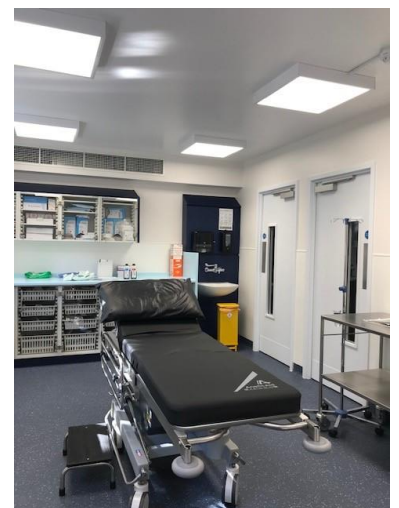




**Quality Accounts**  
for the year ended  
31 March 2020



A COMPANY LIMITED BY GUARANTEE  
COMPANY REGISTRATION NUMBER:  
2681604  
CHARITY NUMBER: 1008926



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# Part 1

## 1. Forward

This report outlines the Trust's approach to quality improvement, progress made in 2019-20 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.

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 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. Furthermore, the feedback from the NHS website and patient stories we collect are testament to the care delivered from our hospital.

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

It is humbling to see how much we achieved in 2019-20 prior to the pandemic, it seems like a lifetime ago now. Everything has changed...but nothing has changed... we are still here to treat and care for patients showing them dignity and respect, ensuring their needs are met. We continue to provide the best care possible to enable our patients to get on with living their lives to their full potential.

On 20th March 2020, the country went into lockdown, and we closed our day surgery unit, and many of our staff, PPE and equipment were sent to our local Acute Trusts to assist on the front line.

During the lockdown period we remained open to Minor Injuries and X-ray. We also continued to provide some telephone consultations and clinically reviewed the medical records of patients on our waiting list to ensure no harm came to those who were unable to attend the Hospital.

Looking back, 2019-20 was 'business as normal' for the first ten months, and we achieved so many good things. All of which have been instrumental in our phased reopening after lockdown, the investments we had made in facilities and our workforce ensured when designing how we would work in the future we were able to plan pathways that reduced the risk to our patients, our staff and our community from the possible transmission of COVID19

Looking forward 2020-21, when the lockdown restrictions began to ease, we began to reopen the Outpatient Department to face to face consultations and, by the 23rd July 2020, most of our services were back up and running.

Some things have now changed and will not go back to the way they were before COVID-19. The outlook moving forward is positive as we work with our health and social care partners to explore how we can help the NHS provide safe care that is accessible to the community we serve.

Our quality focus this year will be on patient pathways looking to reduce duplication, the need to attend hospital, and to audit and monitor clinical outcomes and patient experience. The year has somewhat been cut short when we suspended our services, and our available funds have reduced, this has been taken into account in our look forward but we have still been ambitious and stretched ourselves to deliver a high class quality agenda

We will continue to serve our community and deliver a safe, effective, caring, responsive and well-led healthcare service. I am so proud of all my team, when the Trust needed them most, they stepped up to the challenge with determination and resilience and delivered.

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 2019/20 our head count was 57 and our full-time employee number was 28 WTE. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 27 Consultants (physicians and surgeons) and 29 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 sixth 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 staffed and led by experienced and highly skilled Emergency Nurse Practitioners (ENPs) and Emergency Care Practitioners (ECP). This year the service has expanded with the appointment of a Triage Nurse. The department has continued to deliver an essential frontline service to the community during the COVID-19 pandemic.

### **4.2 Out Patient Department**

Our Outpatient Department has seven clinic rooms and a new purpose built procedure room opened in August 2019. We have a range of consultants delivering outpatient consultations, including Cardiology, Ear Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecology, Oral Surgery, Ophthalmology, Orthopaedics, Pain Management, Respiratory Medicine and Urology. We now also provide a vasectomy service. Unfortunately, in 2019 our Dermatology service closed.

### **4.3 Private GP practice**

Our private GP practice continued to 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. This service has been impacted by COVID-19 pandemic and our GPs are very busy in their NHS practices, so this service has been suspended for 2020/21.

