



Quality care

at the RUH

Healthcare you can Trust



Our year

Quality is at the heart of everything we do, and our goal is that 100% of patients, carers and staff will recommend us to their family and friends.

Only by continually monitoring, reviewing and improving what we do, can we truly achieve a quality service which meets our patients' needs.

In 2011/12 we continued to improve the standard of care we provide, and this document aims to provide a flavour of the steps we have taken, along with an overview of some of the improvements we expect to make in 2012/13.

We are proud of the improvements we have made over the past year, and we remain committed to continuing to deliver safe, effective and personal care to all our patients.

This year promises to be an eventful year for us.

In December we will celebrate 80 years on our site at Combe Park and are working towards ensuring our 'birthday' is marked in an appropriate way.

We remain on track to become authorised as an NHS Foundation Trust this financial year and have begun the process of electing Governors to sit on our first ever Council of Governors.

Up to date information on our application and elections is available on our website at www.ruh.nhs.uk

Over the next few months we will continue to work very closely with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust as we both strive to join together our Trusts in 2013.

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



New unit to help hip problems

Each year more than 500 patients come to our hospital having suffered a fractured hip.

We are working hard to improve the quality of care we provide to this group of patients, the majority of whom are among the most elderly and frailest people we look after.

We have opened a new, 20-bed hip fracture unit and now have a team of geriatric specialists working alongside the orthopaedic surgeons providing day-to-day care on the unit. Closer working between these two teams means that we are able to treat other medical conditions patients may have at the same time and consider issues with their rehabilitation.

More patients are now being assessed by a geriatrician in less than 72 hours, providing a better quality of care. We have also improved the time taken to operate on patients with fractured hips, as it is widely recognised that these patients recover from surgery quicker and go home sooner if they have their operation within 36 hours of admission.

More than 80% of patients with fractured hips now receive their operation within 36 hours of admission and we aim to improve on this.

We understand that relatives will be worried about their loved ones, and now provide them with a dedicated time slot to talk to a doctor about the patient's care.



Think Pink!

Think Pink is an initiative to deliver care that supports the reduction of pressure ulcers, also known as bed sores. It is widely used across the RUH and has helped us reduce the occurrence of pressure ulcers, which we know are distressing to patients and may prolong the time they need to spend in hospital.

The initiative changed certain aspects of documentation to the colour pink to highlight pressure ulcer prevention. Pink clock faces above the patient's chair and bed were used to indicate to staff how long a patient had been sitting in a chair and when they need to be assisted back to bed.

Following the introduction of Think Pink and a number of other ideas, we have continued to reduce the occurrence of hospital-acquired pressure ulcers.

We have exceeded our target to reduce the worst pressure ulcers by 50% each year between 2010-2012.

During the year, all wards were supplied with new pressure-relieving devices that protect the heels – one of the three most common areas for patients to develop sores. This intervention was supported by a 'Healthy Heels' week which aimed to improve awareness of pressure ulcer prevention, particularly on a patient's heels.

Our Nurse of the Year winners!

This year we celebrated the news that two of our nurses won at the national Nursing Standard Nurse Awards.

Senior Charge Nurse Simon Andrews and Junior Sister Lisa Brown, who both work on Forrester Brown ward, were rewarded for their dedication and commitment to improving the care and treatment of their patients.

Simon won the Ward Manager category, which recognises outstanding ward leaders who excel in delivering safe, high quality patient care. His award recognises his work joining two wards together to create one trauma unit, uniting two teams who worked very differently with innovative ideas and ways of working.

Lisa won the Royal College of Nursing Professional Forums General Award, which is given to a nurse, or healthcare assistant, who has developed nursing policy and/or practice in their speciality area. She was recognised for her work on the Think Pink initiative.



Patients getting better stroke care

We currently admit around 60 patients a month with acute stroke and now have a well-established procedure for directly admitting these patients to the Acute Stroke Unit.

