and non-clinical departments.

Our services have become increasingly busier following the gradual release from the lockdown periods of the Pandemic. We have continually monitored and reviewed our staffing levels to maintain a safe working environment. We have reviewed new specialities to ensure we have the correct skill mix within the clinical teams and provide any bespoke training as required.

We have started to develop our staff by introducing competency-based assessments and are investing in our staff by ensuring appropriate training for their role is available.

We have continued to audit our patients' experiences and clinical outcomes, we will continue our clinical audit programme and learn from patient feedback and outcomes.

- **We will continually invest in our workforce's mental health and wellbeing**

As a mindful employer we have been very aware of the need for increased access into clinical supervision / mental first aider services. We have increased

the availability of the mental health first aider/supervision sessions occurring each month. Staff are accessing this service and feel supported.

- **We will continue to protect our staff and our patients through vaccination and individual risk assessments**

We have continued to work with Gloucestershire Health and Care NHS Foundation Trust (Infection Prevention and Control Team), following UK Health Security Agency (HSA) and NHS England guidance, to ensure that the safety of our patients and staff is paramount.

95% of staff received the flu vaccination. We will continue to provide our Flu Vaccination programme in-house for our staff in 2022/23.

Staff widely accessed the COVID19 vaccination programme. We continued to monitor infection risks and ensured that staff had the correct personal protective equipment (PPE).

- **We will refurbish our estate and work with our staff to design areas that enable our teams to deliver the best in care**

We replaced the roof of our MIU and administration building and upgraded staff welfare facilities and the office working environments.

We have completed 70% upgrade to our recovery room, within our DSU Theatre suite.

We installed a canopy outside of the main entrance providing shelter for individuals visiting the hospital.

- **We will reduce the need for our local community to travel to the large acute hospitals when we can provide the service locally**

We have introduced our echocardiogram service and increased our capacity to ensure patients requiring an urgent review of the structures of their heart, can be seen at Tetbury quickly.

We have also introduced a cardiac monitoring service thereby, reducing significant travel around the county for patients.

- **We will replace our current patient administration system with one which is intuitive and fit purpose. We will reduce our impact on the environment**

Following a pause due to COVID 19, we are now working towards replacing our current patient administration system (PAS) with one which is intuitive and fit purpose. This will improve flow of information and reduce our impact on the environment.

12.2 The plan for 2022-23 (looking forward)

On an annual basis, Tetbury Hospital Trust develops an operational plan to set objectives for the year ahead. The priorities are determined by the senior management team considering patient feedback, audit results, national guidance and recommendations from various committees and staff meetings. We have used the same methodology as previous years to develop the priorities for improvement going forward, they have been identified through the collation of different sources of information.

These included, but were not limited to:

- output from clinical audits
- NHS Health Security Agency, NHS England and Government directives
- patient and carer experience
- views from staff, hospital Friends and volunteers
- identification of service gaps
- review of incidents and complaints

The direction of travel for the coming year looking forward 2022/23 is being developed as follows:

Day Surgery Unit

We will employ, train and retain skilled staff, to enable the operating theatre to run at maximum capacity including extra lists within the procedure room.

We will purchase essential equipment for use within the operating theatre, both for new surgical specialties, procedures and to replenish non-supported equipment.

We will welcome new surgeons with additional surgical specialties to allow Tetbury Hospital Trust to offer an increased portfolio of procedures for the community. For example: shoulder and abdominal procedures.

Minor Illness and Injury Unit

Minor Injury Unit became a Minor Injury and illness Unit as of 1st April 2022. This has meant significant increased activity which represents a benefit to the local community.

In order to meet the increase activity, we plan to recruit another Emergency Nurse Practitioner.

We will look to extend our MIU provision to include extended opening hours, as staffing permits.

The MIIU refurbishment was placed on hold in 2021/22, with further scoping to be undertaken in 2022/23.

We will introduce competencies to ensure MIIU staff have the right skills and are developed as part of their role.

We will invest in our staff to complete further training to allow for career progression.

Outpatient Department

We will review staffing and skill mix within the department to enable further service development in the procedure room.

We will develop Health Care Assistant (HCA) competencies, so we can demonstrate learning and safe practice.

Bespoke training for HCA's to become Ophthalmic Technicians and runners/assistants in our procedure room.

The organisation will be focus on how we can continue to increase levels of patient activity whilst ensuring a robust and resilient infrastructure. We will deliver this by implementing a new patient clinical administration system to improve overall all efficiency.

