

North Bristol NHS Trust

Inspection report

Southmead Hospital
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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

North Bristol NHS Trust is an acute trust located in Bristol that provides acute hospital services and some community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. The trust is not a foundation trust. It also provides specialist services such as neurosciences, renal care, trauma care and plastic surgery and burns treatment to people from across the South West and in some instances nationally or internationally.

The trust has 996 beds and employs around 8,000 staff.

Between July 2016 and June 2017, there were 44,105 medical episodes of care carried out at North Bristol NHS Trust.

The trust had 51,392 surgical admissions between July 2016 and June 2017, of which 12,973 (25.2%) were emergency admissions, 10,422 (20.3%) were elective admissions and the remaining 27,997 (54.5%) were day cases

Between July 2016 and June 2017, the trust had 1731 deaths, 40% of whom were seen by the specialist palliative care team.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement



What this trust does

The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead was opened, providing a full range of acute clinical services. The trust also provides community healthcare for children and young people. Cossham Hospital provides maternity and outpatient services.

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 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 registered providers and managers who fail to comply with legal requirements and help them to improve their services.

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.

For this inspection we inspected five core services: urgent and emergency care, medical care, surgery, end of life care and outpatients. At our last inspection in 2015 we found four services required improvement (medical care, surgery, end of life care and outpatients). Accordingly, we re-inspected these core services to check improvements had been made. Although urgent and emergency care was previously rated good overall, we had concerns about deteriorating performance in relation to waiting times in the emergency department so we undertook a focussed inspection of this core service, looking at the safe and responsive domains only.

Summary of findings

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 trust's leadership. Findings from this element of the inspection are reported under the heading 'Is this organisation well-led?'

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

What we found

Overall trust

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

- We rated urgent and emergency services as good overall. This rating stayed the same. The overall rating took into account the previous good ratings in the effective, caring and well led domains. The safe domain was rated good because there were effective systems in place to assess and manage risks to patients. There were clear streaming and triage arrangements in place which identified and prioritised patients with serious or life-threatening conditions. A safety checklist provided a structured series of prompts for staff to ensure that all necessary steps were taken to ensure the safe care of patients, from arrival to discharge. There were clear pathways for addressing the particular risks associated with the care and treatment and referral of, for example, children, frail elderly or patients with sepsis, stroke or mental health conditions.
- We rated medical care as requires improvement overall. This rating stayed the same. This was because the environments for patients were not always safe, especially during times of escalation when patients were accommodated in inappropriate areas on wards and in the interventional radiology department. Staffing levels and skill mix did not always meet patients' needs. Staff understanding of Deprivation of Liberty Safeguards varied across the trust. We rated the responsive domain as inadequate. Flow within the hospital was poor due to insufficient medical beds. The hospital did not always ensure that appropriate patients were in escalation wards which meant some areas had unsuitable patients accommodated within them. Following our inspection the trust had updated the standard operating procedure to address concerns about the safety of placing patients in escalation areas.
- We rated surgery as requires improvement overall. This rating stayed the same. This was because mandatory training rates did not meet trust targets. Infection control processes were not always followed. Care records were not always managed safely. Some people were not able to access the right care at the right time.
- End of life care was rated requires improvement overall. This rating stayed the same. This was because incidents which related specifically to end of life care were not recorded consistently. Mental capacity of patients was not clearly recorded in their notes when it was assessed.
- We rated outpatient services as good overall. This rating had improved since our last inspection. This was because there were processes to keep patients safe, which were supported by comprehensive staff training. There were sufficient staff to ensure outpatient clinics ran safely. Services provided by the outpatient clinics reflected the needs of the local population. Leaders within outpatients had the skills, knowledge, experience, integrity and enthusiasm to lead effectively. Governance processes were innovative, and focused on improving safety, quality, and patient experience specifically for outpatients.

Are services safe?

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

- In medical care we found the use of facilities did not meet national guidance for infection control in ward areas. The environment and equipment was not always safe. Staffing levels and skill mix were planned and reviewed but did not always ensure staffing levels met the need of patients. There were a high number of patients admitted via the acute

Summary of findings

medical assessment unit that were not screened for methicillin-resistant *Staphylococcus Aureus* (MRSA). Compliance with mandatory training and updates did not meet trust targets. Patient risk was not always assessed and responded to. In surgery services we found not all areas or staff groups had completed their mandatory training. The service used control measures to prevent the spread of infection. However, some staff did not always follow the trust guidelines. Resuscitation equipment was available and fit for purpose but was not always checked in line with professional guidance. People's individual care records were not always managed in a way that kept them safe.

- In surgery not all staff groups had completed their mandatory training. Staff did not receive specific training on the potential needs of people living with mental health conditions, learning disabilities or autism. Not all staff followed trust guidelines on infection prevention and control. Resuscitation equipment was not always checked appropriately. Patient records were not always stored appropriately. It was not always clear if learning from never events was shared across all departments. There were four separate cases of serious delays in patients receiving cancer treatment, three of them in Urology.
- In end of life care we found the specialist palliative team were not compliant with the trust's mandatory training requirements. Incidents, which related specifically to end of life care, were not recorded consistently. Not all areas of end of life care documentation were completed in a timely manner. Once patients had been identified as end of life, personal care offered to them was rarely documented in their end of life care documentation.

Are services effective?

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

- In medical services we found understanding among staff of Deprivation of Liberty Safeguards was varied. Audits showed that patient outcomes did not always meet national standards. There were inappropriate facilities within Interventional Radiology to prepare meals. Compliance with targets for the annual appraisal of staff (performance reviews) was well below the trust target.
- In end of life care we found the mental capacity of patients was not clearly recorded in their notes when it was assessed. Staff were not confident in advance care planning. Palliative care provision was not available in line with guidelines of the Royal College of Physicians.

Are services caring?

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

- In medical care, we observed staff who were caring, compassionate and attentive in their interactions with patients. Feedback from patients was overwhelmingly positive and confirmed that staff treated them well and with compassion.
- In surgery we found people were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive. Staff responded compassionately when people needed help and they supported them to meet their basic personal needs as and when required. In end of life care feedback from people who used the service, and those who were close to them, was continually positive about the way staff treated people. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. People's emotional and social needs were seen as being as important as their physical needs. People who used services and those close to them were active partners in their care. Patients we spoke with and those close to them told us they felt involved in making decisions about their care.
- In outpatient services we found staff cared for patients with compassion. On several occasions we saw cleaners who were working in outpatient waiting areas stop and talk to patients. The service performed well in the NHS Friends and Family Test. All patients had the opportunity to have a chaperone at any time. There was emotional support available to patients who had received a diagnosis of cancer.

Summary of findings

Are services responsive?

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

- In urgent and emergency services, the trust consistently failed to meet the national standard, which requires that patients should be admitted, transferred or discharged within four hours of arrival in the emergency department, and was consistently worse than the England average. The percentage of patients in the emergency department waiting between four and 12 hours from the decision to admit until being admitted was consistently worse than the England average. The trust consistently failed to meet the Royal College of Emergency Medicine standard which requires that patients should wait no more than one hour from time of arrival in the emergency department to the time that their treatment begins. The emergency observation unit, which accommodated up to 20 patients, had only one toilet and no bathroom facilities. Support for patients with mental health needs who attended the emergency department at night was poor. Senior staff in the emergency department had concerns about the lack of visibility of, and timely support from the trust's site management team in response to escalation when the department was crowded.
- In medical care we found there was ineffective patient flow within the hospital. Medical services at Southmead Hospital were not meeting the needs of local people. The trust did not always follow its standard operating procedures when allocating patients to additional beds and wards during times of operational pressure. Patients were not discharged in a timely manner, which affected the hospital flow. The environment of the single occupancy rooms did not always make them safe and supportive for patients living with dementia.
- In surgery we found some people were not able to access the right care and treatment at the right time. Cancelled operations, as a percentage of elective admissions, were consistently higher than the England average. The facilities and premises were not always appropriate for surgical patients who were accommodated in outlying beds due to bed pressures.
- In end of life care we found the staffing level of the palliative care team was not sufficient to provide seven day access to specialist palliative care. Fast track discharges were challenged by the difficulties in securing community provision for patients who wanted to go home. Staff were not able to give examples of any changes to practice following complaints made about end of life care.

Are services well-led?

We rated it as requires improvement because:

- The trust was in the process of devolving leadership from a few individuals to 'service line management'. The effectiveness of this was found to be inconsistent between service lines. However, the trust recognised that this change was work in progress and had identified a 12 month period of implementation. One senior manager had a large portfolio of work which meant they were unable to give key areas of risk sufficient and consistent attention. The trust had a vision and a set of values. However, although there were projects and programmes of work going on within the trust it was unclear how it fit in with the larger strategy. There was mixed confidence from executives about the trust's ability to deliver the winter plan. The trust performed worse than other trusts in England in some areas of the NHS staff survey 2016. The trust needed to do more to support black and minority ethnic staff. A large number of complaints were not responded to in a timely way. We reviewed 10 complaint letters and found that the quality of letters were variable, with some showing limited compassion. Not all levels of governance and management functioned effectively or interacted with each other appropriately. In medical care there was not a clear strategy to deliver sustainable care. Safe staffing levels were not seen as a high risk by the trust. Patient records were not always stored securely. Staff meetings were not held regularly on all wards. However, staff knew who their leaders were. Staff enjoyed their jobs.

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Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, 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, medical care, end of life and outpatients.

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

Areas for improvement

We found areas for improvement, including breaches of seven regulations which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action they would take to meet these requirements.

