Royal United Hospitals Bath
NHS Foundation Trust

Quality Accounts

2016/2017

Quality Accounts 2016-17

Part 1

Statement on Quality from the Chief Executive

The Board of Directors is committed to providing services of the highest quality, that are patient centred, accessible, support recovery and maintain good health. We work closely with service users, their carers, our partners in other agencies and third sector colleagues to deliver integrated care in the right place and at the right time by staff with the right skills.

The Trust values: **Everyone Matters, Working Together, Making a Difference** are now embedded across the Trust and the impact on staff can be seen in the results of the annual staff survey where the Trust's staff engagement score increased on the previous year. Since 2016 more staff are reporting that they would recommend the Trust as a place to work.

The Trust is proud of its achievements against its 2016/17 priorities. The training on diagnosis of Acute Kidney Injury (AKI) has been linked to the training in recognising a deteriorating patient. The Trust has improved models of care for stroke patients and has worked hard to improve discharge planning. The Trust's End Of Life Care was rated 'Outstanding' by the Care Quality Commission in its inspection report, published in August 2016, recognising the team's role in meeting the care needs of those patients approaching end of life. The Trust has responded to feedback from our patients and has taken a number of steps to improve communication regarding outpatient appointments.

Like many other acute Trusts this year, we have been facing huge pressures on our Emergency Department with increasing admissions and an ageing population. We remain committed to delivering high quality safe care to our patients at all times. We recognise the impact that periods of continued pressure have on our staff and thank them for all their dedication and support throughout the year.

I believe that the information contained in the Quality Accounts is an accurate reflection of the care we provided in this year.

James Scott

Chief Executive Accounting Officer

26 May 2017

Part 2

About Royal United Hospitals Bath NHS Foundation Trust

The Royal United Hospitals Bath NHS Foundation Trust (the Trust) is a provider of healthcare - primarily serving the people of Bath and North East Somerset, Wiltshire, Mendip and South Gloucestershire. We deliver healthcare from a number of locations including operating a busy district general hospital which is situated on the North Western side of the City of Bath and the Royal National Hospital for Rheumatic Diseases (RNHRD) in the centre of Bath.

At the core of our business is our service for patients requiring emergency and unplanned specialist care, 24 hours a day, every day of the year. In addition, we deliver a comprehensive planned, surgical, medical and diagnostics service for adults and children including maternity services. Further specialisation is delivered in a small number of areas, for example, rheumatology (including complex pain and fatigue conditions - following the acquisition of the Royal National Hospital for Rheumatic Diseases on the 1st February 2015), cancer, cardio-vascular care, higher levels of critical care and specialist orthopaedics. The Trust, in partnership with local Universities and Colleges, also plays a major role in Education and Research. Doctors, Nurses and many other professions learn with us as students and then as qualified staff. The strength of learning, teaching and research and development at the Trust means we have the best staff to work with us. The focus on learning supports innovation and improvement in the excellent care provided for our patients.

Why are we producing a Quality Account?

All NHS trusts are required to produce an annual Quality Account to provide information on the quality of services to service users and the public.

The Trust welcomes the opportunity to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing our progress against the previous year and where we can, against national performance. We can use this information to make decisions about our services and to identify areas for improvement.

We have set out in this Quality Account how well we have performed against local and national priorities including how well we progressed with those areas we highlighted as our improvement priorities for 2016/17

How do we improve Quality?

The RUH has a Quality Improvement Centre (QIC), which brings together teams from Patient Experience, Audit, Risk and Litigation as well as Patient Safety and Quality Improvement. The staff offers a wide range of skills including leadership, stakeholder and staff engagement, clinical and nursing, training, research, education, clinical audit, project management, data analysis and administrative support. Individuals and teams from all parts of the trust are supported by the QIC. The teams within the QIC work with patients, carers and members of the public as well as staff from all parts of the hospital on specific projects to improve the quality of care provided to patients and their relatives / carers.

We have continued to develop standardised approaches to spread quality improvement knowledge and skills across the organisation to support our quality strategy. We have two different systems to deliver this knowledge.

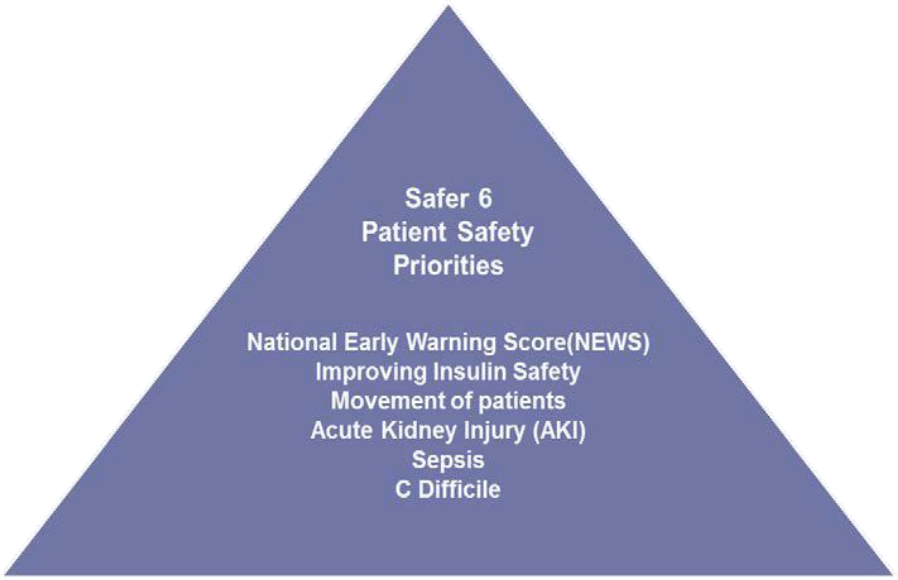
- Quality Service Improvement Redesign (QSIR) which is a quality improvement training programme: designed and developed by NHS Improving Quality (NHSIQ) – Advancing Change and Transformation (ACT) Academy. A senior doctor and nurse who are both quality improvement leads within the RUH are accredited associate members of the NHS Improvement QSIR teaching faculty which enables them to deliver the four day QSIR Practitioner training within the Trust. This course is available to any member of staff across the organisation that is involved in delivering quality or service improvements. It aims to develop core quality improvement skills and knowledge, which staff can practically use within their chosen projects. To date the Trust has delivered the QSIR Practitioner training to over 50 staff. In addition there is a one day Quality Improvement training available to all staff.

- The second approach is Flow coaching, which teaches staff how to apply team coaching and improvement skills along one patient's journey in order to improve patient flow through a healthcare system. Following successful trials at Sheffield Teaching Hospitals NHS Foundation Trust and South Warwickshire NHS Foundation Trust, the Health Foundation has expanded the programme and established a Flow Coaching training centre at the RUH. This presents a unique opportunity for providers across the West of England to participate in the training programme being delivered during 2017. The Trust has six fully trained flow co-coaches and from January 2017 has been delivering training for a local cohort of staff each planning to undertake a programme of improvement across a patient journey.

Patient Safety Priorities 2016/17

The Trust has established a culture of improving patient safety taking the leading role in supporting local collaborative learning, so that improvements are made for patients. The Trust actively participates, contributes and is leading some of the work aligned to the West of England Academic Health Science Network (WEAHSN) Patient Safety Collaborative programme which is chaired by our Chief Executive.

The Trust patient safety programme consisted of the Safer 6 priorities and was developed to align with the Sign up to Safety and WEAHSN priorities. For 2016/17 the Safer 6 were:



- National Early warning Score (NEWS)

The aim of the National Early Warning Score (NEWS) work stream is to ensure that NEWS is reliably and accurately used to monitor adult patients' vital signs, that care is appropriately and reliably escalated and correct actions are taken to ensure optimal care for the patient.

The focus for the NEWS work stream has been on the completion and accuracy of NEWS reporting with the aim to achieve 95 per cent compliance in recording and accuracy of NEWS in all adult patients at the Trust by April 2016. A key aspect has been developing the cascade trainer model and over 100 cascade trainers have trained 1230 staff. Measurement of recording and accuracy Trust wide demonstrate on average NEWS recorded 98 per cent, NEWS accuracy 90 per cent.

- Improving Insulin safety

The NHS Quest project is part of the Trust's insulin safety programme and has been the main focus for the reduction of insulin administration errors with an aim of 75% in adult patients with diabetes by May 2017. Improvements include: development of a self- administration Insulin protocol consisting of assessment and patient held care plan, and revision of the Link nurse role to include the development of a workbook and competencies and responsibility for delivering training within a ward. Mandatory e- learning 'The safe use of insulin' has also been developed.

- Movement of patients location

The aim of the project was to reduce the number of non-clinical moves to no more than one move per in-patient stay (excluding the move from an assessment ward), and reduce the number of late night moves. The project continues into 2017 with a focus on standardisation of the process of all transfers across the Trust.

- Acute Kidney Injury (AKI)

This is also a quality priority. See section priorities for improvement, looking back on last year, priority 1 for details.

- Sepsis

This is also a CQUIN. See Part 3, review of services, clinical effectiveness and National CQUIN schemes for 2016/17 for details.

- C Difficile

Details about this priority can be seen in Part 3 review of services, patient safety and Core Indicators.

Each of the Safer 6 Patient Safety priorities have an established work stream lead and work plan with agreed process and outcome measures. These are reported to the Patient Safety Steering Group chaired by the Director of Nursing and reported to the Board of Directors.

How we chose our Quality priorities

We engaged with staff, governors and stakeholders to consider our quality priorities for 2016/17 through our Annual General Meeting, membership constituency meetings, Patient and Carer Experience meetings, the Governor Quality working group and Quality Board.

For each priority, specific indicators show what the Trust aims to achieve and how progress will be measured.

Priorities for improvement – looking back on last year

Priority 1: to continue to reduce the occurrence of Acute Kidney Injury (AKI)

We said we would:

- Further embed the AKI bundle of care and show improvement in the delivery of each step
- Spread improvement work to all inpatient areas
- Train 90% of clinical staff in the use of the AKI teaching tool
- Decrease the incidence of the more severe cases of AKI
- Ensure GP communication occurs for all patients who have had an AKI by embedding the electronic AKI alert automatically into the patients discharge summary
- Review fluid balance charts and hydration charts to further increase early detection of AKI
- Develop patient information leaflets
- Link with North Bristol NHS Trust Renal Centre to ensure AKI guidance is maintained and up to date.

How did we do?

Acute Kidney Injury (AKI) is a sudden and recent reduction in a person's kidney function. At the Trust there are on average 70 patients a week with an AKI, with 40% developing AKI whilst in hospital. This is similar to national statistics.

Our aim for 2016/2017 was to continue to improve early detection of AKI and prevent any further decrease in kidney function.

Following our initial training campaign and development of an AKI care bundle (U.R.I.N.E) in 2015/2016, the training has continued and regular weekly training on the core skills programme has been established. To date, 1050 staff have received training which is also linked to the other key areas important in recognising a patient who is unwell or has deteriorated. The Trust has developed an AKI/ Sepsis Simulation programme which uses Sepsis and AKI scenarios from the Trusts patients and this has been very positively received by staff.

To monitor compliance with the AKI care bundle and improvements a random sample of patients are analysed monthly and improvements have been seen across all aspects of the care bundle.

The improvement work on AKI has resulted in a 16% decrease in AKI acquired as an inpatient.

Communication to GP's about their patients who have an AKI during their admission has improved by 30% by embedding an electronic AKI alert into the discharge summary, with 9% of summaries containing information on medication and the patient's follow-up. This process has been further refined with more details of the AKI admission included at the request of the Commissioners.

In September 2016 the automatic alert for AKI on blood tests taken for kidney function was made available to GP's so that GP's who request blood tests themselves will be alerted if their patient has an AKI. There has been a primary care awareness programme alongside this and the Trust has linked with the Clinical Commissioning Groups regarding the development of their community awareness campaign and we have shared our tools.

The Trust is also part of a regional AKI network: Our work aligns to regional guidelines and is supported by our local Renal Centre, North Bristol NHS Trust. The Trust hosted one of the regional meetings in 2016, sharing our work. In particular, our work on improving processes in Radiology when contrast is administered to a patient was acknowledged by the group as being excellent practice.

We have produced a patient information leaflet which can be given to patients during their stay or on discharge and it can also be found on our public website. It provides information on what an AKI is, potential causes, treatment and guidance on how they can look after their kidney and encourages the patient to seek further advice from their GP.

The AKI project work will continue in 2017/2018 and we will plan to streamline the deteriorating patient safety work, combining AKI, Sepsis and the National Early Warning Score (N.E.W.S) training.

Priority 2: Improve the outcomes for stroke patients

We said we would:

- Develop a second hyper-acute bay on the Acute Stroke Unit to ensure that there is always a bed on the ward for new patients with a newly diagnosed stroke
- Build on the work previously undertaken with the local Clinical Commissioning Groups (CCG's) and community teams to improve the pathway for stroke patients to ensure safe and efficient discharge
- Continue to partake in the data collection for the Stroke Sentinel National Audit Programme and see improvement in our performance
- Work with the Cardiac and Stroke Network who are reviewing and developing the model of care for stroke thrombolysis and Hyper-Acute Stroke Units (HASUs) within the South West

<u>How did we do?</u>

<u>Second hyper-acute bay</u>

Whilst the second hyper-acute stroke bay is not in place yet, the teams have continued to work closely with the Emergency Department and the site team to ensure that patients requiring a hyper-acute stroke bed are prioritised at all times and are nursed by the specialist team within 4 hours of arrival in hospital. The Trust is still planning to take forward additional hyper-acute stroke beds.

Discharge

We have continued to work closely alongside our partners in the community ensuring effective discharge plans are made and executed. The Trust have worked with teams from Chippenham Stroke Unit and the rehabilitation unit at St Martins Hospital to review complex discharges and support an efficient discharge pathway. The inpatient therapy teams continue to have close liaison with those providing community stroke care in peoples home or nursing homes.

Stroke Sentinel National Audit Programme (SSNAP)

The Trust's participation in the stroke sentinel national audit programme continues. This data is entered in a timely fashion meeting the deadlines set by the Royal College of Physicians. All data is available and is accessed to demonstrate our current practices. The most recent SSNAP report rated the Trust as 'C' overall, which is slightly above average when compared with neighbouring Trusts in the southwest. (For more information about the SSNAP audit (please refer to Mandatory statement 2). The stroke triumvirate meet weekly and SSNAP performance is discussed at each meeting.

Models of care

The stroke team remain active partners within the Cardiac and Stroke Network, ensuring there is representation at the regional meetings. We are kept well informed of developments relating to stroke and keenly awaiting the outcome of the recent review of hyper acute access to stroke care in the South West of England.

Priority 3: to continue to improve the experience of patients and carers at discharge

We said we would:

- Develop and cascade a training programme for staff around the essential elements that constitute the planning of a safe and timely discharge
- Improve the timeliness of medications to take home by proactively ordering medicines for patients due to be discharged and monitoring this through patient surveys
- Further develop cross-boundary working within the Integrated Discharge Service
- Monitor patient outcomes in relation to discharge planning at the end of life
- Embed the multidisciplinary team discharge plan for patients at the end of life

How did we do?

