

# Quality care at the RUH

A summary of our Quality Accounts  
and Annual Report for 2013/14



# Our year

In our continuing quest to provide excellent care to our patients, every year we set ourselves targets.

Last year we gave ourselves three priorities:

- to continue reducing healthcare associated infection rates with a focus on sepsis;
- to promote organisational learning;
- to improve the experience of patients at the end of their life and to support their carers.

This publication provides a snapshot of how well we did in meeting those targets, as well as highlighting our achievements and plans for the future.

## National recognition

We are very proud that many of the improvements we have made have gained national recognition. The Secretary of State for Health selected this hospital to help lead the national Sign up to Safety campaign, which aims to embed an open, compassionate and transparent culture within the NHS and to reduce incidents of avoidable harm to patients. We were chosen for this campaign because of the innovations we have made in improving patient safety.

The Care Quality Commission has also recognised the improvements we have made. Inspectors in February said we were

delivering safe and effective care to patients. They also said we were among the lowest-risk hospitals in the country.

## New pathology laboratory and mortuary

We have built a new £12m pathology laboratory and mortuary, as well as an urgent care centre. Our older people's ward has been given a make-over to make the layout much more dementia-friendly.

## Five-year building project

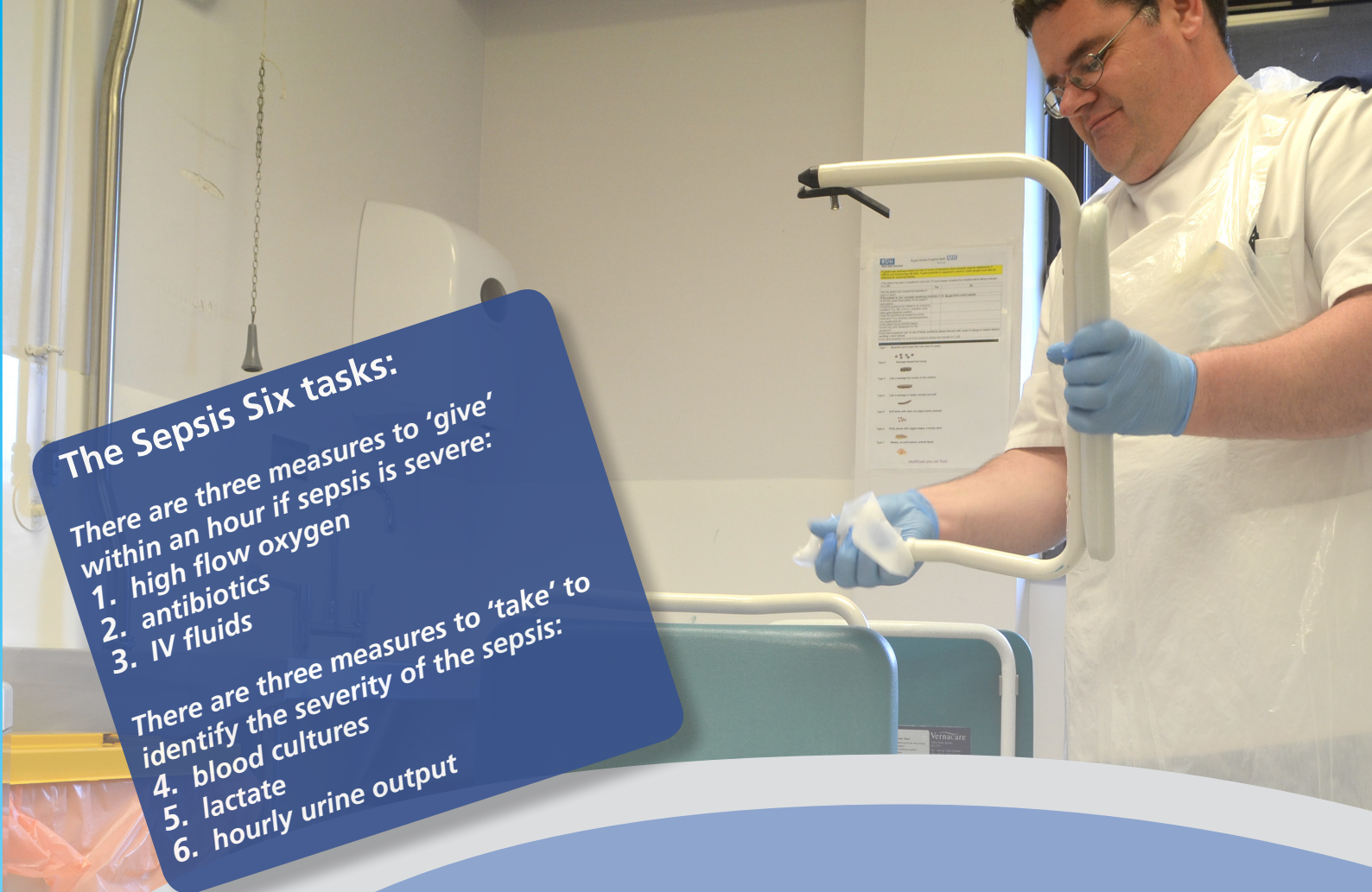
But we are not complacent. We are already working on the targets we have set for the coming year in our quest for continuous quality improvement.