### **4.4 Day Surgery Unit**

The building work within the Day Surgery Unit (DSU) was completed in August 2019 and we have improved privacy for our patients. Due to the increased floor space we can now easily accommodate the new social distancing requirements. To celebrate the completion of the building work we held an open day in September 2019 for our community to look around the Hospital. This event was well attended with talks and demonstrations provided by consultants. We also use the space to host education events for doctors, opticians and physiotherapists.



The new layout of the department provides excellent patient flow and a one way system. It consists of the theatre and access to our new procedure room for additional clinical procedures. There are eight gender allocated recovery bays that offers our patients privacy and dignity, and a one bay room for extra privacy. The installation of dementia specialist flooring has reduced noise and improved grip to aid safe mobility. We operate using local, IV sedation and general anaesthesia for a variety of procedures.

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

#### **4.6 Therapies**

Until March 2020 our physiotherapy services were provided by NHS Gloucestershire Health and Care NHS Foundation Trust, who rented the facility to deliver care closer to our patient's homes. We also have a private physiotherapy service provided by independent practitioners. However, following the COVID-19 pandemic in March 2019 the Tetbury-based NHS physiotherapists were relocated and we await to hear if they will be returning in 2020/21.

### **5. User Involvement**

#### **5.1 Fit for Future**

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. We have contributed to the local commissioning consultation with Gloucestershire Clinical Commissioning Group on "Fit for Future." We also contribute to the 'Tetbury Cares' programme where all health and social care partners who work in our around Tetbury come together to discuss how we can improve the health and wellbeing of our communities.

#### **5.2 NHS Friends and Family Test**

The Trust uses patient feedback forms to ensure that we listen to our patients and learn from their comments. The NHS Friends and Family Test is a national programme which encourages the patient's voice to be heard. The forms are available to all patients on the day they attend the hospital. Patients are encouraged to complete the form on site and submit it before they leave. However, we have added these to our website so our patients can now download and complete after their visit if they prefer. This year we have also added a link to our

website for, “Speak Up” an NHS project to help improve opportunities for feedback for our patients who may need additional help with understanding and completing feedback forms.

This year we also updated our friends and family feedback questionnaires, to include the additional question required by the NHS. They are coloured and have more visual impact/user friendly for children. A free comment box is available, and any comments received are reviewed monthly at the Hospital Quality Committee by Chief Executive, Matron, Lead Nurse Quality and Audit and all 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.

### **5.3 Members, Friends and Volunteers**

As a charity we have 54 members, over 732 friends and 11 volunteers. We pull from this representational group to advise us on areas of the hospital that they feel can be improved. Their involvement and support is essential to the continued programme of work and respect of the hospital in the community.

### **5.4 PLACE**

We believe that a patient and their relatives should be cared for with compassion and dignity in a clean, safe environment. Patient Led Assessment of the Care Environment (PLACE) is a formal assessment that involves patients and staff who assess the hospital and how the environment supports people with dementia and disability. It also assesses patient’s privacy and dignity, food, cleanliness and general building maintenance and focuses entirely on the care environment. PLACE assessments provide patient feedback on improvements that could be made; we have conducted PLACE audits for the last four years.

Our Patient Led Assessment in the Care Environment (PLACE) was submitted to NHS digital in September 2019 (see section 21).

## **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. We have engaged with CQC in preparation for inspection in the future and continue to review our quality outcomes.

	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.

The level of compliance for CQC is far greater than that required for ISO9001/14001, the Board therefore, took 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 nil incidents reported and the mandated CD occurrence reports were returned as 'NIL reports'.

### 7.1 The Safer management of Controlled Drugs Care Quality Commission (CQC) Annual Update 2019

The Trust continues to review the "Learning from Gosport" document which was published in November 2018. The Trust have reviewed 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.

We have continued to maintain safety and implement procedures for our patients in 2019/20 in relation to controlled drugs. At THT we do not offer palliative care services and our overall clinical usage of controlled drugs is minimal. Our Day Surgery and

Minor Injuries Units have standard operating procedures in place with regard to controlled drugs. We have a service level agreement in place with regard to auditing of medicines and patient group directives. There have been no reported incidents related to controlled drugs.

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 sixth 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  
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# Part 2

## 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 2019/20 (looking back)

The priorities for 2019/20 were developed, as follows:

#### 12.1.1 Patient Safety

- **We will protect patients and carers by ensuring over 75% of staff are vaccinated against influenza**

In 2019 we achieved a staff flu vaccination rate of 85%. Our aim for 2020/21 is 95%.