This year was the second year that we committed to improving the discharge planning process for patients, in particular around the experience that patients have at the point when they leave hospital. During the year we have undertaken a number of initiatives aimed at improving discharge planning.

Discharge training

Discharge is a vital part of the patient's journey and to ensure that each patient is discharged efficiently and safely, it is essential that staff feel confident and have the correct knowledge and skills to be able to undertake this task.

As part of the ongoing work around discharge, nursing and therapy staff are receiving training to update them about discharge planning. The Discharge Liaison and Palliative Care Specialist Nurses, Occupational and Physiotherapists, have worked collaboratively to develop a workbook, which has been tested both by nurse and therapy staff to support the training.

The content for the workbook is a resource for the clinical teams, and has formed the basis of the Discharge Web Pages, which were launched at the end of January 2017.

Medication to take home

Delays to the distribution of medications for discharge have been one of the key frustrations cited by patients and carers through their feedback.

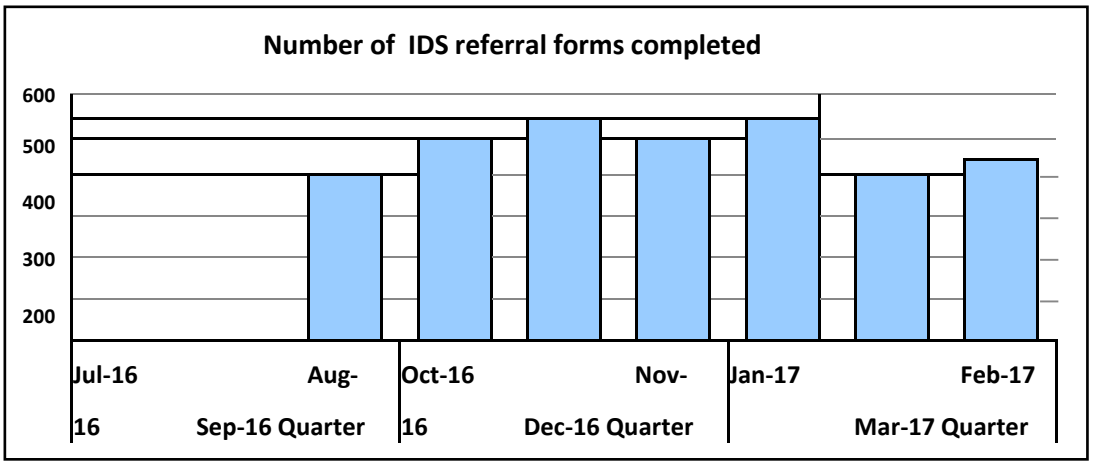
A multidisciplinary working group was established with the aim of improving the timeliness of medication to take home. This group has reviewed the different ways that medications can be dispensed at the point of discharge. Opportunities have been sought for extending the use of FP10 prescriptions, which are prescriptions for medication that can be used in pharmacies outside the Trust. There are benefits for some clinical areas to have some regularly used medication in pre-prepared ward based TTA (to take away) medication packs. Work has been done to understand which areas would benefit from having these pre prepared medication packs and consequently the number of wards that hold them has been increased. Further work is currently underway to determine whether the content of some of the TTA packs could be increased.

The group have also been working with the Information Management and Technology department (IM&T) to devise an electronic system that will enable the wards to highlight TTA medication required for a patients being discharged that day. This will help the pharmacy department to prioritise their work.

Integrated Discharge service (IDS)

Health and social care teams working together on helping those patients who require ongoing support and care once they leave hospital have successfully co-located to one location within the trust.

A single referral form into the IDS is now in use on the Millennium electronic computer system at the trust and continues to be modified and updated in line with changing processes. Referrals into the IDS have grown consistently since this was implemented in September 2016.

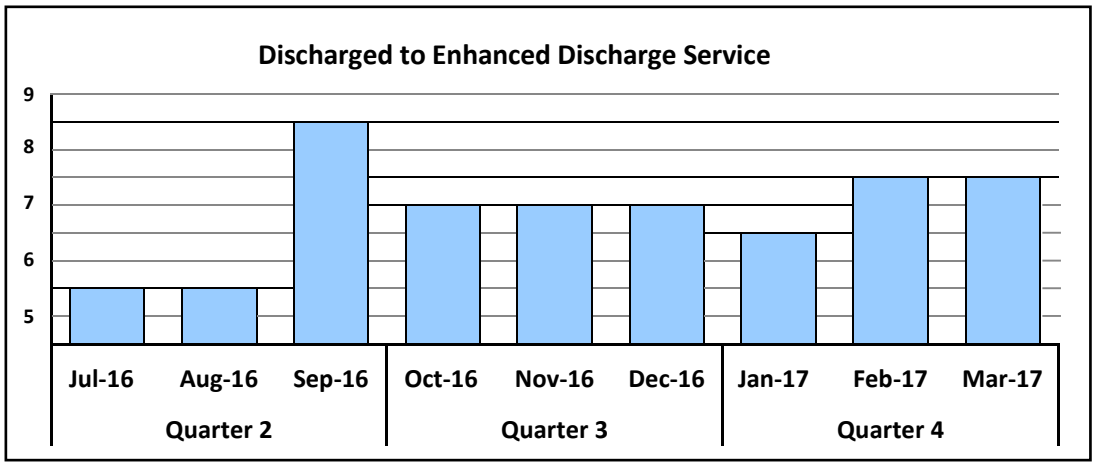


End of Life Care

The Trust committed to improving the coordination of discharge planning for patients with end-of-life care needs.

The Trust Specialist Palliative Care Team have been working with the ward areas to develop a guidance sheet and to improve the resources available to them both at ward level and on the Trust intranet, to aid ward staff in planning discharge through Continuing Health Care Fast Track (CHC FT) and in supporting a rapid discharge to preferred place of care. A Multi-disciplinary team (MDT) discharge plan has been developed and is being piloted as both a checklist to be completed the day before discharge and on the day of discharge.

The Specialist Palliative Care Team has been working with Wiltshire CCG Home First discharge team as part of a joint project with Dorothy House Hospice. The project was about providing an Enhanced Discharge Service (EDS) for End of Life Care (EOLC), and commenced in July 2016. This service facilitates a rapid discharge for patients in their last two weeks of life to their preferred place of care. The service provides a package of care for up to four weeks, through the Dorothy House Hospice at Home service, and is tailored to meet the needs of the patient. Since the project commenced, 43 patients that have been supported to be discharged to their preferred place of care at the end of their life by the EDS (See table). Monitoring at the end of February 2017 indicates an average length of stay on EDS of 14 days and a saving of 514 hospital bed days in total. Agreement has recently been achieved to extend this service to Bath and North East Somerset.



Priority 4: to improve our communication with patients and carers attending our Outpatients departments

We said we would:

- Hold a week-long event termed 'The Outpatient 15 steps Challenge' where each outpatient department will undertake an assessment with patient representatives of each aspect of the department
- The findings of the 15 steps challenge event will be used to develop an improvement plan and this will be monitored through the Trust's Outpatient Steering Group. Some actions may require hospital wide solutions – i.e. changes to car parking/ signage / IT processes
- Complete an outpatient accreditation programme, which will assess each outpatient department against a number of criteria (split into the 5 CQC domains) to promote uniformity between different outpatient departments

- Launch the patient portal – a website for patients to view parts of their medical records and clinic correspondence
- Begin the centralisation of the outpatient booking team functions that are currently split across the Combe Park and Royal National Hospital for Rheumatic Diseases (RNHRD) to improve access for patients who have appointment queries.

How did we do?

Outpatient 15 step challenge

The 15 steps challenge is a toolkit that is used with a series of questions and prompts to guide the assessment team, made up of staff, patients and carers, through their first impressions of an area. Its aim is to identify the key components of quality care and service that are most important to patients and carers.

"I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward". This highlights that first impressions count.

An Outpatient 15 steps challenge was undertaken from 8th to 19th August 2016. From this event, the Trust gathered a wealth of information from staff and patients about how our services are viewed. We were able to identify areas for improvement and agreed a set of standards for all departments, with the aim of bringing some uniformity across the geographically spread clinical areas. These included:

1. Nurse in charge badges
2. Team picture welcome board at department entrance
3. Creating patients with a warm welcome: - "Hello my name is"
4. Calling of patients from a designated area within the outpatients area
5. Live clinic board – who is here and any delays
6. Clear instructions of use of alcohol hand gel at entrance/reception
7. Clear process for booking in
8. the Trust branding and laminating of notices and posters displayed locally
9. Safety briefing for staff

On 2nd December 2016 the Trust celebrated the event and shared good practice and improvements with the teams and patients involved.

Outpatient Accreditation

Building on the success of the ward accreditation programme, which assesses the clinical areas against the CQC domains, the Quality Improvement Centre has led the accreditation process for each outpatient department against a set of criteria.

All the Trust outpatient departments at the Combe Park site were observed over a number of days and information about the quality of care was reviewed.

12 outpatient areas have achieved foundation level. These are shown below:

- Breast unit
- Respiratory
- Diabetes Clinic
- Sexual Health
- Fracture clinic
- Urology
- Gynaecology

- Vascular Studies
- Oral Surgery
- Oncology / Haematology
- Ophthalmology
- ENT

There are a number of areas yet to achieve foundation level. Work is being undertaken to support these areas to achieve the accreditation standards.

The Patient Portal

During November and December 2016 work was undertaken with key clinical stakeholders to gain an understanding of how the Patient Portal solution can support patients and carers throughout the Bath community. The portal allows patients to access their own computer medical records. The clinicians strongly agreed that data held by the Trust belongs to the patient, and that there should be no limitations as to what could or should be shared (within context and appropriateness).

A workshop was held on the 17th January 2017 which identified a draft priority solutions roadmap. To ensure patients' needs are met, a Patient Involvement Forum was held on Wednesday 1st March 2017, giving attendees the opportunity to express what was important for them to see and have access to.

The Trust Patient Portal is to be a Trust solution and not enterprise wide and it is important not to duplicate what is currently available on the patients' GP portal. The next step is to commence the procurement process to identify the best solution for the Trust Patient Portal.

Centralised Outpatient booking

Centralisation of the Royal National Hospital for Rheumatic Diseases (RNHRD) outpatient booking team functions to the Trust site, to improve access for patients who have appointment queries, was completed in September 2016.

Appropriate resource has also been allocated to the outpatient booking team on the Combe Park site, along with the new appointment booking function. This will pave the way for the subsequent move of Rheumatology services to the new RNHRD Rheumatology outpatient department on the Combe Park site.

Priorities for 2017/18

Our priorities for 2017/18 have been influenced by the progress made against our 2016/17 priorities, other quality indicators, organisational learning themes and feedback from our staff, patients, Foundation Trust Members and stakeholders. We have identified that for some of the 2016/17 priorities there is still more work to do and therefore some of our priorities will continue this year. Our Governors chose 'frailty' as the priority they particularly wanted to see included for 2017/18. Progress against our priorities will be monitored and reported through our Quality Board, the Governors Quality working group and the Board of Directors.

Priority 1: To further promote a system of identification and proactive management of patients who are identified as having the presence of frailty

Although not an inevitable part of aging, frailty is related to the aging process and is a long term condition in the same sense as diabetes or asthma. It is a term used to describe how our bodies gradually lose their in- built reserves, leaving us weaker and more vulnerable to dramatic changes in our health and wellbeing from minor influences such as an infection .

People who have frailty are at a much greater risk of falling, confusion, disability, admission to hospital and long-term care depending upon its severity. However frailty is not static, it can get worse, but it can also get better. This is one of the reasons that it is vitally important that frailty is assessed whenever an older person comes into contact with a health professional. Identifying frailty and assessing the severity of the condition helps the health care professional to holistically plan the patients immediate and ongoing care needs, and to promote the patients independence where ever possible. Additionally there is also a need to treat frailty as a long term condition in its own right and ensure we take a more comprehensive approach to the geriatric assessment.

The frailty pathway, incorporating the Rockwood frailty score and the Comprehensive Geriatric Assessment (CGA) has the potential to reduce harm and improve the experience of older people immeasurably. The Comprehensive Geriatric Assessment ensures individuals level of mobility and independence are assessed on admission to ensure a seamless and safe transfer back to community.

Our aims for 2017/18 are:

- Launch of revised Medical Assessment Proforma incorporating frailty score and Comprehensive Geriatric Assessment (CGA).
- Roll out CGA documentation to all older person's wards.
- Achieve 75% completion of CGA for patients in the Older Persons wards.
- Ensure CGA is present on the patients discharge summary from the wards where this has been rolled out.
- Implement a direct admission pathway from the Emergency Department to the Assessment and Comprehensive Evaluation unit for individuals that need minor intervention and short-term rehabilitation.
- To reduce harm and improve the experience of frail people in the hospital setting.

Priority 2: Management of jaundice in newborn babies

Jaundice is the most common condition that requires medical attention in newborns. The yellow coloration of the skin and sclera (white outer layer of the eyeball) in newborns with jaundice is the result of accumulation of bilirubin. In most cases neonatal jaundice is a normal physiological transition however for some babies there can be excessive levels of bilirubin, which, if left untreated can cause lifelong neurological impairment in the newborns or even death. Early recognition of jaundice by clinicians is paramount so that treatment can commence as soon as possible.

Prior to March 2017 the only way to diagnose jaundice in the newborn was for the baby to be admitted to hospital for a blood test. The National Institute for Health and Care Excellence (NICE) 2016 recommend the routine use of bilirubinometers for babies where neonatal jaundice is evident.

Our aims for 2017/18 are:

- To reduce the need for babies and families to attend the hospital
- To reduce unnecessary blood tests
- To be able to detect jaundice earlier
- To provide more appropriate clinical care more quickly
- To reduce unnecessary admissions to the Neonatal Intensive Care Unit

Priority 3: To continue to improve the experience of patients and carers at discharge

Having made good progress on improving the discharge planning process for patients during 2016/17 we would like to continue improving the patients' experience of a safe and efficient discharge by ensuring that we expand our criteria led discharge programme.

Criteria led discharge allows other members of the multi-disciplinary team such as a nurse, physiotherapist or occupational therapist to discharge patients if specific criteria have been met, which can help reduce the time patients are on the wards waiting to be discharged.

Our aims for 2017 /18 are:

- Improving the overall discharge experience for patients
- Reduce patients' delays waiting for a review by a doctor on the day of discharge where appropriate clear guidelines and plans are in place that nurses and allied health professionals can follow to ensure a smooth and efficient discharge.
- Provide a more timely discharge from hospital for patients who have had certain medical interventions, and procedures.

Priority 4: To continue to improve sepsis management

Significant improvements have been made in the identification and management of patients with Sepsis arriving at the Trust over the last two years and our aim is to spread this improvement across the whole organization.

