



**Quality Accounts**  
for the year ended  
31 March 2018





## Contents

1.	Forward.....	4
2.	Welcome from the Chief Executive .....	5
3.	Introduction to our Quality Accounts .....	5
4.	Description of Services.....	6
4.1	Minor Injuries Unit.....	6
4.2	Out Patient Department .....	6
4.3	Private GP practice.....	6
4.4	Day Surgery Unit .....	6
4.5	Imaging Department.....	6
4.6	Therapies.....	6
4.7	The Vale Hospital .....	6
5.	User Involvement.....	7
6.	Outside Quality Inspections .....	7
7.	Safety of Medications, including Controlled Drugs .....	8
8.	Registration .....	8
8.	Hospital Accountability Statement .....	8
9.	The Board of Trustees Statement .....	9
10.	Please Feedback comments on our Quality Accounts.....	9
11.	A review of our Quality priorities.....	10
11.1	The plan for 2017/18 (looking back).....	10
11.1.1	Patient Safety.....	10
11.1.2	Clinical Effectiveness.....	10
11.1.3	Patient Experience .....	11
11.2	The plan for 2018/19 (looking forward) .....	11
11.2.1	Patient Safety.....	12
11.2.2	Clinical Effectiveness.....	12
11.2.3	Patient Experience .....	13
12.	Data Quality .....	14
13.	Information Governance.....	14
13.1	Assurance Framework.....	14
14.	Environmental Objectives and Monitoring and Measurement.....	15
15.	National Guidance.....	15
16.	Review of Quality Performance .....	16

16.1	Commissioning for Quality and Innovation .....	16
17.	Infection prevention and Control (IPC) .....	16
18.	Safety in the workplace.....	17
19.	Patient Led Assessment of the Care Environment .....	17
20.	Clinical Incident Reporting .....	18
21.	Clinical Effectiveness.....	18
22.	Re-admissions within 28 days of discharge .....	18
24.	Duty of Candour .....	18
25.	Participation in clinical audits .....	19
26.	Research.....	19
27.	Risk Management .....	19
28.	Complaints and Compliments .....	19
29.	Friends and Family .....	20
30.	What others say about us .....	20

# Part 1

---

## 1. Forward

This report outlines the Trust's approach to quality improvement, progress made in 2017-18 and plans for the forthcoming year.

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

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

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

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

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

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

We have also commissioned a new private GP service and added Family Planning to our regulated services.

## 2. Welcome from the Chief Executive

Welcome to Tetbury Hospital Quality accounts. This is a fantastic opportunity for us to provide you with a transparent picture of our performance against quality standards and targets, and to demonstrate our ability to deliver services in a way our community values.

We have continued to invest in our hospital this year spending £95,649 on our estate and clinical equipment, we are investing more in our services each year. Moving forward this is an exciting year for us as we look to engage in a building program to improve the clinical area and patient experience within the Day Surgery Unit and commission a purpose built procedure room.

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, to Perry Bishop for nominating us as their Charity of the year and to the Tetbury Lions who chose us as their charity for their centenary year. We would also like to thank all the charities and members of the public who have chosen to donate to us. Our gratitude goes to the Friends of Tetbury hospital who works tirelessly to raise funds for the hospital.

Quality underpins everything we do, we are a learning organisation, we are proud of the services we deliver to our local communities; we are a community asset, owned by the people for the people. 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

## 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 2017/18 our head count was 55 (including bank staff) and our full-time employee number increased to 27. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 25 Consultants (physicians and surgeons) and 32 anaesthetists hold Tetbury Hospital practising privileges and can manage patient care within our Trust.

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

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

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

## **4. Description of Services**

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

### **4.1 Minor Injuries Unit**

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

### **4.2 Out Patient Department**

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

### **4.3 Private GP practice**

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

### **4.4 Day Surgery Unit**

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

### **4.5 Imaging Department**

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

### **4.6 Therapies**

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

### **4.7 The Vale Hospital**

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

## 5. User Involvement

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

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

As a charity we have 58 members, and over 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 2018. The timelines for submissions are set by HSCIC. Our PLACE assessment is a valuable feedback tool, in previous years the questionnaire was directed at larger hospitals that have patients staying overnight. Changes have now been made to the national reporting template and the volunteers who completed the assessment felt the questions were more appropriate for our hospital

## 6. Outside Quality Inspections

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

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

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

We continue to participate in our ISO9001/14001 Surveillance visits and consistently achieve the required standards. We were formally inspected in November 2017 and there were no non-compliance issues raised.

