

# Quality Accounts

**2022 - 2023**

**Royal United Hospitals Bath NHS Foundation Trust**



**The RUH, where you matter**

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## List of abbreviations

<b>A</b>	<b>AMS</b>	Antimicrobial stewardship
	<b>ADOPT</b>	Artificial intelligence: Improving early Detection of Pulmonary hypertension by Transthoracic echocardiography
	<b>AHP</b>	Allied Health Professional
	<b>AI</b>	Artificial Intelligence
	<b>AMR</b>	Antimicrobial resistance
<b>B</b>	<b>ASU</b>	Adult Surgical Unit
	<b>BAD</b>	British Association of Day Surgery
	<b>BaNES</b>	Bath and North East Somerset
	<b>Brit-PACT</b>	British Psoriatic Arthritis Consortium
	<b>BSW</b>	BaNES, Swindon & Wiltshire
<b>C</b>	<b>BTS</b>	British Thoracic Society
	<b>C.Difficile</b>	Clostridium difficile
	<b>CGM</b>	Continuous Glucose Monitoring
	<b>CNST</b>	Clinical Negligence Scheme for Trusts
	<b>COPD</b>	Chronic Obstructive Pulmonary Disease
	<b>CPRD</b>	Clinical Practice Research Datalink
	<b>CQC</b>	Care Quality Commission
	<b>CQUIN</b>	Commissioning for Quality and Innovation
	<b>CRM</b>	Cardiac Rhythm Management
	<b>CRN</b>	Clinical Research Network
<b>D</b>	<b>CT</b>	Computerised Tomography
	<b>DAA</b>	Direct Assessment Area
	<b>DDA</b>	Disability Discrimination Act
	<b>DSPT</b>	Data Security Protection Toolkit
<b>E</b>	<b>ECG</b>	Electrocardiogram
	<b>ED</b>	Emergency Department
	<b>ENACT</b>	Economics of Adaptive Clinical Trials
	<b>ePMA</b>	Electronic Prescribing and Medicines Administration
	<b>EPR</b>	Enhance Recovery Pathway
<b>F</b>	<b>FFFAP</b>	Falls and Fragility Fracture Audit Programme
	<b>FFS</b>	Frailty Flying Squad
	<b>FFT</b>	Friends and Family Test
	<b>FLF</b>	Family Liaison Facilitator
<b>G</b>	<b>GIRFT</b>	Getting It Right First Time
	<b>GP</b>	General Practice
	<b>GWH</b>	Great Western Hospital (Swindon)
<b>H</b>	<b>HCA</b>	Health Care Assistant
	<b>HEE</b>	Health Education England
	<b>HES</b>	Hospital Episode Statistics
	<b>HHESW</b>	Health Education England South West
	<b>HSIB</b>	Healthcare Safety Investigation Branch
	<b>HSMR</b>	Hospital Standardised Mortality Ratios
	<b>HTA</b>	Health Technology Assessment

<b>I</b>	<b>ICOUGH</b>	Incentive Spirometry, <b>C</b> ough and Deep Breathe, <b>O</b> ral Care, <b>U</b> nderstanding Patient Education, <b>G</b> et of out Bed, <b>H</b> ead of Bed Elevated
	<b>ICS</b>	Integrated Care Systems
	<b>IM&amp;T</b>	Information & Technology
	<b>IMPULSE</b>	Improving Pulmonary Hypertension screening by Echocardiography
<b>L</b>	<b>LMNS</b>	Local Maternity and Neonatal System
	<b>LOS</b>	Length of Stay
<b>M</b>	<b>MAU</b>	Medical Admissions Unit
	<b>MBRRACE</b>	<b>M</b> others & <b>B</b> abies: <b>R</b> educing <b>R</b> isk through <b>A</b> udits & <b>C</b> onfidential <b>E</b> nquires
	<b>MDT</b>	Multi-Disciplinary Team
	<b>ME</b>	Myalgic encephalomyelitis
	<b>MINAP</b>	Myocardial Ischaemia National Audit Project
	<b>MIS</b>	Maternity Incentive Scheme
	<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus
	<b>MVPP</b>	Maternity Voices Partnership Plus
<b>N</b>	<b>MyPreOp</b>	online pre-operative assessment
	<b>NABCOP</b>	National Audit of Breast Cancer in Older Patients
	<b>NACAP</b>	National Asthma and COPD Audit Programme
	<b>NACEL</b>	National Audit of Care at the End of Life
	<b>NAD</b>	National Audit of Dementia
	<b>NBOCA</b>	National Bowel Cancer Audit
	<b>NCAA</b>	National Cardiac Arrest Audit
	<b>NCAP</b>	National Cardiac Programme
	<b>NEIA</b>	National Early Inflammatory Arthritis Audit
	<b>NELA</b>	National Emergency Laparotomy Audit
	<b>NHS</b>	National Health Service
	<b>NHSR</b>	NHS Resolution's
	<b>NICE</b>	National Institute for Health and Care Excellence
	<b>NICU</b>	Neonatal Intensive Care Unit
	<b>NIHR</b>	National Institute for Health and Care Research
	<b>NLCA</b>	National Lung Cancer Audit
	<b>NMCRR</b>	National Mortality Case Record Review
	<b>NNAP</b>	National Neonatal Audit Programme
	<b>NPCA</b>	National Prostate Cancer Audit
<b>O</b>	<b>OPAU</b>	Older Person's Assessment Unit
	<b>OHCAO</b>	Out-of-Hospital Cardiac Arrest Outcomes
	<b>OMFS</b>	oral and maxillofacial surgery
	<b>OPRAA</b>	Older Persons Rapid Assessment Area
	<b>OPU</b>	Older Persons Unit
	<b>OPUSS</b>	Older Persons Unit Short Stay

<b>P</b>	<b>PALS</b>	Patient Advise and Liaison Service
	<b>PCI</b>	Percutaneous Coronary Interventions
	<b>PERIPREM</b>	Perinatal Excellence to Reduce Injury in Premature Birth
	<b>PICANet</b>	Paediatric Intensive Care Audit
	<b>POAC</b>	Pre-Operative Assessment Clinic
	<b>POMH-UK</b>	Prescribing Observatory for Mental Health UK
	<b>PROMs</b>	Patient Reported Outcome
<b>Q</b>	<b>PSIRF</b>	Patient Safety Incident Response Framework
	<b>Q1/Q2/Q3/Q4</b>	Quarter 1, Quarter 2, Quarter 3 & Quarter 4
	<b>QI</b>	Quality Improvement
	<b>QIPs</b>	Quality Improvement Projects
<b>R</b>	<b>RCEM</b>	Royal College of Emergency Medicine
	<b>RCP</b>	Royal College of Physicians
	<b>RfPB</b>	Research for Patient Benefit
	<b>RN</b>	Registered Nurse
	<b>RNHRD</b>	Royal National Hospital for Rheumatic Diseases
	<b>RUH</b>	Royal United Hospital
<b>S</b>	<b>SAMBA</b>	Society for Acute Medicine Benchmarking Audit
	<b>SDEC</b>	Same Day Emergency Care
	<b>SHMI</b>	Summary Hospital Level Mortality Indicator
	<b>SHOT</b>	Serious Hazards of Transfusion UK National Haemo vigilance Scheme
	<b>SJR</b> s	Structured Judgment Review
	<b>SOP</b>	Standard Operating Procedure
	<b>SSNAP</b>	Sentinel Stroke National Audit Programme
	<b>SSSU</b>	Surgical Short Stay Unit
	<b>SUS</b>	Secondary User Service
<b>T</b>	<b>T+O</b>	Trauma + Orthopaedics
	<b>TARN</b>	The Trauma Audit & Research Network
	<b>TAU</b>	Theatre Admissions Unit
<b>U</b>	<b>UWE</b>	University of the West of England
<b>V</b>	<b>VEXAS Syndrome</b>	Vacuoles, E1 enzyme, X-linked, Auto inflammatory, Somatic

## About our hospital

At the RUH we're proud to put people at the heart of what we do, striving to create an environment where everyone matters. Everyone means the people we care for, the people we work with and the people in our community.

### The RUH, where you matter

We provide a [wide range of services](#) including medicine and surgery, services for women and children, accident and emergency services, and diagnostic and clinical support services.

We also provide specialist services for rheumatology, chronic pain and chronic fatigue syndrome/ME via the [Royal National Hospital for Rheumatic Diseases](#) which we acquired in 2015.

In 2021, we acquired [Sulis Hospital Bath](#), an independent hospital that provides care for both private and NHS patients. This has enabled us to provide more care for NHS patients, as well as continuing to provide private care to those who choose it. Any additional income earned through private care is reinvested in services for the benefit of the people we care for at both Sulis and the RUH.

We're currently building a new Cancer Centre at the RUH. The [Dyson Cancer Centre](#), which is set to open in autumn 2023, will help transform the care we provide for patients, families and carers.

We work closely with other health and care organisations as members of the [Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board](#). We strive to improve the health and wellbeing of the people in our community by working together build one of the healthiest places to live and work.

We are rated '[Good](#)' by the Care Quality Commission (CQC).

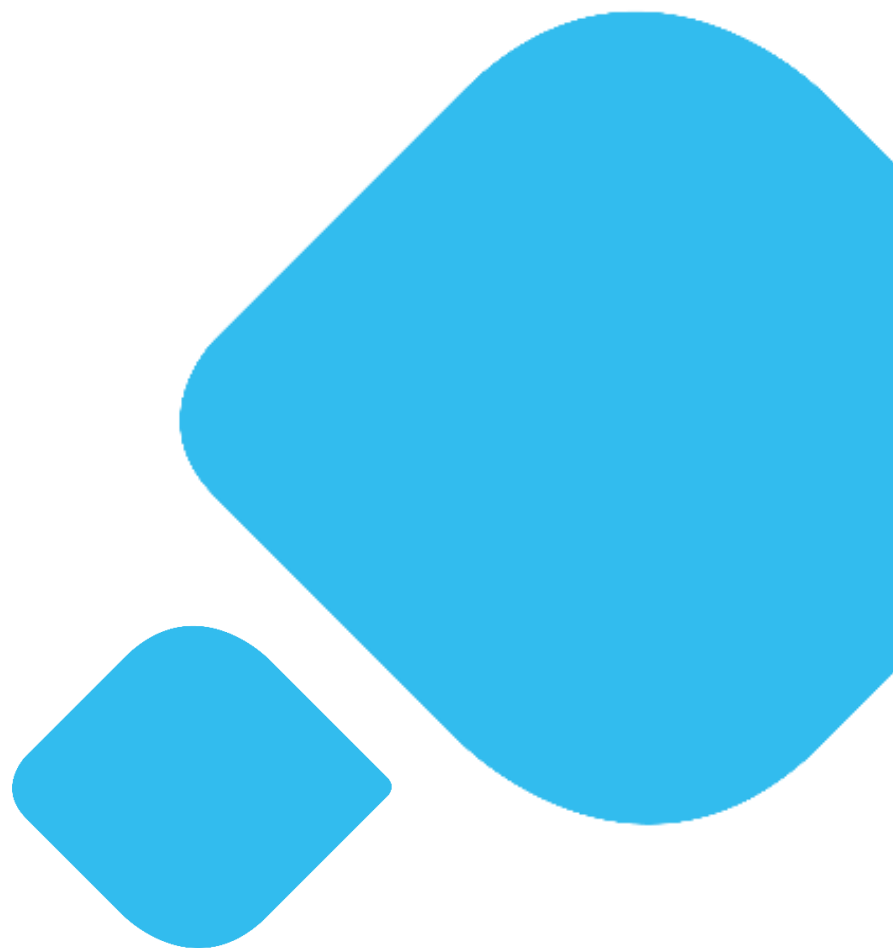
### Why are we producing a Quality Account?

All NHS organisations are required to produce an annual Quality Account to provide information on the quality of services to service users and the public, as part of the drive across the NHS to be open and honest.

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

# Part 1

## Introduction





## Chief Executive's introduction



I am pleased to present our Quality Accounts 2023. This report is an important way for us to demonstrate to our community the quality of the services we provide and the improvements we have made in 2022/23. The Trust identifies a series of quality priorities each year, and the progress against these will be reported in this document.

I want everyone who walks through the doors of the RUH to know that they matter. Delivering safe and compassionate care is such a key part of this and I'm proud of all of the people we work with, who have worked tirelessly to do this.

It's been another challenging year, as we have strived to provide this care against the backdrop of the continuing impact of the COVID-19 impact. Our staff deserve enormous gratitude and recognition for everything they have done and continue to do for our patients.

I would particularly like to highlight the work carried out by our Emergency Department Paediatric Team to develop a dedicated children's emergency department to provide urgent care to some of the RUH's youngest patients.

The project has seen a separate area for children created within the hospital's main Emergency Department. It has been specially designed and decorated to make the Emergency Department less intimidating for young people and comes complete with wall-mounted play equipment for little ones as well as a Teen Room kitted out with a games console.

Feedback from parents and carers has been overwhelmingly positive. One parent said that our staff's professionalism and care was nothing short of outstanding.

This is just one example of staff-led improvement that shows our commitment to providing the highest quality services to our patients, their families and carers. We strive to ensure that we keep the people we care for safe, whilst looking to continuously improve the services that we provide. We do this through our quality improvement programme, Improving Together, which provides the methodology for us to make positive changes in a structured way.

We aspire to collaborate with the wider local health and care system to improve the experience of all who use our services and working closely with partner organisations to deliver integrated care across the local area. Our Acute Hospital Alliance is one way in which we do this and I am excited to share the results of this work with you in 2023.

Throughout much of last year, we engaged with our people to understand what's important about what we do. We used what they told us to create a vision for the RUH and in September 2022 we launched 'The RUH, where you matter.' This sets out our commitment to the organisation we want to be in the future.

Our vision, along with our well-established Trust values: Everyone Matters, Working Together, Making a Difference, form the basis of everything that we do, and they encapsulate our aspiration for the type of hospital that we are aiming to be.



Our commitment to cultural improvement was reflected in our staff survey results this year, with 63 per cent of our staff recommending the RUH as a place to work. This placed us in the top three healthcare providers in the South West against this measure. The next step on our cultural improvement journey is to publish our Trust strategy, which will set out the steps that we will take to achieve our ambition of being amongst the top Trusts in the UK and an employer of choice locally. Quality will be the bedrock of realising this ambition.

I confirm that to the best of my knowledge the information in this Quality Account is accurate. I hope you find it interesting and informative and I would welcome any feedback you would like to share.

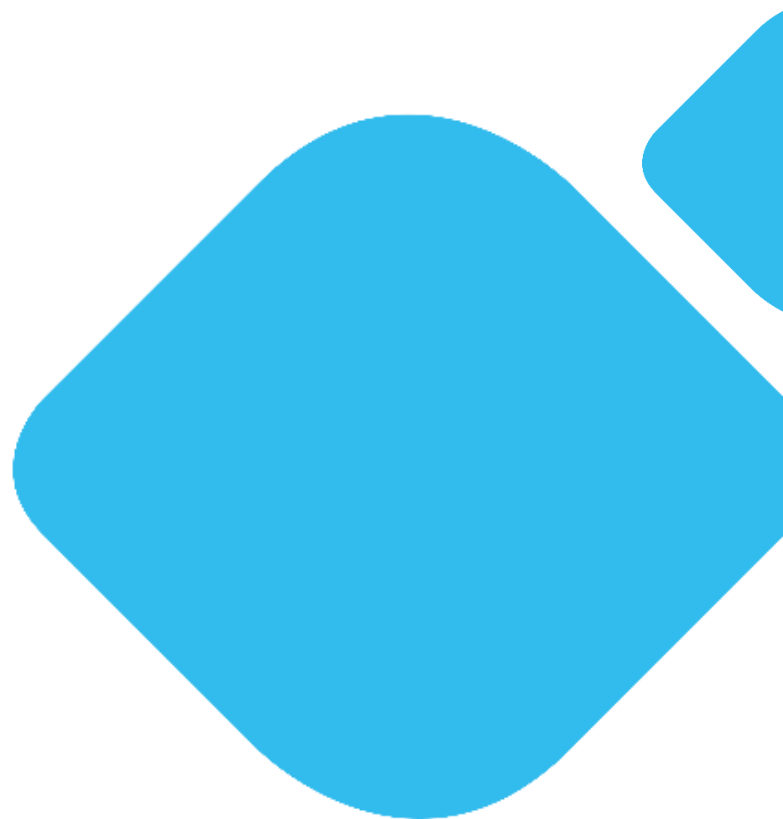


**Cara Charles-Barks**  
Chief Executive

June 2023

# Part 2

## Our priorities



## 2.1 Quality Priorities

In April 2022/23, the Trust's main aim was to provide the highest quality of services in response to the needs of our patients and the communities we serve. Our Trust Strategy set out our overall goals to achieve high quality care and patient experience, putting patients at the heart of all we do. It was built around five key strategic goals and also reflected our core Trust values. Our programme of whole organisation development "Improving Together" is designed to support its delivery.



