North Bristol NHS Trust

Southmead Hospital

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Overall summary of services at Southmead Hospital

Inspected but not rated

North Bristol NHS Trust provides gynaecology services at Southmead Hospital and peripheral clinic locations.

We inspected but did not rate gynaecology services at Southmead Hospital and reviewed safe, effective, responsive and well-led key questions.

We inspected gynaecology services at Southmead Hospital to provide the public with information on the quality and safety of services. We were aware of improvements the trust had made and wanted to see if the trust's actions had been effective in improving the safety of the service.

We did not rate this service at this inspection as we did not inspect all key lines of enquiry. Gynaecology services were last comprehensively inspected as part of the maternity and gynaecology inspection published in February 2015 and was rated requires improvement for safe and responsive, and good for effective, caring and well-led. In April 2016 during a focused inspection, maternity and gynaecology services were rated good for safe and responsive. In June 2017 CQC separated the maternity and gynaecology core services.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with was available. As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. We limited the amount of time we spent at the service, followed the trust's local infection control policies and spoke with staff by video call rather than in person.

We reviewed all the information the trust had provided us with before the inspection.

During the inspection we spoke with 21 staff including managers of the women and children's health division and managers of the gynaecology service. We also spoke with the lead consultant for gynaecology, speciality lead for gynaecology, consultant lead for gynaecology oncology, gynaecology consultants, trainee doctors, the colposcopy coordinator, nurses and a healthcare assistant. We also spoke with the lead consultant for the gynaecology multidisciplinary team meeting based at the regional cancer centre.

We reviewed 15 records of women who had been referred to the gynaecology cancer service.

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

Gynaecology

Inspected but not rated

Is the service safe?

Inspected but not rated

We inspected but did not rate the safe key question in relation to records and incidents.

Records

Staff kept detailed records of patients' care and treatment. Records were clear and up to date.

Patient notes were comprehensive and included the name and grade of the person recording the notes. We reviewed 15 records of women who had been referred to the gynaecology cancer service. Notes were mostly in an electronic system with written paper notes used in clinics. Test results were reported electronically so they could have a multidisciplinary review and be more easily audited. Records included women's full medical history including mental health conditions. Records we reviewed gave a full account of women's symptoms and showed women were involved in decision-making about their care. Discharge letters to GPs were sent in a timely way and included summaries of the treatment women had received and plans for ongoing treatment.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff reported serious incidents in line with trust policy and managers shared learning with staff. Managers shared learning after significant event recommendation (LASER) posters with staff to share learning in an easy to understand, standardised format. A recent LASER poster we reviewed included learning points for pathology and gynaecology clinical teams. Managers also shared learning from incidents in the quarterly divisional newsletter and via email. While managers shared learning from incidents well within the gynaecology department, sharing learning with primary care could be improved.

Managers investigated incidents thoroughly. The trust had reviewed the serious investigation review process, including the templates, in line with the Health and Safety Investigation Branch and the NHS patient safety strategy. We reviewed a serious incident that had been investigated using this process and could see the quality of the investigation report had improved by using this approach.

There was evidence that changes had been made as a result of investigations of incidents. The trust had developed a guideline on the treatment of cervical ectropion (abnormal appearance of the cervix) in July 2018, following a clinical incident. The consultant lead for gynaecology oncology presented this guideline at a gynaecological departmental meeting and this was also discussed at a South West cervical screening programme meeting. The guideline was shared regionally and nationally as this was the first time the guideline had been produced.

Staff met to discuss the feedback and look at improvements to patient care. Staff attended monthly gynaecology governance meetings where incidents were discussed. Staff we spoke with were aware of changes made to ensure histopathology samples are correctly labelled following a recent incident.

Gynaecology

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. Patients and their families were involved in investigations. The service had improved teaching to clinical teams on the duty of candour as part of a quality improvement project on patient safety incident governance. The two most recent serious incident investigation reports we reviewed included details of how the patient and family had been informed and involved in the investigation in a timely way.

Is the service effective?