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

## 7. Safety of Medications, including Controlled Drugs

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

## 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-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 third time Tetbury Hospital Trust has published a set of Quality Accounts. We would value your feedback on whether you found them useful and easy to follow.

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

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

# Part 2

---

## 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 hospital's 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 2017/18 (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 scope widening the hospital drive to enable two way traffic and a pedestrian foot path, this has been completed and we are in discussions with highways
- We pledged to 'sign up to safety' and develop and deliver action plans which mirror the 5 pledges, this has been achieved and we have pledged to **put safety first, to continually learn, to be honest, to collaborate and to be supportive.**, this has been completed and the actions developed are contained within our ambitions for 2018/19

#### 11.1.2 Clinical Effectiveness

- We said we would scope, plan and start the building of a new procedure room to enable care to be delivered in a first class environment. During the year we have consulted staff and experts and have developed plans for a new procedure room which includes a refurbishment of the ward area to improve privacy and facilitate Single Sex Accommodation (SSA). The Trust is currently out to competitive tender with builders and suppliers
- We said we would work with colleagues, internal and external, to implement Peer reviews within the MIU. We have been working hard to develop many standard operating procedures within the unit. We are working with other providers to develop a peer review process, this is still work in progress and will be carried forward to next year
- We said we would continue to develop the functionality within the new Patient Administration System. This has been achieved in part, however, the development phases of the system are managed by our supplier and there has been movement in their timelines that have affected our ability to progress
- We will agree and deliver robust pathways within our dermatology department as the complexity of referrals increases. We have successfully delivered our dermatology service

- We said we would scope purchasing the supporting diagnostic equipment for Cardiology. We have scoped the purchasing of the equipment, conversations are continuing with commissioners to try and secure this service

### **11.1.3 Patient Experience**

- We said we would develop a volunteer led information hub within the new reception and purchase a self-check-in machine to assist the clinical teams. We did purchase a self-check-in machine which is now located in the outpatient department. We have also begun to build the information available to patients and their relatives, however, at their request, the volunteers have been moved to the Outpatient Department reception area so they do not feel so isolated and lonely in the front of house
- We said we would scope and potentially relocate the MIU and physiotherapy departments to ensure compliance with the CQC recommendations for our MIU. The work carried out in the reception area last year means we are now compliant with the CQC recommendations and with Health and Safety risks that had been highlighted. The clinical teams did scope the possibility of moving the MIU to the physiotherapy department and this is something that could be considered in future years
- We said we would introduce a child friendly Friends and Family Test (FFT) questionnaire and look to improve response rates from all patients, we have introduced a new child friendly questionnaire
- We said will continue to work with commissioners to increase the type of services we deliver, this will include the County wide review of Out of Hours (OOH) services and MIU opening hours. Unfortunately, the County wide review of OOH services has not yet published any details of their plans for MIUs within the County. We have however increased the number of NHS services we offer our community; we are now commissioned to deliver urology day case surgery.
- We said we would introduce a private GP service to raise income to support the other services we deliver in the hospital. We have achieved this. The new service was opened in February.

## **11.2 The plan for 2018/19 (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

Sign up to  
SAFETY

The priorities for 2018/19 have been developed, as follows:

### **11.2.1 Patient Safety**

We are moving forward with our pledge 'to sign up to safety' we are committed to deliver harm free care for every patient every time. We have signed up to deliver the following five pledges:

