Care Quality Commission

Royal United Hospitals Bath NHS Foundation Trust

Royal United Hospital Bath

Inspection report

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Date of inspection visit: 27/07/2023 & 17/08/2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Outstanding**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at Royal United Hospital Bath

Requires Improvement 

We carried out this unannounced focused inspection on 27 July 2023 because we had received information of concern regarding the safety and quality of the medical care (including older people's care) core service.

Medical care (including older people's care) includes a range of specialities. It includes services that involve assessment, diagnosis and treatment of adults by medical intervention, including interventional cardiology. Medical care services sit within the Medical Division.

There were 12 medical inpatient wards at the Royal United Hospital site, with a total of 381 beds. These wards specialised in: Respiratory, Care of the Elderly, Cardiology, Neurology, Stroke, Endocrinology, Gastroenterology and Acute medicine. The medical division included: Medical Assessment Unit, Ambulatory Care, Medical therapies, and Coronary Care Unit. It was also responsible for Radiology, Medical Physics and Therapies. At this inspection, we inspected safe and well led but did not inspect caring, effective or responsive as the information of concern were not within these key questions. Our focused methodology allows us to rate a service when we have inspected the full key question.

We considered information and data regarding medical care and gathered feedback around the experience of patients using medical care services at Royal United Hospital, Bath.

At our last comprehensive inspection in June 2018, we rated the trust overall as good and medical care was also rated good.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Medical care (including older people's care)

Requires Improvement 

Our rating of this service went down. We rated it as requires improvement because:

- The design, maintenance and use of facilities, premises and equipment were not adequate. Some wards lacked storage space and/or required maintenance work. However, staff were trained to use the equipment. Staff managed clinical waste well.
- Patient fluid charts were inconsistently completed. We found some lacked detail which meant staff did not always have complete information to support patients. However, staff identified and acted upon patients at risk of deterioration.
- The trust had recruited additional registered nurses with the right qualifications to keep patients safe from avoidable harm and to provide the right care and treatment for patients. However, there was a lack of health care assistants available. Managers regularly reviewed and adjusted staffing levels to meet the needs of patients. All staff, including bank and agency staff received an induction.
- The trust used systems and processes to prescribe, administer and store medicines safely. However, on some wards, staff did not record medicines in line with the trust's policy.
- Some governance systems required improvement and staff required further training and support to ensure they followed governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used some systems to manage performance effectively. However, staff responsible for managing the departmental risk register required further training to ensure they could keep the electronic system up to date and monitored in line with trust policy and processes. Leaders and teams identified and escalated relevant risks. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

However:

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave locum staff a full induction.
- Staff understood how to protect patients from abuse, and the service worked well with other agencies. Staff had training on how to recognise and report abuse and they applied this knowledge appropriately.
- The service managed patient safety incidents well. Staff recognised and were encouraged to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve, and a strategy created in partnership with relevant stakeholders. The strategy focused on the sustainability of services and aligned with the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Medical care (including older people's care)

Is the service safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

Mandatory Training

The trust provided mandatory training in key skills to all staff.

Staff were not fully compliant with mandatory training. The medicine division did not meet the trust's compliance level of 85% in 2 out of the 20 core mandatory training subjects, as of July 2023. The 2 subjects were resuscitation adult basic life support and resuscitation paediatric basic life support. These were at 67.8% and 72.4% compliance respectively.

Nutrition and Hydration e-learning training was approved as an essential subject in May 2023 and included Dysphagia training. There was a plan for the training to be introduced in October 2023.

From 1 July 2022 all health and social care providers registered with the Care Quality Commission (CQC) must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. The trust had introduced this training in June 2023 and the first phase of the training was due to be completed by December 2023. There were 21 staff from medical care out of 125 that had completed the training to date.

There had been an increase in incident reporting of violence and aggression, and as a result of this, some staff have completed conflict resolution and personal safety training. The trust planned to roll this training out to more staff groups as it had received positive feedback from staff.