- **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**

The Procedure Room was completed in August 2019 and represents an additional excellent clinical facility; offering our patients an area that has been specifically designed to ensure a clinical environment fit for purpose.

- **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**

The hospital environment has been reviewed and improved in terms of being more dementia friendly with better signage, colour changes to flooring. The dementia friendly flooring has been installed throughout our Day Surgery Unit.

- **We will complete our water safety programme of work, by replacing the final sections of pipework throughout the building**

We have completed this work which has improved the hot water circulation throughout the hospital and reduced the opportunity for bacteria to build-up in the system.

- **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**

A Lead Nurse for Quality and Audit was appointed in June 2019. The audit programme for 2019/20 was progressing to timescale. However, the COVID 19 pandemic impacted the final reporting period of 2019/20. This has been recognised nationally with NHS England, Care Quality Commission and NHS Commissioners. The Clinical Audit Team (Gloucestershire Health and Care NHS Foundation Trust), who offer audit support to the Trust, were re-deployed into the acute during the pandemic. The forward direction for 2020/21 is to further develop the clinical governance and audit agenda with greater focus on patient clinical outcomes.

- **Activity is increasing through our Minor Injuries Unit, we will increase our staffing numbers to ensure patients continue to be seen and treated promptly**

In 2019 we recruited a Triage Nurse into our Minor Injuries Unit, this improved our clinical assessment and overall wait times. NHS Friends and Family feedback and The NHS Web feedback evidences that this has enhanced the service to our patients.

- **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**

We appointed an administrator to support the clinical teams in outpatient, day surgery and minor injuries in June 2019.

### **12.1.2 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.**

2019 has seen the introduction of a vasectomy service and sign up to The Association of Primary Care Surgeons national audit programme. We have also purchased rigid and flexible cystoscopes and patients are now being

treated closer to home. We are now offering surgical interventions for patients who suffer from glaucoma.

- **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.**

Our Fundraising, Marketing and GP Liaison Manager commenced a programme of education events at the hospital which includes lectures, a tour of our new procedure room and day surgery unit (DSU) and meet the clinical teams. Our ophthalmology events are accredited and 100% of attendees state they would recommend sessions to colleagues. Education events are instrumental in instilling confidence and encouraging referral growth.

Comments from event attendees:

- Clear, informative/relevant
- Superb communication, really helpful. Many thanks for the time spent on this subject, most useful
- I learnt a lot, increase in confidence in referring
- Honestly, the best most interesting and useful talk
- Please continue!
- Personal and manner of presentation, enabling interactive exchange was excellent and a credit to facilitator and his team
- A very friendly welcome, thank you. Good to have plenty of interaction

Our Fundraising, Marketing and GP Liaison Manager built strong relationships through practice visits and telephone support. If gaps in services were identified these were reported back to the Chief Executive to explore potential opportunities. A recent example of this is our thriving new vasectomy service. Due to COVID-19 we will look to change the way we engage with referrers to ensure they continue to have all the information they need about our services. We may not be able to visit referring practices so we will implement a more virtual approach via telephone support and virtual meetings.

- **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.**

Our Minor Injuries Unit continues to be commissioned delivering unscheduled care. Quality feedback data and “Fit for Future” consultation supports the value of this to the local community. In 2020/21 we will continue to review our service and the feasibility of expansion into a commissioned urgent treatment centre.

- **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.**

During 2019 we undertook a review of our Patient Administration System and looked at the best fit for Tetbury Hospital, a community hospital but with the ability to have theatre functionality. A preferred supplier was sourced, unfortunately, due to the impact of COVID-19 on our finances the programme of work has been temporarily suspended.

- **We will work closely with our local GP practices to ensure a joined up approach to healthcare is delivered.**

Our Fundraising, Marketing and GP Liaison Manager is available to GPs and referring practices. To aid the referral process we have provided a new Directory of Services to advise referrers of hospital services across NHS and private practice. Additionally, *regular email updates regarding new and interrupted services, together with NHS wait times, is circulated to referrers on a monthly basis. Medical secretaries across Gloucestershire and Wiltshire are invited to the hospital to familiarise themselves with our facilities and to meet administration and clinical teams.*

We provide referring practices with key contact details at the hospital. Our administration and clinical teams are available to assist practices throughout their patient's pathway. Our teams support each other providing a comprehensive service, ensuring we have a joined up approach to healthcare.

