



**Quality Accounts**  
for the year ended  
31 March 2021



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 2020-2021 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> of February 1993.

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

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

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

The experience that patients have in our Trust is important to us; we are committed to delivering services where the patient is at the centre of everything we do. Our

patients receive a personalised service; they are treated quickly and safely. Our service is enhanced through positive leadership, effective teamwork and the ongoing dedication and support of our hospital members, friends and volunteers.

Due to COVID 19 restrictions we were not required to undertake the NHS patient and carer survey in 2020. When NHS digital recommenced the NHS Friends and Family Test (FFT) in December 2021 we were again able to share our patient feedback response figures. Furthermore, feedback from other sources such as NHS website, Google reviews and I Want Great Care, have provided valuable testament to the care delivered from our hospital.

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

This year cannot be reflected upon without mentioning COVID19. It had a major impact on how and when we delivered care to our community.

On 20th of March 2020 the country went into lockdown. We closed our Day Surgery Unit and Outpatient Department. 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 due to national COVID19 restrictions.

Our PPE and ventilators were sent to our local Acute Trusts to assist on the front line. Many of our staff were seconded to other Trusts or worked from home; we placed some staff on furlough leave.

By the end of July, when the lockdown restrictions began to ease, we began to reopen the Outpatient Department to face-to-face consultations and invite patients to have their Day Surgery. We actively streamlined patient pathways to reduce the need to attend hospital and we introduced COVID testing for patients having surgery. We continued to audit and monitor clinical outcomes and patient experience. We made sure that the changes we made were sustainable and in the best interests of our patients, staff, and community.

Through what has been a difficult year for many, we remained resilient, focused, and committed to serve our community and deliver a safe, effective, caring, responsive and well-led service.

I remain so proud of my amazing team. Their determination to deliver the best in care is inspiring. We will continue to work with our healthcare partners to assist to NHS with the recovery of surgical waiting times. The Trust will continue to deliver care for future generations.

Mrs 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 full-time employee number was 29.9 WTE, with a head count of 57. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 33 Consultants (physicians and surgeons) and 31 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 seventh published set of Quality Accounts for Tetbury Hospital Trust Ltd. The format is similar to that of a mandatory set of Quality Accounts. The report will set out the approach we are taking to continuously improve quality of care and experience at the Trust. We aim to provide high quality, safe care for all our patients, and this report will document our key achievements for this year and our future plans.

### 4. Description of Services

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

#### 4.1 Minor Injuries Unit

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 triage nurses. The department has continued to deliver an essential frontline service to the community during the COVID-19 pandemic.

## **4.2 Outpatient Department**

Our Outpatient Department has seven clinic rooms and a new purpose-built procedure room, which opened in August 2019. We have a range of consultants delivering outpatient consultations. We also deliver many outpatient procedures in our purpose built procedure room, for example, varicose vein treatments and scalpel free vasectomy's.

## **4.3 Day Surgery Unit**

The building work within the Day Surgery Unit (DSU) was completed in 2019, with improved privacy for our patients. The increased floor space has enabled the accommodation of social distancing for our patients during the pandemic.

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 offer our patients privacy and dignity, and a one bay single person 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.

## **4.4 Imaging Department**

Our Imaging Department offers GP direct access for plain film x-rays and a service to our Outpatient Department and Minor Injuries Unit. We also have a C-arm which is used in theatre during operations. An ultrasound machine is also available for use in theatres and clinics. The Trust contributes to the County Wide Radiological Safety Committee, and we continue to be compliant with all EMER regulations.

# **5. User Involvement**

## **5.1 Local Networks**

The Trust has contributed to the local commissioning consultation with Gloucestershire Clinical Commissioning Group on "Fit for the Future." We are awaiting future decisions regarding unscheduled care commissioning. We currently contribute to the wider health system by attending weekly meeting to discuss pressures within unscheduled care.