We were delighted that Health Minister Simon Burns was able to visit us in August 2011 and see first-hand the path a patient who had suffered a stroke would take through the hospital. The Minister commended our work in allowing patients to be discharged sooner and continuing their rehabilitation at home.

We are continuing to work towards ensuring that patients spend the vast majority of their inpatient stay on the Acute Stroke Unit, where they will receive the specialist care they need.

We plan to work with Great Western Ambulance Service to implement a system where the paramedic will take patients who could benefit from having the clot-busting treatment thrombolysis directly to the scanner, bypassing the Emergency Department.

The appointment of a third stroke consultant will enable a daily clinic for patients who have suffered a type of mini stroke, known as a TIA, to be run seven days a week from early 2013.

This will also enable us to have a daily consultant ward round on the unit at weekends, ensuring that patients receive high quality specialist care every day of the week.

We will also introduce occupational therapy, physiotherapy and speech and language therapy seven days a week, so that patients will receive rehabilitation at the weekends.

The significant improvements we have made in caring for patients who have suffered a stroke were recognised in the recent hospital guide by health analysts Dr Foster, which gave us the best results in the entire country for patient outcome following a stroke.

Patient's Perspective

John Cridland praised our standard of care after returning back home just four days after suffering a severe stroke.

Mr Cridland was at his daughter's home when he began to feel unwell, and when she came back she recognised the signs of a stroke and immediately dialled 999 for an ambulance.

The 76-year-old was taken for a scan which confirmed he was suffering a stroke and he was given clot-busting drugs (thrombolysis) within half-an-hour of his arrival. Just four days later Mr Cridland was discharged to his home after making an incredible full recovery.

Mr Cridland says: "The care I received was amazing and I couldn't believe how quickly I was going home."



Gold standard of care for patients with dementia



Nearly a quarter of adult hospital beds are occupied by people who have dementia, so it is vital that we understand their specific care needs.

We have in place a ward charter mark scheme, externally assessed by the Alzheimer's Society, to demonstrate that wards have reached a high standard of care for patients with dementia.

It is the first such scheme in the UK and provides a 'gold standard' for staff to ensure care for people with dementia on all adult wards is the very best it can be.

Part of the assessment includes how we ensure our dementia patients are well nourished and are drinking enough and how we assist them in finding their way around the ward.

We are proud that a number of wards have already achieved the Silver award, and Midford Ward has become the first to reach Gold. By the end of 2012 all wards will be assessed under the scheme.

In the last year 98% of all staff working on our older people's wards have completed dementia care training.

Beating the bugs at the RUH

Good infection prevention and control is essential to ensure that our patients receive safe and effective care.

It is our priority to ensure that effective prevention and control is used as a part of everyday practice and consistently applied by all staff.

By achieving this we can continue to reduce healthcare associated infections (HCAIs) such as Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium *difficile*.

We have continued to reduce our infection rates through a number of initiatives and

have remained below the national targets as set by the Department of Health.

Our focus on infections continues as a priority from previous years, however this year we have broadened the priority to include increased surveillance in post-operative infections.

Reducing our HCAI rates is our number one priority as this ensures a culture of continuous quality improvement and minimises risk to patients.

This will also lead to increased patient safety and a reduction in unnecessary pain and suffering.



In 2011/12 we had one incidence of MRSA – our target in 2012/13 is no more than one.

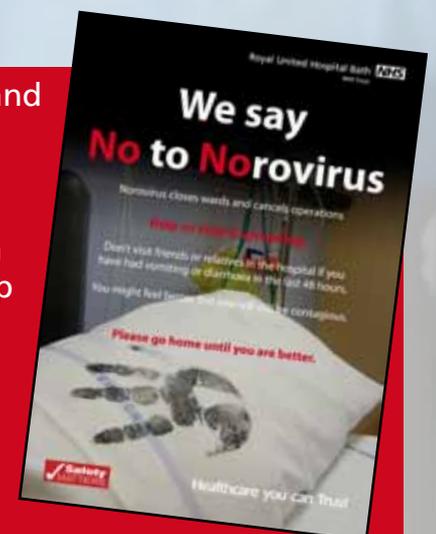
We had 46 cases of Clostridium *difficile* last year and have set ourselves a target of less than 31 this year.