### **12.1.3 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 continue to work with our commissioners in Gloucestershire and Wiltshire CCG's. Unfortunately, we lost our dermatology service which was a blow to us and our local community. We did, however, open a new vasectomy service and increased the procedures we undertake in theatres including hernia repair.

- **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**

Our community benefit from access to our NHS services via their GP, dentist, or optician. We have developed a consultant directory and updated our consultant's profiles on our website to ensure that patients and clinicians have all the information they need to inform their choice and decision.

Our Private GP service grew this year by 34%, unfortunately, due to COVID-19 and the need for our GPs to focus on their NHS practices this service has been suspended, however, we continue to provide private (insured or self-pay) consultant delivered outpatient and day case services.

- **Local GPs have asked whether we are able to deliver a vasectomy service. We will investigate whether this is possible**

We commenced our Vasectomy service in September 2019. Quality feedback data shared as part of the Association of Surgeons in Primary Care national audit programme, supports that our patients' value and report excellence in their care pathway.

- **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.**

Scoping and plans were agreed with our architects regarding a new unscheduled care facility for minor injuries. However, COVID-19 pandemic has paused this development at the present time.

- **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.**

Day Surgery Unit building works were completed in August 2019 and offer excellent facilities with discreet male and female areas. An additional consultation room is now available for patient conversations and consent, which can be converted into a one person room should it be required.

- **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**

The new cloud based telephone system was installed in November 2019 – this now gives us a dashboard where we have audit facilities to ensure that calls are being answered promptly. This system has proved to be a great asset during COVID-19 in that staff have been able to work off site, but patients and colleagues would experience no change, as they are still able to access them via their hospital telephone number.



## 12.2 The Plan for 2020/21 Looking Forward

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
- Government policy, to include NHS England/ Public health England (COVID-19)
- Feedback from patients and carers
- Feedback from staff on service issues
- Identification of service gaps
- Review of incidents and complaints

The direction of travel for the coming year looking forward 2020/21 is being developed as follows:

- We will keep our COVID secure risk assessment up to date with new guidance and invest in our estate when needed, for example, to ensure scheduled and unscheduled care do not mix, and social distancing can be maintained we will relocate our MIU.
- We will work closely with NHS England and our Commissioners as part of the COVID 19 Recovery Plan. We will continue to adjust to enable patients to have a safe pathway of care through our hospital.
- We will maximise our procedure room to allow for increased activity for certain clinical procedures to free up theatre space, such as hysteroscopy and minor Gynaecology, vasectomy, oculoplastics and nasoendoscopy.
- We will work with our commissioners to agree a plan to increase surgical specialities and surgical procedures available to our patients such as podiatric surgery and vascular surgery.
- We will expand our General Practitioner Vasectomy Service and share data into the Association of Surgeons in Primary Care, National Vasectomy Audit. Our aim is to demonstrate clinical effectiveness and positive surgical outcomes for our patients.
- We will join the National Ophthalmology Database Audit. Providing data that will enable our practice to be benchmarked with other much larger Trusts. We will continue to provide PROM data for our private cataract surgery to PHIN.
- We will protect patients and carers by ensuring over 95% of staff are vaccinated against influenza.

- We will appoint a mental health first aider to support staff through what will be a difficult year, and we will enhance the hospital grounds for patients, staff and visitors to enjoy

## Part 3

### 13. Data Quality

We will continue to build our reporting requirements. Our SUS extract was performed by Gloucestershire Hospitals NHS Foundation Trust on our behalf. Mandatory reports are performed by ourselves 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 the Wiltshire and Gloucestershire Clinical Commissioning Groups (CCGs) and we formally meet quarterly with Gloucestershire CCG, and twice a year with Wiltshire CCG.

We are working towards completing of the nationally mandated Data landing Portal.

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. This is an essential requirement for procuring new contracts too.

#### **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.

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 & Measurement**

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

Our energy consumption is comparable with last year. Upgrades to light units both inside and outside have reduce energy costs in addition to providing improved light.