We also have contributed 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. We are members of the Tetbury Health and Wellbeing group which is a Town Council initiative. Furthermore, we contribute to the Gloucestershire Eye Health CPG which is attended by members of the public, and Wiltshire's BSW Ophthalmology network professionals meeting.



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

The Trust always values patient experience feedback. The NHS Friends and Family Test is a national programme which encourages our patient's voice to be heard. However, due to the restrictions with COVID 19 and infection control the use of paper forms was suspended. Patients have been encouraged to use alternative methods of giving feedback which are detailed on our website. The friends and family forms can be downloaded from our website and shared with the hospital. We continue to enable feedback via the, "Speak Up" link on our website which is supported by the NHS to help improve opportunities for patients who may need additional help with understanding and completing patient experience forms.

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

We would normally also perform a more formal patient experience survey, which gives the Trust more information on patient's experiences as well as providing us information on what could be improved. Due to the pandemic patient surveys were paused through 2020/21.

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

As a charity we have 61 Members, over 788 Friends on our database and 21 Volunteers. 18 of our volunteers form The Friends of Tetbury Hospital, our fundraising committee. We pull from this representational group to advise us on areas of the hospital that they feel can be improved. Their involvement and support are essential to the continued programme of work and respect of the hospital in the community.

The Friends of Tetbury Hospital are an established team of valued volunteers. They are well-known and respected and organise annual events, that are supported and anticipated by the local community. Additionally, they support the Trusts Fundraiser to drive forward the fundraising strategy to raise funds for vital medical equipment and upgrades to the hospital facility that are not funded by the NHS. Last year they successfully raised over £117,000 to support the hospitals Covid recovery and resilience.

The Friend's Committee is working towards an equal, diverse, and inclusive team. There are currently eighteen members, four male and fourteen females, across varying professions and age groups. There are three Board members on the Committee. Committee meetings are held monthly and are attended by the Trusts Chief Executive. They normally take place at the hospital, however, over the last year have been held remotely on Zoom.

## **5.4 PLACE**

Patient Led Assessment in the Care Environment (PLACE) was not a requirement in 2020, due to COVID 19 pandemic. This will be reviewed in October 2021.

## 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 completed many years ago. 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

The hospital was due an inspection in 2020, however due to COVID19 this was cancelled. CQC are in the process of developing a new strategy for future inspections. The hospital has been assigned a new CQC inspector and engagement meetings are taking place. The Trust are committed to supporting inspection and meeting our regulation requirements. As well as a new CQC strategy for inspection, CQC have published their State of Care report, which was updated in October 2020, which can be found here. [State of Care | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/state-of-care)

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

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

We have continued to maintain safety and implement procedures for our patients in relation to controlled drugs. We do not offer palliative care services and our overall clinical usage of controlled drugs is minimal. Our Day Surgery and Minor Injuries have standard operating procedures in place regarding controlled drugs. We have a service level agreement in place regarding auditing of medicines and patient group directives. Our medicine audit in 2020 showed 100% compliance. There have been no reported incidents related to controlled drugs. The Trust has robust processes around the prescribing and monitoring of medicines and controlled drugs.

## 8. Registration

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

- **Are we Safe?**
  - ✓ Ensuring people are protected from abuse and avoidable harm
- **Are we Effective?**
  - ✓ Promoting a good quality of life and achieving good evidenced based outcomes
- **Are we Caring?**
  - ✓ Involving people and treating them with compassion, kindness, dignity and respect
- **Are we Responsive?**
  - ✓ Organising products and services to provide wide access to meet people's needs
- **Are we Well-led?**
  - ✓ Promoting high quality person-centered care through strong leadership

## 9. Hospital Accountability Statement

To the best of my knowledge the information in the report is accurate.  
Mrs Zena Dalton, Chief Executive. This report has been reviewed and approved by the Chair of the Medical Advisory Committee, Mr Michael Rigby, Medical Director.

