Royal United Hospitals Bath
NHS Foundation Trust

Quality Accounts

2024 - 2025

Royal United Hospitals Bath NHS Foundation Trust

The RUH, where you matter

Contents

Part 1

Introduction

About the Quality Account

The Quality Account is our annual report to the public about the quality of the services we deliver as a health care provider. The Quality Account describes our approach to consistently improve the quality, safety and experience for the people we care for.

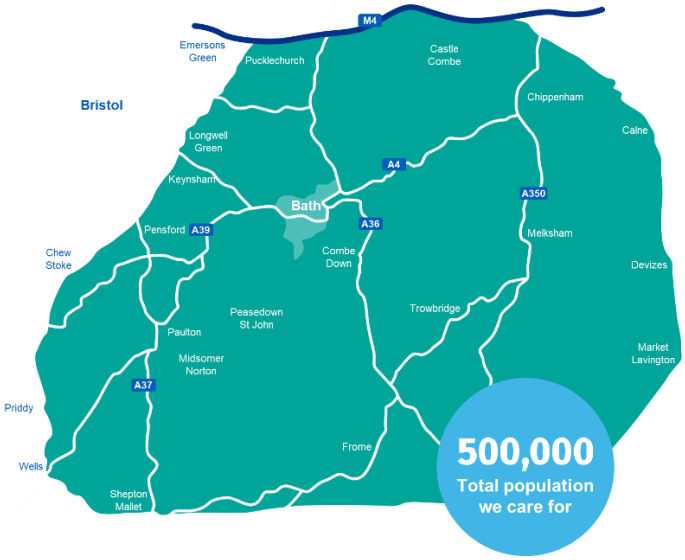
Each year, our Quality Account is both retrospective and forward looking. We look back at the year just passed and present a summary of our key quality improvements and challenges. We look forward and set out our quality priorities for the year ahead, ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Our quality priorities are chosen following a process of reviewing what our data is telling us, reviewing the services we provide, through consultation with our key stakeholders and most importantly through listening to the feedback we receive from patients and carers.

About our hospital

The local area we cover



Our hospital sites

- **Royal United Hospitals Bath**
  Combe Park, Bath
- **Community birth centres**
  Chippenham
  Frome
- **Community maternity units**
  Trowbridge
  Paulton
- **Sulis Hospital Bath**
  Peasedown St John

Across the Trust…

We have **536** hospital beds

and **17** theatres

We treat over **4,600** cancers per year

We support **4,025** births a year

Data for 2024/25

Figure 1: About our hospital

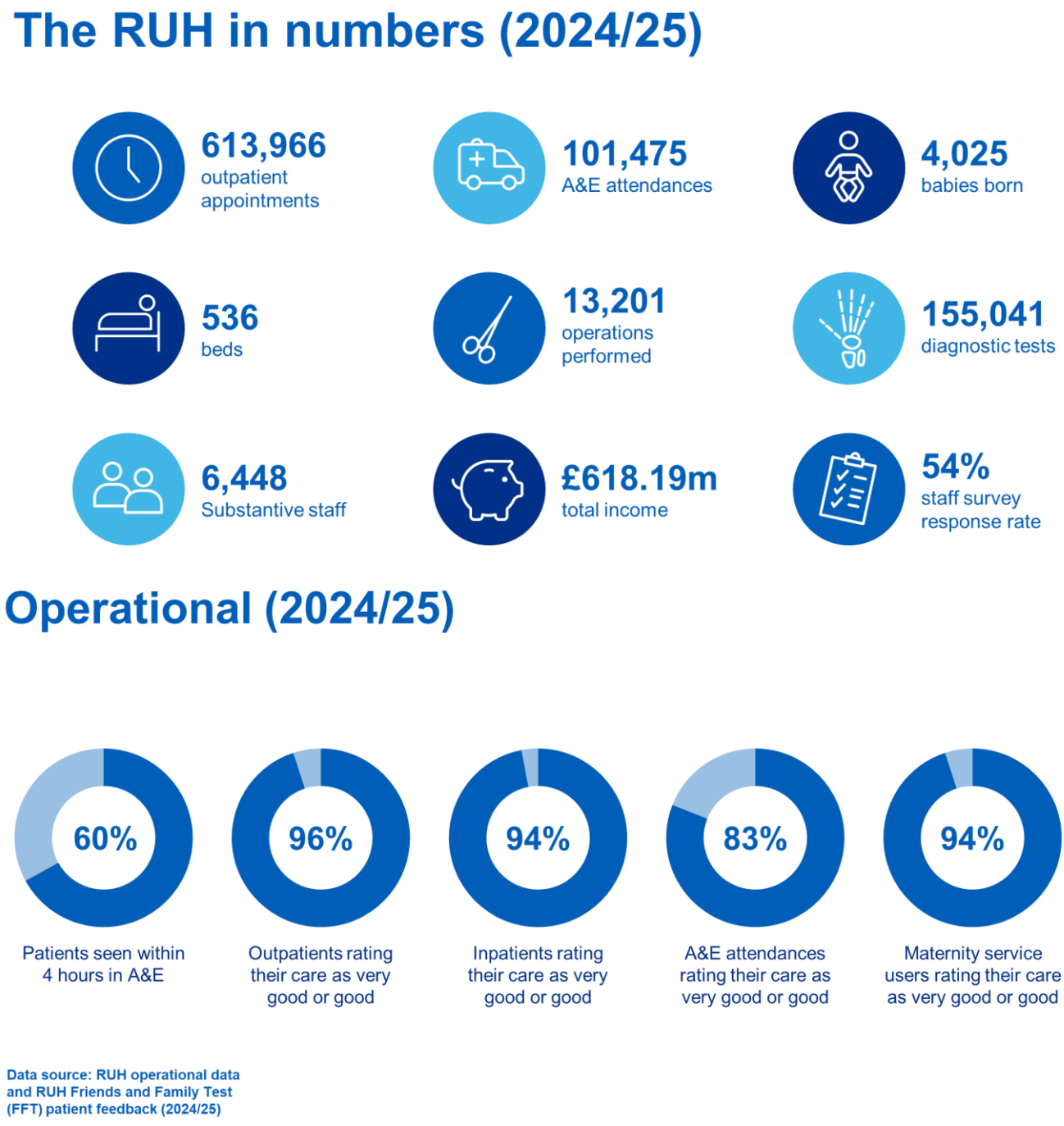


Figure 2: The RUH in numbers

Chief Executive's introduction

Welcome to our 2024/25 Quality Accounts. This document reports to the public about the quality of the services we deliver as a health care provider, reviews the progress we've made in the last year against our commitments to quality and safety and looks ahead to our quality priorities in 2025/26.

This is the first set of accounts I have had the pleasure of presenting as Chief Executive of BSW Hospitals Group, which includes the Royal United Hospitals Bath plus Great Western Hospitals in Swindon and Salisbury Foundation Trust.

Since 2024, there has been a significant development in the collaboration between the three hospitals. We are committed to working together, learning together and improving together to deliver better outcomes for the communities we serve. Ensuring that we are confident in the quality and safety of our services is key to this.

When we choose our quality priorities, the link between progress against them and the direct positive impact this will have on our patients is important. To achieve this, we co-design these priorities 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 Bath and Northeast Somerset, Swindon & Wiltshire (BSW) Integrated Care Board (ICB). This is so we are assured that they reflect the needs of our community and as such as we are focussing on the right things.

In 2024/25, the focus of our quality priorities reflected our transition to the requirements of the Patient Safety Incident Response Framework (PSIRF) and getting the basics right for the subsequent shift to embedding a culture of continuous learning around patient safety. Progress against this is outlined here:

Improving Learning from Patient Safety Events

Our goal was to maximise the learning we can take from patient safety events by examining our data, making sure we have the right structures in place to share the learning and doing this learning in collaboration with our staff and patients.

We made good headway in getting this scaffolding in place by streamlining our admin processes, introducing a mechanism to track our understanding of learning from incidents, and increasing collaboration between Safety, Quality, Quality Improvement (QI) and Improving Together teams.

Developing our Safety Culture

We need to create the conditions for a restorative and just safety culture. We said we'd do this by continuing to assess our safety culture, providing the right training for the right people, and being clear on why a safety culture is important through education and training.

In the last year, our patient safety compliance has increased to almost 90%, our Trust Board has received patient safety training, and we've introduced a Trust-wide patient safety training programme.

Improving communication access to patients, their carers and families

Communication is as important to our patients as it is to us. Frequently, when a concern is raised, communication issues will be at the heart of it.

In 2024/25 we committed to seeking accreditation for the Communication Access Standards and implementing targeted training for staff and volunteers to improve communication skills and confidence. I am pleased to say we were awarded accreditation by Communication Access UK. We also introduced eLearning training modules to staff.

In recognition of how important getting our communication right with our patients, carers and families is, this quality priority will remain in place in 2025/26. We will also focus on improving patient safety and quality and developing a framework for carers. I look forward to telling you about our progress against these priorities in 2026.

On behalf of the Trust Board, I would like to thank all our staff who work together to deliver excellent care. We could not do this without their commitment to the people we care for.

I confirm that to the best of my knowledge the information in these Quality Accounts is accurate.

Cara Charles-Barks

Chief Executive

BSW Hospitals Group

Part 2

Our priorities

2.1 Trust Priorities

Our Trust strategy runs to 2028/29 and sets out our plans and priorities. This strategy is built on the foundations of the Trust's core values: Everyone matters, working together, and making a difference.

The strategy outlines several key priorities:

1. For the People we care for: Ensuring that every patient receives timely, high-quality care tailored to their needs.

2. For the People we work with: Creating a supportive and inclusive environment where staff feel valued and empowered.

3. For the People in our community: Strengthening partnerships with local organisations and stakeholders to improve health outcomes for the wider community.

Figure 3: Trust Strategy

These priorities guide how the Trust works as part of an Integrated Care System.

As the 'Improving Together' system is embedded across the Trust, work is prioritised through the identification of key short and long-term improvement projects and programmes:

Strategic initiatives:

These are Trust-wide, large-scale programmes of work, planned to deliver over 3-5 years. Because they are so crucial to the successful delivery of the strategy, they have dedicated delivery teams. There are five strategic initiatives:

1. Digitally enabled

2. Delivering our people promise through culture and leadership

3. Clinical transformation

4. Future estates

5. Financial resilience

Breakthrough objectives:

These are operational in nature and improvement efforts are focused for 12-18 months. They are reviewed each year and can evolve when the targets have been achieved for 6+ months.