## 15.2 Recycling

Over the past year we have been increasing the amount we recycle to 36% and have reduced our household waste to 64% of our overall and we anticipate our recycling percentage to increase this year using further initiatives to assist staff to consider methods of disposal and the costs of waste streams.

## 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 2019/20 was the completion of flu vaccination programme and non-medical prescribing, the Trust achieved 100% of funding for its Commissioning for Quality and Innovation Standards.

As part of the third phase of the NHS response to COVID -19, the operation of CQUIN (both CCG and specialised) will remain suspended for all providers until 31 March 2021; providers do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data.

## 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 for the, 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 2019 and March 2020 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 2019 patient satisfaction feedback, 100% of patients said the hospital was 'very clean' which mirrors our 2018/2019 results. This supports the hard work of our clinical and housekeeping staff, who maintained the level of cleanliness to such a high standard, particularly with the hospital was undergoing a major programme of building works. This standard was also reflected in the Annual Infection Prevention & Control (IP&C) Audit.

Additional safety measures have been introduced through the COVID-19 pandemic, in line with Public Health England, NHS England and UK Government directives. Supplies of Personal Protective Equipment were sourced and risk assessments completed.

We will continue to adapt our IP&C policies and procedures in line with guidance from NICE, PHE and NHS England.

## **19. COVID-19**

The World Health Organisation declared a global pandemic due to COVID-19 on 11th March 2020. The UK Government, NHS England and Public Health England issued guidance. As an NHS Commissioned service, our CEO/Accountable Officer and hospital board responded immediately to identify the priorities. Our primary

concern at every stage was to follow the national guidance and protect our patients and staff. Risk assessments were undertaken in line with the updated guidance.

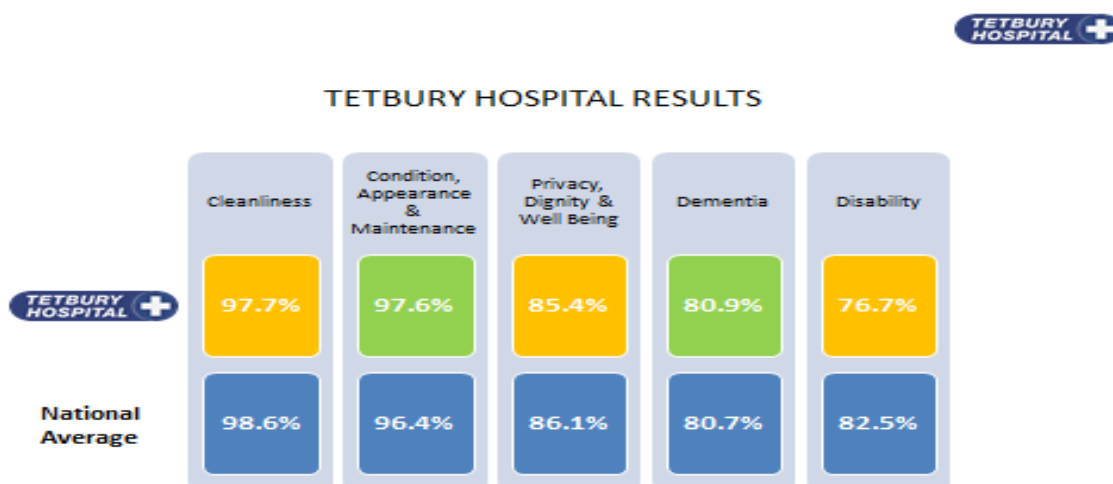
In March 2020, our Outpatient's department began a programme of Consultant-led telephone consultations. Elective theatre sessions were suspended later in March, as directed by our NHS Commissioners. Staff were either redeployed or furloughed and essential equipment loaned into the acute service. Our Minor Injuries Unit and X-Ray department have remained open throughout the pandemic and has continued to care for our wider community.

