

# Quality Accounts 2013/14



# Foreword

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These Quality Accounts for the Royal United Hospital Bath NHS Trust (RUH) have been produced in line with national requirements. It is intended that they provide a realistic assessment of the quality of care provided by the RUH during 2013/14.

The content and format of these Accounts are laid down in the NHS (Quality Accounts) Regulations 2010 which came into force on 1 April 2010.

As a provider of healthcare, we are required to present certain information which has been nationally determined, in the form of statements. These mandatory statements are specified in the above regulations.

We have highlighted these in **green boxes** as they appear in the Accounts.

We provided relevant local organisations and groups with the opportunity to comment on these Accounts. Their comments, where made, can be found in Chapter Seven.

We encourage our staff, patients, public and healthcare partners to look at these Quality Accounts to understand what we are doing well and where improvements in services are required. These Accounts outline our priorities for improvement in the coming year (2014/15) and we welcome comment on, and involvement in, determining future priorities for improvement.

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# Chapter One

## Statement from the Chief Executive

Our Quality Accounts provide the opportunity for us to report on the progress we have made in the last year and our plans for improvement this year.

We made significant progress over the last 12 months and our journey of continuous quality improvement will develop further this year.

Many of the improvements we have made so far have been widely recognised.

The Secretary of State for Health chose us to help lead the national Sign up to Safety campaign, which aims to embed an open, compassionate and transparent culture within the NHS and to reduce incidents of avoidable harm to patients. We were selected as one of just 12 Trusts to form the vanguard of the new campaign because of the innovations we have driven forward in improving patient safety.

It is great to see excellence rewarded and I am delighted that we have been nominated for three awards at the 2014 Health Service Journal patient safety awards – for our work pioneering surgical safety, improving hydration, and providing safer care for patients with diabetes.

The Care Quality Commission also recognised the improvements we have made. Inspectors said in February that we were delivering safe and effective care to patients after we were one of the first Trusts to undergo their more in depth, new-style inspections. They also separately assessed us as being among the lowest-risk hospitals in the country, which is a tremendous achievement.

Despite the recognition we have received,

we are not complacent. There is always more that can be done to improve safety, quality, and the overall patient experience. We are absolutely committed right across the organisation – from the Board to the ward – to continuous improvement.

From reading these Quality Accounts I hope you will get a sense that we are an organisation which listens to what our patients tell us and uses this feedback to improve the quality of care we provide.

Our Trust Board meetings always start with a patient story, and these have proved to be enormously beneficial to us by really bringing to life what it's like to be cared for at the RUH. This year we have heard patient stories on topics such as pressure ulcers, stroke, and complaints, among many others.

Patients also tell their stories to a wider audience of staff at our See it My Way events. These involve patients talking directly to staff on subjects such as living with dementia, organ donation, life as a carer and being deaf. The success of this programme of events has also been recognised nationally and it was mentioned in the Government's response to the Francis Report as an example of good practice.

This year we'll be gathering the views of a new group of patients on the service we provide. On 1 June 2014 we took over the running of maternity services. For many years, babies have been delivered at the RUH and the birthing centres in the community hospitals but our Trust had not actually run this service since 1992. We are looking forward to developing the service with our new midwives and the public we serve in the coming months and years.

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Along with taking on new services, we have made a number of changes to our estate, such as building the new Urgent Care Centre next to our Emergency Department, redeveloping our Combe Ward to make it dementia-friendly, and building a new Pathology Laboratory and Mortuary.

Our ambitious redevelopment plans will continue this year with much work taking place to pave the way for the construction of the new Cancer Centre. All of these developments will bring benefits to patients.

We hope to become an NHS Foundation Trust this year, which will enable us to give our members a stronger voice in setting our strategy and ensuring that we always deliver the best possible care for our patients.

I am grateful to those who have contributed to the content of this year's Quality Accounts and to those who have worked with us to ensure that they accurately reflect the work that we have undertaken this year. Their views are reflected in Chapter Seven.

As Chief Executive, I am pleased to confirm that the information contained in these Quality Accounts is, to the best, of my knowledge, accurate.



A handwritten signature in blue ink, which appears to read 'James Scott'.

**James Scott**  
**Chief Executive**

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## Joint Statement from the Medical Director and Ass

Improving the quality of care that we provide for our patients remains the number one priority for everyone that works at the RUH. Quality may impact on a patient by the effectiveness of the treatments they receive, by the experience they have of being treated at the hospital, or by an issue of safety (regardless of whether harm actually occurred).

For some years now, the RUH has had teams of people who focus on these three distinct areas. Collectively, they drive our continuous improvement as we seek to improve quality in all its definitions year on year.

These accounts highlight just some of the work our staff have been doing inside the hospital. The contribution of patients themselves is key as we strive to care for people in a personalised way that recognises the differences that exist even between two people with identical diseases. One of the ways we receive feedback from patients is via the Friends and Family Test that we started using at the RUH in March 2013. This helps us to focus our attention where improvement is most needed as well as share aspects of care that patients and carers highlight as good practice.

Sharing, openly and honestly, issues of the quality of care at the RUH, both with staff and with patients is a cornerstone to this work. Encouraging all staff to report incidents that could have resulted in harm as well as those that may have done so, even if only temporarily, is an essential starting point to enable learning and change in practice to occur.

This year we have seen a considerable increase in the number of staff feeling confident to report using our incident

reporting systems. Consequently we have been able to analyse certain aspects of care to make improvements. An example of our learning from incident reporting is the risk that patients face from clots forming in their veins whilst in the hospital. These are called Hospital Acquired Thrombosis (HATs) and form part of a larger problem known as Venous Thromboembolism, or VTE. People most often think of the risk in association with air travel, but hospital care also causes similar problems and we must do all we can to reduce the risk of a HAT in every patient.

Sharing has again also been a theme for our quality improvement work outside the hospital this year. We have contributed to, and learnt from, a number of national and international quality initiatives.

## Associate Medical Director for Quality Improvement

Of particular note is the recognition of the RUH as a hospital genuinely committed to improving the quality of care it offers by Jeremy Hunt, the Secretary of State for Health.

In March 2014 he announced a reinvigorated focus on safety in the NHS and named 12 Trusts who will be at the vanguard of leading this work. Just seven of those Trusts are acute hospitals like the RUH and we are proud to have been chosen as one of them.

Quality improvement is a continuous process that never ends. These accounts illustrate the focus we have had in the last 12 months. They also demonstrate the continued commitment we have to providing the best care that we can.



**Dr Tim Craft**  
**Medical Director**



**Professor Carol Peden**  
**Associate Medical**  
**Director for Quality**  
**Improvement**

## Statement from the Director of Nursing

This year has been my first at the RUH, and since joining I have been hugely impressed by the staff who work here and their total commitment to our patients.

During the year we invited all our staff to become Privacy and Dignity Ambassadors, recognising that everybody has a role to play in ensuring that patients are put first and that their privacy and dignity is respected at all times.

We have improved a great deal over the last year, and I was delighted with the extremely positive comments which inspectors from the Care Quality Commission made when they visited our Trust in December 2013.

They said: "Staff are highly dedicated, passionate, committed, open and responsive;"

"It's an organisation that is making great strides;"

The Trust "Responds well to patients."

The CQC recognised the progress we have made, including improving documentation of the very good care we provide, helping patients to eat and drink adequately, and administering medicines appropriately. We are not complacent and want to improve further. We are committed to being open and transparent, and want to make it as easy as possible for anyone to give feedback – good or bad – so that we can learn and get better.

The introduction of the Friends and Family Test, in which we ask inpatients and those attending our Emergency Department how likely they are to recommend us to others needing similar treatment, has given us a wealth of feedback from patients. We've used this to drive forward changes to

improve the patient experience. For example, a theme that emerged was about the food we provide, so we made changes to our soup, sandwiches, and increased our hot meal selection. In response to feedback, we've also relaxed our visiting hours in recognition of the important role visitors can play in helping patients to get better.

I am immensely proud of the nursing team at the RUH, an excellent, committed nursing workforce, which is strongly supported and nurtured by a team of senior nurses. I was delighted that we were named the best hospital for student nurse placements at the 2014 Student Nursing Times Awards. This award recognised the work we are doing to develop the next generation of nurses by providing a structured learning environment that helps students to flourish.

These Quality Accounts outline some of our priorities this year and one of the themes that runs through them is about listening to our patients' views to make things better. We all put patients first, and I believe this year will be another year of transformation in our relentless quest to keep improving.



**Helen Blanchard**  
**Director of Nursing**

## Mandatory Statement 1

During 2013/14 the Royal United Hospital Bath NHS Trust provided and sub-contracted seven types of NHS services via two clinical divisions, Medicine and Surgery.

During 2013/14 we have reviewed data available to us on the quality of care using hospital wide performance information such as the Hospital Standardised Mortality Rate (HSMR) and have undertaken further in-depth review of clinical care within a number of areas including:

- Monthly case note review of 20 patient records to identify harm events (things that happened or were not acted upon that may have caused harm to the patient, including such things as delay in recovery time)
- Trust-wide monitoring of healthcare associated infections such as MRSA and Clostridium difficile and full investigations of causes of such infections
- Identification, reporting and investigation of grade 3 and 4 hospital acquired pressure ulcers
- Participation in national audits, including the areas of cardiac care, stroke care, joint replacement surgery, and fractured hip surgery
- Monitoring of the completion of Venous Thromboembolism (VTE) risk assessment
- Commitment to eliminating mixed sex accommodation unless clinically indicated
- Attention to the Care Quality Commission's five domains of quality for care services: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well-led?

The income generated by the Trust, in relation to these services, represents 100% of the total income generated from the provision of NHS services by the Trust for 2013/14.

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 RUH, to carry out the regulated activities if providers show that they are meeting essential standards of quality and safety.

The seven 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.

# Chapter Two: Review of Quality

## Priority One: to further reduce our healthcare associated

Reducing our healthcare associated infection rates has been one of our main priorities for a number of years, as we know that good infection prevention and control is essential to making sure that our patients receive safe and effective care.

We try to ensure that effective infection prevention and control is used as part of everyday practice and consistently applied by all staff, in order to protect patients against healthcare associated infections.

### What we have done

***We said we would increase the surveillance of surgical site infections.***

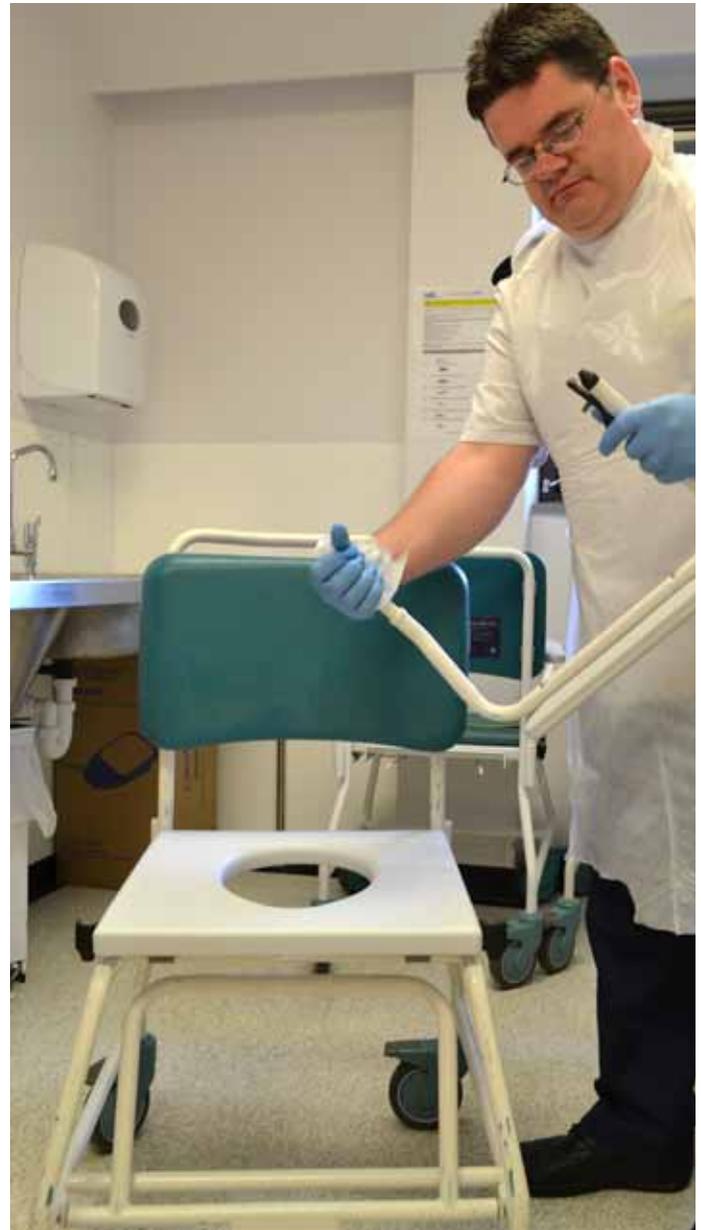
We increased the surveillance of surgical site infections with hip fracture patients, and this year we will carry out surveillance in patients undergoing general surgery.