In 2024-25 the Trust chose the following four breakthrough objectives:

1. Why not home, why not now? Reducing inpatient length of stay

2. Reducing the number of staff reporting that they experience discrimination at work from their manager

3. Making the best use of available resources, demonstrated by the delivery of the financial plan

4. Enabling breakthrough objective, ‘we improve together to make a difference’ measured by the adoption of the tools, routines and behaviours of Improving Together.

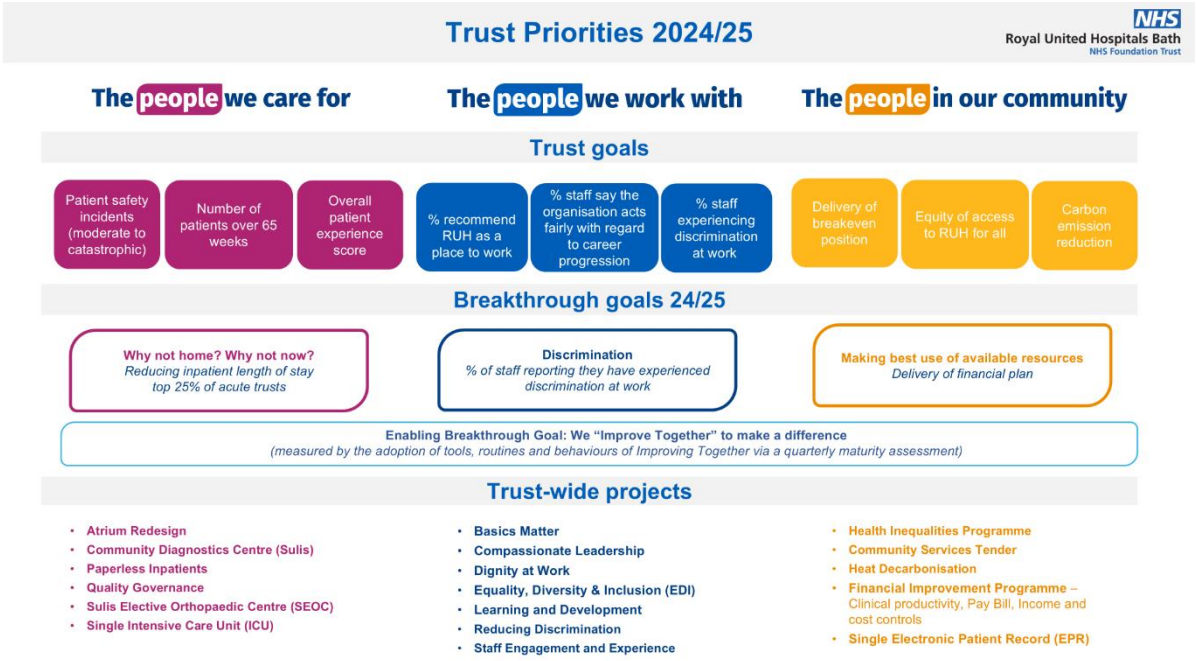


Figure 4: Trust Priorities 2024/25

To support delivery of the strategic initiatives and breakthrough objectives the Trust created an ‘Engine Room’. The Engine Room is a key component of the Improving Together methodology and is equipped with visual tools, such as charts and graphs, which display key performance indicators, strategic goals and progress updates. This visual management helps the Executive and Senior Leadership Team to quickly understand current performance and areas needing attention.

QI Capability and Capacity

The Trust set an ambitious target in 2024/25 to have 95% of frontline teams regularly holding an ‘improvement huddle’ to allow staff the opportunity to improve the service they provide to our patients and the experience of both patients and staff. The target was achieved, and over 2,500 improvement tickets have been implemented. In the 2024 staff survey, the Trust reported several achievements, notably, 75% of staff felt able to make suggestions for departmental improvements, 5% above the national average, and 73% felt they had shared objectives. Additionally, 6.7/10 staff felt their voice counted, also above the national average.

Figure 5: About improvement huddles

Our two accredited trainers for the national Quality Service Improvement & Redesign (QSIR) course have been re-accredited and delivered 2 cohorts of QSIR Practitioner during 2024/2025. 23 staff were trained as QSIR Practitioners, completing cohorts 16 and 17 during 2024/25. There are 200 Practitioners trained to date. Several of the QSIR projects contributed to Trust and Divisional Patient Safety Priorities including Deteriorating Patient “improving response to increased Early Warning score”, “decreasing the number of unplanned Neonatal Unit (NNU) admissions”, “increased patient and medication scanning” and “development of Day Assessment Unit in Maternity”.

2.2 Quality Account Priorities 2024 – 2025

Choosing our Quality Account priorities is important to us and our aim is to ensure that the chosen priorities are ones that will make a real difference to the people we care for. In developing our quality priorities we engaged with our staff, the Council of Governors via the Governor Quality Working Group, the Board of Directors, and the Bath and Northeast Somerset, Swindon & Wiltshire (BSW) Integrated Care Board (ICB) to determine the priorities.

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 Nursing Officer and our Governor Quality Working Group.

Looking back at 2024/25 – What did we say we would do?

Priority 1: Improving Learning from Patient Safety Events

The Trust has formally transitioned to the new Patient Safety Incident Response Framework (PSIRF). PSIRF embeds patient safety incident response within a wider system of continuous improvement and prompts a significant cultural shift towards systematic patient safety management. Patient safety event responses are conducted for the sole purpose of learning to identify opportunities to improve systems and reduce risk. Engaging with those affected by a patient safety event improves our understanding of what happened, and therefore the opportunity to prevent a similar incident in the future.

What we planned to do in 2024/25?

- To trend and theme our patient safety data to ensure that we develop high impact learning to our highest causes of patient safety events.
- To ensure quality governance structure and processes are effective at improving learning.
- Increase the learning for our teams at the bedside or the patient's home whilst ensuring a restorative approach to learning.
- Publish guidance on how we involve patients and their families in our learning following a patient safety event.
- Publish guidance on how we involve and engage staff involved in patient safety events to maximise learning.

What we achieved in 2024/25

To enable improved trending and theming of patient safety data, streamlined reporting forms were developed with the added benefit of reduced time for clinical staff to report incidents. A PSIRF learning response tracker was launched on Datix to support real time tracking and understanding of learning. A collaborative forum between Safety, Quality, Quality Improvement and Improving Together teams to support and empower learning and local improvement work was agreed.

Through 2024/25, a quality governance project worked on remodelling the governance structure and oversight mechanisms. Workshops took place to optimise the systems and infrastructure and a proposed model and change to ways of working were approved at the Trust Quality and Safety Group in Quarter 4.

A patient safety training programme to provide a range of patient safety training for all staff in the organisation began. This included Oversight & PSIRF training, Human Factors & Patient Safety Webinar series, Human Factors & Patient Safety Workshops and Human Factors & Patient Safety Train-the-Trainer Courses. Mentorship, training and 1-1 support for the patient safety teams delivering learning responses and (Patient Safety Incident Investigations (PSII) commenced and promotes better identification of QI improvement workstreams and improved learning. A PSIRF toolkit approach commenced and provides a strong foundation for those delivering learning responses and PSIIs with more action cards, templates and training material.

Resources were created to help support staff with delivering compassionate engagement and involvement of patients, their families and carers involved in a patient safety event. Further development of the Patient Safety Partners role took place and a workplan for 2025/26 was developed.

Priority 2: Developing Our Safety Culture

The Trust is committed to creating the right foundations that foster a ‘restorative and just culture’ to improve safety and learning for staff and patients. This is facilitated by supporting a psychologically safe environment where people feel able to raise concerns, confident that they will be listened to with a focus on improvement and opportunities to learn. This priority supports the Restorative and Just Learning work being led by the People Team.

What we planned to do in 2024/25?

- To develop a training plan and trajectory to support all our staff to undertake level 1 Patient Safety Training and identify cohorts of staff to undertake level 2 Patient Safety Training.
- To provide patient safety training to our Non-Executive and Executive Directors, to support their strategic oversight of patient safety.
- To deliver a culture series of lectures from key national speakers on topics like Civility, Learning from Excellence, Compassionate Leadership, and Human Factors to raise awareness and support our safety culture ambitions.
- To revise our patient safety intranet pages and the way we communicate to increase accessibility for our staff and to raise the profile of patient safety in the Trust.
- To undertake a baseline assessment of our safety culture and then plan repeated assessments at appropriate intervals to assess the impact of our interventions.

What we achieved in 2024/25

Compliance for staff undertaking Patient safety level 1 and 2 training increased to 89% against a target of 90%.

Patient safety training was delivered to the RUH Board to support the oversight arrangements of PSIRF and patient safety. A patient safety training programme commenced to provide a range of patient safety training for all staff in the organisation.

A trust project was commenced to build and launch a new trust intranet platform to enable and facilitate improved communication and increase accessibility for our staff.

A baseline assessment of our safety culture using the pulse survey was launched and work started to build and launch a validated attitudes survey questionnaire for testing in two locations.

Priority 3: Improving communication access with patients, their carers and families

Since August 2016, all organisations that provide NHS care have been legally required to follow the Accessible Information Standards (AIS). The standards set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communications support of patients, service users, carers and parents with a disability, impairment or sensory loss.

Poor communication is consistently one of the top three reasons for patients to complain or raise concerns. Improving communication access with patients, their carers and families is a priority that has been identified in the Patient & Carer Experience strategy, focussing on compassionate communication training and improving written patient information.

Strategy Goal: We will communicate with you in a clear and understandable way at the right time.

What we planned to do in 2024/25?

- To seek accreditation from the Communication Access Standards UK.
- To implement targeted training for staff and volunteers to improve communication access skills and confidence.
- Align to our Patient Experience Strategy to develop a set of improvement actions that detail how we are going to address feedback about how we can improve communication with the people that access our services.

What we achieved in 2024/25

We were awarded accreditation by Communication Access UK. This means we demonstrated our commitment to meeting the needs of people with communication difficulties and making appropriate adjustments to support their needs.

eLearning training modules are available on the Learn Together platform for staff to complete, with the initial focus on administrative and clerical staff and volunteers. As of April 2025, 98 staff have fully completed all modules in the eLearning Communication Access UK training. 119 staff have completed part one, 107 have completed the face-to-face communication module, 104 have completed the telephone communication module and 101 have completed the written communication module. The Patient Support and Complaints Team (PSCT) and the Main Reception team are the first teams where all its members have completed all modules in the eLearning Communication Access UK training.

A poster has been designed and shared with the above teams to inform visitors that they have completed the training and are Communication Accessible. This poster is available for use across the Trust where at least 75% of the team have completed the Communication Access eLearning modules.

