Royal United Hospitals Bath NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Outstanding
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected the Royal United Hospitals Bath NHS Foundation Trust as part of our comprehensive inspection programme of all NHS acute trusts.

The inspection was announced and took place between 15 and 18 March 2016. We also inspected the hospital on an unannounced basis on 29 March 2016.

Safe:

- We rated safety in the trust as requires improvement. Urgent and emergency care, critical care, maternity and gynaecology, community maternity services and medical care at the Royal National Hospital for Rheumatic Diseases were rated as requires improvement. All other services were rated as good.
- There were periods where staffing and skill mix were not as planned by the trust. This was mitigated by higher numbers of healthcare assistants and in some cases supervisory ward sisters acting in a clinical capacity. Nurse staffing and skill mix was assessed and reviewed twice a year using recognised tools to determine staffing levels. In places, wards had not been fully engaged with this in the review in August 2015, but were in February 2016. Although there was awareness and systems in place to flex nurse staffing across wards, these were not clear and relied upon the judgement of senior staff rather than being grounded in clear processes. There was however, a process in place for the authorisation of the use of agency staff and a staffing escalation policy in place. Recruitment was ongoing for nursing vacancies across the trust and the trust was training assistant nurse practitioners in order to provide additional support.
- The trust commissioned a fire safety review in November 2015. Actions were being taken to mitigate the concerns raised. However, these were ongoing and would not be complete until quarter three of the 2016/17 financial year. The trust told us about the actions they were taking and provided an action plan. However this action plan did not clearly show the progress and interim mitigating actions.
- The records maintained regarding the servicing, repair and cleaning of equipment was not always clear and did not provide assurance that all equipment was being regularly maintained.ithin maternity services, there were not sufficient numbers of key equipment available, for example epidural pumps. For example, within the maternity services.
- Improvements were required in record management around secure storage of community midwives completed diaries.
- Patients admitted to the medical ward at the Royal National Hospital for Rheumatic Diseases with complex needs did not have care plans in place to provide the staff with detailed information and guidance regarding their care and treatment needs.
- Patient monitoring records and charts at the Royal National Hospital for Rheumatic Diseases were not fully or consistently completed.
- It was not clear that correct procedures had been consistently followed when staff identified safeguarding concerns in relation to a patient admitted to the ward at the Royal National Hospital for Rheumatic Diseases.
- Patients admitted to the ward at the Royal National Hospital for Rheumatic Diseases were screened for infections prior to being admitted. However, the results from the screening test were not stored in the notes held on the ward but returned to medical records. This meant there was a risk that the promotion and control of infection on the ward would not be effective.
- Not all staff at the Royal National Hospital for Rheumatic Diseases had completed their mandatory training.
- There was no clear system in place at the Royal National Hospital for Rheumatic Diseases to provide consultant cover for medical patients who were transferred from the Royal United Hospital.
- Openness and transparency about safety was encouraged and embedded across the hospital. Systems were in place for the recording, investigation and learning from incidents. Staff understood their responsibilities to raise and report concerns, incidents and near misses. There was evidence that learning was widely shared across the hospital. However, within critical care not all incidents were reported and had become 'every day events'.

Summary of findings

- When something went wrong, patients received a sincere and timely apology. They were told about any actions taken to improve processes to prevent the same happening again. The majority of staff understood their responsibilities under the Duty of Candour requirement and could provide examples when they had been used.
- Performance showed a good track records and steady improvements in safety. The morality risk was similar at weekends to that during the week within the hospital and the trust scored within the expected range. Rates of new pressure ulcers, falls and catheter acquired urinary tract infections were monitored with no discernible trends. There were techniques in place to help patients avoid harm. These included: the discrete identification of risks on the patient board, for example, their risk of falls and vulnerable pressure areas; and, comfort rounds carried out by staff.
- Medicines were managed effectively throughout the hospital, with secure storage and effective recording where appropriate.
- In the majority of the hospital infection control practices were good. However, in some areas of the hospital for example, in critical carethe emergency department and maternity services, cleaning required improvement. There had also been a higher rate of infections with Clostridium difficile than the hospital target, and also a case of legionella colonisation on one of the wards.
- Records throughout the hospital were stored securely. However, there were some instances where confidential information was not secure if left unattended.
- The completion of records was variable within the hospital. In most areas records were completed and there were clear plans of care and treatment for patients. However, within the emergency department, records were not always completed in order to ensure that it was easy to identify if a patient's condition was deteriorating.
- In most areas of the hospital there was a proactive approach to anticipating and managing risks to patients. These were embedded and were recognised as being the responsibility of staff. However, within the emergency department, the time taken to triage and assess patients self-presenting at the department (not being admitted by ambulance) was not consistently recorded and accurate performance data was not available. This meant we could not be assured that patients were quickly assessed to identify or rule out lifer monitored, and so it was not or limb threateningpossible to monitor the risks associated with patients presenting with potentially life threatening conditions to ensure patient safety. We saw examples of patients waiting over an hour for initial assessment. waiting for a long period of time for assessment.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep patients safeguarded from abuse. Staff understood the processes and there was evidence of reporting occurring as necessary.

Effective:

- We rated the effectiveness of services within the trust as good. All services that we rated for effectiveness were good with the exception of medical services at the Royal United Hospital Bath which was rated as requires improvement.
- Patients care and treatment was planned and delivered in line with current evidence-based guidance and standards. We saw good levels of compliance with recognised care pathways, including those for sepsis and stroke care within the emergency department.
- Compliance with protocols and standards was monitored through both internal and national audit. Performance with national audits was mostly in-line with or better than other trusts. For example, the trust was rated C in the Sentinal Stroke National Audit Programme, which placed them in the top 44% of trusts offering stroke care. There was evidence that audit was used to improve performance and practice, for example in the treatment of sepsis in the emergency department. However, improvement was required in the National Diabetes Inpatient Audit from 2015. Improvements were also required in the audit of compliance with guidance on the termination of pregnancy and the monitoring of rated of infection post caesarean section for learning.
- Patient outcomes were generally good, although patient reported outcome measures (PROMs) for patients receiving surgical treatment for groin hernias and varicose veins were worse than the England average.

Summary of findings

- Patients were offered support with their meals and additional snacks and drinks were available to patients at all times.
- In most areas of the trust, staff were provided with the training and support they needed to do their job. In the emergency department nursing and medical staff receive regular teaching and supervision. They were encouraged and supported to develop areas of interest in order to develop professionally and progress in their careers. However, appraisal performance in services for children and young people required improvement.
- Care was delivered in a coordinated way with support from specialist teams and services. There was close, collaborative working across the trust for example, between the emergency department, stroke team, discharge assessment team, specialist nurse for older people, mental health liaison service and the alcohol liaison service. The multidisciplinary team working at the Royal National Hospital for Rheumatic Diseases was effective and at times outstanding.
- Staff at the Royal National Hospital for Rheumatic Diseases were encouraged to undertake role specific training to ensure they were competent and provided a high standard of care and treatment.
- Staff had a good understanding of the Mental Capacity Act 2005 and were able to describe the process where they would recognise if a deprivation of liberty was occurring or was likely to occur. In this situation, they would work with trust staff to apply to the local authority to authorise the deprivation, or exercise the trust's right to have a trust-appointed urgent authorisation (providing an application went to the local authority alongside this). Staff explained how any deprivation would be after other avenues to provide safe care had been explored. Any deprivation to protect or care for the vulnerable patient would be in their best interests. A vulnerable patient would be one who did not have the mental capacity at the time to make his or her own decisions. The trust policy stated an authorisation would not be considered if the patient's stay was not likely to be more than 72 hours, but it did not provide for flexibility in relation to the application of the 72-hour rule. The policy also did not yet reference the 2015 guidance from The Law Society for deprivation of liberty in hospital settings.
- Patients were assessed and provided with adequate pain relief most of the time. We saw some examples of where assessed pain levels were not recorded and pain relief was not provided in a timely manner in the emergency department. Additional equipment was required to assist with pain and discomfort during labour and birth.
- Not all services at the Royal National Hospital for Rheumatic Diseases were operational over seven days. Patients did not have routine access to therapy, x-ray and medical staff out of hours. There was no clear pathway for medical patients to be seen or reviewed by a consultant.

Caring:

- Overall, caring within the trust was rated as outstanding. Services for children and young people and end of life care at the Royal United Hospital Bath were rated as outstanding, with all other services rated as good.
- Patients were treated with kindness and compassion. Staff throughout the trust provided reassurance when patients were anxious and confused. Within services for children, staff were skilled in communicating with children and young people to minimise their anxiety and to keep them informed of what was happening.
- Children and young people were treated as individuals and as part of a family. Feedback was exceptionally positive about the care they received, and praised the way staff really understood the needs of the child and involved the whole family.
- Within end of life care, patients and their families were universally positive about the way they were treated by staff. There was a strong patient-centred culture and staff across the hospital were motivated to provide high quality end of life care and support that promoted patients' dignity and respect. This was centred around an approach called the conversation project.
- Patients were treated with courtesy, dignity and respect. Patients and their relatives were greeted by staff who introduced themselves with their name and role.
- Across the trust, patients and their families were involved as partners in their care. Parents, siblings and grandparents were encouraged to be involved in children and young people's care and treatment.

Summary of findings

- Patients understood their care, treatment and condition, worked with staff to plan their care and shared decision-making about their care and treatment. Doctors and nurses took time to explain care in a sensitive and unhurried manner.
- There was a trust wide approach to initiating conversations with patients and relatives who were making the transition to end of life care.
- However, within critical care there was limited support for patients who stayed on the unit for a long time, in order to keep them in touch with life going on around them. For example, there was not active use or promotion of using quality patient diaries.
- Improvements were required in the number of patients engaging in feedback of experience surveys in maternity services.
- Within outpatient and diagnostic imaging services, staff did not always respect confidentiality when speaking with patients at reception desks.

Responsive:

- Overall, improvements were required to ensure that services within the trust were responsive to patients' needs. The Royal United Hospital Bath was rated as requires improvement overall for responsive. Urgent and emergency services, medical care, surgery, critical care and outpatients and diagnostic imaging provided at the Royal United Hospital were rated as requires improvement. However, services for children and young people, maternity and gynaecology and community maternity were rated as good with end of life care rated as outstanding. Services at the Royal National Hospital for Rheumatic Diseases were rated as requires improvement overall for responsive, with medical care requiring improvement and outpatients and diagnostics rated as good.
- Access and flow within and from the emergency department required improvement. was an issue within the trust. Although 95% of patients arriving by ambulance received an assessment within eight minutes of arrival being admitted toin the emergency department, the hospital consistently failed to meet the standard which requires thatfor 95% of patients areto be discharged, admitted or transferred within four hours of arrival. There had been a worsening trend since October 2015 with the worst performance in January 2016 at 71.8%. The average for the year (stated in data in January 2016) was 86.6%. Despite this there were no patients who waited in the department for longer than 12 hours on a trolley. , Aalthough patients did remain in the department overnight when there were no beds available in the trust, the 12 hour standard was not breached.
- However, this was not solely an emergency department problem. The flow of patients throughout the trust from admission to discharge was not efficient. Patients sometimes stayed in hospital longer because ward teams were not able to arrange transfer to community hospitals or to easily access packages of social care in the community.
- There were a number of initiatives ongoing in the hospital to improve the flow of patients. For example, there was a ward flow pilot project to streamline the process of transferring patients from the medical assessment unit to speciality wards. The emergency surgical ambulatory unit had reduced the need for patients referred by their GP to the Royal United Hospital Bath to be admitted to the hospital.
- There were long waiting times, delays and cancellations of routine operations within the trust. Access to specialist treatment for routine patients was greater than the 18 week standard across surgical specialties and in gastroenterology, cardiology and dermatology. From May 2015 when the standard was abolished, timely access to these services deteriorated further. The short stay surgical unit had been used as an escalation ward since December 2015, in order to accommodate the demand on services across the hospital. This had an impact on the number of elective operations that the trust could perform.
- Within outpatient services, 14 out of 31 specialty departments were breaching the national standard for patients to receive their outpatient appointment within 12 weeks of referral, in order that treatment can start within 18 weeks. However, the trust met the national cancer waiting time standards. There were delays for follow up patients receiving appointments at the Royal National Hospital for Rheumatic Diseases. However, patients were provided with appointment dates promptly when assessed as requiring admission to the ward to take part in a pain management programme.
- Services were developed in response to patient need. For example, the fibromyalgia service.
- Due to pressure on services, we found that patients were being moved between wards at night. Data

Summary of findings

collected showed that the number of patient moves after 10pm had reduced between October and November 2015. This occurred in surgical and critical care services. In addition patients in critical care experienced delays in being discharged from the unit because of pressure on services elsewhere in the trust. These delays were worse than the national average. However, there were fewer urgent operations cancelled due to the lack of an available critical care bed.