***We said we would focus on increasing and enhancing our isolation facilities.***

We have continued to monitor the isolation facilities on Combe Ward when we redeveloped it to make it dementia friendly, with two of the isolation rooms, which were not ensuite, being given ensuite facilities. We carried out daily visits to our 23 inpatient areas to identify patients who require isolation and assist staff to prioritise which patients need side rooms. If patients are not isolated within two hours of the onset of diarrhoea an incident report is completed and an investigation carried out.

***We said we would work with our partners in the community to develop a community-wide Clostridium difficile pathway.***

We have not yet introduced a community-



***A daily deep clean of side rooms where there are patients with Clostridium difficile infection has been implemented***

wide Clostridium difficile pathway; however we are working much more closely with our partners within a new structure in the community in order to enable this to happen.

Last year we introduced an algorithm to help staff to identify when to take stool samples, recruited more cleaning staff,

# ty Performance in 2013/14

## ociated infection rates with a focus on sepsis

and implemented a daily deep clean of each side room where there are patients with *Clostridium difficile* infection. We also established an Antibiotic Stewardship Committee to monitor the prescribing of antibiotics and increase the focus of these drugs, which are known to cause *Clostridium difficile* infection. A new antibiotic prescription chart has been introduced so that these drugs are easily identifiable to support clinicians to carry out regular reviews of the need to continue a patient's antibiotics as soon as it is safe.

***We said we would continue to improve the safe management of peripheral venous cannulae (the small tube sometimes placed in the vein to administer medicine) and urinary catheters.***

We have continued to monitor the number of patients within the Trust with a urinary catheter in situ. We record the number of new and old urinary tract infections in these patients and these are validated by a urology nurse specialist/expert. Having introduced the Catheter Care Plan pathway we also monitor compliance of this document.

***We said we would start to implement the Sepsis Six tasks.***

The Sepsis Six tasks are clinical interventions which, when performed within one hour following recognition of sepsis, can save lives with evidence showing that the chances of an individual dying from sepsis can be halved.

We have started education about sepsis, particularly in the Emergency Department, Medical Assessment Unit and Surgical Assessment Unit, and have reviewed the whole pathway of care for sepsis. We have

also recruited two specialist sepsis nurses to spread this learning.

We also liaised with the ambulance service, who already have the identification of sepsis as part of their training.

In March 2014 we launched 'Sixty Days of Sepsis Six' with the aim of training 600 staff in the Sepsis Six Tasks within 60 days. This was done by six sepsis champions, training six more staff, and each of these staff then training six more and so on. We displayed the percentage of staff trained in each area on the ward/department notice board, with a prize for the team with the most trained staff after 60 days. All members of staff were included.

We have focused on improved cleaning and decluttering of ward environments to prevent infections, and have also introduced safer practices with catheters and better wound management. This helped us to achieve one year and 11 days without a single MRSA bloodstream infection. Our Intensive Therapy Unit has done extremely well in tackling MRSA and has not had a single case since October 2007.

We also ran a campaign across the whole hospital called Infection Matters, with large posters featuring a range of staff talking about their role in preventing infection and promoting the importance of handwashing.

We believe visitors to the hospital also have a role to play in infection control – making sure they wash their hands before and after eating and going to the toilet, not visiting the hospital if they have had diarrhoea and vomiting, and checking with the nurse in charge if they are in any doubt whether they are well enough to visit.

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## Priority Two: to promote organisational learning

We are committed to creating an environment where staff have confidence in the process of reporting incidents and a desire to share learning from these events. We are also committed to being open and transparent with patients and their families when care has fallen below their expectations of us, and below the expectations of care we would expect to provide.

### What we have done

***We said we would use the funding awarded by the Health Foundation 'Shine' project to improve the communication of feedback from reported incidents using innovative multimedia strategies.***

Our new ward quality dashboard is a tool which gives staff access to performance information at ward level about the quality of care being provided and includes the number of patient safety incidents, making it easier for ward managers to understand their own data.

We have been working to implement solutions to some of the issues staff told us were barriers to reporting incidents, such as improving the interface on our incident reporting system to make it easier to use.

***We said we would actively improve the reporting process and encourage a 'no blame' culture and prevent re-occurrence of incidents and learn from successful outcomes.***

We have introduced a new system to make it easier to raise concerns, including a confidential phone-line and email address in case staff do not feel able to raise the issue with their manager. Reporting has increased

but we will continue to ensure that we encourage an open culture where learning from incidents is the priority.

***We said we would provide resources to train champions who will incorporate specific skills into existing training programmes.***

We have introduced ambassadors for privacy and dignity from both clinical and non-clinical staff. They pledged to make the care of patients their first concern, to treat them as individuals and to respect their privacy and dignity at all times.

We have End of Life link nurses on our wards and also have three dementia co-ordinators who are spreading their knowledge of the needs of patients with dementia across the hospital.

***We said we would use the information from the Meridian patient feedback system and the Friends and Family questionnaire to better understand the views and experience of our patients.***

The Friends and Family Test results have given us a wealth of feedback from patients. One of the issues raised was about our food. Patients told us that they want the choice of a hot evening meal, that we should change the range of sandwiches on offer and that they were not enjoying the soups available.

We now offer a hot meal option on the evening menu across all wards and have extended the variety of food on offer, including fresh homemade soups and different sandwiches for those who want a lighter bite to eat.

The Meridian system has enabled us to do further work to gather the views of



***We want to use the feedback we receive from patients and carers to make improvements***

inpatients and carers.

***We said we would review our complaints and compliments process to ensure we are taking on feedback and sharing this learning.***

We have undertaken a review of our complaints process and we are in the process of implementing 20 recommendations, including providing a single point of contact and being more responsive to complainants.

***We said we would continue to use patient stories at Trust Board meetings and for staff learning events***

Our Trust Board meetings always start with a patient story and this year these stories have covered a diverse range of topics including complaints, pressure ulcers, organ donation, and stroke. Our staff learning events programme, See it My Way, continues to be extremely popular and was singled out in the Government's response to the Francis Report as an example of good practice.

These events involve patients telling their stories to an audience of staff, providing a valuable insight into the patient experience. Recent topics covered include living with stroke, living with dementia, life as a carer, living with breathlessness and being deaf.

## Priority Three: to improve the experience of patients

Last year we said we would work to ensure that patients nearing the end of life, and their families, had their needs met. This would require nurses and doctors to identify that patients were nearing the end of life, for this to be discussed with the patient and their family and for them to be given the opportunity to be involved in making decisions about their care and treatment.

### What we have done

***We said we would train all staff to access and use the Electronic Palliative Care Co-ordination system, which holds information that patients and families have requested regarding their end of life care.***

This system enables healthcare professionals both from the RUH and in the community to share information about patients nearing the end of their life. Many of our clinical staff have been trained to use this system, however we have found that it is less commonly used in the wider healthcare community and therefore we have been working with the community to review the use of this system and how best we might share this information.

***We said we would re-locate the Patient Affairs team, which cares for the immediate needs of families following the death of a loved one, closer to our new mortuary.***

The bereavement suite in the mortuary is in use and we will relocate the Patient Affairs team adjacent to the suite.

***We said we would identify the specific needs of patients who are approaching the end of their life and support them to manage the uncertainty that can exist at this time.***

We have made progress in this area, raising the awareness among staff of the importance of early identification of end of life needs, and involving patients and their families in key decisions. Much of this work is about having important, sensitive conversations at an early but appropriate time. Staff often do not feel confident having the conversation themselves, but the key thing is to recognise that the conversation needs to take place and finding the most appropriate person to have that conversation.

We have worked, and will continue to do so, to recognise when patients are nearing the end of their life and the need for conversations that allow patients and families to better understand their illness and be involved in the decisions about their plan of care. We have supported staff in listening to the concerns and wishes of patients and families and promoting their involvement in appropriate decision-making.

***We said we would work with the health community to improve discharges and communication about appropriate future admissions.***

We are working closely with Dorothy House and Sirona Care and Health to establish a rapid discharge plan, which means we are better prepared to quickly move patients at the end of their life if their wish is not to die in an acute hospital setting. This involves close working with different partners to ensure that we do everything we can to meet the needs and wishes of our patients.

***We said we would use the results of feedback from families about the care of their loved one in the last few days of their lives to improve our service.***

## nts at the end of their life and to support carers



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

As part of this work we spoke to 36 families about their experiences. We have used all the feedback we received to build an action plan so improvements can be made. We will continue to use family experience in order to improve the quality of care. We are keen to improve our feedback service, making it easier for families to comment upon their experience. It is clear from the comments made that improving communication needs to be built into our training and this is something we are doing.

We have also discussed with our staff the need to provide clear information to families on when key information, such as a death

certificate, will be provided and how long this process takes. There is much uncertainty in end of life care, but families told us that they wanted open, honest communication from us. They told us that if we are unsure of some of the details, they wanted us to acknowledge this and discuss it with them.

Although improving the experience of patients at the end of their life and to support their carers is not a priority in this year's Quality Accounts, there is still a great deal of work ongoing to improve this area of our care as we know it can make a great difference to people at a very difficult time for them.

# Chapter Three: Our priorities for

## Priority One: to reduce the occurrence of sepsis

### Why have we chosen this as a priority?

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. It is an increasingly common and serious condition, which can progress rapidly and cause many patients to become critically ill and even die.

In the UK 37,000 people die from sepsis every year, more than from breast or bowel cancer. It can affect anyone, young or old, and is also now the leading cause of maternal death in the UK. If we can identify and start treatment of sepsis as early as possible, we can prevent many of these patients from becoming unwell.

In the past, the focus on sepsis nationally has been on its actual treatment. We know that early recognition and prompt treatment of the condition is imperative, so we have chosen to focus on raising knowledge and understanding of sepsis as one of our key priorities for this year.

We will work with staff in raising awareness in the early identification of sepsis and starting treatment quickly as we know that giving antibiotics within the first hour reduces the risk to patient mortality.

Tackling sepsis was one of our priorities last year, as part of a broader programme of work to reduce our healthcare associated infection rates. This year we are planning a more targeted approach and have begun work to raise awareness of how to recognise sepsis and the key interventions to treat it, including launching the Sixty Days of Sepsis Six campaign (see page 11).