We will continue our dialogue with patients to ensure that services are meeting needs and is achieves positive experience and outcomes.

Health, Safety and Risk

We will increase the focus on safety and increase the scope of our Lead Nurse for Quality, Audit to oversee risk in the organisation.

We will appoint a Health and Safety Officer, who will continue to develop our safety agenda within the organisation.

Administration

We will deliver a patient administration system that our staff have developed with our inhouse design team to reduce duplication, improve patient care and facilitate national and local reporting.

We will integrate our system to enable text messaging and emails to be sent to patients (if they want) thereby reducing the use of resources such as ink, toner, paper, postage.

Our patient medical records will migrate over time to fully electronic records again reducing the use of non-reusable resources, waste and improving communication

between healthcare professionals. Many GP surgeries use this system which will enable much safer information sharing for patient care.

Estates

We will continue to work on proposals to enhance patient and staff environments and facilities, in particular, MIIU and external hospital upgrades.

We will continue to improve performance of essential services and vital assets by budgeting and planning capital replacement projects. This includes electrical distribution, replacement cold water system and replacement of heating boilers and building mechanical system (BMS).

We will upgrade electrical supply and energy efficient lightning for our day surgery unit operating room.

We will provide transport services and ensure that we have the capability and contingency, to meet the increasing demands of the hospital.

Marketing/GP Liaison/Fundraising

We will develop our communications strategy to keep our community informed about hospital services, facility developments and fundraising. We will use multi-media channels.

We will resume our face-to-face presentations to local groups and further afield in Wiltshire.

We will engage with GP practices and opticians in Gloucestershire and referral support teams in Wiltshire. We will keep referrers up to date regarding our NHS wait times and our private patient service to enable all patients to have a choice of patient pathway.

We will resume our GP education events at the hospital that were paused due to the pandemic.

The Friends of Tetbury Hospital will resume face-to-face fundraising events and will gain a presence in the community at the Market Place during the calendar year.

Part 3

13. Data Quality

We will continue to build our reporting requirements. Our SUS (Secondary Uses Service) extract was performed by Gloucestershire Hospitals NHS Foundation Trust on our behalf. Mandatory reports are performed in-house extracting information from our patient administration 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 Bath, North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCGs) and Gloucestershire CCG. We formally meet quarterly with Gloucestershire CCG, and twice a year with Wiltshire CCG.

We complete the nationally mandated Data Landing Portal and provide the NHS with additional data regarding our waiting lists, as we work with them to develop a national picture of number of patients waiting and the clinical urgency of procedures listed.

We have assessed our compliance against the General Data Protection Regulations (GDPR) which came into force in May 2018 and we continue to complete the Data Security and Protection Toolkit annually and meet standards.

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.

At Tetbury Hospital we operate two separate IT systems, one is called a patient administration system, this operates through a secure network called Health and Social Care Network (HSCN) provided by NHS digital. This ensures that patient information is kept secure. Tetbury Hospital is monitored for compliance through the Data Security Protection Toolkit, for which we have obtained 'standards met' this year. The Hospital is also registered with the Information Commissioners Office, who can impose fines for any breach of security.

Alongside the patient administration system, the hospital runs a separate IT network which deals with the charitable business.

This system requires compliancy with information governance as we do handle identifiable information such as staff records, card payments etc. The Trust is looking towards obtaining Cyber Essentials certification to show compliance with IG throughout both systems.

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, co-ordinated 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.

The Trust continues to complete the mandatory Data Security and Protection Toolkit. Moving forward for the Trust IT system which is used for the charitable work, we are working towards Cyber Essentials Certification.

15. Environmental Objectives and Monitoring

We remain in the largest gas and electric buying consortium for public sector services which means that for the current financial year, our energy costs have remained stable. We anticipate that the install of new energy efficient, heating only boilers with a new BMS system, will result in cost savings and we are researching the options to install solar panels, for consideration for next year's budget.

Increases in waste disposal fees have not affected the hospital this year due to our fixed contract. The hospital 's Green Committee will implement schemes to increase recycling throughout the hospital.

Significant progress has been made this year, to identify how the hospital might generate its own energy using solar (PV) capture equipment with the goal, to propose a capital project, for consideration, for financial year 23-24.

15.1 National Guidance

The Trust complies with the recommendations contained in National Institute for Health and Clinical Excellence (NICE) and Safety Alerts, as issued by the MHRA 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 service.

15.2 Green Plan

The hospital has created a Green Committee that will develop the hospitals 'green plan'. This will take the place of the Trusts Sustainability Plan. The Board has designated a Trustee as our Net Zero Lead. Staff throughout each department within the hospital have volunteered to be green champions.