- Although admission criteria had been developed for patients being transferred to the Royal National Hospital for Rheumatic Diseases from the Royal United Hospital Bath, these were not always complied with.
- Most services in the hospital were responsive to people's individual needs. There were very good facilities for patients living with dementia in all areas. For example within outpatients there was a sensory box in place to support patients using distraction therapy. There was good support for patients with a learning disability and their families and carers in all areas. However, within critical care, there were no follow up clinics and limitedor ppsychological support for patients following discharge from the unit, no high or low-level communication aids for patients, and there were limited facilities for relatives on the unit. Also at the Royal National Hospital for Rheumatic Diseases the ward did not fully meet the care needs for patients who lived with dementia. However the admission criteria was clear that patients with dementia should not be transferred to the hospital.
- Within maternity services, there was good access and flow, although gynaecology services were affected by the access and flow issues in the rest of the hospital. There was; however, room for significant improvement in the provision of specialist bereavement services for maternity patients and their families experiencing loss. Staff were not trained in this and tThe designated areas identified to care for bereaved women and their families lacked privacy, space and facilities.
- Services for children and young people were tailored to meet their needs and delivered in a flexible way. Although facilities within the areas of the hospital designated for children and young people were good, other areas, including the theatre recovery rooms were not child friendly.
- The responsiveness of end of life care within the hospital was outstanding. There was an individual approach to the planning and delivery of end of life care. The trust worked with services in the local community to provide continuity of care where possible. Rapid discharge was provided for patients when the appropriate packages of care were available in the community. The trust engaged commissioners and community services in driving improvements in end of life care.
- Complaints were managed effectively across the hospital. There were no barriers to making a complaint, they were handled in an open manner and opportunities for learning and improvement were acted upon.

Well Led:

- We rated the well led domain as good. All services within the Royal United Hospital Bath were rated as good with the exception of critical care which was rated as requires improvement. Community Maternity services were rated as good. At the Royal National Hospital for Rheumatic Diseases, the well led domain was rated as requires improvement overall, requires improvement for medical care and good for outpatients and diagnostic imaging services.
- The leadership, governance and culture promoted the delivery of high-quality person centred care. There was a clear statement of vision and values within the trust which was driven by quality and safety. Some departments, for example, the emergency department had created mission statements.
- There were effective governance frameworks throughout the hospital, risks were identified and the majority were mitigated effectively. Leaders were aware of challenges to patient care within services and identified plans for improvement. Cross department and directorate working were evident on work which was ongoing to improve the flow of patients through the hospital and out into the community. Partnership working was evident.
- Clinical and internal audit processes were well embedded and had a positive impact on quality governance.
- There was an open culture within the whole trust and staff were proud of the service they delivered to patients. People were encouraged to report incidents. There was a culture of safe innovation, with staff telling us of the "Dragon's Den" approach to pitching areas for improvement to the trust board.

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- Leadership within directorates was visible, and staff felt supported in their roles. There was clear local leadership at the Royal National Hospital for Rheumatic Diseases and staff were confident and able to approach the hospital manager for support and guidance when necessary. However, not all staff saw their line manager regularly and sought support from other managers on site when needed.

However:

- The plans to improve meaningful staff engagement were not embedded at the time of the inspection and it was not possible to evaluate the impact of them.
- Whilst the trust had made a positive start to work to ensure employees from black, minority and ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace, that work had not yet started to have an impact.
- The staff survey results showed areas where the trust wasis performing worse than other trusts and these needed addressing.
- The critical care service lacked senior nurse leadership as there had been no matron in post for over a year prior to our inspection. Although there was support from the clinical lead, senior sister and senior manager providing temporary oversight, the unit was not performing as it should without the guidance of its most senior nursing post. The unit was not always benefitting from the wider experience and skills of trust-wide teams. The leadership did however, promote the delivery of safe patient care and there had been improvements in safety and quality measurement and governance arrangements. There had also been measurable and valuable innovation and change within the unit following audit, research and investigations into best practice.
- The trust had acquired the Royal National Hospital for Rheumatic Diseases in February 2015. Governance systems had been put in to place and in some areas were working well, in others they had not fully embedded. There was limited monitoring and quality measurement of the care and treatment records maintained for patients on the ward. There were significant gaps in the care records which had not been identified or addressed.
- It was not clear that feedback from patients at the Royal National Hospital for Rheumatic Diseases had been actioned or that information was provided to staff regarding such actions. For example, patients had requested cooked food at breakfast times but staff were not aware whether there were any plans to address this.

We saw several areas of outstanding practice including:

- The emergency department had developed guidelines on the management of patients during periods of high demand and when flow out of the department was limited.The guidelines aimed to reduce patient safety risks associated with overcrowding by minimising the number of patients with undifferentiated diagnosis waiting in the corridor. The document also describes measures to maintain the comfort and dignity of patient queuing in the corridor.
- SSSU and SAU had Project Search Students. This programme provided a mixture of structured work placements and classroom learning for young people living with learning disabilities. It was evident that the students were part of the team and had a clear set of tasks and structure to their daily routine.
- The SAU operated an Emergency Surgical Ambulatory Care Unit (ESAC). As part of a Quality Improvement Project (QUIPP 5.8) it was recognised that patients waiting for emergency surgical procedures such as hernia and abscesses (category C and D as classified by NCEPOD), were not being managed properly. These patients were often starved and cancelled at the end of an emergency theatre lists due to running out of theatre time. The ESAC had two dedicated surgeons, which operated a booked emergency list, which focused on these patients and had eight spaces. It had its own dedicated ultra sound equipment, room and a Sonographer who has a dedicated inpatient clinic for two hours a day, Monday to Friday.
- The ESAC unit was run by two band seven Nurse Practitioners, Monday to Friday. The Nurse Practitioners also ran a Nurse Led Clinic, which managed complex dressings, and an Accelerated Discharge Programme, which aimed to get patients home sooner but still give them the support and treatment required as an outpatient rather than inpatient.
- There was outstanding caring to children, young people, their parents and the extended family.

Summary of findings

- Frontline staff and senior managers were passionate about providing a high quality service for children and young people with a continual drive to improve the delivery of care.
- There was excellent local leadership of the children's service. Senior clinical managers were strong and committed to the children, young people and families who used the service, and also to their staff and each other.
- The trust had run The Conversation Project, which was an initiative to improve communication between staff and patients and relatives about care for the dying patient.
- The trust had implemented new documentation called The Priorities of Care for recording a personalised care plan for the dying patient.
- We observed and heard from patients and relatives numerous examples of outstanding, compassionate care provided by nursing, medical and cleaning staff for patients at the end of their lives.
- We saw some outstanding practice within the outpatients department, in how staff treated and supported patients living with a learning disability. This included providing double appointments, rearranging appointments out of hours so patients with anxiety problems could be seen without other patients around. We saw how carers were fully involved where appropriate including working with them and the patient during potentially intimate examinations.
- The orthopaedic and fracture clinic had a sensory box that could be used for patients with dementia, a learning disability and children. The box had a range of sensory objects as well as appropriate picture books. Staff told us they use the box regularly as part of distraction therapy.
- The Royal National Hospital for Rheumatic Disease was a centre of excellence for lupus care and treatment.
- The Royal National Hospital for Rheumatic Disease had received national recognition by the Health Service Journal as the best specialist place to work in 2015.
- The Fibromyalgia service had been developed in response to patient need and was now being set up to become a franchised model to share the programme with other trusts.
- The Complex Regional Pain Syndrome (CRPS) service held a weekly multidisciplinary meeting. We attended this meeting during our inspection and found the content and style of the meeting to be outstanding.
- Staff worked well as a multi-disciplinary team throughout the hospital. We saw outstanding team working during a multi-disciplinary team meeting we attended. The patient was at the centre of the meeting, with all professionals striving to promote the health and wellbeing of the patient.
- Patients could attend the RNHRD either as in patients or staying nearby in self-contained flats, dependent on their care needs and independent living skills. The patients who stayed on the ward were provided with care from the nursing staff. The psychologists who led the pain management programmes provided nursing staff with informal training regarding the philosophy of the programme and how to support patients with their treatment.

Importantly, the trust must:

- The trust must continue to work in collaboration with partners and stakeholders in its catchment area to improve patient flow within the whole system, thereby taking pressure off the emergency department, reducing overcrowding and the length of time that patients spend in the department.
- The trust must take steps to ensure that the emergency department is consistently staffed to planned levels to deliver safe, effective and responsive care.
- The trust must take steps to ensure that all staff in the emergency department are up-to-date with mandatory training.
- The trust must monitor and report on the time to initial assessment of patients who self-present in the emergency department.
- The trust must take steps to improve record keeping within the emergency department, so that patients' records provide a contemporaneous account of assessment, care and treatment.
- The trust must take steps to ensure that patients in the emergency department receive prompt and regular observations and that early warning scores are calculated, recorded and acted upon.The trust must ensure staff in the emergency department adhere to safe systems to ensure resuscitation equipment and medicines are safely stored.

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- The trust must take steps to improve recording of pain assessment scores and pre-hospital medication and ensure that patients who need it receive prompt and appropriate pain relief.
- The trust must take action to ensure that staffing reviews are robust and reflect accurate and comprehensive data for all medical wards. The trust must continue to mitigate the risks associated with less than planned staffing levels to ensure safe staffing on medical wards for every shift
- The trust must take action to ensure that relevant staff are aware of the major incident protocol.
- The trust must take action to improve the safe storage of medical notes on the surgical wards.
- The trust must employ an experienced nurse to the post of critical care matron, a post that has been vacant for 15 months.
- The trust must ensure the approved operating policy for critical care is understood and followed by hospital staff when considering moving nursing staff to work on other wards. Review nursing staff levels so they meet recommended guidance for critical care to enable the supervisors/coordinators, protected staff, and clinical educators to fulfil their roles.
- The trust must review the incident reporting procedures within critical care to ensure staff are aware of what constitutes an incident, staff are enabled to report all incidents, and they receive feedback and follow-up from those they report.
- The trust must ensure all areas of the critical care unit are clean, tidy and organised to allow good cleaning to take place.
- The trust must review the equipment on the critical care unit to ensure all maintenance and servicing is up-to-date and then accurately recorded. Ensure all equipment and medicines are checked as required and stored safely, preventing the risk of tampering, and to meet legal requirements.
- The trust must ensure the access and flow of patients in the rest of the hospital reduces delays from critical care for patients admitted to wards. Reduce the number of patient discharges at night.
- The trust must make sure policies, guidance and protocols for providing care and treatment within critical care are reviewed and up-to-date with best practice at all times.
- The trust must ensure there are specialist bereavement staff andthere is an appropriate environment to effectively provide care and support for bereaved gynaecology and maternity patients and their families.
- The trust must ensure care records and documentation such as risk assessments, referrals to other professionals and clinicians, care plans and monitoring records such as food and fluid charts are in place. The records should be in sufficient detail and maintained appropriately to direct and inform staff on the action they must take to meet the care and treatment needs for patients.
- The trust must ensure that appropriate medical care is provided for patients transferred to the RNHRD from the medical wards at RUH.
- Must take action to ensure that community midwives diaries are stored securely for at least 25 years.

In addition the trust should:

- The trust should continue to develop cooperative relationships between the emergency department and other
- ensure the emergency department is supported by the wider hospital and there is more engagement from specialties in the urgent care improvement programme.The trust should ensure the workload pressures associated with overcrowding in the emergency department are understood and staff are supported as appropriate.The trust should continue to work with partners to improve the responsiveness of out of hours support for adults, children and young people with mental health issues.
- The trust should continue to work with partners to improve the responsiveness of the patient transport service.
- The trust should ensure patient records are stored securely on the cardiac ward.
- The trust should ensure staff are compliant with safeguarding children level two and safeguarding adults level two training.
- The trust should take action to improve the performance of the diabetes service, particularly with regard to prescription errors and the number of patients seen by a multidisciplinary foot team within 24 hours.
- The medical division should ensure specialty clinical governance meetings occur regularly.

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- The trust should ensure improvement plans to address difficulties of flow within the medical service proceed and the impact of these changes are critically monitored.
- The trust should ensure re-assessments of risk of venous thromboembolism are consistently completed.
- The trust should ensure staff identify review dates and stop dates for antibiotics prescribed.
- The trust should ensure that actions resulting from external reviews, for example fire safety reviews, are clearly documented and acted upon in a timely manner.
- The trust should make sure chemicals and substances that are hazardous to health (COSHH) are secured and not accessible to patients and visitors on the surgical wards sluice area.
- The trust should continue with their action plan to reduce their RTT in all surgical specialities.
- The trust should continue to recognise and address issues with nursing staff shortages on the surgical wards.
- The trust should make sure medical staff on the surgical wards are up-to-date with their mandatory and statutory training and meet trust targets.
- The trust should review the chairs in the admission suite as they were damaged and of the same height, which could make it difficult for patients with limited mobility.
- The trust should reduce the number of bed moves after 10pm on the surgical wards.
- The trust should make sure a doctor prescribes all oxygen therapy before being used.
- The trust should make sure all operations and procedures are included on consent forms prior to the start of the procedure/operation, especially for those who lack capacity to make the decision.
- The trust should review the SSSU meal trolley when it is plugged in as it reduces the power to the lights in the corridor, where patient's toilets were situated.
- The trust should make sure all equipment in theatres has the date of the last service recorded on them.
- The trust should repair all the equipment that was broken or damaged in theatres.
- The trust should ensure that trends in incidents are reviewed in critical care to allow actions to be taken quickly to address any areas needing to be improved.
- All staff, particularly those in critical care and the Royal National Hospital for Rheumatic Diseases, should have access to feedback following the reporting of incidents to ensure that learning takes place after an incident.
- The trust should look to reference the guidance by The Law Society in its policy relating to deprivation of Liberty, and ensure there is flexibility within the policy when applying the 72-hour rule.
- The trust should display avoidable patient harm data within critical care so it shows long-term results and is meaningful to visitors.
- The trust should complete the process of otherwise good mortality reviews within critical care services to demonstrate the implementation of actions and responsibility for their delivery.
- The trust should make sure all confidential information relating to patients in critical care is secure.
- The trust should review and risk-assess the provision of the critical care outreach team service or its equivalent, which was not being provided as recommended in best practice, with appropriately trained staff for 24 hours a day. Ensure there is a formal handover between the outreach team and hospital-at-night team.
- The trust should ensure sufficient allied health professional staff are used or employed to meet the rehabilitation needs of patients in, or being discharged from, critical care at all times.
- The trust should review the use of link roles for critical care staff to better embed this practice.
- The trust should look to provide an assessment for patients in critical care for any poor psychological outcomes or acute psychological symptoms, and provide support in line with National Institute for Care Excellence (NICE) guidance CG83.
- The trust should develop and implement approved strategies for patients admitted to critical care to keep them in touch with life around them. Improve the quality of communication aids for patients.
- The trust should improve the quality and quantity of information provided to patients and visitors to critical care on both printed and electronic format.
- The trust should look to analyse and determine how to reduce noise levels within the critical care unit.