### The Sepsis Six clinical interventions

**SEPSIS 6 - COMPLETE WITHIN 01:00 HOUR...**

RECOGNISE - RESUSCITATE - REFER

- 1 HIGH FLOW OXYGEN
- 2 ANTIBIOTICS
- 3 IV FLUIDS
- 4 BLOOD CULTURES
- 5 LACTATE
- 6 HOURLY URINE OUTPUT

**...NOW CALL SENIOR DOCTOR**

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

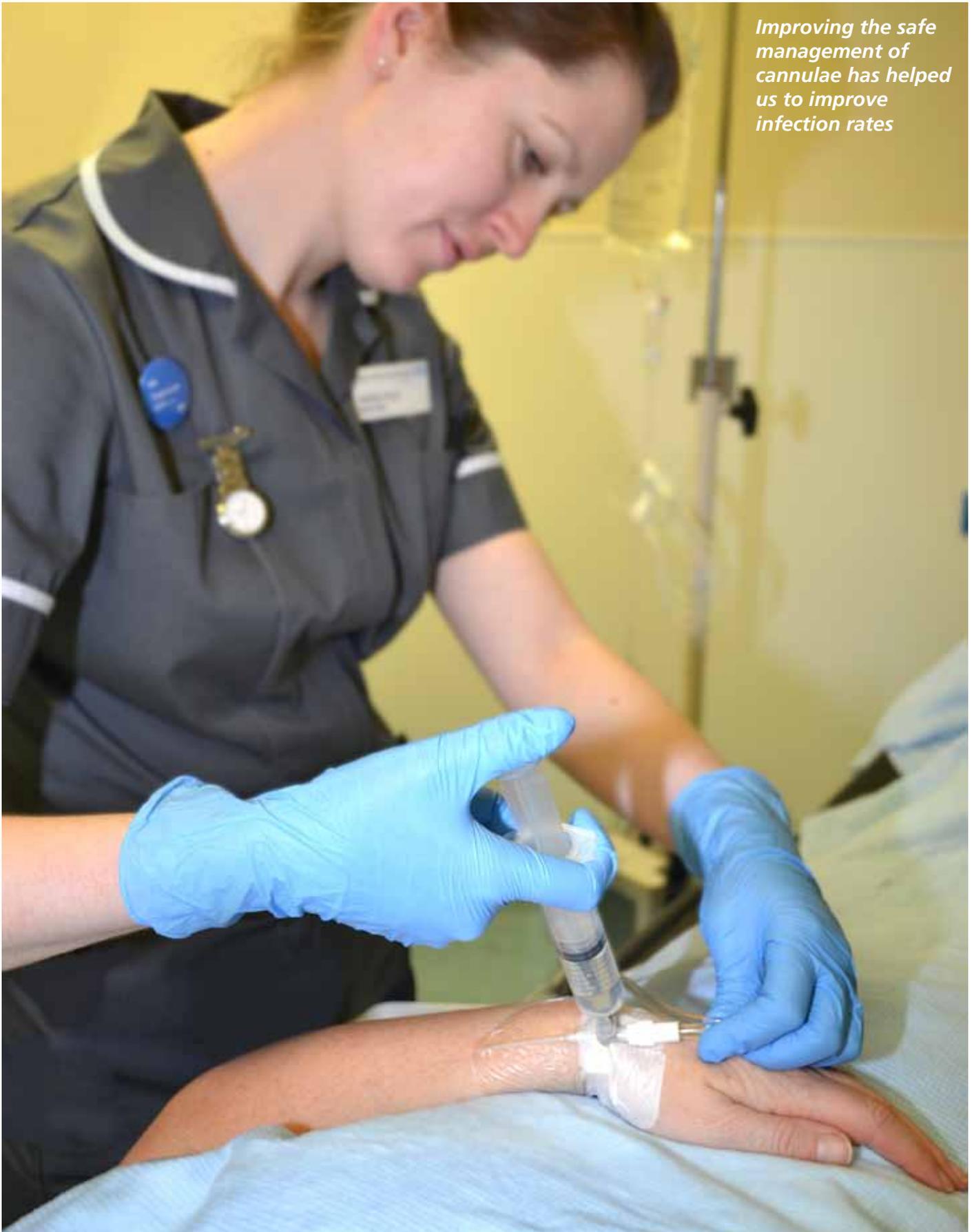
1. *high flow oxygen*
2. *antibiotics*
3. *IV fluids*

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

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

### Our aims for 2014/15

- to increase awareness and early diagnosis of severe sepsis across the Trust
- to spread knowledge of Sepsis Six among all staff - over 90% of all staff to have received the training, not just clinical staff
- to introduce Sepsis Boxes, which contain everything needed to carry out the interventions in one place, on every ward to enable fast treatment
- to use our two new sepsis nurses to spread knowledge and understanding among our staff
- to raise awareness among our healthcare partners, including GPs
- to also increase awareness and early diagnosis and treatment in obstetric patients, following our takeover of maternity services from June 2014.



*Improving the safe management of cannulae has helped us to improve infection rates*

## Priority Two: to improve our care of patients who

### Why have we chosen this as a priority?

Around 5% of the population has diabetes, but the number of patients in the RUH with the condition at any one time is disproportionately high - around 20%. These patients frequently stay longer in hospital, around two to three days on average, and have more complications. It is unacceptable that diabetes care often gets worse when patients come into hospital rather than better.

We recognise we can improve the quality and

safety of our diabetes care and in particular be more proactive when patients with diabetes are first admitted to hospital.

The National Diabetes Inpatient Audit 2013 showed that we are amongst the lowest performing 25% in England and Wales for insulin, medication, and prescription errors. We are also amongst the lowest 25% in the country for staff knowledge of good diabetes management and allowing patients with diabetes to self-care. Patient satisfaction with diabetes care is also lower than the national average.



*Diabetes Specialist Nurses make daily rounds of the Emergency Department and the Medical Assessment Unit to meet patients with diabetes*

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## have diabetes

Our previous approach relied on wards contacting diabetes specialists when they thought they needed to, which often led to care being delayed. It also relied on staff recognising when there was a problem.

In 2013/14 we piloted a more proactive approach with our new acute diabetes service, which involved a team of Diabetes Specialist Nurses making daily rounds of the Emergency Department and the Medical Assessment Unit to meet patients with diabetes, enabling specialist care to be brought to them as quickly as possible. Instead of waiting for the patient to reach the team, we brought the team to the patient.

The team carries out assessments, including examination of the feet, and provides a care plan to manage the patient's diabetes while they are in hospital. They will make initial essential changes to the patient's medication within the first 24 hours where possible and start planning for discharge from the moment they arrive, by assessing their last three months of diabetes control and planning for what they will need beyond hospital admission. All this information is sent to GPs and community nurses to form part of any ongoing care required once the patient is discharged.

A key element to this project was that the team provided bespoke education and support to the ward staff, allowing them to deliver the best care even when the diabetes team were not present. Feedback from our incident reporting system and the ward staff was used to determine the content of the education we delivered.

The results of the six-month pilot show that patients are benefiting from better,

safer diabetes care. There has been a dramatic reduction in medication errors and hypoglycaemia in the Emergency Department and Medical Assessment Unit and staff knowledge of good diabetes care has improved. We have also seen an increase in patients self-medicating, something patients have told us they want to do, having managed their own diabetes medication on a daily basis. We have also prevented unnecessary admissions and improved discharge times.

The pilot has shown us that a different way of doing things can make a genuine difference to patient care and we plan to expand this new way of caring for patients with diabetes in 2014/15.

### Our aims for 2014/15

- to roll-out the more proactive approach to diabetes management, initially to wards with high numbers of patients with diabetes
- to see more patients with diabetes within their first 24 hours in hospital and implement a care plan for them
- to provide increased support for ward staff and provide training and raise awareness of good diabetes management in wards with high diabetes prevalence
- to reduce insulin errors, medication errors and hypoglycaemia prescription errors by 33% in all areas served by the Acute Diabetes Team
- to ensure all patients seen by the Acute Diabetes Team for hypoglycaemia and diabetic ketoacidosis are treated to nationally recognised best practice standards
- to increase staff reporting of any errors in diabetes care and ensure that staff learn from all incidents.

# Priority Three: Learning from feedback

## Why have we chosen this as a priority?

The 2013 Berwick Report on the health service entitled "A promise to learn, a commitment to act", reflects our own commitment to listening and learning and acting on feedback to enable us to improve the care we provide.

We receive lots of feedback every day from patients, carers, visitors and our own staff, among others. Much of it is complimentary; however some suggests areas where we need to improve. We see the feedback we receive as a catalyst for change, to help us on our journey of continuous improvement.

Feedback from patients also comes in the form of complaints. We want to improve the experience of people when they make a complaint, ensuring that their concerns are properly listened to and dealt with in a timely way and that we make changes as a direct result of their feedback.

In November 2013 an external review of our complaints process was undertaken. The review identified a number of recommendations where further progress

needs to be made such as the timeliness by which we respond to concerns/complaints, having a single point of contact for the patient/family and ensure that the process centres on the needs of the person making the complaint. Furthermore, we want to use the feedback to improve the care and treatment we provide.

Our CQC inspection in December 2013 identified that we need to continue to improve how we handle complaints so that people are satisfied with the service and that learning from complaints and good practice is routinely shared across the Trust.

## Our aims for 2014/15

- hold a workshop with representatives from the Trust, previous complainants, Healthwatch and shadow Governors to review our current process
- reduce the number of complaints about treatment, quality of care and waiting times
- improve our responses so that patients and carers who complain are satisfied with how we have addressed their concerns
- respond to all complaints within 25 working days of receipt (for more complex complaints a longer time would be agreed with the complainant)
- review the training provided to staff in handling complaints
- with funding from Macmillan, we plan to introduce Schwartz Centre Rounds, a model which provides a regular forum for staff to learn from their experience of caring for patients, including from mistakes made. This will help to strengthen a learning culture of openness and compassion and support staff with the emotional impact of their work.

### Mandatory Statement 4

A proportion of the Royal United Hospital Bath NHS Trust's income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between the RUH and our co-ordinating commissioner, on behalf of all associates with which we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

### **Mandatory Statement 5**

The Royal United Hospital Bath NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registration without conditions'. The RUH has no conditions on registration. The RUH has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC conducted an unannounced inspection of the Trust in June 2013 and inspected the Day Surgery Unit, the Emergency Department and the Older People's Wards. At the same time, the CQC conducted a Mental Health Act 1983 Monitoring Visit. The CQC judged that the RUH was not compliant with five essential standards that were assessed and compliance action was needed to meet the regulations. In respect of one of the standards, health records, the CQC issued a warning notice. In response, the RUH developed and implemented a comprehensive action plan to address the CQC concerns, and the warning notice was lifted in December 2013.

The RUH was one of the first 18 acute trusts to pilot the CQC new inspection regime. The Trust was inspected in December 2013 and the CQC judged that the RUH met the required standards and lifted the warning notice. Inspectors said that we were providing safe and effective care to our patients. A number of improvement actions were identified in respect of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The CQC Quality Report of the inspection highlighted a number of areas for further work and improvement.

The RUH, in consultation with its key stakeholders, has developed an ambitious improvement plan, which will be implemented over the course of the coming months.

### **Mandatory Statement 6**

The RUH submitted records during 2013/14 to the Secondary Users 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
- 99.8% for outpatient care; and
- 98.5% for accident and emergency care

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

- 100% for admitted patient care
- 99.7% for outpatient care; and
- 99.4% for accident and emergency care.

# Priority Four: to prevent pressure ulcers

## Why have we chosen this as a priority?

We recognise that having a pressure ulcer during a hospital stay has a distressing effect on patients and their families and carers. We know that most pressure ulcers are avoidable and their treatment and prevention is a critical part of providing holistic nursing care.

Pressure ulcers are given categories according to the damage caused to the skin from the least serious (Category 1) to the most serious (Category 4).