We do all we can to encourage people suffering from diarrhoea and vomiting not to visit friends or relatives at our hospital.

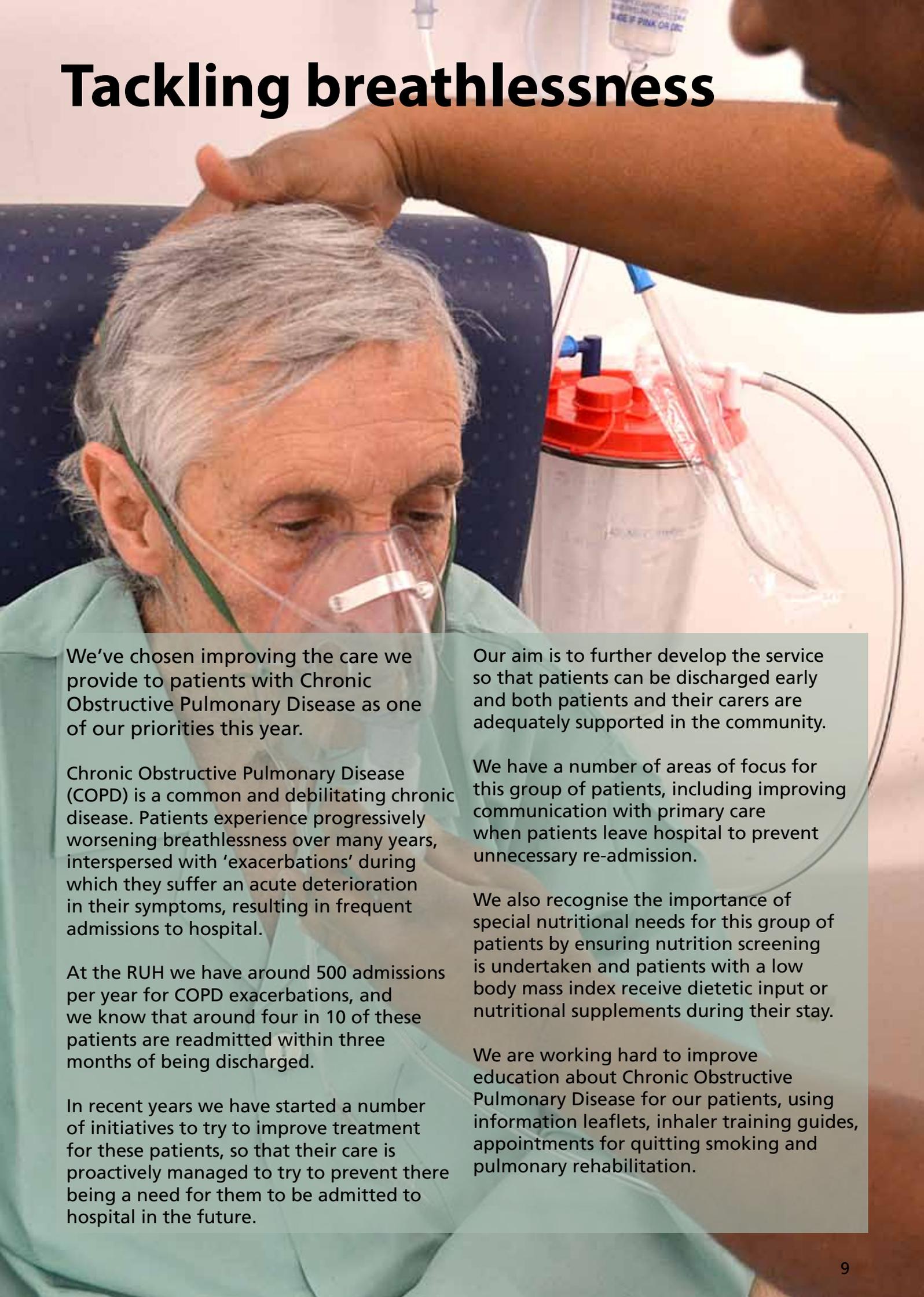
Norovirus is highly contagious and spreads easily in seconds through contact with an infected person, object, or surface. It can survive on practically any surface, and lives on hard surfaces for up to 12 hours.