We have taken the next steps in our ambitious project to transform the RUH site into a modern, energy-efficient facility. A five-year plan has been put in place which includes the construction of a new cancer centre, pharmacy building and integrated therapies unit.

## Foundation Trust status

We hope that our bid to become an NHS Foundation Trust will be realised this year. Having Foundation Trust status will give us far more autonomy over the services we run and our finances. It will also allow us to revive our bid to acquire the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

This document is intended as a summary of some of the key information contained in our main corporate publications - our Quality Accounts and Annual Report. To access these reports in full please go to our website at [www.ruh.nhs.uk](http://www.ruh.nhs.uk) and click on 'About us'.



## The Sepsis Six tasks:

There are three measures to 'give' within an hour if sepsis is severe:

1. high flow oxygen
2. antibiotics
3. IV fluids

There are three measures to 'take' to identify the severity of the sepsis:

4. blood cultures
5. lactate
6. hourly urine output

# Battle plan against sepsis

Reducing our healthcare associated infection rates has been one of our main priorities for a number of years.

We try to ensure that effective infection prevention and control is used as part of everyday practice and consistently applied by all staff.

More specifically we have focussed on sepsis, a life-threatening condition whereby the body has an extreme immune response to infection which can lead to multiple organ failure. We have implemented the Sepsis Six tasks, clinical interventions which, when performed within one hour of diagnosing sepsis, can save lives.

We have started co-ordinating education about sepsis and have recruited two specialist sepsis nurses to spread this learning. In March 2014 we launched 'Sixty Days of Sepsis Six' campaign with the target of training 600 staff in the

Sepsis Six tasks within 60 days.

We also ran a campaign across the whole hospital called Infection Matters to reinforce the importance of handwashing.

We have increased the surveillance of surgical site infections with hip fracture patients and have closely monitored our isolation facilities.

We have introduced procedures to help staff to identify when to take stool samples, recruited more cleaning staff and implemented a daily deep clean of every room that accomodates patients with Clostridium difficile infection.

Patients who have a urinary catheter are monitored by a urology nurse specialist, in a bid to reduce urinary tract infections.

We also achieved more than a calendar year without a single MRSA infection.

# Sharing and learning

We are committed to creating an environment where staff have confidence in the process of reporting incidents and a desire to share learning from these events.

Using funding from the Health Foundation's Shine project we have improved how we provide feedback to staff. Our ward quality dashboard is a tool which gives staff access to performance information at ward level about the quality of care being provided and includes the number of patient safety incidents.

We have also introduced a system which makes it easier for staff to raise concerns, including a confidential phone-line and email address.

Ambassadors for privacy and dignity have been introduced and we have End of Life link nurses on our wards, as well as dementia co-ordinators who are spreading their knowledge across the hospital.

The introduction of the Friends and Family test has given us a wealth of feedback from patients. For example we now offer a hot meal option on our evening menus as a result of patient feedback. The Meridian patient feedback system has also enabled us to gather views from inpatients and carers.

We have undertaken a review of our complaints process and we are in the process of implementing recommendations, including the provision of a single point of contact.

Our Trust Board meetings always begin with a patient story and our staff learning events programme, See it my Way, has been singled out by the Government as an example of good practice.



## Improving end of life care

Last year we said we would work to ensure that patients nearing the end of life, and their families, had their needs met. This would require nurses and doctors to identify that patients were nearing the end of life, for this to be discussed with the patient and their family and for them to be given the opportunity to be involved in making decisions about their care. We have trained many of our clinical staff to use the Electronic Palliative Care Co-ordination system which holds information that patients and families have requested regarding their end of life care.

The new bereavement suite in the mortuary is in use and we plan to relocate the Patient Affairs team so that it is adjacent to the suite.

