

Quality Accounts
for the year ended
31 March 2015

Tetbury Hospital Trust Limited



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



The New X-Ray Unit
opened by
HRH The Prince of Wales
on
Friday 27th March 2015



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QUALITY ACCOUNTS
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CARE QUALITY COMMISSION PROVIDER ID 1-101635276

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Part 1

1. Welcome from the Chief Executive

Welcome to Tetbury Hospital Trust's quality accounts. This report outlines the Trust's approach to quality improvement, progress made in 2014-15 and plans for the forthcoming year.

Our hospital is regulated by the Care Quality Commission and the Charities Commission. Tetbury Hospital Trust was faced with closure in the late 1980s. The local community pulled together and raised over £1,000,000 to purchase the hospital from the National Health Service and take over the running of the services. Tetbury Hospital Trust Ltd was established on 28 January 1992 and registered as a charity on 27 February 1992.

The Trusts focus is to deliver high quality services to our local population and surrounding areas. The hospital has 7 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
- Maintaining our **Charitable** status, ensuring the organisation is well led and governed appropriately
- **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 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 patient's privacy and dignity at all times.

We have excellent clinical and medical leadership. In 2014-15 we appointed our first Medical Director, Mr. Mike Rigby, who is a Board member. We also appointed a second matron, Mrs. Susan Probert, to work in partnership with our existing post holder, Mrs. Gina Ellis. These key roles are driving forward clinical standards and environmental improvements.

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

In 2014-15 we completed a £128,500 investment program, upgrading our x-ray facility which our Patron His Royal Highness the Prince of Wales formally opened on the 27th March 2015, and upgrading our air handling unit in our theatre suite. We also saw our activity in ophthalmology increase thanks to the generous donations made the year before by our *friends* who purchased additional and replacement ophthalmology equipment.

In the forthcoming year our investment program includes a new ophthalmology suite, a new procedure room and additional equipment to grow our services and offer more choice to our local community.

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

Zena Dalton
Chief Executive

2. Introduction to our Quality Accounts

The Health Act 2009 requires all providers of NHS services in England to produce a Quality Account to provide information about the quality of the services they deliver.

There is an exemption for organisations that have fewer than 50 full-time employees and provide under £130,000 of NHS services. Tetbury Hospital Trust Ltd holds contracts with the NHS in excess of £130,000, however, has fewer than 50 full time employees. In 2014/15 our head count is 52 and our full-time employee number increased to 24. These figures exclude medical and surgical consultants as they are not classed as employees of the Trust. 82 Consultants (physicians, surgeons and anaesthetists) hold Tetbury Hospital practising privileges and can manage patient care within our Trust.

A Quality Account is a report about the quality of services delivered by an NHS healthcare provider, this includes independent providers. Although Tetbury Hospital Trust is not mandated to publish this annual report the Board has decided that our quality information should be available to our members, our commissioners and published on our 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 first published set of Quality Accounts for Tetbury Hospital Trust Ltd. The format is similar to that of a mandatory set of Quality Accounts. The report will set out the approach we are taking to continuously improve quality of care and experience at the Trust. We aim to provide high quality, safe care for all our patients, and this report will document our key achievements for this year and our future plans.

3. Description of Services

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

3.1 Minor Injuries Unit

Our Minor Injuries Unit is open from 8.30am and accepts its last patient at 4pm, it is a nurse led service delivered by an Emergency Nurse Practitioner (ENP). We see and treat approximately fifteen NHS patients per day

3.2 Out Patient Department

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

3.3 Day Surgery Unit

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

3.4 Imaging Department

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

3.5 Therapies

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

3.6 The Vale Hospital

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

4. User Involvement

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

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

We also attend the local GP patient participation group this enables us to tap into information on services that are needed within Tetbury and the local area.

5. Outside Quality Inspections

The Chief Executive is the CQC Registered Manager for the Trust. During the period covered by this report Tetbury Hospital has not been formally inspected by the Care Quality Commission (CQC). The last formal inspection was February 2013.