Posters warning about the impact of Norovirus are displayed around the hospital and we've developed a Visitor's Charter to make visitors aware of what they can expect from us, and what is expected of them, when they visit the hospital.

Three short films warning people about the devastating effects of bringing Norovirus into the hospital were launched last year and are available on our website.



Tackling breathlessness



We've chosen improving the care we provide to patients with Chronic Obstructive Pulmonary Disease as one of our priorities this year.

Chronic Obstructive Pulmonary Disease (COPD) is a common and debilitating chronic disease. Patients experience progressively worsening breathlessness over many years, interspersed with 'exacerbations' during which they suffer an acute deterioration in their symptoms, resulting in frequent admissions to hospital.

At the RUH we have around 500 admissions per year for COPD exacerbations, and we know that around four in 10 of these patients are readmitted within three months of being discharged.

In recent years we have started a number of initiatives to try to improve treatment for these patients, so that their care is proactively managed to try to prevent there being a need for them to be admitted to hospital in the future.

Our aim is to further develop the service so that patients can be discharged early and both patients and their carers are adequately supported in the community.

We have a number of areas of focus for this group of patients, including improving communication with primary care when patients leave hospital to prevent unnecessary re-admission.

We also recognise the importance of special nutritional needs for this group of patients by ensuring nutrition screening is undertaken and patients with a low body mass index receive dietetic input or nutritional supplements during their stay.

We are working hard to improve education about Chronic Obstructive Pulmonary Disease for our patients, using information leaflets, inhaler training guides, appointments for quitting smoking and pulmonary rehabilitation.



Improving continence care

We recognise the physical and emotional suffering for our patients who suffer from urinary incontinence.

We know that a number of catheters are unnecessary, and that a large number of urinary tract infections are as a result of catheter insertion.

Good continence care maintains health and wellbeing, improves dignity, reduces the likelihood of skin problems potentially leading to pressure ulcers and therefore improves the quality of life for our patients.

This year we aim to improve catheter care, with the aim of reducing catheter associated infections by 50%, and plan to minimise the loss of dignity for patients by reviewing the use of continence products.