Managers and practice education facilitators monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the trust worked well with other agencies to do so.
Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff, medical staff and senior management of the trust, including the trust board had received specific training for their role regarding safeguarding and knew how to recognise and report abuse.

Compliance with level 3 safeguarding training for children and adults' had improved from 64% in February 2023 to 89.3% at the time of inspection. There was further training planned to increase the number trained at level 3 to 95% by the end of December 2023. Due to a recent incident, the safeguarding team reviewed the safeguarding training for nursing staff, medical staff and allied professionals. From January 2024 all clinical staff at band 6 will be recommended level 3 safeguarding training. This would mean more staff would be trained to a higher level which is good practice.

Medical care (including older people's care)

The trust had engaged with partner agencies to review and improve responses to safeguarding alerts. All clinical staff in medical services were aware of the process to raise a safeguarding concern within the trust and outside of the trust if required. The trust had demonstrated the ability to make decisive decisions quickly to keep patients safe. This included amending the nursing staff structure to enable better clinical coverage over a 24-hour period.

The trust has started to address the culture in some areas where it was felt it could be improved. There was now a programme of staff training to aid that culture change and upskill staff to improve patients' experiences of care. In one area, the matron had created a 'Matron safe space'. Staff could speak with the matron directly to discuss any concerns or ideas they might have. The Deputy Divisional Director of Nursing for Medicine held a monthly huddle with the safeguarding and patient safety team.

Cleanliness, infection control and hygiene

The service controlled infection risk well but did not meet the trust targets for its cleaning audits. Staff used equipment and control measures to protect patients, themselves and others from infection.

Ward areas we visited were clean. Staff labelled equipment to show when it was last cleaned. The trust had introduced an accreditation and star rating scheme, and where possible, wards had a regular dedicated cleaning team. The cleaning audit for June 2023 showed 11 out of 15 wards were not compliant. However, we were told estate issues were included within the audit, which could consequently lower the results.

The medicine division had 12 cases of hospital onset Clostridium difficile infections in the year to date to June 2023. Three of these cases were in June 2023. Clostridium difficile (C. diff) is a type of bacteria that can cause diarrhoea. It often affects people who have been taking antibiotics and can usually be treated with a different type of antibiotic. This was a risk to the trust as numbers had increased compared to last year. The trust was benchmarking positively with antibiotic prescribing and broad-spectrum antibiotic use was improving each quarter. Therefore, antibiotic prescribing outside of guidance was not a key contributor to the increase in rates. The trust had conducted a deep dive into each case and found that hospital factors were not related to these individual infections.

There was a newly formed leadership team within the Infection and Prevention and control (IPC) team. The team comprised of clinical members of staff with microbiology support. The team delivered IPC training to ward staff. The team had received feedback from ward staff around C.diff training. This feedback was used to improve the training, and staff now received a quick reference guide which was useful on a busy ward environment.

Staff followed IPC principles, including the use of personal protective equipment (PPE). We observed staff wash their hands after patient contact, and they were bare below the elbow. Side rooms were used for patients in isolation and labelled accordingly. Hand hygiene audits for June 2023 showed that 8 wards out of 14 were compliant. Two of these wards had not submitted data for June but were compliant in the previous months. The overall medical division mandatory training showed IPC compliance. Wards that were not compliant received feedback for improvement purposes.

The majority of wards had fabric curtains. We found 1 curtain which was blood stained, which was a potential infection risk. The cleaning team were responsible for changing the curtains for laundering. Rooms having a deep clean have the curtains changed each time a deep clean was carried out. We were told that the curtains were cleaned when they were visibly dirty or on a 6-month basis by the cleaning team.

Medical care (including older people's care)

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. The trust lacked storage space and some wards required maintenance work. However, staff were trained to use the equipment and managed clinical waste well.

Patients could reach call bells, and staff responded quickly when called. Patients we spoke with were complimentary about care and the speed at which staff responded to the call bells.