Inspected but not rated

We inspected but did not rate the effective key question in relation to competent staff and multidisciplinary working.

Competent staff

The service made sure staff were competent for their roles and provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Women who had been referred to the gynaecology cancer service were always seen by a consultant or speciality doctor (consultant level) clinic with junior doctors attending for training and experience. At following appointments, women were seen by a consultant or speciality doctor with junior doctors attending for training and experience. However, as only one out of twelve consultants had a specialist interest in gynae-oncology, the skill-mix of the consultant staff could be improved to provide better oversight of the gynaecology cancer service.

Managers made sure staff received any specialist training for their role. They identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Trainee doctors received specialist training in obstetrics and gynaecology as required by the Royal College of Obstetrics and Gynaecology, which included recognition and investigation of gynaecology cancers.

The trust had improved monthly teaching sessions, opportunities for quality improvement projects, research and other training opportunities. Trainee doctors we spoke with were positive about teaching sessions available to them. The trust's performance in the Royal College of Obstetricians and Gynaecologists teaching evaluation form had significantly improved. The trainee overall recommendation improved from a ranking of 110th (out of 180 nationally) in 2018, to 38th in 2019. Following the feedback from the evaluation, the service was working to improve workload and the balance of service provision to educational activities for trainee doctors.

Clinical educators supported the learning and development needs of staff. The service had a Royal College of Obstetrics and Gynaecology tutor and an undergraduate medical supervisor. In response to the coronavirus pandemic, weekly and monthly teaching sessions were now delivered by online webinars.

Managers supported medical staff to identify their personal development needs through regular, constructive clinical supervision of their work. The service had changed clinic templates and reduced the numbers of women seen in clinics since April 2019 to closer align with Royal College of Obstetrics and Gynaecology standards and to ensure consultants had enough time to support trainee doctors. Trainee doctors we spoke with confirmed they always had time to access support from a consultant.

Gynaecology

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The consultant lead for gynaecology and oncology attended weekly multidisciplinary meetings with the regional cancer centre. We saw evidence in the 15 records we reviewed of effective multidisciplinary working between primary care, diagnostics and the regional cancer centre. All staff we spoke with were positive about multidisciplinary working and told us there were clear lines of communication between departments and organisations involved in delivering care. Staff told us they got very quick responses from pathology and radiology staff if they had queries. The on-call consultant responded to queries from GPs about referrals and GPs could contact gynaecology consultants by phone or email for advice.

The service had developed a multidisciplinary complex pelvic pain service with input from two gynaecology consultants, a psychologist, pelvic health physiotherapist and endometriosis specialist nurse. The aim of the service was to improve patient care by developing emergency plans for these women so the gynaecology team could support them effectively.

Is the service responsive?

Inspected but not rated

We inspected but did not rate the responsive key question in relation to access and flow and learning from complaints and concerns.

Access and flow

People could access the service when they needed it and received the right care. Waiting times from referral to treatment were deteriorating due to the impact of the coronavirus pandemic. This included long waiting times of over 52 weeks for non-urgent treatment.

Managers monitored waiting times and most patients could access services when needed. They mostly received treatment within agreed timeframes and national targets. We reviewed performance data on the two-week wait cancer referral pathway. We found the average performance between April 2018 and October 2020 was for 91% of patients to be seen within two weeks of referral. This was just below the national target of 93%. Managers acknowledged the two-week wait performance was quite variable due to fluctuations in demand for the service.

Managers monitored changes to demand and capacity regularly. In terms of long waits for non-urgent gynaecological treatment, between February and April 2020 there were no women waiting over 52 weeks for treatment. However, due to the coronavirus pandemic from May to October 2020, the number of women waiting over 52 weeks for non-urgent gynaecological treatment was steadily rising from fewer than ten women in May 2020 to just over 110 in October 2020. Managers monitored and discussed waiting times at the monthly gynaecology governance meeting. In November 2020 managers agreed to set up a prioritisation group, in addition to existing clinical reviews, where consultants could review women with more complex conditions listed for surgery and agree who needed treatment soonest.