## 20. 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. An external health and safety consultant visits us every month to ensure safe systems of work are in place. 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

## 21. Patient Led Assessment of the Care Environment (PLACE)



Source: Place Survey 2019

`NHS Digital reported that the overall data results are produced by a computer algorithm that is weighted to yes/no responses. On reflection, there were areas that were either not applicable to Tetbury Hospital or there was not an option to record this information or skip inputting those sections which resulted in lower scores. The results are exceeding in two domains and close to the national averages in a further two with the domain of disability lower. The observations and recommendations for improvements, made by the patient assessors, are reasonable and achievable'.\*

*\*(extract from PLACE 2019 summary version 1 by J Long Lead nurse quality and audit)*

The 2019 audit shows that the condition and appearance of the hospital is rated higher than the national average and also in terms of the environment to support those patients with dementia.

In our patient survey in 2019, we reported that 100% of carers attending the hospital felt that they had been treated with dignity and respect. Our vision to ensure our patients and their carer's are given privacy at all stages of their care pathway was the motivation behind the creation of a private admissions/consulting room in the day surgery unit.

A very thorough cleaning assessment noted areas for improvement which were included in the hospital's cleaning schedule.

A plan of action in response to the PLACE audit was created with outcomes:

- Upgrades to hospital signage which has enhanced visibility
- handrails have been installed in key areas
- Improved checking-in procedures in our out-patient department
- Ongoing improvements to disabled parking
- Building work has been carried out providing visibility from reception to the main entrance and improving the surface of the tarmac in the patient car parks
- The minor injuries unit has moved which has provided a dedicated waiting area for minor injuries patients

We are confident that future PLACE audits will recognise the improvements that we have managed to complete, to date.

## **22. 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 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.

In 2019/20 there were 74 clinical and non-clinical near misses or incidents reported in total. One RIDDOR reportable incident relating to theatre doors closing timings and a reported staff hand injury. One incident requiring the police to attend the minor injuries department. However, overall incidents are consistent with previous years and there has been a reduction in the overall figures. Hospital Quality Committee has analysed for themes and further actions.

## **23. 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. The Medical Director is Tetbury Hospitals designated Responsible Officer. The role of the responsible officer is to ensure the Trust has in place processes that provide a framework within which doctors are encouraged to maintain and improve their practice. Responsible officers play a crucial role in improving and maintaining the quality and safety of patient care.

## **24. Parity of Esteem**

Our Mental Health Strategy 2019, includes 6 key objectives that detailed our action plan for 2019. We are continuing to evaluate our services around mental health conditions and forward referrals in terms of our Minor Injury Unit moving towards an Urgent Treatment Centre.

We support our staff through one to one clinical supervision and have a mental health first aider available.

## 25. 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 no re-admissions to theatres follow an operation at the Trust in 2019-20.

## 26. Venous Thromboembolism (VTE) risk assessment

The Trust carries out VTE risk assessments as part of our routine pathway. In 2019-20 the percentage of patients requiring a VTE assessment who had one 100%. This is result is better than the National average and higher than the highest national score for the NHS.

## 27. 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. Our freedom to speak out guardian is Ms Kathy Callaghan, Trustee. We welcome verbal feedback but also have other mechanisms in place such as feedback via Adult & Children Friends and Family forms, and our hospital complaints process to improve our services. We recognise that making a complaint can be stressful. Our wish in handling any complaints is to improve the journey through this process, reduce stress, improve communication and support mental health well-being.

We audited complaints received over a 12 month period in November 2019. The sample size although small, with only 3 responses received back from 5, was overall positive and comments received provided valuable reflection.



## **28. Participation in clinical audits**

Tetbury Hospital Trust runs an annual in house and NHS clinical audit programme, however, due to the small volumes through the Trust participation is not always possible.

We undertake internal audits as part of our audit programme, and this is led by the hospital Matron and Lead Nurse Quality & Audit; with the support of the NHS Clinical Audit Team, through a contract. The internal audits programme covers a range of areas including:

- Clinical record keeping
- Safeguarding Children
- Freedom to Speak Up
- Surgical safety
- Cataract PHIN data
- Discharge summary audit
- NEWS 2
- Vasectomy

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

Actions to support the response to COVID-19 pandemic resulted in the clinical audit team at Gloucestershire Health & Care NHS Foundation Trust being redeployed into other roles. The 2020-21 audit programme is currently on hold at the time of reporting.

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

## **29. 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).

### **30. Complaints and Compliments**

In 2019-20 we received six written complaints.