What happens next

We will make sure 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

In urgent and emergency services:

- The emergency department had undertaken some outstanding work to support frail elderly patients, including those living with dementia. The department had trained 32 'dementia champions', including medical, nursing, porters and auxiliary staff. Champions supported staff to use a range of dementia resources available in the emergency department to calm and distract agitated patients. This included a reminiscence computer, which provided music, activities and films. The department had secured funding and commissioned work to provide 'dementia friendly' cubicles, with brightly coloured walls, art work to stimulate interest and orientation. There were plans to install whiteboards where the date would be displayed and large 'dementia friendly' clocks to help patients to orientate themselves.
- A nurse in the emergency department had produced a leaflet for patients living with dementia and their carers. The booklet, entitled: *What can I expect from the emergency department if I have dementia?* was produced in large print and used simple language to explain what support was available in the emergency department to this patient group and their carers. This included the provision of nearby, free parking for carers to enable them to stay with their relative.
- The emergency department had developed a 'silver trauma' triage tool to support triage staff to identify major injuries in older people. There was an e-learning training package to support learning. A consultant told us that this had significantly reduced the number of missed injuries in this patient group.

Summary of findings

- All received complaints were 'triaged' to confirm the expectations of complainants. This usually took place via a telephone call and the emergency department had produced a checklist to help structure this initial contact. During the phone call there was an explanation provided of the process and complainants were offered the opportunity to meet with the relevant clinicians if appropriate. Timescales were discussed and preferred communication methods were agreed. There was a verbal review of the complaint to ensure that the complainant's concerns and expectations were understood and points of detail confirmed. We looked at a sample of complaint investigations and saw that concerns had been taken seriously, investigated thoroughly and sympathetically. Complainants had been fully engaged and supported in the process.

In medical care:

- We saw outstanding examples of multidisciplinary (MDT) working between different healthcare professionals. MDT working was effective and included both medical, nursing and therapy staff. This process was embedded and meant that there was shared responsibility to support patients throughout their stay in hospital.

In end of life care:

- The bereavement team had worked incredibly hard since our last inspection to improve the experiences of bereaved relatives collecting death certificates. The manager had implemented processes that had radically improved the system and therefore the service received by patients' families and those close to them.
- Where patients at end of life were not being cared for in the main building, staff went over and above to ensure those close to them had food and drinks without having to leave their loved ones.

In outpatient services:

- Patients had access to a specialist cancer nurse to speak with patients to provide emotional support and advice.
- The brain centre had a garden, which was managed by patients, working alongside staff. It also had a café which was run by patient volunteers. Two patients also provided domestic services within the brain centre as part of their rehabilitation.
- The governance structure of outpatients was innovative and focused on improving the safety, quality and patient experience.

Areas for improvement

Action the trust MUST take to improve:

We told the trust it must take action to bring services into line with legal requirements.

In urgent and emergency services:

- The trust must ensure that 95% of patients are admitted, transferred or discharged within four hours of arriving in the emergency department.
- The trust must ensure that patients attending the emergency department do not wait longer than 15 minutes for initial assessment or one hour for their treatment to begin.
- The trust must ensure that patients in the emergency department observation unit have access to adequate toilet and bathroom facilities.
- The trust must take steps to improve access to specialist assessment and support for patients with mental health problems, including children and adolescents, who attend the emergency department at night.

Summary of findings

In medical care:

- The trust must make improvements the management of patient flow in the medical division.
- The trust must make improvements to ensure that length of stay was reduced for medical non-elective patients.
- The trust must ensure the use of additional (escalation) beds is in line with cross infection policy, and does not compromise cleaning and the risk of cross infection.
- The trust must arrange additional beds so that they do not compromise patients' privacy and dignity.
- The trust must provide appropriate equipment for patients in areas of escalation.
- The trust must ensure the Interventional Radiology unit is suitable if patients are transferred for temporary care at times of high operational pressure.
- The trust must improve access and flow in order to reduce bed occupancy rates to safe levels.
- The trust must provide security for all confidential patient records and information.
- Ensure emergency equipment is tamper-evident and checked daily in line with national guidance and trust policy.
- The trust must staff the service to meet the needs of patients.
- The trust must update all staff on when to submit a Deprivation of Liberty Safeguard application in line with national guidance

In surgery:

- The trust must ensure the use of escalation beds does not compromise patients' dignity and privacy.
- The trust must ensure the Interventional Radiology unit is suitable for surgical outliers.
- The trust must ensure the security of electronic and paper patient records and information.
- The trust must improve mandatory training levels for all staff.

In end of life care:

- The trust must ensure staff are able to identify and report specific end of life incidents.
- The trust must ensure there are processes in place which allow the end of life service to monitor and learn from incidents.
- The trust must ensure mental capacity assessments are completed and recorded in line with the Mental Capacity Act 2005.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

In urgent and emergency services:

- The trust should continue to take steps to reduce crowding in the emergency department and ensure that all patients are afforded privacy and dignity.

In medical care:

- The trust should improve mandatory training levels for all staff.

Summary of findings

- The trust should check resuscitation equipment daily and ensure all trolleys are tamper evident.
- The trust should review long-term plans for the medical management of medical patients who are accommodated on surgical wards to ensure safe and ongoing care for these patients.
- The trust should make sure all equipment is within its service date.
- The trust should complete comprehensive risk assessments and ensure patients' notes have clear records of these assessments being undertaken.
- The trust should monitor and record medicine fridge temperatures daily.
- The trust should make sure urinals are stored in designated holders away from patient tables.
- The trust should re-assess venous thromboembolism within 24 hours in line with national guidance.
- The trust should make sure all staff observe infection control measures when they leave enhanced-care beds or patient's single rooms.
- The trust should close bins holding sharp instruments to prevent accidental injuries or spillages.
- The trust should ensure antibiotic prescriptions always have a stop date, and use of antibiotics is reviewed in line with national guidance.
- The trust should ensure all lessons learnt from incidents are shared with all staff and across the division to limit the risk of occurrence.
- The trust should ensure kitchen facilities are suitable for the preparation of food for patients in the Interventional Radiology unit

In surgery:

- The trust should ensure that all staff groups have completed their mandatory training.
- The trust should ensure that staff have specific training on the potential needs of people living with mental health conditions, learning disabilities or autism.
- The trust should ensure learning from never events is cascaded across all departments.
- The trust should ensure no further serious delays in patients receiving cancer treatment. The surgical division should ensure that all incidents and near misses are reported, and the duty of candour is actioned when necessary
- The trust should ensure all patients can access the right care and treatment at the right time. For example, only 89.2% patients were seen within two weeks of an urgent GP referral against the national target of 93%.
- The trust should ensure all cancelled operations as a percentage of elective admissions are in line with the England average.
- The trust should ensure an improvement in theatre utilisation.
- The trust should review long-term plans for the management of surgical outliers.
- The surgical division should ensure all staff observe infection control measures.
- The surgical division should ensure fridge temperatures are monitored and checked in line with policy.
- The trust should ensure all resuscitation equipment is checked in line with policy.
- The trust should ensure medical staff are aware of their speak up guardian.

Summary of findings

- The trust should ensure medical staff are supported to report exceptions.
- The trust should ensure that family members are not used to help in translation services
- The trust should ensure all practices across the division are consistent as not all areas had good processes for providing staff at every level with the development they needed.
- The trust should ensure that there are formal arrangements for governance meetings between lead nurses/matrons and ward managers.

In end of life care:

- The trust should address the non-compliance with mandatory training within the palliative care team.
- The trust should consider the approach to the monitoring, learning and disseminating messages from complaints relating to end of life care.
- The trust should consider how to implement a seven-day service for end of life care in line with national guidance.
- The trust should consider ways to improve staff awareness and confidence in advance care planning.
- The trust should look at options for monitoring of refrigerator temperatures outside of hours in the mortuary for equipment that is not currently connected to the main system

In outpatient services:

- The trust should maintain the security and confidentiality of patient records and information at all times
- The trust should improve safeguarding training rates for healthcare assistants and support staff.
- The trust should improve the staffing rotas in outpatients to reduce understaffing.
- The trust should improve the appraisal rates of all staff groups working in outpatients.
- The trust should make the use of clinics more efficient.
- The trust should improve access to information on how to make a complaint.
- The trust should produce plans to develop the leadership team.

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 requires improvement because:

- The trust was in the process of devolving leadership from a few individuals to 'service line management'. We found the effectiveness of this was inconsistent between service lines. However, the trust recognised that this change was work in progress and had identified a 12 month period of implementation.
- One senior manager had a large portfolio of work which meant they were unable to give key areas of risk sufficient and consistent attention.

Summary of findings

- The trust had a vision and a set of values. However, there was limited strategy around actions which were undertaken. For example, there was no patient experience strategy. However, we were shown a patient experience plan which was aligned with the trust's objectives.
- There was mixed confidence from executives about the trust's ability to deliver the winter plan. However, everyone we spoke with recognised flow was the single biggest risk to the trust.
- The trust performed worse than other trusts in England in some areas of the NHS staff survey 2016.
- The percentage of BME staff expressing harassment, bullying or abuse from staff in the last 12 months had increased. The percentage of BME staff expressing they had personally experienced discrimination at work from a manager, team leader or colleague had also increased. However, the percentage of staff experiencing discrimination at work was better when compared to other trusts in England.
- It was reported to board in October 2017 that only 81% of complaints were completed within the agreed timescales although an action plan was in place. We reviewed 10 complaint letters and found that the quality of letters were variable with some showing limited compassion.
- Not all levels of governance and management functioned effectively or interacted with each other appropriately.
- In the 12 months prior to the inspection no 'freedom to speak up' report had been submitted, as required by the recommendations following the Francis report.
- Investigations we reviewed were not always complete. The investigations were not always people focused and did not do everything possible to engage patients, families and carers.
- There was no patient-facing service, such as an office, for patients to walk into to raise concerns or complaints.