Supporting and developing our workforce has been a key focus of this strategy, and our innovative quality improvement programme, Improving Together, which was launched in 2018, seeks to galvanise all of our staff to take responsibility for suggesting and implementing improvements in their areas, regardless of their seniority or professional background. As part of this approach, three focus areas were identified as "breakthrough objectives", relating to our strategic goals, for focused improvement activity by our frontline teams. These are areas that we identified as requiring significant changes to the way that we operate. The breakthrough objectives for 2022/23 were:

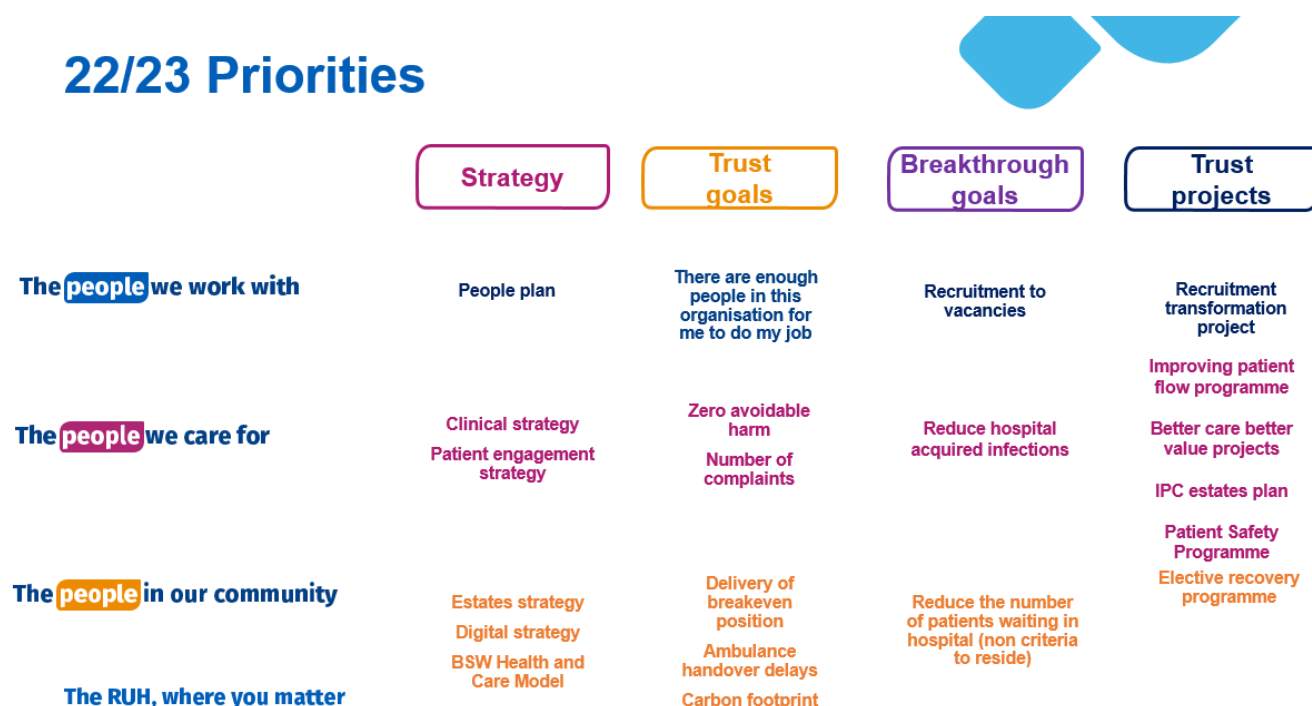
- Recruit to fill our vacancies
- Reduce hospital acquired infections.
- Reduce the number of patients waiting in hospital (non-criteria to reside)

On 28 April 2022, the Heath and Care Act 2022 received Royal Assent, meaning that with effect from 1 July 2022, Integrated Care Systems would be able to take on their statutory responsibilities. For the BaNES, Swindon and Wiltshire (BSW) area, this meant that all the key partners from across the health and care network, including the third sector, would be able to work collaboratively and pool resources to improve the health outcomes of all citizens. To begin with, organisations would continue to be accountable for the use of the resources that had been specifically allocated to them. The RUH already works closely with the two other acute hospitals in BSW, Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust.

The ICS will have an important role in setting the strategic direction for services and making key decisions as to how funding is shared among partners. The Trust is already heavily involved in key aspects of the ICS' work, both centrally and at "Place" (local) level, and has developed on this path from 1 July 2022.

Our priorities and projects for 2022/23 are outlined below.

## 22/23 Priorities



## Refreshing our vision and goals

During 2022/23, the Trust spent some time reflecting on what is most important about what we do and the kind of organisation we want to be in the future. Hundreds of colleagues, patients and members of our community have shared their thoughts about our ambitions, through surveys, workshops and conversations. Thank you to everyone who has been part of this.

As a result of this collaboration, we developed a new vision which was launched in September 2022. The new vision is: **The RUH, where you matter.**

This vision will guide us as we set and deliver our ambitions and goals for our three people groups: the people we work with, the people we care for and the people in our community.

- **For the people we work with**, together we will create the conditions to perform at our best.
- **For the people we care for**, together we will support people as and when they need it most.
- **For the people in our community**, together we will create one of the healthiest places to live and work.

Our new vision was launched mid-way through 2022/23 however, it was decided that the breakthrough objectives would remain unchanged until 2023/24.

Work has been ongoing to develop the Trust Strategy and refine the Trust goals, breakthrough objectives and strategic initiatives for 2023/24 and beyond. The Trust Strategy 2023-2028 launches in July 2023.

## Improving Together and Quality Improvement Approach

Our Trust values and the tools, routines and behaviours within Improving Together all remain central to how we will deliver our vision and strategy.

**People are  
at the heart  
of all that  
we do...**



## **What is Improving Together?**

Improving Together is a system of behaviours, quality improvement tools and sustainable routines allowing staff to improve the care we provide to our patients, the service we provide to our community and the working environment for our staff.

## **Why do we need Improving Together?**

At its heart, Improving Together is about Quality Improvement, giving the people closest to the issues the time, permission, skills and resources they need to problem solve. It involves a systematic and coordinated approach to solving problems using specific methods and tools with the aim of bringing about a measurable improvement.

As well as improving the quality of care, outcomes and experience for our patients, their families and our community, quality improvement improves the working lives of our staff. After all our people are at the heart of everything we do.

## **Improving Together in 2022**

Everyone was asked to be involved in Improving Together by using quality improvement tools and routines in the day-to-day working of a ward, department or service. During 2022/23 we refreshed our training strategy for Improving Together. We designed and delivered our Leading for Change training, for staff members with line management responsibility, and focused on developing skills around compassionate, curious and collaborative leadership. We also launched a new Quality Improvement (QI) Champion role, available for any staff member. As a QI champion they received specific training on the Improving Together tools and routines that will enable them to lead and support improvements in their area.

A summary of the training that was offered in 2022 is visualised overleaf.



# Improving Together Training Statistics and Outcomes 2022/23

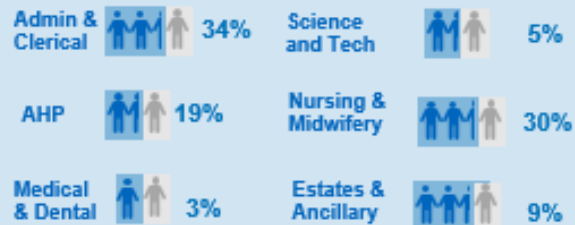
The RUH,  
where you matter

## Leading for Change

Number of staff, with line management responsibility, that attended the training



### Attendance by staff group



How would you rate the delivery and learning experience?

4.5 out of 5



"I feel confident in my ability to lead my team well"

Pre-training 73% Agree

Post-training 92% Agree



"I feel able to overcome challenges in my leadership role"

Pre-training 25% Neither agree or disagree  
57% Agree

Post-training 5% Neither agree or disagree  
93% Agree

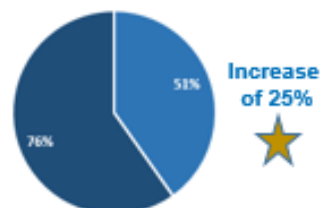


### Module 1

#### Everyone Matters

Improvement Huddles / Go and See

"As a team we are able to make improvement"



"I go and see to listen and learn from others"

40% of staff agree compared to 29% at the start of training

"I have learnt how curiosity plays a role in leadership. Go and see is a deliberate act, and coaching can give space for ideas to develop"

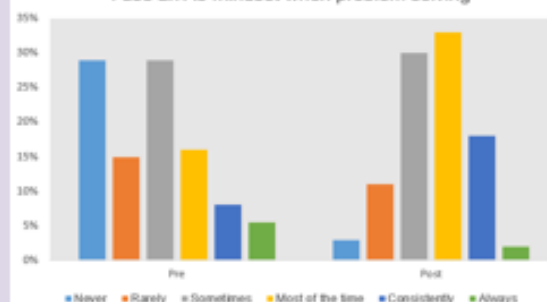
### Module 2

#### Working Together

Purpose / A3 thinking

33% of staff use an A3 mind-set most of time compared to 16% pre training  
25% of staff never used an A3 mind-set compared to 3% today

I use an A3 mindset when problem solving

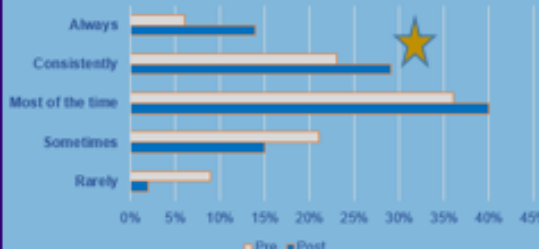


### Module 3

#### Making a Difference

Status Exchange / Time Management / Perseverance

I prioritise activities which add most value / align with our shared vision



"I now understand that being a leader isn't about being a hero. It's about involving others, listening and asking the right questions"

Fig 1: Summary of Leading for Change, anyone with line management responsibility

# Improving Together Training Statistics and Outcomes 2022/23

The RUH,  
where you matter

## Quality Improvement Champions



*"Thank you very much to all involved for implementing and delivering a fantastic, well-thought-out course that will benefit staff and patients, and encourage improving together as an organisation"*

*"A very supportive training programme which has helped me understand the Improving Together methodology. Thank you!"*

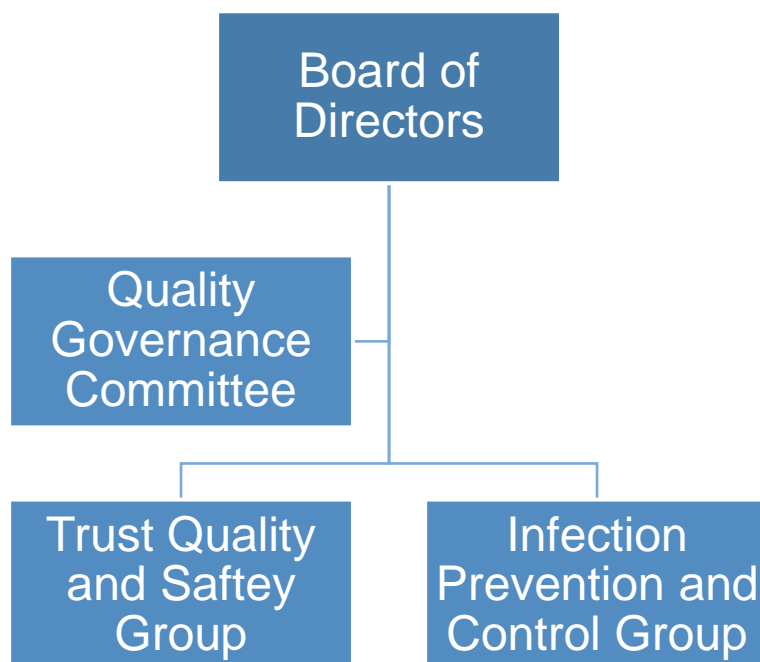
# Improving Together

Fig 2: Summary of QI Champion training so far, training available to any member of staff

## Quality improvement, leadership and governance

Our approach to quality improvement and governance is led by our Chief Nurse and Chief Medical Officer. The Chief Medical Officer chairs the Trust Quality and Safety Group (TQ&SG), while the Chief Nurse chairs the Infection Prevention and Control Group (IPCG).

These groups report to the Board of Directors via the Quality Governance Committee. In addition to this, the Chief Nurse leads the Trust's Quality Improvement Centre, which brings together staff working in patient safety, risk management, quality improvement, clinical audit and patient experience. Each of the chosen quality priorities reports into TQ&SG quarterly, where progress is monitored and challenges highlighted and discussed.



## 2.2 Quality Account Priorities 2022/23

Choosing our Quality Account priorities is important to us and our aim is to ensure that the chosen priorities are ones which will make a real difference the people we care for. During 2020/21 and the early part of 2022, the Trust and wider system were under extreme pressure as a result of the COVID-19 pandemic.

We engaged with our staff, the Governor Quality Working Group, the Trust's Council of Governors, the Patient and Carer Experience Group, the Board of Directors, and the BSW Integrated Care Board (ICB) to determine the priorities. In order to help embed the improvements that we want to see in the areas covered, it was agreed that our Quality Account Priorities from 2021-22 would be carried forward into 2022/23.

Throughout the year, the Quality Account priorities and the progress against them continued to be monitored through the Trust Quality and Safety Group, which is chaired by the Chief Medical Officer as well as by our Governor Quality Working Group.

**Looking back at 2022/23 – What did we say we would do?**

### Quality Account Priorities 2022/23

Implementation  
of Enhanced  
Recovery  
pathway

PERIPrem Care  
Bundle

Continuation of  
Frailty  
Assessment  
Unit

# Implementation of Enhanced Recovery pathway (ERP)

Implementation of an Enhanced Recovery pathway (ERP) was introduced for patients undergoing colorectal surgery. The aim was to help people recover more quickly after having major surgery and also result in a reduced length of stay for patient.

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having major surgery. Many hospitals – although not all – have enhanced recovery programmes in place, and it is now seen as standard practice following surgery for many procedures.

Enhanced recovery is sometimes referred to as rapid or accelerated recovery. It aims to ensure that patients:

- are as healthy as possible before receiving treatment
- receive the best possible care during their operation
- receive the best possible care while recovering

Having an operation can be both physically and emotionally stressful. Enhanced recovery programmes try to get patients back to full health as quickly as possible. Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, the shorter their recovery time will be.

## What we said we would do

Define the enhanced recovery pathway (ERP) for patients undergoing colorectal and major joint replacement surgery

Introduce an enhanced recovery lead role within the existing ward senior nurse team

Decrease length of stay for patients on the enhanced recovery pathway

## What we did

We have introduced ERP for patients undergoing elective colorectal surgery. ERP is also in place for Knee and Hip replacement surgery but has not been fully implemented due to reduced orthopaedic elective bed base.

Our elective ward has identified key nursing and therapy staff to promote ERP and nursing staff leads within the unit to support staff, increase skill set and knowledge – The ERP lead role is planned to form part of new business case.

The average length of stay has reduced by 1 day from 7.93 days during 2019/20 to 6.9 days in 2022/23. Weekends have still had a decrease of 1 day LOS since the project began.