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- The trust should progress the business care to provide patients with a consultant-led follow-up clinic for critical care.
- The trust should ensure the critical care unit looks outside of itself to the wider hospital experienced specialist teams for input into patient care and meeting the needs of patients and their visitors.
- The trust should produce a meaningful vision and strategy for the unit with action plans designed to improve quality and performance of the service.
- The trust should provide effective use and management of the critical care risk register.
- The trust should find a solution to the continuing poor relationship with the bed management/site team and ensure all sides understand and empathise with the pressures and risks to each other's services.
- The trust should improve direct feedback to the critical care unit from visitors and patients to capture their views and deliver services to meet their needs.
- The trust should ensure appropriate standards and auditing of cleanliness and infection control within the maternity and gynaecology services.The trust should ensure equipment and the environment on the delivery suite is clean and decontaminated after use.
- The trust should ensure there is enough obstetric equipment to provide epidural pain relief and to monitor the fetal heart during labour.The trust should ensure there is evidence that all equipment on the delivery suite had been serviced and checked as required.
- The trust should ensure the safe storage of medical records on Charlotte ward.
- The trust should ensure clear, easily accessible, written evidence in records to identify if maternity care should be midwife or consultant led.The trust should ensure the obstetric consultant staffing complies with Royal College of Obstetricians and Gynaecologists (Towards Safer Childbirth, 2007) recommendations on staffing for a unit of this siz
- The trust should ensure effective systems are in place which evidence one to one care was provided to women in established labour 100% of the time.
- The trust should ensure gynaecology patients are supported by specialist trained nursing staff at all times.
- The trust should ensure systems are in place to effectively monitor and review patients for post-operative infection rates following a caesarean section.
- The trust should ensure there is regular audit and evaluation of the termination of pregnancy services to ensure and full compliance with national guidance and recommendations.
- The trust should make sure all confidential records are stored securely on the children's wards.
- The trust should ensure all areas used by children are child friendly and should particularly consider improving the environment for children in the theatre recovery rooms.
- The trust should make sure appraisal rates are closely monitored and actions taken to improve performance for the staff on the children's wards.
- The trust should ensure discharge summaries are completed in an appropriate time frame.
- Several outpatient areas were breaching their waiting time targets and had long follow-up appointment waiting lists. We acknowledge the work the trust had done to resolve these issues, but the trust should continue to work on this area and make sure patients are seen in a timely way.
- The trust should make sure that clinic letters are typed and sent to GPs within the trust target.
- The trust should encourage all staff, particularly those within critical care and at the Royal National Hospital for Rheumatic Diseases, to complete incident reports themselves.
- The trust should ensure patients and visitors to the hospital could easily find their way to departments.
- All equipment should be serviced, maintained and/or calibrated to ensure it was fit for purpose and ready to use.
- The trust should ensure all staff were confident and competent to use emergency equipment when necessary.
- All staff should be trained and competent to use emergency evacuation equipment.
- The trust should ensure that patients can access hand washing facilities in every toilet.
- The trust should ensure that fluids for intravenous infusion are not accessible to patients and visitors to the ward.

Summary of findings

- The trust should ensure that the mandatory training is kept up to date for all staff.
- The trust should ensure that patient's medical care and treatment needs can be met at the RNHRD before transfers are arranged. The transfer criteria should be complied with.
- The trust should ensure governance systems at the Royal National Hospital for Rheumatic Diseases continue to be embedded.
- The trust should ensure that records demonstrate the action taken when safeguarding concerns are identified.
- The trust should ensure monitoring and quality measurement of the care and treatment records is in operation.
- The trust should ensure that staff have access to up to date information on the patient's infection status in particular in relation to MRSA.
- The trust should ensure the control of infection is promoted by the cleaning of the fabric curtains used in clinical areas.
- The trust should ensure all medicines are in date and a system for checking stock medication is introduced.
- The trust should ensure there was evidence that equipment had been cleaned after use.
- The trust should ensure there was evidence equipment that was the responsibility of the trust that owned the building (which may not be Royal United Hospitals Trust) had been cleaned, reviewed or renewed in line with that trusts policies.
- The trust should ensure the safety of community midwives using rooms at Royal United Hospital Trust maternity unit, out of hours when there were no other hospital staff nearby and accessing home birth equipment at night.
- The trust should ensure all of the birthing centres had carried out a practice emergency evacuation from their birthing pool.
- The trust should ensure there was evidence to show which women were risk assessed as suitable for home births or delivery at a birth centre.
- The trust should ensure there was evidence to show what increased risks would require a woman to be transferred for consultant care and/or hospital delivery.
- The trust should ensure maternity birthing equipment is avto assist with pain and discomfort during labour and birth was available.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Royal United Hospitals Bath NHS Foundation Trust

The Royal United Hospital Bath NHS Foundation Trust is an acute trust, providing care and treatment to a population of around 500,000 across, Bath, North East Somerset and Wiltshire.

The trust became a foundation trust in November 2014 and in February 2015 it acquired the Royal National Hospital for Rheumatic Diseases, which was the smallest foundation trust in the country. In 2014 the trust also took over the provision of maternity services across Bath, North East Somerset and Wiltshire. This included maternity provision at the Royal United Hospital as well as a number of midwifery led birthing centres across the Wiltshire, Bath and North East Somerset and community midwifery services which were managed from Bath.

The trust has 772 beds across the main location, the Royal United Hospital in Bath, the smaller location of the Royal National Hospital for Rheumatic Diseases, and four midwifery led birthing centres in the community, at Chippenham, Frome, Trowbridge and Paulton. At the time of our inspection the Paulton Birthing Centre was temporarily closed.

According to the 2011 Census, the population of Bath and North East Somerset Unitary Authority was 94.5% white and 18.8% of the population were aged 65 and over. The population of Wiltshire Unitary Authority was 96.4% white and 19.5% were aged 65 or over.

Bath and North East Somerset Unitary Authority performed better than the England averages for 23 of the 32 indicators in the Area Health Profile 2015. There were three areas where the county performed significantly worse than average: incidence of malignant melanoma, hospital stays for self-harm and prevalence of opiate use. Wiltshire Unitary Authority performed better than the England averages for 17 of the 32 indicators in the Area Health Profile 2015. There were four areas where the county performed significantly worse than average: smoking status at time of delivery, incidence of malignant melanoma, hospital stays for self-harm and death and serious injury on roads.

In the 2015 Indices of Multiple Deprivation, Bath and North East Somerset Unitary Authority was in the best quintile for deprivation, while Wiltshire was in the second-to-best quintile.

We inspected the Royal United Hospital Bath, Royal National Hospital for Rheumatic Diseases, and the community midwifery service including Chippenham, Frome and Trowbridge birthing centres. We did not inspect Paulton birthing centre as it was closed at the time of our inspection.

We inspected eight core services at the Royal United Hospital:

- Urgent and Emergency Care
- Medicine (including older people's care)
- Surgery
- Critical Care
- Maternity and Gynaecology
- Children and Young People's Services
- End of Life Care
- Outpatients and Diagnostic Imaging

We inspected three core services at the Royal National Hospital for Rheumatic Diseases:

- Medicine (including older people's care)
- Outpatients and Diagnostic Imaging
- Children and Young People's Services

We inspected the midwifery led birthing centres as a community midwifery core service.

Our inspection team

Our inspection team was led by:

Chair: Matthew Kershaw, Chief Executive, East Kent Hospital University Foundation Trust

Head of Hospital Inspections: Mary Cridge, Head of Hospitals Inspection, Care Quality Commission

The team included CQC inspection managers, inspectors and a variety of specialists including: A medical director, a

Summary of findings

board governance director, a director of nursing, a head of governance a divisional director of medicine, a specialist accident and emergency nurse, specialist nurses in medicine, consultants in older people' care, a specialist occupational therapist in rheumatology, a specialist theatre nurse, a consultant surgeon, a consultant anaesthetist, a specialist critical care nurse, a junior doctor, a student nurse, a specialist critical care nurse, a consultant gynaecologist, a consultant midwife, a consultant in end of life care, a specialist nurse for end of life care, a doctor and nurse with experience in outpatients, a consultant in paediatrics, a specialist children's nurse and two experts by experience.

How we carried out this inspection

We carried out the announced part of our inspection between 15 and 18 March 2016 and returned to visit some wards and departments unannounced on 29 March 2016.

During the inspection we visited a range of wards and departments within the hospital and spoke with clinical and non-clinical staff, patients, and relatives. We held focus groups to meet with groups of staff and managers.

Prior to the inspection we obtained feedback and overviews of the trust performance from local Clinical Commissioning Groups and Monitor (now NHS Improvement).

We reviewed the information that we held on the trust, including previous inspection reports and information provided by the trust prior to our inspection. We also reviewed feedback people provided via the CQC website.

What people who use the trust's services say

Feedback from patients using services demonstrated good results in the cancer patient experience survey 2013/14 where the trust scored in the top 20% of trusts for 9/34 questions and in the middle 60% of trusts for 23/34 questions.

The trust's overall friends and family test score was better than the England average in November 2015 with 97% of responders recommending services within the trust. This was slightly better than the England average.

Facts and data about this trust

The Royal United Hospital Bath Foundation Trust has 772 beds across its sites. It provides care and treatment to a population of around 500,000 across, Bath, North East Somerset and Wiltshire. Between January 2015 and December 2015 there were 84,307 inpatient admissions, 803,566 outpatient attendances and 79,574 attendances at the emergency department.

In 2014/15 financial year, the trust had a revenue of £272.7m, of which the full cost was £270.5m which resulted in a surplus of £2.2m. The trust had previously made significant improvements from a historic challenging financial position; a working capital loan of £38 million was taken in 2007 and repaid in full in 2012.

As of December 2015, the trust employed 5,539 staff (4,375 whole time equivalents), of whom 5% were bank, agency or locum.

The trust had a stable board, with the most recent executive appointments being the director of nursing and finance directors in 2013. The chief executive had been in post since 2007. The six non-executive directors had also been appointed for some time, most prior to 2012 with one new non-executive being appointed at the end of 2015. At the time of our inspection the chief executive had been appointed as the senior responsible officer for the B&NES, Swindon and Wiltshire Sustainability and Transformation Plan.

Inspection History:

Summary of findings

This is the seventh inspection of the trust since it was registered with the commission in 2010. In February 2011 a responsive inspection of dementia care and learning disabilities was carried out the required outcomes were met but some areas for improvement were identified. In November 2011 a themed inspection regarding dignity and nutrition was carried out. Again the required outcomes were met and the improvements identified in the February inspection rectified.

In September 2012 a planned inspection was carried out and the required outcomes were met.

In February 2013 a responsive inspection was undertaken, following concerns being raised with the commission. The required standards were not met for care and welfare of people using the service; cooperating with other providers; and, the maintenance of records.

We carried out an unannounced follow up inspection in June 2013. This review also included a review of governance systems and the Mental Capacity Act 2005. We found that the required standards were not met for: respecting and involving people who use the service; care and welfare; safeguarding; complaints; assessing and monitoring the quality of the service; and records. We served a warning notice on the trust for the significant non-compliance relating to assessing and monitoring the quality of the service; and records.

The trust was last inspected in December 2013 as part of our first wave comprehensive inspections as part of the new methodology. The trust was not rated during that inspection. However, we found that they had met the warning notice served following the inspection in June 2013.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe?	**Requires improvement** 

- We rated safety in the trust as requires improvement. Urgent and emergency care, critical care and maternity and gynaecology services at Royal United Hospital Bath were rated as requires improvement. All other services at the hospital were rated as good.The Royal National Hospital for Rheumatic Diseases was rated as requires improvement as were community midwifery services.
- There was a strong safety culture at the trust. Openness and transparency about safety was actively encouraged and supported by leaders at all levels in the organisation. There was a good track record on safety and steady improvements over time. There were regular and meaningful patient's safety walk arounds in all areas. The board were well sighted on safety issues. The trust had a sign up to safety improvement plan. The trust had taken a leading role within the south west area and hosted a quality and safety improvement programme that involved collaborative working.
- There were periods where staffing and skill mix were not as planned by the trust.This was mitigated by higher numbers of healthcare assistants and in some cases supervisory ward sisters acting in a clinical capacity. There were processes in place to plan and manage nurse staffing levels. There was visibility of this at monthly board meetings.
- There were clearly defined and embedded systems, processed and standard operating procedures to keep patients safeguarded from abuse. Staff understood the processes and there was evidence of reporting occurring as necessary.
- There were infection control procedures in place within the trust and an active infection control team.Most areas of the trust were visibly clean and tidy, although, improvements were required in maternity and, critical care. Action had been taken to manage the increased levels of Clostridium difficile that had occurred in the trust and investigation and ongoing actions were in place for the legionella colonisation.