An audit was conducted to assess how well we are meeting the Accessible Information Standards. The outcome identified the support and information staff need to help them to identify, record, flag, share and meet the information and communications support of patients,

carers and parents with a disability, impairment or sensory loss. As a result, staff guidance has been updated and is now on the intranet to help staff to identify, record, flag, share and meet the information and communications support needs of patients.

An intranet page has been developed for staff, to bring together resources and information to help them to communicate with patients who need additional communication support. This includes; communication assistance cards, booking British Sign Language (BSL) interpreters, tips for communicating with deaf or hard of hearing patients, deaf awareness training, joining the RUH Deaf Awareness Champions Network, support for patients who are blind or partially sighted, communication access training, kindness and civility training and links to other teams in the Trust who can support communications with patients and their families, e.g. the Family Liaison Facilitators.

Communication support, guidance and training will continue to be promoted and developed in 2025-26. This includes a review of interpreter provision, the development of communication principles, new training for staff in BSL, development of resource boxes to support deaf inpatients and the launch of a new website which provides equal access to all users, including those with disabilities.

2.3 Looking forward to this year 2025/26

Our priorities for 2025/26 have been agreed and summarised below.

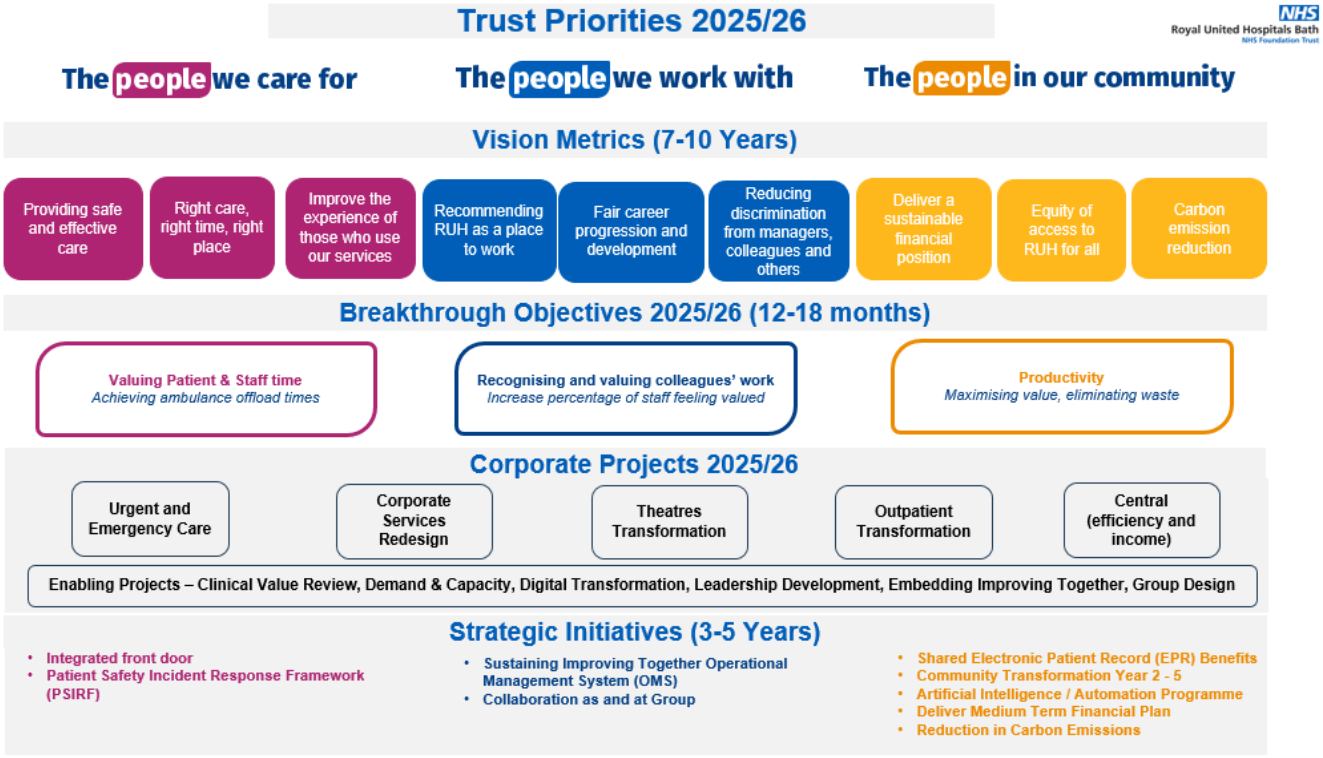


Figure 6: Trust Priorities 2025/26

2.4 Quality Account Priorities 2025 – 2026

Priority 1: Patient Safety & Quality

Priority	Improving Patient Safety & Quality
Rationale	We are committed to ensuring that staff can identify and are empowered to act and improve on patient safety, quality and experience concerns.
What will we do?	• Patient safety culture improvement work plan developed. • Streamlined event report, triaging of all patient safety incidents and feedback to those involved. • Demonstrating improvement to staff as a result of reporting events ensuring every learning response has an agreed quality improvement measure where indicated which is clearly linked to the relevant QI workstream. • Ensuring the involvement of clinical teams across the Trust in developing learning and improvement, ensuring a restorative approach. • Compassionate engagement and involvement by staff with patients, their families and carers in our response to patient safety events.
Measures of success	• Improvement in the NHS staff survey across the patient safety related questions. • Increased event reporting and a sustained improvement in the number of events that are investigated and closed within the accepted timeframe. • A suite of communications targeted across all professional groups which inform staff of improvement as a result of event reporting. • Evidencing how improvements that support clinical teams enhance and maintain quality and safe care. • Increased resources for staff and patients about involvement and engagement following patient safety events.
How progress will be monitored	We will continue to report key metrics, trends and learning through Divisional Governance and the Quality Insights and Improvement Committee. The NHS Staff Survey – improvement in the question: “My organisation encourages us to report errors, near-misses or incidents”.
Board Sponsor	Chief Nursing Officer & Director of Infection, Prevention & Control
Implementation Lead	Associate Director of Patient Safety & Quality

Priority 2: Developing our framework for carers

Priority	Developing our framework for carers
Rationale	We are committed to supporting carers and recognise the value that carers provide. We want to build on the support that is already in place, strengthening the experience that our carers have whilst they are supporting patients at the RUH.
What will we do?	• We will undertake a review of how we currently support our carers. • Design a series of actions to improve the experience that carers have at the RUH. • We will revise our Carer website for our patients, carers and staff and raise the profile of carer experience in the Trust.
Measures of success	• Successful completion of a range of improvement actions to improve the experience that Carers have whilst at the RUH. • Revised and refreshed Carer intranet and website pages. • Reduction in complaints or feedback relating to Carer experience.
How progress will be monitored	• Oversight Group – Insight and Improvement Committee • Assurance will be provided quarterly to the Quality Assurance Committee
Board Sponsor	Chief Nursing Officer & Director of Infection, Prevention & Control
Implementation Lead	Senior Nurse Quality Improvement

Priority 3: Communicating with you in a clear and understandable way at the right time

Priority	To improve patient experience through effective communication
Why is it important?	Poor communication and lack of information remain amongst the top three reasons patients raise concerns. We understand that effective communication with patients is essential, not only for ensuring a positive experience but also for supporting safe, high-quality care. Good communication helps build relationships and contributes to patients feeling heard and valued leading to better patient experience. **Strategy Goal**: *We will communicate with you in a clear and understandable way at the right time.*

What will we do in 2025/26?	• Provide more support to help staff communicate with people who need help with communication.
	  ○ We will support staff to complete communication training available on the Trust's Learn Together platform and develop additional resources to help staff communicate more effectively with people who have communication support needs.
	• Work to improve how quickly we respond to patients, their families and carers.
	  ○ We'll work with those teams where issues with communication have been highlighted through patient concerns and complaints to understand what's causing the issues and make improvements to patient experience.
	• Improve the provision of information to patients, their families and carers.
	  ○ We're creating a new RUH website that's easy to use and accessible to everyone.

How will we know we are making a difference?	• Increase in the number of staff completing eLearning training for communication access standards and deaf awareness training. • Reduction in the number of people contacting the patient support and complaints team with concerns regarding communication. • Increase in the number of patient information leaflets on the website that are accessible to all.
How is progress being monitored?	• Delivery Group – Improving Patient Carer Experience Group • Oversight Group – Patient Experience Committee • Assurance will be provided quarterly to the Quality Assurance Committee
Board Sponsor	Chief Nursing Officer & Director of Infection, Prevention & Control
Implementation leads	Head of Patient Experience

2.5 Statements of assurance from the Board of Directors

Mandatory statement 1

1. During 2024/25 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 2024/25 represents 100% of the total income generated from the provision of relevant health services by the Royal United Hospitals Bath NHS Foundation Trust for 2024/25.

Mandatory statement 2

During 2024/25, 63 national clinical audits and 6 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 88% 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 2024/25, 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
NCEPOD		
Child Health Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) Juvenile Idiopathic Arthritis	Yes	100%
Child Health Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) Emergency Surgery in children & young people	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
Medical and Surgical Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) – Acute Limb Ischaemia	Yes	100%
Medical and Surgical Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) – Blood Sodium Study	Yes	Clinical questionnaire submitted but not organisational questionnaire as submission deadline was missed.
Medical and Surgical Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) End of Life Care	Yes	67%
Medical and Surgical Clinical Outcome Review Programme (National Confidential Enquiry into Patient Outcome and Death) Rehabilitation following critical illness	Yes	100%
National Audits		
BAUS Data & Audit a) Penile Fracture Audit	Yes	100%
BAUS Data & Audit b) BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	N/A	Not relevant to RUH as these surgeries are not currently being performed
BAUS Data & Audit c) Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	Yes	100%
Breast and Cosmetic Implant Registry (NHS Digital)	N/A	Not relevant to RUH
British Hernia Society Registry (BHS)	No	Participation has been voluntary. Audit commenced in Nov-24.
Case Mix Programme (Intensive Care National Audit & Research Centre)	Yes	100%
Cleft Registry and Audit NEtwork (CRANE) Database (Royal College of Surgeons)	N/A	Not relevant to RUH
Emergency Medicine QIPs - RCEM: Adolescent Mental Health	N/A	Project paused by provider until end of year. Will not start until 2026
Emergency Medicine QIPs - RCEM: Care of Older People	No	Did not participate due to resource
Emergency Medicine QIPs – RCEM: Time Critical Medicines	No	Did not participate due to resource