When the number of complaints is compared to the number of patient contacts (our Trusts regulated activity) the level of complaint as a percentage is 0.040% (0.021% last year) and as a ratio, 1 in 2,495 contacts (1 in 4,642 last year).

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

The Trust receives many letters and cards thanking staff and complimenting the Trust, capturing this information is dependent on local inputting. We have a reviews page on the hospital website. In total 24 written compliments were reported to the Board in 2019-20.

We have also received 11 positive comments on The NHS website (previously known as NHS Choices) this year, all rated 5 stars.

Our service users also appear to prefer using Google reviews, where 61 patients left feedback in 2019-20, resulting in an overall rating of 4.6 stars. Additionally, we had 4 patients leave feedback online with I Want Great Care, all 5 stars.

### **31. 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 851 (1015 in 2018/19) responses, which is an overall response rate of 5.7% (7% in 2018/19), this is down 18.6% on last year. This figure represents the impact of COVID-19 in the final quarter of reporting and also the impact from development works within the hospital in 2019. We recognise the importance of feedback for all age groups using our service. In 2020, we improved our Friends and Family Feedback forms to include an updated one for children and 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 this year was 98%. We continue to receive excellent comments regarding our care and service. The friends and family comments received are detailed in section 32.

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

Tetbury Hospital has not participated in any special reviews or investigations during 2019-20 by its regulators. We are regulated by the Charities Commission and the Care Quality Commission.

### **32.1 Our Friends and Family comments:**

#### **32.1.1 Children's Friends and family, from children attending our Minor Injuries Unit (MIU)**

"Because they are kind and sympathetic....I love the butterflies on the wall"  
(Child's voice 9 year old)

"Efficient, friendly and professional, loved the way the questions were asked to my 7 year old granddaughter - such a gift to her - happy outcome and advised as to what to watch for." (Grandparent's voice)

"Staff....was really, really nice." (Child's voice 9 year old)

"Always able to be seen quickly and service is excellent" (Child's voice 12 years)

"Amazing service - friendly - efficient. Receptionist was amazing, helpful friendly and efficient." (Parent/carers voice)

"They were kind and cheerful." (Child's voice 8 year old boy)

### **32.2 Our Adults Friends and Family from patients attending Minor Injuries Unit (MIU)**

"Quick with initial assessment. Local hospital with walk in service. Seen quickly. Friendly and charming staff. "

"Very efficient, professional friendly staff. Seen quickly, no waiting. Easy parking, ease of access and excellent clean facilities. "Overwhelmed by the attention."

"Friendliness of all staff and great nursing abilities....everything was excellent."

"Excellent clinical care, very good & helpful. Given coffee when waiting. Better than Cirencester & Gloucester!"

"Excellent service, professional, kind. Seen very quickly. Felt valued as a patient."

"Speed of treatment, reassuring reception staff, professional and friendly nurse....expectations exceeded."

### **32.3 Our Adults Friends and Family from patients attending Day Surgery Unit (DSU)**

"As a patient who is an ex nurse I was very Impressed by the high standards in every area. Grateful thanks. Small, personal team, very friendly & informative. So much better than the buzz of a larger hospital."

"Local and convenient hospital. Best service as a patient I have received."

"Excellent service very helpful and fantastic asset Tetbury.....I think the NHS is so important to us."

"Wonderful place, important to the local community, cottage hospital feel, Tetbury exceeds expectations and epitomised what a small hospital can offer."

"Hospital very clean and relaxing. Perfect experience. Excellent care."

"The care, consideration, the help given are outstanding staff all cheerful, nothing too much trouble.....full marks to all staff."

"Excellent care from beginning to end - The NHS (as ever performing above and beyond!)."

"Care and attention was 2nd to none....Everything was excellent."

"All aspects, fully informed at all stages courteous & helpful staff very friendly.....1st Class"

Everything.....perfection....very satisfied, happy patient, long live the NHS!"

"Personal attention from staff outstanding.....visit exemplary, excellent care....made to feel at ease, treated with kindness, courtesy and consideration"

"The care was 100% excellent second time here very pleased.....everything perfect"

"Everything was excellent, a credit to the NHS."

".....I was put at my ease very quickly. Staff brilliant. Surgeon explained everything in my language.....everything about this hospital makes the NHS admired by many patients."