In June 2014 we were re-evaluated by Investors in People. The Trust successfully met the 44 evidence requirements and the reviewer noted 'The overall picture of Tetbury Hospital is of quiet competence, consistently meeting external quality standards with professional, friendly and happy people all of whom are committed to continuous improvement'

We continue to be inspected twice a year by ISOQAR and consistently achieve the required standards for ISO 9001 & 1401.

6. Safety of Medications, including Controlled Drugs

The Chief Executive is the Accountable Officer. The role of the Accountable Officer is to ensure the safe management of medicines including controlled drugs from ordering through to their disposal. The responsibility for the Accountable Officer is to make quarterly reports to NHS England on any concerns within the organisation, this is achieved by completing an occurrence report, in 2014/15 there were no incidents reported.

7. Registration

The Trust welcomes the new way of inspecting, and recognises the visions to aligning NHS and independent sector reporting to support comparable ratings across the health and care sector. To support our internal monitoring processes, we have changed the reporting templates to our Board to align them with the 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

Part 2

8. A review of our clinical priorities

8.1 The plan for 2014/15 (looking back)

On an annual cycle the senior management team develops an operational plan to set objectives for the year ahead. These plans are then cascaded to the staff through meetings, one to ones and personal appraisal objectives.

We ensure that all our services NHS and paid (insured or self-pay) are welcoming, efficient, caring and safe. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit, national guidance, incident reporting, complaint monitoring and feedback from those experiencing our services.

8.1.1 Patient Safety

WHO surgical Checklist-this was also one of our commissioning for quality objectives for the year, with a target 95% compliance. Compliance with the checklist has been excellent. 98% of patients who attended day surgery had a fully completed WHO checklist. There is room for improvement as we strive to achieve 100% of all data fields being completed for all patients in the forthcoming year.

Venous-thromboembolism assessment- Due to our small numbers we do not use UNIFY the national health database to submit our data, we report quarterly to our Clinical Commissioning Group. Our audits confirm that of the 976 patients who met the criteria for a VTE assessment 99% where risk assessed where indicated. Our commissioning target was 95% of patients.

Never Events- There were no Never Events in 2014-15. Never events are a defined list of incidents that should never happen if correct processes are in place and being followed.

Clinical and other training- On 31st March 2015 100% of mandatory training was completed. The Trust invested in an e-learning package in 2014/15 to help us achieve compliance and monitor our progress. This year has seen a step change in the number of staff being released for professional training, the trust has supported staff in the following courses:

- BSc Professional Studies x 2 staff members
- Infection, Prevention and Control x 2 staff members
- MSc Clinical Nurse Specialist pathway x 1 staff member
- Certificate in Information Governance for Health and Social Care x 1 staff member
- Ophthalmic study day x 3 staff members
- Pre op Assessment study day x 2 staff members

The Matrons have attended an RCN conference for Independent Hospitals as well as attending a study day for developing the menstrual disorders service at the Trust.

Safeguarding- All staff, consultants and volunteers working in the hospital have the appropriate level of DBS (Disclosure and Barring Service, formerly, Criminal Records Bureau (CRB)) check for their role. Safeguarding adults and children e-learning has been completed in accordance with the Trusts training program, and consultants provide the Trust with their annual appraisal which details that their mandatory training at the primary place of work has been completed. In addition, staff have received taught sessions on PREVENT, this training enables staff to manage any concerns appropriately and in a timely manner.

Staffing-The number of patients who chose to come to our Trust last year grew significantly, initially this growth was managed by offering additional hours to staff, who are mostly part-time, whilst we began our recruitment program. During the year our full-time employees grew by 1 FTE (4.2% growth).

Infection Prevention and Control- We are committed to the prevention and control of infections. The Trust now has one registered nurse, who has completed university accredited infection prevention and control course, to act as a resource within the hospital. In March 2015 two more Registered Nurses will commence the course, which will enhance the resources available to staff regarding infection control. The role incorporates training, policy development and advising on infection control issues and is supported by the Community Infection Control Nurse Team.