The service had a choice of appointment options for women. Women could choose two-week-wait referral clinic slots available across the working week at both Southmead Hospital and peripheral clinics.

Gynaecology

Staff supported patients when they were referred or transferred between services. A nurse consultant led a dedicated postmenopausal bleeding clinic as part of the gynaecology service. Staff ensured women had support from Macmillan cancer nurses at the trust and cancer specialist nurses from the regional cancer centre if needed and the service had secured funding for a cancer specialist nurse for the service.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Managers investigated complaints and identified themes. We reviewed the last three complaints in gynaecology and found all aspects of complainants' concerns were addressed. The service responded fully to complaints within the trust target of 60 days in the complaints we reviewed. The service was responsive when complainants suggested ways care could be improved. In one complaint we reviewed, records showed the investigating manager called the complainant to discuss their concerns, offer a resolution meeting and explain the timescales of the investigation process. The division had created a form for ensuring these conversations were well-structured and supportive.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers discussed complaints at monthly divisional governance meetings. We reviewed the November 2020 women and children's health patient and experience report. This included a summary of the number of formal complaints and concerns and the status of the complaints, along with feedback from friends & family test results. The service was continuing to improve the patient experience and the way they used positive feedback to inform developments in the service.

Is the service well-led?

Inspected but not rated

We inspected but did not rate the well-led key question in relation to leadership, vision and strategy, culture, governance and management of risks, issues and performance.

Leadership

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

Gynaecology services were part of the women and children's health clinical division at North Bristol NHS Trust. The women and children's health clinical division was led by a clinical director, a divisional operational director and a divisional director of midwifery and nursing. Gynaecology services were led by a speciality lead, a general manager, a deputy head of nursing, a lead governance nurse, a consultant lead for governance, and an outpatient's matron. The service had a consultant lead for gynaecology oncology colposcopy and hysteroscopy who worked closely with the leads for pathology and radiology. The management team vision was based on patient-centred care and continuous improvement.

Leaders we spoke with were clear about the challenges the service faced. For example, the challenges of working across two sites during the coronavirus pandemic as the theatres in the main hospital building were used rather than the theatres next to Cotswold gynaecology ward. Leaders were managing the risk by ensuring that all consultants had fair access to theatres with long term plans to invest in additional theatre facilities.

Gynaecology

The gynaecology deputy director of nursing was working on succession planning for nurses by giving staff opportunities to go to national conferences and access to gynaecology training from Health Education England.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Plans for the service included increasing specialist services and ambulatory care services, expanding the workforce, developing the estate and strengthening leadership.

The service used quality improvement methodology to make the service more efficient. For example, the hysteroscopy team reviewed the whole patient pathway to make improvements to the setup of the clinic. This enabled an additional patient to be seen at every clinic. The service was audited before and after the changes to ensure there was no negative impact on patient experience.

The service had secured funding from the hospital charity to appoint a cancer clinical nurse specialist for three years. After this time the funding will be covered by the clinical division on an ongoing basis. The cancer clinical nurse specialist would be a named point of contact for all women on the fast-track cancer pathway. The clinical nurse specialist would work to improve time from referral to diagnosis and provided support to women before and after diagnosis. The nurse specialist would work closely with the lead consultant and ensure a smooth transition to being cared for at the regional cancer centre.

Culture

Staff felt respected and supported. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns.

Staff we spoke with were consistently positive about the team approach and the way the views of all staff were listened to and respected. The service was patient-centred, and managers encouraged staff to report 'learning from excellence' examples so staff could be recognised and learning shared. In relation to behaviours experienced in the workplace, the trust performed well in the Royal College of Obstetrics and Gynaecology trainee evaluation form ranking 31st nationally out of 180 trusts. This result was mirrored in the General Medical Council survey, with the trust ranking in the top quartile for good workplace-based behaviours.