However:

- There was a clear, sustainable development plan with a governance structure under it.
- There was an active and visible culture of learning and research at the trust.
- Governance arrangements for safeguarding were clear including inter-organisational arrangements.
- There was a systematic programme of audit that aimed to measure performance in key areas, such as quality, operational and financial processes.
- The trust had arrangements in place to meet most of the requirements of freedom to speak up produced by the National Guardian following recommendations of the Frances report. This included recently recruited additional guardians and ensuring that training had been delivered to these staff.
- Information technology systems were being used effectively to monitor and improve care at the trust.
- The trust's quality improvement team had a strong focus on improvement and encouraged staff to find innovative solutions to problems.

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
Requires improvement →← Mar 2018	Requires improvement →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Requires improvement Mar 2018	Requires improvement →← Mar 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
Southmead Hospital	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Cossham Hospital	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
Frenchay Hospital	Requires improvement Feb 2015	Not rated	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015
Overall trust	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement Mar 2018	Requires improvement ↔ Mar 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 Southmead Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Mar 2018	Good Apr 2016	Good Feb 2015	Requires improvement ↔ Mar 2018	Good Apr 2016	Good ↔ Mar 2018
Medical care (including older people's care)	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Inadequate ↓ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↔ Mar 2018
Surgery	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Critical care	Good Apr 2016	Good Feb 2015	Good Feb 2015	Requires improvement Apr 2016	Good Feb 2015	Good Apr 2016
Maternity	Good Apr 2016	Good Feb 2015	Good Feb 2015	Good Apr 2016	Good Feb 2015	Good Apr 2016
Services for children and young people	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
End of life care	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Outpatients	Good ↑ Mar 2018	N/A	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Overall*	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 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.

Ratings for Cossham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Feb 2015	Good Feb 2015	Outstanding Feb 2015	Outstanding Feb 2015	Good Feb 2015	Outstanding Feb 2015
Outpatients	Good Feb 2015	Not rated	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
Overall*	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015

*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.

Ratings for Frenchay Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement Feb 2015	Not rated	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015
Overall*	Requires improvement Feb 2015	Not rated	Good Feb 2015	Requires improvement Feb 2015	Good Feb 2015	Requires improvement Feb 2015

*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.

Southmead Hospital

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Key facts and figures

Details of sites and locations registered with CQC

Three locations are registered with the Care Quality Commission.

- Southmead Hospital
- Cossham Hospital
- Frenchay Hospital

We only inspected Southmead Hospital as part of this inspection.

Background to the trust

North Bristol NHS Trust is an acute trust located in Bristol that provides acute hospital and some community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. The trust is not a foundation trust. It also provides specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and in some instances nationally or internationally.

The new hospital at Southmead opened in May 2014 when the main hospital at Frenchay closed. Southmead Hospital provides a full range of acute clinical services. The trust also provides community healthcare for children and young people. Cossham Hospital provides maternity and outpatient services.

Facts and data about the trust

The trust provides a full range of acute clinical services.

The trust employs 8141 staff.

(Source: Provider Information Request 2017)

There are 996 beds on the Southmead Hospital site. The population served is approximately 900,000.

Financial position

For the financial year 2016/2017, the trust's income was £532 million. There was a deficit (shortfall) over costs incurred of £42.9 million. NHS improvement placed the trust in financial special measures with a recovery plan implemented in October 2016. The trust achieved its savings recovery plan and had special measures removed in June 2017.

Summary of findings

As of October 2017, the trust had a planned deficit of £18.7 million, which was in line with the agreed total with NHS improvement.

What people who use the trust's services say

In September 2017, the trust scored lower than the national average in the NHS Friends and Family Test results (percentage of patients who would recommend the hospital) in the emergency department, maternity, inpatients and outpatients.

The NHS inpatient survey 2016 had mixed results. The trust performed better than other trusts in one question (enough privacy when discussing treatment/ condition) and worse than other trusts in three questions (call button response time, waiting to be admitted and transition between services, information sharing). The trust performed about the same as other trusts for the remaining questions.

Results from Patient Led Assessment of the Care Environment (PLACE) surveys showed results in line with the England average. The most recent data at the time of our inspection, published in August 2017, showed a cleanliness score of 95% against a national average for acute services of 98.4%.

The trust improved its rating in the National Cancer Patient Experience Survey, published in June 2017, an overall rating of 8.7 out of 10, which is in line with the national average and six questions benchmarking above the expected range and two below, which also improved from the previous survey.

Summary of services at Southmead Hospital

Requires improvement → ←

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

- We rated urgent and emergency services as good overall. This rating stayed the same. The overall rating took into account the previous good ratings in the effective, caring and well led domains. The safe domain was rated good because there were effective systems in place to assess and manage risks to patients. There were clear streaming and triage arrangements in place which identified and prioritised patients with serious or life-threatening conditions. A safety checklist provided a structured series of prompts for staff to ensure that all necessary steps were taken to ensure the safe care of patients, from arrival to discharge. There were clear pathways for addressing the particular risks associated with the care and treatment and referral of, for example, children, frail elderly or patients with sepsis, stroke or mental health conditions.
- We rated medical care as requires improvement overall. This rating stayed the same. This was because the environments for patients were not always safe, especially during times of escalation when patients were accommodated in inappropriate areas on wards and in the interventional radiology department. Staffing levels and skill mix did not always meet patients' needs. Staff understanding of Deprivation of Liberty Safeguards varied across the trust. We rated the responsive domain as inadequate. Flow within the hospital was poor due to insufficient medical beds. The hospital did not always ensure that appropriate patients were in escalation wards which meant some areas had unsuitable patients accommodated within them. Following our inspection the trust had updated the standard operating procedure to address concerns about the safety of placing patients in escalation areas.
- We rated surgery as requires improvement overall. This rating stayed the same. This was because mandatory training rates did not meet trust targets. Infection control processes were not always followed. Care records were not always managed safely. Some people were not able to access the right care at the right time.

Summary of findings

- End of life care was rated requires improvement overall. This rating stayed the same. This was because incidents which related specifically to end of life care were not recorded consistently. Mental capacity of patients was not clearly recorded in their notes when it was assessed.
- We rated outpatient services as good overall. This rating had improved since our last inspection. This was because there were processes to keep patients safe, which were supported by comprehensive staff training. There were sufficient staff to ensure outpatient clinics ran safely. Services provided by the outpatient clinics reflected the needs of the local population. Leaders within outpatients had the skills, knowledge, experience, integrity and enthusiasm to lead effectively. Governance processes were innovative, and focused on improving safety, quality, and patient experience specifically for outpatients.

Urgent and emergency services

Good   

Key facts and figures

The trust has one emergency department, located at Southmead Hospital. The emergency department is open twenty-four hours a day, seven days a week. It treats people with serious and life-threatening emergencies and those with minor injuries, which need prompt treatment.

As the major trauma centre for the Severn region, the emergency department has a helipad to enable air ambulances to land.

The department has a six-bay resuscitation area. One resuscitation bay contains equipment for children, although children requiring an ambulance are taken to the specialist children's emergency department at the Bristol Royal Hospital for Children. There is a major treatment area with 11 cubicles and three side rooms. Less seriously ill or injured patients are seen in the minor treatment area which has eight rooms. There are three rooms equipped to treat children, who also have a separate waiting room with controlled access. There is an imaging suite within the emergency department, providing plain X-ray, CT and ultrasound.

There is an observation unit and 'stepdown' area for major treatment patients. Ambulatory patients are accommodated in 16 cubicles with reclining chairs. There are three side rooms, one equipped with a hospital bed and two equipped with a patient trolley.

We previously undertook a comprehensive inspection of urgent and emergency care in November 2014. We identified serious concerns, particularly in relation to crowding, and we issued a warning notice. We conducted a follow-up inspection in December 2015 and saw significant improvements had been made. The issues identified within the warning notice had been addressed and the service was rated good overall.

This was a focussed inspection, to review safety and responsiveness. We undertook this inspection because we had concerns about the service's deteriorating performance in relation to waiting times in the emergency department. The trust had been identified as one of the 20 trusts nationally being asked to take urgent action to improve its performance against the national standard which requires that patients are admitted, transferred or discharged within four hours.

We visited, unannounced, on 8 and 9 November 2017 during daytime hours and on the evening of 21 November 2017. During this inspection we observed care and treatment of patients, looked at 10 treatment records and reviewed performance information about the department. We spoke with approximately 25 members of staff, including nurses, consultants, junior doctors, receptionists, managers, support staff and ambulance crews.

Summary of this service

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

- There were effective systems in place to assess and manage risks to patients. Ambulance handover operated efficiently; most of the time ambulance-borne patients were handed over promptly to emergency department staff. There were clear streaming and triage arrangements in place which identified and prioritised patients with serious or life-threatening conditions. A safety checklist provided a structured series of prompts for staff to ensure that all necessary steps were taken to ensure the safe care of patients, from arrival to discharge. This included prompts to

Urgent and emergency services

undertake time-critical investigations and treatments. There were clear pathways for addressing the particular risks associated with the care and treatment and referral of, for example, children, frail elderly or patients with sepsis, stroke or mental health conditions. Regular audit of safety checklist completion provided assurance that staff provided appropriate care and treatment, which kept people safe from avoidable harm.