Last year just under 200 pressure ulcers were acquired in the hospital. Whilst the most serious pressure ulcers are low in number, our ambition is to eliminate these Category 3 and 4 pressure ulcers altogether. We aim to halve the number of the less serious Category 2 pressure ulcers.

The existence of a pressure ulcer shows that harm has been caused to a patient, so we believe that every pressure ulcer is one too many. When they do occur, we carry

## What are the SSKIN steps?

SSKIN is five simple steps to prevent and treat pressure ulcers:

- Surface: make sure patients have the right support
- Skin inspection: early skin inspection means early detection
- Keep moving: patients need to keep moving
- Incontinence: patients need to be clean and dry
- Nutrition/hydration: patients need to be assisted in having the right diet and plenty of fluids.

out a thorough investigation to find out how they happened and what could have been done to prevent them.



This year we plan to particularly focus on assessment of patients, taking action to prevent pressure ulcers, and treatment. We will launch a major internal campaign which will raise awareness of the right pathway to follow to prevent pressure ulcers and ensure there are no barriers to stopping this process being followed.

It will also raise awareness of the impact of pressure ulcers on patients, using real patient stories to bring their experience to life.

We will continue to support staff in the implementation of the five 'SSKIN' steps to prevent pressure ulcers.

Each ward has at least one tissue viability link nurse and we have used a visual aid training pack to enable them to spread training among nurses and healthcare assistants.

## Our aims for 2014/15

- to eliminate all avoidable hospital acquired Category 3 and 4 pressure ulcers
- to reduce all avoidable hospital acquired Category 2 pressure ulcers by 50%
- to ensure 100% of all nurses and healthcare assistants are trained and competent in the SSKIN steps for pressure ulcer prevention
- to accurately monitor all pressure ulcers (hospital acquired or present on admission)
- to audit documentation.



***Our Pressure Ulcer Project Nurse has been working with Tissue Viability Nurse Specialists to support staff across the Trust in implementing the SSKIN care steps***

# Chapter Four: Clinical Effectiveness

## Quality domains and indicators

Clinical effectiveness is a measure of the extent to which a particular intervention of treatment works.

We need to look at whether the treatment itself is successful but also many additional factors, such as whether the treatment is appropriate, whether it is nationally recognised and whether it represents value for money.

The tables in this chapter show our performance against our quality domains and indicators.

In addition to the following metrics, the Trust continues to monitor its performance against the Trust Development Authority (TDA) Accountability Framework and the Monitor Risk Assessment Framework. This framework includes measures such as referral to

treatment times, cancer waiting targets and waiting times in our Emergency Department. The Trust will continue to work closely with its healthcare partners in the community to maintain or improve performance.

The quality of our data is reviewed and managed within specialties as part of the service line management (SLM) structure. A data quality steering group is being developed and this will bring a more strategic focus on ensuring continuous improvement in the Trust.

### **The Commissioning for Quality and Innovation (CQUIN)**

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. The national



*Improvements in the assessment and care planning for patients admitted to the Trust with continence needs have been made*

CQUIN goals for 2013/14 are detailed as follows:

### **Friends and Family Test (FFT)**

All elements of the scheme were successfully delivered. This included achievement of a greater than 15% response rate and implementing the roll out to outpatient areas by 1st October 2014. Another element of this scheme related to the staff survey results and achievement of a percentage response rate for the FFT question to staff. The staff survey results showed a response rate of 70%, which means successful achievement of this element of the scheme. FFT has been continued as a national CQUIN scheme for 2014/15.

### **NHS Safety Thermometer**

The scheme related to the reduction in new pressure ulcers and the prevention in deterioration of 'old' (non-Trust acquired) pressure ulcers. We are pleased to note that our end of year performance target was achieved.

### **Dementia**

The goal of this CQUIN is the early identification of patients with dementia (and other causes of cognitive impairment) and prompt referral and follow up after they leave hospital. This scheme involved all patients over 75 years of age undergoing an initial screening assessment on admission to hospital. Dementia training for staff was another element and by March 2014 84.9% of OPU staff had received the required dementia training and 73.4% of staff received the required induction training.

A carers' survey was also undertaken. This reported a positive improvement in the ratings relating to information given about treatment, the amount of involvement in care, and staff listening to and acting on individuals' needs. Satisfaction ratings for information given about treatment saw the

most significant increase, from 55% to 81% by the end of March 2014. Involving carers and families also improved from 59% to 83%. Comments from carers and families provide clear indications of how care can be improved. The Dementia Steering group will be using the report of the surveys to inform their work programme. This scheme has been continued as a national scheme for 2014/15 with challenging performance targets.

### **Venous Thromboembolism (VTE)**

The two parts of the VTE scheme relate to compliance with VTE risk assessments and the completion of Root Cause Analyses for hospital acquired VTE incidents. This scheme was achieved.

The following local CQUIN goals were agreed with Bath and North East Somerset Clinical Commissioning Group:

### **Acute Oncology**

The first part of this scheme relates to the review of patients within 24 hours of admission by the acute oncology service. The service is now established and we have achieved 100% compliance. The second part related to patients being admitted with neutropenic sepsis (reduced white blood cells with infection) receiving antibiotics within one hour of attending the hospital. This has been a challenge to achieve and involves very small numbers of patients.

### **Sepsis management**

Sepsis management for all emergency patients has been agreed as a CQUIN scheme for 2014/15 and the early identification and management of sepsis is a priority this year.

### **Continence**

The elements of this scheme related to improvements in the assessment and care planning for patients admitted to the Trust with continence needs. This scheme was achieved.

## End of Life Care

The first part of this scheme related to the use of the community-wide ADASTRA end of life care register in the emergency department and acute medical and surgical assessment units. Our commissioners have recognised this requires commissioner-led improvements which remain outstanding.

The other three elements of the scheme relate to the pilot of the End of Life Patient and Family Centred Care Programme (PFCC) that is being run in conjunction with the King's Fund on Pulteney Ward. This has been successfully rolled out across five other areas during the year. All elements of this scheme have been completed. End of life care has been agreed as a local scheme for 2014/15, enabling continuation and further spread of the improvements made.

## Urgent Care and 7-day working

There are a number of elements to these schemes, which are monitored by the Urgent Care programme board and overseen by

the Emergency and Urgent Care Programme Manager. The features of this scheme are:

- Consultant Review and a management plan within three days
- Consultant review and GP notification of patients who have been in the hospital for 14 days or more to identify where primary care may be able to support the patient when they leave hospital
- Daily Consultant rounds on medical wards
- Rationalise and enhance front door therapy services. Therapy services been extended to ensure a seven day service
- Declaration of Discharge by midday
- Decrease in Cardiology waits
- Implement the Ambulatory care model
- Review of the Surgical Assessment Pathway.

All the above elements of the scheme were delivered apart from the declaration of discharges by midday. Whilst there has been an increase in the number of declared discharges, there is more work to be done.

## Preventing people from dying prematurely

RUH Quality Targets 2013/14		Reporting Year	Actual Reporting Period	RUH Performance	2013-14 National Average	2013/14 Best National	2013/14 Worst National	The Royal United Hospital Bath NHS Trust considers that this data is as described for the following reasons:
Summary Hospital Level Mortality Indicator (SHMI)	Value	2012/13	Jul 12- Jun13	1.0108				The data shown is published by the Health and Social Care Information Centre using data provided by the Trust. It is not possible to calculate this measure internally.  The current reporting period is the most recent that is available.
		2013/14	Oct 12- Sep 13	0.9945	1	0.6301	1.1859	
	Banding	2012/13	Jul 12 - Jun 13	2				
		2013/14	Oct 12- Sep 13	2	-	3	1	
	% of Patient Deaths with Palliative Care Coding	2012/13	Jul 12 - Jun 13	16.70%				
		2013/14	Oct 12- Sep13	17.60%	20.9%			

The Trust scoring against this measure is within expected range and therefore no specific improvement actions have been identified. Our Clinical Outcomes Group, chaired by the Medical Director monitors this indicator and we use the Dr Foster Intelligence System to monitor mortality and clinical effectiveness.

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

RUH Quality Targets 2013/14	Reporting Year	Actual Reporting Period	RUH Performance	2013-14 National Average	2013/14 Best National	2013/14 Worst National	The RUH considers that this data is as described for the following reasons:	Proposed Actions
PROMS: Patient reported outcome measure	Groin Hernia - EQ VAS	2012/13	-1.644	-0.874	2.882	-3.976	The data shown is published by the Health and Social Care Information Centre using data provided by the Trust and patient responses. It is not possible to calculate this measure internally.  The current reporting period is the most recent that is available.	The Trust scoring against this measure is within expected range (above national average) for the majority of areas. In particular we are above average on the Oxford Hip and Knee scores, which is a key area of focus as this relates specifically to the patient's condition. Because of this, no specific improvement actions have been identified. However, the Trust intends to continue to improve against this measure in 2014/15.  Of the other two measures, EQ-5D Index is a combination of five key criteria concerning general health and EQ VAS is the current state of a patient's general health marked on a visual analogue scale.
	Groin Hernia - EQ-5D Index	2013/14	-1.793	0.086	0.158	0.013		
Hip Replacement Primary EQ VAS	2012/13	Apr12-Mar13	0.091	11.663	17.803	3.547		
	2013/14	Apr13-Dec13	0.098	0.439	0.527	0.301		
Hip Replacement Primary EQ-5D Index	2012/13	Apr12-Mar13	10.868	21.363	25.144	17.210		
	2013/14	Apr13-Dec13	9.279	4.711	7.300	3.721		
Hip Replacement Revision EQ VAS	2012/13	Apr12-Mar13	0.422	0.261	0.289	0.254		
	2013/14	Apr13-Dec13	0.443	11.998	12.666	10.704		
Hip Replacement Revision EQ-5D Index	2012/13	Apr12-Mar13	21.007	5.800	13.679	-1.149		
	2013/14	Apr13-Dec13	23.237	0.330	0.416	0.193		
Knee Replacement Primary EQ VAS	2012/13	Apr12-Mar13	3.484	16.414	20.067	12.229		
	2013/14	Apr13-Dec13	-	1.382	-	-		
Knee Replacement Primary EQ-5D Index	2012/13	Apr12-Mar13	0.261	0.230	0.230	-		
	2013/14	Apr13-Dec13	14.812	11.175	12.203	12.203		
Knee Replacement Primary Oxford Knee Score	2012/13	Apr12-Mar13	3.925	-9.298	-3.299	-16.715		
	2013/14	Apr13-Dec13	9.015	-0.124	5.272	-4.883		
Knee Replacement Revision EQ VAS	2012/13	Apr12-Mar13	0.316	0.101	0.158	0.020		
	2013/14	Apr13-Dec13	0.354	0.101	0.158	0.020		
Knee Replacement Revision EQ-5D Index	2012/13	Apr12-Mar13	14.595	-	-	-		
	2013/14	Apr13-Dec13	17.778	-	-	-		
Knee Replacement Revision Oxford Knee Score	2012/13	Apr12-Mar13	-	-	-	-		
	2013/14	Apr13-Dec13	-	-	-	-		
Varicose Vein Aberdeen Varicose Vein Questionnaire	2012/13	Apr12-Mar13	-	-	-	-		
	2013/14	Apr13-Dec13	-	-	-	-		
Varicose Vein EQ VAS	2012/13	Apr12-Mar13	-	-	-	-		
	2013/14	Apr13-Dec13	-	-	-	-		
Varicose Vein EQ-5D Index	2012/13	Apr12-Mar13	-	-	-	-		
	2013/14	Apr13-Dec13	-	-	-	-		
Patient readmitted to a hospital within 28 days of being discharged	0-15	Apr11-Mar12	9.49%				The data shown for the first reporting period is published by the Health and Social Care Information Centre for the latest available time period (2011/12). This uses data provided by the Trust.  Data for the current reporting period is calculated using data extracted from Dr Foster Intelligence, as published data was not available at the time of reporting.	We are pleased to note that the re-admission rate for adults has improved this year. Re-admission rates at a specialty level are reviewed at monthly performance meetings. The paediatric service provides open access as a safety net and therefore would expect to have a percentage of children returning to hospital.
	16 or over	Jan12-Dec13	10.5%					
	2012/13	Apr11-Mar12	10.93%					
	2013/14	Jan12-Dec13	8.8%					