16. Review of Quality Performance

16.1 Commissioning for Quality and Innovation

The Commissioning for Quality and Innovation (CQUIN) programme will remain suspended throughout the NHS during 2021/22.

We are working with the NHS to reduce waiting times in the county this has resulted in demand outstripping capacity, thereby, our wait times are now more than 18 weeks from referral to treatment in some specialities. This is a national dilemma and not one unique to our Trust.

17. 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 for patients of which the specialty requires them before they 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
- Hand gel dispensers are located throughout the hospital
- Staff take their responsibility in preventing infection very seriously

Our infection rates between April 2021 and March 2022 were:

- Zero MRSA bacteraemia cases
- Zero MSSA cases
- Zero E.coli cases
- Zero Clostridium difficile cases

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

Environmental cleanliness is an important factor in infection prevention, and our patients comment on the cleanliness of our facilities. COVID 19 has required additional processes and the continued hard work of our clinical and housekeeping staff, who have maintained a level of cleanliness with additional COVID 19 infection control requirements. This standard was reflected in the Annual Infection Prevention & Control (IP&C) Audit.

Additional safety measures have been introduced through the COVID-19 pandemic, in line with UK Health Security Agency, NHS England and UK Government directives. Supplies of Personal Protective Equipment continue with updated risk assessments and action plans. We will continue to adapt our IP&C policies and procedures in line with guidance from NICE, UKHSA and NHS England.

18. COVID-19

Throughout 2021 and early 2022, our CEO/Accountable Officer and Board continued to identify the priorities to support patient and staff safety. Risk assessments were put in place to ensure that we remain in line with UK Health Security Agency guidance. Our primary concern at every stage has been to protect our patients, staff and visitors.

The hospital outpatient department developed COVID safe pathways within the hospital to enable face to face consultations and procedures to take place. We are now able to offer our patients expanding pathways for rapid treatment. Our Minor Injuries and Illness Unit and X-Ray department continue to provide treatment and care for our wider community.

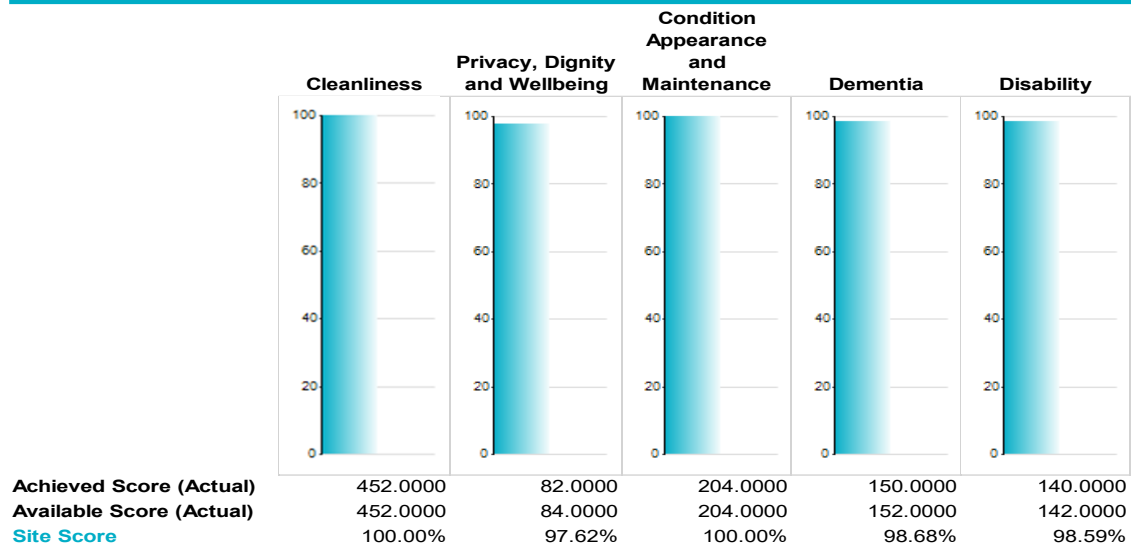
19. Safety in the workplace

We continue to prioritise the safety of both patients and staff. Safety potential 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 system for reporting concerns and documenting risks. The recruitment of an in-house Health and Safety Officer in 2022, means that we can continue to enhance safety and reduce risk. All incidents are reported via our manual incident reporting system. Although we completed our on-line involvement with the “Sign up to Safety” campaign at the end of March 2019 when the campaign finished, we continue to work towards our pledges that we signed up to as part of the campaign.