The design of the environment followed national guidance. However, due to an aging estate, some wards were short on storage space and required maintenance. We visited Combe ward, a 26-bedded ward which had a spacious and modern environment, with a day room where patients undertook various activities to support their recovery. However, Cheselden Ward, a 22 bedded ward, had a challenging environment. There was tape on the floor to cover rips, dents in doorframes and a lack of storage space. One of the shower rooms was being used as a storage room for equipment, meaning that it could not be used by patients. This ward did not have a day room, and it lacked space for patients to carry out their rehabilitation. The condition of the floor could also increase the risk of patients falling. We also found a pipe that was broken in the Medical Assessment Unit (MAU) in a patient toilet, and the air conditioning unit in the medicine room was broken. The trust were aware of the broken air conditioning unit and it was fixed post inspection. Estate issues and storage of equipment was also an issue at previous inspections.

Staff carried out daily safety checks of specialist equipment. There were no gaps in recording daily checks and resuscitation equipment was clean, in date and within portable appliance testing (PAT) dates.

The service had suitable facilities to meet the needs of patients' families. Most areas had quiet rooms where patients and family members could talk. Most wards also had day rooms for patients. However, these were sometimes used as patient rooms when the trust was in escalation. Visiting times were clearly stated, along with protected time for meal times. However, family members could assist loved ones to eat if this was required and desired.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Care and treatment plans, in particular fluid charts, were completed inconsistently, with some wards having good rates of completion whilst others required improvement. Staff mostly identified and acted upon patients at risk of deterioration.

Risk assessments were in the main completed, however, we reviewed records and found inconsistent completion of fluid charts, with many not having the fluid balance documented. Audit data from the trust also indicated this was an issue. The correct recording of fluid balance charts allows nurses to recognise trends that may indicate the patient is deteriorating. The trust was aware of this issue, and work was underway to train ward staff to document patients' fluid levels accurately.

Staff did not document patient pain scores in medical wards. It was possible to document pain scores in the electronic observation process, however, this was not currently mandated by the trust.

The number of patient falls was monitored and there was no increasing trend over the past 6 months. An audit of post falls documentation evidenced that the majority were completed at 88%, however, the amount of information contained within the documentation was not always complete. To help avoid patient falls, the trust introduced support mobility

workers. They were working with wards to help prevent the de-conditioning of patients. De-conditioning is the decline in the physical function of the body as a result of physical inactivity and / or bedrest. Work on Midford ward saw an improvement from 30% of patients to 80% of patients sitting out of their bed to eat lunch. When the trust noticed a trend of increased falls in 2 particular wards, the ward staff received additional enhanced care training.

Completion of Venus thromboembolism (VTE) documentation was inconsistent. VTE is a collective term referring to blood clots. The trust had only audited VTE compliance since May 2023. We were given the audit results for 2 months. In May 2023 only 67% of files reviewed showed appropriate mechanical VTE prophylaxis was prescribed, whereas in June 2023, this was 100%. Both audits showed risk assessments and anticoagulants received within 14 hours were poor at 44% in May 2023 and 38% in June 2023. Work was currently ongoing to improve compliance against best practice for VTE, and the trust had recruited 3 specialist nurses to improve VTE prevention and investigation of hospital acquired thrombosis.

Staff used a nationally recognised tool to identify deteriorating patients. The National Early Warning Score (NEWS2) was used in the service to identify patients at risk of deterioration. NEWS2 is a system for scoring the physiological measurements that are routinely recorded at the patient's bedside. Its purpose is to identify acutely ill patients. Deteriorating patients were not always escalated appropriately for doctor / consultant review or to the in-reach team or sepsis nurses. There were areas of good practice for example, Cheseldon ward was 100% compliant for sepsis screening and response within 30 minutes if the NEWS2 score was 5 or greater. However, Waterhouse ward was below 70% as of June 2023. Data from the July Medicine Division meeting minutes stated that in June 2023, 19.3% of patients were escalated within 30 minutes where the NEWS2 score was greater than 5. This was on a slightly downward trajectory since the high point in February 2023 where 24.4% of this patient group were escalated within 30 minutes. The trust had a deteriorating patient working group which met bi-monthly to review the management of sepsis, acute kidney infection (AKI), escalation of NEWS2 and incidents relating to deteriorating patients.