Duty of Candour

- The trust had a comprehensive and effective duty of candour policy in place. This set out the statutory framework and

background and linked this to the trust principles of being open. There were clear descriptions of roles and responsibilities and the steps to be followed. The policy linked to the separate incident reporting policy and procedure.

- From interviews with staff and conversations on wards and in focus groups it was clear that duty of candour was well understood. The evidence from the review of complaints and incidents that the duty had been appropriately applied. The team took the view that the arrangements and operation of the duty were amongst the best that had been seen.
- The majority of staff understood their responsibilities under the duty of candour requirement and could provide examples when they had been used.

Safeguarding

- There were clearly defined and embedded systems, processed and standard operating procedures to keep patients safeguarded from abuse. Staff understood the processes and there was evidence of reporting occurring as necessary.

Incidents

- The majority of staff across the trust were aware of how to report incidents. Staff understood their responsibilities to raise and report concerns, incidents and near misses. However, there were areas where not all staff reported incidents themselves on the electronic reporting system these included some staff at the Royal National Hospital for Rheumatic Diseases. In critical care at the Royal United Hospital Bath, where not all incidents were reported and had become 'every day events'.
- Where incidents were reported there were systems were in place for the recording, investigation and learning from incidents. There was evidence that learning was widely shared across the hospital and the trust.
- There were no never events in the trust in the year preceding our inspection. The number of incidents reported via the National Reporting and Learning System, were higher than the England average, which showed a good reporting culture in the trust.
- The trust had had an external review of learning from serious incidents in 2014. This had provided significant assurance with areas for improvement at the time. This review had influenced the revision of the incident reporting policy and procedure. The team considered that the policy was a good one in comparison

with others seen. It was comprehensive and clear, linked to other policies appropriately and was framed in a positive way to encourage and promote learning, to improve safety and to promote a culture of accountability without blame.

- The team reviewed five randomly selected serious incident reports and a sample of seven records from the trust's incident reporting system. There was evidence of good practice in that reports were comprehensive, anonymised and factual. There was an employer assistance team in place to support staff involved in an incident.
- There were areas for improvement. A number of root cause analysis reports had not been completed in a timely manner. At the time of our inspection there were eight serious incidents were still open and overdue, six of which were awaiting approval by governance committees. Improving timeliness had been highlighted as a recommendation in the external review in 2014. There was some variation in quality between the reports reviewed with a minority of them missing terms of reference and some recommendations being weak, for example referring to increasing awareness of the need for completion of documentation. In contrast other recommendations around changes in practice were clear and measurable.
- Incidents were a key component of the overall reporting of safety within the trust up to and including board level. Interviews at all levels within the trust reinforced the strong cultural focus on safety.
- The trust had a sign up to safety improvement plan which set out six clear patient safety priorities across the trust.These were: sepsis; venous thromboembolism; pressure ulcers reduction; falls prevention; deteriorating patients and acute kidney injury. Out of the six patient safety priorities there were 10 executive sponsored projects, which included other areas of priority, and finally 15 divisional safety priorities.

Staffing

- The trust used the safer nursing care tool to review nurse staffing levels and skill mix every six months. Two wards in the medical division had not been fully engaged with this as sufficient data was not available at the time of the nurse staffing review in August 2015.This had resulted in inaccurate staff modelling on those wards and had an impact on other wards because staff were often moved to those wards from others to breach the gaps. However in the subsequent staffing review in February 2016, the data from these two wards was included.

- There were periods where staffing and skill mix at the Royal United Hospital Bath were not as planned by the trust.This was particularly evident in the emergency department, especially when they were busy and on some medical wards which had not been involved in the most recent nurse staffing review. The lower levels of registered nursing staff was mitigated by higher numbers of healthcare assistants and in some cases supervisory ward sisters acting in a clinical capacity. Although there was awareness and systems in place to flex nurse staffing across wards at the Royal United Hospital Bath, these were not clear and relied upon the judgement of senior staff rather than being grounded in clear processes. There was, however, a process in place for the authorisation of the use of agency staff and a staffing escalation policy in place. Staffing fill rate was monitored at board level at ward level, and rated as red if the fill rate was below 90%. Reasons for lower fill rates were identified in the safer staffing exception report seen monthly.
- Recruitment was ongoing for nursing vacancies across the trust and the trust was training assistant nurse practitioners in order to provide additional support.
- Midwifery staffing was again reviewed using a recognised staffing tool, and staffing was as planned both within the hospital and in the community service.
- Medical (doctor) staffing was generally good across the trust and skill mix was in line with the England average, although there were some areas for improvement. These included consultant and senior registrar out of hours cover at the Royal United Hospital Bath, cover provided for medical patients transferred to the Royal National Hospital for Rheumatic diseases and the number of consultant obstetricians at the Royal United Hospital Bath. There was a business case in place which proposed an increase of the latter. This was also identified as a patient safety priority.

Infection Control

- The trust had infection control policies and procedures to support staff in providing care and treatment to patients. An infection control team was active and visible within the trust and there were infection control leads on wards and in departments.
- In some areas of the trust, for example in critical care, the emergency department and maternity services, cleaning required improvement.
- There had also been a higher rate of infections with Clostridium difficile than the trust target. The trust had undertaken internal

and external reviews of this, and actions taken as a result. The infection control team were active in driving improvements. Although the level remained above the target, the frequency of infections had reduced in the latter part of the year.

- The trust also had a case of legionella on one of the wards at the Royal United Hospital Bath. Investigations had occurred and actions as a result of this incident were ongoing. Paulton Birthing Unit was closed immediately prior to our inspection as a result of legionella in the water supply and the unit was temporarily closed to rectify this. The trust did not own the building where Paulton Birthing Unit was situated and as such the responsibility for maintaining the buildings and water monitoring was with a third party.

Environment and Equipment

- The trust commissioned a fire safety review in November 2015.Actions were being taken to mitigate the concerns raised. However, these were ongoing and would not be complete until quarter three of the 2016/17 financial year. The trust told us about the actions they were taking and provided an action plan. However, this action plan did not clearly show the progress and interim mitigating actions.
- The records maintained regarding the servicing, repair and cleaning of equipment was not always clear and did not provide assurance that all equipment was being regularly maintained. Within maternity services, there were not sufficient numbers of key equipment available, for example epidural pumps.

Are services at this trust effective?

Good

The effectiveness of services across the trust was rated as good because:

- Effectiveness in all services and hospitals across the trust was rated as good with the exception of medical care at the Royal United Hosptial Bath which was rated as requires improvement.
- Patient's needs were assessed and care and treatment were delivered in line with legislation, standards and evidence-based guidance.
- There was a broad audit programme in place across the trust and the outcomes of audit were used to improve services provided.

- Mortality rates were as expected and there was not a difference between the rates for patients admitted to the trust at the weekend when compared to the rates for patients admitted during the week.
- Patient outcomes were mostly good although there were areas which required some improvement, for example the national diabetes audit and the Myocardial Ischaemia National Audit Programme. Outcomes were monitored at board level with clear ward to board visibility.
- There was good multidisciplinary, cross department and directorate working, for example the whole trust focus and responsibility for improving emergency department performance against national standards.
- Consent processes were clear and staff had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Staff had a good understanding of the Mental Capacity Act 2005 and were able to describe the process where they would recognise if a deprivation of liberty was occurring or was likely to occur. In this situation, they would work with trust staff to apply to the local authority to authorise the deprivation, or exercise the trust's right to have a trust-appointed urgent authorisation (providing an application went to the local authority alongside this). Staff explained how any deprivation would be after other avenues to provide safe care had been explored. Any deprivation to protect or care for the vulnerable patient would be in their best interests. A vulnerable patient would be one who did not have the mental capacity at the time to make his or her own decisions. The trust policy stated an authorisation would not be considered if the patient's stay was not likely to be more than 72 hours, but it did not provide for flexibility in relation to the application of the 72-hour rule. The policy also did not yet reference the 2015 guidance from The Law Society for deprivation of liberty in hospital settings.

Evidence based care and treatment

- Across the trust patient's needs were assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance, for example National Institute for Health and Care Excellence (NICE), Intensive Care Society and Faculty of Intensive Care Medicine guidelines, and specialist guidance from the royal colleges.
- We saw good levels of compliance with recognised care pathways, including those for sepsis and stroke care within the emergency department.

- There was a trust wide audit team who reviewed guidelines, policies and procedures on a regular basis and involved specialist input as necessary. This ensured documents were up to date and in line with new guidance.
- We saw evidence that NICE guidelines were referenced in divisional and governance meeting minutes. When guidelines changed, discussions took place at the divisional and governance meetings to decide how the changes affected practice.
- The trust had never used the Liverpool Care Pathway and so changes from using this were not required.They had a well embedded holistic ethos of caring for and providing support for patients at the end of their life which was evidence based.

Patient outcomes

- Mortality rates were as expected as measured by the Hospital Standardised Mortality Ratio and the Summary Hospital-level Mortality Indicator. There was no difference between the mortality risks for patients being admitted to the trust at a weekend from that during the week and this had been the case for over a year prior to our inspection.
- There was a wide audit programme across the trust. Compliance with protocols and standards was monitored through both internal and national audit. Outcomes relating to these were monitored at board level on a monthly basis through the integrated balanced scorecard. An assessment of performance was made on a red, amber, green rating basis and trends were evident. It was clear that audit was used at a ward, department, divisional and trust level to improve care. Performance with national audits was mostly in-line with or better than other trusts.
- The trust was rated 'C' in the Sentinal Stroke National Audit Programme, the score relates to 'A' being the best and 'E' being the worse. This placed them in the top 44% of trusts offering stroke care. Scores across both the patient centres and team centred measures were mixed with the majority being rated as C or D.
- Outcome measures in the emergency department were equivalent to or better than that in other trusts in England.
- There was evidence that audit was used to improve performance and practice, for example in the treatment of sepsis in the emergency department. There had also been action taken to improve care following the Myocardial Ischaemia National Audit Programme in 2013/14, and this was monitored on an ongoing basis.

- The Royal National Hospital for Rheumatic Diseases had been awarded as a centre of excellence for lupus. This was based on criteria assessed by the national lupus organisation which the hospital had to meet. The criteria included, number of consultants with lupus specialist knowledge, the appointments system, quality of explanations to patients, the information given to patients regarding the side effects of investigations and the availability of dedicated nurse specialists.
- However, further improvement was required in the National Diabetes Inpatient Audit from 2015. The trust recognised that although some improvements had been made, the service was not meeting standards in three key areas, namely, review of diabetic inpatients, education of inpatient nursing staff and provision of inpatient foot care. Action was being taken to address this.
- Improvements were also required in the audit of compliance with guidance on the termination of pregnancy and the monitoring of rated of infection post caesarean section for learning.

Multidisciplinary working

- Care was delivered across the trust in a coordinated way with support from specialist teams and services.This was evident in the approach to improving performance in access standards in the emergency department which was seen to be a whole trust programme.Consultants across specialties expressed how they were involved in and working towards improvements in this.
- There was close, collaborative working across the trust, for example, between the emergency department, stroke team, discharge assessment team, medical nurse practitioner (older person's unit)specialist nurse for older people, mental health liaison service and the alcohol liaison service. Maternity services both in the community and the Royal United Hospital worked in a coordinated manner.
- There was good multidisciplinary working across all wards and departments. Staff work with internal and external professionals, such as physiotherapists, occupational therapists, social workers and GPs to deliver high quality care to patients.

Consent, Mental Capacity Act & Deprivation of Liberty Safeguards

- Consent processes and practice across the trust were clear and followed by staff.Staff were aware of the Mental Capacity Act 2005 and their requirements relating to this.They also had an understanding of the associates Deprivation of Liberty Safeguards.
- The trust had policies and procedures to follow for consent, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They were all clear and staff were following them.
- Staff had a good understanding of the Mental Capacity Act 2005 and were able to describe the process where they would recognise if a deprivation of liberty was occurring or was likely to occur. In this situation, they would work with trust staff to apply to the local authority to authorise the deprivation, or exercise the trust's right to have a trust-appointed urgent authorisation (providing an application went to the local authority alongside this). Staff explained how any deprivation would be after other avenues to provide safe care had been explored. Any deprivation to protect or care for the vulnerable patient would be in their best interests. A vulnerable patient would be one who did not have the mental capacity at the time to make his or her own decisions. The trust policy stated an authorisation would not be considered if the patient's stay was not likely to be more than 72 hours, but it did not provide for flexibility in relation to the application of the 72-hour rule. The policy also did not yet reference the 2015 guidance from The Law Society for deprivation of liberty in hospital settings.

Are services at this trust caring?

Outstanding ☆

We rated caring within the trust as outstanding because:

- All services across the trust were rated as good, with the exception of services for children and young people, and end of life care had been rated as outstanding.
- Patients were treated with kindness, compassion, courtesy, dignity and respect throughout the trust.We observed numerous positive and supportive interactions between staff, patients and their relatives.
- Feedback from patients across the trust was positive and people felt engaged and involved in their care and about the decision-making process.
- The emotional support provided to those receiving end of life care and their relatives was outstanding. Staff throughout the trust were engaged in delivering end of life care including housekeeping staff.