- Putting Patients First
- Continually Learning
- Being Honest
- Collaboration
- Being Supportive

20. Patient Led Assessment of the Care Environment (PLACE)

TETBURY HOSPITAL- Collection: 2021 - October



The 2021 PLACE Lite audit results are not nationally comparable due to the limit on data reporting due to COVID 19 but show overall that Tetbury Hospital scores maximum in cleanliness (100%) and appearance (100%). The other categories of privacy (98%), dementia (98%) and disability (98%) scored just below the maximum, with the exceptions identified below:

Exceptions for PLACE Lite 2021 were:

- Lack of involvement of people with a disability or a disability group in the review of access
- Not having a designated multi-faith/prayer room available at the hospital
- Toilet seats, flush handles and rails should be in a colour that contrasts with the toilet/bathroom walls and floor – MIU toilet facility needs to be upgraded to become DDA compliant.

Improvements we made in 2021:

- Upgrades to hospital signage which has enhanced visibility
- Handrails have been installed in key areas
- Building work carried out providing increased visibility from reception to the main entrance, with addition of an intercom system
- Improving the surface of the tarmac in the patient car parks

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 currently 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 did not quite go right to be reported. These can be clinical and non-clinical.

All incidents clinical and non-clinical are discussed at the Hospital Quality Committee and reported through to the Board. 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.

The Trust has reported 53 near misses or incidents during the financial year 2021/22. Our reporting includes any near miss, or incident that occurred within the building or grounds, whether the incident was our regulated activity or another provider who rents our facility.

The Trust feeds back incidents to other providers who use our facilities to deliver their regulated activity. 14 of the 53 reported incidents were attributed to other providers.

In 2021/22:

39 reported incidents were ranked as Green (74%) and 14 Yellow (26%)

11 incidents (21%) resulted in no harm.

36 incidents (68%) resulted in 'low harm'. 'Low harm' is defined as an unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons.

6 incidents (11%) were assessed as moderate.

There were no serious or untoward incidents and no themes requiring additional investigation.

There were 6 (11%) reported staff accidents in 2021/22. An example could be a needle stick injury, trip or fall.

22. Clinical Effectiveness

Our Medical Advisory Committee and Hospital Quality Committee meet throughout the year to monitor safety, quality, and effectiveness of care. All clinical incidents, patient and staff feedback are reviewed. This is important, to determine if there are any trends which require further analysis, investigation, learning or changes in practice.

The Medical Director is the designated responsible officer. The role of the responsible officer is to ensure the Trust has robust processes that provide a framework within which medical staff maintain and improve their practice. Responsible officers play a crucial role in improving and maintaining the quality and safety of patient care.

23. Parity of Esteem

The Trust is continuing to support mental health and wellbeing of our staff and patients. Clinically, the Trust is continuing to evaluate our services around mental health and any forward referrals. We support through one-to-one clinical supervision and have increased sessions available for staff, with our mental health first aider.

24. Re-admissions within 28 days of discharge

Any re-admission within 28 days of surgery is recorded as a clinical incident and reviewed case by case at the Medical Advisory Committee with any patterns or themes identified. There were no patients that required re-admissions to theatres follow an operation at the Trust in 2021/22.

25. Venous Thromboembolism (VTE) risk assessment

The Trust carries out VTE risk assessments as part of our routine pathway. In 2021/22, 100% of patients requiring a VTE assessment had this completed. This result is better than the National average and higher than the highest national score for the NHS.

26. Duty of Candour

Patients should be well informed about all elements of their care and treatment and all Trust staff have a responsibility to be open and honest. A culture of candour is

essential to maintain the safety of patients, staff, and visitors. If mistakes happen, we will:

- Offer an opportunity to discuss what went wrong
- Discuss any harm experienced
- Identify actions to be taken to prevent it happening again
- Offer an apology when indicated

To achieve this the Trust has a policy in - Being Open and Duty of Candour, which underpins the organisations **WE CARE** values. Our freedom to speak out guardian, Ms Kathy Callaghan, is also a Trustee. We welcome all forms of feedback through Friends and Family forms and online via our website. We recognise that making a complaint can be stressful. In handling any complaint, our aim is to be transparent, open, improve the journey through the process and communicate effectively.

27. Participation in clinical audits

Tetbury Hospital Trust undertakes a full annual clinical audit programme. This programme is led by the Lead Nurse Quality and Audit.

