



Quality Accounts
for the year ended
31 March 2017

A COMPANY LIMITED BY GUARENTEE

COMPANY REGISTRATION NUMBER
2681604

CHARITY NUMBER 1008926

CARE QUALITY COMMISSION PROVIDER
id 1-101635276



Lights, camera, action – new theatre lights were installed



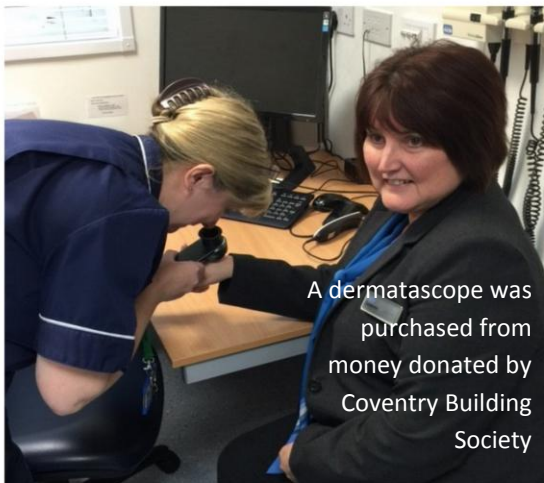
Hettie Nesbitt retired as theatre assistant after 50 years at the Hospital



Matron Helen Gornall joined the Hospital in October 2016



A new anaesthetic machine was purchased using funds from an anonymous donor



A dermatoscope was purchased from money donated by Coventry Building Society



Improvements were made to staff kitchens



Pupils from Sir William Romney designed a mural for one of the waiting rooms



New services were offered after the installation of the phototherapy booth

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Part 1

1. Welcome from the Chief Executive

Welcome to Tetbury Hospital Trust's quality accounts. This report outlines the Trust's approach to quality improvement, progress made in 2016-17, a look back at 2016-17 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 Trusts focus is to deliver high quality services to our local population and surrounding areas. The hospital has 6 key values which underpin everything we do as an organisation. WE CARE about our patients, staff, visitors and stakeholders, we are:

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

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

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

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

In 2016/17 we completed a £220,102 investment program, We are investing more in our services each year and we have big plans for the next two years, investing in clinical accommodation and building a new procedure room, and looking at our entrance to the hospital with the possibility of widening the road as we become busier.

We would like to thank the Coventry for their continued fundraising during the year which has enabled us to purchase additional equipment for the day surgery unit. We would also like to thank the Friends of Tetbury hospital who raised £80,317 this year.

This report is just a snap shot of all the good work our staff and volunteers do. I remain proud of their commitment in providing the best possible care and attention to patients and their families.

Zena Dalton
Chief Executive

2. 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 2016/17 our head count was 56 and our full-time employee number increased to 28. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 72 Consultants (physicians, surgeons and 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 second 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.

3. Description of Services

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

3.1 Minor Injuries Unit

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

3.2 Out Patient Department

Our Outpatient Department has seven clinic rooms and a range of consultants delivering services from them, we provide appointments in Cardiology, Dermatology, ENT, Gastrointestinal, General Surgery, Gynaecology, Maxilla facial, Ophthalmology, Orthopaedics, Pain Management, Respiratory Medicine and Urology.

This year we introduced a new phototherapy service and sourced additional cardiology clinics

3.3 Day Surgery Unit

Our Day Surgery Unit consisting of one theatre and ten recovery bays. The Day Surgery Unit is able to offer patients the choice of local, IV sedation and general anaesthesia for a variety of operations such as: gynaecological procedures, Knee arthroscopy, removal of cataracts, laparoscopic procedures, the removal of skin lesions, teeth extractions, facet joint injections and podiatric surgery

3.4 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. GP Care delivered ultrasound services from our hospital in 2016/17

3.5 Therapies

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

3.6 The Vale Hospital

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

4. User Involvement

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

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

As a charity we have 58 members, and over 500 friends, we pull from this representational group to advise us on areas of the hospital that they feel can be improved, and for more formal assessments, such as the Patient Led Assessment of the Care Environment (PLACE). Due to the unique way we are embedded into our community, many of our members and friends of Tetbury Hospital are also patients who value the services we deliver and contact us if they feel they could be delivered better.