8.1.2 Clinical Effectiveness

Ophthalmology Services- The Friends of Tetbury Hospital actively fundraised for a Optical Coherence Tomography (OCT) machine to enable us to perform more diagnostic tests in the hospital, rather than refer out to other providers. They also funded a replacement phacoemulsification machine to remove cataracts. This generous gift has resulted in a step increase in patients attending our ophthalmology department, next year we plan to open a new ophthalmology suite.

Gynaecology Services- We grew the types of procedures we offer to ladies with menstrual disorder problems last year. This included the purchase of specialist equipment to perform hysteroscopic morcellation of Polyps. This is a relatively new service, there have been no adverse incidents and the patient outcomes and experiences are being audited and monitored continuously.

8.1.3 Patient Experience

Patient Satisfaction Survey- Every year we give our patients an opportunity to tell us their views on our hospital and the services we provide by completing an anonymous questionnaire. Questionnaires were given to 400 patients who attended the hospital during October 2014. This included patients visiting the Day Surgery Unit, Minor Injuries Unit and Outpatients Department. Patients who visit the Physiotherapy Department are included in a separate survey. 117 completed questionnaires were returned.

86% of respondents rated the care they received as 'Excellent', 12% 'Very good' and 2% rated it as 'Good'.

99% of respondents stated that they were treated with respect and dignity 'all of the time' while visiting the hospital. The remaining 1% felt that they were treated with respect and dignity 'some of the time'.

95% of respondents stated that the department that they visited was 'very clean'.

77% of respondents stated that they were told who to contact if they were worried about their condition or treatment after they left hospital. 23% stated that they were not told.

Friends and Family Test- This year the Trust completed the Friends and Family test as part of its commissioning for quality objectives. During the year the test was rolled out to all clinical areas and a snap shot of staff responses was also noted during the year. In Quarter 4 (1st January 2015 to 31st March 2015) our response rate was 61% for the day surgery unit and 13% for our outpatient department, our combined target for the two areas was 15%, we achieved 19%. Our Minor Injuries Unit response rate was 23% against a target rate of 15%.

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 was 57%.

The percentage of patients who said they were unlikely or extremely unlikely to recommend their friends and family to Tetbury Hospital was 0.2%, a total of 6 patients out of the 2611 patients who completed the survey.

Post-Operation follow-up call- After every patient has been discharged from the Day Surgery Unit they are telephoned the next day to check on their progress, this is welcomed by patients and we have had positive feedback about how much we care.

8.2 The plan for 2015/16 (looking forward)

Priorities for improvement have been identified through the collation of different sources of information. These include, but are 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

This forthcoming year we will build on our progress to date, we will strive to continue delivering a safe, high quality experience for all patients. In particular we will focus on:

8.2.1 Patient Safety

- Patient Discharge summaries are an essential vehicle for communication between general practitioners (GP's) and the hospital as they provide clinical and administrative information necessary for continuity of care. We will be implement an electronic discharge summary for patients as part of commissioning for quality objectives with Gloucestershire Clinical Commissioning Group
- We will update our website to include a staff only section to ensure communication cascades to staff are robust

8.2.2 Clinical Effectiveness

- We will replace our current Patient Administration System with a state of the art Clinical Records System, this electronic system will improve data quality and access to outcome data that can be used to support patient choice. All new patient records will be held electronically
- Links with safeguarding, especially with children on the 'risk register', needs to be more robust, and the Trust is working towards this. We will be signing up with the CP-IS, for a national link regarding children on the risk register.
- We are developing and cementing the Matrons monthly walk around to ensure standards are continually met, and that staff are working to the agreed policies and procedures.
- We are developing a Care Quality Commission booklet which will be presented to all staff and volunteers, this booklet will enable staff to reflect on their practice and understand the role they undertake in the organisation and their contribution to compliance with quality standards

8.2.3 Patient Experience

- We will continue to work hard to ensure that all those who use our service have a positive experience. We will monitor this through the annual patient survey and national 'friends and family' test. We are extremely grateful for all the feedback we received as a result of the 2014 survey. Overall the feedback was very positive, however, there are some areas that we feel we need to improve:
 - We will remind staff to introduce themselves to all patients at all times
 - We will improve the information we give to patients regarding who to contact following their appointment should they be worried about their condition or treatment
 - Following a comment, we will purchase a new coffee machine for patients to use whilst waiting for their appointment
 - We will carry out another patient survey in 2015 to ensure that the high standards of care we provide are maintained and that, where necessary, any improvements have been made.