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	No	Did not participate due to resource
Falls and Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database (FLS-DB)	Yes	The submitted cases: Non-spine fractures 87.8% (target 80%) Spine fractures 126.1% (target 20%)
Falls and Fragility Fracture Audit Programme (FFFAP): National Inpatient Falls (NAIF)	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	Yes	100%
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRACE-UK)	Yes	100%
Mental Health Clinical Outcome Review Programme	N/A	Not relevant to RUH
National Diabetes Audit a) National Diabetes Core Audit	Yes	100%
National Diabetes Audit b) Diabetes Prevention Programme (DPP) Audit	N/A	Not relevant to RUH
National Adult Diabetes (NDA) c) National Diabetes Foot Care Audit (NDFA)	Yes	100%
National Adult Diabetes (NDA) d) National Diabetes Inpatient Safety Audit (NDISA)	Yes	100%
National Diabetes Audit e) National Pregnancy in Diabetes Audit (NPID)	Yes	100%
National Diabetes Audit f) Transition (Adolescents and Young Adults) and Young Type 2 Audit	Yes	100%
National Diabetes Audit g) Gestational Diabetes Audit	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	100%
National Audit of Cardiovascular Disease – Prevention in Primary Care (CVDPrevent)	N/A	Not relevant to RUH
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia (NAD)	N/A	N/A as project delayed by provider
National Bariatric Surgery Registry	N/A	Not relevant to RUH
National Cancer Audit Collaborating Centre (NATCAN) National Audit of Metastatic Breast Cancer Audit (NAoMe)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Audit of Primary Breast Cancer (NAoPri)	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
National Cancer Audit Collaborating Centre (NATCAN) National Bowel Cancer Audit (NBOCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Kidney Cancer Audit (NKCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Lung Cancer Audit (NLCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Non-Hodgkin Lymphoma Audit (NNHLA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Ovarian Cancer Audit (NOCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Pancreatic Cancer Audit (NPaCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) National Prostate Cancer Audit (NPCA)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Cardiac Audit Programme (NCAP) a) National Adult Cardiac Surgery Audit (NACSA)	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) b) National Congenital Heart Disease Audit (NCHDA)	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP)-National Heart Failure Audit (NHFA)	Yes	97%
National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (CRM)	Yes	100%
National Cardiac Audit Programme (NCAP) Myocardial Ischaemia National Audit Project (MINAP)	Yes	For 1st three quarters no data added due to lack of resources (now resolved). Last 120 days (as at 16/4/25) - 100%
National Cardiac Audit Programme (NCAP) – National Audit of Percutaneous Coronary Interventions (NAPCI) (Coronary Angioplasty)	Yes	100%
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) h) Left Atrial Appendage Occlusion (LAAO) Registry	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) i) Patent Foramen Ovale Closure (PFOC) Registry	N/A	Not relevant to RUH
National Cardiac Audit Programme (NCAP) Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	N/A	Not relevant to RUH
National Child Mortality Database - University of Bristol	N/A	Not relevant to RUH

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
National Clinical Audit of Psychosis (NCAP)	N/A	Not relevant to RUH
National Comparative Audit of Blood Transfusion programme: Audit of Blood Transfusion against NICE Guidelines Quality Standard 138	Yes	100%
National Comparative Audit of Blood Transfusion programme: Bedside Transfusion Audit	Yes	100%
National Early Inflammatory Arthritis Audit (NEIA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	85%
National Joint Registry	Yes	90.9%
National Major Trauma Registry (note: previously TARN)	Yes	2024 – 53.17% 2025 – 33.07%.
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	100%
National Obesity Audit (NOA)	N/A	Not relevant to RUH
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Ophthalmology Audit Age related Macular Degeneration Audit	Yes	100%
National Ophthalmology Audit Cataract Audit	Yes	100%
Perinatal Mortality Review Tool (PMRT)	Yes	100%
National Pulmonary Hypertension Audit	Yes	100%
National Respiratory Audit Programme (NRAP) (note previously named National Asthma and COPD Audit Programme (NACAP): COPD Secondary Care	Yes	100%
National Audit of Pulmonary Rehabilitation	N/A	Not relevant to RUH
National Respiratory Audit Programme (NRAP) (note previously named National Asthma and COPD Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	25.2%
National Respiratory Audit Programme (NRAP) (note previously named National Asthma and COPD Audit Programme (NACAP): Children and Young People's Asthma Secondary Care	Yes	46.9%
National Vascular Registry (NVR)	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	100%

Clinical Audit / National Confidential Enquiries	Participation?	% cases submitted
Prescribing Observatory for Mental Health (POMH) Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour,	N/A	Not relevant to RUH
Prescribing Observatory for Mental Health (POMH) The use of melatonin	N/A	Not relevant to RUH
Prescribing Observatory for Mental Health (POMH) The use of opioids in mental health services	N/A	Not relevant to RUH
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oncology & Reconstruction	N/A	Not relevant to RUH
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Trauma	N/A	Not relevant to RUH
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Orthognathic Surgery	No	Currently do not have data on length of stay. Return to theatre and readmissions are picked up with M&M
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Non-melanoma skin cancers	No	Currently collecting data on margins and diagnosis. Admissions to hospital are captured via M&M.
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oral and Dentoalveolar Surgery	No	Ability to participate in referrals affected by lack of resources in the primary sector
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion Scheme (SHOT)	Yes	100%
Society for Acute Medicine Benchmarking Audit	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
UK Renal Registry Chronic Kidney Disease Audit	N/A	Not relevant to RUH
UK Renal Registry National Acute Kidney Injury Audit	N/A	Not relevant to RUH

Table1: Participation in National Clinical Audit and National Confidential Enquiries

The reports of 33 national clinical audits were reviewed by the provider in 2024/2025 and the Royal United Hospitals Bath NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Chronic Obstructive Pulmonary Disease (COPD) NRAP clinical audit report 2022/23— Breathing well: an assessment of respiratory care in England and Wales
July 2024

The audit showed that the Trust performed better than the national average for several indicators and scored 100% for oxygen prescribed to patients to a target saturation. The Trust also achieved a higher score than the national average for prescribing stop smoking drugs and/or referral for behavioural change intervention for current smokers. Patients were also provided with the key elements of the discharge bundle as part of their discharge. Patients had

a respiratory review within 24 hours of admission to hospital which was in line with the national average. However, improvements were required for acute treatment with non-invasive ventilation (NIV) within 2 hours of arrival at hospital and for making spirometry results available to the patient. Actions to address this included taking COPD patients in type 2 respiratory failure to an appropriate setting to provide timely access to NIV. Patients' previous spirometry results will be made available to the inpatient team at the time of patient admission with COPD exacerbation.

National Diabetes Foot Care Audit (NDFA) - State of the Nation Report
May 2024

The audit showed that the Royal United Hospitals performed well, either above (for 4 indicators) or in line (for 1 indicator) with the national average. Areas where the Trust performed better than the national average included the number of patients receiving a foot examination assessment (FEA) within 0-13 days after referral, the number of patients (FEA) within 0-13 days after referral and excluding self-referrals, and in the percentage of severe ulcers. The Trust performed below the national average for people alive and ulcer free (AAUF) at 12 weeks after FEA, 'less severe', 'severe ulcers', and 'severe ulcers (excluding unknown outcomes)'.

There were some issues around accuracy of data collection meaning that some indicators appeared less compliant. New members of staff will receive training to improve future accuracy. Checks will also take place to ensure data completeness.

Adult Asthma NRAP clinical audit report 2022/23—Breathing well: an assessment of respiratory care in England and Wales
Jul 2024

The audit showed that the Trust performed better than the national average for most of the standards. All patients had their tobacco dependency addressed, and all received inhaled steroids at discharge. The Trust also performed well in the number of patients that had a respiratory review within 24 hours. Nearly all patients had key elements of good practice at discharge. However, systemic steroids given within 1 hour was below the expected level. The good practice will be shared alongside providing education sessions to the ED team. Following the publication of the new national asthma guidelines, asthma management will be added to the weekly education agenda.

National Paediatric Diabetes Audit (NPDA) report: Care and Outcomes 2022/23 & 2023/24

The Royal United Hospitals (RUH) performed well in terms of the percentage of children and young people of all ages with Type1 diabetes who received four or more HbA1c measurements during a complete year of care. Additionally, the compliance rate for the percentage of people aged 12 years and older with microvascular disease who were screened for Albuminuria was higher than the national average. Further improvements were identified in the key findings of the 2023/24 report including a lower-than-average HbA1C; screening at diagnosis had also significantly improved. The Royal United Hospitals performed well in terms of the percentage of children and young people of all ages with Type1 diabetes who received four or more HbA1c

measurements during a complete year of care. There were some discrepancies around the way in which the data was reported showing the RUH's compliance rate to be lower than the national average for completion rates of key care processes for eye screening and results of albuminuria screening, also for children and young people with Type 1 diabetes who received screening for coeliac and thyroid disease at diagnosis. However, following the 2022/23 report the RUH undertook further investigation which showed that this was because of the way in which the data pulled through automatically to the database. This was resolved with increased administrative resources enabling manual checks to be carried out on the data before submission. The national reporting platform is due to change shortly which should increase accuracy of results.

National Emergency Laparotomy Audit (NELA) Ninth Patient Report

The audit showed that the Royal United Hospitals performed well, either above (for 6 indicators) or in line (for 10 indicators) with the national average. Areas where the Trust performed better than the national average included the risk documented preoperatively, arrival in theatre in a timescale appropriate to urgency, preoperative input by a consultant surgeon, anaesthetist, and intensivist when documented risk of death >=5%. However, the Trust performed below the national average for assessment by geriatrician-led multidisciplinary team in patients > 65 years frail and 80+. Following the audit, a business case has been compiled to support the implementation of geriatric assessments.

Falls and Fragility Fracture Audit Programme (FFFAP): National Inpatient Falls (NAIF) 2024 report on 2023 clinical date

The audit showed that the Royal United Hospitals performed well, scoring higher than the national average for a number of standards. In particular, the Trust scored 100% for five of these standards including mobility assessment, mobility care plan, continence care plan, delirium plan documented and check for injury before moving. However, the Trust scored lower than expected for some standards including vision assessment, lifting equipment used, lying/standing BP, medication reviews, debrief. Actions were put in place to address the shortcomings; the vision assessment was added to the assessment papers for medics to complete, training has been extended and is now included in all falls update training sessions. Training in lifting equipment has been put in place and the Health & Safety team are now providing training sessions on request. Medication reviews should improve with the introduction of a post take checklist for geriatricians to complete. There are also pop-up warnings on prescribing high-risk drugs.