Our Patient Led Assessment in the Care Environment (PLACE) was submitted to HSCIC in May 2016. The timelines for submissions are set by HSCIC. Our PLACE assessment is a valuable feedback tool, however, again, it was felt by the patient volunteers completing the documentation that many of the questions being asked seemed to be directed at larger hospitals that have patients staying overnight.

5. Outside Quality Inspections

The Chief Executive is the CQC Registered Manager for the Trust. During the period covered by this report Tetbury Hospital was formally inspected by the Care Quality Commission (CQC). The inspection took place in September 2016 and the report was published March 2017.

| | 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 |

We continue to participate in our ISO9001/14001 Surveillance visits and consistently achieve the required standards. We were formally inspected in October 2016 and there were no non-compliance issues raised.

6. 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.

7. Registration

The Trust welcomes the new way of inspecting, and recognises the visions to aligning NHS and independent sector reporting to support comparable ratings across the health and care sector. 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-centred care through strong leadership

8. 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.

9. 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.

10. Please Feedback comments on our Quality Accounts

This year is the second 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
Glos.
GL8 8XB

Part 2

11. 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.

11.1 The plan for 2016/17 (looking back)

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

11.1.1 Patient Safety

- We said we would improve our general information to patients about who to contact if they are worried about their condition once they have left hospital. We achieved this by

increasing the number of patient information leaflets in Day Surgery, Minor Injuries and our Outpatient department. This work is ongoing and will continue

- We said we would adapt the current WHO check list to ensure it is fit for purpose and completed in full by all staff. This was achieved and a new safer surgery policy has been developed
- We said we would review and assess whether a point of testing machine for blood analysis would be beneficial, and if so we said we would purchase one. The clinical teams reviewed the need and concluded that a point of testing machine was not required

11.1.2 Clinical Effectiveness

- We said the Trust would provide an external consultant who would be available for clinical supervision throughout the organisation. In May 2016 we welcomed Julie Fisher, feedback from staff has been very positive
- We said we would benchmark our antibiotic prescribing practice across the hospital. This would be achieved by auditing our present prescribing to ensure that our prescribing is in line with the County wide antibiotic formulary and we would make adjustments if required. The Trust completed the audit and no adjustments were required
- We said we would replace our current Patient Administration System with a state of the art Clinical Records System, this electronic system would improve data quality and access to outcome data that can be used to support patient choice. The new Trakcare computer system was made activated and operational in December 2016

11.1.3 Patient Experience

- We said will continue to engage with commissioners to support the development of clinical services closer to home and facilitate the 'choice' agenda. We were scoping: Therapeutic Venesection for patients with Haemochromatosis, 24 hour ECG tape a diagnostic test to support our cardiology service, extending types of orthopaedic services to include upper limb, Sleep apnoea to support our respiratory service and extending our Minor Injuries Unit opening hours. We said that if commissioned we would deliver the services within the year. Unfortunately, none of the developments listed were commissioned. There are currently many projects taking place to look at parity of provision across the County and streamlining patient pathways, this has resulted in no new services being commissioned in 2016/17
- We said we had approval to proceed with our phototherapy business case which was granted at the end of the 2015/16 financial year, the Trust opened this new service in February 2017
- We said we would ensure waiting times are clearly written on the wipe board in the outpatient department, and strive to improve scheduling of appointments to reduce delays, which we have done

11.2 The plan for 2017/18 (looking forward)

We have used the same methodology as last year to develop the priorities for improvement they have been identified through the collation of different sources of information. These included, but were not limited to:

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

The priorities for 2017/18 have been developed, as follows:

11.2.1 Patient Safety

- We will scope widening the hospital drive to enable two way traffic and a pedestrian foot path
- We will pledge to 'sign up to safety' and develop and deliver action plans which mirror the 5 pledges
 - **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
 - **Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
 - **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
 - **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
 - **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress
- We will complete the review and install a fit for purpose alarm/alert system

11.2.2 Clinical Effectiveness

- We will scope, plan and start the building of a new procedure room to enable care to be delivered in a first class environment
- We will work with colleagues, internal and external, to implement Peer reviews within the MIU
- We will continue to develop the functionality within the new Patient Administration System
- We will agree and deliver robust pathways within our dermatology department as the complexity of referrals increases
- We will scope purchasing the supporting diagnostic equipment for Cardiology

11.2.3 Patient Experience

- We will develop a volunteer led information hub within the new reception and purchase a self check-in machine to assist the clinical teams

- We will scope and potentially relocate the MIU and physiotherapy departments to ensure compliance with the CQC recommendations for our MIU
- We will introduce a child friendly FFT questionnaire and look to improve response rates from all patients
- We will continue to work with commissioners to increase the type of services we deliver, this will include the County wide review of OOH services and MIU opening hours
- We will introduce a private GP service to raise income to support the other services we deliver in the hospital

Part 3

12. Data Quality

We have invested in a new clinical records system which will improve the level of clinical and quality data we can access, the system went live in December 2016 and we are working with the suppliers and our data management team to get the most out of its reporting functionality.

Our SUS extracts and all external reporting was performed by Gloucestershire Care Services NHS Trust on our behalf, until December 2016, this role was then transferred over to Gloucestershire Hospital NHS Foundation Trust. 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 monthly clinical Indicator submission for the Health and Social Care Information Centre (HSCIC) and The Private and Voluntary Hospitals Performance Indicators for the CQC every quarter.

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 CCGs and we formally meet quarterly with Gloucestershire CCG, and twice a year with Wiltshire CCG.

We have completed the Information governance tool kit and are level 2 compliant.

13. Information Governance

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

Tetbury Hospital is monitored via completion of the Information Governance Toolkit (based on the Information Security Assurance standard ISO 27001). The Information Commissioner also has the power to impose penalties, including monetary penalties.

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

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

This is the third year that the Trust has completed the Information Governance toolkit. The Trust scored 69%, therefore, compliant. However, the Trust wishes to pursue the highest level (level 3) status in some areas. By September 2017, we will have rolled out NHS.mail to staff that deal with patient Identifiable data. The Trusts internal Information system was moved from a server on site to a cloud based system, thus compliant with ISO27001.

The County wide information sharing project is moving forward, it is known as 'Joining up Your Information' (JUYI). The Trust has signed up to JUYI to enable us and local health & social care professional's access to online up-to-date information about patients directly under their care. Phase 1 includes our Minor Injuries Unit, which should be delivered in November 2017

14. Environmental Objectives and Monitoring and Measurement

14.1 Reduction of overall consumption

Last year our electricity usage was down by 8% and Gas consumption down by 26%, this year we have maintained our electricity usage at a similar low level, but our gas consumption has increased by 11%.

14.2 Recycling

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

15. 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.

16. Review of Quality Performance 2015/16

16.1 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 2016/17 was antibiotic stewardship, the Trust achieved 100% of funding for its Commissioning for Quality and Innovation Standards

17. Infection prevention and Control (IPC)

The focus on Infection Prevention and Control remains a priority. This year Matron Helen Gornall joined our team, she is the nominated Trusts lead for infection control and prevention, and with her direction and leadership we will continue to report outstanding results in this area. We have a very low rate of hospital acquired infections and have had no incidents of patients contracting MRSA or Clostridium Difficile whilst at the hospital.