## 10. The Board of Trustees Statement

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

The Hospital has a robust clinical and corporate governance structure, with members of the Board playing an active part in ensuring the Trust fulfills its mission, according to its charitable intentions and 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 seventh 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

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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 senior management team considering 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 2020/21 (looking back)

- **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 implemented and continue to update our COVID19 secure risk assessment regularly. Our risk assessment has been independently audited and details how we reduce the risk of a person infected with COVID19 entering the hospital, and how we would prevent the spread should it happen.

Our risk assessment and precautions remain in place and have become 'the norm'. Our precautions include good hand hygiene, improved cleaning schedules and cleaning products, social distancing, PPE, symptom checking and COVID testing for patients undergoing surgery. We also offer and provide mental health support, vaccination and routine COVID testing for all staff.

- **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 worked very closely with all our commissioners and negotiated financial support packages at the start of the year to ensure our services would be available to the NHS when restrictions began to lift. When we re-opened, we improved patient flows throughout the hospital to reduce the number of patients in waiting areas and reduce the time they spent in the hospital. Most notably our cataract pathway has been streamlined the most. Patients who used to spend four hours in the Day Surgery Unit now spend just 30 minutes in the hospital from admission to discharge.

- **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.**

During the year we have increased capacity in many specialities to assist the NHS in delivering its elective surgery waiting time recovery plans. We now treat patients with varicose veins, and we offer foot surgery. Our hernia surgery is increasing, and this year we introduced a new diagnostic service and now offer our cardiology patients an echocardiogram at the Trust, so their care can be delivered closer to home, rather than sending them to a larger acute 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 and Flexible Cystoscopy.**

Activity through our procedure room has increased, some due to changes in patient pathways, for example, where aerosol generating procedures are undertaken. It is preferable to use a facility where the air is mechanically exchanged through a filtered air handling unit.

We have seen growth in many specialities such as gynaecology and urology. The service has invested in additional equipment and staff to ensure patients are treated in a timely manner.

We have also developed a varicose vein service this year, and our no scalpel vasectomy service continues to grow.

- **We will expand our General Practitioner Vasectomy Service and share data into the Association of Surgeons in Primary Care (ASPC), National Vasectomy Audit. Our aim is to demonstrate clinical effectiveness and positive surgical outcomes for our patients.**

Our vasectomy service is becoming very popular, and referrals are increasing from local GPs but also from many out of area GPs. This has allowed us to contribute more to the National Vasectomy Audit with the Association of Surgeons in Primary Care (ASPC).

Our patients report an excellent experience of service with good clinical outcomes. This information is uploaded to the national audit and shared at our Hospital Quality Committee and Medical Advisory Committee.

- **We will join the National Ophthalmology Database Audit. Providing data that will enable our practice to be benchmarked with other much larger Trusts.**

In 2020, the Trust joined the Royal College of Ophthalmologists (RCOphth) National Ophthalmic Audit (NOD). This data was submitted to the RCOphth to evidence clinical outcomes and vision improvement for our patients. The results of our audit and comparisons with other services has not yet been published.

- **We will continue to provide PROM data for our private cataract surgery to PHIN.**

This data is collected using paper forms and due to the risk of cross infection was paused.

- **We will protect patients and carers by ensuring over 95% of staff are vaccinated against influenza.**

37 out of 45 staff (aged under 65 years) received the quadrivalent influenza vaccination (82%). Unfortunate, none of the over 65's could be vaccinated at the Trust due to a local supply issue of the trivalent vaccine.

- **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.**

The Trust appointed a mental health first aider to support our staff with wellbeing and resilience. The hospital grounds were improved to allow for socially distanced outdoor seating, together with donated plants to enhance the external environment and enable staff and patient relaxation.

- **We will continue to work with our health partners (e.g. GPs, Opticians, Physiotherapists) by offering a programme of 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.**

Education events, practice visits and referrer support froze during the pandemic as referring practices navigated through new processes, while supporting their patients. As we moved forward with a vaccine, GP practices concentrated on supporting the vaccination program. Our Marketing and GP Liaison Manager was therefore deployed into a fundraising position with great success.