The audit programme covers a range of areas including:

- Clinical record keeping
- Patient/carer experience
- Departmental safety
- Infection control
- Medicine management
- Safeguarding children
- Surgical safety
- Discharge summary
- Vasectomy (National audit with Association of Surgeon's in Primary Care, ASPC)

Action plans are produced from each audit report and outcomes are discussed at the Clinical Audit Committee, Hospital Quality Committee and Medical Advisory Committee. Audits results are shared with the hospital board, commissioners, and Care Quality Commission on request.

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 (corporate risks) and reviewed by the Medical

Advisory Committee (clinical risks), the Health and Safety Committee (health and safety risks) and the Audit Committee (compliance and patient safety). Moving forward we have expanded our focus on safety and risk.

29. Complaints and Compliments

29.1 Complaints

The Trust received 4 patient complaints during the financial year 2021/22 for its regulated activity.

100% of our patient complaints were responded to within 25 working days. However, one complainant was contacted initially, but requested a delay in reporting over the Christmas period.

3 complaints were from patients registered with a GP in Gloucestershire and 1 complaint was received from NHSESW.

In 2021/22 Tetbury Hospital Trust Ltd, had patient contacts of 20,843, with those falling under THT regulated activity totalling 20,319.

The percentage of complaints from THT regulated activity is 0.0196% rounded to 0.020%, with a ratio of 1 in 5,080 contacts (compared to 0.032% with a ratio of 1 in 3,156 contacts in 2020/21)

There have been nil requests from the Ombudsman.

29.2 Compliments

There have been 130 compliments reported to the board. Which is a 242% increase from 2020/21 and demonstrates a huge increase on reviews in the previous year.

The Trust receives many letters and cards thanking staff and complimenting the Trust, capturing this information is dependent on local inputting. We value our patients' experience and post reviews on the hospital website.

Comments from the friends and family forms are collated every month and are discussed at the Hospital Quality Committee. In 2021/22 we received a total of 163 responses which, when compared to 109 in 2020/21, is an increase of 49.5%.

The percentage of patients who said that their experience of Tetbury Hospital was very good/good, was 100%. Through our Trust website, patients are encouraged to complete their feedback. In terms of increasing accessibility, our website includes a link to ASK, LISTEN, DO (NHS England Speak Up). We continue to receive many excellent comments regarding our care and service through emails and cards, which are shared with staff throughout the hospital. Some of the friends and family comments received are detailed in the next section.

30 What others say about us...

30.1 Friends & Family

"The staff and doctors have been absolutely wonderful. Nothing has been too much trouble and my anxieties and concerns were quickly alleviated. I am incredibly grateful to all involved."

"Excellent service!"

"Staff and consultant seem to work as a team. Happy staff and this reflects on how they treat patients."

"I think the nursing is sublime, efficient, delightful, friendly and helpful. Very punctual. Wonderful team!"

"Everyone was so kind, professional and happy. It made a difficult and worrying day feel almost like a holiday! Everything was perfect. If you have to have day surgery make sure you go to TETBURY HOSPITAL!"

"Friendly, efficient staff explained everything very clearly. Surgeon was the same and very cheerful. Lovely, relaxed atmosphere and the procedure was much quicker than I expected. Excellent care!"

"Staff all friendly, welcoming and helpful. Did manage really well with the adjustments that were needed because of COVID restrictions. I felt safe and well looked after. Thank you"

"Because it was just fantastic, perfection is impossible to improve."

"Everyone has been absolutely amazing, so kind and very attentive, no request was a bother to anyone! From the moment I arrived they all made me feel so welcome and at ease. This honestly wouldn't have been the same experience without all of the lovely regulations, as good as it gets!"

"Friendly, informative throughout and very caring. Plus, the suite is light, bright, airy and super clean."

"I can't imagine better care. In total I think I had 6 members of staff looking after me including the doctor - all of whom were kind, reassuring and calm. Everything was organised and the environment spotless. Lucky me!"

"From the moment I entered the hospital everything was excellent. Extremely friendly staff and very efficient. Lovely Hospital."

"Excellent all round - staff were very kind and helpful. Operation for cataract was excellent."

"Superb staff and no waiting time - incredible service. We live in Surrey but now considering moving here."

"Very polite, caring and patient. Excellent in the COVID security. During the operation all staff and consultant were very kind which put me at ease."

"Helpful, attentive nurses. Clean environment. Procedures/information well explained. Friendly and relaxed staff."

"Professional, minimal waiting time, very friendly team."