- We will redesign our website to include lots more patient information and information for GPs to ensure they refer to the most appropriate consultant. Sometimes our patients need to have an inpatient operation at another acute hospital. As our Trust is on the border and our local GPs are from both Wiltshire and Gloucestershire this can result in patients being treated in an acute hospital which is not the one closest to their home
- We will be reviewing and updating all our Information leaflets for patients. These leaflets will be evidenced based, accessible and relevant

Part 3

9. Data Quality

We are investing in a new clinical records system which will improve the level of clinical and quality data we can access. The current system lacks functionality, we currently outsource our data retrieval services to a local NHS Trust, access to bespoke reports has been difficult, but this issue will be resolved with the new system as we will have access to pull our own reports.

Our SUS extracts and all external reporting is currently performed by Gloucestershire Care Services NHS 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 audited and formed part of our commissioning for quality and innovation standards this year.

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

10. 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.

11. Review of Quality Performance 2014-2015

11.1 Commissioning for Quality and Innovation

The Trust achieved 100% of its Commissioning for Quality and Innovation Standards in the Minor Injuries Unit

Goal Name	Description of Goal	Goal weighting
Friends & Family Test		
Increased / Maintained Response Rate	A Response Rate for Q3 that is increased from baseline set at Q2 14/15	20%
Audit of Medical / Nursing Documentation		
Audit of MIU clinical documentation	Audit of clinical notes	40%
Audit of radiology requests		
Audit of non-medical referrers radiology Requests	To ensure that patients are not being exposed to radiation unnecessarily	40%
		100%

The Trust achieved 100% of its Commissioning for Quality and Innovation Standards in the Day Surgery Unit and Outpatient Department.

Goal Name	Description of Goal	Goal weighting
Friends & Family Test		
Increased / Maintained Response Rate	A Response Rate for Q3 that is increased from baseline set at Q2 14/15	20%
Roll out to Outpatients and Staff	Roll out and implement	30%
NHS Safety Thermometer		
The number of patients recorded as having harm as measured using the NHS Safety Thermometer	Monthly survey measured on one day	20%
	Audit of Clinical documentation	
WHO Safer Surgical Checklist		
Audit of WHO Safer Surgical Checklist	Observational Audit of WHO checklist and compliance. Target 95% compliance with indicators detailed on checklist	30%
	Roll out checklist for procedures outside of theatre	
		100%

11.2 Our Quality Account Key Performance Indicators

The Trust achieved 100% of its Quality requirements in the Minor Injuries Unit

Minor Injuries Unit -Quality Requirements	Year end %	
Schedule 4 A: Operational Standards		
Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Target	90%
	Actual	100%
Schedule 4 B: National Quality Requirements		
Duty of Candour		Compliant
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	Target	> 95%
	Actual	98%
Schedule 4 C: Local Quality Requirements		
Trolley waits in MIU not longer than 12 hours	Target	> 0
	Actual	0
All handovers between ambulance and MIU must take place within 15 minutes with none waiting more than 60 minutes	Target	> 0
	Actual	0
The Provider will have a process in place for assessing, implementing and monitoring all NICE publications		Compliant
MIU Patient Impact Quality indicators • Unplanned re-attendance rate	Target	> 5%
	Actual	0
MIU Patient Impact Quality indicators • Left Department without being seen (rate)	Target	> 5%
	Actual	0.50%
MIU Timeliness Quality indicators • Total Time spent in MIU department (95th percentile)	Target	< 4 Hours
	Actual	2 hrs 33
MIU Timeliness Quality indicators • Time to initial assessment (95th percentile)	Target	<15 Mins
	Actual	15 mins
MIU Timeliness Quality indicators • Time to treatment in department (median)	Target	<60 Mins
	Actual	33 mins

The Trust achieved 20 of its 22 quality requirements in the Day Surgery Unit and Outpatient Department.