In September 2020 GP Liaison support resumed with a virtual approach via telephone, email, and virtual meetings. Referrers have appreciated this support, particularly where secretaries are working alone.

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

When our services resumed in June, GPs continued to refer. From September GP Liaison support commenced. This included regular emails providing NHS

wait times, updates on services and consultants, and information on key hospital contacts.

## 12.2 The plan for 2021-22 (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)
- patient experience
- views from staff, hospital Friends and volunteers
- identification of service gaps
- review of incidents and complaints

The direction of travel for the coming year looking forward 2021/22 is being developed as follows:

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

We will publicly engage with our community and ask them what services they value and what services they would like the hospital to deliver. This will include the development of an engagement strategy.

We will increase engagement with the community to reach new housing developments where residents may not be familiar with our services. We will do this through online and offline media, community news and leaflet distribution. We will look to re-instate presentations to local groups.

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

We will do all that we can to create additional capacity to help reduce the elective day case waiting times of patients in our community

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

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

We will continue to maintain the highest Infection Prevention and Control practices in line with PHE and NHSE Guidance as we continue through the Pandemic.



We will increase the number of employees in our housekeeping team to reflect our enhanced cleaning procedures and invest in new cleaning machinery for the team.

Our public areas will remain socially distanced, and we will encourage patients to continue to wear masks when entering the building. We will continually monitor, risk assess and make changes as required to maintain patient and staff safety and confidence.

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

We will complete a full skill mix review of clinical and non-clinical departments.

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

We will develop our staff by introducing competency-based assessments, we will invest in our staff by ensuring appropriate training for their role is available.

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

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

As a mindful employer we have been very aware of the need for increased access into clinical supervision / mental first aider services. We are going to increase availability of sessions per month to allow staff to have every opportunity for any support they require.

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

We will continue to provide our Flu Vaccination programme in house for our staff.

We will actively encourage our staff to engage with the COVID19 vaccination programme and will ensure access to vaccinations as government guidance stipulates.

We will continuously monitor infection risks that may impact on our staff and patients and prevent, mitigate or reduce risks wherever possible.

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

We will scope the refurbish our Minor Injuries Unit to ensure the environment is appropriate for delivering first class unscheduled care to all age groups.

We will continue to work with our community partners to repatriate physiotherapy services. We will remove any perceived barriers to their repatriation and negotiate a contract that is in our community's best interest.

We will scope safety improvements on our hospital site by making changes to our landscape that clearly define the demarcation between car and pedestrian traffic. Providing a permanent canopy by the front door to protect patients as they enter the building.

We will fix the roof over our administration block and refurbish the first floor of the annex to ensure a safe, clean, welcoming working environment for staff.

We will refurbish our theatre recovery area.

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

We will move forward at pace with our planned echocardiogram service and increase our capacity to ensure patients requiring an urgent review of the structures of their heart are seen quickly.

We will scope the introduction of a cardiac monitoring service thereby reducing significant travel around the county.

We will set our ambitions as a responsible neighbour in our green plan, with stretching and ambitious goals to reduce all forms of waste and our carbon footprint.

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

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

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

Our patient medical records will migrate over time to fully electronic records again reducing the use of non-reusable resources, waste and improving communication between healthcare professionals. Many GP surgeries use this system which will enable much safer information sharing for patient care.

## 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 in-house extracting information from our patient administration system. The data is audited and checked by our Trust to ensure it is robust.

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

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

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

Our quality and access standards are monitored by Bath, North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCGs) and Gloucestershire CCG. We formally meet via MS Teams quarterly with Gloucestershire CCG, and twice a year with Wiltshire CCG.