Recent evidence in February 2017 identified 260,000 cases of Sepsis in the UK each year resulting in 44,000 deaths annually. Sepsis has a high profile in the national press with several cases reported, particularly children and a current national campaign to raise awareness of Sepsis in children was launched in December 2016. There is also a major drive from NHS England to improve management of sepsis and a national CQUIN (Commissioning for Quality and Innovation) proposed for the next 2 years.

Early in 2016 there had been a new international definition of Sepsis produced followed by new National Institute for Health and Care Excellence (NICE) guidelines in July. At the Trust, we have developed new teaching materials and management proformas and guidelines and have been spreading the NICE guidelines since the end of July. We have started work on improving processes for identification and prompt treatment if Sepsis develops whilst a patient is in hospital, including children and maternal patients.

Our aims for 2017/18 are:

- Deliver new Sepsis teaching to 2000 clinical staff
- Spread improvement work Trust wide
- Achieve 90% Sepsis screening for patients by March 2018
- Achieve 80% of antibiotics delivered within 60 minutes for patients with Sepsis

- Plan for the implementation of electronic recoding of patients observations
- Develop patient information leaflets which are readily accessible to the public
- Present patient stories to the board

Statements of Assurance from the Board

Mandatory Statement 1

During 2016/17 the Royal United Hospitals Bath NHS Foundation Trust provided and sub-contracted nine types of NHS services via three clinical divisions, Medicine, Surgery and Women and Children's.

The Royal United Hospitals Bath NHS Foundation Trust has reviewed all the data available to them on the quality of care in nine of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by the Royal United Hospitals Bath NHS Foundation Trust.

The Health and Social Care Act 2008 lays down a number of 'activities' (types of services provided) which are regulated by the Care Quality Commission (CQC). The CQC will register providers, such as the Trust, to carry out the regulated activities if providers show that they are meeting essential standards of quality and safety. The nine types of activity that, as a Trust we have been registered by the CQC to carry out are:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Nursing care
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury
- Family Planning
- Maternity and Midwifery Services

Mandatory Statement 2

During 2016/17, 37 national clinical audits and 5 national confidential enquiries covered NHS services that the Royal United Hospitals Bath NHS Foundation Trust provides.

During that period the Royal United Hospitals Bath NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal United Hospitals Bath NHS Foundation Trust participated in, and for which data collection was completed during 2016/17 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audit/National Confidential Enquiries	Participation ?	Percentage of cases submitted
NCEPOD		
Medical & Surgical Clinical Outcome Review Programme: Physical & mental health care of mental health patients in acute hospitals	Yes	100%
Child Health Clinical Outcome Review Programme: Cancer in children, teens & young adults	N/A	Eligible to take part, but no cases identified
Child Health Clinical Outcome Review Programme: Young People's Mental Health	Yes	100%
Child Health Clinical Outcome Review Programme: Chronic Neurodisability (Cerebral Palsy)	Yes	100% Ongoing
Non-invasive ventilation (adults)	Yes	100%
Acute		
Case Mix Programme	Yes	100%
Asthma (paediatric and adult) care in emergency departments	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
Severe Sepsis and Septic Shock – care in Emergency Departments	Yes	100%
National Joint Registry (NJR)	Yes	100%
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Completeness 82.7 - 88.8% (01/04/2016 to 30/09/2016)
Blood and Transplant		
National Comparative Audit of Blood Transfusion programme: • Audit of Patient Blood Management in Scheduled Surgery • Use of blood in Haematology	Yes	100%
Cancer		
Bowel cancer (NBOCAP)	Yes	89% (Annual Report 2016)
Lung Cancer (NLCA)	Yes	100%

Clinical Audit/National Confidential Enquiries	Participation ?	Percentage of cases submitted
National Prostate Cancer Audit	Yes	100% (Annual Report 2016)
Oesophago-gastric cancer (NAOGC)	Yes	61-70% (2015/16)
Head and Neck Cancer Audit	Yes	100%
Heart		
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	100% (ongoing)
Cardiac Rhythm Management (CRM)	Yes	100%
Congenital heart disease (Paediatric cardiac surgery) (CHD)	N/A	Not relevant to the Trust
Coronary angioplasty	Yes	100%
National Adult Cardiac Surgery Audit	N/A	N/A
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Heart Failure Audit	Yes	100%
National Vascular Registry	N/A	N/A
Pulmonary hypertension (Pulmonary Hypertension Audit)	Yes	100%
Long term conditions		
Adult Asthma	Yes	100%
Diabetes (Adult) includes National Diabetes Inpatient Audit	Yes	100%
Diabetes (Paediatric)	Yes	100%
Inflammatory bowel disease	No	Awaiting purchase of database to allow capture of IBD patients
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)	Yes	Pilot scheme 2016 Data collection commenced 01 Feb 2017

Clinical Audit/National Confidential Enquiries	Participation ?	Percentage of cases submitted
Renal replacement therapy (Renal Registry)	N/A	N/A
Rheumatoid and early inflammatory arthritis	N/A	Data collection did not take place in 2016/17 nationally. Audit not currently running and will be recommissioned by the Healthcare Quality Improvement Partnership (HQIP) in 2017
Mental Health		
Prescribing Observatory for Mental Health (POMH)	N/A	N/A
Older People		
Falls and Fragility Fractures Audit Programme	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
National Audit of Dementia (Royal College of Psychiatrists)	Yes	100% (Apr to Nov 2016)
Other		
Elective surgery (National PROMs Programme)	Yes	100%
National Audit of Intermediate Care	N/A	N/A
National Ophthalmology Audit	Yes	100%
Endocrine and Thyroid National Audit	Yes	100%
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%
Urology		
Nephrectomy Audit	Yes	88% (2013-15 data). 2016 data available September 2017

Clinical Audit/National Confidential Enquiries	Participation ?	Percentage of cases submitted
Percutaneous Nephrolithotomy (PCNL)	Yes	25 cases submitted (2014-15, (ascertainment figures not available). 2016 data available May 2017
Radical Prostatectomy Audit	Yes	100% (2014-15 data). 2016 data available September 2017
Stress Urinary Incontinence Audit	N/A	N/A
Women's & Children's Health		
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	100%
Neonatal intensive and special care (NNAP)	Yes	100%
Paediatric pneumonia	Yes	100%
Paediatric intensive care (PICANet)	N/A	N/A
UK Cystic Fibrosis Registry	Yes	100%

The reports of 22 national clinical audits were reviewed by the Trust in 2016/17 and the Royal United Hospitals Bath NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Audit of Red Cell and Platelet Transfusion in Adult Haematology Patients: The Trust performed the same or better than the national average in all but 2 of the 13 national standards. The recommended pre-transfusion threshold of 70g/L is now well known in in-patients with no additional risk factors and staff are encouraged to document their reasons if they wish to set a different threshold. Avoiding the use of platelets in chronic bone marrow failure highlighted a very recent change in national guidance which several staff were unaware of. This gave the opportunity to update all haematology clinicians in this change in national advice and practice has been updated accordingly. All haematology medical staff have also been informed of the audit findings which were presented at a journal club meeting after publication and circulated to non-attendees.

- Sentinel Stroke National Audit Programme (SSNAP): The audit monitors performance across ten domains which include efficiencies with treatment, therapy input and discharge processes. Each of the domains receives an overall score, and is categorised into a level (with 'A' being the highest and 'E' being the lowest) as a way of grouping and comparing against other teams. The Trust has improved its overall score to a C. Due to ongoing bed pressures, there continues to be challenges in ensuring patients get to an Acute Stroke Unit bed within 4 hours of reaching the

hospital. Good progress has, however been seen in other areas of the audit such as scanning and specialist assessment. A Physician Associate has been employed to work on the Acute Stroke Unit, and this has freed up other staff (Stroke Medical Nurse Practitioners and Stroke Specialty Doctors) to support stroke care at the front door of the hospital.

- National End of Life Care Audit: The Trust scored highly and better than the national average scores in the majority of standards. There were a few areas highlighted for improvement. These included documented evidence of discussion regarding the patient's spiritual/ religious/ cultural/ practical needs with the nominated persons important to the patient; access to specialist palliative care services 7 days per week and documented evidence that the team were aware of an individual plan of care for the person that is dying. The Priorities for Care of the Dying Patient will be audited locally every six months. Since the national audit was completed the Trust Priorities for Care Documentation has been reviewed and updated and a new Trust Policy for Care of the Dying Patient and Care of the Deceased Patient developed and formally approved.

- Myocardial Ischaemia National Audit Project (MINAP): The MINAP report for 2015/16 has shown improvement in performance from the previous report. This includes the percentage of patients admitted to a Cardiology ward, which has increased from 25% to 31%. This data is affected by the fact that MINAP ask for the first ward that patients go to from the Emergency Department, which is often the Medical Assessment Unit (MAU). The majority are then seen by the Cardiology team, either on MAU or after transfer to a Cardiology Ward. The percentage of patients seen by a Cardiologist has increased from 69% to 91% reflecting increased ward presence by Consultants since job plans were changed in 2016. The percentage of suitable patients referred for angiography has increased from 68 per cent to 86 per cent. The Trust is continuing to work on improving performance including further work with the coding and Business Intelligence Unit to allow better review of performance, and further education of staff involved in the management of patients with Acute Coronary Syndromes.

- National Emergency Laparotomy Audit (NELA): The year two NELA report published in July 2016 was based on data collected from 2014/15. Since July 2015 The Trust has relaunched its work on emergency laparotomies, having identified that previous improvement had not been sustained. Over the last 18 months, a bundle of care has been reintroduced for these patients and 80 per cent of patients now receive all aspects of this bundle, with a resulting decrease in mortality and length of stay. In the previous report, data had also been collected by retrospective note review from a non-clinician and there were therefore some concerns over data accuracy. Over the last 18 months, the Trust has established reliable data collection by clinicians at the time of surgery, improving data accuracy. The Trust's case ascertainment is now over 80 per cent and the Trust has been asked to share its processes for NELA data collection with other trusts. The year three report is due to be published in July 2017, and further improvements are expected based on local data which shows that:

    - over 80 per cent of patients are risk assessed preoperatively
    - over 80 per cent of patients receive critical care postoperatively
    - over 80 per cent of patients have a consultant radiologist reported CT scan if one has been performed
    - 70 per cent of high risk cases had both consultant surgeon and anaesthetists present, with 80 per cent of these having a consultant anaesthetist and over 85% a consultant surgeon.

The reports of 31 local clinical audits were reviewed by the Trust in 2016/17 and the Royal United Hospitals Bath NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Resuscitaire Checklist (Infants): This audit showed that compliance remains above 90%. The checking of the homebirth resuscitation equipment is not always consistently performed. Results were disseminated to all areas and reminders regarding checking of home birth resuscitation equipment were disseminated via' Hot Topics' which was discussed each day at handover.

- Clinical Audit of CRPS patient pathway-referral and access criteria: Compliance to the standards was high and therefore little change in practice is recommended at present. However some small changes were made – the administrator now staples the referral check list to every referral prior to triage and checks completion on return. Extracting information for some of the standards would be made easier by including specific statements within the CRPS clinical documentation. A specified standard has now been included within the pre-admission documentation to facilitate future audits.

- ENT Interruptions Audit: This audit indicated an average of ten minutes of interruptions per clinic. Fifty per cent of patients were likely to have interruptions during their consultation in a Registrar clinic and 30 per cent in a Consultant clinic. Recommendations included no interruptions to be made unless absolutely necessary and that interruptions are only made when a door is open and that it can be seen that the clinician has finished their dictation and administrative chores associated with the previous patient. It was also proposed that in every clinic, an equipment check and restock would be made by the nurses. Because of the recommendations there has been a decrease in the number of interruptions.

- Documentation of management plans by Obstetricians prior to induction of labour: Monthly audits have identified good compliance for women having their condition assessed prior to induction of labour. Improvement is required for documentation of management plans in the maternal health records. The audit results are cascaded to all staff. The use of a sticker to encourage completion of management plans is being trialled.

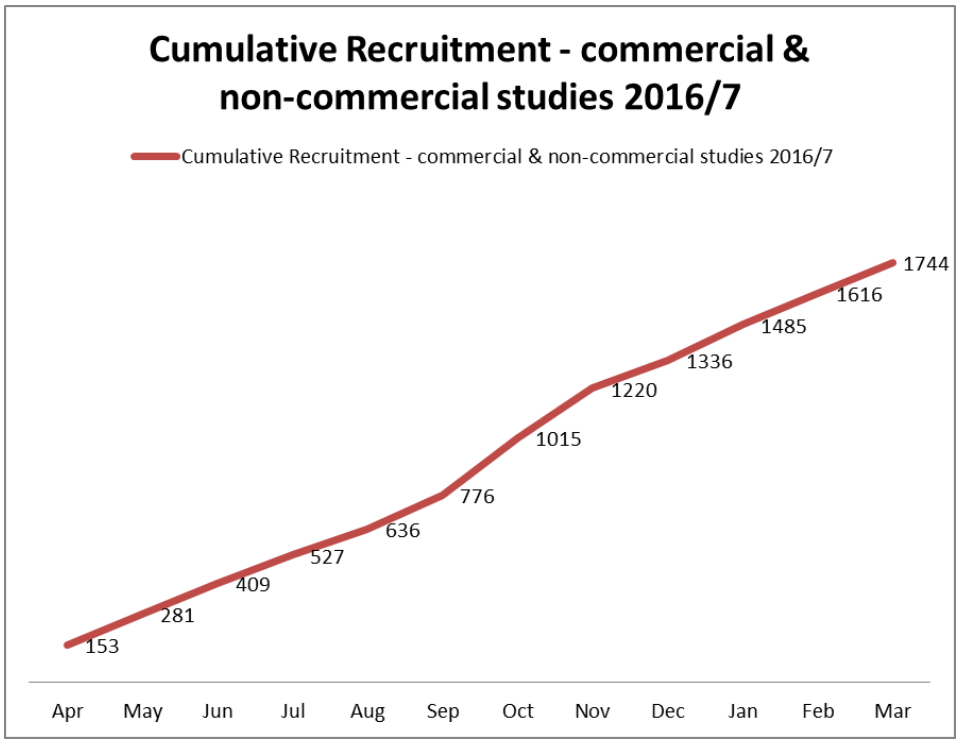
- Resuscitation trolleys: The results for 2016 show an improvement in meeting the standards for the checking of resuscitation equipment. All standards for availability of equipment achieved a 'Green' RAG rating indicating compliance of at least 80 per cent. There were however some areas where the weekly and daily defibrillator checks were not consistently performed. The audit results have been circulated to all wards and departments with a reminder about the importance of these checks. Further spot check audits are being undertaken in the non-compliant areas to monitor performance.

Mandatory Statement 3

The government has made it clear over the last five years that it is committed to promoting research at the heart of the clinical activities in the NHS. Trusts are charged with incorporating research to their plans and strategies. Recent evidence has shown that patients treated in a research active hospital have better outcomes than those entering a non-research active hospital. This is good news for patients, as the Trust has an active and motivated research community of clinicians (including consultants, clinical fellows, nurses, allied health professionals, specialist research nurses, clinical trials staff and support staff).