The service was working to improve safety culture in the department and reported to the trust's quality and risk management committee on these improvements. As part of work to improve safety culture the service completed a safety culture survey in 2019 which found the current overall safety attitude percentage was 65%. The service scored 73% for 'I am encouraged by my colleagues to report any patient safety concerns I may have.' Following this survey, the service had developed an action plan and planned to re-survey staff to see if actions had led to further improvements in safety culture. The service promoted the trust's freedom to speak up guardians. The governance lead nurse and another member of gynaecology staff were speak up ambassadors.

The service responded to feedback from staff. In response to the 2019 NHS staff survey, the service was improving arrangements for flexible working, increasing opportunities for staff to provide feedback, offering leadership training to staff and was involved in the trust wide 'red card to racism' campaign.

Gynaecology

The service was committed to improving staff wellbeing. The service had introduced 'calm pods' where staff could talk privately with another staff member across the department. Gynaecology staff were supporting the wellbeing of women who worked in the trust by running advice sessions on topics such as pelvic health, the menopause and the importance of cervical screening,

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff we spoke with were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had monthly gynaecology speciality governance meetings that reported to the monthly women and children's health divisional governance meeting. Updates on action plans following serious incidents were reported to the quality and risk management committee, a sub-committee of the trust board. A quarterly divisional newsletter included learning from incidents, updates on changes to clinical guidelines and patient safety reminders.

The trust had made improvements to governance processes. In the past year the service had started using a standardised agenda used across the trust. Terms of reference for the gynaecology speciality governance meeting were adopted in November 2020 which detailed roles and responsibilities of staff attending the meeting. We reviewed the last three gynaecology speciality governance meetings and found staffing, safeguarding, risk and incident review, quality improvement, clinical audit and effectiveness, patient feedback and sharing best practice were all discussed as part of a standardised agenda. Mortality and morbidity reviews were discussed as part of this meeting. Staff reviewed an action log as part of this meeting, and we saw from the October 2020 meeting minutes that actions were closed or followed up with actions for staff to progress.

The service reviewed clinical policies regularly and worked with the regional cancer centre to align policies and used clinical audits to measure compliance with guidelines. The consultant lead for gynaecology completed a quality assurance review in January 2020 of women diagnosed with cervical cancer between November 2014 and November 2019. The results of this review and an audit of the cervical guideline were presented at the gynaecology clinical governance meeting on 21 January 2020 and then at the trust's clinical effectiveness and audit committee in February 2020. The review provided reassurance to the trust and there were no improvement actions identified as a result of the audit as women had received appropriate treatment in line with the revised guidelines. The service had also completed a city-wide review of the diagnostic gynaecology cancer pathway.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Managers reviewed the risk register regularly at monthly gynaecology governance meetings. The gynaecology department risk register included four risks, of which one had been escalated to the trust-level risk register. The highest scoring risk related to split site working as due to the coronavirus pandemic theatres in the main hospital building were used rather than the theatres located next to Cotswold gynaecology ward. A business case was being written to appoint extra consultants to help with emergency gynaecology cover when consultants were on the main hospital site in theatres.

Gynaecology

Another risk related to lack of dedicated daytime gynaecology consultant cover. The consultant staffing risk was due to the service expanding to meet the needs of women using the service and continued rising demand. A business case to recruit two additional consultants was in progress at the time of inspection. The service was mitigating this risk by developing a business case for the recruitment of additional consultants and specialist nurses.

To reduce the risk of increased waiting times for treatment, a surgical prioritisation group that met every other week had been set up. The service used the Royal College of Obstetricians and Gynaecologists criteria for prioritisation to ensure patients were 'safe to wait.' Consultants reviewed waiting lists to see if there were women suitable to be offered novel outpatient treatments rather than inpatient procedures to help reduce waiting times. The service also reviewed waiting lists to check if women no longer required treatment due to having had treatment in another service.

Areas for improvement

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

The trust SHOULD:

- Consider reviewing the structure of the consultant workforce to ensure there is oversight from a consultant who is a specialist in gynaecological cancer for clinics where women are referred to the gynaecological cancer service.
- Consider improving the way learning from incidents is shared with primary care services.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a CQC inspection manager. The inspection team was overseen by Mandy Williams, Head of Hospital Inspection.