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

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

### 14. Information Governance

Information Governance sits alongside clinical and corporate governance and the aim of Tetbury Hospital is to ensure that information is dealt with legally, securely, efficiently and effectively. In addition, it is also about supporting the provision of high-quality care by ensuring that the right information is available to the right

people, when and where it is needed in order to deliver the best possible care. There is a range of national guidance that Tetbury Hospital complies with.

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

Alongside the patient administration system, the hospital runs a separate IT network which deals with the charitable business. This system requires compliancy with information governance as we do handle identifiable information such as staff records, card payments etc. The Trust is looking towards obtaining Cyber Essentials certification to show compliance with IG throughout both systems.

#### **14.1 Assurance Framework**

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

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

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

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

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

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

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

We continue to benefit from reduced tariffs though our inclusion in NHS consortium. Energy costs have increased, however gas and electricity consumption in summer 2021, compared with last year, has decreased with gas consumption reducing by 10%. This could be attributed to the installation of a separate gas-fired water boiler installed with the purpose of improving hot water system supply and improving energy efficiency.

### **15.2 Recycling**

Costs for waste disposal have increased including costs for container hire however our overall costs for all waste streams have reduced due to less household waste being produced and contract renewals.

As anticipated, household waste now accounts for just over half of our non-clinical waste with 45% dry, mixed recycling. Additional measures and incentives to reduce household waste can be implemented and we will continue to encourage our colleagues and visitors to 'think before they throw'.

### **15.3 National Guidance**

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

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

### **15.4 Green Plan**

The Trust will publish a green plan in December 2021; this will supersede the Trusts Sustainability Plan which is currently in place. The Board has designated a Trustee as our Net Zero Lead.

## **16. Review of Quality Performance**

### **16.1 Commissioning for Quality and Innovation**

The Commissioning for Quality and Innovation (CQuIN) programme was suspended throughout the NHS during 2020/21.

As part of our contractual agreements, we received 100% of funding from all NHS contracts without the need to deliver a specific CQuIN initiative.

We are working with the NHS to reduce waiting times in the county this has resulted in demand outstripping capacity, thereby, our wait times are now more than 18

weeks from referral to treatment in many specialities. This is a national dilemma and not one unique to our Trust.

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

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

We participate in the screening program for MRSA at preoperative assessment for 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
- Hand gel dispensers are located throughout the hospital
- Staff take their responsibility in preventing infection very seriously

Our infection rates remain very low. Between April 2020 and March 2021 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 comment on the cleanliness of our facilities. COVID 19 has required additional processes and the continued hard work of our clinical and housekeeping staff, who have maintained a level of cleanliness with additional COVID 19 infection control requirements. This standard was reflected in the Annual Infection Prevention & Control (IP&C) Audit.

Additional safety measures have been introduced through the COVID-19 pandemic, in line with Public Health England, NHS England and UK Government directives.

Supplies of Personal Protective Equipment with CEO briefings, risk assessments and action plans.

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

## **18. 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 in response to this. Throughout 2020 and early 2021, our CEO/Accountable Officer and hospital board have continued to identify the priorities to support patient and staff safety. Risk assessments and CEO briefings have ensured that we are in line with Government and Public Health England guidance. Our primary concern at every stage has been to protect our patients, staff and visitors.