It is the ambition of the Trust to give as many patients as possible the opportunity to be involved in research and to have access to treatments that would otherwise not be available to them. In strengthening our specialised research nurse and administrative capacity the Trust has been able to support extending research in Respiratory Medicine, Anaesthesia, and Dermatology, and has opened studies managed by Physiotherapists. The treatment of patients suffering from Parkinsonism is also a focus of research activity at the Trust.

The number of patients receiving relevant health services provided or sub-contracted by the Royal United Hospitals Bath NHS Foundation Trust in 2016/7 that were recruited during that period to participate in research approved by a research ethics committee during was 1744.



The table of patient recruitment shows that throughout the year we have consistently recruited numbers of patients in excess of our planned trajectory. In fact, our researchers have exceeded the projected recruitment numbers by almost 10% each month. As well as increasing the number of patients participating in research in 2016/17, there has been a continued increase in the complexity of research taking place across the entire organisation. At the time of publication, there are 301 trials open with patients being treated or attending follow up visits. Additionally, in December 2016, the Trust had 3,000 patients actively involved in trials across 22 medical and surgical speciality areas demonstrating the breadth and extent of research at the Trust.

Research initiated and run by our own consultants, alternative health practitioners and nurses continues to flourish. Many of these projects are in collaboration with the Universities of Bath, Bristol and West of England. Our distinguished researchers hold Professorships and lectureships in those institutions from clinical areas as diverse as Anaesthesia, Rheumatology, Chronic Pain Management, Ageing, and Parkinson's Disease.

Grants often follow a 3-5 year cycle with staff obtaining grants, working on the projects for two to four years and then working to apply for further funding to follow on from grants that are due to end. The following grants were awarded to Trust researchers in 2016/17.

Grants Awarded to RUH researchers in 2016/17			
Who	**Study**	**Amount and detail**	**When**
Professor Candy McCabe and Sharon Grieve	COMPACT feasibility study	£133,890 SUVA Swiss Insurance Co	
Dr Bashaar Boyce, Prof Neil McHugh, Dr Will Tillett	EMPOWER - Psoriatic Arthritis in worker related disability	£123,535 Abbvie	Feb-17
Prof Neil McHugh	Patients in PA with Nail Psoriasis starting on Adalimumab	£35,000 Abbvie	Mar-17
Dr Jenny Lewis	Pain Challenge Application	£205,070 (University of Bristol main grant holder)	
Dr Esther Crawley	Investigating the effectiveness and cost effectiveness of using FITNET to treat paediatric CFS/ME in the UK	£999,977.80 (University of Bristol main grant holder)	01/11/2016 to 01/11/2019
Dr Raj Sengupta	Quantitative imaging of sacrolillits; inter-centre (Bath/UCLH) validation and generalisability in adolescence and young adults.	£50,000. Collaboration with UCHL - Awarded by Arthritis Research UK national network of adolescent rheumatology.	01/10/2016 to 30/09/2018
Dr Raj Sengupta	ViMove wireless wearable sensors.	£25,440. Abbvie RUH grant/donation holder	
Dr Raj Sengupta	PROMISE "PROgnostic Markers In Spondyloarthritis (PROMISE Study)"	£216,431. Awarded by Celgene. RUH will hold grant.	
Dr Raj Sengupta	Fibromyalgia Optimal Management for patients with axial Spondyloarthritis (FOMAxS).	(amount to be comfirmed). RUH is a collaborator on grant. Awarded by ARUK.	
Dr Ali Khavandi	Cardiologist's Kitchen initiative – targeted dietary and lifestyle interventions for hypertension combining contemporary evidence with modern marketing and media strategies	£75,000. RUH will hold grant. Awarded by The Health Foundation – Innovating for Improvement Award	01/08/2016 to 01/11/2017

Nationally, grant applications have a 20 per cent success rate. At the Trust, however, our successful applications during 2016/17 significantly exceeded this rate. The Department of Health award of Research Capability Funding is used to support the infrastructure for research development and is based on the grant application success rate. As a result of our success rate in 2016/17, our grant for 2017/18 will be 10 per cent higher.

Mandatory Statement 4

A proportion of the Royal United Hospitals Bath NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between the Royal United Hospitals Bath NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2016/17 and for the following 12-month period are available at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/. This year, it is anticipated that the Trust will receive £5.1m in CQUIN payments out of a possible £5.5m, which represents 93 per cent achievement. In the previous year, 2015/16 the Trust achieved £5.4m in CQUIN out of a possible £5.6m, presenting a 92 per cent achievement.

Mandatory Statement 5

The Royal United Hospitals Bath NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registration without

conditions'. The CQC has taken no enforcement action against the Royal United Hospitals Bath NHS Foundation Trust during 2016/17.

Mandatory Statement 6 was removed from the regulations in 2011

Mandatory Statement 7

The Royal United Hospitals Bath NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Mandatory Statement 8

The Royal United Hospitals Bath NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data*: Which

included the patient's valid NHS number was:

- 99.7% for admitted patient care
- 99.9% for outpatient care
- 98.6% for accident and emergency care

which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

*Based on Provisional April 2016 to February 2017 SUS Data at the Month 11 Inclusion Date

Mandatory Statement 9

Royal United Hospitals Bath NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 90% and was graded as 'Green'.

Mandatory Statement 10

Clinical coding translates the medical terminology written in a patient's health record describing a patient's diagnosis and treatment into a standard, recognised code. The accuracy of this coding is a fundamental indicator of the accuracy of the patient's records and underpins payments and financial flows within the NHS.

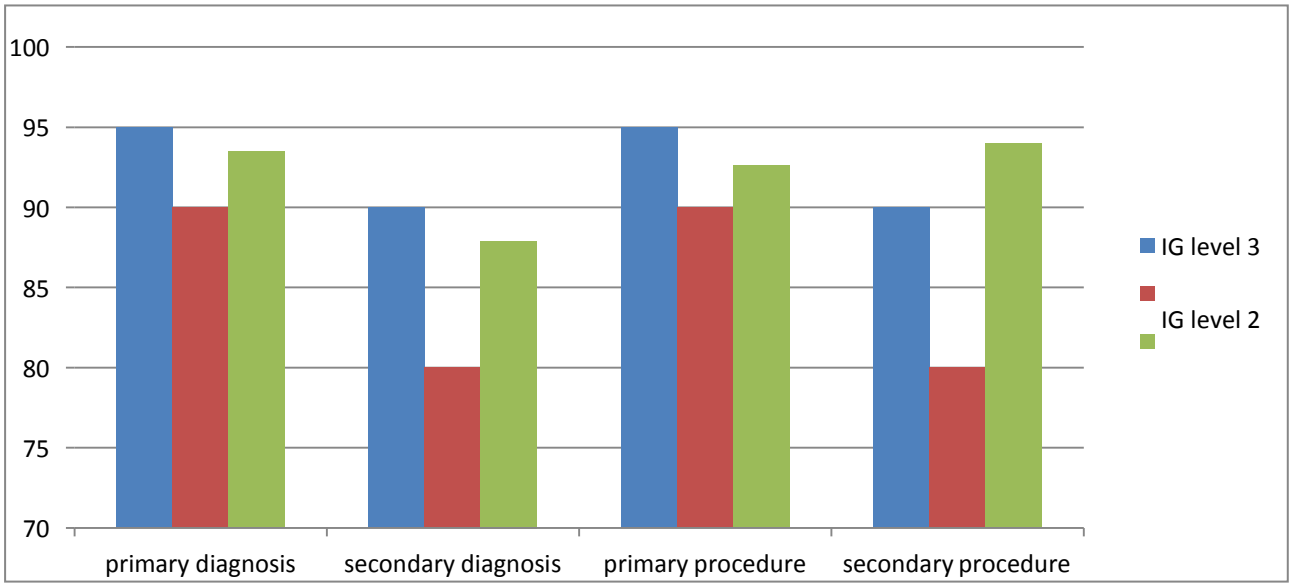
The 2016/2017 Clinical Coding audit report was commissioned by the Head of Clinical Coding in order to comply with Information Governance (IG) requirement standard 12-505. It is a summary of coded data at the Trust, comprising 200 consultant episodes from a variety of specialties audited during the period 1st April 2016 to 31st December 2016

The audit was carried out by the Head of Coding, the Professional Lead and the Team Manager who are all NHS Digital approved auditors, and it is a combined result of several

different audits undertaken throughout the year as part of the department's rolling internal coding audit programme.

The Royal United Hospitals Bath NHS Foundation Trust was not subject to the Payment by Results Clinical Coding audit during 2016/17 by NHS improvement.

The graph below indicates the percentage of accuracy of coded data achieved at the Trust compared to the accuracy levels required to meet IG standards.



The Trust Clinical Coding audit for 2016/2017 achieved IG standard level 2.

Correct Primary Diagnoses (%)	Correct Secondary Diagnoses (%)	Correct Primary Procedures (%)	Correct Secondary Procedures (%)
94	**88**	**93**	**94**

Mandatory Statement 11

The Royal United Hospitals Bath NHS Foundation Trust will be taking the following actions to improve data quality:

Continue to use the Data Quality Assurance Framework implemented during 2015/16 as a way of assessing the quality of information reported to the Board. This process assigns a confidence rating to the Single Oversight key performance standards based on the outcome and frequency of data quality audits.

Continue to incorporate Data Quality in the Internal Audit Programme, ensuring that the quality of information remains a high priority for the Trust.

Continue the work of the Data Quality Steering Group, which meets regularly to oversee data quality within the Trust. The group monitors data quality issues and receives the outcomes of audits and external data quality reports to support resolution of issues and improvement work. The meetings are attended by staff from the Information, IM&T and Finance Departments and staff working in operational roles to make sure that the Trust maintains high quality and accurate patient information to support patient care.

Part 3 – Review of Services

This section of our Quality Accounts provides an overview of the quality of care we provided in 2016/17. The information shows our performance against mandated indicators as set out in the guidance from NHS Improvement and also against a number of indicators selected by the Board of Directors in consultation with our Commissioners.

Three indicators have been selected from each of the domains of patient safety, clinical effectiveness and patient experience. Where possible, we have included our previous year's performance and how we benchmark against the national average.

These indicators have been selected from the Trust's Integrated Balanced Scorecard and the NHS Improvement Risk Assessment Framework, which was later replaced by the Single Oversight Framework and fit within the domains of caring, effective, safe, responsive, and well led. They also link to the areas that we have identified in our Quality Account priorities and the CQUIN targets. We believe that our performance against these indicators demonstrates that we are providing high quality patient-centred care and will continue to monitor our performance over the coming year.

Patient safety

The three patient safety indicators are:

1. Falls
2. Infections
3. Pressure ulcers

Falls

	Trust local target	2016/17 Performance	Did we achieve in 2016/17 against our target?	2015/16 Performance	Did we achieve in 2015/16 against our target?	2014/15 Performance	Did we achieve in 2014/15 against our target?
Falls assessment completed within 24 hours (average per month)	95%	94%	✗	96.1%	✓	96.8%	✓
Number of falls resulting in harm (average per month)	1	3	✗	3	✗	1	N/A
Falls resulting in harm per 1000 bed days	N/A	0.16	N/A	0.15	N/A	0.05	N/A

We are are confident that the data we use to monitor falls is an accurate way of looking at falls within our hospitals. Falls resulting in harm relates to those categorised as moderate and above. Falls assessments are completed on our Patient Administration System and monitored by our senior nursing team. When falls occur they are reported via our incident reporting tool, and are monitored through our falls steering group, with the learning shared across the organisation.

The falls steering group monitors all falls within the Trust. This includes reviewing the results of all root cause analyses conducted to investigate falls that have occurred. This process enables us to learn from incidents, identify themes and trends and look for potential improvements.

During 2016/17 we worked with falls leads in the wards to embed the use of the falls care bundle, developed a training matrix and introduced measures to review all patients on medications that could contribute to or increase the risk of falls. We undertook thematic reviews in April and October 2016 of all falls to identify any correlation between patient specific, environmental and Trust wide risk factors. We improved our response to patients who have fallen by introducing a rapid post falls review and training in the use of the falls retrieval kit.

Falls leads remain active on all wards, and they are supported by a Quality Improvement Facilitator and a Senior Nurse.

Infections

		RUH Target (National)	2016/17 Total[1]		Have we improved on 2015/16 (actual cases)?	2015/16 Total[2]		Did we achieve in 2015/16 against our national target?	Were we better than the 15/16 national rate in 16/17? (actual cases) [3]
			Reported	Actual		Reported	Actual		
Clostridium difficile	**Total infections**	22	40	27	✓	58	32	✗	N/A
	Rate per 100,000 bed days	10.9	17.6	11.9	✓	26.4	14.5	✗	✓
MRSA	**Total infections**	0	1		✓	3		✗	N/A

1. In 2016/17 we have reported 40 cases of Clostridium difficile, however 13 of these have since been found to be not attributable to the Trust, resulting in 27 actual cases.

2. National data is not yet available for 2016/17, but we can compare ourselves to last year to give an idea of where we are nationally. This has been done based on the actual number of Trust attributable cases to date. The national rate for 15/16 was 14.9.

We are confident that our data on infections is accurate. Mandatory surveillance is undertaken by the Trust for blood stream infections caused by MRSA, MSSA and e-coli. All infections caused by C. difficile (Clostridium difficile) are also reportable. The Infection Prevention and Control Team receive notification of all of these infections and they report them to Public Health England via the Health Care Associated Infection Data Capture System including enhanced surveillance where necessary, e.g. in some cases we will be required to have undertaken detailed analysis of the infection and identify causes or the source. This is done in line with national definitions.

In the coming year we will continue to take forward improvement actions identified from a review of C. difficile infections undertaken by NHS Improvement this year. The Trust invited this review to look at how infections are managed and to identify where further improvements can be made. The report from their visit has not been received at the time of writing this report however; the issues raised from their verbal feedback have been included in the Trust's C. diff Action Plan. These recommendations can be seen in the core indicators section of this report.

There has been one case of Trust attributed MRSA bacteraemia this year. This was thoroughly investigated by post infection review. The affected patient had been an inpatient within Critical Care Services for a prolonged period of time and the investigation identified improvements in the management of arterial lines. A new management plan has since been introduced, led by the matron for Critical Care Services.

Pressure Ulcers

		2016/17				Have we improved on 2015/16 in 2016/17?	2015/16		2014/15	
		2016/17 Trust local target	2016/17 Total	2016/17 Average per month	Did we achieve in 2016/17 against our local target?		2015/16 Total	2015/16 Average per month	2014/15 Total	2014/15 Average per month
Grade two	Grade two	24	34	3	✗	✗	27	2	31	3
	Device related	N/A	15	1	N/A	✓	23	2	15	1
	Total	N/A	49	4	N/A	✗	50	4	46	4
Grade three		0	3	0	✗	✗	1	0	4	0
Grade four		0	1	0	✗	✗	0	0	0	0

Performance against our target of no more than two avoidable pressure ulcers was met for the months of May, July and September 2016 and March 2017. For months where the Trust saw an increase in the number of pressure ulcers improvement plans were put in place and monitored by the Senior Nursing team and the Tissue Viability Steering group.