We missed the 99% target for service users waiting less than 6 weeks from referral to diagnostic tests by 2%. This equated to 9 patients out of 358 sent for an MRI/CT scan following their out-patient appointment. All patients were offered an appointment within 6 weeks but 9 chose to wait longer than 6 weeks for personal reasons. We have no plans to invest in a CT scanner or MRI due to our small volumes, so will continue to outsource this diagnostic test.

We missed the clinical triage of referral in all specialities by 2%; this was a result of a request from the Clinical Commissioning Group to review our referral pathways, for GP direct referrals into the liaison clinic. We achieved the target in 11 months of the year, but the month of the change saw a dip in performance that we were not able to recover from.

Day Surgery and Out Patients- Quality Requirements		Year end %
Schedule 4 A: Operational Standards		
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	Target	90%
	Actual	99%
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral	Target	95%
	Actual	100%
Percentage of Service Users on incomplete RTT pathways waiting no more than 18 weeks from Referral	Target	92%
	Actual	100%
Diagnostic Test Waiting Times		
Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	Target	>99%
	Actual	97%
Cancer Waits - 31 days		
Percentage of Service Users waiting no more than 31 days from diagnosis to first definitive treatment for all cancers	Target	96%
	Actual	97%
Mixed Sex Accommodation Breaches		
Sleeping Accommodation Breach	Actual	0
Cancelled Operations		
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	Target	> 0
	Actual	0
National Quality Requirements		
Zero tolerance MRSA	Actual	0
Rates of Clostridium difficile	Actual	0
Zero tolerance RTT waits over 52 weeks	Actual	0
No urgent operation should be cancelled for a second time	Actual	0
VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	Target	95%
	Actual	99%
Publication of Formulary		Compliant
Duty of Candour		Compliant
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	Target	> 99%
	Actual	100%

Day Surgery and Out Patients- Quality Requirements		Year end %
Local Quality Requirements		
Domain 3: Helping people to recover from episodes of ill-health or following injury		
Discharge summaries must be issued with 24 hours, following elective admission.	Target	> 95%
	Actual	98%
Outpatient clinic letters to be sent within 5 days of clinic	Target	100%
	Actual	100%
Domain 4: Ensuring that people have a positive experience of care		
Clinical triage of referral in all specialities	Target	95%
	Actual	93%
Report numbers and reasons by month of referral rejections from Choose & Book	Target	N/A
	Actual	4
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm		
Provider to describe and publish all relevant services in Choose and Book, through a Directory of Service.		Compliant
The Provider will have a process in place for assessing, implementing and monitoring all NICE publications		Compliant

12. Infection prevention and Control (IPC)

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. We will not list patients until appropriate clearance therapy has been completed. This screening process has resulted in three patients being identified prior to surgery requiring clearance therapy prior to their operation.

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 Matrons
- 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

This year we had one case of post-operative infection reported, an infection rate (percentage of admissions) of 0.065%.

13. 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 work related injuries or incidents for staff or volunteers.

14. 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 69 clinical and non-clinical incidents reported in total. 29 of these incidents were deemed clinical.

Using the National Patient Safety Agency's Risk Matrix eighteen events were risk assessed as Green, four events were risk assessed as Yellow and seven events were risk assessed as Amber, none were risk assessed as Red. No incidents resulted in harm to patients. There were no serious incidents or never events reported.

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.

15. 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.

16. Participation in clinical audits

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

We undertake internal audits as part of our audit programme, and this is led by the Clinical Matrons with the support of an NHS Audit Team, through a contract. The internal audits programme for 2014/15 covered a range of areas which were:

- Clinical record keeping
- Medicines Management
- Non Medical Referrers Radiology Request Audit
- Safe Surgery Check (WHO)

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

17. Research

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

18. Risk Management

The hospital's risk register is maintained by the 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 (other risks)

19. Complaints and Compliments

There were 42 written compliments (letters, emails or cards) received by Tetbury Hospital and innumerable verbal compliments.

There were 5 written complaints, 2 for Outpatients, 2 for Minor Injuries Unit and 1 for X-Ray. Our Day Surgery Unit received no formal complaints. Physiotherapy complaints and compliments are reported through Gloucestershire Care Services NHS Trust.