However:

Summary of findings

- Within critical care there was some limited support for patients who stayed on the unit for a long time, in order to keep them in touch with life going on around them. However, For example, there was not active use or promotion of the use of quality patient diaries.

Compassionate care

- Patients were treated with kindness and compassion.Staff throughout the hospital provided reassurance when patients were anxious and confused. Within services for children, staff were skilled in communicating with children and young people to minimise their anxiety and to keep them informed of what was happening.
- Patients were treated with courtesy, dignity and respect. Patients and their relatives were greeted by staff who introduced themselves with their name and role.
- Children and young people were treated as individuals and as part of a family.Feedback was exceptionally positive about the care they received, and praised the way staff really understood the needs of the child and involved the whole family.
- Within end of life care, patients and their families were universally positive about the way they were treated by staff. There was a strong patient-centred culture and staff across the hospital were motivated to provide high quality end of life care and support that promoted patients' dignity and respect. This was centred around an approach called the conversation project. All staff were engaged in this project including, for example, cleaning staff who demonstrated awareness of their role in supporting the provision of compassionate care for dying patients and being sensitive to the needs of relatives. They explained how they always respected the privacy and dignity of the patients and relatives and organised the cleaning around their needs. They told us they liked to keep the rooms clean but communicated with the nursing staff when they felt they should delay the cleaning if patients were near to death. We observed how the cleaning staff escalated a maintenance fault with the hot water in a side room, as they thought it was important for the dying patient's dignity.
- Improvements were required in the number of patients engaging in feedback of experience surveys in maternity services.
- Within outpatient and diagnostic imaging services, staff did not always respect confidentiality when speaking with patients at reception desks.

- Patient-led assessments of the care environment (PLACE) for 2015 rated the trust for privacy, dignity and well-being as 82%, which was slightly below the England average of 86%. This score was also slightly lower than rating received in 2014.

Understanding and involvement of patients and those close to them

- Across the trust, patients and their families were involved as partners in their care. We observed that patients and their families (including parents, siblings and grandparents in services for children and young people) were encouraged to be involved in their care and treatment. However, some survey results showed that some carers of patients receiving medical care at the Royal United Hospital Bath, did not feel involved in their care.
- Staff we spoke with valued the role of carers.On the respiratory ward, staff gave carers of patients with learning disability a badge to show they were permitted to provide direct care for their relative. On some wards such as Combe, there were no fixed visiting hours. This meant that carers could visit at times that were most beneficial to the patient and to the carer.
- Patients understood their care, treatment and condition, worked with staff to plan their care and shared decision-making about their care and treatment. They told us that they were engaged in discussions and decisions about their care and that doctors and nurses took time to explain care in a sensitive and unhurried manner.
- There was a trust wide approach to initiating conversations with patients and relatives who were making the transition to end of life care. This was fully embedded and integral to staff practice across the trust.
- We observed staff providing support to patients with a learning disability and those living with dementia. For example, on a surgical ward we witnessed positive caring interactions by staff with a patient living with a learning disability and dementia. The nurse spent time holding their hand and talking to them and made sure they were always close by and this reduced the patient's anxiety immediately.

Emotional support

- Staff helped people and those close to them to cope emotionally with their care and treatment.

Summary of findings

- Teams regularly assessed patients' psychological needs. For example, on medical wards during a patient's initial assessment, nurses used a checklist to identify patients at risk of or experiencing anxiety and depression and then discussed these patients with the multidisciplinary team.
- There was spiritual support available from within the hospital as the chaplaincy and a team of spiritual advisors could be contacted. Patients were able to have support from their own local connections and networks.
- On a surgical ward we witnessed two members of staff sit and comfort a patient who had become distressed. They sat and engaged with the patient for 45 minutes talking through their concerns in a compassionate way until the patient felt better.
- Patients had support from nurses with additional knowledge. For example, there were nurses with link roles in matters relating to mental health, learning disabilities and dementia.
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence. For example, on the respiratory ward, patients could talk to a smoking cessation link nurse.
- Patients receiving end of life care (and their relatives) told us how the staff were supportive and understanding and listened to their concerns. We observed a consultant providing reassurance and compassionate advice to two patients, both of whom were distressed about their treatment and prognosis. Another relative explained how they had been supported by one of the nurses when they had become very distressed during their first visit to the ward. They had later tried to apologise but had been told that no apology was necessary.
- However, Wwithin critical care there was some limited support for patients who stayed on the unit for a long time, in order to keep them in touch with life going on around them. However, For example, there was not active use or promotion of the use of quality patient diaries.

Are services at this trust responsive?

Requires improvement

Overall, improvements were required to ensure that services within the hospital were responsive to patients' needs because:

- Urgent and emergency services, medical care, surgery, critical care and outpatients and diagnostic imaging were rated as requires improvement. However, services for children and young people, and maternity and gynaecology were rated as

good and end of life care was rated as outstanding. Services at the Royal National Hospital for Rheumatic Disease were rated as requires improvement for medical care with oupatients rated as good and community midwife services were rated as good.

- Access and flow were an issue within the trust. The trust consistently failed to meet the standard for 95% of patients to be discharged, admitted or transferred within four hours of arrival at the emergency department.
- The flow of patients throughout the trust from admission to discharge was not efficient. Patients sometimes stayed in hospital longer because ward teams were not able to arrange transfer to community hospitals or to easily access packages of social care in the community.
- There were long waiting times, delays and cancellations of routine operations within the trust. Access to specialist treatment was greater than the 18 week standard across surgical specialties and in gastroenterology, cardiology and dermatology.
- Within outpatient services, 14 out of 31 specialty departments were breaching the national standard for patients to receive their outpatient appointment within 12 weeks of referral, in order that treatment can start within 18 weeks.
- Due to pressure on services, we found that patients were being moved between wards at night.
- Patients in critical care experienced delays in being discharged from the unit because of pressure on services elsewhere in the Royal United Hospital Bath.
- There was room for significant improvement in the provision of specialist bereavement services for maternity patients and their families experiencing loss. Staff were not trained in this and the designated areas identified to care for bereaved women and their families lacked privacy, space and facilities.

However:

- The trust was working closely with commissioners to identify system-wide strategies to improve patient flow. This included a whole-system review of urgent care and actions to improve referral to treatment times.
- Services were planned to meet patients' needs. Medical and surgical ambulatory pathways were in place in order to streamline referrals from GPs.
- There were good facilities, systems and support for patients living with dementia and patients with a learning disability. These included double appointment times in outpatients,

wards which were specifically designed to meet the needs of people with dementia and the use of 'passports' and 'this is me' documentation to ensure that staff were aware of the needs of the patients they were caring for.
- Complaints were managed effectively across the trust.There were no barriers to making a complaint, they were handled in an open manner and opportunities for learning and improvement were acted upon.
- Learning from complaints was reported and examples where practice has changed were reported to the Board.

Service planning and delivery to meet the needs of local people

- The trust was working closely with commissioners to identify system-wide strategies to improve patient flow. The trust participated in a whole-system review of urgent care undertaken by the Emergency Care Intensive Support Team (ECIST) at the request of the host (one of four) clinical commissioning group. There was a system-wide four hour recovery programme led by the CCG and the emergency department participated in a number of the work streams. They were also working with commissioners to improve the referral to treatment times (RTT) for all surgical specialities to meet national standards.
- Services were planned and delivered to meet the needs of the needs of patients. For example, within medical services, there was a pleural clinic where respiratory patients were seen for ambulatory pleural taps and this had avoided the need for patients to be admitted to hospital. In the medical ambulatory care service, patients were seen for ascetic drains and this meant that they did not require to be admitted as an inpatient. The inpatient team in respiratory service worked closely with a chronic obstructive pulmonary disorder outreach team and community bronchiectasis team to prevent hospital admissions.
- The Maternity Services Liaison Committee, made up of people who had used maternity services, maternity staff and commissioners, met regularly to help influence how services were designed to meet the needs of local women and their families. Minutes showed issues discussed included proposals for new clinical pathways and discussions about recent national investigations (Morecombe Bay).
- The SAU operated an Emergency Surgical Ambulatory Care Unit (ESAC). This was for patients referred by GPs who needed a

review by a surgical consultant but did not always require emergency surgery. They were often able to go home whilst waiting for surgery and then not taking up an acute surgical bed.

- Some of the facilities and premises were appropriate for the services planned and delivered. There were two wards within the older persons unit specifically designed to meet the needs of patients living with dementia. Contrasting colours drew attention to obstacles such as chairs and highlighted doorways to toilets. Exit doors painted in non-contrasting colours eliminated the need for a locked door. Bays were colour coded to aid orientation. Within bays, there were mini nursing stations and day/date/time/location clocks with analogue and digital display.
- The environment on the children's ward and the neonatal unit were designed to meet the needs of babies, children and young people and their families. Staff had been involved in the design and planning phase of the development of the neonatal unit.
- The service provided by critical care had been located to meet people's needs. The unit was located to enable staff to respond to emergencies either within critical care or within the emergency operating theatres directly above the unit. The emergency department was, however, not co-located as recommended by the Department of Health. The critical care was designed over 10 years ago and therefore not built to modern specifications.
- The ambulatory care service was not large enough to accommodate patients who required the use of a wheelchair. Conversations in curtained consultation areas could be overheard. The acute stroke unit did not have reality orientation clocks.
- The trust had consulted with the staff and local people regarding a proposed move of the Royal National Hospital for Rheumatic Diseases services to the main Royal United Hospital site. We were shown plans for the relocation of the various services in relation to the main Royal United Hospital services.

Meeting people's individual needs

- Most services in the hospital were responsive to people's individual needs. There was good support for patients with a learning disability and their families and carers in all areas.
- There were a range leaflets available on the trusts website in a number of languages and available in easy read format.
- The medical inpatient service ensured that support was available for patients with complex needs. The discharge liaison

team included a representative from a charity for older people. This charity was available to help patients with complex needs to settle into home after discharge, such as transporting medications to home.

- Appropriate facilities were available for bariatric patients. The trust had two bariatric beds and mattresses on site. Nurses created bed spaces for bariatric patients by closing the adjoining bed space where necessary.
- 'Passports' for patients with a learning disability were in use across the trust. These profiles, often completed by family members or carers, set out patients' needs and preferences, which they may not be able to communicate themselves.
- Women with learning disabilities could have their ante-natal care and support from the birth centres and if assessed as low risk could deliver their baby at their local unit. Midwives described occasions when they had looked after women with a learning disability and how the local health professionals, such as the learning disability services and health visitors, worked together to provide support from ante-natal booking through to the post-natal period
- Within the outpatients department double appointments were booked in order to support patients with a learning disability to have adequate time.
- There were a range of leaflets available within the trust in order to provide information to patients. They were pertinent to the care and treatment provided in different areas, wards and departments.
- Staff had access to translation and interpretation services, this included British Sign language and lip-speakers for people with hearing difficulty.
- However, within critical care, there were no follow up clinics and limitedor psychological support for patients following discharge from the unit, no high or low-level communication aids for patients and there were llimited facilities for relatives on the unit.
- There was room for significant improvement in the provision of specialist bereavement services for maternity patients and their families experiencing loss. Staff were not trained in this and the designated areas identified to care for bereaved women and their families lacked privacy, space and facilities.

Dementia

- The trust had a dementia working group. This group had developed a five year vision, associated objectives and action plan published in May 2015. The vision was to be the first truly dementia friendly hospital in England by 2020. Actions and

clear measures were identified within this document and included actions regarding assessment on admission, proactive discharge process ensuring handover of information, expanding the carer's survey to all wards with dementia charter marks (and increasing the number of wards with charter marks), improving the environment and introducing a carer's passport.

- Two dementia co-ordinators were available six days per week to support patients who were living with dementia and their carers.
- Patients living with dementia were encouraged to maintain their individual preferences. 'This is me' booklets used across the trust including in the emergency department. On Coombe ward, a patient with dementia was permitted to sleep on the sofa in the activity room because this was their usual routine at home.
- There were very good facilities for patients living with dementia in all areas. For example within outpatients there was a sensory box in place to support patients using distraction therapy.
- Within the outpatients department double appointments were booked in order to support patients with dementia to have adequate time.
- Activities were available to promote well-being on some wards. Musicians performed live music for patients on one of the wards for older patients. On the acute stroke unit, there was a box available for dementia patients containing items such as twiddle muffs, reminiscence cards, paper and paint.

Access and flow

- Access and flow was an issue within the trust. Although 95% patients arriving by ambulance received an assessment within eight 8 minutes of arrivalbeing admitted toin the emergency department, the trust consistently failed to meet the standard for 95% of patients to be discharged, admitted or transferred within four hours of arrival. There had been a worsening trend since October 2015 with the worst performance in January 2016 at 71.8%. The average for the year (stated in data in January 2016) was 86.6% and the trust was in the bottom 30 trusts in the country for emergency department performance.Despite this there were no patients who waited in the emergency department for longer than 12 hours on a trolley. Al, although patients did remain in the department overnight when there were no beds available in the hospital, the 12 hour standard was not breached.
- However, this was not solely an emergency department problem.The flow of patients throughout the trust from

admission to discharge was not efficient. Patients sometimes stayed in hospital longer because ward teams were not able to arrange transfer to community hospitals or to easily access packages of social care in the community.

