

Royal United Hospitals Bath NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

The Royal United Hospitals Bath NHS Foundation Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire. The Royal United Hospital occupies a 52-acre site about 1.5 miles from Bath city centre.

The trust has 732 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 over 4,500 staff, some of who also provide outpatient, diagnostic and same-day case surgery services at local community hospitals in Bath & North East Somerset, Somerset and Wiltshire.

The hospital provides healthcare to the population served by four Clinical Commissioning Groups:

- Bath & North East Somerset CCG
- Wiltshire CCG
- Somerset CCG
- South Gloucestershire CCG

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The trust provides a comprehensive range of acute services including medicine and surgery, services for women and children including maternity services, accident and emergency services, and diagnostic and clinical support services.

Services are provided across 27 wards and an additional 84 day case beds. The acute services provided includes: medicine, surgery, services for women and children, accident and emergency, diagnostic and clinical support services. The hospital has 17 theatres - eight main theatres, one of which is a 24-hour emergency theatre, four-day surgeries, one eye theatre, one oral surgery theatre and three gynaecology/urology theatres. The trust provides 1219 outpatient clinics per week and an additional weekly 354 community based outpatient clinics. Maternity services are provided at the Royal United Hospital and from five community services located in: Trowbridge, Chippenham, Frome, Paulton and Shepton Mallet. Women assessed as having low risks also have the option of a home birth.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

On 5 – 7 June we inspected four of the core services provided at the Royal United Hospital, Bath and 26 – 28 June 2018 inspected the maternity core service.

At our last inspection, the urgent and emergency services, medical care and critical care were all rated as requires improvement. Children and Young Peoples services and Maternity services had previously been rated as good. We decided to review these services to identify if improvement had occurred that could rate them as outstanding in any of the domains.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 26 – 28 June 2018

What we found

Overall trust

Our rating of the trust improved. We rated it as good because:

We rated the safe, effective and well led domains as good, with the caring domain rated as outstanding. We rated the responsive domain as requires improvement. The safe domain increased by one rating to good. All other domains remained unchanged.

Our inspection of the core services covered at the Royal United hospital were as follows.

- Urgent and emergency care. Our overall rating of this service stayed as requires improvement. The core service ratings remained requires improvement in the safe and responsive domains. The well led domain dropped one rating to requires improvement. The effective and caring domains remained as good.
- Medical care. Our overall rating of this service increased to good. All domains were rated as good, with both the effective and responsive domains increasing by one rating.
- Critical Care. Our overall rating of this service increased to good. All domains were rated as good, with an increase of one rating in the safe, responsive and well led domains.
- Children and Young People. Our overall rating of this service stayed as good. There were no changes to any of the domains, with the safe, effective, responsive and well led domains rated as good and the caring domain rated as outstanding.
- Maternity services. Our overall rating of this service increased by one to outstanding. The effective domain remained as good, the safe domain increased one rating to good and the caring, responsive and well led domains increased one rating to outstanding.
- On this inspection, we did not inspect surgical services, end of life care or outpatient services. The ratings awarded to these core services at the previous inspection in August 2016 form part of the overall rating awarded to the trust this time.

Are services safe?

Our rating of safe improved. We rated it as good because:

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- Medical care remained as good for the safe domain. Staff understood and had received training on how to protect patients from abuse. Mandatory training was provided in key skills, and the majority of staff had undertaken this. Patients were protected from the risk of infections within the hospital because staff followed good practice with using personal protective equipment and hand hygiene. Equipment was suitable for its purpose and maintained on a regular basis. Patients had their risks assessed and were mostly treated appropriately for their needs. Care plans were written to guide staff caring for patients to follow. Medicines were administered safely. However whilst patient safety was constantly monitored on each ward and staff moved across the wards to meet the patient needs, planned staffing levels were not met in any area we visited. Some environments were in need of updating and repair and some areas used for patients who needed isolation did not have their own bathroom facilities
- Children and young people services remained as good for the safe domain. Staff received training in safety systems, processes and practices and there were clearly defined and embedded systems, processes, and practices, which kept children safe and safeguarded them from abuse. Staff adhered to infection control practice when caring for and treatment children. The areas visited were visibly clean however the process for cleaning toys required improvement. The Dyson neonatal unit was conducive to providing high quality, safe, care and treatment to neonates, however, the children's theatre recovery area was not appropriately separated from the adult recovery area. There was a positive and open incident reporting culture where lessons were learnt. Patient records were comprehensive, clear, legible, signed and dated. Patient risk was well managed. However there were times when the nursing team was understaffed, and the medical cover at night and weekends was not sufficient to meet the demand. Not all band six children's nurses were trained in advanced paediatric life support. There were no risk assessments for the environment or young people's independent use of the adolescent room or quiet room which posed a safety risk due to the number of ligatures and lack of staff supervision.
- Critical care services improved to good. There were sufficient numbers of suitably trained staff to meet patient needs. There were good arrangements to protect people from abuse and neglect. Cleanliness and infection control processes were good. There was a positive incident reporting culture on the unit, with staff describing incidents as opportunities to learn.
- Maternity services improved to good in the safe domain. There were systems and process in place to protect people from abuse, and the service worked well with other agencies to do so. There was sufficient obstetric, midwifery and other staff. Premises and equipment was suitable, sufficient, maintained and kept clean for use, however, improvements were required to evidence all equipment was available when required and had been serviced appropriately. Safety procedures were followed. Processes were followed to continually risk assess and review the health of each pregnant woman and baby. In the hospital, experienced and skilled staff were always available to respond to acute, severe and unpredictable obstetric emergencies. Medicines were prescribed, administered and stored safely although not all fridge temperatures were consistently checked.
- Urgent and emergency care remained as requires improvement for safety. Compliance in mandatory training for medical staff fell below the trust target, though the results were better for nursing staff. Staff were not always completing assessments to ensure that children at risk were correctly identified. For children seen at the Urgent Treatment Centre there was no record-review system to ensure children at risk were not overlooked. The use of non-clinical areas to care for patients due to crowding was common and had not improved since the last inspection. Incidents involving patients were not always reported. Accurate data was not being collected to record the time to initial assessment of self-presenting or ambulance patients. This was despite telling the trust they must improve on this at the previous inspection. Patients were not always monitored for the duration of their stay in the department to ensure they were safe. At times, the department did not always achieve safe nurse to patient ratios when the department was crowded. Documentation was not always completed to a good standard and the use of prescription forms in the minors department was not sufficiently audited. Fridge temperatures had been out of range for a number of days in the resuscitation area and no action had been taken to rectify it. However infection control practices in the

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department were generally good, with premises and equipment visible clean and in good condition. The prioritisation and streaming of patients worked well and helped ensure high priority patients were seen quickly and patients were directed to the appropriate care in a timely way. Patients brought in by ambulance did not wait for handover and ambulance handover times were better than the national average.

- On this inspection, we did not inspect surgical services, end of life care or outpatient services. These services were rated as good for safe at the previous inspection. These ratings form part of the overall rating awarded to the trust this time. These services will be inspected again at a later date.

Are services effective?

Our rating of effective improved. We rated it as good because:

- Medical care improved to good in the effective domain. National guidelines and standards ensure patients received effective care and treatment. Patient risks were reviewed by consultants in line with national guidance and were always available to offer advice to staff. Staff used technology to enhance patient care. Patients were supported to maintain their nutrition and hydration and additional nutrition was provided if it was needed. Staff monitored patients pain and treated them appropriately. The service took part in national audits for medical conditions such as diabetes, heart failure and strokes. Results were discussed and used to improve practice and patient outcomes. Many outcomes had improved since our previous inspection. Staff were competent to care for medical patients and specialist support was also available. There was a strong culture of multi disciplinary working. However, the Mental Capacity Act was not always followed with rigour. Assessments were undertaken by medical staff. Nursing staff did not take ownership completing best interests decisions and actions were not always documented. In addition, not all care plans contained all the information as advised on the risk assessment.
- Critical care improved to a good rating. Patient outcomes were similar to outcomes for patients in other critical care units, as demonstrated by their participation in a wide range of local and national audits, including the Intensive Care National Audit and Research Centre (ICNARC). Multidisciplinary team working was well established, and comprehensive handovers for staff happened at the start and end of every shift. An organ donation nurse was based on the unit. They were present for all organ donation discussions with the families of potential donor patients, and there were no occasions where potential donors were not referred to the NHS Blood and Transplant's organ donation service. However, not enough nurses had their post-registration qualification in critical care nursing.
- Maternity services remained as good. Policies and practices were in line with national guidelines and best practice. All pregnant women known to the service had their physical, mental health and social needs holistically assessed and treatment and care was provided in line with evidence based guidance. Women identified with any risks had these managed in line with national guidance and specialist ante and post-natal clinics were provided by medical and midwifery staff. The regular use of audits enabled the service to benchmark the standard of maternity care provided at the trust against local and national standards. Processes were in place and staff had the competencies to support women and babies with their choices regarding nutrition and hydration. The maternity services had level three accreditation with the UNICEF (United Nations Children's Fund) UK Baby Friendly Initiative. A range of medicines and other resources for the relief of pain and discomfort were available at all the birth centres. Midwives had the skills and competencies required. Some consultants and midwives had developed specialisms and acted in lead roles for the whole maternity service. There was effective and positive multidisciplinary working, and the maternity services worked effectively with other departments and services. Health promotion was a routine part of all maternity care provided to women from their initial booking in appointment through to discharge. However, not all staff had been supported to have an annual appraisal.
- Children and young people services remained as good. There was effective multidisciplinary working across the whole service. Staff had the skills, knowledge and experience to care, support and treat babies, children and young people. Children and young people's nutritional and hydration needs were being met. The neonatal unit were

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working towards full accreditation of the neonatal Unicef baby friendly accreditation, in line with new neonatal standards. They were one of the few neonatal units working towards this accreditation. Guidelines were comprehensive, clearly laid out and were in line with guidance and best practice. Children and young people were empowered to manage their own health, care and wellbeing to maximise their independence. This was evident within the specialist paediatric services. Consent to care and treatment was sought in line with legislation and guidance. However, although pain was regularly assessed and managed, pain scores were not always clearly documented within patient records. There was no formalised clinical supervision programme for nursing staff.

- Urgent and emergency care remained as good for effective. Treatment was based on best practice and national guidance. The department was staffed by a multi-professional team with the right skills and qualifications that ensured they could meet the individual needs of patients. Staff were well-supported through staff meetings, supervision and 1:1 meetings and most had regular appraisals. Available 24 hours a day, seven days a week and the availability of mental health support had increased since the last inspection. Patients living with dementia were treated in a way that met their individual needs. However, there were delays in providing reviews by speciality doctors. Patient's pain levels were recorded in a number of locations which made it difficult to monitor. Not all staff in the urgent care centre had completed specific training in paediatric assessment to support them in assessment of children.
- We did not inspect surgical services, end of life care or outpatient services. These services were rated as good for effective at the previous inspection. These ratings form part of the overall rating awarded to the trust this time. These services will be inspected again at a later date.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Maternity services improved to an outstanding rating for caring. Women and their families felt included with all aspects of care. There was strong evidence that compassionate care had consistently been provided to parents and that this had often exceeded expectations. Care was led by parents' needs and extended appointments were offered when required. There was an embedded culture and emphasis throughout the service and at all locations of providing understanding and compassionate care and support. Women with complex and/or difficult emotional needs were supported very effectively, with staff remaining respectful and non-judgmental at all times. Staff recognised the importance of developing trusting relationships based on understanding and compassion. This was particularly significant and nurtured by staff when supporting parents with loss and bereavement. Additional and specialist emotional support was provided when required. Feedback was consistently and overwhelmingly positive. There was a midwifery led service specifically for women who continued to require emotional support post birth. This was often accessed by women whose births had resulted in emergency procedures. Women whose babies were assessed as likely to require care and treatment from the neonatal intensive care unit (NICU) were well supported in advance and prior to the birth of their child.
- The children and young people's service remained outstanding for caring. Staff truly respected and valued the children and their families, empowering them to be partners in their care both on a practical and emotional level. Feedback from children and their families who used the service was continually and overwhelmingly positive describing care that exceeded expectations. Staff understood the impact a child or young person's care, treatment or condition had, and were able to support the child and their families emotionally and signpost to other services for further support. Staff communicated with children and young people in a way they could understand, and prioritised communicating with them first before talking to parents.

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- Medical care remained as good for caring. Staff maintained patients' dignity and privacy especially when personal procedures were being undertaken, providing care that was kind and compassionate. Staff were sensitive to patient needs and included relatives in care where this was a preference. However, religious beliefs were not always asked about. Staff would guide patients to the chaplaincy if they asked but were not proactive about assessing spiritual needs
- The critical care service remained good for caring. Patients and family members spoke positively about the care they or their loved ones received on the unit, and staff interacted with patients in a respectful and considerate way, respecting privacy and dignity. Patients were treated as partners in their care, and were given time to ask questions or raise concerns. Patient diaries had been introduced to help patients know more about their time on critical care. Staff would go the extra mile to support patients on the unit. We saw that patients were taken outside for fresh air, or on trips away from the unit.
- Urgent and emergency care services were rated as good for caring. Staff provided care that was kind and compassionate, spending time ensuring the patient understood what was happening, even when they were under pressure. Confidentiality was maintained, privacy was respected and chaperones were used when appropriate. Staff and volunteers would sometimes sit and talk to patients to provide company or provide emotional support whilst in the department.
- We did not inspect surgical services, end of life care or outpatient services. Surgical services and outpatient services were rated as good for caring at the previous inspection, with end of life care rated as outstanding. These ratings form part of the overall rating awarded to the trust this time. These services will be inspected again at a later date.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Urgent and emergency care services remained as requires improvement. The urgent treatment centre did not always have a GP on duty; shifts were often filled by Health Practitioners. This led to a reduced service for the local population with urgent health care needs. The ability of staff to respond to the clinical needs of emergency patients was significantly impeded by high numbers of medical patients waiting in the department for beds. The trust had consistently failed to meet the four-hour performance target, to treat, admit or discharge a patient within 4 hours of their arrival. Patients in the observation area were not in single-sex bays in line with best practice guidance. Patients were frequently waiting too long in the department to see a doctor with the authority to admit them in an in-patient ward for treatment. Waiting patients suffered loss of privacy and dignity, were waiting for long periods on trolleys, rather than beds. They were in a busy and noisy environment, not conducive to rest or recovery. On average, the total time patients spent in the department was 3.5 times higher than the England average. However, the co-location of the urgent treatment centre meant streaming helped decrease waiting times for patients and supported access the right care sooner. There were a number of pathways used to direct patients to appropriate teams and services without having to be referred through the emergency department. There were a range of clinical areas to meet the specific needs of patients. Having step-down (high dependency) beds ensured that the resuscitation bays were available for patients requiring critical interventions without delay. The paediatric department ensured that children stayed safe and comfortable whilst waiting and receiving care. The department responded well to ambulance arrivals. The pre-alert systems worked well, staff responded appropriately to resuscitation and trauma calls and ambulances could transfer their patients without delay. Handovers between staff and ambulance crews were effective. Services available in the department were well co-ordinated, with multi-professional in reach teams offering a range of services aimed at delivering high quality care and avoiding unnecessary admission. The frailty flying squad helped to ensure that patients who could suffer most from unnecessary admission were assessed by a specialty team and

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supported to stay at home. The discharge assessment team helped ensure that discharge decisions were safe and the patients had the necessary support at home. Most patients had their treatment initiated within 60 minutes of their arrival into the department. Staff responded well to the needs of vulnerable patients, in particular those with mental health problems and dementia.

- The children's and young peoples service remained good for the responsive domain, consistently reflecting the needs of children, young people and families who were engaged and involved when improving the design and running of the services. The facilities and premises met the needs of people using the service. The Dyson neonatal unit was a purpose-built centre which was conducive to high quality care and treatment. The design and running of the service always considered how to make it family integrated. There was use of technology to ensure families were involved in their baby's care. There was a proactive approach to understanding the needs and preferences of children and young people. This ensured individual needs were met, promoted equality and enabled accessibility. Innovative methods were used to support children and their families, engage children and young people, and signpost and link children with similar needs and experiences together in the community. Specialist nursing services also provided support to schools to help meet the children's needs. Children and young people could access the service and appointments in a timely way and at a time that suits them. Waiting times and delays were minimal. The paediatric demand management project had helped to improve patient flow, manage paediatric referrals, and support primary care.
- The critical care service had improved to a rating of good for responsiveness. Patient flow in critical care had improved since the last inspection. There was nurse presence at the daily bed meetings which increased the profile of the unit and its managers with other parts of the hospital. There were arrangements to collaboratively manage patients using a ventilator who had weaning difficulties (the process of coming off the ventilator) and failure (if it was not working), including the transfer of some patients with complex weaning problems to another hospital. The critical care outreach team visited patients on wards within 48 hours of discharge from the critical unit to support staff looking after them in their recovery. The service identified and met the information and communication needs of people with a disability or sensory loss. However, the unit did not offer a follow up clinic for patients admitted to critical care.
- Medicine improved to a rating of good. Services were planned to reflect the needs of the population. Wards had been reconfigured to provide suitable care and promote shorter lengths of stay for patients. Discharge planning was monitored on admission and at each ward round. A discharge team was available to support discharges for patients who needed more complex support. Patient's individual needs were met by staff. Wards for patients with dementia were designed to provide for their needs and signs provided picture cues for patients. Staff provided appropriate care for patients with learning disabilities and tried to provide consistency of care wherever possible. Staff liaised with other departments to increase the flow of patients through the hospital. Staff in the medical assessment unit and in ambulatory care assessed which patients they could treat from the emergency department to reduce pressure. However, having medical beds available for patients who needed them was a constant challenge. Initiatives were acted on to increase patient discharges. A 'frailty flying squad' saw older patients in the emergency department with the aim of preventing unnecessary admissions. Medical patients cared for on other wards were reviewed each morning by a team of doctors dedicated to see outlying patients. However, Patients were not always cared for on their specialty ward. Patients were often waiting in the emergency department for a medical bed which increased the crowding in the emergency department, as there was often no medical beds available.
- Maternity services rating improved to outstanding. A responsive patient led culture was evident throughout the maternity services. The service was flexible and offered choice and provided continuity of care. A formal service review was underway to ensure local needs would continue to be met in the long term. Information about the maternity services was available in a variety of sources and locations. Clinic appointments were offered in the hospital and community locations and during evenings and weekends, providing options on where women wished to attend and at times that suited them. Staff worked in partnership with women to provide maternity care that met individual needs. Staff had actively identified different population groups whose needs were not being met. This

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included those assessed as vulnerable or with complex needs and then acted on feedback to improve the service delivery. This had included travelling communities and refugees. Women identified with mental health issues during and after pregnancy were supported by maternity staff with mental health expertise. There was evidence of effective relationships with other external services to support with mental health issues and other vulnerabilities. The service had a new purpose-built bereavement area that was sensitively equipped, furnished and decorated using feedback from families and with help from volunteer fund-raisers. The facilities had a separate entrance to promote privacy and had received overwhelmingly positive feedback from women and their partners. All areas were equipped with facilities to help parents who wanted support with breast feeding. Flexible access was offered to women and partners who wished to attend for additional feeding support. Facilities had been provided to support partners staying for extended periods of time. This included a dedicated partner bathroom and the provision of recliner chairs, mattresses and bedding. Kitchenette areas were also available, stocked with supplies to make hot and cold drinks and snacks. Patient resources had been produced to support enhanced recovery processes for women having planned caesarean section. Other measures related to food and fluid had also been put into place to safely meet the needs of women and improve their experience of a caesarean section. Women with complex health needs or with a multiple birth had their individual needs and risks explained and managed through consultant led antenatal clinics. This included plans regarding the timing and type of birth. An antenatal triage service was provided 24 hours a day, seven days per week from the birth unit at the hospital which supported access and flow. Established and effective communication between the acute and community based midwives ensured that the transition of care from the hospital to community services was seamless. Staff took concerns and complaints seriously and were motivated to learn from these. The proactive approach to concerns had also had a positive and significant impact on the rate of formal complaints received.

- We did not inspect surgical services, end of life care or outpatient services. Surgical services and outpatient services were rated as requires improvement for responsiveness at the previous inspection, with end of life care rated as outstanding. These ratings form part of the overall rating awarded to the trust this time. These services will be inspected again at a later date.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Medicine rating for well led remained good. Leaders were experienced and had the skills and knowledge to lead the service. The leadership team were visible and approachable. Patient safety was a top priority for all staff in the division. Risks were reported, mitigated against and monitored and staff were aware of the risks in the division. Staff felt engaged and consulted by their managers. Staff were recognised for good practice and provided with opportunities to develop new initiatives. They worked in collaboration with a local university and volunteer organisations to improve patient care and sustainability for services.
- Maternity rating for well led improved one rating to outstanding. Senior staff demonstrated they had the knowledge, skills and experience needed for their roles. Junior staff reported leaders were supportive, visible and approachable, and aspiring midwife managers were provided with a programme of leadership training. Staff who had completed this spoke positively regarding how this had assisted them to develop management skills and experience. Throughout the services, staff demonstrated a broad understanding of the trust's core values. Staff were positive regarding the working culture. Medical staff spoke highly of the midwives and vice versa. Effective governance and risk management processes were evidenced as in place and followed. This included audit trails to track progress on any required actions and evidence of widely sharing learning for the benefit of patient safety and care. The opinions of women, their partners and maternity staff was sought and had been used to develop service improvements. The women and children's division staff engagement score from the 2017 staff survey was 3.83 which was above (better than) the trust and the national average.

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- Children's and young people rating for well led remained good. Leaders had the skills, knowledge and experience, and understood the challenges to quality and sustainability, and were able to identify actions needed to address them. Leaders were visible, accessible, approachable and supportive. There was a clear vision for the children and young people service, which was supported by a strategy. There was a strong sense of advocacy for children wherever they were in the trust. Staff felt positive and proud to work in the children and young people service. There were clear responsibilities, roles and systems of accountability to support effective governance and management with clear and effective processes for managing risks, issues and performance. People's views and experiences were gathered and acted on to shape and improve the service and culture. However, the leadership on the neonatal unit was in a process of change. Staff were not always clear of how this was working at the time of our inspection.
- Critical care improved to a rating of good for well led. Leaders had the skills, knowledge, experience and integrity they needed. There was a strong commitment to delivering a safe service. Leaders understood the challenges to quality and sustainability, and could they identify the actions needed to address them. Actions required to bring the unit up to modern building standards were well understood. There were arrangements for identifying, recording and managing risks, issues and mitigating actions. All risks were discussed monthly and new or updated risks were escalated to the surgical division clinical governance board. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.
- Urgent and emergency care rating dropped to requires improvement. Since the previous inspection the trust had failed to make any meaningful improvement on key performance areas that impact on safe care in the emergency department. The department was still over-crowded, patients were still waiting too long on trolleys and the risks were still concentrated on the emergency department, rather than being shared through the system. The senior leadership team and departmental managers did not have shared priorities and did not work in harmony to address risks within the department. Locally, department leads voiced major concerns about nurse and medical staffing and considered this a key risk to patient safety. The 'Full Capacity Protocol' had been introduced but department leads had not contributed to its development. Direct admission to the medical admissions unit was a key priority for departmental managers, but there was little evidence of this being an active work stream within the trust's improvement plans. We were not assured that the risks and harm experienced by patients was properly understood. Occasions where time-critical treatment was not provided in a timely way due to capacity or staffing pressures were sometimes not individually recorded and the level of harm sustained was not established, however the rate of serious incidents was used as a measure of risk and quality in the department. Since the last inspection, the trust was still not collecting information about the time patients were waiting for initial assessment. Although improvement had been made, the trust's new computer system (and staff familiarisation with the system) meant that data had been unavailable since November 2017. The department did not have a multi-professional approach to clinical governance where all groups of staff were involved. The department did not monitor or collect data reflecting the amount of time spent at 100% occupancy to ensure there was accurate information about crowding. It also did not report medical and nurse staffing levels within its 4 hour performance metrics, despite this being a departmental risk. However, local leadership was good and relationships between staff and managers were respectful and positive. Department leads provided a high level of support to their teams, were visible and considered approachable by staff. The working culture in the department was excellent. Staff were committed and enthusiastic whilst working under challenging conditions. They supported each other and worked as an effective team. Engagement with staff and patients was good.
- We did not inspect surgical services, end of life care or outpatient services. Surgical services, end of life and outpatient services were all rated as good for well led at the previous inspection. These ratings form part of the overall rating awarded to the trust this time. These services will be inspected again at a later date.

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Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, maternity services and services for children and young people.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued (a) requirement notice/s to the trust. Our action related to breaches of <x> legal requirements in urgent and emergency core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.”

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- Despite the significant challenges faced by staff within the urgent and emergency care service we found quality improvement to be embedded within the emergency department. New models of care had been introduced safely, using recognised improvement methodology and had been shared nationally.
- Within the maternity service, in the hospital and at each of the community maternity services a team of midwives specialised in supporting all aspects of child and adult safeguarding and other vulnerabilities. These staff had developed enhanced working practices with other relevant agencies and were able to support the wider maternity service and other midwives to promote safe care and practice and reduce risks. The trust was the lead performer for key performance indicators for the newborn hearing service nationwide. The maternity service had changed the service model, with a specific team completing newborn hearing checks with other necessary newborn screening at five days old. This had also reduced the need for repeat hearing checks. Monitoring patient experience and acting on feedback was integral to the service. Different ways and formats to gather feedback on experiences by women and their partners were used in innovative and patient focused ways. There was a strong and visible person-centred culture throughout the maternity services, with care and support women and their partners received often exceeding expectations. The trust had developed tea trolley training (during 2014), an effective method of multidisciplinary

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training which is slotted around staff duties. Tea trolley training was reported in the BMJ journal during July 2018 and the team were highly commended for their entry to the Education Team of the Year section of the BMJ awards 2018. In addition, the trust had received positive feedback from 18 other UK hospitals that had used the method, as well as from hospitals in France, Canada, and Australia.

- Within the children's and young people's service exceptional multidisciplinary team working was observed which positively impacted on the care being provided. The neonatal unit made use of technology to enable mothers to see their babies and be involved in the care via a video link. The paediatric demand management project was a care pathway designed to improve patient flow and manage paediatric referrals. The therapy department were proactive in running events and activities in the community to help meet the needs of children with a disability.
- Within the urgent and emergency services, quality improvement was embedded within the department, with active participation in a number of national research projects and many staff actively involved in quality improvement activity. Staff involved with innovation were celebrated. New models of care had been introduced safely, using recognised improvement methodology and had been shared nationally. The Frailty Flying Squad had recently been nominated for a national nursing award.
- Department leads were committed to the development of staff. They dedicated protected time to teaching for nursing and medical staff. They had invested in the creation of new roles, such as clinical support workers, and existing clinicians had been developed to become advanced practitioners. There was a notably diverse multi-professional workforce, including volunteers, who were used flexibly to meet the wide-ranging needs of the department.
- Staff were under considerable pressure in the department, but continued to provide professional and compassionate care to patients. Staff and managers were exceptionally calm in the clinical environment, and supported vulnerable patients and empowered them to participate in their care.
- We found examples of outstanding practice in the maternity service. Based within the hospital and at each of the community maternity services was a team of midwives who specialised in supporting with all aspects of child and adult safeguarding and other vulnerabilities. These staff had developed enhanced working practices with other relevant agencies and were able to support the wider maternity service and other midwives to promote safe care and practice and reduce risks. At all times parents were treated with understanding, dignity and respect.
- The trust was the lead performer for key performance indicators for the newborn hearing service nationwide. The maternity service had changed the service model, with a specific team completing newborn hearing checks with other necessary newborn screening at five days old. This had also reduced the need for repeat hearing checks from 20% to 3%. The service included five public health standards, and a national minimum compliance standard of 97% had been set. We reviewed records which showed the national compliance level of other services ranged between 85.6% to 99.5%. The maternity services at the Royal United hospital had exceeded this (was better than) with compliance confirmed between 99.9% and 100%.
- Monitoring patient experience and acting on feedback was integral to the maternity service. Different ways and formats to gather feedback on experiences by women and their partners were used. This included a 'graffiti board' on Mary ward (ante/postnatal and transitional care), weekly surveys by senior midwives, various Facebook pages and other questionnaires and focus groups. This had included diverse cultural groups and hard to reach communities. There was a range of evidence to show feedback had been acted upon to improve the maternity services offered. Official complaints had significantly reduced during the last year.
- There was a strong and visible person-centred culture throughout the maternity services. The care and support women and their partners received had often exceeded expectations. Care was consistently reported to be compassionate and sensitive to individual needs and people were treated kindly and with dignity and respect. Exceptionally positive feedback had been left by grieving parents who had experienced miscarriage or stillbirth.

Summary of findings

- The trust had developed tea trolley training (during 2014), an effective method of multidisciplinary training which is slotted around staff duties. Tea trolley training was reported in the BMJ journal during July 2018 and the team were highly commended for their entry to the Education Team of the Year section of the BMJ awards 2018. In addition, the trust had received positive feedback from 18 other UK hospitals that had used the method, as well as from hospitals in France, Canada, and Australia.
- Within the children's and young people's services, exceptional multidisciplinary team working observed throughout our inspection. Staff, teams and services, both internally and externally, were committed to working collaboratively. They had found efficient ways to deliver joined up care to babies, children and young people, and their families. This positively impacted on the care being provided.
- The neonatal unit made use of technology to enable mothers to see their babies and be involved in the care via a video link. Mothers who were still recovering on other wards in the hospital were provided with a tablet computer and there was a tablet by the baby's cot in the neonatal unit. Healthcare professionals spoke to the tablet to interact with the mother and explain the care and treatment they were providing.
- The paediatric demand management project was a care pathway designed to improve patient flow and manage paediatric referrals. The pathway ensured GPs and primary care had access to advice and support from the hospital. Consultants held a phone Monday to Friday between 9am and 5pm and managed a dedicated email to be able to provide advice and review referrals. Rapid access clinics were available to see those children who were deemed as urgent. Data had showed improved outcomes for children referred for appointments and referrals to paediatrics were avoided or managed with advice only or referral to a more appropriate service.
- The therapy department were proactive in running events and activities in the community to help meet the needs of children with a disability. This also helped networking between these children and their parents. Examples included a monthly race running club and as ports day taster session.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

- We told the trust that it must take action to bring services into line with legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These actions related to urgent and emergency services.
- Ensure the systems designed to protect children from harm and abuse are working effectively and processes are fully documented, especially during times of pressure. The trust must improve staff awareness of 'Think Family' principles in the Urgent Treatment Centre.
- The trust must resolve issues preventing the collection of reliable data regarding time to initial assessment for ambulance and self-presenting patients. Ensure staff report treatment delays on the adverse incident reporting system.
- Provide staff who are involved in the assessment of children in the urgent care centre appropriate training in paediatric assessment in line with the recommendations of the Royal College of Paediatrics and Child Health. Ensure suitable numbers of medical and nurse staff are provided. This must ensure safe nurse to patient ratios can be maintained at predictably busy times and there are sufficient medical staff to maintain safe staffing levels and treat patients in line with best practice guidance.

Summary of findings

- Improve the time taken to treat, discharge or admit patients to be compliant with the performance improvement plan agreed with NHS Improvement. Improve the flow of patients requiring admission to the medical wards to reduce the length of time patients wait on trolleys after admission has been agreed. Ensure patients are checked regularly whilst waiting in the department and that this is recorded on the observation chart and safety checklist escalation pro-forma.

Action the trust SHOULD take to improve

- We told the trust that it should take actions to improve in relation to all the core service areas inspected. This included: urgent and emergency services, medicine, critical care, maternity and children and young people.
- Staff mandatory training on medical, maternity urgent and emergency care departments did not consistently meet the trusts accepted level of 90%. Improvements were also required regarding maternity staff understanding of emergency fire evacuation skills and drills. The trust should also provide and ensure other significant training has been completed by staff to ensure best practice and safe standards. This included the number of nurses working in critical care who had completed a post registration qualification in critical care. Staff in the urgent care centre should all complete training in paediatric assessments. There should always be staff on duty on the children's wards who had completed advanced paediatric resuscitation training
- Improvements should be made to ensure patient records had been consistently evidenced as fully completed. On medical wards this included mental capacity assessments and reviews and resuscitation records. In the urgent and emergency care service this related to: documenting patient assessment, reassessment and screening tools, discharge letters and children's safeguarding processes. In the maternity services there was inconsistent documentation regarding if care was to be consultant or midwife led. In the children and young people's wards and in urgent and emergency care there was inconsistent records regarding pain assessments. Actions should be taken by the trust to improve the safety of records. This included where records were left in on medical wards and the maternity day assessment area.
- The trust should ensure appropriate equipment was available, checked and serviced as required in the maternity, children's and medical wards. This included; completed daily checks of resuscitation equipment, controlled medicines and fridge temperatures. There should be processes in place to provide assurance that staff have taken appropriate actions when issues had been identified.
- The patient environment and facilities should be fit for purpose and infection control risks minimised. This included: maintaining separate facilities for patients required to be cared for in isolation, the collection and storage of fluid samples, and ensuring the impact of damaged flooring is minimised on medical wards. The trust should review the risk assessments, processes and policy used for patient safety and the adolescent room on the children's ward. On the children's ward, there should be an ongoing schedule to evidence how all toys are cleaned and ready for use should be maintained. The children's theatre recovery area should always be kept separate from the adult recovery area. In the maternity services, improvements should be made regarding the storage and access of toxic chemicals used for cleaning.
- Ensure appropriately skilled staff are always on duty in the children's wards and in urgent and emergency department. In addition, the trust should consider how to fully comply with the National Institute for Health and Care Excellence (NICE) guidance regarding rehabilitation following critical illness. The trust should review how nurses are supported in their roles on the children's ward through clinical supervision processes. The trust should also consider how to improve staff recognition of patients' spiritual needs.
- In the urgent and emergency services, the senior leadership team and departmental managers should be supported to have agreed and shared priorities. This should include establishing understanding of shared departmental priorities, and what information is reported to the board.

Summary of findings

- To take action to ensure regulatory requirements are met and maintained.

We found areas for improvement. See the Areas for Must:

- The urgent and emergency services must ensure the systems designed to protect children from harm and abuse are working effectively, especially during times of pressure in the emergency department. This includes the completion of the screening tool and the completion of record reviews. Also, to improve awareness of 'Think Family' principles in the Urgent Treatment Centre.
- Resolve issues preventing the collection of reliable data regarding time to initial assessment for ambulance and self-presenting patients.
- Provide staff who are involved in the assessment of children in the urgent care centre appropriate training in paediatric assessment in line with the recommendations of the Royal College of Paediatrics and Child Health.
- Take action to improve the time taken to treat, discharge or admit patients to be in line with the performance improvement trajectory agreed with NHS Improvement.
- Take action to improve the flow of patients requiring admission to the medical wards to reduce the length of time patients wait on trolleys in the emergency department after admission has been decided and improve the quality of care and patient experience.
- Ensure patients are checked regularly whilst waiting in the department and this is appropriately recorded on the observation chart and safety checklist/escalation pro-forma.
- Ensure suitable numbers of medical and nurse staff are provided. This must ensure safe nurse to patient ratios can be maintained at predictably busy times and there are sufficient medical staff to maintain safe staffing levels and treat patients in line with best practice guidance.
- Ensure staff report treatment delays on the adverse incident reporting system.
- Ensure medical staff in the emergency department are up to date with their mandatory training.
- Improve signage directing patients from the main hospital to the emergency department and display an up to date waiting time so that patients in the waiting area know what to expect.
- Improve the completion of medical notes in the emergency department to ensure that discharge information sent to the patient's GP is complete.
- Improve compliance with internal professional standards to achieve timely review for patients by speciality teams.
- Review the observation area so that patients can be accommodated in a single-sex area and patients were not affected by disturbance and noise whilst trying to rest.
- Improve communication between department leads and the senior team regarding departmental risks and challenges and their plans for achieving sustained improvements.
- Department leads in the emergency department should develop the individual skills and confidence needed to confront challenges and drive their improvement plans forward.
- Include representatives from the wider disciplinary team at departmental clinical governance meetings.
- Consider widening the data reported to include medical and nurse staffing levels and time spent at (or over) 100% occupancy.

Medical care (including older person's care) services should make the following improvements:

- Ensure condition of flooring does not present trip hazards and infection control risks

Summary of findings

- Ensure staff are aware of how to report fridge temperatures if they are outside of parameters.
- Ensure all patient records are completed fully including NEWs charts actions and fluid charts,
- Ensure all staff are aware of patients' individual needs e.g. thickened fluids
- Keep records securely out of reach of patients and the public
- Document the date liquid medicines were opened in line with trust policy.
- Ensure patients have their spiritual beliefs recognised and support provided.
- Ensure external providers maintain sanitary facilities so they are not overfull and are suitable for patient use.
- Ensure, where appropriate mental capacity assessments are clear and visible in patient medical records.
- Ensure staff are aware and able to provide reassessment of patient mental health needs.
- Ensure DNACPR decisions are recorded in line with trust policy.
- Ensure all staff are up to date with their mandatory training.

The maternity services should complete make the following improvements.

- Review staff understanding of emergency fire evacuation skills and drills at Frome birth centre.
- Improvements were required to prevent any potential data protection risk that hand held records could be accessed by the wrong person.
- Improvements were required to the completeness of patient records, specifically for documenting if care is midwifery or consultant led.
- On Mary ward, improvements were required with how urine samples were collected, managed and moved.
- Improvements were required regarding the storage and access of chlorine tablets and any other toxic chemicals to comply with the control of chemicals hazardous to health regulations.
- Improvements were required to evidence all equipment was available when required and had been serviced appropriately.
- Improvements were required to ensure fridge temperatures were consistently checked and that any actions necessary have been completed.

Services for children and young people should make the following improvements

- Ensure there is always a band six nurse on shift. Consider band six nurse accreditation in the resuscitation council advanced paediatric life support training, so there is always an advanced paediatric trained nurse on all shifts.
- Consider how to make high dependency beds available without impacting on the staffing on the ward and the care provided to the patients.
- Consider how to provide appropriate medical cover to the children's ward and neonatal unit 24 hours a day, seven days a week.
- Ensure the regular cleaning of toys can be evidenced by clearly completing, dating and signing checklists.
- Risk assess the adolescent room and quiet room on the children's ward and ensure young people are risk assessed to use these rooms independently.
- Separate the children's theatre recovery area from adult areas at all times.

Summary of findings

- Ensure daily checks for resuscitation equipment, controlled drugs and fridge temperatures are recorded.
- Review the risk of senior house officers not being able to attend handovers on two mornings a week against the ability to deliver training.
- Streamline the processes for recording pain scores so all staff are completing the same and there is a clear record of children and young people's pain changes over time.

Consider a formalised programme for clinical supervision for nurses.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

Leaders had the capacity and capability to deliver high quality, sustainable care. There was a clear vision and a credible strategy to deliver high quality, sustainable care to people who use services. Governance processes ensure the quality and safety of patients was monitored, risks were identified and mitigating actions monitored. There was active engagement with staff, patients and carers, and innovation was the norm. However the loss of highly experienced directors had led to some reduction in the capability and capacity of the board. Improvements were needed in terms of modelling compassionate, inclusive and supportive relationships.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RD1/Reports).

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal United Hospital, Bath	Good ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018
Overall trust	Good ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Royal United Hospital, Bath

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018
Medical care (including older people's care)	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Maternity	Good ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018
Services for children and young people	Good ↔ Sept 2018	Good ↔ Sept 2018	Outstanding ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
End of life care	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Outstanding Aug 2016	Good Aug 2016	Outstanding Aug 2016
Outpatients and Diagnostics	Good Aug 2016	Not rated	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Good ↑ Sept 2018	Good ↔ Aug 2018	Outstanding ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Royal United Hospital Bath

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Key facts and figures

The Royal United Hospitals Bath NHS Foundation Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire. The Royal United Hospital occupies a 52-acre site about 1.5 miles from Bath city centre.

The trust has 732 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 over 4,500 staff, some of who also provide outpatient, diagnostic and same-day case surgery services at local community hospitals in Bath & North East Somerset, Somerset and Wiltshire.

The hospital provides healthcare to the population served by four Clinical Commissioning Groups:

- Bath & North East Somerset CCG
- Wiltshire CCG
- Somerset CCG
- South Gloucestershire CCG

The trust provides a comprehensive range of acute services including medicine and surgery, services for women and children including maternity services, accident and emergency services, and diagnostic and clinical support services.

Services are provided across 27 wards and an additional 84 day case beds. The acute services provided includes: medicine, surgery, services for women and children, accident and emergency, diagnostic and clinical support services. The hospital has 17 theatres - eight main theatres, one of which is a 24-hour emergency theatre, four-day surgeries, one eye theatre, one oral surgery theatre and three gynaecology/urology theatres. The trust provides 1219 outpatient clinics per week and an additional weekly 354 community based outpatient clinics. Maternity services are provided at the Royal United Hospital and from five community services located in: Trowbridge, Chippenham, Frome, Paulton and Shepton Mallet. Women assessed as having low risks also have the option of a home birth.

Summary of services at Royal United Hospital Bath

Good  

Summary of findings

Our rating of services improved. We rated it them as good because:

We rated the safe, effective and well led domains as good, with the caring domain rated as outstanding. We rated the responsive domain as requires improvement. The safe domain increased by one rating to good. All other domains remained unchanged.

Our inspection of the core services covered at the Royal United hospital were as follows.

- Urgent and emergency care. Our overall rating of this service stayed as requires improvement. The core service ratings remained requires improvement in the safe and responsive domains. The well led domain dropped one rating to requires improvement. The effective and caring domains remained as good.
- Medical care. Our overall rating of this service increased to good. All domains were rated as good, with both the effective and responsive domains increasing by one rating.
- Critical Care. Our overall rating of this service increased to good. All domains were rated as good, with an increase of one rating in the safe, effective, responsive and well led domains.
- Children and Young People. Our overall rating of this service stayed as good. There were no changes to any of the domains, with the safe, effective, responsive and well led domains rated as good and the caring domain rated as outstanding.
- Maternity services. Our overall rating of this service increased by one to outstanding. The effective domain remained as good, the safe domain increased one rating to good and the caring, responsive and well led domains increased one rating to outstanding.
- On this inspection, we did not inspect surgical services, end of life care or outpatient services. The ratings awarded to these core services at the previous inspection in August 2016 form part of the overall rating awarded to the trust this time.

Urgent and emergency services

Requires improvement   

Key facts and figures

Urgent and emergency care and treatment is provided in the emergency department and the urgent treatment centre. They are co-located on the main hospital site of Royal United Hospital Bath and share an entrance and reception/waiting area.

The emergency department accepts patients conveyed by ambulance or those who self-present. It is open 24 hours a day, seven days a week for adults and children who require emergency treatment. Urgent treatment centre provides care for patients with urgent needs who do not need emergency treatment. They can see both adults and children. A streaming nurse assesses walk-in patients and refers patients to the most suitable care. This may be an appointment with a GP, the ambulatory care unit or direct referral to a speciality team. Sometimes the streaming nurse can offer appropriate treatment at the time of assessment for minor complaints, such as wound infections.

The emergency department sees approximately 80,000 patients per year, 17% are children under 16. The emergency department is a trauma unit, accepting patients with traumatic injuries including fractures, head injuries and spinal injury. Major or complex trauma patients arriving at the hospital are stabilised and transferred to the nearby trauma centre.

We completed an unannounced inspection on 5, 6, 7 and 18 June 2018. The inspection was unannounced. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

During our inspection we spoke with 69 staff from the emergency department and urgent treatment centre. We also spoke to two volunteers and people providing services in the department. We also spoke with 34 patients and carers and reviewed 12 patient care records.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Compliance in mandatory training for medical staff fell below the trust target of 90% in the majority of subjects and not all staff in the urgent care centre had completed specific training in paediatric assessment.
- The safety of children and vulnerable adults could not always be assured. Staff were not always completing safeguarding processes effectively and ligature points posed a risk to patients suffering mental health crisis.
- There was significant crowding in the department. The risks and pressures associated with exceeding hospital capacity were concentrated on the emergency department but patients were not always monitored for the duration of their stay in the department to ensure they were safe.

Urgent and emergency services

- Patients spent too long in the department. There were frequent delays in most stages of their care. the hospital could not accurately report the time to initial assessment despite being told at the last inspection that they must.
- Medical and nurse staffing levels did not ensure safe care at all times, especially when the department was crowded.
- Medicines were not always managed in accordance with best practice guidance, specifically around the management of prescription forms and fridge temperatures.
- The observation area did not always meet the needs of patients. The environment was sometimes disruptive for patients and bays were not always single-sex, although staff tried to achieve this as much as they could.
- Department leads did not always have shared priorities with their senior managers so that they could make progress with plans for improvement.
- We were not assured that the incident reporting system was working effectively so that the risks and harm experienced by patients was properly understood.

However

- Nursing staff had the training, skills and support they needed to provide safe care and we saw many examples of kind and compassionate care for patients.
- Infection control practices kept people safe and free from the risk of infection. Premises and equipment were kept clean; staff washed their hands and used personal protective equipment.
- Confidentiality in the department was taken seriously, with screens at the booking-in desk and discussions about patients undertaken where they could not be overheard. Documentation was held securely and computers were logged off when not in use.
- Whilst the hospital did not record their triage times, patients were prioritised and streamed to ensure that the most unwell patients were seen quickly and patients who did not require emergency care were referred elsewhere.
- The treatment provided to patients was based on relevant best practice guidance. Staff followed up to date clinical protocols and there were good systems for decision-making support.
- The department was comprised of a diverse, multi-professional team with the right skills and qualifications that ensured they could meet the individual needs of vulnerable patients.
- The department was designed and equipped to provide a suitable and safe clinical environment to patients with a wide range of clinical and non-clinical needs.
- Local leadership was good and relationships between staff and managers were respectful and positive. Department leads were supportive of their staff, were approachable and well-liked. There was a learning environment where there were regular teaching activities and staff were enthusiastic about taking on enhanced roles and getting involved in quality improvement.
- There was a positive working culture in the department. Staff supported each other and worked as an effective, professional team even when they were busy and the department was under pressure.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

Urgent and emergency services

- Compliance in mandatory training for medical staff fell below the trust target of 90% in 11 out of 17 modules. In three modules, medical gas safety, dementia level 2 and fire safety, compliance was below 60%.
- We were not assured that the systems and processes around child safeguarding were operating effectively to protect children from harm and abuse. Staff were not always completing the assessment screening tool to ensure that children at risk were correctly identified.
- The department was difficult to find from the main hospital due to poor signage and there was no information about waiting times in the main waiting room in accordance with best practice guidance (RCEM 2017).
- Ligature points were found in one of the mental health assessment rooms. These were removed when pointed out by inspectors.
- The use of non-clinical areas to care for patients due to crowding was common. Crowding had impacted on the capacity of nursing and medical staff to provide safe levels of care as well as leading to a poor patient experience.
- Accurate data was not being collected to record the time to initial assessment of self-presenting or ambulance patients despite being requested to do so following our last inspection.
- Patients were not always monitored for the duration of their stay in the department to ensure they were safe.
- The department did not always achieve safe nurse to patient ratios when the department was crowded. The trust were told they must take steps to ensure they achieved planned staffing levels after the last inspection but nurse staffing had not improved.
- Documentation was not always completed to a good standard. Safety checklists used to ensure patients were safe and received the key elements of their care were often not completed so staff could not demonstrate the care given to patients whilst waiting in the department. Discharge summaries sent to GPs sometimes lacked relevant information from the medical review.
- There was a poor audit trail for prescription forms used in the minors department.
- Fridge temperatures had been out of range for a number of days in the resuscitation area and no action had been taken to rectify it.
- Incidents involving patients were not always reported. .

However:

- Compliance with mandatory and essential training in nursing staff was good and this had significantly improved since the last inspection.
- Staff in the emergency department had good awareness of their safeguarding responsibilities. Their levels of knowledge were good, the referral processes worked well and staff knew who to contact if they needed advice.
- Infection control practices in the department were generally good. Premises and equipment were visible clean and in good condition.
- Confidentiality in the department was taken seriously, with screens at the booking-in desk and discussions about patients undertaken where they could not be overheard.
- The prioritisation and streaming of patients worked well and helped ensure high priority patients were seen quickly and patients were directed to the appropriate care in a timely way.
- The recording of medicines using the new computer system had improved the safety of medicine security and administration.

Urgent and emergency services

- When serious and significant incidents had been identified, the standard of investigation was high and the department put practices in place to ensure similar errors were not repeated. Mortality and morbidity meeting also ensured that opportunities for learning were not missed.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Treatment was based on the best practice and national guidance, based on recommendations from advisory bodies such as the National Institute for Health and Care Excellence and Royal College of Emergency Medicine.
- Information about care and treatment was routinely collected and monitored through participation in national and local audits. Whilst audits indicated that care was effective in most areas overall, where outcomes fell below expected levels plans had been developed to improve the quality of treatment provided.
- The department was comprised of a multi-professional team with the right skills and qualifications that ensured they could meet the individual needs of patients.
- Training activity was prioritised so that staff kept their skills and knowledge up to date and they learned from incidents and complaints.
- Staff were well-supported through staff meetings, supervision and 1:1 meetings and most had regular appraisals.
- Patients living with dementia were treated in a way that met their individual needs, reduced anxiety and was kind and compassionate.

However:

- There were delays in providing reviews by speciality doctors, which delayed access to appropriate treatment and led to longer trolley-waits. Internal professional standards for speciality review existed (to see patients within 60 minutes from the time they were referred) but these were not adhered to.
- Patient's pain levels were recorded in a number of locations which made it difficult to monitor.
- Not all staff in the urgent care centre had completed specific training in paediatric assessment to support them in assessment of children.
- Nursing staff felt they would benefit from improved understanding of the mental capacity act and their responsibilities.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff were kind and compassionate in their care of patients. They spent time ensuring the patient understood what was happening, even when they were under pressure.
- Patients in the emergency department and urgent treatment centre were treated with dignity and respect. Confidentiality was maintained, privacy was respected and chaperones were used when appropriate.

Urgent and emergency services

- Staff and volunteers would sometimes sit and talk to patients to provide company or provide emotional support whilst in the department.
- Staff were respectful during their care, explained what they were doing and kept patients up to date with their treatment.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- There were limited signs to help people find the department from the main hospital building or car parks which could create difficulty for people unfamiliar with the hospital.
- The urgent treatment centre did not always have a GP on duty; shifts were often filled by Health Practitioners. This led to a reduced service for the local population with urgent health care needs.
- The ability of staff to respond to the clinical needs of emergency patients was significantly impeded by high numbers of medical patients waiting in the department for beds.
- The trust had consistently failed to meet the four-hour performance target, to treat, admit or discharge a patient within 4 hours of their arrival.
- Patients in the observation area were not in single-sex bays in line with best practice guidance. It also did not always meet the needs of patients, where patients needed to rest and recover the environment was sometimes noisy and disruptive.
- Patients were frequently waiting too long in the department to see a doctor with the authority to admit them in an in-patient ward for treatment.
- The department was unable to move patients from the department to an in-patient ward within the expected 4 hour timeframe.

However:

- The co-location of the urgent treatment centre meant streaming helped decrease waiting times for patients and supported access to the right care sooner.
- There were a range of clinical areas to meet the specific needs of patients. Having step-down (high dependency) beds ensured that the resuscitation bays were available for patients requiring critical interventions without delay. The paediatric department ensured that children stayed safe and comfortable whilst waiting and receiving care.
- The department responded well to ambulance arrivals. The pre-alert systems worked well, staff responded appropriately to resuscitation and trauma calls and ambulances could transfer their patients without delay.
- Services available in the department were well co-ordinated, with multi-professional in-reach teams offering a range of services aimed at delivering high quality care and avoiding unnecessary admission.
- Patients receive initial treatment in a timely way. Most patients had their treatment initiated within 60 minutes of their arrival into the department.
- Staff responded to the needs of vulnerable patients, in particular those with mental health problems and dementia.

Urgent and emergency services

- When complaints were received, the department conducted a full investigation, provided a timely response and learned from things that went wrong.

Is the service well-led?

Requires improvement ● ↓

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

- Since the previous inspection the trust had failed to make any meaningful improvement on key performance areas that impact on safe care in the emergency department. The department was still over-crowded, patients were still waiting too long on trolleys and the risks were still concentrated on the emergency department, rather than being shared through the system.
- The senior leadership team and departmental managers did not have shared priorities and did not work in harmony to address risks within the department.
- We were not assured that the risks and harm experienced by patients was properly understood. Occasions where time-critical treatment was not provided in a timely way due to capacity or staffing pressures were sometimes not individually recorded and the level of harm sustained was not established, however the rate of serious incidents was used as a measure of risk and quality in the department.
- Since the last inspection, the trust was still not collecting information about the time patients were waiting for initial assessment.
- The department did not have a multi-professional approach to clinical governance where all groups of staff were involved.
- The department did not monitor or collect data reflecting the amount of time spent at 100% occupancy to ensure there was accurate information about crowding. It also did not report medical and nurse staffing levels within its 4 hour performance metrics, despite this being a departmental risk.

However:

- Local leadership was good and relationships between staff and managers were respectful and positive.
- The working culture in the department was excellent. Staff were committed and enthusiastic whilst working under challenging conditions.
- Engagement with staff and patients was good. Feedback from various sources was collected and listened to and changes were made in response to complaints and concerns..

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Good  

Key facts and figures

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

There are 12 medical inpatient wards on the Royal United Hospital site with a total of 381 beds. These wards specialise in: Respiratory, Care of the Elderly, Oncology and Haematology, Cardiology, Neurology, Stroke, Endocrinology and Acute medicine. The other four areas with the division include: Medical Admissions Unit, Ambulatory Care, Medical therapies and Coronary Care Unit. In addition, the Medical division is responsible for Radiology, Medical Physics and Therapies. These additional services were not required to be inspected in detail as part of this core service inspection but we did review how services supported medical care of patients.

Between December 2016 and November 2017 there were 47,728 medical admissions for the medical division. 54.25% of these were non-elective, 44.03% were day cases and 1.71% were elective admissions.

(Source: Routine Provider Information Request - Acute-Sites)

The trust had 42,128 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 20,540 (49%), 839 (2%) were elective, and the remaining 20,749 (49%) were day case.

Admissions for the top three medical specialties were:

- General medicine – 18,685
- Gastroenterology – 8,487
- Clinical haematology – 3,010

(Source: Hospital Episode Statistics)

The Care Quality Commission (CQC) last inspected medical care (including older people) in March 2016. At that time we rated medical services as requires improvement overall and highlighted areas that needed improvement.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During the inspection we visited 11 inpatient wards and all of the specialist units including coronary care, medical therapies, ambulatory care, endoscopy and the assessment and comprehensive evaluation - older persons unit (ACE-OPU).

We spoke with 78 members of staff which included consultants, matrons, doctors, nurses, allied health professionals and managers. We observed interactions between staff and patients and spoke with 15 patients. We reviewed 22 patient records and attended three hospital wide bed management meetings.

Summary of this service

Our rating of this service improved. We rated it as good because:

Staff followed systems to protect patient safety and kept safety as an overriding principle in their daily work.

Medical care (including older people's care)

The service used audit processes to monitor patient outcomes and used the information to improve services. Staff were competent to undertake their roles and were able to seek support when they needed it. National guidelines were followed to provide evidence based patient care and staff kept patients' needs at the heart of their work. They were sensitive to patients and relatives needs and included them in care when appropriate.

Staff used complaints and incidents as a method of learning and improving services.

Leaders were aware of challenges and were using strategies to solve these problems although this was work in progress. There were clear governance procedures and methods of feeding information to and from the trust board to the ward staff.

Staff felt supported and able to speak up about any concerns they had. They felt able to innovate and develop initiatives to improve patient care.

Staffing presented a challenge to the service and wards were always working below the planned number of staff. Staff were often moved between wards to address patient risk

There were some processes which were not followed according to trust policies and these could cause a risk to infection prevention and control. Some areas were in need of repair and a refurbishment plan was in progress which would deal with these issues. There was inconsistency in record keeping which could cause a risk to continuity of patient care.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff were aware of their safeguarding responsibilities for adults and children. They had attended training and knew what to report and who to contact for further advice.
- Staff attended mandatory training programmes which updated their knowledge on practices to maintain safety across the hospital and for general patient safety.
- Patients were protected from the risk of infections within the hospital because staff followed good practice with using personal protective equipment and hand hygiene.
- There was oversight of infection prevention and control practices and experts were consulted to identify improvements and action plans developed and monitored.
- Improvements were being made to equipment which was used for decontamination of instruments. Old cleaning units in endoscopy were being replaced with newer, more efficient equipment.
- Equipment was suitable for its purpose and maintained on a regular basis. The estates team had a system of checking equipment had been serviced and staff could report any repairs needed.
- Patients had their risks assessed and were mostly treated appropriately for their needs. Care plans were written to guide staff caring for patients to follow.
- Staff were confident to report any risks or concerns they had and learning was shared within their team and from the wider organisation.
- Medicines were administered safely using an electronic prescribing system and errors were reduced.
- Electronic record keeping provided prompts for staff to ensure risk assessments were fully completed. This was transferred to paper records and updated by all staff caring for the patient.

Medical care (including older people's care)

- Solutions and equipment that may cause a risk if patients had access to them were kept securely out of patient reach.
- Teams of specialist were available to provide advice on how to keep patients safe if they had increased risks such as falls or diabetes.
- Managers had a strategy to improve staffing levels across the medicine specialty. Recent and ongoing recruitment drives had resulted in new staff being appointed to roles across the division.
- However
- Planned staffing levels were not met in any area we visited. However, matrons and ward managers followed a system of assessing patient acuity and staffing levels and reported this to the trust site management team throughout the day. Patient safety was protected on each ward and staff were redeployed across the wards to meet the patient demands.
- Some areas used for patients who needed isolation did not have their own bathroom facilities, which created a risk of cross contamination if used for this purpose.
- Information on individual patient risks were not always transferred to care plans and acted on. Paper patient records were inconsistent in completeness. Some were filled in as they should be and others were partially completed.
- Some environments were in need of updating and repair. However, there was a programme of refurbishment in place and this was being rolled out gradually to create least disturbance to services.
- Medicine fridge temperatures were checked daily but not always acted on if outside of temperature ranges. However, a system was put into place shortly after our visit to give staff greater guidance on actions to take if there were problems.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- National guidelines and standards of good practice were followed by staff to ensure patients received effective care and treatment.
- Patient risks were reviewed by consultants in line with national guidance and were always available to offer advice to staff.
- Staff used technology to enhance patient care. Electronic systems were used to prescribe and administer medicines and errors had reduced since the system had been introduced. Record keeping prompted staff to use appropriate risk assessments for patients.
- Patients were screened for sepsis and actions taken if this was suspected.
- Patients were supported to maintain their nutrition and hydration and additional nutrition was provided if it was needed.
- Staff monitored patients pain and treated them appropriately.
- The medical care division took part in national audits for medical conditions such as diabetes, heart failure and strokes. They discussed the audit results and used the information to improve practice and patient outcomes. Many outcomes had improved since our previous inspection.

Medical care (including older people's care)

- Staff were competent to care for medical patients and specialist support was available to guide staff. Appraisals were up to date for most staff and training programmes were provided for staff to improve their competence in their clinical areas.
- There was a strong culture of multi disciplinary working and therapists, social workers and community staff were included in promoting independence and planning patient discharges.
- Seven-day services were available for patients who needed them in urgent situations and where care was needed. It was not available in every part of the service but trials were being undertaken to increase services at a weekend. Ambulatory care staff were providing nurse led clinics on a Saturday.
- Staff assessed patients for mental health conditions and could request support from mental health liaison staff.

However

- Some care plans did not contain all the information as advised on the risk assessment so staff taking over care would not be aware of patient needs.
- The Mental Capacity Act was not always followed with rigour. Assessments were undertaken by medical staff. Nursing staff did not take ownership completing best interests decisions and actions were not always documented.

Is the service caring?

Good ● → ←

Our rating of caring CHOOSE A PHRASE. We rated it as CHOOSE A RATING because:

- Staff maintained patients' dignity and privacy especially when personal procedures were being undertaken. Privacy was provided to discuss person issues or upsetting news.
- Staff were sensitive to patient needs and included relatives in care where this was a preference.
- Patients and relatives told us staff were friendly and treated them with respect and we saw staff giving patients time to mobilise.
- Information was available for patients and their relatives to inform them of conditions and support groups. We saw staff providing explanations to relatives and patients and giving time for questions to be asked with appropriate responses.
- However,
- Religious beliefs were not always asked about. Staff would guide patients to the chaplaincy if they asked but were not proactive about assessing spiritual needs.

Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- Services were planned to reflect the needs of the population. Wards had been reconfigured to provide suitable care and promote shorter lengths of stay for patients.

Medical care (including older people's care)

- Discharge planning was monitored on admission and at each ward round. A discharge team was available to support discharges for patients who needed more complex support.
- Patient's individual needs were met by staff. Wards for patients with dementia were designed to provide for their needs and signs provided picture cues for patients. Staff provided appropriate care for patients with learning disabilities and tried to provide consistency of care wherever possible.
- Care was provided in a patient centred way. Staff had the needs of the patients at the heart of everything they did.
- Staff liaised with other departments to increase the flow of patients through the hospital. Staff in the medical assessment unit and in ambulatory care assessed which patients they could treat from the emergency department to reduce pressure. However, having medical beds available for patients who needed them was a constant challenge.
- Initiatives were acted on to increase patient discharges. A 'frailty flying squad' saw older patients in the emergency department and prevented unnecessary admissions by providing a little extra support in the home.
- Patients cared for on other wards were reviewed each morning by a team of doctors dedicated to see outlying patients.
- Complaints were monitored and learning was shared with staff. Where appropriate, changes were made to practice.
- Multi disciplinary board rounds were undertaken daily and contributed to by all who attended.
- There was an initiative to increase the number of admissions direct to the medical assessment unit. Increase numbers of patients could be accommodated using chairs instead of beds while they waited for assessment.

However,

- Patients were not always cared for on their specialty ward. However, these outlying patients were carefully assessed to be suitable for care on other wards.
- Medical patients were often cared for on other wards because there were not enough medical beds available. Cardiac patients were often cared for on the medical short stay unit while they were waiting for a cardiac bed to have their procedure.
- Patients were often waiting in the emergency department for a medical bed. This was because there were often no medical beds available. Senior managers were aware of this and were putting strategies in place to improve the availability of medical beds.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders were experienced and had the skills and knowledge to lead the service. A team of medical, nursing and governance managers led the service. They worked together to monitor their service and outcomes. They knew where their problems were and were working on strategies to solve these.
- Managers followed formal governance structures which fed up to meetings of the executive team and to ward staff. A range of meetings discussed specialty areas and were reported to governance oversight meetings.
- A comprehensive audit programme was followed by staff to monitor care and treatment provided. The divisional leaders were proactive in using audit results to identify areas for improvement and communicating actions to ward staff.

Medical care (including older people's care)

- The leadership team were visible and approachable for staff and we were told staff felt supported and able to raise concerns to any of their managers or leadership team. Staff described an open culture and we heard how many staff loved their jobs and understood why nursing staff were redeployed to cover shortages on other wards.
- Patient safety was a top priority for all staff in the division. Risks were reported, mitigated against and monitored and staff were aware of the risks in the division. The division used a system to identify potential risks and mitigate against them when planning services.
- Staff felt engaged and consulted by their managers. Matrons had contributed to the nursing strategy. New matron's meetings were inclusive of all matrons across the trust and increased sharing of information and knowledge of other areas of work.
- Staff were recognised for good practice and provided with opportunities to develop new initiatives. They worked in collaboration with a local university and volunteer organisations to improve patient care and sustainability for services.

However:

- Some staff felt the redeployment of nursing staff to cover shortages on other wards was detrimental to morale.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Good 

Key facts and figures

The critical care unit at Royal United Hospitals Bath is a unit with 13 beds commissioned to provide care and treatment for level three intensive care unit (ICU) and level two high dependency unit (HDU) adult patients. This configuration can be changed according to demand.

According to the Intensive Care National Audit and Research Centre data from 1 April 2017 to 31 March 2018, the units had 722 admissions. For the purposes of governance, critical care sits in the trust's surgical division.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

As part of the inspection we visited the unit on 5, 6, and 7 June 2018. We spoke with consultants, junior medical staff, two pharmacists, a pharmacist technician, seven members of the nursing team, one allied health professional. We met and talked with a member of support staff, two members of the housekeeping team, five patients and the families of three patients. We also reviewed patient records, policies, guidance and audit documentation.

Summary of this service

Our rating of this service improved. We rated it as good because:

- There were clearly defined and embedded systems, processes, and practices, which kept patients safe and safeguarded them from abuse.
- There was a positive and open incident reporting culture.
- Lessons were learned and themes identified. Action was taken and practice changed when things went wrong.
- There was good multidisciplinary team working. Staff on the unit and support services, such as physiotherapy, pharmacy, dietitians, and others were committed to working collaboratively to support patients.
- Patient flow in critical care had improved. There were limited delays for patients being admitted, discharged or moved to a ward at night.
- Leaders had the skills, knowledge, experience and integrity they needed. There was a strong commitment to delivering a safe service and saving lives.
- There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- Staff felt supported, respected and valued by senior managers in critical care and the surgical division. Staff we spoke with said there was a good team spirit, and were positive and proud to work for the unit
- The unit did not comply with modern building standards, which included adequate bed spaces and other safety features. This has been assessed and was well managed within the unit. There were plans to redevelop the unit in 2019.
- Not enough nurses had their post-registration qualification in critical care nursing.
- The unit did not offer a follow up clinic for patients admitted to critical care. This meant the unit was not fully compliant with National Institute for Health and Care Excellence (NICE) clinical guideline 83 "Rehabilitation after critical illness in adults".

Critical care

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Mandatory training levels were good, and above the trust's target
- There were good arrangements to protect people from abuse and neglect, and staff understood their responsibilities to protect patients from harm.
- The unit was clean and had regular cleaning audits.
- Treatment was delivered to patients with presumed sepsis within the recommended pathway timelines.
- There was adequate nursing and medical staffing to meet patient needs.
- There was a positive incident reporting culture on the unit, with staff describing incidents as opportunities to learn. The unit did not comply with modern building standards, which included adequate bed spaces and other safety features. This has been assessed and was well managed within the unit. There were plans to redevelop the unit in 2019.
- Not all prescriptions in medical records recorded the prescribing doctor's name.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- To look at how they delivered outcomes for patients, the unit took part in a wide range of local and national audits, including the Intensive Care National Audit and Research Centre (ICNARC).
- Patient outcomes were better than other critical care units.
- Nursing staff were encouraged to undertake additional training and development projects.
- Multidisciplinary team working was well established on the unit, and comprehensive handovers for staff happened at the start and end of every shift.
- Staff fully demonstrated they understood consent, Mental Capacity Act and Deprivation of Liberty Safeguards.
- An organ donation nurse was based on the unit. They were present for all organ donation discussions with the families of potential donor patients, and there were no occasions where potential donors were not referred to the NHS Blood and Transplant's organ donation service.

However:

- Not enough nurses had their post-registration qualification in critical care nursing, although there was a plan to improve this. In the unit, 42% of nursing staff held a post registration award in critical care nursing. According to the Faculty of Intensive Care Medicine Core Standards, 50% of registered nursing staff as a minimum should be in possession of a post registration award in critical care nursing.

Critical care

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Every patient and family member we talked with spoke positively about the care they or their loved ones received on the unit.
- We saw staff interacted with patients in a respectful and considerate way. Staff respected patients' privacy and dignity.
- Patients were treated as partners in their care, and were given time to ask questions or raise concerns.
- Patient diaries had been introduced to help patients know more about their time on critical care.
- Staff would go the extra mile to support patients on the unit. We saw that patients were taken outside for fresh air, or on trips away from the unit.
- Staff made sure that patients and those close to them could find further information, including community and advocacy services, or ask questions about their care and treatment.

Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- Patient flow in critical care had improved. A band seven nurse now attended the daily bed meetings which increased the profile of the unit and its managers with bed managers from across other parts of the hospital.
- There were arrangements to collaboratively manage patients using a ventilator who had weaning difficulties (the process of coming off the ventilator) and failure (if it was not working), including the transfer of some patients with complex weaning problems to another hospital.
- The critical care outreach team visited patients on wards within 48 hours of discharge from the critical unit to support staff looking after them in their recovery.
- The service identified and met the information and communication needs of people with a disability or sensory loss.
- The unit had not received any formal complaints from March 2017 to February 2018.
- However:
- The unit did not offer a follow up clinic for patients admitted to critical care. Managers confirmed the unit was not fully compliant with the National Institute for Health and Care Excellence (NICE) clinical guideline 83: "Rehabilitation after critical illness in adults".

Is the service well-led?

Good ● ↑

Critical care

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills, knowledge, experience and integrity they needed. There was a strong commitment to delivering a safe service and saving lives. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- Leaders understood the challenges to quality and sustainability, and could they identify the actions needed to address them. Actions required to bring the unit up to modern building standards were well understood.
- Staff felt supported, respected and valued by senior managers in critical care and the surgical division. Staff we spoke with said there was a good team spirit within the unit, and were positive and proud to work for the unit.
- The unit celebrated staff and unit successes. Any member of staff could report a success, in the same way they could report an incident, which could be acknowledged and shared with the rest of the team.
- There were arrangements for identifying, recording and managing risks, issues and mitigating actions. All risks were discussed at the monthly critical care meetings, and new or updated risks were escalated to the surgical division clinical governance board.
- There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work. Staff we spoke with were proud to share the innovative work and research projects they had been involved with.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found examples of outstanding practice in this service. See the Areas of Improvement section above.

Maternity

Outstanding  

Key facts and figures

We completed an unannounced inspection of the maternity services at the Royal United Hospitals Bath NHS Trust as part of the new phase inspection methodology on the 26, 27 and 28 of June 2018.

Maternity services at the Royal United Hospitals provided a range of antenatal, intrapartum and postnatal care at the main hospital and within local community settings across Bath, Wiltshire and Somerset. A maternity service redesign programme was being completed with public and staff engagement, local commissioners and other stakeholders. This was based on national and local improvement plans and women's choice and preference for place of birth. This work commenced in January 2017 and was anticipated to conclude January 2019.

Currently at the Royal United Hospital consultant led care is provided for women assessed as having high risks or for those women assessed with low risks who chose this care pathway. Midwifery led care; antenatal, intrapartum and postnatal was provided for women assessed as having low risk care in the Royal United Hospital and from five community services located in: Trowbridge, Chippenham, Frome, Paulton and Shepton Mallet. Women assessed as having low risks also had the option of a home birth.

At the Royal United Hospital, a range of maternity services were provided from the Princess Anne Wing. These included: a day assessment, early pregnancy, fetal medicine and a range of antenatal and postnatal services all with consultation and assessment rooms and ultrasound services. These were accessible on an outpatient basis. The birthing centre had nine rooms all of which had en suite facilities and two had birthing pools. There were three dedicated operating theatres with an anaesthetic room and recovery area. The obstetric and midwifery team were supported by surgical, anaesthetics and neonatology staff. Women who required inpatient care were admitted to the 40-bedded combined antenatal, postnatal and transitional ward (Mary). This had eight single rooms of which six had en suite facilities, there were eight four bedded bays with shared bathroom facilities. Mary ward also had a day room and kitchenette both of which were for use by women and their visiting families. There was a specific bereavement room available for parents who had experienced loss through miscarriage or stillbirth.

The Royal United Hospitals Bath NHS Foundation Trust provides care to approximately 4,500 women per annum (average 380 births a month). From January 2017 to December 2017 there were 4,330 deliveries at the trust.

During this inspection we spoke with five patients and three relatives of patients to ask their opinions of the treatment and care provided. We spoke with a total of 41 staff working in the maternity services. This included: 28 midwives in various roles, one student midwife, five medical staff in different roles, three midwifery care assistants, three ward clerks and one housekeeper. We attended and observed one midwifery shift handover and safety briefing meeting and one safeguarding meeting. We facilitated one midwifery focus group which was attended by nine midwives and reviewed 15 patient records. We visited all areas of the maternity services provided at the Royal United Hospital and at three of the five community midwifery led services at: Trowbridge, Chippenham and Frome.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

The Care Quality Commission last inspected the maternity service as part of a maternity and gynaecology inspection, the report being published in August 2016. The rating for maternity and gynaecology service was good overall. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

Maternity

We rated it as outstanding because:

- Since our last inspection during 2016 the maternity services had been able to strongly evidence wide service improvements and these had exceeded patient expectations.
- There was a strong focus on safety with staff of all levels understanding their responsibilities to report all incidents and near misses. Effective actions had been taken to mitigate risks and learning from safety issues had been consistently shared widely.
- There was strong and effective leadership in place. Leaders understood the day to day and strategic pressures and objectives and had plans in place to monitor and address these. There was effective communication across the service and between colleagues who highly valued each other.
- The maternity service achieved good patient outcomes or above what was expected compared to other similar services. The service was the lead performer nationwide for key performance indicators for the newborn hearing service.
- The service had proactively engaged with different cultures and groups in the local community. Understanding and learning from this had been used to improve parents' experiences of the service.
- Medical and midwifery staff across the service felt well supported by managers who were accessible and knowledgeable. There was a positive, 'can do' culture which was firmly rooted in the desire to provide the best quality patient led maternity care.
- Concerns and complaints were taken seriously and staff acted promptly and with consideration and understanding. Positive actions taken by staff had resulted in a reduction of 88% of formal complaints made last year about the maternity service.
- There specialist midwifery led teams in the hospital and all community services with expertise and experience to support with obstetric care related to safeguarding issues and other identified vulnerabilities. This was done with effective partnership working with other agencies.
- The service had creatively looked for alternative ways to gather feedback on experiences from women and their partners. There were multiple sources of evidence demonstrating feedback had been used to make service improvements.
- Women and their partners had consistently received compassionate, thoughtful, kind and considerate treatment and care. This had often exceeded expectations.
- There had been overwhelmingly positive feedback regarding the development of new facilities for parents who had experienced loss. This had exceeded the expectations of the people who had used the service.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- All the staff we spoke told us they were well supported with any safeguarding issues and could demonstrate they were familiar with the trusts safeguarding procedures. Processes were in place to work collaboratively with other safeguarding services.
- The majority of midwifery staff had in date mandatory training. Most of this exceeded the trusts completion rate target of 90%.

Maternity

- Across all services we observed cleaning equipment was available in all areas for staff and patient use. Cleaned equipment ready for use was identified with a dated sticker. Protective personal equipment (PPE) such as disposable gloves and aprons were visible and accessible for staff and we observed these were used and changed prior to patient contact.
- The birth centre environment in the hospital and three of the community services (Frome, Chippenham and Trowbridge) were well organised with sufficient equipment to meet patient's needs.
- In the hospital, specialist mobile paediatric equipment was available which supported more positive outcomes and experiences. This equipment enabled other procedures to be completed prior to the baby being transferred to NICU.
- Since our last inspection, the trust had improved the birth rooms at the hospital to support the normalisation of birth which is linked to better birth outcomes.
- The World Health Organisations (WHO) surgical safety checklist recommendations were followed when women attended the obstetric theatres. Compliance with the checklist was confirmed as high through regular audits.
- Processes were in place and followed to continually risk assess and review the health of each pregnant woman and baby. In the hospital, experienced and skilled staff were always available to respond to acute, severe and unpredictable obstetric emergencies.
- There was sufficient obstetric, midwifery and other staffing to support the safe care of maternity patients at the hospital and within the community settings. The number of obstetricians met national recommended levels. The number of midwives mostly met national recommended levels. Staffing shortfalls were always escalated and covered by part time or bank staff.
- Medicines and controlled drugs were prescribed, administered and stored safely.
- There was an established culture of incident reporting across the hospital and community maternity services. Incidents of all levels and impacts were reviewed for learning and service improvements and this information was evidenced as shared widely across the service.
- There was evidence that the duty of candour regulations had been understood and complied with. This requires the trust notify the relevant person of a suspected or actual reportable patient safety incident and provide all reasonable support in relation to this. Records documented how women had been included in investigations and feedback when their care when things had not gone as planned.
- From September 2015 to January 2017 the trust informed us that the safety thermometer reported a sustained level of harm free care of 95%.

However:

- Improvements were required regarding staff understanding of emergency fire evacuation skills and drills on Mary ward (ante/post-natal, transitional care) at the Royal United Hospital and at Frome birth centre.
- Improvements were required to achieve 90% with mandatory training by medical staff who worked in the maternity service
- On the maternity day assessment unit there was a potential data protection risk that hand held records could be accessed by the wrong person.
- Improvements were required to the completeness of patient records, specifically for documenting if care is midwifery or consultant led.
- On Mary ward, improvements were required with how urine samples were collected, managed and moved.

Maternity

- Improvements were required regarding the storage and access of chlorine tablets to comply with the control of chemicals hazardous to health regulations.
- Improvements were required to evidence all equipment was available when required and had been serviced appropriately.
- Improvements were required to ensure fridge temperatures were consistently checked and that any actions necessary had been completed.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- All pregnant women known to the service had their physical, mental health and social needs holistically assessed and treatment and care was provided in line with evidence based guidance.
- Women identified with any risks had these managed in line with national guidance and specialist ante and post-natal clinics were provided by medical and midwifery staff.
- The maternity policies we reviewed were dated
- and referenced national best practice. Policy updates had been shared with all staff through emails, meetings and the monthly maternity newsletter.
- There was an annual audit plan in place which both midwives and medical staff contributed to. The regular use of audits enabled the service to benchmark the standard of maternity care provided at the trust against local and national standards.
- Processes were in place and staff had the competencies to support women and babies with their choices regarding nutrition and hydration. The maternity services had level three accreditation with the UNICEF (United Nations Children's Fund) UK Baby Friendly Initiative.
- A range of medicines and other resources for the relief of pain and discomfort were available at all the birth centres. We looked at patient care records and saw pain and comfort needs had been regularly discussed and assessed from the antenatal through to postnatal periods.
- There was evidence of positive or to be expected patient outcomes. A clinical dashboard of outcomes was maintained, reviewed and updated every month. Information was audited and actions taken with regards to quality and safety.
- Midwives had the skills and competencies to work in the acute hospital or community services and to support medical staff with high and low risk pregnancies. Some consultants and midwives had developed specialist roles and acted in lead roles for the whole maternity service.
- There was evidence of established, effective and positive multidisciplinary working within the maternity service. The maternity services worked effectively with other departments and services in order provide coordinated care.
- The maternity services provided timely treatment, care and support for women at all stages of the maternity care pathway, including for unexpected emergencies. The hospital and community birth centres were accessible for women in labour 24 hours a day, seven days per week.

Maternity

- Health promotion was a routine part of all maternity care provided to women from their initial booking in appointment through to discharge. Six screening programmes were facilitated and outcomes monitored in accordance with NHS England. A range of ante and post-natal clinics were offered to women with specialist health needs.
- Most staff (99%) had in date training on consent and the Mental Capacity Act. Staff followed the correct (legal) processes to gain consent which had been documented in records.

However:

- Not all staff had been supported to have an annual appraisal. The maternity service achieved 86% which was below the trust standard of 90% of staff expected to have an in-date appraisal.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- There was strong evidence that compassionate care had consistently been provided to parents and that this had often-exceeded expectations.
- Care was led by parents needs and extended appointments were offered when required. There was an embedded culture and emphasis throughout the service and at all locations of providing understanding and compassionate care and support.
- We spoke to women whose birth plans had unexpectedly become risky. Despite this, women and their partners felt very well supported which was reported as reassuring and had reduced fear and panic.
- There was evidence that maternity staff supported women with complex and/or difficult emotional needs very effectively, remaining respectful and non-judgmental at all times.
- Staff recognised the importance of developing trusting relationships based on understanding and compassion. This was particularly significant and nurtured by staff when supporting parents with loss and bereavement.
- To meet individual needs, additional and specialist emotional support had been provided when required. For example: supporting with needle phobia and pregnancy following miscarriage or stillbirth.
- Varied methods had been developed for women and their partners to provide feedback on their experiences of the maternity service. Feedback was consistently and overwhelmingly positive.
- There was a midwifery led service specifically for women who continued to require emotional support post birth. This was often accessed by women whose births had resulted in emergency procedures.
- Women whose babies were assessed as likely to require care and treatment from the neonatal intensive care unit (NICU) were well supported in advance and prior to the birth of their child.
- Women and their partners told us they felt included with all aspects of care. We observed numerous positive examples of this, including with sensitive issues discussed during safeguarding meetings with parents.

Is the service responsive?

Outstanding ☆ ↑

Maternity

Our rating of responsive improved. We rated it as outstanding because:

- A responsive patient led culture was evident throughout the maternity services. The service was flexible and offered choice and provided continuity of care. A formal service review was underway to ensure local needs would continue to be met in the long term.
- Information about the maternity services was available in a variety of sources and locations. We observed a range of written and pictorial and video information, including easy read formats.
- Clinic appointments were offered in the hospital and community locations and during evenings and weekends. This gave women options on where they wished to attend and at times that suited them.
- Staff evidently worked in partnership with women to provide maternity care that met individual needs. There were numerous examples of how women had been thoughtfully provided care and support to have individual wishes respected. Senior midwives met with independent birth supporters (doulas) every three months to share information.
- Staff had actively identified different population groups whose needs were not being met. This included those assessed as vulnerable or with complex needs and then acted on feedback to improve the service delivery. This had included travelling communities and refugees.
- Midwives were familiar with, and used, a telephone translation service which was prompt and effective. All areas of the maternity services were accessible by wheelchair.
- Women identified with mental health issues during and after pregnancy were supported by maternity staff with mental health expertise. There was evidence of effective relationships with other external services to support with mental health issues and other vulnerabilities.
- There was a new purpose-built bereavement area. The Forget Me Not suite had been sensitively equipped, furnished and decorated using feedback from families and with help from volunteer fund-raisers. The facilities had a separate entrance to promote privacy and had received overwhelmingly positive feedback from women and their partners.
- All the birth centres and Mary ward had been equipped with facilities to help parents who wanted support with breast feeding. Flexible access was offered to women and partners who wished to attend for additional feeding support.
- There was an option to pay for a detailed 4D scan between 26 and 30 weeks of pregnancy.
- Facilities had been provided to support partners staying for extended periods of time. This included a dedicated partner bathroom and the provision of recliner chairs, mattresses and bedding. Kitchenette areas were available on Mary ward and at the community services. These were stocked with supplies to make hot and cold drinks and snacks.
- Patient resources had been produced to support enhanced recovery processes for women having planned caesarean section. Other measures related to food and fluid had also been put into place to safely meet the needs of women and improve their experience of a caesarean section.
- Women with complex health needs or with a multiple birth had their individual needs and risks explained and managed through consultant led antenatal clinics. This included plans regarding the timing and type of birth.
- When women experienced pregnancy complications or loss, a letter was sent detailing factors to consider with any future pregnancy. This was sent to the woman and her GP. This meant if the woman relocated to another area, the information would be available to other maternity services to promote the best outcomes.
- Systems were in place to support access and flow around the maternity services. An antenatal triage service was provided 24 hours a day, seven days per week from the birth unit at the hospital.