Sentinel Stroke National Audit Programme Summary results (SSNAP) (Quarter 3)

The Key performance indicators (KPI's) are graded from Band A which is the highest score and equates to over 80% compliance down to a Band E which demonstrates a score of 40% or less. The audit results showed that, overall, the Trust patient centred KPI's had fallen from level B to level C. However, the Trust is performing well with scanning which remains at level A. More people are being taken straight to scan by medical nurse practitioners / staff grade doctors in working hours and Emergency Department doctors out of hours and this is working well. Thrombolysis has improved from a level D to a C. More patients are being directly admitted to the acute bay on the Acute Stroke Unit (ASU) post scanning where they are then thrombolysed.

Standards for discharge and discharge processes remains at a level B, although with the introduction of an amended DEPART template summary this should help this to go up to level A.

Difficulties remain in getting all patients to the Acute Stroke Unit (ASU) within 4 hours. ASU breach meetings, which includes ASU staff and the Site Manager, review patient flow which should improve the situation. During this period there were reduced staffing levels which affected therapy input. Staffing levels have now improved, and it is anticipated that this will have a positive impact on adherence to the standards.

The reports of 34 local clinical audits were reviewed by the provider in 2024/25 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.

Emergency Department Children's Social Care Documentation Audit (Focus on Children's Mental Health)

This audit looked at the documentation and appropriateness of referrals to children's social care with a focus on children and young people with mental health concerns who presented to the Emergency Department. The Trust performed well for collecting the demographic details required, completing the discharge plan and documenting consent. However, there were some areas where improvement was required, including recording some basic demographic details which were not collected consistently and included documenting the child's school and person who attended the department with the child. When it had not been possible to gain consent the reasons for this were not always documented within the referral form. It was not always clear why a referral did not achieve the threshold for early help.

Actions were put in place to address the shortfalls and included further training, supervision, production of a guide on how to complete a referral with a focus on the demographics and the nature of risk, publishing results in the newsletter and discussing thresholds with the local authorities.

Patch Testing Audit

Overall, the recently introduced Trust service had a high level of compliance. The Dermatology department scored well for patient assessment with five elements achieving 100% compliance. All patients were offered a patient information leaflet on skin and were offered a chaperone. All staff were up to date with mandatory training. All patients were seen by the appropriate medical staff at the right time, including assessment with a consultant and follow ups with a dermatologist / trained nurse. Equipment and facilities were up to date and stored in the correct manner and Ultraviolet (UV) measurements supervised by a medical physicist. All patients were discharged with a discharge letter which was well completed.

However, there were some areas where improvements were needed including the quality of the referral letter, better advertising of the patch testing service and ensuring patient information is available on the RUH website. To increase the amount of patch testing carried out, patch

testing information and patient information will be added to the RUH website, and some further criteria will be added to the referral letter.

School Vision Screening Audit

This audit was carried out in collaboration with BANES and the school nursing team at St Martin's Hospital. The school vision screening service is aimed at reception children between the ages of 4 and 5 years old and checks are carried out for common vision problems with onward referral to the RUH if necessary. Generally, the school screening service is working well. All patients who were triaged by the nurses for "Orthoptic only" were triaged correctly for urgency and type of appointment. However, the length of time patients wait for Orthoptic appointments has increased since the last audit in 2022. Areas for improvement include referral accuracy against the criteria and the sending of outcome letters after their first visit.

A Prospective Audit of Continuous Subcutaneous Infusions (CSCI) for symptom control via the CME T34 Syringe Driver

This audit was carried out to look at the delivery of medications administered via a continuous subcutaneous infusion (CSCI) using T34 syringe drivers. The audit showed that there was good compliance with the completion of Electronic Prescribing and Medicines Administration (ePMA) prescriptions, with 100% being written and explained correctly. Labelling of syringes has improved, and most are now being completed fully and correctly. In most cases when syringe drivers were in use a Millennium monitoring form was used, although the frequency of completion of the monitoring forms fell below the standard expected. In some cases, monitoring was sporadic.

Actions to improve compliance included sharing findings, training and raising awareness including supporting individual training where appropriate. Ward ambassadors will be supported to share learning around CSCI with ward nurses.

Re-Audit of the Post Falls Assessment Form

The re-audit demonstrated a slight drop in overall compliance with the completion of the Post Falls Assessment form. However, two wards saw an increase in compliance. Several standards had also increased in compliance, and in particular 'assessment for injury' showed a significant improvement, with compliance increasing from 67% to 95% compared to the initial audit.

Areas requiring improvement included completion of 'Medication review' and 'Anticoagulation reversed'. However not all patients require this and there is no N/A option to the question. This will be checked for the conversion to Paperless Inpatients (PIP) to ensure there is an option to record 'Not Applicable' to this and other questions. These results will be cascaded and highlighted to the resident doctors. Falls training will continue for resident doctors.

Assessing Complication Rates for Portacath Insertion at the RUH

Portacath insertion is a commonly used option for patients requiring long term IV access, and it has a well-established safety profile. The audit showed that the Royal United Hospitals was performing well in that all patients were appropriately indicated for insertion of a portacath. Most portacaths were inserted for chemotherapy and other appropriate indications included high output stoma and antibiotics. Most portacaths were inserted on the right side, and for chemotherapy. Most of the portacaths were removed due to completion of treatment, but sometimes due to complications. The audit compared the complication rates, following insertion, against the published limits. The results showed that the RUH complication rate was well below the published limit. The audit found a safe and effective Portacath service was being provided for patients.

Medical Records: Audit Against Royal College of Physicians (RCP) Standards

The audit showed that the Royal United Hospitals was performing extremely well and at 100% compliance in following a standardised structure and layout, recording specific data on a standardised proforma, and for making an entry whenever a patient is seen by a doctor. There were a few areas where improvement was required including 'every entry should identify the most senior healthcare professional present' and 'advanced decisions to refuse treatment should be clearly recorded'. Actions to improve the areas of non-compliance included incorporating the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms into the new mandatory training for paperless notes. Targeted teaching sessions will also be introduced and a re-audit carried out to assess the changes.

Mandatory statement 3

The number of patients receiving relevant health services provided or subcontracted by Royal United Hospitals Bath NHS Foundation Trust in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was 3,754.

Throughout the year around 311 studies were open to recruitment or in follow-up across a wide range of clinical specialities and departments. A large proportion of these research studies are national collaborative studies and support relationships with local and national research funders, Universities, NHS organisations and commercial partners within the life sciences industry.

The RUH has grown a strong portfolio of research that is initiated and run by our own research staff, encompassing consultants, research nurses and allied health professionals in a variety of clinical areas and a number of whom hold academic Professor and lectureship positions. 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**.**

Lead Applicant	Specialty	Title of Project	Amount awarded	Funder
Prof Raj Sengupta	Rheumatology	Flare in AxSpa	£235,131	UCB
Prof Raj Sengupta	Rheumatology	Twin Fellowship Award – Working towards Data-driven care	£36,019	LEAP
Lisa Hocking	Infection Control	IPS Research Quality Improvement project	£1,600	IPS
Mandy Slatter	Pharmacy	NHSE-NIHR pre-doc bridging award	£19,548	NIHR
Theresa Chan	Pharmacy	NHSE-NIHR SW Integrated Clinical and Practitioner Academic (ICA) Programme, Expanded Internship	£12,433	NIHR
Catherine Cawley	Therapies	NHSE-NIHR SW Integrated Clinical and Practitioner Academic (ICA) Programme Expanded Internship	£12,495	NIHR
Guys and St Thomas With Kate Hardenberg	Diabetes	D STRESS	£14,210	NIHR PgFAR
University of Bristol Dr Amberly Bridgen	Epilepsy	ATmOSPhErE	£100,000	LEAP
University of Bath Dr Chris Clarke	Human Computer Interactions	Novel Wearable based Stress Detection using Wearables and Smartwatches	£90,000	LEAP
UHBW with Dr Dan Augustine	Cardiology	The Development and Evaluation of two prehab interventions	£19,918	NIHR
		Total	£541,354	

Table 2: Research Grants Awarded April 2024 – March 2025

Mandatory statement 4

The Royal United Hospitals NHS Foundation Trust income in 2024/25 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 2024/25.

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 2024/25 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES) 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:

- 99.9% for admitted patient care
- 100% for outpatient care and
- 99.0% for accident and emergency care.

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

- 100.0% for admitted patient care
- 99.9% for outpatient care; and
- 99.0% for accident and emergency care.

HES data as presented in the published Data Quality Maturity Index has been used to generate this data and for GP Practice codes both blank and defaulted V81 codes (the patient does not have a registered GP practice recorded) have been counted as invalid. The latest published figures available were up to December 2024.

Mandatory statement 9

The Royal United Hospitals Bath NHS Foundation Trust Information Governance Assessment Report overall score for 2024-25 is assessed as 'Standards Not Met'. Each year the Trust completes a comprehensive self-assessment of its information governance arrangements by means of the NHS England Data Security & Protection (DSP) Toolkit. To maintain integrity, the

Trust's DSP Toolkit is subject to an independent internal audit against the standards set by NHS England, on an annual basis.

The 2024/25 assessment has been substantially changed and is now based on the Cyber Assurance Framework. The 2024/25 assessment has been assessed as 'Standards Not Met' with improvement plans in place. An interim assessment was published in December 2024, with the final DSPT submission due 30 June 2025.

Mandatory statement 10

The Royal United Hospitals Bath NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the 2024/25 financial year.

Clinical Coding have not had an external audit last year however they have done as internal data and security and protection toolkit, and the results are published externally as part of this exercise.

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.
    - As the trust moves to a new single Electronic Patient Record (EPR) across RUH, GWH and Salisbury this meeting is being used to focus on data quality requirements for data migration into the EPR
    - The group will also 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 2024/25 1348 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:

- 361 in the first quarter (Q1).
- 310 in the second quarter (Q2).
- 331 in the third quarter (Q3).
- 346 in the fourth quarter (Q4).

Mandatory statement 27.2

135 case record reviews and 6 investigations have been carried out in relation to 159 of the deaths included in item 27.1. In 1 case, a death was subjected to both a case record review and a Patient Safety Incident Investigation (PSII) as the Trust transitioned to the Patient Safety Incident Response Framework in 2024. The number of deaths in each quarter for which a case record review or an PSII investigation was carried out was:

- 43 SJRs and 0 investigations in the first quarter
- 35 SJRs and 0 investigations in the second quarter
- 34 SJRs and 1 investigations in the third quarter
- 23 SJRs and 0 investigations in the fourth quarter.

Mandatory statement 27.3

We have adopted the Royal College of Physicians' National Mortality Case Record Review (NMCRR) 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

Table 3 below details all SJRs completed for patients who died during 2024/25, even if the SJR was completed after the expiry of that period.

