

PROTECT

BRIEFING REQUEST - OPERATIONS

Topic Royal United Hospital Bath

Provider: Royal United Hospital Bath NHS Trust

Region: South West

Issue Request for summary of CQC operations work – 18 November 2013

Current Status

- The trust was registered 2010 with one location. This acute hospital operates from one location, with all services being provided at locations off site, such as OPD clinics, being covered by the main site registration. RUH is registered without conditions for seven regulated activities which are those that would be considered typical for an NHS acute trust. There is one ward called the Princess Margaret ward for maternity services. Services on this ward are provided by the Great Western Hospital NHS FT (not the RUH).
- The Trust provides beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services, and diagnostic and clinical support services. The Trust employs around 4,800 staff, some of who also provide outpatient, diagnostic and some day case surgery services at local community hospitals in Bath & North East Somerset, Somerset and Wiltshire.
- There is significant local private competition to NHS services with the BMI Bath Clinic operating in the centre of Bath and the Circle Hospital Bath 5 miles outside of Bath at Peasdown St John. Consultants at the RUH also work at both of these local private hospitals.
- **Inspection** 4 February 2013, 5 February 2013 and 6 February 2013. This was a responsive review following complaints about the manner in which patients had been discharged during a period of community wide black alert in early January 2013. The outcomes of the report was non compliance on all four outcomes inspected. Outcomes 1 (Respecting and involving people who use the service), 4 (Care and Welfare), 6 (Co-operating with other providers) and 21 (records). The inspection focussed on care of the older people wards and the day surgery unit. The trust was accommodating inpatients for extended period of time on its day surgery unit (DSU). There were insufficient bathing facilities and patients' privacy was compromised. Assessment and care delivery was also being compromised due to a lack of staff time and experience for the patients cared for on DSU. The report published on our website on 27 March 2013 includes some graphic details of lack of care, such as an incident with pre surgery checks for a diabetic not being completed, patients left for a long time without drinks or assistance with pressure ulcer risk assessment and associated identified care.
- **Inspection** 20 June 2013, 19 June 2013, 18 June 2013. 17 June 2013. This inspection visit was to follow up compliance actions from the responsive inspection in February 2013. During our inspection we looked at three areas of care at the hospital. These were all the older people's wards, the emergency department and the day surgery unit (DSU). We also visited the theatre recovery area. The outcomes of the report was non-compliance in five of the six outcomes inspected. Outcomes 1 (Respecting and involving people who use the service), 4 (Care and Welfare), 7 (safeguarding), 16 (Assessing and monitoring the quality of care provision) and 21 (records) were non complainant. Outcome 6 (Co-operating with other providers) was assessed as complainant. As a result of this inspection a warning notice was served for outcome 21 (records).

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The report published on our website in October 2013 includes some details of lack of records not being completed in a consistent manner, including records of patients' fluid intake and output on these wards. At the time of the inspection visit, we saw instances where patients were not having their privacy and dignity maintained.

On one older people's ward we found there were not suitable arrangements in place to protect people against the risk of excessive control. This was related to the use of assistive technology ('tagging') patients with cognitive impairment who were at risk if they left the ward.

We saw there was a system in place to regularly assess and monitor the quality of service that people receive and to identify, assess and manage risks to the health, safety and welfare of patients and others. These internal quality assurance mechanisms had not been effective in ensuring improvements required as a result of our last inspection had been implemented.

The Trust submitted representations and factual accuracy comments to the report and to the warning notice detailing their disagreement with the inspection findings. Although minor amendments were made to the report and warning notice the representations were not upheld.

- **Future inspections** The trust will receive a visit as part of CQC's wave one new inspection regime in December 2013. This inspection will also follow up on the compliance actions and warning notice from the inspection in June 2013.

Issues

- The trust is well advanced in the pipeline to become a Foundation Trust . As at 22 March 2013 we became aware that the trust's approval is on hold due to concerns arising from our responsive inspection in Feb 2013 and follow up inspection in June 2013.
- The trust intends to take on the services of the Royal National Hospital for Rheumatic Diseases in Bath. The RNHRD are an FT trust in breach of their authorisation due to finances and are no longer financially viable due to their small size. This merger cannot be completed until The RUH has gained Foundation Trust status
- From late January 2013 there has been an increasing level of negative feedback from complaints to MP's and from local stakeholders and from local people. Following inspection in Feb 2013 and June 2013 we are receiving a high level of whistle blowing information from staff

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