All hospital acquired pressure ulcers are investigated to identify any themes and potential learning. These are then used to drive improvement work at local and Trust level.

The work to eradicate the harm from hospital acquired pressure damage within the Trust has been challenging, especially between December and February. Further improvements in the pressure ulcer prevention pathway, documentation, training and investigation have been embedded and it is expected that the year ahead will show a reduction in avoidable harm.

We are confident that our pressure ulcer data is accurate. Pressure ulcers are recorded on

our Patient First System and our incident reporting system. These are then checked and confirmed by our Tissue Viability team. An annual prevalence was carried out in July 2016 and provided assurance that the incidence data we are capturing is accurate.

Clinical effectiveness

The three clinical effective indicators are:

1. Sepsis
2. Cancer access targets
3. Hospital Standardised Mortality Ratio (HSMR)

Sepsis

		2016/17					Have we improved on 2015/16?	2015/16
		Q1	Q2	Q3	Q4	Total		
Percentage of patients with antibiotics given within one hour	Performance	77%	84%	70%	69%	83%	✓	60%
	Did we meet our CQUIN target?	✓	✓	✓	✗	N/A	N/A	✓
Screening[1]	Performance	87%	80%	85%	80%	83%		70%
	Did we meet our CQUIN target?	✓	✓	✓	✓	N/A	N/A	✓

Sepsis is one of our CQUINS for 2016/17; further detail on our sepsis work is detailed in the National CQUIN schemes 2016/17 section.

We are confident that the information we use for monitoring sepsis is accurate. Information is collected from patient information electronic system, within our Emergency Department and also from hospital notes. This is then validated by clinical staff and fed back to staff in the department for monitoring performance and driving improvement.

Cancer access targets

		Royal United Hospitals Bath NHS Foundation Trust							National	
	Measure	Target	2016/17 RUH Total	Did we achieve in 16/17?	2015/16 RUH Total	Did we achieve in 15/16?	2014/15 RUH Total	Did we achieve in 14/15?	2015/16 National total	2016/17 National total[1]
Two week wait	From GP referral to 1st outpatient appointment	93.0%	94.1%	✓	93.3%	✓	93.7%	✓	94.1%	94.3%
	From GP referral to 1st outpatient appointment - breast symptoms	93.0%	83.9%	✗	86.6%	✗	95.1%	✓	93.2%	93.6%
31 day wait	From diagnosis to first treatment for all cancers	96.0%	99.5%	✓	99.5%	✓	98.4%	✓	97.6%	97.6%
	From diagnosis to subsequent treatment - surgery	94.0%	99.2%	✓	99.7%	✓	98.0%	✓	95.6%	95.4%
	From diagnosis to subsequent treatment - drug treatments	98.0%	100.0%	✓	100.0%	✓	100.0%	✓	99.5%	99.4%
	From diagnosis to subsequent treatment - radiotherapy treatments	94.0%	100.0%	✓	99.9%	✓	99.0%	✓	97.6%	97.3%
62 day wait	From urgent referral to treatment of all cancers	85.0%	88.9%	✓	89.6%	✓	90.0%	✓	82.4%	82.3%
	From referral to treatment from a screening service	90.0%	90.9%	✓	96.3%	✓	97.0%	✓	93.1%	92.0%

1. National data for 2016/17 is between Apr 16 - Dec 2016

We did not achieve our target for the two week wait breast symptomatic target in 2016/17. We achieved for Quarters two and three but failed the target for Quarters one and four when our capacity to see all referrals within the two week timeframe was impacted by staffing issues. This affected breast symptomatic patients, but has not affected patients with suspected cancer. Patients are clinically triaged, and any referred or triaged as urgent suspected cancer are offered an appointment within two weeks and are managed against the two week wait suspected cancer target. The breast suspected cancer two week wait target was achieved for the year 2016/2017 at 95.7 per cent.

Actions were taken to run additional sessions in the week and at weekends, as well as recruiting to posts to increase staffing levels.

We are confident that the information we use for our cancer indicators is accurate. It is collected from Patient First, cancer information systems and the national cancer waiting times system in line with national definitions. Our reporting process and data quality are regularly audited as part of the 2016/17 Quality Account Audit programme. We also use a range of reports to monitor and manage patient pathways with our cancer team

Hospital Standardised Mortality Ratio (HSMR)

			2016/17		2015/16		2014/15	
		National Average	April to January		April to March		April to March	
			HSMR value	Were we within expected range?	HSMR value	Were we within expected range?	HSMR value	Were we within expected range?
HSMR	Overall	100	109.3	✗	107.0	✗	101.9	✓
	Weekday	100	105.9	✓	105.7	✓	100.9	✓
	Weekend	100	118.9	✗	110.5	✓	105.1	✓

We use the Dr Foster intelligence tool to monitor our HSMR performance. This looks at observed and expected outcomes to measure mortality. The calculation uses statistical methods to identify whether mortality is significantly better, worse or within expected range of the national average.

Due to the time it takes to publish the data we are only able to include figures from April to January of this reporting year.

We monitor HSMR through our monthly Clinical Outcomes Group meeting. This meeting is chaired by our Medical Director, and is attended by clinical and non-clinical staff within the Trust. Any areas of concern are also investigated.

Our HSMR for April to December this year is outside of the expected range for overall and weekend mortality rates but within the expected range for weekday. The Clinical Outcomes Group is monitoring HSMR and continuing to investigate variation from expected levels.

Patient experience

The three patient experience indicators are:

1. Referral to Treatment (RTT)

2. Friends and Family Test (FFT)
3. Emergency Department – Four Hour waiting times

Referral to Treatment (RTT)

	Royal United Hospitals Bath NHS Foundation Trust							National
Measure	**Target**	**2016/17 RUH Total**	**Did we achieve in 16/17**	**2015/16 RUH Total**	**Did we achieve in 15/16?**	**2014/15 RUH Total**	**Did we achieve in 14/15?**	**2016/17 National total [1]**
Incomplete pathways - patients waiting no longer than 18 weeks for treatment	92.0%	90.4%	✗	91.7%	✗	92.3%	✓	90.8%

1.Latest 2016/17 national position is for April 16 to January 17

We have worked hard to balance emergency and elective care, however during 2016/17 we have been unable to sustain the delivery of the access standard for open pathway; this has been due to a sustained increase in elective demand and the competing demands of emergency care. An improvement trajectory was agreed with Commissioners in June 2016 and performance against this has been monitored alongside the national target level of 92 per cent.

There has also been significant growth in the referral of patients with a suspected or diagnosed cancer, where urgency of appointment can significantly impact routine elective work, and as a consequence there has been an increase in our backlog beyond planned levels. We have maintained focus on ensuring those patients with the greatest clinical priority are treated first.

During 2016/17 the Trust has detailed, by specialty, the actions that will be taken both internally to increase elective capacity and what is required by the wider system in order to reduce and manage demand more effectively. The Trust has seen significant success with this approach during the year with improvements seen at speciality level for ENT, Dermatology and General Surgery.

We are confident that the information reported here is accurate. Our referral to treatment pathways are recorded on our Trust Patient Administration System and are monitored and reported in line with national definitions. In August 2014 our processes and reporting were audited as part of our internal audit programme and referral to treatment data for open pathways (patients not yet treated) have been audited as part of the 2014/15, 2015/16 and 2016/17 Quality Accounts. Our patient pathways are subject to thorough checking by a dedicated validation team, and we have a range of reports available to monitor and manage patient pathways on a daily basis.

Friends and Family Test (FFT)

Measure			Royal United Hospital			National	
			2016/17 RUH Total	Have we improved on 2015/16?	2015/16 RUH Total	How do we compare to National?	2016/17 National Total [1]
Inpatients	Response rate		21.8%	✓	21.6%	✗	24.2%
	Percentage of patients that would recommend the RUH to friends and family		97.0%	About the same	97.0%	✓	95.0%
A&E	Response rate		16.7%	✓	11.3%	✓	12.7%
	Percentage of patients that would recommend the RUH to friends and family		97.1%	✓	96.0%	✓	86.1%
Maternity	Antenatal care	Percentage of patients that would recommend the RUH to friends and family	96.0%	✓	94.7%	✓	95.6%
	Birth	Response rate	18.9%	✗	25.8%	✗	23.1%
		Percentage of patients that would recommend the RUH to friends and family	99.0%	✓	97.0%	✓	96.6%
	Postnatal ward	Percentage of patients that would recommend the RUH to friends and family	98.0%	About the same	98.0%	✓	93.8%
	Postnatal community provision	Percentage of patients that would recommend the RUH to friends and family	99.0%	About the same	99.0%	✓	97.6%
Outpatients	Percentage of patients that would recommend the RUH to friends and family		96.6%	✓	93.9%	✓	92.6%

1. *The latest published data is only available up to January 2017, so 2016/17 national performance is currently April 2016 to January 2017 only.*

We are confident that our patients have been given the opportunity to provide feedback via the Friends and Family test, and that the information displayed represents the responses that we have received. Patients are given the opportunity to complete feedback cards, which are then entered onto our patient experience system. Eligible patient numbers are taken from our Patient Administration System. Responses and eligible populations are reported in line with national definitions.

Emergency Department – Four Hour waiting times

Measure	Royal United Hospitals Bath NHS Foundation Trust							National
	Target	2016/17 RUH Total	Did we achieve in 16/17?	2015/16 RUH Total	Did we achieve in 15/16?	2014/15 RUH Total	Did we achieve in 14/15?	2016/17 National total [2]
Patients attending the Emergency department waiting a maximum of four hours before a decision is made to treat, admit or discharge - All Types - Including the Urgent Care Centre [1]	95.0%	83.3%	✗	86.9%	✗	91.4%	✗	89.0%
Patients attending the Emergency department waiting a maximum of four hours before a decision is made to treat, admit or discharge - Type 1 - Emergency Department only	95.0%	80.8%	✗	84.7%	✗	90.5%	✗	83.6%

1. *In 2014/15 the Urgent Care Centre opened alongside our Emergency Department. Since the beginning of 2015/16 we now report 'all types' (including Urgent Care Centre) performance as standard.*

2. *2016/17 national data for the full year is not available yet, so national totals are to the end of February only.*

This access standard has continued to be challenging, and the Trust is clear that support from the wider system is required to deliver it. The Trust has continued to draw upon the expertise and experience from those urgent care and emergency systems coping more effectively, in order to inform our improvements and planning. The Trust performance during 2016/17 is outlined in the table.

We remain committed to delivering safe and high quality care to our patients, and in particular during the periods of heightened pressure within our emergency department. The Trust improvement programme is led by the Executive Urgent Care Collaborative Board which over sees the actions required for further improvement in this area.

The Trust has performed highly on quality aspects of our A&E services; over 95% of patients attending A&E are assessed within eight minutes, and we remain the top performing Trust in the region in ensuring a swift handover between ambulance and A&E staff; meaning patients arriving by ambulance are brought in quickly and ambulance crews are freed up to respond to 999 calls. This performance was sustained during the most challenging period for the hospital during quarter 4.

We are confident that our Emergency Department data is accurate. Attendances are recorded on our Emergency Department Patient Administration System and wait times are checked by clinical teams. Our attendances and waits are monitored and reported in line with national guidance. We have a range of reports available to help us to monitor and manage attendances and wait times on a daily basis. Our Accident and Emergency waiting time measures were audited in September 2015 as part of the Trust's Internal Audit Programme as well as being one of the areas audited in the 2016/17 Quality Account Audit.

Core indicators

Preventing people from dying prematurely

Summary Hospital Mortality Indicator (SHMI)

Measure		Latest Reporting Year	RUH Performance		National Average	National Best	National Worst
			Oct 15 - Sep 16	Jul 15 - Jun 16	Oct 15 - Sep 16		
Summary Hospital Level Mortality Indicator (SHMI)	Value	2016/17	0.99	0.97	1.00	0.69	1.16
	Banding	2016/17	2	2	2	3	1
	% of Patient Deaths with Palliative Care Coding	2016/17	22.2%	23.2%	29.7%	0.4%	56.3%

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown is published by NHS Digital using data provided by the Trust.

SHMI is reported as a twelve month rolling position, and the reporting periods shown are the latest available from NHS Digital.

The SHMI value is better the lower it is. The banding level helps to show whether mortality is within 'expected' range based on statistical methodology. There are three bandings applied, with a banding of two indicating that mortality is within expected range. The Trust has a

banding of two, meaning that mortality levels are not significantly higher or lower than expected.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

The Trust scoring against this measure is within expected range, and the latest published figures are in line with the previous time period. Because of this no specific improvement actions have been identified, however the Trust is committed to continuing to reduce mortality as measured by both the SHMI and HSMR (Hospital Standardised Mortality Ratio) indicators. The Trust performance against HSMR is detailed in section three of the Quality Accounts.

Our Clinical Outcomes Group, chaired by the Medical Director monitors these indicators on a regular basis, and we use the Dr Foster Intelligence System to monitor mortality and clinical effectiveness.

Helping people to recover from episodes of ill health or following injury

Patient Reported Outcome Measures (PROMS)

Measure		Latest Reporting Year	RUH Performance		National Average	National Best	National Worst
			Apr 16 - Sep 16	Apr 15 - Mar 16	Apr 16 - Sep 15		
PROMS: Patient reported outcome measure	Groin Hernia - EQ VAS	2016/17	*	-3.75	-0.12	3.11	-4.65
	Groin Hernia - EQ-5D Index	2016/17	*	0.03	0.09	0.16	0.02
	Hip Replacement Primary EQ VAS	2016/17	17.29	12.49	13.73	19.51	3.94
	Hip Replacement Primary EQ-5D Index	2016/17	0.45	0.43	0.45	0.52	0.33
	Hip Replacement Primary Oxford Hip	2016/17	23.31	22.35	22.02	25.20	17.84
	Hip Replacement Revision EQ VAS	2016/17	*	*	7.84	*	*
	Hip Replacement Revision EQ-5D Index	2016/17	*	0.23	0.29	*	*
	Hip Replacement Revision Oxford Hip	2016/17	*	11.72	13.14	*	*
	Knee Replacement Primary EQ VAS	2016/17	3.78	7.05	8.08	15.09	0.80
	Knee Replacement Primary EQ-5D Index	2016/17	0.26	0.34	0.34	0.43	0.26
	Knee Replacement Primary Oxford Knee	2016/17	13.18	17.64	16.88	21.35	12.65
	Knee Replacement Revision EQ VAS	2016/17	*	*	5.15	*	*
	Knee Replacement Revision EQ-5D	2016/17	*	*	0.29	*	*
	Knee Replacement Revision Oxford	2016/17	*	*	13.62	*	*
	Varicose Vein Aberdeen Varicose Vein	2016/17	*	*	-8.48	1.33	-14.52
	Varicose Vein EQ VAS	2016/17	*	*	1.37	5.02	-0.79
	Varicose Vein EQ-5D Index	2016/17	*	*	0.10	0.15	0.02

Note 1: * *Data are subject to disclosure control before being released. Aggregate data at organisation level are suppressed (shown as *) where counts of HES eligible episodes or pre-operative questionnaires are less than or equal to five.*

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown is published by NHS Digital using data provided by the Trust and patient responses. The Trust give pre-operative questionnaires to all eligible patients and a follow up post-operative questionnaire is sent to patients by an external company in line with national guidance.