# Ensuring people have a positive experience of care

RUH Quality Targets 2013/14	Reporting Year	Reporting Period	Actual Reporting Period	RUH Performance	2013-14 National Average	2013/14 Best National	2013/14 Worst National	The RUH considers that this data is as described for the following reasons:	Proposed Actions
Responsiveness to the Personal needs of Patients	2012/13		2012/13	67.5					Our overall score is slightly below the national average and there are three areas where we will be focusing our improvements. These are the cleanliness of wards, availability of hand gel and patients sharing their sleeping area with members of the opposite sex.
	2013/14		2013/14	67.4	68.7	84.2	54.4	The data shown is published by the Health and Social Care Information Centre using patient responses to the National Inpatient Survey. The list of patients were provided by the Trust. It is not possible to calculate this measure internally.	
Staff who would recommend the trust	2012/13		2012/13	60%					We are pleased to note that we are above the national average for this measure. Our Human Resources team have held listening events and are working with specific staff groups to ensure we continue to improve.
	2013/14		2013/14	70%	64%	89%	40%	The data shown is taken from the NHS Staff Survey. It is not possible to calculate this measure internally.	
Friends and Family Test	2013/14		Apr-Mar14	42.37% (70)	29.06% (71)				The data shown is published by NHS England as one of their Statistical Work Areas. This uses data provided by the Trust. The figures published are consistent with local calculations.  The data shows the response rate to the Friends and Family Test, with the score in brackets. The score relates to the patient experience of care based on the question response ranging from Extremely Likely to Extremely Unlikely. Scores can range from -100 (negative) to +100 (positive). It should be noted that the response rates and scores for best and worst National do not necessarily relate to the same Trust.  The monthly performance is shown as published, however the annual figure has been calculated internally by the Trust using the published monthly figures.
	2013/14		Apr-13	20.6% (70)	21.5% (70)	100% (95)	0.47% (35)		
	2013/14		May-13	38.8% (68)	24% (70)	87.5% (100)	0.61% (41)		
	2013/14		Jun-13	49.39% (68)	27% (71)	66.08% (100)	2.67% (43)		
	2013/14		Jul-13	52.8% (66)	27.9% (71)	76.7% (100)	6.32% (39)		
	2013/14		Aug-13	40.99% (63)	28.8% (71)	71.43% (97)	9.58% (45)		
	2013/14		Sep-13	35.17% (68)	29.4% (71)	70.37% (97)	6.01% (45)		
	2013/14		Oct-13	48.7% (74)	30.9% (71)	92.86% (96)	10.01% (41)		
	2013/14		Nov-13	41.7% (76)	31.1% (72)	83.33% (97)	8.74% (41)		
	2013/14		Dec-13	44.92% (73)	28.5% (71)	77.3% (100)	8.01% (37)		
	2013/14		Jan-14	49.6% (73)	31% (72)	76.34% (97)	10.95% (27)		
	2013/14		Feb-14	44.64% (72)	34% (72)	78.88% (94)	16.19% (18)		
	2013/14		Mar-14	41.2% (74)	34.8% (72)	84.37% (96)	10.86% (28)		
	A&E Friends and Family Test Response Rate	2013/14		Apr-Mar14	14.89% (75)	12.99% (55)			
		2013/14		Apr-13	4.1% (62)	5.7% (49)	34.7% (100)	0.1% (-45)	
		2013/14		May-13	24.2% (74)	7.6% (55)	47.5% (94)	0.1% (-50)	
		2013/14		Jun-13	21.1% (73)	10.3% (54)	49.2% (100)	0.1% (-13)	
		2013/14		Jul-13	15.7% (69)	10.4% (54)	44.6% (91)	0.2% (-17)	
		2013/14		Aug-13	17.3% (72)	11.3% (56)	44.5% (85)	0.2% (6)	
		2013/14		Sep-13	8.6% (64)	13.2% (53)	46% (89)	0% (0)	
2013/14			Oct-13	14.9% (82)	13.9% (56)	49.3% (93)	0.1% (-11)		
2013/14			Nov-13	15.3% (82)	15.2% (56)	62.2% (92)	0.4% (9)		
2013/14			Dec-13	10.7% (79)	15.3% (57)	63.4% (96)	0.2% (-11)		
2013/14			Jan-14	16.4% (80)	17.4% (57)	52.4% (92)	1.7% (0)		
2013/14			Feb-14	17.5% (80)	18.6% (55)	66.1% (90)	1.5% (-5)		
2013/14			Mar-14	15.1% (83)	18.5% (54)	53.5% (90)	1.6% (1)		

# Treating and caring for people in a safe environment

RUH Quality Targets 2013/14	Reporting Year	Actual Reporting Period	RUH Performance	2013-14 National Average	2013/14 Best National	2013/14 Worst National	The RUH considers that this data is as described for the following reasons:	Proposed actions
Patients admitted to hospital who were risk assessed for venous thromboembolism	2012/13	Q1 12/13	94.90%				The data shown is published by NHS England as one of their Statistical Work Areas. This uses data provided by the Trust. The figures published are consistent with local calculations.  The quarterly performance is shown as published.	The Trust scoring against this measure is within expected range (above national average) and therefore no specific improvement actions have been identified. However, the Trust intends to continue to improve against this measure in 2014/15.
	2013/14	Q1 13/14	95.44%	95.42%	100.00%	78.78%		
	2012/13	Q2 12/13	95.20%					
	2013/14	Q2 13/14	95.37%	95.78%	100.00%	81.70%		
	2012/13	Q3 12/13	95.70%					
	2013/14	Q3 13/14	95.98%	95.71%	100.00%	74.09%		
	2012/13	Q4 12/13	95.30%					
	2013/14	Q4 13/14	97.02%	95.96%	100.00%	78.86%		
Rate of C.difficile infection	2012/13	Apr12-Mar13	19.4				The data shown for the current reporting period (April 13 to March 14) has been calculated internally by the Trust using the data submitted as published data was not available at the time of reporting	The Trust has demonstrated a year on year improvement in C. difficile rates however the current rate remains higher than the national average. We have instigated a plan for C. difficile infection reduction and performance against this will be monitored closely by the Infection Prevention and Control Committee.
	2013/14	Apr13-Mar14	18.2					
Patient Safety incidents and the percentage that resulted in severe harm or death	2012/13	Apr12-Mar13	2974				The data shown is published by the National Reporting and Learning System (NRLS). This uses data provided by the Trust. The figures published are consistent with local calculations.  National averages, best and worst figures are based on Medium Acute Trusts. The National averages have been calculated internally using the published data.  The figures for April 13 to September 13 are shown as published, however the figures for October 13 to March 14 have been calculated internally by the Trust using the data submitted as published data was not available at the time of reporting.	The Trust is pleased to note increased reporting of incidents in 2013/14. Organisations that report more incidents usually have a better and more effective safety culture. Our Incident Reporting Project that is underway will support the culture of reporting and focus on 'closing the loop' to ensure that learning takes place quickly and effectively across the organisation.
	2013/14	Apr-13-Sep-13	1854	2896				
		Oct-13-Mar-13	2948					
	2012/13	Apr12-Mar13	4.5					
	2013/14	Apr-13-Sep-13	5.49	7.44				
		Oct-13-Mar-13	8.35					
	2012/13	Apr12-Mar13	23					
	2013/14	Apr-13-Sep-13	15	19				
		Oct-13-Mar-13	45					
		Apr12-Mar13	0.80%					
	Apr-13-Sep-13	0.80%	0.70%					
	Oct-13-Mar-13	1.53%						

# Chapter Five: Clinical Audit

## Mandatory Statement 2 – Participation in audit

During 2013/14, 36 national clinical audits and two national confidential enquiries covered NHS services that the Royal United Hospital Bath NHS Trust provides.

During that period the Royal United Hospital participated in 94% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the RUH participated in, and for which data collection was completed during 2013/14, 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?	% cases submitted
<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</b>		
Lower limb amputation	Yes	100%
Tracheostomy Care	Yes	100%
Gastrointestinal bleeding	Yes	100%
<b>Acute</b>		
Case Mix Programme (CMP)	Yes	100%
Emergency use of oxygen	No	The RUH has carried out a number of projects related to the use of oxygen including the King's Fund Programme focusing on oxygen administration
National Audit of Seizures in Hospitals	Yes	100%
National Joint Registry	Yes	95%
National emergency laparotomy audit	Yes	Data collection runs December 2013 – November 2014
Paracetamol overdose (care provided in emergency departments)	Yes	100%
Severe sepsis and septic shock	Yes	100%
Severe trauma (Trauma Audit & Research Network, TARN)	Yes	36%
<b>Blood and Transplant</b>		
Audit of the use of Anti-D injection	Yes	100%
Audit of the management of patients in Neuro Critical Care Units	N/A	
Audit of patient information and consent	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
<b>Cancer</b>		
Bowel cancer	Yes	86%
Head and neck oncology	Yes	100%
Lung cancer	Yes	100%
Oesophago-gastric cancer	Yes	57%
<b>Heart</b>		
Acute coronary syndrome or Acute myocardial infarction	Yes	100%
Cardiac Rhythm Management	Yes	100%
Congenital heart disease (Paediatric cardiac surgery)	N/A	
Coronary angioplasty	Yes	100%
National Adult Cardiac Surgery Audit	N/A	
National Cardiac Arrest Audit	Yes	100%
National Heart Failure Audit	Yes	100%
National Vascular Registry – includes: <ul style="list-style-type: none"> <li>• Carotid Interventions Audit</li> <li>• National Vascular Database</li> <li>• Abdominal Aortic Aneurysm</li> <li>• Peripheral vascular surgery</li> <li>• VSGBI Vascular Surgery Database</li> </ul>	Yes	119 cases submitted. Submission rate based on Quarter 1 is 86%
Pulmonary hypertension (Pulmonary Hypertension Audit)	Yes	The RUH has a shared care link with the Royal Free, which is one of the designated centres that participate. The RUH provides data.
<b>Long term conditions</b>		
Diabetes (Adult) includes National Diabetes Inpatient Audit	Yes	100%
Diabetes (Paediatric)	Yes	100%
Inflammatory bowel disease	Yes ( <i>The RUH did not participate in the biological therapy audit</i> )	100% for inpatient care audit, inpatient experience questionnaires and the organisational audit
National Chronic Obstructive Pulmonary Disease Audit Programme	Yes	Data entry deadline is 31 May 2014

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
Paediatric bronchiectasis	No	The RUH did not take part as there were not enough patients within the time period who met the inclusion criteria
Renal replacement therapy (Renal Registry)	N/A	
Rheumatoid and early inflammatory arthritis	N/A	
<b>Older People</b>		
Falls and Fragility Fractures Audit Programme	Yes	606 cases submitted
Sentinel Stroke National Audit Programme	Yes	90%+
<b>Other</b>		
Elective surgery (National PROMs Programme)	Yes	100% of patients offered questionnaires
<b>Women's &amp; Children's Health</b>		
Child health clinical outcome review programme	Yes	100%
Epilepsy 12 audit (Childhood Epilepsy)	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	N/A	Applicable to Maternity Services
Moderate or severe asthma in children (care provided in emergency departments)	Yes	100%
Neonatal intensive and special care	Yes	100%
Paediatric asthma	Yes	100%
Paediatric intensive care	N/A	

A sample of 15 national clinical audits were formally reviewed by the RUH in 2013/14. All national audits are reviewed by the individual specialties. The following are examples of actions that the RUH has implemented or intends to take to improve the quality of healthcare provided.