Maternity

- Although there had been IT system upgrades that had impacted on discharge letters being sent to GPs, system improvements had already been made and were continuing to be worked on. Established and effective communication between the acute and community based midwives ensured that the transition of care from the hospital to community services was seamless.
- Staff took concerns and complaints seriously and were motivated to learn from these. The proactive approach to concerns had also had a positive and significant impact on the rate of formal complaints received.

Is the service well-led?

Outstanding ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- Senior staff demonstrated they had the knowledge, skills and experience needed for their roles. Junior staff across the service reported leaders were supportive, visible and approachable.
- Junior medical staff told us they were sad to finish placements and would look for opportunities to return to the trust.
- Female staff reported they had or were planning to use the maternity service themselves and would not consider going anywhere else because the care provided was so good.
- Aspiring midwife managers were provided with a programme of leadership training. Staff who had completed this spoke positively regarding how this had assisted them to develop management skills and experience.
- Staff reported the trust executives visited the hospital and community services and appeared genuinely interested in the service and the views and opinions of others.
- The trust was in the process of redesigning the maternity services. Throughout the services, staff demonstrated a broad understanding of the trust's core values. Staff of all levels had a clear vision of wanting the service to be of the highest standards and able to meet women's individual choices and expectations.
- Staff spoke highly of the positive working culture across the whole service. Medical staff held midwives in high regard and vice versa. Vacancies were typically oversubscribed by external candidates wanting to work within the maternity service.
- Effective governance and risk management processes were evidenced as in place, embedded and followed. This included audit trails to track progress on any required actions and evidence of widely sharing learning for the benefit of patient safety and care.
- The service was compliant with accessible information standards (NHS England). These aim to ensure that people who have a disability are provided with information that can be easily read or understood with support.
- There was evidence the opinions of women, their partners and maternity staff had been actively sought and used these to develop service improvements.
- The women and children's division staff engagement score from the 2017 staff survey was 3.83 which was above (better than) the trust and the national average.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Maternity

Areas for improvement

We found examples of outstanding practice in this service. See the Areas of Improvement section above.

Services for children and young people

Good   

Key facts and figures

Services for children and young people at the Royal United Hospitals Bath NHS Foundation Trust are part of the Women and Children's Division. The services are located in the children's centre and the Dyson centre for neonatal care.

The children's centre consists of; a dedicated paediatric ward with 33 inpatient beds (covering both medical and surgical patients, oncology and diagnostics), a paediatric assessment unit, an outpatient department, and children's therapies centre providing integrated therapy. The trust provides shared care with a local trust as their tertiary centre. Children are cared for up to their 18th birthday although children over the age of 16 years may be treated on an adult ward unless there is a specific requirement for a paediatric bed.

Paediatric surgical services are provided for the following specialities; ears nose and throat, ophthalmology, oral surgery, urology, general surgery and orthopaedics. These services are managed within the surgical division, although children are admitted to the children's centre for their inpatient care.

The Dyson centre for neonatal care provides care for premature and sick term newborn babies. It is located adjacent to the maternity department. It is designated as a local neonatal unit and works within the South West Neonatal Network, with a local trust being the specialist neonatal unit. The Dyson unit is a level two unit and has 21 cots which includes three high dependency care, 14 special care and four intensive care cots. The transitional care component is carried out on the postnatal ward, which facilitates keeping babies with their mothers.

5,607 admissions from January 2017 to December 2017. Emergency admissions accounted for 96% (5,359), 4% (220) were day case, and the remaining 0% (28) were elective. It is reported as 0% as it is rounded to the nearest percentage.

During our inspection we spoke with 69 staff across the children's department and neonatal unit. To gain feedback about the service provided we spoke with ten children and 16 parents. We reviewed 12 patient care records and looked at other documents provided to us by the trust.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- There were clearly defined and embedded systems, processes, and practices, which kept children safe and safeguarded them from abuse. The whole team were engaged in these safeguarding processes, with effective leadership from the named nurse for safeguarding children. Lessons were learnt and themes identified, taking action and changing practice as a result of when things go wrong.
- There was exceptional multidisciplinary team working. Staff, teams and services, both internally and externally, were committed to working collaboratively. They had found efficient ways to deliver joined up care to the babies, children and young people, and their families.
- We observed and heard about exceptional care being provided to babies, children, young people and their families. Feedback from children and parents was overwhelmingly positive. People were truly respected and valued as individuals. They were empowered as partners in their care and kept involved and informed.

Services for children and young people

- The children and young people's service was tailored to meet the needs of individuals. The services provided reflected the needs of children, young people and families. They were engaged and involved when improving the design and running of the services.
- The facilities and premises met the needs of people using the service. The Dyson neonatal unit was a purpose-built centre, this was conducive to providing high quality, safe, care and treatment to neonates. The children's centre was being redesigned to improve access and flow for day surgery.
- There was a proactive approach to understanding the needs and preferences of children and young people. This ensured individual needs were met, promoted equality and enabled accessibility.
- The children's service demonstrated how they could be accessible, flexible and responsive to meet an increasing demand on the service. The paediatric demand management project had helped to improve patient flow, manage paediatric referrals, and support primary care.
- There were clear responsibilities, roles and systems of accountability to support effective governance and management. The processes for managing risks, issues and performance were effective and well embedded.
- Leaders had the skills, knowledge and experience to lead the service. They had a clear vision for the service which was supported by the strategy. Staff were engaged with this vision and strategy.
- There was a highly positive culture. Staff were proud to work in the children and young people service, and came across as enthusiastic and motivated. They felt their input was valued and they worked as an inclusive team.

However:

- The children and young people's service recognised a risk around their nursing and medical staffing. There were times when the nursing team were understaffed or there were non-compliant rotas. The medical cover at night and weekends needed improvement.
- Training for advanced paediatric life support required completion or updating to ensure more nursing staff could manage emergencies.
- The processes for cleaning toys did not evidence that children were protected from the risk of infection.
- There were no risk assessments for the environment or young people's independent use of the adolescent room or quiet room. This posed a safety risk due to the number of ligatures and lack of staff supervision.
- The children's theatre recovery area was not appropriately separated from the adult recovery area. We identified this as a concern at our previous inspection.
- Although pain was regularly assessed and managed, pain scores were not always clearly documented within patient records.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff received training in safety systems, processes and practices.
- There were clearly defined and embedded systems, processes, and practices, which kept children safe and safeguarded them from abuse. The whole team were engaged in these safeguarding processes.

Services for children and young people

- The named nurse for safeguarding children and young people provided effective leadership to promote effective safeguarding risk assessment and response.
- Staff adhered to infection control practice when caring for and treating children. The areas visited were visibly clean.
- The Dyson neonatal unit was purpose built and was conducive to providing high quality, safe, care and treatment to neonates.
- There was a positive and open incident reporting culture. Lessons were learnt and themes identified, taking action and changing practice as a result of when things go wrong.
- Patient records were comprehensive, clear, legible, signed and dated.
- Patient risk was well considered, and there were processes to assess and respond to potential or presenting risk, to safely monitor patients.
- Medicines were well managed across the children and young people's service.
- The neonatal unit had a cohort of advanced neonatal nurse practitioners to help support neonatal care and the nursing and junior medical staff.

However:

- The children and young people's service recognised a risk around their nursing and medical staffing. There were times when the nursing team were understaffed or there were non-compliant rotas. The medical cover at night and weekends needed improvement.
- Not all band six children's nurses were trained in advanced paediatric life support and this meant some shifts on the children's inpatient ward did not have a nurse in charge with these skills. There were already plans to address this.
- The processes for cleaning toys did not evidence that children were protected from the risk of infection.
- There were no risk assessments for the environment or young people's independent use of the adolescent room or quiet room. This posed a safety risk due to the number of ligatures and lack of staff supervision.
- The children's theatre recovery area was not appropriately separated from the adult recovery area.
- The performance of sending discharge summaries within 24 hours of discharge was improving, but was still not meeting the 90% target set by the trust. We identified this as an area for improvement in our previous inspection. This was a key focus area for the leadership team and staff.
- Doctors (senior house officers) were unable to attend morning handovers on two days a week due to attending protected teaching.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- There was effective multidisciplinary team working. Staff, teams and services, both internally and externally, were committed to working collaboratively. They had found efficient ways to deliver joined up care to the babies, children and young people, and their families.
- Staff had the skills, knowledge and experience to care, support and treat babies, children and young people.

Services for children and young people

- Children and young people's nutritional and hydration needs were being met.
- The neonatal unit were working towards full accreditation of the neonatal Unicef baby friendly accreditation, in line with new neonatal standards. They were one of the few neonatal units working towards this accreditation and hoped to be fully accredited in early 2019.
- Guidelines were comprehensive and clearly laid out, conforming with relevant guidance and best practice.
- The children and young people's service had access to the other services in the hospital required to deliver an effective seven-day service.
- Children and young people were empowered to manage their own health, care and wellbeing to maximise their independence. This was evident within the specialist paediatric services.
- Consent to care and treatment was always sought in line with legislation and guidance.

However:

- Although pain was regularly assessed and managed, pain scores were not always clearly documented within patient records.
- There was no formalised clinical supervision programme for nursing staff, this was run on an adhoc basis or when staff requested additional support.

Is the service caring?

Outstanding ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- The children and young people's service truly respected and valued the children and their families, and empowered them to be partners in their care both on a practical and emotional level.
- Feedback from children and their families who used the service was continually and overwhelmingly positive about the way staff treated them. They felt the care and support they received exceeded their expectations and staff went the extra mile.
- Staff understood the impact a child or young person's care, treatment or condition had, and were able to support the child and their families emotionally and signpost to other services for further support.
- Staff communicated with children and young people in a way they could understand, and prioritised communicating with them first before talking to parents.
- All staff, regardless of their role, were focussed on providing high quality, compassionate care, to children, young people and their families.
- There was a focus on family integrated care, ensuring parents were well informed and involved.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

Services for children and young people

- The services provided consistently reflected the needs of children, young people and families. They were engaged and involved when improving the design and running of the services.
- The facilities and premises met the needs of people using the service. The Dyson neonatal unit was a purpose-built centre which was conducive to high quality care and treatment. The children's ward was being redesigned to improve access and flow for day surgery.
- The design and running of the service always considered how to make it family integrated. There was use of technology to ensure families were involved in their baby's care on the neonatal unit.
- There was a proactive approach to understanding the needs and preferences of children and young people. This ensured individual needs were met, promoted equality and enabled accessibility.
- Innovative methods were used to support children and their families, engage children and young people, and signpost and link children with similar needs and experiences together in the community. Specialist nursing services also provided support to schools to help meet the children's needs.
- Children and young people could access the service and appointments in a timely way and at a time that suits them. Waiting times and delays were minimal.
- The children's service demonstrated how they could be accessible, flexible and responsive to meet an increasing demand on the service. The paediatric demand management project had helped to improve patient flow, manage paediatric referrals, and support primary care.
- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.

However:

- There was no children's or parents/carers panel to help gain feedback to improve the service.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience, and understood the challenges to quality and sustainability, and were able to identify actions needed to address them. Staff said leaders were visible, accessible, approachable and supportive.
- There was a clear vision for the children and young people service, which was supported by a strategy. Staff were aware of the vision and were able to input.
- There was a strong sense of advocacy for children wherever they were in the trust.
- Staff felt positive and proud to work in the children and young people service. Staff came across as enthusiastic and motivated.
- There were clear responsibilities, roles and systems of accountability to support effective governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- People's views and experiences were gathered and acted on to shape and improve the service and culture.

Services for children and young people

- The children and young people service were comfortable in making changes to help improve the service. They participated in appropriate research projects and recognised accreditation schemes.

However:

- The leadership on the neonatal unit was in a process of change. Staff were not always clear of how this was working at the time of our inspection.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found examples of outstanding practice in this service. See the Areas of Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Mary Cridge, Head of Hospital Inspections, CQC led the inspection.

The team included two inspection managers, nine inspectors, ten specialist advisers, and a CQC pharmacist.

Specialist advisers are experts in their field who we do not directly employ.