Audits of comfort and pressure care reported timely completion of documentation indicating that comfort rounds were happening as scheduled for the past year from July 22 to June 23. There had not been an increasing trend in the number of pressure ulcers despite staffing shortages.

The service had relatively few numbers of outlier patients at below 10 during the last 2 months prior to the inspection. However, this had fluctuated across the year reaching a high point in March 2023 of 33 patients. Outlier patients are those that are not located on the specific speciality ward. The trust had processes to ensure that patients who were not on the speciality ward were seen by the medical team as and when required.

The number of stroke patients who managed to access the acute stroke ward within 4 hours in April 2023 was 34.5%. This was being monitored and work was underway to ensure people reached the speciality they required. For example, the trust was looking at ringfencing certain beds.

At times the trust had to board patients on medical wards. Boarding patients are patients sent from an admitting area to a receiving ward prior to a bed being available. This was due to the large volume of patients and the number of patients that were ready for discharge but had no onward care package. Escalation beds impact on the patient experience and patient safety and this risk was documented in the trust's risk register. Whilst all members of staff acknowledge that this practice was not ideal, steps had been taken to mitigate risks. Standard operating procedures had been developed for staff to use when these situations occurred. At the time of our inspection there were no patients that were being boarded.

The service had 24-hour access to mental health liaison and specialist mental health support. The neighbouring mental health trust provided this.

Shift changes and handovers included all necessary key information to keep patients safe. We observed 1 doctor handover and 1 nursing handover where key information was shared to the subsequent staff on shift. Both handovers were well attended, information was clearly visible and care needs and plans were discussed. Safety huddles where key information was shared regarding patients occurred twice a day.

Nurse staffing

The service had an influx of newly qualified nurses and was short of health care assistants. The nurses had the right qualifications to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave bank, agency and new staff a full induction.

The service had enough nursing staff to keep patients safe. However, there were vacancies for health care assistant (HCA) staff. Staffing fill rates for medical wards varied. Overall fill rates for the medical wards were 86% for registered nurses (RNs) and 89% for HCAs. Some wards were struggling with staffing rates, such as the Acute Stroke Unit and Cheselden Ward. These wards had a fill rate of 75% RNs & Registered Nursing Associates (RNA) and 79% HCAs and 53% RNs and 91% HCAs respectively. It should be noted that Cheselden Ward was used as an escalation ward which means the fill rates are lower than when it is at normal capacity of 16 beds. When the wards were short staffed, it made it difficult to provide the level of care to patients that staff would wish.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and HCAs needed for each shift in line with national guidance. At the time of the inspection there were 48 health care assistant vacancies. Managers said that they tried to make sure all shifts were safely staffed and that they also had extra nurses on shift when there was a lack of HCAs. The service also used bank and agency staff. The trust was recruiting to fill these vacancies, and in January 2023, they moved the recruitment of HCAs so it was managed centrally by human resources. Managers reviewed staffing levels twice daily and moved staff to alleviate the pressure on wards which were short staffed. Since the inspection we have received information that the trust has held a successful recruitment day which will help with filling the nursing staff and health care assistant vacancies.

The service had welcomed 226 internationally trained nurses and 105 domestic nurses to fill vacant positions since 2022. This meant, at the time of inspection, some of the wards had a staff base which was junior and lacked a certain level of skill and experience. This issue was reflected in ward sisters' minutes in April 2023 where it stated, "It is difficult when all the staff are junior on the ward". The trust was aware of this issue and was supporting the ward teams by having practice educators based on the ward to help with the process of upskilling staff, however this was still having an impact on wards at the time of the inspection. The trust had developed good pastoral support and induction processes for the international nurses. The retention of international nurses was good, partly due to the care, support and career opportunities open to them at the trust.