- There were clear processes to maintain oversight of activity and acuity in the department and to escalate when there was a surge in demand and the emergency department became crowded.
- The trust had taken steps to improve patient flow within the department and reduce crowding. This included streaming suitable (ambulatory or 'fit to sit') patients to the observation unit to await treatment.
- The service had suitable premises, which were appropriately designed to provide easy access, circulation and observation of patients. Premises included separate and secure children's waiting and treatment areas and a dedicated assessment room for patients with mental health problems, which complied with recognised safety standards.
- Staff were trained in, and complied with safe systems in relation to infection prevention and control, management of medicines and safeguarding vulnerable adults and children. Staff checked emergency equipment regularly and maintained records of these checks.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. We saw evidence of information sharing, focussed training and review of processes, following serious incidents. There was a culture of openness and transparency. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service took account of patients' individual needs, including patients in vulnerable circumstances or those with complex needs. The emergency department had undertaken some outstanding work to support frail elderly patients, including those living with dementia. In addition to completing mandatory dementia awareness training, 32 staff, including medical, nursing, porters and auxiliary staff, had completed training to become 'dementia champions'. They supported their colleagues to use a range of dementia resources available in the emergency department to calm and distract agitated patients.

However:

- The trust was not meeting national standards and was consistently below the England average in relation to standards which measure:
- The time that ambulance-borne patients wait for initial assessment or triage. This should be within 15 minutes.
- The time that patients spend in the emergency department. The national standard requires that patients are admitted, transferred or discharged within four hours.
- The time that patients wait for their treatment to begin. This should be no more than one hour.
- The time that patients wait in the emergency department from the decision to admit to the time they are admitted.
- At times when there was a surge in demand, patients brought to the emergency department by ambulance waited too long to be handed over to emergency department staff.
- The emergency department was frequently crowded. When demand outstripped the availability of clinical spaces, patients queued in the corridor, which was not a dignified experience.
- Senior staff in the emergency department had concerns about the lack of visibility of, and timely support from the trust's site management team in response to escalation when the department was crowded.

Urgent and emergency services

- Patients with serious mental health problems, including children and adolescents, who attended the emergency department at night, experienced long waits for specialist assessment and support.
- The emergency department observation unit, which accommodated up to 20 patients, had only one toilet and no bathroom facilities. This was not sufficient to meet the hygiene needs of these patients. We had raised this as a concern at previous inspections but no improvements had been made.

Is the service safe?

Good   

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

- There were effective systems in place to assess and manage risks to patients. The ambulance handover process operated smoothly and efficiently and there were not significant delays. There was a comprehensive two-tier system used to assess patients arriving by ambulance. This entailed streaming by an experienced registered nurse, to ensure patients were directed to the most appropriate part of the emergency department. This was followed by triage, where registered nurses recorded physiological observations, calculated an early warning score and ordered investigations, such as blood tests or imaging.
- The emergency department used a safety checklist for all patients in the major treatment area. This provided a series of time and sequence-based prompts to ensure that appropriate tasks were carried out, from initial assessment to discharge or transfer. This included prompts for time-critical investigations and treatments, for example, in the treatment of sepsis or stroke. There were prompts to undertake a set of observations every hour and prompts to identify risks associated with, for example mobility, cognitive impairment, skin integrity, continence and falls.
- There were care and referral pathways in place for a range of conditions, including sepsis, fractured neck of femur and mental illness.
- There were clear processes to maintain oversight of activity and acuity in the department and to escalate when there was a surge in demand and the emergency department became crowded.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels and skill mix were regularly reviewed in the context of the number and profile of attendances. Planned staffing levels were mostly achieved, albeit with some reliance on temporary staff. Temporary staff received appropriate orientation and induction before they started work in the emergency department. Nurse staffing levels could be increased at times of surge, when bank, agency or ward-based nurses were deployed in the emergency department.
- The service provided comprehensive induction training to staff on employment and regular ongoing mandatory training in safe systems and processes. Most staff were up to date with this training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it and where to seek advice.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Regular audits provided assurance that hand hygiene practice was compliant with good practice standards.
- The service had suitable premises and equipment, which were well maintained. The emergency department was spacious, appropriately designed and well laid out, to allow for easy access, circulation and good lines of sight. There was an appropriately designed dedicated room for the assessment of patients with a mental health problem. This

Urgent and emergency services

complied with safety standards developed by the Royal College of Psychiatrists. There was a dedicated, waiting area for children. There was audio and visual separation of this area from the main waiting area and access to the area was controlled. The emergency department was well equipped; equipment was well organised and accessible. There were regular checks of equipment to ensure that it was fit for purpose.

- Medicines were managed safely. Medicines were appropriately stored and regular checks were made. There were up to date patient group directions and we were assured that nursing staff were competent to prescribe and administer medicines under these directions.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. We saw evidence of information sharing, focussed training and review of processes, following serious incidents. There was a culture of openness and transparency. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The trust was not meeting the national standard which requires that ambulance-borne patients should have an initial assessment or triage within 15 minutes of arrival. The trust's median time from arrival to initial assessment was consistently worse than the overall England median. The trust's performance over these 12 months ranged from 19 to 22 minutes, compared with the England average of six to seven minutes

Is the service effective?

Good ●

We did not inspect this key question. Our good rating remains unchanged.

Is the service caring?

Good ●

We did not inspect this key question. Our good rating remains unchanged.

Is the service responsive?

Requires improvement ● ➡ ➡

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

- The trust consistently failed to meet the national standard which requires that patients should be admitted, transferred or discharged within four hours of arrival in the emergency department, and was consistently worse than the England average. The median total time in the emergency department (per patient) was consistently longer (worse) than the England average.
- The percentage of patients in the emergency department waiting between four and 12 hours from the decision to admit until being admitted was consistently worse than the England average. In the year October 2016 to September 2017, 95 patients waited more than 12 hours from the decision to admit until being admitted.

Urgent and emergency services

- The trust consistently failed to meet the Royal College of Emergency Medicine standard which requires that patients should wait no more than one hour from time of arrival in the emergency department to the time that their treatment begins.
- The emergency department was frequently crowded. When demand outstripped the availability of appropriate clinical spaces to assess and treat patients, they queued in the corridor. The corridor was draughty and patients were afforded little privacy and dignity.
- Senior staff in the emergency department had concerns about the lack of visibility of, and timely support from the trust's site management team in response to escalation when the department was crowded.
- The emergency observation unit, which accommodated up to 20 patients, had only one toilet and no bathroom facilities. This was not adequate to meet the needs of these patients. Despite having raised this concern at previous inspections, no improvements had been made or were planned.
- Support for patients with mental health needs who attended the emergency department at night was poor. This was because third party organisations commissioned to provide specialist support did not provide a responsive night time service. This meant that patients who required a specialist mental health assessment often stayed in the emergency department or the observation unit overnight, awaiting assessment.

However:

- The percentage of patients who left the emergency department before being seen for treatment was consistently lower (better) than the England average and the national standard of 5%.
- The emergency department had taken steps to improve patient flow within the department and reduce crowding. This included streaming suitable (ambulatory or 'fit to sit') patients to the observation unit to await treatment. The out of hours primary care service located on the hospital site had been extended to provide more support at the busiest times for the emergency department and emergency department nurses were able to stream appropriate patients to this service. There were plans to move this service closer to the emergency department and increase access to this service. Other initiatives designed to avoid admission or facilitate early review or discharge included a 'Frailty at the Front Door' pilot. There was close working with clinicians specialising in care of the elderly who reviewed patients in the emergency department and volunteers provided a transport and settlement services for vulnerable older people who lived alone.
- Staff recognised that caring for patients in a non-clinical area (the corridor) in the emergency department was not ideal because there was little privacy afforded to these patients. Although queuing was a daily occurrence, it was not viewed as acceptable practice by staff. Patients we spoke with who were in the corridor had no complaints about their care and told us that staff had checked they were comfortable. Staff used mobile screens to preserve patients' privacy and they moved patients to a screened cubicle if private conversations or interventions were necessary or, for example, patients needed to use a bedpan. We saw no nursing or medical interventions carried out in the corridor during our inspection.
- The service took account of patients' individual needs, including patients in vulnerable circumstances or those with complex needs. The emergency department had undertaken some outstanding work to support frail elderly patients, including those living with dementia. In addition to completing mandatory dementia awareness training, 32 staff, including medical, nursing, porters and auxiliary staff, had completed training to become 'dementia champions'. They supported their colleagues to use a range of dementia resources available in the emergency department to calm and distract agitated patients. This included a reminiscence computer, which provided music, activities and films.
- The emergency department had developed a process for identifying and managing 'high impact users' or 'frequent attenders'. These were patients who attended the emergency department more than three times a month. They had

Urgent and emergency services

complex needs, including mental illness, health anxiety, homelessness or poor home circumstances, drug or alcohol dependency, or medically unexplained symptoms. There was a multi-disciplinary review of these patients and management plans were put in place to support both the patients and the staff managing their future attendances. There had been some success in reducing the number of attendances in this group of patients.

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. We looked at a sample of complaint investigations and saw that concerns had been taken seriously, investigated thoroughly and sympathetically. Complainants had been fully engaged and supported in the process.

Is the service well-led?

Good 

We did not inspect this key question. Our good rating remains unchanged.

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)

Requires improvement   

Key facts and figures

We inspected North Bristol NHS Trust medical division on an unannounced visit at Southmead Hospital as part of the new phase of our inspection methodology. We did not inspect medical services at Cossham Hospital.

The hospital serves a population of just under 460,000 people, and provides emergency inpatient medical treatment, elective (planned) inpatient medical treatment and medical day case treatment. The trust provides medical care across a range of specialities including acute medical admissions, cardiology, respiratory, gastroenterology, renal medicine, complex care of the elderly, clinical haematology and respiratory medicine.