## What we said we would do

Review process and pathways to enhance recovery

## What we did

Introduction of a patient information leaflet to educate patients pre-operatively. Introduction of videos and virtual pre and post-operative education for major joint replacement in orthopaedics.

A patient daily goals logbook has been introduced to ensure that patients are aware of the goals that are to be achieved each day - empowering patients and their families to achieve goals and become partners in their own recovery.

Introduction of marked patient walking routes to encourage mobility.

Introduction of a coffee machine for patient's post op to reduce post-operative ileus (an intolerance of oral intake associated with surgery) by stimulating gut function. Currently on hold due to reconfiguration of ward and patient lounge area.

Introduction of chewing gum and mouthwash as standard.

Introduction of a care plan sticker from Day 0 to Day 5 for the colorectal enhanced recovery comprising six sections to ensure that patients' recovery follows the ERP protocol. This has also been trialled for Gynaecology patients and has proven successful.

The introduction of an ICOUGH device (supported by the Innovation Panel) to support respiratory function and reduce the incidence of post-operative respiratory conditions was trialled and proved successful this is forming part of the ERP business case led by the ERP lead Consultant for 23/24.

We have collected patient feedback which has been positive and patients have reported being 'motivated' and 'feeling supported'

## How we will continue to work with this priority:

The enhanced recovery pathway (ERP) will continue, as this is now embedded for colorectal patients within our elective ward and more recently our Gynaecological patients however,



additional work is needed to support pre-operative education and advice so that this is consistent for all patients and resource is required to implement preoperative rehabilitation and I cough reliably following successful projects reducing postoperative complications.

We are reviewing the clinical nurse specialist role and how this becomes part of the ERP. Work is underway to re-establish ERP in orthopaedics in our new ring fenced orthopaedic elective ward from May 2023 working closely with our new modular theatre at Sulis Hospital.

Future goals include reinstating the patient lounge area and with it the coffee machine as mobilising and drinking coffee reduces the risk of ileus.

There is an ambition to recruit a dedicated ERP lead (RN/AHP) based on our elective ward to oversee the expansion of the ERP pathway and provide leadership and drive future innovation.

## Continuation of Older Person's Rapid Assessment Area/Older Person's Assessment Unit – Frailty Assessment Unit

This Quality Account priority was first commissioned in 2019 with an aim to continue to improve the service for the frail elderly patients. This project sought to build upon the previous work, developing the front door Frailty Assessment and the introduction of the Frailty Flying Squad. The Frailty Assessment Unit changed both its nursing workforce and location in the last 6 months of the 2020/21. The Older Persons Assessment Unit (OPAU) was re-launched on 12 April 2021.

During 2022/23, the Trust has built upon the previous work undertaken by the Trust, developing the front door Frailty Assessment and the introduction of the Frailty Flying Squad (FFS).

The FFS provides an assessment and admission pathway for frail patients to improve patient outcomes and patient experience, thereby reducing length of stay and the de-conditioning of frail patients.

### What we said we would do

Rapid multidisciplinary team (MDT) assessment of frail patient.

Establish a frailty pathway for the assessment and admission of all frail patients via GP referral or Emergency Department (ED).

Increase the number of patients transferred to OPAU with a Rockwood score of 5 and above from ED.

### What we did

Provided daily senior Geriatrician review and established Older Person's Rapid Assessment Area (OPRAA) in Bay 3 on Older Person's Assessment Unit (OPAU) for direct admits of frail patients. Provided a Frailty Flying Service 8am – 8pm.

Developed a standard operating procedure (SOP) for the pathway of frail patients. OPAU co-ordinator liaises with front door areas (ED, Medical Admissions Unit (MAU), Aramis and Midford Older Persons Unit -Short Stay (OPUSS) and manages patient transfers to OPRAA and the allocation of Older Person's Unit (OPU) beds. Developed Midford OPUSS as a short stay OPU ward.

Established scoring system in ED for triaging nurse to use on admission for early identification of patients suitable for OPAU.

## What we said we would do

Increase in discharges from OPAU within 24 hours.

## What we did

Early assessment by senior Geriatrician. MDT intervention to aid discharge process and appropriate transfer to Midford OPUSS.

## How we will continue to work with this priority:

During 2022/23, this priority has been significantly impacted by the constant use of escalation beds in OPRAA, impeding flow into the unit and the ability to take direct admits. This priority has also been significantly impacted by the lack of OPU beds in the Trust due to OPU wards being used as Covid-19 isolation wards, this has affected the flow out of the unit to Midford OPUSS and other OPU beds.

The service will continue to provide Frailty Flying Service 8am – 8pm and OPRAA will invest in trolleys to mirror the Direct Assessment Area (DAA) on Medical Admissions Unit (MAU).

The co-ordinator on OPAU continues to work closely with the front door areas, attending site meetings and pro-actively identifying and transferring frail patients into OPRAA/OPAU and managing the co-ordination of OPU beds.

# PERIPrem Care Bundle (Perinatal Excellence to reduce injury in preterm birth)

The PERIPrem Care Bundle (Perinatal Excellence to Reduce Injury in Preterm Birth) consists of 11 evidence-based interventions throughout pregnancy and the neonatal period. The bundle supports the optimal timing of care and multidisciplinary working between maternity and neonatal professionals and with parents. This work included revised preterm birth guideline, introduced Foetal Fibronectin point of care testing and introducing PERIPREM Champions. It supports the NHS Long Term Plan (2019) in reducing neonatal morbidity and serious brain injury by 50% by 2025.

## What we said we would do

More than 80% of babies would be born in the right place ( Less than 27 weeks to be born in Tertiary centres)

More than 90% of birthing women will have received ante natal steroids prior to the birth of their pre term baby

More than 90% of birthing women will have received IV magnesium Sulphate prior to the birth of their preterm baby

More than 85% of pre term babies would have optimal delayed cord clamping at birth

More than 90%of preterm babies would be supported to maintain thermoregulation following birth

More than 85%of preterm babies would be given early breastmilk. Mothers will be supported with hand expression

## What we did

Members of staff have received training on the Periprem bundle focusing on its importance on the outcome for the pre term babies.

Parental Periprem passport given to parents to empower their decision making

Foetal Fibronectin point of care testing is embedded into midwifery practice

A Teaching video has been made to demonstrate optimal delayed cord clamping on pre term babies. This is shown to all new Doctors on induction.

New guideline for neonatal temperature control on BBC and the use of temperature probes

Recruiting more Periprem champions

Increased teaching on early expressing of breastmilk

## What we said we would do

More than 85% of babies will receive appropriate caffeine therapy on the neonatal unit

More than 85% of preterm babies would receive appropriate probiotics on the neonatal unit

More than 85% of preterm babies would receive prophylactic Hydrocortisone on the neonatal unit.

## What we did

Preterm mothers are now given early expressing information and pack during counselling.

Introduction of early buccal breast milk.

Probiotics now given with Buccal feed.

Hydrocortisone neonatal guideline implemented.

Multi-disciplinary monthly meetings to review each case.

## How we will continue to work with this priority:

We will continue to collect data on this priority as well as promoting its importance to staff and continuing with staff education. The team will continue to hold monthly meetings and review each case. They are committed to sharing learning both Trust wide and within BSW and will strive to achieve the compliances in all areas.

## 2.3 Looking forward to this year 2023/24

Following engagement with our staff, the Governor Quality Working Group, the Board of Directors, and other key stakeholders we have agreed that our Quality Account Priorities for 2022/23 would be:

# Quality Account Priorities 2023/24

Health  
inequalities  
in maternity

Reduced  
Length of  
stay in  
NICU

Dedicated  
Day  
Surgery  
Unit

Family  
Liaison  
Officers



# Health Inequalities in Maternity

## Why is it important?

There remain gaps in mortality rates between women from deprived and affluent areas, women of different ages and women from different ethnic groups.

The national MBRRACE report into maternal mortality (2022) shows a continued gap between mortality rates for women from Black, Asian, mixed and white ethnic groups, with women from Black ethnic groups four times more likely to die than women from White groups. Women from Asian ethnic backgrounds are almost twice as likely to die in pregnancy compared to white women.

Women living in the most deprived areas are twice as likely to die as those who live in the most affluent areas. Social services were involved in the lives of 17% of women who died. The number of women who are known to be experiencing multiple disadvantages when they die remains at 8%. Women in these situations will often face mental ill-health, domestic abuse and/or misuse substances. However these and other issues are poorly recorded, so these figures should be treated as a minimum estimate.

Pregnancy at advanced maternal age is known to be associated with higher mortality, higher rates of pregnancy loss and other pregnancy complications. Yet the average age at first childbirth continues to increase. Less than a third of women received care in line with guidance. In particular very few women who are planning pregnancy at advanced maternal age have documented discussions over the risks and potential health impacts to them and their unborn child.

At the RUH we do have a clear understanding of how health inequalities affect our populations or the reason behind this however early data does demonstrate similar patterns to national reports.

## What will we do in 2023/24

- Improve data quality of birth outcomes, in particular smoking and breastfeeding rates where there are known issues
- Roll out cultural competency training to all maternity staff
- Develop a health inequalities work stream within maternity which reports into the divisional work stream
- Develop cultural competency QI champion clinicians
- Identify three key birth outcomes for priority and complete a 'deep dive' into the differences in these outcomes
- Implement a minimum of three QI projects related to outcome data within clinical practice

## How we will know we are making a difference

- Number of staff having complete training
- Training feedback
- The successful implementation of QI projects

- Service user feedback collected from the Maternity Voices Partnership and via the Inclusion Midwife
- Analysis of birth outcome data broken down by ethnicity and area of deprivation – this will be on a triennial period.
- Reduction in the number of incomplete data entry fields for; smoking at time of delivery and breastfeeding at discharge

# Reduced length of stay in NICU

## Why is it important?

Allowing a baby to spend time unnecessarily on Neonatal Intensive Care Unit (NICU) is undesirable for both the baby and its family. There is evidence that separating a mother and baby affects parent-infant bonding, parental mental health and a baby's cognitive and socioemotional development. Therefore ensuring a baby is discharged at an optimal time, which is safe and in the baby's best interest, can only be of benefit to the baby and family.

The RUH Getting It Right First Time (GIRFT) review in 2022 highlighted the Trust as an outlier in our length of stay for 27-33 week gestation babies and to enable us to be compliant with this issue the action needed was for us to review and improve our discharge process and pathway home.

Some of the care these babies receive whilst in hospital could be delivered at home and therefore reducing a baby's length of stay. Examples are, short term nasogastric home tube feeding, home phototherapy currently delivered in a hospital environment that could be delivered in the family home.

## What will we do in 2023/24

- Prospectively audit the number of babies who are receiving care that could be delivered in a community setting
- Recruit a Discharge coordinator role (this could be the current Band 7 Outreach Sister who could become the discharge coordinator and then recruit a Band 5 Outreach Nurse to do visits in the community)
- Work with the Network care coordinator for support and advice
- Set criteria regarding what care could be delivered in the community
- Invest in home phototherapy equipment

## How we will know we are making a difference

- Audit length of stay and see a reduction in care days
- Receiving positive feedback from families receiving outreach support of their baby

# Dedicated Day Surgery Unit

## Why is it important?

Length of stay of around 2.4% for patients cared for in a dedicated Day Surgery Unit, compared to 14% in an inpatient ward. (Department of Health)

Patient centred care - surgery can be both physically and psychologically stressful, continuity of care from dedicated staff improves patient experience and efficiency.

Day case beds on in patient wards do not provide the targeted service that is required to achieve good outcomes for patients (Association of Anaesthetists)

Improved theatre efficiency and start times as patients are located in the same place making it more efficient for admission, consultant, and anaesthetic review.

It aims to ensure that patients receive pre-operative assessment and optimisation prior to surgery, improving outcomes and reducing cancellation rates.

Dedicated day case units increase organisational resilience ensuring surgery activity continues even during extremis escalation resulting in fewer cancellations.

Quality and patient safety is improved as the team will be highly skilled and knowledgeable in delivering day surgical care, resulting higher quality outcomes

## What will we do in 2023/24

- Increase the number of trolley spaces by reducing inpatient beds
- Expand elective day surgery theatre lists
- Update advice sheets to improve communication and patient outcomes
- Identify way to improve our service and patient experience, for example a designated waiting area, reconfiguring the estate to provide cubicles.
- Expand our working week to include routine weekend working Mon-Sat, with a view to including Sunday.
- Review the establishment to support the new way of working.
- Staff education specific to Day Surgery pre and post-operative care, to improve patient outcomes and staff wellbeing.

## How we will know we are making a difference

- Reduced LOS
- Patient Feedback FFT, complaints compliments.
- Day Surgery admission data to evidence improvements in performance.
- Decrease in conversion rates from day case to inpatient.
- Improve theatre efficiency, start times and reduction in cancellations.

# Family Liaison Officers

## Why is it important?

A Family Liaison Facilitator (FLF) service has recently been introduced to MAU and OPAU. The primary role of the FLF service is to provide regular non-clinical communication to patients/ family members/carers during a hospital admission, and to facilitate completion of the Friends and Family Test (FFT). It is felt that this communication service could be extended to provide a follow up 'safe and well-being' call to each patient and/or their family after discharge.

Current patient experience data tells us that patients and their families/ carers have made complaints or contacted PALS with concerns about inappropriate/ unsafe discharges of older patients where relatives/ carers have not felt involved in decisions about discharge.

Patient Safety data from the past 6 months tells us that there is an on-going theme of discharge related concerns across all levels of harm and the top 3 incidents for Medicine were:

- Inappropriate/ unsafe discharge
- Missing/ Inadequate/Wrong/ Illegible discharge summary
- Delayed or Failed discharge e.g. medication

It is proposed that the FLF service provide a regular follow up 'non-clinical' telephone/ video call service to all patient's and/or their families within 48 hours of a patient's discharge from MAU (Acute Medicine) or OPAU (Acute Medicine/OPU).

This telephone/ video call service will allow 'live' feedback about key safety aspects of the patient's discharge and the patient's/ families experience of discharge. This will generate appropriate feedback to ward staff and the patient safety and experience teams. In turn, this information will feed into the Trust's on-going quality improvement work on promoting safe discharges for patients.

## What will we do in 2023/24

- Provide a consistent FLF Discharge Follow up Service for all patient's discharged.
- Audit the data from the discharge checklist responses and feedback to the divisional patient experience/ and or patient safety services.

## How we will know we are making a difference

- There is a decrease in PALS concerns and complaints about discharge related concerns
- There is a decrease in patient safety incidents relating to discharge related concerns
- There is an improved experience around communication at ward level for patients and their relatives/carers.
- There is an increase in the number of patient's discharged from MAU and OPAU with an accurate hospital depart summary

## 2.4 Statements of assurance from the Board of Directors

### Mandatory statement 1

1. During 2022/23 the Royal United Hospitals Bath NHS Foundation Trust provided and/or subcontracted eight relevant health services across three clinical divisions: Medicine, Surgery and Family and Specialist Services.
  - 1.1. The Royal United Hospitals Bath NHS Foundation Trust has reviewed all the data available to them on the quality of care in all eight relevant health services.
  - 1.2. The income generated by the relevant health services reviewed in 2022/23 represents 100 % of the total income generated from the provision of relevant health services by the Royal United Hospitals Bath NHS Foundation Trust for 2022/23

### Mandatory statement 2

During 2022/23, 47 national clinical audits and 2 national confidential enquiries covered relevant health services that the Royal United Hospitals Bath NHS Foundation Trust provides.