We are raising the awareness among staff of the importance of early identification of end



# nd of life care

of life needs, and involving patients and their families in key decisions. Much of this work is about having important, sensitive conversations at an early but appropriate time.

We continue to work to recognise when patients are nearing the end of their life and the need for conversations that allow patients and families to better understand their illness and be involved in the decisions about their plan of care.

We have supported staff in listening to the concerns and wishes of patients and families and promoting their involvement in appropriate decision-making.

We are working closely with Dorothy House hospice and Sirona Care and Health to establish a rapid discharge plan, which means we are

better prepared to quickly move patients at the end of their life if their wish is not to die in an acute hospital setting.

Feedback from families about the care of their loved ones in the last few days of their lives has been used to build an action plan so improvements can be made.

We have also discussed with our staff the need to provide clear information to families on when key information, such as a death certificate, will be provided and how long this process takes. There is much uncertainty in end of life care, but families told us that they wanted open, honest communication from us. There is still a great deal of work under way to improve this area of our care as we know it can make a great difference to people at a very difficult time for them.

# Looking ahead

We have set ourselves four Quality Accounts priorities for the coming year:

- to continue to reduce the occurrence of sepsis;
- to improve our care of patients with diabetes;
- to learn further from feedback;
- to prevent pressure ulcers.



## Sepsis

Building on the work we have already done, we continue to focus on reducing the occurrence of sepsis. In the UK 37,000 people die from sepsis every year and it is now the leading cause of maternal death.

Early diagnosis and prompt treatment is imperative, so we have chosen to focus on raising awareness of this life-threatening condition.

## Diabetes

Around 5% of the population has diabetes, but the number of patients in the RUH with the condition is significantly higher – around 20%, which is the reason why improving diabetes care has been chosen as a priority.

We recognise we can improve the quality and safety of our diabetes care and we are implementing a more proactive approach whereby a team of Diabetes Specialist Nurses make daily rounds of the Emergency Department and the Medical Assessment Unit. They ensure we can provide specialist care to patients with diabetes as quickly as possible.

We plan to provide increased support for ward staff and provide training to raise awareness of good diabetes management. We also aim to see and implement a care plan for more patients with diabetes within 24 hours of admission.

## Listening and learning

Learning from feedback continues to be a priority this year. An external review of our complaints process was undertaken in November 2013 which highlighted areas where progress can be made. As a result we aim to not only respond to all complaints within 25 working days, but to improve our responses to complainants. With funding from Macmillan, we plan to introduce Schwartz Centre Rounds, a model which provides a regular forum for staff to learn from their experience of caring for patients, including mistakes made. This will help to strengthen a learning culture of openness and compassion and will support staff with the emotional impact of their work.



**The SSKIN steps are:**  
**Surface:** make sure the patients have the right support;  
**Skin inspection:** early skin inspection means early detection;  
**Keep moving:** patients need to keep moving;  
**Incontinence:** patients need to be clean and dry;  
**Nutrition/hydration:** patients need the right diet and plenty of fluids.

## Preventing pressure ulcers

We recognise that having a pressure ulcer during a hospital stay is distressing. Most pressure ulcers are avoidable, so it is a priority this year to tackle this issue.

Pressure ulcers are categorised by levels of seriousness from 1 to 4 (least to most serious). Our ambition is to eliminate Category 3 and 4 pressure ulcers altogether, while reducing the incidence of Category 2 ulcers by 50%.

We wish to ensure that all nurses and

healthcare assistants are trained in the SSKIN steps to prevent pressure ulcers. Each ward already has at least one tissue viability link nurse and we have used a visual aid training pack to enable them to spread training among nurses and healthcare assistants.

We also aim to accurately monitor all pressure ulcers, whether they were present on admission or they developed whilst in hospital. In addition we intend to audit documentation.



If you would like to know more, or to comment on our plans, please write to the **Chairman Brian Stables** or **Chief Executive James Scott** at:

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### **We value your opinion**

We want to make sure future reports give you all the information you need about our services, so please tell us if you think we could improve.

E-mail: [RUHCommunications@nhs.net](mailto:RUHCommunications@nhs.net)

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### **Are we talking your language?**

If you need this document in another format, including large print, please contact the Patient Advice and Liaison Service Tel: 01225 825656  
E-mail: [ruh-tr.Pals@nhs.net](mailto:ruh-tr.Pals@nhs.net)

Se você gostaria desta informação em seu idioma, por favor nos contate em 01225 825656.

如果你希望这一信息在你的语言,请联系我们关于01225 825656.

Jeśli chcesz tę informację w twoim języku, prosimy o kontakt z 01225 825656.