We visited the following wards and departments during our inspection at North Bristol NHS Trust:

- Medical Assessment Unit
- Medical Day Unit
- Endoscopy Suite
- Gate 7a Neurology and Stroke
- Gate 8a Gastroenterology
- Gate 8b Renal and transplant medicine
- Gate 9a Stroke medicine
- Gate 9b Complex elderly medicine
- Gate 27a Cardiology
- Gate 27b Infectious Diseases Isolation Suite
- Gate 27b Respiratory medicine
- Gate 28a Complex elderly medicine
- Gate 32a Complex elderly assessment unit
- Elgar 1 Complex elderly medicine
- Discharge lounge

Between July 2016 and June 2017, there were 44,105 medical episodes of care carried out at North Bristol NHS Trust. This was an increase of 4% from the previous twelve-month period. Emergency admissions accounted for 22,924 (52 %), 20,088 (46%) were day cases, and the remaining 1,093 (2%) were elective (planned) admissions.

Admissions for the top three medical specialties were:

- General Medicine: 20,282 admissions
- Gastroenterology: 5,892 admissions
- Clinical Haematology: 4,579 admissions

Medical care (including older people's care)

At our last inspection in April 2016, we rated medical care as requires improvement overall, with caring and well-led rated as good. The trust was issued with two requirement notices and nine recommendations for service improvement. On this inspection, we looked at changes the trust had made to address these concerns.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 19 patients who were using the service and five relatives.
- Spoke with managers or acting managers for the medical division.
- Spoke with 73 other staff members, including matrons, doctors and nurses.
- Observed four board rounds and five multidisciplinary meetings.
- Reviewed 20 patient records relating to physical health, risk assessments and care plans

Summary of this service

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

- There were significant patient flow issues. At the time of the inspection, there were 121 patients unable to leave hospital due to the inability to access community services. This meant patients were at risk of developing complications and deteriorating.
- Because of patient flow issues, there were not enough beds within the medical division to manage medical patients. At the time of our inspection, there were more than 60 medical patients admitted to surgical wards. This meant that planned surgical procedures were delayed or cancelled for some surgical patients.
- The high occupancy levels and use of escalation beds and areas had become 'acceptable'. Leaders could not tell us about the medical division's plan to cope with winter pressures. Staff did not report staff shortages as an incident unless there was a specific need to do so.
- The use of escalation beds and areas, including interventional radiology, did not provide for safe care and maintain privacy and dignity for patients. This was highlighted as an area for service improvement in the last inspection but sufficient changes had not been made to improve the way escalation beds were managed.
- There had been a number of patient falls, some of which had caused serious harm to patients. The average falls between April to December 2017 per 1,000 occupied bed days was 6.5 falls. This was worse than the national average of 6.0 falls per 1,000 occupied bed days.
- There was variable understanding of when to complete applications for Deprivation of Liberty Safeguards (DoLS). We observed a high number of DoLS applications for authorisation were submitted without sufficient scrutiny and assessment of patients' mental capacity.
- Equipment was not always checked and some medical devices had passed their service date.
- Medical records were not always kept secure, which could compromise patient confidentiality.

However:

- We saw outstanding examples of multidisciplinary teamwork on all the wards we visited.

Medical care (including older people's care)

- Staff were attentive and provided compassionate care. Feedback from patients we spoke with was overwhelmingly positive.
- Staff spoke of good teamwork and enjoyed their work. Managers and senior leaders were proud of the workforce.

Is the service safe?

Requires improvement ● ➡ ➡

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

- The use of facilities did not meet national guidance for infection control in ward areas. There were two additional beds in many of the enhanced care bays on inpatient wards. However, the beds were placed too close together according to national guidance to prevent the potential spread of infection.
- The environment and equipment was not always safe. There was a lack of access to oxygen and call bells for patients in escalation beds. Emergency equipment was not always kept in tamper-evident trolleys or checked daily as outlined in trust policy. We found some equipment that had passed its service date.
- Staffing levels and skill mix were planned and reviewed but did not always ensure staffing levels met the need of patients. Staffing levels were not increased in line with additional bed occupation. In the cardiology ward, the ratio of nurse to patients, for patients who were acutely ill, were not in line with the trust's nurse staffing establishment out of hours and overnight.
- There had been a number of patient falls, of which some caused serious harm to patients. All falls were investigated and learning identified. However, audits demonstrated falls risk assessments were not always carried out and the trust performed worse than the national average in four of seven measures in the Nation Audit Inpatient Falls (2017).
- There were a high number of patients admitted via the acute medical assessment unit that were not screened for *meticillin-resistant Staphylococcus aureus* (MRSA). The trust reported a higher number of MRSA bacteraemia compared to the national average.
- Compliance with mandatory training and updates did not meet trust targets. Not enough staff had completed their mandatory training updates. For example, only three of the 11 mandatory training modules for medical staff were meeting the trust target of 85%.
- Patient risk was not always assessed and responded to. Comprehensive risk assessments were not always carried out for patients in line with national guidance. For example, there was a lack of documented evidence that risk assessments for patients' developing venous thromboembolism were repeated within 24 hours of admission as required.

However:

- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and staff gave examples of lessons learned.
- Staff kept patients safe from harm and abuse. They understood and followed safeguarding procedures to protect vulnerable adults or children.
- Medicines were managed safely and ensured patients received the right medication.

Medical care (including older people's care)

Is the service effective?

Requires improvement   

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

- Understanding among staff of Deprivation of Liberty Safeguards was varied, and there was evidence of an inconsistent approach to assessment of mental capacity.
- Audit results about patient outcomes were worse than the national average in six of seven national patient outcomes audits.
- The arrangements for the provision of food for patients admitted to Interventional Radiology did not always ensure safety.
- Compliance with annual appraisals for staff (performance reviews) was well below the trust target.

However,

- There were outstanding examples of multidisciplinary working in all the department and wards we visited. Different healthcare professional worked together to provide care and treatment for patients.
- The service provided care and treatment based on national guidance and responded to national patient safety alerts. Care pathways were based on evidence-based guidance.
- Staff used an evidence-based tool to assess patients' vital observations and escalated concerns in line with trust policy. Staff used tools to screen and treat patients for sepsis in line with national guidance.
- Staff had the right skills, knowledge and experience to look after patients on the medical wards.

Is the service caring?

Good   

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

- Staff were observed to be caring, compassionate and attentive in their interactions with patients.
- Feedback from patients was overwhelmingly positive and confirmed staff treated them well and with compassion.
- Staff clearly understood the effects of a patient's condition both socially and emotionally.
- Staff took time to explain information and provide support for patients' and their relatives.
- Patients told us staff respected their needs and most patients felt involved in their care.

However:

- Privacy and dignity was compromised when patients were admitted to escalation beds or areas.

Is the service responsive?

Inadequate  

Medical care (including older people's care)

Our rating of responsive went down. We rated it as inadequate because:

- There was ineffective patient flow within the hospital. There were regularly a high number of medical patients being accommodated on surgical wards, as there were insufficient numbers of medical beds. This meant medical patients were not receiving care on the right ward and wards were not always accommodating the patients they were set up to support.
- Medical services at Southmead Hospital were not meeting the needs of local people. Occupancy rates were consistently above 98% for the five months leading up to our inspection. Occupancy levels had been close to or above 100% for the past five months, which meant most inpatient wards had additional beds compared to the number of beds they were designed for.
- The trust did not always follow their standard operating procedures when allocating patients to additional beds and wards during times of high operational pressure. There were inadequate arrangements to move patients from ward-based additional beds when other more suitable beds became available.
- The trust did not follow their standard operating procedure to ensure the safe care of patients admitted to areas used at times of high operational pressure. The number of patients transferred to the Interventional Radiology ward for accommodation exceeded the safe number outlined in the unit's standard operating procedure. Following the inspection, the trust submitted an updated standing operating procedure (SOP) for the Interventional Radiology unit. However, we did not see any risk assessments to underpin this new SOP and could not be assured of its effectiveness in providing safe care to patients.
- Patients were not discharged in a timely manner, which affected the hospital flow. This was affected by delayed transfers of care into the community hospitals and the wider care system. At the time of our inspection, there were a high number of patients who were medically fit for discharge. This resulted in cancellations for surgical patients and patients booked for Interventional Radiology procedures.
- The environment of the single occupancy rooms did not always make them safe and supportive for patients living with dementia.

However:

- Staff had a good understanding of the complaints procedure and what should be done if a person complained. Staff spoke of local resolution when patients, or those who spoke for them, had concerns about their care, and staff knew how to refer concerns to the hospital's Patient Advice and Liaison Service (PALS).
- People's individual needs were met and understood. Reasonable adjustments were made to ensure people could access services on an equal basis to others.

Is the service well-led?

Requires improvement  

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

- Managers could articulate some of the challenges caused by the continuing operational pressures, and the impact this had on the quality and delivery of sustainable services. However, they did not consistently look for or make changes that would improve service delivery. For example, the use of additional beds and wards had become 'acceptable' and the divisional leads were unable to explain and discuss the winter pressure plans when we spoke with them during the inspection. Staff did not report staff shortages as an incident unless there was a specific reason to do so..

Medical care (including older people's care)

- There was not a clear strategy to deliver sustainable care. We were not assured the trust had an oversight of the impact of delayed transfers of care and bed days lost due to packages of care not being available when patients were well enough to go home, remaining in hospital.
- Safe staffing levels were not seen as a high risk by the trust, despite high occupancy levels and patients who required high levels of nursing care.
- Patient records were not always stored securely. This was highlighted in the previous inspections and we did not find sufficient improvements had been made.
- Staff meetings were not held regularly on all wards.