During that period the Royal United Hospitals Bath NHS Foundation Trust participated in 98% 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 Royal United Hospitals Bath NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, 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>NCEPOD</b>		
Child Health Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death)	Yes	100%
Medical and Surgical Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death)	Yes	100%
<b>National Audits</b>		
Breast and Cosmetic Implant Registry	N/A	Not relevant to RUH
Case Mix Programme (Intensive Care National Audit & Research Centre)	Yes	100%
Cleft Registry and Audit Network Database (Royal College of Surgeons - Clinical Effectiveness Unit)	N/A	Not relevant to RUH
Elective Surgery (National PROMs Programme)	Yes	100%
Emergency Medicine QIPs - RCEM: Pain in Children (Care in Emergency Departments)	Yes	100%



Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
Emergency Medicine QIPs RCEM: Assessing for cognitive impairment in older people (care in Emergency Departments)	N/A	Delayed by Audit Provider
Emergency Medicine QIPs RCEM: Mental Health self-harm (care in Emergency Departments)	Yes	100%
Epilepsy 12 – National Audit of Seizures and Epilepsies in Children and Young People	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP): National Inpatient Falls	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP) : National Hip Fracture Database	Yes	100%
Gastro-Intestinal Cancer Audit Programme – National Bowel Cancer Audit (NBOCA)	Yes	100%
Gastro-intestinal Cancer Audit Programme – National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%
Inflammatory Bowel Disease (IBD) Audit	Yes	100%
LeDeR – Learning from lives and deaths of people with a learning disability and autistic people	Yes	100%
Maternal and Newborn Infant Clinical Outcome Review Programme (MBRACE-UK)	Yes	100%
Mental Health Clinical Outcome Review Programme	N/A	Not relevant to RUH
Muscle Invasive Bladder Cancer Audit	Yes	100%
National Diabetes Audit – National Adults Core Diabetes Audit	Yes	100%
National Diabetes Audit - National Diabetes Foot Care Audit	Yes	100%
National Inpatient Diabetes Audit	Yes	100%
National Diabetes Audit - National Pregnancy in Diabetes Audit	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): COPD Secondary Care	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation	N/A	Not relevant to RUH
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	To be confirmed. Querying data quality with audit provider. Awaiting resolution.
National Audit of Cardiac Rehabilitation	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
National Audit of Cardiovascular Disease Prevention (NHS Benchmarking Network)	N/A	Not relevant to RUH
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia (NAD)	Yes	100%
National Audit of Pulmonary Hypertension	Yes	100%
National Bariatric Surgery Registry	N/A	Not relevant to RUH
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Cardiac Audit Programme (NCAP) – National Congenital Heart Disease	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) – Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Cardiac Audit Programme (NCAP) – National Adult Cardiac Surgery Audit	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Yes	Awaiting update
National Cardiac Audit Programme (NCAP) – National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	Awaiting update
National Cardiac Audit Programme (NCAP) – National Heart Failure Audit	No	Data is being submitted but our submission rate at 28% is falling below the participation threshold. Investigation underway to provide resolution
National Child Mortality Database - University of Bristol	N/A	Not relevant to RUH
National Clinical Audit of Psychosis (NCAP)	N/A	Not relevant to RUH
National Early Inflammatory Arthritis Audit (NEIA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Joint Registry	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	100%
National Obesity Audit	N/A	Not relevant to RUH
National Ophthalmology Database Audit	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Perinatal Mortality Review Tool 1 University of Oxford / MBRRACE-UK collaborative	Yes	100%
National Prostate Cancer Audit (NPCA)	Yes	100%
National Vascular Registry	N/A	Not relevant to RUH
Neurosurgical National Audit Programme	N/A	Not relevant to RUH
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	N/A	Not relevant to RUH
Paediatric Intensive Care Audit (PICANet)	N/A	Not relevant to RUH
Perioperative Quality Improvement Programme	Yes	Awaiting update

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
Prescribing Observatory for Mental Health UK (POMH-UK) – Improving the quality of valproate prescribing in adult mental health services	N/A	Not relevant to RUH
Prescribing Observatory for Mental Health UK (POMH-UK) – The use of melatonin	N/A	Not relevant to RUH
Renal Audits – National Acute Kidney Injury Audit	N/A	Not relevant to RUH
Renal Audits – Chronic Kidney Disease registry (The Renal Association/The UK Renal Register)	N/A	Not relevant to RUH
BTS Respiratory Audit: Respiratory Support Care	N/A	Postponed by Audit Provider
BTS Respiratory Audit: National Smoking Cessation Audit Maternity & Mental Health	N/A	Postponed by Audit Provider
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion UK National Haemovigilance Scheme (SHOT)	Yes	100%
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	100%
The Trauma Audit & Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
UK Parkinson's Audit	Yes	100%

**The reports of 20 national clinical audits were reviewed by the provider in 2022/2023 and Royal United Hospitals Bath NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided.**

#### National Neonatal Audit Programme (NNAP) November 2022

The Trust performed significantly better than other trusts for cord clamping at or after one minute for babies born at less than 32 weeks gestational age. Babies admitted for more than 24 hours, had at least one parent attend a consultant ward round at some point during the baby's admission and a good proportion of consultant-led ward rounds had at least one parent present. The majority of babies born at less than 32 weeks gestation had their temperature taken within an hour of admission and all those babies had a normal temperature. All babies of very low birthweight or less than 32 weeks gestation received the appropriate screening for retinopathy of prematurity. Most babies born at less than 30 weeks gestational age received medical follow-up at two years corrected age.

The Trust scored lower than the national average for: mothers delivering babies between 23 and 33 weeks gestation being given any dose of antenatal steroids; mothers delivering babies below 30 weeks gestation given Magnesium Sulphate in the 24 hours prior to delivery. The Trust, using PERIPrem guidance for practice, has worked to improve these areas including: informing the neonatal team of preterm mothers in threatened early labour; discussing when steroids and magnesium sulphate were needed; ensuring that maternal notes were documented in full; promoting the use of the PERIPrem passport for all babies delivering at less than 34 weeks.

### National Paediatric Diabetes Audit (NPDA) April 2022 (2020/21 data)

The Trust performed as well or better than the national average for all standards with a year on year improvement demonstrated. In particular the Trust scored 100% for all Type 1 diabetics screened for thyroid and coeliac disease. The median HbA1c was better than several regions. All children and young people with diabetes were 'carb counting' within 2 weeks and there was a high uptake of additional dietetic appointments. This project was presented and fully discussed at a multidisciplinary specialty meeting. In order to sustain and make further improvements the Trust incorporated actions into the specialty work plan by focussing on: improving data recording, particularly around treatment regime; use of Continuous Glucose Monitoring (CGM); non-elective admissions; use of Electronic Prescribing and Medicines Administration (ePMA) care plan at diagnosis to maintain and improve thyroid and coeliac screening and monitoring; checking inpatient and/or first clinic results and repeating tests within 90 days if needed as well as improving communication with primary care/GPs and families.

### Sentinel Stroke National Audit Programme (SSNAP) September 2022

The Trust did well in scoring an A for case ascertainment and B for audit compliance. There has also been an improvement in 2 standards: scanning went from C to B and discharge process from B to A. However, the overall SSNAP score for the Trust was D. This low score can be attributed to the Stroke Unit indicator which relates to how many patients reached the Stroke Unit within the 4 hour target. Patients were delayed from getting to the Acute Stroke Unit (ASU) for many reasons including ward and bay closures secondary to infections (mainly COVID-19). Patients stayed longer on ASU due to problems in the community affecting discharges from community hospitals. There had also been difficulties around bed usage due to winter pressures. The Therapy times indicator also affected the overall Trust performance. Staffing level challenges and ward closures resulted in outlying patients on other wards putting extra strain on the therapists trying to see more patients.

The reduced Thrombolysis rates are reduced nationally and not just in this Trust. This is due to a combination of factors including ambulance issues and change of patient behaviour since the COVID-19 pandemic, meaning patients often arriving outside of the thrombolysis window. As a consequence of these results a comprehensive action plan has been put in place to address the shortfalls and improve performance. Actions include: weekly breach meetings from February 2023 looking at weekly breaches of patients failing their target to ASU in 4 hours and collaborative working with site management, Emergency Department (ED) and Medical Assessment Unit (MAU) clinical staff training to raise awareness of stroke and increase speed to treatment and to ASU. Each domain continues to be reviewed with the domain lead to review areas where further improvements could be made. Many domains rely on the patient being on ASU which triggers being seen more quickly by all the MDT therapists and creating adequate space for therapy within the gym.

### National Outpatient Management of Pulmonary Embolism Audit

The Trust scored better than the national average for patients who were administered therapeutic anticoagulation within 1 hour if it was not possible to carry out the imaging immediately or less than an hour after arrival. The Trust also performed better than nationally

whereby patients who were unable to have immediate imaging were given a specific appointment time to return for imaging. More patients than nationally had their laboratory biomarkers measured when the right ventricle was dilated. The majority of patients were reviewed by a senior decision-maker, a staff grade or similar substantive career grade doctor, advanced nurse practitioner or clinical nurse specialist designated to undertake this role within the department (with consultant advice available) before going home on an out-patient pathway. However the administration of verbal and written information, including a point of contact, was not well recorded in the notes and most patients did not receive an initial follow-up within 7 days of discharge on an out-patient pathway. Following these results patient information leaflet availability has now been improved with the provision of both electronic and paper copies. A recent local audit has shown that an increased number of patients are now being reviewed within 7 days of discharge via GP (remote consultation) when requested. The same audit has shown that excellent outcomes are now being seen with only 12% re-attending at the Emergency Department (ED) and no re-admissions.

#### Society for Acute Medicine (SAMBA)

The Trust performed well and was above the national average for unplanned admissions with an Early Warning Score recorded within 30 minutes of arrival. Most patients who had an unplanned admission were reviewed by a competent clinical decision maker within 4 hours of arrival. More than half of unplanned admissions arriving during the daytime had a consultant review within the target time of 6 hours. All patients with an unplanned admission arriving overnight had a consultant review within the target time of 14 hours. Planning is now taking place towards extended Ambulatory Care opening hours which will likely reduce time to consultant review for later afternoon attendances to the Emergency Department (ED) / GP referrals.

#### National Audit of Inpatient Falls 2022

The Trust was above the national average for the majority of the standards and in particular scored 100% compliance for patients having a medication review, mobility assessment, delirium assessment, mobility care plan, continence care plan and delirium plan documented. Patients identified with a hip fracture had no delays to their hip fracture care. Most patients had a vision assessment, a medical assessment within 30 minutes and a recording of analgesia prescription. All patients had an after action review and over half of those had the review within 5 working days of the fall which was significantly higher than the national average. However the hospital fell below the national average for 'check for injury and injury suspected', and 'flat lifting equipment used'. These areas of concern are now being addressed and the patient safety nurses are investigating the provision of scoops for wards. The Falls E-learning and face to face teaching has been updated and training for falls champions and nursing staff is currently being rolled out throughout the Trust. The falls champion training includes a focus on the post falls process and the use of the falls retrieval kit. Once the training has been completed the areas of concern will be re-audited to demonstrate improvement.



### National Emergency Laparotomy Audit (NELA)

The Trust scored well with case ascertainment and submitted all the patients required by the national audit. Achievements over the past year have been good with most standards better than the national average; nearly all patients had a risk assessment, arrived in theatre within the appropriate time frame and had a Consultant Anaesthetist and Surgeon present. Where patients had a mortality risk greater than 5% the majority were admitted to Critical Care. However these results were not achieved to the same degree in the Care of the Elderly review which scored lower than the national average. This relates to resources which have been an issue since Covid. It is planned to develop the Care of the Elderly service in 2023 and this will require additional resources.

**The reports of 48 local clinical audits were reviewed by the provider in 2022/2023 and the Royal United Hospitals Bath NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided.**

### Timely Administration of Medication for Parkinson's disease

This audit focused on the National Institute for Health and Care Excellence guidelines (NICE) which state that patients with Parkinson's disease should have their medication administered within 30 minutes of the intended time. The results showed that just over half of the patients had their Parkinson's medication within 30 minutes of the expected time. The average time for a late dose was 85 minutes and where doses were administered too early the average was 69 minutes. Following the audit the results were discussed and recommendations put in place including the development and dissemination of a poster throughout the wards to highlight the importance of timely administration of medication; consultations with Pharmacy around adding a reminder to the drug charts about Parkinson's disease medication. The results were also disseminated to medical teams. The audit will be repeated to assess the impact of these actions.

### Idiopathic Pancreatitis Audit

The British Society of Gastroenterology recommend establishing the cause of pancreatitis by further doing an endoscopic ultrasound in cases of idiopathic pancreatitis. An audit was carried out to find out how well the Trust was adhering to the guidance.

The results of the audit showed that very few patients presenting with idiopathic pancreatitis were referred for an endoscopic ultrasound. Out of 28 patients with idiopathic pancreatitis, only 9 were referred for an endoscopic ultrasound over the period of 8 months. On average, patients waited 4 weeks or more for their endoscopic ultrasound. In addition, the referral and date of endoscopic ultrasound was poorly documented. Results of the audit were presented and discussed by clinicians at a multidisciplinary departmental meeting. Recommendations were made to improve compliance including ensuring that all patients are booked and have an endoscopic ultrasound completed after their first episode of idiopathic pancreatitis. A review would be carried out of the waiting times and documentation. Following the introduction of these recommendations a further audit will be carried out to assess improvements.

### Nipple symptoms imaging audit

An audit was carried out to ensure that women over 40 years of age with nipple symptoms and/or signs, with or without a palpable breast lesion were being appropriately imaged. The audit showed that all women over 40 years of age with nipple symptoms and/or signs, with or without a palpable breast lesion were offered ultrasound imaging when indicated over a period of 3 months and therefore the guidance was being met. In addition, it shows an improvement from a previous audit, which showed inconsistency in requesting ultrasound imaging. A re-audit will be carried out to check performance is being maintained.

### Vitamin D levels in patients with new diagnoses of breast cancer and subsequent management

There is published evidence that Vitamin D deficiency can affect the response to neoadjuvant chemotherapy in early, locally advanced metastatic breast cancer. All patients with newly diagnosed breast cancer should have an assessment of vitamin D levels early or straight after starting breast cancer treatment. The audit looked at patients with new diagnoses of breast cancer over a 3 month period to identify how consistently Vitamin D levels were being checked prior to patients starting adjuvant bisphosphonates.

The results of the audit showed that the majority of patients were having their Vitamin D levels checked. However, where patients were found to have deficient or insufficient Vitamin D levels they had not been started on Vitamin D. Recommendations included continued but earlier Vitamin D checks to be carried out by Breast and Oncology consultants. Patients with low or insufficient levels of Vitamin D will be discussed at multidisciplinary team meetings and where appropriate dosing to be started by consultants and requests for general practice follow up to be highlighted in GP letters.

### Cardiotocograph Monitoring in Labour - Re-audit

This re-audit aimed to ensure compliance with the National Institute for Health and Care Excellence (NICE) guidance surrounding Intrapartum Care for Healthy Women and Babies. The re-audit showed a steady improvement from the original audit with improved compliance for 17 standards from the original audit. It showed a good compliance of the documentation of the patient's name and date and time of commencement at the start of the cardiotocograph. In addition, the audit showed a good compliance in intrapartum events being documented, fresh eyes completed, cardiotocograph categorised, pulsoximeter used, cardiotocograph securely attached to maternity notes and partogram used. However, the reason for cardiotocograph and the patient's pulse at the beginning of the cardiotocograph was not always documented in the maternity notes. There was also a low compliance for the documentation of systematic assessment of woman and fetus every hour and the documentation of an action plan when there is an abnormal cardiotocograph. Results have been discussed and widely disseminated to improve the compliance of documentation.



### Surgical Take Bleep Referral Forms – Re-audit

This re-audit of surgical bleep referral forms was undertaken to ensure that there had been an improvement in the way that theatre staff communicated information from answering the on-call bleep, to the surgical team. The results showed that there had been an improvement in the average completion of referral forms and completing the critical information within the referral forms from the previous audit. The Trust was performing well for documenting 'the reason for referral' and well over half of the bleep forms were completed. Improvement was needed pertaining to documenting 'time', 'expectation from surgical team' and 'referrer's name'. Actions following the re-audit included teaching sessions with theatre staff to explain the importance of adequate clinical information when taking referrals. Using the referral forms and bleep boxes, including how direct assessment affects patient safety and care will now be included in the doctor and theatre staff inductions.

### **Mandatory statement 3**

The number of patients receiving relevant health services provided or subcontracted by Royal United Hospitals Bath NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee 3970.