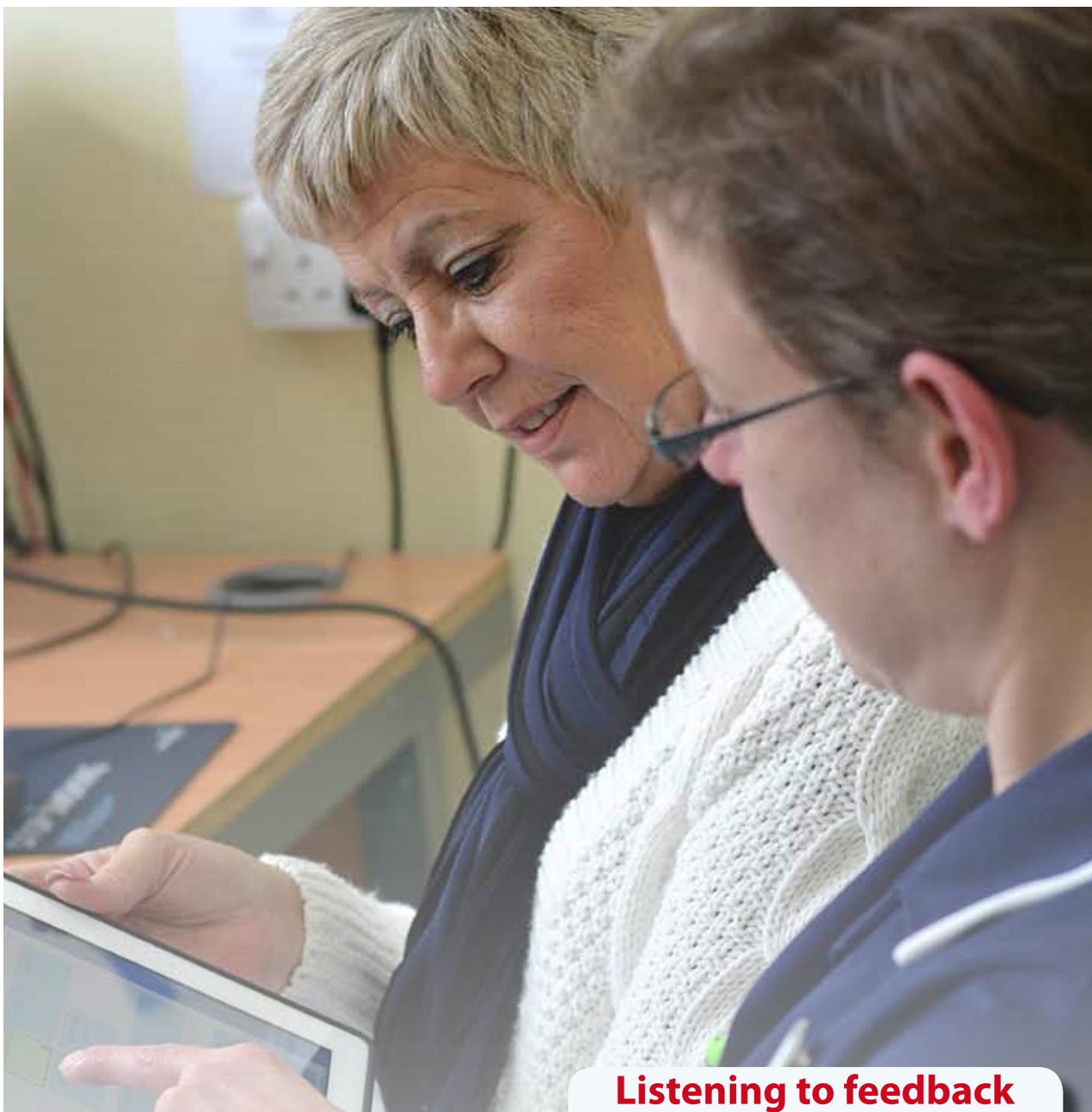
We are also going to raise awareness among our staff around issues relating to

continence, and continue to monitor the number of urinary catheters in place and the number of patients with a catheter urinary tract.

To ensure patients are kept properly informed, we will review the information we give them about incontinence associated dermatitis and catheter associated urinary tract infections.

A one day 'snap shot' community-wide audit undertaken in February 2012 showed that 19% of patients had a catheter in place, 16% of whom had a urinary tract infection.

Forty-five per cent of the adult population have urinary continence problems compared with diabetes (32%), and hypertension (28%).



Listening to feedback

All hospitals have incident reporting systems, complaints departments and collect patient experience surveys, but it is well recognised that not all of this information is fed back to staff in the most effective manner to enable learning to occur.

Our quality improvement centre, the Qulturum, allows us to study this information, develop improvement themes and learn how we most effectively feed back to frontline teams so they can learn and improve patient care.

We are committed to promoting organisational learning by ensuring that lessons learnt from incidents and complaints are effectively communicated to staff at all levels of our organisation. We will actively use the feedback from patients and carers to improve the quality of care we provide.