However:

- Staff knew who their leaders were and senior leadership teams were visible and approachable.
- Staff enjoyed their jobs and managers were proud of their staff.
- There was a governance structure to support the delivery of care and treatment and staff at different levels were clear about their roles and responsibilities.
- There were structures to ensure learning from incidents.

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.

Surgery

Requires improvement



Key facts and figures

The service provides day surgery, elective (planned) and emergency inpatient surgical treatment. Services were provided in specialities, which included burns and plastics, neurosurgery elective and trauma orthopaedics, urology and vascular surgery.

The emergency inpatient surgical service consisted of a suite of six emergency operating theatres including two 24 hour theatres. The elective inpatient surgical service consisted of 23 elective operating theatres, 13 surgical wards with a bed base of 395 beds all located at Southmead Hospital.

Inpatient wards were located at gates. At each gate, there were two 32 bedded wards with each ward being made up of 24 single rooms and two four bedded bays.

The operating theatres incorporated a mediroom model of care, which was used instead of traditional anaesthetic rooms and a recovery room. The medirooms were individual rooms adjoining each theatre department. Day case and very occasional short stay patients received pre-operative and post-operative care and were discharged from these rooms. There were 69 medirooms over the two floors.

The trust had 51,392 surgical admissions between July 2016 and June 2017, of which 12,973 (25.2%) were emergency admissions, 10,422 (20.3%) were elective admissions and the remaining 27,997 (54.5%) were day cases

(Source: CQC Insight)

Since our last inspection, the divisional structure had changed within the hospital. The anaesthetics, surgery, critical care and renal divisions had merged to form the Anaesthetics, Surgical, Critical Care and Renal (ASCR) division. We did not inspect the critical care unit as part of this unannounced inspection as this is a separate core service within the CQC inspection framework. Wherever possible, we have reported on ward or departmental data.

The service is managerially split into two divisions. The Anaesthetics, Surgical, Critical Care and Renal (ASCR) division included theatres, general surgery, plastics, burns, urology, vascular and transplant surgery. The neurology and musculoskeletal division consisted of neurosurgery, orthopaedics and musculoskeletal surgery.

The service was last inspected in December 2015 with safe, effective and responsive rated as requires improvement. The service was issued with one requirement notice and nine recommendations for service improvement in safety.

Summary of this service

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

- Not all areas or staff groups had completed their mandatory training. Staff had not received specific training on the potential needs of people living with mental health conditions, learning disabilities or autism.
- Some staff did not always follow the trust infection prevention and control's guidelines.
- Resuscitation equipment and fridge temperatures were not always checked in line with professional guidance
- People's individual care records were not always managed in a way that kept them safe. Staff did not always respect people's confidentiality and patient records were often left unsecured.

Surgery

- The trust reported three serious incidents classified as never events in Surgery and a further never event was reported during the inspection period, in November 2017. It was not always clear on the ward areas if learning from recent never events had been shared across all departments.
- There were four separate cases of serious delays in patients receiving cancer treatment, three of them in Urology. Two further serious incidents in urology included failure to act on test results.
- We discovered an incident when the duty of candour had not been applied when a patient had sustained harm in theatres.
- During times of escalation and bed pressures staff were not always able to maintain their patient's dignity and privacy. The facilities and premises were not always appropriate for surgical patients who accessed outlying beds due to escalation bed pressures.
- Cancelled Operations as a percentage of elective admissions were consistently higher than the England average.
- Staff satisfaction was mixed. Some staff groups did not always feel actively empowered to raise concerns.
- Practices across the division were inconsistent as not all areas had good processes for providing staff at every level with the development they need, including high-quality appraisal and career development conversations.

However:

- There was good overall knowledge and training around responding to and treating risk. There were effective handovers, safety briefings and shift changes to ensure that staff could manage risks to people who used the services.
- Safeguarding adults, children and young people at risk was given sufficient priority.
- People's care and treatment was planned delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies. People had comprehensive assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Expected outcomes were identified and care and treatment reviewed and updated. Appropriate referral pathways were in place to make sure patients' needs were addressed. The service monitored the effectiveness of care and treatment and used the findings to improve. They compared local results with those of other services to learn from them.
- Where people were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice. When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing. People were enabled to manage their own health and care when they could, and to maintain independence.
- People understood their condition and their care, treatment and advice. People and staff worked together to plan care and there was shared decision-making about care and treatment.
- The number of patients whose operation was cancelled and were not treated within 28 days was consistently lower (better) than the England average.
- The trust provided us with statistics, which demonstrated Dr Foster's data on the trust's length of stay. This compared the trust data to a peer group of hospitals and showed that the trust was within the expected range for trauma and orthopaedics and performing better than the England average for other specialities.

Surgery

- People knew how to raise concerns or complaints about their experiences and could do so in a range of accessible ways. The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care. Leaders were visible and approachable. Staff were complimentary about their ward coordinators and ward managers.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- There were effective selection, deployment and support processes in place along with succession planning.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Staff at all levels were clear about their roles and understood what they were accountable for. The leadership were knowledgeable about issues and priorities for the quality and sustainability of their services.

Is the service safe?

Requires improvement ● ➡ ➡

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

- Not all areas or staff groups had completed their mandatory training. The trust had an 85% target and this target was met by only seven of the 11 mandatory training modules for registered nurses and medical staff and only two of the 11 mandatory training modules for non-registered nursing staff.
- Staff had not received specific training on the potential needs of people living with mental health conditions, learning disabilities or autism.
- The service used control measures to prevent the spread of infection. However, some staff did not always follow the trust guidelines. Medical staff had only achieved 80% compliance for their two-year training and staff on the wards did not always decontaminate their hands.
- Resuscitation equipment was available and fit for purpose but was not always checked in line with professional guidance
- People's individual care records were not always managed in a way that kept them safe. Paper and electronic records were not always stored securely.
- The trust reported three serious incidents classified as never events in Surgery. Although theatre staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery a further never event was reported during the inspection period, in November 2017.
- It was not always clear on the ward areas if learning from recent never events had been shared across all departments.
- There were four separate cases of serious delays in patients receiving cancer treatment, three of them in Urology. Two further serious incidents in urology included failure to act on test results. Although openness and transparency about safety was encouraged and staff understood their responsibilities to raise concerns and report incidents and near misses, we saw an incident when this had not happened when a patient had sustained harm in theatres.

However:

Surgery

- There was good knowledge and training around responding to and treating sepsis. Staff were aware of the trust sepsis management policy and spoke favourably of the campaign to cascade sepsis training to 600 staff.
- Safeguarding adults, children and young people at risk was given sufficient priority. Staff understood and could describe what to do when they believed a patient was at risk of abuse. Staff received training and managers discussed safeguarding themes with their teams each month.

There were effective handovers, safety briefings and shift changes to ensure that staff could manage risks to people who used the services. Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely and staff kept accurate records.

Is the service effective?

Good  

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

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies. This was monitored to ensure consistency of practice.
- Expected outcomes were identified and care and treatment was regularly reviewed and updated. Appropriate referral pathways were in place to make sure patients' needs were addressed.
- People had comprehensive assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs. Theatres, medirooms and ward areas ensured the effective management of pain, nausea and vomiting.
- The service monitored the effectiveness of care and treatment and used the findings to improve. They compared local results with those of other services to learn from them.
- There was participation in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer review and approved service accreditation schemes.
- Accurate and up-to-date information about effectiveness was shared internally and externally. It was used to improve care, treatment, and people's outcomes and this improvement was checked and monitored.
- People received care in a coordinated way from a range of different staff, teams or services. All relevant staff, teams and services were involved in assessing, planning and delivering people's care and treatment.
- Where people were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. The process for seeking consent was appropriately monitored.
- When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation.

However:

Surgery

- Patients did not always have their assessed needs, preferences and choices met by staff with the right skills and knowledge. The service provided mandatory training in key skills to all staff however not all areas or staff groups had completed this. There were gaps in management and support arrangements for staff, such as mandatory training and appraisal.
- Only 89.2% patients were seen within two weeks of an urgent GP referral against the national target of 93%.

Is the service caring?

Good   

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

- People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive. People felt supported and said staff cared about them.
- Staff responded compassionately when people needed help and they supported them to meet their basic personal needs as and when required.
- Services users, carers and family members were involved and encouraged to be partners in their care. Staff communicated with people and provided information in a way that they could understand.
- People understood their condition and their care, treatment and advice. People and staff worked together to plan care and there was shared decision-making about care and treatment.
- People were enabled to manage their own health and care when they could, and to maintain independence.

However:

- Privacy and dignity was not always achieved during times of escalation and bed pressures.

Is the service responsive?

Requires improvement   

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

- Cancelled Operations as a percentage of elective admissions were consistently higher than the England average.
- Theatre utilisation data from March 2017 through to August 2017 showed that overall utilisation was insufficient.
- The facilities and premises were not always appropriate for surgical patients who accessed outlying beds due to escalation bed pressures.

However:

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered. Patients were able to make choices and staff provided care according to these choices wherever possible.
- Care and treatment was coordinated with other services and other providers and this included liaising with families and carers. Staff provided good treatment and care for patients living with dementia.

Surgery

- Facilities and premises were appropriate for the services being delivered. Signage was clear enough to be understood by people who were unfamiliar with the environment. The wards were all accessible by lifts and there were motorised vehicles, which transported patients along the main corridors if they found walking too difficult.
- The number of patients whose operation was cancelled and were not treated within 28 days was consistently lower (better) than the England average.
- People knew how to raise concerns or complaints about their experiences and could do so in a range of accessible ways.
- The majority of patients were able to access the right care and treatment at the right time. For example patients were seen within two weeks of an urgent GP referral in line with national targets.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.

Is the service well-led?