Information is only available for some measures for the Trust against the PROMS measures for the most recent reporting period. This is because a low number of the post-operative questionnaires have been returned to date, due to the time it takes to gather and process responses. Small numbers are not used because it is difficult to make accurate assumptions

about improvements in care, and in some cases information has to be excluded to protect patient confidentiality.

The reporting periods shown are the latest available from NHS Digital.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

Historically the Trust scoring against this measure has been within expected range (above national average) for the majority of areas. Because of this, no specific improvement actions have been identified. However, the Trust intends to continue to improve against this measure in 2016/17.

There are three different measures included in PROMS, the EQ VAS, EQ-5D Index and Oxford hip and knee scores. The EQ-5D Index is a combination of five key criteria concerning general health and EQ VAS is the current state of the patients general health marked on a visual analogue scale. The Oxford Hip and Knee scores relate specifically to the patient's condition and therefore are a particular area of focus for the Trust when monitoring PROMS results.

The Trust will continue to review performance against PROMS measures when more recent data becomes available.

Readmissions

Measure		Latest Reporting Year	RUH Performance		National Average*	National Best*	National Worst*
			Apr 16 - Nov 16	Apr 15 - Mar 16	2015/16		
Patient readmitted to a hospital within 28 days of being discharged	0-15 years old	2016/17	10.63%	9.71%	8.84%	1.27%	16.38%
	16 years or over	2016/17	8.53%	7.93%	7.93%	5.47%	10.37%

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

Published data from NHS Digital for the most recent time periods was not available at the time of reporting, and so in order to provide more up to date information the performance above has been taken from a different source. This data has been taken from Dr Foster Intelligence, a tool used by the Trust to monitor patient outcomes using data submitted by the Trust. National Comparison figures have also been taken from Dr Foster 2015/16 based on non-teaching Acute Hospital Trusts.

Due to the time it takes to publish the data we are only able to include figures from April to November of this year for the latest time period.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

Both the readmission rates have seen a small increase in the period April - November 2016 compared to the annual rate seen in 2016/17. Re - admission rates published by Dr Foster are reviewed at our monthly Clinical Outcomes Group meeting that is chaired by our Medical Director. The paediatric service provides open access as a safety net and therefore would expect to have a percentage of children returning to hospital.

Ensuring people have a positive experience of care

Responsiveness to the personal needs of patients

Measure		Latest Reporting Year	RUH Performance		National Average	National Best	National Worst
			2015	2014	2015		
Responsiveness to the Personal needs of Patients	Inpatient Overall score	2015	77.1%	78.5%	77.3%	88.0%	70.6%

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown is published by NHS Digital using patient responses to the National Inpatient Survey. The list of patients was provided by the Trust using the methodology and criteria specified for the survey. In order to protect the confidentiality of responses the survey is analysed by an external company, and so this data cannot be calculated internally. Responses for the 2016 National Inpatient Survey have not yet been released; therefore the latest available surveys have been included. These relate to the 2015 and 2014 inpatient surveys.

The overall score uses the results of a selection of questions from the Inpatient Survey looking at a range of elements of hospital care.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

There has been minimal change to the overall score since 2014/15 and the Trust's performance is in line with the national average. There are no questions where the Trust scored amongst the worst performing trusts. The Trust scored amongst the best performing trusts for whether patients are bothered by noise at night from hospital staff. The assessments undertaken for the ward accreditation programme use a number of questions that form part of the national survey. Bespoke surveys have also been developed for use by the Matrons using the Trust's e-Quest system. The quarterly surveys will focus on topics such as communication and information, privacy and dignity, facilities (including cleanliness and food) and the involvement of families/carers. Results from these surveys are included in the quarterly Patient Experience report to the Board of Directors**.**

Friends and Family Test

Measure		Royal United Hospital			National	
		2016/17 RUH Total	Have we improved on 2015/16?	2015/16 RUH Total	How do we compare to National?	2016/17 National Total [1]
Inpatients	Percentage of patients that would recommend the RUH to friends and family	97.0%	About the same	97.0%	✓	95.0%
A&E	Percentage of patients that would recommend the RUH to friends and family	97.1%	✓	96.0%	✓	86.1%

1. The latest published data is only available up to January 2017, so 2016/17 national performance is currently April 2016 to January 2017 only.

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

We are confident that our patients have been given the opportunity to provide feedback via the Friends and Family test, and that the information displayed represents the responses that we have received. Patients are given the opportunity to complete feedback cards, which are then entered onto our patient experience system. Eligible patient numbers are taken from our Patient Administration System. Responses and eligible populations are reported in line with national definitions.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

Although performance is good the Friends and Family Test data continues to be reported through Trust Performance and Quality Groups and is on the Trust scorecard to ensure this is monitored. In addition, the additional comments submitted by patients on the questionnaire are logged and analysed to pick up on any issues raised.

Staff survey

Measure	Latest Reporting Year	RUH Performance		National Average*	National Best*	National Worst*
		2016	2015	2016		
Staff who would recommend the trust to their family or friends	2016/17	76%	75%	70%	85%	49%

* Acute Trusts

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown is taken from the NHS Staff Survey. The survey is run and analysed by an external company and so this cannot be calculated internally. This is done in line with national guidance. For the past 2 years all staff members were given the opportunity to complete a staff survey to make sure opinions were captured from as many people as possible.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

The Trust scored above the national average for acute trusts for this measure, and the proportion of staff who would recommend the Trust for treatment to friends and family has improved since last year. Work on embedding the Trust values has continued over the past twelve months, supporting staff to focus on Everyone Matters; Working Together, and Making a Difference with the Trust.

Treating and caring for people in a safe environment and protecting them from avoidable harm

Venous Thromboembolism (VTE)

Measure	Latest Reporting Year: 2016/17	RUH Performance		National Average	National Best	National Worst
		2016/17	2015/16	2016/17		
Patients admitted to hospital who were risk assessed for venous thromboembolism	Q1	98.32%	96.88%	95.73%	100.00%	80.61%
	Q2	98.73%	97.55%	95.51%	100.00%	72.14%
	Q3	96.72%	98.50%	95.64%	100.00%	76.48%
	Q4		98.11%			

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown is published by NHS England using data provided by the Trust. The figures published are consistent with local calculations of the information that has been submitted.

Performance is published as quarterly totals. At the time of reporting only data to the end of quarter three of 2016/17 has been published.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

The Trust scoring against this measure is better than national averages.

The Trust is in process of making training on VTE prophylaxis mandatory for all medical and nursing staff. In addition, the Trust is due to improve on current performance with input from Salisbury which is our local VTE exemplar centre.

The haematology department have been successful in obtaining external funding for an anticoagulation pharmacist; part of their role is to improve education and training on anticoagulation.

The Trust is due to move to electronic prescribing later in 2017. The VTE risk assessment and administration of pharmacological and mechanical thromboprophylaxis will be part of electronic prescribing. The advantage of this to the Trust is that reliability of collecting information on VTE risk assessment and prophylaxis will be further improved.

Clostridium difficile (C.difficile)

Measure		Latest Reporting Year	RUH Performance		National Average	National Best	National Worst
			2016/17	2015/16	2015/16		
Rate of C.difficile infection	Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over	Reported	17.6	26.4	14.9	0.0	66.0

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The performance shown for the current reporting period (April 2016 to March 2017) has been calculated internally by the Trust using the data submitted nationally, as published data was not available at the time of reporting. During 2016/17 the Trust has reported 40 cases of C.difficile; however 13 of these have since been found to be not attributable to the Trust. Rates for both reported and actual are shown in the table.

Based on national guidance, the Trust reports the incidence of infections to Public Health England on a monthly basis. The infection rate shown for 2016/17 was calculated and published by Public Health England based on the number of cases of C.difficile that the Trust reported. When calculated internally using the final validated figure, our rate per 100,000 bed days for the year 2016/17 was 11.9. This has been calculated in line with national definitions.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

Implementing training for the reduction of C.difficile infections in the form of:

- Antimicrobial prescribing e-learning for non-medical prescribers;
- Introduction of a C.difficile workbook for nursing staff and Allied Health Professionals;
- C.difficile champions on all wards who receive specific training that can be cascaded to other staff

NHS Improvement were invited to visit the Trust in February 2017 to support us to further reduce the incidence of C.difficile infection. Their recommendations which will continue to be taken forward include:

- Strengthen antibiotic prescribing and stewardship by tightening policies and increasing capacity of the antimicrobial pharmacist
- Review methodology for hand hygiene audits to produce realistic and timely results
- Improve cleaning of 'nursing' equipment
- Infection Prevention and Control Team need to be used as an expert resource and should not be collecting data for other departments e.g. the side room tool

Incidents

Measure		Latest Reporting Year	RUH Performance	RUH Performance	National Median*	National Best*	National Worst*
			Apr16-Sep16	Apr15-Mar16	Apr16-Sep16		
Patient Safety incidents and the percentage that resulted in severe harm or death	Number of Patient Safety Incidents	2016/17	3501	7278	4335	13485	1485
	Rate of Patient Safety Incidents (per 1000 bed days)		30.6	32.9	40.0	71.8	21.2
	Number Resulting in severe harm or death		22	16	14	1	98
	% resulting in severe harm or death		0.6%	0.2%	0.3%	0.0%	1.7%

** Acute Trusts (non-specialist)*

The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The data shown for 2016/17 and for April – September 2016 is published by the National Reporting and Learning System (NRLS). This uses incident data provided by the Trust based on national definitions, and figures published are consistent with local calculations. National averages, best and worst figures are based on all non-specialist Acute Trusts, with the National averages being calculated internally using the published data. April – September 2016 is the latest published dataset.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this performance, and so the quality of its services, by:

The Trust is supporting a culture of incident reporting, to allow for learning to take place within the organisation and the organisation has developed an action plan to focus on increasing the level of reporting. The Trust will continue to use the routine monitoring of data on incident themes and trends, to evidence quality improvement across the Trust.

Commissioning for Quality and Innovation

The Commissioning for Quality and Innovation (CQUIN) is a payment framework which enables Commissioners to reward excellence by linking a proportion of acute healthcare provider's income conditional on demonstrating improvements in quality in specified areas of care. Some improvement goals are nationally defined, with additional goals agreed locally between the Trust and its commissioners.

A clinician, who supports the achievement of quality indicator milestones and targets as well as the financial performance for their scheme, leads each CQUIN quality improvement programme. The following outlines the progress with the 2016/2017 CQUIN quality improvement schemes.

National CQUIN schemes for 2016/17

Staff Health and Wellbeing

A series of initiatives aimed to improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.

The scheme was split into three parts;

a. Compiling and delivering a plan to introduce more health and wellbeing initiatives for staff by implementing programmes to improve overall staff health, particularly focussing on musculoskeletal health and the provision of mental health initiatives aimed at reducing stress.
b. Ensuring healthy food is available to staff/visitors and that unhealthy food is not being promoted in outlets across the Trust
c. Improving the uptake of the flu vaccination for frontline staff to ensure that 75 per cent were protected by January 2017.

The Trust established a Health and Wellbeing Board to support this CQUIN. During the year the group promoted and hosted a range of wellbeing initiatives including the Race2Rio campaign, Health and Wellbeing taster days, the expansion of the staff physiotherapy service and the launch of additional mental health courses.

The promotion of high sugar, fat and salt foods has been banned across the Trust with an emphasis on encouraging staff, visitors and patients to make healthy choices instead.

The Trust had a very successful flu campaign this year, increasing the percentage of clinical front line staff who received the vaccine by nearly 40% from 2015/16, the largest increase for the Trusts in the South West. Our campaign team were recognised at the regional Flu Fighters campaign workshop as having run an exemplary and well communicated campaign across the season.

Antimicrobial resistance

A national scheme aimed at combating the rise of antimicrobial resistance by reducing the overuse and inappropriate prescription of antimicrobials. The CQUIN sought to incentivise the Trust to reduce its overall antibiotic consumption by one percent and ensure that once prescribed IV antibiotics are reviewed within three days of commencement.

The scheme has achieved full compliance with all milestones.

Sepsis

The sepsis safety programme has been an ongoing priority in the Trust since 2014, commencing as a local CQUIN this work has been built upon by two national CQUINS in 15/16 and 16/17. (see page xx for further details). The project focuses on the rapid detection, via screening, and treatment of patients with Sepsis in the Emergency Department and inpatient settings. As a result of this work we are now identifying patients earlier and administering antibiotics faster. Over 1000 staff members have been trained in the new NICE guidance and NEWS and are empowered to act quickly when patients deteriorate.

The Trust's Sepsis training has been nationally recognised as an example of best practice, with the programme becoming a finalist for the Patient safety award 2016 and quoted in 'Getting it Right' - a recent Health Education England (HEE) update on Sepsis education and training in England.

Stillbirth

The first locally agreed CQUIN aimed to reduce the stillbirth rate across the Trust through a range of improved practices based on the *Saving Babies' Lives* care bundle published by NHSE. These included:

a. **Reducing smoking in pregnancy** by rolling out smoking cessation training to all maternity clinical staff and implementing a process for following up referrals to stop-smoking services in Bath and north east Somerset and Wiltshire
b. **Reviewing risk assessment and surveillance for fetal growth restriction** by undertaking a quality improvement project to compile and adopt an evidence-based guideline on identifying and managing pregnancies with fetal growth restriction and learning from cases where Small for Gestational Age (SGA) babies were missed
c. **Improving fetal monitoring during labour** by ensuring that the fresh eyes review system for cardiotocograph (CTG) interpretation is used according to protocol.

We have made progress in taking forward each of these initiatives in line with our plans, which are bringing benefits to mothers and babies.

Frailty

The second locally agreed CQUIN was intended to promote a system of timely and supported discharge packages for frail patients from two wards. This was achieved across a number of metrics including:

a. Increasing the number of patients aged 75 and above with a frailty syndrome that were screened for frailty;
b. Improving the number of patients aged 75 and over referred to the Discharge Assessment Team and/or admitted to a ward that had a Comprehensive Geriatric Assessment (CGA) completed, with a summary of the results included in the discharge summary.
c. The introduction and roll out of the discharge passport with feedback gathered from patients and carers.

The scheme is anticipated to achieve full compliance with all milestones, demonstrating the Trust's continued focus on frailty.

Transfers out of Critical Care

A scheme agreed with NHS England to improve the transfer process out of the Critical Care unit to the other wards. The CQUIN aims to support the Trust to meet the national standard that all discharges should be made within four hours of a clinical decision to discharge being taken within daytime hours. The project required monthly thematic review of the delays in transfers from the unit, resulting in the creation of an action plan to increase the number of transfers within four hours and reduce those delayed by over 24 hours.

The site team and critical care unit have worked closely together to embed and improve pathways and practices to avoid unnecessary delays and streamline communications across the Trust.