Rating Type	Average Rating	Number of Ratings	Number Of 1s	Number Of 2s	Number Of 3s	Number Of 4s	Number Of 5s
Initial Admission	4.13	136	0	4	18	70	44
Ongoing Care	4.12	110	0	3	18	52	37
Care During Procedure	4.26	35	0	0	2	22	11
Return To Theatre	4.00	1	0	0	0	1	0
Perioperative Care	4.17	24	0	0	2	16	6
End Of Life Discharge Care	4.30	103	0	0	12	48	43
Overall Assessment	4.10	135	0	2	22	71	40
Patient Record	4.02	134	0	2	31	63	38

Table 3: Structured Judgement Review Completed 2024/25

Whilst the Trust is unable to calculate the avoid-ability of a death, the person undertaking the Structured Judgement Review 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:

Q1: 2 (0.6%)

Q2: 0 (0%)

Q3: 0 (0%)

Q4: 1 (0.3%)

Mandatory statement 27.4

In relation to the SJRs that have been completed and indicate a contributory concern, the care problems identified included falls prevention, monitoring and interpretation of imaging. All have been subjected to a second, more detailed review, to establish the appropriate Patient Safety Learning Response. In each quarter, the majority of SJRs report that either that the care was good/excellent, or that no additional learning has been identified.

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, no Structured Judgement Review subsequently prompted a PSII.

Mandatory statement 27.5

The RUH Patient Safety Programme for 2022-2025 identified five patient safety priorities:

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

Deaths thought more likely than not due to problems in care meet the threshold for conducting a PSII. As part of this process, action and quality improvement plans are generated. The Trust continues to implement Martha's rule (Call for Concern) across the Trust. The Trust has revised the Trust policy and training to include the recognition of soft signs and escalation of concerns.

Mandatory statement 27.6

The Trust continues to embed PSIRF and instigated PSIIs where deaths are thought more likely than not due to problems in care. The Trust will evaluate PSIRF maturity in 2025/2026 Q4. Insufficient time has elapsed to enable an assessment of the actions detailed above.

Mandatory statements 27.7-27.9

The Trust has transitioned to the Patient Safety Incident Response Framework (PSIRF). Patient Safety Incident Investigations (PSII) are focused on improving healthcare systems by identifying opportunities for learning and improvement. Deaths thought more likely than not due to problems in care are a national priority which would instigate a PSII. Findings are then used to identify actions that will lead to improvements in the safety of the care patients receive and a PSII does not determine preventability.

2.6 Reporting against core indicators

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

The following data is for the latest reporting year November 2023 – October 2024

Measure	Nov23 - Oct 24	Dec 22 - Nov 23	Nov 21 - Oct 22	National Average	National Best	National Worst
Value	0.98	0.98	1.3	1	0.7	1.3
Banding	2	2	2	2	3	1

Table 4: Summary Hospital Level Mortality Indicator

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.

The Clinical Outcomes Group, chaired by the Chief Medical Officer, 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)

Data on Patient Reported Outcome Measures is available for Hip and Knee Replacements. The below table shows the comparison of RUH against the national average for the proportion of patients that reported an improved based on 3 methodologies.

This data is taken from the NHS England published data.

	Proportion Reporting Improvement					
	EQ VAS		EQ-5D Index		Oxford Hip Score	
	RUH	National	RUH	National	RUH	National
Hip Replacement	70.3%	68.8%	86.8%	88.1%	97.4%	96.2%
Hip Replacement Primary	Data Unavailable	68.8%	Data Unavailable	89.2%	Data Unavailable	97.4%
Hip Replacement Revision	Data Unavailable	59.1%	Data Unavailable	75.1%	Data Unavailable	90.1%

	Proportion Reporting Improvement					
	EQ VAS		EQ-5D Index		Oxford Knee Score	
	RUH	National	RUH	National	RUH	National
Knee Replacement	66.7%	59.3%	95.0%	80.4%	100.0%	93.2%
Knee Replacement Primary	Data Unavailable	59.2%	Data Unavailable	81.0%	Data Unavailable	93.9%
Knee Replacement Revision	Data Unavailable	55.9%	Data Unavailable	75.4%	Data Unavailable	90.0%

Table 5: Patient Reported Outcome Measures for Hip and Knee Replacements

Mandatory statement 19 - Readmissions

The following table shows the Emergency Readmission within 30 days of discharge from hospital during the latest reporting year 2023-2024.

	2023-24	2022-23	2021-22	National Average	National Best	National Worst	Banding
0-15 year old	15.3	13.0	13.4	13.2	4.6	19.1	A1 - Significantly higher than the national average at the 99.8% level
16 years or over	15.0	13.6	14.2	15.1	5.6	21.4	W - National average lies within expected variation

Table 6: Emergency Readmission Rates

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 Chief Medical Officer. When individual diagnostic groups are outside of the expected range for readmissions a review is undertaken to understand what may be contributing to this and an improvement cycle commenced to improve outcomes

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	2023	8.4	9.3	7.5

Table 7: Patient experience while in hospital

Ranking compared to previous year about the same

Mandatory statement 23 – Venous Thromboembolism (VTE)

NHS Digital have restarted the collection and publication of this data. The below is taken from the last quarter of published data in 24/25. It shows the percentage of patients that have had a VTE Assessment completed within 14 hours of admission

	Q3 2425	National Average	National Best	National Worst
Percentage of admissions assessed for VTE	74.7%	90.3%	99.6%	13.7%

Table 8: Admissions assessed for VTE

Mandatory statement 24 – Clostridioides Difficile (C. diff)

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

Measure	RUH Performance			National Average	National Best	National Worst
	2023 - 24	2022 - 23	2021 - 21			
Rate per 100,000 bed days for specimens taken from patients age 2 years and over	30.6	24.6	17.8	20.9	0	63.12

Table 9: Hospital Onset, Healthcare associated C.Diff infections

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.diff 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:

- Working collaboratively with NHSE and UKHSA to understand the national increase in C.diff rate in correlation with the RUH increased rates, as inappropriate antibiotic usage is not the cause of the increased rates.
- Widening the post infection reviews, to look for new causative links or risks, such as diet, medication used to manage diabetes and depression.
- Continuing to send samples to Leeds for typing when the criteria met, to look for any evidence of cross infection.
- Maintaining a focus on antimicrobial stewardship and intravenous (IV) to oral switch, to prevent over use of antibiotics and increasing the risk of C.diff infection.
- Ensuring that all patients with new or recurrent Clostridioides difficile infection have appropriate treatment and advice during their stay.
- Improving cleanliness standards of the environment; reviewing how cleaning services are provided and introducing a blended approach to ensure clinical areas are prioritised.

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”. The RUH rating is compared to the average score, best and worst scores from trusts in England.

RUH						
2024	2023	2022	2021	Best	Average	Worst
70.0%	71.03%	68%	73.6%	89.6%	61.5%%	39.7%

Table 10: Staff recommending the Trust to family and friends

The Royal United Hospitals Bath NHS Foundation Trust (RUH) considers that this data is as described for the following reasons: These data are gathered annually through the NHS National Staff Survey (NSS), which captures staff experience, views and perceptions of the organisation and the services it provides.

The RUH continues to score above the national average for Acute Trusts on this measure, indicating that colleagues feel the care provided is of a high standard. The organisation continues to build on its strong foundation of quality improvement (Improving Together), which is supported by a consistent set of Trust values, aiming to help colleagues to thrive, develop and give more of their energy and attention to the direct care of patients. The Trust continues to develop processes and interventions to help clinical colleagues to work effectively and productively, and to provide healthy, safe and inclusive working environments.

Mandatory statement 25 – Patient Safety Incidents

The following graphs show the number of reported patient safety incidents for the last year and the percentage of patient safety incidents causing significant harm. The data shown is for the latest and most recent reporting periods that is available to the Trust internally and may differ from data available from the Learning from Patient Safety Events (LFPSE) service.

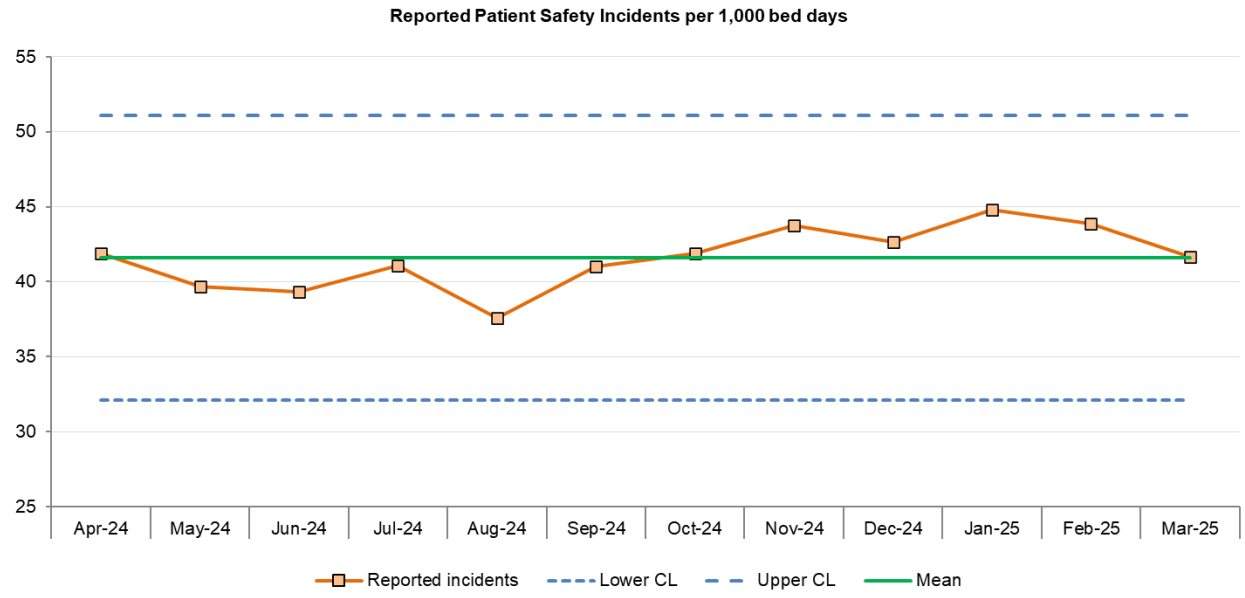


Figure 7: SPC chart for reported patient safety incidents

As the Trust embeds the Patient Safety Incident Response Framework (PSIRF) the focus is to identify emerging themes, trends and insight into wider safety systems to ensure improvements are made to benefit the overall quality and safety of patient care.