#### **College of Emergency Medicine (CEM) Fractured Neck of Femur Clinical Audit 2012-13**

The RUH was above the national average

for how promptly analgesia is provided (88%), recording of pain scores (100%), adequate pain relief provided (94%), how soon analgesia is re-evaluated (94%) and time to imaging (58%) and admission (90%). Improvement is required for whether analgesia is given in accordance with guidelines (44%).

The Emergency Department (ED) has an ongoing quality improvement project led

by an ED Consultant with a nurse champion and a nursing team with a special interest. The ED nursing shift coordinator is tasked with identifying potential cases at triage and ordering their X-rays, which are marked to ensure early completion. There is a new nursing proforma to ensure rapid provision of analgesia and essential early interventions.

The education programme for nurses and doctors includes the importance of early intervention in these patients with screensavers on the ED computers to remind staff. The patients all receive a high triage category. In addition to the CEM audits, the ED also undertakes interval audits through the year to assess ongoing results.

#### **CEM Feverish Children under five years of age 2012-13**

The audit found that all six vital signs – such as temperature, respiratory rate and pulse – were measured and recorded better than nationally and all except one were an improvement on, or equal to, the 2010 results. Respiratory rate was recorded for 100% of patients, Oxygen saturations in 98%, pulse in 98% of patients, Systolic BP in 92%, GCS score in 84% and temperature in 100% of patients.

The RUH also provides written advice to carers of discharged children and there is an accessible copy of the NICE traffic light system in the Emergency Department.

The RUH is slightly below the national average for recording of vital signs within 20 minutes. Improvement is also required for children with fever categorised as red risk but without an apparent source of infection having FBC, CRP, blood and urinalysis carried out. Following the audit the introduction of the Paediatric Observation Priority Score (POPS) validation study will encourage both nursing and medical staff to record baseline observations.

#### **CEM Clinical Audit: Renal Colic 2012-13**

The RUH was above the national average for recording of a patient's pain score (92%), analgesia prescribed in accordance with guidelines (93%), patients in moderate pain receiving appropriate analgesia within 30 minutes of arrival or triage time (50%), length of stay in ED for four hours or less (86%) and follow up organised in accordance with local policy (98%). The RUH was also above the national average for appropriate investigations being carried out and recorded. This included dipstick urinalysis (84%), considered for radiological investigation (100%), Full Blood Count (72%) and renal function (70%).

Improvement is required for patients in severe pain receiving appropriate analgesia within 20 minutes of arrival or triage (28%) and patients with moderate or severe pain having documented evidence of re-evaluation and action within 60 minutes of receiving the first dose of analgesia (22% for severe pain and 21% for moderate pain).

Early pain scoring and analgesia at triage suffer when the hospital, especially ED, is overcrowded and the figures reflect this. Additional senior staff with input from the point of triage will address the whole question of early pain scoring and adequate analgesia. The figures for investigations relate to failure to formally note on the computer system that the results have been read. This is being addressed by the hospital "Patient First" system. Urinalysis is also done in 100% of patients but is not always documented and this is an area that the ED is trying to improve generally.

#### **National Audit of Dementia second round**

The findings from the local report have shown continued progress in the overall management of care for inpatients with dementia. Provision has been made to include dementia awareness training



*Our older people's ward has been given a 'dementia friendly' redesign*

on induction for all doctors, nurses and healthcare assistants. Nutritional status is carried out by a healthcare professional 100% of the time in the RUH, compared to the national figure of 89%. Standardised mental status tests are carried out 100% of the time in the RUH, compared to the national figure of 95%.

In 79% of cases an assessment has been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium compared to the national figure of 22%. Assessment for delirium by a healthcare professional where delirium has been indicated is carried out in 100% of cases, while the national figure is 86%.

The audit did highlight the need to formulate a protocol to govern the use of interventions for patients displaying violent or challenging behaviour, aggression and

extreme agitation, which is suitable for use in patients who present with behavioural and psychological symptoms of dementia.

Although the RUH provides access to a liaison psychiatry service, which can provide assessment/treatment to working adults throughout the hospital, this service is not yet available at weekends or evenings. The same level of provision is available to older patients but also is not available at weekends or evenings.

A review is under way for the provision of a liaison psychiatry service out of hours.

#### **Paediatric asthma (British Thoracic Society)**

The RUH performed well for prescribing of antibiotics and giving of spacers, a device to use with inhalers. Documentation of discharge and follow-up information could be improved, including assessing device

techniques, giving peak flow meters and giving advice to visit GP within one week of discharge. The audit results have been discussed at the Paediatric audit meeting and areas of practice requiring improvement highlighted to staff within Paediatrics.

### **2011 National Comparative Audit of Medical Use of Blood Part 1**

Results for the RUH compare favourably with national figures. A pre-transfusion haemoglobin (Hb) was taken within three days of transfusion for 97% of patients compared to 93% nationally. 100% of non-radiotherapy patients did not have a pre-transfusion Hb greater than 10g/dl compared to 96% nationally. A post-transfusion Hb was taken within three days in 94% of patients compared to 84% nationally. 100% of non-radiotherapy patients did not have a post transfusion Hb greater than 12g/dl compared to 94% nationally.

### **Child Health Programme (CHR-UK) Also known as the Child Health Clinical Outcome Review Programme)**

Over a three year period, 2010–2013, 18 children died at the RUH, two in the Neonatal Intensive Care Unit (NICU), seven in the Emergency Department and eight in children's ward/theatres/central delivery suite.

As part of the clinical network very sick babies and children are transferred to NICU or Paediatric Intensive Care. There were no specific areas of concern for the RUH.

### **National Cardiac Arrest Audit**

The Trust has received the first risk-adjusted comparative analysis report, which compares the RUH's results on a national basis to other Trusts. We are shown to be well within the average of results nationally and continue to improve. At the current time it cannot be determined if the Trust is capturing 100% of the cardiac arrests that occur within the

RUH in the audit. This needs to be resolved, as every arrest resulting in an internal '2222' emergency call must be entered.

Work is ongoing with switchboard to ensure that any 2222 cardiac arrest call made is then relayed to the Resuscitation Team who can check a National Cardiac Arrest Audit form has been completed. This will ensure all arrests are captured in the data.

### **Potential Donor Audit**

The Trust is well above the national average within the donor audit for referrals to the local Specialist Nurse, approaching the family and the consent rate percentages. While the percentage for approaching the family is at 100% within the RUH only 20% of those also involved the Specialist Nurse. It is encouraged for a Specialist Nurse to be involved as consent rates are generally higher when this occurs.

### **National Joint Registry (NJR)**

The NJR collects information on joint replacement surgery and monitors the performance of joint replacement implants. The report for the RUH for October 2013 shows a good improvement in RUH performance quarter on quarter. The RUH is 'green' for NHS number supplied, NHS number traced and BMI rate. For 2012 the RUH achieved 103% submission rate to the NJR compared with HES data. Further improvement is required for recording patient consent sought (currently 82%). The NJR regional coordinator is linking closely with the RUH to monitor performance and undertakes site visits to the Trust to discuss the results.

### **National Vascular Registry**

The National Vascular Registry 2013 report on surgical outcomes was published in June 2013. Figures are given for both surgeons and the NHS organisations. For elective AAA repairs, the report gives the number of

procedures performed by NHS organisations and consenting surgeons and the proportion of patients who died before discharge after their surgery (postoperative mortality). The figures are based on five years of data from patients who had their operation between 1 January 2008 and 31 December 2012.

For carotid endarterectomy, the report describes the number of procedures, the median delay from symptom to surgery and the proportion of patients who died or had a stroke within 30 days of the operation. The outcome information was derived from three years of data, on patients who underwent surgery between 1 October 2009 and 30 September 2012. The median delay was based on one year of data and relates to patients treated between 1 October 2011 and 30 September 2012. All three of the RUH surgeons for both elective AAA repair and carotid endarterectomy had outcomes in the expected range given their level of activity.

### **Falls and Fragility Fractures Audit Programme**

The latest National Hip Fracture Database (NHFD) report published in September 2013 refers to data collected between 1 April 2012 and 31 March 2013. Since August 2011, specialist geriatricians took over care of patients after their operations to repair their hip fractures on Forrester Brown ward. NHFD 2013 results show that 94% of RUH hip fracture patients are assessed pre-operatively by an orthogeriatrician compared with 47% nationally. 92% of RUH patients receive surgery within 48 hours compared with 86% nationally. Only 1.1% of RUH patients are reported as having developed pressure ulcers compared with 3.5% nationally.

88% of RUH patients are discharged on bone protection medication compared with 69% nationally.

100% of RUH patients receive a falls

*Life-sized cut-outs of our staff have been used as part of our infection control campaign*



assessment prior to discharge compared with 92% nationally.

One area where the RUH did less well than nationally was admitting patients to an Orthopaedic ward within four hours, which was 42% for the RUH compared with 50% nationally. Serious injurious inpatient falls rate, is currently being calculated using our incident reporting system. It is proposed that data about inpatient falls resulting in injury will be monitored and reported on by the 'Falls Group' on a monthly basis.

### **National Paediatric Diabetes Audit 2011/12**

This audit reports on the recording of key care processes recommended by NICE for children and young people (CYP) with diabetes. 57.5% of care processes were documented which compares favourably with the national average.

The RUH performance for the percentage of patients with HbA1c < 58mmol/mol (a measure of how well a person's diabetes is being controlled) was 12.7% compared to a national average of 17.4%.

A new dataset was established for 2011-12 and there remains an issue nationally with the recording of individual care processes for the audit. The results were discussed at the Paediatric Diabetes service review meeting on 17 December 2013 and the following key areas of best practice identified:

- Ensure all children and young people and their families are aware of NICE blood glucose and HbA1c targets
- Key messages to be given consistently by all team members including giving insulin before meals and for snacks and correction doses with meals if over 8mmol/l
- Monitor HbA1c three-monthly from diagnosis and give increased input to those with HbA1c >58mmol/mol at six months post diagnosis, aiming to achieve

<58mmol/mol by 12 months

- Increased input for all those with HbA1c > 75mmol/mol as per High HbA1c policy.

### **National Neonatal Audit Programme (NNAP)**

100% of babies ≤28+6 weeks' gestation had their temperature taken within the first hour after birth (compared to the national average of 90%).

The RUH falls just below the national average for the following standards:

- Mothers who delivered their babies between 24+0 and 34+6 weeks gestation are given ANY dose of antenatal steroids (66% compared to the national average of 76%)
- Babies weighing less than 1501g or gestational age at birth less than 32 weeks and still an inpatient undergo the first Retinopathy of Prematurity (ROP) screening in accordance with the current guideline recommendations (75% compared to the national average of 83%)
- There is a documented consultation with parents/carers by a senior member of the neonatal team within 24 hours of admission (64% compared to the national average of 68%).

The audit results have been discussed with the Paediatric team. The low compliance is due to a problem with missing data rather than poor performance. This is demonstrated in the 2013 completeness report, which shows some improvement in the RUH. The NNAP newsletter also highlights the problem of missing data nationally. Historically, NNAP's approach has been to say that if data were missing that meant that the observation was not taken and that the neonatal unit in question had 'failed' that part of the audit. Following guidance from the National Advisory Group on Clinical Audit and Enquiries (NAGCAE) future audits will exclude those Trusts that are deemed to

have entered insufficient data from the audit results.

### **Sentinel Stroke National Audit Programme**

The RUH is within the top band of performing trusts for recording data about the first 72 hours of a patient's stay on the national database. The RUH results, which are compared nationally, are affected by the community hospitals and teams completing their sections within the required timeframe. Their results are shown as part of the RUH rather than separately in order to show the patient pathway as a whole.