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

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

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

Our infection rates remain very low. Between April 2016 and March 2017 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 rated the cleanliness of our facilities highly as indicated in our patient satisfaction feedback, with 88% describing the overall environment as 'very clean'; 100% of patients treated in the Day Surgery Unit said it was 'very clean'

18. Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slips, trips or falls to incidents around sharps and needles. Our staff are very aware of safety and our external health and safety consultants visit us every month to ensure safe systems of work are in place. All incidents are reported via our manual incident reporting system. This year there was one needle stick injuries reported for clinical staff, none of which resulted in harm. There were no work related injuries or incidents for non-clinical staff or volunteers.

19. Patient Led Assessment of the Care Environment

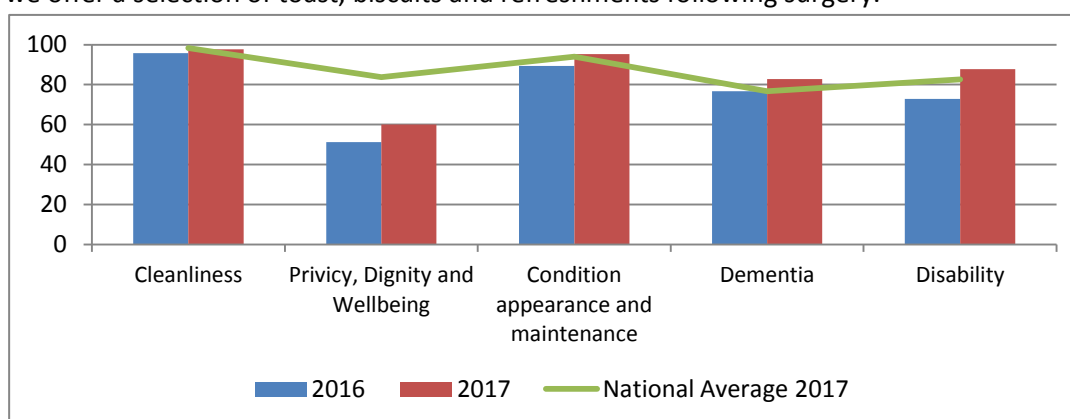
We believe that a patient and their relatives should be cared for with compassion and dignity in a clean, safe environment. PLACE assessments provide patient feedback on improvements that could be made; we have conducted PLACE audits for the last three years.

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

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

The results show how hospitals are performing both nationally and locally.

Our results show an improvement in 2017 from 2016 and we either met or exceeded the national average, with the exception of privacy, dignity and wellbeing; this measure fell short of the national average. The questions were focused on inpatient amenities rather than those of a day surgery unit. The patients undertaking the audit with us found the questionnaire quite confusing as there is no specific Day Case Department template, instead, as directed by the PLACE team a ward template was used, this resulted in some questions not being applicable, but the response could only be 'yes' or 'no', so they had to put 'no'. Our patient representatives felt that the audit would not show a true representation of the service we offer. Food has been excluded from the graph as we do not have kitchen facilities we offer a selection of toast, biscuits and refreshments following surgery.



20. Clinical Incident Reporting

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

This year there were 97 clinical and non-clinical near misses or incidents reported in total.

Using the National Patient Safety Agency's Risk Matrix 58 events were ranked as Green (60%), 38 were ranked as Yellow (39%), 1 was ranked as Amber (1%), None were ranked as Red (0%), No Serious Untoward Incidents were reported (0%), No Never Events were reported (0%)

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.

21. 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.

22. Readmissions within 28 days of discharge

All re-admissions within 28 days of surgery are recorded as an incident and reviewed case by case at the Trusts Medical Advisory Committee and patterns and themes are assessed. There have been ZERO re-admissions in 2016/17

23. Venous Tromboembolism (VTE) risk assessment

The Trust carries out VTE risk assessments as part of our routine pathway. In 2016/17 99% of patients requiring a VTE assessment had one. This result is better than the National average and higher than the highest national score for the NHS.

24. Duty of Candour

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

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

- Will be given the opportunity to discuss what went wrong

- What can be done to deal with any harm caused
- What will happen to prevent it happening again
- Will receive an apology

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

25. Participation in clinical audits

Tetbury Hospital Trust does not participate in NHS clinical audit programmes, however, we audit our standards against these markers to ensure parity for all patients that attend the Trust.