At any given time, the Trust has around 200 individual research studies ongoing across a wide range of clinical specialities and departments. Many of these research studies are collaborative in nature and support relationships with local and national research funders, Universities, NHS organisations and commercial partners within the life sciences industry.

The RUH continues to expand its portfolio of research which is initiated and run by our own research staff, encompassing consultants, research nurses and allied health professionals, a number of whom hold academic Professor and lectureship positions in a variety of clinical areas. The RUH continues to work collaboratively with surrounding universities including the Universities of Bath, Bristol and The West of England; this ensures that the research conducted at RUH addresses the health needs of our local community.

### **Research Grants Awarded April 2022 – March 2023**

<b>Lead Applicant</b>	<b>Specialty</b>	<b>Title of Project</b>	<b>Amount awarded</b>	<b>Funder</b>
Dr Jeff Clark (IngeniumAI) Dr J Rodrigues (RUH) and Dr A Cookson (UOBath)	Respiratory	Ingenium AI Automated Disease Detection in Pulmonary Hypertension	£300,000	Innovate UK
Dr John Pauling	Rheumatology	WARMER – Wearable Ambulatory Raynaud's Measurement Recorder	£45,000	SRUK Charity

Lead Applicant	Specialty	Title of Project	Amount awarded	Funder
Dr Ben Mulhearn	Academic Clinical Fellow	How common is VEXAS syndrome in an adult rheumatology population	£20,000	BIRD Charity
Dr Fiona Gillison	Department for Health	Embedding research to improve remote consultations in hospital policy	£3,800	Policy Support Fund, University of Bath
Mandy Slatter	Pharmacy - Internship	Antimicrobial resistance (AMR) and stewardship (AMS) "To Dip Or Not To Dip"	£10,000	HEE-NIHR Internship (2022/23)
Paul Minty	Rheumatology	Research Scholars Programme	£8,500	NIHR /CRN Partnership
Dr Jen Pearson	Fellowship/UWE	Adapting the Fibromyalgia self-management programme to develop an online support package, optimising engagement and uptake of the intervention	£312,344 total, £31,720 to RUH	NIHR Post-Doctoral Fellowship (ICA ACAF)
Dr Darren Hart	Principal Clinical Scientist RUH	HEESW Simulation Project	£30,000	Health Education England
Dr Darren Hart	Principal Clinical Scientist RUH	Innovation Fellowship	£15,000	NIHR Healthcare Science Fellowship
Dr Dan Augustine	Cardiology	ADOPT Artificial intelligence: Improving early detection of pulmonary hypertension by transthoracic echocardiography:	£360,000	Janssen Pharmaceuticals
* Dr Jonathon Rodrigues	Respiratory/ Radiology	Developing AI solutions to improve diagnosis & risk stratification in acute PE and chronic thrombo-embolic pulmonary hypertension –	£887,725	NIHR –Digital Project grant (AI-AWARD 02549)
* Dr Dan Augustine	Cardiology	IMPULSE – Improving Pulmonary Hypertension screening by Echocardiography	£606,265	Janssen Pharmaceuticals
Dr William Tillett	Rheumatology	Brit-PACT -Sequence	£45,000	BRIT-Pact

Lead Applicant	Specialty	Title of Project	Amount awarded	Funder
Marc Batalla	Pain	Cognitive Multisensory Rehabilitation, a novel sensorimotor intervention for pain reduction in Complex Regional Pain Syndrome: a feasibility study	£9,175	RNHRD General Research Charity (RUHX)
Dr Loganathan and Dr Tansley	Rheumatology	Charitable Funding requested for Article Processing Fee for Publication in Immunology (Frontiers Media).	£2,399	RNHRD General Research Charity (RUHX)
Dr Ben Mulhearn	Clinical Research Fellow Rheumatology	Has the incidence of giant cell arteritis in England and Northern Ireland been influenced by the covid-19 pandemic? A case cohort study using CPRD Aurum data.	£10,000	RNHRD General Research Charity (RUHX)
Dr Gauntlett-Gilbert	Bath Centre for Pain Services	Unhelpful Clinical Messages in Chronic Pain – Funding for 3 months for a postdoctoral fellow to carry out qualitative analysis of pain research data.	£6,600	RNHRD General Research Charity (RUHX)
Dr Jessica Ellis	Rheumatology	SLE Patient Advisory Group (RSPARG)	£2,686	RNHRD General Research Charity (RUHX)
Olivia Taylor	Med Student University of Bristol	LoCATE (Long COVID in Adolescents Treatment Evaluation): a mixed methods approach to evaluate Long COVID services for Adolescents.	£1,340	RNHRD General Research Charity (RUHX)
Dr Will Tillett	Rheumatology	Body Composition in Immune-mediated Inflammatory Diseases	£5,847	RNHRD General Research Charity (RUHX)
Dr Emily Henderson	Aging / Parkinsons	Chief PD – Extension to existing HTA grant	£249,091	HTA
Dr Alison Llewellyn	Pain	ENACT – Extension to existing NIHR RfPB grant	£26,574	NIHR

Lead Applicant	Specialty	Title of Project	Amount awarded	Funder
Dr Jonathan Rodrigues	Radiology/ Cardiology	Super Rehab for Coronary Artery Disease – Extension to existing NIHR RfPB grant	£29,767	NIHR
Total			£2,987,114	

### **Mandatory statement 4**

The Royal United Hospitals NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the value of the funding attributed to this framework was fixed for the year.

### **Mandatory statement 5**

The Royal United Hospitals Bath NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered'. The Royal United Hospitals Bath NHS Foundation Trust has no conditions attached to its registration.

The Care Quality Commission has not taken any enforcement action against the Royal United Hospitals Bath NHS Foundation Trust during 2022/22.

### **Mandatory statement 6 (removed)**

### **Mandatory statement 7**

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

### **Mandatory statement 8**

Royal United Hospitals Bath NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.7% for admitted patient care
- 98.5% for outpatient care and
- 99.4% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 97.5% for admitted patient care;
- 98.0% for outpatient care; and
- 90.3% for accident and emergency care.

HES data as presented in Dr Fosters has been used to generate this data and for GP Practice codes both blank and defaulted V81\* codes have been counted as invalid.

### **Mandatory statement 9**

The Royal United Hospitals Bath NHS Foundation Trust Information Governance Assessment Report overall score for 2022-23 was 'Approaching Standards Met'. An improvement plan is in place in order to achieve 'Standards Met' within six months. The reason for not achieving the standards at this time is due to unsupported legacy servers within the IT remit.

### **Mandatory statement 10**

The Royal United Hospitals Bath NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the 2022/23 financial year by the Audit Commission.

### **Mandatory statement 11**

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

- Continue the work of the Data Quality Action Group, which meets regularly to oversee data quality within the Trust. The group monitors data quality issues and receives the outcomes of audits and external data quality reports to support resolution of issues and improvement work. The meetings are attended by staff from the Business Intelligence Department and staff working in operational roles as well as Finance and IM&T to make sure that the Trust maintains high quality and accurate patient information to support patient care.
- Action any data quality issues raised by commissioners and other NHS and non-NHS bodies that receive and use the Trust's data. This includes monthly reporting of the Trust's performance against Secondary User Service (SUS) data quality reports and the NHS Data Quality Maturity index.
- In-line with The Government Data Quality Framework the Data Quality Action Group are implementing Data Quality Action Plans to ensure that efforts to improve data quality are focused, monitored and action driven.

## **Mandatory statement 27 - Learning from deaths**

### **Mandatory statement 27.1**

During 2022/23 1473 of the Royal United Hospitals Bath NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 300 in the first quarter;
- 380 in the second quarter;
- 424 in the third quarter;
- 369 in the fourth quarter.

### **Mandatory statement 27.2**

By April 2023, 144 case record reviews and 14 investigations have been carried out in relation to 144 of the deaths included in item 27.1.

In 14 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 50 SJRs and 3 investigations in the first quarter;
- 44 SJRs and 5 investigations in the second quarter;
- 40 SJRs and 2 investigations in the third quarter;
- 10 SJRs and 4 investigations in the fourth quarter.

### **Mandatory statement 27.3**

We have adopted the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review' (SJR).

The Royal College of Physicians has stated that "SJR methodology does not allow the calculation of whether a death has a greater than 50% probability of being avoidable" and, further, that "The NMCRR programme, supported by the RCP, does not endorse the comparison of data from the SJR between trusts."

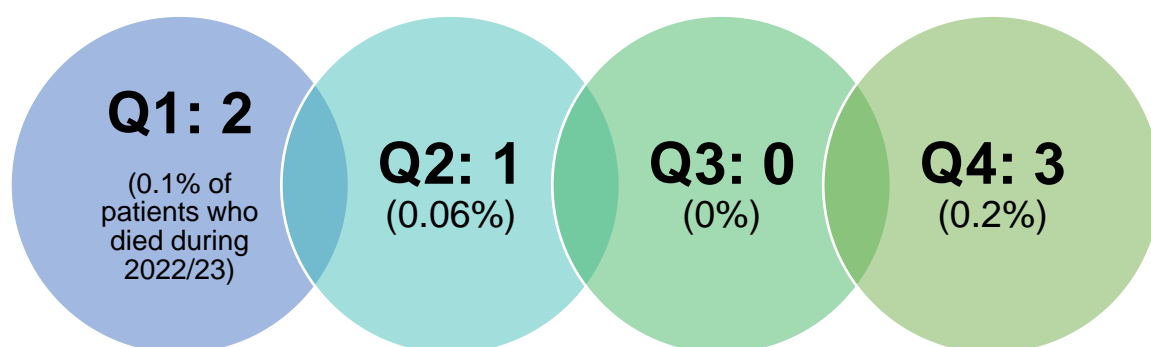
As such, we can only present the data available which is summarised below. These numbers have been estimated using the Structured Judgement Review Process.

1. Very Poor Care
2. Poor Care
3. Adequate Care
4. Good Care
5. Very Good Care

The table overleaf details all SJRs completed for patients who died during 2022/23, even if the SJR was completed after the expiry of that period.

Rating Type	Average	Number of	Number of 1s	Number of 2s	Number of 3s	Number of 4s	Number of 5s
Initial admission	4.18	145	0	6	16	69	54
Ongoing care	3.98	120	0	9	24	48	39
Care during	4.09	33	0	0	7	16	10
Return to theatre	4.00	6	0	1	0	3	2
Perioperative care	4.12	25	0	0	4	14	7
End of life	4.26	115	1	2	10	55	47
Overall	4.04	144	0	9	20	71	44
Patient record	3.91	143	1	2	52	42	46

Whilst the Trust is unable to calculate the avoidability of a death, the Structured Judgement Reviewer is asked to consider whether any care problems identified are likely to have contributed to the death occurring. The number of care problems likely to have contributed to death can be calculated per quarter as follows:



## Mandatory statement 27.4

In relation to the SJRs that have been completed, the care problems identified included an inpatient fall, two nosocomial COVID infections, and delays in recognising and diagnosing two deteriorating patients. All have been subjected to a second, more detailed review, to establish if the threshold for a serious incident had been met.

The Trust methodology for reviewing all deaths includes a process to escalate cases for further investigation if care or service delivery issues may be a concern. In the time period we identified 3 cases which were escalated for serious incident investigation following a Structured Judgement Review (SJR).



The learning identified from the three incidents included:

- Recognition and escalation of deteriorating patients
- Management of dementia patients with a high risk of falls

### **Mandatory statement 27.5**

The RUH Patient Safety Programme for 2022-2025 identified five patient safety priorities which reflect themes identified within incidents and complaints:

- Early identification of the deteriorating patient
- Prevention of infection
- Prevention of medication errors
- Prevention of falls
- Improved processes for hospital discharge

These priorities continue to be the focus of thematic reviews and work plan development in adherence to the transition to the Patient Safety Incident Response Framework (PSIRF) for which the Trust plan is in development ready for implementing in September 2023.

Progress is monitored through the Patient Safety Steering Group and PSIRF project group.

### **Mandatory statement 27.6**

The PSIRF programme is a new approach to investigating and learning from incidents. Its impact in improving patient safety will be assessed over the coming months as it becomes embedded.

### **Mandatory statement 27.7**

93 SJRS and 3 investigations completed after 31/03/2022 which related to deaths which took place before the start of the reporting period.

### **Mandatory statement 27.8**

10 SJRs representing 0.07% of the patient deaths before the reporting period, experienced care problems likely to have contributed to death. This number has been estimated using the same methodology as set out above.

### **Mandatory statement 27.9**

17 representing 1.2% of the patient deaths during 2021/22 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## 2.5 Reporting against core indicators

### Mandatory statement 12 – Summary Hospital Level Mortality Indicator (SHMI)

The following data is for the latest reporting year, Nov 2021 - Oct 2022

Measure	Nov 21 - Oct 22	Feb 21 - Jan 22	Feb 20 - Jan 21	National Average	National Best	National Worst
Value	1.03	1.04	1.03	1.00	0.62	1.25
Banding	2	2	2	2	3	1

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

The data is published by NHS Digital using data provided by the Trust. SHMI is reported as a twelve month rolling position, and the reporting periods shown are the latest available from NHS Digital.

The SHMI value is better the lower it is. The banding level helps to show whether mortality is within the “expected” range based on statistical methodology. There are three bandings applied, with a banding of two indicating that the mortality is within the expected range. The Trust has a value of two meaning that mortality levels are not significantly higher or lower than expected.

The Royal United Hospitals Bath NHS Foundation Trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by: The Trust scoring against this measure is within the expected range. Because of this no specific improvement actions have been identified, however the Trust is committed to continuing to reduce mortality as measured by both SHMI and HSMR (Hospital Standardised Mortality Ratio) indicators.

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

### Mandatory statement 18 – Patient Reported Outcomes Measure (PROMS)

Please note that in 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMS-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMS at this time.

NHS Digital endeavour to update this linkage process and resume publication of this series as soon as they are able but unfortunately are unable to provide a timeframe for this. Further information can be found by [clicking here](#).

Measure		Latest Reporting Year	RUH Performance	National Average	National Best	National Worst
PROMS: Patient Reported Outcome Measure	Total Hip Replacement - EQ-5D	2020/2021	0.437	0.467	0.579	0.378
	Hip Primary - EQ-5D		0.468	0.475	0.555	0.395
	Hip Revision - EQ-5D		0.541	0.329	-	-
	Total Knee Replacement - EQ-5D		0.346	0.317	0.434	0.215
	Knee Primary - EQ-5D		0.352	0.319	0.436	0.22
	Knee Revision - EQ-5D		0.204	0.285	0.212	0.195
	Total Hip Replacement - EQ-VAS		11.852	14.683	20.688	6.819
	Hip Primary - EQ-VAS		14	15.056	21.539	9.894
	Hip Revision - EQ-VAS		-44	7.935	-	-
	Total Knee Replacement - EQ-VAS		5.68	7.483	12.137	0.868
	Knee Primary - EQ-VAS		6.125	7.687	12.571	1.181
	Knee Revision - EQ-VAS		-5	4.029	-	-3.254
	Total Hip Replacement - Oxford		23.926	22.579	25.948	17.564
	Hip Primary - Oxford		24.68	23.007	25.387	17.826
	Hip Revision - Oxford		14.5	15.079	16.526	13.366
	Total Knee Replacement - Oxford		15.778	16.884	21.622	13.567
	Knee - Primary - Oxford		15.462	13.277	21.607	13.526
	Knee Revision - Oxford		24	13.277	11.961	8.606

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

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

Information is only available for some measures for the Trust against PROMS measures for the most recent reporting period. This is because a low number of the post-operative questionnaires have been returned to date, due to the time it takes to gather and process responses. Small numbers are not published because it is difficult to make accurate assumptions about improvements in care, and in some cases information has to be excluded to protect patient confidentiality.

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

The data for April to March 2020/2021 are finalised figures published by NHS Digital. Finalised figures are not available for the 2021/22 year.

## Mandatory statement 19 - Readmissions

The following table shows the Emergency Readmission within 30 days of Discharge from hospital during the latest reporting year 2021-2022.