The reports of 86 local clinical audits were reviewed by the Trust in 2013/2014 and the following are examples of actions that the RUH has implemented or intends to take to improve the quality of healthcare provided. Further details of local audits undertaken during 2013/2014 will be included in the Trust's Annual Clinical Audit Report.

### **Urinary Catheter Prevalence Audit**

Over a three-year period there has been a reduction in catheter associated urinary tract infections in patients. There has also been a steady improvement in documentation and in the use of the catheter care plans. The use of care plans has increased to 92% as a result of the 'launch day' in July 2013. Audit findings were presented at the Continence Group, senior sisters meetings and Saving Lives Implementation Committee. There is an ongoing education programme undertaken by Continence Group and Continence Ambassadors, including the use of care plans.

### **Timely swallow test referrals for patients with Dementia**

86% of patients with dementia and a swallowing problem identified on the Millennium computer system had details recorded within the clinical notes.

83% of dementia patients identified as

having a new swallowing problem whilst in hospital were referred to the Speech and Language Therapy (SaLT) team within 24 hours.

The audit findings have been disseminated to medics, nurse and speech and language therapists. The referral process to SaLT has been updated on Millennium and should now result in more timely referrals. Patients will now be immediately referred upon admission if there is a swallowing difficulty.

### **Do Not Attempt Cardiopulmonary Resuscitation (DNAR) Audit – Resuscitation Decision and Ceiling of Treatment proforma**

The audit found that standards were being met on the whole for completion of the DNAR / Ceiling of Treatment form. The proforma sections relating to record of discussion with patients or reason why discussion not completed were inconsistently completed. Limited space available on the document to record these communications may have contributed to this.

Following the audit the proforma has been revised to enable record of reasons for decision and any discussions with patient/family. The audit findings were discussed at the Resuscitation Committee and also presented to the Operational Governance Committee and the revised documentation distributed across the Trust.

### **Instrument and Swab Count Re-audit**

This audit reviewed compliance with Operating Theatre Standard No. 65 which specifies the requirement for all staff to adhere to the RUH Theatre Policy – "The count for swabs, instruments and needles" when counting and recording swabs, instruments and additional items in order to provide a safe environment for the patient to undergo surgical procedures.

100% compliance was scored for 33 of the

37 standards for the October 2013 audit and this has increased to 34 standards for January 2014 with all standards scoring at least 92% compliance. The full report for the January 2014 results has been written and distributed within Theatres highlighting the standards where improvement is required.

### **Resuscitation Equipment Trolley Re-audit**

This audit reviewed the availability of equipment on the resuscitation trolleys and also the checks of equipment that should take place on a daily and weekly basis.

The number of wards that have performed the operational check at least once every seven days in a 31-day period has increased compared to the previous audit. The compliance rate has also reached 100% for the presence of bag valve masks and defibrillation pads. The number of wards that have performed a daily check at least

80% of the time in a 31-day period is only at 63% compliance. This has decreased from the previous audit.

The audit findings were discussed at the Resuscitation Committee in March 2014. The resuscitation team is continuing with carrying out training for staff in resuscitation equipment. Actions to improve compliance are also being picked up through the Trust Care Quality Commission (CQC) improvement plan following the CQC visit to the Trust in December 2013. This includes identifying any training gaps for staff in relation to essential equipment checks and working with ward and department managers to address these.

Daily equipment checks are being reinforced through senior nurse meetings. The matrons and Assistant Directors of Nursing will check these on their daily ward visits. Equipment checks are also included as part of the



*The Trust has been using feedback from the Friends and Family Test to improve the experiences of patients and visitors coming to the hospital*

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Executive Directors' patient safety visits to ward and department areas.

### **Women with Epilepsy of Childbearing Age**

This audit found that discussion of the risks of interactions between drugs and contraception are well discussed with patients. Improvement is required for discussion of teratogenic risks of particular drugs with patients. An information leaflet about anti-epileptic medication, contraception and pregnancy has been produced to cover topics about drugs, interactions and teratogenic risks. This is now being given to women attending the clinic.

### **Standardisation of anaesthetic technique in the hip fracture unit**

This audit and re-audit was carried out to help understand the effect different spinal anaesthetics have on post-operative complications of hip fracture unit patients. Improvements were shown all round in the re-audit:

- the use of spinal anaesthetic decreased and the use of femoral nerve blocks increased
- there was still a high use of sedation and opiates, but less midazolam and ketamine
- there was an increase in the documentation of intraoperative blood loss, in the documentation of prescription of as required intravenous fluids and in the use of haemocue
- fewer patients suffered hypotension post operatively
- there was a lower rate of post operation delirium and pneumonia
- there was an improvement in the length of time until mobilisation, length of time until medically fit for discharge and delayed post operation constipation.

After the initial audit, anaesthetists were asked to make some changes including avoiding high doses of sedatives and long-term sedatives.

### **Audit of new Acute Coronary Syndrome pathway (Emergency Department)**

This audit was carried out to find out how well the department is adhering to the new ACS (Acute Coronary Syndrome) guidelines. We found that targets were met for ECG and troponin investigations.

There is room for improvement with regards to use of Global Registry of Acute Coronary Events (GRACE) scoring. The issues around using GRACE scoring in undifferentiated chest pain were taken to the cardiologists and the ACS pathway has been amended.

### **Recording of risk factors for transitional cell carcinoma of the bladder in the haematuria one stop clinic**

A recent study published in the British Journal of Medical and Surgical Urology suggested that any patient with haematuria deemed to be high risk (over 50 with visible haematuria) should have a CT as part of their standard investigation.

As part of the audit the Urology Department looked at documentation of risk factors. An initial audit was undertaken which showed that risk factors were not being consistently documented.

Following the initial audit a one-stop clinic proforma was introduced. The re-audit showed a marked improvement in documentation of the risk factors.



*As part of our Privacy and Dignity Campaign, cards with our Pledges to patients were distributed among staff*

### Mandatory Statement 3

The number of patients recruited in 2013/14 period to participate in research approved by a research ethics committee was 1,399.

### Mandatory Statement 7

The RUH Information Governance Toolkit Assessment Report score for 2013/14 was 91% and graded satisfactory with all of the 45 requirements achieving the minimum level 2 required.

### Mandatory Statement 8

The RUH was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

# Chapter Six: Participation in re

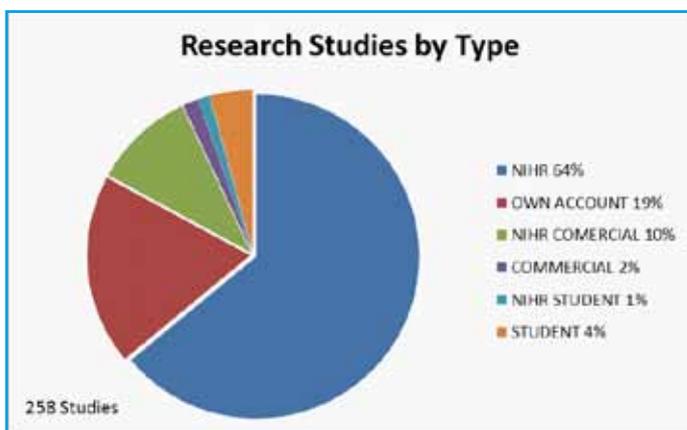
The NHS constitution states that all NHS organisations should demonstrate a 'commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.'

For the past few years researchers based at the RUH have worked hard to meet this aim and strategic investments have allowed a number of departments to develop the capacity and capability to undertake complex research studies.

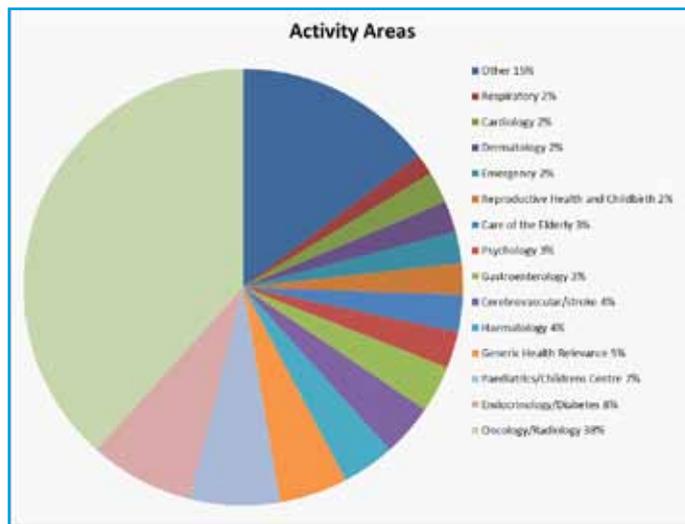
By taking part in research studies, we have provided patients with access to treatments that may not have otherwise been available to them. We have also improved the quality of care and contributed to discovering the most effective ways of treating and preventing a wide range of diseases. Being research active also benefits our Trust by attracting high calibre staff, generating grant income and often results in cost savings.

During 2013/14 258 individual research studies were open at RUH across a range of specialties and departments, these studies involved over 1500 participants.

Of these, 64% are part of the government



**Figure 1: number of active research projects showing the NIHR portfolio, commercial, own account and student splits**



**Figure 2: Diagram showing distribution of research projects by specialism**

led National Institute for Health Research (NIHR) Portfolio, with RUH acting as a "site" recruiting into large national studies. 19% are studies designed and led by RUH staff, with the remainder being commercially sponsored or student studies. This is illustrated in Figure 1.

2013/14 also saw an improvement in the time taken for research studies to be reviewed and set-up, a key priority for the Department of Health. We employ a growing number of research-active staff; some are full-time researchers and others have a part-time research component to their role. Around 10% of all our staff, from a range of both clinical and non-clinical professions, were involved in research studies over the past year.

Research into the most effective treatments and investigating the causes of cancer remains the largest part of our portfolio; with more than 50 cancer research studies open at any time over the past year. Other clinical specialties that are of significance to our patients and local health economy such

# search and development



*It is the Trust's ambition to see research taking place across all clinical specialities*

as diabetes, stroke and care of the elderly, continue to conduct a number of research studies to improve care and treatments. We have also seen an increase in research activity in areas such as paediatrics and emergency care. The distribution of research projects by specialism is shown in Figure 2.

Notably during the past year, NIHR portfolio studies have opened in a number of areas new to these types of studies. In surgery, a large study looking at ways to prevent patients feeling nauseous following bowel surgery, was extremely successful and recruited over 50 RUH patients. In cardiology, a number of innovative studies into treatments for heart failure and other difficult to treat heart conditions are taking place. The past year has also seen respiratory specialists collaborate with the cancer research team to give patients the opportunity to be involved in a number of national research studies.

In a survey in 2013, comparing the number of active NIHR research studies, the RUH stands 43rd out of 400 research-active NHS organisations across England and seventh when compared to hospitals that are a similar size. Our aim is to see this improve in the coming years and to come within the top three of our peer group.

It is our ambition to see research taking place across all clinical specialities, giving as many patients as possible the opportunity to be involved and to have access to treatments that are at the forefront of medical science. We know that healthcare organisations that value research are also better at using evidence and thinking critically.

At a time when the NHS is working hard to meet rising demand and make efficiency savings, we need to work innovatively, and the answer lies in carrying out research and in the better use of evidence.

# Chapter Seven: What others say

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We asked a number of local organisations to comment on a draft version of our Quality Accounts; their views can be found on these pages.

Following initial feedback from NHS Bath and North East Somerset Clinical Commissioning Group, we have made changes that have been included in this version of the report. In particular, we have included an update on the Trust's progress with CQUIN schemes this year which include a number of priorities that were agreed locally with our commissioners. We have also included a statement to confirm that we will continue to monitor our performance against the Trust Development Authority Accountability Framework and the Monitor Risk Assessment Framework. We will continue to work closely with our healthcare partners in the community to maintain or improve performance.