Nationally Standardised Dose Banding Adult Intravenous SACT

The second NHS England scheme sought to standardise doses of prescribed chemotherapy to reduce variation in prescribing as part of the national medicines optimisation agenda. The CQUIN required the clinical teams to support the principle of dose banding and then increase the percentage of dose banded prescriptions administered for 17 drugs.

The scheme has achieved full compliance with all milestones across the year, far exceeding its quarter four target of 60% by achieving 92% of drugs dispensed being dose banded.

Achievements

The Trust has had a very successful year with regard to CQUIN schemes, both in terms of financial achievement and clinical quality improvements. In terms of financial achievement the Trust will receive 92% of a possible £5.5 million available CQUIN funding with three scheme achieving 100% of their milestones overall.

Duty of Candour

In November 2014, it became a legal requirement for all NHS Trusts to implement the Duty of Candour. This was an important step towards ensuring an open, honest and transparent culture.

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. It is important that lessons are learned and improvements made when things go wrong and that the culture of the organisation encourages openness and transparency. The Care Quality Commission (CQC) inspection will check that the Trust has robust systems in place to meet the duty of candour regulation.

To ensure compliance with the Duty of Candour, the Trust has produced a Duty of Candour policy to guide staff. Training sessions have been delivered to different forums within each division to ensure that every staff group has had access to guidance and assistance.

Duty of Candour has also been incorporated into the Trust's incident reporting system. Moderate, Severe and Catastrophic patient safety incidents automatically trigger Duty of Candour 'fields' which have to be completed by the incident reporter and informs other staff what actions they need to take. Failing to complete the actions in a timely manner will result in reminder emails being populated. At the end of 2016, the Trust saw compliance rates with each element of the Duty of Candour process increase.

Every month10 incidents deemed to have triggered Duty of Candour are randomly selected and assessed against the requirements of the regulation to ensure the correct procedure has been followed.

On a quarterly basis, a review of those incidents for which the reporter has indicated that Duty of Candour is not applicable, is performed. If it is discovered that Duty of Candour should have been implemented, the Duty of Candour action chain is initiated and the reporter of the incident contacted to explain why the previous decision has been overturned.

Care Quality Commission (CQC)

The Care Quality Commission (CQC) undertook a planned inspection of the Trust between 15 and 18 March 2016. An unannounced visit was also undertaken on 29 March 2016. The CQC published the inspection report on the 10th August 2016. The ratings achieved are based on information obtained through the provider information requests, the on-site inspection, local feedback and concerns and national and local data.

The Provider Report identifies many areas of good and outstanding practice including end of life care and the kindness and compassion of staff which led the CQC to give an 'outstanding' rating for the caring domain for the Trust.

Three of the eight core services were identified as 'requires improvement'. These were Urgent and Emergency Services, Medical Care and Critical Care. An improvement plan was returned to the CQC detailing the actions to be taken to address the compliance actions from the report. These actions are now complete and detailed below.

The CQC rated the Trust overall as 'requires improvement'. The ratings for each of the core services and the CQC domains are shown over:

Royal United Hospital Bath

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Maternity (community services)	Good	Requires improvement	Good	Good	Good	Good
Medical care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
End of life care	Good	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	☆ Outstanding	Requires improvement	Good	Requires improvement

Royal National Hospital for Rheumatic Diseases

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Royal United Hospitals Bath NHS Foundation Trust: Provider Level

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	☆ Outstanding	Requires improvement	Good	Requires improvement

Urgent and Emergency Services

Requiring improvement	Improvements made
Reporting on triage of self-presenting patients	Reporting on the time a patient who presented themselves to the Emergency Department was triaged has been added to the daily validation report and is monitored. Training continues in the use of the Manchester Triage tool.
Record keeping including pain assessments and early warning score	Nursing documentation has been reviewed and a nursing safety checklist introduced. The standard of record keeping is audited and monitored weekly.
Nurse staffing levels	Staffing levels, including the skill mix, have been reviewed. Proactive recruitment to vacancies continues.
Ensure all staff are up to date with mandatory training	The electronic staff record was amended to reflect correct staff groups in the training reports. Mandatory training compliance is reviewed monthly by the Clinical Lead and Matron.

Medical Care

Requiring improvement	Improvements made
Care records and documentation including risk assessments, care plans and monitoring records	Weekly audits are undertaken on completion of assessments and care plans. Documentation is also reviewed at daily patient safety briefings.
Ensure appropriate medical care is provided to patients transferred to the RNHRD	A Standard Operating Procedure has been agreed for Consultant cover for medical patients staying at the RNHRD. Audits are undertaken reviewing the transfer of patients according to these criteria.
Ensure staff are aware of the major incident protocol	Major incident training is now provided on staff induction.

Critical Care

Requiring improvement	Improvements made
Delayed discharges to wards and discharges at night	Working with the site team the Unit has worked to ensure compliance with the policy about the times a patient can be transferred out to a ward. Their approach has achieved a sustained reduction in out of hours (OOH) discharges. To strengthen governance in this area, the admission and discharge policy has been reviewed and a separate staffing policy is being written. A "transfer of care" toolkit has been implemented, which has provided assurance around a full formal ward handover with accountability handover.
Review of equipment to ensure all maintenance and servicing is up to date	Critical Care has a current spreadsheet of all equipment confirming the location, age and state of repair of the equipment. Critical Care continues to use its designated area so that staff are aware of what to do when a piece of machinery needs repairing to prevent it from being re-used by any other clinician. Stock controls have been strengthened to ensure that supplies of essential stock are maintained.
Employment of Critical Care Matron and nursing levels	A matron has been appointed for Critical Care and commenced in post in August 2016. The Unit ensures there is sufficient staff to ensure the unit can receive patients at all times. The unit is actively recruiting nurses and has introduced opportunities for staff to work between ED and Critical Care as well as PACU (Recovery) and Critical Care.
Storage and checking of medicines	A new fridge with Digi Lock has been installed and all drug cupboards have been changed to Digi Locks to facilitate ease of access for all staff, whilst ensuring the security of medicines.
Cleanliness	The Unit's relationship and reporting process between hotel services and the Unit has been strengthened, with additional cleaning staff now present in the Unit during the afternoon. Weekly cleaning audits, involving nursing and domestic staff take place.

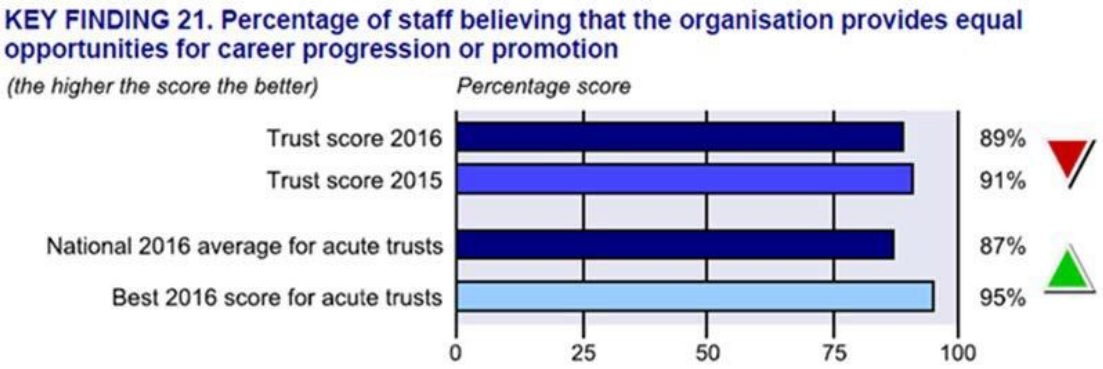
Requiring improvement	Improvements made
Incident Reporting	Work has focused on encouraging incident reporting through Datix. This has seen a rise each month in incident reporting from initial only 15 reports a month to now >50 reports a month, demonstrating good progression of cultural change. All the senior nursing team receive triggers of incidents when they occur which again is informative but also responsive to enable learning. The Staff Engagement Communication (SEC) Report which is now embedded into every nursing handover offers a further opportunity to communicate but also flag incidents/risks in a timely fashion. Governance meetings are now established and provide an opportunity for the governance leads and multidisciplinary teams to review, reflect and learn from incidents and embed a culture of proactivity and continuous improvement.
Ensure policies, guidance and protocols are up to date	All existing Standard Operating Procedures, policies and procedures are stored on a central database. Policies, procedures, and changes in practice are now reviewed through the newly established governance structure.

NHS staff survey results

2239 staff at Royal United Hospitals Bath NHS Foundation Trust took part in this survey in 2016. This is a response rate of 46 per cent which is above average for acute trusts in England.

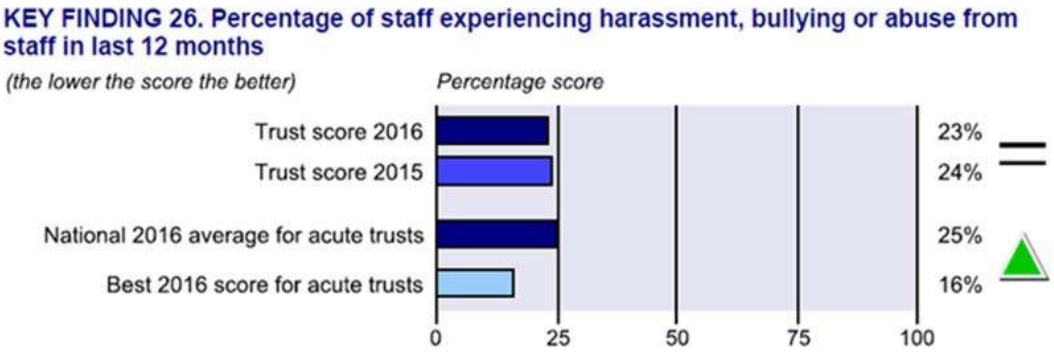
This year, NHS England has requested that we include our most recent staff survey results for the following questions:

KF21 (percentage of staff believing that the organisation provides equal opportunities for career progression or promotion)



Although the Trust has seen a deterioration in its position since last year, the Trust is positioned in the top (best) 20 per cent of acute trusts for this measure.

KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months) for the Workforce Race Equality Standard.



The Trust score is better than the average score for acute trusts on the measure and has seen a small improvement, although it is not statistically significant.

Statements from Stakeholders

Healthwatch Wiltshire Response to The Royal United Hospital NHS Foundation Trust's Quality Account 2016/17

Healthwatch Wiltshire welcomes the opportunity to comment on The Royal United Hospital NHS Foundation Trust's quality account for 2016/17. Healthwatch Wiltshire exists to promote the voice of patients and the wider public with respect to health and social care services. Over the past year we have continued to work with the Trust to ensure that patients and the wider community are appropriately involved in providing feedback and that this feedback is taken seriously.

We are happy to see that the Trust has engaged with a variety of people including services users and unpaid carer in the development of their priorities for the coming year.

The discharge planning process was prioritised by the Trust last year and continues to be a priority for 2017/18. We welcome this as our own work has shown that often, this process does not always work well for patients and their relatives. In particular, we are glad to see that work has been done to improve delays in discharge as a result of waits for take home medications. This is something that has been raised to us by patients and their relatives and is a cause of frustration. We are also pleased to see that the integrated discharge service is working well and that the health and social care teams responsible for patients who require ongoing care post discharge, are now co-located at one location within the Trust with the aim of providing a 'seamless' service for patients

It is concerning to see that some targets for pressure ulcers and falls were not met this year. However, we see that measures to improve performance in these areas are in place and we would therefore hope to see improvements in the coming year.

The Trust has failed to meet targets for four-hour waits in A&E. However, we see that an improvement programme is in place and therefore, hope to see improvements in the coming year. We do however; acknowledge the pressures and challenges faced by the Trust in the area of emergency care. A measure of patient experience (other than the Friends and Family Test: FFT) would be a useful way of gauging the impact of long waits on patient experience and Healthwatch Wiltshire would be happy to advise the Trust on this.

Response rates for the friends and family test have improved slightly in all areas other than maternity (birth) which has decreased from 25.8% to 18.9%. We would like to see improvements in these rates and in particular, in maternity. We are pleased to see the introduction of quarterly surveys which will focus on topics such as communication and information, privacy and dignity, facilities (including cleanliness and food) and the involvement of families/carers. We know from our own work that involving patients and unpaid carers in discharge planning could be improved. It is good to see that since 2016 more staff are recommending the trust as a place to work and we acknowledge the trusts commitment to improving quality by improving the skills and knowledge of staff in this area.

We welcome the work that the Trust has done on end of life care and would like to thank them for their input and advice on the end of life information pages that we created in partnership with Wiltshire Council for the Your Care Your Support Wiltshire health and care information website.

Finally, we are pleased to see that actions outlined in the improvement plan submitted to The Care Quality Commission following their 'Requires improvement' rating, have now been completed.

Healthwatch Wiltshire looks forward to working with the Trust over the coming year to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Quality Account Response Form for 2016-17:

Royal United Hospital Bath

Bath & North East Somerset Council
Health & Wellbeing Select Committee

We believe that the RUH's priorities should and do match those of the needs of the local community and are encouraged to learn of further aspirations for 2017/18, which have been partly influenced by organisational learning and patient and staff feedback.

The report acknowledges the continued high demand placed on the emergency department, which are partly due to increased patient numbers and an ageing population.

We welcome the initiatives that the RUH have put in place following the CQC report and the three core service areas that Require Improvement Including; Urgent & Emergency Services, Medical Care & Critical Care.

Overall Members feel that the CQC report undertaken in March 2016 was positive and will continue to support the RUH in its actions for improvement.

The committee notes the use of Public engagement such as Outpatient steering groups, the 15 Step challenge, and The Patient Portal workshop, Forums and the Friends and Family Test.

Members appreciate that the Trust has shared information and kept stakeholders informed.

Members also welcome the number of actions that the Trust intends to take to improve the quality of healthcare provided, following a series of Audits undertaken during the reporting period of 2016-17.

Health & Wellbeing Select Committee

Councillor Francine Haeberling (Chair)

Donna Vercoe (scrutiny@bathnes.gov.uk)

Bath and North East Somerset Clinical Commissioning Group Response to The Royal United Hospital NHS Foundation Trust's Quality Account 2016/17

NHS
Bath and North East Somerset
Clinical Commissioning Group

17th May 2017

By email:

Helen Mullinger
Board of Directors' Secretary
Royal United Hospitals Bath NHS Foundation Trust

Dear Helen

Quality Accounts 2016/17 for the Royal United Hospitals Bath NHS Foundation Trust (RUH)

NHS Bath and North East Somerset Clinical Commissioning Group (BaNES CCG) is pleased to have had the opportunity to review the Quality Accounts 2016/17 for the Royal United Hospitals Bath NHS Foundation Trust (RUH).

Building on strengths from previous years and in a joint vision to maintain and continually improve the quality of services, the RUH, encompassing RNHRD, has worked collaboratively with commissioners to sustain and progress a comprehensive quality improvement framework that includes nationally mandated quality indicators alongside locally agreed quality improvement targets.