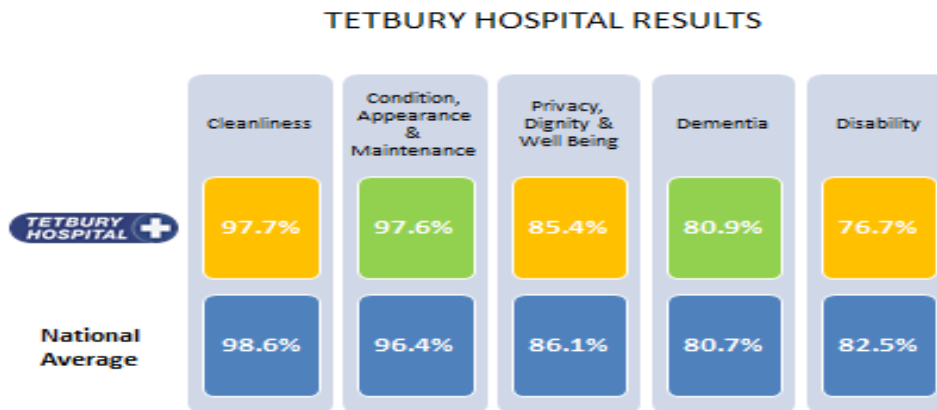
The hospital outpatient department has offered a combination of consultant-led telephone consultations, which has now expanded through into COVID safe pathways within the hospital to enable face to face consultations and procedures to take place. Following recommencement of elective theatre sessions in July 2020, we are now able to offer our patients expanding pathways for rapid treatment. Our Minor Injuries Unit and X-Ray department continues to provide treatment and care for our wider community.

## **19. Safety in the workplace**

We continue to prioritise the safety of both patients and staff. Safety potential hazards in hospitals are diverse ranging from the risk of slips, trips or falls to incidents around sharps and needles. Our staff are very aware of safety and our system for reporting concerns and documenting risks. 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

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



Source: Place Survey 2019

The 2019 audit showed 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.

The following improvements have been made, which were included in our action plan:

- Upgrades to hospital signage which has enhanced visibility
- Handrails have been installed in key areas
- 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

Due to the national COVID19 pandemic, in 2020 we did not undertake a PLACE assessment. However, we are planning to undertake a PLACE Lite assessment, in October 2021.

## 21. Clinical Incident Reporting

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

All incidents clinical and non-clinical are discussed at the Hospital Quality Committee and reported through to the Board. The reporting system enables staff to highlight



potential problems, have them investigated and actions put in place to reduce the risk to patients and improve their experience whilst in the Trust. We are required to report in these accounts if any incidents resulted in severe harm or death. No incidents in the Trust resulted in patients experiencing severe harm or death.

The Trust has reported 53 near misses or incidents during the financial year 2020/21. Our reporting includes any near miss, or incident that occurred within the building or grounds, whether the incident was our regulated activity or another provider who rents our facility.

The Trust feeds back incidents to other providers who use our facilities to deliver their regulated activity. None of the 53 reported incidents were attributed to other providers.

As a result of COVID and services being suspended for part of the year and changes to patient pathways being put in place to manage the COVID pandemic comparisons to 2019/20 would not be prudent.

This year 51 reported incidents were ranked as Green (96.2%), 2 reported incidents were ranked as Yellow (3.8%). There were no incidents rated as amber or red.

98.1% of incidents resulted in no harm to patients. 1 incident which equates to 1.9% of incidents resulted in 'low harm' to patients 'Low harm' is defined as an unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons.

Having reviewed the clinical incident and non-clinical incident reporting process, additional definitions have been put in place. One of which is 'Clinical Episodes', defined as when an unplanned important event (or series of events) took place to maintain safe care.

There were 5 non-clinical incidents that resulted in harm to staff. An example could be a needle stick injury, or a trip in the car park.

## **22. Clinical Effectiveness**

Our Medical Advisory Committee and Hospital Quality Committee meet throughout the year to monitor safety, quality, and effectiveness of care. All clinical incidents, patient and staff feedback are reviewed. This is important, to determine if there are any trends which require further analysis, investigation, or changes in practice. The Medical Director is the designated responsible officer. The role of the responsible officer is to ensure the Trust has robust processes that provide a framework within

which medical staff maintain and improve their practice. Responsible officers play a crucial role in improving and maintaining the quality and safety of patient care.

### **23. Parity of Esteem**

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

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

Any re-admission within 28 days of surgery is recorded as a clinical incident and reviewed case by case at the Medical Advisory Committee with any patterns or themes identified. There were no patients that required re-admissions to theatres follow an operation at the Trust in 2020-21.