Staff turnover rates were below the target. The trust turnover target was 11% and the medicine turnover as at July 2023 was 9.3%.

Staff sickness rates were low. Sickness was declining, in April 2023 it was at 4.85% and in July 2023 this had fallen to 3.95%.

Managers made sure all staff, including bank and agency staff had a full induction and understood the service.

Medical care (including older people's care)

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The trust had enough medical staff to keep patients safe. The trust was almost fully established for medical staff, with only a few unfilled posts that were out to advert. During our inspection, the doctors we spoke with were happy with their workload and were proud to work for the trust.

The trust had low and reduced rates of bank and locum staff.

Managers could access locums when they needed additional medical staff. The trust used bank and locum staff to cover sickness and on call rotas. The trust was working with the Southwest and Gloucester Collaborative which employed locum staff throughout the region. This helped with covering staff sickness and on call rotas whilst ensuring continuity with the locums that were used.

The trust had a good skill mix of medical staff on each shift and reviewed this regularly.

The service always had a consultant on call during evenings and weekends.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, but were not always stored securely. Records were easily available to all staff providing care.

Records were mainly stored securely, and staff could access them easily. We looked at records on eight wards, and on one of these wards, the records were stored in a moveable trolley that wasn't locked. A key locked this trolley, and the staff member said there were not enough keys for all the medical and nursing staff to have a one which was why it wasn't locked. However, there was a risk of unauthorised persons accessing these records. Record trolleys can either be key locked or have an access code to open.

Records were a mixture of paper records and electronic records. The trust was aiming to move to an all-electronic recording system in the spring of 2024.

Medicines

The service used systems and processes to safely prescribe, administer and store medicines. However, on some wards there was improvement required in adhering to trust policy about the recording of medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff stored and managed all medicines and prescribing documents safely. We saw that all medicines were stored securely. We carried out some spot checks of the medicines and saw that they were all within their use by dates.

Staff followed national practice to check that patients had the correct medicines when they were admitted or moved between services.

The service carried out a quarterly antimicrobial audit and found that compliance with antimicrobial guidelines was good at 90%.

Medical care (including older people's care)

Incidents involving controlled drugs were analysed every quarter and reviewed by the medication safety officer, with any concerns escalated to the Controlled Drugs Accountable Officer (CDAO).

The trust was in the planning stage of rolling out an electronic controlled drugs register which was planned to be implemented in September 2023.

Staff followed systems and processes to prescribe and administer medicines safely. However, we found that there were 2 wards where the process of checking and writing a stock balance was not always happening in a 24 hour period. This was not in line with the trust's controlled drug policy. In the controlled drug audit report summary from April to June 2023, there were 4 wards that were not compliant which carrying out daily controlled drug checks and 3 wards that were not compliant with transferring the balance from the previous page to the top of the log book on the new page.

Incidents

The service managed patient safety incidents well. Staff recognised and were encouraged to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with trust policy. We saw the trust had taken steps to actively encourage staff to report certain incidents, such as violence and aggression against staff members and had seen an increase in reporting as a result of its efforts.

Staff we spoke with said they knew how to report an incident. However, the trust knew it needed to continue to encourage reporting incidents amongst staff groups. In particular, the trust described training for the new international nurses because, culturally, some were more reluctant to report incidents than others.

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw the trust reviewed incidents and analysed them for themes and trends taking action when issues arose. They held regular meetings to discuss incidents and shared learning with staff from these meetings.

Managers debriefed and supported staff after any serious incident.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Medical care (including older people's care)

The medical care service had a clear leadership structure. The service was led by a divisional director, a divisional director of operations, a divisional director of nursing and a clinical governance lead.

Leaders had the skills and abilities to oversee the service. The leaders understood the key issues that the service faced and were addressing these issues to promote change. Some of these issues were national problems such as staffing shortages for health care assistants and lack of onward care packages for patients leaving hospital. Others were more individually associated to the trust, such as cultural issues and encouraging staff to report incidents.