- **Putting patients first**
  - we will sign up to safety
  - we will develop local safety standards for invasive procedures based on national standards
  - we will further develop our infection prevention and control monitoring and documentation
- **Continually learning**
  - We will develop a robust peer review system in accordance with our CQC action plan
  - We will flag extra ordinary clinical 'episodes' and review in a formal process to share 'lessons learnt'
  - We will collect data from children visiting the hospital to gain their experience
- **Being Honest**
  - We will use patient stories for reflection throughout the organisation and feed up to the Trust Board
  - We will listen to our patients via PLACE audit feedback about their clinical environment
- **Collaboration**
  - We will strengthen links with Oxford Brookes via the student nurse placement program
  - We will develop links with other providers to expose our staff to other practices, to prevent isolation
  - We will collaborate with Gloucestershire Hospitals NHS Foundation Trust in the safe use of our electronic patient record (TRAK) system
  - We will join the County wide Radiation safety committee
- **Being Supportive**
  - We will nominate a Health and Wellbeing lead at Senior Management Level to drive the Health and Safety Executive (HSE) initiatives regarding staff physical and mental health
  - We will initiate staff engagement surveys and act on results
  - We will use National Institute for Health and care Excellence (NICE) and HSE management standards to guide a programme of development and delivery of the above pledge

### **11.2.2 Clinical Effectiveness**

- We will be actively participating in national clinical audit programmes to enable us to benchmark our services. This will include the NHS national ophthalmology audit, and the Private Healthcare Information Network (PHIN) Patient reported outcomes measures audit for private cataract patients

- We will work with our partners to deliver 'Joining up Your Information' (JUYI). Which enables the hospital and local health & social care professional's access to online up-to-date information about patients directly under their care. Phase 1 includes our Minor Injuries Unit information and joining up to the on line Child Protection Information Service (CPiS)

### **11.2.3 Patient Experience**

- We will commission and build a new procedure room and improve the patient environment within the Day Surgery Unit
- We will continue to work with commissioners to increase the amount of NHS services delivered from our hospital. We will prioritise diagnostic cardiology, dermatology 2 week waits and family planning services

# Part 3

---

## **12. Data Quality**

We invested in a new clinical records system 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 Hospital NHS Foundation Trust on our behalf. The data is audited and checked by our Trust to ensure it is robust.

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

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

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

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

We have assessed our compliance against the General Data Protection Regulations (GDPR) which came into force in May 2018 and we have completed the NHS 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 Lead is also the Trusts Data Protection Officer (DPO)

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

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

This is the fifth year that the Trust has completed the Information Governance toolkit. The Trust scored 66%, therefore, compliant. However, the Trust wishes to pursue the highest level (level 3) status in some areas. We 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 and joining up to the Child protection information service

## **14. Environmental Objectives and Monitoring and Measurement**

### **14.1 Reduction of overall consumption**

Last year our electricity usage was down by 9% and Gas consumption was up by 9%.

### **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**

### **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 2017/18 was the introduction of 'sign up to safety' a two year CQUIN program; 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. 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 2017 and March 2018 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 were no needle stick injuries reported for clinical staff. There were however, two occasions when staff fell from a chair, and one occasion when a volunteer fell from a chair. These were in three separate locations, three different chairs, three different episodes and three different individuals, no harm was caused, and there was no common theme.

## 19. Patient Led Assessment of the Care Environment

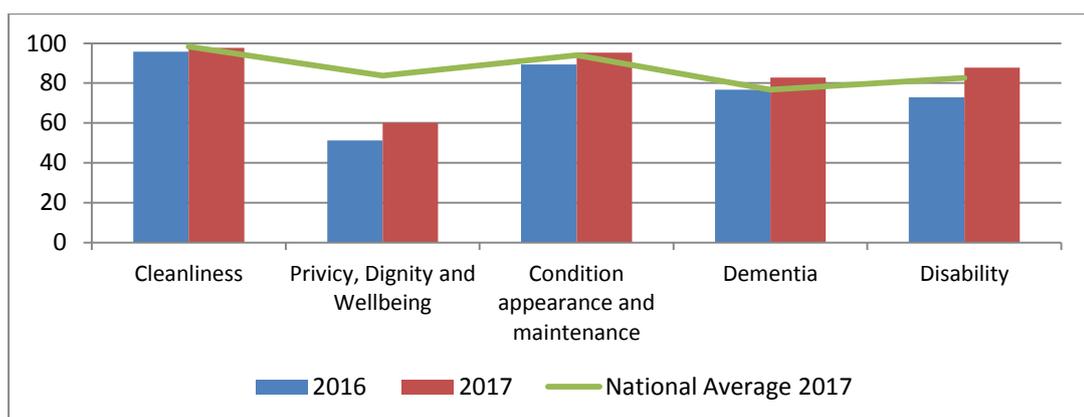
We believe that a patient and their relatives should be cared for with compassion and dignity in a clean, safe environment. PLACE assessments provide patient feedback on improvements that could be made; we have conducted PLACE audits for the last three years.