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

The Trust carries out VTE risk assessments as part of our routine pathway. In 2020/21 the percentage of patients requiring a VTE assessment who had one was 100%. This result is better than the National average and higher than the highest national score for the NHS.

### **26. Duty of Candour**

Patients should be well informed about all elements of their care and treatment and all Trust staff have a responsibility to be open and honest. A culture of candour is essential to maintain the safety of patients, staff, and visitors. If mistakes happen, we will:

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

To achieve this the Trust has a policy in - Being Open and Duty of Candour, which underpins the organisations **WE CARE** values. Our freedom to speak out guardian, Ms Kathy Callaghan, is also a Trustee. We welcome all forms of feedback through Friends and Family forms and online via our website. We recognise that making a

complaint can be stressful. In handling any complaint, our aim is to be transparent, open, improve the journey through the process and communicate effectively.

## **27. Participation in clinical audits**

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

The audit programme covers a range of areas including:

- Clinical record keeping
- Departmental safety
- Infection control
- Medicine management
- Safeguarding children
- Surgical safety
- Discharge summary
- Vasectomy (National audit with Association of Surgeon's in Primary Care)
- National Ophthalmic/Cataract (National audit with Royal College of Ophthalmologists)

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

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

## **28. Risk Management**

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

## **29. Complaints and Compliments**

### **29.1 Complaints**

The Trust has received three patient complaints during the financial year 2020/21 for its regulated activity. 100% of our patient complaints were responded to within 25 working days.

When the number of complaints is compared to the number of patient contacts the level of complaint as a percentage is 0.032% (0.040% last year) and as a ratio, 1 in 3,156 contacts (1 in 2,495 last year).

We received three less patient complaints this year compared to 2019/20. There have been no requests from the Ombudsman in year.

### **29.2 Compliments**

There have been 46 compliments reported to the board. The Friends and Family Test outcomes are detailed in a separate report. This was suspended at the start of the year due to COVID19, and national reporting resumed in January 2021.

The Trust receives many letters and cards thanking staff and complimenting the Trust, capturing this information is dependent on local inputting. We value our patients' experience and post reviews on the hospital website. Considering that the Trust was working at a reduced capacity during lockdown, we have continued to receive many letters, cards and online feedback. In total 36 written compliments were reported to the Board in 2020/21 as follows:

The Trust received 8 positive comments on The NHS UK website, all rated 5 stars. Google and iWantGreatCare reviews, were 23 in total, resulting in an overall rating of 5 stars. We also received 8 patient experience reviews and 5 cards/emails

Comments from the friends and family forms are collated every month and are discussed at the Hospital Quality Committee. In 2020/21 reporting year, we had a total of 109 responses compared to 851 in 2019/20. The response rate overall is 0.8%. This rate is significantly lower than in previous years but reflects that the hospital was operating at a much-reduced service for the first and second quarters of 2021, due to the COVID 19 pandemic.

The percentage of patients who said that their experience of Tetbury Hospital was very good/good, was 100%. Paper feedback was removed to reduce the risk of cross infection. Through our Trust website, patients are encouraged to complete their feedback. In terms of increasing accessibility, our website includes a link to ASK, LISTEN, DO (NHS England Speak Up). Due to the pandemic, last year we did not undertake a patient/carer survey, but plan to undertake this in 2021. We continue to receive many excellent comments regarding our care and service through emails and cards, which are shared with staff throughout the hospital. Some of the friends and family comments received are detailed in the next section.

## 30. What others say about us...

Tetbury Hospital has not participated in any special reviews or investigations during 2020-21 by its regulators. We are regulated by the Charities Commission and the Care Quality Commission.

### 30.1 Friends & Family

"Better than good - EXCELLENT! Being met at the door, escorted through every stage, every care during my operation, with a result far above my expectations to the point of discharge...THANK YOU!"