We found visible leadership on the wards by matrons and ward managers, this included both the day and night time. Senior leadership conducted night time listening events for staff working the night shift to help understand the pressures faced and to ensure communication between all staff groups.

Staff said the leadership team were supportive and approachable and that they felt confident to raise any issues and challenge decisions.

We spoke to the leaders of the medical division, who reported good working relationships between the different specialities, such as surgery. This was helped by all the management teams being located in the same space. This helped the dissemination of information and shared learning culture.

The leadership team said they operated an 'open door' policy for staff and that they also felt supported by their senior management team.

Leaders wanted to support staff to have the best working environment they could and were keen to support development. This was evident in the international nursing programme where staff progression was actively encouraged. Staff appraisal rates did not reach the trust target of 90% but were on an improving trend with 82% compliance in July 2023. The trust also had rotational band 6 posts. These gave staff an opportunity to develop prior to securing a permanent band 6 role. The trust also had initiatives such as its inclusive leadership programme.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy was focused on the sustainability of services and aligned to the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff at all levels could describe a vision and strategy for their individual wards. Divisional leaders said divisional strategies were developed based on the needs of the local population and were aligned to the trust's vision and strategy. The medicine service had clear divisional priorities, which were set out as goals, drivers, measures and projects.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Most staff felt valued and supported by their managers. All staff we spoke with said they felt proud of their team and how they pulled together in order to provide the best possible care for people. Medical staff reported feeling satisfied with their roles and enjoyed working for the trust.

The leadership team were working to improve the culture of the organisation. Most staff felt they could raise concerns and these concerns would be acted on. The management team had carried out various campaigns to encourage staff to speak out, to report incidents and to encourage a learning culture rather than a blame culture. In May 2023, the trust carried out a 'Making a Difference Survey', which showed 13% of staff had experienced discrimination. The trust has taken action as a result of the survey, such as encouraging diverse leadership by reviewing current interview questions and processes for leadership roles. We spoke with several staff members who reported an improving culture from 1 year ago, when we last inspected the service.

Staff knew how to access the Freedom to Speak Up Guardian (FTSUG) if they needed to raise concerns about staff behaviours and practices in a safe and confidential manner. The FTSUG was improving the network of staff that supported this process. Staff had access to support groups and networks and had access to counselling via occupational health.

Governance

Leaders mostly operated effective governance processes throughout the service and with partner organisations. However, some governance processes could be improved. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were governance meetings within the organisation which were well attended by staff members. There were various meetings that fed into the medicine board, this in turn fed into the Trust Management Executive. The medicine board met monthly and included sections for management to provide updates and discuss issues and performance.

Monthly meetings took place at all levels to discuss key risk and performance issues. Meeting minutes showed a clear record of the information discussed and there was a set agenda to follow.

There were some examples of governance systems where staff were not consistently following the procedures and guidance. For example, the trust was looking into 4 cases where trust procedures had not been followed for hospital acquired thrombolysis. There were also examples of services, such as diabetes, not using the electronic recording system to manage waiting lists as they preferred to use paper-based methods and spreadsheets. There was also an instance where governance process for staff being allowed on certain wards was not followed. The medical divisional clinical governance meetings were held on a bi-monthly basis. However, there was a gap between November 2022 and March 2023 where a meeting was missed. We were told by the trust that this was a result of a change in leadership around January 2023 and that this was the only meeting cancelled in the past 12 months.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. However, the department risk register was maintained on an electronic platform that the relevant staff were not confident to use. Leaders and teams identified and escalated relevant risks. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had systems for recording, reviewing, and managing risks. However, the departmental risk register was kept on an electronic platform that not all staff were confident or competent to use. This meant that actions or progress was not always updated in a timely way. The risk register held over 70 risks. Leaders told us risk items should be reviewed at regular speciality meetings; however the trust could not always be assured this was carried out. The risk register had

been identified as an area which required improvement since November 2022. The trust was looking at ways to improve this process, which included further learning and increasing the frequency of the medicine division clinical governance meetings. Risks were elevated to the trust risk register when appropriate and was based on a clear process linked to how highly the risk scored.