Good  

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

- The leadership, governance and culture promoted the delivery of high-quality person-centred care. Local nursing leaders at ward level were experienced and knowledgeable about the needs of the patients they treated.
- Leaders were visible and approachable. Staff were complimentary about their ward coordinators and ward managers. Staff felt able to escalate concerns and were confident the concerns would be addressed.
- There were effective selection, deployment and support processes in place along with succession planning. Theatres had a clear development programme for staff that were new in their roles and recognised how investing in their staff's education encouraged recruitment and retention.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- The leadership were knowledgeable about issues and priorities for the quality and sustainability of their services. They understood what the challenges were and acted to address them.
- Nursing managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The theatre department used a skills matrix, which identified specific skill sets for roles and specialities and set out learning pathways. This was so successful that other trusts were planning to take this approach forward.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, were clearly set out, understood and effective.
- Staff at all levels were clear about their roles and understood what they were accountable for. Staff were able to tell us what their roles were and what they were responsible for. Ward coordinators had defined roles and could tell us what their daily, weekly and monthly responsibilities were.

However:

- Staff satisfaction was mixed. Some staff groups did not always feel actively empowered to raise concerns.

Surgery

- Practices across the division were inconsistent as not all areas had good processes for providing staff at every level with the development they need, including high-quality appraisal and career development conversations.
- There were structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. However, it had been highlighted by senior staff that there was a small gap in cascading information to ward staff within the emergency care division who worked on the surgical admissions unit, Formal arrangements for governance meetings between lead nurses/matrons and ward managers were in the process of being arranged during our inspection.

Areas for improvement

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

End of life care

Requires improvement   

Key facts and figures

We inspected Southmead Hospital on an unannounced visit as part of the new phase of our inspection methodology. During the inspection of end of life care, we did not visit any community locations.

The trust provides end of life care at Southmead Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and to families and relatives following a patient's death. It may be given on any ward or within any service in the trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support, and mortuary services. Between July 2016 and June 2017, the trust had 1731 deaths, 40% of whom were seen by the specialist palliative care team. Between April 2016 and March 2017, 1,643 referrals were made to the specialist palliative care team. Of these referrals, 51% were for patients with malignant disease.

The specialist palliative care team comprised of 2.65 whole time equivalent consultants, one specialty registrar on rotation and six WTE clinical nurse specialists. They provided an advisory role and had a model of shared care with all clinical teams within the hospital. They worked closely with colleagues in acute oncology and liaised with many other site-specific groups via multidisciplinary teams and oncology outpatient clinics.

(Source: Routine Provider Information Request (RPIR) – Context Acute)

During the inspection visit, the inspection team:

- Talked with eight patients and those close to them.
- Observed staff giving care.
- Reviewed 34 sets of patient records, including care records, treatments escalation records, do not attempt cardio pulmonary resuscitation records (DNACPR), and medication records.
- Looked at staff records and trust policies.
- Looked at performance information and data from, and about the trust.
- Talked with 58 members of staff at different grades including doctors, nurses, healthcare assistants, non-clinical staff, ward managers and mortuary staff.
- Met with consultants, and the leaders at board level who are accountable for end of life care within the trust.

End of life care was rated as requires improvement overall during our previous inspection in 2016, with caring rated good. The trust was issued with three recommendations for service improvement, and we looked at the changes the service had made to address these during this inspection. During this inspection, we inspected all five domains to determine whether end of life care was safe, effective, caring, responsive, and well-led.

Summary of this service

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

- Incidents which related specifically to end of life care were not being recorded consistently. The system used to report incidents did not have a category for end of life related incidents to be recorded. Staff were not confident in identifying the types of incidents which may relate to end of life. We were therefore not assured there was sufficient oversight of incidents that related specifically to end of life care

End of life care

- In the mortuary, refrigerators which were not connected to the main system had alarms that were isolated. There was a risk that when the mortuary was not staffed between 4.30pm and 7.30 am and at weekends, refrigerators could malfunction without staff knowledge.
- Mental capacity of patients was not clearly recorded in their notes when it was assessed. We saw for patients with treatment escalation documents who did not have capacity, there was no evidence of the capacity assessment being completed in all but one records looked at.
- Palliative care provision was not available in line with guidelines of the Royal College of Physicians. At the time of our inspection, the team were only available between Monday and Friday.
- Staff were not able to give examples of any changes to practice following complaints made about end of life care. The end of life strategy group meeting did not appear to capture the learning from complaints or disseminate this.

However:

- Patients identified as being at end of life, were reviewed regularly by specialist teams. These teams worked with ward based staff to deliver timely care to patients.
- Medicines for end of life patients, including anticipatory medicines were readily available on wards. This ensured patients did not have to wait for medicines which aimed to relieve their symptoms.
- Patients' pain was monitored, assessed and managed effectively. Pain relieving medications were prescribed in an anticipatory manner, meaning that patients had timely access to pain relief and were not left without medications.
- End of life care delivered in the trust was based upon national best practice guidance and this was inherent in the documentation used by front line staff.
- Feedback from people who used the service, and those who were close to them and was continually positive about the way staff treated people.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- The palliative care team were responsive to referrals. There was a clear and embedded daily process for triaging new referrals and ensuring they were seen in a timely way.
- At a local level, we saw high quality dynamic leadership from the bereavement and chaplaincy service, as well as within the mortuary and palliative care teams. Managers were truly visible to their teams, and took the time to support them in their roles.

Is the service safe?

Requires improvement   

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

- The specialist palliative team were not compliant with the mandatory training requirements. Not all professionals in the team achieved the trust target of 85%. This meant they were not always up to date on changes to practice, which help keep patients safe.
- Incidents, which related specifically to end of life care, were not being recorded consistently. The system used to report incidents did not have a category for end of life related incidents to be recorded. Staff were not confident in identifying the types of incidents which may be end of life related.

End of life care

- Not all areas of end of life documentation were completed in a timely manner. A trust audit demonstrated information was not always sent to GPs when patients were confirmed as end of life; we saw examples of this during our inspection.
- Once patients had been identified as end of life, personal care offered to them was rarely documented in their end of life care documentation.
- In the mortuary, refrigerators that were not connected to the main system had alarms that were isolated. There was a risk that when the mortuary was not staffed between 4.30pm and 7.30am, and at weekends, refrigerators could malfunction without anyone knowing.

However:

- Staff felt confident in identifying patients at end of life, and these discussions happened in a timely way. We saw numerous examples of this during our inspection.
- Patient risk was assessed and documented to provide a holistic review of individual needs.
- Patients identified as being at end of life were reviewed regularly by specialist teams. These teams worked well with ward-based staff to deliver safe care to patients.
- Medicines for end of life patients, including anticipatory medicines were readily available on wards. This ensured patients did not have to wait for medicines that aimed to relieve their symptoms.
- Staff had a good knowledge of safeguarding processes in the organisation, how to identify abuse and actions to be taken when concerns were raised.

Is the service effective?

Requires improvement   

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

- The mental capacity of patients was not clearly recorded in their notes when it was assessed. Assessment of capacity for patients receiving end of life care was not audited and this meant that it was an area that had not been scrutinised. The trust could not therefore be assured the mental capacity to consent to treatment was being assessed or recorded for end of life patients in its care.
- Staff told us they felt unprepared for patient conversations about advance care planning. We followed this up with the clinical lead for end of life care who felt that advance care planning was more of a priority for community based end of life care.
- Palliative care provision was not available in line with guidelines of the Royal College of Physicians. At the time of our inspection, the team were only available between Monday and Friday.
- There was evidence that many patients admitted to hospital between Friday afternoon and Monday morning had unmet needs or died before they had any access to specialist palliative care team. Of the 48 patients referred to the team after 5pm on Friday (August 2016 to March 2017), 90% died before the team had an opportunity to assess them on Monday due to the lack of a seven day a week service provision.

However:

- End of life care delivered in the trust was based upon national best practice guidance and this was inherent in the documentation used by front line staff.

End of life care

- Patients' pain was monitored, assessed and managed effectively. Pain relieving medicines were prescribed in an anticipatory manner, meaning that patients had timely access to pain relief and were not left in unnecessary pain.
- Staff, teams and services within and across the trust, and externally, worked well together to deliver effective care and treatment. Multidisciplinary working was truly embedded with all necessary staff, including those in different teams involved in assessing, planning and delivering care and treatment.
- The nutritional and hydration needs of patients at end of life were effectively managed by staff providing care. This was done via both the effective use of documentation to document intake, and the modification of assessments based on the progression of a patients' condition.
- Non specialist staff were equipped to provide end of life care. They received training to provide end of life care, both in a formal capacity but also ongoing from their link nurses and the palliative care team. Additionally, the specialist team received ongoing training specific to their role to ensure competence.

Is the service caring?

Outstanding  

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

- Feedback from people who used the service, and those who were close to them, was continually positive about the way staff treated people. We observed care being delivered in a truly person-centred manner.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We regularly saw staff taking the time to care for those close to patients as well as patients themselves.
- People's emotional and social needs were seen as being as important as their physical needs. Staff took the time to listen, answer questions and provide comfort to patients and those close to them.
- People who used services and those close to them were active partners in their care. Staff clearly understood the impact that a person's care, treatment and condition had on their wellbeing and on those close to them and responded to this by involving them in decisions about their care.
- Patients we spoke with and those close to them told us they felt involved in making decisions about their care. We heard that options were given to them and they were treated in a non-judgemental way.

Is the service responsive?