	RUH Performance			National Average	National Best	National Worst
	2021-22	2020-21	2019-20			
0-15 year old	13.3	12.9	13.2	12.5	3.3	46.9
16 years or over	14.3	14.3	14.3	14.7	2.1	142

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

The data is published by NHS Digital using data provided by the Trust through submissions to Secondary Users Services. The indicators presented measure the percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital over the 2021/22 period, the latest available dataset.

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

Re-admission rates published by Dr Foster are reviewed at the Trust's monthly Clinical Outcomes Group meeting that is chaired by our Medical Director. When individual diagnostic groups are outside of the expected range for readmissions a review is undertaken to understand what may be contributing to this.

## Mandatory statement 20 – Responsiveness to personal needs of patients

Measure	Latest reporting year	RUH	National Best	National Worst
Overall, how was your experience while you were in hospital	2021	8.2	9.4	7.4
Ranking compared to other Trusts	2021	About the same	Much better	Much worse

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

The data displayed is taken from the CQC staff survey as published by NHS England. All eligible NHS trusts in England participate in the NHS Patient Survey Programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care, and can be used to help set priorities for delivering a better service for patients. The survey results are also used by the Care Quality Commission to measure and monitor performance at both local and national levels.

## **Mandatory statement 21 – Staff recommending the Trust to friends and family**

The following table shows the following measure: “If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”

RUH			Best	Average	Worst
2022	2021	2020			
68.0%	73.7%	82.0%	86.4%	61.9%	39.2%

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

The data presented is collected during the national NHS Staff Survey which describes how NHS people experience their working lives. Each autumn everyone who works in the NHS in England is invited to take part in the NHS Staff Survey. The aggregated survey results are official statistics, providing a rich source of data that is used by a wide range of NHS organisations to inform understanding of staff experience locally, regionally and nationally.

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

The Trust scored above the national average for acute trusts for this measure, although the proportion of staff who would recommend the Trust for treatment to friends and family has deteriorated in comparison to last year’s results – this is in line with the national trend. The Trust is building on its long term quality improvement programme, Improving Together, which will help the organisation to deliver its vision ‘the RUH, where you matter’ in providing the highest quality care, supporting staff to live the Trust’s values, and working together on shared goals.

## Mandatory statement 23 – Venous Thromboembolism (VTE)

NHS Digital have paused the collection and publication of this data to release NHS capacity to support the response to coronavirus (COVID-19). [Click here](#) to find out more information including a full list of collections and releases affected on the NHS England website under the heading COVID-19 and the production of statistics.

## Mandatory statement 24 – Clostridium Difficile (C. diff)

The following table shows the measure of Hospital onset, Healthcare Associated C.Difficile Infections.

Measure	RUH Performance			National Average	National Best	National Worst
	2021 - 22	2020 - 21	2019 - 20			
Rate per 100,000 bed days for specimens taken from patients age 2 years and over	17.8	17.0	10.5	18.0	0.0	50.0

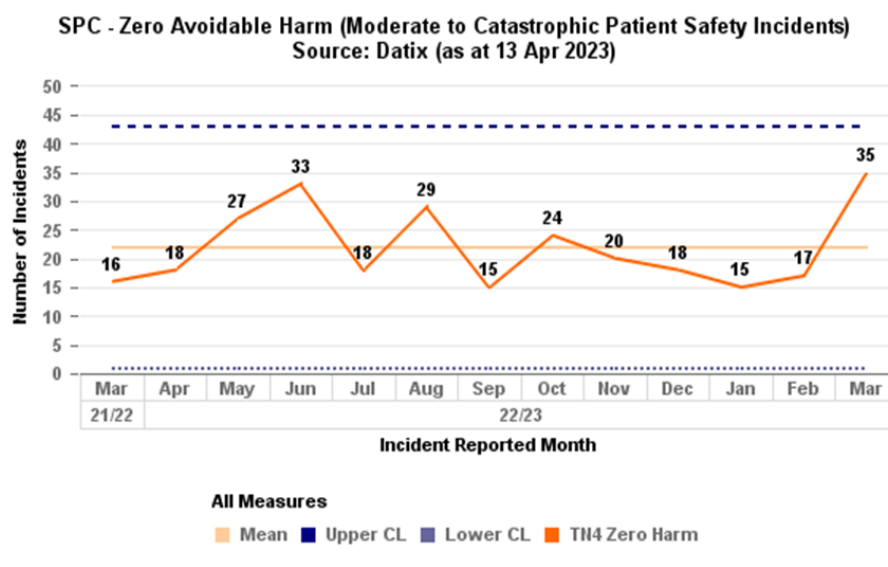
The Royal United Hospitals Bath NHS Foundation Trust considers that this data is as described for the following reasons:

The performance shown is taken from the most recently published Public Health England annual counts and rates of *C.difficile* infections, by acute trusts in patients aged 2 years and over

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

- Strengthening the process for recording the patient's normal bowel habit on admission
- Improving documentation on stool charts; senior sisters are undertaking regular audits of documentation and feeding back to staff
- Keeping a focus on antimicrobial stewardship
- Ensuring that all patients with *Clostridium difficile* infection are reviewed by the Microbiology Team at least once a week so that treatment can be adjusted if required and other medications rationalised to reduce the risk of further episodes of diarrhoea
- Improving cleanliness standards of the environment and equipment; including increased cleaning resources in wards and departments to cover 7 days a week, increased cleaning frequency of patient equipment, and regular audits to monitor standards and rectify issues if identified.

## Mandatory statement 25 – Patient Safety Incidents



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

The performance shown is for the latest and most recent reporting periods that is available to the Trust internally. The table below shows a breakdown of the category of incidents for the year. Actions being taken on the basis of this information includes:

- An in-depth review of incidents relating to delayed procedure, treatment and diagnosis which was reported to the Patient Safety Steering Group in April 2022.
- A thematic review of low and no harm incidents, with a view to identifying near misses and other themes to help inform patient safety priorities for 2022/23
- eLearning in Patient Safety for all staff on the new National Patient Safety Syllabus to be launched in 2022.
- Patient Safety Incident Response Framework planning being undertaken on the basis of fewer but higher quality investigations focusing on learning and improvement.

Category of Incident	April – March 2023	March-23
Treatment or Procedure	54	4
Infection Control	40	4
Clinical Assessment of Review	38	10
Patient Falls	34	3
Tissue Viability	32	2



Category of Incident	April – March 2023	March-23
Obstetrics	13	2
Medication	11	3
Discharge Transfer or Transport	10	1
Admission	8	3
Image Report Incident	8	0
Service Provision	4	0
Appointments	3	1
Documentation	3	0
Medical Device or Equipment	3	1
Health & Safety – Accidental Injury	2	0
Safeguarding	2	0
Blood Transfusion / Products	1	0
Health & Safety – Ill Health	1	0
Nutrition	1	0
Staffing	1	1

# Part 3

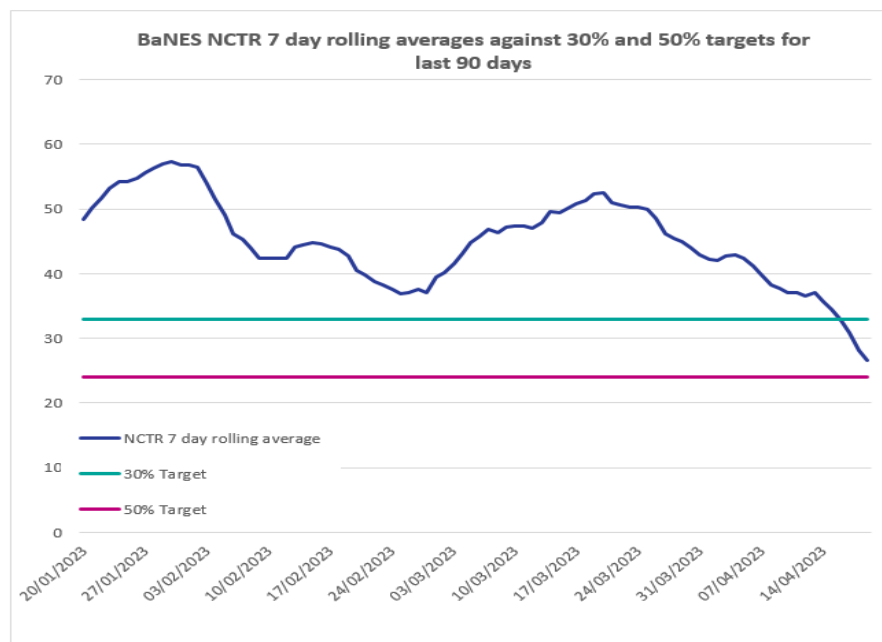
## Other information

- Patient Experience
- Clinical Effectiveness
- Patient Safety

## 3.1 Patient Experience

### Home is Best

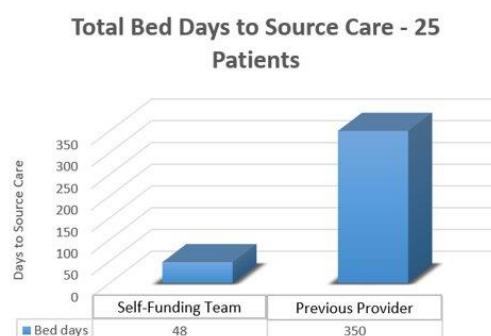
Home is Best is a transformation programme working with BaNES partner organisations from the Council, HCRG Care Group, Voluntary Sector and BSW ICB. The aim of the programme is to improve patient's pathways in order to reduce Length of stay, Non Criteria to Reside Numbers and encourage more people to be discharge home. Whilst this is a vast ongoing programme we have achieved the following so far on our journey:



### Self-Funding Service

The introduction of this service helps patients and their families navigate processes to arrange self-funding care packages or nursing homes. The initiative focuses on supporting patients directly from the acute or at the end of their Discharge to Assess pathway. Within the first 6 weeks of the initiative it saved over 300 bed days and since October the team has now worked with over 200 patients.

The benefits of this pathway helps to improve patient experience, releases clinical teams to focus on clinical tasks and reduces length of stay. This service is continuing to expand and develop and will look to support other to improve patient flow and experience for those in other localities linked with the RUH.



## Complex Pathway

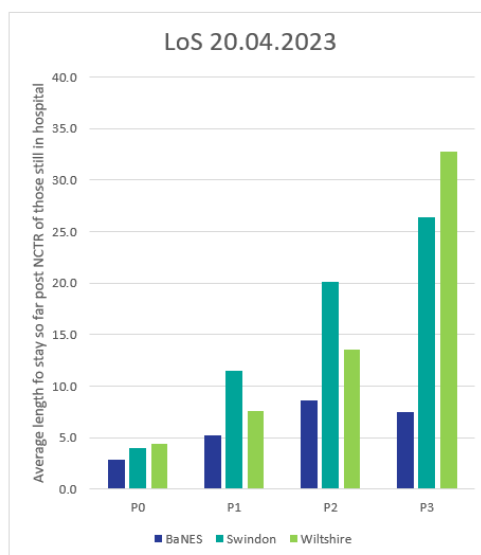
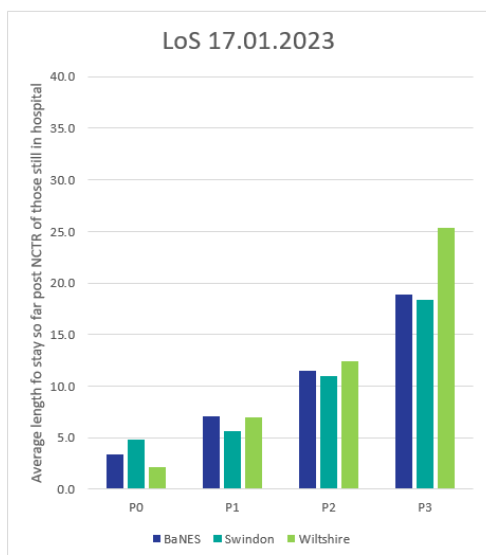
We have introduced Complex Pathway reviews within the acute to identify complex patients earlier in their journey. The process works with teams both from the acute and the community to reduce delays and provide professional challenge to provide the best outcome for our patients. We have seen a reduction in our complex patients as a result of this process.

## Community Wellbeing Hub at the RUH

Through the Home is Best work we have worked with voluntary sector leads to create a Community Wellbeing Hub in the atrium of the RUH. The hub provides support and advice for all and signposts patients, carer's staff and the public to voluntary sectors who can help with a range of needs, these may include housing concerns, financial issues, social or mental health needs and support for carer breakdown. This work is both preventative and supportive to our community.

The next step is the development implementation of an electronic questionnaire which helps to identify the needs of our patients on admission which then automatically refers to community voluntary services for support. The aim is to reduce delays for our patients and complexity for our staff navigating systems to identify the right service for discharge.

The above just highlights a few of the initiatives we have been working on others include cultural change in describing and prescribing discharge pathways, improvement work with our Discharge Liaison Team, Expansion of the Home Care market and repurposing of flow calls to focus on discharging home instead of to bedded pathways.



### Length of Stay

The BaNES system has also shown good progress on Length of Stay.

All pathways are showing significant reductions on LoS:

- 17% reduction for P0
- 26% reduction for P1
- 25% reduction for P2
- 60% reduction for P3

## Hospital@Home

The RUH Hospital@Home service has seen over 900 patients since its inception. The concept is simple – to look after patients, who remain acutely unwell and ordinarily requiring hospital care, in their own home environment utilising daily visits to provide IV medication, oxygen and monitoring with the oversight of a medical team led by a Consultant Geriatrician.

This initiative has released a significant amount of bed days and crucially reduces the in hospital deterioration that usually ensues with an acute admission, particularly in frailer, older adults. Returning patients to their own homes reduces physical, cognitive and emotional deconditioning and provides the frames of reference which are vital to recovery.

One such patient, a 73 year old man, normally independent and mobile at home, was admitted severely unwell with sepsis. After initial treatment he stabilised physiologically but was found to have widespread Staphylococcal Aureus infection on PET scan.

During admission he had become increasingly withdrawn and emotionally fragile and had begun to become less mobile, sleeping and eating poorly. The Hospital@Home team assessed him and liaised with his medical team and also a number of other specialties. The team discussed the relative risks of staying in hospital versus receiving IV therapy at home with close observation. The patient was very keen to get home and recognised the opportunity to be in his home environment. The alternative was at least 6 weeks receiving IV therapy in the hospital. He was very tearful as he could not envisage remaining in hospital, away from his wife, dog and home. He was unable to sleep or eat in hospital which he recognised were the absolute building blocks of his ability to improve and get better.

Hospital@Home took him home and continue to visit daily to give IV antibiotics. They have formed a close trusting relationship with the patient and his wife. He is feeling much better and sleeping, eating and gaining weight. He continues to be discussed with specialty colleagues and is brought back in to the RUH for repeat PET scans. His quality of life has improved 'phenomenally' as he had been 'at the depths of despair' and suicidal whilst being an inpatient.

Hospital@Home continues to take patients home to provide excellent, high quality care in the home which allows patients to get better quicker from acute illness and reorientate to their home environment while doing so. The qualitative feedback received has been exemplary and we continue to be asked to describe our service to national and international colleagues who are keen to set up similar services.

## Perinatal Pelvic Health Service

The NHS Long Term Plan set out a commitment to ensure that “women have access to multidisciplinary pelvic health clinics and pathways across England” by March 2024. Further, In July 2020, the Independent Medicines and Medical Devices Safety Review recommended that “Conservative measures must be offered to women before surgery. We have heard that specialist pelvic floor physiotherapy cannot match the current demand. The service commissioner should identify gaps in the workforce... A coordinated strategy can then be developed to remedy the gap.”

Currently a number of women live with pelvic floor dysfunction including urinary incontinence (1:3), faecal incontinence (1:10) or pelvic floor prolapse (1:12), this is often related to pregnancy and birth (NHS England, 2021). During our service engagement work we have heard from young, active women with babies who are not able to leave the house for fear of incontinence, who become socially isolated and suffer psychological trauma as a result of pelvic floor dysfunction.

Maternity have now launched a new Perinatal Pelvic Health Service. The service is currently accepting referrals from health care professionals and will be opening up to self-referrals once we go live with our digital platform.