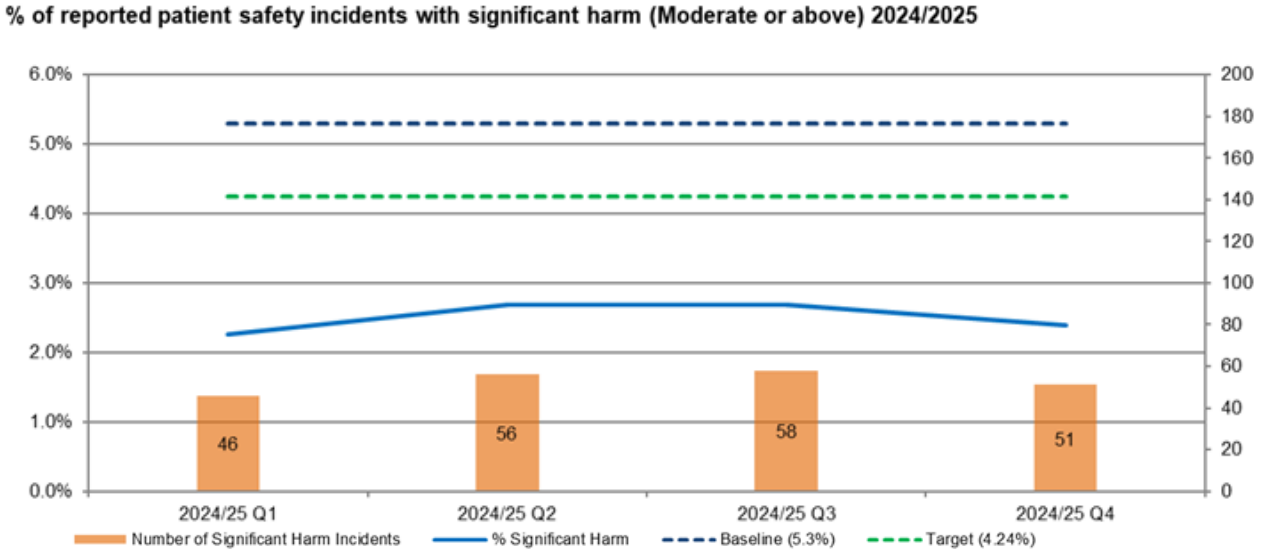


Figure 8: Percentage of reported patient safety incidents with significant harm

The five Trust patient safety priorities are Infection Prevention & Control, Falls, Discharge, Medication and the Deteriorating Patient. Working groups for each priority are actively developing their work plans based on emerging themes and monitoring the impact of improvement work. Other emerging themes such as nutrition/hydration and tissue viability have been identified and working groups are in place to manage and monitor the impact of improvement work.

Part 3

Other information

ExCEL Ward and Outpatient accreditation programme

The Trust has developed the ExCEL (Excellent Care at Every Level) accreditation programme for inpatient and outpatient areas which is recognised as a key driver of quality improvement and ensuring the Trust meets quality standards. The programme contributes to the Trust's overall assurance, including CQC regulatory requirements for monitoring the quality and safety of our services. It acknowledges and incentivises high standards of multidisciplinary care and reduces variation in practice at ward and departmental level.

The programme is recognised by the Board of Directors as a driver and enabler of quality improvement and is a well-established mechanism for delivering broader Trust objectives. Examples of these include Improvement huddles and Improving Together methodology, Sustainability, Freedom to speak up, Equality Diversity and Inclusion, Health Inequalities as well as safety indicators and priorities including falls, pressure ulcers, patient flow and infection control.

Assessment takes a tiered approach with wards and outpatient areas assessed at Foundation level initially, followed by Bronze, Silver and Gold. Gold level was introduced in 2024 - attainment of Gold level is a significant achievement and indicator of outstanding patient care and safety delivered by the Multidisciplinary team. Silver and Gold level includes a charter mark for End of Life care and Dementia care.

Where standards are not met, support is provided to the wards and outpatient departments to improve performance so that they can achieve the necessary requirements for accreditation and improve the quality and safety of the services they provide.

Progress to date:

Ward Accreditation: A total of 28 clinical areas including 23 adult wards, Maternity ward (Mary), Bath Birthing Centre, NNU, Children's ward, Intensive Care Unit are included in the Ward Accreditation programme. All areas have achieved Foundation level, 7 wards are at Bronze level, 17 are at Silver level and 3 wards have achieved Gold level (2 in the last 6 months).

Outpatient Accreditation: A total of 23 clinical areas including 23 adult areas and Children's unit are included in the Outpatient Accreditation programme. All areas have achieved Foundation level, 9 outpatient areas are at Bronze level, 13 are at Silver level and 1 outpatient area has achieved Gold.

In all areas we have continued to see excellent examples of engagement with the programme and high-quality patient care.

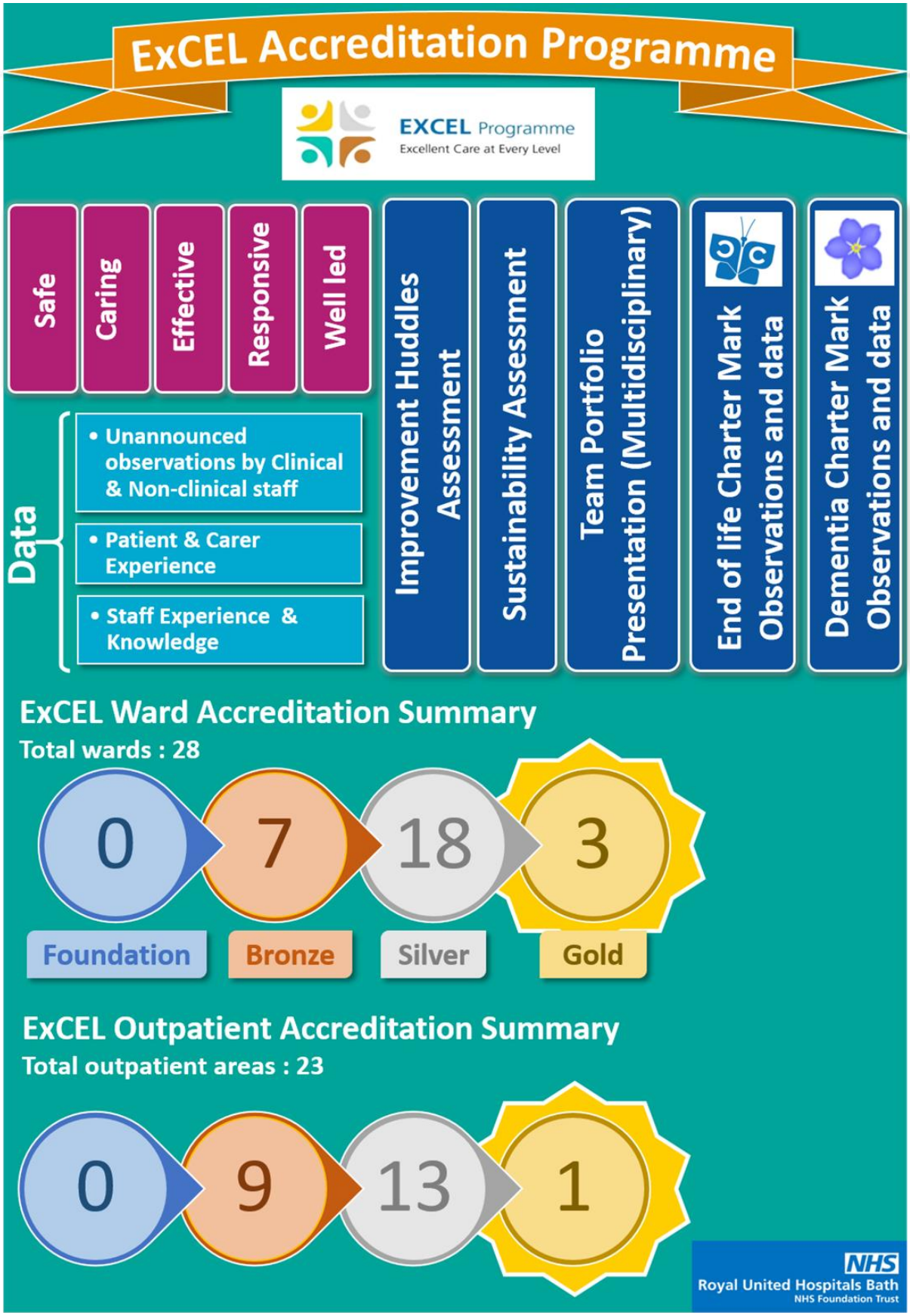


Figure 9: ExCEL Accreditation Programme Summary

Compliance with the Care Quality Commission regulations

The Trust is compliant with the registration requirements of the Care Quality Commission (CQC) and is registered with no conditions applied.

During 2024-25 the Trust received an inspection of the Surgery core service.

Surgery Core Service

The CQC undertook a focused unannounced inspection of the Surgery core service from 13 March 2024 to 14 June 2024 which included site visits on 20 and 21 March 2024. The inspection was undertaken on three surgical wards due to information of concern the CQC had received regarding the quality and safety of the surgical service. The inspection was carried out under the new CQC Single Assessment Framework and reviewed specific quality statements for the safe, effective, caring and well-led domains.

The CQC published the inspection report in October 2024 giving a rating of 'Good' for Surgery. The report found that people the CQC spoke with were positive about the way they were cared for in the ward environment and staff were positive about the working environment provided by the trust. Staff understood duty of candour and were open and honest with people when things went wrong.

Staff had the right skills and experience. Inspectors saw that staff were approachable and openly discussed compassionate care, ensuring people with protected characteristics received individualised support. All staff emphasised treating people equally and without judgement. Medicines were stored and management safely.

The service is effective and worked in line with legislation and current evidence-based good practice and standards. The CQC noted the service was well-led with a clear strategy, vision and goals which was developed in collaboration with staff, patients and interested community members. The trust had a cultural improvement programme which was actively encouraging staff to speak up about any concerns with a network of freedom to speak up guardians. Staff the CQC spoke to said they felt able to bring any issues to the attention of their direct line manager and were aware of the freedom to speak up guardians.

The CQC identified some small areas for improvement and informed the Trust of the actions it needs to take. This included how the Trust reviewed incidents, fire risk assessments, and auditing how they monitored people's food and fluid intake and blood clot assessments when people were admitted to the surgical wards.

An improvement plan was put in place following the inspection, and progress in implementing the actions from this plan is being reviewed through the Trust Quality and Safety Group on a quarterly basis.