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## Statement from Healthwatch Wiltshire

Healthwatch Wiltshire welcomes the opportunity to comment on the Royal United Hospital (RUH) Quality Account for 2013/2014.

During the period Healthwatch Wiltshire was established as a new organisation to promote the voice of patients and the wider public in respect to health and social care services. As such, Healthwatch Wiltshire has sought to develop a relationship with the RUH in order to understand its approach to patient and carer engagement and to satisfy itself that it takes seriously all feedback from the people it serves.

It is clear from the Quality Account that the RUH has demonstrated a commitment to listening to patients and unpaid carers and has responded accordingly.

Healthwatch Wiltshire was pleased that the Care Quality Commission (CQC) found that the RUH is providing safe and effective services to its patients when it undertook its inspection in December 2013. The inspection looked at five main areas and found that the RUH is safe and effective across them all. At the time, Chris Graves, Chair of Healthwatch Wiltshire, said 'We congratulate the RUH for its hard work, with partners, to achieve this result.'

A year ago the RUH was in a difficult place but now Wiltshire residents can feel confident that the care they receive is both safe and effective. The RUH was one of the first 18 acute trusts to pilot the CQC new inspection regime. Healthwatch Wiltshire played a role in helping to ensure that local people had the chance to share their experiences of care at the RUH. This was important because about half of the people who use services at the RUH are from Wiltshire. The RUH is now in the process of implementing its improvement plan to help ensure that it maintains the standards the CQC inspected and indeed achieves greater improvements. Healthwatch Wiltshire commits to supporting these efforts on behalf of Wiltshire people.

The Quality Account highlights areas of above average and improving performance, but also displays a welcome openness by drawing attention to areas of under-performance and setting out measures seeking to remedy this. Healthwatch Wiltshire regards this as an important feature of a balanced and informative Quality Account.

The RUH has responded positively to feedback about its complaints process which was found to be in need of review and

improvement. The RUH brought together a review panel which included Healthwatch Wiltshire. The work on reviewing complaints has resulted in an action plan which is being implemented.

The RUH has clearly taken seriously the feedback and is actively making improvements to the process for making complaints. Healthwatch Wiltshire will be interested in the work the RUH does in the future to find out whether the changes do deliver the intended improvements.

Formal complaints is one way the Trust can find out about patient experience however there are other methods including the Friends and Family test. This is a valuable way to pick up positive and 'mediocre' experiences (i.e. experiences which may not result in a complaint but would nonetheless be of interest to the RUH). Healthwatch Wiltshire notes that the RUH has a score of 83 for the A&E Friends and Family Test which compares very well indeed with the national average of 54. Given that the RUH has used the feedback from the Friends and Family Test to make practical changes (for example to visiting hours and food menu choices) it is important that it continues the work to encourage more people to complete the survey.

The Quality Account describes the RUH's

efforts to put the patient at the centre of its work, from 'Board to Ward'. Healthwatch Wiltshire believes that this must continue to be a priority and initiatives such as patient stories being used at Trust Board meetings and for staff learning events can be a simple and effective way of keeping the patient voice at the centre. 70% of staff would recommend the RUH to their family or friends and this is above the national average and an increase since 2012/13. This is another good indicator of quality.

The Trust has set out a number of priorities for 2014/15 and one of these is 'learning from feedback'. The RUH has demonstrated the positive result when patient and carer feedback is listened to and acted on.

Healthwatch Wiltshire will work closely with patients, carers, and the wider community to help support the Trust in meeting its targets against the priority areas and sincerely hopes that the RUH can maintain and improve on its current position following the CQC inspection in December 2013.

Furthermore, Healthwatch Wiltshire recognises that the wider health care community has a role to play in the RUH's performance and as such will take a particular interest in monitoring the partnership effort to provide patients with a seamless experience of acute and primary health services and social care services.

## Statement from Bath and North East Somerset Health and Wellbeing Board

The Bath and North East Somerset Health and Wellbeing Board was pleased to receive the RUH Quality Accounts. Unfortunately the Board has not had the opportunity to consider the Quality Accounts at a Board meeting, due to the schedule of meetings. The Quality Accounts have however been shared with all Health and Wellbeing members, that include representatives of BaNES CCG. The Bath and North East Somerset Health and Wellbeing Board looks forward to continuing its partnership with the RUH in 2014/15.

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## Statement from Healthwatch Bath and North East Somerset

Healthwatch Bath and North East Somerset welcomes the opportunity to comment on the Royal United Hospital Bath NHS Trust Quality Account 2013/2014.

Healthwatch Bath and North East Somerset would like to thank the RUH for providing the Quality Account in an accessible format for the Healthwatch volunteer taking part.

Healthwatch Bath and North East Somerset were pleased to read the Chief Executive statement, the joint statement by the Medical Director and Associate Medical Director for Quality Improvement and the statement by the Director of Nursing, the statements were very clear and set the scene for the Quality Account.

With regard to the priorities for improvement in 2014/15, Healthwatch Bath and North East Somerset look forward to how these priorities will be implemented during the year.

Healthwatch Bath and North East Somerset would like to feed back three comments on the review of quality performance in 2013/14:

- Healthwatch were pleased to read that the Trust is revamping the complaints system and applauded the trust in wanting to make this more patient friendly. Healthwatch look forward to seeing the draft of how the revamp will look.

- Healthwatch are happy to hear that the RUH are keeping staff abreast of developments in diabetes but do have concerns about medication errors in the

emergency department.

- Healthwatch also have concerns that patients who present with challenging, aggravated or aggressive behaviour are not able to access psychiatric interventions out of hours.

The chapter on participation in research and development is felt to be a little in depth for a Quality Account that is meant to be accessible to the general public.

Healthwatch Bath and North East Somerset would have liked to see the information in the Quality Account about the feedback from the Care Quality Commission (CQC) visit and the request for mandatory training to be implemented.

Healthwatch Bath and North East Somerset found the Quality Account to be set out well with a good contents page, clear statements and appropriate diagrams.

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## Statement from Wiltshire Council's Health Select Committee

Wiltshire Council has been invited to comment on the Royal United Hospital NHS Trust's Quality Account for 2013/14. We believe it is a fair reflection of the progress made by the Trust and gives comprehensive coverage of the services provided.

The CQC has now recognised the progress that has been made by the Trust since its initial inspection in February 2013 and follow up inspection in June 2013, resulting in the need for a detailed action plan which was subsequently reported to our committee on the 19th November 2013.

As a result of those earlier inspections, the RUH was then one of the first 18 acute trusts to pilot the new CQC inspection regime in December 2013. The large inspection team in its detailed report concluded that the RUH was providing safe and effective care, with only the need for minor improvements. This was most welcome to the Committee when the report with its actions were again briefed to the HSC earlier this year.

On a number of visits made by Committee members, we were impressed by the dedication of the staff we met and the improvements to wards housing elderly as well as patients diagnosed with dementia; this was against a backdrop of additional pressures resulting from the earlier CQC reports and action plans.

Considerable resource had been put in by the Trust to mitigate the figures for delayed transfer to care with some limited success. Recently, Wiltshire Council Adult Care Services has acknowledged that there is a need for further improvement and has now

initiated a systems analysis programme with one of the other acute hospitals serving Wiltshire in order to improve the discharge process by social services. Hopefully, this will be rolled out to the RUH in the near future to improve their situation.

Finally, we are pleased with the excellent progress that has been made by the Trust to remedy any identified shortcomings in the last year. Wiltshire HSC is fully committed to continuing its close collaboration with the Trust over the coming year and seeing the results of its ambitious improvement programme.

# Statement from Bath and North East Somerset Clinical Commissioning Group



Dear James Scott

Thank you for the opportunity to review the Royal United Hospital (RUH) Quality Account for 2013/2014.

In preparing this statement, key intelligence regarding quality, safety and patient experience has been reviewed to test the accuracy of the information reported within the Quality Account, the CCG can confirm that the information presented in the Quality Account appears to be accurate and fairly interpreted.

As the RUH provides services for residents in Wiltshire and Somerset, the CCG has asked those CCGs to review the Quality Account. It is our joint view that the Quality Account demonstrates a high level of commitment to quality in the broadest sense and is commended. The report reflects some of the good work undertaken by the organisation and sets out the quality ambitions and achievements of 2013/14 and sets the direction for 2014/15 (building upon elements of the 2013/14 priorities). Commissioners support objectives which have clear outcomes for patients describing how this intervention has made a difference to them. The Quality Account provides information across a wide range of quality measures in relation to patient experience, clinical effectiveness and patient safety.

In a joint vision to maintain and continually improve the quality services, the CCG and its associate commissioners have worked in collaboration with the Trust to establish and maintain a comprehensive quality framework

that includes national 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. These cover the domains of safety, effectiveness and experience of care. We meet senior quality leads from the RUH on a monthly basis to review information and patient outcomes. We triangulate this information by visiting clinical areas within the hospital and by talking with staff and patients about their experiences of working at the RUH.

The national NHS Contract and Commissioning for Quality and Innovation Scheme (CQUIN) provide us with additional evidence that local quality improvements are made during the year. The RUH signed up to a number of national and local schemes and the CCG is pleased to report that virtually all schemes were met.

In conclusion, the CCG can confirm that we believe the Quality Account contains accurate information in relation to the services they provide to residents of Bath and North East Somerset and beyond and we look forward to continuing to work in partnership with the Trust during 2014/15 and developing further relationships to help deliver their vision of healthy people, living healthy lives, in healthy communities.

Yours sincerely

Tracey Cox  
Acting Accountable Officer

# Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

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

- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board



Brian Stables  
Chairman



James Scott  
Chief Executive

Date: 27 June 2014

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# Independent Auditors' Limited Assurance Report to the Directors of the Royal United Hospital Bath NHS Trust on the Annual Quality Account

We are required by the Audit Commission to perform an independent limited assurance engagement in respect of Royal United Hospital Bath NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators:

- Friends and Family test on page 28
- The Percentage of Patient Safety Incidents that resulted in severe harm or death on page 29

We refer to these two indicators collectively as "the indicators".

## Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for

each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations). In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on

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whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2013/14 issued by the Audit Commission on 17 February 2014 (“the Guidance”); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners dated 26 June 2014;
- feedback from Local Healthwatch dated 20 May 2014 and 24 June 2014;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated September 2013;
- feedback from other named stakeholders involved in the sign off of the Quality Account;
- the latest national patient survey dated

2013;

- the latest national staff survey dated 2103;
- the Head of Internal Audit’s annual opinion over the Trust’s control environment dated May 2014;
- the annual governance statement dated 28 May 2014; and
- Care Quality Commission Intelligent Monitoring Report dated 13 March 2014.

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

This report, including the conclusion, is made solely to the Board of Directors of Royal United Hospital Bath NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Royal United Hospital Bath NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance

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with the Guidance. 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;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower 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 impact 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 thereof, may change over time.

It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Royal United Hospital Bath NHS Trust.

### **Basis for qualified conclusion**

Our review of the friends and family indicator identified that it does not meet the six dimensions of data quality in the following respect:

- there is no audit trail which we can review to assess whether only eligible patients have completed the response form (reliability) and that all eligible patients have been issued with a form (completeness).

### **Qualified conclusion**

Based on the results of our procedures, with the exception of the matters reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and

- 
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP  
Hartwell House  
55-61 Victoria Street  
Bristol  
BS1 6FT

27 June 2014





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

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Website: [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

### **We value your opinion**

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

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

Write to:

Head of Quality  
Royal United Hospital Bath NHS Trust  
Combe Park  
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If you need this document in another format, including large print, please contact the  
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