Good   

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

- The palliative care team were responsive to referrals during their operational hours. There was a clear and embedded daily process for triaging new referrals and ensuring they were seen in a timely way. Feedback from ward staff was that the palliative care team were incredibly responsive and supportive and always made themselves available.
- We saw evidence of how conversations with patients addressed their needs in a holistic manner. This included consideration of patients' social circumstances as well as their physical condition.
- The bereavement service and mortuary had embedded processes in place that allowed for the needs of patients of multiple faiths, or none. Provision for patients from a variety of backgrounds were catered for with ease.

End of life care

However:

- The staffing level of the palliative care team was not sufficient to provide seven day access to specialist palliative care. Specialist palliative medical care did not always meet the needs of people receiving end of life care, when this fell outside of their operational hours.
- Fast track discharges were challenged by the difficulties in securing community provision for patients who wanted to go home. This often meant patients did not achieve their preferred place of care.
- Staff were not able to give examples of any changes to practice following complaints made about end of life care. The end of life strategy group meeting did not appear to capture the learning from complaints or disseminate this.

Is the service well-led?

Good  

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

- The end of life strategy was communicated clearly within the trust, and was well received by staff on wards. It was owned and monitored enthusiastically by the palliative care team and end of life strategy group.
- Leaders had the skills, knowledge, experience and integrity they needed within end of life. The director of nursing was also the board representative for end of life care at the trust, and worked with the clinical lead for end of life care. The trust also had a non-executive director for end of life care. We saw high quality dynamic leadership from the bereavement and chaplaincy service, as well as within the mortuary and palliative care teams.
- Staff felt supported, respected and valued. The culture of end of life care centred on the needs and experiences of people who used services. Staff felt end of life care was important and was treated as a priority. We saw staff were supported to offer good quality end of life care, and staff also told us this was the case. Additionally, the end of life strategy group was attended by leads from the full variety of directorates within the trust.
- The trust had effectively engaged with staff in informing them of the changes and improvements that were being made in relation to end of life care. Staff told us their views were considered in the planning of services and developments that were planned.

However:

- We were not assured there was sufficient oversight of incidents that related specifically to end of life care. The system in use at the time of our inspection did not prompt users to choose end of life as a category, but relied on this information being added in a free text box. Leaders told us they were not confident they had a true picture of end of life related incidents at the trust.
- At the time of our inspection, feedback from bereaved friends and relatives was not routinely collected. There was a plan for this to begin in the months following our visit, with the aim of better capturing the experiences of this group.

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.

Outpatients

Good 

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

North Bristol NHS Trust outpatients for adults were predominantly provided at Southmead Hospital, with further appointments held at Cossham Hospital, Yate Health Centre, and Bath Outpatient Clinic.

At Southmead Hospital we visited various outpatient areas in the Brunel Building (known as gates) as well as the breast care unit and the Bristol brain centre, which were also located on site. We did not visit Cossham Hospital, Yate Health Centre or Bath Outpatient Clinic as part of this inspection.

In October 2016, the trust reorganised itself into five clinical divisions. During the inspection, the majority of outpatients sat within the 'Core Clinical Services' division. However, some sat within the 'Anaesthesia, Surgery, Critical Care and Renal' division.

During the inspection visit, the inspection team:

- Talked with 21 patients and those close to them.
- Observed staff giving care.
- Reviewed 15 sets of patient records.
- Looked at staff records and trust policies.
- Looked at performance information and data from, and about the trust.
- Talked with 45 members of staff at different grades including managers, doctors, nurses, healthcare assistants, non-clinical staff, cleaners and volunteers.

Summary of this service

We rated this service as good because:

- There were processes to keep patients safe, which were backed up by comprehensive training. This included comprehensive infection control processes and checks, safeguarding processes, and the management of patient risks.
- There were sufficient staff to ensure outpatients ran safely.
- During this inspection we found 9% of patients were seen in outpatients without their full records being available. However, this was an improvement from the last inspection. There was a digital plan to reduce the reliance on paper records which was ongoing during the inspection.
- Patients were receiving care in line with evidence based practice and guidance.
- Feedback from people who used outpatients, and those who were close to them, was continually positive about the way staff treated people.
- Services provided by the outpatient clinics reflected the needs of the local population. Staff were finding different and innovative ways to manage patient care to improve the efficiency of clinics.

Outpatients

- The service was able to identify and meet the information and communication needs of people living with a disability or people with mental ill health. This included the management of dementia, learning disabilities and patients with self-harming or suicidal thoughts.
- People could access the service when they needed it. Most patients were able to access the service in a timely way, with most specialties in line or close to the national averages for waiting times.
- Leaders within outpatients had the skills, knowledge, experience, integrity and enthusiasm to lead effectively. Governance processes were innovative, and focused on improving safety, quality, and patient experience specifically for outpatients. The transformation plans for outpatients had a clear vision for the service.

However:

- Not all staff were trained in meeting the needs of patients living with dementia.

Is the service safe?

Good 

We rated it as good because:

- Most staff received effective mandatory training in safety systems, processes and practices.
- Staff at all levels in all outpatient areas understood and were able to describe their responsibilities to adhere to safeguarding policies and procedures. Training rates were higher than the trust's target of 85% for medical and nursing staff.
- There were clear processes to prevent the risk of spreading infection. All staff we saw in outpatient departments were bare below the elbow in line with trust policy. Staff we observed washed or decontaminated their hands, immediately before and after every episode of direct contact or care with a patient.
- The maintenance and use of facilities and equipment kept people safe.
- Comprehensive risk assessments were carried out for patients using the service which were in line with national guidance.
- There were sufficient staff to deliver safe care.
- During this inspection we found 9% of patients were seen in outpatients without their full records being available. This was an improvement from the last inspection.
- The concerns around the security of patient records were to be fully resolved with the move to electronic patient records, which was ongoing during the inspection.
- Controlled drugs were all stored securely, accounted for and there was evidence of daily checking.
- Staff told us they had a good understanding of incidents and felt confident to report them. They all understood their responsibility to raise concerns, report patient safety incidents and near misses.

However:

- Not all medical staff, nursing staff and healthcare assistants were trained in the management of dementia.
- We found in most outpatient areas there were still some patient records not in secure storage, although generally with staff supervision

Outpatients

Is the service effective?

Not sufficient evidence to rate ●

Effective was not rated.

- Outpatients provided care and treatment in line with evidence-based guidance.
- New patients attending outpatients were nutritionally risk assessed in line with national guidance.
- Patients were not routinely assessed for pain in outpatients, as this was not generally a clinical risk. However, staff discussed simple oral analgesia with patients and its use at home, and gave advice about when to seek further support.
- We saw evidence of good multidisciplinary working across all the clinics.
- Key services such as the fracture clinic and the plaster clinic were available seven days a week and were only closed on Christmas day.
- Staff understood their responsibilities to ensure patients gave valid consent or care was provided in the best interests of patients who did not have the mental capacity to give valid consent.

Is the service caring?

Good ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- One patient said they were “Very impressed...excellent I cannot fault it”. Another patient said, “Staff are lovely, always very kind and patient.”
- We observed staff “going the extra mile”. On several occasions we saw cleaners who were working in outpatient waiting areas stop and talk to patients.
- The service performed well in the NHS Friends and Family Test. In September 2017, for example, 93% of patients said they would recommend the service to someone else.
- All patients had the opportunity to have a chaperone at any time.
- There was emotional support available to patients who had received a diagnosis of cancer

Is the service responsive?

Good ●

We rated it as good because:

- Services provided by outpatients reflected the needs of the local population. Staff were finding different ways to manage patient care to improve the efficiency of clinics.

Outpatients

- Outpatients was working with allied healthcare professionals (such as physiotherapists and occupational health practitioners) to create patient pathways which reduced waiting lists and improved the efficiency of services.
- Patients were able to access most services in a timely way with many specialities performing better than the England average.
- Environments for outpatients were appropriate and patient-centred. There were suitable and comfortable seating areas, with access to toilet facilities and drinks machines. On our inspection these areas were not overcrowded and there was enough seating for patients.
- Clinics were mostly being used in a way that met the needs of local people.
- Following the introduction of electronic referrals from GPs, the processing of paperwork associated with outpatients had become quicker. Standard (non-urgent) referrals were being processed and appointments being offered within five days of receiving a referral. Urgent referrals were being processed and appointments being offered within two hours of receiving a referral.
- The service took steps to identify and meet the information and communication needs of people living with a disability.
- There were staff who were trained to support people living with dementia located within the various clinics in the outpatients service.
- Training on supporting patients with learning disabilities was delivered through the safeguarding training.
- There were good processes in therapy services to ensure patients with mental health conditions, or patients living with dementia, received bespoke care tailored to their needs.
- Most people could access the service when they needed it. Most patients were able to access outpatients in a timely way.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good 

We rated it as good because:

- Leaders within the outpatients had the skills, knowledge, experience, integrity and enthusiasm to lead effectively. Governance processes were innovative and focused on improving safety, quality, and patient experience specifically for outpatients.
- Staff described most managers as approachable and visible.
- As part of the trust divisional restructuring, additional leaders had been appointed to improve support for staff and improve compliance rates for appraisals and training.
- The latest outpatient transformation plan set out actions and objectives, which were aligned with the trust's vision and values.
- All staff we spoke with described an improving culture within the outpatient service.
- Outpatients had an innovative governance structure, with clear processes and systems of accountability.

Outpatients

- Patients' views and experiences were listened to and acted on to improve the service and culture.

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.

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Julie Foster, Inspection Manager led this inspection and Mary Cridge, Head of Hospital Inspections, oversaw it. Executive reviewers, Garry Marsh and Jan Bergman and specialist advisor Geraldine Lavery supported our inspection of well-led for the trust overall. Andy Grey from NHSI conducted the Use of Resources Inspection. Laura Picton was our Pharmacist Inspector.

The team included 11 inspectors, two executive reviewers, 12 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.