"The service I had was brilliant. All the staff treated me so well as I was very anxious. They soon made me feel at ease and more comfortable. I couldn't have been treated any better. It was wonderful not to have to travel out and to have everything local. Tetbury Hospital is a godsend. Thank you!"

"Very efficient and friendly. Everything happened on time and with COVID in mind, great service!"

"Personal care, excellent pre and post operation - explained everything. All personalised, felt very 'special' superb!"

"All the nursing staff were very attentive. Nothing was too much trouble. The anaesthetist and surgeon were both very informative and engaging."

"Everyone was full of kindness and warmth and made the time incredible especially given COVID restrictions. Feel v. grateful"

"Unit is very clean, staff extremely friendly and put me at ease immediately answering all my questions. So much more personal than a large hospital and it is so close to home."

"Everyone is very friendly all very well and very kind and helpful. Helps to give me a good and safe feeling and less anxious. A good "well oiled" team, keep going you deserve an outstanding CQC."

"Friendly staff; everyone kind to each other - great atmosphere. Also felt covid restrictions very well adhered to - very reassuring."

"From the moment I arrived I was treated with the utmost kindness and professionalism. Everyone was absolutely friendly and great music in surgery!"

"Staff were friendly, considerate and cared for me in a very compassionate way. I was well informed at all stages and there was no time I was hurried or made to feel a nuisance. I felt cared for and special in many large and small ways. Thank you so much!"

"Excellent service, no queuing very courteous and helpful."

"I felt the precautions taken gave me confidence. Everyone was very professional and pleasant."

Children and young persons' attending our Minor Injuries Unit: "Friendly and quick" (age 15); "Top service" (age 11)

### 30.2 Google reviews



"The treatment I received at Tetbury hospital day surgery unit was amazing. The doctor and his team were outstanding. The hospital was clean efficient and very well run many thanks." Posted November 2020

Efficient, friendly and extremely professional. Naturally I was apprehensive but the staff were reassuring and offered me something to calm me down - which I accepted! The surgery was not painful nor distressing in any way. There was a lovely nurse to hold my hand and the Surgeon kept me informed at every stage of the short procedure. If I could give more stars I would! Posted March 2021

### 30.3 NHS UK website



Could not have had a better experience for my day surgery, everyone was so kind and caring, especially the nurses. I never felt rushed, and the whole place was very clean and obviously taking all precautions against COVID.

Visited Gynaecology on February 2021

Replied on 17 February 2021

Thank you for taking the time to leave your feedback about your experience, when you attended our day surgery unit. We have taken great care to ensure we are a Covid safe hospital. Our teams support patients with the information they need and ensure they never feel rushed, so the nurses involved in your care will be delighted to hear your comments. Thank you again, with best wishes from Tetbury Hospital.

### 30.4 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.

### **Patient Experience (cataract surgery)**

“My visits to Tetbury Hospital have been a pleasure for cataract surgery. When you are in your eighties any hospital visit is a worry. The staff at Tetbury Hospital was outstanding, the treatment I received and the confidence they gave me was outstanding, especially during the worrying time of Covid 10. Even during surgery playing my favourite music. I would recommend Tetbury Hospital to anyone without a doubt.” (August 2020)

### **Patient Experience (cataract surgery)**

“I visited as an outpatient on 24-7-20 for cataract surgery. This was a postponed appointment for the second eye. The original visit deferred due to the virus restrictions. I was therefore familiar with the procedure. The appointment went very smoothly. I was asked to wait in the car until the time. Because of restricted mobility (a stroke) I and my carer were invited to move our car down to the entrance and park there. I was shown in and immediately met the surgeon – no waiting. After checking on the procedure I was then taken directly to the theatre. As before, the operation went very smoothly and I was then taken in a wheelchair back to the Reception area. The paperwork was swiftly completed and I was given medication with explanation. I was conducted back to the car exactly 30 mins after I went in. With no waiting at all, the experience was far smoother than before.” (July 2020)