There are robust arrangements in place with the RUH to agree, monitor and review the quality of services, covering the key domains of safety, effectiveness and experience of care. In preparing this statement, key intelligence regarding quality, safety and patient experience has been reviewed to test the accuracy of the information reported in the account. It is the CCG's view, as far as it is possible to ascertain, that the account accurately reflects the achievements made by the RUH in 2016/2017.

It is important to acknowledge that, the RUH as with many other acute Trusts in England and Wales, have experienced on-going challenges again this year with pressures on the urgent and emergency care system. The RUH has taken positive steps to ensure that patient safety and experience of care is maintained, has been transparent with the CCG about the challenges faced and the CCG acknowledges the important contribution of all Trust staff in achieving this.

The National NHS Contract and Commissioning for Quality and Innovation (CQUIN) Scheme provides us with additional processes and evidence that quality improvements are made. The RUH signed up to a number of national and locally agreed improvement schemes in 2016-2017 and made excellent overall progress with each of the schemes.

Clinical Chair: Dr Ian Orpen | **Chief Officer:** Tracey Cox
St Martin's Hospital, Clara Cross Lane, Bath BA2 5RP | **Tel:** 01225 831800 | **Fax:** 01225 840407 | **www.banesccg.nhs.uk**

NHS
Bath and North East Somerset
Clinical Commissioning Group

It is pleasing to note the progress made implementing the chosen quality priorities for 2016-2017 which were endorsed and supported by the CCG. The CCG can confirm that there has been significant development in introducing and sustaining the use of the National Early Warning Score (NEWS) to support the recognition of deteriorating patients and that this has been linked to the training on diagnosis of Acute Kidney Injury (AKI).

The CCG acknowledges the work the trust has undertaken to improve discharge planning in order to improve the experience of patients and carers at discharge. The CCG also recognises the role the trust plays in meeting the care needs of those patients approaching end of life. This was highly praised by the Care Quality Commission (CQC) in 2016 who rated the Trust's End of Life Care as 'Outstanding'.

The CCG is particularly pleased to learn that the Trust values **Everyone Matters, Working Together, Making a Difference** are embedded across the Trust with the impact on staff being seen in the results of the annual staff survey. Since 2016 more staff are reporting that they would recommend the Trust as a place to work and it is encouraging to learn of the future approaches in place in order to support staff spread quality improvement capability across the organisation.

Acknowledging that there remain opportunities to further embed the changes, the CCG endorses the priorities proposed for 2017-2018 which include Discharge Planning, Frailty, Jaundice Management in Neonates and Sepsis Management. It would ask the trust however to consider the inclusion of the actions arising from the report 'Learning from Deaths for Trusts' and the National Quality Board (NQB) guidance. This will support the requirement to collect and publish on a quarterly basis specified information on deaths. The CCG acknowledges the actions taken in 2016-2017 to achieve a reduction in health acquired infections but is pleased to see that in the coming year the trust will continue to take forward the improvement actions identified from the review of *Clostridium difficile* infections undertaken by NHS Improvement earlier in the year following the invite from the trust. The CCG looks forward to working closely with the Trust on these priorities where able to do so.

In conclusion, the RUH has made good progress over the last year with evidence of improvements in key quality and safety measures. The CCG recognises the RUH's commitment to working closely with commissioners and the public to ensure the on-going safe delivery of safe, high quality services and we look forward to continuing this positive collaborative relationship in the forthcoming year.

Yours sincerely

Tracey Cox
Chief Officer, B&NES CCG

Clinical Chair: Dr Ian Orpen | **Chief Officer:** Tracey Cox
St Martin's Hospital, Clara Cross Lane, Bath BA2 5RP | **Tel:** 01225 831800 | **Fax:** 01225 840407 | **www.banesccg.nhs.uk**

Healthwatch Bath and North East Somerset Response to The Royal United Hospital NHS Foundation Trust's Quality Account 2016/17

Healthwatch Bath & North East Somerset
The Care Forum, The Vassall Centre, Gill Avenue,
Bristol BS16 2QQ
Tel: 01225 232 401
Email: info@healthwatchbathnes.co.uk
Web: www.healthwatchbathnes.co.uk

Healthwatch Bath and North East Somerset (B&NES) response to the Royal United Hospitals Bath NHS Foundation Trust Quality Account 2016 - 17

Healthwatch B&NES thanks the Trust for sharing its Quality Account 2016 – 17 for comment.

Improving patients' and carers' experiences of discharge is an area that Healthwatch B&NES is very interested in following the national Healthwatch England enquiry in 2014. Healthwatch B&NES commends the work that the Trust has done around discharge, particularly the introduction of TTA medication packs and an electronic system to prioritise pharmacists' work.

Healthwatch B&NES applauds the work that the Trust has done with the Enhanced Discharge Service and end of life care.

Healthwatch B&NES is pleased to see improved communication with patients and carers in outpatient departments. We look forward to seeing continued improvement in these areas over the coming year.

Healthwatch B&NES commends the ongoing improvements regarding Clostridium difficile, and also the reduction in MRSA figures compared to 2015 - 16. Healthwatch B&NES hopes to see a continued reduction over the next 12 months.

It is apparent that there is a robust procedure in place for assessing falls and learning from incidents when they occur. It is also reassuring to see that staff are actively engaging in reducing the number of falls and the positive impact that this is having.

With regard to pressure ulcers, Healthwatch B&NES would encourage continued vigilance in this area, particularly in relation to identifying the trends that contributed to the challenging months. Healthwatch B&NES would be grateful to understand what the Trust feels contributed to the challenging months? Was it linked to the volume of patients, the number of frail patients that were admitted, or were there other concerns, for example, staffing levels?

Healthwatch B&NES commends the approach to monitor and control sepsis within the Trust – this is excellent work.

With regards to the cancer access targets, this is something that Healthwatch B&NES followed with interest last year. From the commentary that you provided during 2016 we know that staffing levels impacted on the achievement of targets during quarter two, however it was understood that the vacancies had been recruited to during the autumn. Healthwatch B&NES would be interested to know what impacted on achievement of targets during quarter four and whether this will continue to be a challenge during 2017 - 18?

Healthwatch B&NES notes that the Hospital Standardised Mortality Ratio (HSMR) weekend care target was not achieved this year based on data from April – December 2016. The commentary explains that this is being monitored, however the six-month figure is already markedly higher than the two previous years' annual totals. Healthwatch B&NES would be keen to understand why this may be and what action is being considered to address it?

Referral to Treatment (RTT) figures show a small but continued decline in incomplete pathways. Healthwatch B&NES notes with concern the increase in cancer referrals and wonders if this is due to improved rates of identification and diagnosis? Healthwatch B&NES recognises that there is a plan in place to try and address RTT figures, and that this has already seen some success in several departments. Healthwatch B&NES would be grateful to know what the resulting impact of these improvements has been on patient waiting times?

Friends and Family Test results was something that Healthwatch B&NES noted last year and followed with interest. We are pleased to see an increase in uptake across Accident and Emergency and inpatient wards this year and encourages the Trust to continue its good work.

Healthwatch B&NES recognises the challenges that the Emergency Department faces, and complements the work that was undertaken during quarter four regarding quality. It is apparent that there has been a decrease year on year in both access targets (Urgent Care Centre and Accident and Emergency), Healthwatch B&NES is interested to know if and how patient numbers have changed during this time period and whether this is indicative of the challenge that is being faced?

On page 40 the Trust discusses patient safety incidents data – are the national worst and best figures listed the correct way round?

Healthwatch B&NES notes an increase in the number of incidents resulting in harm/ death compared to 2015 - 16. We know that the Trust supports a culture of incident reporting so would question if this increase is due to a rise in reporting or a rise in incidents?

Healthwatch B&NES was interested to read about the range of staff health and wellbeing initiatives being developed and implemented, particularly the increase in flu vaccinations. This is to be commended.

Healthwatch B&NES is pleased to see the work that has been done across the Trust to support improvement in quality and safety of care in response to the Care Quality Commission report from 2016.

Staff survey - Healthwatch B&NES notes that, although within the national average, there are still a considerable number of staff reporting bullying, harassment and abuse across the Trust. Healthwatch B&NES is keen to understand what happens for staff who identify that this is happening, and what the impact of any support or intervention is on their wellbeing?

Healthwatch B&NES also had a number of questions related to the improvement priorities from 2016 – 17. These have been listed separately below rather than incorporated into the main body of the response. Healthwatch B&NES would welcome any further information that the Trust can provide on these matters:

Improvement priority one: To continue to reduce the occurrence of Acute Kidney Injury (AKI)

- Does the Trust have a target for the AKI reduction? If so, how is the Trust performing against it?
- The Trust says that communication to GPs regarding patients who have an AKI during admission has improved by 30% - what does this equate to in real terms?
- What happens once a GP receives an AKI alert? Does the patient receive treatment in the community or are they admitted to hospital?
- Would it be possible for Healthwatch B&NES to have sight of the patient leaflet?

Improvement priority two: Improve the outcomes for stroke patients

- Is the Trust able to explain why the second hyper-acute bay has not happened?
- How has the prioritisation of hyper-acute stroke within four hours gone? What is the Trust's performance on this target?
- When is the Trust expecting to hear an outcome on the specialist commissioning review?

NHS
Wiltshire
Clinical Commissioning Group

Statement from Wiltshire Clinical Commissioning Group on Royal United Hospitals NHS Foundation Trust 2016-17 Quality Account

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Royal United Hospitals NHS Foundation Trusts' (RUH) 2016-17 Quality Account. In doing so, the CCG reviewed the Account against the key intelligence indicators and the assurances sought and given in the monthly Clinical Outcomes and Quality Assurance Meetings attended by RUH and Commissioners. This evidence is triangulated with information and is further informed through Quality Assurance visits to RUH, which encompass clinician to clinician feedback and reviews. Wiltshire CCG endorses the Trusts' identified quality priorities for 2017-18.

It is the view of Wiltshire CCG that the Quality Account reflects the Trusts' ongoing commitment to quality improvement and addressing key issues in a focused and proactive way. The Account summarises the achievements against the 2016-17 Trust quality priorities throughout the year and identifies the 2017-18 priorities. The Trust priorities for 2016-17 have demonstrated continued improvement in the identification and treatment of Acute Kidney Injury, which was supported by a second year of CQUIN funding in 2016-17; and the ongoing drive to continuously improve patient and carer experience as described in the Account. The CCG commends the Trust in achieving a CQC rating of 'Outstanding' for End of Life services in 2016, and monitors the Trusts' action plan in response to the inspection outcome.

The Trust has reported a high number of cases of *C.difficile* in 2016-17 which has exceeded their trajectory. However following a review of cases a proportion of these were found to be 'not attributable to the Trust.' The CCG welcomes the continued focus on the monitoring and reducing the risk factors of *C.difficile* including strengthening antibiotic prescribing and stewardship. The CCG is committed to working with the Trust to reduce rates of Gram Negative Blood Stream Infections. Building on the 2016-17 Sepsis workstream, which was supported through CQUIN funding, the CCG anticipates that further improvement will be made through the embedding of early identification and treatment of Sepsis. This will continue as national CQUIN scheme in 2017-18.

The CCG endorsed the Trusts' values which it launched in 2016-17 (Everyone Matters, Working together and Making a Difference) and commends the Trust for the subsequent achievement in improved staff survey results and positive patient and carer feedback. The Trust commitment to introduce a standardised quality improvement methodology has been demonstrated through the Outpatient 15 Steps Challenge. The CCG participated in this event and notes the improvements made as a result of this extensive review.

Wiltshire CCG acknowledges that the Trust has experienced increasing demand on the Emergency Department (ED) which has resulted in not consistently achieving the 4 hour target. In response, the Trust is developing plans to ensure that the quality, safety and experience of patients in ED is maintained during 2017-18.

The CCG recognises the Trusts' work to improve Stroke service performance and supports their commitment to improve the pace of progress. In 2017-18 and beyond, the CCG pledges to work in collaboration with the Trust and other healthcare partners across the region to progress the vision for a safe, high performing and consistent stroke service for Wiltshire patients.

The Trust has identified priorities for 2017-18 which align with national and local system-wide key areas of focus. Building on the accomplishments of 2016-17, the CCG anticipates that further achievements can be made in care for Frail Elderly patients following the 2016-17 CQUIN which supported the Trust's own review and improvement program.

Wiltshire CCG is committed to ensuring collaborative working with the Royal United Hospitals NHS Trust to achieve continuous improvement for patients in both their experience of care and outcomes.

Yours sincerely

Tracey Cox
Interim Accountable Officer, Wiltshire CCG

Statement of directors' responsibilities in respect of the Quality Report

The directors are required, under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporates the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
- Board minutes and papers for the period 1 April 2016 to 31 March 2017
- Papers relating to Quality reported to the board over the period 1 April 2016 to 31 March 2017
- Feedback from Bath and North East Somerset Clinical Commissioning Group dated 17 May 2017
- Feedback from Wiltshire Clinical Commissioning Group dated 19 May 2017
- Feedback from Governors dated February 2017
- Feedback from local Healthwatch organisations dated May 2017
- Feedback from Bath and North East Somerset Council Health Select Committee dated May 2017
- The Trust's complaints report, due to be published under regulation 18 of the Local authority Social Services and NHS Complaints Regulations 2009, dated July 2017
- The latest National Patient Surveys dated June 2016
- The latest National Staff Survey dated March 2017
- The Head of Internal Audit's Annual Opinion over the Trust's control environment dated 23 May 2017
- CQC Inspection Report dated August 2016

The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered:

- The performance information reported in the Quality Report is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

26 May 2017……. Chairman

26 May 2017……Chief Executive

Independent auditor's report to the Council of Governors of Royal United Hospital Bath NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Royal United Hospital Bath NHS Foundation Trust to perform an independent assurance engagement in respect of Royal United Hospital Bath NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Royal United Hospital Bath NHS Foundation Trust as a body, to assist the Council of Governors in reporting Royal United Hospital Bath NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Royal United Hospital Bath NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below:
    - board minutes for the period 1 April 2016 to 31 March 2017;
    - papers relating to quality reported to the board over the period 1 April 2016 to 31 March 2017;
    - feedback from Bath and North East Somerset Clinical Commissioning Group dated 17 May 2017;
    - feedback from Wiltshire Clinical Commissioning Group dated 19 May 2017;
    - feedback from the governors dated February 2017;
    - feedback from local Healthwatch organisations, dated May 2017;
    - feedback from the Bath and North East Somerset Council Health Select Committee, dated May 2017;

    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2017;
    - the latest National Patient Surveys dated June 2016;
    - the latest National Staff Survey dated March 2017;
    - Care Quality Commission Inspection Report, dated August 2016;
    - the Head of Internal Audit's annual opinion over the Trust's control environment dated 23 May 2017; and
    - any other information included in our review.
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance, and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed above and specified in the detailed guidance for external assurance on Quality Reports (collectively the 'documents').

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the documents. Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance to the categories reported in the quality report; and
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient

appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the NHS Improvement 2016/17 Detailed guidance for external assurance on quality reports for foundation trusts; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP
Chartered Accountants
Birmingham
United Kingdom
26th May 2017