Leaders in the service attended quality and performance meetings and contributed to them to improve the service. We saw the trust addressing the increased risk of violence and aggression against staff members by encouraging staff members to complete an incident report. The trust provided additional training in de-escalation techniques.

The trust had plans to cope with unexpected events.

Finance was discussed at monthly medicine board meetings. Staff could monitor and make decisions that would help avoid further financial pressures without compromising the quality of care.

Information Management

The service collected data and analysed it. Staff could find the data they needed in easily accessible formats to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service collected data and analysed it. The service had a mixture of paper based notes and electronic notes. Staff told us the mix of the electronic system and paper system made it cumbersome to collate information for audits and reports. However, we were assured that auditing and reporting was carried out consistently. We were also told because of the different systems used throughout the trust, this caused issues for new staff and their ability to use and access information. The trust was planning to move to an electronic patient record system in the spring of 2024 which would help to solve these issues.

The trust's website provided board reports which included data about performance. This gave patients and members of the public a range of information about the safety and governance of the hospital.

Each area we visited had several computer terminals to allow staff to access electronic patient records and test results. All staff had individual log on passwords and all terminals were locked when not in use.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leaders and staff actively and openly engaged with staff, the public and local organisations to plan and manage services. We were given examples of the system working together in terms of its locum appointments. The trust worked with the local mental health trust and the integrated care board to help with the placement of vulnerable patients. The trust had introduced family liaison facilitators to help family members and carers speak with patients and update families regarding the status of the patient.

The trust collaborated with partner organisations to help improve services for patients.

Medical care (including older people's care)

Leaders encouraged staff to share ideas for improvement. For example, we were told about improvement huddles and quality improvement boards. Staff were encouraged to raise concerns and talk about them in a monthly huddle and offer practical solutions.

Staff advised us there were regular staff meetings and that managers arranged these for different times and days to ensure all staff were able to attend regularly.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. For example, as mentioned above, wards had quality improvement boards that allowed all staff to contribute to solving issues and service improvement.

Leaders encouraged innovation and participation in research. For example, the trust was a leading contributor to a national trial testing whether a commonly prescribed dementia drug could prevent debilitating falls for people with Parkinson's disease.

We saw learning from incidents were discussed, and the information was disseminated for staff to learn.

Outstanding practice

We found the following outstanding practice:

- The trust had an outstanding programme for its international nurses in terms of education and pastoral care. They promoted the trust as a great place to work and to advance careers which led to a successful retention rate of international nurses. Managers and ward leaders were also supported to make the wards a welcoming place to work.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Royal United Hospital, Bath

- The trust must ensure that they are monitoring any risk to patient for example the completion of fluid charts to prevent patients being at risk of dehydration. (Regulations 12 (2)(b)).
- The trust must ensure that governance and risk systems are established and operated effectively to assess, monitor and improve the quality and safety of the services provided and ensure that staff follow governance processes. (Regulation 17 (1) (a)).

Medical care (including older people's care)

- The trust must ensure that controlled medicines are recorded as per trust policy. (Regulation 12 (1) (2) (g)).
- The trust must ensure that all premises and equipment are properly maintained. (Regulation 15 (1) (e)).

Action the trust SHOULD take to improve:

The provider should take action to avoid breaching a regulation in future.

Royal United Hospital, Bath

- The trust should ensure patients files are stored securely. (Regulation 17 (1) (c)).
- The trust should consider improving compliance with mandatory training and appraisal rates for staff.
- The trust should continue to recruit additional health care assistants to ensure establishment levels are met.
- The trust should continue to improve the culture of the organisation.
- The trust should consider obtaining pain scores for medical patients.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, 1 other CQC inspector, a CQC senior sector specialist and 2 specialist advisors. The inspection team was overseen by an operations manager and Roger James, interim deputy director.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury Nursing care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance