Appendix B: Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<table>
<thead>
<tr>
<th>Account number</th>
<th>RD1</th>
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<tbody>
<tr>
<td>Our reference</td>
<td>INS1-630176964</td>
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<tr>
<td>Location name</td>
<td>Royal United Hospital Bath NHS Trust</td>
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<tr>
<td>Provider name</td>
<td>Royal United Hospital Bath NHS Trust</td>
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<tr>
<td>Regulated Activity</td>
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<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</td>
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</tbody>
</table>

**How the regulation was not being met:**

*Inpatients accommodated on the day surgery unit at the time of the inspection visit were not having their privacy and dignity maintained.*

*Regulation 17 (1) (a).*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

The DSU admission criteria have been reviewed and DSU admission criteria for red / black escalation status will be developed. The DSU admission criteria and process for addressing patient safety concerns will be circulated to ensure that DSU staff / clinical site team / on call managers / on call directors are made clear of the DSU function when the Trust is in red / black escalation. This will help to ensure a better understanding of what patients are appropriate to be transferred to DSU.

The air flow system for DSU has been reviewed and found to be fully functional.

Facilities will investigate the option of providing an additional shower in DSU.

| Who is responsible for the action? | Suzanne Wills, Divisional Manager for Surgery Sharon Bonson, Assistant Director of Nursing, Surgery |

**How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?**

DSU patients are reviewed on a daily basis by the duty matron / site manager. The Site Management team will hold a log of patient safety issues raised from these reviews and any actions taken and these will be reviewed at the site meetings (held 3 times a day).

| Who is responsible? | Janet Wright, Clinical Site Manager |

**What resources (if any) are needed to implement the change(s) and are these resources available?**

No additional resources required.

**Date actions will be completed:** 30 April 2013

**How will not meeting this regulation until this date affect people who use the service(s)?**

The Trust have put immediate actions in place to ensure patients are not affected in relation to the use of DSU for inpatients. Daily reviews of each patient are carried out by the duty matron to ensure the patients’ care needs are being met.

<p>| Completed by (please print name(s) in full) | Mary Lewis |
| Position(s) | Acting Director of Nursing |
| Date       | 19 March 2013 |</p>
<table>
<thead>
<tr>
<th>Regulated Activity</th>
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<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</td>
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**How the regulation was not being met:**

*Patients being cared for and treated on the day surgery unit (DSU) were not having their care needs adequately assessed, planned and delivered. The care and treatment arrangements on the unit were not organised around the range of care needs of the patients accommodated there.*

*Regulation 9 (1) (a) (b ) (i) (ii).*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

A review of the availability of documentation on DSU has been undertaken to ensure that DSU staff have relevant documentation available for the care of inpatients. Nursing documentation will also be held in folders at the end of the patient’s bed to allow easy access for staff. A ward clerk will be appointed on DSU (interviews to be held in April 2013) who will be responsible for maintaining a supply of the relevant documentation. To support this work, a list of documentation that should be completed for inpatients (core and care needs specific), in line with record keeping standards, will be developed.

DSU staff will also receive training on inpatient Millennium record keeping and patient documentation to ensure they have a good understanding of what documentation is required.

A guideline will be developed for the abbreviated mental test (AMT) to ensure there is a clear process to indicate if any relevant further cognitive assessments and care planning should be undertaken.

**Who is responsible for the action?**  
Julia Papps, Matron  
Sharon Bonson, Assistant Director of Nursing, Surgery  
Chris Dyer, Consultant Geriatrician

**How are you going to ensure that improvements have been made and are sustainable?**  
*What measures are you going to put in place?*

The shift coordinator will ensure that all DSU patients have had appropriate nursing documentation commenced, including initial and ongoing risk assessments. Issues of poor documentation will be raised with the duty matron.

**Who is responsible?**  
Julia Papps, Matron

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Funding agreed to recruit a ward clerk for DSU.

**Date actions will be completed:**  
31 May 2013
The Trust have put immediate actions in place to ensure patients are not affected in relation to the use of DSU for inpatients. Daily reviews of each patient are carried out by the duty matron to ensure the patients’ care needs are being met. A review of the availability of documentation on DSU has already been undertaken and DSU staff have access to the relevant documentation for inpatients.

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<td>Acting Director of Nursing</td>
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<tr>
<td>Date</td>
<td>19 March 2013</td>
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### Regulated Activity

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<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers</td>
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#### How the regulation was not being met:

Patients discharged from the hospital cannot be confident that the hospital will communicate necessary information about their care and treatment to ensure continuity of care and minimise risks arising from the transfer of care.

*Regulation 24 (b) (i).*

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### Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Staff understanding of Nursing documentation standards for discharge will be promoted on each ward through:
- Poster of discharge documentation standards
- Awareness sessions with each ward and sisters meetings
- Prompt cards with step by step information for completion of the transfer of care form on Millennium

The use of the transfer of care form on Millennium is being rolled out to all wards. The first training sessions were held week commencing 11 March 2013.

Sections 10 & 11 of the Discharge Medicines Policy will be promoted on each ward through:
- Poster and prompt cards for key actions
- Awareness sessions with each ward and sisters meetings

### Who is responsible for the action?

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<td>Sharon Bonson, Assistant Director of Nursing, Surgery</td>
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<tr>
<td>Mandy Rumble, Acting Assistant Director of Nursing, Medicine</td>
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### How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?

A weekly audit on completion of the discharge checklist will be carried out by ward staff. An audit of the discharge checklist will also be added to the monthly global trigger tool harm review. Audits on the Millennium transfer of care form will be completed monthly.

The Discharge Medicines Policy will be audited to check that standards for discharge medicines are being adhered to.

Results of completed audits will be reviewed at Quality Board.

Green Review meetings are held with external providers 3 times a week. The Trust will ensure that issues around discharges are a standing agenda item and a log kept of identified concerns to raise at site / bed management meetings.

### Who is responsible?

| Anne Plaskitt, Senior Nurse, Quality Improvement |
No additional resources required.

**Date actions will be completed:** 31 May 2013

**How will not meeting this regulation until this date affect people who use the service(s)?**

A review of discharge services and processes has commenced. Matrons and senior ward managers have a heightened awareness of the need to complete discharge documentation. The roll out of the transfer of care document on Millennium has commenced and uptake is being accelerated.

Completed by (please print name(s) in full) Mary Lewis
Position(s) Acting Director of Nursing
Date 19 March 2013
Regulated Activity | Regulation
---|---
Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

How the regulation was not being met:

*People were not protected from the risks of unsafe or inappropriate care and treatment by means of accurate and up to date records.*

*Regulation 20 (1) (a).*

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Health Records Management Policy will be revised to more accurately reflect where documentation should be recorded / filed. Whiteboards are used as a tool for viewing patient status at a glance.

A revised comfort and pressure care record will be developed. This combines information from the comfort round record, repositioning charts, daily skin check and pressure ulcer care plan, which will make it easier for staff to complete the required information.

A new hydration record chart is being tested on Parry Ward. This will then be rolled out for use across the Trust. The use of the fluid intake and output / fluid balance charts will be further promoted to ward staff at awareness sessions with each ward and at sisters meetings.

The Patient Assessment Record will be reviewed to consider recording information on whether a fluid balance chart and comfort round is required for each patient.

Who is responsible for the action? Anne Plaskitt, Senior Nurse, Quality Improvement

How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?

Comfort Round compliance is audited through the IHI General Ward Work stream. Day Surgery will be added to the list of areas that are audited. A monthly case note review on the full patient records will be undertaken by members of the Medical Records User Group. Results of completed audits will be reviewed at Quality Board.

Who is responsible? Anne Plaskitt, Senior Nurse, Quality Improvement

Rob Eliot, Lead for Quality Assurance

What resources (if any) are needed to implement the change(s) and are these resources available?

No additional resources required.

Date actions will be completed: 31 May 2013

How will not meeting this regulation until this date affect people who use the service(s)?

Daily reviews of each patient are carried out by the duty matron to ensure the patients’ care needs are being met. The shift coordinator is responsible for ensuring that all DSU patients have appropriate nursing documentation commenced, including initial and ongoing risk assessments.
Issues of poor documentation will be raised with the duty matron.

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