We have been supported by NHSE with funding for a team including a perinatal pelvic health lead midwife and physio who will ensure the service can;

1. **Embed evidence-based practice in antenatal, intrapartum and postnatal care** to prevent and mitigate pelvic floor dysfunction resulting from pregnancy and childbirth.
2. **Improve the rate of identification of pelvic floor issues** antenatally and postnatally.
3. **Ensure timely access to NICE-recommended treatment** for common pelvic health issues antenatally and postnatally.

The anticipated benefits of the service include:

- Reduction in 3rd and 4th degree tears at birth (anal sphincter injuries)
- Reduction in the requirement for surgical intervention for pelvic floor dysfunction
- Reduction in the stigma of pelvic floor dysfunction and life-long improvement for women

The service will offer a three tier service for all women and birthing people from conception to 12m postnatal. Tier will be determined by self-assessment questions, to be completed prior to the first midwife contact, in the 3<sup>rd</sup> trimester and in the immediate PN period.

**Tier 1** - Universal care – access to a digital information platform, additional training for midwives, self-assessment tools. C. 5,000 women

**Tier 2** - Targeted Care - women with identified risk factors and mild incontinence - access to a face to face workshop with f/u if required. C. 1,200 women

**Tier 3** – Intervention – symptomatic women and those with significant intrapartum risk factors - face to face clinic appointment, assessment of pelvic floor symptoms, advice and treatment. C. 720 women

Specialist Perinatal Pelvic Health Clinics commenced in April 2023 and we will soon be rolling out workshops and additional clinics in the community.

We are currently collecting feedback from service users through a survey, a postcard with the details of the service including the link to the survey is provided to all women in the postnatal period to allow for monitoring of the effectiveness of the service.

## **Antenatal Education Films**

In 2020, face to face antenatal classes were abruptly ceased due to the Covid-19 pandemic and restrictions related to social distancing. A series of films were produced using a mobile phone, these were highly popular and data showed high levels of access to the films. The films demonstrated that there is a high demand for quality information from women and families.

Informed decision making is a central part of personalised care and support planning. It means that anyone receiving care is fully supported and informed to understand the options, decisions and care that they will have. Informed decision-making means that everyone receiving maternity care has help to:

- Understand the options available and the risks and benefits of these options
- Make decisions about their care
- Receive reliable, clear information in good time and in a format they understand

The Maternity Voices Partnership Plus (MVPP) supports the coproduction of maternity and neonatal services, providing the voice of the service user by supporting feedback mechanisms. Feedback from the MVPP demonstrated that women would like to see additional films, including information around water birth. As a Trust, we also wanted to produce more professional looking films due to the ongoing use.

A series of twelve antenatal education films entitled 'Hello Baby' have been coproduced with a range of professionals across the Local Maternity and Neonatal System (LMNS) and service users. The films aim to empower women and birthing people in the region to make informed choices about where and how they would like to birth their baby. Whether that be at home, in a midwifery-led unit or in a hospital, the films give all the information they need to prepare for the birth of their baby. The films cover everything from preparing their body for birth, to the role of their support person right up to the first hour after birth.

Everyone's birthing experience is different, however, we realised that there were huge disparities between the information that was available to women and birthing people and their families across the area. We wanted to make sure that everyone had equal access to the same evidence-based information to be able to make choices that felt right for them and their baby. The films will be available in the top spoken languages in the area and will be subtitled to ensure information is accessible to all those who use our services.

The films have been a hugely successful collaboration between our three acute hospitals RUH, GWH and Salisbury, our freestanding midwifery-led units Chippenham and Frome and our Maternity Voices Partnership.

The films will be available online, in waiting areas and as part of antenatal classes and it is anticipated that it will support families to make decisions about their care along with their Midwife or Doctor.



## Enhanced Pre-Operative Assessment Clinic (POAC)

When a surgeon books a patient for an operation, they then need to have their pre-operative assessment before they can be booked for surgery. During 2022/23, the Pre-Operative Assessment Clinic (POAC) felt that they could improve services to ensure that urgent cancer patients could be seen more quickly. Prior to intervention, patients would complete an online pre-operative assessment form (MyPreOp). Once this form was completed and submitted, it would be reviewed by a member of the pre-operative assessment team who would then decide if the patient needed to come in for a face-to-face nursing assessment, have bloods taken and undertake simple investigations such as an ECG.

The team changed the process and changed the pre-operative assessment service so that they had capacity to be able to see urgent cancer patients on the same day as the decision was made for surgery. This 'one-stop' assessment includes:

- Assessment by a pre-operative assessment nurse;
- Vital observations, bloods, MRSA screen and an ECG by an HCA;
- Assessment by a consultant anaesthetist.

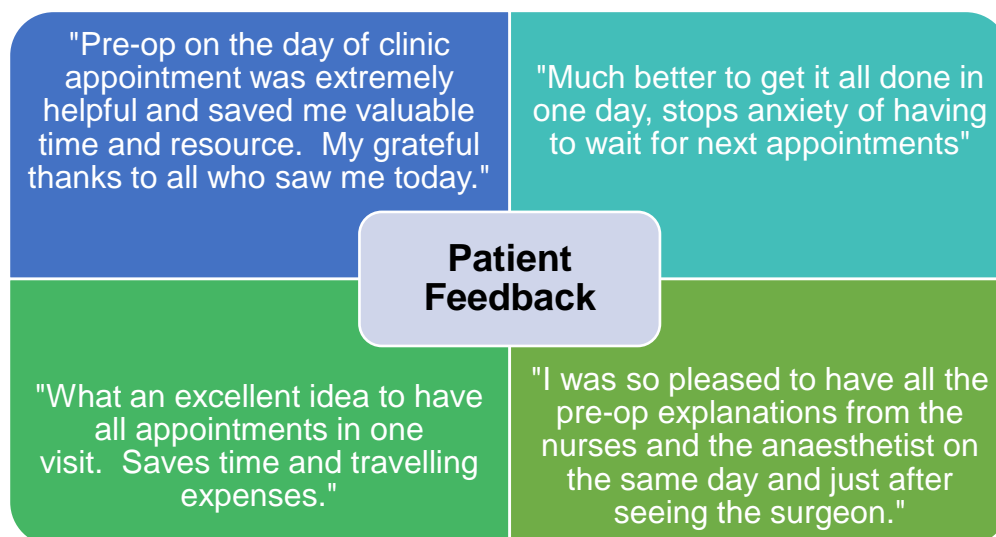
At the point the surgeon lists a patient for an urgent cancer operation, they send a short online referral form to the pre-operative assessment department. The patient then comes immediately to the pre-operative assessment clinic for assessment.

This new process:

1. Reduces the time taken for these patients to be ready for surgery.
2. Identifies comorbidity earlier in the patient's pathway.
3. Allows more time for optimisation prior to surgery.
4. Prevents the patient having to have multiple trips to hospital.

Since we started this service (28th November 2022 – 25th April 2023), the Trust has have seen 142 urgent cancer patients on the same day the decision for surgery was made.

A patient satisfaction survey was undertaken, and we asked 94/142 (67%) patients seen in this enhanced POAC about their experience. 100% patients were satisfied with the new pre-operative assessment process. (81% strongly agreed, 19% Agreed).



## Staff feedback

"The drop-in clinic for the anaesthetic evaluation was an absolutely brilliant tool. It was extremely useful for us, in order to know rapidly if the patient was fit for surgery or not. Further, it was a better level of care for the patient who felt fully care and well looked after. Finally, it was better for us from a logistic point of view as we were more efficient in planning our operating list. I hope we could have access to this service as soon as possible in a permanent way."

"I thought that it provided an excellent service for our patients. It was seamless, the patients were not left waiting for another appointment to arrive, reduced their travel to and from the RUH and most importantly it answered questions for both them and the referring clinician in a shorter time frame thus enabling better planning for both parties."

"The drop in pre op clinic has been excellent and extremely valuable. We have been able to send complex patients with cancers for comprehensive anaesthetic assessment and planning which has ensured expedient treatment that otherwise would have been more challenging to arrange."

Moving forward, we will work to continue to expand the numbers of patients we are able to see as part of this enhanced pre-operative assessment clinic to ensure urgent patients (including urgent, non-cancer patients) are ready for surgery as quickly as possible. Not only will this benefit our patients, but it will also have an effect on theatre efficiency.

## 3.2 Clinical Effectiveness

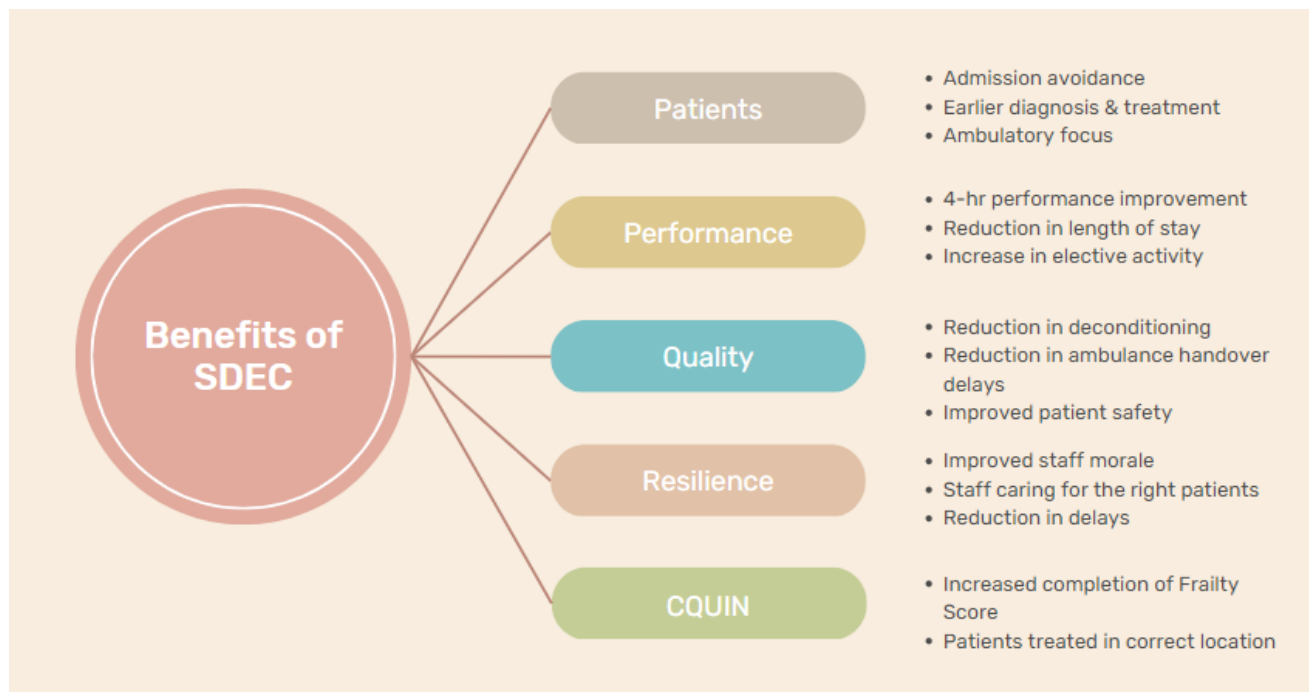
### Same Day Emergency Care (SDEC)

There is a national drive to increase the Same Day Emergency Care (SDEC) offer NHS Acute Trusts provide. SDEC is care delivered within one day that previously would have resulted in an admission to hospital.

Every patient treated within an SDEC setting provides both a direct benefit to the patient who avoids admission and an indirect benefit by freeing up the bed for another patient, either another acute patient or an elective patient.

The aim of the NHS Long Term Plan is for all hospitals with a Type 1 Emergency Department, to provide SDEC services at least 12 hours a day, 7 days a week across Medicine and Frailty. Being able to provide SDEC services to patients allows them to receive more timely investigations and treatments, as well as have a higher chance of going back to their usual place of residence rather than being admitted to hospital. It also improves staff resilience and morale by treating patients more efficiently and caring for the right patients in the right area.

There are a number of SDEC units across the RUH including acute medicine, acute frailty, paediatrics, emergency surgery and trauma & orthopaedics. Some of these units run 24hrs per day, 7 days per week and some are open core hours; all with the ethos of providing ambulatory care for patients with rapid assessment and treatment in order to avoid unnecessary attendance at the Emergency Department or admission into a hospital bed.



In March, The RUH had a visit from the National lead on SDEC services and within their post visit report they highlighted;

- The culture of clinical leadership and engagement is palpable and you are leading the way in many areas

- The pressures were very clear and executive leadership were regularly engaged with the teams, visible and wanting to make the right choice to stop bedding SDEC.
- Development across all areas. happening within each area, i.e. surgical with staffing and gynae / medical with the DDA area
- The areas all felt busy but light/spacious and calm, good patient waiting areas and, therefore, experience
- The orthopaedic SDEC was way ahead of the curve

Currently the RUH are able to discharge 36% of its patients on the same day as a result of its SDEC services. The Trust is also implementing plans this year that will ensure all of its SDEC services are operating at least 12 hrs a day, 7 days a week. We have set an ambition to match the best performing hospitals for SDEC services and are aiming to get to 43% of patients discharged on the same day.

## **Artificial Intelligence (AI) analysis of CT scans of the lungs**

In collaboration with the University of Bath and two commercial companies (AIDOC and Imbio), the Respiratory Radiology research team at RUH were one of just nine successful applications in 2022 for a national NHSX grant to investigate Artificial Intelligence (AI) analysis of CT scans of the lungs looking for blood clots (pulmonary embolism or PE). The project, attracting a £830K grant, begins in April 2023 and will bring both national recognition and significant investment to the RUH.

Correct identification of PE is important as it represents a common presentation to the hospital (up to 200 cases per 100,000 people in the UK each year). The mortality rate if untreated is 30% but even with identification and treatment remains high at 8%. A National Confidential Enquiry report in 2019 identified areas of CT reporting where improvements could be made to improve patient outcomes, including potentially saving hospital bed days.

This project is designed to test the use of AI in assisting radiologists to diagnose PE. It will also help assess disease severity, allowing clinicians to be alerted in real time when more urgent intervention is required. Both aspects address some of the concerns raised by the National Confidential Enquiry - and builds on existing work carried out at the RUH that has already been published in peer-reviewed journals and presented at national and international meetings.

The grant also funds experimental work at the University of Bath developing a further novel AI tool which may lead to additional long term benefits in this patient cohort.

The outcome of the project is readily transferrable to all NHS Trusts without the need to alter their existing scanning capability. As such it potentially puts the RUH in a position to help drive change in this common, but deadly disease, at a national level.

## 3.3 Patient Safety

Patient safety is at the heart of everything we do at the RUH and everyone feels passionately about it. We have an amazing team of staff who do their utmost for our patients and staff every day, often going above and beyond their duties. Our aim is to build a culture of safety and continuous improvement to make our hospital as safe as possible for our patients and staff, and for everyone to have a satisfying experience.

National Patient Safety training has been developed to support staff to understand how we can all work together to improve patient safety.

### RUH Patient Safety Improvement Programme

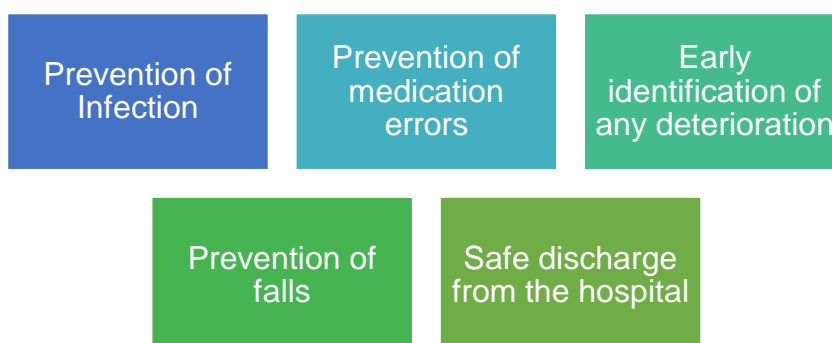
The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the [NHS patient safety strategy](#).