"Amazing staff & facilities.....Tetbury Hospital at its best - Thanks.....Tetbury is the best!"

"Such care & attention by all staff.....nothing could have been more efficient....Just thank goodness for the NHS and Tetbury Hospital."

"Everything the staff all outstanding, so helpful, cheerful and supportive, reassuring...what was exceptional was the information provided and simple explanation all questions answered.....thank you amazing experience!"

"Supportive staff.....Keep Tetbury Hospital open - it's perfect for our needs."

"Excellent nursing care and able to have time spent with caring surgeon."

### 32.4 Our Adults Friends and Family from patients attending Outpatient Department (OPD)

"Extremely efficient and the lady on reception was super friendly!"

"X-Ray -from arranging the appointment and the appointment itself. Easy to book, re-arrange appointment. Never late! The staff are very polite, efficient and kind. I always try and book at Tetbury Hospital."

"Excellent, friendly, amazing and positive approach. Put at ease."

"Treated with respect and dignity."

"Whole treatment process is very good. Lovely hospital and friendly courteous staff."

"Being treated as a person not a number & all very friendly."

"Received with kindness from start to finish ....it was all excellent. Very grateful to have such a wonderful hospital, doctors and staff."

"All of the staff that took care of me were friendly, showing great kindness and compassion. I was left in no doubt what to expect."

"Polite nurses, amazing doctors.....relaxed waiting area....always happy to visit Tetbury Hospital."

"Everything.....perfection....very satisfied, happy patient, long live the NHS!"

"Friendly knowledgeable staff - efficient & caring.....Best ever, Could not be bettered....delighted with care and result."

"The staff were extremely friendly and efficient. Everything was explained thoroughly and clearly and I was looked after very well, a very clean hospital. "

"Excellent Doctor, amazing nurses who worked hard and made me feel comfortable."

"Care & attention from staff excellent, everything explained well."

"Great staff & hospital. Live in Dorset...wish you guys were there too....because you are great!"

### 32.5 Our patient participation survey comments

Our NHS choices rating 5  stars

comments

Went in for minor surgery, the care was simply outstanding. The nurses the anaesthetic team , the surgeon were all fantastic , so friendly yet professional and really put you at ease . Lovely hospital too super clean , shiny environment , I would not have wanted to be anywhere else .

Visited General Surgery on January 2020

Replied on 09 January 2020

Thank you for your lovely review of our hospital. We are delighted to hear that you had a good experience and that our clinical team were fantastic, friendly and professional. We take great pride in delivering outstanding care to our patients and the team will be so pleased to hear your feedback. Your comments regarding the cleanliness of our hospital will be passed to the housekeeping team who work so hard in keeping the hospital environment up to the highest standard. Thank you once again for taking the time to review Tetbury Hospital.

### 32.6 Google review comments



#### **You said**

"Although I only saw a small part of the hospital on my recent visit, I was very struck by the fact that all the staff with whom I came in contact were smiling, cheerful, friendly and helpful. It makes such a difference." posted 15<sup>th</sup> October 2019



#### **You said**

"Absolute 5 star treatment! So happy I went there for a day surgery-nurses, doctor and anaesthesiologist took great care of me and my husband while he waited 😊 best hospital I have ever been to!" posted November 2019

## 32.7 Patient Experience

Our patients are also invited to write about their experience whilst at the hospital. This helps us to reflect on their experience and care pathway followed, so that any improvements can be made. Consent forms enable us to share information with the Board, staff, on our website, CCGs and NHS, and partner organisations. The patient is under no obligation and can request to remain anonymous.

### 32.7.1 Patient Experience (cataract surgery)

“I arrived at Tetbury Hospital just before 1pm and found plenty of free parking on site. I was booked in for Day Surgery - an ophthalmic procedure. My wife joined me as my designated driver for my journey home. I was pleasantly surprised by the reception and treatment received in getting me ready for the minor operation. My medical history was taken by Maxine, one of several nurses, who were there to calm and care for six patients in the afternoon. A very good experience to this point - now the operation! Throughout the operation procedure everyone was very considerate and explained fully exactly what was happening. Everything seemed to go well. Afterwards I received a welcome cup of tea and biscuit. I would also like to add that the hospital and toilet facilities were exceptionally clean.”  
(Dec 2019)