One of the ways we are doing this is with our small handheld computers, which are used to ask patients and carers a series of questions about their experience of our hospital.

Improving experience for those at the end of their life

Improving the experience of patients at the end of their lives is crucial as more than half of all deaths take place within a hospital setting.

We have chosen improving end of life provision as one of our priorities this year as we recognise that we can improve the quality of care for patients at the end of their life, and provide greater support to staff in managing the emotional difficulties that they face in caring for the dying.

We will continue to work with clinical staff in the early identification of patients nearing the end of their life. This will ensure that decisions made by patients and their families are shared with relevant staff as the end of their life approaches. For some patients who wish to die at home, we will try to make that happen.

The needs of carers while they are in hospital at this time have been recognised as an area for improvement – this includes practical information, emotional and spiritual support and providing a comforting environment.

Our End of Life Group is responsible for implementing the improvements we have identified and those recommended in the Department of Health National End of Life Care Programme 'The Route to Success'.

Our aims are to:

- maximise the potential of the End of Life register – this is the sharing of information of patients' end of life care needs between the community and the hospital
- respect a patient's wish to die at home by developing a plan to enable this to happen
- identify the needs of family and staff – such as quiet rooms, signposting for support, facilities for relatives and carers
- provide end of life education and support for staff
- provide practical information for bereaved relatives and carers
- ensure a sensitive design of the new mortuary, and increased availability for relatives and carers at weekends.

Using research to improve patient care

We are one of the most successful research-active District General Hospitals in the region, participating in a wide range of national and international research projects.

Research is hugely important to patient care, because it helps to improve healthcare by finding out which treatments work best.

We are actively involved in a range of research projects – areas of particular research focus are in cancer, diabetes and

endocrinology, paediatrics, stroke and elderly care and anaesthesia and critical care. We have over 220 active projects on our database.

Patients who have suffered a stroke are helping our research nurses to find out more about the causes and treatment of stroke.

Our studies are looking into various aspects of the care of treatment of this group of patients including improving recovery and

Our NICU gets Royal seal of approval



We were delighted that Her Royal Highness the Duchess of Cornwall was able to visit us to officially open our new, state-of-the-art Dyson Centre for Neonatal Intensive Care.

The Duchess met staff and parents and babies at NICU, which treated its first tiny patients last July following a three-year fundraising campaign by the Forever Friends Appeal.

The Duchess said she was delighted to see the new unit, adding: "I think this is a wonderful space, and the work that the nurses and doctors do is wonderful."

NICU Lead Sister Debbie Grant says: "The staff who work on the unit are very proud of it and we were all absolutely delighted that the Duchess was able to officially open it."

preventing further strokes, as well as looking for possible genetic causes.

The development of clinical trials in cancer care is extremely important as a means of exploring and deciding on the most effective and efficient means of treating cancer.

This is particularly important in the light of the multitude of new drugs and treatments which are constantly being developed.

Our Oncology department has the highest number of research projects in the hospital and has doubled the number of patients recruited to be involved in cancer research studies.

The result of this outstanding research activity has meant that we have been recognised as being the best recruiter for cancer research projects in the South West and in the top 10 in the UK.

We're transforming our

We've embarked upon an ambitious plan to redevelop our site and become a more environmentally-friendly organisation

We've started work on a £40 million, five-year development programme to replace outdated buildings with new facilities which patients will help design.

We are building a new pathology laboratory and will create a new cancer centre to bring cancer services under one roof, transform parking, and create more green spaces at our hospital.

We're working with architects on an intricate sequence of stages to redevelop our

52-acre site while ensuring that we continue to operate normally throughout the project.

Estates and Facilities Director Howard Jones says: "The first phase of the Estates Strategy is already underway with the demolition of existing buildings to build a new Pathology Laboratory.

"The second phase will see the creation of a new cancer centre at the front entrance of the hospital, bringing cancer services together in one place.