- There were a number of initiatives ongoing in the trust to improve the flow of patients.For example, there was a ward flow pilot project to streamline the process of transferring patient from the medical assessment unit to speciality wards.The emergency surgical ambulatory unit had reduced the need for patients referred by their GP to the hospital to be admitted to the hospital.
- There were long waiting times, delays and cancellations of operations within the trust. Access to routine specialist treatment was greater than the 18 week standard across surgical specialties and in gastroenterology, cardiology and dermatology. From May 2015 when the standard was abolished, timely access to these services deteriorated further. The short stay surgical unit had been used as an escalation ward since December 2015, in order to accommodate the demand on services across the hospital.This had an impact on the number of elective operations that the hospital could perform.
- Within outpatient services, 14 out of 31 specialty departments were breaching the national standard for patients to receive their outpatient appointment within 12 weeks of referral, in order that treatment can start within 18 weeks.However, the trust met the national cancer waiting time standards.
- Due to pressure on services, we found that patients were being moved between wards at night. Data collected showed that the number of patient moves after 10pm had reduced between October and November 2015.This occurred in surgical and critical care services.In addition patients in critical care experienced delays in being discharged from the unit because of pressure on services elsewhere in the hospital.These delays were worse than the national average. However, there were fewer urgent operations cancelled due to the lack of an available critical care bed. Patients were also transferred from medical wards to the Royal National Hospital for Rheumatic Diseases whilst waiting for a package of care in the community.
- However, within maternity services, there was good access and flow.

Learning from complaints and concerns

- Complaints were managed effectively across the trust.There were no barriers to making a complaint, they were handled in an open manner and opportunities for learning and improvement were acted upon.

Summary of findings

- Most patients across the trust knew how to make a complaint or to raise concerns, some patients in surgical services were not aware of how to make a complaint, but all patients across the trust said they would feel able to speak with staff about any concerns.relative, who had raised a concern told us the staff responded positively, listened to their concerns and that the matter was resolved very quickly.
- Posters were on view and leaflets were readily available throughout the hospital, in circulation and clinical areas. There was good information on the trust's website and whilst it was not on the front page it was easy to find and comprehensive. The numbers of formal complaints and concerns raised appear to be about the same as other trusts of this size. The number of formal complaints between April and December 2015 was 237 and the concerns and comments were 1175. The numbers of formal complaints are falling and informal concerns managed through the Patient Liaison Service is rising.
- Staff were able to articulate how they would respond to complaints. Examples were given which demonstrated how they were supported to respond to complaints. For example on one medical ward, the band seven nurse had initiated teaching sessions with all ward staff using patient stories from complaints as a focus of discussion. She felt that this method had enhanced the way that staff listened to patients concerns.
- At the time of the inspection the trust was in the process of reviewing the complaints system to make it simpler. An updated policy and procedure was due to be signed off in April 2016. The trust offers a number of ways for complaints to be made, in writing, by phone, email and by social media. It appeared that the system was easy to use. The team reviewed six complaints selected at random. The final response letters varied in their level of compassion and helpfulness but overall they were written sensitively and answered the complainant's questions. In the six files examined there were no action plans and none of the communication sheets had been completed.
- Complaints wereare handled confidentially with senior staff from the divisions involved at an early stage. It was not possible to tell from the files examined whether complainants had been kept regularly updated through the process. Formal records are kept by from the files examined are not always completed. The trust had plans to move to electronic reporting as part of the overall incident reporting system. This was planned to happen within the next 12 months. Complaints were handled effectively in terms of the response given but the trust was not meeting its target of 25 days for a response. In 2015 the target was met in 17% of cases with the average response time being 49 days.

Summary of findings

- It appeared that the outcome of complaints was explained appropriately to the individual. In all six cases examined people were happy with the outcome of their complaints. The trust sends a survey to people who have complained. The results of this show an overall satisfaction.
- Learning from complaints was reported and examples where practice has changed were reported to the Board. Each board meeting started with a patient story, some of which related to complaints. The story presented at the board meeting in January 2016, had resulted in improvements in the provision of catheter care for patients leaving the hospital. This included a catheter passport of information for patients, which were tailored to their needs.

Are services at this trust well-led?

Good

We have judged well-led at trust level as good, with elements of outstanding because:

- The trust strategy is focused on transformation and improvement and the supporting objectives are challenging and innovative.
- The trust has a track record of delivering against strategy and has achieved major changes whilst transforming its financial position.
- The trust has a clear set of values and behaviours which were developed collaboratively with staff and patients. It was clear these were well know and valued.
- There was a strong and stable leadership team with the skills, experience and knowledge needed to lead the organisation. Leaders had a shared purpose.
- Governance arrangements were clearly set out, were well understood and worked effectively at all levels. Risks were identified and managed. A recent external review of arrangements had taken place and was positive.
- Quality received good coverage. Leaders at every level prioritise safe care. There was a commitment to openness and staff were encouraged and supported to raise concerns.
- The culture of the trust was very positive. The general environment, despite the age of some of the buildings, was light and bright and significantly enhanced by the artwork on display internally and by the sculptures and gardens externally.
- The commitment to innovation and improvement was exceptionally good. The Innovations Panel was proving highly effective , both in empowering staff and to delivering real improvements in care and practice.

Summary of findings

However:

- The plans to improve meaningful staff engagement were not embedded at the time of the inspection and it was not possible to evaluate the impact of them.
- Whilst the trust had made a positive start to work to ensure employees from black, minority and ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace that work had not yet started to have an impact.
- The staff survey results showed areas where the trust is performing worse than other trusts and these need addressing.

Vision and strategy

- The trust have set out their vision in a single phrase "To care, to innovate, to inspire". This is supported by three ambitions as follows:
- Provider of choice
- Hospital without walls
- System leader
- Trust strategy has focused on transformation and improvement. Over the last two years there have been a number of milestones in that strategy including an increase in the catchment area, achievement of foundation trust status, the acquisition of a specialist foundation trust and the successful development of Wiltshire Health & Care (community service provision) in partnership with two other NHS trusts.
- Strategic objectives are focused on patient safety, clinical outcomes and patience experience and also on strong clinical and financial performance. Specific strategies were grouped, labelled and promoted to staff. Examples include the Fit for the Future strategy which is focused on transformation of the estate and relocation of services. Staff were aware of the strategy. Progress against the strategy is monitored and reported.
- The trust leadership team had developed a set of values as part of the preparation for foundation trust status which was achieved in 2014. These values had recently been changed following an extensive programme of engagement that involved nearly 900 staff, patients and carers. The new values were launched in January 2016 and are Everyone Matters, Working Together, Making a Difference.
- A set of behaviours had been developed to support the values and were captured in a leaflet made from one page of A4. Behaviours were set out under the three values with positive

and negative statements, for example “We will speak up, encourage everyone to have a voice and help people to be heard. We will not ignore poor standards, bottle up concerns or worries or turn a blind eye, avoid issues or problems”.

- It was apparent that the values were well known and understood at all levels in the trust and that staff took them very seriously. There is work underway to embed the values into trust processes, for example the appraisal programme.
- The team considered that the whole process of engagement, decision making and communication around the values was a strong example of best practice.

Governance, risk management and quality measurement

- There was an effective governance framework in place that supported the delivery of the strategy and good quality care. The arrangements had been proactively reviewed including by external agencies with a recent external audit giving significant assurance. There was a clear structure of committees and sub groups beneath the board, all appropriately chaired and with clear terms of reference. The evidence from the inspection was that the arrangements were effective and efficient. One aspect of the arrangements were unusual in that clinical and non-clinical governance was not integrated. These arrangements were working well for the trust and it was notable that the very large agendas seen in some places with integrated governance were not an issue here. The three board assurance committees (clinical governance, non-clinical governance and audit) were chaired by non-executive directors.
- There was a holistic understanding of performance which integrated the views of people with safety, quality, activity and financial information. Quality and financial issues were seen as inseparable. These processes were working well and had supported the continuing developments and improvements at the trust including significant change programmes such as the acquisition of a specialist trust. There had been very significant developments of the trust estate including new buildings, continuing improvements in the quality of care and very significant investment in the workforce. This had been achieved whilst the trust had transformed their financial situation over the last nine years. A working capital loan of £38 million taken in 2007 was repaid in full in 2012.
- At the time of the inspection the trust was on course to break even and was predicting a future surplus. The situation had been achieved through financial ownership across the whole organisation with strong clinical engagement. Actions had been taken to prevent financial controls from stifling the

organisation. These included increasing the discretionary budgets of ward sisters and introducing an innovation panel (please see below). The Carter review had identified the trust as being in the top per cent of the most efficient trusts in the country.

- There were comprehensive assurance and service performance measures which were reported and monitored and action was taken to improve performance. Quality issues received sufficient coverage in board meetings and in other meetings below board level. The vast majority of trust business was dealt with the in public board meetings which dealt with quality and patient safety ahead of operational performance and use of resources and corporate governance. All meetings included a patient story at the start. Patient stories were followed up after six months so that the Board could be assured that identified actions and learning had taken place.
- The trust had a programme of clinical and internal audits and was using this to monitor quality and systems and to identify action that needed to be taken to improve. At the time of the inspection recent audits included a review of data quality and committee governance and effectiveness, both had been rated as having significant assurance with minor improvements identified for data quality.
- The trust had a comprehensive risk management strategy which was underpinned by a clear accountability structure. Risks were reported through ward & departments to the divisional management boards and up to the trust management board and board. The system appeared to work well and leaders were well sighted on risks and issues. Overall there was an alignment between recorded risks and what staff told us was on their worry list.

Leadership of the trust

- The trust is led by a strong, stable and experienced team who have the skills, experience and knowledge needed. The chief executive had worked at director level for 24 years and had previous experience at chief executive level. The chair and non-executives brought a range of experience from the public and private sectors including significant commercial and accountancy experience. The executives and non-executives gave a consistent and authentic view of the priority given to quality and safety. The chair and chief executive worked well together. All Board members were took part in patient safety visits and were held to account for that. Relationships are board

level appeared mutually respectful with evidence of challenge amongst the executives as well as between executives and non-executives. Overall the Board and senior leaders appeared as a well informed and cohesive team.

- The governors of the trust appeared well engaged and were considered to add value as a corporate body. A rota of six governors attended board meetings and used that attendance as a way of monitoring board effectiveness. An externally facilitated away day for governors had been held in February focusing on holding the trust to account. The chairman considers suggestions from the governors, for example they are keen to engage with the governance committees.
- Leaders appeared to be visible and approachable. The chief executive was well known across the trust. Staff talked about the time he spent on wards talking to staff and patients and also that he dined in the canteen daily and was happy to be approached. At the time of the inspection changes were being made to the way the chief executive engaged directly with staff, moving from the more traditional briefing sessions to more frequent engagement with smaller groups of staff. The chairman made frequent and regular visits to clinical and non-clinical areas and had a programme to ensure that he visited all areas. He also undertook more direct forms of engagement, for example working with the portering team for a day.

Culture within the trust

- The culture of the trust was very positive. The general environment, despite the age of some of the buildings, was light and bright and significantly enhanced by the artwork on display internally and by the sculptures and gardens externally. The place appeared well cared for and many staff expressed their pride in the hospitals, their colleagues and of the services they provided.
- The feedback from staff at focus groups was overwhelmingly positive and optimistic. Whilst issues were raised, for example around staffing levels, there was a sense of huge optimism and a recognition that the trust had already been through significant changes and there was more to come. Staff told us that they felt well supported and valued. Within the groups staff took the opportunity to thank each other for their different roles, for example ward staff thanking people from medical records for the responsive service that they provided.
- There was a strong safety culture. Developments such as duty of candour had been a good fit with initiatives that had already

been underway at the trust. In contrast with many other places inspected there appeared to be no confusion, at any level, between a general sense of the need to be open and the triggers for the duty.

- Innovation and improvement was a clear part of the culture. Staff at focus groups talked, unprompted, about the innovation panel (see below). The majority of staff attending these groups were aware of panel and of improvements and ideas that had been supported.
- The work to develop the new values and the associated behaviours had been very inclusive with staff, patients and carers involved. The trust board and executive team were at pains to point out that the values had been developed by the staff and belonged to them and that was apparent to the inspection team.
- There were pockets of where the culture was much less positive and this appeared to be linked to long running disputes about terms and conditions. The inspection team followed these areas up during the inspection and concluded that they did not significantly detract of the positive culture seen elsewhere.

Equality and diversity

- In July 2014 the Equality and Diversity Council agreed new work to ensure employees from black, minority and ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workforce. There are two measures in place equality and diversity system 2 (EDS2) and the workforce race equality standard (WRES) to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.
- According to the 2011 census the population of Bath and North East Somerset was 94.5% white and Wiltshire it was 96.4% white. The figures for the trust in 2015 indicated that around 89% of staff were white and just over 10% of staff were from BME backgrounds. This means that the workforce are more diverse that the area served by the trust. At first site it appeared that BME staff were well represented at senior grades within the trust but this was due to the consultant group. BME staff were significantly underrepresented at Band 6 and above.
- The NHS staff survey results in 2014 and 2015 highlighted concerns from BME staff about opportunities to access career development and promotion. The overall trust response to the question about having personally experience discrimination within the last 6 months was 6%, better than the average

response for acute trusts of 8%. However the response from BME staff was 16.5%, significantly higher than from white staff at 5.6%. An analysis of HR data showed that the likelihood of white staff being appointed to a post from shortlisting was 1.6 times greater for white staff. BME staff were twice as likely to enter a formal disciplinary process compared to white staff. In discussion with BME staff there was a sense of resignation and acceptance that this was the way things are. The team also met BME staff and senior leaders who were determined to change this.