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 2024/25:

- 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 welcomes the opportunity to comment on the Royal United Hospitals (RUH) Bath NHS Foundation Trust's Quality Account for 2024–2025. We appreciate the Trust's continued commitment to transparency, patient safety, and quality improvement, and we commend the efforts made during the past year to enhance care and patient experience.

Recognition of Progress in 2024–2025

We acknowledge the significant progress made by RUH in 2024–2025, particularly in the areas of patient safety, communication, and fostering a positive safety culture. The Trust's initiatives to improve incident reporting, learning from patient feedback, and embedding a culture of openness and continuous improvement are commendable. We also note the improvements in communication with patients and families, which are essential for building trust and delivering person-centred care.

Looking Ahead to 2025–2026

We are encouraged by the Trust's priorities for 2025–2026, including the implementation of the Carer Development Framework and enhanced communication strategies. These initiatives reflect a strong commitment to supporting carers, improving patient and family engagement, and ensuring that services are inclusive and responsive to community needs. We also support the Trust's focus on workforce development, digital transformation, and equity of access to services.

Final Reflections

Healthwatch values the collaborative relationship with RUH and the inclusion of patient and public voices in shaping services. We encourage the Trust to continue engaging with diverse communities, addressing health inequalities, and maintaining a strong focus on quality and safety. We look forward to working together to support the delivery of compassionate, high-quality care for all.

Healthwatch Bath and North East Somerset
Healthwatch Wiltshire

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

Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) on Royal United Hospitals Bath Quality Account for 2024/ 2025

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on Royal United Hospitals' (RUH) Quality Account for 2024/2025. 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 aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of the Trust's achievements, challenges and future priorities, aimed at providing continued delivery of high-quality care.

It is the view of the ICB that the Quality Account reflects RUH's ongoing commitment to continuous improvement in patient care and safety, and recognises the Trust's key achievements in the following areas:

- Improved learning from patient safety events by enhancing the Datix reporting system, launching a PSIRF learning response tracker for real-time learning, and establishing a collaborative forum with RUH Safety, Quality, and Improving Together teams. Additionally, a comprehensive patient safety training programme was introduced for all RUH staff, including mentorship and one-onone support, to better identify quality improvement workstreams and enhance learning.

- The Trust has made significant strides in developing a safety culture, achieving 89% compliance in Patient Safety Levels 1 and 2, and delivering patient safety training to the RUH Board for oversight of PSIRF and patient safety initiatives.

- Achieved accreditation by Communication Access UK, demonstrating RUH's commitment to supporting individuals with communication difficulties. Conducted several audits to identify additional learning or support needs for staff, ensuring ongoing compliance with Accessible Information Standards. Developed intranet pages compiling relevant learning materials and resources to assist staff in communicating with patients with additional communication needs. This includes communication assistance cards, booking British Sign Language (BSL) interpreters, tips for communicating with deaf or hard-of- hearing patients, and links to other Trust teams, such as the Family Liaison Facilitators.

- Developed the ExCEL (Excellent Care at Every Level) accreditation programme for inpatient and outpatient areas. The programme contributes to the Trust's overall assurance, including meeting CQC regulatory requirements for monitoring the quality and safety of services, and is a key driver for quality improvement. Achieving Gold level is a significant accomplishment and an indicator of outstanding patient care and safety delivered by the multidisciplinary team, with three wards at RUH having already attained this level.

- The CQC published their inspection report in October 2024, awarding a 'Good' rating for Surgery at RUH. The report highlighted positive feedback from patients regarding their care in the ward environment and from staff about the working environment provided by the Trust. Staff were found to have the right skills and experience, understood the duty of candour, and were open and honest with patients when things went wrong.

BSW ICB also recognises the breakthrough objectives and priority areas identified for further development during 2025/26. Specific priority areas identified for further development during 2025/26 are:

1. Improving Patient Safety & Quality through ensuring staff can identify and act on patient safety, quality and experience concerns and can see improvement.

2. Increasing the recognition of the value carers provide through building on the support that is already in place, strengthening the experience that carers have whilst supporting patients at RUH

3. Improving communication in a clear and understandable way, resulting in an overall continued increase in the number of patients reporting a positive experience of care.

We look forward to seeing progress with the quality priorities identified in this Quality Account, in conjunction with the continued maturity of PSIRF, including the embedding of NHSE Being fair tool (2025), to replace Just Culture guide, as well as the Trust's contribution to system wide learning and improvement.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Royal United Hospitals and together with our wider stakeholders, will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Yours sincerely,

Gill May
Chief Nurse Officer
BSW ICB

Annex 3 - Statement from Wiltshire Council Health Select Committee

Reviewed. No comments provided.

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. Therefore, no limited assurance report is available on the Quality Account report in 2024/25.

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 **Cara Charles-Barks**

List of abbreviations

A	**AIS**	Accessible Information Standards
	ASU	Adult Surgical Unit
	AAUF	Average for people alive and ulcer free
B	**BaNES**	Bath and North East Somerset
	BSL	British Sign Language
	BSW	Bath and North East Somerset, Swindon & Wiltshire
C	**C.Difficile or C.DIff**	Clostridioides difficile
	COPD	Chronic Obstructive Pulmonary Disease
	CQC	Care Quality Commission
	CRANE	Cleft Registry and Audit Network
	CRM	Cardiac Rhythm Management
	CSCI	Continuous Subcutaneous Infusions
	CVDPrevent	National Audit of Cardiovascular Disease – Prevention in Primary Care
D	**DNA**	Did Not Attend
	DPP	Diabetes Prevention Programme
	DSP	Data Security and Protection
	DSPT	Data Security and Protection Toolkit
E	**ELLA**	Environmental Lessons Learned and Applied
	ePMA	Electronic Prescribing and Medicines Administration
	EPR	Electronic Patient Record
	ExCEL	Excellent Care at Every Level
F	**FEA**	Foot Examination Assessment
	FFFAP	Falls and Fragility Fracture Audit Programme
	FLS-DS	Fracture Laison Service Database
G	**GWH**	Great Western Hospital (Swindon)
H	**HES**	Hospital Episode Statistics
	HSMR	Hospital Standardised Mortality Ratios
I	**ICA**	Integrated Clinical and Practitioner Academic
	ICA	Integrated Clinical and Practitioner Academic
	ICB	Integrated Care Board
	IM&T	Information & Technology
	IPC	Infection Prevention and Control
	IPCC	Infection Prevention and Control Committee
	IPS	Infection Prevention Society
	IV	Intensive Therapy Unit
K	**KPI**	Key Performance Indicator
L	**LAAO**	Left Atrial Appendage Occlusion
	LeDeR	Learning from lives and deaths or people with a learning disability and autistic people
	LFPSE	Learning from Patients Safety Events

M	**MBRRACE-UK**	**M**others & **B**abies**: R**educing **R**isk through **A**udits & **C**onfidential **E**nquires-UK
	MINAP	Myocardial Ischaemia National Audit Project
N	**NACAP**	National Asthma and COPD Audit Programme
	NACEL	National Audit of Care at the End of Life
	NACSA	National Adult Cardiac Surgery Audit
	NAD	National Audit of Dementia
	NAIF	National Inpatients Falls
	NAoMe	National Audit of Metastatic Breast Cancer Audit
	NAoPri	National Audit of Primary Breast Cancer
	NAPCI	National Audit of Percutaneous Coronary Interventions
	NATCAN	National Cancer Audit Collaborating Centre
	NBOCA	National Bowel Cancer Audit
	NCAA	National Cardiac Arrest Audit
	NCAP	National Cardiac Audit Programme
	NCAP	National Clinical Audit of Psychosis
	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
	NCHDA	National Congenital Heart Disease Audit (NCHDA)
	NCtR	Non-Criteria to Reside
	NDFA	National Diabetes Foot Care Audit
	NDISA	National Diabetes Inpatient Safety Audit
	NEIA	National Early Inflammatory Arthritis Audit
	NELA	National Emergency Laparotomy Audit
	NHFA	National Heart Failure Audit
	NHFD	National Hip Fracture Database
	NHS	National Health Service
	NHSE	National Health Service England
	NIHR	National Institute for Health and Care Research
	NIV	Non-invasive ventilation
	NKCA	National Kidney Cancer Audit
	NLCA	National Lung Cancer Audit
	NMCRR	National Mortality Case Record Review
	NMPA	National Maternity and Perinatal Audit
	NNHLA	National Non-Hodgkin Lymphoma Audit
	NNAP	National Neonatal Audit Programme
	NNU	Neonatal Unit
	NOA	National Obesity Audit
	NOCA	National Ovarian Cancer Audit
	NOGCA	National Oesophago-Gastric Cancer Audit
	NPCA	National Prostate Cancer Audit
	NPDA	National Paediatric Diabetes Audit
	NPID	National Pregnancy in Diabetes Audit
	NRAP	National Respiratory Audit Programme
	NSS	National Staff Survey
	NVR	National Vascular Registry
O	**OHCAOO**	Out-of-Hospital Cardiac Arrest Outcomes
	OMS	Operational Management System
P	**PFOC**	Patient Foramen Ovale Closure
	PICANet	Paediatric Intensive Care Audit
	PiP	Paperless Inpatients

	PMRT	Perinatal Mortality Review Tool
	POMH	Prescribing Observatory for Mental Health
	PSCT	Patient Support & Complaints Team
	PSII	Patient Safety Incident Investigation
	PSIRF	Patient Safety Incident Response Framework
Q	**Q1/Q2/Q3/Q4**	Quarter 1, Quarter 2, Quarter 3 & Quarter 4
	QI	Quality Improvement
	QIP	Quality Improvement Project
	QOMS	Quality and Outcomes in Oral and Maxillofacial Surgery
	QSIR	Quality Service Improvement & Redesign
R	**RCA**	Root Cause Analysis
	RCEM	Royal College of Emergency Medicine
	RCP	Royal College of Physicians
	ReSPECT	Recommended Summary Plan for Emergency Care Treatment
	RNHRD	Royal National Hospital for Rheumatic Diseases
	RUH	Royal United Hospital
S	**SDEC**	Same Day Emergency Care
	SHMI	Summary Hospital Level Mortality Indicator
	SHOT	Serious Hazards of Transfusion UK National Haemo vigilance Scheme
	SJR	Structured Judgment Review
	SSNAP	Sentinel Stroke National Audit Programme
	SUS	Secondary User Service
T	**TARN**	The Trauma Audit & Research Network
	TAVI	Transcatheter Aortic Valve Implantation
	TBC	To Be Confirmed
	TMTV	Transcatheter Mitral and Tricuspid Valve
U	**UHBW**	University Hospitals Bristol and Weston
	UV	Ultraviolet
V	**VTE**	Venous Thromboembolism