"Treated like 'royalty' - five-star hotel"

"Super friendly, welcoming staff. Attentive to people attending with patient which was nice. Great to see Carers hub info on the board. Lots of good stuff relevant to my situation - THANK YOU."

"I have had two cataract operations and I am so impressed by all the staff who are all so kind and looked after me so well. Everything is so well organised and I cannot thank everyone for such amazing care. Treatment definitely first class."

"Everyone very kind, friendly, professional. Felt really cared for. Pre and post op information/documentation comprehensive. Loved the friendly atmosphere of a small hospital. Shame it's not in Cheltenham!!"

30.2 Google reviews (verbatim comments)



★★★★★ 6 months ago

I have recently had two cataract operations here. I cannot speak too highly of the care I received. Everyone, the surgeon, the theatre staff and the support nurses were very kind as well as super professional. Very happy to have been treated at Tetbury Hospital.

★★★★★ a year ago

Had to visit the minor injury unit while on holiday after recommendation by local GP. We arrive shortly before close, and came into contact with 3 people, all of which were exemplary and very helpful. We were seen quickly, efficiently and received excellent treatment.

To be seen so quickly, while on holiday, shortly before closing and still receiving first rate service meant I had to leave this review. Services like this are absolutely essential to more than just local people. Thank you Tetbury hospital!

30.3 NHS UK website

Great experience

★★★★★ out of 5

by Anonymous - Posted on 16 March 2022

The attention to detail was first class, everyone was professional and very caring. I obviously was not looking forward to the procedure especially as everything was delayed by Covid but the whole experience was so much better than I'd feared.

I would recommend Tetbury hospital day surgery unreservedly.

Visited Oral and Maxillofacial Surgery on March 2022

Excellent service

★★★★★ out of 5

by Anonymous - Posted on 01 March 2022

Very clean, friendly staff and excellent service. My second visit and can't fault the service. Thank you

Visited Ophthalmology on March 2022

30.4 I Want Great Care

★★★★★

Written by a NHS patient

16th September 2021

Ankle Arthroscopy:

Hospital is really secure with covid testing and temperature checks carried throughout the process, and hospital facilities are excellent with a really high standard of cleanliness.

Staff were absolutely brilliant from start to finish . The Consultant, Mr Henderson really listened to the issues I was facing, and provided all the information required for me to make an informed decision regarding treatment. Surgery was completed in a timely manner , with excellent advice about aftercare .

Nurses went above and beyond to reassure patients and provide an excellent standard of care throughout. All credit to the anesthetic team, (as someone who is usually a difficult with cannulas) the team did an excellent job and provided constant reassurance

Cannot thank the whole team enough .



Written by a NHS patient
8th December 2021

Tetbury Hospital is amazing - lovely, clean and spacious. The nurses who took care of me are incredibly caring and friendly. Jenny spent hours with me making sure I was ok before and after my operation, which she needn't have bothered doing, especially as she was dashing around doing other jobs at the same time. Sylvia was charming too. She took my blood pressure, which is naturally very low, and made sure I was ok before setting off back home after my op. Amanda, another lovely nurse made sure I was ok when I was being anesthetized and coming back to life after my op. Lisa double checked the forms I filled in were correct and was incredibly friendly. Mark the anesthetist explained everything in understandable detail that was going to happen during my op and was really easy to talk to. Mark Whittaker the surgeon, took time out to talk to me and explain the procedure of the op and came and saw me afterwards to make sure I was ok. Susan, who did my covid test 2 days prior to my op, had to come out to my car in the pouring rain and conduct test through my car window, whilst getting soaked. She was really friendly and didn't complain about the ghastly weather at all! I feel I have come away from a stint in a five star hotel!

30.5 Patient Experience

Patient Experience (cataract surgery)

"I had my cataract done. I was very impressed with everything that occurred. The Covid precautions were excellent, no more care could have been taken to protect the staff and the patients. All the staff were very friendly, kind, and polite and Mr Dean made me feel comfortable and at ease with the operation. I can recommend Tetbury Hospital to anyone."

Patient Experience (vasectomy surgery)

"Staff were brilliant, friendly and put me at ease throughout the procedure."

"Very good and efficient, pleased with everything."

"Very satisfied. Had concerns/worries coming in but was made to feel at ease by the Matron/nurses/assistant straight away."

"All of the people I met and who looked after me are brilliant!"

"I was thoroughly impressed by the quality of the treatment from start to finish. I had the info to request the procedure, the referral was fast, the booking was easy and convenient, pre-post op info was excellent, on the day staff were superb."