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

As part of moving towards the new PSIRF framework, the patient safety teams at the RUH have analysed details of incidents, inquests, complaints and other reviews to develop our Patient Safety Priorities for the next 3 years from 2022- 2025.

These are:



For the first year from November 2022 to December 2023, we have set a 'Back to Basics' campaign and identified one key action for each of the priorities that all staff can do and if we all do, they will make a major impact in improving these areas.

These are described in our Patient Safety Campaign poster below.

# Patient safety campaign

## Year one: Back to basics

Aim to focus on the five patient safety priorities.  
Each has one key action, that we all can do.



### Safe discharge

Ensure **all cannulas have been removed**, as well as other devices, and check TTOs are correct.



### Identify early if your patient deteriorates

**Be curious.** If your patient's vital signs change or you are concerned ask for a review.



### Prevent infection

**Wash your hands** between every patient and every area you move to.



### Prevent falls

Get your **patients out of bed** to help maintain their muscle strength.



### Prevent drug errors

Scanning wristbands when giving medication has been shown to decrease errors.  
**Scan every time** you administer medication.

Scan the QR code to watch our 'back to basics' video





## Improvements in Day Surgery

Post COVID-19 the surgical bed base was reassessed with the vision to reinstate a day surgery unit. Robin Smith became a dual functioning ward, with one half being for overnight elective patient's, and the other for non-elective flow. The Surgical Short Stay Unit (SSSU) also became a dual ward, with non-elective flow and day case patients. This change was due to the layout on SSSU being originally built as a day case unit. The Trust increased our elective capacity overnight from a 28 bedded ward to 15 beds (Robin Smith) and 19 trolleys (SSSU) which can be used twice during the day, whilst maintaining the bed base for non-elective flow.

Following the pandemic, the focus for the Trust has been on elective recovery and reducing long waits for elective surgery. Robin Smith was the ward for elective patients during COVID-19 and worked extremely well keeping our patients safe and maintaining elective activity, however the Trust needed to increase capacity.

This change has had a big impact for our patients. We have been able to increase our elective day case activity and we have seen a 5% increase of patients being treated January-March 2023 compared with January-March 2022. Having the whole patient journey from admission to discharge within 1 unit has enabled the Trust to provide a smoother journey for our patients.

One particular improvement the department has been able to implement has been the capacity for patients needing extra support (including learning disabilities). There are now two side rooms and two consulting rooms, all of which can be allocated specifically to patients – the department has a great team of specialist nurses and anaesthetists that go above and beyond to ensure these patients get the best possible experience.

The Executive Team has committed to make SSSU a Day Surgery Unit from June 2023, thus increasing capacity further to 33 trolleys (66 per day). Building works are also planned to further increase capacity by additional 5 trolley/chair space and create a much needed waiting room within the unit.

### British Association of Day Surgery (BAD) Day case rates

2022			
January	February	March	Average
80.47%	77.01%	78.34%	78.60%
2023			
85.10%	81.70%	83.50%	83.43%



## Maternity Incentive Scheme Update

The Clinical Negligence Scheme for Trusts (CNST) is a scheme for handling clinical negligence claims against NHS Trusts. The Trust pays an annual premium to the CNST scheme, plus an additional 10% towards the Maternity Incentive Scheme (MIS).

The Maternity Incentive Scheme (MIS) establishes 10 safety actions to support safer maternity care. Trusts that can demonstrate that they have achieved all 10 safety actions in full recover the additional 10% of the maternity contribution charged under the scheme, plus a share of the monies paid in to the scheme by the hospitals that did not achieve.

In January 2023, the Divisional assurance panel, led by the Director of Midwifery and Clinical Lead for Obstetrics were satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions met the required safety actions sub-requirements as set out in NHS Resolution's (NHSR) safety actions and technical guidance document. The Board Level Safety Champions also had the opportunity to discuss the evidence and level of assurance provided.

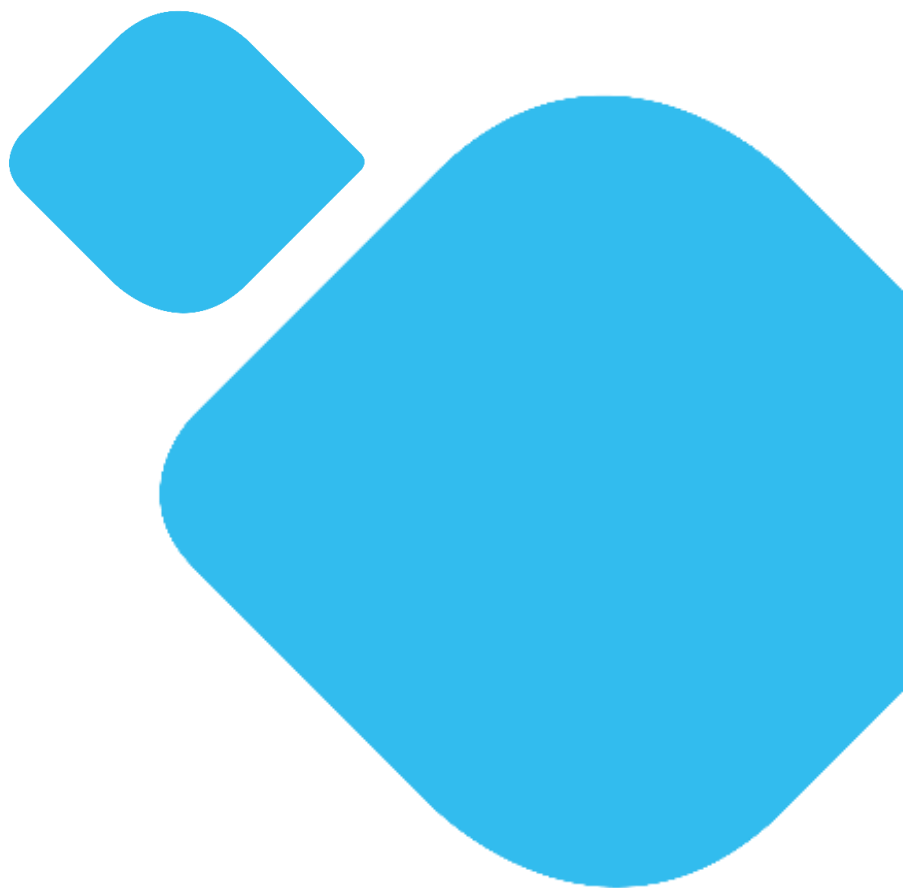
Full compliance with all 10 safety actions was therefore confirmed and as a result the Board of Directors their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. The Board declaration form confirmed that:

- The Board of Directors were satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions met the required safety actions' sub-requirements as set out in the safety actions and technical guidance document provided by NHSR.
- There were no reports covering either year 2021/22 or 2022/23 that related to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.).

By demonstrating and providing evidence that the Trust has achieved all of the safety actions required for CNST, the Trust has proven that it has worked hard to make the maternity unit as safe as possible for the families and staff in their care.

# **Annexes**

## **Letters of Assurance**



The following were all invited to comment and provide assurances on the content of the Royal United Hospitals Bath NHS Foundation Trust Quality Account 2022/23:

- BaNES Swindon and Wiltshire Integrated Care Board
- Bath and North East Somerset (BaNES) Council Overview and Scrutiny Committee
- Wiltshire Council Overview and Scrutiny Committee
- Healthwatch BaNES
- Healthwatch Wiltshire

Copies of the responses received have been attached in this Appendix, along with a Directors' Responsibilities Statement which has been signed by the Chair of the Hospital and the Chief Executive.

## Annex 1 – Statement from Healthwatch Bath and North East Somerset



Healthwatch Bath and North East Somerset recognise the exceptional work undertaken by colleagues at the Royal United Hospital ensuring patients are central to their delivery of healthcare and the achievements made during 2022-2023.

We welcome the new Royal United Hospital vision: **The RUH, where you matter**. Enabling the Hospital to set and deliver its ambitions and goals for the three people groups: the people we work with, the people we care for and the people in our community.

We are pleased to see the Implementation of the Enhanced Recovery Pathway (ERP) which was introduced for patients undergoing colorectal surgery, and in identifying key nursing and therapy staff to promote ERP and nursing staff leads within the unit to support staff, and increase skill set and knowledge.

We celebrate the hospital working with voluntary sector organisations resulting in the introduction of the new Community Wellbeing Hub in the RUH atrium, providing support and advice for all and signposting patients, carer's staff and the public to voluntary sectors that can help with a range of needs. We look forward to the next steps of the development and implementation of an electronic questionnaire which will further help to identify the needs of patients on admission which then refers to community voluntary services for support.

We commend the hospital on its 'Back to Basics' campaign which identifies key actions that all staff can do in improving patient safety and the ongoing investment in building a culture of safety and continuous improvement to make the hospital as safe as possible for patients and staff.

"We look forward to being involved in the development and review of the new Dyson Cancer Centre and seeing its completion this autumn 2023, which will help transform the care the hospital provides for patients, families and carers.

Healthwatch Bath and North East Somerset look forward to working closely with the Royal United Hospital to ensure that everyone regardless of background, has access to the best healthcare. We would like to thank the Royal United Hospital for listening to the feedback we present, and taking this into account when shaping their services and look forward to the completion of priorities for 2023-2024.

Amritpal Kaur

*Amritpal kaur*

**Manager for Healthwatch Bath & North East Somerset and Healthwatch Swindon**

## Annex 2 - Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Royal United Hospitals Bath NHS Foundation Trust (RUH) Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank the RUH for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects the RUH's on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Improving Together methodology, and clearly aligning to the Trusts Vision and Strategy. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, RUH has still been able to make achievements against all their priorities for 2022/23 including:

1. The Implementation of an Enhanced Recovery pathway (ERP) for patients undergoing elective colorectal surgery as well as Knee and Hip replacement surgery. The aim was to help people recover more quickly after having major surgery and result in a reduced length of stay for patients from 7.93 days during 2019/20, 6.4 days in 2020/21 and a small increase on average LOS to 6.9 days in 22/23, but this is still a decrease in the LOS from when the project began. There is continued improvement work still needed to support pre-operative education and advice so that this is consistent for all patients and resource is required to implement preoperative rehabilitation. The role of clinical nurse specialist is being reviewed to understand how this becomes part of the ERP. There is also work is underway to re-establish ERP in orthopaedics working closely with our new modular theatre at Sulis Hospital. Future goals include reinstating the patient lounge area and with it the coffee machine as mobilising and drinking coffee reduces the risk of ileus. There is also an ambition to recruit a dedicated ERP lead based on the elective ward to oversee the expansion of the ERP pathway and provide leadership and drive future innovation and improvements.
2. Continuation of Older Person's Rapid Assessment Area/Older Person's Assessment Unit – Frailty Assessment Unit. During 2022/23, the Trust has built upon the previous work undertaken by the Trust, developing the front door Frailty Assessment and the introduction of the Frailty Flying Squad (FFS). The FFS provides an assessment and

admission pathway for frail patients to improve patient outcomes and patient experience, thereby reducing length of stay and the de-conditioning of frail patients. This has included developing a standard operating procedure (SOP) for the pathway of frail patients, established scoring system in ED for triaging nurse to use on admission for early identification of patients suitable for OPAU and early assessment by a senior geriatrician. Multi-Disciplinary Team (MDT) intervention to aid discharge process and appropriate transfer to Midford Older Persons Unit Short Stay. RUH's recognises further work to both expand and enhance this project further in the coming year.

3. PERIPrem Care Bundle (Perinatal Excellence to Reduce Injury in Preterm Birth). The PERIPrem Care Bundle consists of 11 evidence-based interventions throughout pregnancy and the neonatal period. The bundle supports the optimal timing of care and multidisciplinary working between maternity and neonatal professionals and with parents. This work included revised preterm birth guideline, introduced Foetal Fibronectin point of care testing and introducing PERIPREM Champions.

The ICB supports RUH identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and its focus on:

1. Health Inequalities in Maternity. There remains a gap in mortality rates between women from deprived and affluent areas, women of different ages and women from different ethnic groups. The aims of this work include improving data quality of birth outcomes, in particular smoking and breastfeeding rates, the roll out of cultural competency training to all maternity staff, develop health inequalities work stream within maternity which reports into the Family & Specialist Services Division work stream and develop cultural competency QI champion clinicians. This work will then allow the RUH to identify three priority birth outcomes and complete a 'deep dive' into the differences in these outcomes and implement QI projects relating to these.
2. Reduced length of stay in Neonatal Intensive Care Unit (NICU). Allowing a baby to spend time unnecessarily on NICU is undesirable for both the baby and its family. There is evidence that separating a mother and baby affects parent-infant bonding, parental mental health, and a baby's cognitive and socioemotional development. Getting It Right First Time (GIRFT) review in 2022 highlighted the Trust as an outlier in its length of stay for 27-33 week gestation babies therefore a review and improvement in the discharge process and pathway home has been identified. This work will include an audit of babies who are receiving care that could be delivered in a community setting, recruit a discharge coordinator role, work with the network care coordinator for support and advice and set criteria regarding what care could be delivered in the community.
3. Dedicated Day Surgery Unit- Dedicated day case units increase organisational resilience ensuring surgery activity continues even during extremis escalation resulting in fewer cancellations. Quality and patient safety is improved as the team will be highly skilled and

knowledgeable in delivering day surgical care, resulting in higher quality outcomes for patients with shorter Length of Stay (LOS), decrease in conversion rates from day case to inpatient and improve theatre efficiency.

4. Family Liaison Officers. A Family Liaison Facilitator (FLF) service has recently been introduced to Medical Admissions Unit and Older Person's Assessment Unit. The primary role of the FLF service is to provide regular non-clinical communication to patients/ family members/carers during a hospital admission, and to facilitate completion of the Friends and Family Test (FFT). Complaints and PALS data shows that there have been concerns about the safety of discharges of older patients where relatives/ carers have not felt involved in decisions about discharge. The FLF service will start to provide a regular follow up 'non-clinical' telephone/ video call service to all patient's and/or their families within 48 hours of a patient's discharge from MAU or OPAU. This will allow 'live' feedback about key safety aspects of the patient's discharge and the patient's/ families experience of discharge to support quality improvement work on promoting safe discharges for patients.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with the RUH, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



**Gill May,  
Chief Nurse Officer  
BSW ICB**



## Annex 3 - Statement from Wiltshire Council Health Select Committee, dated 15 June 2023

**Wiltshire Council**

The Wiltshire Health Select Committee welcomes the opportunity to comment on the quality account.

The committee commend the hospital on the range and depth of quality work being undertaken at a time of increasing demand on health services.

The following comments were raised when reviewing the account:

We congratulate the Emergency Paediatric team for establishing a dedicated emergency department for children.

It is good to see examples of local initiatives and hope that developing the 'Improving Together' programme will be a driver for quality improvement at all levels.

The 'Back to Basics' campaign to focus on specific areas of patient safety is a welcome initiative and we would be keen to learn of quality improvements to prevent misdiagnosis of drugs.

We were interested to read the progress being made against the quality account objectives for 2022/23 and the commitment to delivering change in, for example, the Frailty Assessment Unit while managing day to day demands and changing priorities.

We would find it helpful in the 'we did' section to mark % progress against the % objective. A more detailed response to the SMHI figures would also be welcome.

We will follow with interest the ambition to improve health inequalities in maternity care, a subject of interest to the committee.

Wiltshire's Health Select Committee welcomes the opportunity to learn more about the work of the RUH in the coming year.

**Cllr Johnny Kidney**  
**Chairman of the Health Select Committee, Wiltshire Council**

## Annex 4 - Statement of Directors responsibilities for the Quality Account

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

In preparing the quality report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account is not inconsistent with internal and external sources of information.
- The Quality Account presents a balanced picture of the NHS Foundation 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, is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with National Health Service (Quality Accounts) Regulations 2010.
- There is no longer a national requirement for NHS Trusts or NHS Foundation Trusts to obtain external auditor assurance on the Quality Account for 2022/23. Therefore, no limited assurance report is available on the Quality Account report in 2022/23.

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.



**Alison Ryan**  
Chair



**Cara Charles-Barks**  
Chief Executive