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

The results show how hospitals are performing both nationally and locally. The questionnaire changed in the year 2017/18 and it now reflects our Day Case services. Unfortunately due to the changes in the paperwork all trust were asked to submit data by 4<sup>th</sup> June 2018, we have not yet had our results but we are expecting an improvement. The graph below shows our assessment against the old questionnaire.

Previously there was 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. This has been feedback to the PLACE team and a revised questionnaire has now been made available. 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 96 clinical and non-clinical near misses or incidents reported in total. This is consistent with previous years

All incidents clinical and non-clinical are discussed at the Hospital Quality Committee and reported through to the Board on a monthly basis. The reporting system enables staff to highlight potential problems, have them investigated and actions put in place to reduce the risk to patients and improve their experience whilst in the Trust.

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

All re-admissions within 28 days of surgery are recorded as an incident and reviewed case by case at the Trusts Medical Advisory Committee and patterns and themes are assessed. There have been ZERO re-admissions in 2017/18

## **23. Venous Tromboembolism (VTE) risk assessment**

The Trust carries out VTE risk assessments as part of our routine pathway. In 2017/18 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 (where possible) will participate in NHS clinical audit programmes, however, due to the small volumes through the Trust it is not always possible. This year, as our numbers have increased, we are entering our data onto the National Ophthalmology Audit and also collecting patient outcome data on our private cataract patients to share nationally.

For example, dermatology, we audit our performance against national standards to ensure the quality of care is comparable or exceeds the national benchmark.

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 2017/18 covered a range of areas which were:

- Clinical record keeping
- Head injury
- Medicines Management
- Safeguarding Children
- Post operative infection rates
- Dermatology Audit
- Cataract PHIN data
- National Ophthalmology Audit

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

## **26. Research**

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

## **27. Risk Management**

The hospital's 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 2 written complaints, 1 for our outpatients department and 1 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 0.015% 1 in 6,419 contacts, as a ratio.

100% of complaints were responded to within 25 working days

In total 26 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 949 responses, which is an overall response rate of 7%, which is lower than the 8% 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. This includes a specific questionnaire which is child friendly.

The percentage of patients who said that they would be 'extremely likely' or 'likely' to recommend Tetbury Hospital to their friends and family for care or treatment this year was 99%, this is the same as last year. The comments received are detailed in section 30

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

Tetbury Hospital has not participated in any special reviews or investigations during 2017/18 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**

'Relaxed atmosphere, go the extra mile, good communication, kept informed, very clean and made to feel at ease'

#### **Out Patient Department**

'Good standard of care received, helpful professional staff, and very clean hospital'

#### **Minor Injuries Unit**

'Helpful professional staff, seen quickly, easy access and parking, very clean.'

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

'I wish all outpatients departments were as good as Tetbury'

'I have always been made to feel comfortable, relaxed and confident'

'Hospital staff excellent. Cleanliness outstanding (should be held up as an example to the NHS)'

'Everything was fine, thank you.'

'A very pleasant hospital to visit'

'No, it's great. Like the new reception area.'

'Lovely staff'

'Excellent hospital & staff. Thank you!'

'No suggestion - it was today, and has been previously, a positive experience. Even though it's not where I really want to be!'

'So lucky to have this for appointments and treatments as takes away the stress of unnecessary travel etc. Wonderful service as always'

'Have visited regularly for light therapy, where the treatment received has always been excellent, with every care & consideration given to my wellbeing.'

**NHS choices users rate us as 5 stars**

'I visited Tetbury Hospital for an outpatient appointment at the weekend. I live locally but have never been to the hospital for an out patients appointment before. I was very impressed firstly by the cleanliness in the waiting room and consulting rooms and by the friendliness of the staff. It was a really good experience.'

'When visiting Tetbury not only do you always get in on time etc. but the atmosphere within the hospital is so relaxed and friendly. This is created by the staff being so nice and welcoming to you on arrival as well as during appointment'