- Work was underway in respect of the workforce standards and survey results led by the Deputy Director of Human Resources. A diversity champion had been appointed from within the BME staff community and had protected time for the role. The diversity group had been reformed and there was a programme of awareness raising and education underway.
- There was an action plan in place and reports were given biannually to the Board. A Diversity Forum had been established and although attendance had varied there was a programme of events in place involving external speakers that was improving attendance and engagement.
- Overall the trust had made a positive start to this work and the leaders involved with the work showed insight and awareness. There was a sense that as a whole organisation the trust was at the beginning of this work.
- Patients took part in PLACE (patient-led assessments of the care environment), although the results did not relate to named wards or services specifically. The results, varied compared to the NHS averages, but some were encouraging for staff, patients and the hospital trust.

Fit and Proper Persons

- The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. This regulation came into force in November 2014. There had since been both non-executive and executive appointments to the trust board.
- The October 2014 Board of Directors meeting considered the requirements of the Fit and Proper Persons Test and Board members confirmed that they were Fit and Proper Persons. The Board of Directors agreed that in addition to the annual review

of declared interests and adoption of the Nolan Principles of Public Life, Board members would also declare that they continue to meet the requirements of the CQC's Fit and Proper Persons Test. This annual review had been repeated in 2015.

- We reviewed the files of both executive and non-executive directors looking specifically at this aspect. These demonstrated that FPPR was part of the recruitment process and involved a combination of self-declaration and checks. The checks made included a disclosure and barring check for all directors, financial checks and references. The arrangements were in place ahead of the regulation coming into force and from the evidence demonstrated the trust had consistently followed the procedures that they had set for themselves. The team considered that the linking of this test to the Nolan Principles and to declaration of interest processes represented best practice.

Public engagement

- The trust had a number of ways of gathering the views and experiences of people and using those views to shape and improve services and culture. The elected governors of the trust had a role in seeking and representing the views of the people in their constituencies. The Governor's Council was active and there were no vacancies for public or staff governors at the time of the inspection. The trust engaged positively with governors and whilst it was not possible to please all individual governors the feedback was that arrangements were working well and that the governors had influence. The annual report prepared by governors and presented to the board illustrated that governors had been involved in developing strategy and had focused their attention on the key performance issues.
- The trust had a membership of around 15,000 at the time of the inspection. The trust published a quarterly community magazine for patients, visitors and members. It was available on line and hard copies were available in the hospitals, including community hospitals and in local GP surgeries. The magazine contained news and features about the work of the hospital and promoted ways that people could get involved.
- The trust had engaged governors, members, patients and carers in the development of the trust values and behaviours. The feedback was gained in part through a series of In Your Shoes events. The feedback from these events was used to ensure that the values focused on the things that made the most difference to patients, carers and staff.
- The trust had a volunteer programme run through the Friends of the RUH. There were 20 different volunteer teams across the

hospital doing a range of tasks. These ranged from knitting at home for the Newborn Intensive Care Unit, working in the shop or coffee shop, working on wards, tending the gardens and acting as guides, welcoming and directing visitors. The inspection team met a large group of volunteers who were very committed to the hospital. There were good recruitment, induction and training arrangements in place. Volunteers were encouraged to raise concerns and know how to do so.

- The trust had established a Patient Empowerment Group, reporting into the Quality Board. The group was established for a wider purpose than information review. This was part of the wider equality programme
- There were 'listening events' carried out for patients and their relatives across the trust. These were to engage patients in service developments and to gain their input in the design of new services. For example, Within services for children and young people, various specialist services within paediatrics had support groups and an 'In Your Shoes' listening event was held in September 2015. At this event, children, young people and their families were asked what their ideal ward would look like, to identify the things the ward were doing well, and the things that could be improved.
- The trust participated in 'Project Search'. This was is a one-year course providing training and education for students with learning and/or physical difficulties. It helped them to develop the employment skills needed within the current job market. A student from Project Search was working on the children's ward. They were supported with their training by a member of staff to develop experience, knowledge and the confidence to reach the goal of being offered employment.

Staff engagement

- Effective staff engagement was a priority for the trust. Staff told us that they felt well informed and their views and contributions were encouraged and welcomed. The development of the new values and behaviours was given as an example of very effective engagement by many staff at different levels during the inspection.
- Staff survey results were described as disappointing with the overall engagement score of 3.8 which is very slightly above the NHS average of 3.7. This score had remained fairly static since 2013 and had fallen slightly from 2014. The results were mixed with the trust scoring well compared to other trusts for training and work related stress and less well for staff experience violence, harassment and bullying from the public.

- In January 2016 a report to the board identified that the formal engagement events involving the executive team could be improved. They were not well attended and there was not a forum for managers to engage with the executive team. The trust recognised that this affected staff understanding of the vision and strategy for the service. The changes, which were underway the time of the inspection included a new direct communication route to the chief executive with an 'ask James' email address, monthly coffee mornings with the chief executive, an online social network group and new forums for specific staff groups.
- The trust recognised and rewarded improvements to quality and innovation. 'Celebrating success' awards were held monthly and presented to staff teams by the chief executive. There was a trust 'team of the month' system where staff were nominated for particular projects and selected by managers to receive recognition for their achievements. A number of teams across the trust spoke very positively about the rewards scheme.
- There were a number of routes for trust wide and service specific communication including newsletters, emails and staff meetings. Across the trust the team saw very effective local arrangements, for example the weekly maternity services newsletter. This was developed by three of the band seven midwives and was emailed to all staff, including all obstetricians and the director of nursing and midwifery.
- Access to 'talking therapy' was available for all staff through the trust Employee Assistance Programme. This was a programme based around cognitive behavioural therapy and provided staff with an independent counselling service and advice line.

Innovation, improvement and sustainability

- The commitment to improvement and innovation was apparent at every level within the trust. There was a 'Bright Ideas and Innovation Programme' to encourage staff to put forward and implement ideas for innovation and service improvement. There were many examples of improvements, all of which had been delivered against the transformed financial position of the organisation. This was a very significant achievement.
- The Director of Finance had established an Innovations Panel. The panel met monthly to consider ideas put forward by staff for improvements to patient care. This panel had access to a limited budget that they could allocate for small-scale projects. Examples of these projects included a trolley containing all the cleaning equipment required for preparation of bed spaces and

a hair-washing trough to use for patients unable to get out of bed. Staff evaluated the impact of their innovations. The panel was frequently mentioned by staff on the wards and at focus groups and drop in meetings with the inspection team. It was clear that it was a highly prized means of making improvements.

- The staff awards scheme referred to above prioritised innovation. The team of the month award was awarded for "new or improved practice or service". The annual team award was for the "most innovative team". At the time of the inspection the paediatric anaesthesia team, together with the ward play specialists, had been awarded team of the month. This was for their work in improving the experience for young patients through the use of iPads for distraction in the anaesthesia room, and placing bandages on toys' arms.
- There was evidence of improvements being made at a local level as a matter of course and evidence that staff felt empowered to find solutions and were supported to do so. One example of this was the "care proformas" developed by a nurse in the emergency department. This applied to patients queuing on arrival in the department and prompted nurses to undertake safety checks but also to consider comfort, privacy and dignity.
- All departments were involved in research and the trust had won a number of awards. These included the Health Service Journal (HSJ) patient safety award for the prevention of perioperative hypothermia. The maternity services won an award during 2015 from the West of England Academic Science Network. This was the most innovative team of the year award for the prevention of cerebral palsy in preterm babies project(PreCEPT). The maternity services had provided treatment to 88% of eligible patients compared to the national average of 12%.

Overview of ratings

Our ratings for Royal United Hospital Bath

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

Our ratings for Royal National Hospital for Rheumatic Diseases

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

Overview of ratings

Our ratings for Royal United Hospitals Bath NHS Foundation Trust

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

Notes

Given the size of the service at the Royal National Hospital for Rheumatic Diseases we have varied the ratings aggregation so that the overall trust rating is reflects that of the services provided at the Royal United Hospital Bath.

Although we have reported on the community maternity services separately, the rating for this service has been amalgamated with the overall rating for maternity and gynaecology services at the trust.

Outstanding practice and areas for improvement

Outstanding practice

- The emergency department had developed guidelines on the management of patients during periods of high demand and when flow out of the department is limited. The guidelines aimed to reduce patient safety risks associated with overcrowding by minimising the number of ambulance-borne patients with undifferentiated diagnosis waiting in the corridor for assessment. The document also describes measures to maintain patient comfort and dignity of patients queuing in the corridor.
- SSSU and SAU had Project Search Students. This programme provided a mixture of structured work placements and classroom learning for young people living with learning disabilities. It was evident that the students were part of the team and had a clear set of tasks and structure to their daily routine.
- The SAU operated an Emergency Surgical Ambulatory Care Unit (ESAC). As part of a Quality Improvement Project (QUIPP 5.8) it was recognised that patients waiting for emergency surgical procedures such as hernia and abscesses (category C and D as classified by NCEPOD), were not being managed properly. These patients were often 'nil-by-mouth' starved and cancelled at the end of an emergency theatre lists due to running out of theatre time. The ESAC had two dedicated surgeons, which operated a booked emergency list, which focused on these patients and had eight spaces. It had its own dedicated ultra sound equipment, room and a Sonographer who has a dedicated inpatient clinic for two hours a day, Monday to Friday.
- The ESAC unit was run by two band seven Nurse Practitioners, Monday to Friday. The Nurse Practitioners also ran a Nurse Led Clinic, which managed complex dressings, and an Accelerated Discharge Programme, which aimed to get patients home sooner but still give them the support and treatment required as an outpatient rather than inpatient.
- There was outstanding caring to children, young people, their parents and the extended family.
- Frontline staff and senior managers were passionate about providing a high quality service for children and young people with a continual drive to improve the delivery of care.
- There was excellent local leadership of the children's service. Senior clinical managers were strong and committed to the children, young people and families who used the service, and also to their staff and each other.
- The trust had run The Conversation Project, which was an initiative to improve communication between staff and patients and relatives about care for the dying patient.
- The trust had implemented new documentation called The Priorities of Care for recording a personalised care plan for the dying patient.
- We observed and heard from patients and relatives numerous examples of outstanding, compassionate care provided by nursing, medical and cleaning staff for patients at the end of their lives.
- We saw some outstanding practice within the outpatients department, in how staff treated and supported patients living with a learning disability. This included providing double appointments, rearranging appointments out of hours so patients with anxiety problems could be seen without other patients around. We saw how carers were fully involved where appropriate including working with them and the patient during potentially intimate examinations.
- The orthopaedic and fracture clinic had a sensory box that could be used for patients with dementia, a learning disability and children. The box had a range of sensory objects as well as appropriate picture books. Staff told us they use the box regularly as part of distraction therapy.
- The Royal National Hospital for Rheumatic Disease was a centre of excellence for lupus care and treatment.

Outstanding practice and areas for improvement

- The Royal National Hospital for Rheumatic Disease had received national recognition by the Health Service Journal as the best specialist place to work in 2015.
- The Fibromyalgia service had been developed in response to patient need and was now being set up to become a franchised model to share the programme with other trusts.
- The Complex Regional Pain Syndrome (CRPS) service held a weekly multidisciplinary meeting. We attended this meeting during our inspection and found the content and style of the meeting to be outstanding.
- Staff worked well as a multi-disciplinary team throughout the hospital. We saw outstanding team working during a multi-disciplinary team meeting we attended. The patient was at the centre of the meeting, with all professionals striving to promote the health and wellbeing of the patient.
- Patients could attend the RNHRD either as in patients or staying nearby in self-contained flats, dependent on their care needs and independent living skills. The patients who stayed on the ward were provided with care from the nursing staff. The psychologists who led the pain management programmes provided nursing staff with informal training regarding the philosophy of the programme and how to support patients with their treatment.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

- The trust must continue to work in collaboration with partners and stakeholders in its catchment area to improve patient flow within the whole system, thereby taking pressure off the emergency department, reducing overcrowding and the length of time that patients spend in the department.
- The trust must take steps to ensure that the emergency department is consistently staffed to planned levels to deliver safe, effective and responsive care.
- The trust must take steps to ensure that all staff in the emergency department are up-to-date with mandatory training.
- The trust must monitor and report on the time to initial assessment of patients who self-present in the emergency department.
- The trust must take steps to improve record keeping within the emergency department, so that patients' records provide a contemporaneous account of assessment, care and treatment.
- The trust must take steps to ensure that patients in the emergency department receive prompt and regular observations and that early warning scores are calculated, recorded and acted upon.
- The trust must ensure staff in the emergency department adhere to safe systems to ensure resuscitation equipment and medicines are safely stored.
- The trust must take steps to improve recording of pain assessment scores and pre-hospital medication and ensure that patients who need it receive prompt and appropriate pain relief.
- The trust must take action to ensure that staffing reviews are consistently robust and reflect accurate and comprehensive data for all medical wards. The trust must continue to mitigate the risks associated with less than planned staffing levels to ensure safe staffing on medical wards for every shift
- The trust must take action to ensure that relevant staff are aware of the major incident protocol.
- The trust must take action to improve the safe storage of medical notes on the surgical wards.
- The trust must employ an experienced nurse to the post of critical care matron, a post that has been vacant for 15 months.