Reducing our impact on the environment

We have pledged to improve the environmental impact of our activities, working with local businesses and public organisations and benefiting from the support of our local community in delivering our services.

We are committed to being sustainable and we recognise that we have an important role to play, both as a large employer in Bath and as part of the wider NHS, in reducing carbon emissions and continually improving our sustainability performance.

People are increasingly aware of the need to reduce energy consumption at home and it is important that we educate, encourage and enable staff to do the same at work, as well as being a responsible public sector organisation.

We have carried out several projects to improve our environmental performance, including:

- opening a new £5m Energy Centre, which will help us save 3,000 tonnes of carbon each year and around £600,000 in fuel bills
- installing mini combined heat and power in the residential blocks, which generate

electricity and heat for the accommodation with the spare electricity being exported to the grid

- reducing our carbon footprint on the energy bill by five per cent
- installing more cycle racks and showers, with financial support from B&NES Council, and the number of cyclists has increased as car journeys have decreased
- we have also installed new LED lights in corridors, offices and wards, along with our external street lighting.

We are committed to ensuring all new developments meet the highest standards of sustainability whilst ensuring that all schemes are affordable. Our new NICU was built to achieve the highest standard of environmental assessment methodology, and achieved a rating of 'excellent'.

The principles from the building of the NICU are now being translated into current planned developments, including the new Pathology Laboratory and Information Management and Technology and Medical Records building.

Tonnes of waste recycled

2009/10 - 319

2010/11 - 482

2011/12 - 722

hospital



“Waiting facilities in the cancer centre will be designed using input from patients, as was the case with the Neonatal Intensive Care Unit.

“This design will provide a quality patient environment which is both productive and affordable. It will allow us to replace the old ‘RUH North’ with world-class facilities for cancer care, bringing delight to all users, releasing land for green spaces and new patient/visitor car parking. Old, inefficient buildings will be swept away transforming the RUH site whilst

delivering architecture which will generate pride in our local hospital. The benefit to patients and staff will be phenomenal.”

New cancer centre

cancer patients each year but in poor quality, single-storey buildings constructed in the 1940s to house injured service personnel during the Second World War. These buildings house our Oncology and haematology departments, with the William Budd ward and outpatients and although the level of cancer care is extremely high, the surroundings are far from ideal.

The new centre, due for completion in 2016/17, will replace all of RUH North, incorporate the existing linear accelerator bunkers (for radiotherapy treatment) and enable us to move a number of related departments under one roof.

It will be at the forefront of innovation in healthcare building and will house a range of facilities, including a chemotherapy suite, dedicated outpatients and waiting areas, day case unit, breast unit, pain clinic, medical physics and nuclear medicine, research and development and a ward area including single room accommodation.



The fundraising campaign to support our new £20m Cancer Centre is underway.

The highlight of this year’s launch, organised by the hospital’s Forever Friends fundraising team, was the news that the Medlock Charitable Trust, based in Bath, and already closely associated with the RUH, had donated £1m. This leaves a further £4m to be raised by the charity, with the NHS funding the rest.

The overall figure of patients surviving cancer in the region (Wiltshire, Avon and Somerset) is 5.2 per cent above the national average. We treat around 2,200

It's time to vote!

Make your vote count, have your say!

The nominations are in, and it's now time to vote for your Public or Staff Governor to represent your views on our new Council of Governors.

Now is your chance to have your say.



Voting open:

10 October - 2 November

Results announced:

5 November 2012



Ballot papers have been sent to all members' home addresses. If you haven't received your voting pack by 17 October 2012 please contact the Membership Office on 01225 821299 or email RUHmembership@nhs.net



Are we talking your language?

If you need this document in another format, including large print, please contact PALS (Patient Advice and Liaison Service)

Tel: 01225 825656

E-mail: pals@ruh.nhs.uk

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

如果你希望这一信息在你的语言,请联系我们关于01225 825656。

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

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