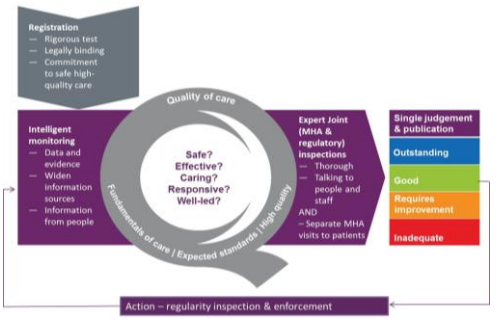
Royal United Hospital Bath NHS
NHS Trust

RUH Health & Wellbeing Board – 26th March 2014

Healthcare you can Trust

Our new approach



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CQC New approach: Site visits

- **Eight Core service areas** : A&E, Medicine, Surgery, Critical Care, *(Maternity & Family Planning),* Children's Care, End of Life Care, Outpatients.
- Announced and unannounced
- Large teams – chair, team leader(s), doctors, nurses, AHPs, managers, experts by experience, CQC inspectors, analysts, planners
- Presentation by CEO
- Visits to clinical areas
- Staff focus groups (junior/senior doctors and nurses etc.)
- Patient and public listening event(s)
- Interviews with senior managers

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Key Findings by service

Accident & Emergency

- Safe and effective. Good clinical outcomes – and improving. Patients with mental health needs could be waiting a long time for assessment but efforts were being made to improve this. Staff caring and A&E was well led by a strong and cohesive team. Service changes had improved response to demand for services. Staff felt better able to cope with pressures.

Medical Care (including older people's care)

- Safe and effective. Good clinical outcomes. Better record keeping and **warning notice lifted**. Staff were caring but staffing levels had an impact on patient care particularly at busy times and on busy wards (eg MAU). Good dementia care on wards – and developing. Patient discharge was well supported but some delays to the discharge of patients with complex needs. – and improving.

Surgery

- Safe and effective . Good safety checks and cleanliness and infection control . Some areas could have been better maintained (eg PACU). Equipment was usually available when needed, although some checks were not done as required. Staff were caring and services were responding to patient needs. Staffing levels sometimes delayed patient surgery and delayed patient transfers between theatre, recovery and ward areas. Some concerns, at busy times and in busy areas (eg SSSU). Care was improving care for people with dementia and learning disabilities . Most teams worked well together

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Key Findings by service

Intensive / Critical Care

- Safe and effective. Staffing levels in the critical care unit needed to improve to reduce the pressures on staff. Clinical outcomes good - improving. Staff showed outstanding consideration and compassion. Staff morale was improving and there was effective team working, although training and professional development needed to improve. There was an unacceptably high level of delayed discharges because of capacity problems elsewhere in the hospital, and this added to the pressures on the unit. The trust was taking action to managed risks but national delays to recruiting staff had not been effectively communicated . Staff told us risks were now being managed effectively

Children's Care

- Children received safe and effective care. Staffing met needs of children in centre. Staffing in the neonatal unit needed to improve to meet intensive care standards, and the supervision of children in A&E needed to improve. Service was caring and responsive eg parents praised the neonatal unit and commented on how it created a feeling of calm and wellbeing. Staff engaged well with the children and treated them with dignity and respect. Staff told us they felt supported and took pride in their work, although in some areas they needed further specialist training. Risks needed to be better monitored to demonstrate that these were being managed effectively.

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Key Findings by service

End of Life Care

- Safe and effective. Service was integrated with GPs and community services, which supported effective discharge arrangements and care at home. Most patients and their families were positive about the care and support they received, and said they were treated with dignity and respect from reception staff through to consultants. Staff had appropriate training and supported patients to be fully involved in their care and decision making. The service was well-led and staff were dedicated to improving standards of end of life care across the hospital.

Outpatients

- Safe and effective. Staff needed to improve understanding of MCA (2005). Patients waiting times were within national targets. Some patients waited longer for appointments at the pain management clinic, and some patients waited a long time for consultations when clinics were busy. Patients told us the breast care clinic was outstanding. The outpatient clinics were managed differently by departments and information on quality and safety was just beginning to be shared. The trust had commissioned work to review and further improve outpatient services.

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Areas of Good Practice

- Good progress towards **seven-day working**, for example, in the A&E department, for patients receiving emergency medical and surgical care.
- Patient **in-hospital mortality rates** were lower than expected and there was no difference between weekday and weekend mortality.
- The trust had developed a number of **innovative services** to cope with winter pressures and a high demand for services.
- The A&E department had a rapid assessment team known as 'senior with a team' (**SWAT**). This team had improved the speed at which patients who arrived by ambulance were assessed, investigated and treated.
- Regional and national recognition for developing **Dementia Charter Marks** (with the Alzheimer's Society) for its model of dementia care at ward level.
- **Coombe Ward** had been redesigned and refurbished as a dementia-friendly ward.

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Areas of Good Practice

- WHO surgical checklist was well embedded. Staff understood its value and importance - no **never events** in surgical theatres for 18 months.
- The emergency surgical ambulatory clinic was s designed to see patients with urgent general surgical problems - helped to avoid hospital admissions and had reduced the time inpatients waited for emergency surgery.
- Staff in the **critical care** unit showed dedication to the service and provided outstanding compassionate care.
- The **neonatal unit** created a calm environment and was designed to enhance people's feeling of wellbeing.
- End of life care was an **integrated pathway of care** with GP and community services and provided a 24-hour service based on good out-of-hours arrangements with a local hospice.
- Patients overwhelmingly told us that the **breast care clinic** provided an excellent service.
- '**See it my way**' events were held for staff - these events had patients telling stories of their experiences of care

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Areas for improvement: Should

- The trust needs to ensure that there are effective operations systems to regularly assess and monitor quality of the services provided; to identify, assess and manage risks and to make changes in treatment and care following the analysis of incidents that resulted in, or had the potential to result in harm.

- *Staffing levels, training, impact of service changes*
- *Monitoring – trust, divisional and service levels; risk registers to demonstrate risks are being managed / mitigated; checks eg on equipment monitored.*
- *Monitoring and learning from incidents and complaints*
- *Patient needs met but monitoring and response in busy areas, staff working under pressure (eg surgical lists, critical care, neonatal unit) supervision of children in A&E*
- *Patient flow – patients on the appropriate wards - or monitoring where patients are on outlying wards (eg critical care in PACU)*

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