

Date: 27 March 2013

Communications Department
Tel: 01225 82 5849/5799/6230

Media Release

RUHcommunications@nhs.net
www.ruh.nhs.uk

Royal United Hospital Bath NHS Trust responds to findings of the Care Quality Commission inspection

The Trust promotes a culture of openness and welcomes the opportunity that an inspection provides to make improvements.

Each inspection has a particular focus and as recently as November the Trust received an inspection of surgical areas and was found to be fully compliant for all standards and areas assessed at that time. With regard to this particular inspection, as the report confirms, it was undertaken when the whole of the local healthcare system was extremely busy and there was a shortage of beds in all acute hospitals and onward care within the community.

We were pleased to see that the CQC inspectors described, "All the staff we met with showed a professional and caring attitude towards their patients...and patients told us how helpful staff had been...." This must be commended against the backdrop of significant stress and strain that activity above that anticipated by the health economy puts on our staff. At the RUH, there has been unprecedented demand for emergency care. Our Emergency Department attendances are up 3% year on year and resulting admissions are up 6.4%.

We acknowledge that, due to the demand and pressure the hospital was under, we were not able to provide care for a small number of patients in the way we would have wished. In order to provide beds when demand exceeded normal capacity, we needed to utilise our Day Surgery Unit in addition to all our normal inpatient wards. It is not a decision we take lightly. Our staff pride themselves on putting patient care at the heart of all they do and despite our best efforts; it is evident that we have not been able to maintain our high standards – and for that we apologise.

In order to improve our learning, we carried out a review of the patients who were discharged during the extremely busy weekend that had prompted the CQC inspection. Although this found the discharges to have been safe and that each patient was medically fit to leave the hospital, our communications with the community could clearly have been improved. We have set up a dedicated team together with our commissioners to address the issues faced by the whole healthcare system and to find ways to avoid them occurring in the future. This includes recruiting to a new post of senior nurse for discharge planning who will lead a forum to facilitate good relations with local nursing and residential homes.

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We also aim to improve our communications with patients and their loved ones in order to ensure that each and every discharge is smooth and tailored to specific needs.

When extreme pressure demands that we must use our Day Surgery Unit for additional beds to keep our Emergency Department safe, we select only those patients whose stay is expected to be less than 24 hours. Occasionally however, patient needs will fluctuate and as a result of the inspection we have now further strengthened our system of a daily patient review by a senior nurse. This means that patients, who we find need to stay longer than anticipated, are moved to an inpatient ward. In the exceptional case of the patient, mentioned in the CQC report, who had been on the Unit for two weeks, we would like to clarify that there had been a particular patient request for peace and quiet. =Given the pressure on the hospital at the time, and although not ideal, following clinical discussion a private side room on the day surgery unit was deemed the best available solution to meet the patient's needs at that time.

We are currently working with the National Improvement Team for emergency care to ensure that we take on all aspects of best practice. We have worked hard to address the issues raised by the CQC and we now have a plan in place to improve our delivery of a consistently high standard of care for all patients in an appropriate environment. The plan also sets out how we will ensure that when patients are discharged, they are always accompanied by the correct documentation. We are in transition between a paper based and an electronic record system and although we are making good progress with this and have received international recognition for elements of good practice, we recognise that there is more work to be done.

We have submitted our report and action plan to the CQC and we look forward to the Commission's next visit to the hospital to confirm that all the necessary improvements have been implemented.

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