100% of complaints were responded to within 25 working days, there were no complaints about clinical care, four complaints were about communication and one complaint was about access which has now been resolved. There have been no letters of further concern and no requests from the ombudsman, all have now been closed.

Our complaint rate is low at 0.0397% using our Tetbury regulated activity as the denominator.

20. What others say about us

Tetbury Hospital has not participated in any special reviews or investigations during 2014/15 by its regulators. We are regulated by the Charities Commission and the Care Quality Commission

Our Patron, His Royal Highness the Prince of Wales visited in March 2015 and said "*Having known this place for 35 years and being a great admirer of community hospitals of this kind and the wonderful services they provide, I can't tell you how marvellous it is coming back each time and seeing just how much more you can do. I just wanted to say that I so admire all the work done here with that very special personalised service you provide for people who then get the chance to know you.*"

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

Day Surgery Unit

"Convenient, pleasant surroundings with easy parking"

"First rate care and attention"

"All procedures fully explained and questions answered"

"Reassuring, kind, friendly, felt comfortable & safe"

"Never had such compassion and support"

Out Patient Department

"Happy, friendly staff"

"Free parking, no waiting"

"Pleasant & experienced staff"

"Easy to find your way around"

"Well managed, small & less stressful"

"Appointments on time"

"Cheerful and pleasant atmosphere, nice waiting area, very professional advice"

Minor Injuries Unit

"Faultless, exceptionally thorough"

"Rapid and friendly attention"

"There is nowhere else within 15 miles where I would get seen promptly by professional and exceptionally helpful staff. Prompt attention and really helpful advice"

"Staff extremely friendly and attentive with great communication with the patient, explained the treatment"

"Went the extra mile, short waiting time"

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

"I found Tetbury Hospital to be an excellent facility - the staff were caring, competent and friendly"

"I found this the most pleasurable experience of a hospital I have ever had. I felt I was a person rather than a patient and wished all hospital experiences could be as personal"

NHS choices users rate us as 5 stars

"Day Care. I am just writing to say that the treatment my mother in law (aged 91) received today in Day Care was absolutely amazing. The care and attention paid to her was excellent. All staff including the admin staff were extremely helpful. The best hospital care we have ever received. Many Thanks to you all. Keep up the good work"

"I had podiatric surgery at the end of this month and couldn't have wished for better care. The atmosphere was calm, unhurried and caring from nursing and medical staff. There was always someone available and I was carefully monitored when my blood pressure dropped. Thank you to everyone there."

"Excellent. Unfortunately due to my clumsiness I have had to visit this department on numerous occasions but the standard of care has always been faultless. I've always been seen very quickly, the most I've ever had to wait is for one other person to be seen which is excellent compared to most a and e departments. The staff on the unit are very competent and friendly too which quickly puts you at ease. They have managed to sort a variety of issues in house - infected wounds, torn ligaments to name a couple - and also are able to provide follow up care. Would definitely recommend."

"Treatment for electrical burn- After suffering a burn due to an electrical shock I was referred to the minor injuries department by the Romney House Surgery. I was taken into the unit almost immediately with minimum check in. The treatment was excellent. A thorough exploration of the burn was followed by ECG and blood pressure checks then dressing of the wound. The nurse then conferred with the local doctor and gave advice. A check-up was arranged for the following day when the wound was inspected and re-dressed. Advice was given to exercise the fingers with a follow up the following week. NHS at its best!"

21. What our staff say about us

We have completed a Friends and Family style questionnaire for all staff this year. The outcome from this is as follows:

Question 1: How likely are you to recommend Tetbury Hospital to friends and family if they need care or treatment? 98% extremely likely, 1% said likely and 1% said neither likely nor unlikely.

Question 2: How likely are you to recommend Tetbury Hospital to friends and family as a place to work? 51% said extremely likely, 24% said likely, 18% said neither likely nor unlikely or don't know, 7% said unlikely (this equated to 1 member of staff).

22. 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.

23. 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.

24. Please Feedback comments on our Quality Accounts

This year is the first 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 enquires@tetburyhospital.co.uk, or write to:

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