Outstanding practice and areas for improvement

- The trust must ensure the approved operating policy for critical care is understood and followed by hospital staff when considering moving nursing staff to work on other wards. Review nursing staff levels so they meet recommended guidance for critical care to enable the supervisors/coordinators, protected staff, and clinical educators to fulfil their roles.
- The trust must review the incident reporting procedures within critical care to ensure staff are aware of what constitutes an incident, staff are enabled to report all incidents, and they receive feedback and follow-up from those they report.
- The trust must ensure all areas of the critical care unit are clean, tidy and organised to allow good cleaning to take place.
- The trust must review the equipment on the critical care unit to ensure all maintenance and servicing is up-to-date and then accurately recorded. Ensure all equipment and medicines are checked as required and stored safely, preventing the risk of tampering, and to meet legal requirements.
- The trust must ensure the access and flow of patients in the rest of the hospital reduces delays from critical care for patients admitted to wards. Reduce the number of patient discharges at night.
- The trust must make sure policies, guidance and protocols for providing care and treatment within critical care are reviewed and up-to-date with best practice at all times.
- The trust must ensure there are specialist bereavement staff and an appropriate environment to effectively provide care and support for bereaved gynaecology and maternity patients and their families.
- The trust must ensure care records and documentation such as risk assessments, referrals to other professionals and clinicians, care plans and monitoring records such as food and fluid charts are in place. The records should be in sufficient detail and maintained appropriately to direct and inform staff on the action they must take to meet the care and treatment needs for patients.
- The trust must ensure that appropriate medical care is provided for patients transferred to the RNHRD from the medical wards at RUH.
- The trust must ensure that the trust policy and procedure regarding Deprivation of Liberty Safeguards reflects the relevant legislation and that staff are fully aware of their responsibilities under this legislation.
- The trust must take action to ensure that community midwives diaries are stored securely for at least 25 years.

Action the hospital SHOULD take to improve

- The trust should ensure the emergency department is supported by the wider hospital and there is more engagement from specialties in the urgent care improvement programme.
- The trust should ensure the workload pressures associated with overcrowding in the emergency department are understood and staff are supported as appropriate.
- The trust should continue to work with partners to improve the responsiveness of out of hours support for adults, children and young people with mental health issues.
- The trust should continue to work with partners to improve the responsiveness of the patient transport service.
- The trust should ensure patient records are stored securely on the cardiac ward.
- The trust should ensure staff are compliant with safeguarding children level two and safeguarding adults level two training.
- The trust should continue action to improve the performance of the diabetes service, particularly with regard to prescription errors and the number of patients seen by a multidisciplinary foot team within 24 hours.
- The medical division should ensure specialty clinical governance meetings occur frequently.

Outstanding practice and areas for improvement

- The trust should ensure improvement plans to address difficulties of flow within the medical service proceed and the impact of these changes are critically monitored.
- The trust should ensure re-assessments of risk of venous thromboembolism are consistently completed.
- The trust should ensure staff identify review dates and stop dates for antibiotics prescribed.
- The trust should ensure that actions resulting from external reviews, for example fire safety reviews, are clearly documented and acted upon in a timely manner.
- The trust should make sure chemicals and substances that are hazardous to health (COSHH) are secured and not accessible to patients and visitors on the surgical wards sluice area.
- The trust should continue with their action plan to reduce their RTT in all surgical specialities.
- The trust should continue to recognise and address issues with nursing staff shortages on the surgical wards.
- The trust should make sure medical staff on the surgical wards are up-to-date with their mandatory and statutory training and meet trust targets.
- The trust should review the chairs in the admission suite as they were damaged and of the same height, which could make it difficult for patients with limited mobility.
- The trust should reduce the number of bed moves after 10pm on the surgical wards.
- The trust should make sure a doctor prescribes all oxygen therapy before being used.
- The trust should make sure all operations and procedures are included on consent forms prior to the start of the procedure/operation, especially for those who lack capacity to make the decision.
- The trust should review the SSSU meal trolley when it is plugged in as it reduces the power to the lights in the corridor, where patient's toilets were situated.
- The trust should make sure all equipment in theatres has the date of the last service recorded on them.
- The trust should repair all the equipment that was broken or damaged in theatres.
- The trust should ensure that trends in incidents are reviewed in critical care to allow actions to be taken quickly to address any areas needing to be improved.
- The trust should look to reference the guidance by The Law Society in its policy relating to deprivation of Liberty, and ensure there is flexibility within the policy when applying the 72-hour rule.
- All staff, particularly those in critical care and the Royal National Hospital for Rheumatic Diseases should have access to feedback following the reporting of incidents to ensure that learning takes place after an incident.
- The trust should display avoidable patient harm data within critical care so it shows long-term results and is meaningful to visitors.
- The trust should complete the process of otherwise good mortality reviews within critical care services to demonstrate the implementation of actions and responsibility for their delivery.
- The trust should make sure all confidential information relating to patients in critical care is secure.
- The trust should review and risk-assess the provision of the critical care outreach team service or its equivalent, which was not being provided as recommended in best practice, with appropriately trained staff for 24 hours a day. Ensure there is a formal handover between the outreach team and hospital-at-night team.
- The trust should ensure sufficient allied health professional staff are used or employed to meet the rehabilitation needs of patients in, or being discharged from, critical care at all times.
- The trust should review the use of link roles for critical care staff to better embed this practice.
- The trust should look to provide an assessment for patients in critical care for any poor psychological outcomes or acute psychological symptoms, and provide support in line with National Institute for Care Excellence (NICE) guidance CG83.

Outstanding practice and areas for improvement

- The trust should develop and implement approved strategies for patients admitted to critical care to keep them in touch with life around them. Improve the quality of communication aids for patients.
- The trust should improve the quality and quantity of information provided to patients and visitors to critical care on both printed and electronic format.
- The trust should look to analyse and determine how to reduce noise levels within the critical care unit.
- The trust should progress the business care to provide patients with a consultant-led follow-up clinic for critical care.
- The trust should ensure the critical care unit looks outside of itself to the wider hospital experienced specialist teams for input into patient care and meeting the needs of patients and their visitors.
- The trust should produce a meaningful vision and strategy for the critical care unit with action plans designed to improve quality and performance of the service.
- The trust should provide effective use and management of the critical care risk register.
- The trust should find a solution to the continuing poor relationship with the bed management/site team and ensure all sides understand and empathise with the pressures and risks to each other's services.
- The trust should improve direct feedback to the critical care unit from visitors and patients to capture their views and deliver services to meet their needs.
- The trust should ensure appropriate standards and auditing of cleanliness and infection control within the maternity and gynaecology services.
- The trust should ensure there is enough obstetric equipment to provide epidural pain relief and to monitor the fetal heart during labour.
- The trust should ensure there is evidence that all equipment on the delivery suite had been serviced and checked as required.
- The trust should ensure the safe storage of medical records on Charlotte ward.
- The trust should ensure clear, written evidence in records to identify if maternity care should be midwife or consultant led.
- The trust should ensure the obstetric consultant staffing complies with Royal College of Obstetricians and Gynaecologists (Towards Safer Childbirth, 2007) recommendations on staffing for a unit of this size.
- The trust should ensure effective systems are in place which evidence one to one care was provided to women in established labour 100% of the time.
- The trust should ensure gynaecology patients are supported by specialist trained nursing staff at all times.
- The trust should ensure systems are in place to effectively monitor and review patients for post-operative infection rates following a caesarean section.
- The trust should ensure there is regular audit and evaluation of the termination of pregnancy services to ensure and full compliance with national guidance and recommendations.
- The trust should make sure all confidential records are stored securely on the children's wards.
- The trust should ensure all areas used by children are child friendly and should particularly consider improving the environment for children in the theatre recovery rooms.
- The trust should make sure appraisal rates are closely monitored and actions taken to improve performance for the staff on the children's wards.
- The trust should ensure discharge summaries are completed in an appropriate time frame.
- Several outpatient areas were breaching their waiting time targets and had long follow-up appointment waiting lists. We acknowledge the work the trust had done to resolve these issues, but the trust should continue to work on this area and make sure patients are seen in a timely way.
- The trust should make sure that clinic letters are typed and sent to GPs within the trust target.

Outstanding practice and areas for improvement

- The trust should encourage all staff, particularly those within critical care and at the Royal National Hospital for Rheumatic Diseases, to complete incident reports themselves.
- The trust should ensure that records demonstrate the action taken when safeguarding concerns are identified.
- The trust should ensure patients and visitors to the hospital could easily find their way to departments.
- All equipment should be serviced, maintained and/or calibrated to ensure it was fit for purpose and ready to use.
- The trust should ensure all staff were confident and competent to use emergency equipment when necessary.
- All staff should be trained and competent to use emergency evacuation equipment.
- The trust should ensure that patients can access hand washing facilities in every toilet.
- The trust should ensure that fluids for intravenous infusion are not accessible to patients and visitors to the ward.
- The trust should ensure that the mandatory training is kept up to date for all staff.
- The trust should ensure that patient's medical care and treatment needs can be met at the RNHRD before transfers are arranged. The transfer criteria should be complied with.
- The trust should ensure governance systems continue to be embedded.
- The trust should ensure monitoring and quality measurement of the care and treatment records is in operation.
- The trust should ensure that staff have access to up to date information on the patient's infection status in particular in relation to MRSA.
- The trust should ensure the control of infection is promoted by the cleaning of the fabric curtains used in clinical areas.
- The trust should ensure all medicines are in date and a system for checking stock medication is introduced.
- The trust should ensure there was evidence that equipment had been cleaned after use.
- The trust should ensure there was evidence equipment that was the responsibility of the trust that owned the building (which may not be Royal United Hospitals Trust) had been cleaned, reviewed or renewed in line with that trusts policies.
- The trust should ensure the safety of community midwives using rooms at Royal United Hospital Trust maternity unit, out of hours when there were no other hospital staff nearby and accessing home birth equipment at night.
- The trust should ensure all of the birthing centres had carried out a practice emergency evacuation from their birthing pool.
- The trust should ensure there was evidence to show which women were risk assessed as suitable for home births or delivery at a birth centre.
- The trust should ensure there was evidence to show what increased risks would require a woman to be transferred for consultant care and/or hospital delivery.
- The trust should ensure maternity birthing equipment to assist with pain and discomfort during labour and birth was available.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care (1) The care and treatment if service users must – (a) be appropriate (b) meet their needs. Due to bed pressures elsewhere in the hospital, patients in the critical care service were not discharged in a timely way from the unit onto wards when they were ready to leave. Patients were also discharged too often at night.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (1) Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include- (a) assessing the risks to the health and safety of service users of receiving the care or treatment; (b) doing all that is reasonable to mitigate any such risks

This section is primarily information for the provider

Requirement notices

(c) where responsibility for the care and treatment of services users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;

(g) the proper and safe management of medicines;

The critical care equipment programme did not demonstrate all equipment was up-to-date with planned servicing and maintenance.

The critical care medicines and fluids were not all in locked storage in accordance with legislation. There were medicines in the refrigerators and the emergency resuscitation trolley at risk from being removed or tampered with.

The trust must ensure care records and documentation such as risk assessments, referrals to other professionals and clinicians, care plans and monitoring records such as food and fluid charts are in place. The records should be in sufficient detail and maintained appropriately to direct and inform staff on the action they must take to meet the care and treatment needs for patients.

The provider must ensure that appropriate medical care is provided for patients transferred to the Royal National Hospital for Rheumatic Diseases from the medical wards at Royal United Hospital.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment (1) All premises and equipment used by the service provider must be- (a) clean, (e) properly maintained The critical care unit was not as clean as it should have been in all areas. The unit was untidy in places and some storage was such as to hamper good cleaning regimes in all areas.

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to – (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying on of the regulated activity; (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

This section is primarily information for the provider

Requirement notices

The incident reporting procedures in critical care did not enable staff to recognise some reportable incidents at all times. Not all incidents were therefore being reported. There was currently no feedback to staff from reporting incidents.

The critical care unit had not recognised the out-of-date standard operating procedures and clinical guidance, or provided assurance that the maintenance and servicing of equipment was carried out as required.

The time taken to triage patients who self-presented in the emergency department was not consistently recorded and accurate performance data was not available. This meant that we could not be assured that patients were quickly assessed to identify or rule out life or limb threatening conditions to ensure patient safety. We saw examples of patients waiting over an hour for initial assessment. re was no monitoring of the time to initial assessment of patients who self-presented in the emergency department in order to ensure that patients were not waiting too long to receive treatment and to deliver improvements in practice.

The management of patient records in the surgical admission suite did not ensure patients' details were safe and that confidentiality was assured. We saw patient records were left accessible to the public.

Records within the emergency department did not provide a clear and contemporaneous account of the care and treatment provided. Records of pain assessment and early warning scores were not always maintained.

The trust did not provide secure facilities for storage of community midwives diaries once they were completed.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulation 18 HSCA (RA) Regulations 2014 Staffing

(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must –

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

There had been no matron in post in critical care for 15 months and this was having a detrimental effect on the nursing staff, and the performance of critical care.

The number of supernumerary nurses in critical care was half of the recommended levels. Moving nurses to other wards, often in contravention of the critical care operating policy, meant the supervisor/coordinator nursing staff, including the clinical nurse educators, and protected nursing staff, were not able to fulfil their managerial responsibilities at all times due to providing front-line care to patients.

Actual registered nurse staffing was persistently below the planned levels on the medical wards and in the emergency department.