We undertake internal audits as part of our audit programme, and this is led by the Clinical Matrons with the support of an NHS Audit Team, through a contract. The internal audits programme for 2016/17 covered a range of areas which were:

- Clinical record keeping
- Head injury
- Endometrial ablations
- Anti-microbial Stewardship
- Medicines Management
- Patient experience survey

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

26. Research

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

27. 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)

28. Complaints and Compliments

There were 7 written complaints, 1 for Outpatients, 2 for the Day Surgery Unit. 1 for the Minor Injuries Unit and 3 regarding our administration processes. Physiotherapy complaints and compliments are reported through Gloucestershire Care Services NHS Trust.

When the numbers of complaints are compared to the number of patient contacts (THT regulated activity) the level of complaint as a percentage is 0.049% 1 in 2,037 contacts, as a ratio.

100% of complaints were responded to within 25 working days, there were three complaints about clinical care (which were not upheld) three complaints were about our administration process which has resulted in a change of our internal processes and 1 regarding communication. We received no requests from the ombudsman and all complaints for the year have been closed.

In total 20 written compliments were reported to the Board. This figure excludes the positive comments on the Friends and family test.

29. 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 853 responses, which is an overall response rate of 8%, which is lower than the 12% response rate we achieved last year. We have modified our Friends and Family questionnaire this year to make it easier to use and hopefully increase the response rate for next year.

The percentage of patients who said that they would be 'extremely likely' or 'likely' to recommend Tetbury Hospital to their friends and family for care or treatment this year was 99%, the comments received are detailed in section 26

30. What others say about us

Tetbury Hospital has not participated in any special reviews or investigations during 2016/17 by its regulators. We are regulated by the Charities Commission and the Care Quality Commission

Our Friends and Family results are very positive with comments as follows:

Day Surgery Unit

'Friendly staff, less time to wait, excellent treatment. Good aftercare, Consistency - seeing the same surgeon each time, Clean hospital, Reception staff great'

'Friendly cheerful staff, reassuring, excellent example of patient care, calm and relaxed atmosphere, explained everything clearly, hospital cleanliness'

'Very reassuring staff, friendly and helpful staff, professional, appointment on time no delays, patient care excellent, very caring staff, clean, first class service.'

Out Patient Department

'Great friendly staff, felt well looked after, Great communication'

'Helpful staff, first rate staff, no extended wait. Polite & efficient treatment, clean, friendly atmosphere.'

Minor Injuries Unit

'Nice Nurse, Friendly and efficient staff, Seen without a wait'

'Seen quickly, very professional staff, friendly staff, good advice given, everyone very helpful and welcoming, reception staff polite and friendly'

Our Patient Participation survey was extremely positive with comments as follows:

'Receptionist was very helpful and welcoming. Helped me get some hearing aid batteries! Thanks!'

'Clean, quiet, friendly'

'Well treated'

'Free parking is appreciated'

'Pity all services for doctors and hospitals weren't as good'

'I would like to say "thank you" for your kindness to all the staff, especially Paula.'

'...No complaints at all. Excellent hospital and doctor'

NHS choices users rate us as 5 stars

There was one comment listed in 2016/17

I had podiatric surgery in Oct 2016' the care I received was second to none from all of the staff and the consultant. Staff were very welcoming and everything concerning my surgery and after care was explained to me thoroughly. A most friendly hospital, through all of my post op clinic appointments. Staff were all first class, no complaints whatsoever. I was most surprised to get coffee and biscuits after my surgery, what a treat!

Patient Participation

The Patient Participation Group at our local GP practice, Romney House Surgery are very active, in March 2016 Mrs. Skillen wrote a blog of her experiences through our service, this can be found at <https://romneyhouseppg.wordpress.com/feed/> the blog demonstrates how we work closely with other NHS providers to deliver care closer to home to our local population.

